



PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

Virtual Meeting

Tuesday, October 20, 2020

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

Agenda + Meeting Packet will be available on the
Commission's website at:

<http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee>

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/y5p4j9se>

**Link is for non-Committee members only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll

Access code: 145 486 8376

**Link is for members of the public only. Commission members, please contact staff for specific log-in information if not already*

PUBLIC COMMENTS

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing **PUBLIC COMMENT** in the Chat box. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

For a brief tutorial on joining WebEx events, please check out:

<https://help.webex.com/en-us/nrbgeodb/Join-a-Webex-Meeting>

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LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **VIRTUAL** MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV **PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE**

TUESDAY, October 20, 2020 | 1:00 PM – 3:00 PM

To Join by Computer: <https://tinyurl.com/y5p4j9se>

**Link is for non-Committee members*

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

Access code: 145 486 8376

Planning, Priorities and Allocations Committee Members:			
Al Ballesteros, Acting Co-Chair	Raquel Cataldo, Co-Chair	Stephanie Cipres, MPH	Frankie Darling Palacios
Kevin Donnelly	Joseph Green	Karl T. Halfman	Diamante Johnson (Alt. Kayla Walker- Heltzel)
William King, MD, JD	Miguel Martinez, MPH, MSW	Anthony M. Mills, MD	Derek Murray
LaShonda Spencer, MD	Maribel Ulloa	DHSP Staff	
QUORUM:	8		

**Due to COVID-19, quorum requirement suspended for teleconference meetings per Governor Newsom's Executive Order N-25-20*

AGENDA POSTED October 15, 2020

**Second Co-Chair seat currently vacant.*

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact Commission on HIV 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 Comisión en HIV al (213) 738-2816 (teléfono), o por correo electrónico a hivcomm@lachiv.org, por lo menos 72 horas antes de la junta.

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

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting

agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

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

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

Call to Order | Introductions | Statement – Conflict of Interest 1:00 P.M. – 1:02 P.M.

I. ADMINISTRATIVE MATTERS

1:02 P.M. – 1:04 P.M.

1. Approval of Agenda **MOTION #1**
2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT

1:04 P.M. – 1:06 P.M.

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

III. COMMITTEE NEW BUSINESS

1:06 P.M. – 1:10 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 situation, or where the need to take action arose subsequent to the posting of the agenda

IV. REPORTS

1:10 P.M. – 1:30 P.M.

5. EXECUTIVE DIRECTOR'S/STAFF REPORT

- a. Committee, Task Force and Caucus Updates
 - i. Draft Aging Task Force Recommendations
- b. Holiday Meeting Schedule
- c. HIV and Sexually Transmitted Disease (STD) Prevention Planning Process

6. CO-CHAIR REPORT

1:30 P.M. – 1:50 P.M.

- a. Committee Co-Chair Nominations/Elections (Need 2nd Co-chair)
- b. New Committee Members Introduction and Welcome

- c. Co-Chair Update on Public Comment Regarding Consumer Caucus Participation in the Priority Setting and Resource Allocation Process

7. **DIVISION OF HIV AND STD PROGRAMS (DHSP)** 1:50 P.M. – 2:10 P.M.
a. Programmatic and Fiscal Update
b. Contracts and Procurement Update
8. **VI. PRESENTATION/DISCUSSION** 2:10 P.M. – 2:55 P.M.
a. Housing Opportunities for People Living with AIDS (HOPWA) Consolidated Plan
9. **VI. NEXT STEPS** 2:55 P.M. – 2:58 P.M.
a. Task/Assignments Recap
b. Agenda Development for the Next Meeting
10. **VII. ANNOUNCEMENTS** 2:58 P.M. – 3:00 P.M.
a. Opportunity for Members of the Public and the Committee to Make Announcements
11. **VIII. ADJOURNMENT** 3:00 P.M.
a. Adjournment for the Meeting of October 20, 2020.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve Meeting Minutes as presented.



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

www.hivcommission-la.info

POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 17
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APPROVED, 2/9/2012

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

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

BACKGROUND:

- **Health Resources and Services Administration (HRSA) Guidance:** “Planning Councils must set up planning council operations to help the planning council to operate smoothly and fairly. This includes such features as bylaws, open meetings, grievance procedures, and conflict of interest standards.” [Ryan White HIV/AIDS Program Part A Manual, VI (Planning Council Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council Operations].
- **Los Angeles County Code 3.29.070 (Procedures):** “The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation.”

POLICY:

- 1) Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in adherence to the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the Los Angeles County Commission on HIV. The Bylaws serve as the Commission’s administrative, operational and functional rules and requirements
- 2) Ryan White Program Review:** The Commission’s activities and actions in execution of its role as Los Angeles County’s Ryan White Part A planning council and funded by Ryan White funds are subject to the conditions of the Ryan White Program, as managed by the Division of Service Systems, HIV/AIDS Bureau (“DSS/HAB”), Health Resources and Services Administration (“HRSA”), US Department of Health and Human Services (“DHHS”). Following approval by its members, the Commission is responsible for submitting the Bylaws for review to the Ryan White Part A Program Officer.

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- 3) Commission By-Law Approval:** The Commission's Bylaws must be amended accordingly following amendments to the Ordinance. Amendments or revisions to the Bylaws must be approved by a majority vote of the Commission members present at the meeting, but must be noticed for consideration and review at least ten days prior to such meeting (*see Article XVI*).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

Section 4. Duties and Responsibilities. As defined by Los Angeles County Code 3.29.090 (Duties), the Commission is charged with and authorized to:

- A. Develop a comprehensive plan, continuum of care and standards of care for the organization and delivery of HIV care, treatment and prevention services that are compatible with existing state or local plans detailing the provision of HIV services to individuals with or at risk of HIV disease, consistent with Ryan White ("Ryan White") legislation, Health Resources and Services Administration ("HRSA") guidance;
- B. Establish priorities and allocations of Ryan White funds in percentage and/or dollar amounts to various service categories; review the overall allocation and expenditure of these funds by the grantee for consistency with the Commission's established priorities, allocations and the 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 and planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations are consistent with the Commission's established priorities, allocations and the comprehensive HIV plan;
- C. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, in accordance with Part A and HRSA grant requirements, 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 operations of the local Eligible Metropolitan Area's ("EMA's") delivery of HIV services;
- D. Study, advise and recommend to the BOS, the grantee and other departments on matters related to HIV/AIDS;

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- E. Make reports to the BOS, the grantee and other departments on matters referred for review by the BOS, the grantee or other departments;
- F. Act as the planning council for all HIV/AIDS programs in the Department of Public Health ("DPH") or funded by Los Angeles County; and
- G. Make recommendations to the BOS, grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Part A and B funds expended by the grantee and the County for the provision of HIV/AIDS-related services in Los Angeles County.

Section 5. Federal and Local Compliance. These Bylaws ensure that the Commission meets all Ryan White and HRSA requirements and adheres to the Commission's governing Ordinance in the Los Angeles County Code.

II. MEMBERS:

Section 1. Definition. A member of this Commission is any person who has been duly appointed by the Los Angeles County BOS as a Commissioner, alternate or a community member.

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

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (Membership), the membership shall consist of forty-five (45) voting members nominated by the Commission and appointed by the BOS. Consistent with HRSA's "Open Nominations" process, the following recommending entities shall forward candidates to the Commission for membership consideration:

- A. Six (6) voting members are recommended by the following governmental, health and social service institutions:
 - 1. Medi-Cal, State of California,
 - 2. The Office of AIDS, State of California,
 - 3. The City of Pasadena,
 - 4. The City of Long Beach,
 - 5. The City of Los Angeles,
 - 6. The City of West Hollywood;
- B. Five (5) members are recommended by the Ryan White grantees or representative grantee groups of direct Ryan White grant recipients in the EMA from the five parts of the Ryan White Program, as indicated and in compliance with federal membership requirements:

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1. Part A (DPH),
2. Part B (DPH),
3. Part C (Part C grantees),
4. Part D (Part D grantees),
5. Part F [local medical school, AIDS Education and Training Center ("AETC") programs and/or local providers receiving Part F dental reimbursements];
- C. Eight (8) unaffiliated consumers, one (1) representing each of the eight (8) Service Planning Areas ("SPAs") and recommended by consumers and organizations in the SPA;
- D. Five (5) unaffiliated consumers, one (1) representing each of the five (5) supervisorial districts, nominated from those recommended by consumers and organizations in the district;
- E. One (1) unaffiliated consumer representing consumer interests in an at-large capacity, regardless of SPA or district origin, to be nominated from those recommended to or who have applied for a seat on the Commission;
- F. Eight (8) provider representatives, one (1) representing each of the eight (8) SPAs nominated from those recommended by providers in the SPA. Among the provider representatives appointed to the Commission, at least one (1) representative must come from:
 1. An AIDS service organization (ASO),
 2. A social service provider,
 3. A mental health provider,
 4. A substance abuse provider, and
 5. An organization offering other federally-funded HIV programs, including, but not limited to, HIV prevention programs;
- G. Five (5) representatives, one recommended by each of the five supervisorial district offices;
- H. One (1) HIV specialty physician from an HIV medical provider;
- I. One (1) representative from another health care system serving people with HIV;
- J. One (1) representative from the Prevention Planning Committee ("PPC");
- K. One (1) representative from the Division of HIV and STD Programs ("DHSP");
- L. One (1) representative from the Department of Health Services ("DHS"), County of Los Angeles;
- M. One (1) representative from the County's HIV surveillance program;
- N. One (1) representative from another County department or office that provides HIV-related services and that is not already represented by one (1) of the seats designated for representatives from specific County departments or offices.

Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (Term of Service), all member terms of office are two years, staggered randomly from the creation date of the Commission.

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- A. Commissioner and Alternate member terms of office are staggered randomly from the creation date of the respective Commissioner seats on the Commission.
- B. A community member's two-year term of office begins with the date of appointment.
- C. Members are limited to two consecutive terms in the same seat, unless exempted by special vote of the BOS.

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

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

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

Section 7. HIV/AIDS Inclusion. In all categories where not specifically required, recommending entities and the Commission are strongly encouraged to nominate candidates living with HIV/AIDS.

Section 8. Accountability. Members are expected to report to and represent their recommending entities and constituencies. Members may, at times, represent multiple constituencies.

Section 9. Alternates. In accordance with Los Angeles County Code 3.29.040 (Alternate members), any Commission member who has disclosed that s/he is living with HIV/AIDS is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

- A. Alternates submit the same application and are evaluated and scored by the same nomination processes as Commissioners.

Section 10. Community Members. Consistent with the Los Angeles County Code 3.29.060 D (Meetings and committees), the Commission's standing committees may select to nominate community members for voting membership on the respective committees for appointment by the BOS.

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

III. MEMBER REQUIREMENTS:

Section 1. Attendance. Commission members are expected to attend all regularly scheduled Commission meetings, priority- and allocation-setting meetings, orientation and educational meetings, and the Annual Meeting.

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

Section 2. Committee Assignments. Commission members are required to be a member of at least one standing committee ("primary committee assignment"), and adhere to attendance requirements of that committee.

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

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

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

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

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

IV. NOMINATION PROCESS:

Section 1. "Open Nominations" Process. Application, evaluation, nomination and appointment of Commission members shall follow "...an open process (in which) candidates shall be selected based on locally delineated and publicized criteria," as described in Section 2602(b)(1) of the Ryan White legislation.

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

Section 2. Application. Application for Commission membership shall be made on forms as approved by the Commission and detailed in Policy/Procedure #09.4203 (Commission Membership Applications). All candidates for first-time Commission membership shall be interviewed by the Operations Committee in accordance with Policy/Procedure #09.4204 (Commission Candidate Interviews).

- A. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- B. Candidates cannot be recommended to the Commission or nominated to the BOS without completing appropriate Commission-approved application materials and without evaluation by the Operations Committee.

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

V. MEETINGS:

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

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

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

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

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

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

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

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

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

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

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

Section 8. Robert's Rules of Order. All meetings of the Commission shall be conducted according to the current edition of "Robert's Rules of Order, Newly Revised", except where superceded by the Commission's Bylaws, policies/procedures, and/or applicable laws.

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

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

VI. RESOURCES:

Section 1. Planning Council Support. No more than 3% of the annual Ryan Part A grant award is allocated to the Commission without consent of DHSP to fund those Commission activities within the scope of approved Ryan White Part A planning council activities, as defined in HRSA guidance.

Section 2. Other Support. Activities beyond the scope of Ryan White Part A planning councils, as defined by HRSA guidance, are supported by County Net County Costs (NCC) or other sources, as appropriate.

Section 3. Additional Revenues. The Commission may receive other grants and/or revenues for projects/activities within the scope of its duties and responsibilities, as defined in Article I, Section 4. The Commission will follow County-approved procedures for allocating project-/activity-related costs and resources in the execution of those grants and/or fulfillment of revenue requirements.

Section 4. Budgeting. The Commission's budget year coincides with the Ryan White Program Year (March – February).

- A. The Commission's Executive Committee is responsible for approving an annual Commission budget with 90 days following receipt of the annual Ryan White Part A award by the grantee prorated consistent with Los Angeles County's Fiscal Year (July – June).
- B. Expenditures for staffing or other costs covered by non-Ryan White Part A sources will be prorated in the Commission's annual budget according to their respective budget cycles and Los Angeles County's Fiscal Year.
- C. Upon Executive Committee of the approval of the Commission budget, it must be submitted to the Executive Office and DHSP.

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

Section 6. Staffing. The Executive Director serves as the Commission's lead staff person and manages all personnel, budgetary and operational activities of the Commission. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions and directives.

- A. Within Los Angeles County's organizational structure, the County's Executive Officer and/or his delegated representative serve as the supervising authority of the Executive Director.

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VII. POLICIES AND PROCEDURES:

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

Section 2. HRSA Approval(s). HRSA's HIV/AIDS Bureau (HAB)/Division of Service Systems (DSS) requires Ryan White Part A planning councils to submit their Bylaws, and grievance and conflict of interest policies for approval by the Part A project officer.

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

Section 3. Grievance Procedures. The Commission's grievance policies/procedures [Policy/Procedure #05.8001 (Commission on HIV Continuum of Care Grievance Process)], are hereby incorporated by reference into the Bylaws. The Commission's grievance procedures must comply with Ryan White, HRSA and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly.

Section 4. Conflict of Interest Procedures. Specific member conflict of interest requirements are detailed in Policy/Procedure #08.3105 (Ryan White Conflict of Interest Requirements) and Policy/Procedure #08.3108 (State Conflict of Interest Requirements). Those policies/procedures are hereby incorporated by reference into the Bylaws. The Commission's conflict of interest procedures must comply with Ryan White, HRSA, State of California and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly.

VIII. OFFICERS AND ELECTIONS:

Section 1. Officers. The officers of the Commission shall be elected by the Commission or committee membership, and shall be two Commission Co-Chairs ("Co-Chairs"), the committee co-chairs, and the Executive Committee At-Large ("At-Large") members.

Section 2. Co-Chair Requirements. All effort will be made to ensure that there is gender diversity among the two Co-Chairs. Among the two Co-Chairs, at least one of them will be:

- A. A person living with HIV/AIDS, and/or
- B. A person of color.

Section 3. Terms of Office.

- A. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair are elected to complete the term.
- B. Committee co-chairs and At-Large members' terms of office are one year. In the event of a vacancy, new co-chairs or At-Large members are elected by their respective bodies to complete the term.

Section 4. Elections:

- A. The Co-Chair and At-Large members are elected by a majority vote of Commissioners or Alternates present at the regularly scheduled December or January Commission meeting, after nominations periods opened at the prior regularly scheduled meeting.
- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings following Co-Chair and At-Large member elections, after nominations periods opened at the prior regularly scheduled meetings of the committees. Once elected, the committee co-chairs names shall be submitted to the Commission Co-Chairs and the Executive Committee for approval.

Section 5. Commission Co-Chair Duties. As reflected in Policy/Procedure #07.2001 (Duty Statement, Commission Co-Chair), one or both of the co-chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. The co-chairs shall:

- A. Assign the members of the Commission to its committees;
- B. Approve committee co-chairs, in consultation with the Executive Committee;
- C. Represent the Commission at functions, events and other public activities as necessary;
- D. Consult with and advise the Executive Director regularly, and the Ryan White Part A Project Officer, as needed;
- E. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee;
- F. May chair or co-chair committee meetings in the absence of one or both of the committee co-chairs;
- G. Serve as voting members on all committees when they attend those meetings; and
- H. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

Section 6. Executive Committee At-Large Member Duties. As reflected in Policy/Procedure #07.2002 (Duty Statement, Executive Committee At-Large Members), the five At-Large members shall serve as members of the Executive and Operations Committees. Two of the five At-Large members shall be elected as co-chairs of the Operations Committee.

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Section 7. Committee Co-Chair Duties. As detailed in Policy/Procedure #07.2003 (Duty Statement, Commission Co-Chair), shall serve as members of the Executive Committee, shall develop annual work plans for their respective committees in consultation with the Executive Director, and one or both of the co-chairs shall preside at all regular or special meetings of their respective committees.

IX. COMMISSION WORK STRUCTURES:

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

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

Section 3. Standing Committees. The Commission comprises five standing committees: the Executive, Joint Public Policy (JPP), Operations, Priorities and Planning (P&P), and Standards of Care (SOC) Committees.

Section 4. Caucuses. The Commission is empowered to create “caucuses” of subsets of Commission members who are members of “special populations” as identified according to Policy/Procedure #05.7601 (Criteria and Designation of “Special Populations”).

A. The Consumer Caucus is a standing caucus of Commission members with HIV.

Section 5. Other Working Units. The Commission and its committees may create such subcommittees, ad-hoc committees, task forces, or work groups as it deems necessary, and is appropriate.

Section 6. Committee Membership. Only Commissioners or Alternates assigned to the committees by the Co-Chairs, the Co-Chairs themselves, community members nominated by the committee and appointed by the BOS or designated representatives of DHSP, shall serve as voting members of the committees. All committee meetings are open to the public, and the public is welcome to attend and participate, without voting privileges, on committees.

X. EXECUTIVE COMMITTEE:

Section 1. Voting Membership. The voting membership of the Executive Committee shall comprise the Commission Co-Chairs, the committee co-chairs, the Director of OAPP, and three additional At-Large members elected by the Commission.

Section 2. Co-Chairs. The Commission Co-Chairs shall serve as the co-chairs of the Executive Committee.

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

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- A. overseeing all Commission and planning council operational and administrative activities;
- B. develop a comprehensive plan for the organization and delivery of health, support and prevention services in consultation with DHSP and the PPC;
- C. serving as the clearinghouse to review and forward items for discussion and action to the Commission and its various working groups and units;
- D. acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission;
- E. approving the agendas for the Commission, annual and special meetings;
- F. determining the annual Commission work plan and functional calendar of activities in consultation with the committees and subordinate working units;
- G. conducting strategic planning activities for the Commission;
- H. adopting a Memorandum Of Understanding (MOU) with the administrative agency;
- I. standing as a hearing committee for grievances;
- J. approving the election of committee co-chairs;
- K. addressing matters related to the Commission staffing, personnel and operations;
- L. developing and adopting the Commission's annual operational budget;
- M. overseeing and monitoring Commission expenditures and fiscal activities; and
- N. other duties and responsibilities that may be assigned by the BOS or by the Commission.

XI. JOINT PUBLIC POLICY (JPP) COMMITTEE:

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

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

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

- A. advocating public policy issues at every level of government that impact Commission and PPC efforts to implement an HIV service delivery plan for Los Angeles County, in accordance with the annual comprehensive HIV plan;
- B. initiating policy initiatives in accordance with HIV service and prevention interests;
- C. providing education and access to public policy arenas for the Commission and PPC members, consumers, providers, and the public;

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- D. facilitating communication between government and legislative officials and the Commission and PPC;
- E. recommending policy positions on governmental, administrative and legislative action to the Commission, PPC and the BOS;
- F. advocating specific public policy matters to the appropriate County departments, interests and bodies;
- G. researching and implementing public policy activities in accordance with the County's adopted legislative agendas;
- H. advancing specific Commission and PPC initiatives related to each body's work into the public policy arena; and
- I. other duties as assigned by the Commission or the BOS.

XII. OPERATIONS COMMITTEE:

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

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

- A. ensuring that the Commission membership adheres to Ryan White "reflectiveness" and "representation" requires (detailed in Article II, Sections 5 and 6), and all other membership composition requirements;
- B. recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission consistent with HRSA's Open Nominations process;
- C. developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV/AIDS service delivery, skills building, leadership development, and related issues;
- D. conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes and functions;
- E. developing and revising, as necessary, Commission member duty statements (job descriptions);
- F. recommending and nominating, as appropriate, candidates for committee, task force and other working group membership to the Commission;
- G. recommending modifications to Los Angeles County Code Title 3—Chapter 29 (Ordinance), which governs Commission operations;
- H. recommending amendments to or a revision of Bylaws to reflect current and future goals, requirements and/or objectives;
- I. recommending, developing and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual;

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- J. coordinating on-going public awareness activities to educate and engage the public about the Commission and promote the availability HIV services throughout the community;
- K. working with local task forces to ensure their representation and involvement on the Commission and in its activities;
- L. identifying, accessing and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs;
- M. conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
- N. other duties as assigned by the Commission or the BOS.

XIII. PRIORITIES AND PLANNING (P&P) COMMITTEE:

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

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

- A. establishing annual priorities and allocations;
- B. ensuring that the priorities are consistent with needs and the service delivery system;
- C. identifying and recommending solutions for service gaps;
- D. conducting continuous, ongoing data collection and needs assessment activities as the basis for decision-making;
- E. gathering expressed need data from consumers on a regular, at least annual, basis;
- F. reporting regularly to the Commission on consumer and service needs, gaps and priorities;
- G. coordinating HIV services in planning, funding, and service delivery to ensure Ryan White funds fill gaps and do not duplicate services provided by other payment sources and/or health care delivery systems;
- H. recommending service system and delivery improvements to DHSP to ensure that the needs of people living with HIV are adequately met;
- I. developing and defining directives for implementation of services;
- J. evaluating and designing systems to ensure that other sources of service funding are sufficiently accessed;
- K. developing strategies to identify, document and address "unmet need";
- L. collaborating with DHSP to ensure the effective integration and implementation of the HIV/AIDS continuum of care;
- M. reviewing monthly fiscal reporting data for Ryan White Part A and B expenditures by funding source and/or service category;
- N. monitoring the administrative mechanism for the expenditure of other non-Ryan White funds;

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- O. making recommendations on the monitoring and reporting of unspent funds;
- P. identifying, accessing and expanding other financial resources to meet Los Angeles County's HIV service needs;
- Q. advising DHSP on its competitive bidding processes to ensure broad access to and participation by providers and consumers in the process; and
- R. other duties as assigned by the Commission or the BOS.

XIV. STANDARDS OF CARE (SOC) COMMITTEE:

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

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

- A. working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization;
- B. identifying, reviewing, developing, disseminating and evaluating standards of care for HIV services;
- C. promoting the health and optimizing the quality of life for all persons infected by HIV and their caregivers and families through the adoption and implementation of "best practices";
- D. ensuring that the basic level of care throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation and use of outcomes;
- E. reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate;
- F. evaluating and assessing service effectiveness of HIV/AIDS care delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, best practices;
- G. verifying system compliance with standards by reviewing contract and RFP templates; and
- H. other duties as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

- A. Actions or communications that are clearly within the policies of the Commission and have been authorized in advance by the Commission;

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

XVI. AMENDMENTS: The Commission shall have the power to recommend amendments, or the revision of these Bylaws at any meeting at which a quorum is present, providing that written notice of the proposed change is given at least ten days prior to such meeting. In no event shall the Bylaws be changed in such a manner as to establish a conflict with Los Angeles County Ordinance establishing the Commission, and governing its activities and operations, or with Ryan White and HRSA requirements.

**NOTED AND
APPROVED:**



**EFFECTIVE
DATE:**

February 9, 2012

Original Approval: 3/15/1995

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

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]

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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](#))



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Director

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Fifth District

Submitted via email to STDplan@hhs.gov

June 3, 2019

Admiral Brett P. Giroir
United States Assistant Secretary for Health
200 Independence Avenue, SW
Room 716G
Washington, DC 20201

SUBJECT: Request for Information: Developing an STI Federal Action Plan

Dear Admiral Giroir:

On behalf of the Los Angeles County Department of Public Health, Division of HIV and STD Programs, thank you for your ongoing leadership and commitment to significantly decrease the rates of Sexually Transmitted Infections (STI) among and improve the sexual health of the residents of the United States.

We are pleased that under your leadership and the leadership of both Tammy R. Beckham, Director of the Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) and Carol S. Jimenez, Deputy Director for Strategic Initiatives at OHAIDP, our federal partners at the Department of Health and Human Services (HHS) are actively seeking input on the development of the first ever Federal STI Action Plan.

As you know all too well, STI rates continue to rise and have a significant impact in all corners of our Nation, and certainly in Los Angeles County (LAC). In 2018 and among LAC residents, we reported more than 95,000 cases of STIs, including more than 61,000 cases of chlamydia, over 25,000 cases of gonorrhea, nearly 8,000 cases of syphilis, and 54 cases of congenital syphilis.

As one of the largest counties in the United States, we maintain that strong federal leadership, a set of shared and universally embraced STI-related performance metrics, an unprecedented level of public-sector and private-sector partnership on STIs and sexual health promotion, strong cross-federal agency collaboration, and the marshalling of both human and financial resources is critical to stem the tide of STIs over the next several years.

As our partners at HHS develop the first ever Federal STI Action Plan, we respectfully ask that the team consider the following structural and programmatic recommendations:

Structural Recommendations

- **Create the first ever STI.gov website** to serve a similar function to HIV.gov. This site should be used as a central national repository of information on STIs, including general information about STIs, educational resources for professionals, testing and treatment information, and federal guidance on reducing STI disease burden. This site would reinforce the importance of focusing on STIs domestically
- Consider including STI in the title of the Office of HIV/AIDS and Infectious Disease Policy. One consideration may be the **Office of HIV, STI and Infectious Disease Policy** to also signal a stronger national commitment to addressing the STI epidemic
- Form a **Secretary's Advisory Council on STIs and Sexual Health** to advise HHS on the federal government's response to the growing national STI epidemic and as a complement to the Presidential Advisory Council on HIV and AIDS or PACHA

Programmatic Recommendations

- Modernize STI service provision through an investment in full scale, high through-put STI express clinics in the most impacted areas in the US, with an initial anchor public sector investment that could be followed by a more robust public-sector/private-sector financing strategy. This is critical to significantly increasing patient screening, diagnosis and treatment volume as well as enhancing and normalizing the patient experience tied to frequent STI testing. The development and support of STI Express Clinics across the United States is important to counter the significant erosion of dedicated and specialty STI Clinic access points in the United States over the last two decades
- Enhanced Congenital Syphilis (CS) programing including:
 - Providing stronger national leadership to set CS best practices and ensure compliance among different professional organizations (e.g. American College of Obstetricians and Gynecologists)
 - Increased support and technical assistance to clinics serving priority populations related to syphilis best practices (updated staging and treatment guidelines, the importance of increased screening of all women of reproductive age regardless of risk characteristics)
 - Establishment of a syphilis pregnancy registry to track pregnancy complications and outcomes related to syphilitic infection during pregnancy in high morbidity jurisdictions
 - Address a range of current policy issues that impact broad access to Bicillin, including cost levels and health insurance coverage requirements
 - Increased support of programs that address common syphilis and CS co-epidemics, including HIV, injection and non-injection drug use (e.g. methamphetamine and opiates), mental illness and homelessness
- Support pharmacy-based programs that simultaneously and more holistically support Patient Delivered Partner Therapy (PDPT), HIV Pre-exposure prophylaxis (PrEP), and Human Papillomavirus (HPV) vaccinations
- Through a combination of HEDIS measure changes and public health plan (e.g. Medicaid) performance metrics, improve HPV vaccination rates among recommended populations as well as syphilis and extra-genital gonorrhea screening rates among highly impacted sub-populations, including, but not limited to, gay, bisexual and men who have sex with men, persons under 30 years of age, transgender persons and communities of color (particularly African-Americans, Latinos and American Indians/Alaskan Natives)

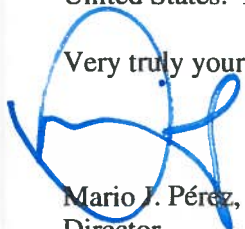
Admiral Brett Giroir
June 3, 2019
Page 3

Programmatic Recommendations (continued)

- In partnership with the National Institutes of Health and other federal partners, significantly improve the domestic STI prevention research agenda and support STI intervention translational research efforts
- Describe successes, failures and lessons learned from previous national Syphilis Elimination efforts
- Consider developing a national Patient-Delivered Partner Therapy (PDPT) Strategy as a supplement to the Federal STI Action Plan with specific performance benchmarks based on level of STI burden

Thank you again for your leadership and for your commitment to improve the health of the residents of the United States. If you have any questions regarding this matter, please contact me at (213) 351-8001.

Very truly yours,



Mario J. Pérez, MPH
Director
Division of HIV and STD Programs
Los Angeles County Department of Public Health



STD Strategic Plan Draft: Public Comment Feedback from Los Angeles County DPH

National STI Response Recommendations:

- Create an STD focused website to serve as a central national repository of information on STDs, including general information about STDs, educational resources for professionals, testing and treatment information, and federal guidance on reducing STI disease burden. The website should serve a similar function to HIV.gov. This site would reinforce the importance of focusing on STIs domestically
- Consider including STI/STD in the title of the Office of HIV/AIDS and Infectious Disease Policy. One consideration may be the Office of HIV, STI and Infectious Disease Policy to also signal a stronger national commitment to addressing the STI epidemic.
- Form a Secretary's Advisory Council on STDs and Sexual Health to advise HHS on the federal government's response to the growing national STD epidemic and as a complement to the Presidential Advisory Council on HIV and AIDS or PACHA
- Improve HPV vaccination rates among recommended populations as well as syphilis and extra-genital gonorrhea screening rates among highly impacted sub-populations, including, but not limited to, gay, bisexual and men who have sex with men, persons under 30 years of age, transgender persons and communities of color (particularly African-Americans, Latinos and American Indians/Alaskan Natives) through a combination of HEDIS measure changes and public health plan (e.g. Medicaid) performance metrics.

Overall Plan Feedback:

- The local approach is philosophically aligned with the national strategy. However, the national plan has a tempered goal of trying to prevent new infections, i.e., prevent further increase in trends. There is no expectation in the National Plan that we will decrease STD; this may differ from the expectations of our local DPH and County/Board leadership.
- There are various other plans-- National Vaccine Plan, national Viral Hepatitis Plan, EHE, etc. that are mentioned briefly. Only the EHE plan is really highlighted but, we feel there should be a place in this plan where the intersection of these plans is mentioned. There should be a way or an effort to align them.
- The plan is very comprehensive in terms of goals, but they read as a wish list not a feasible set of expectations as a result of insufficient funding and capacity.
- The plan should include a description of successes, failures and lessons learned from previous national Syphilis Elimination efforts

Structural/Formatting Feedback:

- The plan should be organized to flow from the highest STI priority vs. the most common.
- There are various authors and parts of the document where there you could see a difference in writing styles.
- We would suggest using plain language and simplified terms whenever possible.
- It is extremely long (88 pages).
- The 5 year and 10-year targets were useful, some like condom use were more realistic than CS for example.
- The executive summary should include infant death in the irreversible outcomes.

- The disparity and developmental indicators are really sub-indicators. We suggest numbering as such rather identifying as separate indicators.
 - For example:
 - 3. Reduce congenital syphilis rate by 15% by 2025 and 50% by 2030*
 - 3.1 Reduce congenital syphilis rate among African American/Blacks*
 - 3.2 Reduce congenital syphilis rate among AI/ANs*
 - 3.3 Reduce congenital syphilis rate in the West*

Subject Specific Feedback:

- Syphilis and Congenital Syphilis
 - The plan should place emphasis on enhanced Congenital Syphilis (CS) programing including:
 - Providing stronger national leadership to set CS best practices and ensure compliance among different professional organizations (e.g. American College of Obstetricians and Gynecologists)
 - Increased support and technical assistance to clinics serving priority populations related to syphilis best practices (updated staging and treatment guidelines, the importance of increased screening of all women of reproductive age regardless of risk characteristics)
 - Establishment of a syphilis pregnancy registry to track pregnancy complications and outcomes related to syphilitic infection during pregnancy in high morbidity jurisdictions
 - Address a range of current policy issues that impact broad access to Bicillin, including cost levels and health insurance coverage requirements
 - Increased support of programs that address common syphilis and CS co-epidemics, including HIV, injection and non-injection drug use (e.g. methamphetamine and opiates), mental illness and homelessness. The plan did not reference syphilis and meth use (MMWR).
 - Syphilis and CS have such a tremendous impact on LAC, and we see a significant difference in the populations that are impacted locally in comparison to what is mentioned in the national plan. We acknowledge that there are differences between US regions, however these differences can be better explained by States rather than US Regions which are too broad and do not clearly represent the critical situation.
- Surveillance
 - The plan should include more emphasis on building the capacity of surveillance. This could be achieved by partnering with institutions to building capacity within HDs or ensuring that that sufficient funds are set aside for surveillance activities
- Technology
 - It was great to see emphasis on technology advances (testing, vaccines, etc.). Without improvements in these areas, we will not be able to make significant impact.
 - Would appreciate placing more emphasis of testing and pharma.
 - Given the emphasis on technology, we would be curious to hear whether we have support from DPH leadership to assist with such studies/innovations.
 - Historically the legacy STD program was involved in some clinical trials related to testing, treatment and vaccines. During the past decade this has not been possible due to competing demands and a need to improve local programming. It is worth debating internally how we can help advance STI research.

- Investment in full scale, high through-put STD express clinics in the most impacted areas in the US as a way to modernize STD service provision. This is critical to significantly increasing patient screening, diagnosis and treatment volume as well as enhancing and normalizing the patient experience tied to frequent STD testing.
 - The development and support of STD Express Clinics across the United States is important to counter the significant erosion of dedicated and specialty STI Clinic access points in the United States over the last two decades.
- Priority populations
 - Based on case rates for specific STD's, more attention should be focused on certain priority populations (i.e. youth, correctional health). There is no real mention of incarceration and STIs. We would suggest they add more on the importance of screening and treatment in incarcerated settings.
 - HIV specialty services offer a continuum of care model and structure to address social determinants of health. It would be helpful to include similar information about the expectations of STD service providers/general clinicians to address these areas of client concerns/needs.
 - Aside from partnerships with substance use treatment partners, it would be helpful to see bold policy and federal support around syringe exchange.
- Capacity Building and Training
 - The plan should include more details on how they will invest in capacity building and create initial certification trainings (mentorships, skills building, etc.) and ongoing updates for medical providers to reduce missed opportunities to test, diagnose, and treatment. Trained providers will rely less on secondary case reviews by DIS to confirm diagnosis and treatment.
 - The plan should detail workforce support for DIS to address training and staff development needs of this profession. Offer career paths for DIS and expand professional training opportunities and mentorship structures.
- Treatment
 - We appreciate that they included indicators on proportion appropriately treated
 - Consider developing a national Patient-Delivered Partner Therapy (PDPT) Strategy as a supplement to the Federal STI Action Plan with specific performance benchmarks based on level of STI burden
 - Support pharmacy-based programs that simultaneously and more holistically support Patient Delivered Partner Therapy (PDPT), HIV Pre-exposure prophylaxis (PrEP), and Human Papillomavirus (HPV) vaccinations

Policy Feedback:

- The plan is lacking in their policy recommendations. Although there are policy suggestions throughout the document, there should be a dedicated policy statement or section. Typically, when there is lack of funding for prevention, policy initiatives tend to be very effective (e.g., tobacco control).

Funding, Resources and Prioritizations:

- We appreciate that there is a section on program capacity challenges and the acknowledgment that there is a lack of State and local funds. There should be guidance or recommendations as to how Public Health Departments can prioritize efforts.
- There is significant recognition in the plan of insufficient STI funding and capacity. Locally, we have been discouraged to message this when discussing our approach to STI control. For

example, we were instructed by DPH leadership to remove any mention of the need for new staff or resources (ex: need for more DIS and improved data/surveillance capacity) from our CS Elimination Plan.

- We would recommend that the CDC include more discussion regarding the realities of Public Health Departments and how prioritizations should occur. Even if they provide a tool or suggestions on how to determine what to focus on would be very helpful. To only mention the capacity issue but, not provide how to address them is not terribly useful.
- It would be helpful to see the expectations and plans for integrating public and private partnerships to address STDs and other co-occurring disorders across the system of providers and how will they restructure reimbursements to support coordinated approach. Additionally, how will the use of technology enhancements support coordinated efforts across care providers to improve treatment opportunities.
- Although this is not a grant announcement, it would be helpful to understand if funding will be commensurate with levels of STD's within jurisdictions to begin to implement strategies with a workforce based on the local data. Will there be directives and new funding for targeted outbreak responses to immediate reduce the high rates of prioritized infections within jurisdictions?

~Notice to Paid Representatives~

If you are compensated to monitor, attend, or speak at this meeting, City law may require you to register as a lobbyist and report your activity. See Los Angeles Municipal Code §§ 48.01 *et seq.* More information is available at ethics.lacity.org/lobbying. For assistance, please contact the Ethics Commission at (213) 978-1960 or ethics.commission@lacity.org.

~ Aviso de Cabileo ~

Si recibe compensación por monitorear, asistir, o hablar en esta reunión, la ley de la Ciudad puede exigirle que se registre como cabildero/a (lobbyist) e informe su actividad. *Favor de referirse al* Los Angeles Municipal Code §§ 48.01 *et seq.* Mas información disponible en ethics.lacity.org/lobbying. Para asistencia, contacte a la Comisión de Ética (213) 978-1960 o ethics.commission@lacity.org.

YOUR NEIGHBORHOOD...YOUR FUTURE
SU COMUNIDAD... SU FUTURO

A photograph of four young women jumping in a line on a reddish-brown track. They are holding hands and jumping towards the right. The woman on the far left is wearing a blue jacket and jeans. The second woman is wearing a grey hoodie and dark shorts. The third woman is wearing a white hoodie and blue jeans. The woman on the far right is wearing a light-colored hoodie and dark jeans. They are all wearing sneakers. The background shows a green field, trees, and buildings under a clear blue sky. The word "Welcome" is written in white text across the bottom of the image.

Welcome

YOUR NEIGHBORHOOD...YOUR FUTURE
SU COMUNIDAD... SU FUTURO



Housing and Community Development Federal Grant Funds 2021 -2022 Consolidated Plan

Presented By
Los Angeles Housing + Community Investment Department

YOUR NEIGHBORHOOD...YOUR FUTURE
SU COMUNIDAD... SU FUTURO

Agenda

- ❖ Welcome and Introductions
- ❖ What is the Consolidated Plan?
- ❖ Closing Remarks

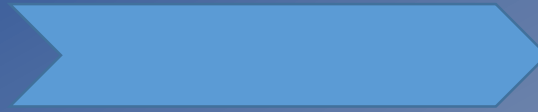
What is the Consolidated Plan (ConPlan)?



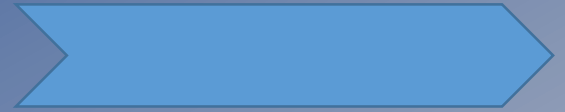
The federal government provides grant funds to benefit residents with low to moderate income through a variety of housing & community development programs



The City prepares and submits a plan for how the funds will be used.
"Consolidated"
4 grants in 1 plan



Housing + Community Investment Department (HCID) administers funds on behalf of the City



Support services, programs, housing, and neighborhood improvements, that are implemented by various organizations

What will the Consolidated Plan funds be used for?

Develop Affordable Housing

Preserve Existing Affordable Housing

Stabilize and Revitalize
Neighborhoods

Prevent and Reduce
Homelessness/Domestic Violence

Improve Local Economy for
Low to Moderate Income Residents

Help Low to Moderate Income Families
to Stabilize Economically

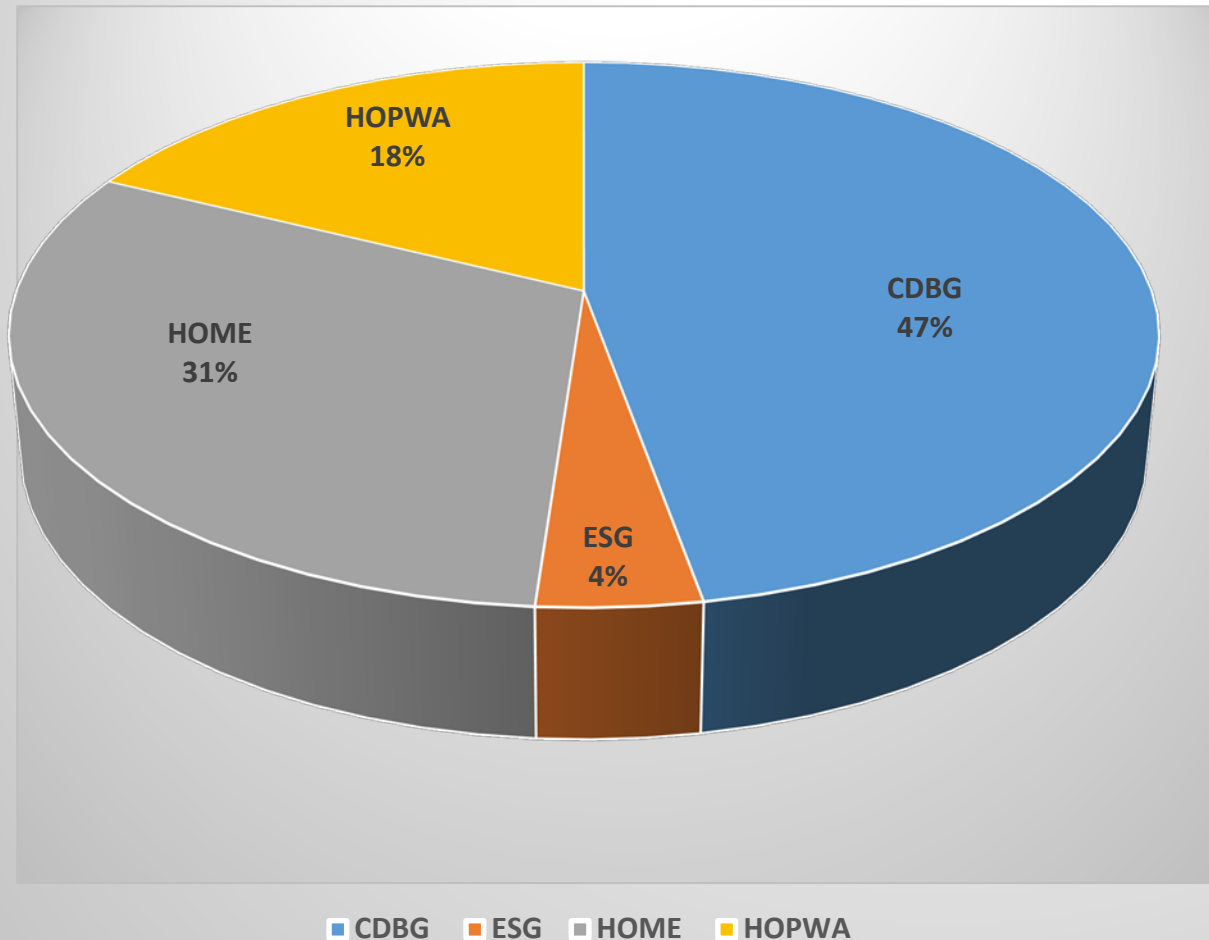
Very Important, but not funded by these grants



Grant Amounts from U.S. Department of Housing and Urban Development (HUD)

	CDBG	ESG	HOME	HOPWA	Total
Estimated 2021-22 (PY 47)	\$55,297,000	\$4,689,000	\$36,502,000	\$20,778,000	\$117,266,000
Actuals 2020-21 (PY 46)	\$54,334,788	\$4,688,518	\$28,158,891	\$19,812,205	\$106,994,402
\$ Change from 2020	\$962,000	\$0	\$8,343,000	\$966,000	\$10,271,000
% Change from 2020	1.8%	0.0%	29.6%	4.9%	9.6%

Estimated Funding for PY 47 (2021-22)



- Community Development Block Grant (CDBG)
- HOME Investment Partnerships Program (HOME)
- Housing Opportunities for Persons w/AIDS (HOPWA)
- Emergency Solutions Grant (ESG)

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The Consolidated Plan Funds Will Be Used For

Develop Affordable Housing (some examples are):

- Construction of new affordable rental housing, including housing for persons who are homeless
- Assistance with buying a home using low interest loans, etc.

Preserve Existing Affordable Housing (some examples are):

- Handyworker Program (repairs to correct unsafe conditions in single-family homes and rentals, lead base paint prevention and control)
- Preserving housing for seniors (e.g., ADA mobility ramps, grab bars, etc.)

HOUSING DEVELOPMENTS

ARLINGTON SQUARE

Completed 2017 – HOPWA Funded



Project Year	Total Units
42, 2016-2017	715
43, 2017-2018	684
44, 2018-2019	679
Three-Year Total	2,078



1st Time Home Ownership Assistance



Project Year	Total People
42, 2016-2017	59
43, 2017-2018	49
44, 2018-2019	104
Three-Year Total	212



Handyworker Program

Before



After

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Cont.....The Consolidated Plan Funds Will Be Used For

Stabilize and Revitalize Neighborhoods may include community facilities and infrastructure improvements to (some examples are):

- Community Centers
- Senior Centers
- Parks, pools & other recreational facilities
- Reconstructing sidewalks
- Installing new street lights, etc.

Golden Age Park



**BEFORE
CONSTRUCTION**



AFTER



Improved Street

This street improvement opened up Century Blvd as a major thorough fare in Watts within Council District 15



Before/During Construction



After

Hoover Triangle Sidewalk Improvement



Before

People Assisted by Street Lighting

Project Year	Total People
42, 2016-2017	11,995
43, 2017-2018	8,190
44, 2018-2019	18,449
Three-Year Total	38,634

Street Lights Built

Project Year	Total Lights
42, 2016-2017	129
43, 2017-2018	210
44, 2018-2019	192
Three-Year Total	531



After

Lifeway Connection Center

**BEFORE
CONSTRUCTION**



Project Year	Total Facilities
42, 2016-2017	12
43, 2017-2018	15
44, 2018-2019	19
Three-Year Total	46



AFTER



**YOUR NEIGHBORHOOD...YOUR FUTURE
SU COMUNIDAD... SU FUTURO**

Cont.....The Consolidated Plan Will Be Used For

Prevent and Reduce Homelessness/Domestic Violence (some examples are):

- Services for victims of domestic violence or human trafficking
- Services for people who are homeless
- Services to help with eviction prevention, etc.

Homeless Assistance



Homeless Assistance



YOUR NEIGHBORHOOD...YOUR FUTURE SU COMUNIDAD... SU FUTURO

Cont.....The Consolidated Plan Funds Will Be Used For

Economic development opportunities to Improve Local Economy for Low-Income residents (some examples are):

- **Training and/or financial assistance to start a new business, or help a small business grow**
- **Financial assistance for small businesses affected by COVID-19**
- **Business district revitalization, etc.**

BusinessSource Programs

Jobs Created or Retained

Project Year	Total Jobs
42, 2016-2017	854
43, 2017-2018	1,283
44, 2018-2019	1,904
Three-Year Total	4,041

Businesses Assisted

Project Year	Total Businesses
42, 2016-2017	29
43, 2017-2018	439
44, 2018-2019	11
Three-Year Total	479



Healthy Neighborhood Markets



YOUR NEIGHBORHOOD...YOUR FUTURE SU COMUNIDAD... SU FUTURO

Cont.....The Consolidated Plan Funds Will Be Used For

Help Low to Moderate Income Families to Stabilize Economically through (some examples are):

- FamilySource Centers
- Senior Multipurpose Centers

People Assisted Through Public Services

Project Year	Total People
42, 2016-2017	61,856
43, 2017-2018	45,061
44, 2018-2019	44,515
Three-Year Total	151,432



Free Tax Preparation Services at FamilySource Centers

El Nido FamilySource Center



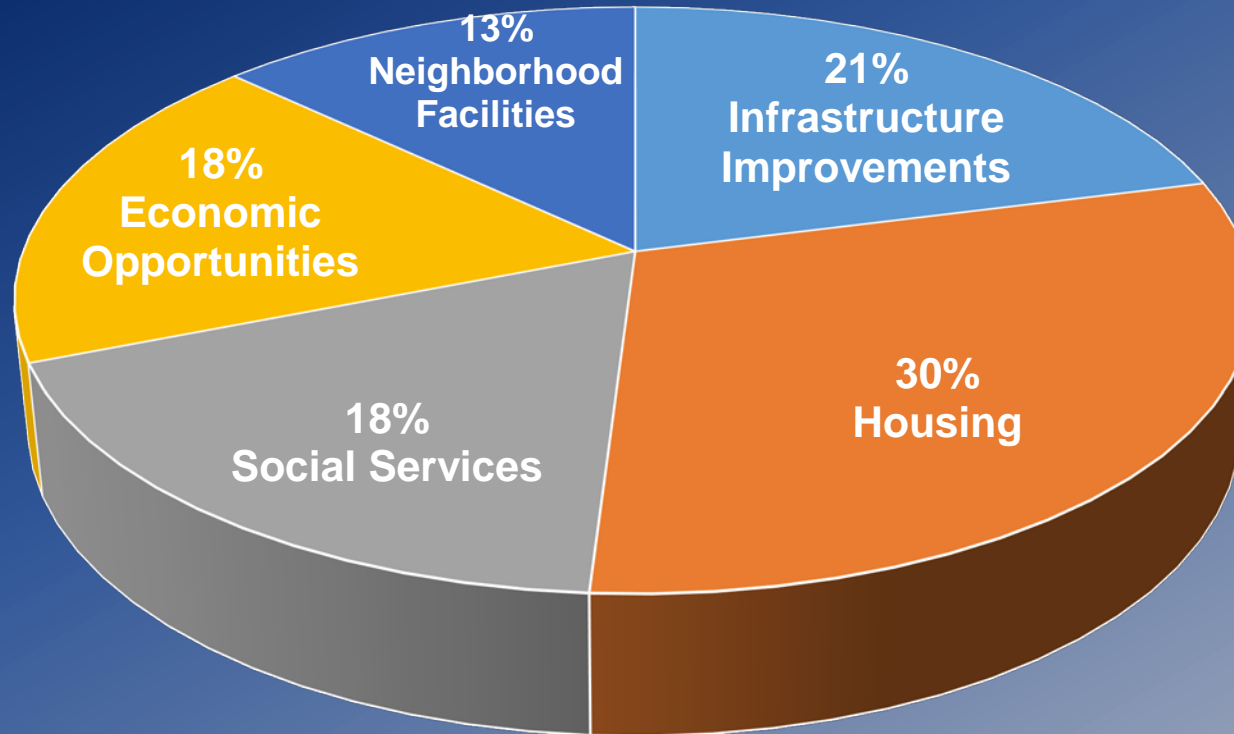
Theresa Lindsay Senior Center



Your Input Matters....What Did You Say?

PY46 2019-2020 Survey Response

How would you spend the money?



2020 – 2021 Actual Budget by Category

• Housing & Related Programs	\$62.6	million
• Neighborhood Improvements	\$31.3	million
• Social Services (includes homelessness services)	\$16.2	million
• Economic Development	\$9.4	million
• Planning/Administration	\$20.0	million
	<hr/>	
	\$139.5	million

CARES Act Funding PY46 (2020-21)

	CDBG-CV	ESG-CV	HOPWA-CV	Total-CV
TOTAL FUNDING AVAILABLE	\$71,129,782	\$183,598,312	\$2,883,240	\$257,611,334
TOTAL PROGRAM FUNDING ALLOCATIONS PROPOSED	\$10,000,000	\$151,926,560	\$2,883,240	\$164,809,800
BALANCE	\$61,129,782	\$31,671,752	\$0	\$92,801,534

Disaster Service Workers



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SU COMUNIDAD... SU FUTURO

Questions / Comments

**YOUR NEIGHBORHOOD...YOUR FUTURE
SU COMUNIDAD... SU FUTURO**

LET'S STAY IN TOUCH

Email us at: hcidla.planning@lacity.org

<https://hcidla2.lacity.org/community-resources/community-input>

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