LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
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OPERATIONS COMMITTEE Virtual Meeting

Thursday, October 28, 2021

10:00AM -12:00PM (PST)

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

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

https://tinyurl.com/2nd353az

**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 2590 171 3001

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

PUBLIC COMMENTS

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

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

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

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LOS ANGELES COUNTY
COMMISSION ON HIV

AGENDA FOR THE **VIRTUAL** MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV
OPERATIONS COMMITTEE

Thursday, October 28, 10:00 AM – 12:00 PM

To Register + Join by Computer:
https://tinyurl.com/2nd353az
**Link is for non-Committee members + members of the public*
To Join by Phone: 1-415-655-0001
Access code: 2590 171 3001

Operations Committee Members:			
Carlos Moreno, *Co-Chair*	Juan Preciado, *Co-Chair*	Miguel Alvarez	Michele Daniels (Alternate)-***LOA***
Alexander Fuller	Joe Green	Justin Valero, MA (Exec, At Large)	
QUORUM*:	**4**		

AGENDA POSTED: October 21, 2021

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

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

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

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

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 | Introductions | Statement - Conflict of Interest 10:00 AM – 10:02 AM

I. ADMINISTRATIVE MATTERS

1. Approval of Agenda **MOTION #1** 10:02 AM – 10:07 AM
2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 10:07 AM – 10:11 AM

3. *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 public comment, you may do so in-person, virtually by registering via WebEx or submit in writing at hivcomm@lachiv.org.*

III. COMMITTEE NEW BUSINESS ITEMS 10:07 AM – 10:15 AM

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

IV. REPORTS

5. Executive Director/Staff Report 10:15 AM – 10:40 AM

A. Operational Updates
B. November and December Holiday Meeting Schedule
C. Assessment of the Administrative Mechanism (AAM)

6. Co-Chair's Report 10:40 AM – 11:00 AM

A. Welcome Danielle Campbell as Commission Co-Chair
B. Committee Co-Chair Open Nominations
C. "So You Want to Talk About Race?" Ch.16 | Reading Activity
D. 2021 Work Plan | Review

7. Membership Management Report 11:00 AM – 11:35AM

A. New Membership Application

- Jesus Orozco (HOPWA representative) **MOTION #3**

B. Leave of Absence – Amiya Wilson | Status
C. Revising Interview Questions – New Applicants-Only

V. DISCUSSION

7. Ending the HIV Epidemics (EHE) Opportunities 11:35 AM – 11:40 AM
8. Recruitment, Retention and Engagement 11:40 AM – 11:45 AM
   A. Outreach Efforts & Strategies
9. Mentorship aka Peer Collaborator/Buddy Program 11:45 AM – 11:50 AM

VI. NEXT STEPS 11:50 AM – 11:55 AM

10. Task/Assignments Recap
11. Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS 11:55 AM – 12:00 PM

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

VIII. ADJOURNMENT 12:00 PM

13. Adjournment for the meeting of October 28, 2021

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Operations Committee minutes, as presented or revised.
MOTION #3:	Approve New Membership Application for Jesus Orozco (Seat #41), as presented or revised

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont, 14TH Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

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.

DRAFT

OPERATIONS VIRTUAL MEETING MINUTES

August 26, 2021

OPERATIONS MEMBERS P=Present | A=Absent									
Carlos Moreno *Co-Chair*	P	Juan Preciado *Co-Chair*	EA	Miguel Alvarez	P	Danielle Campbell	P	Michele Daniels (Alt)- ***LOA***	
Felipe Findley, PA-C, MPAS, AAHIVS	P	Alexander Fuller	P	Joe Green	EA	Justin Valerio, MPA *Exec, At-Large*	P		
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA, *Executive Director*		Sonja Wright, MS, LAc		Jose Rangel-Garibay, MPH					

*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 approval

Meeting agenda and materials can be found on the Commission's website at
http://hiv.lacounty.gov/LinkClick.aspx?fileticket=o3Zuy5svNpE%3d&portalid=22

ALL TO ORDER – INTRODUCTIONS – CONFLICTS OF INTEREST: Mr. Carlos Moreno called the meeting to order at 10:00 am. Committee Members introduced themselves and identified care and/or prevention conflicts of interest.

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 6/24/2021 Operations Committee Meeting Minutes ***(Passed by Consensus)***.

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**:

None.

III. COMMITTEE NEW BUSINESS ITEMS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA**:

None.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Operational Reports

Executive Director C. Barrit discussed the following:

- The Commission office has relocated to 510 S Vermont Ave, 14th floor; some of the highlights and features of the new building are as follows:
  - Close to the metro stop located at Vermont and Wilshire; the building is within walking distance.
  - It is a brand new, county-owned building that will house several other departments.
  - There is a main floor, called the Terrace, where all in-person Commission and committee meetings will be held beginning October 1, 2021; St. Anne's will be used as a backup if the facilities are unavailable. There is a common area for members of the public to have meetings and congregate, however the remaining floors are restricted to county employees.
  - Major cost savings due to downsizing from 3000+ square feet of office space with a conference room to 125 square feet of dedicated space and some shared space. There is one dedicated storage room, one private office and three workstations.
  - Free parking
    - C. Barrit will draft a memo detailing what the resumption of in-person meetings will look like, the mandated safety precautions, where to park, etc. The Commission on HIV (COH) will maintain the ability for members of the public to participate through WebEx and via telephone. **Note:** in-person meetings comprise meetings that fall under the Brown Act requirements (i.e., full COH, Operations, Executive, Standards and Best Practices (SBP), Public Policy (PP), and Planning, Priorities, and Allocations (PP&A) meetings; caucuses, task forces, and work groups will remain virtual.
  - Concerns were expressed regarding the hybrid meeting format, most specifically: (1) meeting in-person for those who have child-care responsibilities or live far away, (2) exposing children at home who are unvaccinated, and (3) the requirement of having to list addresses for those attending remotely. C. Barrit acknowledged the concerns and informed everyone that all issues and concerns were previously documented and submitted to the Board of Supervisors (BOS). C. Barrit reminded Operations of the teleconferencing policy that was reviewed in June and offered the opportunity to use this policy to attend remotely. C. Barrit reminded commissioners that they are appointed officials who must meet the same teleconferencing requirements as elected officials (i.e., posting of the agenda 72 hours in advance, the address of where the meeting is being attended remotely, the site being open to the public, ADA compliant, and access to the meeting materials). She indicated COH is moving forward with preparing for in-person meetings (ex: vaccination mandate for all staff from the BOS, providing personal protective equipment for meeting attendees, etc.) but will readjust if Governor Newsome updates or extends the Executive Order as it pertains to virtual meetings. C. Barrit informed Operations that remote meeting sites are being researched and COH is waiting for confirmation from Watts Healthcare as a possible alternate remote meeting location.
  - The public will still have an opportunity to provide comment and feedback, staff will be assigned to monitor WebEx chats, live room activities, and updating the website to allow for electronic submissions of public comment forms.

B. Final Report and Analysis: HealthHIV Assessment on Commission Effectiveness

- The final report and analysis of the HealthHIV assessment is located on pages 17-22 of the packet. C. Barrit compiled a summary of HealthHIV's recommendations. It is a high-level analysis of their key finding, inclusive of what commissioners identified as additional key strategies. The assessment contains reported areas of improvement by category, strategies that commissioners discussed at the full body meeting, and a section for additional staff notes and recommendations for action. The red arrows indicate key recommendations from staff, while the rest is informational items to acknowledge and refresh commissioners' memory as to what has been done in the past. The categories were discussed as follows:
  - You may access the full document at the link above; the document is located on pages 17-22 of the packet.
  - Recruitment and Retention: this is the role of the Operations committee. Out of the three key recommendations and areas for improvement, Operations has prioritized recruiting populations which mirror the epidemic in Los Angeles county. There are additional efforts in areas such as (1) new member orientations, (2) trainings, and (3) attendance review. As a response to the challenges with attendance, C. Barrit inquired if in addition to new member orientations, would virtual drop-in hours for new and seasoned members for the

purpose of ongoing trainings and having an open space to ask questions for anything that remains unclear around the work of the Commission be helpful. C. Barrit asked for support from Operations members who are available and willing to help staff during the drop-in hours, to assist.

- C. Barrit will add additional details about the resumption of in-person meetings to the document.

- C. Barrit highlighted the opportunity for alternate meeting times and pointed to the Prevention Planning Workgroup as leading the way for having meetings in the evenings, as their meetings are held from 5:30 to 7:00 PM.
- Mentorship program: there were comments regarding improving the mentorship program. The Operations committee approved and adopted the Mentorship/Peer Collaborator Buddy Program, inclusive of a guide that lists the expectations for both mentors and mentees. More volunteer members are needed.
  - Staff will send reminders for commissioners to connect with each other.
  - C. Barrit suggested for the Operations committee to review the membership guide annually.
- Community Engagement and Representation: a social media toolkit was created, and the Operations committee will continue to look for opportunities to promote the Commission either in print or social media ads. Staff member Catherine Lapointe will lead the Commission's social media presence and content development. C. Barrit highlighted the youth outreach effort done by Commissioner Frankie-Darling Palacios. F. Darling-Palacios presented on what the Commission is about and encouraged meeting attendance.
- Streamlining the Commission's Work: there was the recommendation for staff to continue with refresher courses on the purpose and role of the Commission. C. Barrit added reviewing the purpose and charge of all the committees and developing scopes of work on how to strengthen the pieces within specific areas. Increasing the visibility and participation of the Consumer Caucus at all committee meetings was emphasized. In terms of streamlining the work of the overall Commission, some of the examples provided are as follows: (1) the collaboration that took place between the Women's Caucus with the Aging Task Force in hosting a virtual event on Women Living with HIV and Aging, (2) using plain language in our materials and obtaining feedback to ensure the language being used is simple and easy to understand, and (3) the Getting To Know You ice-breaker activity as a standing item on committee agendas.
- C. Barrit requested that the Operations committee review the document and provide additional feedback at the next Operations committee meeting.

C. COH Tool Kit

- Staff member Jose Rangel-Garibay is developing a user-friendly, easy to follow guide or "cheat sheet" to accompany the tool kit. The guide will consist of a 5-step road map or things to consider when using the tool kit; examples will be included. COH is working with the technology department to update the commission's website. The tool kit will be added to the updated website, opposed to a temporary drop box, once the website update is complete.

6. Co-Chair's Report

A. **Welcome Alexander Luckie Fuller to the Operations Committee**

- Commissioner Luckie Alexander was welcomed to the Operations Committee.

B. ***So You Want to Talk About Race?* – Book Reading Activity**

- Commissioner Luckie Alexander read from chapters 10 and 11.

C. 2021 Work Plan

- C. Moreno reviewed the 2021 Operations Work Plan. Cross-throughs indicate progress on: (1) Planning Council Effectiveness final analysis was completed; the Operations Committee will discuss ways to implement the findings and recommendations, (2) staff submitted the updated, condensed, and community-friendly application that is awaiting County Counsel approval, (3) Consumer Engagement and Retention: tool kit and new social media Instagram account was created, (4) consumer leadership and training is ongoing and the NMAC BLOC series training is confirmed for September 13-17,2021, and (5) attendance review is done quarterly and agendized on the current Operations agenda.

7. MEMBERSHIP MANAGEMENT REPORT

- 2021 Renewal Applications
  - Thomas Green (Seat #15) – Motion #3

    Motion #3: roll call vote; renewal application approved at the Operations level and elevated to the Executive Committee.
  - Eduardo Martinez (Seat #29) – Motion #4

    Motion #4: roll call vote; renewal application approved at the Operations level and elevated to the Executive Committee.
  - Alexander Fuller (Seat #17) – Motion #5
  - Motion #5: roll call vote; renewal application approved at the Operations level and elevated to the Executive Committee.
- Staff provided an update on commissioner resignations: Nestor Kamurigi (seat #41), Kayla Walker-Heltzel (seat #31, alternate) and Damontae Hack (seat #23, alternate).
- Tony Spear's seat will be agendized for seat vacate based on previous attendance discussions and Operations committee recommendations.
- Attendance review:
  - Operations: no issues with attendance.
  - Executive: no issues with attendance.
  - Public Policy(PP): Tony Spears; seat to be placed on next agenda for vacate.
  - Standard and Best Practices (SBP): Joshua Ray; staff will try to make contact.
  - Planning, Priorities, & Allocations (PP&A): Guadalupe Velazquez; decision made to place her on an involuntary leave of absence until COH finds out her status.
  - Excessive leaves of absences will be agendized in October as there has been some instances of extended leaves of absences in which commissioners have been gone for most of their appointment and this might have unintended consequences of hindering the ability of other commissioners who have been participating and attending meetings from having a full seat.

V. DISCUSSIONS

8. RECRUITMENT, RETENTION, AND ENGAGEMENT:

- Co-Chair C. Moreno expressed appreciation for everyone's continued efforts in outreach, engagement, and recruitment within the community and for letting people know about the Commission. He highlighted the tool kit and new Instagram account set up for the COH.
  - On a future agenda schedule time for exploring ways to set up personal accounts, such as LinkedIn, for commissioners to support recruitment and engagement. As it now stands, LinkedIn accounts are tied to users and if Commission staff opens an account on behalf of the Commission, it will be linked to whichever staff member opened the account and not specifically to the commission. A discussion needs to be centered around who will manage the account, the recruitment team, content material, etc.
- Moreno mentioned that there was a recommendation made at one of the Consumer Caucus meetings to place full body Commission meetings on Event Brite; this might be an area the Operations committee needs to explore.
- Staff member Catherine provided her email in the chat box if anyone is interested in providing feedback and ideas for the Instagram account: CLapointe@lachiv.org .

VI. NEXT STEPS

9. TASK/ASSIGNMENTS RECAP:

- Operations committee will provide feedback on the Final Report and Analysis: HealthHIV Assessment on Commission Effectiveness, pages 17-22 of the packet.
- Add tool kit and social media Instagram account to work plan under item #4.
- Request made to send additional mentorship reminders.

10. AGENDA DEVELOPMENT FOR NEXT MEETING : There was no additional items.

VII. ANNOUNCEMENTS : None.

VIII.ADJOURNMENT

11. ADJOURNMENT: The meeting adjourned at 12:03 pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT

OPERATIONS VIRTUAL MEETING MINUTES

September 23, 2021

OPERATIONS MEMBERS P=Present | A=Absent									
Carlos Moreno *Co-Chair*	P	Juan Preciado *Co-Chair*	EA	Miguel Alvarez	P	Danielle Campbell	P	Michele Daniels (Alt)- ***LOA***	EA
Felipe Findley, PA-C, MPAS, AAHIVS	P	Alexander Fuller	P	Joe Green	EA	Justin Valerio, MPA *Exec, At-Large*	P		
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA, *Executive Director*		Sonja Wright, MS, LAc		Jose Rangel-Garibay, MPH					

*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 approval

Meeting agenda and materials can be found on the Commission's website at
http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt-OPS_9_23_21.pdf?ver=5eT-BUe7KNS1zh-ajNzETw%3d%3d

ALL TO ORDER – INTRODUCTIONS – CONFLICTS OF INTEREST: Mr. Carlos Moreno called the meeting to order at 10:00 am. Committee Members introduced themselves and identified care and/or prevention conflicts of interest.

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: No minutes.

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**:

None.

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**:

None.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

Operational Reports

Executive Director Cheryl Barrit discussed the following:

- On September 16, 2021, Governor Newsom signed Assembly Bill 361 which allows for the continuation of virtual meetings through year 2024. As long as the state has declared a public emergency, of which Governor Newsom has not lifted, the allowance of virtual meetings will continue with the provision that the Board of Supervisors has a process in place for community and public comments. There is an additional provision requiring the public to have the ability to comment during the meeting of which the Commission on HIV (COH) already has in place via monitoring of the chat box, phone lines, and periodic comment/feedback requests asked for throughout the duration of the meeting.
  - C. Barrit will send an email out after the Executive Committee meeting communicating continuance of virtual meetings.
- The attendance policy remains the same in that Commissioners are to contact staff in the event that they are unable to attend a full body or their required Committee meeting.
  - The Operations Committee will look at the attendance policy during today's meeting and identify any aspect that needs further clarification or stronger language.
- C. Barrit continued the discussion of findings from the HealthHIV Planning Council Effectiveness Assessment. The Operations Committee will prioritize recommendations for membership recruitment, training, and retention for the 2022 Committee Workplan. C. Barrit made the recommendation to look at the overall assessment when developing the 2022 Workplan and focus on: (1) the Assessment of the Administrative Mechanism (AAM) and (2) prioritizing filling the unaffiliated consumer seats.
- C. Barrit started the discussion on reviewing the process for conducting the AAM. The AAM involves the planning council, in this case the COH, determining how quickly the grantee, the Division of HIV and STD Programs (DHSP), is able to put Ryan White dollars out onto the streets and how quickly programs are funded. The Committee will consider using an anonymous survey that can be disseminated to contracted providers on annual basis to assess how quickly Los Angeles County is able to fund HIV services in the community. The Committee will discuss concerns regarding the format and the way it is conducted (i.e., externally via independent consultant versus internally via SurveyMonkey), review the AAM legislative requirements, and review draft questions for the survey at the October meeting.

6. Co-Chair's Report

- Co-Chair Carlos Moreno reported on the National Minority AIDS Council (NMAC) Building Leaders of Color (BLOC) training held for people of color and allies on September 13-17. Sixteen individuals participated and the general feedback was that the BLOC training was exemplary and empowering for consumers. The training exposed community members to the work of planning councils, and hopefully, will generate applications for Commission membership, especially for unaffiliated consumers.

A. ***So You Want to Talk About Race?*** **– Book Reading Activity**

- Commissioner Felipe Findley read from chapter 14.

B. 2021 Work Plan

- Operations reviewed the 2021 Work Plan. Cross-throughs indicate progress on: (1) Planning Council Effectiveness final analysis was completed; the Operations Committee will discuss ways to implement the findings and recommendations and incorporate these into the 2022 work plan, (2) staff submitted the updated, condensed, and community-friendly application that is awaiting County Counsel approval, (3) Consumer Engagement and Retention: tool kit and new social media Instagram account was created, (4) consumer leadership and training is ongoing and the NMAC BLOC series training was completed (see the Co-Chair's report above), and (5) attendance review is done quarterly.
  - Agendize Parity and Reflectiveness (PIR) review in December.

7. Attendance Policy

- With the signing of AB 361 by Governor Newsom, allowing the continuance of virtual meetings, the Operations Committee briefly reviewed the Attendance Policy. The policy was recently revised to allow greater flexibility and grace for unaffiliated consumers in that non-attendance will be reviewed on a case-by-case basis. The Committee felt the Attendance Policy, in its current form, is sufficient and up to date; it will be revisited as needed.

8. MEMBERSHIP MANAGEMENT REPORT

- 2021 Renewal Application
  - Ernest Walker (Seat #47) – Motion #3 (6 ayes; 0 noes; passed)

    Motion #3: roll call vote; renewal application approved by the Operations Committee and elevated to the Executive Committee.
- New Member Application
  - Greg Wilson – Motion #4

    Motion #4: roll call vote; (0 ayesl 5 noes; motion failed)

    There was an in-depth discussion regarding issues and concerns with Mr. Wilson's previous behavior on the Commission and it was expressed that the application should have been halted upon receipt; it was explained that an application cannot be denied upon receipt and that it must go through the process. Commissioners Justin Valero and Carlos Moreno, who participated on the interview panel noted they followed the process and adhered to the standard questions for applicants. Operations Committee members discussed the application and past actions of G. Wilson; Operations members did not approve moving the application to the Executive Committee level.
    - ➢ Agendize discussion of incorporating a "previous behavior" question for returning Commissioners into the interview questions, <u>after</u> the new applicant questions have been reviewed and revised.
  - Two new member applications were received, Alexander Silva and Graciela Centeno. After discussion of the applicants and their interviews, it was the recommendation of the Operations Committee to have them attend at least 2, preferably 3, meetings (i.e., Commission, committee, caucuses, or task force).
- Quarterly Attendance Report | Updates
  (1) Involuntary Leave of Absence (LOA) – Guadalupe Velazquez
    - G. Velazquez was placed on an involuntary leave of absence to allow for self and family care

  (2) Involuntary Leave of Absence (LOA) – Joshua Ray
    - J. Ray was placed on an involuntary leave of absence to allow for self-care

  (3) Seat Vacate – Tony Spears **MOTION #5**
    - Due to non-attendance of Commission and committee meetings and failure to respond to communications (phone calls, emails, etc.), the committee is moving forward with the motion to vacate the seat.

  Motion #5: roll call vote; seat vacate approved at the Operations Committee level and elevated to the Executive Committee.
- Revise Interview Questions – New Applicants-Only

  Operations will discuss/start the process of reviewing and revising the application interview questions with the aim of making the questions more specific, relatable, consumer- and community-friendly. Operations will decide if this will be a committee or subgroup activity at its next meeting. If a subgroup is decided upon, the members and meeting time will be finalized at the next Operations meeting; in addition, a Word version of the document will be sent to the subgroup members. (Carlos Moreno, Justin Valero, and Damone Thomas volunteered for the potential subgroup).
  - ➢ Send Word version of interview questions.

<u>V. DISCUSSIONS</u>

9. ENDING THE HIV EPIDEMIC (EHE) OPPORTUNITIES

- Barrit recommended that Operations visits the list of activities that Julie Tolentino (DHSP) presented to the Consumer Caucus and think of ways Operations can support the EHE initiative.

10. RECRUITMENT, RETENTION, AND ENGAGEMENT:

- C. Barrit recommended prioritizing filling the unaffiliated consumer seats in order to meet the federally required threshold.

11. MENTORPSHIP aka PEER COLLABORATOR/BUDDY PROGRAM

- C. Barrit mentioned that Commissioner Pamela Coffey is requesting a mentor and opened the floor for volunteers.

VI. NEXT STEPS

12. TASK/ASSIGNMENTS RECAP:

- Review/revise application interview questions.
- Review list of EHE activities presented at Consumer Caucus at a future Operations meeting.
- Discuss implementation of the AAM.
- Agendize PIR/reflectiveness table review in December.

13. AGENDA DEVELOPMENT FOR NEXT MEETING : There was no additional items.

VII. ANNOUNCEMENTS : None.

VIII.ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 12:17 pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

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)**

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 10/21/21

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	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			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
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
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**	No Affiliation	No Ryan White or prevention contracts
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
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
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
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
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
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
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
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
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
ROBINSON	**Mallery**	No Affiliation	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)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	**Reba**	No Affiliation	No Ryan White or prevention contracts
THOMAS	**Damone**	No Affiliation	No Ryan White or prevention contracts
VALERO	**Justin**	California State University, San Bernardino	No Ryan White or prevention contracts
VEGA	**Rene**	Via Care Community Clinic	Biomedical HIV Prevention
VELAZQUEZ	**Guadalupe**	Unaffiliated consumer	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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857
HIV/AIDS Bureau

October 19, 2021

Dear Ryan White HIV/AIDS Program Colleagues,

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is pleased to issue Policy Clarification Notice (PCN) 21-02, *Determining Client Eligibility and Ensuring Payor of Last Resort in the Ryan White HIV/AIDS Program*. Effective today, PCN 21-01 replaces PCN 13-02, *Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements*.[1] The purpose of this new PCN is to respond to recipient requests to reduce administrative and client burden while enhancing continuity of care to ensure that clients have access to medical and support services in order to achieve viral suppression.

There are two major changes incorporated in PCN 21-02. It eliminates the six month recertification requirement, and replaces it with allowing RWHAP recipients and subrecipients the flexibility to conduct timely eligibility confirmation in accordance with their policies and procedures to assess if there are changes in a client's income and/or residency status. The PCN also states affirmatively that immigration status is irrelevant for the purposes of eligibility for RWHAP services.

HRSA HAB regularly assesses program policies and guidance to ensure compliance and identify ways to reduce recipient and client burden, and has received feedback on recipients' challenges with implementing PCN 13-02. Recipients and subrecipients sought more streamlined and flexible policies to ensure people with HIV obtain access to and are retained in care. PCN 21-02 achieves this by retaining many of the important aspects of PCN 13-02, but provides additional clarity, particularly around complying with the payor of last resort requirement.

HRSA HAB would like to thank the RWHAP stakeholder community for their ongoing feedback and input which helped to inform efforts to reassess the requirements for RWHAP eligibility determinations. HRSA HAB anticipates that the successful implementation of these critical changes with additional clarity will better position RWHAP recipients and subrecipients to update their policies and procedures to enable clients to obtain and maintain access to RWHAP care and treatment services and reduce unnecessary disenrollment, without compromising the integrity, scope, and implementation of the RWHAP.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau

[1] HRSA HAB Policy Clarification Notice 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf

Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program

Number: Policy Clarification Notice 21-02

Replaces: HRSA HAB Policy Clarification Notice 13-02 *Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements*

Issue Date: October 19, 2021

I. Purpose

This Policy Clarification Notice (PCN) outlines the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) guidance for Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients for determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services.[1]

II. Scope and Applicability

This PCN applies to RWHAP Parts A, B, C, D, and Part F when funding supports direct care and treatment services. As of the effective date, this PCN applies to competing continuation, non-competing continuation, and new awards.

III. Effective Date

The effective date of this PCN is October 19, 2021.

IV. Eligibility Requirements for RWHAP Services

People are eligible to receive RWHAP services when they meet each of the following factors:

1. HIV Status

- A documented diagnosis of HIV.[2] (Note: People who do not have an HIV diagnosis are eligible to receive certain services as outlined in HRSA HAB PCN 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*,[3] and as otherwise stipulated by HRSA HAB.)

2. Low- Income

- The RWHAP recipient defines low-income. Low-income may be determined based on percent of Federal Poverty Level (FPL),[4] which can be measured in several ways (e.g., Modified Adjusted Gross Income,[5] Adjusted Gross Income, Individual Annual Gross Income, and Household Annual Gross Income).

[1] RWHAP recipients (including AIDS Drug Assistance Programs) and subrecipients may collect additional information as necessary for program administration.
[2] HIV Clinical Guidelines: Adult and Adolescent ARV. https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines
[3] HRSA HAB Policy Clarification Notice 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
[4] U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs. https://aspe.hhs.gov/poverty-guidelines
[5] HRSA HAB Policy Clarification Notice 13-03 *Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post Implementation of the Affordable Care Act*. https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1303eligibilityconsiderations.pdf

3. Residency

- The RWHAP recipient defines its residency criteria, within its service area.

Note: Immigration status is irrelevant for the purposes of eligibility for RWHAP services.[6] RWHAP recipients or subrecipients should not share immigration status with immigration enforcement agencies.

Guidance on Determining RWHAP Eligibility

Policies and Procedures for Establishing RWHAP Eligibility

HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined above, including documentation requirements. HRSA HAB does not require documentation to be provided in-person nor be notarized.

RWHAP recipients and subrecipients are expected to develop protocols to facilitate the rapid delivery of RWHAP services, including the provision of antiretrovirals for those newly diagnosed or re-engaged in care. If services are initiated prior to eligibility being established, RWHAP recipients and subrecipients must conduct a formal eligibility determination within a reasonable timeframe and reconcile (i.e., properly account for) any RWHAP funds to ensure that they are only used for allowable costs for eligible individuals.

Policies and Procedures for Confirming RWHAP Eligibility

RWHAP recipients and subrecipients must conduct timely eligibility confirmations, in accordance with their policies and procedures, to assess if the client's income and/or residency status has changed. RWHAP recipients and subrecipients are permitted to accept a client's self-attestation of "no change" when confirming eligibility, although HRSA HAB does not recommend that recipients and subrecipients rely solely on client self-attestation indefinitely. RWHAP recipients and subrecipients should not disenroll clients until a formal confirmation has been made that the client is no longer eligible.

Best Practices to Promote Continuity of Services and Care in the RWHAP

RWHAP recipients and subrecipients should consider adopting the following best practices when designing their eligibility policies and procedures.

RWHAP recipients and subrecipients should conduct periodic checks to identify any potential changes that may affect eligibility, and require clients to report any such changes. Recipients and subrecipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income[7] and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client. If the RWHAP client still meets the eligibility criteria based on recent, reliable, available data, recipients and subrecipients may renew that client's eligibility without requesting additional information from the individual.

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[6] *See* 8 U.S.C. § 1182(a)(4); Field Guidance on Deportability and Inadmissibility on Public Charge Grounds, 64 Fed. Reg. 28, 689 (Mar. 26, 1999). https://www.govinfo.gov/content/pkg/FR-1999-05-26/pdf/99-13202.pdf

[7] Federal Low-Income Programs: Use of Data to Verify Eligibility Varies Among Selected Programs and Opportunities Exist to Promote Additional Use. https://www.gao.gov/products/gao-21-183

RWHAP recipients and subrecipients should identify opportunities to streamline eligibility determination policies and procedures across service categories and RWHAP parts within the service area. In addition, RWHAP recipients and subrecipients are encouraged to develop data-sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs.

V. Payor of Last Resort

Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service "to the extent that payment has been made, or can reasonably be expected to be made under. . . any State compensation program, under an insurance policy, or under any Federal or State health benefits program. . . , or by an entity that provides health services on a pre-paid basis."[8]

Guidance on Complying with the Payor of Last Resort Requirement

RWHAP recipients and subrecipients must ensure that reasonable efforts are made to use non-RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite RWHAP funds. RWHAP recipients and subrecipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public[9] and private[10] funding sources for which they may be eligible. RWHAP recipients and subrecipients can continue providing services funded through RWHAP to a client who remains unenrolled in other health care coverage so long as there is rigorous documentation that such coverage was vigorously pursued. RWHAP recipients and subrecipients should conduct periodic checks to identify any potential changes to clients' healthcare coverage that may affect whether the RWHAP remains the payor of last resort, and require clients to report any such changes.

Coverage of Services by the Ryan White HIV/AIDS Program

RWHAP funds may be used to fill in coverage gaps for individuals who are either underinsured or uninsured in order to maintain access to care and treatment services as allowable and defined by the RWHAP. RWHAP funds may be used for core medical and support services if those services are not covered or are only partially covered by another payer, even when those services are provided at the same visit.

[8] Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) of the Public Health Service (PHS) Act. See also 2671(i) of the PHS Act. The Indian Health Service is statutorily exempted from the payor of last resort provision.

[9] HRSA HAB Policy Clarification Notice 13-01 *Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program*. https://hab.hrsa.gov/sites/default/files/hab/Global/1301pcnmedicaideligible.pdf

[10] HRSA HAB Policy Clarification Notice 13-04 *Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program*. https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1304privateinsurance.pdf

Quick Reference Handout 7.2: Assessment of the Administrative Mechanism

Legislative Requirement

The Ryan White HIV/AIDS Program (RWHAP) legislation requires each Part A program's planning council to *"assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."* [Section 2602(b)(4)(E)]. This responsibility is generally referred to as the "assessment of the administrative mechanism" or AAM. Some planning bodies also do an assessment of the administrative mechanism (AAM), though this is not legislatively required.

Some planning councils/planning bodies (PC/PBs) also become involved in assessing the effectiveness of services, usually in coordination with recipient activities related to use of performance measures and clinical outcomes, but this is not part of the AAM. This document focuses on planning and implementing an annual AAM.

What is an AAM?

The AAM is a review of how quickly and well the Part A recipient (and administrative agency, if one exists) carries out the processes needed to contract with and pay providers for delivering HIV-related services, so that that the needs of people living with HIV/AIDS (PLWH) throughout the Part A service area are met. Emphasis is on ensuring services to PLWH and to communities with the greatest need for Ryan White services.

The Part A Manual says:

> *"Its purpose is to assure that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner…*
>
> *Generally, assessments are based on time-framed observations of procurement, expenditure, and reimbursement processes. For example, the assessment could identify the percent of funds obligated within a certain time period (e.g., 90 days) from the date of grant award and the percent of providers that are reimbursed within a specified number of days following submission of an accurate monthly invoice. Reimbursement processes can be tracked from date of service delivery through invoicing to payment, with documentation of delayed payments and, where feasible, any adverse impact on clients or providers. This information is usually obtained from the grantee in aggregate form. Sometimes the planning council will arrange to obtain information directly from providers…"* [p 101]

This is the *only* PC/PB task that involves looking at procurement and contracting, which are recipient responsibilities.

HSRA/HAB Expectations

HRSA/HAB expects each PC/PB to conduct an AAM annually, provide a written report with conclusions and recommendations to the recipient, and receive a written response from the recipient. The Notice of Funding Opportunity (NOFO) for the annual competitive Part A application sometimes asks for a summary of AAM findings and recommendations and the recipient's response, and occasionally asks that they be submitted as an attachment to the application.

Scope of the AAM

Topics covered in the AAM typically include the following:

- **The procurement process for RWHAP services**—including outreach to potential new service providers ("subrecipients"), dissemination of the Request for Proposals (RFP), number of applications received and funded, the review process for proposals to provide services, including use of an objective review panel and the composition of that panel, and criteria used in selection of subrecipients as service providers.
- **Contracting**—including the length of time between Notice of Grant Award to the recipient and completion of fully executed subcontracts with service providers/subrecipients.
- **Reimbursement of subrecipients**—including the monthly reporting and invoicing process and the length of time between recipient (or administrative agency) receipt of an accurate invoice with required documentation and issuance of a reimbursement check to the provider, as well as obstacles to timely reimbursement.
- **Use of funds**—whether contracting and expenditure of Part A funds are consistent with allocations made by the planning council,[1] and the proportion of formula and supplemental Part A funds that are expended by the end of the program year. The PC needs this information for the Letter of Assurance (or for a PB, the Letter of Concurrence) that must be included each year in the Part A application.

Measures should be consistent with local, state, or federal requirements. For example, the recipient or administrative agency is required to reimburse subrecipients within 30 days after receiving a correct invoice. A competitive procurement process should include objective review by a panel of at least three subject matter experts.[2]

In addition to these essential topics, the AAM sometimes addresses another topic important to the PC/PB:

- **Engagement with the PC/PB in the planning process**—how and how well the recipient and PC/PB work together to carry out shared and coordinated planning tasks, to meet legislative requirements, the extent to which the PC/PB receives the data needed for sound decision making, and evidence of success in maintaining and strengthening the system of HIV care, so desired performance and standards and clinical outcomes are reached. If there is an MOU between the PC/PB and recipient, the AAM looks at the extent to which both parties met their commitments, including the extent to which all agreed-upon data and reports from the recipient were

1 Planning bodies that are not planning councils offer only recommendations, so this requirement does not apply to them.

2 The 30-day requirement is stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (Uniform Guidance), 4 CFR 75.305, available at https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=501752740986e7a2e59e46b-724c0a2a7&ty=HTML&h=L&r=PART&n=pt45.1.75. The requirement for an objective review panel to include at least "three unbiased reviewers with expertise in the programmatic area for which applications are submitted" is in the HHS Grants Policy Statement, p I-29. See https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

received on schedule by the PC/PB and its committees. PC/PBs and recipients often agree to include this information as a useful way to assess their relationship and compliance with mutual commitments.

Sometimes PC/PBs want to include monitoring of other aspects of recipient management in the AAM—but HRSA/HAB does not support this: "The planning council should not be involved in how the administrative agency monitors providers" [Part A Manual, p 102].

Methods for Conducting an AAM

PC/PBs use a variety of methods to carry out their AAMs. Most often, the information is collected through a combination of the following:

- **Obtaining summary information from the recipient** about each of the topics. For example, this is likely to include the percent of contracts fully executed within 30, 60, and 90 days after notice of grant award; the average time (and the range of days) required each month for the recipient to issue checks to funded providers following receipt of accurate invoices; and the amount and percent of Part A funds allocated by the PC/PB to each service category versus the amount and percent actually spent on each service category. Recipients sometimes report this information annually, but may also provide some data twice annually or quarterly.

TIP: Agree with the recipient on data to be requested, and if possible, document agreements in a chart format. Reach agreement at the beginning of the program year. This will make it easier for the recipient to collect information throughout the year and provide the needed information promptly.

- **Review of expenditure and related data,** usually provided to the PC/PB monthly by the recipient, including expenditures by service category, under- and over-expenditures, and progress and concerns related to funding, contracting, and program management.

TIP: As with the summary data provided annually, reach agreement with the recipient at the beginning of the year on the scope and format of monthly data reports, including a financial data chart and a template for narrative updates. Maintain the same format year after year if it works well, but review content and format at least every two years, and agree on changes as needed.

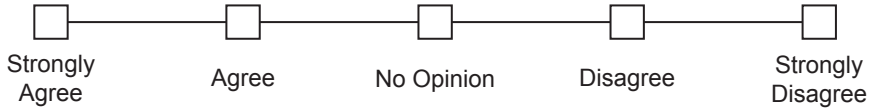
- **A survey of subrecipients/funded providers** to learn about their experiences related to procurement, contracting, and reimbursement. This is often done using an online survey format and a combination of multiple-choice or rating-scale questions and a few open-ended questions. Some PC/PBs do a provider survey every year, others less often.

TIP: To obtain a reasonably high response rate (more than half the funded providers), keep the survey as short as possible, and use questions that just require a rating or checking a box. Be sure the survey is sent to the right person (who has the information requested), and send frequent reminders to complete the survey.

Example of Rating Scale Questions

	Always	Usually	Rarely	Never	N/A, Don't know
The recipient processes invoices within two weeks of submission.	○	○	○	○	○

The Recipient Office staff informed my agency of reallocation processes and the requirements of our spending plan in order to make necessary adjustments during the year.



Examples of Well-Written Questions

Provider Survey Questions

Questions should be clear and direct. For example, here are some questions for providers regarding the procurement process and reimbursements. The questions use a rating scale response option.

- The recipient provides feedback to each bidder.
- The recipient processes invoices within 2 weeks of submission.
- The recipient issues payments within 30 days following submission of complete, accurate invoices.
- The Recipient Office staff informed my agency of reallocation processes and the requirements of our spending plan in order to make necessary adjustments during the year.

Sources: Memphis and West Central Florida Care Council AAM provider surveys.

PC Member Survey Questions

The example questions below address how the recipient works with the PC and whether it follows allocations and directives established by the PC. These questions use a rating scale response option.

- The Planning Council receives regular monthly reports on service utilization and expenditures by service category.
- The Planning Council receives a year-end summary of expenditures, utilization, unit costs, and client demographics by service category.
- The recipient has a staff member at each committee meeting except when asked not to attend.
- The recipient's contracting follows Planning Council service category priorities, allocations, and reallocations.
- The recipient implements directives from the Planning Council on how best to meet priorities.

Sources: Memphis 2015 AAM PC survey and the 2012-2013 West Central Florida Care Council survey.

Once all the information has been collected, and data from providers and PC/PB members has been aggregated and summarized by question and topic, the responsible committee reviews the data, identifies findings for each question and topic area, and agrees on conclusions and recommendations. Often the committee outlines the content, and then either a subcommittee or the PCS staff (or a consultant) prepares the written report for committee and full PC/PB review and approval.

Challenges in Conducting an AAM

- **Reviewing data without provider names.** The AAM is usually carried out jointly by a PC/PB committee and a Planning Council Support (PCS) staff member or consultant. PCS staff involvement is particularly important because of the expectation that, in all their work, PC/PBs receive and discuss data about providers only in the aggregate, overall or by service category, ***not*** by agency name. The AAM often involves obtaining information from individual subrecipients. PCS staff (or a consultant) typically receives provider surveys and aggregates that information, so the PC/PB committee receives combined data from those surveys, but members do not see information that identifies or could be linked to subrecipients by name.
- **"Mission creep."** As the *Part A Manual* indicates, "*This is the only situation in which the planning council considers issues related to procurement and contract management, which are the grantee's sole responsibility."* Assessing the administrative mechanism is not meant to be an evaluation of the recipient or of individual subrecipients/service providers. There is sometimes a tendency to broaden the scope of the AAM to include issues that are not appropriate for PC/PBs to address. PC/PB leaders and the appropriate committee should be familiar with HRSA/HAB guidance through the *Part A Manual.* Knowledgeable PCS staff can also help avoid this situation.

Examples of AAM Methods

Some Planning Councils post their assessment reports. Example A summarizes the methodology used for the Orlando EMA HIV Services Planning Council's FY 2015 assessment of the administrative mechanism; the report is available online.[3] Example B describes the methods and sources used by the Tampa/St. Petersburg EMA for its FY 2012 AAM; that assessment report,

EXAMPLE A

Scope and Methodology: Assessment of the Administrative Mechanism, Orlando EMA

Scope: "This report addresses the following areas: a) the extent to which the recipient's office follows the Planning Council's directives regarding the ways to best meet needs and their spending priorities; b) the renewal and contracting processes; c) the filing/reimbursement process; d) survey findings based on responses from Providers and Planning Council members; e) interviews with Recipient, Fiscal and Procurement staff; and f) file reviews of invoices and contracts."

Methods: "Various methods were used to collect the information needed to address the Assessment of the Administrative Mechanism. These methods included: a literature review, including a review of previous and other EMA's reports; analysis of completed 2015–16 provider surveys and Planning Council member surveys; interviews with the Recipient, Fiscal and Procurement departments; and file reviews. The provider and Planning Council member surveys were handled confidentially which enabled candid responses without repercussions."

3 Center for Change, Inc., "Assessment of the Administrative Mechanism, Fiscal Year 2015/2016," Orlando EMA HIV Service Planning Council, available at: https://www.orangecountyfl.net/Portals/0/Resource%20Library/families%20-%20health%20-%20social%20svcs/Ryan%20White/Assessment%20of%20the%20Administrative%20Mechanism.pdf.

including tools, is also available online.[4] Both assessments follow Part A Manual guidance on the scope of the assessment.

PC/PBs are usually willing to share tools and reports. PCS staff should contact colleagues for advice and assistance when needed—and make them accessible to other PC/PBs by posting their own methods, tools, and reports on their websites where feasible.

EXAMPLE B

Methodology for the Assessment of the Efficiency of the Administrative Mechanism, West Central Florida Ryan White Care Council, FY 2012-2013

"The Assessment of the Administrative Mechanism examines the allocations determined by the Care Council, contracting of those services, and reimbursement for those services. Data was collected through the following means:

- Provider Survey
- Care Council Survey
- Review of Care Council Approvals of Allocations and Re-allocations
- Review of Provider Contracts and Contract Amendments
- Review of Provider Invoices and Reimbursement Records
- Review of Committee Meeting Minutes
- Interviews with Grantee staff, provider staff, and Care Council members

Both the Provider Survey and the Care Council Survey questions were reviewed by the Resource Prioritization and Allocation Recommendations Committee (RPARC). The Health Council of West Central Florida announced the surveys via email, which provided a link to the web-based survey tool."

4 Health Council of West Central Florida, under contract by The Health Councils, Inc., "West Central Florida Ryan White Care Council Assessment of the Administrative Mechanism Part A, 2012-2013." Available at: http://thecarecouncil.org/wp-content/themes/RyanWhite/files/AAM%20Part%20A%202012%2013%20Report%20Final.pdf.

Los Angeles County Commission on HIV (COH)
Assessment of Administrative Mechanism Annual COH Member and Contracted Provider Survey
Draft Questionnaires – FOR DISCUSSION PURPOSES ONLY
OPERATIONS COMMITTEE

Background:
The purpose of the Assessment of the Administrative Mechanism (AAM) is to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Health Resources Administration (HRSA) expects planning council to complete the AAM on an annual basis.

The proposed survey will be administered anonymously via Survey Monkey. One component of the survey will focus on Commissioners, the other among a group randomly selected 20 contractors. Incentives may be offered to encourage participation.

Part 1 | Commissioners only:

1. For how long have you served as a Commissioner and/or Alternate on the Los Angeles County Commission on HIV?
   - Less than 1 year
   - Between 1-2 years
   - Between 3-4 years
   - 5 years or more

2. During the (INSERT RYAN WHITE PROGRAM YEAR) planning, priority setting and resource allocation process, which committee(s) were you a member of?
   - Executive
   - Operations
   - Planning, Priorities and Allocations
   - Public Policy
   - Standards and Best Practices
   - N/A-I was not a member
   - Comments

3. During the (INSERT RYAN WHITE PROGRAM YEAR) priority setting and resource allocation planning cycle, did the Commission on HIV assess an appropriate amount and type of data on an ongoing basis to determine community needs?
   - Yes
   - No
   - I don't Recall
   - N/A-I was not a member during the last planning cycle
   - Comments

4. During the (INSERT RYAN WHITE PROGRAM YEAR) planning cycle, do you recall any of the following DHSP reports being provided as a part of the priority setting and resource allocation process?
   - Ryan White Program expenditure reports (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)

- Annual report to HRSA (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- Service utilization data (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- Needs assessment data (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- Program updates (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- HIV Surveillance data (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- Comments

5. Please indicate the degree to which you agree with the following statement: *There is adequate consumer participation and input in the planning, priority setting and resource allocation process.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- I don't know
- Comments

6. Please indicate the degree to which you agree with the following statement: *During the last planning cycle, I was adequately notified of planning, priority setting and resource allocation activities and meetings.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- I don't know
- Comments

7. Please indicate the degree to which you agree with the following statement: *In terms of structure and process, the Commission on HIV is effective as a planning body.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

8. Please indicate the degree to which you understand the following:
- Structure of the Commission on HIV (Completely understand; Somewhat understand; Mostly don't understand; Don't understand at all; N/A; Comments)
- Role of the Commission on HIV (Completely understand; Somewhat understand; Mostly don't understand; Don't understand at all; N/A; Comments)

- Process(es) of the Commission on HIV (Completely understand; Somewhat understand; Mostly don't understand; Don't understand at all; N/A; Comments)

9. Please indicate the degree to which you agree with the following statements: *The Commission on HIV has prepared me to make decisions related to:*
- Service standards (Strongly agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree; N/A; Comments
- Allocation/Reallocation Process (Strongly agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree; N/A; Comments
- Service Category Prioritization (Strongly agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree; N/A; Comments

10. Please indicate the degree to which you believe the priorities and allocations established by the Commission on HIV in (INSERT RYAN WHITE PROGRAM YEAR) were followed by DHSP.
- A great deal
- A lot
- A moderate amount
- A little
- Not at all
- I don't know
- N/A
- Comments

Part 2 | 20 Randomly Selected Contractors

1. Please describe the level of guidance you get from DHSP with respect to invoicing, budget development and budget modifications.
Comment:

2. With respect to the process of program monitoring, how clear are you on the expectations prior to the site visit and monitoring?
- Very clear
- Somewhat clear
- Somewhat unclear
- Not clear at all
- Comment

3. Does DHSP regularly provide feedback on your performance? If so, is the feedback helpful?
Comment:

4. Do you get feedback or technical assistance from DHSP on barriers and challenges reported on progress reports? If so, is that feedback or TA helpful?
Comment:

5. With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).
Comment:

6. Do the RFPs provide clear instructions, directions, and/or guidance? If yes, how so? If no, in what ways are they unclear? What was your role in developing the application in response to the RFP?
Comment:

7. Do you feel the county's process of awarding contracts for services is fair? Please explain.

8. What are the most effective practices implemented by your agency to ensure that Ryan White program funds are spent efficiently?
Comment:

9. DHSP issues payments within 30 days following submission of complete, accurate invoices, and submitted in a timely manner as stipulated by the DHSP contract.

- Always
- Usually
- Rarely
- Never
- N/A, I Don't Know
- Comment

LOS ANGELES COUNTY COMMISSION ON HIV 2021 WORK PLAN (WP)
OPERATIONS COMMITTEE

09.23.21 OPERATIONS MEETING – UPDATES HIGHLIGHTED

Committee/Subgroup Name: Operations Committee	**Co-Chairs: Juan Preciado & Carlos Moreno**
Committee Adoption Date: 1.28.21	**Revision Dates: 2.18.21, 3.18.21, 4.14.21,4.20.21,5.17.21,5.25.21,6.22.21,8.20.21, 9.22.21**

Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan & Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	**Planning Council effectiveness evaluation technical assistance provided by HealthHIV**	Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups	Completed	Evaluation completed March 2021. Implementation of recommendations ongoing; add to 2022 workplan.
2	**BAAC and ATF Recommendations**	Implement recommendations best aligned with the purpose and capacity of Operations Committee	On Hold	Awaiting guidance from BAAC Task Force and ATF.
3	**Update Membership Application**	Update membership application to a more condensed community friendly format	Completed	Updated application will launch along w/ website refresh on or around December 2021.
4	**Consumer Engagement and Retention Strategies**	Development Engagement and retention strategies to align with EHE efforts: toolkit and social media account (Instagram)	Ongoing	COH Social Media Tool Kit will launch alongside updated application & website refresh on or around December 2021.
5	**Consumer Leadership and Training**	Continue development of training and capacity building opportunities to prepare & position consumers for leadership roles	Ongoing	NMAC BLOC training completed (Sept 13-17)
6	**Review Membership to Ensure PIR**	Review membership to ensure PIR is reflected throughout the membership, to include Alternate seat review, seat changes, attendance	Quarterly	~~PIR reviewed in February.~~

LOS ANGELES COUNTY COMMISSION ON HIV 2021 WORK PLAN (WP)
OPERATIONS COMMITTEE
09.23.21 OPERATIONS MEETING – UPDATES HIGHLIGHTED

7	**Attendance Review**	Review Attendance Matrix Quarterly	Quarterly	Next review December 2021

LOS ANGELES COUNTY
COMMISSION ON HIV

HOPWA Application
Jesus Orozco, Seat #41

Membership Application on File with the Commission Office

Interview Panel: Carlos Moreno, Luckie Fuller, Justin Valero

LOS ANGELES COUNTY COMMISSION ON HIV

2021 MEMBERSHIP ROSTER| UPDATED 10.21.21

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	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	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	SBP	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	OPS	Alexander Luckie Fuller	Antioch University	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	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2020	June 30, 2022	
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	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			***Vacant***		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2019	June 30, 2021	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2019	June 30, 2021	Michele Daniels (OPS)-***LOA***
28	Unaffiliated consumer, Supervisorial District 2			***Vacant***		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	*Unaffilated Consumer*	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	
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez ***(LOA)***	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS|PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	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	EXC	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	No affiliation	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			***Vacant***		July 1, 2020	June 30, 2022	
41	Representative, HOPWA			***Vacant***		July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems	*Unaffiliated Consumer*	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 Institue	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	PP	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	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:	38						

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

LOA: Leave of Absence

Overall total: 46

Planning Council/Planning Body Reflectiveness (Updated 10.21.21)

(Use HIV/AIDS Prevalence data as reported FY 2020 Application)

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	12	26.09%	5	45.45%
Black, not Hispanic	10,155	20.00%	13	28.26%	3	27.27%
Hispanic	22,766	44.84%	18	39.13%	3	27.27%
Asian/Pacific Islander	1,886	3.71%	3	6.52%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	46	99.99%	11	100%
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	31	67.39%	7	63.64%
Female	5,631	11.09%	12	26.09%	4	36.36%
Transgender	854	1.68%	3	6.52%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	46	100%	11	100%
Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	2	4.35%	1	9.09%
30-39 years	9,943	19.58%	18	39.13%	2	18.18%
40-49 years	11,723	23.09%	11	23.91%	1	9.09%
50-59 years	15,601	30.72%	8	17.39%	6	54.55%
60+ years	8,973	17.67%	7	15.22%	1	9.09%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	46	100%	11	99.99%

Percentages may not equal 100% due to rounding.
(Includes alternates)

LOS ANGELES COUNTY
COMMISSION ON HIV

New Member Applicant Interview FAQs

Thank you for your interest in becoming a member of the Los Angeles County Commission on HIV (Commission). The following information is provided to assist in preparing for your interview:

1. All candidates who have applied for membership on the LA County Commission on HIV are required to sit for an interview.
2. Your interview will be conducted by panel of 2-3 Commission members who will engage in a series of questions to assess your breadth of knowledge, experience, and commitment to fulfilling the duties of a member of the Commission. This is intended to be an interactive process.
3. The Commission is a planning body governed not only by statute but also by regulations from HRSA and the CDC.
4. It is important to understand that we are community planners NOT activists. We plan for ALL those at risk for and affected by HIV in Los Angeles County to ensure that they get full access to quality care and prevention services.
5. The Commission is comprised of 51 members, of which 1/3 must be HIV positive consumers of Ryan White services.
6. The entire membership of the Commission should meet Parity, Inclusion and Reflectiveness of HIV
    a. Parity – As a body, we have done everything possible to provide members the tools, skills and training to be effective planners;
    b. Inclusion – Everyone has an opportunity to weigh in and contribute to the debate and are actively involved;
    c. Reflective (Representation) – The full membership and the subset of Unaffiliated Consumer members proportionally reflect the ethnic, racial, and gender characteristics of HIV disease prevalence in the County
7. After the interviews are complete, the Operations Committee weighs your application and interview against other applicants, open seats, and the principals of Parity, Inclusiveness & Reflectiveness described above.
8. Those who are moved forward are sent to the Executive Committee and the full Commission and are then moved to the Board of Supervisors for the final approval. The process can take 2-3 months. We can also hold your application for up to a year to possibly fill future vacancies.
9. There are 4 standing committees of the Commission and, while your application is under review, we strongly recommend you attend at least one meeting of each of the four Committees which meet monthly. Commission members are required to sit on one of these 4 Committees, and it is in these smaller groups where most of the “work” of the Commission is done. See attached Committee Description and Preference form.

We have about 25-30 minutes to complete your interview. We ask you to help us be mindful of the time and recognize we may move you along in order to complete our work and give all applicants equitable time and attention.

Please review membership application and any attached professional qualifications of nominee before completing evaluation and scoring sheet. See page 4 for definition of HIV Workforce Service Provider, Returning Commissioner or those with Planning Council Experience, and Consumers/Unaffiliated Stakeholders. Guidance questions are provided to encourage nominees to communicate their breadth of knowledge, experience, and commitment to fulfilling the duties of a member of the Los Angeles County Commission on HIV. Applicants for Commission membership must meet a minimum score of 60 points to be deemed qualified for appointment.

Name of Nominee _____

Evaluated/Scored by _____

Date of Evaluation/Interview _____

□ Unaffiliated Consumer □ Provider

In which Supervisorial District and SPA do you work? Check all that apply.	
District 1 □ District 2 □ District 3 □ District 4 □ District 5 □	SPA 1 ❑ SPA 5 ❑ SPA 2 ❑ SPA 6 ❑ SPA 3 ❑ SPA 7 ❑ SPA 4 ❑ SPA 8 ❑
In which Supervisorial District and SPA do you live?	
District 1 □ District 2 □ District 3 □ District 4 □ District 5 □	SPA 1 ❑ SPA 5 ❑ SPA 2 ❑ SPA 6 ❑ SPA 3 ❑ SPA 7 ❑ SPA 4 ❑ SPA 8 ❑
In which Supervisorial District and SPA do you receive HIV (care or prevention) services? Check all that apply.	
District 1 □ District 2 □ District 3 □ District 4 □ District 5 □	SPA 1 ❑ SPA 5 ❑ SPA 2 ❑ SPA 6 ❑ SPA 3 ❑ SPA 7 ❑ SPA 4 ❑ SPA 8 ❑

DEMOGRAPHIC INFORMATION: Check all that apply.				
RACE/ETHNICITY				
❑ White, not Hispanic	❑ Black, not Hispanic	❑ Hispanic	❑ Asian/Pacific Islander	❑ American Indian/Alaska Native
❑ Multi-Race	Other/Not Specified			
GENDER: ___ Male ____ Female ___ Transgender ____ Unknown				
AGE: ___13-19 ___20-29 ___30-39 ___40-49 ____50-59 ___60+ ___Unknown				
PROVIDER INFORMATION: Check all that apply.				
☐ Incarcerated ☐ Prevention	☐ Healthcare ☐ CBO	☐ Social Service ☐ Other Federal	☐ Substance Abuse ☐ Healthcare Planning	☐ Mental Health ☐ Public Health
Has attended at least one Commission meeting			☐ Yes	☐ No
Introductory Questions (all applicants)				
1. What motivates you to apply for (or continue) commission membership?				
2. Give us an example of how you demonstrate cultural competency. How will you apply this to the Commission on HIV?				

Scoring Criteria			Points Available	Points Earned
I. Commitment & Communication: Individuals who have expressed a desire to commit and demonstrated support necessary to fulfill the duties of a Commissioner as described in the membership application form.				
HIV Workforce/Service Provider Representatives: • Why do you want to be on the COH? • What do you hope to accomplish by your membership in the COH?	**Returning Commissioners or those with Planning Council Experience:** • How has your COH membership been beneficial for you? • What are you hoping to accomplish by continuing your membership?	**Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives** • Why do you want to be on the COH? • What do you hope to accomplish by your membership in the COH?		
Oral Communication			**5**	
Written Communication: (based on application and other material)			**5**	
Commitment & Communication Sub-total (10)			**10**	

Scoring Criteria			Points Available	Points Earned
II. HIV/AIDS/STIs Knowledge: Professional, personal and/or academic knowledge about HIV/AIDS and related issues including STIs.				
• How knowledgeable are you about LA County's STI/HIV epidemiological profile and service delivery network? • What have you learned from your work or community service experience on how to improve health outcomes for PLWHA?	• What areas of the County's STD/HIV epidemiological profile and service delivery network are underrepresented in the COH's discussions? • What have you learned from your work or community service experience on how to improve health outcomes? • What types of additional training or support will you need to increase your capacity in this area?	• Give us your perspective about the state of HIV/STIs in Los Angeles County? • How have you been affected barriers to care and services? • What additional training or support will you need to be an effective COH member?		
HIV/AIDS KNOWLEDGE Sub-total (15)			**15**	
III. PRIOR COMMUNITY PLANNING EXPERIENCE: Planning experience can be measured by work performed with the commission or other, similar body(ies) or community groups, effective participation at the committee level and/or work groups. Candidate should demonstrate data-driven critical thinking across broad issues affecting multiple target populations, good judgement, consensus building skills and experience, respect for colleagues and a track record for substantively contributing to a group work and effectiveness.				
• What do you hope to learn professionally/personally from being a member of the COH? • What qualities are essential to being an effective planner?	• Looking back at your membership with the COH, what have you done well and what areas do you need to improve upon? • How can you become a more effective planner?	• Have you participated in community planning? • Describe how you would base a decision on behalf of multiple viewpoints and perspectives?		
PRIOR PLANNING EXPERIENCE Sub-total (10)			**10**	
IV. COLLABORATION: Ability to create unique partnerships with fellow Commissioners, organizations, bodies, and / or the public that improve community health.				
• Provide a specific example of how you collaborate with other agencies and individuals to meet the needs of your clients?	• How have you used your COH membership to demonstrate or advance community-based collaborations? • What steps can you take to encourage others to collaborate?	• How will you use your membership on the COH to foster collaborations that prevent HIV/STI infections and achieve viral suppression among PLWHA? • How would you initiate building the necessary relationships to achieve this goal?		
COLLABORATION Sub-total (10)			**10**	

Scoring Criteria		Points Available	Points Earned
V. HIV Experience: Prior work/volunteer experience in HIV/AIDS service delivery (practical experience) and/or in public policy, or legislative fields.			
• What skills and abilities have you developed because of your past/current work in the HIV/STI field? • How will you use those skills as a potential new member?	• How have you grown professionally from your COH membership? • What areas have you identified for professional development to make you a more effective member of the body?	• What skills do you currently possess and/or need to develop to be an effective member of the COH?	
HIV Experience Sub-total (10)		**10**	
VI. UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS: This domain can be measured by examples of past and current activities that promote awareness and personal responsibility towards understanding the needs of highly impacted populations. Examples of activities include, but not limited to, participation in training tackling HIV and racism, cultural and linguistic sensitivity, knowledge of the needs of diverse populations, and ability to understand and interpret data accurately. These questions should be asked of ALL applicants and should be scored not just for those that fit the categories.			
• How do you plan to bring the issues/concerns of targeted special populations (such as MSM, Latino/a, Asian/Pacific Islander, Transgender, or Female + Unaffiliated Consumers, High Risk Negatives, Youth, and PLWHA) to the Commission's discussions?	• How can you bridge relationships with persons you have no previous experience though you may have shared membership? • How will you utilize those newly formed relations to ensure the issues/concerns of targeted special populations (such as MSM, Latino/a, Asian/Pacific Islander, Transgender, or Female + Unaffiliated Consumers, High Risk Negatives, Youth, and PLWHA) to the Commission's discussions are represented in the Commission's discussions?	• What specific issues/concerns of targeted special populations (such as MSM, Latino/a, Asian/Pacific Islander, Transgender, or Female + Unaffiliated Consumers, High Risk Negatives, Youth, and PLWHA) to the Commission's discussions? are currently under-represented within Commission's discussions?	
UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS Sub-total (10)		**10**	

Scoring Criteria		Points Available	Points Earned
VII. **EFFECTIVE REPRESENTATION:** The candidates demonstrated ability to act as a subject matter expert and use his or her expertise to represent his/her constituency and other perspectives represented in the COH by respectfully communicating needs, interests and concerns of the whole planning body and to present opportunities for the Commission to meet those needs. Commission membership requires ongoing training on the needs of all populations affected by HIV and STIs.			
• What specific population(s) are you involved with? • What methods would use to strengthen your knowledge and understanding of those populations you have the least experience with?	• As a Commissioner, how have you sought out education to gain an understanding of HIV and STIs in those populations you have the least experience with? • What other populations are underserved in LAC?	• What specific population(s) are you involved with? • What methods would use to strengthen your knowledge and understanding of those populations you have the least experience with?	
EFFECTIVE REPRESENTATION Sub-total (10)		**10**	
VIII. **RELIABILITY:** Capacity to use and apply unique abilities and proficiencies to fulfill membership responsibilities and in the overall improvement of Commission work quality and decision-making.			
• Give us an example of how you have demonstrated reliability in your professional life or community service.	• Besides COH-related activities give us an example of how you continuously demonstrate reliability in the community? • How can COH support this effort?	• Give us an example of how you have demonstrated reliability in your professional life or community service.	
RELIABILITY Sub-total (10)		**10**	
IX. **Are any questions you want to ask us?**			
X. **INTERVIEW:** All new candidates for Commission membership are expected to sit for an interview with the Operations Committee. The interview is intended to help the Committee better familiarize themselves with the candidate, and for the candidate to better determine his/her expectations of, interest in, and plans for Commission membership.			
INTERVIEW Sub-total (15)		**15**	
TOTAL		**100 pts. Max**	

Definition of terms

1. **HIV Workforce/ Service Provider Representatives:** Professional currently employed with a minimum of 2 years of employment with an organization that provides HIV care, prevention, or STI related services.
2. **Returning Commissioners or those with Planning Council Experience:** Previously appointed Commissioner seeking to retain membership. These candidates are subject to all eligibility guidelines as established by ordinance or compliance with COH policy/procedures.
3. **Consumers/Unaffiliated Individuals:** Applicant has no current affiliation with an HIV care, prevention, or STI related provider. This category includes members of the public.

INTERVIEWER NOTES: