



LOS ANGELES COUNTY
COMMISSION ON HIV



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EXECUTIVE COMMITTEE

Meeting

Thursday, April 25, 2024

1:00PM – 3:00PM (PST)

"Vermont Corridor"

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room
Los Angeles, CA 90020

****Validated Parking Available @ 523 Shatto Place, LA****

Agenda and meeting materials will be posted on our website
at <https://hiv.lacounty.gov/executive-committee>

As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting to access the Terrace Conference Room (9th flr) where our meetings are held

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/rb6a76cf5fd4343eb11ac630d42e6a118>

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

Password: EXECUTIVE Access Code: 2532 652 4500

Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. **If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*



together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

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



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

AGENDA FOR THE **REGULAR** MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV EXECUTIVE COMMITTEE

Thursday, April 25, 2024 | 1:00PM-3:00PM

510 S. Vermont Ave, Terrace Level Conference, Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, Los Angeles 90020

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MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rb6a76cf5fd4343eb11ac630d42e6a118>

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

Password: EXECUTIVE Access Code: 2532 652 4500

EXECUTIVE COMMITTEE MEMBERS			
Luckie Fuller, Co-Chair (LOA)	Danielle Campbell, PhDc, MPH Co-Chair	Joseph Green, Co-Chair Pro Tem	Miguel Alvarez (Executive At-Large)
Alasdair Burton (Executive At-Large)	Erika Davies	Kevin Donnelly	Felipe Gonzalez
Bridget Gordon (Executive At-Large)	Lee Kochems, MA	Katja Nelson, MPP	Mario J. Pérez, MPH
Kevin Stalter	Justin Valero, MPA		
QUORUM: 8			

AGENDA POSTED: April 19, 2024

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

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

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

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

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

I. ADMINISTRATIVE MATTERS

- | | | |
|--|------------------|-------------------|
| 1. Call to Order & Meeting Guidelines/Reminders | | 1:00 PM – 1:03 PM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements | | 1:03 PM – 1:05 PM |
| 3. Approval of Agenda | MOTION #1 | 1:05 PM – 1:07 PM |
| 4. Approval of Meeting Minutes | MOTION #2 | 1:07 PM – 1:10 PM |

II. PUBLIC COMMENT

1:10 PM – 1:13 PM

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

III. COMMITTEE NEW BUSINESS ITEMS

1:13 PM – 1:15 PM

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

IV. REPORTS

- 7. Executive Director/Staff Report** 1:15 PM – 1:25 PM
- A. Commission (COH)/County Operational Updates
- (1) 2024 COH Meeting Schedule
 - (2) 2024 Annual Conference Planning Workgroup
 - (3) Health Resources and Services Administration (HRSA) Technical Assistance (TA) Site Visit May 21-23
 - (4) Pride Events Participation
- 8. Co-Chair Report** 1:25 PM – 1:40 PM
- A. Commissioner Commitments
- B. April 12, 2024 COH Meeting | FOLLOW UP & FEEDBACK
- (1) Housing Panel Discussion
 - Establish a Housing Task Force to respond to discussions held at the April 11, 2024 Commission and Consumer Caucus Meetings **MOTION #3**
- C. May 9, 2024 COH Meeting Info & Agenda Development
- (1) Meeting Location: Vermont Corridor
 - (2) DHSP Linkage & Re-engagement Program (LRP) Presentation
 - (3) RWP Part F Presentation
 - (4) 2024 Renewal Membership Applications
- D. Conferences, Meetings & Trainings | OPEN FEEDBACK
- (1) [2024 NMAC Biomedical Prevention Summit](#) (April 19-20, 2024) | FEEDBACK
- E. Member Vacancies & Recruitment
- 9. Division of HIV and STD Programs (DHSP) Report** 1:40 PM – 1:55 PM
- A. Fiscal, Programmatic and Procurement Updates
- (1) Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE)
 - (2) Fiscal
 - (3) Mpox | UPDATES
- 10. Standing Committee Report** 1:55 PM – 2:35 PM
- A. Operations Committee
- (1) Membership Management
 - a. New Member Application: Arburtha Franklin | Alternate **MOTION #4**
 - b. New Member Application: Rita Garcia | Alternate **MOTION #5**
 - c. New Member Application: Dahlia Ale-Ferlito | City of Los Angeles **MOTION #6**
 - d. 2023 Renewal Membership Application | Felipe Gonzalez Unaffiliated Consumer, Supervisorial District 5 **MOTION #7**
 - e. 2024 Renewal Membership Applications Slate **MOTION #8**
 - (2) Policies & Procedures
 - a. Bylaws Proposed Changes | UPDATES
 - (3) Assessment of the Administrative Mechanism | UPDATES
 - (4) [2024 Training Schedule](#)
 - (5) Recruitment, Retention & Engagement

Standing Committee Report (cont'd)

1:55 PM – 2:35 PM

- B. Standards and Best Practices (SBP) Committee
 - (1) Service Standards Schedule
 - (2) Ambulatory Outpatient Medical (AOM) Service Standards | UPDATES
- C. Planning, Priorities and Allocations (PP&A) Committee
 - (1) Status Neutral Priority Setting and Resource Allocation (PSRA) Draft Framework | UPDATES
 - (2) Prevention Planning | UPDATES
- D. Public Policy Committee (PPC)
 - (1) Federal, State, County Policy & Budget
 - a. 2024 Legislative Docket | UPDATES
 - b. 2024 Policies Priority | UPDATES
 - c. County Response to STD Crisis

11. Caucus, Task Force, and Work Group Reports:

2:35 PM – 2:50 PM

- A. Aging Caucus
- B. Black/AA Caucus
 - Faith Based Community Listening Session: Fri, April 26 @ 6-8PM
- C. Consumer Caucus
- D. Transgender Caucus
 - Harm Reduction Institute: Mon, April 29 @ 8AM-4PM
- E. Women’s Caucus

V. NEXT STEPS

2:50 PM – 2:55 PM

- 12. Task/Assignments Recap
- 13. Agenda development for the next meeting

VI. ANNOUNCEMENTS

2:55 AM – 3:00 PM

- 14. Opportunity for members of the public and the committee to make announcements.

VII. ADJOURNMENT

3:00 PM

- 15. Adjournment for the meeting of April 25, 2024

PROPOSED MOTIONS

MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the meeting minutes, as presented or revised.
MOTION #3	Approve establishing a Housing Task Force to respond to discussions held at the April 9, 2024 Commission and Consumer Caucus meetings, as presented or revised.
MOTION #4	Approve new member application for Arburtha Franklin to occupy an Alternate seat, as presented or revised, and forward to the full body at its May 9, 2024 meeting.

MOTION #5	Approve new member application for Rita Garcia to occupy an Alternate seat, as presented or revised, and forward to the full body at its May 9, 2024 meeting.
MOTION #6	Approve new member application for Dahlia Ale-Ferlito to occupy the City of Los Angeles representative seat, as presented or revised, and forward to the full body at its May 9, 2024 meeting.
MOTION #7	Approve 2023 renewal membership application for Felipe Gonzalez Seat #31, Unaffiliated Consumer, Supervisorial District 5, representative, as presented or revised.
MOTION #8	<p>Approve the following 2024 renewal membership applications as presented or revised and forward to the full body at its May 9, 2024 meeting:</p> <p>Erika Davies Seat #2, City of Pasadena representative; Mario Perez Seat #6, Director, DHSP; Karl Halfman Seat #7, Part B representative; Leon Maulsby Seat #8, Part C representative; Sandra Cuevas Seat #10, Part F representative; Dr. LaShonda Spencer Seat #14, Provider representative #4; Martin Sattah Seat #18, Provider representative #8; Russell Ybarra Seat #20, Unaffiliated consumer, SPA 2; Lambert Talley Seat #22, Alternate; Jayda Arrington Seat #24, Unaffiliated consumer, SPA 6; Kevin Donnelly Seat #26, Unaffiliated consumer, SPA 8; Lilieth Conolly Seat #32, Unaffiliated consumer, at-large #1; Dr. David Hardy Seat #34, Alternate; Al Ballesteros Seat #36, Representative, Board Office 1; Katja Nelson Seat #38, Representative, Board Office 3; Lee Kochems Seat #42, Behavioral/social scientist; Mary Cummings Seat #48, HIV stakeholder representative #5; Dr. William King Seat #50, HIV stakeholder representative #7; and Miguel Alvarez Seat #51, HIV stakeholder representative #8.</p>



CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



2024 MEMBERSHIP ROSTER | UPDATED 4.21.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative			Vacant	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1			Vacant		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	PP&A	Dechelle Richardson	AMAAD Institute	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller (LOA)	Invisible Men	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7	1	OPS	Wilma Mendoza	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
28	Unaffiliated consumer, Supervisorial District 2	1	EXC OPS	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			Vacant		July 1, 2023	June 30, 2025	
34	Unaffiliated consumer, at-large #3	1	PP&A	Daryl Russell, M.Ed	Unaffiliated Consumer	July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXC	Joseph Green	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA			Vacant	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kocherns, MA	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC OPS	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, Cpsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		42						

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

LOA: Leave of Absence

Overall total: 45



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 4/12/24

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FERGUSON	Kerry	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	Invisible Men	No Ryan White or prevention contracts
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
OSORIO	Ronnie	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated consumer	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

Division of HIV and STDs Contracted Community Services

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

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
Case Management Home-Based	Libertana Home Health Caring Choice The Wright Home Care Cambrian Care Connection Envoy
Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store Foothill AIDS Project JWCH Project Angel
Oral Health	Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
STD-Ex.C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy Caring Choice Health Talent Strategies Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA SJW
HTS - Storefront	LabLinc Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	
AOM	
Vulnerable Populations (YMSM)	APAIT AMAAD
HTS - Storefront	Center for Health Justice Sunrise Community Counseling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC)
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN)
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
	Bienestar
Vulnerable Populations (YMSM)	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy Cambrian Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	



510 S. Vermont Ave. 14th Floor • Los Angeles, CA 90020
TEL : (213) 738-2816 EML: HIVCOMM@LACHIV.ORG WEB: http://hiv.lacounty.gov

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

EXECUTIVE COMMITTEE MEETING MINUTES March 28, 2024

COMMITTEE MEMBERS			
P = Present A = Absent EA=Excused Absence AB2449=Virtual			
Luckie Fuller, Co-Chair (LOA)	EA	Felipe Gonzalez	A
Joseph Green, Co-Chair, Pro Tem	P	Lee Kochems, MA	P
Danielle Campbell, PhDc, MPH	P	Katja Nelson, MPP	P (AB2449)
Miguel Alvarez (EXEC At-Large)	P	Mario J. Pérez, MPH	EA
Al Ballesteros, MBA	A	Kevin Stalter	P
Erika Davies	EA	Justin Valero	P
Kevin Donnelly	P (AB2449)		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, DACM			
DHSP STAFF			
Michael Green, PhD (virtual)			

Meeting agenda and materials can be found on the Commission’s website [HERE](#)

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Joseph Green, COH Co-Chair Pro Tem, commenced the Executive Committee meeting at around 1:20PM and provided an overview of the meeting guidelines.

2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS

J. Green initiated introductions and requested that Committee members their state conflicts of interest. Cheryl Barrit, MPIA, Executive Director, led roll call.

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ROLL CALL (PRESENT): Miguel Alvarez, Kevin Donnelly, Lee Kochems, Felipe Gonzalez, Katja Nelson, Kevin Stalter, Justin Valero, Danielle Campbell, and Joseph Green.

2. APPROVAL OF AGENDA

MOTION #2: Approve the Agenda Order, as presented or revised. *(Approved by Consensus).*

3. APPROVAL OF MEETING MINUTES

MOTION #3: Approve the Executive Committee minutes, as presented or revised. *(Approved by Consensus.)*

II. PUBLIC COMMENT

4. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.

No Public Comments.

III. COMMITTEE NEW BUSINESS ITEMS

5. OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.

- J. Green requested COH staff to research opportunities for the COH to participate in upcoming Pride events, potentially partnering with DHSP and/or the County.
 - C. Barrit reminded members of the COH's budget constraints for community engagement activities but indicated she will follow up and report back at the next Committee meeting.
 - Additionally, C. Barrit emphasized that responsibility for such activities lies with the members, not staff. Justin Valero reminded the Committee that the Operations Committee is the primary committee charged with outreach and recruitment and should plan these activities.
 - Members were reminded to ensure that these activities align with the Commission's overall goals.
 - Erica Robinson and Miguel Alvarez volunteered to assist in identifying outreach and recruitment events.

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IV. REPORTS

6. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission (COH)/County Operational Updates

- (1) **2023 Annual Report.** Chery Barrit, MPIA, Executive Director, reminded the Committee that the final 2023 Annual Report has been submitted to the BOS and is now available on the COH's website [HERE](#).
- (2) **2024 Proposed COH Meeting Schedule.** The 2024 meeting schedule has been updated to include extended housing discussions, an extended Part F report as part of a larger initiative showcasing city and RWP Parts representatives' initiatives, DHSP Linkage and Re-engagement Program (LRP) utilization presentation, and a proposed wish list for the Annual Conference.
- (3) **2024 Annual Conference Planning Workgroup.** Volunteers were requested for a workgroup to plan the 2024 Annual Conference. Miguel Alvarez, Lee Kochems, Kevin Stalter, and Justin Valero, and Alasdair Burton volunteered. J.Valero suggested that a topic around the inclusion of private health plans as part of the COH's overall planning be a part of the Annual Conference. C. Barrit will coordinate and schedule a planning meeting.
- (4) **Health Resources and Services Administration (HRSA) Technical Assistance (TA) Site Visit: May 20-23 - What TA support requests would you like to submit to HRSA?** C. Barrit announced that HRSA will conduct a 'technical assistance' site visit with the Commission on May 20-23, 2024. She polled the Committee for suggestions to present during the visit which included concerns raised about the updated requirements regarding term limits and conflict of interest management. Further details on the site visit will be provided upon receipt of an official letter from HRSA.

7. Co-Chair Report

- A. **Commissioner Commitments: How are you fulfilling your role/responsibilities as a commissioner?** As an ongoing effort to uphold accountability among members and to ensure clarity regarding roles and responsibilities, members were invited to share perspectives on their roles, responsibilities, and community engagement efforts supporting the Commission's mission.
- B. **March 14, 2024, COH Meeting | FOLLOW UP & FEEDBACK.** Members expressed positive feedback, particularly highlighting their appreciation for the venue and encouraged more meetings to take place in the community to expand the reach of the Commission. Members also acknowledged the National Women & Girls' HIV/AIDS Awareness Day (NWAHAD) panel, emphasizing the impactful nature of storytelling.

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C. April 11, 2024, COH Meeting Agenda Development. The Committee discussed the proposed agenda; no items were added.

D. Conferences, Meetings & Trainings | OPEN FEEDBACK.

- a. **2024 International AIDS Conference (July 22-24, 2024).** D. Campbell reported that scholarship award notifications have been sent to applicants. Due to increased competition, many applicants were unfortunately denied scholarships. However, those unaffiliated consumer members who were not awarded are encouraged to apply to the Commission for virtual attendance scholarship consideration; refer to the COH's policy for participation at conferences.
- b. **2024 NMAC Biomedical Prevention Summit (April 19-20, 2024).** Daryl Russell and Lilieth Conolly have been selected to attend the summit on behalf of the COH and will report back at an upcoming meeting.
- c. **National Ryan White Conference (August 20-23, 2024)** COH Co-Chairs D. Campbell and J. Green will be attending the conference in person on behalf of the COH. The conference will be hybrid allowing attendees to join virtually for free. All members are encouraged to register for the virtual option.

D. Campbell reminded the Committee that the 2024 United States Conference on HIV/AIDS (USCHA) will be held in October 2024 in New Orleans, Louisiana; the scholarship application period is open until June. Unaffiliated consumer members who are interested in attending on behalf of the COH may submit a scholarship application for COH consideration. Refer to the COH's policy for participation at conferences.

E. Member Vacancies & Recruitment. The Operations Committee continues to work with staff in tracking the COH's reflectiveness and progress toward meeting the 33% threshold for unaffiliated consumer membership.

Division of HIV and STD Programs (DHSP) Report. Dr. Michael Green, PhD, MHSA, Chief of Planning, Development and Research, DHSP, attended in Mario J. Perez' absence and indicated there were no updates to report. Dr. Green noted that DHSP will have a presence at Pride events and to refer to the PP&A Committee report for updates on DHSP's expenditures, and requirements and deadlines of the newly released CDC Notice of Funding.

C. Barrit provided additional updates to include DHSP's report at the March 19, 2024 PP&A Committee meeting on the new CDC grant, noting that the new grant will combine HIV surveillance, HIV prevention and Ending the HIV Epidemic activities into one funding opportunity with three separate pots of money. C. Barrit also reported that DHSP

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addressed inquiries around Medical Care Coordination (MCC) expenditures. Lastly, the Committee reviewed foundational prevention data as part of its prevention planning.

K. Donnelly requested that DHSP provide an update on Mpox at the next Committee meeting.

9. Standing Committee Reports

A. Operations Committee Justin Valero, Co-Chair, reported the following:

(1) Membership Management

- (1) SEAT VACATE | Juan Solis, Alternate **MOTION #3 (Approvedv; Roll Call Vote: MAlvarez, KDonnelly, LKochems, KNelson, KStalter, JValero, JGreen & DCampbell)**
- (2) SEAT CHANGE | Dechelle Richardson | Seat #27, Alternate, to Seat #16 Provider Representative #6 **MOTION #4 (Approvedv; Roll Call Vote: MAlvarez, KDonnelly, LKochems, KNelson, KStalter, JValero, JGreen & DCampbell)**
- (3) SEAT CHANGE | Erica Robinson | Seat #33, Alternate, to Seat #46 HIV Stakeholder Representative #3 **MOTION #5 (Approvedv; Roll Call Vote: MAlvarez, KDonnelly, LKochems, KNelson, KStalter, JValero, JGreen & DCampbell)**
- (4) SEAT CHANGE | Ronnie Osorio | Seat #25, Alternate, to Seat #47 HIV Stakeholder Representative #4 **MOTION #6 (Approvedv; Roll Call Vote: MAlvarez, KDonnelly, LKochems, KNelson, KStalter, JValero, JGreen & DCampbell)**
- (5) NEW MEMBER APPLICATION | Matthew Muhonen | Seat #41 Representative, HOPWA **MOTION #7 (Approvedv; Roll Call Vote: MAlvarez, KDonnelly, LKochems, KNelson, KStalter, JValero, JGreen & DCampbell)**
- (6) NEW MEMBER APPLICATION: Michael Euring, Unaffiliated Consumer **MOTION #8 (Approvedv; Roll Call Vote: MAlvarez, KDonnelly, LKochems, KNelson, KStalter, JValero, JGreen & DCampbell)**

(2) Policies & Procedures

a. Bylaws Proposed Changes | UPDATES. During the Public Comment period, one comment was received. To expedite the review and approval process for the bylaws, the Bylaws Review Taskforce (BRT) will join the Operations Committee at its April meeting to collectively review the final version of the proposed bylaws.

(3) Assessment of the Administrative Mechanism | UPDATE. Collaborative Research has been hired to assist with the AAM which will focus on how expedite county contracts using alternatives such as third party administrators and best practices/lessons learned from the local homelessness emergency declaration.

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(4) **2024 Training Schedule.** Members are reminded to review the training schedule and attend the mandatory trainings.

(5) **Recruitment, Retention & Engagement.** A Parity, Inclusiveness, and Reflectiveness (PIR) update will be presented in June, following the appointment of new and renewal members. This update will identify areas where increased promotion of recruitment and engagement efforts should be focused.

B. Standards and Best Practices (SBP) Committee José Rangel-Garibay, COH staff, reported the Committee last met on March 5, 2024, to discuss the 2024 workplan which includes review and updates to service standards: Emergency Financial Assistance (EFA), Ambulatory Outpatient Medical (AOM) and Transitional Case Management (TCM)

(1) **Prevention Service Standards MOTION #9 (Approved); Roll Call Vote: MAlvarez, KDonnelly, LKochems, KNelson, KStalter, JValero, JGreen & DCampbell)**

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

Kevin Donnelly, PP&A Co-Chair, referred to C. Barrit's earlier comments under the DHSP report and shared the following key highlights and updates:

- Victor Scott (DHSP) provided an update on the specifications of the new CDC grant, highlighting that the application deadline is April 29, 2024.
- The Committee will schedule discussions on MCC and Mental Health services, including utilization and expenditures, for its next meeting.
- Miguel Martinez delivered a presentation on foundational prevention data and requested input on additional prevention data necessary for future planning.
- Updates are pending from HRSA regarding guidance on the priority setting and resource allocation policy and process.

D. Public Policy Committee (PPC)

Katja Nelson, PPC Committee Co-Chair, reported the following key highlights and updates:

(1) **Federal, State, County Policy & Budget**

- 2024 Legislative Docket.** The Committee will hold an extended 3-hour meeting on April 1, 2024, to review the legislative docket.
- 2023-2024 Policies Priority** Committee is in the process of reviewing and updating its 2024 Policy Priorities to help inform its planning.
- DPH Memo in response to STD Board of Supervisors (BOS) motion.** C. Barrit is the process of scheduling meetings with health deputies and their COH member district representatives. Continued reminders for members' participation in Health Deputy and BOS meetings are sent out by COH staff, encouraging public comments to champion COH and HIV-related initiatives.

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- The Committee engaged in a follow-up discussion regarding a request for the COH to issue a cease-fire statement concerning the Israel and Palestine conflict.
- The federal budget passed with a Continuing Resolution, preserving funding without cuts in the appropriation bill. Advocacy efforts must continue as the current flat funding falls short of covering all HIV-related needs. Additionally, HOPWA received a notable \$6 million increase.
- The next PPC meeting will be on April 1, 2024, and will be an extended meeting (1-4PM)

10. Caucus, Task Force, and Work Group Reports

A. Aging Caucus. K. Donnelly, Aging Caucus Co-Chair, reported:

- Jamie Baker of Being Alive facilitated a discussion on service access issues.
- An update on HIV & Aging from CROI 2024 was presented.
- A follow-up request was made to DHSP regarding the Caucuses' previous requests regarding its recommendations.

B. Black/AA Caucus. D. Campbell, Black Caucus Co-Chair, reported:

- The Caucus continued to refine its 2024 workplan.
- Planning is underway for the Faith-Based Community Listening Session, marking the first in a series dedicated to seven key populations within the Black community.
- A productive discussion was held regarding the findings of the needs assessment conducted by DHSP and Equity Impact Solutions (EIS), with plans underway for collaboration on next steps.

C. Consumer Caucus. C. Barrit reported:

- The meeting was held at Drew CARES and was well attended.
- Discussions centered on devising consumer-oriented strategies to tackle the housing crisis, leading to an agreement to launch a letter-writing campaign directed at local elected officials.
- Consensus was reached to form a housing taskforce, emphasizing a focus on systemic issues rather than individual challenges.

D. Transgender Caucus. C. Barrit reported:

- The Caucus discuss opportunities to enhance participation and engagement.
- Plans are underway for a Harm Reduction Institute, with a flyer to be distributed soon.
- TransLatin@ Coalition opened a new location in El Monte.

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E. Women's Caucus. Lizette Martinez, COH staff, reported:

- No new updates.
- The next Caucus meeting will virtual and held on April 15, 2024 at which time the Caucus will review DHSP's breast feeding guidance, APLA's HIV Directory highlighting women-centered services, and will plan for its virtual lunch & learn.

F. Bylaws Review Taskforce *Refer to Operations Committee Report.*

V. NEXT STEPS

11. Task/Assignments Recap

- Members are reminded to submit technical assistance ideas to C. Barrit for the upcoming HRSA site visit.
- C. Barrit will schedule the Annual Conference workgroup planning meeting.
- Continued scheduling for coordinated health deputy meetings with COH member representatives.
- Members are requested to submit outstanding membership-related forms.
- All motions will proceed to the April 11, 2024 COH meeting for approval.

12. Agenda development for the next meeting *Refer to minutes.*

VI. ANNOUNCEMENTS

13. Opportunity for members of the public and the committee to make announcements.

- Kevin Stalter provided the Committee with an update on the utility moratorium, addressing concerns raised in the previous meeting. He mentioned that utility companies offer various programs to waive past-due invoices and advised members to check with their respective utility companies for eligibility requirements.

VII. ADJOURNMENT

Adjournment for the meeting of March 28, 2024 @ 2:46PM.

**Los Angeles County Commission on HIV (COH)
Meeting Schedule and Topics - Commission Meetings**

Versions: 01.18.24; 01.26.24; 02.12.24; 03.03.24; 040724;04.19.24

FOR DISCUSSION /PLANNING PURPOSES ONLY

- **Bylaws:** Section 5. Regular meetings. In accordance with Los Angeles County Code 3.29.060 (Meetings and committees), the Commission shall meet at least ten (10) times per year. Commission meetings are monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee. The Commission’s Annual Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.

Meeting Schedule and Topics - Commission Meetings		
	Month	Community Discussion Topic
HOUSING	2/8/24 @ St. Anne’s Conference Center	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program and Service Overview (Part 1)
	3/14/24 @ MLK BHC	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program Client Demographics and Service Data (Part 2)
	4/11/24 @ MLK BHC	Housing Funders Roundtable and Community Problem-Solving Discussion: Discuss key program successes, challenges and best practices for coordinated planning and resource sharing. HOPWA, DHSP, LAHSA, County CEO’s Homeless Initiative, Los Angeles County DHS Housing for Health, City of Los Angeles Housing Department, Los Angeles County Development Authority, Housing Authority of the City of Los Angeles
	5/9/24 @ Vermont Corridor	<ul style="list-style-type: none"> • DHSP presentation on the Linkage and Re-engagement Program (LRP) • Ryan White Parts Spotlight: Part F presentation by Tom Donohoe and Sandra Cuevas
	6/13/24 @ Vermont Corridor	AMAAD Institute HIV.E Program

STI	7/11/24 @ Vermont Corridor	Mobilizing County-wide STI Response Key Partners Roundtable DHSP, DHS, Community Clinics, Health Plans, ETE Coalition
MH + SA	8/8/24 @ TBD	Leveraging Mental Health and Substance Use Programs and Partnerships DMH, SAPC
	9/12/24 @ TBD	HIV and Aging (Collaborative panel/presentation with Aging and Women’s Caucus)
	10/10/24 @ TBD	<i>CANCEL</i>
	11/14/24 @ TBD	ANNUAL CONFERENCE
	12/12/24 @ TBD	<i>CANCEL</i>

Potential Topics/Wish List: Could be components of the Annual Conference

1. Planning Council Community Review – Aligning Expectations, Duties, and Improving Overall Effectiveness/Impact (Part of Annual Conference?)
2. AMAAD Institute’s HIV.E Community Engagement Program (August?)
3. Aging and Isolation (presentation from Dr. Nash; Sept?)
4. Housing (ongoing)
5. National HIV Awareness Days-Related Presentations
6. Comprehensive HIV Plan Temperature Check
7. ~~Linkage and Retention Program (LRP) Service Utilization Report (May)~~
8. City representatives presentations (July?)
9. EHE- How are we doing with meeting our goals?
10. Bylaws update (integrated in agenda)
11. Indigenous communities and HIV

April 1, 2024

Mario J. Perez
Director, Division of HIV and STD Programs (DHSP)
Los Angeles County Department of Public Health
600 S. Commonwealth Avenue, Fl. 9
Los Angeles, CA 90005
mjperez@ph.lacounty.gov

Re: Grant # H89HA00016

Dear Mario Perez,

This letter officially informs you of the upcoming Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Metropolitan HIV/AIDS Programs (DMHAP) Technical Assistance (TA) Site Visit with the Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council at the Los Angeles County Department of Public Health from May 21st through May 23rd, 2024.

The following HRSA staff will participate with me on this visit:

- Veronyca Washington, Senior Project Officer, Planning Councils & Planning Bodies (PCs/PBs)
- Monique Hitch, Deputy Director, DMHAP

Planning Council/Planning Body (PC/PB) Technical Assistance Site Visit

DMHAP's PC/PB Technical Assistance Site Visit Team will provide resources to the **Los Angeles County Commission on HIV (COH)** to ensure compliance with all statutory and programmatic requirements and to strengthen capacity to plan for and coordinate the delivery of HIV services in the jurisdiction. The team will focus on areas for operational and administrative performance improvement. As discussed during previous monthly monitoring calls, please submit any topic(s) you would like technical assistance on that are relevant to the administration and implementation of planning council/body activities. Please refer to the National Monitoring Standards (NMS) and the Ryan White Part A Manual for the federal requirements of the RWHAP Part A Program that will be reviewed during the site visit.

Pre- Site Visit Conference Call

In preparation for your visit, DMHAP will hold a Pre-Site Visit conference call to include pertinent recipient staff, PC/PB support staff, PC/PB co-chairs/leadership, and HRSA's SV team. The call will be conducted using Microsoft Teams.

During the call, we will discuss expectations of the session, documents needed and related logistics, such as meeting space and audio/visual requirements. We will also discuss a detailed agenda and identify who from your organization will participate in the site visit and the day/time of their participation. PC/PB Support Staff participation is mandatory, PC/PB Leadership is highly recommended, and CEO/Recipient staff are welcome. We will need email addresses for all SV participants three weeks prior to the site visit.

Preparing for the Site Visit

To help you prepare for the upcoming SV, please refer to the attached National Monitoring Standards, Part A Manual, and the PC/PB TA SV Document List.

All documents noted in the PC/PB TA SV Document List need to be provided at least three (3) weeks prior to the start of the site visit. The email address to submit those documents will be provided at a later date.

Optimal Training Space Requests

To provide a conducive atmosphere for interactive TA delivery, we are requesting a training space that fits 10-15 people with the following characteristics:

- Classroom/training room style with writing/desk space for each participant, room to move around for planned activities, and wall space to post flip chart paper. We will bring or ship large flip chart paper.
- Projector with large screen or large TV monitor(s), both with HDMI port access. We will bring our own laptops for PowerPoint and website viewing.
- Wi-Fi access for participants.
- Dry Erase Board with Markers.

If you have any questions or concerns, please contact me at KMorse@hrsa.gov or 301-945-3404.

Sincerely,



Ka'leef Stanton Morse, MHS, MBA, CLSSGB

Senior Project Officer, Planning Councils & Planning Bodies (PCs/PBs)

Division of Metropolitan HIV/AIDS Programs (DMHAP)

cc: Dr. Michael Green, Chief – Planning Division mgreen@ph.lacounty.gov
Cheryl Barrit, Executive Director, LA COH cbarrit@lachiv.org

Chrissy Abrahms Woodland, Director, DMHAP CAbrahmsWoodland@hrsa.gov

Monique Hitch, Deputy Director, DMHAP MHitch@hrsa.gov

Veronyca Washington, Senior Project Officer PCs/PBs, DMHAP VWashington@hrsa.gov

Krystal Hilton, Project Officer – Western Branch, DMHAP KHilton@hrsa.gov

Karen Gooden, Chief - Western Branch, DMHAP KGooden@hrsa.gov

PC/PB SITE VISIT PRESENTATION OUTLINE

MARCH 2024

Instructions: Please use the following outline to prepare a visual presentation (PowerPoint, Canva, Prezi, etc.) that describes your Planning Council/Planning Body.

1. Background of the PC/PB

- a. If integrated, include background on the integration process
- b. Mission, Vision and Purpose
- c. List of municipalities/jurisdictions in the EMA/TGA
- d. Map of EMA/TGA
- e. PC/PB Organizational structure in relation to the recipient

2. PC/PB Membership Overview

- a. Membership Requirements (terms of service) from Bylaws, including term limits
- b. Current Membership (categories and terms)
- c. Current Vacancies

3. PC/PB Leadership structure/org chart with brief description of each position

4. PC/PB Committee structure/org chart with brief description of each committee

5. A Year in Review: “Challenges and Successes”

6. Any new strategies/initiatives in the works

7. Q & A

PC/PB SITE VISIT DOCUMENT LIST

APRIL 2024

Instructions: Please use the provided legend to denote the document when saving and submitting. For example, the Quality Management Committee and Quality Indicator Task Force Meeting Minutes document(s) should be saved as "20.1 Quality Management Committee and Quality Indicator Task Force Meeting Minutes."

<input checked="" type="checkbox"/>	1.0 Last Comprehensive Site Visit Report and Corrective Action Plan <i>provided by Project Officer</i>
<input type="checkbox"/>	2.0 Copies of all presentations made to the HRSA SV Team
<input type="checkbox"/>	3.0 PC/PB By-Laws and any amendments
<input type="checkbox"/>	4.0 PC/PB and Office of Support policies/procedures
<input type="checkbox"/>	5.0 PC/PB Office of Support Staffing List and Organization Chart
<input type="checkbox"/>	6.0 PC/PB and Recipient/MOU (if applicable)
<input type="checkbox"/>	7.0 PC's/PB's Current Organization Chart
<input type="checkbox"/>	8.0 Current Membership Rosters with affiliations/reflectiveness
<input type="checkbox"/>	9.0 PC/PB Workplan
<input type="checkbox"/>	10.0 PC/PB Member Recruitment Plan
<input type="checkbox"/>	11.0 PC/PB Membership Application
<input type="checkbox"/>	12.0 PC/PB Membership Interview Questions
<input type="checkbox"/>	13.0 Signed Confidentiality Statements for Members
<input type="checkbox"/>	14.0 Signed Conflict of Interest Statements for Members
<input type="checkbox"/>	15.0 PC/PB appointment letters signed by the jurisdiction's CEO
<input type="checkbox"/>	16.0 Orientation/Training Materials for PC/PB Members
<input type="checkbox"/>	17.0 PC/PB Meeting Schedule
<input type="checkbox"/>	18.0 PC/PB Meeting Minutes for past 12 months
<input type="checkbox"/>	19.0 PC/PB Current Committee Rosters
<input type="checkbox"/>	20.0 Committee Minutes (as applicable) from:
	<input type="checkbox"/> 20.1 Quality Management Committee and Quality Indicator Task Force Meetings Minutes
	<input type="checkbox"/> 20.2 Service Standards (Standards of Care) Committee Minutes
	<input type="checkbox"/> 20.3 Finance Committee Meeting Minutes
	<input type="checkbox"/> 20.4 Executive Committee Meeting Minutes
	<input type="checkbox"/> 20.5 Membership and Nominations Committee Meeting Minutes
	<input type="checkbox"/> 20.6 Comprehensive Planning or PSRA Committee Meeting Minutes
<input type="checkbox"/>	21.0 PC/PB Grievance Procedures
<input type="checkbox"/>	22.0 PC/PB Quality Management Plan
<input type="checkbox"/>	23.0 Priority Setting and Resource Allocation Plan (PSRA) with Directives
<input type="checkbox"/>	24.0 Reallocation and rapid reallocation policy/procedure
<input type="checkbox"/>	25.0 Tool/Questionnaire for the Assessment of the Efficiency of the Administrative Mechanism (AEMA); Reports and Responses (previous year)
<input type="checkbox"/>	26.0 Client Feedback Tools used by PC/PB



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POLICY/ PROCEDURE:	NO. 09.5203	Priority Setting and Resource Allocations (PSRA) Framework and Process
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DRAFT 12.27.23

SUBJECT: The Commission’s Priority Setting and Resource Allocations (PSRA) framework, process and specifics.

PURPOSE: To outline the Commission’s service prioritization and resource allocations process, as mandated by the Ryan White Treatment Modernization Act (Ryan White) and Los Angeles County Charter Code 3.29.

BACKGROUND:

- Service prioritization and resource allocations are two of the Part A planning councils’ chief responsibilities, detailed specifically in Ryan White legislation and confirmed in County Charter Code.
- In accordance with Health Resources and Services Administration (HRSA) guidance, the Commission sets service priorities based on consumer need and determines allocations from priorities and other factors such as service capacity, other sources of funding, service utilization and cost-effectiveness.
- As defined in its ordinance, the Commission establishes priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review 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 metrics 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.

POLICY:

- This policy outlines the Priority Setting and Resource Allocation (PSRA) process used to

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

Last Revised: *May 12, 2011; (XX, XX 2024)*

- prioritize services and allocate resources—in accordance with governing Ryan White and County code legislation—encompassing the specific partners, responsibilities, steps, tasks and timelines associated with the process.
- The PSRA process is led by the Commission’s Planning, Priorities and Allocations (PP&A) Committee. The Division of HIV and STD Programs (DHSP) provides critical information; consumer input is collected through the Comprehensive HIV Plan and other assessments; and provider input is collected through focus forums, surveys and Commission participation.
- The policy details the expectations and timing of stakeholder involvement in the multi-year Ryan White Part A funding cycle determined by the HRSA Ryan White HIV/AIDS Program (RWPHAP). The process allows for ongoing stakeholder input at several key junctures. Multi-year allocations are intended to conclude prior to the submission of the RWP Part A application. Allocations are reviewed annually to ensure alignment with and responsiveness to community needs and funding requirements.

PRINCIPLES AND CRITERIA¹:

- A. **Priorities and allocations are data based.** Decisions are based on the data, not on personal preferences. Commissioners should avoid presenting anecdotal information or personal experiences during the decision making, focusing on needs assessments, and cost/service utilization data rather than a single person’s experience.
- B. **Conflicts of interest are stated and followed.** Commission members must state areas of conflict according to the approved Conflict of Interest Policy, and cannot participate in open discussions or vote on the related service categories in which they have a conflict. As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity. Any funded RWHAP Part A provider must declare all funded service categories (e.g., areas of conflict of interest) at the beginning of the meeting(s), and neither initiate discussion nor vote on priorities or allocations for those service categories. S/he can answer questions directed by other members, and can vote on priorities and allocations when they are presented as a whole list by Model Priority Setting and Resource Allocation Process, Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018).

Commented [BC1]: Ask new HRSA PO for clarification.

¹ Model Priority Setting and Resource Allocation Process, Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018.

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

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- C. The data provide the basis for changes in **priorities or allocations from the previous year**. The data indicate changes in service needs/gaps and availability based on information from the various data sources.
- D. **Needs of specific populations and geographic areas** are an integral part of the discussion in the data presentations and the decision making. They may also lead to recommendations to the Recipient on how best to meet the priorities.
- E. **Final vote** on the complete priorities and allocations will be presented by the Planning, Priorities and Allocations Committee Co-Chairs to the full planning council for a roll-call vote.
- F. **Paradigms and operating values** are selected and used by the PP&A Committee to help guide their decision-making in setting service priorities and resource allocations. The PP&A Committee reviews the paradigms and operating values selected and approved from the previous year as the foundation for current year PSRA process or reallocations. (Attach)
- G. **The Commission's Status Neutral HIV and STI Delivery System framework** is used by the PP&A Committee to ensure that service priorities and resources allocations emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention. This approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being. (Attach)
- H. Decisions should help to ensure **parity in access to care**, for all Ryan White-eligible HIV/AIDS population groups and for PLWH/A regardless of where they live in the County.
- I. Discussions and decisions should have a major focus on **improving performance on the HIV Care Continuum/Treatment Cascade**, focusing on areas of concern – such as linkage to care or retention in care. Reducing unmet need (the number of people who know they are HIV-positive but are not in care) requires deciding how many “new” or “lost to care” clients should be identified, estimating the mix of services they will need from RWHAP Part A, and allocating funds sufficient to meet those needs. Where a choice needs to be made between providing a wider range of services to more individuals and getting additional people into care, the Planning Council will give priority to getting more people key services (among them primary care and medications).
- J. The Commission members will keep in mind current goals, objectives, and priorities from its **Comprehensive HIV Plan (CHP)** to be sure they receive appropriate attention in decision making.

PROCEDURE(S):

1. The priority setting process should consider services needed to provide and/or support a continuum of care, regardless of how these services are being funded and the extent of unmet demand for these services. Funding availability and unmet needs associated with these service priorities are considered during the resource allocation process.
2. The list of HRSA fundable service categories (core and support) and the definitions of these services will be presented by the Commission staff.
3. The list of HIV prevention categories from the most recently approved Prevention Service Standards will be presented by the Commission staff.
4. DHSP compiles service utilization reports (including, but not limited to, clients served, priority populations, expenditures per client), anticipated service delivery goals/objectives, expenditures reports, surveillance reports, prevention data (including, but not limited to, counseling and testing and PrEP and PEP utilization), and programmatic and fiscal challenges and opportunities for service improvements.
4. The PP&A Committee convenes a combined meeting with the Consumer Caucus during the first quarter of the year to:
 - a) review process paradigms and operating values and provide feedback;
 - b) review summary of findings from the most recent Ryan White Service Utilization Reports and HIV prevention data provided by DHSP;
 - c) review most recent HIV prevention and care financial reports from DHSP; and
 - d) review key goals, objectives and metrics from the Comprehensive HIV Plan, Ending the HIV Epidemic Plan, and other key pertinent documents; and
 - e) harness feedback on service category priorities and allocations from consumers.
5. The PP&A Committee formally organizes focus groups at various provider stakeholder meetings or conducts provider surveys as needed to inform the PSRA process.
6. During July-August, the PP&A Committee deliberates and prioritizes services categories in rank order (highest need is #1 priority). The principal data and information used for priority-setting are the Comprehensive HIV Plan, relevant needs assessment, the HIV epidemiology report, fiscal and programmatic reports, and service utilization reports.
 - a) The PP&A Committee only ranks service priorities once—regardless of funding scenario—as they indicate the services most needed regardless of changes in the funding picture or in which different resources available.
 - b) The PP&A Committee compiles and/or reviews the data and feedback it has collected from DHSP, community listening sessions and/or surveys and reviews it in June, prior to service prioritization.

Commented [BC2]: For PP&A and Consumer Caucus discussion. Intended to engage consumers more in the PSRA process and increase knowledge/skills around using data, understanding the RWP/CDC-funded programs.

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

Last Revised: *May 12, 2011; (XX, XX 2024)*

7. During July-August after the service categories have been ranked and prioritized, the PP&A Committee determines resource allocations for services:
 - a) Allocations can be made by actual amounts or percentages based on specific expenditure proposals, although percentages allow more flexibility to respond to variances in the funding awards.
 - b) Allocations may change in each of the selected funding scenarios.
 - c) It is strongly encouraged that stakeholders who suggest funding allocations for specific service categories also present accompanying recommendations to advise how the continuum of care will accommodate those suggested modifications to funding levels.
 - d) Additional streams of funding are identified in each service category, with amounts locally dedicated for HIV services where the information is available.
 - e) The PP&A Committee, in collaboration with DHSP, compiles a resource inventory for allocation-setting, and uses it to help determine capacity and other resources when allocating funds.
8. The PP&A Committee recommends and secures approval for service priorities and funding allocations at the August or September Commission meeting, prior to the RWP Part A grant application submission deadline.
9. When a reallocation of funds is necessary, adequate data to support the movement of funds between service categories will be presented, considered, and fully documented in the minutes of the meeting during which the reallocation of funds is approved. Proposed re-allocations must be submitted to the Commission for approval. All changes in allocations must be accompanied with a written justification detailing the reasons for the modifications.
10. During the month (30 days) following the approval of resource allocations by Commission, the PP&A Committee will consider appeals regarding its PSRA process. Appeals must be presented to the PP&A Committee at its monthly meeting immediately following the Commission meeting in which the allocations were adopted. The following two types of appeals will be considered:
 - a) new factual information that may have led to different decisions if the information had been available during the PSRA process, and/or
 - b) questions or complaints about decision-making that did not conform to the process as outlined.
11. In October-November, the PP&A Committee compiles information and suggestions made throughout the PSRA process to further elaborate on its priority and allocation decisions by developing “directives.”
 - a) These “directives” are framed as “guidance”, “recommendations”, and/or “expectations” and are intended to detail “how best to meet the need” or as “other factors to be considered” to be forwarded to DHSP the Commission and/or its various committees, and/or other stakeholders, as appropriate.

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

Last Revised: *May 12, 2011; (XX, XX 2024)*

- b) The guidance, recommendations and expectations further define minimum quality of care standards, implementation practices and/or mechanisms to respond to specific operational or system needs.
 - c) Once completed and approved by the PP&A Committee, the directives are forwarded to the Executive Committee and the Commission for approval.
 - d) The approved directives are transmitted to DHSP for consideration and implementation if deemed to be feasible by DHSP. DHSP will review the directives and report to the PP&A Committee which recommendations are feasible with a timeline for implementation.
 - e) DHSP shall provide periodic updates at PP&A Committee meetings.
12. In addition to its other business, the PP&A Committee devotes the intervening months between each year's PSRA process to further study identified service categories, populations and/or related planning issues, and implements committee activities accordingly to compile the necessary data.

DRAFT

**NOTED AND
APPROVED:** _____

**EFFECTIVE
DATE:** _____

Original Approval: May 1, 2011

Revision(s): XX

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process
Last Revised: *May 12, 2011; (XX, XX 2024)*

ATTACHMENTS

Paradigms and Operating Values

Status Neutral HIV and STI Service Delivery System Framework

DRAFT



LOS ANGELES COUNTY
COMMISSION ON HIV



PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATING VALUES
(Amended Draft - PP&A 04/20/2021)

PARADIGMS (Decision-Making)

- **Equity**: Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically. ⁽¹⁾
- **Compassion**: *response to suffering of others that motivates a desire to help.* ⁽²⁾

OPERATING VALUES

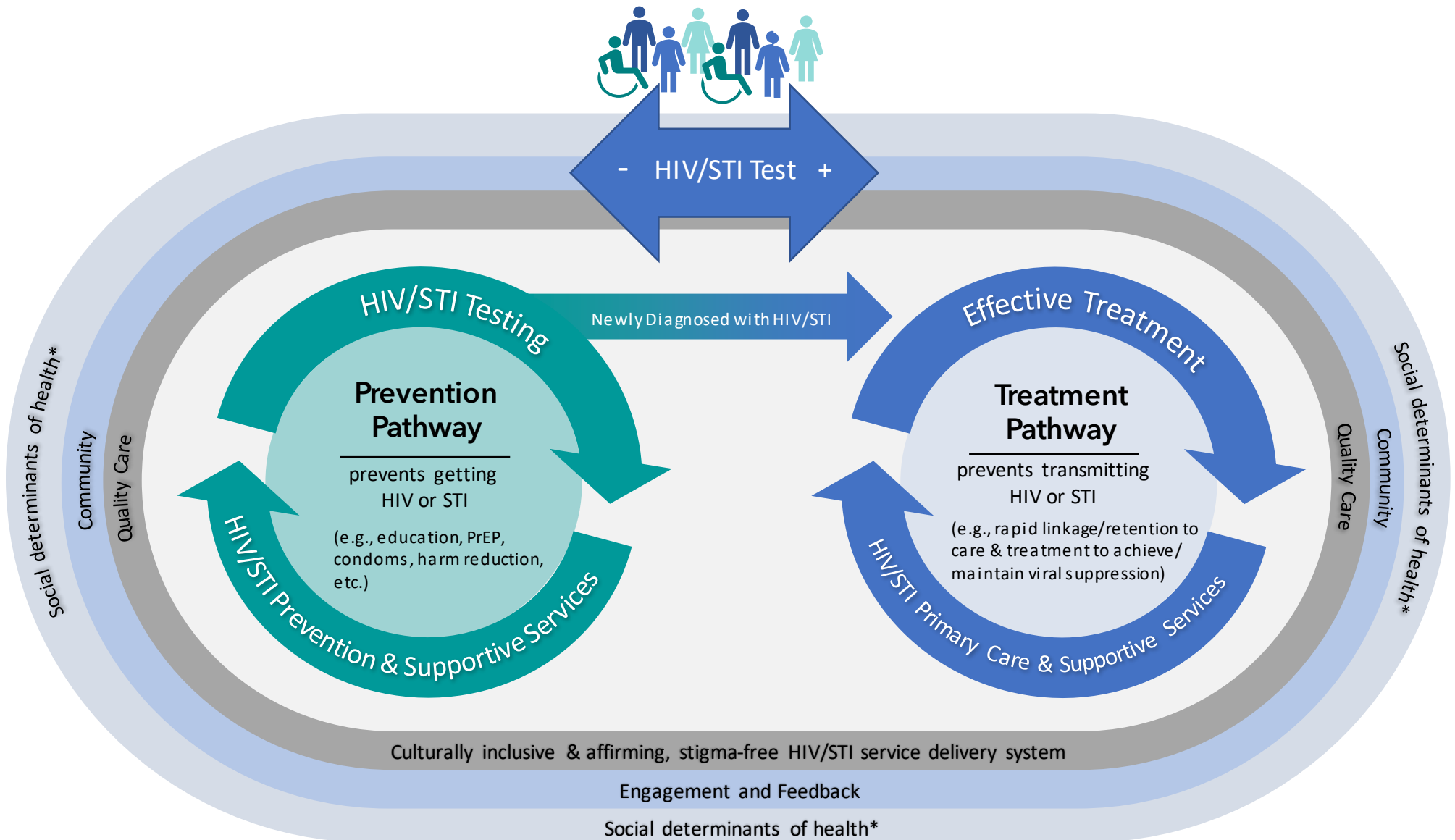
- **Efficiency**: accomplishing the desired operational outcomes with the least use of resources
- **Quality**: the highest level of competence in the decision-making process
- **Advocacy**: addressing the asymmetrical power relationships of stakeholders in the process
- **Representation**: ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process
- **Humility**: Acknowledging that we do not know everything and ***willingness to listen carefully to others.*** ⁽³⁾

¹ Based on the World Health Organization's (WHO) definition of equity.

² Compassion moved to second position per April 20, 2021 committee meeting decision.

³ Wording change per April 20, 2021 committee meeting decision.

Status Neutral HIV and STI Service Delivery System



Revised 10/18/23

* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

See [Healthy People 2030](#) for more details on the social determinants of health.



List of Prevention Services from Prevention Services Standards (Draft/Proposed Updates as of 12/5/23)

- 1.** HIV Testing
- 2.** Testing and Treatment of STIs
- 3.** Treatment as Prevention for PLWH
- 4.** PrEP and PEP
- 5.** Doxy PEP
- 6.** Partner Services
- 7.** Harm Reduction (drugs, alcohol use, and sexual activity)
 - a. Narcan/Naloxone
 - b. Fentanyl test strips and other substance testing kits
 - c. Syringe Services Programs
 - d. Peer Support
 - e. Contingency management
 - f. Mobile/Street Medicine
 - g. Medication Assisted Treatment
- 8.** Education/Counseling
- 9.** Supportive Services
 - a. syringe exchange
 - b. housing services
 - c. mental health services
 - d. substance abuse services
 - e. food and nutrition support
 - f. employment services
 - g. unemployment financial assistance
 - h. drug assistance programs
 - i. health insurance navigation
 - j. childcare
 - k. legal assistance
 - l. other services, as identified and needed
 - m. health literacy education
 - n. peer support
- 10.** Social Marketing and Outreach



11. Navigation Services



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2024 PRIDE EVENTS SUMMARY

Event Name and Dates	Deadline	Cost
WeHo Pride Weekend May 21-June 2 Parade June 2 Arts Festival June 14-June 16	Parade and Street Fair Exhibitor – April 15	Parade- \$1,500 Fair 501c3 - Free Others - \$2,500
LA Pride Parade June 9	No longer accepting application for the parade and booth	
LB Pride May 19	No longer accepting application for the parade and booth	

Key Service Entry Points for Housing Resources (Draft for Discussion Only)

PLWHA-SPECIFIC

HOPWA

DHSP

CHIRP/LA

APLA HEALTH/ ALLIANCE FOR H +H

<https://211la.org/>

GENERAL

STAYHOUSEDLA.ORG

<https://www.lahsa.org/get-help>

Section 8

<https://housing.lacounty.gov/>





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GUIDING QUESTIONS FOR PUBLIC COMMENTS ON THE PROPOSED CHANGES TO THE COMMISSION ON HIV BYLAWS

Background:

The Los Angeles County Commission on HIV (COH) invites public comments on the proposed changes to its bylaws to align with Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations [letter](#), rectify areas of improvement and findings identified during the 2023 HRSA administrative site visit, and clarify certain sections.

Please email public comments to: HIVCOMM@LACHIV.ORG

The public comment period: February 12, 2024 – March 13, 2024

When providing public comments, consider responding to the following:

1. Are there sections in the document that are confusing or unclear? Please provide specific suggestions to clarify or improve language in the proposed bylaws revisions.
2. What suggestions do you have for making the Commission more effective as a planning body in terms of:
 - a. the proposed bylaws changes;
 - b. it's size and composition;
 - c. frequency of meetings (full council, committees, and subgroups); and
 - d. capacity to undertake syndemic planning.
3. Do you believe the COH, as defined in the proposed bylaws, is fulfilling its intended role? Why or why not? What changes in the bylaws and overall structure of the body do you suggest?
4. Provide any additional comments/recommendations not discussed above.

Thank you for your feedback.

LOS ANGELES COUNTY COMMISSION ON HIV (COH)

SUMMARY OF PROPOSED BYLAWS CHANGES

February 8, 2024



LOS ANGELES COUNTY
COMMISSION ON HIV



BACKGROUND

- To align with Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations [letter](#), rectify areas of improvement and findings identified during the 2023 HRSA administrative site visit, and clarify certain sections.
- The Bylaws Review Task Force was convened by the Executive Committee to review and propose changes
- Collaboration with the Operations Committee
- Review conducted by the Bylaws Review Task Force (BRT) from April-September 2023
- Prioritized responding to HRSA site visit findings and Planning Council Expectations Letter

PROPOSED KEY CHANGES

Composition:

- a. Change DHSP (Recipient/Part A Grantee) as non-voting member; does not count towards quorum (full Commission and DHSP staff assigned to standing Committees).
- b. 50 voting members

Term of Office (Commissioners and Alternates) :

- a. 2-year staggered terms
- b. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.

PROPOSED KEY CHANGES

DHSP Role and Responsibility: “Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.”



LOS ANGELES COUNTY
COMMISSION ON HIV



PROPOSED KEY CHANGES

Conflict of Interest (COI): Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion **and/or voting** concerning that area of conflict, or funding for those services and/or to those agencies.

Planning, Priorities and Allocations (PP&A) Committee in process of reviewing its priority setting and resource allocations procedures to align with COI management.

Code of Conduct:

- a. Applies to Commissioners and members of the public
- b. Included reference to Intra-Commission Grievance and Sanctions Procedures

NEXT STEPS

- Public Comment period: February 12, 2024-March 13, 2024
- Present revised version with public comments received to the Operations and Executive Committee (March 28)
- Align changes with ordinance
- Secure approval from Operations and Executive Committees in April
- Secure approval from the full council in June
- Secure ordinance approval July
- *Concurrent review from County Counsel throughout the process*



LOS ANGELES COUNTY
COMMISSION ON HIV



ACKNOWLEDGEMENTS | BYLAWS REVIEW TASK FORCE

- Everardo Alvizo, Co-Chair
- Alasdair Burton, Co-Chair
- Jayda Arrington
- Pearl Doan
- Kevin Donnelly
- Luckie Fuller
- Bridget Gordon
- Joseph Green
- Ismael “Ish” Herrera
- Dr. William King
- Lee Kochems
- Mario Pérez
- Ricky Rosales



PUBLIC COMMENT PERIOD
2/12/24 – 3/13/24



POLICY/PROCEDURE
#06.1000

Bylaws of the Los Angeles County Commission on HIV

Page 1 of 25

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

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

BACKGROUND:



Health Resources and Services Administration (HRSA) Guidance: “Planning Councils must set up planning council operations to help the planning council to operate smoothly and fairly. This includes such features as bylaws, open meetings, grievance procedures, and conflict of interest standards.” [Ryan White HIV/AIDS Program Part A Manual, VI (Planning Council Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council Operations].

- **Centers for Disease Control and Prevention (CDC) Guidance:** “The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department’s Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction.”
- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures):** “The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation.”

POLICY:

- 1) **Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational, and functional rules and requirements.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 2/8/24 | Public Comment Period: 2/12/24-3/13/24

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- 2) Commission Bylaws Review and Approval:** The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.
- A. Prior to approval by its members, the Commission will request that the Ryan White HIV/AIDS Program (RWHAP) Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.
 - B. Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.
 - C. Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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


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

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the RWHAP trustee, the Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis.
- B. Develop standards of care for the organization and delivery of HIV care, treatment, and prevention services.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 2/8/24 | Public Comment Period: 2/12/24-3/13/24

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- C. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP'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 DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan. 
- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV 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; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response.
- F. Study, advise, and recommend to the BOS, DHSP, 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 public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV.
- H. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP, and other departments on HIV-related matters referred for review by the BOS, the grantee, or other departments.
- I. Act as the planning body for all HIV programs in DPH or funded by the County; and

- J. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.


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

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

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

II. MEMBERS:

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

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.
- B. Alternates are appointed by the BOS to serve in place of a full seated unaffiliated consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities.
- C. Committee-only members are appointed by the BOS to serve as voting members on the Commission’s standing committees, according to the committees’ processes for selecting Committee-only members .

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members and one (1) non-voting member. Members are nominated by the Commission and appointed by the BOS.

Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

Policy/Procedure #06.1000: Commission Bylaws

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- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
 1. Medi-Cal, State of California,
 2. City of Pasadena,
 3. City of Long Beach,
 4. City of Los Angeles,
 5. City of West Hollywood
- B. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWHAP Recipient/Part A Grantee.
- C. Four (4) members who are recommended by RWHAP grant recipients as specified below or by representative groups of RWHAP grant recipients in the County, one from each of the following:
 1. Part B (State Office of AIDS),
 2. Part C (Part C grantees),
 3. Part D (Part D grantees),
 4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].
- D. Eight (8) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:
 1. An HIV specialty physician from an HIV medical provider,
 2. A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative,
 3. A mental health provider,
 4. A substance abuse treatment provider,
 5. A housing provider,
 6. A provider of homeless services,
 7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,
 8. A representative of an ASO offering HIV care and treatment services.
- E. Seventeen (17) unaffiliated consumers of Part A services, to include:
 1. Eight (8) consumers, each representing a different Service Planning Area ("SPA") and who are recommended by consumers and/or organizations in the SPA,

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2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County.
- F. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.
- G. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Housing Department.
- H. One (1) representative of a health or hospital planning agency.
- I. One (1) behavioral or social scientist who promotes and presents behavioral research regarding HIV/AIDS and STDs and the people it impacts/affects.
- 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.
 11. Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years and had HIV as of the date on which the individuals were so released 
 12. Individuals co-infected with hepatitis B or C. 

Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (*Term of Service*):

- A. Commissioners may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- B. Alternate members may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- C. Committee-Only members serve one-year terms; term begins with the date of appointment.
- D. . Members (Full and Alternate) may serve a maximum of three consecutive two-year terms (6 years total) and can reapply after a one-year break. Term limits are calculated from the approval date of these Bylaws.

Section 4. Unaffiliated Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(2): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members.

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

Section 6. Representation. In accordance with RWHAP 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.

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

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

- A. “‘Parity’ is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities.”
- B. “‘Inclusion’ is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.”
- C. “‘Representation’ means that ‘members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.’”

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

Section 9. Accountability. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.

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

Alternates Alternate members undergo the identical Open Nomination and Evaluation process as Commissioner candidates, submitting the same application and undergoing the same evaluation and scoring procedures.

Section 11. Committee-Only Membership. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission’s standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting representative, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

III. MEMBER REQUIREMENTS:

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

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. Commissioners are required to be a member of at least one standing committee, known as the member’s “primary committee assignment,” and adhere to attendance requirements of that committee.

A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative.

- B. Commissioners and Alternates are allowed to voluntarily request or accept “secondary committee assignments” upon agreement of the Co-Chairs.

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

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

Section 4. Code of Conduct. All Commission members and members of the public are expected to adhere to the Commission’s approved Code of Conduct at Commission and sponsored meetings and events. Those in violation of the Code of Conduct will be subject to the Commission’s Policy #08.3302 Intra-Commission Grievance and Sanctions Procedures.

Section 5. Comprehensive Training. Commissioners and Alternates are required to fulfill all mandatory County and Commission training requirements.

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

- A. The Commission, via its Operations and Executive Committees, may recommend vacating a member's seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

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

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

Section 2. Application. Application for Commission membership shall be made on forms as approved by the Commission.

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee. Renewing members must complete an application and may be subject to an interview as determined by the Operations Committee.
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the Operations Committee.

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

V. MEETINGS:

Section 1. Public Meetings. The Commission adheres to federal open meeting regulations outlined in Section 2602(b)(7)(B) of the RWHAP legislation, accompanying HRSA guidance, and California's Ralph M. Brown Act (Brown Act).

- A. According to the RWHAP legislation, Council meetings must be open to the public with adequate notice. HRSA guidance extends these rules to Commission and committee meetings.
- B. The Brown Act mandates that any meeting involving a quorum of the Commission or committee must be publicly open and noticed.
- C. Specific public meeting requirements for Commission working units are detailed in Commission Policy #08.1102: Subordinate Commission Working Units.

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

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA's open meeting requirements, the Brown Act, Commission policies and procedures, and all other applicable laws and regulations. Meeting minutes are posted to the Commission's website at <https://hiv.lacounty.gov/> following their approval by the respective body.

Section 4. Public Comment. In accordance with Brown Act requirements, public comment on agenda items and non-agenda items are 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 held monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee.

The Commission's Annual Conference will replace one of the regularly scheduled monthly meetings.

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

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

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

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 voting, seated Commission or committee members.

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

VI. RESOURCES:

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

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

- A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.
- B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and

conditions of the award/funding.

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- C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
- D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

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

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

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

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

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

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with RWHAP, HRSA, and CDC requirements, Los Angeles County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work, and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws.

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

Although it is not required, it is the Commission's practice to submit proposed drafts of its Bylaws for review to the RWHAP Part A project office to ensure compliance with HRSA requirements.

Section 3. Grievance Procedures. The Commission's *Grievance Process* is incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with RWHAP, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly.

Section 4. Complaints Procedures. Complaints related to internal Commission matters such as alleged violations of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Commission's Policy #08.3302: Intra-Commission Grievance and Sanctions Procedure.

Section 5. Conflict of Interest Procedures. The Commission's conflict of interest procedures must comply with the RWHAP legislation, HRSA guidance, CDC, State of California, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.

VIII. LEADERSHIP:


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

- A. One of the Co-Chairs must be a person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

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- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.
- C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role .
- D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
 - 1. Assign the members of the Commission to committees.
 - 2. Approve committee co-chairs, in consultation with the Executive Committee.
 - 3. Represent the Commission at functions, events, and other public activities, as necessary.
 - 4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
 - 5. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
 - 6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS.
 - 7. Chair or co-chair committee meetings in the absence of both committee co-chairs.
 - 8. Serve as voting members on all committees when attending those meetings.
 - 9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
 - 10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

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

- A. Committee co-chairs' terms of office are for one year and may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.

- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, following the open nomination period at the prior regularly scheduled meetings of the committees. As detailed in the Commission Co-Chair Duty Statement, one or both co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
1. Serve as members of the Executive Committee.
 2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission.
 3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
 4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

IX. COMMISSION WORK STRUCTURES:

Section 1. Committees and Working Units. The Commission completes much of its work through a strong committee and working unit structure outlined in Commission Policy #08.1102: Subordinate Commission Working Units.

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

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

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

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

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

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

X. EXECUTIVE COMMITTEE:

Section 1. Membership. The voting membership of the Executive Committee shall comprise of the Commission Co-Chairs, the Committee Co-Chairs, three (3) Executive Committee At-Large members who are elected by the Commission, and DHSP, as a non-voting member.

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

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

- A. Overseeing all Commission and planning council operational and administrative activities.
- B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units.
- C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission.
- D. Approving the agendas for the Commission’s regular, Annual, and special meetings.
- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units.
- F. Conducting strategic planning activities for the Commission.
- G. Adopting a Memorandum of Understanding (“MOU”) with DHSP, if needed, and monitoring ongoing compliance with the MOU.
- H. Resolving potential grievances or internal complaints informally when possible and standing as a hearing committee for grievances and internal complaints.

- I. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
- J. Developing and adopting the Commission's annual operational budget.
- K. Overseeing and monitoring Commission expenditures and fiscal activities; and
- L. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

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

XI. OPERATIONS COMMITTEE:

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

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

- A. Ensuring that the Commission membership adheres to RWHAP reflective-ness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.
- B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission's established Open Nominations Process.
- C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.
- D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.
- E. Developing and revising, as necessary, Commission member duty statements (job descriptions).
- F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission.
- G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations.

- H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives.
- I. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.
- J. Coordinating on-going public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.
- K. Working with local stakeholders to ensure their representation and involvement in the Commission and in its activities.
- L. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.
- M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
- N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.
- B. Overseeing development and updating of the comprehensive HIV plan and monitoring implementation of the plan.
- C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding.
- D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system.

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

XIII. PUBLIC POLICY COMMITTEE (PPC):

Section 1. Voting Membership. The voting membership of the PPC shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

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

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

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

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members as nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

- A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.
- B. Identifying, reviewing, developing, disseminating, and evaluating standards of care for HIV and STD services.
- C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".
- D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.
- E. Developing and defining directives for implementation of services and service models.

- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.
- G. Identifying and recommending solutions for service gaps.
- H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.
- I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.
- J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity, and best practices.
- K. Verifying system compliance with standards by reviewing contract and RFP templates; and
- L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

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

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

**NOTED AND
APPROVED:**



**EFFECTIVE
DATE:**

July 11, 2013

Originally Adopted: 3/15/1995

Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005, 9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 2/8/24

DRAFT

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REVISION HISTORY	
COH Approval Date	Justification/Reason for Updates
3.15.1995	Original Adoption
1.27.1998	Standard Review
10.14.1999	Standard Review
8.28.2002	Standard Review
9.8.2005	Standard Review
9.14.2006	Standard Review
7.1.2009	Standard Review
2.9.2012	Standard Review
5.2.2013	Integration of Prevention Planning Committee & COH
7.11.2013	Integration of Prevention Planning Committee & COH
12.12.23	First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT).
2.8.24	Review by COH.
2.12.24	Open Public Comment Period: 2/12/24-3/14/24



LOS ANGELES COUNTY
COMMISSION ON HIV



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GUIDING QUESTIONS FOR PUBLIC COMMENTS ON THE PROPOSED CHANGES TO THE COMMISSION ON HIV BYLAWS

Background:

The Los Angeles County Commission on HIV (COH) invites public comments on the proposed changes to its bylaws to align with Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations [letter](#), rectify areas of improvement and findings identified during the 2023 HRSA administrative site visit, and clarify certain sections.

Please email public comments to: HIVCOMM@LACHIV.ORG

The public comment period: February 12, 2024 – March 13, 2024

When providing public comments, consider responding to the following:

1. Are there sections in the document that are confusing or unclear? Please provide specific suggestions to clarify or improve language in the proposed bylaws revisions.
2. What suggestions do you have for making the Commission more effective as a planning body in terms of:
 - a. the proposed bylaws changes;
 - b. it's size and composition;
 - c. frequency of meetings (full council, committees, and subgroups); and
 - d. capacity to undertake syndemic planning.
3. Do you believe the COH, as defined in the proposed bylaws, is fulfilling its intended role? Why or why not? What changes in the bylaws and overall structure of the body do you suggest?
4. Provide any additional comments/recommendations not discussed above.

Thank you for your feedback.

LOS ANGELES COUNTY COMMISSION ON HIV (COH)

SUMMARY OF PROPOSED BYLAWS CHANGES

February 8, 2024



BACKGROUND

- To align with Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations [letter](#), rectify areas of improvement and findings identified during the 2023 HRSA administrative site visit, and clarify certain sections.
- The Bylaws Review Task Force was convened by the Executive Committee to review and propose changes
- Collaboration with the Operations Committee
- Review conducted by the Bylaws Review Task Force (BRT) from April-September 2023
- Prioritized responding to HRSA site visit findings and Planning Council Expectations Letter

PROPOSED KEY CHANGES

Composition:

- a. Change DHSP (Recipient/Part A Grantee) as non-voting member; does not count towards quorum (full Commission and DHSP staff assigned to standing Committees).
- b. 50 voting members

Term of Office (Commissioners and Alternates) :

- a. 2-year staggered terms
- b. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.

PROPOSED KEY CHANGES

DHSP Role and Responsibility: “Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.”



LOS ANGELES COUNTY
COMMISSION ON HIV



PROPOSED KEY CHANGES

Conflict of Interest (COI): Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion **and/or voting** concerning that area of conflict, or funding for those services and/or to those agencies.

Planning, Priorities and Allocations (PP&A) Committee in process of reviewing its priority setting and resource allocations procedures to align with COI management.

Code of Conduct:

- a. Applies to Commissioners and members of the public
- b. Included reference to Intra-Commission Grievance and Sanctions Procedures

NEXT STEPS

- Public Comment period: February 12, 2024-March 13, 2024
- Present revised version with public comments received to the Operations and Executive Committee (March 28)
- Align changes with ordinance
- Secure approval from Operations and Executive Committees in April
- Secure approval from the full council in June
- Secure ordinance approval July
- *Concurrent review from County Counsel throughout the process*



LOS ANGELES COUNTY
COMMISSION ON HIV



ACKNOWLEDGEMENTS | BYLAWS REVIEW TASK FORCE

- Everardo Alvizo, Co-Chair
- Alasdair Burton, Co-Chair
- Jayda Arrington
- Pearl Doan
- Kevin Donnelly
- Luckie Fuller
- Bridget Gordon
- Joseph Green
- Ismael “Ish” Herrera
- Dr. William King
- Lee Kochems
- Mario Pérez
- Ricky Rosales



LOS ANGELES COUNTY
COMMISSION ON HIV



BYLAW PROPOSED CHANGES w/ 4/18/24 HRSA FEEDBACK

** refer to Comment icons throughout document and hover
mouse over each Comment icon*

PUBLIC COMMENT PERIOD
2/12/24 – 3/13/24



POLICY/PROCEDURE
#06.1000

Bylaws of the Los Angeles County Commission on HIV

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

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

BACKGROUND:



Health Resources and Services Administration (HRSA) Guidance: “Planning Councils must set up planning council operations to help the planning council to operate smoothly and fairly. This includes such features as bylaws, open meetings, grievance procedures, and conflict of interest standards.” [Ryan White HIV/AIDS Program Part A Manual, VI (Planning Council Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council Operations].

- **Centers for Disease Control and Prevention (CDC) Guidance:** “The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department’s Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction.”
- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures):** “The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation.”

POLICY:

- 1) **Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational, and functional rules and requirements.

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- 2) Commission Bylaws Review and Approval:** The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.
- A. Prior to approval by its members, the Commission will request that the Ryan White HIV/AIDS Program (RWHAP) Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.
 - B. Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.
 - C. Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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


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

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the RWHAP trustee, the Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis.
- B. Develop standards of care for the organization and delivery of HIV care, treatment, and prevention services.

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- C. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP'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 DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan. 
- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV 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; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response.
- F. Study, advise, and recommend to the BOS, DHSP, 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 public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV.
- H. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP, and other departments on HIV-related matters referred for review by the BOS, the grantee, or other departments.
- I. Act as the planning body for all HIV programs in DPH or funded by the County; and

- J. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.


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

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

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

II. MEMBERS:

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

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.
- B. Alternates are appointed by the BOS to serve in place of a full seated unaffiliated consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities.
- C. Committee-only members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members .

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members and one (1) non-voting member. Members are nominated by the Commission and appointed by the BOS.

Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

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- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
 1. Medi-Cal, State of California,
 2. City of Pasadena,
 3. City of Long Beach,
 4. City of Los Angeles,
 5. City of West Hollywood
- B. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWHAP Recipient/Part A Grantee.
- C. Four (4) members who are recommended by RWHAP grant recipients as specified below or by representative groups of RWHAP grant recipients in the County, one from each of the following:
 1. Part B (State Office of AIDS),
 2. Part C (Part C grantees),
 3. Part D (Part D grantees),
 4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].
- D. Eight (8) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:
 1. An HIV specialty physician from an HIV medical provider,
 2. A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative,
 3. A mental health provider,
 4. A substance abuse treatment provider,
 5. A housing provider,
 6. A provider of homeless services,
 7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,
 8. A representative of an ASO offering HIV care and treatment services.
- E. Seventeen (17) unaffiliated consumers of Part A services, to include:
 1. Eight (8) consumers, each representing a different Service Planning Area ("SPA") and who are recommended by consumers and/or organizations in the SPA,

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2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County.
- F. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.
- G. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Housing Department.
- H. One (1) representative of a health or hospital planning agency.
- I. One (1) behavioral or social scientist who promotes and presents behavioral research regarding HIV/AIDS and STDs and the people it impacts/affects.
- 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.
 11. Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years and had HIV as of the date on which the individuals were so released 
 12. Individuals co-infected with hepatitis B or C. 

Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (*Term of Service*):

- A. Commissioners may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- B. Alternate members may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- C. Committee-Only members serve one-year terms; term begins with the date of appointment.
- D. . Members (Full and Alternate) may serve a maximum of three consecutive two-year terms (6 years total) and can reapply after a one-year break. Term limits are calculated from the approval date of these Bylaws.

Section 4. Unaffiliated Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(2): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members.

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

Section 6. Representation. In accordance with RWHAP 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.

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

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

- A. “‘Parity’ is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities.”
- B. “‘Inclusion’ is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.”
- C. “‘Representation’ means that ‘members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.’”

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

Section 9. Accountability. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.

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

Alternates Alternate members undergo the identical Open Nomination and Evaluation process as Commissioner candidates, submitting the same application and undergoing the same evaluation and scoring procedures.

Section 11. Committee-Only Membership. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission’s standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting representative, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

III. MEMBER REQUIREMENTS:

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

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. Commissioners are required to be a member of at least one standing committee, known as the member’s “primary committee assignment,” and adhere to attendance requirements of that committee.

A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative.

- B. Commissioners and Alternates are allowed to voluntarily request or accept “secondary committee assignments” upon agreement of the Co-Chairs.

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

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

Section 4. Code of Conduct. All Commission members and members of the public are expected to adhere to the Commission’s approved Code of Conduct at Commission and sponsored meetings and events. Those in violation of the Code of Conduct will be subject to the Commission’s Policy #08.3302 Intra-Commission Grievance and Sanctions Procedures.

Section 5. Comprehensive Training. Commissioners and Alternates are required to fulfill all mandatory County and Commission training requirements.

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

- A. The Commission, via its Operations and Executive Committees, may recommend vacating a member's seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

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

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

Section 2. Application. Application for Commission membership shall be made on forms as approved by the Commission.

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee. Renewing members must complete an application and may be subject to an interview as determined by the Operations Committee.
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the Operations Committee.

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

V. MEETINGS:

Section 1. Public Meetings. The Commission adheres to federal open meeting regulations outlined in Section 2602(b)(7)(B) of the RWHAP legislation, accompanying HRSA guidance, and California's Ralph M. Brown Act (Brown Act).

- A. According to the RWHAP legislation, Council meetings must be open to the public with adequate notice. HRSA guidance extends these rules to Commission and committee meetings.
- B. The Brown Act mandates that any meeting involving a quorum of the Commission or committee must be publicly open and noticed.
- C. Specific public meeting requirements for Commission working units are detailed in Commission Policy #08.1102: Subordinate Commission Working Units.

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

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA's open meeting requirements, the Brown Act, Commission policies and procedures, and all other applicable laws and regulations. Meeting minutes are posted to the Commission's website at <https://hiv.lacounty.gov/> following their approval by the respective body.

Section 4. Public Comment. In accordance with Brown Act requirements, public comment on agenda items and non-agenda items are 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 held monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee.

The Commission's Annual Conference will replace one of the regularly scheduled monthly meetings.

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

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

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

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 voting, seated Commission or committee members.

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

VI. RESOURCES:

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

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

- A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.
- B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and

conditions of the award/funding.

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- C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
- D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

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

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

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

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

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

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with RWHAP, HRSA, and CDC requirements, Los Angeles County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work, and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws.

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

Although it is not required, it is the Commission’s practice to submit proposed drafts of its Bylaws for review to the RWHAP Part A project office to ensure compliance with HRSA requirements.

Section 3. Grievance Procedures. The Commission's *Grievance Process* is incorporated by reference into these Bylaws. The Commission’s grievance procedures must comply with RWHAP, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly.

Section 4. Complaints Procedures. Complaints related to internal Commission matters such as alleged violations of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Commission’s Policy #08.3302: Intra-Commission Grievance and Sanctions Procedure.

Section 5. Conflict of Interest Procedures. The Commission’s conflict of interest procedures must comply with the RWHAP legislation, HRSA guidance, CDC, State of California, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.

VIII. LEADERSHIP:


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

A. One of the Co-Chairs must be a person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

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- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.
- C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role .
- D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
 - 1. Assign the members of the Commission to committees.
 - 2. Approve committee co-chairs, in consultation with the Executive Committee.
 - 3. Represent the Commission at functions, events, and other public activities, as necessary.
 - 4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
 - 5. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
 - 6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS.
 - 7. Chair or co-chair committee meetings in the absence of both committee co-chairs.
 - 8. Serve as voting members on all committees when attending those meetings.
 - 9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
 - 10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

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

- A. Committee co-chairs' terms of office are for one year and may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.

- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, following the open nomination period at the prior regularly scheduled meetings of the committees. As detailed in the Commission Co-Chair Duty Statement, one or both co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
1. Serve as members of the Executive Committee.
 2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission.
 3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
 4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

IX. COMMISSION WORK STRUCTURES:

Section 1. Committees and Working Units. The Commission completes much of its work through a strong committee and working unit structure outlined in Commission Policy #08.1102: Subordinate Commission Working Units.

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

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

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

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

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

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

X. EXECUTIVE COMMITTEE:

Section 1. Membership. The voting membership of the Executive Committee shall comprise of the Commission Co-Chairs, the Committee Co-Chairs, three (3) Executive Committee At-Large members who are elected by the Commission, and DHSP, as a non-voting member.

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

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

- A. Overseeing all Commission and planning council operational and administrative activities.
- B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units.
- C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission.
- D. Approving the agendas for the Commission’s regular, Annual, and special meetings.
- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units.
- F. Conducting strategic planning activities for the Commission.
- G. Adopting a Memorandum of Understanding (“MOU”) with DHSP, if needed, and monitoring ongoing compliance with the MOU.
- H. Resolving potential grievances or internal complaints informally when possible and standing as a hearing committee for grievances and internal complaints.

- I. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
- J. Developing and adopting the Commission's annual operational budget.
- K. Overseeing and monitoring Commission expenditures and fiscal activities; and
- L. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

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

XI. OPERATIONS COMMITTEE:

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

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

- A. Ensuring that the Commission membership adheres to RWHAP reflective-ness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.
- B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission's established Open Nominations Process.
- C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.
- D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.
- E. Developing and revising, as necessary, Commission member duty statements (job descriptions).
- F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission.
- G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations.

- H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives.
- I. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.
- J. Coordinating on-going public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.
- K. Working with local stakeholders to ensure their representation and involvement in the Commission and in its activities.
- L. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.
- M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
- N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.
- B. Overseeing development and updating of the comprehensive HIV plan and monitoring implementation of the plan.
- C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding.
- D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system.

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

XIII. PUBLIC POLICY COMMITTEE (PPC):

Section 1. Voting Membership. The voting membership of the PPC shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

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

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

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

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members as nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

- A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.
- B. Identifying, reviewing, developing, disseminating, and evaluating standards of care for HIV and STD services.
- C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".
- D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.
- E. Developing and defining directives for implementation of services and service models.

- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.
- G. Identifying and recommending solutions for service gaps.
- H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.
- I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.
- J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity, and best practices.
- K. Verifying system compliance with standards by reviewing contract and RFP templates; and
- L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

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

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

**NOTED AND
APPROVED:**



**EFFECTIVE
DATE:**

July 11, 2013

Originally Adopted: 3/15/1995

Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005, 9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 2/8/24

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REVISION HISTORY	
COH Approval Date	Justification/Reason for Updates
3.15.1995	Original Adoption
1.27.1998	Standard Review
10.14.1999	Standard Review
8.28.2002	Standard Review
9.8.2005	Standard Review
9.14.2006	Standard Review
7.1.2009	Standard Review
2.9.2012	Standard Review
5.2.2013	Integration of Prevention Planning Committee & COH
7.11.2013	Integration of Prevention Planning Committee & COH
12.12.23	First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT).
2.8.24	Review by COH.
2.12.24	Open Public Comment Period: 2/12/24-3/14/24

PROPOSED BYLAWS CHANGES
w/ 4/9/24 COH STAFF EDITS

Post public comment period
version 4.9.24



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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:** “The planning council/planning body (PC/PB) (and its support staff) carry out complex tasks to ensure smooth and fair operations and processes. The development of bylaws, policies and procedures, memoranda of understanding, grievance procedures, and trainings are crucial for the success of the PC/PB. The work also involves establishing and maintaining a productive working relationship with the recipient, developing and managing a budget, and ensuring necessary staff support to accomplish the work. Establishing and operationalizing these policies, procedures, and systems facilitates the ability of the PC/PB to effectively meet its legislative duties and programmatic expectations.” “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, March 2023, III Chapter 5 (Planning Council and Planning Body Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council Operations].
- **Centers for Disease Control and Prevention (CDC) Guidance:** “The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department’s Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction.”
- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures):** “The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation.”

POLICY:

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- 1) **Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational, and functional rules and requirements.
- 2) **Commission Bylaws Review and Approval:** The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.
 - A. Prior to approval by its members, the Commission will request that the Ryan White HIV/AIDS Program (RWHAP) Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.
 - B. Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.
 - C. Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

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

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the RWHAP grantee, the Division of HIV and STD Programs

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(“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis.

- B. Develop standards of care for the organization and delivery of HIV care, treatment, and prevention services.
- C. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP’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 DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission’s established priorities, allocations and comprehensive HIV plan.
- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area’s (“EMA”) delivery of HIV 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; plan the deployment of those best practices and innovative models in the County’s STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response.
- F. Study, advise, and recommend to the BOS, DHSP, 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 public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV.
- H. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP,

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and other departments on HIV-related matters referred for review by the BOS, the grantee, or other departments.

- I. Act as the planning body for all HIV programs in DPH or funded by the County; and
- J. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

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

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

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

II. MEMBERS:

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

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.
- B. Alternates are appointed by the BOS to serve in place of a full seated unaffiliated consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities.
- C. Committee-only members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members and one (1) non-voting member. Members are nominated by the Commission and appointed by the BOS.

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Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration.

A. 13 Specific Membership Required by the Ryan White CARE Act. Section 2602(b)(2) of the PHS Act lists 13 specific membership categories that must be represented on the PC. The membership categories include:

1. health care providers, including federally qualified health centers;
2. community-based organizations serving affected populations and AIDS service organizations;
3. social service providers, including providers of housing and homeless services;
4. mental health and substance [use] providers [considered two separate categories];
5. local public health agencies;
6. hospital planning agencies or health care planning agencies;
7. affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations;
8. non-elected community leaders;
9. State government (including the State [M]edicaid agency and the agency administering the program under [P]art B) [considered two separate categories];
10. grantees under subpart II of [P]art C;
11. grantees under section 2671 [Part D], or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area;
12. grantees of other Federal HIV programs, including but not limited to providers of HIV prevention services; and
13. representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV as of the date on which the individuals were so released.

B. Unaffiliated Consumer Membership. In accordance with RWHAP Part A

A. legislative requirements outlined in Section 2602(b)(5)(C):

REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members. There shall be at least 1 unaffiliated consumer representing the each of the 8 Service Planning Areas and the 5 Supervisorial Districts.

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C. Other Membership Categories:

C1. Five (4) 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,~~

1. City of Pasadena,
2. City of Long Beach,
3. City of Los Angeles,
4. City of West Hollywood

B. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWHAP Recipient/Part A Grantee.

~~1. Part B (State Office of AIDS),~~

~~2. Part C (Part C grantees),~~

~~3. Part D (Part D grantees),~~

4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].

D. ~~Eight (8)~~ 3 Provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:

1. An HIV specialty physician from an HIV medical provider,

~~2. A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative,~~

~~3. A mental health provider,~~

~~4. A substance abuse treatment provider,~~

~~5. A housing provider,~~

6. A provider of homeless services or housing services

~~7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,~~

8. A representative of an ASO a community-based organization offering HIV prevention, care and treatment services.

~~E. Seventeen (17) unaffiliated consumers of Part A services, to include:~~

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- ~~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 supervisory 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) supervisory offices.
- G. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Housing Department.
- ~~H. One (1) representative of a health or hospital planning agency.~~
- ~~I. One (1) behavioral or social scientist who promotes and presents behavioral research regarding HIV/AIDS and STDs and the people it impacts/affects.~~
- J. ~~Eight (8)~~ **Ten (10)** 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, including behavioral or social science**
 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.
 - ~~11. Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years and had HIV as of the date on which the individuals were so released,~~

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~~12. Individuals co-infected with hepatitis B or C.~~

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Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (*Term of Service*):

- A. Commissioners may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- B. Alternate members may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- C. Committee-Only members serve one-year terms; term begins with the date of appointment.
- D. . Members (Full and Alternate) may serve a maximum of three consecutive two-year terms (6 years total) and can reapply after a one-year break. Term limits are calculated from the approval date of these Bylaws.

~~**Section 4. Unaffiliated Consumer Membership.** In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(2): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A funded providers as employees, consultants, or Board members.~~

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

Section 6. Representation. In accordance with RWHAP 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.

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

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

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- A. “‘Parity’ is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities.”
- B. “‘Inclusion’ is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.”
- C. “‘Representation’ means that ‘members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.’”

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

Section 9. Accountability. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.

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

Alternates Alternate members undergo the identical Open Nomination and Evaluation process as Commissioner candidates, submitting the same application and undergoing the same evaluation and scoring procedures.

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Section 11. Committee-Only Membership. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission’s standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting representative, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

III. MEMBER REQUIREMENTS:

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

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. Commissioners are required to be a member of at least one standing committee, known as the member’s “primary committee assignment,” and adhere to attendance requirements of that committee.

A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative.

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- B. Commissioners and Alternates are allowed to voluntarily request or accept “secondary committee assignments” upon agreement of the Co-Chairs.

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

- A. As specified in Section 2602(b)(5)(A) (~~42 U.S.C. § 300ff-12~~) of the RWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.
- B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWHAP funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.
- C. Further, in accordance with HRSA Part A Manual, March 2023, Conflict of Interest, Page 38, ~~Commission Policy #08.3105: Ryan White Conflict of Interest Requirements~~, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

Section 4. Code of Conduct. All Commission members and members of the public are expected to adhere to the Commission’s approved Code of Conduct at Commission and sponsored meetings and events. Those in violation of the Code of Conduct will be subject to the Commission’s Policy #08.3302 Intra-Commission Grievance and Sanctions Procedures.

Section 5. Comprehensive Training. Commissioners and Alternates are required to fulfill all mandatory County and Commission training requirements.

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

- A. The Commission, via its Operations and Executive Committees, may recommend vacating a member's seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

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

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

Section 2. Application. Application for Commission membership shall be made on forms as approved by the Commission.

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee. Renewing members must complete an application and may be subject to an interview as determined by the Operations Committee.
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the Operations Committee.

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

V. MEETINGS:

Section 1. Public Meetings. The Commission adheres to federal open meeting regulations outlined in Section 2602(b)(7)(B) of the RWHAP legislation, accompanying HRSA guidance, and California's Ralph M. Brown Act (Brown Act).

- A. According to the RWHAP legislation, Council meetings must be open to the public with adequate notice. HRSA guidance extends these rules to Commission and committee meetings.
- B. The Brown Act mandates that any meeting involving a quorum of the Commission or committee must be publicly open and noticed.
- C. Specific public meeting requirements for Commission working units are detailed in Commission Policy #08.1102: Subordinate Commission Working Units.

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

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA's open meeting requirements, the Brown Act, Commission policies and procedures, and all other applicable laws and regulations. Meeting minutes are posted to the Commission's website at <https://hiv.lacounty.gov/> following their approval by the respective body.

Section 4. Public Comment. In accordance with Brown Act requirements, public comment on agendized and non-agendized items are 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 held monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee.

The Commission's Annual Conference will replace one of the regularly scheduled

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monthly meetings.

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

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

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

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 voting, seated Commission or committee members.

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

VI. RESOURCES:

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

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

A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.

B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the

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funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and

conditions of the award/funding.

- C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
- D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

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

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

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

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

- A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.
- B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or their delegated representative serves 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 RWHAP, HRSA, and CDC requirements, Los Angeles County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work, and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws.

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

Although it is not required, it is the Commission's practice to submit proposed drafts of its Bylaws for review to the RWHAP Part A project office to ensure compliance with HRSA requirements.

Section 3. Grievance Procedures. The Commission's *Grievance Process* is incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with RWHAP, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly.

Section 4. Complaints Procedures. Complaints related to internal Commission matters such as alleged violations of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Commission's Policy #08.3302: Intra-Commission Grievance and Sanctions Procedure.

Section 5. Conflict of Interest Procedures. The Commission's conflict of interest procedures must comply with the RWHAP legislation, HRSA guidance, CDC, State of California, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.

VIII. LEADERSHIP:

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

A. One of the Co-Chairs must be a person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

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- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.
- C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
- D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
 - 1. Assign the members of the Commission to committees.
 - 2. Approve committee co-chairs, in consultation with the Executive Committee.
 - 3. Represent the Commission at functions, events, and other public activities, as necessary.
 - 4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
 - 5. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
 - 6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS.
 - 7. Chair or co-chair committee meetings in the absence of both committee co-chairs.
 - 8. Serve as voting members on all committees when attending those meetings.
 - 9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
 - 10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

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

- A. Committee co-chairs' terms of office are for one year and may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.

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- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, following the open nomination period at the prior regularly scheduled meetings of the committees. As detailed in the Commission Co-Chair Duty Statement, one or both co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
1. Serve as members of the Executive Committee.
 2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission.
 3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
 4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

IX. COMMISSION WORK STRUCTURES:

Section 1. Committees and Working Units. The Commission completes much of its work through a strong committee and working unit structure outlined in Commission Policy #08.1102: Subordinate Commission Working Units.

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

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

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

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

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

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

X. EXECUTIVE COMMITTEE:

Section 1. Membership. The voting membership of the Executive Committee shall comprise of the Commission Co-Chairs, the Committee Co-Chairs, three (3) Executive Committee At-Large members who are elected by the Commission, and DHSP, as a non-voting member.

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

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

- A. Overseeing all Commission and planning council operational and administrative activities.
- B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units.
- C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission.
- D. Approving the agendas for the Commission’s regular, Annual, and special meetings.
- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units.
- F. Conducting strategic planning activities for the Commission.
- G. Adopting a Memorandum of Understanding (“MOU”) with DHSP, if needed, and monitoring ongoing compliance with the MOU.
- H. Resolving potential grievances or internal complaints informally when possible and standing as a hearing committee for grievances and internal complaints.

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- I. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
- J. Developing and adopting the Commission's annual operational budget.
- K. Overseeing and monitoring Commission expenditures and fiscal activities; and
- L. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

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

XI. OPERATIONS COMMITTEE:

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

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

- A. Ensuring that the Commission membership adheres to RWHAP reflective-ness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.
- B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission's established Open Nominations Process.
- C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.
- D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.
- E. Developing and revising, as necessary, Commission member duty statements (job descriptions).
- F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission.
- G. Recommending amendments, as needed, to the Ordinance, which governs

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Commission operations.

- H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives.
- I. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.
- J. Coordinating on-going public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.
- K. Working with local stakeholders to ensure their representation and involvement in the Commission and in its activities.
- L. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.
- M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
- N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

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

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

XIII. PUBLIC POLICY COMMITTEE (PPC):

Section 1. Voting Membership. The voting membership of the PPC shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

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

- A. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan.

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- B. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests.

DRAFT

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

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members as nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

- A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.
- B. Identifying, reviewing, developing, disseminating, and evaluating standards of care for HIV and STD services.
- C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".
- D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.
- E. Developing and defining directives for implementation of services and service

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models.

- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.
- G. Identifying and recommending solutions for service gaps.
- H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.
- I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.
- J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity, and best practices.
- K. Verifying system compliance with standards by reviewing contract and RFP templates; and
- L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

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

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

**NOTED AND
APPROVED:**

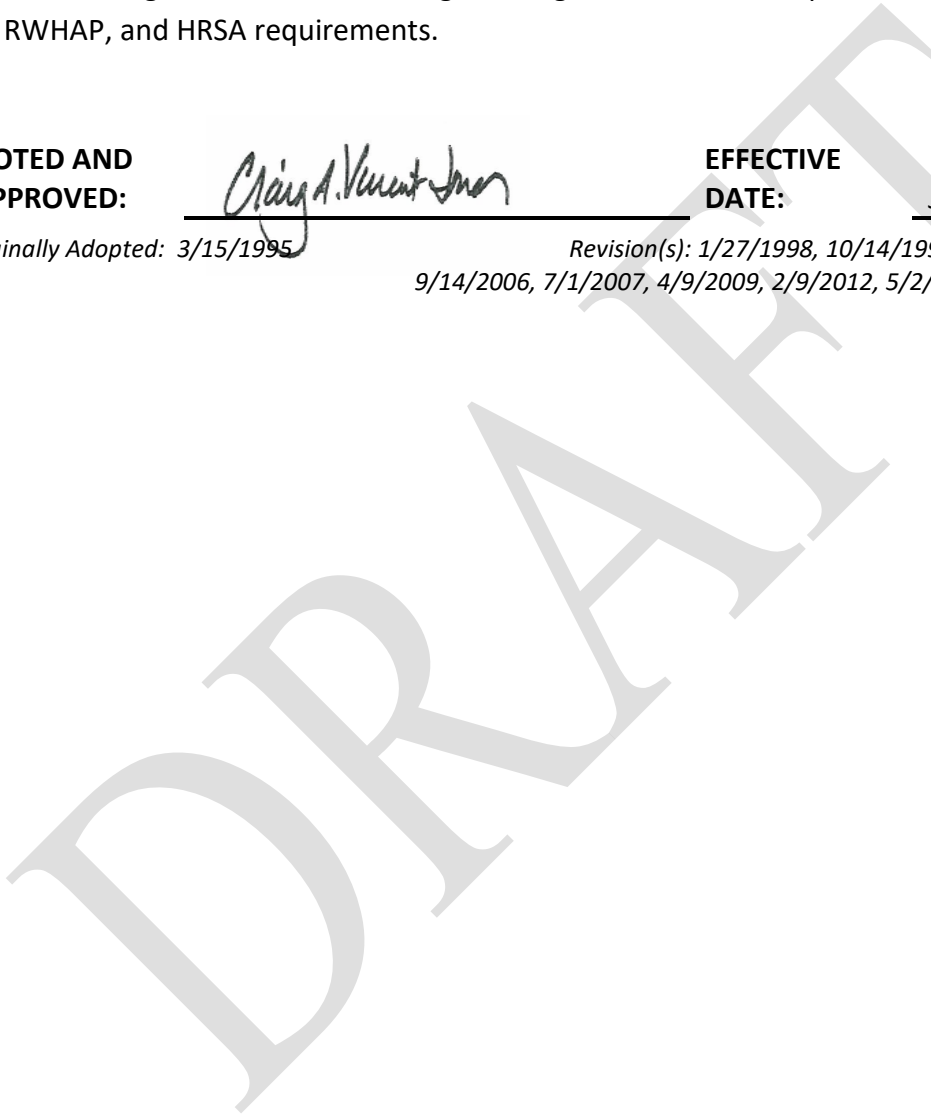
Craig A. Vincent

**EFFECTIVE
DATE:**

July 11, 2013

Originally Adopted: 3/15/1995

Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005, 9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 2/8/24



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REVISION HISTORY	
COH Approval Date	Justification/Reason for Updates
3.15.1995	Original Adoption
1.27.1998	Standard Review
10.14.1999	Standard Review
8.28.2002	Standard Review
9.8.2005	Standard Review
9.14.2006	Standard Review
7.1.2009	Standard Review
2.9.2012	Standard Review
5.2.2013	Integration of Prevention Planning Committee & COH
7.11.2013	Integration of Prevention Planning Committee & COH
12.12.23	First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT).
2.8.24	Review by COH.
2.12.24	Open Public Comment Period: 2/12/24-3/14/24

PUBLIC COMMENT

****One (1) public comment received on 2.14.24***

From: [Michael Green](#)
To: [HIV Comm](#)
Subject: Bylaws
Date: Wednesday, February 14, 2024 11:06:02 AM

Conflicted commissioners do not need to recuse themselves from discussion about services for which they have a conflict, but they must recuse themselves from any votes about prioritization or allocation of resources for any of those services.

Best,

Michael Green, PhD, MHSA
Chief
Planning, Development and Research
Division of HIV and STD Programs
County of Los Angeles
Department of Public Health
600 South Commonwealth Avenue, Fl 10
Los Angeles, CA 90005
213-200-8605
Pronouns: he/him/his



Service Standards Revision Date Tracker as of 05/07/24 FOR PLANNING PURPOSES

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment	AIDS Drug Assistance Program (ADAP) Enrollment	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	n/a	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS (CDPH/OA).
2	Benefits Specialty Services	Benefits Specialty Services (BSS)	Assistance navigating public and/or private benefits and programs (health, disability, etc.)	Last approved by COH on Sep. 8, 2022.	Upcoming solicitation—release Nov. 2024.
3	Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Pay for rent, utilities (including cell phone and Wi-Fi), and food and transportation.	Last approved by COH on Jun. 11, 2020.	Committee will review in 2024.
4	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	<i>Last approved by COH on Apr. 11, 2024.</i>	Not a program—standards apply to prevention services. Upcoming solicitation—release Aug./Sep. 2024
5	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH on Sep. 9, 2022.	Active solicitation
6	Language Interpretation Services	Language Services	Translation and interpretation services for non-English speakers and deaf and/or hard of hearing individuals.	Last approved by COH in 2017.	

Standards and Best Practices Committee
Service Standards Revision Tracker | May 7, 2024

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
7	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH on Jul. 12, 2018.	
8	Medical Care Coordination	Medical Care Coordination (MCC)	HIV care coordination through a team of health providers to improve quality of life.	Last approved by COH on Jan. 11, 2024.	Upcoming solicitation—release Nov. 2024
9	Medical Outpatient Services	Ambulatory Outpatient medical (AOM) Services	HIV medical care accessed through a medical provider.	Last approved by COH on Jan. 13, 2006.	Committee began review on Apr. 2, 2024. Upcoming solicitation—release Nov. 2024
10	Medical Specialty	Medical Specialty Services	Medical care referrals for complex and specialized cases.		
11	Mental Health Services	Mental health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH in 2017.	
12	Nutrition Support	Nutrition Support Services	Home-delivered meals, food banks, and pantry services.	Last approved by COH on Aug. 10, 2023.	Upcoming solicitation—release Oct. 2024
13	Oral Health Care	Oral Health Services (General and Specialty)	General and specialty dental care services.	Last approved by COH on Apr. 13, 2023.	
14	Psychosocial Support	Psychosocial Support/Peer Support Services	Help people living with HIV cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	Last approved by COH on Sep. 10, 2020.	Upcoming solicitation—Release TBD

Standards and Best Practices Committee
Service Standards Revision Tracker | May 7, 2024

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
15	Substance Use Residential and Treatment Services	Substance Use Disorder Transitional Housing (SUDTH)	Housing services for clients in recovery from drug or alcohol use disorders.	Last approved by COH on Jan. 13, 2022.	
16	Temporary Housing Services	Residential Care Facility for the Chronically Ill (RCFCI)	Home-like housing that providers 24-hour care.	Last approved by COH on Feb. 8, 2018.	Upcoming solicitation—release Nov. 2024
17	Temporary Housing Services	Transitional Residential Care Facility (TRCF)	Short-term housing that providers 24-hour assistance to clients with independent living skills.	Last approved by COH on Feb. 8, 2018	Upcoming solicitation—release Nov. 2024
18	Transitional Case Management Services, Youth	Transitional Case Management—Youth	Client-centered, comprehensive services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and support services.	Last approved by COH on Apr. 13, 2017.	Committee decided to develop a global Transitional Case Management service standard document which will include sections for priority populations such as youth, older adults (50+), and justice-involved individuals.
19	Transitional Case Management Services—Justice-Involved Individuals	Transitional Case Management	Support for incarcerated individuals transitioning from County Jails back to the community.	Last approved by COH on Dec. 8, 2022.	See notes section for item #18.

Standards and Best Practices Committee
Service Standards Revision Tracker | May 7, 2024

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
20	Transitional Case Management—Older Adults	n/a	To be developed.	n/a	See notes section for item #18.
21	Transportation	Transportation Services	Ride services to medical and social services appointments.	Last approved by COH in 2017.	Consider for review in 2024. Upcoming solicitation—Release Oct. 2024
22	Universal Standards and Client Rights and Responsibilities	n/a	Establish the minimum standards of care necessary to achieve optimal health among people living with HIV, regardless of where services are received in the County. These standards apply to all services.	Last approved by COH on Jan. 11, 2024.	Not a program—standards apply to all services. The Committee will review this document on a bi-annual basis or as necessary per community stakeholder, partner agency, or Commission request.



LOS ANGELES COUNTY
COMMISSION ON HIV



2023-2024 Legislative Docket | Approval Date: Last approved by COH on 6/8/23. **Updated 03/11/24.**
POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 2007 (Boerner)	Establish Unicorn Homes Pilot Program	<p><i>Establishes a 3-year pilot program—the Unicorn Homes Transitional Housing for Homeless LGBTQ+ Youth Program—to place unhoused LGBTQ+ youth with affirming volunteer host families and provide trauma-informed crisis intervention care, with the ultimate goal of reunification with the youth’s family when possible.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2007</p>		<p>20-MAR-24</p> <p>Referred to Coms. On H. & C.D. and HUM. S.</p>
AB 2034 (Rodriguez)	Crimes: loitering for the purpose of engaging in a prostitution offense	<p><i>This bill would make it a misdemeanor to loiter in a public place with the intent to commit prostitution, as defined, and make other conforming changes. By creating a new crime, this bill would impose a state-mandated local program.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2034</p>		<p>07-MAR-24</p> <p>In Committee Hearing postponed.</p>
AB 2523 (Patterson)	Needle and syringe exchange services	<p><i>Existing law authorizes the State Department of Public Health to authorize certain entities to apply to the department to provide hypodermic needle and syringe exchange in any location where the department determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes.</i></p> <p><i>This bill would instead authorize a clean needle and syringe exchange project in any city, county, or city and county that chooses to participate. The bill would instead require the department to authorize the entities to apply to the department after the approval from the participating city, county, or city and county, and would instead authorize the department to reauthorize the program with the approval of the participating city, county, or city and county. The bill would prohibit the department from authorizing a clean needle and syringe exchange project without the approval of the city, county, or city and county.</i></p> <p><i>This bill would require the department to send a written and an email notice to the affected city, county, or city and county. The bill would require the department to provide the biennial report to the city, county, or city and county.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2523</p>		<p>01-APR-24</p> <p>Re-referred to Com. on HEALTH.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 2229 (Wilson)	California Healthy Youth Act: menstrual health education	<p><i>This bill would include in the definition of “comprehensive sexual health education” the topic of menstrual health, defined to mean a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle. The bill would that instruction and materials also teach pupils about the menstrual cycle, premenstrual syndrome and pain management, menstrual hygiene, menstrual disorders, menstrual irregularities, menopause, menstrual stigma, and any other relevant topics related to the menstrual cycle.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2229</p>		<p>09-APR-24</p> <p>Referred to Committee on APPR.</p>
AB 2258 (Zbur)	Health care coverage: cost sharing	<p><i>This bill would prohibit a group or individual non-grandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after 1/1/2025, from imposing a cost-sharing requirement for items or services that are integral to the provision of preventive care services and screenings. The bill would require those contracts and policies to cover items and services for preventive care services and screenings, including home test kits for sexually transmitted disease and specified cancer screenings.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2258</p>		<p>10-APR-24</p> <p>Referred to Committee on APPR.</p>
AB 2442 (Zbur)	Expedite Licensure for Gender-Affirming Care Providers	<p><i>Expands the network of gender-affirming care providers in the state to improve accessibility of care by expediting licensure applications for health care providers who intend to provide gender-affirming health care or gender-affirming mental health care in California. This bill’s provisions will be sunset on January 1, 2029.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2442</p>		<p>11-APR-24</p> <p>Referred to Committee on APPR.</p>
AB 2498 (Zbur and Quirk-Silva)	Housing: the California Housing Security Act	<p><i>This bill would establish the California Housing Security Program to provide a housing subsidy to eligible persons to reduce housing insecurity and help Californians meet their basic housing needs. The bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties and to establish guidelines that include the amount of the subsidy necessary to cover the portion of a person’s rent to prevent homelessness but shall not exceed \$2,000 per month. Under the bill, the subsidy would not be considered income for purposes of determining eligibility or benefits for any other public assistance program, nor would participation in other benefits exclude a person from eligibility for the subsidy. Under the bill, an undocumented person, as specified, who otherwise qualifies for the subsidy would be eligible for the subsidy.</i></p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2498</p>		<p>26-FEB-24</p> <p>Referred to Committee on H. & C.D.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 3031 (Lee and Low)	LGBTQ+ Commission	Establishes a statewide LGBTQ+ Commission representing California's diverse LGBTQ+ community to shine a light on the unique challenges LGBTQ+ people face, assess and monitor programs and legislation to address systemic barriers, and make recommendations to improve the health, safety, and well-being of LGBTQ+ Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3031		15-APR-24 Referred to Com. on APPR.
SB 953 (Menjivar)	Medi-Cal: Menstrual products	This bill would add menstrual products as a covered benefit to the Medi-Cal schedule of benefits, subject to federal approval and federal financial participation. Requires DHCS to seek any federal approval necessary to implement this benefit. Defines "menstrual products" as a device for use in connection with a person's menstrual cycle. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB953		08-APR-24 Placed on APPR suspense file.
SB 954 (Menjivar)	Sexual health: contraceptives	This bill requires all public high schools to make condoms available to students by the start of the 2025-26 school year and requires schools to provide information to students on the availability of condoms and other sexual health information. Prohibits public schools from preventing distribution of condoms or preventing a school-based health center from making condoms available and easily accessible to students at the school-based health center site. Prohibits from restricting sales of nonprescription contraception on the basis of age. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB954		03-APR-24 Set for hearing April 24.
SB 957 (Wiener)	Data collection: sexual orientation and gender identity	Requires the California Departments of Public Health (CDPH) to collect demographic data, including sexual orientation, gender orientation, and intersexuality (SOGI) data, from third parties on any forms of electronic data systems, unless prohibited by federal or state law. Adds SOGI to the information reported for the purpose of statewide or local immunization information systems. Requires CDPH to prepare an annual report concerning SOGI data. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB957		15-APR-24 April 15 hearing: Placed on APPR suspense file.
SB 959 (Menjivar)	Trans-inclusive care: resources and support services	Creates an online resource for transgender, gender non-conforming, and intersex (TGI) Californians and their families to combat misinformation and provide accurate information about access to trans-inclusive health care, existing legal protections for patients and providers, and other available support services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB959		15-APR-24 April 15 hearing: Placed on APPR Suspense file.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 990 (Padilla)	Office of Emergency Services: State Emergency Plan: LGBTQ+ individuals	Requires California to update the State Emergency Plan to include LGBTQ+ inclusive policies and best practices to ensure that LGBTQ+ people can access affirming services and resources before, during, and after an emergency or natural disaster. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB990		16-APR-24 Set for hearing April 23.
SB 996 (Wilk)	Comprehensive Sexual health Education and HIV Prevention Education	This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education and HIV prevention education are made available at each school site and publicly posted on the school district's internet website or on a school district's parent or guardian portal. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB996		04-APR-24 Set for hearing April 17.
SB 1022 (Skinner)	Enforcement of Civil Rights	Enables the Civil Rights Department to investigate and prosecute long-running civil rights violations affecting groups or classes of people by making technical changes to the Fair Employment and Housing Act more effectively. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1022		11-APR-24 Referred to Com. on APPR.
SB 1278 (Laird)	World AIDS Day	This bill would require the Governor to annually proclaim December 1 as World AIDS day. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1278		09-APR-24 Set for hearing April 23.
SB 1290 (Roth)	Health care coverage: essential health benefits	This bill would sunset the Kaiser Foundation Health Plan Small Group HM 30 plan as CA's Essential Health Benefit benchmark for individual and small group health plan contracts and health insurance policies after the 2026 plan year. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1290		11-APR-24 Referred to Com. on APPR.
SB 1333 (Eggman and Roth)	Communicable diseases: HIV reporting	This bill authorizes the California Department of Public Health (CDPH) and local health departments (LHDs) to disclose personally identifying information in public health records of persons with HIV/AIDS for the coordination of, linkage to, or reengagement in care, as determined by CDPH or LHD. This bill removes certain limitations on disclosure, such as that disclosure is authorized only when certain coinfections are involved. The bill requires CDPH and LHD employees and their contractors to sign confidentiality agreements annually, rather than signing the agreements once, and deletes the requirement that CDPH and LHDs review the confidentiality agreements annually. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1333		10-APR-24 Referred to Committee on APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 1346 (Durazo)	Worker's compensation: aggregate disability payments	This bill allows the Worker's Compensation Appeals Board the discretion to extend the potential duration of temporary disability payments for up to 90 days if an injured employee prevails at a worker's compensation independent medical review. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1346		10-APR-24 Referred to Committee on APPR.
SB 1368 (Bogh)	School curriculum: sexual health education and HIV prevention education: health framework: pregnancy centers	This bill would require the Instructional Quality Commission, when the Health Framework for California Public Schools is next revised after 1/1/2025, to include information on pregnancy centers as a resource in that health framework. Additionally, this bill would require the department to make information about pregnancy centers available on its internet website and would require pregnancy centers to be included by school districts in the above-described information about local resources. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1368		05-APR-24 Set for hearing April 24.
AB 1487 (Santiago)	Public health: Transgender, Gender Variant, and Intersex Wellness Reentry Fund	Establishes the Transgender, Gender Variant, and Intersex (TGI) Wellness Reentry Fund in the State Treasury to fund grant programs focused on reentry programs to support TGI people who have experiences carceral systems. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1487		13-OCT-23 Approved by Governor.
ACA 8 (Wilson)	Slavery	This would prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion. Follow-up questions regarding the phrasing: The ACA removed "Involuntary servitude is prohibited except to punish a crime" from phrasing and added "Slavery in any form." https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8	Support with follow-up questions	13-SEP-23 In Senate. To Com. on RLS for assignment.
AB 4 (Arambula)	Covered California: Expansion	Requires Covered California to develop options for expanding access to affordable health care coverage to Californians regardless of immigration status and report these options to the Governor and Legislature. Follow-up questions regarding the phrasing: Starting Jan. 2024, undocumented Californians 26-49 years of age will be eligible for full scope Medi-Cal coverage; however, undocumented Californians who earn too much money to qualify for Medi-Cal are excluded from being able to purchase coverage through Covered California since the federal Affordable Care Act did not extend eligibility to undocumented individuals. The Centers for Medicare and Medicaid Services would need to approve a 1332 waiver which would allow Covered California to offer coverage to undocumented immigrants. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4	Support with follow-up questions	13-JUL-23 In Senate. Read second time and amended. Re-referred to Com. on APPR.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 598 (Wicks)	Sexual health education and HIV prevention education: school climate and safety: CA Health Kids Survey	<p>This bill requires local educational agencies and charter schools to provide students participating in comprehensive sexual health education to receive physical or digital resources and administer the California Healthy Kids Survey in specified grades, related to sexual and reproductive health.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB598</p>	Support	<p>05-JUL-23</p> <p>In Senate. Hearing canceled at the request of author.</p>
AB 793 (Bonta)	Privacy: reverse demands	<p>The bill bans reverse-location searches, which allow law enforcement agencies to obtain cell phone data about unspecified individuals near a certain location, and reverse-keyword searches, which allow law enforcement agencies to obtain data about unspecified individuals who used certain search terms on an internet website.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793</p>	Support with Amendment	<p>30-JUN-23</p> <p>In Senate. Hearing canceled at the request of author.</p>
SB 427 (Portantino)	Health care coverage: antiretroviral drugs, devices, and products	<p>Prohibits a non-grandfathered or grandfathered health plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, drug devices, or drug products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS. Prohibits a health plan or health insurer from subjecting ARVs that are either approved by the FDA or recommended by the CDC for the prevention HIV/AIDS, to prior authorization or step therapy, but authorizes prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. Does not require coverage by an out-of-network pharmacy, unless in the case of an emergency or if there is an out-of-network benefit. Delays implementation of this bill for an individual and small group health plan contract or insurance policy until 1/1/2025</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB427</p>	Watch	<p><i>26-FEB-24</i></p> <p><i>From inactive file. Ordered to third reading.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 367 (Maienschein)	Controlled Substances: Enhancements	This bill, until 1/1/2029, applies the “great bodily injury” enhancement to any person who sells, furnishes, administers, or gives away fentanyl or an analog of fentanyl when the person to whom the fentanyl was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance. Follow-up questions: The bill applies a 3-year sentence enhancement. Provides that the enhancement does not apply to juvenile offenders. https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367	Watch	<i>01-FEB-24</i> <i>Filed with the Chief Clerk pursuant to Joint Rule 56.</i>
AB 1022 (Mathis)	Medi-Cal: Program of All-Inclusive Care for the Elderly	This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization’s authority to use video telehealth to conduct all assessments, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1022	Support	<i>01-FEB-24</i> <i>Filed with the Chief Clerk pursuant to Joint Rule 56.</i>
AB 1314 (Essayli and Gallagher)	Gender identity: parental notification	This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child’s sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child’s sex on their birth certificate, other official records, or sex assigned at birth. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314	Oppose	<i>01-FEB-24</i> <i>Filed with the Chief Clerk pursuant to Joint Rule 56.</i>
AB 1431 (Zbur)	Housing: the California Housing Security Act	This bill would establish the California Housing Security Program to provide a housing subsidy to eligible persons to reduce housing insecurity and help Californians meet their basic housing needs. To create the program, the bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties, as specified. The bill would require the department to issue guidelines to establish the program that include, among other things, the amount of the subsidy that shall be the amount necessary to cover the portion of a person’s rent to prevent homelessness but shall not exceed \$2,000 per month. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1431	Support	<i>01-FEB-24</i> <i>Filed with the Chief Clerk pursuant to Joint Rule 56.</i>
AB 1549 (Carrillo)	Medi-Cal: federally qualified health centers and rural health clinics	This bill revises the prospective payment system (PPS) per-visit rate calculation to account for staffing and care delivery models for Medi-Cal services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) (collectively, health centers). https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1549	Support	<i>01-FEB-24</i> <i>Filed with the Chief Clerk pursuant to Joint Rule 56.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 36 (Skinner)	Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care	This bill would prohibit the issuance of warrants for persons who have violated the laws of another state relating to abortion, contraception, reproductive care, and gender-affirming care, that are legally protected in California. The bill would also prohibit apprehending, detaining, or arresting a bail fugitive based on such offenses, and impose criminal and civil liability for doing so. In addition, the bill would restrict the sharing of information by law enforcement related to such protected activity and provide that convictions in other states would not result in ineligibility for state benefits. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB36	Support	<i>01-FEB-24</i> <i>Returned to Secretary of Senate pursuant to Joint Rule 56.</i>
SB 37 (Caballero)	Older Adults and Adults with Disabilities Housing Stability Act	This bill establishes the Older Adults and Adults with Disabilities Housing Stability Pilot Program to provide housing subsidies to older adults and adults with disabilities who either are experiencing or at risk of experiencing homelessness, in up to five geographic regions or counties. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB37	Support	<i>29-JAN-24</i> <i>In Assembly. Held at Desk.</i>
SB 524 (Caballero)	Pharmacists: furnishing prescription medications	This bill authorizes a pharmacist to furnish medications to treat various diseases and conditions based on the results of a federal Food and Drug Administration test the pharmacist ordered, performed, or reported and adds these additional pharmacy services to the Medi-Cal schedule of benefits. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB524	Support	<i>01-FEB-24</i> <i>Returned to Secretary of Senate pursuant to Joint Rule 56.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 957 (Wilson)	Family law: gender identity	<p>Requires a court to consider a minor’s gender identity or gender expression when determining the best interest of the child, as specified.</p> <p>Governor’s Veto Message:</p> <p>This legislation would require a court, when determining the best interests of a child in a child custody or visitation proceeding, to consider, among other comprehensive factors, a parent's affirmation of the child's gender identity or gender expression. I appreciate the passion and values that led the author to introduce this bill. I share a deep commitment to advancing the rights of transgender Californians, an effort that has guided my decisions through many decades in public office. That said, I urge caution when the Executive and Legislative branches of state government attempt to dictate - in prescriptive terms that single out one characteristic - legal standards for the Judicial branch to apply. Other-minded elected officials, in California and other states, could very well use this strategy to diminish the civil rights of vulnerable communities. Moreover, a court, under existing law, is required to consider a child's health, safety, and welfare when determining the best interests of a child in these proceedings, including the parent's affirmation of the child's gender identity.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957</p>	Support	<p>22-SEP-23</p> <p>Vetoed by Governor.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1060 (Ortega)	Health care coverage: naloxone hydrochloride (NH)	<p>Requires coverage of prescription or nonprescription NH under a health plan contract or health insurance policy, and the Medi-Cal program and prohibits a them from imposing any cost-sharing requirements exceeding \$10/package of NH or another drug approved by the U.S. Food and Drug Administration (FDA) for the complete or partial reversal of an opioid overdose.</p> <p>Governor's Veto Message: This bill would require health plans to cover prescription and over the counter naloxone and all other U.S. FDA approved drugs for opioid overdose reversal, with a maximum of \$10 cost sharing. Combating the opioid crisis is one of my top priorities. I appreciate the author's shared commitment to this critical public health and public safety imperative. Together with the Legislature, we have invested more than \$1 billion to combat overdoses, support those with opioid use disorder, raise awareness, and crack down on trafficking. Further, the 2023 Budget Act included \$30 million for the CaRx Naloxone Access Initiative, to support partners in developing, manufacturing, procuring, and distributing a low-cost naloxone nasal product. While I support providing access to opioid antagonists to individuals with opioid use disorder or other risk factors, this bill would exceed the state's set of essential health benefits, which are established by the state's benchmark plan under the provisions of the federal Affordable Care Act. As such, this bill's mandate would require the state to defray the costs of coverage in Covered California. This would not only increase ongoing state General Fund costs, but it would set a new precedent by adding requirements that exceed the benchmark plan. A pattern of new coverage mandate bills like this could open the state to millions to billions of dollars in new costs to cover services relating to other health conditions. This creates uncertainty for our healthcare system's affordability. For these reasons, I cannot sign this bill.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1060</p>	Support	07-OCT-23 Vetoed by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1432 (Carrillo)	Health insurance: policy	<p>This bill subjects an out-of-state policy, or certificate of group health insurance that is marketed, issued, or delivered to a Californian resident to specified provisions of the Insurance Core requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder.</p> <p>Governor's Veto Message: This bill would require any out-of-state health insurance plan regulated by the California Department of Insurance that is marketed, issued, or delivered to a California resident to provide coverage for abortion, abortion-related services, and gender-affirming care. I commend the author for working to provide additional assurances that California residents can access abortion services and gender affirming care. It is a priority of my Administration to ensure that abortion and gender-affirming care are safe, legal, and accessible. However, it is not evident that out-of-state health insurance plans serving Californians do not already cover this care. Further, though well intentioned, this bill could invite litigation where an adverse ruling would outweigh a potential benefit.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432</p>	Support	07-OCT-23 Vetoed by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1645 (Zbur)	Health care coverage: cost sharing	<p>Prohibits a large group health plan contract or health insurance policy issued, amended, or renewed on or after 1/1/2024, or an individual or small group contract or policy issued, amended, or renewed on or after 1/1/2025, from imposing a cost-sharing requirement for office visits of specified preventive care services and screenings and for items or services that are integral to their provision. Prohibits health plan contracts and insurance policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to a STI screening, as specified. Requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening, specified rates for screening tests and integral items and services rendered and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for a STI screening from an enrollee or insured.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill would prohibit health plans from imposing cost sharing for specified preventive or screening services and associated office visits and would require plans to directly reimburse nonparticipating essential community providers for STI screenings and services. I appreciate the author's efforts to increase access to preventive health care, including HIV and STI testing, colorectal screening, and other services. However, components of this proposal depart from structures in federal and state law, such as the existing policies for reimbursement to non-contracted providers. Further, because this bill exceeds the cost-sharing provisions under the Affordable Care Act, it would result in increased costs to health plans passed on to consumers through premiums. The State must weigh the potential benefits of all new mandates with the comprehensive costs to the entire delivery system.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1645</p>	Support	07-OCT-23 Vetoed by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
SB 541 (Menjivar)	Sexual Health: contraceptives: Immunization	<p>This measure seeks to address the sexually transmitted infection epidemic among California youth and improve equitable public health outcomes statewide by expanding teen access to condoms and the HPV vaccine.</p> <p><u>Governor's Veto Message:</u></p> <p>This bill requires all public high schools to make free condoms available to students and would prohibit retailers from refusing to sell condoms to youth. While evidence-based strategies, like increasing access to condoms, are important to supporting improved adolescent sexual health, this bill would create an unfunded mandate to public schools that should be considered in the annual budget process. In partnership with the Legislature, we enacted a budget that closed a shortfall of more than \$30 billion through balanced solutions that avoided deep program cuts and protected education, health care, climate, public safety, and social service programs that are relied on by millions of Californians. This year, however, the Legislature sent me bills outside of this budget process that, if all enacted, would add nearly \$19 billion of unaccounted costs in the budget, of which \$11 billion would be ongoing. With our state facing continuing economic risk and revenue uncertainty, it is important to remain disciplined when considering bills with significant fiscal implications, such as this measure.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB541</p>	Support	08-OCT-23 Vetoed by Governor.
ACA 5 (Low)	Marriage Equality	<p>This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5</p>	Support	20-JUL-23 Chapters by Secretary of State.
AB 5 (Zbur)	The Safe and Supportive Schools Program	<p>Requires the California Department of Education to complete the development of an online training curriculum and online delivery platform by 7/1/2025 and requires local educational agencies to provide and require at least one hour of training annually to all certificated staff, beginning with the 2025-26 school year through the 2029-30 school year, on cultural competency in supporting lesbian, gay, bisexual, transgender, queer, and questioning students.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB5</p>	Support	23-SEP-23 Approved by Governor.
AB 223 (Ward)	Change of gender and sex identifier	<p>This bill enhances protections for minors seeking changes of name or gender by making the proceedings presumptively confidential.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB223</p>	Support	23-SEP-23 Approved by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 254 (Bauer-Kahan)	Confidentiality of Medical Info. Act: reproductive or sexual health application info.	This bill includes “reproductive or sexual health application information” in the definition of “medical information” and the businesses that offer reproductive or sexual health digital services to consumers in the definition of a provider of health care for purposes of the Confidentiality of Medical Information Act. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB254	Support	27-SEP-23 Approved by Governor.
AB 352 (Bauer-Kahan)	Health Information	This bill limits the sharing of information related to sensitive services in electronic health records without specific authorization from the patient. This bill also requires a specified stakeholder advisory group to include providers of sensitive services and to identify policies and procedures to prevent electronic health information related to sensitive services from automatically being shared with individuals and entities in another state. Follow-up questions regarding phrasing: “Sensitive services” are gender affirming care, abortion and abortion-related services, and contraception. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB352	Support with follow-up questions	27-SEP-23 Approved by Governor.
AB 470 (Valencia)	Continuing medical education: physicians and surgeons	This bills specifies how an association that accredits continuing medical education courses taken by Medical Board of California licensed physicians and surgeons should update standards for those courses, if they choose to update any standards. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470	Support	07-OCT-23 Approved by Governor.
AB 760 (Wilson)	California State University and University of California: records: affirmed name and gender identification	This bill would require California State University (CSU) and requests the Regents of the University of California (UC), to implement a process by which students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification to be used in records where legal names are not required by law. Support w/Amendments: Due to the constitutional autonomy of the UC system, the Donahue Higher Education Act, which governs postsecondary education in the State of California, does not apply to the UC system. As a result, a bill must request the UC Regents to make education code provisions applicable to the UC system. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB760	Support with Amendments	23-SEP-23 Approved by Governor.
AB 1078 (Jackson)	Instructional materials: removing instructional materials and curriculum: diversity	Makes various changes to the adoption of instructional materials for use in schools, including a provision that would prohibit a governing board from disallowing the use of an existing textbook, other instructional material, or curriculum that contains inclusive and diverse perspectives, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1078	Support	25-SEP-23 Approved by Governor.

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
AB 1163 (Luz Rivas)	Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act	This bill expands the data collection requirements in the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, to additionally apply to the State Department of State Hospitals, the Department of Rehabilitation, the State Department of Developmental Services, and the Department of Community Services and Development. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1163	Support	13-OCT-23 Approved by Governor.
SB 339 (Wiener)	HIV preexposure prophylaxis and postexposure prophylaxis	This bill authorizes a pharmacists to furnish up to a 90-day course of preexposure prophylaxis (PrEP), or beyond 90-days if specified conditions are met and requires the Board of Pharmacy to adopt emergency regulations to implement these provisions by 7/1/2024. This bill requires a health care service plan and health insurer to cover PrEP and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB339	Support	06-FEB-24 Approved by Governor.
SB 372 (Menjivar)	Department of Consumer Affairs: licensee and registrant records: name and gender changes	This bill requires a board within the Department of Consumer Affairs to update licensee or registrant records with that individual's updated legal name or gender upon receiving government-issued documentation, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB372	Support	23-SEP-23 Approved by Governor.
SB 525 (Durazo)	Minimum wages: health care workers	This bill (1) enacts a phased in multi-tiered statewide minimum wage schedule for health care workers employed by covered healthcare facilities, as defined; (2) requires, following the phased-in wage increases, the minimum wage for health care workers employed by covered healthcare facilities to be adjusted, as SB 525; (3) provides a temporary waiver of wage increases under specified circumstances; (4) and establishes a 10-year moratorium on wage ordinances, regulations, or administrative actions for covered health care facility employees, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB525	Support with Amendments	13-OCT-23 Approved by Governor.

FEDERAL BILLS

Bill	Title	Description / comments	Recommended position	Status
H.R. 62 (Jackson Lee)	SHIELD Act	<p>SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress This bill establishes a framework to limit interference with persons seeking to provide or access reproductive health services at the state level. The bill reduces the allocation of funds under certain law enforcement grant programs for a state that has in effect a law authorizing state or local officers or employees to interfere with persons seeking to provide or access reproductive health services. The bill authorizes civil remedies for a violation, including damages and injunctive relief. Additionally, it authorizes criminal penalties for a violation involving the use of deadly or dangerous weapon or the infliction of bodily injury.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&r=5&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</p>	SUPPORT	<p>09-Jan-23</p> <p>Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary.</p>
H.R. 73 (Biggs)	No Pro-Abortion Task Force Act	<p>This bill prohibits federal funding of the Reproductive Healthcare Access Task Force. The Department of Health and Human Services launched the task force on January 21, 2022, to identify and coordinate departmental activities related to accessing sexual and reproductive health care.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/73?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=7</p>	OPPOSE	<p>09-JAN-23</p> <p>Introduced in House. Referred to Committee on Energy and Commerce.</p>
H. Res. 185 (Hayes)	Declaring racism a public health crisis	<p>This resolution declares racism a public health crisis and support efforts to address health disparities and inequities across all sectors.</p> <p>https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&r=15&q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D</p>	SUPPORT	<p>10-MAR-23</p> <p>Referred to the Subcommittee on Health.</p>
H.R. 407 (Clyde)	Protect the UNBORN Act	<p>UNOBORN: Undo the Negligent Biden Orders Right Now This bill prohibits federal implementation of and funding for specified executive orders that address access to reproductive care services, including services related to pregnancy or the termination of a pregnancy.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/407?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=6</p>	OPPOSE	<p>27-JAN-23</p> <p>Introduced in House. Referred to the Subcommittee on Health.</p>
H.R. 445 (Williams)	HHS Reproductive and Sexual	<p>This bill creates a position within the Department of Health and Human Services to support access to reproductive and sexual health services (including services relating to pregnancy and the termination of a pregnancy) that are evidence-based and medically</p>	SUPPORT	<p>27-JAN-23</p>

	health Ombuds Act of 2023	accurate. Functions of the position include (1) educating the public about medication abortions and other sexual and reproductive health services, (2) collecting and analyzing data about consumer access to and health insurance coverage for those services, and (3) coordinating with the Federal Trade Commission on issues related to consumer protection and data privacy for those services. https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D		Introduced in House. Referred to the Subcommittee on Health.
H.R. 459 (Eshoo)/ S. 323 (Hirono)	SAFER health Act of 2023	SAFER: Secure Access For Essential Reproductive Health This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act. https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&r=8&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&r=9&q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D	SUPPORT	09-FEB-23
H.R. 517 (Mace)	Standing with Moms Act	This bill requires the Department of Health and Human Services (HHS) to disseminate information about pregnancy-related resources. Specifically, HHS must maintain a public website (life.gov) that lists such resources that are available through federal, state, and local governments and private entities. The bill excludes from life.gov, the portal and the hotline resources provided by entities (1) perform, induce, refer for, or counsel in favor of abortions; or (2) financially support such entities. The bill also requires HHS to report on traffic to life.gov and the portal, gaps in services available to pregnant and postpartum individuals, and related matters. https://www.congress.gov/bill/118th-congress/house-bill/517?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=19	OPPOSE	03-FEB-23 Referred to the Subcommittee on Health.
H.R. 561 (Lee)	EACH Act of 2023	This bill requires federal health care programs to provide coverage for abortion services and requires federal facilities to provide access to those services. The bill also permits qualified health plans to use funds attributable to premium tax credits and reduced cost sharing assistance to pay for abortion services. https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&s=8&r=8	SUPPORT	21-FEB-23 Referred to the Subcommittee on Indian and Insular Affairs
H.R. 1224 (Trahan)	INFO for Reproductive	INFO= Informing New Factors and Options This bill requires the Department of Health and Human Services to carry out a campaign to educate health care professionals (and health care professions students) about	SUPPORT	27-FEB-23

BILL	TITLE	DESCRIPTION / COMMENTS	Recommended Position	STATUS
	Care ACT OF 2023	<p>assisting patients to navigate legal issues related to abortions and other reproductive health care services.</p> <p>https://www.congress.gov/bill/118th-congress/house-bill/1224?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&s=8&r=4</p>		Referred to the House Committee on Energy and Commerce.
S. 3892	<i>Community Health Worker Access Act</i>	<p><i>To amend XVIII and XIX of the Social Security Act to increase access to community health workers under the Medicare and Medicaid programs.</i></p> <p>https://www.congress.gov/bill/118th-congress/senate-bill/3892/text</p>		<p>07-MAR-2024</p> <p>Read twice and referred to the Committee on Finance.</p>
S. 644 (Markey)	<i>Modernizing Opioid Treatment Access Act</i>	<p><i>This bill expands access to methadone for an individual's unsupervised use to treat opioid use disorder (OUD). The bill (1) waives provisions of the Controlled Substances Act that require qualified practitioners to obtain a separate registration from the Drug Enforcement Administration (DEA) to prescribe and dispense methadone to treat OUD, and (2) requires the Substance Abuse and Mental Health Services Administration and the DEA to jointly report on the waiver. Additionally, the bill directs the DEA to register certain practitioners to prescribe methadone that is dispensed through a pharmacy for an individual's unsupervised use. Qualified practitioners must be licensed or authorized to prescribe controlled substances, and they must either work for an opioid treatment program or be a physician or psychiatrist with a specialty certification in addiction medicine. Individuals who receive methadone for unsupervised use must continue to have access to other care through an opioid treatment program.</i></p> <p>https://www.congress.gov/bill/118th-congress/senate-bill/644</p>		<p>01-FEB-2024</p> <p>Placed on Senate Legislative Calendar under General Orders.</p>
S. 701 (Baldwin)	Women's Health Protection Act of 2023	<p>To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services.</p> <p>https://www.congress.gov/bill/118th-congress/senate-bill/701</p>	SUPPORT	<p>09-MAR-23</p> <p>Placed on Senate Legislative Calendar under General Orders.</p>

Footnotes:

(1) Under Joint Rule 56, bills introduced in the first year of the regular session that do not become carry-over bills shall be returned to the Chief Clerk of the Assembly or the Secretary of the Senate.

Notes:

Items italicized in blue indicate a new status or a bill for consideration for inclusion in the docket.

LOS ANGELES COUNTY COMMISSION ON HIV
BLACK CAUCUS PRESENTS

BRIDGING FAITH AND SEXUAL HEALTH IN THE FIGHT AGAINST HIV: EMPOWERING OUR BLACK COMMUNITIES

COMMUNITY LISTENING SESSION*

Join us for a candid conversation
addressing sexual health and HIV
within the Black interfaith
communities of Los Angeles
County.

Discussion Topics Include:

- Explore root causes of stigma and shame
- Historical relationship between the church and the LGBTQ+ and gender diverse communities
- Role of the church in promoting sexual health

*Invitation open to faith leaders of Los Angeles
County*

Friday, April 26, 2024

6:00PM-8:00PM

Los Angeles, CA

- Location will be shared upon RSVP
- RSVP via QR Code or <https://LACCOHBlackCaucus.eventbrite.com>
- Honorarium, refreshments & resource materials provided



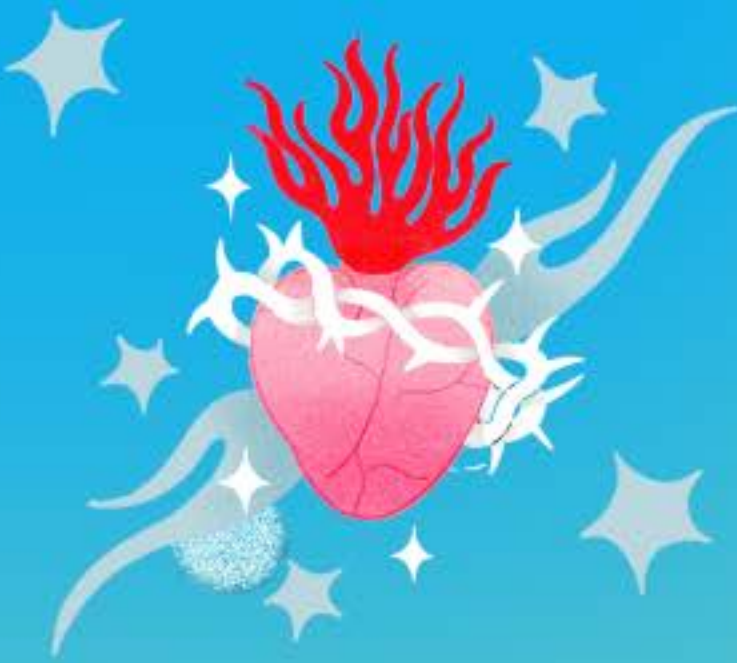
**The listening sessions are a part of a multi-series community conversation among key populations of the Black community within Los Angeles County to address HIV and sexual health.*



LOS ANGELES COUNTY
COMMISSION ON HIV



Harm Reduction Institute



Analyzing the changing landscape of LGBTQIA+ substance use in Los Angeles County



April 29, 2024
9 AM - 3 PM

510 S. Vermont Avenue, 14th Floor
Los Angeles, CA 90010



Partnering organizations will present on resources & LGBTQ+ affirming training:



LOS ANGELES COUNTY
COMMISSION ON HIV

