



LOS ANGELES COUNTY
COMMISSION ON HIV



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EXECUTIVE COMMITTEE Virtual Meeting

Thursday, May 27, 2021

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

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

REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

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**link is for non-Committee members and members of the public*

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For a brief tutorial on how to use WebEx, please check out this
video: <https://www.youtube.com/watch?v=iQSSJYcrgIk>

PUBLIC COMMENTS

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

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LOS ANGELES COUNTY COMMISSION ON HIV



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/25/21

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
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	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	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
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	Luckie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng 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
GARTH	Gerald	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HACK	Damontae	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KAMURIGI	Nestor	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
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)	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	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
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Thursday, May 27, 2021 @ 1:00 P.M.– 3:00 P.M.

To Join by Computer, please Register at:

<https://tinyurl.com/49wf6pc3>

**link is for non-Committee members + members of the public*

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

Access code: 145 496 4005

Executive Committee Members:			
<i>Bridget Gordon, Co-Chair</i>	<i>David Lee, MPH, LCSW, Co-Chair</i>	Erika Davies	Lee Kochems, MA
Carlos Moreno	Katja Nelson, MPP	Frankie Darling- Palacios	Mario J. Pérez, MPH
Juan Preciado	Kevin Stalter	Justin Valero (Exec, At large)	
QUORUM:	6		

AGENDA POSTED: May 21, 2021 (Revision Posted May 24, 2021)

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

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

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 la oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a hivcomm@lachiv.org, por lo menos 72 horas antes de la junta.

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

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of

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

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

Call to Order, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:03 P.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|------------------|-----------------------|
| 1. | Approval of Agenda | MOTION #1 | 1:03 P.M. – 1:05 P.M. |
| 2. | Approval of Meeting Minutes | MOTION #2 | 1:05 P.M. – 1:07 P.M. |

II. PUBLIC COMMENT 1:07 P.M. – 1:10 P.M.

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

III. COMMITTEE NEW BUSINESS ITEMS 1:10 P.M. – 1:13 P.M.

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

IV. REPORTS

- | | | | |
|----|---|--|-----------------------|
| 5. | Executive Director's/Staff Report | | 1:13 P.M. – 1:15 P.M. |
| | A. Commission/County Operational Updates | | |
| | B. Commission and Committee Activities | | |
| | <ul style="list-style-type: none"> • 2021 Work Plan | | |
| 6. | Co-Chair's Report | | 1:15 P.M. – 1:50 P.M. |
| | A. "So You Want to Talk About Race?" Book Reading Activity | | |
| | <ul style="list-style-type: none"> • Brief Excerpts from Chapters 4 -or- 5 • Reading Activity Goals, Objectives, and Process REVISIT | | |
| | B. Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government Request for Information (RFI) Due July 6, 2021 | | |

6. **Co-Chair's Report (cont'd)** 1:15 P.M. – 1:50 P.M.
- C. Proposed Rule Change to Ryan White Program 75/25 Waiver
 - D. May 13, 2021 COH Meeting | FOLLOW UP + FEEDBACK
 - (1) HealthHIV/COH Effectiveness Assessment Survey Findings
 - (2) Update on HIV and STD Surveillance in Los Angeles County | ACTION STEPS
 - (3) Meeting Management: Extended meetings, priority of agenda/discussion items, and other meeting management concerns
 - E. June 10, 2021 (Draft) COH Meeting Agenda | REVIEW + FEEDBACK
 - (1) Human Relations Commission (HRC) 90-Minute Implicit Bias Training
 - F. Ending the HIV Epidemic (EHE) Steering Committee COH Liaison Report | UPDATES
 - G. Black African American Community (BAAC) Task Force | REVISIT
7. **Division of HIV and STD Programs (DHSP) Report** 1:50 P.M. – 2:00 P.M.
- A. Fiscal, Programmatic and Procurement Updates
 - (1) Ryan White Program Parts A & B | UPDATES
 - (2) 2020-2021 Fiscal | UPDATES
 - B. Ending the HIV Epidemic (EHE) Activities
8. **Standing Committee Reports:** 2:00 P.M. – 2:40 P.M.
- A. Operations Committee
 - (1) Membership Management
 - New Member Applications
 - Rene Vega | Alternate, #22 **MOTION #3**
 - Damone Thomas | Alternate, #19 **MOTION #4**
 - (2) 2021 Membership Renewal Slate Process
 - B. Planning, Priorities and Allocations (PP&A) Committee
 - (1) Ryan White Program Year 31 (FY 2021) Revised Allocation **MOTION #5**
 - (2) Prevention Planning Activities
 - C. Standards and Best Practices (SBP) Committee
 - (1) Childcare Service Standards **MOTION #6**
 - (2) 2021 Service Standards | REVIEW
 - D. Public Policy Committee
 - (1) County, State and Federal Policy and Legislation
 - 2021 Legislative Docket **MOTION #7**
 - (2) County, State and Federal Budget
9. **Caucus, Task Force, and Work Group Reports:** 2:40 P.M. – 2:50 P.M.
- A. Aging Task Force | June 1, 2021 @ 1-3pm
 - B. Black/African American Community (BAAC) Task Force | June 28, 2021 @ 1-3pm
 - C. Consumer Caucus | June 10, 2021 @ 3-4:30pm
 - D. Prevention Planning Workgroup | June 23, 2021 @ 5:30-7PM
 - E. Transgender Caucus | May 22, 2021 @ 10am-12pm
 - F. Women's Caucus | June 21, 2021 @ 2-4pm
- V. **NEXT STEPS**
10. Task/Assignments Recap 2:50 P.M. – 2:53 P.M.
11. Agenda development for the next meeting 2:53 P.M. – 2:55 P.M.

VI. ANNOUNCEMENTS

2:55 P.M. – 3:00 P.M.

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

VII. ADJOURNMENT

13. A. Adjournment for the meeting of May 27, 2021.

3:00 P.M.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve recommendation for New Member Applicant, Rene Vega, to occupy Alternate (#22) seat, and forward to the full body for approval, as presented or revised.
MOTION #4:	Approve recommendation for New Member Applicant, Damone Thomas, to occupy Alternate (#19) forward to the full body, as presented or revised.
MOTION #5:	Approve Ryan White Program Year 31 (FY 2021) Revised Allocations, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #6:	Approve the Child Care Service Standards as presented or revised, and forward to the full body for approval.
MOTION #7:	Approve the 2021 Legislative Docket, as presented or revised, and forward to the full body for approval.



LOS ANGELES COUNTY
COMMISSION ON HIV



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*Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.
Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.*

**EXECUTIVE COMMITTEE
MEETING MINUTES**

April 22, 2021

COMMITTEE MEMBERS			
P = Present A = Absent			
Bridget Gordon, Co-Chair	P	Carlos Moreno	P
David Lee, MPH, LCSW, Co-Chair	P	Katja Nelson, MPP	P
Raquel Cataldo	P	Mario J. Pérez, MPH	P
Frankie Darling-Palacios	P	Juan Preciado	A
Erika Davies	P	Kevin Stalter	P
Lee Kochems, MA	A	Justin Valero, MA	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Dawn Mc Clendon, Carolyn Echols-Watson, and Sonja Wright Catherine LaPointe, Academic Intern			
DHSP STAFF			
Julie Tolentino			

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

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

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

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

http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Package/Pkt_EC_042221_final_1.pdf?ver=sqRldGxvNDUzxr5ftM5o-Q%3d%3d

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

- Bridget Gordon and David Lee, Co-Chairs, called the meeting to order at 1:05 pm. B. Gordon reviewed housekeeping reminders.
- Committee members introduced themselves and stated their HIV care and/or prevention conflicts of interest.
- B. Gordon requested the meeting be adjourned in memory of Commission member Dr. William King's father who recently passed.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented (✓ Passed by Consensus)

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the Executive Committee Meeting Minutes, as presented (✓ Passed by Consensus)

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION: There were no comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA: There were no new items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Commission/County Operational Updates

- Cheryl Barrit, Executive Director, reported that the County just approved its \$36.2 billion budget with focus on equity and safety net services.
- C. Barrit continues to work with the Executive Office in assessing its reconstitution plan to reopen offices via a phased-in and hybrid work structure approach ensuring the health and safety of its employees. Updates will be provided as they are communicated by the Executive Office.
- Commission office has been updated to include appropriate seat spacing in the lobby, plexiglass in high traffic areas, and a door to divide the public area from the staffing area.
- As reported previously, the County is currently looking into three legislative bills seeking to amend the Brown Act to create more equitable access to public meetings. The County is committed to identify hybrid models so that community members can attend public meetings virtually, telephonically and in person.

B. Commission and Committee Activities

- 2021 Work Plan
 - Refer to changes in dates for the NMAC Building Leaders of Color (BLOC) training as it has been rescheduled to September 2021. The Consumer Caucus will discuss logistics at its next meeting and confirm dates. The training will be held virtually over four consecutive days.

6. CO-CHAIR REPORT

A. "So You Want to Talk About Race?" Book Reading Activity. Excerpts from Chapters 2-3.

B. Ending the HIV Epidemic (EHE) Plan and Commission Involvement

- B. Gordon reported that COH and DHSP leadership met to discuss the roles and responsibilities of the COH and the EHE Steering Committee to foster a more collaborative relationship.
- Clarification was provided regarding the role and responsibility of the COH and the EHE Steering Committee (SC): Commission is the planning body legally mandated to manage the Ryan White Program while the EHE SC is an action-oriented body who is charged to implement the activities

aligned with the pillars of the EHE plan and to further address the County's response to the HIV epidemic.

- Mario J. Pérez, MPH, Director, DHSP, shared that he and Julie Tolentino, MPH, EHE Program Coordinator, are developing a document that defines and describes the role and responsibility of both bodies and will share once finalized. It was emphasized that EHE SC is designed to complement the COH's planning work.
- Appreciation was expressed for Al Ballesteros' role as the EHE SC COH liaison and that a new liaison should be selected per A. Ballesteros' recommendation that a member of COH leadership team occupy that role.
- B. Gordon; Katja Nelson, Public Policy Committee Co-Chair; and Kevin Stalter, Standards and Best Practices Committee Co-Chair, were selected to serve as the COH's EHE SC liaison, creating a team effort in supporting that role.
- The COH liaison team will report back to the COH on an ongoing basis updates related to the EHE and will engage in information sharing between the COH and the EHE SC.

C. April 8, 2021, 2021 COH Meeting | FOLLOW UP + FEEDBACK

- Dawn Mc Clendon, COH staff, will follow up with County Counsel with an inquiry whether members' Conflicts of Interest (COI) must be verbally stated during the meeting versus referring to a COI list located in the meeting packet. She will keep the group apprised of County Counsel's response.
- Carlos Moreno, Commission member, recommended that COIs be stated during introductions at the start of each meeting versus before each motion.

D. May 13, 2021 (Draft) Commission Meeting Agenda | REVIEW + FEEDBACK. No feedback provided.

E. HealthHIV/COH Effectiveness Assessment Survey | UPDATE.

- The survey closed April 9, 2021 with an overall 80% response rate. HealthHIV staff will present on its findings at the May 13, 2021 COH meeting.

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

A. Fiscal, Programmatic, and Procurement Updates

- M. Pérez reported that according to DHSP's spending projections, funding will be fully expended, to include applicable funds rolled over from the prior year. He noted that the amount of funding resources is unprecedented as DHSP has never expended this amount of funding in a single program year yet there was a very small level of improvement in areas of retention in care and overall health outcomes. Andrea Kim, PHD, will walk the COH through the most recent HIV surveillance data and the impact of COVID-19 at the May 13, 2021 COH meeting.
- M. Pérez mentioned as COVID-19 begins to slow, invoicing for reimbursements of services from providers will begin to normalize and be submitted timely.
- DHSP continues to request return of its key staff from COVID-19 related work and is still operating with very limited staffing.
- DHSP is working with COH staff to coordinate bi-weekly small group meetings with the Black African American Community (BAAC) Task Force leadership to address key BAAC recommendations.
- U=U (Undetectable=Untransmittable) Tool Kits are now available and being distributed by DHSP to providers and will work with the COH to distribute among its membership.
- M. Pérez reported that the Kaiser Permanente, Romaine site, is now an ADAP approved pharmacy and thanked Kevin Stalter for bringing these issues forward.

(1) Emergency Financial Assistance (EFA) Updates

- M. Pérez reported that 149 EFA applications have been received to date; 60% have been approved while 50 are still pending – of those 50, 60-70% are missing documents.
- M. Pérez noted that DHSP is seeing a positive trend in receiving more complete applications early in the process.
- M. Pérez also noted that DHSP has done a good job in tracking the referral source for EFA, however, agencies need to be better at referring EFA to their clients. DHSP will be following up with these agencies to ensure they are providing their clients with the appropriate EFA information.

B. Ending the HIV Epidemic (EHE) Activities

- Julie Tolentino, MPH, EHE Program Coordinator, reminded the Committee of EHE activities that the community can get involved with and be active participants in promoting the EHE; refer to PPT slides, page 12, in meeting packet.

8. STANDING COMMITTEE REPORTS

A. Operations Committee

(1) Membership Management

- **New Member Applications**
 - **MOTION #3** Approve recommendation for New Member Applicant, Mikhaela Cielo, MD, to occupy Part D Representative seat, and forward to May Commission meeting for approval, as presented or revised. (✓ Passed by Majority Vote)
 - **MOTION #4** Approve recommendation for New Member Applicant, Mallery Robinson, to occupy Alternate #25 seat, and forward to May Commission meeting for approval, as presented or revised. (✓ Passed by Majority Vote)
- **Membership Application Redevelopment.**
 - **MOTION #5** Approve revised membership application and forward to County Counsel for review. Thereafter, forward to full Commission for final approval. (✓ Passed by Majority Vote)
 - M. Pérez recommended that the Center for Disease Control (CDC) reference be deleted from #7 of the application as prevention services utilized would not be limited to the CDC. Staff agreed to delete the reference as suggested and upon approval by the Committee, will submit to the County Counsel's office for final review before presented to the full body for approval.

- (2) Outreach, Retention and Community Engagement Strategies and Efforts.** Carlos Moreno, Co Chair, encouraged members to participate in community events, advisory boards, and other public facing opportunities to bring awareness of the Commission and its work. Commission staff is available to assist in providing outreach and presentation materials.

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

(1) Multi-Year Priority Setting and Resource Allocation (PSRA) Review

- Frankie Darling Palacios and Raquel Cataldo, Co-Chairs, reported that the Committee agreed to modify the readability of Paradigm and Operating Values used in the planning, priority, and allocation decision-making process.
- Committee agreed to increase Consumer Caucus participation in the planning process by obtaining Consumer Caucus ongoing feedback on Paradigms and Operating Values, service prioritizations, multi-year allocations and DHSP Directives. The Committee agreed to also engage the Caucus in ongoing planning, priority, and allocation training efforts

(2) Prevention Planning Workgroup (PPW) Activities

- DHSP will present fiscal and programmatic prevention data at the next PPW meeting on April 28, 2021.

C. Standards and Best Practices (SBP) Committee

(1) Child Care and Language Services Provider Survey | UPDATE

- Erika Davies, Co-Chair, reported that the Committee will approve the Child Care Services standards at its May 4, 2021.

(2) 2021 Service Standards | REVIEW

- SBP Co-Chairs have scheduled a call with consultant and HRSA technical assistance provider, Emily Gantz McKay, to discuss developing a refresher training on service standards and discuss how to use standards to engage non-RWP providers in providing quality care for people living with HIV.
- E. Davies reported the Committee will continue to review Home Based Case Management, Benefit Specialty, and Substance Use Residential Treatment service standards as a part of their 2021 service standard review process.
- Committee will review a Committee-only membership application from Dr. Mark Mintline, DDS, and will approve at its next meeting on Tuesday, May 4, 2021.
- Committee reviewed its 2021 work plan and agreed to incorporate input from the BAAC and Aging Task Force, as well as include efforts to engage non-RWP/private healthcare providers in discussion around the EHE.

D. Public Policy Committee

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

- Katja Nelson, Co-Chair, reported that the Committee is still developing its 2021 Legislative Docket and it is slated for approval at the May 3, 2021 Committee meeting. K. Nelson welcomed all interested to attend the May 3rd meeting and participate in the discussions as the Committee finalizes the docket.
- CDC released its 2019 STD surveillance report. The National Coalition of STD Directors (NCSDD) will conduct a webinar on April 23, 2021 to walk through the findings.
- Committee will revisit the STD letter to the Department of Public Health and/or Board of Supervisors at its next meeting.
- HUD released a [Notice of Funding Opportunity \(NOFO\)](#) for a \$41 million HOPWA Special Projects of National Significance (SPNS) grant to provide stable housing to low income persons living with HIV and their families. States, units of general local government, and

nonprofit organizations are eligible to apply. Maribel Ulloa @ HOPWA and her team will be applying.

- Committee awaiting report from The Wall Las Memorias Act Now Against Meth campaign for purposes of identifying ideas on how it can move forward in supporting policy initiatives.

(2) County, State and Federal Budget

- Committee is still watching budget requests around EHE, STIs and sexual health, HCV test kits, ADAP and the AB 2218 Trans Wellness Equity Fund.
- The End the Epidemic (ETE) Coalition is having a Week of Action taking place May 3-7, 2021 where advocates from across California will mobilize to urge legislators to address the HIV, STI, viral hepatitis and overdose epidemics in our state. If interested in participating, send email to K. Nelson at knelson@apla.org.
- K. Nelson reported that Governor Gavin Newsome's May Revise budget is expected soon and that she will provide updates at an upcoming meeting.
- President Biden released his "skinny" budget as a preview of priorities for appropriation. K. Nelson noted that the Health and Human Services (HHS) overall budget has a \$25 billion increase from last year with \$276 million allocated for EHE.

9. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

A. Aging Task Force – May 4, 1:00 – 3:00 pm

- C. Barrit reported that the ATF met on April 6, 2021 and welcomed a presentation from Dr. Michael Green, DHSP, in response to the ATF's set of recommendations submitted to DHSP in late 2020.
- ATF will continue to review the Golden Compass model based in San Francisco which is a model for geriatric HIV care. The ATF agreed to identify desired health outcomes, including quality of life indicators, and propose to the Commission for future planning activities.
- ATF is hosting a virtual training on age sensitivity – Trading Ages – in collaboration with SCAN Community Health on May 6, 2021. All Commission and community members are encouraged to attend.

B. Black/African American Community (BAAC) Task Force - 4/26/2021, 3:00-5:00pm

- Greg Wilson, Co-Chair, reported that the BAAC met with DHSP leadership on March 22, 2020 where an overview of DHSP efforts and activities addressing the BAAC recommendation was provided. Key efforts/activities include but are not limited to:
 - Incorporating a mandatory training curriculum addressing implicit bias and other topics rooted in racial and social equity in new and renewing DHSP awarded contracts.
 - DHSP developed a comprehensive Implicit Bias web and training and shared the PPT slides for the task force's review. The training slides will be finalized at the next task force meeting.
 - Utilizing existing funding to develop culturally appropriate promotional marketing for PrEP in the Black/AA communities to encourage uptick in access
 - Creating and developing a RFP for PreP Centers of Excellence for Women
 - Technical Assistance for Minority Based CBOs
- DHSP and BAAC Task Force leadership will meet bi-monthly to move these items forward until June 2021.

- Co-Chairs will make rounds to the Committees, Caucuses and Task Forces to provide guidance on how to incorporate the recommendations into its planning activities.
- The next meeting will be Monday, April 26 @ 3-5pm; note change in time for this meeting only.

C. Consumer Caucus - 5/13/2021, 3:00 – 4:30 pm

- Alasdair Burton and Jayda Arrington, Co-Chairs, reported that the NMAC Building Leaders of Color (BLOC) training for consumers has been postponed to September 2021; dates to be confirmed by COH staff and the Caucus at its next meeting.
- A. Burton reminded the group that the Caucus is recruiting a third Co-Chair.
- Caucus continues to welcome parliamentary training from Jim Stewart as its values having Roberts Rules of Order as a guide to ensure the consumer voice is heard.
- A. Burton and J. Arrington thanked COH staff for their continued assistance and support.

D. Prevention Planning Workgroup – 4/26/2021, 5:30pm-7:00pm

- Carolyn Echols-Watson, COH staff, reported that DHSP will present on all things HIV prevention data at its meeting on Wednesday, April 26th. Additionally, the PPW will begin its planning to revise the Prevention Standards.

E. Transgender Caucus – 5/25/2021, 10am-12:00pm

- No updates
- Caucus meets bi-monthly

F. Women's Caucus – 5/17/21, 2:00 – 4:00 pm

- D. Mc Clendon reported that the Caucus met Monday, April 19 and was well attended; over 26 attendees
- Paulina Zamudio (DHSP) presented on the results of the Child Care and Language Services provider survey; the PPT is in your meeting packet.
- Caucus also welcomed an abridged presentation by Danielle Campbell on Cis-gender women and PrEP from her full presentations at the recent NMAC Biomedical Summit and annual Conference on Retroviruses and Opportunistic Infections (CROI).
- Caucus is planning a virtual lunch & learn event for May around self-care, coping with stress + support groups; stay tuned for event date and time.

V. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP:

- New member applications – Mikhaela Cielo, MD and Mallery Robinson – will move forward to the full Commission body at the May 13, 2021 meeting
- Revised member application will be submitted for County Counsel review and then elevated to full Commission for final approval
- COH staff will assist the newly selected COH EHE liaisons in scheduling and coordinating discussions with the COH around the EHE
- COH staff will refine COH meeting agenda for May 13, 2021 appropriately to ensure requested presentations and information sharing is accommodated.

11. **AGENDA DEVELOPMENT FOR NEXT MEETING:** Justin Valero, Commission member, shared that the Operations Committee, at its earlier meeting, discussed how to better engage consumers and would like for that conversation to be held at the Executive Committee level also.

VI. ANNOUNCEMENTS

12. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** J. Arrington announced that the Consumer Caucus is still seeking a third Co-Chair.

VII. ADJOURNMENT

13. **ADJOURNMENT:** The meeting adjourned at approximately 3:27pm in memory of Dr. William King's father.



LOS ANGELES COUNTY COMMISSION ON HIV (COH) 2021 MASTER WORK PLAN (Updated 5.25.21)

****Subject to change and does not include ongoing activities for Committees and subgroups.****

Co-Chairs: Bridget Gordon & David Lee		Revision Dates: 1/5/21; 3/31/21; 5/5/21
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>		
#	TASK/ACTIVITY	TARGET COMPLETION DATE/STATUS
1	Collaborate with the Human Relations Commission and other trainers to design and implement trainings and facilitated discussions on managing conflicts, interpersonal relationships, and implicit bias.	Start February/Ongoing STARTED/IN PROGRESS
2	Planning Council effectiveness evaluation technical assistance provided by HealthHIV. <ul style="list-style-type: none"> • Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups. 	June STARTED/IN PROGRESS
3	Support implementation of local EHE Plan within duties of the COH as defined in its ordinance. <ul style="list-style-type: none"> • Bridget Gordon, Co-Chair, will serve as the primary Commission liaison to the DHSP EHE Steering Committee, with Katja Nelson, Kevin Stalter, and Felipe Findley serving as backups. The liaison team represents a diverse set of perspectives and community experience. • The liaisons will work as a team and serve as conduit of information and collaborative opportunities between the Commission and Steering Committee. • In addition, the liaisons will also facilitate EHE-focused conversations at Commission, Committee, and subgroup meetings to identify specific activities that the COH can implement within its charge as the planning council for Los Angeles County. • The liaisons will engage Commissioners in thinking of broader ways the Commission can end the HIV epidemic in Los Angeles County. 	ONGOING
4	Develop an EHE Community Engagement and HIV Service Promotion Speaker's Tool Kit for Commissioners to use in community outreach and presentations. <ul style="list-style-type: none"> • Toolkit seeks to increase community awareness of EHE and local services. through Commission meetings, Virtual Lunch and Learn events; HIV Connect resource website; social media; virtual and in-person (pending DPH guidance) health and resource fairs (these may be ongoing activities) 	March STARTED/IN PROGRESS
5	Implement National Minority AIDS Council (NMAC) BLOC training for consumers <ul style="list-style-type: none"> • Customized training aimed at supporting consumer leadership development. 	September 13-17 PLANNING IN PROGRESS
6	Implement activities aimed at integrated prevention and care planning, priority setting and resource allocation.	Start Jan/Ongoing STARTED/IN PROGRESS
7	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission	Start Jan/Ongoing STARTED/IN PROGRESS

information collection, unless the OMB approves it and displays a currently valid OMB Control Number. In addition, notwithstanding any other provisions of law, no person shall generally be subject to penalty for failing to comply with a collection of information that does not display a valid OMB Control Number. See 5 CFR 1320.5(a) and 1320.6.

DOL seeks PRA authorization for this information collection for three (3) years. OMB authorization for an ICR cannot be for more than three (3) years without renewal. The DOL notes that information collection requirements submitted to the OMB for existing ICRs receive a month-to-month extension while they undergo review.

Agency: DOL–ETA.

Title of Collection: DOL-Only Performance Accountability, Information, and Reporting System.

OMB Control Number: 1205–0521.

Affected Public: Individuals or Households; State, Local, and Tribal Governments; Private Sector—Businesses or other for-profits and not-for-profit institutions.

Total Estimated Number of Respondents: 17,583,750.

Total Estimated Number of Responses: 41,064,037.

Total Estimated Annual Time Burden: 10,459,627 hours.

Total Estimated Annual Other Costs Burden: \$9,491,287.

Authority: 44 U.S.C. 3507(a)(1)(D).

Dated: April 28, 2021.

Mara Blumenthal,

Senior PRA Analyst.

[FR Doc. 2021–09471 Filed 5–4–21; 8:45 am]

BILLING CODE 4510-FM-P

OFFICE OF MANAGEMENT AND BUDGET

Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government

AGENCY: Office of Management and Budget, Executive Office of the President.

ACTION: Request for Information (RFI).

SUMMARY: Recent Executive Orders have charged the Office of Management and Budget (OMB), in partnership with the heads of agencies, to identify, by July 2021, effective methods for assessing whether agency policies and actions (e.g., programs, services, processes, and operations) equitably serve all eligible individuals and communities, particularly those that are currently and historically underserved. As part of this

effort, agencies are directed to consult with members of communities that have been historically underrepresented in the Federal Government and underserved by, or subject to discrimination in, Federal policies and programs, and to evaluate opportunities, as allowable, to increase coordination, communication, and engagement with community-based and civil rights organizations. Through this request for information (RFI), OMB seeks input, information, and recommendations from a broad array of stakeholders in the public, private, advocacy, not-for-profit, and philanthropic sectors, including State, local, Tribal, and territorial areas, on available methods, approaches, and tools that could assist in this effort. OMB will consider the usability, applicability, and rigor of submissions in response to this RFI as OMB gathers resources to support agencies as they conduct internal assessments on the state of equity in their policies, programs, services, processes, and operations. OMB will also use what it learns from responses to this RFI as OMB works to expand use of equity-assessment methods and approaches across the Federal Government, as agencies develop agency Equity Action Plans (due to the Domestic Policy Council by January 19, 2022) outlining steps they will take to address identified gaps in equity.

DATES: Responses to this RFI should be received by July 6, 2021.

ADDRESSES: You should submit comments via the Federal eRulemaking Portal at <https://www.regulations.gov/>. Follow the instructions for submitting comments. All public comments received are subject to the Freedom of Information Act and will be posted in their entirety at <https://www.regulations.gov/>, including any personal and/or business confidential information provided. Do not include any information you would not like to be made publicly available.

Written responses should not exceed 20 pages, inclusive of a 1-page cover page as described below. Attachments or linked resources or documents are not included in the 20-page limit. Please respond concisely, in plain language, and in narrative format. You may respond to some or all of the questions listed in the RFI. Please ensure it is clear which question you are responding to. You may also include links to online material or interactive presentations but please ensure all links are publicly available. Each response should include:

- The name of the individual(s) and/or organization responding.

- The Area section(s) (1, 2, 3, 4 and/or 5) that your submission and materials support.

- A brief description of the responding individual(s) or organization's mission and/or areas of expertise, including any public-private partnerships with Federal, State, tribal, territorial, or local governments within the past three years that are relevant to this RFI.

- A contact for questions or other follow-up on your response.

By responding to the RFI, each participant (individual, team, or legal entity) warrants that they are the sole author or owner of, or has the right to use, any copyrightable works that the Submission comprises, that the works are wholly original (or is an improved version of an existing work that the participant has sufficient rights to use and improve), and that the Submission does not infringe any copyright or any other rights of any third party of which participant is aware.

By responding to the RFI, each participant (individual, team, or legal entity) consents to the contents of their submission being made available to all Federal agencies and their employees on an internal-to-government website accessible only to agency staffpersons.

Participants will not be required to transfer their intellectual property rights to OMB, but Participants must grant to the Federal government a nonexclusive license to apply, share, and use the materials that are included in the Submission. To participate in the RFI, each participant must warrant that there are no legal obstacles to providing the above-referenced nonexclusive licenses of participant rights to the Federal government.

Interested parties who respond to this RFI may be contacted for a follow-on strategic agency assessment dialogue, discussion, event, crowdsourcing campaign, or competition.

FOR FURTHER INFORMATION CONTACT:

Issues regarding submission or questions on this RFI can be sent to Amira Boland at 202–395–5222 or to equityRFI@omb.eop.gov.

SUPPLEMENTARY INFORMATION:

I. Background

E.O. 13985 states: “*Equal opportunity is the bedrock of American democracy, and our diversity is one of our country's greatest strengths. But for too many, the American Dream remains out of reach. Entrenched disparities in our laws and public policies, and in our public and private institutions, have often denied that equal opportunity to individuals and communities. Our country faces*

converging economic, health, and climate crises that have exposed and exacerbated inequities, while a historic movement for justice has highlighted the unbearable human costs of systemic racism. Our Nation deserves an ambitious whole-of-government equity agenda that matches the scale of the opportunities and challenges that we face.

It is therefore the policy of my Administration that the Federal Government should pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Affirmatively advancing equity, civil rights, racial justice, and equal opportunity is the responsibility of the whole of our Government. Because advancing equity requires a systematic approach to embedding fairness in decision-making processes, executive departments and agencies (agencies) must recognize and work to redress inequities in their policies and programs that serve as barriers to equal opportunity.”

Within 200 days of the date of the E.O. (by August 8, 2021), agencies must submit to the Assistant to the President for Domestic Policy an assessment of the state of equity for underserved communities and individuals, including on the following points, for example:

- Barriers that underserved communities and individuals may face to enrollment in and access to benefits and services in Federal programs;
- Barriers that underserved communities and individuals may face in participation in agency procurement and contracting opportunities;
- Barriers that underserved communities and individuals may face in participation in agency grant programs and other forms of financial assistance;
- Opportunities in current agency policies, regulations, and guidance to address affirmatively and equitably the underlying causes of systemic inequities in society;
- Opportunities in agency community engagement processes to engage with and empower marginalized, vulnerable, or underserved communities more directly to advance equitable policymaking; and
- The operational status and level of institutional resources available to agency offices or divisions responsible for advancing civil rights or required to serve underrepresented or disadvantaged communities.

Within one year of the date of E.O. 13985 (by January 19, 2022), the head of

each agency will develop a plan for addressing any barriers to full and equal participation in programs and procurement opportunities identified in its assessment. Such a plan could include establishing ongoing routines to assess and rectify gaps in full and equal participation in programs and procurement opportunities.

E.O. 13985 uses the following definitions, which OMB adopts for purposes of this RFI.

The term “equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as women and girls; Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; persons facing discrimination or barriers on account of gender identity; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

The term “underserved communities” refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of “equity.”

Information and Key Questions

OMB seeks input in the following areas:

1. **Equity Assessments and Strategies.** Approaches and methods for holistic and program- or policy-specific assessments of equity for public sector entities, including but not limited to the development of public policy strategies that advance equity and the use of data to inform equitable public policy strategies.
2. **Barrier and Burden Reduction.** Approaches and methods for assessing and remedying barriers, burden, and inequities in public service delivery and access.
3. **Procurement and Contracting.** Approaches and methods for assessing equity in agency procurement and contracting processes.
4. **Financial Assistance.** Approaches and methods for assessing equity in the administration of agency grant programs and other forms of financial assistance.
5. **Stakeholder and Community Engagement.** Approaches and methods for accessible and meaningful agency

engagement with underserved communities.

The descriptions below represent a non-exhaustive accounting of issues that may fall under each topic area. These may assist in the formulation of comments. The list is not intended to restrict submissions. For all prompts, OMB requests that commenters incorporate examples, data, and, in particular, research or academic literature whenever possible.

For Area 1 on equity assessments and strategies:

The work of advancing equity requires a holistic assessment of agency practices and policies. Some Federal agencies will need to implement new approaches to assess whether future proposed policies, budgets, regulations, grants, or programs will be effective in advancing equity. OMB welcomes submissions that provide resources, tools, and examples of how agencies might conduct effective equity assessments, with the goal of embedding equity throughout agency practices and policies. Submissions might consider questions such as:

- What are some promising methods and strategies for assessing equity in internal agency practices and policies? What knowledge, skills, or supports do practitioners need to use such tools effectively?
- What are some promising methods and strategies for identifying systemic inequities to be addressed by agency policy?
- Jurisdictions at the State, local, Tribal, and territorial level have implemented equity assessment tools to inform their policymaking, budgetary, or regulatory processes. What are the lessons these jurisdictions have learned from implementing or interacting with those tools?
- What are some promising methods and strategies for advancing equity on urgent or immediate agency priorities?
- What types of equity assessment tools are especially useful for agencies with national security, foreign policy or law enforcement missions?
- How might agencies collect data and build evidence in appropriate and protected ways to reflect underserved individuals and communities and support greater attention to equity in future policymaking?
- How might agencies build capacity and provide training and support for teams conducting this work?
- How can community engagement or feedback from underserved individuals with lived expertise on a given policy problem be integrated meaningfully in an agency’s use of equity assessment methods?

For Area 2 on barrier and burden reduction:

Members of underserved communities may experience a variety of external factors that may disproportionately affect their access to information about programs or program eligibility, applying for benefits, conducting post-award reporting, and recertification of eligibility. These barriers may include, but are not limited to: Non-traditional or inflexible work hours, childcare needs, housing insecurity, limited transportation access, limited proficiency in English, disability, low literacy, income or other resource constraints, stigma in accessing public programs, and limited access to technology.

Other barriers are internal to the administration of programs. While certain program rules may ensure that benefits are awarded to eligible individuals or are otherwise required by law, others are not necessary for ensuring benefits are awarded to eligible individuals and may be remedied via administrative or regulatory changes. The latter category of program rules may include: Unnecessary questions or requirements to produce documentation; complex eligibility formulas; forms or web applications that are confusingly designed; complicated instructions; long delays between application and adjudication; the need for third-party (e.g., advocacy organization, legal counsel) support or consultation; frequent recertification of eligibility; processes that require multiple forms or touch-points; and duplicative or similar information collections by multiple agencies.

Responses should include, but not be limited to, information on any or all of the following points:

- How can agencies address known burdens or barriers to accessing benefits programs in their assessments of benefits delivery?

- What data, tools, or evidence are available to show how particular underserved communities or populations disproportionately encounter these barriers? Which underserved communities experience multiple, cumulative barriers and are disproportionately burdened by specific administrative processes or requirements?

- Are there specific requirements or processes (e.g., in-person visits, frequency of recertification of eligibility) that have been shown in rigorous research to cause program drop-off or churn by underserved individuals and communities? Similarly, is there rigorous evidence available that certain

requirements or processes have little actual effect on program integrity?

- How could agencies incorporate considerations of the psychological costs of qualifying or applying for Federal benefits programs into their assessments of equitable service delivery?

- What kinds of equity assessment tools are more useful for addressing urgent agency priorities versus making systemic change?

- What types of overarching metrics (e.g., program uptake, over- or under-payments) might an agency use to measure a benefit program's outcomes [or whether it is implemented as intended?]

- How might an agency assess or balance prioritization of potentially competing values associated with program administration, such as program uptake, program integrity, privacy protection, and resource constraints, in the context of addressing equity for underserved individuals and communities?

- How might agencies assess if specific barriers (e.g., specific questions on forms or requirements such as in-person interviews) are achieving their intended purpose?

- How might agencies incorporate into their equity assessments barriers or duplicative burdens a participant is likely to experience when seeking services from multiple agencies?

- How can agencies best balance collecting demographic information about program applicants and participants with the potential effect on program participation that these questions may cause? What does rigorous research show about the effect of demographic questions on program participation?

For Area 3, on procurement and contracting:

The Federal Government is the world's largest purchaser of goods and services, with acquisitions totaling over \$650 billion per year. As the Federal Government's purchasing power is used to fight COVID-19, increase domestic productivity, combat climate change, and address other Administration priorities, agencies will need to assess opportunities to invest in underserved individuals and communities by promoting business diversity (including, but not limited to, professional services, financial services, and technology) and resiliency. Agencies will need to assess opportunities to direct more procurement and contracting dollars to underserved individuals and communities so that a broad cross-section of American businesses can share in the jobs and opportunities

created by Federal buying activities. Economic research shows that investing in underserved communities and closing racial wealth gaps yields economic growth and job creation that benefits all Americans.

OMB welcomes submissions that address questions such as:

- How do we achieve equity in a procurement system that must balance competing economic and social goals, including the need to conduct procurements in a streamlined and rapid manner?

- What kinds of equity assessment tools might agencies use to identify inequity in their standard practices throughout the acquisition lifecycle, including, but not limited to, the development of requirements, market research (including outreach to businesses), selection of contract type, availability of financing, incentive structure, negotiation and evaluation of interested sources, debriefings of unsuccessful offerors, management of contracts, evaluation of contractor performance, and use of past performance in selection of sources?

- What kinds of tools might agencies use to determine when there is inequity in the award of subcontracts under prime contracts and the cause of such?

- How might agencies identify opportunities to engage with business owners and entrepreneurs who are members of underserved communities to promote doing business with the Federal Government? What kinds of training and capacity building within agency teams would support equitable procurement and contracting efforts?

- What kinds of benchmarks and assessment techniques might support equitable procurement and contracting efforts?

- What kinds of data should agencies collect and use to assess equity in their procurement practices?

For Area 4, financial assistance:

Federal agencies run financial assistance programs, including grant opportunities, that have the potential, and in many cases, a stated intent, to channel resources to underserved communities. OMB welcomes submissions that address questions such as:

- How might agencies identify opportunities to adjust current practices in grants and other financial assistance programs to expand access for underserved communities and to achieve equity-oriented results? What are some promising approaches to the award and administration of Federal awards (including, for example, the integration of program planning and design) that should be considered?

- What are promising practices for equitable grantmaking and the administration of financial assistance programs that agencies should consider in the course of their equity assessments?

- How might agencies engage in outreach and stakeholder engagement to identify opportunities to make Federal grants and other financial assistance processes more accessible?

- What kinds of training and capacity building within agencies would support equitable grantmaking and financial assistance efforts?

- What kinds of benchmarks and assessment techniques would support equitable grantmaking and financial assistance efforts?

- What kinds of data should agencies collect and use to assess equity in their grantmaking and financial assistance practices?

For Area 5, on stakeholder and community engagement:

Section 8 of E.O. 13985 instructs agencies to expand their use of stakeholder and community engagement in carrying out the Order. OMB seeks specific approaches to stakeholder and community engagement with underserved communities that others have successfully used and that Federal agencies could adapt or apply.

Accordingly, OMB welcomes submissions that address questions such as:

- What processes should agencies have in place to engage proactively with the underserved individuals and communities that will be most affected by agency programs, policies, rules, processes, or operations? How can agencies design and implement community engagement practices that are accessible to underserved communities? How might affected communities be engaged pro-actively and early to shape agency policy priorities and strategies?

- What tools and best practices might agencies deploy to establish advisory boards, task forces, and commissions that are inclusive of underserved communities?

- How can an agency assess the accessibility of the agency's rulemaking and policymaking commenting and engagement processes, including for individuals that experience barriers to participation? Examples of barriers may include limited language access assistance, online-only engagement, and minimal proactive notification of opportunities to provide comment.

- Do feedback mechanisms for customers, beneficiaries, and communities affected by Government programs exist to inform policy research

and evaluation processes? If so, are these feedback mechanisms accessible to underserved communities? If not, what are best practices that agencies should consider?

- What tools could agencies develop for expanding stakeholder input into programmatic and regulatory changes to minimize barriers and burden? How may existing processes (e.g., notice and comment on information collections) be enhanced to improve accessibility by stakeholders?

- What tools can agency offices, including communications, civic engagement, enforcement, and policymaking offices, use to better engage or reach underserved communities?

- What are some of the barriers or factors that challenge underserved communities' interactions with Federal agencies and programs?

- What practices should agencies put in place to reach underserved communities in rural areas or underserved communities that otherwise are not able to visit Washington, DC, to engage with policymakers?

Shalanda Young,

Acting Director, Office of Management and Budget.

[FR Doc. 2021-09109 Filed 5-4-21; 8:45 am]

BILLING CODE 3110-01-P

NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

30-Day Notice for the "NEA Panelist Profile Data"

AGENCY: National Endowment for the Arts.

ACTION: Notice of proposed collection; comment request.

SUMMARY: The National Endowment for the Arts (NEA), as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the NEA is soliciting comments concerning the proposed

information collection for the NEA Panelist Profile Data. Copies of this ICR, with applicable supporting documentation, may be obtained by visiting www.Reginfo.gov.

DATES: Interested persons are invited to submit comments within 30 days from the date of this publication in the **Federal Register**.

ADDRESSES: Comments should be sent to the Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the National Endowment for the Arts, Office of Management and Budget, Room 10235, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: The Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for the National Endowment for the Arts, Office of Management and Budget, Room 10235, Washington, DC 20503, (T) 202-395-7316.

SUPPLEMENTARY INFORMATION: The Office of Management and Budget (OMB) is particularly interested in comments which: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Could help minimize the burden of the collection of information on those who are to respond, including through the use of electronic submission of responses through Grants.gov.

Agency: National Endowment for the Arts.

Title: NEA Panelist Profile Data Collection.

OMB Number: 3135-0098.

Frequency: Annually.

Affected Public: Individuals.

Estimated Number of Respondents: 600.

Total burden hours: 100 hours.

Total annualized capital/startup costs: 0.

Total annual costs (operating/maintaining systems or purchasing services): 0.

The NEA's mission is "to strengthen the creative capacity of our communities by providing all Americans with diverse opportunities for arts participation." With the advice of the National Council on the Arts and advisory panels, the Chairman establishes eligibility requirements and criteria for the review of applications for funding. Section 959(c) of the NEA's enabling legislation, as amended, directs

services for individuals with HIV identified and eligible under the statute, after reserving statutory permissible amounts for administrative and clinical quality management costs. The RWHAP statute also grants the Secretary authority to waive this requirement for RWHAP Parts A, B, or C recipients if a number of requirements are met and a waiver request is submitted to HRSA for approval. RWHAP Part A, B, and C core medical services waiver requests—if approved—are effective for a 1-year budget period, and apply to funds awarded under the Minority AIDS Initiative.

Currently, for a core medical services waiver request to be approved, (1) core medical services must be available and accessible to all individuals identified and eligible for the RWHAP in the recipient’s service area within 30 days, without regard to payer source; (2) there cannot be any AIDS Drug Assistance Program waiting lists in the recipient’s service area; and (3) a public process to obtain input on the waiver request from impacted communities, including clients and RWHAP-funded core medical services providers, on the availability of core medical services and the decision to request the waiver must have occurred. The public process may be a part of the same one used to seek input on community needs as part of the annual priority setting and resource allocation, comprehensive planning, statewide coordinated statement of need (SCSN), public planning, and/or needs assessment processes.

HRSA is proposing to simplify the waiver request process for RWHAP Parts A, B, and C recipients by revising Policy Number 13–07: Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Part, A, B, and C. The proposed changes would reduce the administrative burden for recipients by lessening the documentation they must submit to HRSA when requesting a waiver. Under the proposed policy, recipients would be required to submit a one-page “HRSA RWHAP Core Medical Services Waiver Request Attestation Form” to HRSA in lieu of the multiple documents currently required to submit a waiver request. Waiver request submission deadlines would also be revised. When finalized, the policy would replace HAB Policy Number 13–07 effective October 1, 2021, and would be named “Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement.” HRSA is inviting comments on the proposed policy change under a separate policy notice titled, *Updates to Uniform Standard for Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement*.

Need and Proposed Use of the Information: HRSA uses the documentation submitted in core medical services waiver requests to determine if the grant applicant or recipient meets the statutory requirements for waiver eligibility outlined in Sections 2604(c), 2612(b),

and 2651(c) of the Public Health Service Act.

Likely Respondents: HRSA expects responses from RWHAP Parts A, B, and C grant applicants and recipients. The number of grant recipients requesting waivers has fluctuated annually and has ranged from 15 to up to 22 per year since the Program’s implementation in FY 2007. Given the changes in the health care environment, HRSA anticipates receiving possibly up to 22 applications in a given year.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. Public reporting burden for this collection of information is estimated to average four hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Waiver Request	22	1	22	4	88
Total	22	22	88

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information

technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2021–08017 Filed 4–19–21; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Updates to Uniform Standard for Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Request for public comment on updates to uniform standard for waiver of the Ryan White HIV/AIDS Program

core medical services expenditure requirement.

SUMMARY: The Ryan White HIV/AIDS Program (RWHAP) statute of the Public Health Services Act requires that RWHAP Part A, B, and C recipients expend 75 percent of Parts A, B, and C grant funds on core medical services for individuals with HIV/AIDS identified and eligible under the statute, after reserving statutory permissible amounts for administrative and clinical quality management costs. The statute also grants the Secretary authority to waive this requirement if certain requirements are met. HRSA is proposing to simplify the process for RWHAP Part A, B, and C recipients to request a waiver of the core medical services expenditure amount requirement by replacing HRSA Policy Number 13–07, “Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Parts, A, B, and C” (accessible at the following link) <https://hab.hrsa.gov/sites/default/files/hab/Global/13-07waiver.pdf>. This notice seeks to make public the proposed policy and provide an opportunity for public comment before its implementation. In a separate notice entitled, *Updates to Uniform Standard for Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement*, OMB No. 0906–XXXX–NEW, HRSA is inviting comments on the data collection changes associated with this proposed policy change.

DATES: Submit comments no later than June 21, 2021. The policy will become effective on October 1, 2021.

ADDRESSES: Electronic comments on this policy should be sent to RyanWhiteComments@hrsa.gov by June 21, 2021.

FOR FURTHER INFORMATION CONTACT: Lieutenant Commander Emeka Egwim, U.S. Public Health Service, Senior Policy Analyst, Division of Policy & Data, HRSA, HIV/AIDS Bureau, 5600 Fishers Lane, Rockville, MD 20857, Phone: (301) 945–9637 or by emailing RyanWhiteComments@hrsa.gov.

SUPPLEMENTARY INFORMATION: The RWHAP statute grants the Secretary authority to waive this requirement for RWHAP Parts A, B, or C recipients if a number of requirements are met and a waiver request is submitted to HRSA for approval. RWHAP Part A, B, and C core medical services waiver requests—if approved—are effective for a 1-year budget period, and apply to funds awarded under the Minority AIDS Initiative.

Currently, for a core medical services waiver request to be approved, (1) core

medical services must be available and accessible to all individuals identified and eligible for the RWHAP in the recipient’s service area within 30 days, without regard to payer source; (2) there cannot be any AIDS Drug Assistance Program (ADAP) waiting lists in the recipient’s service area; and (3) a public process to obtain input on the waiver request from impacted communities, including clients and RWHAP-funded core medical services providers, on the availability of core medical services and the decision to request the waiver must have occurred. The public process may be a part of the same one used to seek input on community needs as part of the annual priority setting and resource allocation, comprehensive planning, statewide coordinated statement of need, public planning, and/or needs assessment processes.

The proposed changes would reduce the administrative burden for recipients by lessening the documentation they must submit to HRSA when requesting a waiver. Under the proposed policy, recipients would be required to submit a one-page “HRSA RWHAP Core Medical Services Waiver Request Attestation Form” to HRSA in lieu of the multiple documents currently required to submit a waiver request. Waiver request submission deadlines would also be revised. When finalized, the policy would replace HIV/AIDS Bureau (HAB) Policy Number 13–07 effective October 1, 2021, and would be named “Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement.”

Summary of Proposed Changes: Currently, all waiver requests must be signed by the Chief Elected Official or the project director, and include several documents, regardless of when they are submitted relative to the grant application. The documents required under the current waiver request process outlined in HAB Policy Number 13–07 are: (1) A letter signed by the Director of the RWHAP Part B state/territory recipient indicating that there is no current or anticipated ADAP services waiting list in the state/territory; (2) evidence that all core medical services listed in the statute are available and accessible within 30 days for all identified and eligible individuals with HIV in the service area; (3) evidence of a public process; and (4) a narrative of up to 10 pages.

HRSA has determined that some of this required information is duplicative of information recipients already submit as part of recipients’ grant applications or other reporting requirements. The current documentation for preparing and submitting waiver requests requires

a substantial amount of time for recipients. Likewise, HRSA requires a substantial amount of time to review and process them. Therefore, HRSA is proposing that recipients submit the proposed “HRSA RWHAP Core Medical Services Waiver Request Attestation Form” in lieu of the supporting documentation required per HAB Policy Number 13–07. HRSA may request additional information or supporting documentation upon request.

Availability of Core Medical Services

Currently, consistent with HAB Policy Number 13–07, recipients requesting core medical services waivers must provide evidence that all core medical services listed in the RWHAP statute are available for all identified and eligible individuals with HIV/AIDS in the service area without regard to the source of funding. However, as part of their grant application, RWHAP Part A, B, and C recipients provide sufficient information to satisfy this requirement. RWHAP Part A recipients describe the comprehensive system of care in the entire eligible metropolitan area or transitional grant area. This description includes the available core medical and support services funded by RWHAP Part A and other funding sources (including Minority AIDS Initiative funds), where those services are located, and how clients may access those services. Similarly, RWHAP Part B recipients provide a general description of the HIV service delivery system in the state/territory, including what services are available, where those services are located, and how clients may access those services. RWHAP Part C recipients also provide a description of services available to people with HIV in the entire designated service area; a map showing locations of all current and proposed local providers of HIV outpatient primary health care services, including the recipient’s organization; and a list of all public and private organizations that provide HIV outpatient primary health care services to people with HIV in the entire designated service area. Therefore, it is duplicative to require additional documentation of this information separately as part of the core medical services waiver application.

ADAP Waiting Lists

Consistent with the current requirements outlined in HAB Policy Number 13–07, recipients requesting core medical services waivers are required to submit a letter from the director of the RWHAP Part B state/territory recipient indicating there are no current or anticipated ADAP services

waiting lists in the service area. All RWHAP Part B recipients already indicate in their grant applications whether there are ADAP waiting lists in their state or territory, and whether the recipient anticipates implementing one. Under the proposed changes, RWHAP Part A, B, and C recipients must still attest that there are no ADAP waiting lists in the RWHAP Part B program on the RWHAP Core Medical Services Waiver Request Attestation Form to HRSA.

Evidence of a Public Process

Currently, recipients submitting waiver requests also submit letters from the Planning Council Chair(s) and the state HIV/AIDS director describing the public process that occurred in the jurisdiction related to the availability of core medical services and the decision to request a waiver. RWHAP program recipients describe how they engaged affected communities regarding the availability of core medical services as part of their grant applications, and include evidence describing the community input process and how it informs the priority setting and resource allocation process for the jurisdiction. Specifically, the community input process described in RWHAP Part A grant applications addresses how data were used in the priority setting and allocation processes to increase access to core medical services. RWHAP Part B recipients' grant applications include needs assessments that in part, describes the Public Advisory Planning Process models to ensure inclusion of people with HIV, other RWHAP recipients, other HIV related programs, other general and local stakeholders, and community leaders. Similarly, RWHAP Part C recipients' grant applications include documentation on the process used to obtain community

input on the design and implementation of activities related to the grant.

HRSA notes that these public processes are not done in the context of RWHAP Part A, B, or C recipients requesting waivers of the RWHAP core medical services expenditure requirements. Therefore, consistent with the requirements outlined in the statute, RWHAP Parts A, B, and C recipients should ensure the completion of a public process to obtain input on their desire to request a core medical services waiver prior to submitting the HRSA RWHAP Core Medical Services Waiver Request Attestation Form.

In addition to the three requirements outlined above and in HAB Policy Number 13–07, HRSA currently requires recipients to submit a narrative of up to 10 pages describing how their proposed percentage allocation will allow for services to be provided if the waiver is granted. These narratives also include any underlying local or state issues that influenced the decision to request a waiver, a proposed resource allocation table, as well as a description of the general healthcare landscape in the service area and how it may have changed over time. Given that recipients provide this information as part of the narrative in their grant applications or other submitted documentation, when a recipient submits a core medical services waiver application under the proposed policy, HRSA would be able to refer to that information or could request additional information from the recipient if needed.

For the reasons outlined above, HRSA has determined that these duplicative requirements outlined in HAB Policy Number 13–07 are administratively burdensome and can be reduced with a more streamlined process. The proposed policy would replace waiver requests with a one-page “HRSA RWHAP Core Medical Services Waiver Request

Attestation Form (see below).” The Chief Elected Official, Chief Executive Officer, or a designee of either, would complete and submit the HRSA RWHAP Core Medical Services Waiver Request Attestation Form to HRSA certifying that the recipient has met the requirements outlined in the RWHAP statute and the new policy notice. This attestation form would be included as the last page of HAB Policy Notice 21–01, and would consist of the following:

1. Instructions stating the form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either, and the person completing it should initial the included checkboxes to attest to meeting each requirement after reading and understanding its explanation.

2. A field in which the recipient can fill in its name.

3. Checkboxes with which the recipient can indicate the following:

- a. If they are a RWHAP Part A, B, or C recipient
- b. Whether the request is an initial request or renewal request
- c. The year the waiver is being requested

4. Checkboxes with which the recipient attests to meeting the following requirements:

- a. Not having an ADAP waiting list
- b. Availability of and accessibility to core medical services to all eligible individuals within the service area within 30 days
- c. Evidence of having conducted a public process

5. Fields for the following details of the official completing the form:

- a. Signature
- b. Printed name
- c. Title

6. The date the form was signed

HRSA Ryan White HIV/AIDS Program (RWHAP) Core Medical Services Waiver Request Attestation Form

This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either.

Please initial to attest to meeting each requirement after reading and understanding the explanation.

Name of recipient _____

RWHAP Part A recipient RWHAP Part B recipient RWHAP Part C recipient

Initial request Renewal request

Year of request _____

REQUIREMENT	EXPLANATION
No ADAP waiting lists	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. <input type="checkbox"/>
Availability of, and accessibility to core medical services to all eligible individuals	By initialing here and signing this document, you attest to the availability of and access to core medical services for all HRSA RWHAP eligible individuals in the service area within 30 days. Such access is without regard to funding source, and without the need to spend on these services, at least 75 percent of funds remaining from your RWHAP award after reserving statutory permissible amounts for administrative and clinical quality management. You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. <input type="checkbox"/>
Evidence of a public process	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. <input type="checkbox"/>

SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

PRINT NAME

TITLE

DATE

Although the proposed policy's purpose is to reduce administrative burden for recipients, if finalized, it would not change the underlying requirements necessary to obtain a waiver, *i.e.*, ensuring that: (1) All core medical services are available and accessible within 30 days in the jurisdiction or service area, (2) the state ADAP has no waiting lists, and (3) the recipient has used a public process to determine the need for a waiver. The HRSA RWHAP Core Medical Services Waiver Request Attestation Form provides recipients applying for waivers the ability to attest to having satisfied these requirements. Notwithstanding, recipients may still be required to

provide further information to HRSA upon request.

Submission Deadlines

In addition to reducing the volume of documentation, HRSA is proposing to change the deadlines for submitting waiver requests.

Currently, consistent with the process outlined in HAB Policy Number 13-07, RWHAP Parts A, B, and C recipients may choose to submit a waiver request at any time prior to submission of the annual grant application, with the annual grant application, or up to 4 months after the start of the grant year for which the waiver is being requested.

To facilitate a more efficient review of waiver requests, the proposed changes would require waiver requests to be submitted by specific programmatic deadlines. A RWHAP Part A recipient would submit their waiver request as an attachment with the annual grant application or non-competing continuation (NCC) progress report. Because RWHAP Part B recipients submit their final budget 90 days after receiving their Notice of Award, the need for a waiver may not be identified until the final budget is approved. Therefore, a RWHAP Part B recipient would submit their waiver request either in advance of the grant application, with the grant application,

with the mandatory NCC progress report, or up to 4 months into the grant award budget period for which the waiver is being requested. A RWHAP Part C recipient would submit their request for a waiver as an attachment with the grant application or the mandatory NCC progress report. These proposed changes are intended to better align waiver requests with programmatic processes, thereby allowing HRSA to better manage the review and processing of waiver requests.

The proposed policy maintains that applicants submit their waiver requests with their grant applications through www.grants.gov. Recipients submit their waiver requests with the mandatory NCC progress report through the Electronic Handbooks (EHB). For waiver requests that are not submitted with grant applications or the mandatory NCC progress report, the proposed policy would require a recipient to notify its HRSA project officer (PO) of its intention to request a waiver in order to initiate a request for information in the EHB.

In the current process, HRSA reviews requests and notifies recipients of waiver approval or denial no later than the date of issuance of the Notices of Award. In the proposed process, HRSA would notify recipients of waiver approval or denial within 4 weeks of receipt of the request, thereby saving weeks when compared to the current process. As with the current process, approved core medical services waivers will be effective for the 1-year budget period for which they are approved; recipients must submit a new request for each budget period. Also as with the current process, a recipient would not be required to implement an approved waiver should it no longer be needed.

Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement

HAB Policy Notice 21–01

Replaces HAB Policy Number 13–07

Scope of Coverage

HRSA HIV/AIDS Bureau RWHAP Parts A, B, and C.

Purpose of Policy Notice

This HRSA policy notice replaces HAB Policy Number 13–07 Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Parts, A, B, and C. It provides modified processes and requirements for HRSA RWHAP Parts A, B, and C recipients to request waivers of the statutory requirement regarding

expenditure amounts for core medical services.

Requirements

A RWHAP Part A, B, or C recipient must meet a number of requirements, and submit a waiver request to HRSA to receive a waiver of the core medical services expenditure requirement.

1. Core medical services must be available and accessible to all individuals identified and eligible for the RWHAP in the recipient's service area within 30 days. This access must be:
 - a. Without regard to payer source, and
 - b. without the need to spend at least 75 percent of funds remaining from the recipient's RWHAP award after statutory permissible amounts for administrative and clinical quality management costs are reserved.
2. The recipient must ensure there are no ADAP waiting lists in its service area.
3. A public process to obtain input on the waiver request must have occurred.
 - a. This process must seek input from impacted communities including clients and RWHAP-funded core medical services providers on the availability of core medical services, and the decision to request the waiver.
 - b. The public process may be a part of the same one used to seek input on community needs as part of the annual priority setting and resource allocation, comprehensive planning, statewide coordinated statement of need, public planning, and/or needs assessment processes.

Requesting a Waiver

To request a waiver, the Chief Elected Official, Chief Executive Officer, or a designee of either must complete and submit the HRSA RWHAP Core Medical Services Waiver Request Attestation Form (appended below) to HRSA. The form should be submitted according to the applicable deadlines and methods for submission outlined below. By completing and submitting this form, the Chief Elected Official, Chief Executive Officer, or a designee of either attests to meeting the requirements outlined above and agrees to provide supportive evidence to HRSA upon request. No other documentation is required to be submitted with the HRSA RWHAP Core Medical Services Waiver Request Attestation Form, although recipients may be required to submit additional documentation to HRSA upon request.

Deadlines for Submitting Waiver Requests

RWHAP Part A Waiver Requests

A HRSA RWHAP Part A recipient should submit their request for a waiver as an attachment with the grant application or the mandatory NCC progress report, if applicable. In each case, waiver requests do not count towards the submission page limit. Do not submit requests for waivers prior to the grant application or mandatory NCC progress report, nor after the start of the grant award budget period for which the waiver is being requested.

RWHAP Part B Waiver Requests

A HRSA RWHAP Part B recipient may submit their request for a waiver either in advance of the grant application, as an attachment to the grant application, with the mandatory NCC progress report, or up to 4 months into the grant award budget period for which the waiver is being requested.

RWHAP Part C Waiver Requests

A HRSA RWHAP Part C recipient should submit their request for a waiver as an attachment to the grant application or the mandatory NCC progress report. Do not submit requests for waivers prior to the grant application or mandatory NCC progress report, nor after the start of the grant award budget period for which the waiver is being requested.

Methods for Submitting Waiver Requests

Applicants must submit their waiver requests with their grant applications through www.grants.gov. Recipients must submit their waiver requests with the mandatory NCC progress report through the Electronic Handbooks (EHB). Recipients who do not submit their waiver requests with their grant applications, or with their mandatory NCC progress reports must notify its HRSA PO of its intention to request a waiver. The PO will initiate a Request for Information in the EHB. The recipient must respond to the EHB task consistent with the deadlines for submitting waiver requests outlined above.

Waiver Review and Notification Process

HRSA will review requests and notify recipients of waiver approval or denial within 4 weeks of receipt of the request. Approved core medical services waivers will be effective for the 1-year budget period for which it is approved; recipients must submit a new request for each budget period. A recipient

approved for a core medical services waiver is not required to implement the waiver if it is no longer needed.

Diana Espinosa,

Acting Administrator.

[FR Doc. 2021-08016 Filed 4-19-21; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Special Topics: Vision Imaging, Bioengineering and Low Vision Technology Development.

Date: May 20–21, 2021.

Time: 8:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Susan Gillmor, Ph.D., Scientific Review Officer, National Institutes of Health, Center for Scientific Review, 6701 Rockledge Drive, Bethesda, MD 20892, 240-762-3076, susan.gillmor@nih.gov.

Name of Committee: Healthcare Delivery and Methodologies Integrated Review Group; Community Influences on Health Behavior Study Section.

Date: June 2–3, 2021.

Time: 10:00 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Tasmeen Weik, DRPH, MPH, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3141, Bethesda, MD 20892, 301-827-6480, weikts@mail.nih.gov.

Name of Committee: Infectious Diseases and Immunology A Integrated Review Group; Virology—B Study Section.

Date: June 9–10, 2021.

Time: 9:30 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Neerja Kaushik-Basu, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3198, MSC 7808, Bethesda, MD 20892, (301) 435-1742, kaushikbasun@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Member Conflict: Bioengineering Science and Technology.

Date: June 21, 2021.

Time: 8:30 a.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Nitsa Rosenzweig, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4152, MSC 7760, Bethesda, MD 20892, (301) 404-7419, rosenzweig@csr.nih.gov.

Name of Committee: Digestive, Kidney and Urological Systems Integrated Review Group; Digestive System Host Defense, Microbial Interactions and Immune and Inflammatory Disease Study Section.

Date: June 24–25, 2021.

Time: 9:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Aiping Zhao, MD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2188, Bethesda, MD 20892–7818, (301) 435-0682, zhaoa2@csr.nih.gov.

Name of Committee: Infectious Diseases and Immunology A Integrated Review Group; Cellular and Molecular Immunology—B Study Section.

Date: June 24–25, 2021.

Time: 9:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Liying Guo, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4198, MSC 7812, Bethesda, MD 20892, (301) 827-7728, lguo@mail.nih.gov.

Name of Committee: Infectious Diseases and Immunology A Integrated Review Group; Virology—A Study Section.

Date: June 24–25, 2021.

Time: 9:30 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Kenneth M. Izumi, Ph.D., Scientific Review Officer, Center for

Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3204, MSC 7808, Bethesda, MD 20892, 301-496-6980, izumikm@csr.nih.gov.

Name of Committee: Infectious Diseases and Immunology B Integrated Review Group; Host Interactions with Bacterial Pathogens Study Section.

Date: June 24–25, 2021.

Time: 9:45 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Fouad A. El-Zaatari, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3186, MSC 7808, Bethesda, MD 20892, (301) 435-1149, elzaataf@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Biomedical Data Repositories and Knowledgebases.

Date: June 24, 2021.

Time: 10:00 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Joseph Thomas Peterson, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4118, MSC 7814, Bethesda, MD 20892, 301-408-9694, peterstonjt@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: April 15, 2021.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2021-08083 Filed 4-19-21; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant



LOS ANGELES COUNTY
COMMISSION ON HIV



**(DRAFT) AGENDA FOR THE VIRTUAL MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV (COH)**

MAIN (213) 738-2816 / FAX (213) 637-4748

EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

Thursday, June 10, 2021 | 9:00 AM – 1:30 PM

To Register/Join by Computer:

**link is for members of the public*

To Join by Telephone: 1-415-655-0001 Access code:

AGENDA POSTED:

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission office at hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

Los servicios de interpretación para personas con problemas de audición y los servicios de traducción para otros idiomas además del inglés están disponibles sin cargo con al menos 72 horas de anticipación antes de la fecha de la reunión. Para coordinar estos servicios, comuníquese con la oficina de la Comisión en hivcomm@lachiv.org o deje un mensaje de voz al 213.738.2816.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. Currently all County buildings are closed to the public due to the COVID-19 public emergency until further notice. To request information, please contact the Commission office via email at hivcomm@lachiv.org or by leaving a voicemail at 213.738.2816.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of

the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order and Roll Call		9:00 AM – 9:05 AM
1. <u>ADMINISTRATIVE MATTERS</u>		
A. Approval of Agenda	MOTION #1	9:05 AM – 9:07 AM
B. Approval of Meeting Minutes	MOTION #2	9:07 AM – 9:10 AM
2. <u>WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES</u>		9:10 AM – 9:15 AM
3. <u>TRAINING</u>		
A. Implicit Bias Training Los Angeles County Human Relations Commission		9:15 AM – 10:45 AM
4. <u>REPORTS - I</u>		
A. Executive Director/Staff Report		10:45 AM – 10:50 AM
B. Co-Chairs’ Report		10:50 AM – 11:15 AM
(1) Meeting Management UPDATES		
(2) Reading Activity Goals, Objectives, and Process		
(3) Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government Request for Information (RFI) Due July 6, 2021		
(4) Ryan White Program 75/25 Waiver Proposed Rule Change		
(5) Ending the HIV Epidemic (EHE) Steering Committee COH Liaison Report		
5. <u>BREAK</u>		11:15 AM – 11:25 AM
6. <u>REPORTS - II</u>		
A. California Office of AIDS (OA) Report		11:25 AM – 11:35 AM
(1) California HIV Planning Group (CPG) Update		
B. LA County Department of Public Health Report		11:35 AM – 11:55 AM
(1) Division of HIV/STD Programs (DHSP) Updates		
(a) Programmatic and Fiscal Updates		
• Ryan White Parts A & B		
(b) Ending the HIV Epidemic (EHE) Activities & Updates		
C. Housing Opportunities for People Living with AIDS (HOPWA) Report		11:55 AM – 12:00 PM
D. Ryan White Program Parts C, D, and F Report		12:00 PM – 12:05 PM
E. Cities, Health Districts, Service Planning Area (SPA) Reports		12:05 PM – 12:10 PM

6. REPORTS – II (cont'd)

F. Standing Committee Reports

12:10 PM – 1:10 PM

(1) Operations Committee

(a) Membership Management

- New Member Application: Rene Vega | Alternate #22 **MOTION #3**
- New Member Application: Damone Thomas | Alternate #19 **MOTION #4**

(b) 2021 Renewal Membership Slate Process + Update

(2) Planning, Priorities and Allocations (PP&A) Committee

(a) Ryan White Program Year 31 (FY 2021) Revised Allocation **MOTION #5**

(b) Prevention Planning Work Group | UPDATES

(3) Standards and Best Practices (SBP) Committee

(a) Childcare Service Standards **MOTION #6**

(b) 2021 Service Standards | UPDATES

(4) Public Policy Committee

(a) County, State, and Federal Legislation & Policy

- 2021 Legislative Docket **MOTION #7**

(b) County, State, and Federal Budget

G. Caucus, Task Force and Work Group Report

1:10 PM – 1:20 PM

(1) Aging Task Force | June 1, 2021 @ 1-3pm

(2) Black/African American Community (BAAC) Task Force | June 28, 2021 @ 1-3pm

(3) Consumer Caucus | June 10, 2021 @ 3-4:30pm

(4) Prevention Planning Workgroup | June 23, 2021 @ 5:30-7PM

(5) Transgender Caucus | May 22, 2021 @ 10am-12pm

(6) Women's Caucus | June 21, 2021 @ 2-4pm

7. MISCELLANEOUS

A. Public Comment

1:20 PM – 1:25 PM

Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide live public comment, you must register and join WebEx through your computer or smartphone. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org.

B. Commission New Business Items

1:25 PM – 1:27 PM

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.

7. MISCELLANEOUS (cont'd)

C. Announcements

1:27 PM – 1:30 PM

Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.

Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of June 10, 2021.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve recommendation for New Member Applicant, Rene Vega, to occupy Alternate (#22) seat, and forward to the full body for approval, as presented or revised.
MOTION #4:	Approve recommendation for New Member Applicant, Damone Thomas, to occupy Alternate (#19) seat, and forward to the full body, as presented or revised.
MOTION #5:	Approve Ryan White Program Year 31 (FY 2021) Revised Allocations, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #6:	Approve the Child Care Service Standards as presented or revised, and forward to the full body for approval.
MOTION #7:	Approve the 2021 Legislative Docket, as presented or revised, and forward to the full body for approval.

COMMISSION ON HIV MEMBERS:

Bridget Gordon, Co-Chair	David P. Lee, MPH, LCSW Co-Chair	Miguel Alvarez	Everardo Alvizo, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Danielle Campbell, MPH	Raquel Cataldo
Pamela Coffey (Reba Stevens, **Alternate)	Michele Daniels (*Alternate)	Erika Davies	Kevin Donnelly
Felipe Findley, PA-C, MPAS, AAHIVS	Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD
Grissel Granados, MSW	Joseph Green	Thomas Green	Felipe Gonzalez
Damontae Hack (*Alternate)	Karl Halfman, MA	(Kayla Walker-Heltzel, **Alternate)	Nestor Kamurigi
William King, MD, JD, AAHIVS (LoA)	Lee Kochems, MA	Anthony Mills, MD	Carlos Moreno
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Frankie Darling-Palacios
Mario J. Pérez, MPH	Juan Preciado	Joshua Ray, RN (Eduardo Martinez, **Alternate)	Isabella Rodriguez, MA (*Alternate)
Harold San Agustin, MD	Martin Sattah, MD	Tony Spears (*Alternate)	LaShonda Spencer, MD
Ricky Rosales	Kevin Stalter	Maribel Ulloa	Guadalupe Velazquez
Justin Valero, MPA	Ernest Walker, MPH	Amiya Wilson (*Alternate) (LoA)	

MEMBERS: 45

QUORUM: 23

LEGEND:

LoA = Leave of Absence; not counted towards quorum
 Alternate* = Occupies Alternate seat adjacent a vacancy; counted toward quorum
 Alternate** = Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member



Black/African American Community (BAAC) Task Force May 24, 2021

Background & Mission

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

Goals & Objectives

- Identify strategies on how the COH can support Black/AA leaders and community stakeholders in an effort to end HIV in the Black/AA community
- Identify HIV prevention, care and treatment best practices in the Black/AA community
- Identify specific strategies to reduce HIV stigma in the Black/AA community

Key Accomplishments

- Developed a comprehensive and community driven set of general and subpopulation-specific recommendations
- Held a hugely successful special panel presentation of Black medical professionals addressing HIV in Black/AA communities in February 2020 in commemoration of National Black HIV/AIDS Awareness Day
- Issued a solidarity statement in response to the George Floyd, Jr. murder and racial injustices
- Developed a Commitment Statement to reconstitute the Task Force's mission
- Developed an Task Force Interest Form for recruitment and outreach
- Successfully submitted relevant recommendations to the County's new PROSPERLA initiative; the County's effort to solicit innovative ideas to streamline the County's contracting process, assist businesses, and identify potential cost-savings to County operations
- Participated in the February 2021 PACE (Prevention through Active Community Engagement) Townhall in commemoration of National Black HIV/AIDS Awareness Day
- Developed a social media tool kit promoting the recommendations and the task force that was released February 2021 in commemoration of Black History Month and National Black HIV/AIDS Awareness Day
- Successfully accomplished General Recommendation #1:
 - Compiled and submitted list of training topics to DHSP
 - DHSP is incorporating requested trainings into new and renewing DHSP contracts
 - DHSP developed a comprehensive Implicit Bias training for all DHSP contracted providers
- Currently working with DHSP to develop a community wide PrEP social media marketing campaign with focus on the general Black/AA community and its subpopulations, i.e. women, trans, MSM, youth, IUD
- Currently working with DHSP to address key recommendations #3 and #9, and other recommendations identified within its scope

- Commission incorporated recommendations into its planning activities:
 - Public Policy Committee included recommendations into its policy priorities and legislative docket
 - Planning Priorities & Allocations Committee included the task force recommendations in its program directives
 - Additional Committees, Caucus and Task Forces have included the recommendations in their work plans and are strategizing ways to incorporate into its planning activities
- Recommendations were included in the Commission's Annual Report to the Board of Supervisors and included in the RWP Grant Application and progress reports to HRSA.



LOS ANGELES COUNTY
COMMISSION ON HIV



René Vega, MPH

Membership Application on File with the Commission Office



LOS ANGELES COUNTY
COMMISSION ON HIV



Damone Thomas

Membership Application on File with the Commission Office



June 2021 Proposed Membership Renewal Slate

<u>Commissioner</u>	<u>Current Seat</u>	<u>Notes</u>
Everardo Alviso	Seat 3, City of Long Beach Representative	
Derek Murray	Seat 5, City of W. Hollywood Representative	
Carlos Moreno	Seat 11, Children’s Hospital, Los Angeles	
Harold Glenn San Agustin	Seat 13, JWCH Institute, Inc.	
Thomas Green	Seat 15, APAIT/Special Services for Groups (SSG)	
Alexander Luckie Fuller	Seat 17, Los Angeles LGBT Center	
Alasdair Burton	Seat 21, Alternate	
Damontae Hack	Seat 23, Alternate	
Michele Daniels	Seat 27, Alternate	
Eduardo Martinez	Seat 29, Alternate	
Joshua Ray	Seat 29, Unaffiliated Consumer, Sup. Dist. 3	
Kayla Walker-Heltzel	Seat 31, Alternate	
Joseph Green	Seat 33, Unaffiliated Consumer, at-large 2	
Bridget Gordon	Seat 35, Unaffiliated Consumer, at-large 4	
Danielle Campbell	Seat 37, Representative, Board Office 2	
Justin Valero	Seat 39, Representative, Board office 4	
Maribel Ulloa	Seat 41, Representative, HOPWA	
Paul Nash	Seat 45, HIV Stakeholder Representative 2	
Ernest Walker	Seat 47, HIV Stakeholder Representative 4	
Felipe Findley	Seat 49, HIV Stakeholder Representative 6	
<u>New Applicant</u>	<u>Seat Recommendation</u>	<u>Notes</u>
Mikhaela Cielo	Seat 9, Part D Representative	
Mallery Robinson	Seat 25, Alternate	
Mark Mintline	Committee-only SBP	
Rene Vega	Seat 22, Alternate (Kevin Stalter)	
Damone Thomas	Seat 19, Alternate	



2021 MEMBERSHIP ROSTER | UPDATED 05.25.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative			Vacant		July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	PP&A	Alexander Luckie Fuller	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2020	June 30, 2022	Amiya Wilson (LOA)
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2019	June 30, 2021	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	Damontae Hack
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Reba Stevns (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2019	June 30, 2021	
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	Michele Daniels
28	Unaffiliated consumer, Supervisorial District 2	1	PP	Nestor Kamurigi (PP)	No affiliation	July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			Vacant		July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (OPS)
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			Vacant		July 1, 2020	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	OPS	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS (LOA)	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
TOTAL:		39						

**LOS ANGELES COUNTY COMMISSION ON HIV
 RYAN WHITE PY 31 (FY 2021) REVISED ALLOCATION -MOTION #5**

	RW Service Allocation Descriptions	FY 2021 PY 31 Approved 09/10/2020		Revised Allocation PY 31 (FY 2021)	
PY 31 Priority #	Service Category	Part A %	MAI %	Part A %	MAI %
2	Outpatient/Ambulatory Health Services (AOM)	26.38%	0.00%	27.21%	0.00%
NP	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.00%	0.00%
26	AIDS Pharmaceutical Assistance (local)	0.00%	0.00%	0.00%	0.00%
12	Oral Health	15.10%	0.00%	13.04%	0.00%
9	Early Intervention Services	0.00%	0.00%	0.59%	0.00%
21	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%
19	Home Health Care	0.00%	0.00%	0.00%	0.00%
18	Home and Community Based Health Services	7.67%	0.00%	6.70%	0.00%
27	Hospice Services	0.00%	0.00%	0.00%	0.00%
7	Mental Health Services	0.75%	0.00%	0.60%	0.00%
23	Medical Nutritional Therapy	0.0%	0.00%	0.0%	0.00%
6	Medical Case Management (MCC)	34.69%	0.00%	29.83%	0.00%
18	Substance Abuse Services Outpatient	0.0%	0.00%	0.0%	0.00%
3	Case Management (Non-Medical) BSS/TCM	3.81%	9.25%	5.91%	10.53%
13	Child Care Services	0.00%	0.00%	1.00%	0.00%
4	Emergency Financial Assistance	0.00%	0.00%	0.00%	0.00%
11	Food Bank/Home-delivered Meals	7.95%	0.00%	5.94%	0.00%



LOS ANGELES COUNTY
COMMISSION ON HIV



CHILDCARE STANDARDS OF CARE

FINAL—UPDATED 12/14/20

APPROVED BY SBP 5/4/21

FOR EXECUTIVE COMMITTEE APPROVAL 5/27/21



CHILDCARE SERVICES STANDARDS OF CARE

IMPORTANT: The service standards for childcare adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

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

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

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

INTRODUCTION

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

The Los Angeles County Commission on HIV developed the Childcare Services Standards of Care to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality childcare services when attending core medical and/or support services appointments and meetings. The development of the Standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, Women’s Caucus, and the public-at-large.

CHILDCARE SERVICES OVERVIEW: ALLOWABLE USE OF FUNDS

HRSA allows the use of Ryan White Part A funding for childcare services for the children of clients living with HIV, provided intermittently, **only while** the client attends in person, telehealth, or other appointments and/or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. Part A funded childcare services cannot be used while the patient is at school or work. Only Ryan White Part A community advisory board meetings and Part A funded support groups are covered in these standards. The goal of childcare services is to reduce barriers for clients in accessing, maintaining and adhering to primary health care and related support services. Childcare services are to be made available for all clients using Ryan White Part A medical and support services. **“Licensed”** means childcare providers who are

licensed by the State of California and are required to maintain minimum standards related to physical size of the facility, safety features, cleanliness, staff qualifications, and staff-to-child ratios.

Childcare services may include recreational and social activities for the child/children, if provided in a licensed childcare setting including drop-in centers in primary care or satellite facilities. However, funds may not be used for off-premise social/recreational activities or gym membership. Existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services.

All service providers receiving funds to provide childcare services are required to adhere to the following standards.

Table 1. CHILDCARE SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Eligibility and Need	Eligibility for Ryan White and need for childcare service are identified at intake and assessments by agencies providing licensed childcare.	Documentation of eligibility and in the client’s primary record must reflect the appointment and/or meeting/group/training session attended.
Licensed Child Care Centers and Family Child Care Homes	Licensed childcare facilities must carry a valid active license as a childcare provider in the State of California. Services must be delivered according to California State and local childcare licensing requirements which can be found on the California Department of Social Services, Community Care Licensing Division website. ¹	<ul style="list-style-type: none"> a. Appropriate liability release forms are obtained that protect the client, provider, and the Ryan White program b. Providers must develop policies, procedures, and signed agreements with clients for childcare services. c. Documentation that no cash payments are being made to clients or primary care givers
Training	Agencies providing childcare are responsible for ensuring	Record of trainings on file at provider agency.

¹ <https://cdss.ca.gov/inforesources/child-care-licensing>

	<p>childcare providers are trained appropriately for their responsibilities. In addition to State-required training for licensed childcare providers, childcare staff must complete the following training:</p> <ul style="list-style-type: none"> • Domestic violence • HIPAA and confidentiality • Cultural diversity • HIV stigma reduction • LGBTQ 101 • Ryan White programs and service referral 	
Language	<p>Whenever possible, childcare should be delivered in the language most familiar to the child or language preferred by the patient. If this is not possible, interpretation services must be available in cases of emergency.</p>	<p>Appropriate language noted in client or program file.</p>
Confidentiality	<p>Agencies coordinating and providing childcare services must ensure client confidentiality will always be maintained. HIV status shall never be disclosed to anyone.</p>	<p>Written confidentiality and HIPAA policy in place.</p> <p>Documentation of notice of privacy and confidentiality practices provided to clients and/or family members before the start of service.</p> <p>Signed confidentiality policy and agreements for all employees on file and reviewed during new hire orientation and annually.</p>
Service Promotion	<p>Agencies coordinating licensed childcare services are expected to promote the availability of childcare to potential clients, external partners, and other</p>	<p>Program flyers, emails, or website documenting that childcare services was promoted to clients and HIV service providers.</p>

	<p>DHSP-funded Ryan White service providers.</p>	
<p>Referrals</p>	<p>Programs coordinating childcare services will provide referrals and information about other available resources to adults living with HIV who have the primary responsibility for the care of children. Special consideration should be given to helping clients find longer term or additional childcare options and resources.² Whenever appropriate, program staff will provide linked referrals demonstrating that clients, once referred, have accessed services.</p> <p>Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients’ needs are met.</p>	<p>Documentation of referral efforts will be maintained on file by coordinating agency.</p> <p>Description of staff efforts of coordinating across systems in client file (e.g. referrals to</p>

² Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: <https://childcare.lacounty.gov/resources-for-families-and-communities/>

	<p>Follow up with client in 30 days to track referrals related to care coordination.</p>	<p>housing case management services, etc.).</p> <p>Documentation of follow up in client file.</p>
<p>Transportation</p>	<p>Clients who demonstrate a need for transportation to and from the childcare site, must be provided transportation support. Agencies must follow transportation programmatic guidance and requirements from DHSP. Childcare must be provided in a manner that is more accessible and convenient for the client.</p>	
<p>Physical Environment</p>	<p>The design and layout of the physical environment have a profound impact on children's safety, learning, behavior and on the client's ability to focus on their medical and support services appointments.</p> <p>Childcare environments must have:</p> <ul style="list-style-type: none"> • Internet access and computers for children to use to complete schoolwork or participate in virtual classes if the parent/caregiver Ryan White appointment occurs during school hours • Age-appropriate educational supplies • Healthy food/snacks • Masks and personal protective equipment (PPEs) especially designed for children • A variety of inviting equipment and play materials accessible to children • Kid-friendly and visually appealing space with sufficient and uncluttered space for active play with an additional cozy space set aside for individual and quiet play • Kid-friendly videos available to watch • Available 5 days a week 	

Appendix A: Examples of Childcare Resources

California Department of Social Services, Childcare Licensing

<https://www.cdss.ca.gov/inforesources/child-care-licensing>

The State of California requires licensed childcare providers to complete trainings in First Aid/CPR; fire and electrical safety; child development; waste disposal procedures; child abuse (includes sexual abuse); Health Insurance Portability and Accountability Act of 1996 (HIPAA) and confidentiality; infection control and preventative health measures; and the American Disabilities Act (ADA). Visit the website for additional information on childcare licensing rules and regulations.

Child Care Alliance Los Angeles offers voucher-based services for low income families.

<https://www.ccala.net/>

Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: <https://childcare.lacounty.gov/resources-for-families-and-communities/>

Los Angeles Education Partnership

www.laep.org

LAEP offers childcare for parent workshops, meetings, conferences, and other activities on a fee-for-service basis. LAEP brings all the necessary materials and supplies, including snacks.



2021-2022 Legislative Docket

(Approved by Public Policy Committee as of 5/3/2021)

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH | County bills noted w/asterisk

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4	Support	14-APR-21 From Committee: Do Pass and Re- Refer to Committee on Appropriations.
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15	Support with questions	11-JAN-21 Referred to Committee on Housing and Community Development
AB 16 (Chiu)	Tenancies: COVID- 19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16	Watch	13-JAN-21 Re-referred to Committee on Housing and Community Development

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 19 (Santiago)	Unemployment insurance compensation: COVID-19 pandemic: temporary benefits	<p>This bill would require the Employment Development Department to provide, until July 1, 2022, following the termination of assistance pursuant to Pandemic Unemployment Assistance (PUA) and Pandemic Emergency Unemployment Compensation (PEUC) or any other federal or state supplemental unemployment compensation payments for unemployment due to the COVID-19 pandemic, in addition to an individual's weekly benefit amount as otherwise provided for by existing unemployment compensation law, unemployment compensation benefits equivalent to the terminated federal or state supplemental unemployment compensation payments for the remainder of the duration of time the individual is unemployed due to the COVID-19 pandemic, notwithstanding the weekly benefit cap.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB19</p>	Watch with more information	11-JAN-21 Referred to Committee on Insurance
AB 32 (Aguiar-Curry)	Telehealth	<p>The bill would authorize a provider to enroll or recertify an individual in Medi-Cal programs through telehealth and other forms of virtual communication.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB32</p>	Support	28-APR-21 From Committee: Do Pass and Re-Refer to Committee on Appropriation
AB 65 (Low)	Low. California Universal Basic Income Program	<p>This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65</p>	Watch	27-APR-21 From Committee: Do Pass and Re-Refer to Committee on Appropriation
AB 71 (Luz Rivas)	Homelessness funding: Bring California Home Act	<p>This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB71</p>	Support	3-MAY-21 Amend, and Do Pass as Amended and Re-Refer to Committee on Appropriation

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 77 (Petrie-Norris)	Substance use disorder treatment services	This bill would declare the intent of the Legislature to enact Jarrod’s Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the <i>State Department of Health Care Services</i> . https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77	Support	26-MAR-21 Re-referred to Committee on Health
AB 218 (Ward)	Change of gender and sex identifier	This bill would recast these provisions relating to new birth certificates to provide for a change in gender and sex identifier and to specify that a person who was issued a birth certificate by this state, rather than a person born in this state, may obtain a new birth certificate. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB218	Support	<i>28-APR-21 In Committee: Set, First Hearing. Referred to Suspense File</i>
AB 240 (Rodriguez)	Local health department workforce assessment.	This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240	Support with Questions	<i>14-APR-21 In Committee: Set, First Hearing. Referred to Suspense File</i>
AB 245 (Chiu)	Educational equity: student records: name and gender changes	This bill would require a campus of the University of California, California State University, or California Community Colleges to update a former student’s records to include the student’s updated legal name or gender if the institution receives government-issued documentation, as described, from the student demonstrating that the former student’s legal name or gender has been changed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB245	Support	<i>15-APR-21 Read Second Time. Ordered to Third Reading.</i>
AB 328 (Chiu)	Reentry Housing Program	This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and <i>continuums of care</i> , as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328	Support	<i>21-APR-21 In Committee Set, First Hearing. Referred to Suspense File</i>
AB 369 (Kamlager)	Medi-Cal: street medicine and utilization controls	This bill would require the department to implement a program of presumptive eligibility for individuals experiencing homelessness, under which an individual would receive full-scope Medi-Cal benefits without a share of cost. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB369	Support	<i>27-APR-21 Re-Referred to Committee on Appropriation</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 439 (Bauer-Kahan)	Certificates of death: gender identity	This bill would authorize the decedent's gender identity to be recorded as female, male, or nonbinary. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB439	Support	<i>19-APR-21 In Senate. Read First Time. To Committee on Rules for Assignment.</i>
AB 453 (Garcia)	Sexual battery: nonconsensual condom removal	This bill would additionally provide that a person commits a sexual battery who causes contact between a penis, from which a condom has been removed, and the intimate part of another who did not verbally consent to the condom being removed. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB453	Oppose	<i>19-APR-21 In Senate. Read First Time. To Committee on Rules for Assignment</i>
AB 789 (Low)	Health care facilities	This bill would require a primary care services in an outpatient department of a health facility or a primary care clinic, as specified, to offer a patient receiving health services a hepatitis B screening test and a hepatitis C screening test, as specified. The bill would also require the practitioner to offer the patient follow up health care or refer the patient to a health care provider who can provide follow up health care if the screening test is positive or reactive, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB789	Support	<i>28-APR-21 In Committee: Set, First Hearing. Referred to Suspense File.</i>
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835	Support	<i>21-APR-21 In Committee: Set, First Hearing. Referred to Suspense File.</i>
AB 1038 (Gipson)	California Health Equity Program	This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038	Support	<i>28-APR-21 Set, First Hearing. Referred to Suspense File.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1344 (Arambula)	State Department of Public Health: needle and syringe exchange services	This bill would expressly exempt needle and syringe exchange services application submissions, authorizations, and operations from review under the California Environmental Quality Act. Further, the bill would provide that the services provided by an entity authorized to provide those needle and syringe exchange services, and any foreseeable and reasonable consequences of providing those services, do not constitute a public nuisance under specified existing law. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1344	Support	<i>12-April-21 Re-referred to Committee on National Resources and Water Committee Pursuant to Assembly Rule 96.</i>
AB 1400 (Kalra)	Guaranteed Health Care for All	This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400	Support	22-FEB-21 Read first time.
AB 1407 (Burke)	Nurses: implicit bias courses.	This bill would state the intent of the Legislature to enact legislation that would address discrimination in health care. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1407	Support	<i>28-APR-21 From Committee: Do Pass and Re- Refer to Committee on Appropriation.</i>
AB 2218 (Santiago) (Formerly)	Transgender Wellness and Equity Fund	This law establishes the Transgender Wellness and Equity Fund to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers.	In Support of Transgender Wellness Fund	26-SEP-20 Approved by the Governor
SB 17 (Pan)	Public health crisis: racism	This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17	Support	<i>21-APR-21 Set for Hearing May 3.</i>
SB 56 (Durazo)	Medi-Cal: eligibility	This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56	Support	22-MAR-21 March 22 hearing: Placed on Appropriations suspense file.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	<p>This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57</p>	Support	<p><i>22-APR-21 In Assembly Read First Time. Held at Desk.</i></p>
SB 110 (Weiner)	Substance use disorder services: contingency management services	<p>This bill will expand substance use disorder services to include contingency management services, as specified, subject to utilization controls.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB110</p>	Opposed Unless Amended	<p><i>22-APR-21 From Committee: Do Pass and Re- Refer to Committee on Appropriation.</i></p>
SB 217 (Dahle)	Comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education.	<p>This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217</p>	Opposed Unless Amended	<p><i>16-APR-21 Set for Hearing April 28.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 221 (Wiener)	Health care coverage: timely access to care	The bill would require both a health care service plan and a health insurer to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan or a health insurer to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a follow up appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. By imposing new requirements on health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB221	Support	<i>21-APR-21 Set for Hearing May 3.</i>
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225	Support	<i>05-APR-21 April 5 Set for First Hearing Canceled at the Request of the Author.</i>
SB 258 (Laird)	Ageing	The bill would revise this definition "greatest social need" to include human immunodeficiency virus (HIV) status as a specified noneconomic factor. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB258	Support	<i>26-APR-21 Read Third Time and Amended.</i>
SB 306 (Pan)	Sexually transmitted disease: testing	This bill would require a health care provider to include "expedited partner therapy" on a prescription if the practitioner is unable to obtain the name of a patient's sexual partner. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB306	Support	<i>19-APR-21 From committee: Do Pass and Re- Refer to Committee on Appropriation</i>
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316	Support	<i>22-MAR-21 March 22 hearing: Placed on Appropriations suspense file.</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357	Support	<i>21-APR-21 Set for Hearing May 3.</i>
SB 464 (Hurtado)	California Food Assistance Program: eligibility	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464	Support	<i>21-APR-21 Set for Hearing May 3.</i>
SB 523 (Leyva)	Health care coverage: contraceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523	Support	<i>20-APR-21 Set for Hearing April 28.</i>
SB 803 (Beall) (Formerly)	Mental health services: peer support specialist certification	This law requires the department, by July 1, 2022, to establish statewide requirements for counties to use in developing certification programs for the certification of peer support specialists. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB803	Requires funding to implement. The State has proposed \$4.7 million for 22-23 fiscal year. LAC is in support of the proposal.	25-SEP-20 Approved by the Governor
FEDERAL BILLS				
H.R.5 (Cicilline)	Equality Act	This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. https://www.congress.gov/bill/117th-congress/house-bill/5	Support	25-FEB-21 Passed in House

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R. 1201 (Lowenthal-Markey)	International Human Rights Defense Act of 2021	<p>The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally.</p> <p>https://www.congress.gov/bill/117th-congress/house-bill/1201/text</p>	Support	<p><i>02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights</i></p>