



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

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EXECUTIVE COMMITTEE Meeting

Thursday, July 27, 2023

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

510 S. Vermont Ave

9th Floor, Terrace Conference Room A
Los Angeles, CA 90020

**Validated Parking Available at 523 Shatto Place, LA 90020*

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

For those attending in person, as a building security protocol, attendees entering from the first-floor lobby must notify security personnel that they are attending the 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/rc2ba250178940a1c6485dafaf2f449bf>

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

Password: EXECUTIVE Access Code: 2532 459 1991



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.*

LIKE WHAT WE DO?

Apply to become a Commission Member at:

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

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



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.)



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

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

THURSDAY, JULY 27, 2023 | 1:00 PM – 3:00PM

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

Validated Parking: 523 Shatto Place, Los Angeles 90020

**As a building security protocol, attendees entering from the first floor lobby must notify security personnel that they are attending the Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held*

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rc2ba250178940a1c6485dafaf2f449bf>

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

Password: EXECUTIVE Access Code: 2532 459 1991

EXECUTIVE COMMITTEE MEMBERS			
<i>Luckie Fuller, Co-Chair (LOA)</i>	<i>Bridget Gordon, Co-Chair</i>	Everardo Alvizo, LCSW	Miguel Alvarez (Executive At-Large)
Al Ballesteros, MBA	Danielle Campbell, MPH (Executive At-Large)	Erika Davies	Kevin Donnelly
Joseph Green (Executive At-Large)	Lee Kochems, MA	Katja Nelson, MPP	Mario J. Pérez, MPH
Kevin Stalter	Justin Valero, MPA		
QUORUM: 7			

AGENDA POSTED: July 21, 2023 (Revised July 24, 2023)

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may 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. Assembly Bill 2449 Attendance Notification for “Emergency Circumstances” | MOTION #1 | 1:05 PM – 1:07 PM |
| 4. Approval of Agenda | MOTION #2 | 1:07 PM – 1:08 PM |
| 5. Approval of Meeting Minutes | MOTION #3 | 1:08 PM – 1:10 PM |

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

6. 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

7. 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

- 8. Executive Director/Staff Report** 1:15 PM – 1:30 PM
- A. Commission (COH)/County Operational Updates
- HRSA Site Visit Findings
 - November 9, 2023 Annual Meeting Preparation
- 9. Co-Chair Report** 1:30 PM – 1:45 PM
- A. August 10, 2023 COH Meeting Agenda Development
- (1) 2022-2024 Co-Chair Pro-Tem Open Nomination & Elections
 - (2) 2024-2026 Co-Chair Open Nomination
 - (3) 2023 Membership Renewal Slate (Partial)
 - (4) New Member Applications
 - (5) Attendance Policy Updates
 - (6) Nutrition Support Services Standards
 - (7) DHSP Presentation: HIV Surveillance Update & Data Challenges for LA County Native American Communities
- B. September 14, 2023 COH Meeting Agenda Development
- (1) 2024-2026 Co-Chair Open Nomination & Elections
 - (2) LA County Department of Health Services (DHS) Data on HIV Cascade
 - (3) 2023 Membership Renewal Slate (Partial)
 - (4) New Member Applications
- B. Conferences, Meetings & Trainings | OPEN FEEDBACK
- (1) [2023 International AIDS Society 12th Annual Conference on Science](#) – July 23-26, 2023
 - (2) [2023 United States Conference on HIV/AIDS \(USCHA\)](#) – Sept 5-9, 2023
- C. Member Vacancies & Recruitment
- 10. Division of HIV and STD Programs (DHSP) Report** 1:45 PM – 1:55 PM
- A. Fiscal, Programmatic and Procurement Updates
- (1) Ryan White Program (RWP) Part A & MAI
 - (2) Fiscal
 - (3) Mpox | UPDATES
- 11. Standing Committee Report** 1:55 PM – 2:35 PM
- A. Operations Committee
- (1) Membership Management
 - a. 2023 Membership Renewal
 - Danielle Campbell, MPH: Rep, Board Office 2 (Seat #37) **MOTION #4**
 - b. New Member Applications
 - Dr. David Hardy, Alternate **MOTION #5**
 - Ronnie Osorio, Alternate **MOTION #6**
 - Ish Herrera, Unaffiliated Consumer Representative, SPA 2 **MOTION #7**
 - Russel Ybarra, Unaffiliated Consumer Representative, SPA 3 **MOTION #8**
 - Erica Robinson, Alternate **MOTION #9**
 - Sandra Cuevas, Part F Representative **MOTION #10**
 - Lauren Gersh, SBP Committee-Only Member **MOTION #11**

11. Standing Committee Report (cont'd)

1:55 PM – 2:35 PM

- c. Parity, Inclusivity & Reflectiveness (PIR) | UPDATES
- B. Operations Committee
 - (2) Assessment of the Administrative Mechanism (AAM) | UPDATE
 - (3) Policies & Procedures
 - a. Revised Policy #08.3204: Commission and Committee Member Attendance
MOTION #12
 - b. Bylaws Review Taskforce (BRT) | UPDATE
 - (4) [2023 Training Schedule](#) | REMINDER
 - (5) Recruitment, Retention and Engagement
- B. Planning, Priorities and Allocations (PP&A) Committee
 - (1) July 18, 2023 Meeting Cancellation
 - (2) August 15, 2023 Meeting Agenda
 - a. Maximizing Ryan White Program Funds Ahead of Medi-Cal Expansion
 - b. Consumer/Client Advisory Board (CAB) Questionnaire Review
 - c. Fiscal Year 2022 Expenditures and Utilization
- C. Standards and Best Practices (SBP) Committee
 - (1) Nutrition Support Services Standards | **MOTION #13**
 - (2) Universal Service Standards | UPDATES
 - (3) Prevention Services Standards Review | UPDATES
 - (4) Medical Care Coordination (MCC) Review | UPDATES
- D. Public Policy Committee (PPC)
 - (1) County, State and Federal Policy, Legislation, and Budget
 - a. 2023-2024 Legislative Docket | UPDATES
 - b. 2023-2024 Policy Priorities | UPDATES
 - c. Coordinated STD Response | UPDATES
 - DPH Memo in response to STD Board of Supervisors (BOS) motion
 - 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings
 - d. House Appropriations FY24 Labor-HHS Spending Proposal
 - e. Act Now Against Meth (ANAM) | UPDATES
 - (2) Ryan White Care Act (RWCA) Modernization: Determine Strategy and Outline Presentation Schedule

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

2:35 PM – 2:45 PM

- A. Aging Caucus
- B. Black/AA Caucus
- C. Consumer Caucus
- D. Transgender Caucus
- E. Women’s Caucus
- F. Bylaws Review Taskforce
- G. Mission & Statement Workgroup
- H. Prevention Planning Workgroup

V. NEXT STEPS

2:45 PM – 2:55 PM

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

VI. ANNOUNCEMENTS

2:55 PM – 3:00 PM

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

VII. ADJOURNMENT

3:00 PM

Adjournment for the meeting of July 27, 2023.

PROPOSED MOTIONS

MOTION #1:	Approve remote attendance by members due to “emergency circumstances”, per AB 2449.
MOTION #2	Approve the Agenda Order as presented or revised.
MOTION #3	Approve the meeting minutes, as presented or revised.
MOTION #4	Approve 2023 Renewal Membership Application for Danielle Campbell, MPH – Rep, Board Office 2 (Seat #37), and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.
MOTION #5	Approve new membership application for Dr. David Hardy, to occupy an Alternate seat and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.
MOTION #6	Approve new membership application for Ronnie Osorio, to occupy an Alternate seat and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.
MOTION #7	Approve new membership application for Ish Herrera, to occupy the Unaffiliated Consumer, SPA 3 seat, and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.
MOTION #8	Approve new membership application for Russell Ybarra, to occupy the Unaffiliated Consumer, SPA 2 seat, and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.
MOTION #9	Approve new membership application for Erica Robinson, to occupy an Alternate seat, and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.
MOTION #10	Approve new membership application for Sandra Cuevas, to occupy Part F Representative seat, and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.
MOTION #11	Approve Standards and Best Practices Committee-only membership application for Lauren Gersh and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.
MOTION #12	Approve Revised Policy #08.3204: Commission and Committee Meeting Attendance and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.

MOTION #13

Approve the Nutrition Support Service Standards and forward to full body for approval at its August 10, 2023 meeting, as presented or revised.



2023 MEMBERSHIP ROSTER | UPDATED 7.20.23

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

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

LOA: Leave of Absence

Overall total: 43



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/24/23

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

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

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

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

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

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

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

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

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



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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

June 22, 2023

COMMITTEE MEMBERS			
P = Present A = Absent EA=Excused Absence			
Luckie Fuller, Co-Chair (LOA)	EA	Kevin Donnelly	P
Bridget Gordon, Co-Chair	P	Joseph Green (EXEC At-Large)	P
Miguel Alvarez (EXEC At-Large)	P	Lee Kochems, MA	P *AB2449
Everardo Alvizo, LCSW	EA	Katja Nelson, MPP	P
Al Ballesteros, MBA	A	Mario J. Peréz, MPH	P
Danielle Campbell, MPH (EXEC At-Large)	P*AB2449	Kevin Stalter	A
Erika Davies	P	Justin Valero	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH			
DHSP STAFF			
No other DHSP staff in attendance			

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

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Bridget Gordon, Co-Chair, Commission on HIV (COH), commenced the meeting at around 1:01 PM and provided an overview of the meeting guidelines.

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

B. Gordon led introductions and requested that Committee members state conflicts of interest. Cheryl Barrit, Executive Director, COH, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, D. Campbell (AB2449), E. Davies, K. Donnelly, J. Green, L. Kochems (AB 2449), K. Nelson, M. Peréz, J. Valero, and B. Gordon.

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3. **ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR “EMERGENCY CIRCUMSTANCES”**
MOTION #1: Approve remote attendance by members due to “emergency circumstances,” per AB 2449. *Not applicable.*

4. **APPROVAL OF AGENDA**

MOTION #2: Approve the Agenda Order, as presented or revised. *✓Passed by consensus*

5. **APPROVAL OF MEETING MINUTES**

MOTION #3: Approve the Executive Committee minutes, as presented or revised. *✓Passed by consensus*

II. **PUBLIC COMMENT**

6. **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**

7. **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.**
No committee new business items.

IV. **REPORTS**

8. **EXECUTIVE DIRECTOR/STAFF REPORT**

A. **Commission (COH)/County Operational Updates**

- Cheryl Barrit, MPIA, Executive Director, announced that the USCHA will be held on September 6-9, 2023, in Washington, DC. Traditionally, the COH sponsors two unaffiliated consumer members (UAs) to attend and requires members to first apply for a conference scholarship to help mitigate travel costs incurred by the COH. The conference scholarship deadline was June 5th and results should be emailed to applicants by the end of June/early July. Depending on the number of those interested in attending the conference, the opportunity for sponsorship will be extended to other members.
- C. Barrit reported that the 2023 HRSA site visit report has not yet been released and indicated that it will be made available to the membership once received.

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- C. Barrit reported that the HRSA and CDC Annual Progress Reports have been submitted which includes the approved revised allocations and updated membership roster. C. Barrit noted that although the COH continues to be under the 33% required threshold for unaffiliated consumer members, the report captured the ongoing outreach and recruitment efforts of the Operations Committee, as well as pending UA member applications currently in the pipeline.
- C. Barrit shared that HRSA just released its webinar for the 2025-2028 Ryan White Program funding application. For those interested, register [HERE](#).
- Lastly, C. Barrit shared that COH promotional materials are accessible via a digital toolkit available on the website [HERE](#). Hard copies the COH's brochure will be available at upcoming in-person meetings; members are encouraged to disseminate materials during outreach and community events.

9. CO-CHAIR REPORT

A. 2023 COH Co-Chair Pro-Tem Open Nomination & Elections | July 13, 2023

B. Gordon reported that open nominations and elections for the COH Co-Chair Pro-Tem, in lieu of COH Co-Chair Luckie Fuller's leave of absence, will be held at the next COH meeting. Refer to the Duty Statement in the meeting packet for Co-Chair eligibility requirements. Kevin Donnelly and Joe Green self-nominated.

B. June 8, 2023 COH Meeting | FOLLOW-UP & FEEDBACK

(1) Update COH Meeting Agendas to include Standing Commissioner Comments, Ending the HIV Epidemic (EHE) Report and California Planning Group (CPG) Report, and Add'l Public Comment

B. Gordon led the discussion regarding recommendations by members to add the Ending the HIV Epidemic (EHE) and California Planning Group (CPG) as a standing report on COH meeting agendas to which the Committee agreed by consensus.

Additionally, the Committee agreed to include a Public Comment item at the beginning of the COH meeting agenda to provide an additional dedicated space for members of the public to provide comments. Concerns expressed included reinforcing speaking time allotment of 2 minutes per person and creating an encouraging space for members of the public to provide comments, citing lack of attendance and/or engagement at meetings.

(2) July 13, 2023 COH Meeting Agenda Development

B. Gordon led the Committee through the proposed agenda for the July 13 COH meeting and noted that the HIV surveillance presentation focusing on the Native American community will be rescheduled to the August or September COH meeting. C. Barrit indicated that she has been in communication with various local Native American community stakeholders to coordinate a speaker to provide additional context around the health and social needs of the Native American communities; confirmation pending.

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C. August 10, 2023 COH Meeting Cancellation Consideration

To provide a brief reprieve in alignment with prior years' cancellations and discussions regarding reducing meeting frequency, the Committee agreed to cancel the July 13, 2023 COH meeting instead of the August 10th meeting. All agenda items will move to the August 10, 2023 COH meeting.

C. Conferences, Meetings & Trainings | OPEN FEEDBACK

B. Gordon shared that the June 21, 2023 Women's Caucus Virtual Lunch & Learn 2-Part Series on Loss, Grief and Healing was "amazing" and encouraged all to attend the second part scheduled for June 28, 2023 @ 12PM.

F. Member Vacancies & Recruitment

As reported under the ED Report, COH promotional materials will be made available at upcoming in-person meetings for outreach and recruitment efforts. The Commission's digital toolkit can be access via its website [HERE](#). Members are encouraged to use these resources for outreach and recruitment activities.

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

A. Fiscal, Programmatic and Procurement Updates

(1) Ryan White Program (RWP) Part A & MAI

Mario J. Pérez, Director, DHSP, reported that the HRSA site visit report has not yet been released and will share with the Commission once received.

(2) Fiscal – *No fiscal update provided.*

(3) Mpox | UPDATES

- M. Pérez reported that there is approximately 30,505 Mpox cases domestically. Locally, there have been zero to one case reported in the last 8-10 weeks. However, in the past week, five cases were reported in Los Angeles County, with a sixth case under review. The Department of Public Health (DPH) will continue to push out notifications to its community health partners to encourage people to get one or both doses of the Mpox vaccine.
- M. Pérez reported as part of the 40-case cluster in Chicago that two people living with uncontrolled HIV required hospitalization.
- M. Pérez indicated that the data demonstrates that the severity of Mpox is significantly minimized for those who are vaccinated and that only 24% of PLWH are vaccinated.
- DPH will soon launch an incentive program for PLWH out of care, providing a \$50 gift card and Mpox vaccination.
- Additionally, the CDC reported that there will be an overall \$400 million spending cut to Disease Intervention Specialists nationwide, amounting to approximately \$13 million locally over a two-year period, as part of Congress' debt ceiling deal. As a result, DHSP is in process of reassessing its workforce as many of its staff are funded

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through this effort. Additionally, DHSP is working with the Board of Supervisors (BOS) in drafting a letter for Congressional delegation to reconsider alternate funding.

- However, M. Pérez shared that there is movement via the BOS and the Chief Executive Office (CEO) in addressing STDs; ongoing negotiations are taking place and updates will be forthcoming.
- Lastly, M. Pérez shared that DHSP is taking a slightly difference approach in working with currently funded STD partners to identify areas of need, i.e., tech.

11. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) 2023 Membership Renewal Slate MOTION #4

Approve 2023 Renewal Membership Slate, as presented or revised, and forward to full body for approval at its July 13, 2023 meeting: Everardo Alvizo (Seat #3); Felipe Findley (Seat #49); Paul Nash (Seat #45); Harold San Agustin (Seat #13); Joseph Green (Seat #21); Justin Valero (Seat #39); Arlene Frames (Seat #29); Redeem Robinson (Seat #47); and Kevin Stalter (Seat #23) (✓Approved by Roll Call: YES: M. Alvarez, E. Davies, K. Donnelly, J. Green, L. Kochems, K. Nelson, J. Valero, B. Gordon; ABSTAIN: D. Campbell)

(2) New Member Applications

Karla Castro MOTION #5

Approve new membership application for Karla Castro, as presented or revised, and forward to full body for approval at its July 13, 2023 meeting.

(✓Approved by Roll Call: YES: M. Alvarez, E. Davies, K. Donnelly, J. Green, L. Kochems, K. Nelson, J. Valero, B. Gordon; NO: D. Campbell.)

Lambert Talley MOTION #6

Concerns were expressed regarding applicant's religious beliefs and corresponding perspective toward the LGBTQ+ community, however, applicant's overall sentiment expressed a support in the promotion of healthcare for all.

Approve new membership application for Lambert Talley, as presented or revised, and forward to full body for approval at its July 13, 2023 meeting.

(✓Approved by Roll Call: YES: M. Alvarez, D. Campbell, E. Davies, K. Donnelly, J. Green, L. Kochems, K. Nelson, J. Valero, & B. Gordon)

(3) Parity, Inclusivity & Reflectiveness (PIR) | UPDATES

No changes; updates will be provided upon appointment of new applicants.

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12. STANDING COMMITTEE REPORTS (CONT'D)

B. Operations Committee (cont'd)

(4) [2023 Training Schedule](#)

Next training scheduled for July 19, 2023 and will address topic: Ryan White Care Act Legislation Overview and Membership Structure & Responsibilities.

(5) Recruitment, Retention and Engagement

As reported under the Executive Director's Report, hard copies of COH promotional materials will be made available at upcoming in-person meetings.

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

Kevin Donnelly, PP&A Co-Chair, reported the following:

- Quorum was not met for the second month in a row
- Committee is working on coordinating a presentation by the Los Angeles Housing Services Authority (LAHSA) for an upcoming meeting.
- Concerns shared regarding the Human Rights Campaign's "State of Emergency" declaration after more than 75 Anti-LGBTQ+ bills were signed into law this year.
- Prevention Planning Workgroup (PPW) intends to sunset at the end of 2023 and merge back into the PP&A Committee.
- Committee's appreciation for DHSP's Unmet Needs presentations and noted opportunities to explore expanding testing in SPA 6, citing medical mistrust amongst the community requiring a culturally sensitive approach for engagement and linkage to care. Additionally, it was shared that Drew CARES clinic has been able to diagnose more patients while taking on a status neutral approach by having a PrEP navigator on-site and positioned as a safety net for patients attending appointments.
- Stakeholder community listening sessions are in the planning stages; a questionnaire is currently being developed.
- DHSP and the Committee agreed to have the RWP utilization data presented via a series of smaller presentations grouped by similar service categories to allow for a more in-depth review to identify potential gaps or disparities.

D. Standards and Best Practices (SBP) Committee

Erika Davies, SBP Committee Co-Chair, reported the following:

- Committee has not met since the June 13, 2023 COH meeting
- The Universal Standards and Patient Bill of Rights are pending feedback from the Consumer Caucus.
- Committee continues to review the Medical Care Coordination (MCC) service standard and will continue its review at its July 11th meeting.
- The Nutrition Support Service Standards which cover food banks and home delivered meals is out for public comment until July 10th.

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E. Public Policy Committee (PPC)

Katja Nelson, PPC Committee Co-Chair, reported the following:

- No updates since the June 13th COH meeting.
- 2023-2024 Legislative Docket was approved. Bills at the state level are now moving through their various committees.
- K. Nelson reported that the state's Ending the Epidemic Coalition has recommended \$61 million one-time funding over four years to harm-reduction programs to support the Governor's January budget proposal and support programs and services prioritized by the Legislature.
- Additionally, N. Nelson reported that the staff has developed a speaker schedule with guided talking points to empower members to champion the County's Health Deputies and Board of Supervisors for programs and services that support the health and wellness of our HIV prevention and care communities. K. Nelson noted that the BOS is currently going through its FY 2023-2024 budget hearings and encouraged members to attend to advocate for increased dedicated funding to address the STD crisis in Los Angeles County. Staff will resend the speaker schedule and talking points to the membership.

F. CAUCUS, TASK FORCE, AND WORKGROUP REPORTS

(1) Aging Caucus

K. Donnelly, Caucus Co-Chair, shared that the Caucus is planning for its September 22, 2023, Sexual Health Summit in partnership with the City of LA Department of Disability.

(2) Black/African American Caucus

Danielle Campbell, Caucus Co-Chair, reported that the Caucus is continuing its planning for community listening sessions to address the state of HIV in the Black community, and continues to work with DHSP to finalize the organizational capacity needs assessment.

(3) Consumer Caucus

Alasdair Burton, Caucus Co-Chair, reported that at its last meeting, the Caucus welcomed an overview presentation on the SBP Universal Standards and Patient Bill of Rights for feedback and will receive an overview presentation from SBP on the Nutrition Support Services Standards at its next meeting. Additionally, the Caucus discussed ideas for the Annual Meeting and strategies for engaging consumers.

(4) Transgender Caucus

Jose Rangél-Garibay, COH staff, reported that the Caucus is currently planning for the Trans Health Summit scheduled for November 2023, will cover topics: Community Building Space, Policy and Advocacy, Trans History, Trans Media, Trans and HIV, Building Collaborative Partnerships

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(5) Women's Caucus

Dawn Mc Clendon, COH Staff, reported that the Caucus held the first of a two-part Virtual Lunch & Learn Series on Loss, Grief & Healing and was well attended. The second part will be held on June 28, 2023, at 12PM. Additionally, the next Caucus meeting will be held July 17 @ 2PM and will focus on reviewing the PP&A Program Directives concerning women-centered programming.

(6) Bylaws Review Taskforce (BRT)

A. Burton, Co-Chair, reported that the BRT continues to meet monthly to review the Bylaws for updates. After its preliminary review, it was determined that most if not all the recommendations for updates will prompt an Ordinance change. The BRT agreed to focus on reviewing the Bylaws by focusing on areas of concerns provided in the recommendation's tracker. This approach will provide an effective remedy for the task assigned and ensure that the issues are appropriately resolved. Thereafter, a much larger effort will be initiated to address the functionality and structure of the COH.

(7) Mission & Vision Statement Workgroup. No updates; meeting scheduling pending.

(8) Prevention Planning Workgroup (PPW)

K. Donnelly reported that the PPW last met on May 26 and finalized its Status Neutral HIV and STI Service Delivery System framework which will be presented to the PP&A Committee. Additionally, potential speakers were identified as recommended from the Knowledge, Attitudes and Beliefs (KAB) survey to lead Sexual Health/STI and PrEP trainings.

The PPW is working to secure a presentation from Substance Abuse and Prevention Control (SAPC) on the Syringe Services Programs to gather more info on progress to date including expansion efforts, as well as policies and procedures around HIV/STIs (including screening, referrals, linkages, etc.). Dr. Sid Puri was suggested as a presenter.

M. Pérez requested the PPW to consider a more robust panel of stakeholders in addition Dr. Puri to encourage broader participation and leveraging of resources, to include the City of Los Angeles and City of Long Beach. M. Pérez requested to assist in planning efforts.

V. NEXT STEPS

13. TASK/ASSIGNMENTS RECAP

- July 13, 2023 COH meeting is cancelled; all items moved to the August 10th COH meeting.
- 2022-2024 COH Co-Chair Pro-Tem Open Nomination & Election will be held at the August 10 COH meeting.

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- Staff to resend Public Comment speaker schedule and talking points to membership
- Staff to send BOS motion regarding newly approved LGBTQ+ Commission and will report back on updates as received.

14. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- Refer to minutes.

VI. ANNOUNCEMENTS

15. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS

VII. ADJOURNMENT

16. ADJOURNMENT FOR THE MEETING OF JUNE 22, 2023

DRAFT



June 8, 2023

Dr. Micheal Green
Principal Investigator
Chief, Planning, Development, and Research
Ryan White HIV/AIDS Program, EHE
600 South Commonwealth Avenue, Fl 10
Los Angeles, California 90005-4049

Dear Dr. Michael Green,

Re: RWHAP Part A Grant #H89HA00016, EHE Grant#UT8HA33928

Thank you, your staff, and the Ryan White HIV/AIDS Program (RWHAP) Part A and the Ending the HIV Epidemic (EHE) Initiative community for a successful County of Los Angeles Public Health Department Division of HIV and STD Program (DHSP) joint comprehensive site visit conducted on February 14-17, 2023.

The joint site visit provided the team with an opportunity to conduct a full operational assessment of your RWHAP Part A and EHE programs fiscal and administrative systems and processes, as well as the Clinical Quality Management (CQM) Program, Data/Evaluation, to ensure compliance with all statutory and programmatic requirements. The team focused on areas for clinical, financial, data/evaluation and administrative performance improvement. The visit also allowed the team to identify exemplary components of your program, findings that require a corrective action plan, as well areas for improvement.

Enclosed is a copy of the final Part A site visit report. The Part A site visit report includes:

1. Legislative findings: issues that are based on a legislative requirement and require a formal response. Your report includes eight legislative findings; five are administrative and three are fiscal related.
2. Programmatic findings: issues tied to the Health Resources and Services Administration's program requirements and expectations requiring a formal response. Your report includes one programmatic finding in clinical quality management (CQM).
3. Improvement option findings: issues related to best practices and offered as suggestions for ways to enhance program operations and increase program efficiency and/or effectiveness. Improvement options do not require a formal response but may be discussed during monitoring.

Each finding is followed by a recommendation that is intended to help you improve or correct each finding. You will be required to prepare a corrective action plan (CAP) addressing the findings and recommendations, which is due within 30 days of receipt of the enclosed report. The CAP will be completed and submitted through an Electronic Health Handbook (EHB) submission process.

I will schedule a post-site visit conference call within the next two weeks to discuss any questions you have about the report, as well as the procedure for submitting your CAP. Going forward, I will monitor your progress for implementing the corrective actions during scheduled monitoring calls.

Thank you again for your assistance during the site visit. I commend you for your continued efforts to plan for and provide quality services to people with HIV in your area. Please contact me at 301-443-1917 or by e-mail at BYaghmaei@hrsa.gov, if you have any questions.

Sincerely,

Babak Yaghmaei, MPH
Project Officer
Western Branch
Division of Metropolitan HIV/AIDS Programs (DMHAP)

RYAN WHITE PART A SUBRECIPIENT SITE VISIT LOS ANGELES EMA

FEBRUARY 14-17, 2023

PLANNING COUNCIL

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

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

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

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

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

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

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

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

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

A. Administration: Finding(s) identified.

1. Findings and Recommendations Governance and Constituent Involvement:

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

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

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

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

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

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

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

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

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

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

Recommendation: Steps recommended for compliance:

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

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

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

Recommended steps of action:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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2023 ANNUAL MEETING | SUGGESTIONS AND IDEAS
DRAFT | FOR DISCUSSION PURPOSES ONLY
7.19.23

	TOPIC	NOTES/SPEAKERS
1	State of HIV/DHSP Report <ol style="list-style-type: none"> 1. Successes 2. Challenges 3. Call to action 	<ul style="list-style-type: none"> • Mario Perez, MPH, Director, Division of HIV and STD Programs (DHSP)
2	PrEP, Long-acting PrEP, Doxy PEP Strategies for Increasing Access and Utilization among Priority Populations	<ul style="list-style-type: none"> • Suggestion from Prevention Planning Workgroup. • Suggested speaker - Dr. Ardis Moe
3	“The Voice of the Consumer”	<ul style="list-style-type: none"> • Suggestion from the Consumer Caucus • Additional discussions to occur at upcoming Consumer Caucus meeting
4	Affordable Housing and Preventing Homelessness Among PLWH	<ul style="list-style-type: none"> • Recurring topic/inquiry at various COH meetings
5	Integrating HIV, STD, Substance Use, Mental Health, and Healthcare Services Across the County	<ul style="list-style-type: none"> • Recurring topic/inquiry at various COH meetings • Invite leadership representatives from DHSP, SAPC, DMH, DHS for a panel
6	Building Partnerships with Health Plans	<ul style="list-style-type: none"> • Recurring topic/inquiry at various COH meetings • Panel discussion with representatives from local health plans; how are they responding to HIV/STD?; what are opportunities to engage with the Ryan White Care system?
7	Disability and Aging	<ul style="list-style-type: none"> • Suggestion from Aging Caucus
8	Older Adults and Housing	<ul style="list-style-type: none"> • Suggestion from Aging Caucus
9	Educational activity geared toward youth from an elder perspective	<ul style="list-style-type: none"> • Suggestion from Aging Caucus
10	Intergenerational story circle to allow for multi-directional learning	<ul style="list-style-type: none"> • Suggestion from Aging Caucus
11	Other ideas: <ul style="list-style-type: none"> • Invite Board members for remarks/speak on prioritizing HIV • Resource tables for providers and networking opportunity 	



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Danielle Campbell

Application on file at Commission office



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David Hardy

Application on file at Commission office

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



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Ronnie Osorio

Application on file at Commission office

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



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Ish Herrera

Application on file at Commission office

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



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Russell Ybarra

Application on file at Commission office

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



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Erica Robinson

Application on file at Commission office

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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Sandra Cuevas

Application on file at Commission office



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Lauren Gersh

Application on file at Commission office



POLICY/PROCEDURE #08.1104	Commission and Committee Co-Chair Elections and Terms	Page 1 of 8
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SUBJECT: The process and scheduling for Commission and Committee Co-Chair elections.

PURPOSE: To outline the steps and timing for the Commission's and standing committees' Co-Chair elections.

BACKGROUND:

- Federal Ryan White legislation mandates that all Part A jurisdictions establish local HIV planning councils to develop a comprehensive HIV plan, rank priorities and determine allocations, create standards of care, and to carry out a number of other responsibilities. The Los Angeles County Commission on HIV serves as the local Ryan White Part A HIV planning council for the Los Angeles County.
- In accordance with Ryan White rules and Ordinance 3.29 of the Los Angeles County Charter, the Commission on HIV comprises 51 voting members, meets monthly, and fulfills its various responsibilities through an open, transparent meeting process. The meetings comply with appropriate provisions of California's Ralph M. Brown Act, and are run according to Robert's Rules of Order.
- Elected leadership is necessary to represent the planning council, facilitate the meetings, and oversee planning council work, among other responsibilities. The Health Resources and Services Administration (HRSA), the federal agency responsible for administering the Ryan White Program, recommends that planning councils elect Co-Chairs for these functions. The Commission on HIV has adopted HRSA's guidance with two Co-Chairs elected by the membership.
- The Commission on HIV relies on a strong committee structure to discharge its work responsibilities. Consistent with the Commission's By-Laws, the Commission organizational structure comprises five standing committees: Executive, Public Policy (PP), Operations, Priorities, Planning, and Allocations (PP&A), and Standards and Best Practices (SBP). Except for the Executive Committee (where the Commission Co-Chairs serve as the Committee Co-Chairs), the standing committees are led by two Co-Chairs elected by the Committee membership.

Policy #08.1104: Commission and Committee Co-Chair Elections and Terms

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- The Commission Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Commission Co-Chair*). The Committee Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Committee Co-Chair*.

POLICY:

1. The Commission Co-Chairs are elected to two-year terms, and each Co-Chair seat expires in December of alternate years. Except for the Executive Committee, each of the standing committees annually elects two Committee Co-Chairs to one-year terms that expire in February. There are no limits to the number of terms to which a Commission or committee Co-Chair can be re-elected. Co-Chairs elected to fill mid-term vacancies are elected for the remaining duration of the term, until it expires.
2. The Commission Co-Chairs are considered members of all committees, and also serve as Executive Committee Co-Chairs. Committee Co-Chairs cannot serve as Co-Chair to more than one committee at a time.
3. Nominations for the vacant Commission Co-Chair seat are normally opened in August, unless unexpected circumstances arise (meeting cancellations, absence of quorum, etc.) prevent it. Nominations for the Committee Co-Chair seats are usually opened in January, following election of the Commission Co-Chairs and final committee assignments, unless otherwise delayed. Members can nominate themselves or can be nominated by other stakeholders throughout the period in which the nominations are open.
4. Except for immediate vacancies in both Co-Chair seats, nominations must be open at the monthly meeting prior to the Co-Chair elections. Unless delayed or postponed, the Co-Chair elections are held at following month's regular meeting.
5. Commission Co-Chair candidates must have at least a year's service on the Commission. At least one of them must be HIV-positive and at least one of them must be a person of color. Only Commissioners can serve as the Co-Chairs. Only Commissioners serving in their primary committee assignment may serve as Committee Co-Chairs, but at least one of the Committee Co-Chair seats must be filled by a Commissioner. Unaffiliated HIV-positive consumers are highly encouraged to seek leadership roles and run for a Commission or Committee Co-Chair seat whenever possible.
6. Co-Chairs are elected through a sequential voting process until there are only one or two candidates remaining, as need dictates. The Commission/committee must approve the final candidate(s) through a consent vote of approval or through individual roll call votes. All Co-Chairs must be elected by a majority of the voting membership. A Co-Chair candidate's failure to earn a majority vote disqualifies that member as a Co-Chair candidate for that term, closes the election for that meeting, extends the nominations period, and postpones the election to the subsequent meeting.

7. Commission and Committee Co-Chair terms are allowed to be extended to accommodate delayed meeting schedules, lack of suitable candidates, or when the body cannot determine definitive, final Co-Chair candidates. A single Co-Chair may also continue to serve, when needed, until a second Co-Chair candidate is identified and elected.

PROCEDURE(S):

1. **Terms of Office:** The Commission Co-Chairs are elected to office for staggered two-year terms. Aside from the Executive Committee, standing committee Co-Chairs are elected for two-year terms.
 - a. Commission Co-Chair terms expire in alternate years to ensure leadership continuity. The Commission Co-Chairs also serve as Co-Chairs of the Executive Committee, and serve in those roles for the duration of their tenure as Commission Co-Chairs.
 - b. The four, remaining standing committees [Public Policy (PP), Operations, Priorities Planning and Allocations (PP&A) and Standards and Best Practices (SBP)] elect their Co-Chairs for one-year terms that expire concurrently.
 - c. Commission Co-Chair terms expire in December of the calendar year, unless the November and/or December monthly Commission meeting(s) are cancelled, quorum is not achieved at the meeting at which the Co-Chair is scheduled to be elected, or by majority vote of the Commission to accommodate an extension of the Co-Chair election process.
 - d. Committee Co-Chair terms expire in February of the calendar year, but may be extended, if needed, until new Co-Chairs are elected to fill the leadership positions.
 - e. In the case of a mid-term vacancy in one of the Commission Co-Chair seats, the Commission Co-Chair is subsequently elected to fill the unfinished term resulting from the vacancy. Likewise, committee Co-Chairs elected to fill mid-term vacancies are elected for the respective unfinished terms.
 - f. Commission Co-Chairs are considered voting members of all Committees and subcommittees, but are not counted towards quorum unless present.
2. **Commission Co-Chair Election Process:** Normally—unless adjusted for unexpected circumstances—the Commission Co-Chair elections proceed according to the following schedule:
 - a. 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.
 - b. 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.
 - c. The Co-Chairs delegate facilitation of the Co-Chair election to the Parliamentarian, Executive Director or other designated staff.

- d. Commission members who have been nominated, meet the qualifications, and who accept their nominations are presented for Commission vote.
- e. The Parliamentarian (or Executive Director/staff) leads Commission voting to elect the new Commission Co-Chair.
- g. Following the new Co-Chair's election, the Commission Co-Chairs and the Executive Director must determine Commission members' final committee assignments by the end of December in order to open committee Co-Chair nominations the following month.

3. Committee Co-Chair Election Process: Normally—unless adjusted for unexpected circumstances—the committee Co-Chair elections proceed according to the following schedule:

- a. Aside from the Executive Committee (the Commission Co-Chairs serve as the Executive Committee Co-Chairs), the standing committees open candidate nominations for both Co-Chair seats at their January meetings (following final committee assignments).
- b. Nominations are closed the following month when Committee Co-Chair elections are opened under the Co-Chair reports.
- c. The current Co-Chairs delegate facilitation of the Co-Chair election to the Executive Director or another assigned staff representative.
- d. Committee members who have been nominated, meet the qualifications, and who accept their nominations are presented for Committee vote.
- e. The Executive Director (or other designated staff) leads Committee voting to elect the new Co-Chairs.
- f. The newly elected Co-Chairs begin service at the following committee meeting.

As per Robert's Rules of Order, The Commission Co-Chairs should maintain a position of neutrality and not vote in Committee co-chair elections unless there is a tie vote for a position, then they may (but are not required to) vote to break the tie.

4. Co-Chair Qualifications/Eligibility: Only voting Commissioners may serve as Commission Co-Chairs. In order to ensure leadership diversity and representation, eligible Commission Co-Chair candidates must have at least one year of service and experience on the Commission. Among the two Commission Co-Chairs, at least one of the Co-Chairs must be HIV-positive, and at least one of them must be a person of color. Additionally, it is strongly preferred that at least one of the two Co-Chairs is female.

The Commission does not impose eligibility or qualification requirements for Committee Co-Chairs, although it is strongly encouraged that nominees acquire at least one year's experience with the Committee before standing as a Co-Chair candidate.

- a. Any Committee member nominated as a Co-Chair candidate must be serving on that Committee in his/her primary Committee assignment.
- b. Only Commissioners may serve as Co-Chairs.
- b. Alternates, members serving on the committee in secondary Committee assignments, and BOS-appointed non-Commission committee members may not serve as Co-Chairs.

- 5. Co-Chair Nominations:** Outside the rare possibility of immediate vacancies in both Commission Co-Chair seats, all Commission and Committee Co-Chair elections must follow a nominations period opened at the respective body's prior regular meeting. The nominations period is designed to give potential candidates the opportunity to consider standing for election and the responsibility of assuming a leadership position. Candidates may nominate themselves or participants may nominate other members. Any stakeholder may nominate Co-Chair candidates.

Candidates can be nominated in public when the nominations are opened or any time prior to the closure of the nominations—including just prior to when the Co-Chair elections are opened at the subsequent meeting—or by contacting the Executive Director through phone, email and/or in writing at any time during the period in which nominations are open. Nominations are formally closed when the eligible candidates begin making their statements.

All Commission Co-Chair candidates nominated prior to the meeting of the Co-Chair election are given the opportunity to provide a brief (single paragraph, single page) statement about their candidacy. All Co-Chair candidates should be given the opportunity to make a short oral statement about their candidacy prior to the election.

- 6. Co-Chair Election Voting Procedures:** Co-Chairs are elected by a majority vote:
- a. Roll call voting for elections requires each voting member to state the name of the candidate for whom he/she is voting, or to abstain, in each round of votes.
 - b. If there are more than two candidates nominated for Commission Co-Chair, voting will proceed in sequential roll calls until a final candidate earns a majority of votes and is elected by a consent or roll call vote. If no candidates earn a majority of votes in a single round, the candidate earning the least number of votes will be eliminated from the subsequent round of roll call voting. The process continues until there is a majority vote for one candidate, or only one candidate remains and the others have been eliminated. Once the final candidate has been selected, the Commission must approve that candidate for the Co-Chair seat in a consent or roll call vote.

- c. When there is only one Commission Co-Chair candidate, the vote serves as approval or rejection of the nominated candidate.
 - 1) A consent vote may be used to approve the final candidate(s) for the Co-Chair seat(s). A roll call vote is not necessary for a final candidate unless there are objections to the election of the candidate.
 - d. If there are two Commission Co-Chair vacancies to fill, voting adheres to the process outlined above except that the final two candidates are identified as the final Co-Chair candidates. A consent vote may be used to approve both final candidates, but a subsequent roll call vote is necessary to identify which candidate will fill the longer term; the candidate earning more votes fills the seat with the longer term.
 - 1) A roll call vote to approve both candidates to fill the Co-Chair seats is not necessary unless there are objections to the election of one or both of the candidates.
 - 2) When there are objections to the election of one or both of the candidates, each candidate must be approved by a majority through an individual roll call vote.
 - e. If there are three or more candidates nominated for the two Committee Co-Chair seats, the same process described for Commission Co-Chair election voting (Procedure #4a) is followed. If there are only two Committee Co-Chair candidates, the Committee is entitled to unanimously accept the “slate of Co-Chair nominees”; otherwise an individual roll call vote is necessary to approve the election of each candidate to a Co-Chair seat.
 - f. In the case of a tie during the final vote, the body can re-cast its vote to accommodate changes in voting. If the body cannot resolve the tie after a new vote, the current Co-Chair(s) remain in office, voting is closed, nominations remain open until the subsequent meeting, and a new election is resumed at that meeting. The process will repeat monthly until a clear majority vote-earner is identified.
 - g. If a majority of the voting members oppose a final candidate’s/final candidates’ nominations, the current Co-Chair(s) retain their seat until the subsequent meeting, nominations remain open, and a new election is held at the next meeting. The final candidates’ whose nominations were opposed are no longer eligible to fill the seat in the current term. The process will repeat monthly until the body finds majority support for a final candidate(s).
- 7. Co-Chair Election Contingencies:** A number of factors may impede the normal Co-Chair election timelines outlined in Procedures #2, #3 and #6. Following are potential challenges that can result in process delays, and how those challenges should be resolved:
- a. Inadequate Number of Qualified Co-Chair Candidates:** The Co-Chair whose term has expired may continue in the seat with the term extended until a new Co-Chair is elected. If the Co-Chair does not choose to continue, or has resigned, a Commission or Committee Co-Chair may temporarily serve as a single Co-Chair until a second Co-Chair can be identified and elected. Co-Chair nominations will remain open indefinitely until qualified candidate(s) are identified and elected.

- b. Cancelled Meeting(s) or Quorum(s) Not Realized:** Nominations can be opened at a subsequent meeting and/or extended to accommodate the cancelled meeting(s) or absence of quorum(s). If the meeting for which the election is scheduled is cancelled or a quorum is not present, nominations remain open an additional month and the election proceeds the following month.

**NOTED AND
APPROVED:**



**EFFECTIVE
DATE:**

September 12, 2019

Original Approval:

Revision(s): 10/19/16; 7/24/17; 9/12/19



LOS ANGELES COUNTY
COMMISSION ON HIV



**DRAFT/PROPOSED UPDATES
FOR 4/27/23 OPS/EXEC
COMMITTEE**

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

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

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

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

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

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

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

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

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

PROCEDURE:

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

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

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

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

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

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

DRAFT FOR EXECUTIVE COMMITTEE REVIEW

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



LOS ANGELES COUNTY
COMMISSION ON HIV



***DRAFT FOR EXECUTIVE COMMITTEE REVIEW
DRAFT AS OF 07/24/23***

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

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

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

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

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

INTRODUCTION

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

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

SERVICE DESCRIPTION

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

Recurring themes in this standard include:

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

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

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

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

HOME DELIVERED MEALS

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

FOOD BANK/PANTRY SERVICES

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

PERSONNEL QUALIFICATIONS

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

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

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

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

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

Continuing education is required to maintain a registered dietitian certification.

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

SERVICE STANDARDS—NUTRITION SUPPORT

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

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

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

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

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

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

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

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

³ [Environmental Health | Los Angeles County Department of Public Health \(lapublichealth.org\)](http://www.lapublichealth.org/eh/)
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SERVICE COMPONENT	STANDARD	MEASURE
		<ul style="list-style-type: none"> • A procedure for discarding unsafe food is posted • Providers and vendors maintain proper licenses • Programs will maintain quality control logs
	Nutrition Support programs will develop a nutrition support manual.	Food Service Manual on file at provider agency which addresses food service and preparation standards; sanitation; safety; food storage; distribution; and volunteer training.
	Nutrition Support programs will conduct an annual client survey.	Client survey results on file at provider agency and agency plan of action to address concerns.
TRIAGE AND REFERRAL	Clients applying for nutrition support services who do not have a case manager will be referred to a case manager.	Record of referral on file in client chart.
	Clients will be referred to other medical and support services as needed.	Referrals to treatment advocacy, peer support, medical treatment, dental treatment, etc., recorded in client chart.
	Referrals will be made to other food sources as needed.	Record of referral on file in client chart.
CASE CLOSURE	Nutrition Support programs will develop case closure criteria and procedures.	Program cases may be closed when the client: <ul style="list-style-type: none"> • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died

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

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

REFERENCES

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

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

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

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

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

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

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

DRAFT FOR EXECUTIVE COMMITTEE REVIEW
SERVICE STANDARDS FOR NUTRITION SUPPORT:
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Rivera, S., Briggs, W., Qian, D. & Sattler, F.R. (1998). Levels of HIV RNA are quantitatively related to prior weight loss in HIV-associated wasting. *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology*, 17, 411-418.

Wheeler D.A., Gilbert, C.L., Launer, C.A., et al. (1998). Weight loss as a predictor of survival and disease progression in HIV infection. *Journal of Acquired Immune Deficiency Syndrome*, 18, 80-85.

World Health Organization (2004). *Nutrition Counseling, Care and Support for HIV-Infected Women*. Department of HIV/AIDS and Department of Nutrition for Health and Development, Washington, DC.



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

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

TOP LINE MESSAGING

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

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



BILL HIGHLIGHTS

Cuts to Wasteful Spending

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

Conservative Priorities

Promotes Freedom and American Values

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

HOUSE

APPROPRIATIONS

REPUBLICANS

Protects Life

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

Eliminates Waste and Abuse in the Government

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

Strengthens Oversight of Taxpayer Dollars

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

HOUSE

APPROPRIATIONS

REPUBLICANS

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



DETAILED FUNDING SUMMARY

Department of Education

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

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

Department of Health and Human Services

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

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

HOUSE

APPROPRIATIONS

REPUBLICANS

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

Department of Labor

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

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



Corporation for National and Community Service

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

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

Corporation for Public Broadcasting

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

National Labor Relations Board

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