



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



Visit us online: <http://hiv.lacounty.gov>  
Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)  
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# EXECUTIVE COMMITTEE

## Meeting

Thursday, June 27, 2024  
1:00PM – 3:00PM (PST)

### "Vermont Corridor"

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

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

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

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

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/r7eb8eaf83d1d3ae3b5d13b8ded7472c4>

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

Password: EXECUTIVE Access Code: 2534 322 0935



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

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

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

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



510 S. Vermont Ave., 14<sup>th</sup> Floor, Los Angeles CA 90020  
MAIN: 213.738.2816 EML: [hivcomm@lachiv.org](mailto: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, June 27, 2024 | 1:00PM - 3:00PM**

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

*Validated Parking: 523 Shatto Place, Los Angeles 90020*

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**MEMBERS OF THE PUBLIC:**

**To Register + Join by Computer:**

<https://lacountyboardofsupervisors.webex.com/weblink/register/r7eb8eaf83d1d3ae3b5d13b8ded7472c4>

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

Password: EXECUTIVE Access Code: 2534 322 0935

<b>EXECUTIVE COMMITTEE MEMBERS</b>			
<i>Danielle Campbell, PhDC, MPH, Co-Chair</i>	<i>Joseph Green, Co-Chair Pro Tem</i>	Miguel Alvarez	Alasdair Burton (Executive At-Large)
Erika Davies	Kevin Donnelly	Felipé Gonzalez	Bridget Gordon (Executive At-Large)
Lee Kochems, MA	Katja Nelson, MPP	Mario J. Pérez, MPH	Dechelle Richardson (Executive At-Large)
Kevin Stalter	Justin Valero, MPA		
<b>QUORUM: 8</b>			

**AGENDA POSTED:** June 24, 2024

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

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may submit in person, email to [hivcomm@lachiv.org](mailto: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](mailto: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](mailto:HIVComm@lachiv.org), por lo menos setenta y dos horas antes de la junta.

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

### **I. ADMINISTRATIVE MATTERS**

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

### **II. PUBLIC COMMENT**

1:10 PM – 1:13 PM

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

### **III. COMMITTEE NEW BUSINESS ITEMS**

1:13 PM – 1:15 PM

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

**IV. REPORTS****7. Executive Director/Staff Report**

1:15 PM – 1:45 PM

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

- (1) 2024 COH Meeting Schedule | REVIEW & UPDATES
- (2) 2024 Annual Conference Planning Workgroup | UPDATES
- (3) May 21-23, 2024 Health Resources and Services Administration (HRSA) Technical Assistance (TA) Site Visit | DISCUSSION
- (4) [HRSA RWP Programmatic Updates Re: Expungement Services](#)

**8. Co-Chair Report**

1:45 PM – 2:00 PM

- A. Commissioner Commitments
- B. LA County LGBTQ+ Commission | FOLLOW UP & FEEDBACK
- C. 2025-2027 COH Co-Chair Open Nominations & Elections
- D. Requests for Establishment of Subgroups, i.e., Caucus, Taskforces, Workgroups | DISCUSSION
- E. June 9, 2024 COH Meeting | FOLLOW UP & FEEDBACK
- F. July 11, 2024 COH Meeting Info & Agenda Development
  - (1) Meeting Location: Vermont Corridor
  - (2) Presentation: Healthcare in Action - Whole Person Care to Unhoused People with and at Risk for HIV (City of West Hollywood)
  - (3) Status Neutral Priority Setting and Resource Allocation (PSRA) Draft Framework
  - (4) New Membership Applications
- G. Conferences, Meetings & Trainings | OPEN FEEDBACK
  - (1) Revisit Placement on COH Agendas
- H. Member Vacancies & Recruitment
- I. 2024 Executive Committee Meeting Calendar
  - (1) Cancel August 22, 2024 Meeting Due to RWC

**9. Division of HIV and STD Programs (DHSP) Report**

2:00 PM – 2:15 PM

- A. Fiscal, Programmatic and Procurement Updates
  - (1) Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE)
  - (2) Fiscal
  - (3) Mpox | UPDATES

**10. Standing Committee Report**

2:15 PM – 2:35 PM

- A. Operations Committee
  - (1) Membership Management
    - a. New Membership Application | Terrance Jones, Commissioner, At-Large #2 (Seat #33)  
**MOTION #3**
    - b. New Membership Application | DeeAna Saunders, Commissioner, City of West Hollywood Representative (Seat #5) **MOTION #4**
    - c. Attendance Report

**10. Standing Committee Report (cont'd)**

2:15 PM – 2:35 PM

- A. Operations Committee (cont'd)
  - (2) Policies & Procedures
    - a. Policy # 09.7201 Review
    - b. Bylaws Proposed Updates
  - (3) Assessment of the Administrative Mechanism | UPDATES
  - (4) [2024 Training Schedule](#)
  - (5) Recruitment, Retention & Engagement
- B. Planning, Priorities and Allocations (PP&A) Committee
  - (1) Status Neutral Priority Setting and Resource Allocation (PSRA) Draft Framework **MOTION #5**
  - (2) PSRA Survey Findings
  - (3) Ryan White Program (RWP) Fiscal Updates
- C. Standards and Best Practices (SBP) Committee
  - (1) Service Standards Schedule
  - (2) Ambulatory Outpatient Medical (AOM) Service Standards | REVIEW
  - (3) Emergency Financial Assistance (EFA) Service Standards | REVIEW
- D. Public Policy Committee (PPC)
  - (1) Federal, State, County Policy & Budget
    - a. 2024 Legislative Docket | UPDATES
    - b. 2024 Policies Priority | UPDATES
    - c. County Response to STD Crisis

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

2:35 PM – 2:50 PM

- A. Aging Caucus
- B. Black/AA Caucus
- C. Consumer Caucus
- D. Transgender Caucus
- E. Women’s Caucus
- F. Housing Task Force

**V. NEXT STEPS**

2:50 PM – 2:55 PM

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

**VI. ANNOUNCEMENTS**

2:55 AM – 3:00 PM

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

**VII. ADJOURNMENT**

3:00 PM

- 15. Adjournment for the meeting of June 27, 2024

**PROPOSED MOTIONS**

<b>MOTION #1</b>	Approve the Agenda Order as presented or revised.
<b>MOTION #2</b>	Approve the meeting minutes, as presented or revised.
<b>MOTION #3</b>	Approve new member application for Terrance Jones to occupy Commissioner, At-Large #2 (Seat #33), as presented or revised, and forward to the July 11 COH meeting for final approval.
<b>MOTION #4</b>	Approve new member application for DeeAna Saunders to occupy Commissioner, City of West Hollywood Representative (Seat #5), as presented or revised and forward to July 11 COH meeting for final approval.
<b>MOTION #5</b>	Approve the Status Neutral Priority Setting and Resource Allocation (PSRA) Draft Framework, as presented or revised.



## CODE OF CONDUCT

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

**All participants and stakeholders should adhere to the following:**

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

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



# 2024 MEMBERSHIP ROSTER | UPDATED 6.17.24

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

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: 47





## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 6/5/24

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

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

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

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

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

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

**Division of HIV and STDs Contracted Community Services**

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

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

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

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





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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

Thursday, May 23, 2024

COMMITTEE MEMBERS			
P = Present   A = Absent   EA=Excused Absence   AB2449=Virtual			
Danielle Campbell, PhDc, MPH, Co-Chair	P (AB449)	Kevin Donnelly	P
Joseph Green, Co-Chair, Pro Tem	P	Felipe Gonzalez	P
Luckie Fuller, Co-Chair (LOA)	EA	Lee Kochems, MA	P (AB2449)
Miguel Alvarez (EXEC At-Large)	P	Katja Nelson, MPP	P
Alasdair Burton (EXEC At-Large)	P	Mario J. Pérez, MPH	P
Bridget Gordon (EXEC At-Large)	P	Kevin Stalter	P
Al Ballesteros, MBA	A	Justin Valero	P
Erika Davies	EA		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, DACM			
DHSP STAFF			

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

### I. ADMINISTRATIVE MATTERS

#### 1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Joseph Green, COH Co-Chair Pro Tem, commenced the Executive Committee meeting at around 1:02PM and provided an overview of the meeting guidelines.

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

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

## Executive Committee Minutes

May 23, 2024

Page 2 of 8

**ROLL CALL (PRESENT):** Miguel Alvarez, Alasdair Burton, Kevin Donnelly, Felipe Gonzalez, Bridget Gordon, Lee Kochems (AB2449), Katja Nelson, Mario Pérez, Kevin Stalter, Justin Valero, Joseph Green, and Danielle Campbell (AB2449)

### 2. APPROVAL OF AGENDA

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

### 3. APPROVAL OF MEETING MINUTES

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

## II. PUBLIC COMMENT

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

*No Public Comments.*

## III. COMMITTEE NEW BUSINESS ITEMS

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

- J. Green requested for COH leadership to debrief the HRSA Technical Assistance (TA) site visit and report back to the Committee.
- As suggested during the HRSA TA site visit, a recommendation was made to update titles on name plates to protect health-related statuses of members.

## IV. REPORTS

### 6. EXECUTIVE DIRECTOR/STAFF REPORT

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

1. **PY 34 COH Operational Budget.** Cheryl A. Barrit, MPIA, Executive Director, led the Committee through a high-level summary review of the COH's proposed PY 34 operational budget. Key highlights included:
  - The proposed budget for PY 34 was submitted to DHSP on April 19 and is currently pending review.

## Executive Committee Minutes

May 23, 2024

Page 3 of 8

- The COH's budget is negotiated with DHSP, who has instructed COH to maintain its budget between \$1.3 and \$1.5 million. This amount covers the entire COH operations, including staff salaries, benefits, and all operational-related expenses.
- DHSP and COH share a 10% administrative budget for the operation and management of the Ryan White Program.
- The budget is monitored throughout the year, requiring occasional adjustments to accommodate the evolving needs of COH.
- A discussion ensued regarding the constraints on RWP funding and allocations to the COH, as well as COH's ability and capacity to effectively address prevention planning as an integrated body.
- ✓ Mario J. Pérez, MPH, Director (DHSP), suggested that a separate planning apparatus would be most effective to address prevention, citing the former Prevention Planning Council (PPC) as a model. M. Perez' expressed that the current COH structure is not sufficient to address prevention and competing syndemics.
- ✓ The Committee expressed concerns about the budget constraints imposed by DHSP, which cap funding allocation at \$1.5 million, particularly in an economy where inflation and the diverse needs of the community continue to rise significantly.

### 2. 2024 Proposed COH Meeting Schedule.

- C. Barrit directed the Committee to the updated meeting schedule, noting that the Linkage and Re-Engagement Program (LRP) will be reintroduced for presentation at the June 13 COH meeting, as it was not presented at the May 9 COH meeting.
- C. Barrit suggested that the Committee consider canceling the October COH meeting to allow sufficient preparation for the November Annual Conference and canceling the December COH meeting, as done in previous years.
  - The Committee reached a consensus to cancel the October COH meeting and will decide on the December COH meeting at a later time.

### 3. 2024 Annual Conference Planning Workgroup. No updates reported.

## Executive Committee Minutes

May 23, 2024

Page 4 of 8

### 7. Co-Chair Report

#### A. Commissioner Commitments: How are you fulfilling your role/responsibilities as a commissioner?

As an ongoing effort to uphold accountability among members and to ensure clarity regarding roles and responsibilities, members were invited to share perspectives on their roles, responsibilities, and community engagement efforts supporting the Commission's mission.

#### B. May 9, 2024, COH Meeting | FOLLOW UP & FEEDBACK. No comment provided.

#### C. June 13, 2024, COH Meeting Agenda Development.

- The Committee reviewed the proposed agenda; no items were added.
- Russell Ybarra was nominated for the Executive At-Large seat vacated by the election of Miguel Alvarez as Operations Committee Co-chair. Staff will determine eligibility and confirm nomination.

#### D. Conferences, Meetings & Trainings | OPEN FEEDBACK.

Members noted the upcoming training on social determinants of health offered by PAETC, scheduled for Friday, May 24th, at the California Endowment. Additionally, members remarked on the "Coping with Hope" event, commenting that it was well attended.

#### E. Member Vacancies & Recruitment. Ongoing recruitment efforts were discussed to address current vacancies. Staff continues to collaborate with the City of Long Beach (CLB) to fill its vacant seat. In the interim, CLB staff will do its best to provide updates at COH meetings until the vacancy is filled.

### 8. Division of HIV and STD Programs (DHSP) Report. Mario J. Pérez, MPH, Director, DHSP, reported the following:

- There is an impending threat to the Future of Public Health Funding by the Governor's office, which largely supports DHSP's public health activities. An estimated \$1 million is expected to be divested, impacting communicable disease investigators and other key public health positions. DHSP is working closely with DPH and the BOS to preserve these resources and is actively tracking the situation while collaborating with its policy partners.
- DHSP has been awaiting CDC prevention funding for at least five months, causing growing concerns due to the delay.
- DHSP has requested that the BOS extend a number of its service contracts, to include 10 HIV prevention contracts and one STD community engagement contract. Should they

## Executive Committee Minutes

May 23, 2024

Page 5 of 8

be approved, DHSP's entire portfolio of prevention service contracts will have been extended with the new portfolio of contracts to take effect July 1, 2025.

- DHSP will host two Community Engagement Sessions for providers and consumers, respectively, to gather feedback on challenges and solutions related to HIV and STD Prevention Services, aiming to inform the development of the new Prevention RFP. Flyers have been disseminated.
- The California Tobacco Settlement Fund process remains slow. DHSP is in the process of updating stakeholders on the status.
- There were no new Mpox cases reported last week. 99 dosages of vaccinations were administered within the last six months. There were 55 cases of Mpox reported in the last six months.
- DHSP is currently compiling a list of Pride events where they will have a presence and committed to sharing this information with the COH once confirmed, at the Committee's request. Strong emphasis was placed on ensuring that participation and engagement at Pride events extend beyond HIV and be normalized as a broader public health initiative by DPH and other commissions whose work and needs of the community intersects with those of the COH.

### 8. Standing Committee Reports

#### A. Operations Committee

Justin Valero, Co-Chair, reported that the HRSA TA site visit went well, with many valuable recommendations provided by HRSA staff. COH leadership will debrief and report back on the next steps.

##### (1) Membership Management

2024 Renewal Membership Applications Slate **MOTION #3**

(Approved/Passed v: Yes: MAlvarez, ABurton, KDonnelly, FGonzalez, BGordon, LKochems, KNelson, KStalter, JValero, JGreen and DCampbell; Abstain: MPeréz)

##### (2) Policies & Procedures *No updates*

##### (3) Assessment of the Administrative Mechanism | **UPDATES** *No updates.*

##### (4) [2024 Training Schedule](#)

##### (5) Recruitment, Retention & Engagement *No updates.*

## Executive Committee Minutes

May 23, 2024

Page 6 of 8

**B. Standards and Best Practices (SBP) Committee** Kevin Stalter, SBP Committee Co-Chair reported:

**(1) Service Standards Schedule**

The Committee reviewed its service standard calendar and agreed to review the Emergency Financial Assistance (EFA), Transportation Services, and Transitional Case Management service standards. It noted that HRSA shared that an update regarding the EFA will be released next week.

**(2) Ambulatory Outpatient Medical (AOM) Service Standards | UPDATES**

The Committee will review the AOM service standards at its next meeting on June 4, 2024.

**C. Planning, Priorities and Allocations (PP&A) Committee** Kevin Donnelly, PP&A Committee Co-Chair, reported:

- The Committee did not meet in May due to the HRSA TA site visit therefore, no new updates to report.
- It was noted that DHSP has not yet received full RWP funding and has only received partial funding to date.
- The next Committee meeting will be June 18, 2024 @ 1PM.

**D. Public Policy Committee (PPC)** Katja Nelson, PPC Committee Co-Chair, reported:

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

**a. 2024 Legislative Docket MOTION #4**

The Committee reviewed the docket and requested a revision to update AB2523 from “Watch” to “Oppose”. The docket will be transmitted to the County’s legislative office once approved by the COH.

(Approved/Passed v: Yes: MAlvarez, ABurton, KDonnelly, FGonzalez, BGordon, LKochems, KNelson, KStalter, JValero, JGreen and DCampbell; Abstain: MPeréz)

The Governor’s May Revise is pending, and the Committee will review to see how the impact of the Future of Public Health Funding will impact LA County.

**b. 2024 Policies Priority | UPDATES** *No updates.*

**c. County Response to STD Crisis** *No updates.*

## Executive Committee Minutes

May 23, 2024

Page 7 of 8

### 10. Caucus, Task Force, and Work Group Reports

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

- A follow-up discussion on the HIV and Aging presentation from CROI 2024 will be led by Dr. David Hardy at the next meeting.
- The Caucus will also review and discuss the reauthorization of the Older American Act and its impact.
- The Caucus will hold its next virtual meeting on June 4 @ 1-2:30PM.

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

- The Caucus is planning for its next community listening session focusing on the Black Non-US Born Immigrant/Caribbean community. The session will be held on Friday, June 14 @ 5-7PM; location to be shared upon confirmed registration.
- A follow up discussion with Equity Impact Solutions and DHSP on next steps of the needs assessment is pending.
- The next Caucus meeting will be held virtually on June 20, 2024 @ 4-5PM.

#### C. Consumer Caucus. Dawn Mc Clendon, COH staff, reported:

- At its last meeting, the Caucus provided feedback on the draft consumer housing letter to local elected officials and shared tips and ideas on how to best manage their mental health.
- The Caucus will finalize the housing letter at its next meeting which will immediately following the June 13 COH meeting.

#### D. Transgender Caucus. Jose Rangel-Garibay, COH staff, reported:

- The Caucus held its Harm Reduction Institute on Monday, April 29, from 9 AM to 3 PM, and is currently collecting harm reduction services for the TGI community. Follow-up feedback and recommendations will be shared with PP&A.
- There will be no meeting in June. The next meeting will be held on July 23, 2024, from 10 to 11:30 AM.

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

The Caucus hosted a two-part virtual Lunch and Learn event. Part 1, which occurred on May 20, 2024, addressed reading medical labs and the significance of medication adherence. Dr. Mikhaela Cielo led the session, which was well attended. Part 2 will explore the role of peer support in achieving and sustaining optimal health and is scheduled for Monday, June 17th, from 2 PM to 3:30 PM.

#### F. Housing Taskforce. Cheryl Barrit reported:

The taskforce will hold its kick-off meeting on May 31, 2024 @ 9:30AM. Based on interest to date, there is a healthy representation of both providers and consumer. More updates to follow.

## **Executive Committee Minutes**

May 23, 2024

Page 8 of 8

### **V. NEXT STEPS**

#### **11. Task/Assignments Recap**

- All motions will proceed to the June 13, COH meeting for approval.
- DHSP to provide list of Pride events for COH participation.
- Staff to cancel October COH meeting and send appropriate notifications; December COH cancellation TBD.

#### **12. Agenda development for the next meeting**

- HRSA TA site visit feedback & next steps
- Annual Conference Workgroup updates
- Housing Taskforce Updates

### **VI. ANNOUNCEMENTS**

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

*No announcements.*

### **VII. ADJOURNMENT**

Adjournment for the meeting of May 23, 2024 on or around 3:00PM.





# HRSA Technical Assistance (TA) Site Visit | Areas of Improvement Project Timeline *\*Subject to Change*

Task	Timeline	
<p><b>Governing Documents Updates</b></p> <ul style="list-style-type: none"> <li>• Bylaws/Ordinance Revisions</li> <li>• Status Neutral PSRA Framework and Process</li> <li>• Committee-only Membership</li> <li>• Stipends Policy &amp; Consumer Responsibilities</li> </ul>	July-August   Complete revisions, CoCo consultations	<ul style="list-style-type: none"> <li>• Operations Committee/Bylaws Review Task Force</li> <li>• Consumer Caucus</li> </ul>
<p><b>MOU/MOA with DHSP</b></p>	May- June   Co-Chairs review last MOU for changes, meetings with DHSP	<ul style="list-style-type: none"> <li>• COH Co-Chairs</li> <li>• Executive Committee</li> </ul>
<p><b>Annual Planning Cycle Workplan</b></p>	December   Staff to develop draft annual planning cycle workplan with committees and subgroup tasks, CHP, prevention, AEAM	<ul style="list-style-type: none"> <li>• PP&amp;A, SBP, Operations, Executive Committee, subgroups</li> </ul>
<p><b>Membership Recruitment and Succession Planning</b></p>	July-Aug   Update application forms to match HRSA demographic breakdown	<ul style="list-style-type: none"> <li>• Operations Committee</li> </ul>
	Dec 2024 -Feb 2025  Update promotional flyers; develop elevator speech cards	
	Dec 2024 -Feb 2025  Update recruitment plan, develop succession plan for current vacancies and upcoming seat rotations	

**FY2023 Part A MONTHLY MONITORING UPDATE**  
**[Los Angeles County EMA, Division of HIV and STD Programs]**  
**JUNE 11, 2024**

**Attendees:** Pamela Ogata (DHSP), Victor Scott (DHSP). (Commission on HIV: Danielle Campbell (Co-Chair), Joseph Green (Co-Chair Pro-Tem, Lizette Martinez, PC Staff, Cheryl Barrit (PC Staff))

**Background:**

<b>H89HA</b>	<b>Ryan White HIV/AIDS Program Part A</b>
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**ADMINISTRATION:**  
 CONTRACTING; RFPs; MONITORING; REPORTING SUCH AS PROGRAM TERMS REPORT, RWHAP PART A AND MAI EXPENDITURE REPORTS; WAIVER REQUESTS, ETC.

- Contracting/Procurement/RFPs**
- HBCM (status: in award process)
  - AOM/MCC (status: in development, will be released late Summer/Fall)
  - CQM (status: in development)
- Subrecipient Monitoring Update**
- Completing 2023-2024 subrecipient monitoring

**FISCAL:**  
 EXPENDITURES TO DATE; PROBLEMS WITH INVOICING; ISSUES WITH SUB-RECIPIENTS UNDER OR OVER-SPENDING; PROGRAM BUDGET UPDATES; CHANGES INCLUDING ADMINISTRATION, PLANNING COUNCIL, QM AND SERVICES; FISCAL MONITORING REPORTING INCLUDING FFR, MOE, CARRYOVER REQUESTS, ETC.

FISCAL UPDATE WILL BE PROVIDED WITH THE JULY 2024 MONTHLY UPDATE REPORT

YR 34					
	TOTAL AWARD	EXPENSE	%	BALANCE	%
Formula					
Supplemental					
MAI					
<b>TOTAL</b>					

**PLANNING: (see section below for Community Planning)**  
 INTEGRATED PLAN; SCSN; NEEDS ASSESSMENT; RWHAP CROSS PARTS PLANNING; OTHER COMMUNITY PLANNING ACTIVITIES THAT IMPACT THE RWHAP –CONSOLIDATED PLANNING FOR HOUSING OR HIV PREVENTION PLANNING, EIIHA; MAI; COMPREHENSIVE PLANNING; IMPLEMENTATION PLAN; EHE PLAN  
*THIS SECTION FREQUENTLY OVERLAPS WITH SOME OF THE PLANNING COUNCIL UPDATE ITEMS.*

- EHE Plan and Activities Update:**
- Rapid Linkage to Care Program: Rapid and Ready (R&R)**
- The Rapid & Ready Navigation Team has received 309 referrals to date, with 18 coming during the month of April. Of the total number of referrals, 155 (50%) were linked to care through Rapid & Ready and 82 (27%) are still actively being worked.
  - The Rapid & Ready Navigation Team continues to internally promote PEP/PrEP Navigation

services. The team has had 11 PEP/PrEP referrals to date, with 0 PEP/PrEP referrals coming during the month of April.

- The Rapid & Ready Navigation Team continues internal coordination with the DHSP Direct Community Services - Partner Services Section, accepting referrals for newly diagnosed HIV+ clients whose cases have been closed by Public Health Investigators where clients have not successfully linked to care.
- The Rapid & Ready Navigation Team continues to receive referrals from jails programs/providers to enable post-release Navigation services for justice-impacted individuals, specifically from the K6G unit (serving MSM and trans people).
- The DHSP team in collaboration with CAI TAP-in continues to support Rapid and Ready partners by providing regular check-ins and support to meet established criteria as a Rapid Treatment Hub.
  - Cohort 2 will have 30-minute call to review assessment results and three 1-hour coaching calls with CAI Tap-in. Cohort 2 includes the following: JWCH, Tarzana Treatment Centers, Altamed, St. John's, Harbor-UCLA (DHS), Ambulatory Care Network Long Beach Comprehensive Health Center (DHS).
- Cohort 2 completed the needs assessment and check in call meeting.
- CAI TAP-in has scheduled coaching calls with Cohort 2.
  - St. John's completed first coaching call focused on data collection. The team presented REDCap to the clinic and reviewed their data dashboard.
  - Upcoming coaching call scheduled with DHS Harbor UCLA to focus on data collection.
  - 3 coaching calls for cohort 2 are scheduled with CAI.
- DHSP will continue to plan, organize, and facilitate a quarterly convening for Rapid Treatment Hubs to support the clinics in sustaining and improving rapid ART services.
- Dashboards were created for each agency to track program progress and guide coaching/technical assistance DHSP will assist with this activity.
- DHSP have been providing training and technical assistance on how to use REDCap.
  - Described the benefits of tracking key measures to assess clinic-level and client-level progress and outcomes.
  - DHSP demonstrated how agency can export their data from REDCap and how to access the dashboard per agency.

#### **Contingency Management Program (iCARE: Incentives for Care, Adherence, Retention, and Engagement)**

- This is an evidence-based pilot program for youth under 30 years of age.
- Enrollment at MCA stopped as of June 1, 2023, as part of the initial pilot program.
  - 27 clients completed the 12-month program through April 2024. All clients are offered the opportunity to provide feedback on the program and we have 16 satisfaction survey responses.
  - Evaluation staff is cleaning data collected via surveys, EMR, and implementation notes.
- The team launched the iCARE expansion on December 1<sup>st</sup> 2024.
  - We pivoted to a Health-Department Centralized model that relies on social marketing and two-way text messaging, in addition to data-to-care

- activities.
- We are using the WelTel two-way text messaging platform to enroll clients, provide a weekly adherence survey via text message, offer appointment reminders, and provide incentives. Client surveys will be conducted via REDCap. Our goal is to enroll 200 clients.
- Updates:
  - 26 clients were enrolled in the program in May 2024.
    - We are currently working with 101 participants.
  - The iCARE program eligibility requirements include people with HIV 18-29 years of age or those over the age of 30 that meet the following criteria:
    - Out of care and presumed viremic (no viral load test in the past 12 months)
    - In care without sustained viral suppression (at least one viral load in the past 12 month >200 copies/mL)
    - Recent incarceration regardless of viral load value (most recent viral load in the past 12 was reported from a jail facility.
  - Team is meeting with community-based organizations and regional coordination groups to conduct outreach for clients with adherence and viral suppression challenges but in non-clinical settings.

**LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM:**  
 LPAP COMPLIANCE WITH MONITORING STANDARDS; ADAP WAITING LIST; ADAP FORMULARY CHANGES; ETC.

N/A

**Clinical Quality Management:**  
 PERFORMANCE MEASUREMENT; QI PROJECTS; USE OF DATA IN SELECTING QI PROJECTS OR FOR PLANNING, AND PROGRAM CHANGES; MONITORING; QUALITY TRAINING FOR SUB-RECIPIENTS

No updates this month, working on developing the CQM contract

**PLANNING COUNCIL/BODY:**  
 MEMBERSHIP –VACANCIES, REFLECTIVENESS, REPRESENTATIVE; OTHER LEGISLATIVELY MANDATED RESPONSIBILITIES –PRIORITY SETTING, ALLOCATIONS, NEEDS ASSESSMENT, COMPREHENSIVE PLAN; TRAINING, ETC.

**Combined care and prevention PC/PB?**      Yes    No

**Co-Chairs:** Danielle Campbell and Joseph Green  
**Current Membership:** 42 members; 5 alternates (as of 6/10/24);  
**Vacant seats:** State Medicaid/Medi-Cal; City of Long Beach; 2 Provider Representatives; Unaffiliated Consumer Service Planning Area 1; Unaffiliated Consumer Service Planning Area 4; Unaffiliated Consumer Supervisorial District 4; Unaffiliated Consumer At-Large; Local Health Plan/Hospital Planning Agency.

**Full Planning Council (PC):**  
 The Commission on HIV (COH) will meet on June 13, 2024. The agenda is available [HERE](#).  
 ➤ Key agenda items include a presentation from the recipient about the Linkage and Re-engagement Program (LRP) and an update from the AMAAD Institute on their EHE community engagement program.

- Approvals of various returning members and a report back from staff on the outcome of the HRSA TA site visit conducted on May 21-23.

**Planning, Priorities, and Allocations (PP&A) Committee:**

Link to the meeting cancellation notice: [HERE](#)

**Key outcomes/results from the meeting:**

- The May PP&A Committee meeting was cancelled due to the HRSA technical assistance site visit.
- The committee will be hosting a community listening session in Antelope Valley. Commissioners Al Ballesteros and Mary Cummings offered to host the event at their respective locations and assist with recruitment efforts. A preliminary meeting was held on June 10 to review discussion questions, identify challenges and opportunities for recruiting providers and consumers, and determine possible dates.
- The next PP&A Committee meeting is Tuesday, June 18<sup>th</sup> from 1pm-3pm at the Vermont Corridor.

**Operations Committee:**

Link to meeting packet [HERE](#)

**Key outcomes/results from the meeting:**

- The Operations Committee met on May 23, 2024 and approved various member renewals from returning Commissioners.
- The HRSA technical assistance (TA) site visit team conducted a session on membership recruitment, engagement, retentions and making meetings more consumer friendly, inviting, and shorter in duration. The HRSA TA team reinforced the importance of robust community engagement (beyond participation) at planning council meetings.

**Standards and Best Practices (SBP) Committee:**

Link to meeting packet [HERE](#)

**Key highlights, outcomes/results from the meeting:**

- Service Standards Schedule: The Committee updated their service standards schedule and decided to review the Emergency Financial Assistance (EFA) service standards in July 2024. The Committee will also develop a Transitional Case Management service standards document that focuses on three target populations: older adults (50+), youth, and justice-involved individuals.
- Ambulatory Outpatient Medical (AOM) Service Standards Review: The Committee continued their review of the AOM service standards and will have a version ready for public comment by August 2024.

**Consumer Caucus:**

Link to meeting packet [HERE](#)

**Key outcomes/results from the meeting:**

- The Caucus last met on May 9th immediately following the COH meeting and shared feedback of the COH meeting emphasizing the need for discussions on People with HIV (PWH) to adopt a holistic approach, considering the "whole person." This includes addressing employment, housing, and mental health to help PWH achieve normalcy. Additionally, the Caucus highlighted the importance of increasing opportunities for PWH to engage in policy development and legislative initiatives that directly affect them.
- Staff led the Caucus through the Priority Setting & Resource Allocation (PSRA) Survey, providing guidance on how to complete the survey.

- The Caucus reviewed its draft housing letter to local elected officials and provided feedback. Staff will provide the updated draft letter incorporating the Caucus' feedback at its next meeting.
- In commemoration of National Mental Health Awareness Month, Caucus members were asked to share their "secret sauce" for nurturing their mental health which resulted in a lot of great feedback.

**Women's Caucus:**

**Link to part 1 of lunch and learn series [HERE](#)**

**Key outcomes/results from the meeting:**

- The Caucus did not meet for the month of May but part 1 of the two-part virtual lunch and learn series was held on Monday, May 20<sup>th</sup> which included a presentation from Dr. Cielo on how to read medical labs and the importance of medication adherence. A recording of the session can be found on the Commission website under events.
- The caucus will be hosting part 2 of the virtual lunch and learn series on Monday, June 17<sup>th</sup> from 2pm-3:30pm. The session will focus on the role of peer support in reaching and maintaining optimal health. See Commission packet for flyer.
- The July caucus meeting is cancelled. Instead, the caucus will be co-hosting a special in-person lunch presentation with APLA titled "HIV Matters for Her" with Dr. Judith Currier on July 15<sup>th</sup> from 12:30pm – 2:00pm at the Vermont Corridor. The presentation will provide an update on women's HIV health issues. More details to follow.

**Transgender Caucus:**

**Link to meeting packet [HERE](#)**

**Key highlights, outcomes/results from the meeting:**

- The Caucus last met on April 23, 2024 and drafted recommendations to help inform the Priority Setting and Resource Allocation (PSRA) process led by the Planning, Priorities, and Allocations (PP&A) Committee. COH staff is working with the Caucus co-chairs to revise the document and formally transmit it to the PP&A Committee.
- On April 29, 2024, the Caucus held their "Harm Reduction Institute" event which yielded a set of recommendations to the COH related to the provision of harm reduction services for the Transgender, Gender Non-Conforming, and Intersex (TGI) communities. These items are also included in the recommendations document the Caucus will elevate to the PP&A Committee.

**Black Caucus (BC):**

**Link to meeting packet [HERE](#)**

**Key outcomes/results from the meeting:**

- The Caucus last met on May 20<sup>th</sup> and shared feedback from the April 26 Faith Based Community Listening Session, which was hugely successful, garnering approximately 17 interfaith participants who engaged in a meaningful discussion on how we can better support the faith community in addressing sexual health, specifically, stigma and shame, the drivers of HIV and STIs in the Black faith community. An Executive Summary will be forthcoming reflecting the key discussion highlights and recommendations.
- As part of the community listening session series, the Caucus is planning for its next listening session centered around our Black Non-US Born Immigrant/Caribbean communities in LA County. That session has been confirmed for Friday, June 14 @ 5-7PM; location to be shared upon confirmed registration.

**Ageing Caucus:**

Link to meeting packet [HERE](#).

**Key outcomes/results from the meeting:**

- The Aging Caucus met on June 4 and received a report of selected studies on HIV and aging from CROI 2024 from Dr. David Hardy.
- Staff provide a high level overview of the Older Americans Act (OAA) to inform the Caucus members of opportunities to provide community input in State and local plans and understand key reauthorization recommendations from SAGE (Advocacy & Services for LGBTQ+ Elders). SAGE is advocating for the following key statutory changes: that LGBTQ+ older people and older PLWH as populations of greatest need in the statues; including HIV in list of chronic disease under Evidence-Based Health Promotions Program; adding HIV to routine health screening list; update definition of family to include family of choice, include and require coordination with Ryan White Programs and/or HIV case management; update definition of “older individual” to 40 for PLWH; establish an Office of Sexual Health and others.
- The Aging and Women’s Caucus will co-host a community educational event in September in commemoration of National HIV/AIDS and Aging Awareness Day on Sept. 23 to learn how to overcome isolation and loneliness and promote health and wellness.

**TECHNICAL ASSISTANCE NEEDS:**

NO SPECIFIC REQUESTS THIS MONTH

**UPCOMING REPORTING REQUIREMENTS**

<b>REPORT</b>	<b>DUE DATE</b>
YR 33 APR	Extension request for June 28 will be submitted into EHB
YR 33 Expenditure Report	Extension request for June 28
YR 33 Final FFR	June 28
Programs Submission Report	August 3
Program Terms Report	July 29
HRSA Part A YR 35-37 application	TBD

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

Versions: 01.18.24; 01.26.24; 02.12.24; 03.03.24; 040724;04.19.24; 05.15.24;06.22.24

**FOR DISCUSSION /PLANNING PURPOSES ONLY**

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

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



7/11/24 @ Vermont Corridor	City of West Hollywood Healthcare in Action -Whole Person Care to Unhoused People Living with and at risk for HIV   Opportunities for Expansion and Partnership
8/8/24 @ Vermont Corridor	Comprehensive HIV Plan Or Leveraging Mental Health and Substance Use Programs and Partnerships DMH, SAPC
9/12/24 @ TBD	Comprehensive Plan or HIV and Aging ( Collaborative panel/presentation with Aging and Women’s Caucus)
10/10/24 @ TBD	<i>CANCELLED (CANCELLATION APPROVED BY EXECUTIVE COMMITTEE ON 05.23.14)</i>
11/14/24 @ TBD	ANNUAL CONFERENCE
12/12/24 @ TBD	<i>CANCEL (EXECUTIVE COMMITTEE TO REVISIT IN SEPT)</i>

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

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



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# Terrance Jones

Application on file at Commission office

New Member Application Seat #33, Commissioner, At-large #2 | MOTION #3  
Interview Panel: Jayda Arrington, Miguel Alvarez, and Joe Green



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# Dee Ana Saunders

Application on file at Commission office



POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 25
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**SUBJECT:** The Bylaws of the Los Angeles County Commission on HIV.

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

**BACKGROUND:**

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

**POLICY:**

**1) Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the administration and operations of the Los

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 2 of 26

Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational, and functional rules and requirements.

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

**ARTICLES:**

**I. NAME AND LEGAL AUTHORITY:**

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

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

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

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

- a. Determine the size and demographics of the population of individuals with HIV/AIDS;
- b. Determine the needs of such population, with particular attention to individuals who know their status but are not in care, disparities in access to services, and individuals with HIV/AIDS who do not know their HIV status;
- c. Establish priorities for the allocation of funds within the eligible area,

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year - Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 3 of 26

- how to best meet each such priority, as well as additional factors to consider when allocating RWHAP Part A grant funds;
- d. Develop a comprehensive plan for the organization and delivery of health and support services;
  - e. Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the EMA/TGA, and assess the effectiveness of the services offered in meeting the identified needs, if/as needed;
  - f. Participate in the development of the Statewide Coordinated Statement of Need initiated by the state public health agency;
  - g. Establish methods for obtaining community input regarding needs and priorities; and
  - h. Coordinate with other federal grantees that provide HIV-related service in the Eligible Metropolitan Area (EMA);
  - i. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the RWHAP recipient, the Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis. Per Section 2602(b)(4)(D) of the PHS Act, the comprehensive plan must contain the following:
    - i. a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds;
    - ii. a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse);
    - iii. is compatible with any State or local plan for the provision of services to individuals with HIV/AIDS; and
    - iv. a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with

**Policy/Procedure #06.1000: Commission Bylaws**

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Page 4 of 26

HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.

- j. Develop service standards for the organization and delivery of HIV care, treatment, and prevention services;
- k. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations, and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;
- l. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV services;
- m. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;
- n. Study, advise, and recommend to the BOS, DHSP, and other departments policies and other actions/decisions on matters related to HIV;
- o. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 5 of 26

policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV;

- p. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP, and other departments on HIV-related matters referred for review by the BOS, the recipient, or other departments;
- q. Act as the planning body for all HIV programs in DPH or funded by the County; and
- r. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A and B and CDC prevention funds expended by the recipient and the County for the provision of HIV-related services.

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

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

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

**II. MEMBERS:**

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

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



**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year - Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 6 of 26

members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members.

**Section 2. Composition.** As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members and one (1) non-voting member. Members are nominated by the Commission and appointed by the BOS. Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration.

- A. 13 Specific Membership Required by the Ryan White CARE Act.** Section 2602(b)(2) of the PHS Act lists 13 specific membership categories that must be represented on the PC. The membership categories include:
1. health care providers, including federally qualified health centers;
  2. community-based organizations serving affected populations and AIDS service organizations;
  3. social service providers, including providers of housing and homeless services;
  4. mental health and substance [use] providers [considered two separate categories];
  5. local public health agencies;
  6. hospital planning agencies or health care planning agencies;
  7. affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations;
  8. non-elected community leaders;
  9. State government (including the State [M]edicaid agency and the agency administering the program under [P]art B) [considered two separate categories];
  10. recipients under subpart II of [P]art C;
  11. recipients under section 2671 [Part D], or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area;
  12. recipients of other Federal HIV programs, including but not limited to providers of HIV prevention services; and
  13. representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV as of the date on which the individuals were so released.

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 7 of 26

**B. Unaffiliated Consumer Membership.** In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(5)(C): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members. There shall be at least 1 unaffiliated consumer representing the each of the 8 Service Planning Areas and the 5 Supervisorial Districts.

**C. Other Membership Categories:**

C1. Four (4) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:

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

D. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWHAP Recipient/Part A Recipient. Non-voting members do not count towards quorum.

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

F. Three (3) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:

1. An HIV specialty physician from an HIV medical provider,
2. A provider of homeless or housing services
3. A representative of a community-based organization-offering HIV prevention, care and treatment services.

G. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 8 of 26

H. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Housing Department.

I. Ten (10) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:

1. Faith-based entities engaged in HIV prevention and care,
2. Local education agencies at the elementary or secondary level,
3. The business community,
4. Union and/or labor,
5. Youth or youth-serving agencies,
6. Other federally funded HIV programs,
7. Organizations or individuals engaged in HIV-related research, including behavioral or social science
8. Organizations providing harm reduction services,
9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

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

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

**Section 4. Reflectiveness.** In accordance with RWHAP Part A legislative requirements [Section 2602(b)(1)], the Commission shall ensure that its full membership and the subset of

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 9 of 26

unaffiliated consumer members proportionately reflect the demographical characteristics of HIV prevalence in the EMA.

**Section 5. Representation.** In accordance with RWHAP Part A legislative requirements [Section 2602(b)(2)], the Commission shall ensure that all appropriate specific membership categories designated in the legislation are represented among the membership of Commission.

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

**Section 6. Parity, Inclusion, and Representation (PIR).** In accordance with CDC's *HIV Planning Guidance*, the planning process must ensure the parity and inclusion of the members.

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

**Section 7. HIV and Target Population Inclusion.** In all categories when not specifically required, recommending entities and the Commission are strongly encouraged to nominate candidates living with HIV and individuals who are members of populations at disproportionate risk for HIV.

**Section 8. Accountability.** Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.

**Section 9. Alternates.** In accordance with Los Angeles County Code 3.29.040 (*Alternate members*), any Commission member who has disclosed that they are living with

HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

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

**Section 10. Committee-Only Membership.** Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission's standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

**Section 11. DHSP Role & Responsibility.** DHSP, despite being a non-voting representative, plays a pivotal role in the Commission's work. As the RWHAP Recipient and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission's decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

### **III. MEMBER REQUIREMENTS:**

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

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

**Section 2. Committee Assignments.** Commissioners are required to be a member of at least one standing committee, known as the member's "primary committee assignment," and adhere to attendance requirements of that committee. A

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 11 of 26

Commissioner may request a secondary committee assignment, provided that they commit to the attendance requirements.

- A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative.
- B. Commissioners and Alternates are allowed to voluntarily request or accept “secondary committee assignments” upon agreement of the Co-Chairs.

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

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 12 of 26

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

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

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

**IV. NOMINATION PROCESS:**

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

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

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 13 of 26

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

**V. MEETINGS:**

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

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

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

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

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

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

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



**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 14 of 26

monthly meetings.

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

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

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

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

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

**VI. RESOURCES:**

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

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 15 of 26

conditions of the award/funding.

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

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

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

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

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

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

## **VII. POLICIES AND PROCEDURES:**

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

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

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

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

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

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

## **VIII. LEADERSHIP:**

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 17 of 26

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

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 18 of 26

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

**IX. COMMISSION WORK STRUCTURES:**

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

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

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

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

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

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

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

**X. EXECUTIVE COMMITTEE:**

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

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

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 20 of 26

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

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

**XI. OPERATIONS COMMITTEE:**

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

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 21 of 26

Commission operations.

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

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

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

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

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



**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 22 of 26

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

**XIII. PUBLIC POLICY COMMITTEE (PPC):**

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

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

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 23 of 26

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

**XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:**

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

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 24 of 26

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

**XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:**

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

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

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

Page 25 of 26

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

**NOTED AND  
APPROVED:**

**EFFECTIVE  
DATE:**

July 11, 2013

*Originally Adopted: 3/15/1995*

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

DRAFT

**Policy/Procedure #06.1000: Commission Bylaws**

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06  
1000\_COHBylaws\_DraftProposedRev\_CB Changes 060524CLEAN.docx**

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



<b>POLICY/PROCEDURE #09.7201</b>	<b>Compensation for Unaffiliated Consumer Commission Members</b>	<b>Page 1 of 6</b>
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**ADOPTED 4/12/12**  
*Updated 10.8.20*

**SUBJECT:** Payment of compensation and reimbursements to the Commission’s unaffiliated consumer members.

**PURPOSE:** To stipulate the requirements, processes and procedures for providing stipends and reimbursements to the Commission’s unaffiliated consumer members.

**BACKGROUND:**

- Active, full and engaged membership on the Commission requires a commitment of time, energy and resources. Ryan White legislation requires that no fewer than 33% of the members of a Ryan White Part A planning council (the Commission is Los Angeles County’s Ryan White Part A planning council) must be “unaligned (unaffiliated) consumers.”
- Both Ryan White legislation and guidance from the Health Resources and Services Administration (HRSA) acknowledge that planning council membership can be particularly challenging for unaffiliated consumers: “One of the greatest obstacles to PLWHA involvement in planning councils is the financial cost of participation. Costs of attending planning council meetings may involve transportation, child or partner care, and meals. Additional expenses may include sending and receiving faxes, making telephone calls, preparing materials, and accessing the Internet. These expenses can present a problem for PLWHA on disability or with very limited incomes, and for PLWHA who do not have jobs that provide them access to office equipment and supplies.” (*Ryan White HIV/AIDS Program Part A Manual, VI. Planning Council Operations, 4. PLWHA/Consumer Participation, C. Ensuring PLWHA Participation, Maintenance of PLWHA Involvement, Financial Support*)
- HRSA guidance indicates that “Financial support for PLWHA involvement needs to be addressed with respect to several different categories of issues:
  - ⇒ What kinds of Ryan White or other funds are available for use in providing financial support for activities related to PLWHA involvement?
  - ⇒ What kinds of expenses can be covered for PLWHA within legislative requirements regarding ‘reasonable costs?’ and
  - ⇒ What allowable expenses need to be covered in order to ensure strong PLWHA participation in the planning council?” (*Ibid.*)

## Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; Updated 10.8.20

Page 2 of 7

- HRSA guidance further stipulates that “Under Part A grants, funds are available not only for administrative costs but also for Planning Council Support. Ryan White funds can be used to cover actual expenses for PLWHA such as child care, transportation, or other meeting-related costs. Ryan White funds cannot be used to provide cash payments such as stipends or honoraria.” (*Ibid.*)
- Los Angeles County Code 3.29.080 (Compensation) includes the following provisions: “Corresponding with Ryan White legislation and HRSA guidelines, members of the Commission may also be reimburse for local travel and mileage, meals associated with Commission business, child care during Commission activities, and computer-related expenses if those costs were incurred in the performance of commission-related duties. The Commission may, rather than reimburse for those expenses, make arrangements to provide services directly to members or obtain alternate funding for member stipends. . . . The Commission and the executive director will establish and implement procedures for eligibility and utilization of the foregoing described requirements.”
- Section 5 (Commission Member Compensation) in Article VI (Resources) of the Commission’s Bylaws (*Policy/Procedure #06.1000: Bylaws of the Los Angeles County Commission on HIV*) states “In accordance with Los Angeles County Code 3.29.080 (Compensation), Ryan White Part A planning council requirements, and/or other relevant grant restrictions, Commission members may be compensated for travel or other allowable expenses contingent upon the development policies and procedures governing Commission member compensation practices.”

### POLICY:

- 1) **Compensation:** Commission member compensation comes in two forms—stipends and reimbursements. Stipends are intended to compensate eligible members for the work they do as a member of the Los Angeles County Commission on HIV and to defray intangible costs incurred in the performance of that role. Reimbursements are intended to re-pay members for expenses they have incurred fulfilling their responsibilities as members of the Commission on HIV.
- 2) **Stipends:** Payment of stipends is limited to “unaffiliated” consumer members who are serving as the Commission’s 17 designated unaffiliated consumer members, and their alternates, or for unaffiliated consumer members who are serving as Commission members/alternates in other membership seats/capacities by consent of the Co-Chairs and the Executive Director.
  - a. Community members of the Commission are not entitled to stipends, nor are
  - b. other Commission members who are not unaffiliated consumers.

## **Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members**

**Adopted:** April 12, 2012; Updated 10.8.20

Page 3 of 7

- 3) Stipend Requirements:** Eligible stipend recipients must meet attendance requirements, as detailed in Procedures #4 and #5, and must fulfill training requirements and member expectations, as detailed in Procedure #6. Eligible stipend recipients must complete a monthly "Stipend Claim Form," which must be subsequently approved by the Executive Director. Stipend payments are made quarterly.
  
- 4) Reimbursements:** In accordance with Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), reimbursements are allowable re-payment of personal funds that Commission members have expended in the course of performing or fulfilling Commission responsibilities. The Commission's unaffiliated consumer members are entitled to claim all types of allowable reimbursements.
  
- 5) Payment Sources:** Stipends and certain reimbursements are funded by Los Angeles County Net County Costs (NCC) or other non-Ryan White funds, as appropriate. Ryan White funds can be used for most reimbursements, unless not allowable by Ryan White legislation or HRSA guidance.

### **PROCEDURE(S):**

- 1. Monthly Stipends:** Eligible recipients of stipends may receive them monthly if they fulfill the respective stipend requirements as outlined in Procedures #4 - #6. Eligible stipend recipients may decline their stipends at any time for any period.
  
- 2. Stipend Eligibility:** Commissioners and alternates who are unaffiliated consumer members are eligible to receive stipends. Commissioners and alternates who are not unaffiliated consumers and community members of the Commission are not eligible for stipends.
  - a) Commissioners and alternates in the 17 designated unaffiliated consumer seats are automatically entitled to earn stipends.
  - b) The Co-Chairs and the Executive Director must approve the payment of stipends to unaffiliated consumers who serve as Commission members in other membership seats that are not designated for unaffiliated consumers.
  
- 3. Stipend Rates:** Eligible Commissioners may earn a \$150.00 stipend every month that they fulfill their respective stipend requirements. Eligible Alternates may earn a \$100.00 monthly stipend if they fulfill the stipend requirements. Alternates who fill a Commissioner's role and meet the requirements for any month in which the Commissioner is incapacitated, or for a seat in a month in which there is no sitting Commissioner, may earn a \$150.00 monthly stipend.
  - a) Prorated amounts based on partial fulfillment of stipend requirements are not permitted.



## **Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members**

**Adopted:** April 12, 2012; Updated 10.8.20

Page 4 of 7

- 4. Commissioner Stipend Requirements:** In order to qualify for a monthly stipend, a Commissioner must attend 70% of the regularly scheduled meetings in which they are responsible for participating, including the Commission meeting, any committees to which they have been assigned, and the Consumer Caucus. Attendance for more than 75% of the meeting is necessary to qualify it as attendance.
- 5. Alternate Stipend Requirements:** In order to qualify for a monthly stipend, an Alternate must attend 70% of the regularly scheduled meetings in which they are responsible for participating, including any committees in which the Alternate has taken a secondary assignment, the Consumer Caucus and any Commission/committee meetings that the Commissioner for whom they are serving as an Alternate cannot attend. Attendance for more than 75% of the meeting is necessary to qualify it as attendance.
- 6. Additional Stipend Requirements:** In addition to the attendance requirements outlined in Procedures #4 and #5, Commissioners and Alternates must fulfill all respective training requirements, and must fulfill their duties as outlined in Policies/Procedures #07.3002, #07.3003, #07.1002 (*Duty Statements for the unaffiliated seats and Alternate*) or any other respective duty statement. Commissioners and Alternates must also comply with membership requirements, as outlined in relevant Policies/Procedures #08.3000 (*Membership*).
- 7. Stipend Claim Form:** All stipend recipients must complete the "Stipend Claim Form" (Attachment A) for each month in which the recipient expects to earn a stipend. Stipend Claim Forms submitted more than three months after the month(s) for which they are claimed will not be approved, unless previously authorized by the Executive Director.
- 8. Executive Director Approval:** All Stipend Claim Forms must be approved by the Executive Director before the payment of the stipend. The Executive Director determines the resolution of any discrepancies between the recipient's claim and the stipend requirements.

  - a) The Committee Assignment List included in the monthly Commission meeting materials is the final determinant of committee assignments, unless changes have been made and noted in the interim between Commission meetings.
  - b) If a submitted Stipend Claim Form is not approved by the Executive Director, the Executive Director must indicate in writing on the form why it has not been approved, and a copy of the form is returned to the Commission member.
  - c) If a form is not approved by the Executive Director for non-attendance reasons, those issues will be forwarded to the Operations Committee for follow-up review and action.
- 9. Stipend Payments:** Stipends will be paid to eligible Commissioners/Alternates in aggregate quarterly amounts on calendar quarters. Stipends are paid in accordance with relevant Los Angeles County rules, requirements and procedures.

  - a) Stipends can be paid in the form of currency or store vouchers, at the choice of the recipient.

## **Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members**

**Adopted:** April 12, 2012; Updated 10.8.20

Page 5 of 7

- 10. Reimbursements:** Reimbursements are allowable re-payment of funds expended in the course of performing or fulfilling duties as a member of the Commission. In accordance with Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), the Commission's unaffiliated consumer members are eligible for all available reimbursements.
  - a) Unaffiliated consumers are eligible for all types of reimbursements without prior consent from the Executive Director, unless the procedure specifically requires prior authorization from the Executive Director.
  - b) Reimbursement claims are still subject to the Executive Director's approval to ensure they were incurred in the conduct of Commission business, are necessary and are reasonable.
- 11. Payment Sources:** As detailed in Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), Ryan White funds can be used for reimbursement for some allowable expenditures, but cannot be used for stipends (*"Ryan White funds cannot be used to provide cash payments such as stipends..."*). Stipends and reimbursements that are not allowed by the Ryan White Program are funded by Los Angeles County Net County Costs (NCC) or other non-Ryan White funds, as appropriate.

### **DEFINITIONS:**

- **Approve/Approval:** in the context of this policy/procedure, when the Executive Director agrees to the payment of a reimbursement.
- **Authorize/Authorization:** in the context of this policy/procedure, the Executive Director's prior consent that an expenditure is eligible for reimbursement, provided it complies with the conditions as outlined in the foregoing procedures.
- **Bylaws:** Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*), the Commission's governing operational procedures and practices.
- **Commission Members:** The term used to refer to all stakeholders formally affiliated with the Commission: Commissioners, Alternates, community representatives, approved representatives and staff. In the context of this policy, "Commission members" does not refer to staff.
- **"Eligible":** in the context of this policy/procedure, when a Commission member qualifies for a particular type of reimbursement, or when an expenditure can be claimed for reimbursement.
- **Executive Director:** The Commission's lead staff member, who manages Commission staff and operations.
- **Health Resources and Services Administration (HRSA):** Health Resources and Services Administration, the federal agency that administers and governs the Ryan White Program nationally.


**Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members**

Adopted: April 12, 2012; Updated 10.8.20

Page 6 of 7

- **Los Angeles County Code (3.29):** the legal provisions establishing the Commission and governing its operations.
- **Net County Costs (NCC):** Los Angeles County general funds, not federally supported.
- **Planning Council:** In Ryan White Part A-funded jurisdictions, the planning council is responsible for various planning and evaluation functions of the local Ryan White Part A system of care; the Commission on HIV is the local Ryan White Part A planning council for Los Angeles County.
- **“PLWHA”:** People Living with HIV/AIDS.
- **Unaffiliated Consumers:** same as “unaligned consumer”; see below.
- **Unaligned Consumers:** by HRSA definition and consistent with Commission Policy/Procedure #08.3107 (*Consumer Definitions and Related Rules and Requirements*), a Commission member is unaligned if he/she receives services from a Part A-funded provider and is not affiliated as an “officer, employee or consultant” of any Part A-funded agency.

**NOTED AND  
APPROVED:**

  
\_\_\_\_\_

Original Approval: 4/12/2012

**EFFECTIVE  
DATE:**

April 12, 2012  
\_\_\_\_\_

Revision(s): Updated 10.8.20



LOS ANGELES COUNTY  
COMMISSION ON HIV



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<b>POLICY/ PROCEDURE:</b>	<b>NO. 09.5203</b>	<b>Priority Setting and Resource Allocations (PSRA) Framework and Process</b>
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**DRAFT** 12.27.23. 06.05.24

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

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

**BACKGROUND:**

- Service prioritization and resource allocations are two of the Part A planning councils’ chief responsibilities, detailed specifically in Ryan White legislation and confirmed in County Charter Code.
- In accordance with Health Resources and Services Administration (HRSA) guidance, the Commission sets service priorities based on consumer need and determines allocations from priorities and other factors such as service capacity, other sources of funding, service utilization and cost-effectiveness.
- As defined in its ordinance, the Commission establishes priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and Comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan.

**POLICY:**

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

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

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

- prioritize services and allocate resources—in accordance with governing Ryan White and County code legislation—encompassing the specific partners, responsibilities, steps, tasks and timelines associated with the process.
  - The PSRA process is led by the Commission’s Planning, Priorities and Allocations (PP&A) Committee. The Division of HIV and STD Programs (DHSP) provides critical information; consumer input is collected through the Comprehensive HIV Plan and other assessments; and provider input is collected through focus forums, surveys and Commission participation.
  - The policy details the expectations and timing of stakeholder involvement in the multi-year Ryan White Part A funding cycle determined by the HRSA Ryan White HIV/AIDS Program (RWP). The process allows for ongoing stakeholder input at several key junctures. Multi-year allocations are intended to conclude prior to the submission of the RWP Part A application. Allocations are reviewed annually to ensure alignment with and responsiveness to community needs and funding requirements.
- A. **Priorities and allocations are data based.** Decisions are based on the data, not on personal preferences. Commissioners should avoid presenting anecdotal information or personal experiences during the decision making, focusing on needs assessments, and cost/service utilization data rather than a single person’s experience.
- B. **Conflicts of interest are stated and followed.** Commission members must state areas of conflict according to the approved Conflict of Interest Policy at the beginning of meetings. As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity. Any funded RWHAP Part A provider must declare all funded service categories (e.g., areas of conflict of interest) at the beginning of the meeting(s). They can participate in discussions, answer questions directed by other members, and can vote on priorities and allocations presented as a slate.
- C. The data provide the basis for changes in **priorities or allocations from the previous year**. The data indicate changes in service needs/gaps and availability based on information from the various data sources.

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

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

- D. **Needs of specific populations and geographic areas** are an integral part of the discussion in the data presentations and the decision making. They may also lead to recommendations to the Recipient on how best to meet the priorities.
  
- E. **Final vote** on the complete priorities and allocations will be presented by the Planning, Priorities and Allocations Committee Co-Chairs to the full planning council for a roll-call vote. Commissioners must complete the required annual Priority Setting and Resource Allocation training prior to voting. Commissioners must notify staff once training is complete and a record of the completed training will be kept on file by Commission staff. Commissioners who have not completed the training are not eligible to vote.  
\*Planning, Priorities and Allocations Committee-only members must also complete the annual Priority Setting and Resource Allocation training. Training materials can be found on the Commission website at: <https://hiv.lacounty.gov/events-training/>.
  
- F. **Paradigms and operating values** are selected and used by the PP&A Committee to help guide their decision-making in setting service priorities and resource allocations. The PP&A Committee reviews the paradigms and operating values selected and approved from the previous year as the foundation for current year PSRA process or reallocations. (Attachment 1)
  
- G. **The Commission's Status Neutral HIV and STI Delivery System framework** is used by the PP&A Committee to ensure that service priorities and resources allocations emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention. This approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being. (Attachment 2)
  
- H. Decisions should help to ensure **parity in access to care**, for all Ryan White-eligible HIV/AIDS population groups and for PLWH/A regardless of where they live in the County.
  
- I. Discussions and decisions should have a major focus on **improving performance on the HIV Care Continuum/Treatment Cascade**, focusing on areas of concern – such as linkage to care or retention in care. Reducing unmet need (the number of people who know they are HIV-positive but are not in care) requires deciding how many “new” or “lost to care” clients should be identified, estimating the mix of services they will need from RWHAP Part A, and allocating funds sufficient to meet those needs. Where a choice needs to be made between providing a wider range of services to more individuals and getting additional people into care, the Planning Council will give priority to getting more people key services (among them primary care and medications).
  
- J. The Commission members will keep in mind current goals, objectives, and priorities from its **Comprehensive HIV Plan (CHP)** to be sure they receive appropriate attention in decision making.

**PROCEDURE(S):**

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

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

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

8. During July-August after the service categories have been ranked and prioritized, the PP&A Committee determines resource allocations for services:
  - a) Allocations can be made by actual amounts or percentages based on specific expenditure proposals, although percentages allow more flexibility to respond to variances in the funding awards.
  - b) Allocations may change in each of the selected funding scenarios.
  - c) It is strongly encouraged that stakeholders who suggest funding allocations for specific service categories also present accompanying recommendations to advise how the continuum of care will accommodate those suggested modifications to funding levels.
  - d) Additional streams of funding are identified in each service category, with amounts locally dedicated for HIV services where the information is available.
  - e) The PP&A Committee, in collaboration with DHSP, compiles a resource inventory for allocation-setting, and uses it to help determine capacity and other resources when allocating funds.
9. The PP&A Committee recommends and secures approval for service priorities and funding allocations at the August or September Commission meeting, prior to the RWP Part A grant application submission deadline and/or annual report and program terms report.
10. When a reallocation of funds is necessary, adequate data to support the movement of funds between service categories will be presented, considered, and fully documented in the minutes of the meeting during which the reallocation of funds is approved. Proposed re-allocations must be submitted to the Commission for approval. All changes in allocations must be accompanied with a written justification detailing the reasons for the modifications. Reallocations should occur in June or July with a presentation of recommendations and memorandum from DHSP explaining the reasons for the reallocations. In alignment with County policy, the Commission grants authority to DHSP to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to the Commission for approval.
11. During the month (30 days) following the approval of resource allocations by Commission, the PP&A Committee will consider appeals regarding its PSRA process. Appeals must be presented to the PP&A Committee at its monthly meeting immediately following the Commission meeting in which the allocations were adopted. The following two types of appeals will be considered:
  - a) new factual information that may have led to different decisions if the information had been available during the PSRA process, and/or
  - b) questions or complaints about decision-making that did not conform to the process as outlined.
12. In September-November, the PP&A Committee compiles information and suggestions made throughout the PSRA process to further elaborate on its priority and allocation decisions by developing "directives."



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

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

- a) These “directives” are framed as “guidance”, “recommendations”, and/or “expectations” and are intended to detail “how best to meet the need” or as “other factors to be considered” to be forwarded to DHSP the Commission and/or its various committees, and/or other stakeholders, as appropriate.
  - b) The guidance, recommendations and expectations further define minimum quality of care standards, implementation practices and/or mechanisms to respond to specific operational or system needs.
  - c) Once completed and approved by the PP&A Committee, the directives are forwarded to the Executive Committee and the Commission for approval.
  - d) The approved directives are transmitted to DHSP for consideration and implementation if deemed to be feasible by DHSP. DHSP will review the directives and provide a written response to the PP&A Committee which recommendations are feasible with a timeline for implementation.
  - e) DHSP shall provide periodic updates at PP&A Committee meetings.
13. In addition to its other business, the PP&A Committee devotes the intervening months between each year’s PSRA process to further study identified service categories, populations and/or related planning issues, and implements committee activities accordingly to compile the necessary data.

**NOTED AND  
APPROVED:** \_\_\_\_\_

**EFFECTIVE  
DATE:** \_\_\_\_\_

*Original Approval: May 1, 2011*

*Revision(s): XX*

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

*ATTACHMENTS*

*Paradigms and Operating Values*

*Status Neutral HIV and STI Service Delivery System Framework*

DRAFT



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

**PARADIGMS (Decision-Making)**

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

**OPERATING VALUES**

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

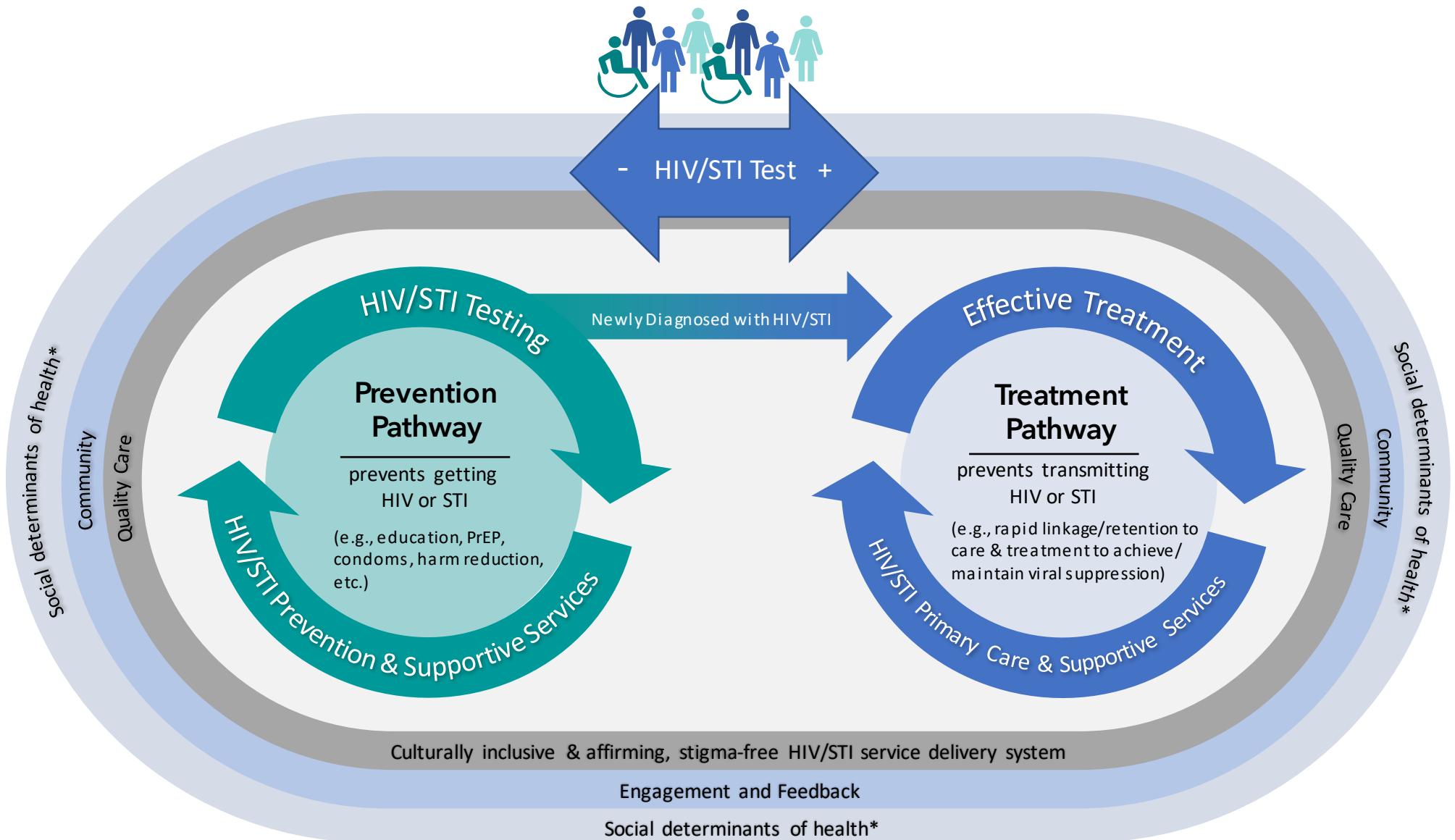
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<sup>1</sup> Based on the World Health Organization's (WHO) definition of equity.

<sup>2</sup> Compassion moved to second position per April 20, 2021 committee meeting decision.

<sup>3</sup> Wording change per April 20, 2021 committee meeting decision.

# Status Neutral HIV and STI Service Delivery System



Revised 10/18/23

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

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



**Service Standards Revision Date Tracker as of 06/24/24 FOR PLANNING PURPOSES**

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment	AIDS Drug Assistance Program (ADAP) Enrollment	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	n/a	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS (CDPH/OA).
2	Benefits Specialty Services	<a href="#">Benefits Specialty Services (BSS)</a>	Assistance navigating public and/or private benefits and programs (health, disability, etc.)	Last approved by COH on Sep. 8, 2022.	Upcoming solicitation—release Nov. 2024.
3	Emergency Financial Assistance	<a href="#">Emergency Financial Assistance (EFA)</a>	Pay for rent, utilities (including cell phone and Wi-Fi), and food and transportation.	Last approved by COH on Jun. 11, 2020.	<b>Committee will begin review on 7/2/24.</b>
4	HIV/STI Prevention Services	<a href="#">Prevention Services</a>	Services used alone or in combination to prevent the transmission of HIV and STIs.	Last approved by COH on Apr. 11, 2024.	Not a program—standards apply to prevention services.  Upcoming solicitation—release Aug./Sep. 2024
5	Home-Based Case Management	<a href="#">Home-Based Case Management</a>	Specialized home care for homebound clients.	Last approved by COH on Sep. 9, 2022.	Active solicitation
6	Language Interpretation Services	<a href="#">Language Services</a>	Translation and interpretation services for non-English speakers and deaf and/or hard of hearing individuals.	Last approved by COH in 2017.	

**Standards and Best Practices Committee**  
Service Standards Revision Tracker | June 24, 2024

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

**Standards and Best Practices Committee**  
Service Standards Revision Tracker | June 24, 2024

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

**Standards and Best Practices Committee**  
Service Standards Revision Tracker | June 24, 2024

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





# We're Listening

*share your concerns with us.*

**HIV + STD Services  
Customer Support Line**

**(800) 260-8787**

## **Why should I call?**

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

## **Will I be denied services for reporting a problem?**

No. You will not be denied services. Your name and personal information can be kept confidential.

## **Can I call anonymously?**

Yes.

## **Can I contact you through other ways?**

Yes.

By Email:

[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





# Estamos Escuchando

*Comparta sus inquietudes con nosotros.*

**Servicios de VIH + ETS  
Línea de Atención al Cliente**

**(800) 260-8787**

## ¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

## ¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

## ¿Puedo llamar de forma anónima?

Si.

## ¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:  
[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

En el sitio web:  
<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>

