



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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**\*\*CHANGE IN MEETING VENUE\*\***

## Consumer Caucus "Hybrid" Meeting

THURSDAY, MARCH 13, 2025

12:30 PM - 2:00 PM \*UPDATED

THE CALIFORNIA ENDOWMENT

Meeting Room: Joshua Tree

1000 N. Alameda Street, Los Angeles, CA 90012

Free On-Site Parking | [Map/Directions](#)

**TO JOIN VIRTUALLY:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m760fcacd07399c66db2f70593f7d71ef>

Access Code: 2534 423 0134 Password: CAUCUS

**\*\*Lunch provided for in-person attendees on first come first serve basis\*\***

## Get ready for an engaging and impactful discussion at our next Consumer Caucus meeting!

### ◆ 2025 Co-Chair Elections

Step up and make a difference! Help elect the next leaders of the Consumer Caucus. Your vote and participation shape the future of our work.

### ◆ DHSP Clinical Quality Management (CQM) Program Special Presentation

Learn about DHSP's CQM Program and share your insights on how to improve client care, health outcomes, and satisfaction.

### ◆ Housing Service Standards Review

Help shape the minimum guidelines for Ryan White Program housing services by providing valuable feedback.

Meeting materials can be accessed at <https://hiv.lacounty.gov/meetings>

*Meaningful Involvement by People Living with HIV/AIDS #MIPA*

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

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

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



**CONSUMER CAUCUS (CC)**  
**(REVISED) “HYBRID” MEETING AGENDA**  
**THURSDAY, MARCH 13, 2025 @ 12:30PM-2:00PM \*updated time**

**In Person:**  
**THE CALIFORNIA ENDOWMENT**  
**CENTER FOR HEALTHY COMMUNITIES**  
**Meeting Room: Joshua Tree**  
**1000 N. Alameda Street, Los Angeles, CA 90012**  
**Free On-Site Parking | [Map/Directions](#)**  
**\*\*Lunch provided\*\***

**WebEx Virtual Log-In:**  
<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m760fcacd07399c66db2f70593f7d71ef>  
 Access Code: 2534 423 0134 Password: CAUCUS

- |  |                     |
|--|---------------------|
| 1. CO-CHAIR WELCOME, INTRODUCTIONS & HOUSE RULES   | 12:30 PM – 12:35 PM |
| 2. ED/STAFF REPORT   | 12:35 PM – 12:40 PM |
| • County/Commission Updates  |                     |
| 3. CO-CHAIRS REPORT  | 12:40 PM – 12:45 PM |
| • February 13, 2025 Consumer Resource Fair Debrief & Feedback  |                     |
| • 2025 Workplan & Meeting Schedule Review  |                     |
| ○ <a href="#">April 10, 2025, Ryan White Program Dental Services Listening Session</a>   |                     |
| 4. PRESENTATIONS/DISCUSSIONS   |                     |
| • DHSP Clinical Quality Management (CQM) Program   | 12:45 PM – 1:15 PM  |
| • <a href="#">Housing Standards Review</a>   | 1:15 PM – 1:40 PM   |
| 5. 2025 CO-CHAIR OPEN NOMINATIONS & ELECTIONS  | 1:40 PM – 1:50 PM   |
| • Last Call for Nominations  |                     |
| • Elections ( <i>Three seats are up for election—one designated for Prevention and one that must be filled by a current Commission member.</i> ) |                     |
| 6. ACTION ITEMS, CALLS TO ACTION & NEXT STEPS  | 1:50 PM – 1:55 PM   |
| 7. PUBLIC COMMENTS & ANNOUNCEMENTS   | 1:55 PM – 2:00PM    |
| 8. ADJOURNMENT   | 2:00PM              |



## CODE OF CONDUCT

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

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

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

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

## Consumer Caucus Workplan 2025 (updated 3.13.25)

**PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Consumer Caucus will lead and advance throughout 2025.

**CRITERIA:** Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

**CAUCUS RESPONSIBILITIES:** 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	DESCRIPTION
1	<b>Consumer Resource Fair</b>	<del>Plan a comprehensive resource fair for consumers of HIV prevention and services in Los Angeles County. This event will be a cross-collaborative effort involving all Caucuses to ensure it meets the diverse needs of our communities.</del>	<del>February 13, 2025</del>	<del>The theme for the event is “Love Begins with Me”, a nod to self care=self love, aligning with Valentine’s Day. Focus Areas: 1. Holistic Wellness: Addressing physical, mental, spiritual, and financial health (e.g., nutrition, lifestyle, financial literacy, tech/computer literacy, estate planning). 2. Empowerment &amp; Advocacy: Providing skill-building opportunities to foster effective self-advocacy and empowerment. 3. Community Engagement: Encouraging broader involvement beyond HIV status to support overall community connection.</del>
2	<b>Consumer Feedback on Key Topics to Enhance HIV Services and Programs Vital for Quality of Life</b>	Gather feedback through listening sessions, public comments, and focus groups. Priority topics include: <ul style="list-style-type: none"> <li>Dental Services</li> <li>Ryan White Program &amp; Medi-Cal/Medicaid Migration</li> </ul>	April 10, 2025	Align consumer reviews with the Standards & Best Practices (SBP) Committee service standards schedule and the Planning, Priorities & Allocations Committee (PP&A) needs assessments.
3	<b>Leadership &amp; Capacity Building.</b>	Coordinate consumer-specific trainings: <ul style="list-style-type: none"> <li>Digital Literacy</li> <li>Ryan White Program 101</li> <li>Self/Community Advocacy</li> </ul>	October 2025	Continue to solicit training ideas from consumers. Refer to 2025 Commission training schedule for required HRSA Commissioner trainings.
4	<b>Consumer Recruitment &amp; Participation in COH</b>	Identify caucus-led activities and <b>seek funding support</b> to increase consumer participation: <ul style="list-style-type: none"> <li>“Bring a Friend” Campaign</li> <li>Consumer Participation Focus Groups</li> <li>Community Information Sessions</li> <li>Recognition and Celebration of Members</li> <li>Incentive Programs for Attendance</li> <li>Targeted Outreach Campaigns</li> </ul>	Ongoing	Increase consumer participation, especially from underserved communities (Black/African American, Latinx, youth, Indigenous). Questions to Consider: 1. What incentives encourage unaffiliated consumers to attend meetings? 2. How can providers encourage client participation?



## CONSUMER CAUCUS 2025 MEETING SCHEDULE

\*Subject to updates

MEETING DATE	TOPICS	NOTES/COMMENTS
<del>January 9</del>	<del>CANCELED</del>	
<del>February 13</del>	<del>Consumer Resource Fair</del>	
March 13	Co-Chair Elections CQM 30-Minute Intro Presentation Housing Standards Review & Feedback	The California Endowment
April	RWP Dental Services Listening Session	St. Anne's Conference Center
May	Comprehensive HIV Plan Review & Feedback	
June	Priority Setting & Resource Allocation Input	
July	Priority Setting & Resource Allocation Input	
August	Transitional Case Management Service Standards Input	
September	Ryan White Program Service-Related Listening Session (i.e., EFA)	
October	Delete the Digital Divide Workshop (TBD)	
November	Annual Conference	
December	Annual Consumer Retreat	



# 2025 CONSUMER RESOURCE FAIR “LOVE BEGINS WITH ME” EVENT SUMMARY | FEBRUARY 13, 2025

## **"Love Begins with Me": A Celebration of Whole-Person Care**

On February 13, 2025, over 200 community members braved the rain to attend the 2025 Consumer Resource Fair at The California Endowment. Hosted by the Caucuses of the Los Angeles County Commission on HIV, led by the Consumer Caucus, the event embodied the theme "Love Begins with Me"—emphasizing self-care, empowerment, and access to vital resources that support whole-person care for people living with and impacted by HIV.

More than 60 vendors and service providers came together to offer housing assistance, legal aid, financial literacy, mental health services, employment opportunities, technology access, food assistance, and more—showcasing the critical role of holistic support beyond just HIV-specific services. Despite the inclement weather, the turnout highlighted the urgent need for accessible and inclusive community resources.

One of the fair’s highlights was the passport activity, encouraging attendees to explore multiple vendors and engage meaningfully. Over 57 completed passports were submitted, and five lucky participants won \$100 Visa gift cards.

Attendees consistently praised the event, sharing that it was the best resource fair they had attended because they left with tangible resources rather than just brochures. As one participant noted, "Unlike other resource fairs, this one actually provided tools to improve our quality of life—because we are more than our diagnosis."

## **Workshops & Presentations**

The fair featured engaging workshops and presentations addressing key community needs. For example, the Inner-City Law Center led an essential session on housing rights and legal advocacy, equipping attendees with critical knowledge.

## **Vendor Highlights**

The event brought together over 60 service providers, each offering crucial resources to support whole-person care. Some key participating vendors included:

- Delete the Digital Divide – Providing technology access, free laptops, and digital literacy resources.
- LADWP – Sharing information on discount programs, rebates, and energy-saving solutions.
- Los Angeles County Department of Probation – Offering community resources and support for justice-involved individuals.
- California Office of AIDS, Community Planning Group – Engaging the community in statewide HIV planning and advocacy efforts.
- Department of Public Social Services – Providing on-site CalFresh and Medi-Cal enrollment.
- Skin and Body Sculpt Spa – Offering mini skincare consultations, body sculpting demos, and wellness education.
- WeCanStopSTDsLA – Educating youth on sexual and reproductive health through engaging events and stakeholder collaborations.

Many more organizations addressing housing, employment, legal services, mental health and other critical services and programs participated. For the full list of vendors and their services, click [HERE](#).

### **A Day of Engagement & Movement**

Self-love and well-being extended beyond resources and education—attendees were encouraged to move and energize themselves through Zumba sessions led by Jose Rangel-Garibay and Paulina Zamudio. These high-energy sessions reinforced the importance of physical health as part of a holistic approach to self-care.

### **Vendor & Service Provider Feedback**

Vendors and service providers expressed overwhelmingly positive feedback about the event’s structure and impact. Some highlights:

- ✓ “Great job by all participants! The setup was well-organized.”
- ✓ “I really enjoyed how many folks came to the event. The use of stamps ensured attendees visited each table.”
- ✓ “It was such a great turnout and so much fun.”
- ✓ “It was an amazing event. I [appreciated the] opportunity to connect with other organizations, to learn about their services and build future collaborations. As well

letting the community know about our services. It was a lovely productive and informative day.”

- ✓ “One suggestion would be to incorporate more interactive wellness experiences, such as mini skincare consultations, body sculpting demos, or nutrition workshops.”

Additionally, providers noted challenges they face in meeting community needs, including:

- ✓ Difficulty in reaching those who need help the most.
- ✓ Lack of accessible housing resources.
- ✓ The need for ongoing education about holistic skincare and body treatments.
- ✓ Providing safe sex resources and harm reduction supplies (e.g., condoms, naloxone, CPR masks).
- ✓ Ensuring that non-TGI-identified individuals still have access to essential services.

### **A Collective Effort**

This event was a success thanks to the dedication of our vendors, community partners, and volunteers, including students from Charles Drew University and USC. We are especially grateful to our sponsors—the City of Los Angeles AIDS Coordinator’s Office, Gilead Sciences, Charles Drew University, and The California Endowment—for their generous support and commitment to our community. Lastly, a heartfelt thank you to the Commission on HIV Staff for their tireless efforts in planning and coordination.

### **Final Reflections: "Love Begins with Me"**

The 2025 Consumer Resource Fair proved that when we prioritize self-care, community support, and access to essential resources, we uplift everyone around us. The theme "Love Begins with Me" was felt in every aspect of the event—from vendors providing life-changing services to attendees leaving empowered, informed, and supported.

This was more than just a resource fair—it was a movement toward ensuring that all individuals, regardless of HIV status, have access to the tools they need to thrive.

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### **Check Out the Event Photos!**

*Relive the day’s moments by checking out our event photo gallery [HERE](#). This event was a testament to the power of collaboration, compassion, and action in ensuring our communities have access to the resources they need to thrive.*





# JOIN THE CONVERSATION: RYAN WHITE PROGRAM DENTAL SERVICES LISTENING SESSION

## Your Voice Matters



The Consumer Caucus invites YOU—clients of Ryan White Program (RWP) dental services—to tell us what is working well and where improvements are needed.

- ✓ Share your experience with RWP dental services
- ✓ Help shape service improvements and future policies
- ✓ Connect with RWP providers and fellow community members
- ✓ Learn about service eligibility and available resources

**THURSDAY, APRIL 10, 2025**

**1:00PM–2:30PM** *\*immediately following the Commission meeting*

**ST. ANNE'S CONFERENCE CENTER**

155 Occidental Blvd, Los Angeles, CA 90026



We're also inviting RWP dental providers and stakeholders to participate in this important discussion. Don't miss this opportunity to help improve dental care services for people with HIV.



**NO REGISTRATION  
REQUIRED**

**LUNCH  
PROVIDED**

**RAFFLES &  
GIVEAWAYS**

**IN-PERSON  
ONLY**

# RWHAP CQM Core Concepts

A training for Commission on HIV Consumer Caucus

March 13, 2025



# Learning Objectives

- Name the Federal guidance document that lays out overarching expectations for RWHAP CQM.
- List the three components of CQM in the ball and pedestal model.
- List the types of stakeholder inputs important to RWHAP.
- Explain how LA County Consumer Hotline data relate to CQM.



# CQM in RWHAP

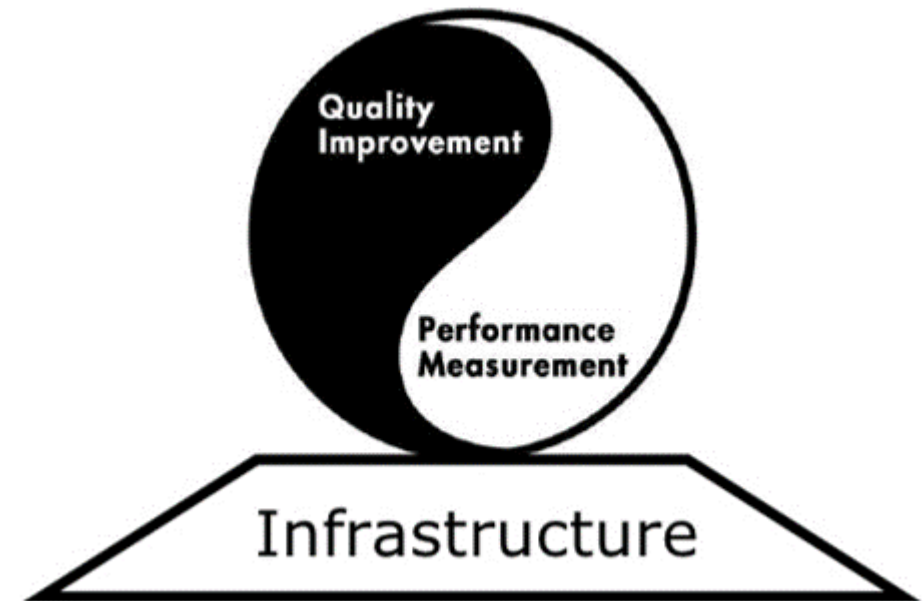
Let's cover our bases and complete a baseline review of CQM expectations

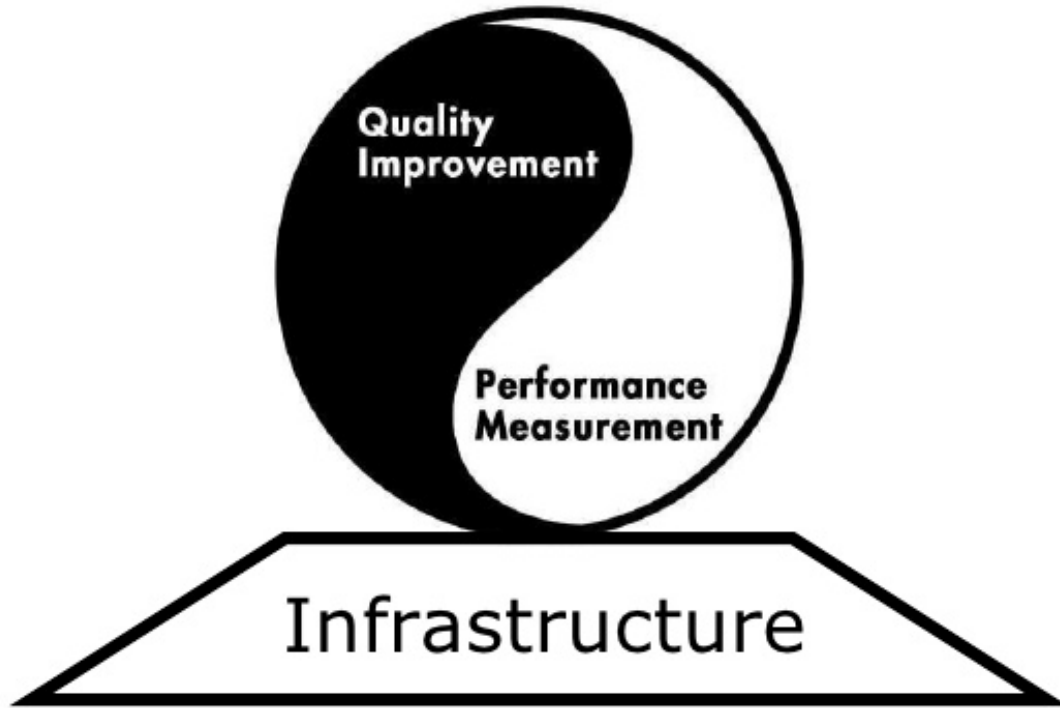
# HRSA-HAB Policy Clarification Notice 15-02

- The HIV/AIDS Bureau's requirements regarding clinical quality management based on the Ryan White HIV/AIDS Program legislation
- Applies to recipients of all Parts funding and their subrecipients
- The focus is on improving HIV health outcomes
  
- Available at: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>

# Components of a CQM Program

- CQM programs coordinate activities aimed at improving patient care and patient satisfaction to drive health outcomes improvement
- CQM activities should be continuous and fit within and support the framework of grant administrative functions
- Components of a CQM program
  1. Infrastructure
  2. Performance measurement
  3. Quality improvement

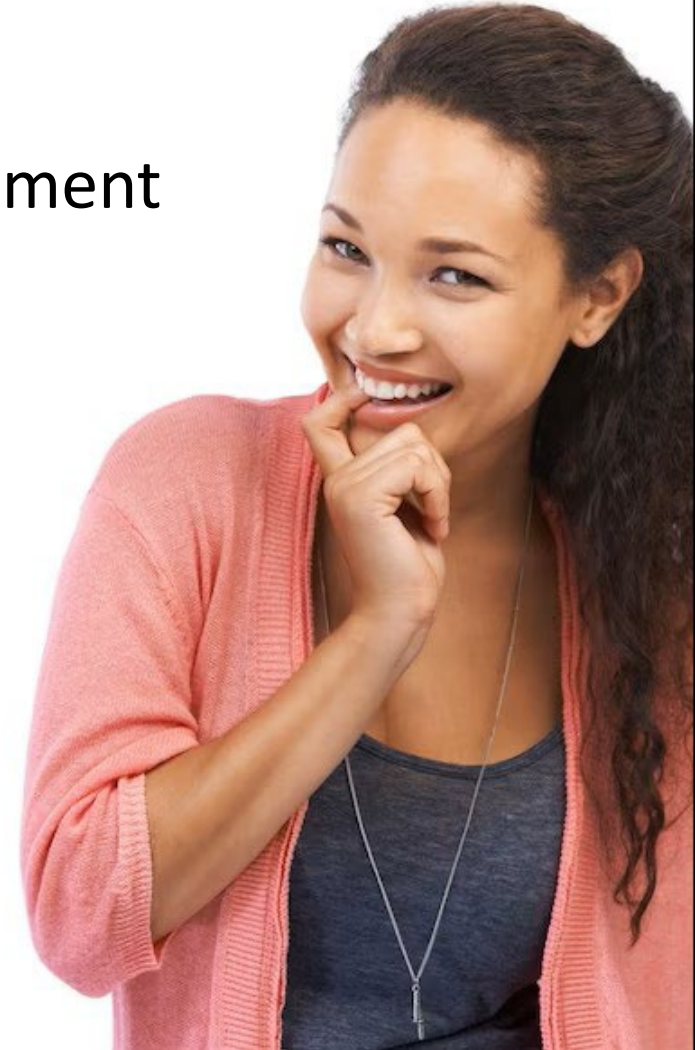




## Ball and Pedestal Model

# CQM Language

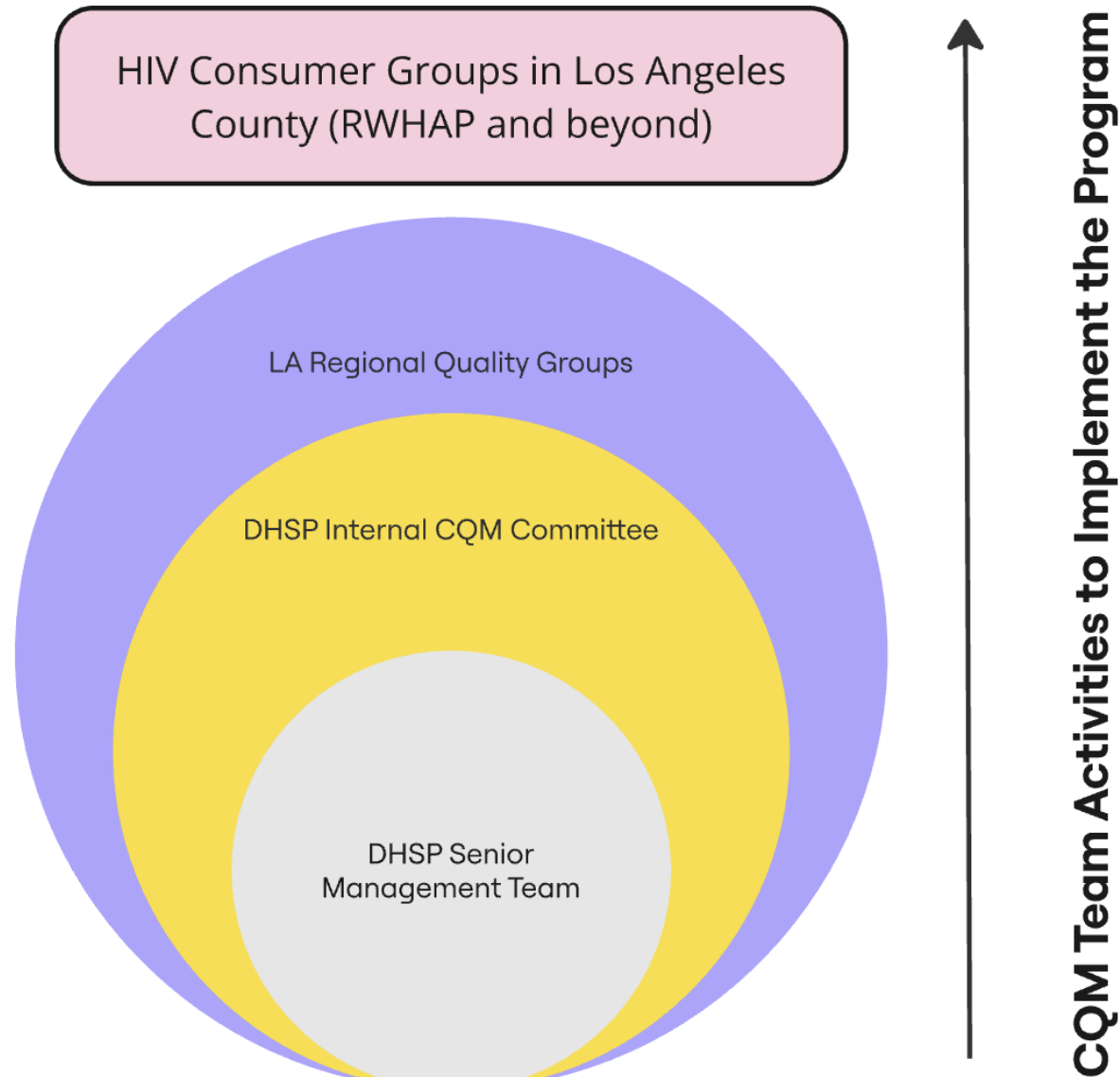
- Total Quality Management vs Clinical Quality Management
- Process vs Outcome
- Quality Assurance vs Quality Improvement
- Quantitative vs Qualitative vs Mixed-Methods



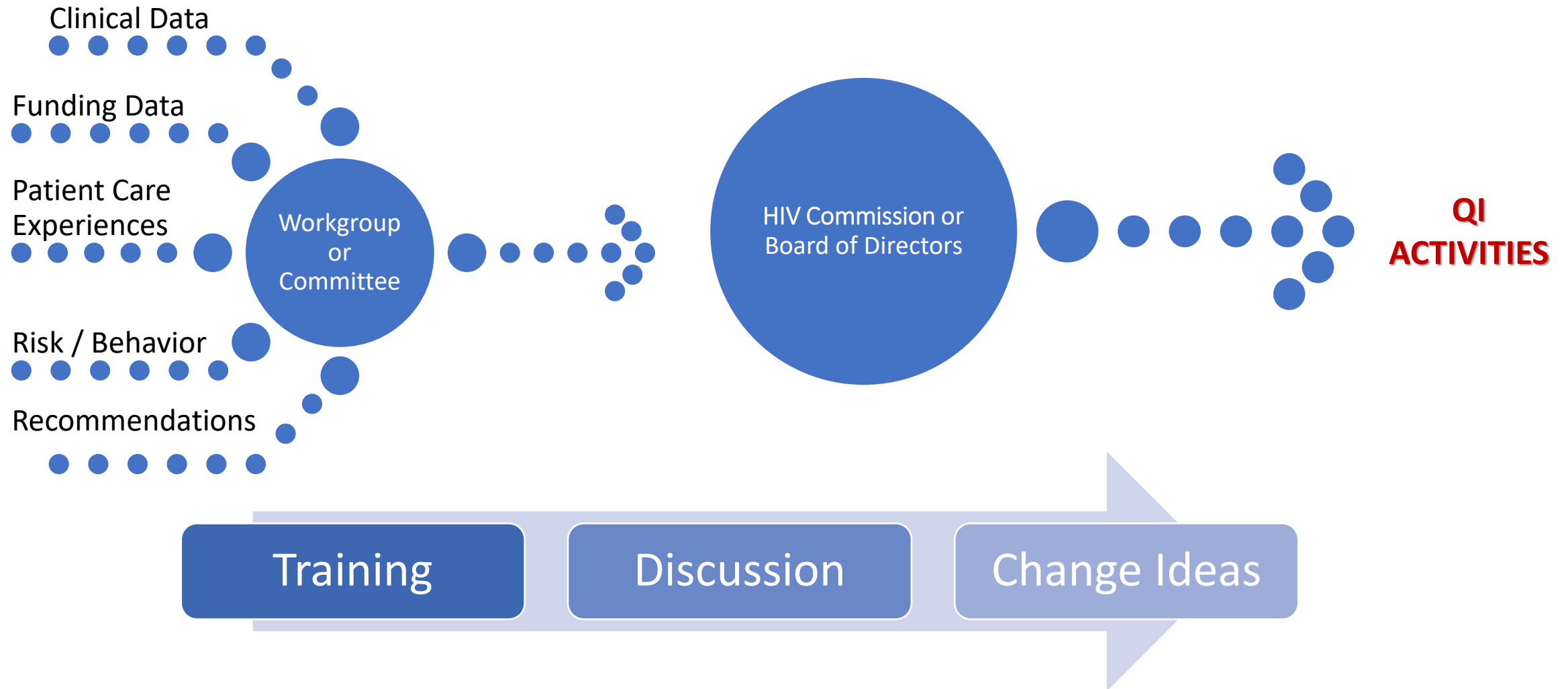


# CQM in LA County

- **DHSP SMT:** Leaders of all DHSP units establish CQM priorities.
- **DHSP ICC:** Staff across DHSP units share data/resources to drive CQM activities.
- **LA RQG:** Staff of provider agencies provide input/feedback on CQM program activities.



# How to Leverage Stakeholders



# The Basis of Our Work Depends on Our Level

Local HIV Service environment (activism/advocacy)

## Foundational

- Clinical Guidelines
- Federal Policy
  - Legislative
  - Regulatory

## Systems

- Service Standards
- Contracts/Grants
- Service System Design and QI

## Providers

- Service Delivery
- Program Development
- Field QI

# Next Steps for Consumer Caucus

- You'll receive excellent training support from Collaborative Research
- You'll continue to hear from Sona and other PDR staff
  - CQM PM and other data updates (mostly quantitative)
- You'll continue to get call center updates from Mo
  - Qualitative information on the health of our system of care
- You'll continue to get stakeholder updates from Raquel
- You'll hear about the new all-system quality improvement project from Robyn and Dr Becca



## REVIEWING SERVICE STANDARDS

### What are service standards?

Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

While reading the document, focus on the information inside of these tables:

STANDARD	DOCUMENTATION
Residential Care Facility for Chronically Ill (RCFCI) are licensed to provide 24-hour care and supervision to any of the following: <ul style="list-style-type: none"> <li>Adults 18 years of age or older with living HIV/AIDS</li> </ul>	Program review and monitoring to confirm.
Individual Service Plan (ISP) will be completed within 7 days of the client’s admission.	ISP on file in client chart signed by client and Transitional Care Residential Facility (TRCF) staff and updated every 3 month or as needed based on client’s individual needs.

Look at the column with the standard. Does the information included in this column meet the needs of consumers? Why or why not? Consider providing examples of what is missing from the service standards to help meet the needs of consumers. You can also share examples of what is working well based on the standards listed in the document.

Here is a template you can use when writing your public comment:

My name is \_\_\_\_\_, and I am \_\_\_\_\_ (an unaffiliated consumer for the Commission on HIV). I am submitting public comment on the Housing Services service standards currently under review by the SBP Committee.

After reading the document, I think that the Housing Services service standards:

- Meet consumer needs. How?
- Do not meet consumer needs. Why not? Give examples of what is missing?

Lastly, I have the following additional comments related to the Housing Services service standards:



# Consumer Caucus: FAQ and Key Responsibilities

(December 2024)

## What is a Consumer Caucus?

A Consumer Caucus is a body associated with the Ryan White HIV/AIDS Program (RWHAP) that aims to elevate the voices of people with HIV (PWH) by providing input to planning councils and bodies. It serves as a bridge between the PWH community and the Planning Council/Body (Commission on HIV) ensuring that the community's needs and concerns are integrated into decision-making processes.

## Key Objectives of the Consumer Caucus:

- 1. Input:** Contribute to planning, needs assessments, and the development of service standards and directives.
- 2. Representation:** Act as a liaison between the Commission and the PWH community, advocating for consumer needs and perspectives.
- 3. Engagement:** Encourage participation from unaligned consumers (those not affiliated with Ryan White-funded providers) to meet legislative requirements for consumer involvement.
- 4. Capacity Building:** Provide leadership training and development opportunities to prepare consumers for active participation in the planning process.

## Who Can Participate?

- PWH receiving Ryan White services.
- Caregivers of minors with HIV.
- HIV-negative clients of prevention services.
- Both PC/PB members and community members may join.

## Roles and Responsibilities of the Consumer Caucus:

### 1. Support to the Planning Council/Body (Commission)

- Assist in developing needs assessment tools and surveys.
- Review and refine service standards for accessibility and relevance.
- Provide input on priority setting and resource allocation processes.

### 2. Advocacy and Representation

- Advocate for consumer perspectives in Commission planning, decisions & activities.
- Represent unaligned consumers and underserved populations.
- Promote equitable access to care and prevention services.



### **3. Community Engagement**

- Host community forums to gather input from PWH.
- Encourage participation in Commission activities.
- Provide presentations and educational sessions to the community.

### **4. Capacity Building and Leadership**

- Conduct leadership training sessions for consumers.
- Offer mentorship opportunities for new members.
- Prepare consumer members for effective participation in Commission activities.

### **5. Recruitment and Retention**

- Actively recruit unaligned consumers to participate in Commission activities.
- Support the retention of consumer members by fostering a safe and welcoming environment.

## **What are the Benefits of Participation?**

1. Gain leadership skills and advocacy experience.
2. Influence decisions that directly impact HIV services and care.
3. Connect with a network of peers and stakeholders committed to improving HIV services.

## **What Are the Expectations for the 2025 Workplan?**

1. Providing input into needs assessments and priority setting.
2. Advocating for underserved populations and equitable resource allocation.
3. Promoting representation in all Commission activities and decisions.
4. Strengthening community engagement efforts.



<b>POLICY/PROCEDURE #08.1102</b>	<b>Subordinate Commission Working Units</b>	<b>Page 1 of 12</b>
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**FINAL Revised  
Approved 8/11/16**

**SUBJECT:** The role(s), structures and governing rules of the Commission’s various types of subordinate committees and working groups.

**PURPOSE:** To describe the purpose, status, structure, rules, work and timeframes of various subordinate working groups that facilitate advancement, review and completion/fulfillment of Commission responsibilities, tasks, work and projects.

**BACKGROUND:**

- Federal Ryan White legislation is the largest source of non-entitlement funding for HIV care and treatment in the country. Part A funding is directed to the most impacted urban jurisdictions across the country. The Ryan White Treatment and Modernization Act of 2009 requires all Part A jurisdictions established before 2008 to create local HIV planning councils. The Health Resources and Services Administration (HRSA) in the US Department of Health and Human Services (DHHS) administers the Ryan White Program nationally.
- The Los Angeles County Commission on HIV serves as LA County’s Ryan White and Centers for Disease Control (CDC) prevention HIV planning council. The County has chartered the Commission in County Code, Ordinance 3.29. Both roles as the Ryan White HIV planning council and a County-chartered commission carry specific responsibilities and expectations. The Commission’s annual work plan is driven and governed by all of these sources (Ryan White legislation, HRSA and CDC guidance, and County directive/need), yielding an annual schedule of review, discussion, decision-making and work product.
- In order to fulfill its responsibilities and accomplish the work assigned to it, the Commission adopted a strategy in 2003 that relies almost entirely on its committees to perform initial analysis of, generate recommendations to and implement actions for the full Commission. Since then, the Commission’s committees have had an indispensable impact on the Commission’s capacity to fulfill its varied responsibilities and advance significant initiatives benefiting people with HIV/AIDS/STDs in LA County.



## **Policy #08.1102: Subordinate Commission Working Units**

Prepared: *November 4, 2010, Revised 7/25/16, Approved 8/11/16*

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- While the Commission generates, modifies and/or finalizes work and/or decisions, it rarely prepares the work directly as a full body. Rather, it relies on the standing committees and other working groups to forward recommended decisions or work for consideration by the full body. As a result, the Commission counts on the committees and related work units to complete more focused analysis. The committees, in turn, may rely on different types of working units to which they assign/delegate the work. This policy details the various working units the Commission and its committees can access to advance and expedite its decisions and work as needed.

### **POLICY:**

- 1) Policy/Procedure Description:** These policies and descriptions define and detail the organization, structure and governing rules/procedures of various working units the Los Angeles County Commission on HIV can engage to generate, develop and complete tasks and work necessary to fulfill its mission and purpose.
- 2) Committee-Driven Process:** The Commission is an HIV community planning body that regularly generates planning and implementation decisions and work product consistent with federal Ryan White legislative and Los Angeles County Charter requirements and guidance. Generally, the Commission's work flow and process is "committee-driven," meaning that recommended decisions, actions and work are typically proposed by the Commission's standing committees or other working units to the full Commission for review, consideration, and final decision-making. While the Commission generates, modifies and/or finalizes work and/or decisions, it rarely performs the work directly as a full body.
- 3) Standing Committees:** The Commission's primary working units are the five standing committees—the Executive, Public Policy (PP), Operations, Planning, Priorities and Allocations, (PP&A) and Standards and Best Practices (SBP). Each of the standing committees has specific responsibilities detailed in the Commission's By-Laws, which they, in turn, implement through ongoing analysis, study, discussion, debate, decision-making, work product, action and/or implementation.
- 4) Annual Work Planning:** The Executive Director in consultation with the Co-Chairs and Committee Co-Chairs will develop an Annual Work Plan at the beginning of the program year (March – February). The annual work plan will be aligned with the Comprehensive HIV Plan's Goals and Objectives Section.
- 5) Role of the Working Units:** The Commission, its Co-Chairs, the Executive Committee and the Commission's standing committees are entitled to establish caucuses, subcommittees, ad-hoc committees, task forces and various types of working groups to more thoroughly address responsibilities, decisions, work, tasks and projects in accordance with their and the Commission's work plan.

**Policy #08.1102: Subordinate Commission Working Units**

Prepared: *November 4, 2010, Revised 7/25/16, Approved 8/11/16*

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- 6) Openness and Transparency Requirements:** Like the Commission, the standing committees are covered by the Ralph M. Brown Act, comply with HRSA guidance and other “sunshine” law requirements regarding meeting transparency and related agendas, notices and preparations; meeting conduct, voting procedures and decision-making; public participation; and meeting record-keeping.
- 7) Caucus(es):** The Commission establishes caucuses, as needed, to provide a forum for Commission members of designated “special populations” to discuss their Commission-related experiences and to strengthen that population’s voice in Commission deliberations. Caucuses are not, by definition, Brown Act-covered bodies, and are not required to comply with open meeting, public participation and other, related “sunshine” requirements. With Commission consent, caucuses determine their membership, meeting conduct and timelines, work plans, and activities.
- 8) Ad-Hoc Committee(s):** The Commission, its Co-Chairs and/or the Executive Committee can create ad-hoc committees to address longer-term Commission special projects or initiatives that require more than one standing committee’s input, involvement and/or representation. Once the project has been completed, the ad-hoc committee automatically sunsets. The Commission Co-Chairs are responsible for assigning Commission members to the ad-hoc committees, and during their tenure, ad-hoc committees maintain the same stature and reporting expectations as other standing committees. Ad-hoc committees are required to comply with all of the same Brown Act and other transparency requirements as the Commission and its standing committees.
- 9) Subcommittee(s):** Standing Committees and/or their co-chairs may establish subcommittees to address and carry out work, tasks and activities to address one of the committee’s primary responsibilities. Consequently, subcommittees are not necessarily time-limited, but the committee can extend, suspend, amend and or conclude the subcommittee’s work at any time. The committee may delegate certain authorities to the subcommittee, and the subcommittee’s work plan is incorporated into the committee work plan. The committee’s co-chairs assign committee, and possibly other Commission, members to the subcommittee. Sub-committees are required to comply with all of the same Brown Act and other transparency requirements as their respective committees.
- 10) Task Forces(s):** Task Forces can be created by the Commission, its Co-Chairs and/or the Executive Committee, and are intended to address a significant Commission priority that may entail multiple levels of work or activity and are envisioned as longer-term in nature. Task forces are similar to ad-hoc committees, except that their membership is expected to include at least as many non-Commission members as Commission members. Task force decisions, work, activities and plans must be reported to and approved by the Executive Committee. While, technically, task forces do not have to comply with Brown Act and other

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transparency requirements, it is encouraged that they do so in the spirit of the law. Various community task forces are **not** formal Commission working units, unless recognized as such by the Commission; however, they are invited to report and recommend actions to the Commission.

- 11) Work Group(s):** Work groups are primarily created by the committees for work on a single, short-term project that the committee cannot as thoroughly address during its regular meetings. By definition, work groups—which can come in many different forms—are only operational for short, time-limited periods. Commission and non-Commission members may participate in a work group, but no more Commission members than the originating committee’s quorum. Work groups are not covered by the Brown Act and other transparency laws, and the final decisions/recommendations/work serve as a record of the work group’s deliberations and must be forwarded to the originating committee for review, consideration and modification/approval.
  
- 12) Organizational Purpose, Structure and Responsibilities:** The following procedures comprehensively describe the various types of subordinate Commission working units; their role(s) and purpose(s); the conditions under which they can be established; and what rules, governance, processes and expectations guide their activities. Each working unit description approximates the following organization:
  - Establishing authority
  - Definition, standing and reporting responsibilities
  - Role and purpose
  - Necessary conditions/provisions
  - Legal requirements
  - Organization, membership and leadership
  - Scope of responsibility and timeframe
  - Staff support, and
  - Other distinctions.

### PROCEDURE(S):

- 1. Work Plan Implementation:** The Commission develops an annual work plan for the federal Ryan White program year (March – February) detailing the tasks and work projects it expects to complete in the year and that serves as the Commission’s primary work outline. Each of the Commission’s standing committees and caucuses prepares an individual work plan, and the compilation of those work plans is modified/ approved by the Commission.
  - a. Commission decisions and work products are guided by federal Ryan White legislation, Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC) and County Ordinance requirements and guidance.
  - b. The work plan is a “living document” that may change as unanticipated pressing, urgent and/or time-sensitive issues need to be addressed during the course of the year.

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- c. Various types of subordinate working units are created at the Commission to carry out and fulfill work and decision-making responsibilities in accordance with that workplan. The organization, structures, rules, work activities and timelines for each type of working group are defined in the following procedures.
- d. The group's work objectives and timeframe for completing them will dictate which type of working unit is necessary to carry out those responsibilities.

**2. Standing Committee(s):** The Commission's standing committees and their respective responsibilities are authorized by and defined in the Commission's By-Laws (*see Pol/Proc #06.1000: Commission By-Laws*). The standing committees:

- are continuing work units;
  - meet monthly or more frequently;
  - concurrently juggle multiple tasks and activities within their respective purviews; and
  - are the Commission's primary means of discharging its duties and responsibilities.
- a. All of the Commission's major function(s) and responsibilities are assigned to at least one of the standing committees. While the standing committees primarily generate recommendations and propose work products for the Commission's modification/ approval, they are authorized to make some limited final decisions—such as document revisions in the Operations and Standards and Best Practices (SBP) Committees, policy position modifications in the Public Policy (PP) Committee, and final appeals at the Planning, Priorities and Allocations (PP&A) Committee.
  - b. Standing committees forward reports, completed work and Committee-approved decisions/recommendations to the Executive Committee and the Commission, as appropriate, understanding agenda items at those meetings.
  - c. As the Commission's fundamental working units and in the spirit of transparent and open decision-making, the standing committees are subject to Ralph M. Brown Act, HRSA and other applicable sunshine law requirements. As such, the standing committees must adhere to the relevant rules governing:
    - meetings open to the public;
    - public participation and comment periods;
    - development, notification and posting of agendas;
    - quorums and voting procedures; and
    - meeting record-keeping, audio-recording, and minutes.
- 1) The Commission's standing committees perform their work, conduct their business, and discuss and deliberate in open, public settings and meetings (except for rare closed Committee sessions that are consistent with Brown Act provisions).
  - 2) Members of the public are encouraged to attend and participate in standing committee meetings.

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- 3) Agendas detailing topics to be addressed are developed for all meetings, and meeting agendas are posted 72 hours in advance.
  - 4) A quorum must be present at any meeting in which votes are taken and only Board of Supervisor (BOS)-appointed Commission members are entitled to cast votes.
  - 5) All meetings are electronically recorded and minutes summarizing meeting discussions and actions are subsequently produced and approved.
- d. Standing committee voting privileges are only conferred on Board of Supervisors (BOS)-appointed Commission members who have been assigned to the Committee by the Commission's Co-Chairs, or designated OAPP representatives consistent with the By-Laws.
- 1) There is no limit to the number of Commission members who can be assigned to a standing committee.
  - 2) The standing committee quorum equals one member more than 50% of the assigned membership.
  - 3) A quorum is required before votes can be taken at a meeting. While all of the Commission's working groups aim for consensus, votes may be necessary to arrive at a decision or for record-keeping purposes.
  - 4) A motion is successful when more than half of the voting members at the meeting support it.
- e. Standing committees elect their committee co-chairs from among their designated membership.
- 1) Although a standing committee meeting can proceed without a quorum (however no voting allowed), it cannot proceed without at least one of the Committee or Commission Co-Chairs to lead the meeting.
  - 2) The Commission's Ordinance and By-Laws dictate that all standing committee co-chairs also serve on the Commission's Executive Committee.
- f. Standing committees determine their scope of responsibilities in accordance the standing committee's charge in the Commission By-Laws. The committee outlines how it intends to fulfill those responsibilities by detailing the projecting work tasks/activities and when they will be performed in its annual work plan.
- 1) Work priorities are determined by the committee and its co-chairs, shifted accordingly throughout the year due to unforeseen circumstances.
  - 2) The Commission, its Co-Chairs and/or Executive Committee may also shift standing committee work priorities in consideration of overall Commission priorities and/or existing resources to support the entirety and scheduling of the anticipated Commission workload.
- g. The Executive Director assigns each standing committee one lead and at least one support staff person from among the Commission Office staff.

**3. Caucus(es):** Only the Commission is authorized to create Commission caucuses. When establishing a caucus, the Commission must balance the number of existing caucuses, their

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workloads and schedules, and determine that staff resources exist to provide adequate support to the roster of caucuses and committees.

- a. Only caucuses created by the Commission with BOS-appointed membership are formally recognized as formal working units of the Commission.
  - 1) Commission caucuses maintain the same stature as the Commission's standing committees, including monthly reporting responsibilities to the Commission.
  - 2) Consistent with the Commission's By-laws, caucuses do not maintain representative seats on the Executive Committee.
- b. The caucus was developed as a vehicle to provide a safe and judgement-free setting where the Commission's caucus members can easily and freely discuss their reactions and experiences, share their insights, and exchange perceptions of issues addressed by the Commission among other Commission members who are more likely to share/understand those perspectives. Second, the caucus was intended to develop a more organized voice to ensure that the caucus population's perspective is effectively heard when relevant issues are raised and discussed at the Commission. Thus, each caucus has four primary responsibilities:
  - 1) Facilitating a forum for a dialogue among the caucus members;
  - 2) Developing the caucus voice at the Commission and in the community;
  - 3) Providing the caucus perspective on various Commission issues; and
  - 4) Cultivating leadership in the caucus membership and population.
- c. When forming a caucus, the Commission must adhere to the following criteria:
  - 1) the population proposed to be represented by the caucus must be one of the Commission's designated "special populations" ;
  - 2) the Commission must conclude that the population's voice can be strengthened by caucus representation; and
  - 3) caucus membership must include more than five Commission members and fewer members than the Commission quorum.
- d. Since the caucus structurally does not comprise a quorum of the Commission or any of its standing committees, the Commission's caucuses are not governed by the Brown Act, HRSA, CDC or other rules and requirements that apply to the Commission's other committees. Consequently:
  - 1) the caucus is not required to adhere to quorum requirements;
  - 2) posted agendas are not required for the Caucuses; and
  - 3) caucus meetings are not open to Commission membership or the public, unless the caucus chooses to do so;
  - 4) caucus meetings are not audio recorded and meeting minutes are not produced, however the caucus may use meeting summaries to ensure operational efficiency.
- e. Decisions about the caucus organization, structure, membership, process and schedule are left to the caucus membership:

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- 1) all Commission members of the designated population are considered members of the established caucus, whether or not they choose to participate;
  - 2) the caucus determines its leadership and leadership responsibilities;
  - 3) the caucus determines how and when to involve the broader Commission and community in its meetings and activities;
  - 4) the caucus determines its internal organization and meeting/activity schedule.
- f. The caucus determines what and how many issues it will address throughout the year by establishing its own scope of responsibility and identifying the work and type of activities in which it will engage. Among the activities it may use to advance its work are education and dialogue, mobilization and advocacy, written communications, presentations, member recruitment, improved representation, events, community involvement, and other options.
- 1) Like the standing committees, caucuses are expected to develop annual workplans, which, in turn, are included in the Commission's annual workplan.
  - 2) The Executive Committee's and Commission's modifications to caucus workplans and final approval of the annual Commission workplan constitute acceptance of the caucus' self-defined scope and timeframe of responsibility.
- g. The Executive Director is responsible for determining who among the Commission staff is the most suited to provide staff support to the caucus.
- 4. Subcommittee(s):** Standing committees create subcommittees, as needed, to carry out one or more of the standing committee's major areas of responsibility. The standing committee can "sunset" a subcommittee or continue, amend, suspend, extend and/or reclaim the work or responsibility or parts of it at will.
- a. The subcommittee's work priorities are established by its respective standing committee as the standing committee deems appropriate as it endeavors to fulfill its responsibilities and determines that it does not have the time to address the topic as specifically as needed in the context of its regular meetings.
  - b. Subcommittees must forward their decisions, recommendations and work products to their respective standing committees for consideration, review, modification and/or approval, unless the standing committee has instructed otherwise.
    - 1) Subcommittee reports are regularly agendaized for their respective standing committee meetings.
    - 2) The standing committee may delegate a portion of the committee's decision-making authority to the subcommittee or instruct the subcommittee to report its decisions/actions directly to the full Commission.
  - c. During its tenure, the subcommittee is considered a formal working unit of the Commission, and, as such, must comply with the same Brown Act, HRSA and other, related legal operational rules and requirements as standing committees (*see Procedure #2.c*).

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- d. The standing committee co-chairs are entitled to assign members of their committee to any subcommittees the committee establishes, and to determine if they will accept other Commission members who volunteer for the designated subcommittee(s).
    - 1) Standing committee rules governing membership, voting privileges and meeting conduct also apply to subcommittees (*see Procedure #2.d*)
    - 2) Only Commission or standing committee members with voting privileges are entitled to membership on subcommittees—although the public are invited to attend and participate in subcommittee meetings.
    - 3) Like the standing committees, subcommittees elect their own co-chairs. At least one of the standing committee co-chairs should attend and lead the first subcommittee meeting in order for the subcommittee to choose its own leadership.
  - e. While the standing committee determines the subcommittee's scope and limits of responsibility, the subcommittee may elaborate on that topic, extend, revise or modify it, and design the appropriate work strategies to address it, with the standing committee's or its co-chairs' consent.
    - 1) The subcommittee's annual work plan is incorporated into the standing committee's annual work plan.
    - 2) That responsibility may be time-limited or assumed to be a long-term or permanent delegation of the standing committee's authority.
  - f. The respective standing committee staff support also staffs its subcommittees.
    - 1) With the Executive Director, the standing committee must balance the number of its subcommittees, its work-load and schedule to determine if staff resources are adequate to provide the necessary support to a subcommittee.
- 5. Ad-Hoc Committee(s):** The Commission, its Co-Chairs or the Executive Committee are entitled to create ad-hoc committees, as needed and appropriate.
- a. For the duration of an ad-hoc committee's work, the ad-hoc committee maintains the stature of Standing Committees, including regular inclusion on the agenda and reports to the Executive Committee and the Commission.
    - 1) Consistent with the Commission By-Laws, ad-hoc committees do not maintain representative seats on the Executive Committee.
  - b. Ad-hoc committees are "special project"-focused in nature, meaning they are assigned one significant project, versus limited-activity or short-term projects that can be addressed by other working units or as part of a standing committee's or subcommittee's more expansive agenda.
  - c. Ad-hoc committees are created for special projects that extend beyond a single standing committee's authority or purview and require membership from multiple committees.
    - 1) The Commission Co-Chairs determine who will serve on an ad-hoc committee by assigning members and/or accepting volunteers.



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- d. The ad-hoc committee determines rules, activities and schedules regarding its organization, membership and leadership.
    - 1) Ad-hoc committees must comply with all of the same legal requirements and guidance governing meeting preparations and their conduct as standing committees and subcommittees.
  - e. Given its defined purpose to address a single, significant Commission special project, an ad-hoc committee is established for a distinct time period and automatically sunsets at the conclusion or completion of the project.
  - f. Executive Committee staff support provides staff support to ad-hoc committees, unless the Executive Director designates other staff support.
- 6. Task Force(s):** Task Forces can be created by the Commission, its Co-Chairs or the Executive Committee. Task forces are intended to address a topic that is broader and more expansive in nature, encompassing multiple activities and a continuing, longer-term time frame.
- a. Unlike ad-hoc committees or subcommittees with similar purposes, task forces are created to include Commission members and non-Commission members alike, generally at equal proportions, or with Commission members forming a minority of the task force membership.
  - b. Task forces report to the Executive Committee, to which they forward their recommendations and work. Since membership is not confined to solely Commission members, any recommendation or action from a Task Force must be approved by the Executive Committee before advancing it to the full Commission.
    - 1) The Commission's task forces are expected to provide periodic reports to the full body.
  - c. Technically—only unless the Task Force membership comprises a majority of Commission members from one of its working units—it does not have to comply with public noticing and other Brown Act rules; practicality, though, suggests compliance with those rules, even if not specifically mandated.
  - d. The task force membership is empowered to determine its own leadership, structure, and schedule.
  - e. The task force assumes its scope of responsibility and develops its work plan(s) in consultation with the Executive Committee and the Executive Director.
    - 1) The task force work plan, scheduling and timeline is incorporated into the Executive Committee's annual work plan.
  - f. Executive Committee staff support provides staff support to ad-hoc committees, unless the Executive Director designates other staff support.

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- g. It is important to note that the HIV community has created a number of population- and service-centered task forces that are **not** Commission working units, unless formally recognized by the Commission.
  - 1) Community task forces are welcome, though, to report their recommendations or work to the Commission under the standing “Task Force” agenda item, as needed and appropriate.

**7. Work Groups:** The committees are primarily responsible for establishing work groups, the most informal of the Commission’s subordinate working units. Work groups are created to complete a specific short-term, single-focused task, resulting in a final work product that concludes the work group’s activities.

- a. Most frequently, work groups are established to work in more specific detail on a task that the committee does not have time to address in its regular meetings, or to finish a task that requires direct involvement and input from the work group members (e.g., such as developing plans, reviewing and generating documents and/or conducting studies, among other possible activities).
  - 1) All work group actions must be approved by the committee of origin, as work groups are only performing work on the committee’s behalf and request.
- b. Due to their short-term timeframe, specific work assignment and limited membership, work groups are not governed by the Brown Act or other sunshine law requirements.
- c. Work groups cannot include more members than the originating standing committee’s quorum, otherwise additional meeting preparation, membership, timeline and management requirements will be invoked.
  - 1) Work group meetings are not intended to be open to the public, or subject to transparency and public participation requirements.
  - 2) Work group meetings are, instead, intended to be working meetings that produce decisions, documents and/or other products that will be presented for open, public discussion, debate and/or consideration at the originating standing or other committee.
  - 3) Agendas and meeting minutes are not needed for work groups. Summaries may be provided, if needed, to capture information discussed at prior meetings or to ensure continuity and progress of meeting discussions.
  - 4) Generally, the final documentation and/or work product from the work group serves as a record of the work group meeting proceedings.
- d. Work groups can come in many forms: as a committee work group, an expert review panel, a focus group or in other formats.
- e. Non-Commission members can be included in the work group with the consent of the standing committee or the Executive Director, as needed.
  - 1) Due to the mix of Commission and non-Commission members on work groups, votes and voting procedures are not used at work group meetings.

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- 2) Due to its short-term nature, work groups do not require formal leadership.
- f. The work group's scope of responsibility is defined by the originating committee, are short-term limited, and range from one to a dozen meetings in total.
  - 1) More frequently work groups meet only once or twice and finish their assigned projects within a month (for example, by the committee's next meeting).
- g. Work groups are staffed by one of the committee's support staff and the work is not intended to exceed six months, at the maximum.

**NOTED AND  
APPROVED:**



**EFFECTIVE  
DATE:**

December 9, 2010;  
8/11/16

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*Original Approval: 12/9/10*

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*Revision(s): 7/25/16*



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**HIV + STD Services  
Customer Support Line**

**(800) 260-8787**

## **Why should I call?**

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

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

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

## **Can I call anonymously?**

Yes.

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

Yes.

By Email:

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

On the web:

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





# Estamos Escuchando

*Comparta sus inquietudes con nosotros.*

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

**(800) 260-8787**

## ¿Por qué debería llamar?

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

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

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

## ¿Puedo llamar de forma anónima?

Si.

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

Si.

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

En el sitio web:  
[http://publichealth.lacounty.gov/  
dhsp/QuestionServices.htm](http://publichealth.lacounty.gov/dhsp/QuestionServices.htm)

