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EXECUTIVE COMMITTEE

Virtual Meeting

Thursday, February 23, 2023 1:00PM - 3:00PM (PST)

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

REGISTER + JOIN VIA WEBEX ON YOUR SMART DEVICE:

https://lacountyboardofsupervisors.webex.com/weblink/register/r5fe18140e46

6303cf93d809f8ce5044a

JOIN VIA WEBEX ON YOUR PHONE:

1-213-306-3065

Webinar Number: 2594 696 4057 Password: EXECUTIVE*

*for non-Committee/members of the public

For a brief tutorial on how to use WebEx, please check out this video: http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360

PUBLIC COMMENTS

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

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

All Public Comments will be made part of the official record.

LIKE WHAT WE DO?

Apply to become a Commissioner at https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication



510 South Vermont Avenue, 14th Floor, Los Angeles CA 90020 EML: hivcomm@lachiv.org | MAIN: 213.738.2816 WEBSITE: www.hivlacounty.gov

AGENDA FOR THE **VIRTUAL** MEETING OF THE **EXECUTIVE COMMITTEE**

Thursday, February 23, 2023 @ 1:00 P.M.- 3:00 P.M

Members of the Public, Register at:

 $\frac{https://lacountyboardofsupervisors.webex.com/weblink/register/r5fe18140e466303cf9}{3d809f8ce5044a}$

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

Webinar Number: 2594 696 4057 Password: EXECUTIVE

	Executive Committee Members:			
Luckie Fuller, Co-Chair	Bridget Gordon, Co-Chair	Al Ballesteros, MBA	Everardo Alvizo, LCSW	
Erika Davies	Kevin Donnelly	Lee Kochems, MA	Katja Nelson, MPP	
Mario J. Peréz, MPH	Kevin Stalter	Justin Valero, MPA		
QUORUM:	6			

AGENDA POSTED: February 17, 2023

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

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

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

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

	Call to Order, Roll Call, and Conflict of Ir	1:00 P.M. – 1:10 P.M.	
	I. ADMINISTRATIVE MATTERS		
1.	Approval of Agenda	MOTION #1	1:10 P.M 1:13 P.M.
2.	Approval of Meeting Minutes	MOTION #2	1:13 P.M. – 1:15 P.M.
	II. PUBLIC COMMENT		1:15 P.M. – 1:20 P.M.
3.	Opportunity for members of the public items of interest that are within the juri		

III. COMMITTEE NEW BUSINESS ITEMS

1:20 P.M. - 1:25 P.M.

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

IV. REPORTS

5. Executive Director's/Staff Report

1:25 P.M. - 1:40 P.M.

- A. Commission (COH)/County Operational Updates
 - (1) Resumption of Brown Act In-Person Meetings
 - (2) Reimagining COH Meetings

6. Co-Chair's Report

1:40 P.M. – 2:05 P.M.

- A. February 9, 2023 COH Meeting | FOLLOW UP + FEEDBACK
- B. HRSA Site Visit | FOLLOW UP + FEEDBACK
- C. March 9, 2023 COH *In-Person* Meeting Agenda Development
 - (1) Meet & Greet
 - (2) Acknowledgment of National Women and Girls HIV/AIDS Awareness Day (NWGHAAD)
 - (3) Executive At-Large Member Open Nominations & Elections
 - (4) Member Applications for Approval
 - (5) (Revised) Policy #09.4205: Commission Membership Evaluation, Nomination & Approval Process for Approval
 - (6) Standing Reports from February 9th Meeting
- C. Conferences, Meetings & Trainings | OPEN FEEDBACK
- D. Member Vacancies & Recruitment
- E. Proposed Updates to Vision & Mission Statement

7. Division of HIV and STD Programs (DHSP) Report

2:05 P.M. – 2:15 P.M.

- A. Fiscal, Programmatic and Procurement Updates
 - (1) Ryan White Program (RWP) Part A & MAI
 - (2) HRSA Ryan White Part A and EHE Site Visit
 - (3) Fiscal
 - (4) Mpox | UPDATES

8. Standing Committee Reports

2:15 P.M. – 2:40 P.M.

- A. Operations Committee
 - (1) Membership Management
 - a. Membership Applications | UPDATES
 - b. Attendance Report | UPDATES
 - (2) Policies & Procedures
 - a. Bylaws Review Planning
 - b. Code of Conduct | PROPOSED UPDATES
- B. Planning, Priorities and Allocations (PP&A) Committee
 - (1) Ryan White Program Expenditures | UPDATES
 - (2) Multi-Year Contingency Planning & Maximizing Part A Funds
 - (3) Ryan White Program FY 23-25 Grant Application Planning
- C. Standards and Best Practices (SBP) Committee
 - (1) Oral Healthcare Service Standards
 - (2) Universal Service Standards Review
- D. Public Policy Committee (PPC)
 - (1) County, State and Federal Policy, Legislation, and Budget
 - a. 2023 Legislative Docket | UPDATES
 - b. 2023 Policy Priorities | UPDATES
 - c. PACHA Resolution on MSM Blood Donation Deferral Policy
 - d. Coordinated STD Response
 - e. Act Now Against Meth (ANAM) | UPDATES

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

2:40 P.M. – 2:50 P.M.

- A. Aging Caucus
- B. Black/AA Caucus
- C. Consumer Caucus
- D. Transgender Caucus
- E. Women's Caucus
- F. Policy #08.1104: Co-Chair Terms & Elections Workgroup
- G. Prevention Planning Workgroup

V. <u>NEXT STEPS</u>

10. A. Task/Assignments Recap

2:50 P.M. – 2:23 P.M.

B. Agenda development for the next meeting

2:23 P.M. – 2:25 P.M.

VI. ANNOUNCEMENTS

2:25 P.M. – 3:00 P.M.

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

VII. ADJOURNMENT

3:00 P.M.

12. A. Adjournment of the February 23, 2023 Executive Committee

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



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



2023 MEMBERSHIP ROSTER | UPDATED 1.12.23

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			Vacant		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	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University		June 30, 2024	
	Provider representative #5		-	Vacant		July 1, 2021	June 30, 2023	
	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
	Provider representative #7	1	EXC	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
	Unaffiliated consumer, SPA 1			Vacant		July 1, 2021	June 30, 2023	
	Unaffiliated consumer, SPA 2	4	0000000	Vacant		July 1, 2022	June 30, 2024	
	Unaffiliated consumer, SPA 3	1	OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
	Unaffiliated consumer, SPA 4		EVOIODD	Vacant		July 1, 2022	June 30, 2024	
	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	Mallama Dakimaan (ODD)
	Unaffiliated consumer, SPA 7	4	EVOIDD® A	Vacant	Lin officiate of Company or	July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
	Unaffiliated consumer, Supervisorial District 1	1	EXC	Vacant Pridget Corden	Unoffiliated Congumer	July 1, 2021	June 30, 2023	
	Unaffiliated consumer, Supervisorial District 2 Unaffiliated consumer, Supervisorial District 3	1	SBP	Bridget Gordon Arlene Frames	Unaffiliated Consumer Unaffiliated Consumer	July 1, 2022 July 1, 2021	June 30, 2024 June 30, 2023	Eduardo Martinez (SBP/PP)
	Unaffiliated consumer, Supervisorial District 4	1	ODF	Vacant	Onaniialed Consumer	July 1, 2021	June 30, 2024	Eduardo Martinez (SDF/FF)
	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2021	June 30, 2023	Jose Magana (OPS)
	Unaffiliated consumer, at-large #1	•	FFQA	Vacant	Onamilated Consumer		June 30, 2024	JUSE Magana (UPS)
	Unaffiliated consumer, at-large #2			Vacant		July 1, 2021	June 30, 2023	
	Unaffiliated consumer, at-large #3			Vacant		•	June 30, 2024	
	Unaffiliated consumer, at-large #4			Vacant		<u> </u>	June 30, 2023	
	Representative, Board Office 1	1	EXCIPP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
	Representative, Board Office 2	1	SBP	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
	Representative, Board Office 3	1	EXCIPP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
	Representative, Board Office 4	1	EXCIOPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
	Representative, Board Office 5	-		Vacant		July 1, 2022	June 30, 2024	
	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
	Local health/hospital planning agency representative		•	Vacant		July 1, 2021	June 30, 2023	
	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
	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	
	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
50	Tilv stakelloldel lepieselltative #1							

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: 39



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/25/23

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

COMMISSION ME	MBERS	ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
			Benefits Specialty
			Biomedical HIV Prevention
ALVIZO	Everardo	Long Beach Health & Human Services	Medical Care Coordination (MCC)
ALVIZO	Lverardo	Long Beach Health & Human Gervices	HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
	Al	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
BALLESTEROS			Oral Healthcare Services
BALLEGIEROS			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 ME	MBERS	ORGANIZATION	SERVICE CATEGORIES
			Oral Health Care Services
CAMPRELL	Dominilla		Medical Care Coordination (MCC)
CAMPBELL	Danielle	UCLA/MLKCH	Ambulatory Outpatient Medical (AOM)
			Transportation Services
			Ambulatory Outpatient Medical (AOM)
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
			Medical Care Coordination (MCC)
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadona	HIV Testing Storefront
DAVIES	Elika	City of Pasadena	HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
			Transportation Services
		Watts Healthcare Corporation	Ambulatory Outpatient Medical (AOM)
FINDLEY	Felipe		Medical Care Coordination (MCC)
INDELT			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	LUCKIE	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Nutrition Support
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
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
IVIAGANA	3056	THE Wall Las Memorias, Inc.	HIV Testing Social & Sexual Networks
			Ambulatory Outpatient Medical (AOM)
		AIDS Healthcare Foundation	Benefits Specialty
	Eduardo		Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
MARTINEZ			STD Screening, Diagnosis and Treatment
WAITINEZ			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
			Ambulatory Outpatient Medical (AOM)
		Children's Hospital Los Angeles	HIV Testing Storefront
MADTINEZ (DD 0 A			STD Screening, Diagnosis and Treatment
MARTINEZ (PP&A Member)	Miguel		Biomedical HIV Prevention
,			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION ME	MBERS	ORGANIZATION	SERVICE CATEGORIES
			Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
MILL C	Anthony	Courthouse CA Mossia Modical Crous	Medical Care Coordination (MCC)
MILLS	Anthony	Southern CA Men's Medical Group	Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
			Biomedical HIV Prevention
		Southern CA Men's Medical Group	Ambulatory Outpatient Medical (AOM)
MOLLETTE	Andre		Medical Care Coordination (MCC)
MOLLETTE			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
MORENO	Carlos	Children's Hospital, Los Angeles	Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION ME	EMBERS	ORGANIZATION	SERVICE CATEGORIES
			Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
NELSON	Katja	APLA Health & Wellness	Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	Mallery	We Can Stop STDs LA (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
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
		2. (0 c s , 2 c p s	Medical Care Coordination (MCC)

COMMISSION ME	MBERS	ORGANIZATION	SERVICE CATEGORIES
			HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
SAN AGUSTIN	Harold	JWCH, INC.	Oral Healthcare Services
SAN AGOSTIN	Tiaroid	JVVCH, INC.	Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Ambulatory Outpatient Medical (AOM)
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts

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Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.

Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

EXECUTIVE COMMITTEE MEETING MINUTESJanuary 26, 2023

COMMITTEE MEMBERS P = Present A = Absent			
Luckie Fuller, Co-Chair	Р	Lee Kochems, MA	Р
Bridget Gordon, Co-Chair	Р	Katja Nelson, MPP	EA
Al Ballesteros, MBA	Р	Mario J. Peréz, MPH	Р
Everardo Alvizo, LCSW	Р	Kevin Stalter	Р
Erika Davies	Р	Justin Valero	Р
Kevin Donnelly	Р		

COMMISSION STAFF AND CONSULTANTS

Cheryl Barrit, MPIA; Catherine Lapointe, MPH; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH; Sonja Wright, BA, MSOM, Lac, Dipl. OM, PES

DHSP STAFF

No DHSP staff in attendance

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

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/652e26cf-3367-4325-987b-d5dbabd577da/Pkt 012623 ongoing.pdf

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Luckie Fuller, Co-Chair, called the meeting to order, welcomed attendees, and led introductions. Cheryl Barrit, Executive Director, conducted roll call.

Roll Call (Present): K. Stalter, M. Peréz, K. Donnelly, E. Alvizo, B. Gordon, and L. Fuller

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

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

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

Executive Committee Minutes

January 26, 2023 Page 2 of 9

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented or revised. ✓ Passed by Consensus

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the Executive Committee minutes, as presented or revised. ✓ Passed by Consensus

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

- 4. OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.
 - Kevin Donnelly requested the Executive Committee to review the Commission on HIV (Commission)'s mission statement and revise it to include status neutral language regarding HIV/STD prevention, to better align with the language used in the Comprehensive HIV Plan (CHP) 2022-2026.

IV. REPORTS

- 5. EXECUTIVE DIRECTOR'S/STAFF REPORT
 - A. Commission (COH)/County Operational Updates
 - (1) February 16, 2023 Health Resources & Services Administration (HRSA) Site Visit
 - C. Barrit reported that HRSA will be conducting a comprehensive site visit in Los Angeles County (LAC) for the Ryan White Program (RWP) Part A and the Ending the HIV Epidemic (EHE) Initiative. The HRSA team will be in LAC from February 14th – 17th.
 - The HRSA team will hold a special virtual meeting with Executive Committee members on February 16th from 1:30 2:30 PM. C. Barrit submitted a request to HRSA for an additional meeting with the Consumer Caucus and will provide an update once a response is received.
 - Kevin Stalter commented that HRSA may be alarmed by the eleven unaffiliated consumer vacancies on the Commission. C. Barrit shared the same concern and reported that the Operations Committee has been actively discussing

recruitment efforts to and reviewing applications to fill vacant seats. Concerns, barriers, and suggestions were shared regarding filling vacant unaffiliated consumer seats to include:

- HIV-negative unaffiliated consumers could be considered to fill the vacancies.
- Many consumers are unable to make the time commitments required to serve on the Commission.
- Opinions of people with higher education are often held at a higher regard in comparison to unaffiliated consumers who do not have degrees, which may discourage participation. Emphasis should be placed on the importance of listening to those with lived experience.
- Commission should allow the partners/family members of people living with HIV (PLWH) to also serve on the Commission.

(2) Reimagining COH Meetings

- C. Barrit provided a thorough overview of the draft Proposed Meeting Schedule; see meeting packet.
- K. Stalter recommended inviting representatives from different jurisdictions to gain a broader understanding of how other planning councils are addressing key issues, such as homelessness.
- Mario J. Peréz, MPH, DHSP Director, commented that the Commission should focus its efforts on improving community engagement by restructuring planning activities to correspond with priority populations. He also recommended that the Commission initiate and/or support efforts to modernize the RWP to ensure that the voices of those at risk for HIV, STDs, homelessness, and substance use are heard.

B. Final Draft 2022 Annual Report

 C. Barrit reported that Commission staff received feedback on the 2022 Annual Report, which has been implemented into the final draft; see meeting packet.

6. CO-CHAIR'S REPORT

A. January 12, 2023 COH Meeting | FOLLOW UP + FEEDBACK

• K. Donnelly shared that he was glad that the January Commission meeting was highly productive and efficient.

B. February 9, 2023 COH Meeting Agenda Development

(1) National Black/African American HIV/AIDS Awareness Day (NBHAAD) Presentation by Black/AA Caucus

The Black Caucus will host a panel presentation in commemoration of NBHAAD.

(2) Executive At-Large Member Open Nominations

There were no nominations for executive at-large member seats.

- (3) DHSP Updates: Re: Mpox Control & Emergency Financial Assistance (EFA) Program
 DHSP staff will provide an update on Mpox control and the EFA program.
- (4) Member Applications for Approval

The Commission will vote on several member applications.

(5) (Revised) Policy #09.4205: Commission Membership Evaluation, Nomination & Approval Process for Approval

The Commission will vote on the revised Policy #09.4205.

C. 2023 Co-Chair Priorities

- B. Gordon provided an overview of the 2023 co-chair priorities; see meeting packet. The topics are as follows:
 - Confront the deafening silence on the STD crisis
 - o Increase the pace of local efforts to end the HIV Epidemic (EHE)
 - o Eliminate poverty and systemic and structural racism to end HIV
 - Continue the movement towards more inclusive data collection and reporting
- M. Peréz cautioned that priorities must align with the scope of the Commission's charge and responsibilities.

D. Conferences, Meetings, & Trainings | OPEN FEEDBACK

(1) Revisit Agenda Placement & Frequency

K. Donnelly reported that the EHE town hall meeting was quite dense, and he is looking forward to the release of the recording to get a better understanding of the material.

E. Committee, Caucus, & Workgroup Elected 2023 Co-Chairs

 The updated list of committee, caucus, and workgroup elected 2023 co-chairs will be included in the February Commission meeting packet.

F. Member Vacancies & Recruitment

(1) Executive At-Large Member Vacancies

K. Stalter requested Commission staff to identify unaffiliated consumers who are not in leadership positions and have a member of the Operations Committee reach out to encourage them to self-nominate.

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

A. Fiscal, Programmatic and Procurement Updates

M. Peréz reported that the Cluster Detection and Response Community Advisory Board (CAB) held their first meeting. A report will be given at the February Commission meeting.

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

DHSP held a meeting with seven different community-based partners to develop new protocols tied to the Rapid and Ready Program.

(2) HRSA Ryan White Program Part A and EHE Site Visit

HRSA will be conducting their site visit with DHSP and selected contractors from February 14th to 17th.

(3) Fiscal

DHSP continues to track their spending and has found areas where spending was lower than expected.

(4) Mpox | UPDATES

A full Mpox report will be provided by Dr. Sonali at the February Commission meeting. There are currently 1-2 cases of Mpox cases reported per week in the last five weeks; 45% of cases are among PLWH.

8. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) Membership Management

a. New Member Appointments

Jonathan Weedman | Representative, Board Office 5 MOTION #3: Approve New Member Applicant Jonathan Weedman to Occupy Representative, Board Office 5 seat, as presented or revised, and elevate to the full body ✓ Passed by Roll Call Vote (Yes = J. Valero, K.

Stalter, M. Peréz, L. Kochems, K. Donnelly, E. Davies, E. Alvizo, A. Ballesteros, B. Gordon, and L. Fuller)

Leon Maultsby, MHA | Part C Representative

MOTION #4: Approve New Member Applicant Leon Maultsby, MHA, to Occupy Part C Representative seat, as presented or revised and elevate to the full body ✓ Passed by Roll Call Vote (Yes = J. Valero, K. Stalter, M. Peréz, L. Kochems, K. Donnelly, E. Davies, E. Alvizo, A. Ballesteros, B. Gordon, and L. Fuller)

b. Pending New Member Applications

The Operations Committee received several new member applications. Updates on the status of the applications will be forthcoming.

c. Quarterly Attendance & Parity, Inclusion & Reflectiveness (PIR) Report

At their January meeting, the Operations Committee reviewed their Quarterly Attendance Report. The Committee did not have enough time to review the PIR Report but will do so at their next meeting.

(2) Policies & Procedures

a. Policy #09.4205: Commission Membership Evaluation, Nomination & Approval Process

MOTION #5: Approve Revisions to Policy #09.4205: Commission Membership Evaluation, Nomination & Approval Process, as presented or revised, and elevate to the full body. ✓ Passed by Roll Call Vote (Yes = J. Valero, K. Stalter, M. Peréz, L. Kochems, K. Donnelly, E. Davies, E. Alvizo, A. Ballesteros, B. Gordon, and L. Fuller)

b. Bylaws Review Planning

Although agendized for the past several months, the Committee has not begun reviewing the Commission's bylaws.

c. Code of Conduct | PROPOSED UPDATES

The Committee will consider proposed updates to the Code of Conduct at its next meeting.

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

(1) 2022-2026 Comprehensive HIV Plan (CHP) & Summary

K. Donnelly thanked Lizette Martinez, Commission staff, for condensing the CHP into summary slides. The slides can be found <u>here</u>.

(2) Multi-Year Contingency Planning & Maximizing Part A Funds

At their last meeting, the PP&A Committee received an update from Victor Scott, DHSP, on program expenditures.

(3) Ryan White Program Expenditures and Program | UPDATES

The Committee is looking at a carryover of \$1.6 million in RWP expenditures.

(4) Ryan White Program Updated Unmet Needs | REFRESHER

At their last meeting, the Committee received a refresher from on the RWP updated unmet needs from Dr. Wendy Garland (DHSP).

C. Standards and Best Practices (SBP) Committee

(1) Oral Healthcare Service Standards | Public Comment Jan 4-Feb 3, 2023

Erika Davies reported that the Oral Healthcare Service Standards public comment period will be open until February 3^{rd.} The Committee will conduct a review of the public comments at their next meeting.

D. Public Policy Committee (PPC)

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

a. 2023 Legislative Docket | UPDATES

Lee Kochems reported that the PPC will start the review process for the 2023 legislative docket.

b. 2022-2023 Policy Priorities | UPDATES

The PPC has highlighted housing, STDs and meth use, mental health and aging, and harm reduction as their focus for the development of the 2023 policy priorities.

c. Coordinated STD Response

The PPC is utilizing their policy priorities to develop a coordinated STD response.

d. Act Now Against Meth (ANAM) | UPDATES

The PPC is waiting for a report back from ANAM regarding how several County departments will address the meth crisis.

9. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

A. Aging Caucus

(1) Addendum Recommendations: Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50

MOTION #6: Approve Addendum to the Aging Caucus Recommendations, Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50, as presented or revised, and elevate to the full body. ✓ Passed by Roll Call Vote (Yes = J. Valero, K. Stalter, L. Kochems, K. Donnelly, E. Davies, E. Alvizo, A. Ballesteros, B. Gordon, and L. Fuller)

B. Black/AA Caucus

Dawn McClendon, Commission staff, reported that the Black/African American Caucus will host a panel presentation at the February Commission meeting in commemoration of NBHAAD.

C. Consumer Caucus

Alasdair Burton reported that the Consumer Caucus will hold their co-chair elections at their February meeting. C. Barrit has reached out to HRSA representatives to request a separate meeting with consumers during their site visit and is awaiting a response.

D. Transgender Caucus

Jose Rangel-Garibay, Commission staff, reported that the Transgender Caucus elected Yara Tapia as their 2023 co-chair. The second seat remains open for nominations. The Caucus has agreed to continue monthly virtual meetings and plan for three larger inperson events throughout the year.

Executive Committee Minutes

January 26, 2023 Page 8 of 9

E. Women's Caucus

D. McClendon reported that Dr. Mikhaela Cielo and Shary Alonzo were reelected as 2023 co-chairs for the Women's Caucus. The Caucus decided to meet quarterly. Their next meeting will be April 17th at 2 PM. The Caucus discussed ideas around psychosocial support and will provide recommendations to Paulina Zamudio, DHSP for a future women's support group.

F. Policy #08.1104: Co-Chair Terms & Elections Workgroup

D. McClendon reported that the Workgroup met twice and proposed recommendations to strengthen the language around co-chair terms and election policy. The Workgroup would like to go over their recommendations with James Stewart, Commission Parliamentarian to ensure they align with the Brown Act.

G. Prevention Planning Workgroup

K. Donnelly reported that at their January meeting, the Prevention Planning Workgroup (PPW) identified their top priorities, including increasing access to syringe exchange/harm reduction services, identifying strategies to increase in-person HIV/STD/HCV testing, and identifying ways to increase PrEP uptake among Black and Latinx men who have sex with men (MSM). The PPW also reviewed the Prevention Knowledge, Attitudes, and Beliefs (KAB) survey and will use the responses to develop HIV prevention activities. The PPW also discussed possibly disassembling soon.

V. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP

 C. Barrit will reach out to M. Peréz for additional recommendations on how to restructure Commission meetings.

11. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- E. Davies will co-chair the next meeting alongside B. Gordon.
- Additional updates on membership status will be provided.

VI. ANNOUNCEMENTS

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

VII. ADJOURNMENT

13. ADJOURNMENT OF THE JANUARY 26, 2023 EXECUTIVE COMMITTEE MEETING

The meeting was adjourned by B. Gordon at 3:19 PM.



WELCOME BACK, COMMISSIONERS!

Join us in-person for our next Commission on HIV meeting.

Date: Thursday, March 9, 2023

Time: 9AM - 12PM *meeting time may be extended*

Address: 510 S Vermont Ave, Los Angeles, CA 90020 Terrace Level Conference Room - Accessible via public transportation (Wilshire/Vermont Station)

Parking: Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020

- Please bring your smart devices! Meeting materials will be accessible via Commission website and QR code. NO HARD COPIES of materials will be distributed in compliance with LA County's Recycle and Reuse Initiative.
- Members of the public may attend in person or virtually
- Opportunity to win raffle prizes



Questions? Contact us!

- (213) 738-2816

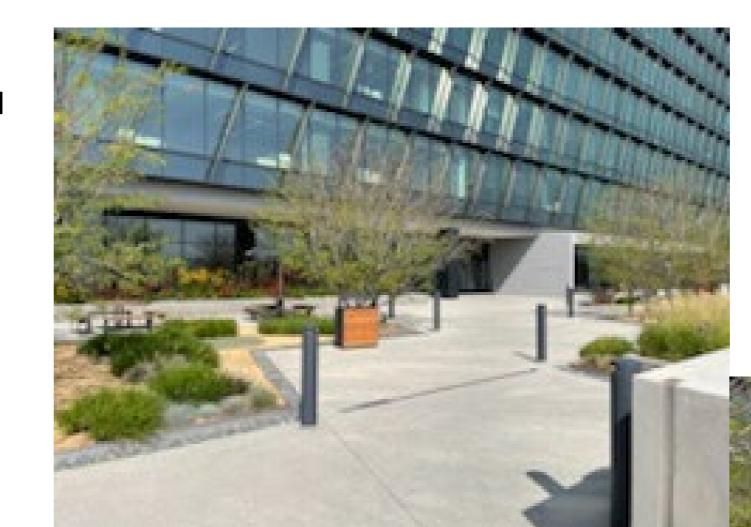
VERMONT CORRIDOR PARKING AND STREET & LEVEL ACCESS | WHAT TO EXPECT

Street Level Entry: 510 S. Vermont Ave

- Check-in with Security Desk and inform them you are attending the Commission on HIV Meeting
- Take elevator to "T" level (Terrace)
- Terrace level reception desk will direct you the appropriate conference room

Parking Structure Access: 523 Shatto Place

- Park on appropriate parking areas
- Take elevator to 9th Floor
- Exit elevator and access to the Terrace level is to your right
- Check-in with Security Desk and you will be directed to the appropriate conference room





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February 6, 2023

TO: Commission on HIV Members and Alternates

FROM: Cheryl Barrit, Executive Director

RE: Resumption of In-Person Brown Act Meetings Beginning March 6, 2023

This memorandum serves to communicate important information pertaining to the Commission on HIV in-person Brown Act meetings procedures beginning March 6, 2023.

On October 17, 2022, Governor Gavin Newsom announced that the COVID-19 State of Emergency will end on February 28, 2023. The announcement signaled the end of Assembly Bill (AB) 361, which permits teleconferencing without complying with some of the Brown Act teleconferencing requirements should a legislative body hold a public meeting during a proclaimed state of emergency. A state of emergency can only be declared by the Governor, not declared by local officials or public health departments.

Assembly Bill 2449 | Applies to Full Commission and Standing Committee Meetings Governor Newsom signed <u>AB 2449</u>, effective January 1, 2023 until January 1, 2026 which changed the law to:

- Teleconferencing may be conducted without posting the agenda at each teleconference location and without each location being accessible to the public under certain conditions, including:
 - At least a quorum of the members are present in person from a singular public location.
 - The legislative body provides two-way audio-visual platform or two-way telephonic service with live webcasting to allow the public to remotely hear and visually observe the meeting, and remotely address the legislative body;
 - The agenda notifies the public of the ways to access the meeting and offer public comment via a call-in or internet-based service option, and in person.

- Members may only appear remotely in their official capacity if:
 - The member notifies the body at their earliest opportunity, including at the start of a regular meeting, of the need to appear remotely for "just cause" is defined as a childcare or caregiving need, a contagious illness, a need related to a disability, or travel while on official business of the body or another agency. In this case, the body does not need to vote to allow the remote appearance) or;
 - There are "emergency circumstances" preventing the member's in-person appearance. "Emergency circumstances" are defined as a physical or family medical emergency that prevents a member from attending in person. In this case, the member must provide a general description of the circumstance, and the legislative body must vote to allow the remote appearance.
 - The member participates using **both audio and video** and discloses the presence of any persons over 18 years of age.

A member cannot appear remotely due to "just cause" or "emergency circumstances" for more than three consecutive months, or for 20% of regular meetings in a calendar year, or **more than two meetings if the legislative body meets fewer than ten times per year**

Please be aware that due to the limitations for Commissioners to attend meetings virtually and/or via teleconference under AB 2449, members must be prepared to attend the full Commission and their assigned Committee meetings **in person beginning on March 6, 2023.** Staff will be tracking attendance in compliance with AB 2449. The number of remote attendance due to "just cause" or "emergency circumstances" are counted separately for Commission and Committee meetings.

To ensure the safety and well-being of Commissioners, County staff, and members of the public, the COH will enforce the following safety measures for in-person meetings:

- Caucuses, workgroups, and subgroups will continue to be held virtually, unless the
 groups have agreed by consensus to meet in person, subject to the availability of
 meeting rooms at the Vermont Corridor. Staff will work with these non-Brown Act
 subgroups to plan in advance and select months that they will meet in person.
- Masking will be recommended for in-person meetings. Masks will be provided to participants upon request.
- In-person meetings will provide the capability for the public to participate via WebEx and in-person.
- Meeting notices and agendas will encourage members of the public to participate in COH full body and standing committee meetings via WebEx.

COVID-19 Vaccination Mandate

On June 27, 2022, the Executive Office of the BOS notified County Commissioners of updates to the County mandate on COVID-19 vaccination.

On October 1, 2021, the BOS COVID-19 vaccination mandate went into effect, requiring that all "County workforce members," including County employees, interns, volunteers, and commissioners, be <u>fully vaccinated</u> against COVID-19. Consistent with this mandate, Commissioners are encouraged to be vaccinated against COVID-19 before in-person meetings resume.

Once in-person meetings resume, members who have not provided proof of vaccination against COVID-19 will be required to submit a negative COVID-19 test taken within 24 hours for an antigen test or within 48 hours for a PCR test before attending an in-person meeting.

Thank you for your leadership and service and please reach out for any questions at cbarrit@lachiv.org or 2130618-6164.



HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS Final 2.21.23

 This meeting is a Brown-Act meeting and is being recorded. The conference room speakers are extremely sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations. Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting. Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk. We are happy to share that this meeting is also being live streamed via the Commission's Facebook account @hivcommissionla
The meeting packet can be found on the Commission's website at https://hiv.lacounty.gov/meetings/ or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
Please comply with the Commission's Code of Conduct located in the meeting packet
Public Comment for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public comments or via email at hivcomm@lachiv.org . For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate. Please note that all attendees are muted unless otherwise unmuted by staff.
For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you not simultaneously log into the virtual option of this meeting via WebEx.
Committee members invoking AB 2449 for "Just Cause" or "Emergency Circumstances" must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
Members will be required to explicitly state their agency's Ryan White Program Part A and/or CDC prevention conflicts of interest on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name

plates, courtesy of staff.

Los Angeles County Commission on HIV Proposed 2023 Meeting Schedule

DRAFT Version 02.15.23

- **Bylaws:** Section 5. Regular meetings. In accordance with Los Angeles County Code 3.29.060 (Meetings and committees), the Commission shall meet at least ten (10) times per year. Commission meetings are monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee. The Commission's Annual Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.
- Months without a Commission may be used to hold virtual or in-person (contingent upon conference room availability) educational sessions to HIV/AIDS awareness days and research and community partner presentations
- Form a smaller group of Commissioners to review, refine and adjust meeting schedule and topics

Proposed Meeting Schedule and Topics - Commission Meetings			
Month	Community Discussion Topic	Notes	
March	 First in-person meeting since March 2020 Finish motions from Feb. 9 meeting Present new meeting approach and meeting schedule to full council for feedback and public comment 		
April	Unmet Needs Estimate presentation and discussion from DHSP	 How do we use unmet needs estimate to address the needs of priority populations and key geographic areas? Identify key realistic action items for the Commission as result of the discussion. 	
May	Cancel		
June	Housing	 Identify discussion objectives and desired outcomes Understand services available via RW and HOPWA (Program Overviews) How can HOPWA and RW services work and complement each other to keep PLWH housed and link them to housing if experiencing homelessness? 	

July	Cancel	Identify key realistic action items for the Commission as result of the discussion.
August	Mental Health	 Identify discussion objectives and desired outcomes Understand services available via RW and other Countyfunded programs (Program Overviews) Gain an understanding of how individuals can access mental health services. Identify key realistic action items for the Commission as result of the discussion.
September	Cancel	
October	Methamphetamine and HIV/Substance Use	 Identify discussion objectives and desired outcomes Understand services available via RW and other Countyfunded programs (Program Overviews) Gain an understanding of how individuals can access services. Identify key realistic action items for the Commission as result of the discussion.
November	ANNUAL CONFERENCE	Theme and topics TBD
	TBD or Cancel	



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VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at-risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



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VISION AND MISSION STATEMENTS FEEDBACK LOG February 24, 2022 & February 23, 2023

#	FEEDBACK/COMMENTS
1	I read through the Duties and Responsibilities as well as looked over the Vision and Mission.
	I didn't see in either of the documents any reference to the EHE initiatives. Considering the international and national calls (as well as local efforts) maybe we could include language of the 4 pillars and add EHE language to our Vision and Mission.
	I think it would also hammer home the idea that EHE efforts are not a tangent effort or responsibility of a select few or committee etc. BUT critical of the Commission's efforts as a whole.
2	The mission states that "The Commission on HIV provides an effective continuum of care"
	My concern is that we don't actually provide that care and this may be misleading or challenging to achieve. I am sure this has probable been raised and discussed but I just wanted to highlight.
3	We should retool these statements to reflect our status neutral approach to planning. I would also like to see language about sexual health in the context of whole person care and specifically mental health. The syndemic of STIs should be addressed explicitly. Perhaps we can add language around healing communities so that folk can manifest their authentic selves and better assess risk taking behavior that leads to adverse health outcomes. How can we minimize the effects of blame, shame and stigma?
	Regarding the part about inclusive of all SPAs and HDs, that should really be changed to a statement that we will address health equity in marginalized communities geographic and demographic. None of us thrive unless all of us thrive.
	In the past there has been resistance to changing the name of the commission. It is time for us to rebrand as a body addressing more than HIV alone but also STI's and social determinants of health.
	An ounce of prevention is worth a pound of cure. I would like to hold out hope for a cure to HIV. In the meantime, I think we should lean heavily on preventive strategies.
	This is a starting statement for me. We must do this work together. I hope that these thoughts/ideas spark a conversation and recommitment to the principles of health equity. Health is more than an absence of disease.
	Thank you for soliciting my assistance. I look forward to debating, conversing and aspiring to a new mission and vision.
4	Include status neutral language regarding HIV/STD prevention, to better align with the language used in the CHP (February 2023)



BYLAWS REVIEW GUIDANCE and PROPOSED TIMELINE

What is Our Goal?

Review the 2013 Bylaws to ensure relevancy and alignment with current federal, state and county policies, procedures, and practices. Moreover, to ensure the Bylaws continue to reflect the Commission's overall Vision and Mission.

What are Bylaws & Why Are they Important?

The purpose of Bylaws is to define the structural, governance, operational and functional responsibilities, and requirements of the Los Angeles County Commission on HIV.

Bylaws are essentially an expansion of the Commission's Ordinance (<u>Los Angeles County Code, Title 3—Chapter 29</u>). They describe in detail the procedures and steps the Commission must follow to conduct business effectively and efficiently, and in accordance with our Vision and Mission.

What's the Difference Between an Ordinance, Bylaws and Policies?

Ordinance. An ordinance is an authoritative and legislative act by the County; it established the Commission and governs its activities and operations. Local ordinances carry the state's authority and have the same effect within the County's limits as a state statute. Once adopted according to statutory process, ordinances become legally enforceable local laws.

Bylaws. While policies pertain to the details, the bylaws are high-level. Bylaws take precedence over policies, and policies must be in harmony (not conflict) with the bylaws. Bylaws are essentially an expansion of the Ordinance. They describe in detail the procedures and steps the organization must follow to conduct business effectively and efficiently.

Policy. A policy is a course of action, guiding principle, procedure, or strategy that is adopted by a body. Policies are executive in nature and are oriented inwards to guide internal decision-making processes. Generally, policies apply to employees, town facilities or the public body itself. A policy is designed to influence and determine decisions while conducting certain municipal affairs.



What Should I Know About Our Current Bylaws?

The Bylaws, in conjunction with the Ordinance, were last updated July 11, 2013, due to the Commission's integration into a HIV prevention, care, and treatment planning body. The process involved extensive cross-collaboration from Commissioners, DHSP, HRSA, the former Prevention Planning Committee (PPC), County Counsel, Executive Office of the Board, Board of Supervisors, and members of the public. Key updates to the 2013 Bylaws included six (6) additional membership seats; HIV Stakeholder seat classification; CDC guidance, i.e., PIR; HIV prevention language, persons at risk for HIV as a membership qualifier, and Conflict of Interest language.

The Commission has the power to amend or revise Bylaws at any meeting so long as there is quorum, provided that written notice of the proposed change(s) is given at least ten days prior to the meeting. Equally important, Bylaws *cannot* conflict with the Commission's Ordinance, which establishes the Commission and governing its activities and operations, **or** with CDC, Ryan White, and HRSA requirements. (Bylaws, "XVI. Amendment", p.20)

Be mindful that the changes in the Bylaws will trigger an ordinance change. As a result, the review and approval process will be extensive as it involves a cross-collaborative review and/or approval process between the Commission, DHSP, HRSA, the Executive Office of the Board of Supervisors, County Counsel, and the Board of Supervisors.



What is our Legislative Duty When It Comes to Bylaws?

Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures): "The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation."

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

Centers for Disease Control and Prevention (CDC) Guidance: "The HIV Planning Group (HPG) is the official HIV planning body that follows the HIV Planning Guidance to inform the development or update of the health department's Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction."

What Should I Consider When Reviewing the Bylaws for Updates?

As noted above, updating the Bylaws will require an extensive review and approval process. Review and/or approvals must be secured by HRSA, DHSP, County Counsel, Executive Office of the Board, Board of Supervisors, the Commission, and the public at large via a Public Comment period. This process can take up to or exceed one year.

Given the nature and extensiveness of this process, the Bylaws must be reviewed and updated it's in *entirety*, from a holistic lens versus through a "piecemeal" process to have a full scope perspective and to preserve the integrity of the document and process.

It will be important to understand the historical context of the current Bylaws as well as asking the following guiding questions:



- 1. What is the root cause or reason for the change; ask "why" at least five times until the Committee has reached the root cause(s) and reason(s) for the change.
- 2. What is the change attempting to address and why?
- 3. What are the short-term and long-term impacts of the change?
- 4. Describe the event or situation that prompted the change?
- 5. Are there other ways to solve or address the issue besides a change? If so, describe.

Where Should We Start?

Recommended

- Kick-off 2023 with primary focus on reviewing and updating the Bylaws by adding it as priority task for 2023-2024 workplan
- Operations Committee to review current Bylaws and provide suggested changes by December 2022
- Form a cross-collaborative Bylaws Review Workgroup, inviting a member from each Committee and Consumer Caucus
- Establish a timeline to include the following required review/approval:
 - 1. Operations Review and Analysis of Bylaws Changes (3 to 4 months)
 - 2. DHSP Buy-in Review (3 to 4 months)
 - 3. HRSA Project Officer Review (1-2 months)
 - 4. County Counsel (3 to 4 months)
 - 5. Executive Office, Board of Supervisors (1-2 months)
 - 6. Ops, Exec, and COH Approval (4-6 months)
 - 7. 30 Day Public Comment Period
 - 8. If applicable, incorporate appropriate feedback from members of the public and follow process for additional round of review/approvals. (1-2 months)
 - 9. BOS Approval (1-3 months)

Presidential Advisory Council on HIV/AIDS

Resolution on MSM Blood Donation Deferral Policy & Screening Questions

Whereas, the current Food and Drug Administration (FDA) Blood Donation Deferral Policy for men who have sex with men (MSM) requires a three-month period of sexual abstinence to be eligible to donate blood, and previous iterations of this policy had required a one-year period of sexual abstinence, and a lifetime ban;

Whereas, the current MSM Blood Donation Deferral Policy and associated screening questions are discriminatory in nature because they are not applied equally to all groups, including those not subject to any deferral. Further, they do not consider protective factors, such as the number of recent sexual partners and/or adherence to PrEP, the current policy and screening questions increase stigma for people living with HIV (PLWH) and to MSM populations as a whole;

Whereas, the current screening questions utilized to implement the Blood Donation Deferral Policy for MSM are unclear and do not consider transgender and non-binary blood donors;

Whereas, the Administration's Ending the HIV Epidemic (EHE) initiative has a goal of reducing stigma, the initiative will be more successful if stigma against people who are gay, bisexual and other MSM, transgender, non-binary, and PLWH is decreased;

Whereas, the FDA is currently administering the ADVANCE Study that could potentially lead to a change in blood donor eligibility for MSM populations and that enrollment in the study has been extremely slow;

Whereas, Canada has approved and implemented a universal sexual behavior screening tool by which everyone will be asked questions about sexual behavior. During screening, everyone will be asked if they have had new and/or multiple sexual partners in the last three months, and if they have, will be asked a follow-up question about whether they have had anal sex with any partner in the last three months. Although this approach is imperfect, it is less stigmatizing and more inclusive of transgender and non-binary individuals than the current FDA process;

Whereas, HIV is not the only blood-borne pathogen but is the only one that is still subject to screening questions based upon one's identity;

Whereas, technology today exists to screen blood in an identity and behavior-neutral method. These technologies can identify traces of HIV in the blood supply and can significantly shorten the waiting period. This is a safer method to protect the blood supply than identity or behavior-based screening questions;

Be it resolved, PACHA urges the FDA to swiftly update the screening questions ensuring that they are based on sexual behavior risk, not gender or sexual orientation;

Be it further resolved, that PACHA urges the FDA to harness the latest biomedical advances to appropriately screen all blood donations for HIV and other blood-borne pathogens, and to then consider if a period of sexual abstinence for certain populations and screening questions continue to be necessary;

Be it further resolved, that PACHA urges a timely completion of the ADVANCE study and the implementation of a new policy based on the scientific data collected in the study;

Be it further resolved, that upon a change in the MSM Blood Donation Deferral Policy and associated screening questions, that the FDA publish a fact sheet for community-based blood donation agencies to help decrease stigma against LGBTQ+ individuals and PLWH.