



LOS ANGELES COUNTY
COMMISSION ON HIV



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Operations Committee Meeting

Thursday, January 25, 2024

10:00am-12:00pm (PST)

**510 S. Vermont Ave, Terrace Conference Room TK11
Los Angeles, CA 90020**

****Validated Parking: 523 Shatto Place, LA 90020****

*As a building security protocol, attendees entering from the first-floor lobby **must** notify security personnel that they are attending the Commission on HIV meeting in order to access the Terrace Conference Room (9th floor) when our meetings are held.*

Agenda and meeting materials will be posted on our website at

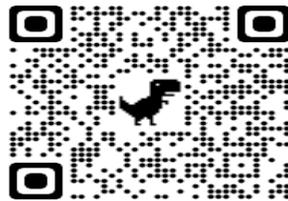
<https://hiv.lacounty.gov/operations-committee>

**Members of the Public May Join in Person or Virtually.
For Members of the Public Who Wish to Join Virtually, Register Here:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m0ded1f6cedfb7cc0a9c1ef7c592efd28>

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

Password: OPERATIONS Access Code: 2536 594 3574



Notice of Teleconferencing Sites:

None

together.

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510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EMAIL: hivcomm@lachiv.org WEBSITE: <https://hiv.lacounty.gov>

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

Thursday, January 25, 2024 | 10:00 AM – 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK05
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m0ded1f6cedfb7cc0a9c1ef7c592efd28>

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

Password: OPERATIONS Access Code: 2536 594 3574

Operations Committee (OPS) Members:			
Justin Valero, MA Co-Chair	Vacant Co-Chair	Miguel Alvarez (Executive At-Large)	Jayda Arrington
Jose Magaña	Leon Maultsby	Erica Robinson (Alternate)	
QUORUM: 4			

AGENDA POSTED: January 19, 2024

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Committee's consideration of the item, that is within the subject matter jurisdiction of the Committee. 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 [here](#). 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 (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

I. ADMINISTRATIVE MATTERS

- | | | |
|--|------------------|---------------------|
| 1. Call to Order & Meeting Guidelines/Reminders | | 10:00 AM – 10:03 AM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements | | 10:03 AM – 10:05 AM |
| 3. Approval of Agenda | MOTION #1 | 10:05 AM – 10:08 AM |
| 4. Approval of Meeting Minutes | MOTION #2 | 10:08 AM – 10:10 AM |

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

- | | | |
|--|------------------|---------------------|
| 7. Executive Director/Staff Report | | 10:15 AM – 10:30 AM |
| a. Operational Updates | | |
| 8. Co-Chair’s Report | | 10:30 AM – 10:40 AM |
| a. 2024 Operations Committee Co-Chair Open Nominations and Elections | MOTION #3 | |
| b. “Getting To Know You” Exercise Leon Maultsby | | |
| c. 2024 Training Schedule | | |
| d. 2024 Work Plan Development | | |
| 9. Policies and Procedures | | 10:40 AM – 11:15 AM |
| a. Proposed By-Laws Changes Review and Discussion | | |
| 10. Membership Management Report | | 11:15 AM—11:45 AM |
| a. New Membership Applications | | |

- (1) Vilma Mendoza | Seat #25 Unaffiliated consumer, SPA 7 **MOTION #4**
- (2) Leonardo Martinez-Real | Seat #27 Unaffiliated consumer, Supervisorial District 1 **MOTION #5**
- (3) Kerry Ferguson| Seat #19, Alternate **MOTION #6**
- b. Vacate Seat – Redeem Robinson **MOTION #7**
- c. Attendance Review
- d. Membership Life Cycle
- e. Status on Pending/New Applications
- f. Parity, Inclusion and Reflectiveness (PIR)
- g. Mentorship Program
 - (1) Opportunity to Volunteer to Mentor
- 11. Assessment of Administrative Mechanism (AAM) | Update 11:45 AM – 11:50 AM
- 13. Recruitment, Retention and Engagement 11:50 AM – 11:55 AM
 - Member Contributions/Participation | Report Out
(Purpose: To provide an opportunity for Operations Committee members to report updates related to their community engagement, outreach, and recruitment efforts and activities in promoting the Commission)
- V. NEXT STEPS** 11:55 AM – 11:57 AM
- 14. Task/Assignments Recap
- 15. Agenda development for the next meeting
- VI. ANNOUNCEMENTS** 11:57 AM – 12:00 PM
- 16. Opportunity for members of the public and the committee to make announcements
- VII. ADJOURNMENT** 12:00 PM
- 17. Adjournment for the meeting January 25, 2024

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Operations Committee minutes, as presented or revised.
MOTION #3	Approve 2024 Co-Chairs for the Operations Committee as elected.
MOTION #4	Approve new Membership Application for Vilma Mendoza (Seat #25, Unaffiliated consumer, SPA7), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
MOTION #5	Approve new Membership Application for Leonardo Martinez-Real; (Seat #27, Unaffiliated consumer, Supervisorial District 1), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
MOTION #6	Approve new Membership Application for Kerry Ferguson (Seat #19, Alternate), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
MOTION #7	Approve seat vacate for Redeem Robinson, as presented or revised, and forward to the Executive Committee meeting and then to the full COH for approval.



HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS (Updated 3.22.23)

- This meeting is a **Brown-Act meeting** and is being recorded.
 - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
 - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
 - Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

- Please comply with the **Commission's Code of Conduct** located in the meeting packet

- Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*

- For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

- Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

- Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.



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.)



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/9/24

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL *	Danielle	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ish	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

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

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

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

Division of HIV and STD Programs Contracted Community Services		
ORGANIZATION	SERVICE CATEGORY	SUBCONTRACTOR
AIDS Healthcare Foundation (AHF)	Mental Health	
	Medical Specialty	
	Oral Health	
APLA Health & Wellness (AHW)	Ambulatory Outpatient Medical (AOM)	
	Case Management Home-Based	Libertana Home Health, Caring Choice, The Wright Home Care, Cambrian, Care Connection, Envoy
	Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store, Foothill AIDS Project, JWCH, Project Angel
	Oral Health	Dostal Laboratories
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
	STD-Ex.C	
	Biomedical HIV Prevention Services	
AltaMed Health Services	Case Management Home-Based	Envoy, Caring Choice, Health Talent Strategies, Hope International
	Mental Health	
	Vulnerable Populations (YMSM)	TWLMP
Bienestar Human Services (BEN)	Nutrition Support (Food Bank/Pantry Service)	
	Vulnerable Populations (Trans)	CHLA, SJW
Black AIDS Institute	HTS - Storefront	LabLinc Mobile Testing Unit Contract
Center for Health Justice (CHJ)	Transitional Case Management (Jails)	
	Vulnerable Populations (YMSM)	
Childrens Hospital Los Angeles (CHL)	AOM	
	Vulnerable Populations (YMSM)	APAIT
	HTS - Storefront	AMAAD, Center for Health Justice, Sunrise Community Counseling Center
Coachman Moore and Associates	STD Prevention	
East Los Angeles Womens Center	HERR	
East Valley Community Health Center (EVC)	AOM	
Essential Access Health (formerly California Family Health Council)	STD Infertility Prevention and District 2	
Friends Research Institute	HERR	
Greater Los Angeles Agency on Deafness, Inc. (GLAD)	HERR	LIFESIGNS, Inc., Sign Language Interpreter Services
Heluna Health	Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich-Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC; EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN; Spanish Telehealth Mental Health Services; Translation/Transcription Services; Public Health Detailing; HIV Workforce Development
In the Meantime Men's Group	Vulnerable Populations (YMSM)	Resilient Solutions Agency
JWCH Institute, Inc. (JWCH)	Mental Health	Bienestar
	Oral Health	USC School of Dentistry
	Biomedical HIV Prevention Services	
LAC University of Southern California Medical Center Foundation, Inc.	Community Engagement and Related Services	AMAAD, Program Evaluation Services, Community Partner Agencies
LAC-DHS Housing for Health (DHS)	Housing Assistance Services	Heluna Health
Los Angeles LGBT Center (LGBT)	AOM	Barton & Associates
	Vulnerable Populations (YMSM)	Bienestar, CHLA, The Walls Las Memorias, Black AIDS Institute
	Vulnerable Populations (Trans)	Special Services for Groups, Translatin@ Coalition, CHLA, Friends

Men's Health Foundation (Anthony Martin Mills, MD)	AOM	AMMD (Medical Services)
	Biomedical HIV Prevention Services	
	Vulnerable Populations (YMSM)	
	Sexual Health Express Clinics (SHEX-C)	AMMD - Contracted Medical Services
Minority AIDS Project (MAP)	Case Management Home-Based	Caring Choice, Envoy
Northeast Valley Health Corporation (NEV)	AOM	
	Mental Health	
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
Project New Hope (PNH)	Residential Facility For the Chronically Ill (RCFCI)	
Public Health Foundation Enterprises (PHF)	Transitional Case Management (Jails)	
St. John's Well Child and Family Center (SJW)	HTS - Social and Sexual Networks	Black AIDS Institute
St. Mary Medical Center (SMM)	AOM	
	Case Management Home-Based	Envoy, Cambrian, Caring Choice
	Oral Health	Dental Laboratory
T.H.E. Clinic, Inc. (THE)	AOM	
The Wall Las Memorias Project	HTS - Storefront	
	HTS - Social and Sexual Networks	
Tarzana Treatment Center (TTC)	AOM	New Health Consultant
	Case Management Home-Based	Always Right Home, Envoy
	Mental Health	
The Regents of the University of California (UCLA)	Oral Health-Endo	
	Oral Health-Gen.	
University of Southern California School of Dentistry (USC-Ostrow)	Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech; Biopsies - Pacific Oral Pathology
	Oral Health-Gen.	Patient Lab Services
Venice Family Clinic (VFC)	AOM	UCLA
	Benefit Specialty	UCLA
	Medical Care Coordination	UCLA
Watts Healthcare Corporation (WHC)	Oral Health	



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

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

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





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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • VIRTUAL WEBEX MEETING

Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission’s website and may be corrected up to one year after approval. Meeting recordings are available upon request.

OPERATIONS (OPS) COMMITTEE MEETING MINUTES

December 12, 2023

COMMITTEE MEMBERS					
P = Present A = Absent EA = Excused Absence MoP=Attended as Member of the Public AB2449=Virtual Attendance					
Miguel Alvarez	P	Jayda Arrington	P	Jose Magaña	P
Danielle Campbell	P	Erica Robinson (Alternate)	P		
Joe Green, Co-Chair Pro Tem	P	Justin Valero, MA, Co-Chair	EA		
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, MPIA, Dawn McClendon, Sonja Wright, DACM					
DHSP STAFF					

*

Meeting agenda and materials can be found on the Commission’s website at
https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/111045e7-df27-4a67-857a-da645a13c4b9/Pkt-OPS_12.12.23.pdf

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1. **CALL TO ORDER-INTRODUCTIONS**

The meeting was called to order at 10:03 am. Co-Chair Pro Tem, Joe Green, called the meeting to order.

2. **INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS**

Co-Chair Pro Tem J. Green led introductions in the absence of Co-Chairs.

I. ADMINISTRATIVE MATTERS

3. **APPROVAL OF AGENDA**

MOTION #1: Approve the agenda order, as presented (*✓Passed by consensus*).

4. **APPROVAL OF MEETING MINUTES**

MOTION #2: Approve the 10/26/2023 OPS Committee meeting minutes, as presented (*✓Passed by consensus*).

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

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

- There were no new business items.

IV. REPORTS

7. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

Executive Director, Cheryl Barrit, provided the following operational updates:

- The Committee was directed to the Annual Conference Evaluation in the packet. Overall, the survey rated the Annual Conference and the speakers favorably, as excellent or very good. C. Barrit noted pages 28-30 which lists comments about attendees likes and/or what can be improved upon, and pages 31 to 38 Call to Action ideas. C. Barrit organized the ideas into three main categories: (1) education and empowerment, (2) program service delivery, and (3) collaboration/partnership with other departments. She encouraged the Committee review the survey as guidance for developing the 2024 work plan and provided an example of the Aging Caucus reviewing the survey and deciding to pursue housing as one of their priorities. C. Barrit concluded the survey review by explaining that pages 39-40 are a tallied summary of the proposed vision and mission statements. To review the full survey click [HERE](#).
- C. Barrit reminded the Committee that the Vermont Corridor is home base for meetings, however the rooms must be scheduled in 180 days advance and the COH is in competition with other departments to reserve meeting rooms. Due to scheduling conflicts, the full Commission meetings will be held at St. Anne's in January and February 2024, at another location to be determined for March and April 2024, and return to to the Vermont Corridor May-July 2024.
- C. Barrit informed the Committee that the Consumer Caucus Retreat is being held on December 14th from 11am-1pm and the Planning, Priorities & Allocations (PP&A) Committee will hold its last meeting of the year on December 14th from 1:30pm-3:30pm, following the Consumer Caucus Retreat.
- C. Barrit announced that she will be sending an email to the full membership encouraging each member to share at least three Commission-related accomplishments for 2023 to feature in the 2023 Annual Report.

8. CO – CHAIRS REPORT

a. 2024 Operations Committee Co-Chair Open Nominations

- J. Green nominated Miguel Alvarez and Jose Magana.
- Operations Co-Chair nominations will remain open until the elections are held at the Operations January 2024 meeting.

b. "Getting To Know You" Exercise

- Commissioner L. Maultsby will introduce himself at the next Operations Committee meeting.

c. 2023 Work Plan

- J. Green led a review of the work plan, which can be found in the meeting packet. The 2023 work plan will be carried over to 2024.
- The Policy Priorities and Legislative Docket Development Process training was held on November 15th, from 3-4:30pm. This was a **required** training for commissioners. The recording has been uploaded to the COH website.
- The next training, Co-Chairs Roles and Responsibilities, will be held on February 13, 2024 from 4-5pm.
- C. Barrit informed the Committee that Karen Gooden is the Commission's new Health Resources and

Services Administration (HRSA) Project Officer.

- The Assessment of the Administrative Mechanism (AAM) Request for Bid to procure a consultant is pending review by the Executive Office. Assistant Director, Dawn McClendon is hoping to provide an update at the January meeting.

9. Policies and Procedures

a. Proposed updates to Bylaws

- The proposed changes to the Bylaws are included in the meeting materials packet for preliminary review. A formal review will take place at the January Operations and Executive Committee meetings. Thereafter the proposed changes will be presented to the full Commission for its review, with a 30-day public comment period to follow. C. Barrit noted a simultaneous process in updating the Ordinance alongside the Bylaws which requires County Counsel and Board of Supervisors approval. C. Barrit anticipates that the Ordinance change will not be as extensive as the Bylaws changes and expects the entire process to be completed by June 2024.
- The proposed changes can be found [HERE](#).

10. Membership Management Report

- Staff member S. Wright secured an interview panel for three new membership applicants.

11. Retention, Recruitment and Engagement

•Member Contributions/Participation | Report Out

(Purpose: To provide an opportunity for Operations Committee members to report updates related to their community engagement, outreach, and recruitment efforts and activities in promoting the Commission).

- J. Green led a roundtable discussion of members' participation in engagement activities. Members shared their recruitment and outreach activities.

V. NEXT STEPS

12. TASK/ASSIGNMENTS RECAP:

- ➡ C. Barrit will provide an AAM update

13. AGENDA DEVELOPMENT FOR NEXT MEETING:

- ➡ Operations Co-Chair Nominations and Elections
- ➡ 2024 Work Plan
- ➡ L. Maultsby "Getting to Know You"
- ➡ New membership applicants
- ➡ Formal Bylaws Proposal Review
- ➡ Standing items

VI. ANNOUNCEMENTS

14. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- L. Maultsby expressed joy in that the World AIDS event held at Charles Drew University on December 6th, inspired an attendee who was once a part of the Commission on HIV (COH) to become re-engaged.

VII. ADJOURNMENT

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



2024 TRAINING SCHEDULE

SUBJECT TO CHANGE

- “*” Asterisk denotes mandatory training for all commissioners.
- All trainings are open to the public.
- Click on the training topic to register.
- Certifications of Completion will be provided.
- All trainings are virtual.

<u>Co-Chair Roles and Responsibilities</u>	February 13, 2024 4:00-5:00PM
<u>General Orientation and Commission on HIV Overview</u> *	March 26, 2024 3:00-4:30PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development</u> *	April 23, 2024 3:00-4:30PM
<u>Ryan White Care Act Legislative Overview Membership Structure and Responsibilities</u> *	July 17, 2024 3:00-4:30PM
<u>Policy Priorities and Legislative Docket Development Process</u>	October 2, 2024 3:00-4:30PM



**(DRAFT) 2023 OPERATIONS WORKPLAN
12.8.23**

Co-Chairs: Justin Valero

Approval Date: Updated: 2.21.23, 3.21.23, 4.24.23, 5.17.23, 6.20.23, 7.24.23, 8.21, 9.27, 10.23, 12.8

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Committee will lead and advance throughout 2023.

CRITERIA: Select activities that 1) represent the core functions of the COH and Committee, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

CORE COMMITTEE RESPONSIBILITIES: 1) Developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission and HIV/AIDS service and related issues; 2) recommending, developing and implementing Commission policies and procedures; 3) coordinating on-going public awareness activities to educate and engage the public in the Commission and HIV services throughout the community; 4) conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; 5) recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission. Additional responsibilities can be found at <https://hiv.lacounty.gov/operations-committee>.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	2023 Training Plan	<p>Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.</p> <p><i>*Additional training may be integrated at all COH subgroups as determined by members and staff</i></p>	2023	<p>Refer to draft 2023 training plan to be presented at the January 26th OPS meeting. General Orientation + COH Overview 3.29 Priority Setting & Resource Alloc Process + Service Stand. Dev 4.12. Tips for Making Effective Written and Oral Public Comments 5.24 RW Care Act Leg Overview & Memb Struct and Resp 7/19, Public Health 101 8/16, Sexual Health & Wellness 9/20 Health Literacy and Self-Advocacy 10/24, Policy Priorities and Legislative Docket 11/15, Co-Chair Roles and Responsibilities 2/13/24</p>
2	Bylaws Review	<p>Review Bylaws to update in accordance with changing HIV landscape, local, state and federal policies and procedures, and to meet the needs of the Commission and community.</p>	2023	<p>(1) Initial planning to begin at the January 26th OPS meeting; refer to planning guidance. (2) Refer to workgroup for updates.</p>
3	Policies & Procedures	<p>Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.</p>	2023	<p>(1) Revisions to Policy #09.4205 (2) Revisions to Policy # 08.1104 (refer to workgroup for updates)</p>

(DRAFT) 2023 OPERATIONS WORKPLAN

12.8.23

4	Assessment of the Administrative Mechanism (AAM)	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.	TBD	<p>(1) Review recommendations from prior AAM/supplemental AAM to determine next steps;</p> <p>(2) Review summary and recommendations from HealthHIV Planning Council effectiveness assessment recommendations to address areas of improvement:</p> <ul style="list-style-type: none"> a. Member Recruitment and Retention b. Community Engagement/Representation c. Streamlining the LAC COH's Work
5	Recruitment, Engagement and Retention Strategies	Development of engagement and retention strategies to align with CHP efforts	Ongoing	<p>(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members.</p> <p>(2) Continue social media campaigns to bring awareness.</p> <p>(3) Refer to HealthHIV Planning Council assessment for recommendations.</p>
6	Mentorship Program	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Ongoing	Review & assess current Mentorship Program for improvements and effectiveness. Mentorship Program Guide can be found @ https://hiv.lacounty.gov/resources/member
7	PIR (Parity, Inclusion and Reflectiveness) Review	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly <i>January, April, August</i>	PIR Survey disseminated January 10, 2023; responses due January 20th.
8	Attendance Review	To ensure members follow the attendance policy.	Quarterly <i>January, June, October</i>	Review Attendance Matrix presented by staff. Reviewed attendance in January, June, and October.



12/12/23 OPS/EXEC
INITIAL/FIRST REVIEW

****TRACKED CHANGES****

POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 24
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SUBJECT: The Bylaws of the Los Angeles County Commission on HIV.

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

BACKGROUND:

- **Health Resources and Services Administration (HRSA) Guidance:** “Planning Councils must set up planning council operations to help the planning council to operate smoothly and fairly. This includes such features as bylaws, open meetings, grievance procedures, and conflict of interest standards.” [Ryan White HIV/AIDS Program Part A Manual, VI (Planning Council Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council Operations].
- **Centers for Disease Control and Prevention (CDC) Guidance:** “The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department’s Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction.”
- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures):** “The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation.”

POLICY:

- 1) **Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational, and functional rules and requirements.

Policy/Procedure #06.1000: Commission Bylaws

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~~2) **Ryan White Program (RWPRWHAP) Review:** The Commission's activities and actions in execution of its role as Los Angeles County's RWPRWHAP Part A planning council and funded by RWPRWHAP Part A administrative funds are subject to the conditions of the RWPRWHAP, as managed by the Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau ("DMHAP/HAB"), Health Resources and Services Administration ("HRSA"), US Department of Health and Human Services (DHHS). Prior to approval by its members, the Commission will request that the RWPRWHAP Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.~~

~~3) —~~

~~2) **3) Commission Bylaws Review and Approval:** The Commission's Bylaws must be amended accordingly following amendments to the Ordinance. Amendments or revisions to these Bylaws must be approved by a two-thirds vote of the Commission members present at the meeting, but must be noticed for consideration and review at least ten days prior to such meeting (see Article XVI). The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.~~

~~A. Prior to approval by its members, the Commission will request that the Ryan White HIV/AIDS Program (RWPHAP) Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.~~

~~B. Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.~~

~~A.C. Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI). Additionally, a 30-day public comment period will open, allowing the public to provide input on the proposed amendments for further transparency and inclusivity.~~

Commented [MD1]: UPDATES: Codify annual Bylaws review process to include a 30-day public comment period.

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

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

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis.
- B. Develop standards of care for the organization and delivery of HIV care, treatment, and prevention services.
- C. Establish priorities and allocations of RWPRWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee’s allocation and expenditure of these funds by service category or type of activity for consistency with the Commission’s established priorities, allocations, and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission’s established priorities, allocations and comprehensive HIV plan.
- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area’s (“EMA”) delivery of HIV services.
- E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County’s STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response.
- F. Study, advise, and recommend to the BOS, the grantee and other departments policies and other actions/decisions on matters related to HIV.
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV.

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

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

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

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

II. MEMBERS:

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

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.
- B. Alternates are appointed by the BOS to serve in place of an Unaffiliated Consumer member ~~HIV positive Commissioner~~ when ~~those Commissioners~~ the Unaffiliated Consumer members cannot fulfill their Commission duties and responsibilities.
- C. ~~Community Committee-only~~ members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Community Committee-only members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of ~~fifty one (51)~~ fifty (50) voting members ~~and one (1)~~ non-voting member. Voting members are nominated by the Commission and appointed by the BOS. ~~Non-voting members do not count toward quorum.~~

Commented [MD2]: UPDATES: Per HRSA findings/guidance, DHSP cannot hold a voting seat on the Commission.

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Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
 - 1. Medi-Cal, State of California,
 - 2. City of Pasadena,
 - 3. City of Long Beach,
 - 4. City of Los Angeles,
 - 5. City of West Hollywood
- B. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWPRWHAP Recipient/Part A Grantee.
- ~~B-C.~~ Four (4) members who are recommended by RWPRWHAP grantees as specified below or by representative groups of RWPRWHAP grant recipients in the County, one from each of the following:
 - 1. Part B (State Office of AIDS),
 - 2. Part C (Part C grantees),
 - 3. Part D (Part D grantees),
 - 4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].
- D. Eight (8) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:
 - 1. An HIV specialty physician from an HIV medical provider,
 - 2. A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative,
 - 3. A mental health provider,
 - 4. A substance abuse treatment provider,
 - 5. A housing provider,
 - 6. A provider of homeless services,
 - 7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,
 - 8. A representative of an ASO offering HIV care and treatment services.
- E. Seventeen (17) unaffiliated consumers of Part A services, to include:
 - 1. Eight (8) consumers, each representing a different Service Planning Area ("SPA") and who are recommended by consumers and/or organizations in the SPA,

Commented [MD3]: ADDITION: Per HRSA findings/guidance, DHSP cannot hold a voting seat on the Commission.

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2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County.
- F. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.
- G. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles ~~Department of Housing~~Housing Department.
- H. One (1) representative of a health or hospital planning agency.
- I. One (1) behavioral or social scientist who promotes and presents behavioral research regarding HIV/AIDS and STIs and the people it impacts/affects. is recommended from among the respective professional communities.
- J. Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:
1. Faith-based entities engaged in HIV prevention and care,
 2. Local education agencies at the elementary or secondary level,
 3. The business community,
 4. Union and/or labor,
 5. Youth or youth-serving agencies,
 6. Other federally funded HIV programs,
 7. Organizations or individuals engaged in HIV-related research,
 8. Organizations providing harm reduction services,
 9. Providers of employment and training services, and
 10. HIV-negative individuals from identified high-risk or special populations.

Commented [MD4]: UPDATES: Expand description to align with Duty Statement.

Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (*Term of Service*), all members serve two-year terms.

- A. Commissioners and Alternates serve two-year staggered terms as reflected on the Membership Roster.
- B. A ~~Community members~~Committee-only member's term begins with the date of appointment and serves a one-year term.
- C. Members are limited to ~~two-three~~ consecutive terms in the same seat, unless waived by vote of the BOS and are eligible to reapply following a one-year break in service.

Commented [MD5]: CLARIFICATION: Current practice/policy.

Commented [MD6]: UPDATES: Per HRSA findings/guidance.

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Section 4. Unaffiliated Consumer Membership. In accordance with RWPRWHAP Part A legislative requirements outlined in Section 2602(b)(2): REPRESENTATION, Section 2602(b)(2): "REPRESENTATION" and consistent with Policy/ Procedure #08.3107 (Consumer Definitions and Related Rules and Requirements), the Commission shall ensure that 33% of its members are consumers of RWPRWHAP Part A services who are not aligned or affiliated with RWPRWHAP Part A-funded providers as employees, consultants, or Board members.

~~Additionally, (At least two (2) of the Commission's unaffiliated consumer members are expected to fill two (2) of the membership categories requiring representation, as defined in RWP legislation:1. At at least one (1) unaffiliated consumer member must be co-infected with Hepatitis B or C; and2. At least one (1) unaffiliated consumer member must be a person who was incarcerated in a Federal, state, or local facility within the past three (3) years and who has a HIV diagnosis as of the date of release or is a representative of the recently incarcerated described as such.)~~

Section 5. Reflectiveness. In accordance with RWPRWHAP Part A legislative requirements [Section 2602(b)(1)], the Commission shall ensure that its full membership and the subset of unaffiliated consumer members proportionately reflect the ethnic, racial and gender characteristics of HIV disease prevalence in the EMA.

Section 6. Representation. In accordance with RWPRWHAP Part A legislative requirements [Section 2602(b)(2)], the Commission shall ensure that all appropriate specific membership categories designated in the legislation are represented among the membership of Commission.

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

Section 7. Parity, Inclusion, and Representation (PIR). In accordance with CDC's *HIV Planning Guidance*, the planning process must ensure the parity and inclusion of the members.

- A. "Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities."
- B. "Inclusion' is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included."

Commented [MD7]: UPDATES: RWHP legislation does not require the Hep B/C or incarcerated representatives to be "unaffiliated consumers"; rather it simply requires for them to be a PLWH.

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- A. "Representation" means that "members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise."

Section 8. HIV and Target Population Inclusion. In all categories when not specifically required, recommending entities and the Commission are strongly encouraged to nominate candidates living with HIV and individuals who are members of populations at disproportionate risk for HIV.

Section 9. Accountability. ~~Members are expected to report to and represent their recommending entities and constituencies. Members may, at times, represent multiple constituencies. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.~~

Commented [MD8]: UPDATES: Expanded to align with the Duty Statement.

Section 10. Alternates. In accordance with Los Angeles County Code 3.29.040 (*Alternate members*), any Commission member who has disclosed that they are living with HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

- A. Alternates submit the same application and are evaluated and scored by the same nomination process as Commissioner candidates.

Section 11. ~~Community Committee-only~~ Members. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission's standing committees may elect to nominate ~~Community Committee-only~~ members for appointment by the BOS to serve as voting members on the respective committees ~~to provide professional expertise, as a means of further engaging community participation in the planning process.~~

Commented [MD9]: UPDATES: Expanded description.

Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission's decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and

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adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

Commented [MD10]: ADDED: Per HRSA findings/guidance, DHSP was updated as a non-voting member however the BRT wanted to include an additional section codifying the importance of DHSP's role.

III. MEMBER REQUIREMENTS:

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

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

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

A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative.

Commented [MD11]: UPDATES: Included OA & Medi-Cal as examples.

B. Commissioners and Alternates are allowed to voluntarily request or accept "secondary committee assignments" upon agreement of the Co-Chairs.

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

A. As specified in Section 2602(b)(5) (42 U.S.C § 300ff-12) of the RWPRWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWPRWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.

B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWPRWHAP funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.

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C. Further, in accordance with HRSA guidance, Commission Policy #08.31085: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWPRWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

Commented [MD12]: UPDATES: Per HRSA findings/guidance.

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

Commented [MD13]: UPDATES: Members of the public are subject to the CoC. Added intra-grievance reference for accountability per BRT..

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

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

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

Commented [MD14]: UPDATES: The OPS & EXEC Committees should have the authority to recommend removal to the BOS and not solely the responsibility of the ED.

IV. NOMINATION PROCESS:

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

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

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

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

Commented [MD15]: UPDATES: Added per current practice.

Section 3. Appointments. All Commission members (Commissioners, Alternates and Committee ~~o~~ nly mMembers) must be appointed by the BOS.

V. MEETINGS:

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

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

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

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA's open meeting requirements, the Brown Act, Commission Policy/Procedure #08.1102 (Subordinate Commission Working Units) policies and procedures, and all other applicable laws and regulations.

- A. Meeting minutes are posted to the Commission's website at www.hivcommission-la.info ~~https://hiv.lacounty.gov/~~ following their approval by the respective body.

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

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

A. The Commission's Annual ~~Meeting~~ Conference will replace one of the regularly scheduled monthly meetings.

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

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

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

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

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

~~A. Non-voting members, i.e., DHSP, do not count toward quorum.~~

Commented [MD16]: UPDATES: Added due to DHSP's non-voting status.

VI. RESOURCES:

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

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

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- A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.
- B. Projected Commission operational expenditures are allocated from RWP RW HAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and conditions of the award/funding.
- C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
- D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

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

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

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

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

- A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.

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- B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or his/her delegated representative serve as the supervising authority of the Executive Director.

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with RWPRWHAP, HRSA, and CDC requirements, Los Angeles County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work, and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws ~~and are maintained electronically on the Commission's website at <https://hiv.lacounty.gov/>~~.

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

Commented [MD17]: Pending HRSA guidance

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

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

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

Section 5. Conflict of Interest Procedures. ~~Specific member conflict of interest requirements are detailed in Policy/Procedure #08.3105 (Ryan White Conflict of Interest Requirements) and Policy/Procedure #08.3108 (State Conflict of Interest Requirements)~~. The Commission's conflict of interest procedures must comply with the RWPRWHAP legislation, HRSA guidance, CDC, State of California and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.)

Commented [MD18]: UPDATES: Simplify.

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VIII. LEADERSHIP:

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

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

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Section 2. Committee Co-Chairs: Each committee shall have two co-chairs ~~(of equal status.)~~

- A. Committee co-chairs' terms of office are for one year, ~~but they and~~ may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.
- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, after the following the open nomination period ~~opened~~ at the prior regularly scheduled meetings of the committees. ~~(Once elected, the committee co-chairs' names shall be submitted to the Commission Co-Chairs and the Executive Committee for approval.)~~
- C. As detailed in the Commission Co-Chair Duty Statement, one or both co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
 - 1. Serve as members of the Executive Committee.
 - 2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission.
 - 3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
 - 4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

Commented [MD19]: UPDATES: Remove per BRT; does not add value.

Commented [MD20]: UPDATES: Not a practice.

IX. COMMISSION WORK STRUCTURES:

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

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

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

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Section 4. Committee Membership. Only Commissioners or Alternates assigned to the committees by the Commission Co-Chairs, the Commission Co-Chairs themselves, ~~and Community Members Committee-only members~~ nominated by the committee and appointed by the BOS, ~~and designated representatives of DHSP~~ shall serve as voting members of the committees.

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

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

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

X. EXECUTIVE COMMITTEE:

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

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

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

- A. Overseeing all Commission and planning council operational and administrative activities.
- B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units.
- C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission.
- D. Approving the agendas for the Commission’s regular, Annual, and special meetings.
- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units.
- F. Conducting strategic planning activities for the Commission.

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- G. Adopting a Memorandum of Understanding (“MOU”) with DHSP, if needed, and monitoring ongoing compliance with the MOU.
- H. Resolving potential grievances or internal complaints informally when possible and standing as a hearing committee for grievances and internal complaints.
- I. ~~Approving the election of committee co-chairs.~~
- J. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
- K. Developing and adopting the Commission’s annual operational budget.
- L. Overseeing and monitoring Commission expenditures and fiscal activities; and
- M. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

Commented [MD21]: UPDATES: Not a practice.

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

XI. OPERATIONS COMMITTEE:

Section 1. Voting Membership. ~~The voting membership of the Operations Committee shall comprise of the Executive Committee At-Large members elected by the Commission membership, members assigned by the Commission Co-Chairs, Committee-only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending. The voting membership of the Operations Committee shall comprise the Executive Committee At-Large members, elected by the Commission membership, other members assigned by the Co-Chairs, and the Commission Co-Chairs when attending.~~

Commented [MD22]: UPDATES: Added Committee-only membership. Historically, exclusive to SBP & PPC.

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

- A. Ensuring that the Commission membership adheres to RWRPRWHAP reflectiveness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.
- B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission’s established Open Nominations Process.
- C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.

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- D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.
- E. Developing and revising, as necessary, Commission member duty statements (job descriptions).
- F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission.
- G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations.
- H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives.
- I. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.
- J. Coordinating on-going public awareness and information referral activities ~~in collaboration with the Community Engagement Task Force in cross-~~ collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.
- K. Working with ~~local task forces~~ local stakeholders to ensure their representation and involvement in the Commission and in its activities.
- L. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.
- M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
- N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

Commented [MD23]: UPDATES: Community Engagement Taskforce no longer exists.

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

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-only members nominated by the committee and appointed by the BOS, the Commission Co-Chairs when attending, and DHSP as a non-voting member.

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

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.

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- B. Overseeing development and updating of the comprehensive HIV plan and monitoring implementation of the plan.
- C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding.
- D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system.
- E. Monitoring the use of funds to ensure they are consistent with the Commission's allocations.
- F. Recommending revised allocations for Commission approval, as necessary.
- G. Coordinating planning, funding, and service delivery to ensure funds are used to fill gaps and do not duplicate services provided by other funding sources and/or health care delivery systems.
- H. Developing strategies to identify, document, and address "unmet need" and to identify people living with HIV who are unaware of their status, make HIV testing available, and bring them into care.
- I. Collaborating with DHSP to ensure the effective integration and implementation of the continuum of HIV services.
- J. Reviewing monthly fiscal reporting data for HIV and STD expenditures by funding source, service category, service utilization and/or type of activity.
- K. Monitoring, reporting, and making recommendations about unspent funds.
- L. Identifying, accessing, and expanding other financial resources to meet Los Angeles County's HIV service needs; and
- M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

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

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

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Section 3. Responsibilities. The ~~PP-Committee~~**PPC** is charged with the following responsibilities:

- A. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan.
- B. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests.
- C. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.
- D. Facilitating communication between government and legislative officials and the Commission.
- E. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate.
- F. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate.
- G. Researching and implementing public policy activities in accordance with the County's adopted legislative agendas.
- H. Advancing specific Commission initiatives related to its work into the public policy arena; and
- I. Carrying out other duties and responsibilities as assigned by the Commission or the BOS.

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise of members of the Commission assigned by the Commission Co-Chairs, Committee-only members as ~~additional Community Members~~ nominated by the committee and appointed by the BOS, the Commission Co-Chairs when attending, and DHSP as a non-voting member.

Commented [MD24]: UPDATES: Added DHSP as a non-voting member.

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

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

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

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

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

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

**NOTED AND
APPROVED:**

Craig A. Venturi

**EFFECTIVE
DATE:**

July 11, 2013

Originally Adopted: 3/15/1995

Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005,
9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 12/12/23

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REVISION HISTORY	
COH Approval Date	Justification/Reason for Updates
3.15.1995	Original Adoption
1.27.1998	Standard Review
10.14.1999	Standard Review
8.28.2002	Standard Review
9.8.2005	Standard Review
9.14.2006	Standard Review
7.1.2009	Standard Review
2.9.2012	Standard Review
5.2.2013	Integration of Prevention Planning Committee & COH
7.11.2013	Integration of Prevention Planning Committee & COH
12.12.23	First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT).



SUMMARY OF PROPOSED KEY BYLAWS CHANGES

1. **Annual administrative review** with 30-day public comment period prior to approval if there are changes to the bylaws. Requires 2/3 vote from Commission members present at the meeting.
2. **Composition:**
 - a. Change DHSP (Recipient/Part A Grantee) as non-voting member; does not count towards quorum (full Commission and DHSP staff assigned to standing Committees).
 - b. 50 voting members
3. **Term of Office:**
 - a. 2-year staggered terms
 - b. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.
4. **DHSP Role and Responsibility:** “Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.”
5. **Conflict of Interest:** Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion **and/or voting** concerning that area of conflict, or funding for those services and/or to those agencies.
6. **Removal/Replacement.** A Commissioner or Alternate may be removed or re-placed by the BOS for failing to meet attendance requirements, and/or other reasons determined by the BOS. The Commission, via its Operations and Executive Committees, may recommend vacating a member’s seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member’s term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.



LOS ANGELES COUNTY
COMMISSION ON HIV



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Vilma Mendoza

Application on file at Commission office

Interview Panel: J. Arrington, J. Magana, J. Green
Seat #25 Unaffiliated consumer, SPA 7 MOTION #4

COMMISSION MEMBER APPLICATION SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: <u>Vilma Mendoza</u>		Date of Evaluation: <u>12.21.23</u>	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Status:	<input type="checkbox"/> Unaffiliated Consumer <input type="checkbox"/> Provider	SPA (LIVE WORK REC SERVICES)	District (LIVE WORK SERVICES)
Demographic Information:	RACE/ETHNICITY: <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native		
	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other/Not Specified		
	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
	AGE: <input type="checkbox"/> 13-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Unknown		
Provider Information:	<input type="checkbox"/> Incarcerated <input type="checkbox"/> Healthcare <input type="checkbox"/> Social Service <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health		
	<input type="checkbox"/> Prevention <input type="checkbox"/> CBO <input type="checkbox"/> Other Federal <input type="checkbox"/> Healthcare Planning <input type="checkbox"/> Public Health		
Has Attended at Least One Commission Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CRITERIA	Points Available	Interview Panelists		
		Joe Green	J. Arrington	Jose Magana
1. Commitment & Communication:				
Oral Communication	5	4	5	3
Written Communication	5	3	5	4
Subtotal	10	7	10	7
2. HIV/AIDS/STIs Knowledge:				
	15			
Subtotal	15	13	15	15
3. Prior Community Planning Experience:				
	10			
Subtotal	10	8	9	10
4. Collaboration:				
	10			
Subtotal	10	8	10	10
5. HIV Experience:				
	10			
Subtotal	10	9	10	10
6. Understanding of the Needs of Highly Impacted Populations:				
	10			
Subtotal	10	9	10	8
7. Effective Representation:				
	10			
Subtotal	10	10	10	8
8. Reliability:				
	10			
Subtotal	10	9	10	10
9. Interview:				
	15			
Subtotal	15	13	10	15
TOTAL	100	86	94	93
Total of Scores:	273	Number of Scores:		3
		Average Total:		91



LOS ANGELES COUNTY
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Leonardo Martinez-Real

Application on file at Commission office

Interview Panel: J. Arrington, J. Magana, J. Valero

Seat #27 Unaffiliated consumer, Supervisorial District 1 MOTION #5

COMMISSION MEMBER APPLICATION SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: <u>Leonardo Martinez-Real</u>		Date of Evaluation: <u>12.21.23</u>	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Status:	<input type="checkbox"/> Unaffiliated Consumer <input type="checkbox"/> Provider	<input type="checkbox"/> SPA (LIVE WORK REC SERVICES)	<input type="checkbox"/> District (LIVE WORK SERVICES)
Demographic Information:	RACE/ETHNICITY: <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other/Not Specified		
	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
	AGE: <input type="checkbox"/> 13-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Unknown		
Provider Information:	<input type="checkbox"/> Incarcerated <input type="checkbox"/> Healthcare <input type="checkbox"/> Social Service <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Prevention <input type="checkbox"/> CBO <input type="checkbox"/> Other Federal <input type="checkbox"/> Healthcare Planning <input type="checkbox"/> Public Health		
Has Attended at Least One Commission Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CRITERIA	Points Available	Interview Panelists		
		J. Arrington	Jose Magana	Justin Valero
1. Commitment & Communication:				
Oral Communication	5	5	2	
Written Communication	5	5	4	
Subtotal	10	10	6	
2. HIV/AIDS/STIs Knowledge:				
Subtotal	15	15	15	
3. Prior Community Planning Experience:				
Subtotal	10	8	10	
4. Collaboration:				
Subtotal	10	10	10	
5. HIV Experience:				
Subtotal	10	10	10	
6. Understanding of the Needs of Highly Impacted Populations:				
Subtotal	10	10	10	
7. Effective Representation:				
Subtotal	10	10	10	
8. Reliability:				
Subtotal	10	10	10	
9. Interview:				
Subtotal	15	10	15	
TOTAL	100	93	96	
Total of Scores:		189	Number of Scores:	2
			Average Total:	94.5



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Kerry Ferguson

Application on file at Commission office

Interview Panel: J. Magana, L. Maultsby, and J. Valero
Seat #19, Alternate MOTION #6

COMMISSION MEMBER APPLICATION SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: <u>Kerry Ferguson</u>		Date of Evaluation: <u>12.21.23</u>	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Status:	<input type="checkbox"/> Unaffiliated Consumer <input type="checkbox"/> Provider	SPA (LIVE WORK REC SERVICES)	District (LIVE WORK SERVICES)
Demographic Information:	RACE/ETHNICITY: <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native		
	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other/Not Specified		
	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
	AGE: <input type="checkbox"/> 13-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Unknown		
Provider Information:	<input type="checkbox"/> Incarcerated <input type="checkbox"/> Healthcare <input type="checkbox"/> Social Service <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health		
	<input type="checkbox"/> Prevention <input type="checkbox"/> CBO <input type="checkbox"/> Other Federal <input type="checkbox"/> Healthcare Planning <input type="checkbox"/> Public Health		
Has Attended at Least One Commission Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CRITERIA	Points Available	Interview Panelists		
		Leon Maultsby	Jose Magana	Justin Valero
1. Commitment & Communication:				
Oral Communication	5	5	5	
Written Communication	5	5	5	
Subtotal	10	10	10	
2. HIV/AIDS/STIs Knowledge:				
Subtotal	15			
Subtotal	15	15	15	
3. Prior Community Planning Experience:				
Subtotal	10			
Subtotal	10	10	9	
4. Collaboration:				
Subtotal	10			
Subtotal	10	10	10	
5. HIV Experience:				
Subtotal	10			
Subtotal	10	10	8	
6. Understanding of the Needs of Highly Impacted Populations:				
Subtotal	10			
Subtotal	10	10	10	
7. Effective Representation:				
Subtotal	10			
Subtotal	10	7.5	9	
8. Reliability:				
Subtotal	10			
Subtotal	10	10	10	
9. Interview:				
Subtotal	15			
Subtotal	15	10	15	
TOTAL	100	92.5	96	
Total of Scores:	188.5	Number of Scores:		2
		Average Total:		94.25

2023 ATTENDANCE RECORD FOR COMMISSIONERS



Los Angeles County
Commission on HIV

COMMISSIONERS

	FIRST NAME	LAST NAME	TITLE
1	Bridget	Gordon	Co-Chair
2	Luckie	Fuller	Co-Chair
3	Miguel	Alvarez	
4	Jayda	Arrington	
5	Al	Ballesteros	
6	Alasdair	Burton	
7	Danielle	Campbell	
8	Mikhaela	Cielo	
9	Lilieth	Connoly	
10	Sandra	Cuevas	
11	Mary	Cummings	
12	Shonte	Daniels	
13	Erika	Davies	
14	Peal	Doan	
15	Kevin	Donnelly	
16	Felipe	Findley	
17	Arlene	Frames	
18	Felipe	Gonzalez	
19	Joseph	Green	
20	David	Hardy	(Alternate)
21	Karl	Halfman	
22	Ismael	Herrera	
23	William	King	MD
24	Lee	Kochems	
25	Jose	Magana	
26	Leon	Maultsby	
27	Anthony	Mills	
28	Andre	Molette	
29	Derek	Murray	
30	Paul	Nash	
31	Katja	Nelson	
32	Jesus	Orozco	
33	Ronnie	Osorio	(Alternate)
34	Byron	Patel	
35	Mario	Perez	MPH
36	Decehelle	Richardson	(Alternate)
37	Erica	Robinson	(Alternate)
38	Redeem	Robinson	
39	Ricky	Rosales	
40	Harold Glenn	San Agustin	MD
41	Martin	Sattah	MD
42	Juan	Solis	(Alternate)
43	LaShonda	Spencer	MD
44	Kevin	Stalter	
45	Lambert	Talley	(Alternate)
46	Justin	Valero	

COMMISSION MEETING DATES

	1/12/23	2/9/23	3/9/23	4/13/23	5/11/23	6/8/23	7/13/23	8/10/23	9/14/23	10/12/23	11/9/23	12/8/22	NOTES
1	Y	Y	Y*	Y	Y	Y	C	EA	Y	Y	Y		
2	Y	EA	Y	EA	Y	EA	A	EA	EA	EA	EA		
3	Y	Y	Y	Y	Y	EA	N	Y	EA	Y	Y	C	
4	Y	Y	Y	Y	EA	Y	E	Y*	Y	Y	Y	A	MP: 5.11
5	Y	Y	UA	Y	Y	Y	L	EA	EA	Y	Y	N	
6	Y	Y	Y*	Y	Y	Y	L	Y	Y	Y	Y	C	
7	Y	Y	Y*	UA	Y*	EA	E	EA	Y	EA	EA	E	
8	Y	Y	Y	Y	Y	Y	D	Y	Y	Y	Y	L	
9	NA	NA	NA	NA	NA	NA		Y	Y	Y	Y	L	
10	NA	NA	NA	NA	NA	NA		NA	Y*	Y	Y	E	
11	EA	Y	EA	Y	Y	EA		Y	EA	Y	Y	D	
12	NA	NA	NA	NA	NA	NA		EA	EA	EA	EA		
13	Y	Y	Y	Y	Y	EA		Y	Y	Y	Y		
14	Y	Y	EA	EA	EA	EA		UA	EA	UA	UA		
15	Y	Y	Y	Y	Y	Y	C	Y	Y	Y	Y		
16	Y	Y	Y	Y	EA	Y	A	Y	Y	Y	Y		
17	Y	Y	Y	EA	Y	Y*	N	Y	Y	Y	Y		
18	Y	Y	Y	Y	Y	Y	C	UA	Y	Y	EA		
19	Y	Y	EA	UA	Y	Y	E	Y	Y	Y	Y		
20	NA	NA	NA	NA	NA	NA		NA	UA	EA	Y	C	
21	Y	Y	Y	Y	Y	Y	L	Y	Y	Y	EA	A	
22	NA	NA	NA	NA	NA	NA		NA	Y	Y	Y	N	
23	EA	Y	Y	EA	Y	EA	L	Y	EA	Y	Y	C	
24	Y	Y	Y	Y	Y	Y	E	Y*	Y	Y	Y	E	
25	UA	Y	EA	Y	EA	Y	D	EA	Y	EA	EA	L	
26	NA	NA	NA	Y	Y	EA		Y	Y	Y	Y	L	
27	Y	EA	Y	UA	Y	Y		EA	UA	EA	UA	E	
28	Y	Y	Y	Y	UA	Y		Y*	UA	Y	Y	D	
29	Y	Y	Y	Y	Y	Y		EA	Y	UA	EA		
30	Y	Y	Y	UA	EA	EA		Y	EA	Y	Y		
31	Y	EA	EA	EA	EA	Y*		Y*	Y	Y	Y		
32	Y	Y	Y	EA	EA	Y	C	Y*	Y	Y	Y		MP: 5.11
33	NA	NA	NA	NA	NA	NA		NA	Y	UA	UA		
34	NA	NA	NA	NA	NA	NA	A	EA	Y	Y	Y		
35	Y	EA	Y	Y	Y	Y	N	EA	Y	Y	EA		
36	NA	NA	NA	NA	NA	NA	C	Y	Y	Y	Y		
37	NA	NA	NA	NA	NA	NA		NA	UA	Y	Y		
38	Y	EA	Y	UA	Y	EA	L	EA	EA	EA	EA		
39	Y	EA	Y	Y	EA	Y	L	Y	Y	EA	Y		
40	Y	Y	EA	EA	Y	Y	E	Y	EA	Y	Y		
41	Y	Y	Y	Y	Y	Y	D	Y	Y	UA	Y		
42	NA	NA	NA	NA	NA	NA		UA	UA	UA	UA		
43	Y	Y	Y	EA	Y	Y		Y	Y	Y	EA		
44	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		
45	NA	NA	NA	NA	NA	NA		NA	UA	Y	Y		
46	Y	Y	Y	EA	Y*	EA		Y	Y	Y	Y		

47	Jonathan Weedman			NA	NA	NA	Y	EA	Y		Y	Y	Y	EA			
48	Russell Ybarra			NA	NA	NA	NA	NA	NA		NA	Y	Y	Y			
RESIGNED OR TERMED OUT																	
1	Thomas Green	Resigned 1.12.23		Y	NA												
2	Carlos Moreno	Resigned		Y	NA												
3	Jerry Gates	Resigned 3.9.23		Y	Y	Y	NA										
4	Eduardo Martinez	Vacated 5.11.23		EA	UA	UA	UA	UA	NA								
5	Mallery Robinson	Vacated 9.14.23		UA	Y	UA	UA	EA	EA	NA	UA	UA	NA	NA	NA		
6	Everardo Alvizo	Resigned 10.20.23		Y	Y	Y	Y	Y	Y	NA	Y	Y*	Y	NA	NA		*Indicates AB2449
7																	MP: Member of the public
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

 = Co-Chairs
 = Alternates
 EA = Excused Absence
 NA = Not Applicable
Y = ATTENDED
UA = Unexcused Absence

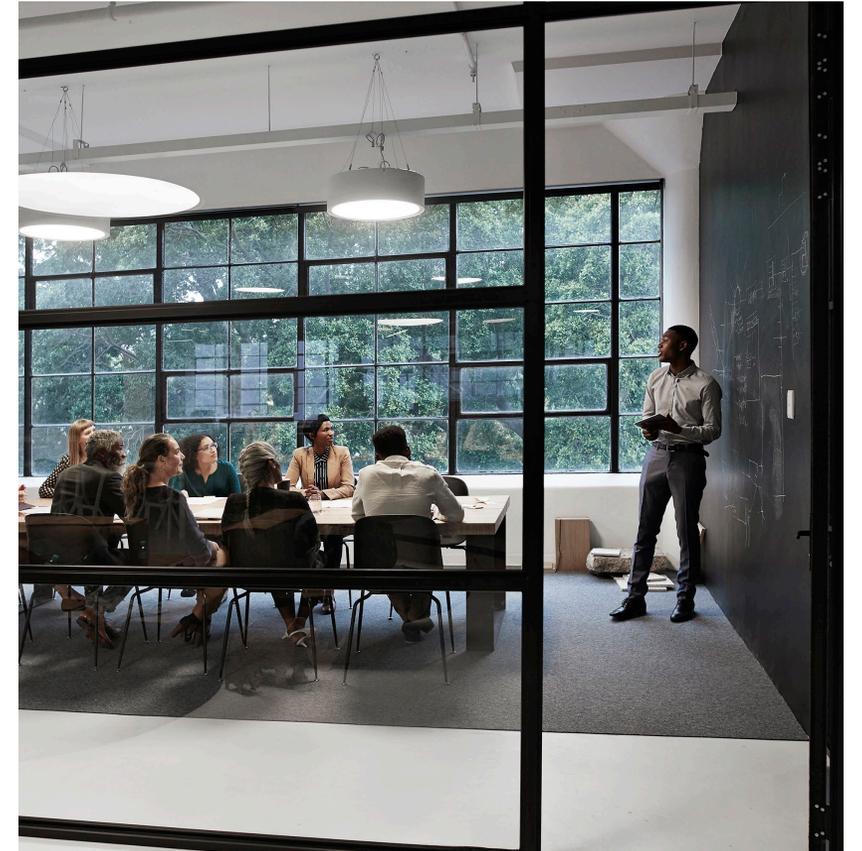
Membership Application Life Cycle

** The membership process presented aligns with and is supported by
the Commission on HIV's Policy 09.4205.*

Membership Application Life Cycle

The purpose of this training is to serve as a general overview for Commissioners to learn and understand how Commission on HIV (COH) staff manages:

- the intake
- processing
- onboarding of new members



Membership Applications

There are two COH membership application forms:

New/Renewal Member Application: first-time applicants or renewing members.

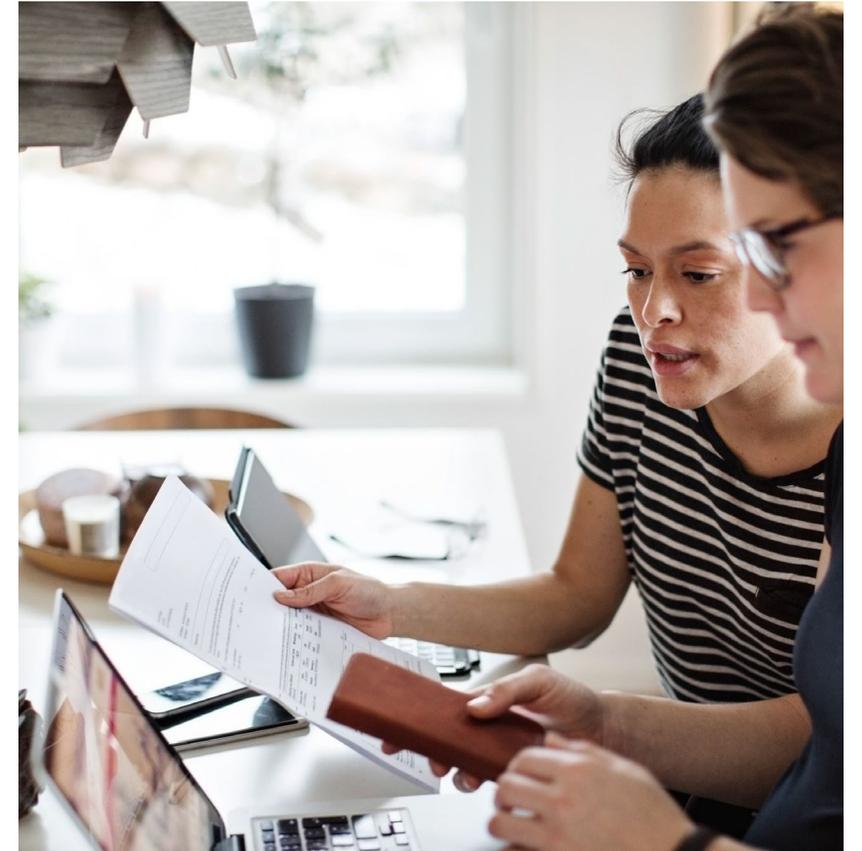
Non-Commission Committee Member Application: applicants who are applying for membership on one of the Commission's standing committees



Application Submission

All candidates for Commission or Committee-only membership must submit an application. Once submitted, staff will review the application for:

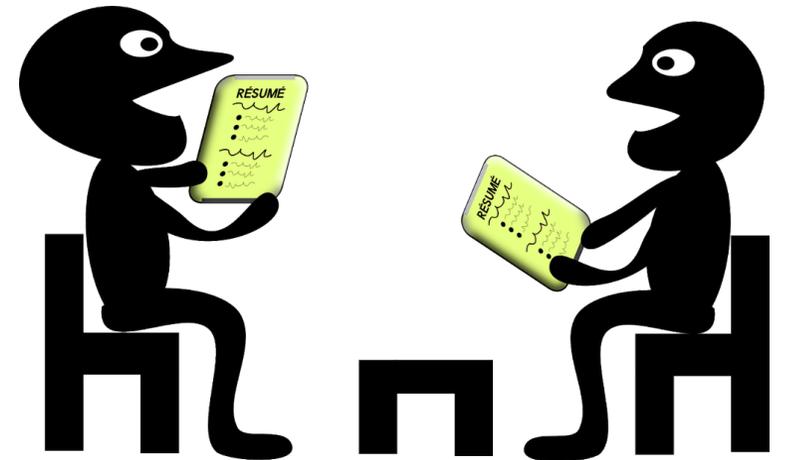
- completeness and accuracy
- member eligibility
- will verify with the candidate information submitted



Candidate Interview

Once the application has been verified by staff, staff will coordinate an interview within 60 days.

- All new member candidates must sit for an interview
- Renewing members are not required to sit for an interview
- To maintain transparency and integrity of the nomination process, there should not be a conflict of interest on the panel

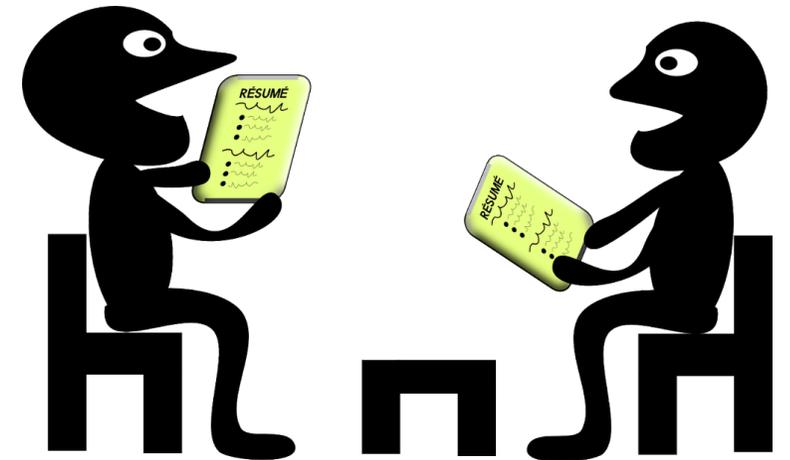


Candidate Interview



The Committee-only membership application:

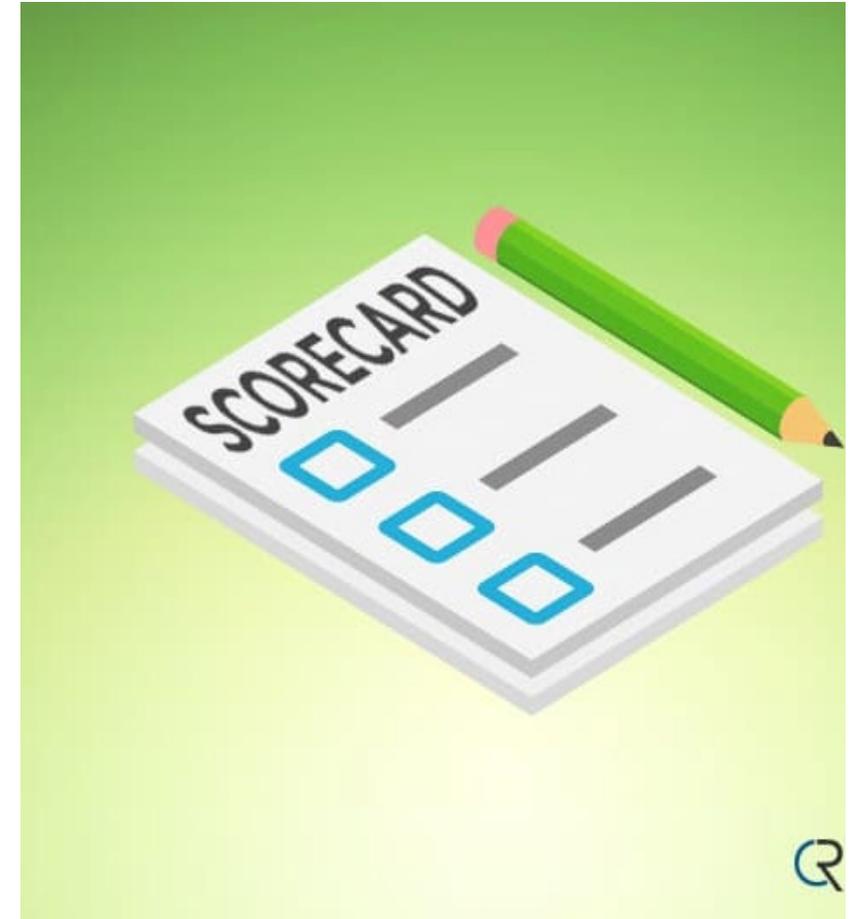
- reviewed by staff for accuracy
- forwarded to the lead staff of the designated Committee
- if approved by the Committee, then forwarded to the Operations Committee



Interview/Scoring Sequence

Applicants are evaluated and scored following their interview:

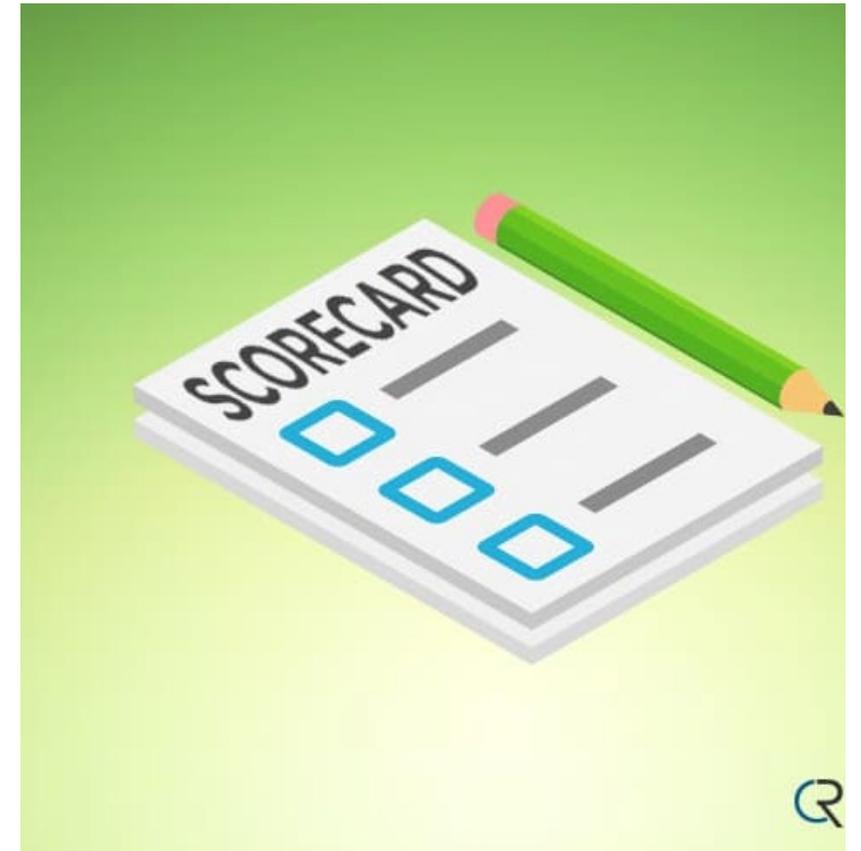
- each member of the interview panel assigns a point value to each factor of criteria.
- all scores are totaled and averaged
- the final point value is the applicant's final score
- the interview panel may request a second interview after it has scored an application



Scoring Forms

Scoring criteria is based on:

- essential skills and abilities
- qualities and characteristics
- experience
- past performance (for renewal candidates)
- a minimum of 60 points qualifies the candidate
- if the applicant earns a non-qualifying score (below 60 points), the Operations Co-Chairs will inform the applicant



Nominations / Seat Determination

If the applicant is eligible for Commission membership:

- the Operations Committee will determine the seat the candidate should fill
- place the candidate on its upcoming agenda
- if approved, the application elevates to the Executive Committee
- if approved by the Executive Committee, it elevates to the full Commission body



Appointment

If the candidate's application is approved by the full body:

- the application and Statement of Qualifications (SOQ) are forwarded to the Executive Office of the Board of Supervisors (BOS)
- the BOS agendaizes the nomination
- upon BOS approval, the candidate is appointed to the Commission

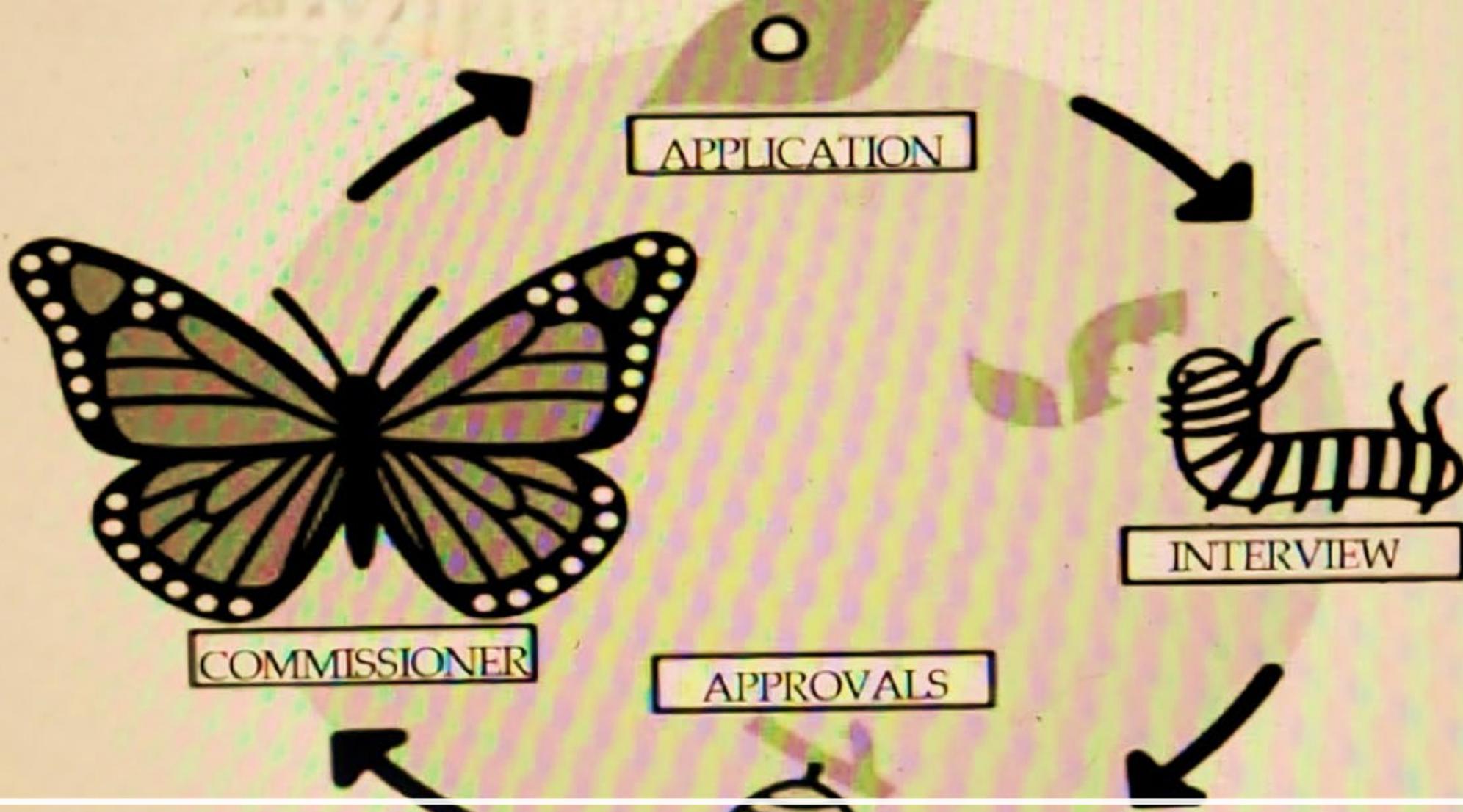


Welcome

A newly appointed Commissioner is expected to begin their service on the Commission at the next scheduled Commission meeting following Board appointment.

- Newly appointed Commissioners will receive a welcome and an appointment letter
- BOS staff will reach out to the newly appointed Commissioner for next steps





Becoming a Commissioner is a Process



2024 MEMBERSHIP ROSTER | UPDATED 1.10.24

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

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

LOA: Leave of Absence

Overall total: 47