



LOS ANGELES COUNTY
COMMISSION ON HIV



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Operations Committee Meeting

Thursday, September 28, 2023
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>

Notice of Teleconferencing Sites:

None

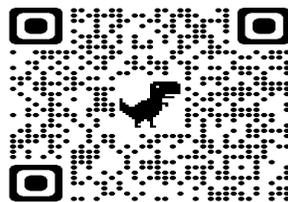
MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mc527faeb0224737bd99bfb3900ae0a54>

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Password: OPERATIONS Access Code: 2538 067 0991



Scan QR code* to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.

**Accessing meeting materials via the QR code: (1) Open your camera app on your smart device, (2) Select the rear-facing camera in Photo or Camera mode, (3) Center the QR code that you want to scan on the screen and hold your phone steady for a couple of seconds, and (4) Tap the notification that pops up to open the link.*

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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, September 28, 2023 | 10:00 AM – 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK11
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=mc527faeb0224737bd99bfb3900ae0a54>

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Operations Committee (OPS) Members:			
Everardo Alvizo, LCSW <i>Co-Chair</i>	Justin Valero, MA <i>Co-Chair</i>	Miguel Alvarez (Executive At-Large)	Jayda Arrington
Danielle Campbell, MPH (Executive At-Large)	Shonte Daniels (LOA) (alt. E. Robinson)	Jose Magaña	Erica Robinson (Alternate)
QUORUM: 4			

AGENDA POSTED: September 21, 2023.

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. “Getting To Know You” Exercise Everardo Alvizo | | |
| b. 2023 Work Plan | | |
| c. Revised 2023 Training Schedule | | |
| 9. Policies and Procedures | | 10:40 AM – 11:15 AM |
| a. “2 Person/Per Agency” Rule Discussion | | |
| b. By-Laws Review Task Force Update | | |
| 10. Membership Management Report | | 11:15 AM—11:25 AM |
| a. 2023 Membership Renewal Drive | | |
| (1) Dr. Mikhaela Cielo Part D representative (Seat #9) | MOTION #3 | |

(2) Derek Murray | City of West Hollywood representative (Seat #5)

MOTION #4

- b. Status on Pending/New Applications
- c. Parity, Inclusion and Reflectiveness (PIR)
- d. Mentorship Program

(1) Opportunity to Volunteer to Mentor

11. Assessment of Administrative Mechanism (AAM) 11:25 AM – 11:50 AM

- a. FY 2022-2023 Proposed Approach | Feedback

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 September 28, 2023

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 renewal Membership Application for Mikhaela Cielo (Seat #9, Part D representative), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
MOTION #4	Approve renewal Membership Application for Derek Murray (Seat #5, City of West Hollywood representative), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.



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 9/27/23

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
ALVIZO	Everardo	Long Beach Health & Human Services	Benefits Specialty
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL *	Danielle	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	Mikhaela	LAC & USC MCA Clinic	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DANIELS	Shonte	Unaffiliated consumer	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
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			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
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	Andre	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
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	



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

OPERATIONS (OPS) COMMITTEE MEETING MINUTES

August 24, 2023

COMMITTEE MEMBERS					
P = Present A = Absent EA = Excused Absence MoP=Attended as Member of the Public AB2449=Virtual Attendance					
Everardo Alvizo, LCSW, Co-Chair	P	Miguel Alvarez	P	Jayda Arrington (MoP)	P
Justin Valero, MA, Co-Chair	EA	Danielle Campbell	P	Shonte Daniels LOA)	EA
Jose Magaña	P	Joe Green, Co-Chair Pro Tem	P		
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/bf3ba885-794d-42ab-9a3b-3f61f7a715f2/Pkt-OPS_8.24.23.pdf

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CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS

The meeting was called to order at 10:08 am. Commission Co-Chair Pro Tem, Joe Green, led introductions.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 7/27/2023 OPS Committee meeting minutes, as presented (✓Passed by consensus).

II. PUBLIC COMMENT

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

JURISDICTION: None.

III. COMMITTEE NEW BUSINESS ITEMS

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

- There were no new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. 2023 Annual Conference | Updates

- Executive Director, Cheryl Barrit, shared that the Commission's Annual Meeting will take place on November 9th, 2023 at the Vermont Corridor. C. Barrit added that the Commission's Executive Committee has begun reviewing meeting topics and drafting the agenda for the event. The agenda includes presentations related to mental health, barriers to accessing housing services, and will include community panels of people with lived experience. The confirmed presenters include t DHSP staff and Dr. Sid Puri from the Substance Abuse Prevention and Control (SAPC) program. The Annual Conference is open to the public.

6. CO-CHAIR'S REPORT

a. "Getting To Know You" Exercise

- Commissioner Danielle Campbell introduced herself to the Committee, provided a few fun facts about herself, and took a few questions from the attendees.
- Operations Co-chair Everardo Alvizo volunteered to participate in the exercise at next month's Committee meeting.

b. 2023 Work Plan

- Co-Chair E. Alvizo led a brief review of the work plan, which can be found in the meeting packet.

c. [Revised 2023 Training Schedule](#)

- The Public Health 101 training was held on August 16th from 3-4:30pm. This was a **non-required** training for commissioners. The recording can be found on the COH website.
- The next training, Sexual Health and Wellness, will be held on September 20th from 3-5pm. This is also a **non-required** training for commissioners.
- Please note: the revised training schedule reflects the Health Literacy and Self-Advocacy training was changed from October 18th to October 24th, from 3-4:30pm and the Co-Chairs Roles and Responsibilities training was changed from December 6th to February 13, 2024 from 4-5pm.

7. Membership Management Report

a. Seat Vacate | Mallery Robinson (Seat #25 – Alternate)

MOTION #4

- The Operations Committee voted as follows:

MOTION #4 Approve seat vacate for Mallery Robinson (Seat #25, Alternate), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. (✓Passed by Majority, Roll Call: M. Alvarez (Yes), E. Alvizo (Yes), J. Arrington (Yes), D. Campbell (Yes), J. Green (Yes), J. Magaña (Yes).

b. Renewal Application – PP& A Committee-only | Miguel Martinez

MOTION #5

- The Operations Committee voted as follows:

(1) Miguel Martinez | PP&A Committee-only

MOTION #5 Approve renewal PP&A Committee-only Membership Application for Miguel Martinez, as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. (✓Passed by Majority, Roll Call: M. Alvarez (No), E. Alvizo (Yes), J. Arrington (Yes), D. Campbell (Yes), J. Green (Yes), J. Magaña (Yes).

c. Status of Pending/New Applications

- Staff member, S. Wright, informed the Committee there are three (3) pending applications and no new applications have been received at this time.

d. Parity, Inclusion, and Reflectiveness (PIR) | Review

- Staff member S. Wright reviewed the reflectiveness table with the Committee. Based on the presented data, the Committee will discuss more targeted approaches for recruiting Unaffiliated Consumers, American Indian/Alaskan Native, Latinx and youth.
- An updated PIR, inclusive of our newly appointed commissioners, will be presented at the next Committee meeting.

e. Mentorship Program | Review

- Staff reminded the Committee that there is a formalized Mentorship Program and opened the floor for new volunteers. There were no new volunteers at this time.

8. Assessment of the Administrative Mechanism (AAM)

- C. Barrit highlighted the updated Recommendations Matrix – Discussion Worksheet.
 - The recommended focus of the 2022-2023 AAM are as follows:
 - Focus on identifying challenges to shorten and fast-track the contracting process.
 - Consider a specific service category assessment.
 - Tailor questions on how the County is responding to homelessness among PLWH and those at risk.
 - During the COVID, the County demonstrated that a fast-track contracting process is possible, however expedited contracting for HIV and STD services remains elusive for DHSP.
 - Additional updates to the AAM Matrix recommendations are as follows:
 - Include other County departments/units such as DPH Contracts and Grants (C&G) Unit, CEO, DHSP, DPH, as well as community-based organizations' staff, for their input on how to speed up the contracting process.
- C. Barrit informed the Committee that the estimated timeline for securing a consultant is by the end of the year and the design and implementation for the AAM is due the first quarter of next year.
- C. Barrit assigned the Committee the task of reviewing the AAM Matrix and providing feedback one week prior to the next Operations Committee meeting.
 - ➡ Operations Committee to review the AAM updates and provide feedback one week prior to next Operations meeting

9. Policies and Procedures**a. By-Laws Review Task Force (BRT) | Update**

- E. Alvizo reported that the BRT met on August 16th and provided the following updates:
 - Staff is actively engaged in ongoing communication with County Counsel (CoCo) and HRSA regarding items that were brought to the attention of the BRT via the HRSA site visit findings and as reflected in the Bylaws Tracker. Currently, items regarding stipends, DHSP membership, and conflict of interest are pending clarification and guidance by CoCo and/or HRSA. Staff will provide updates as they are received.
 - J. Arrington voiced concerns about potential resistance to increasing stipends, citing a reluctance to compensate consumers for their expertise and time. Staff assured that no stipend decisions have been finalized and that we are in the early stages of gathering data on the County's process. Notably, some commissions offer up to \$5000 yearly. Staff reminded the group that stipends are not an allowable expense under the Ryan White Program and although HRSA supports consumer incentives, stipends aren't permissible.

Rather, stipends are funded via the County's Net County Costs to which DHSP oversees. Staff to provide updates as received.

- For additional BRT updates, please refer to BRT meeting materials [HERE](#).

b. Policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process | Seat Availability and New Membership Interviews

- The Committee reviewed and discussed policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process, to determine whether interviews for applicants are required should there not be an eligible seat available. The Committee decided to leave the policy as is and staff will disclose to an applicant the availability of seating and allow the applicant to choose whether they would like to continue with the interview process.

10. 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).

- E. Alvizo applauded J. Arrington's efforts with recruiting and bringing people to the COH.
- E. Alvizo encouraged increased efforts around targeted recruiting for vacant seats.
- C. Barrit informed the Committee that she is in contact with the Hospital Association of Southern California to fill the vacancy for seat #43, Local health/hospital planning agency representative.

V. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP:

- ➡ Operations Committee to provide feedback on updated AAM Recommendations Matrix

12. AGENDA DEVELOPMENT FOR NEXT MEETING:

- ➡ Getting To Know You Exercise – E. Alvizo
- ➡ AAM
- ➡ BRT
- ➡ Mentorship program
- ➡ Standing items

VI. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- M. Alvarez announced the following Pride events will take place August 25th – 27th: Downtown L.A. Pride (Reach LA will be in attendance), Downey Pride, and Santa Barbara Pride.
- E. Alvizo shared that he will be recruiting for the COH at the Downey Pride event.
- M. Alvarez participated in the LAUSD parental rights protest.

VII. ADJOURNMENT

- 13. ADJOURNMENT:** The meeting adjourned at 12:11 pm.



DRAFT FOR PLANNING AND DISCUSSION PURPOSES ONLY

ANNUAL CONFERENCE AGENDA OUTLINE

NOVEMBER 9, 2023

Vermont Corridor Terrace Level (510 S. Vermont Ave, LA CA 90020)

AGENDA ITEM	WHO/TOPIC
Call to Order and Roll Call (9:00-9:15)	Co-Chairs and Executive Director
Welcome, Opening Remarks, Meeting Objectives, and Recognition of Service 9:15-9:30am	Co-Chairs
Los Angeles County State of HIV/STDs 9:30-10:30am	Mario Pérez and DHSP staff (Confirmed) <ul style="list-style-type: none"> • Successes • Challenges • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support DHSP’s efforts to address HIV/STDs in the County.
The County’s Response to the Intersection of HIV and Substance Use Harm Reduction and Other Services, DPH, Substance Abuse Prevention and Control (SAPC) 10:30am-11:15am	Dr. Sid Puri, Associate Medical Director of Prevention, SAPC (Confirmed) <ul style="list-style-type: none"> • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support substance use/harm reduction efforts in the County.
BREAK 11:15-11:30am	
PrEP, Long-acting PrEP, Doxy PEP Strategies for Increasing Access and Utilization among Priority Populations 11:30 – 12:30pm	Dr. Ardis Moe – (Confirmed) <ul style="list-style-type: none"> • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support increasing access and utilization of PrEP, LAI PrEP, and Doxy PEP in the County.
LUNCH w/ Speakers Housing and People Living	Supervisor Kathryn Barger, (Invited, awaiting response) Dr. Va Lecia Adams Kellum, CEO Los Angeles Homeless Services Authority

<p>with HIV 12:30 – 1:30pm</p>	<p><i>(Invited, awaiting response)</i></p> <ul style="list-style-type: none"> At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to help address or support affordable housing for PLWH and priority populations.
<p>Then & Now: Where We Were & Where We Are Now Community Discussion Intergenerational Perspectives on Community Building and Resilience 1:30-2:30pm</p>	<ul style="list-style-type: none"> Facilitated session with audience participation Address topics such as stigma, fear, life expectancy, stigma, PrEP/PEP & U=U, and community support Panel <ul style="list-style-type: none"> Folx of varying generations, ranging from youth/young adults to LTS (20-30 years living with HIV) 2-3 Youth/Young Adults & 2-3 Older Adults Include HIV negative folx Provide historical context Elicit stories of strength & resilience Include a Call to Action, i.e., provide tools on building intergenerational relationships Encourage folx to interact with each other; create an interactive, fun and engaging presentation/conversation At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to help build a united community across generations to end HIV.
<p>BREAK 2:30-2:45pm</p>	
<p>Enhancing Access to Mental Health Services for PLWH 2:45-3:30pm</p>	<p>Dr. Curley Bonds, Los Angeles County Department of Mental Health <i>(Confirmed)</i></p> <ul style="list-style-type: none"> At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support mental health services for PLWH and priority populations.
<p>Public Comments 3:30 pm to 3:45pm</p>	
<p>Closing remarks and by co-chairs/Adjourn 3:45-4pm</p>	
<p>RECEPTION, AWARDS/RECOGNITIONS, NETWORKING, RAFFLE PRIZES 4pm to 5pm</p>	

(DRAFT) 2023 OPERATIONS WORKPLAN
9.27.23

Co-Chairs: Everardo Alvizo, 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				
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	Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities. <i>*Additional training may be integrated at all COH subgroups as determined by members and staff</i>	2023	Refer to draft 2023 training plan to be presented at the January 26 th 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
2	Bylaws Review	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.	2023	(1) Initial planning to begin at the January 26 th OPS meeting; refer to planning guidance. (2) Refer to workgroup for updates.
3	Policies & Procedures	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.	2023	(1) Revisions to Policy #09.4205 (2) Revisions to Policy # 08.1104 (refer to workgroup for updates)

(DRAFT) 2023 OPERATIONS WORKPLAN

9.27.23

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, December</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, December</i>	Reviewed attendance in January and June.



REVISED 2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our [website](#) for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
<u>General Orientation and Commission on HIV Overview *</u>	March 29 3:00 - 4:30 PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development *</u>	April 12 3:00 - 4:30 PM
<u>Tips for Making Effective Written and Oral Public Comments</u>	May 24 3:00 - 4:00 PM
<u>Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *</u>	July 19 3:00 - 4:30 PM
<u>Public Health 101</u>	August 16 3:00 - 4:30 PM
<u>Sexual Health and Wellness</u>	September 20 3:00 - 5:00 PM
<u>Health Literacy and Self-Advocacy</u>	**Changed from Oct. 18 to 24th** October 18 24 3:00 - 4:30 PM
<u>Policy Priorities and Legislative Docket Development Process *</u>	November 15 3:00 - 4:30 PM
<u>Co-Chair Roles and Responsibilities</u>	**Changed from Dec. 6 to Feb. 13, 2024** FEB. 13, 2024 December 6 4:00 - 5:00 PM

**Mandatory core trainings for all commissioners.*



POLICY/PROCEDURE #09.4205	Commission Membership Evaluation, Nomination and Approval Process	Page 1 of 8
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SUBJECT: The submission, evaluation, scoring, selection, and nomination of applications/candidates for seats on the Los Angeles County Commission on HIV.

PURPOSE: To outline consistent method for evaluating, scoring and selecting candidates to fill Commission seats, and for appropriate communication with those applicants before and after evaluation of the application.

PROCEDURE(S):

- 1. Membership Applications:** There are two Commission membership application forms:
 - a) New/Renewal Member Application:** for first-time applicants for Commission membership and renewing members, refer to electronic Membership Application found at <https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication> .
 - b) Non-Commission Committee Member Application(s):** for applicants who are applying for membership on one of the Commission's standing committees, but not for the Commission, see Policy/Procedure #09.1007 (Non-Commission Committee Membership) for details regarding the process for evaluating and nominating non-Commission Committee member candidates.

- 2. Application Submission:** All candidates for Commission or Committee membership must complete and submit a Commission or Committee-only membership application. Once the application is submitted and received by staff:
 - a) Staff will review the application for member eligibility, completeness, and accuracy, and will verify with the candidate, via telephone and email, to ensure all eligibility requirements are met and/or to seek clarification on incomplete sections or confirm information not understandable/accurate. Additionally, staff will review with the applicant the Commission's requirements, commitment expectations, and onboarding process for membership.
 - b) Once the application has been completed and verified by staff, staff will coordinate interview and/or next steps with the Operations Co Chairs.

- 3. Application Evaluation Timeline:** Provided all conditions for a Commission membership application are met, the Operations Committee, via a designated interview panel, will evaluate and score the application within 60 days of its receipt. Necessary conditions include, but are not limited to:
- a) Candidate meets or will meet by time of appointment, the Board of Supervisor's COVID-19 vaccination requirement.
 - b) All sections of the application are complete,
 - c) Original or electronic signatures have been provided,
 - d) The applicant is willing and available to sit for an interview when appropriate.
 - e) Current Commissioners or Alternates who are seeking to continue their membership on the Commission are required to complete an application prior to the expiration of their membership terms. The renewal application focuses on the member's past performance, strengths and weaknesses, and methods for improving any gaps in service and/or participation.
 - f) Candidates for institutional seats will not be required to sit for an interview but may be assessed for strengths and skill sets for training opportunities and placement in the appropriate committee, task force, caucus, or workgroup.
 - g) Candidates who are employed by organizations who receive Ryan White Program Part A funding through the Division of HIV and STD Programs (DHSP) must provide a written letter of support from their employer and provide to staff prior to interview. This requirement ensures that the employer is not only aware of their staff's participation on the Commission but confirms their support given the nature of the Commission's work and member expectation.
- 4. Candidate Interviews:** All new member candidates must sit for an interview with a panel composed of at least two Commission members or alternates in good standing with at least one member assigned to the Operations Committee. To maintain transparency and integrity of the nomination process, should an interview panelist be assigned to an interview of an applicant with which the panelist has a personal relationship, working relationship while employed by same employer, used as reference by the applicant, and/or other conflict of interest as identified by the Operations Co-Chairs and Executive Director, the panelist will be removed from the interview panel and a qualified Commission member will be selected in their stead.

The Operations Committee, in consultation with the Commission Co-Chairs, may request an interview with a member seeking to renew his/her Commission membership. Likewise, a renewal membership candidate may request an interview with the Operations Committee. .

- 5. Interview/Scoring Sequence:** Applications are always evaluated and scored following the interview. At its discretion, the interview panel may request a second interview after it has scored an application, and re-score the application following the interview to incorporate any new information learned at subsequently and/or at the interview. Point scores may or may not change when an application is re-scored following an interview.

- 6. Score(ing):** The interview panel evaluates the applicant according to the appropriate “Los Angeles County Commission on HIV New Member Application Evaluation & Scoring.”
- a) Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
 - b) All interview panel members’ scores are totaled and averaged. The final point value is the applicant’s final score.
- 7. Scoring Forms:** The Commission’s Operations Committee is responsible for the development and revision of the Membership Candidate Evaluation/Scoring Forms. The Committee develops separate scoring forms for new member candidates and renewal candidates:
- a) Scoring criteria is based on essential skills and abilities, qualities and characteristics, experience, and past performance (for renewal candidates) that the Committee determines is necessary for effective Commission member participation.
 - b) The Operations Committee determines those factors and their relative importance through annual membership assessments.
 - c) The Operations Committee is authorized to revise the scoring form as needed. To the degree that revisions are substantial, or criteria are altered, the revised scoring form must be approved by the Commission.
- 8. Qualification Status:** By virtue of their application scores, candidates’ application will be determined to be “Qualified” or “Not Qualified” for nomination to a Commission membership seat. A minimum of 60 points qualifies the candidate for nomination consideration (“Qualified”); a score of less than 60 indicates that a candidate is “Not Qualified”.
- a) If the applicant earns a “Not Qualified” score, the Operations Co-Chairs will inform the applicant accordingly and suggest opportunities of other HIV/AIDS planning or volunteer involvement as further preparation for future Commission service.
- 9. New Member Candidate Eligibility:** New member candidates must also be “eligible” for Commission membership nomination. New member candidates are considered eligible if they meet the following conditions:
- a) The application score qualifies (“Qualified”) the candidate for Commission membership.
 - b) There is not purposefully misleading, untruthful, or inaccurate information on the application.
 - c) The applicant has fully participated in the evaluation/scoring process, as appropriate.
 - d) The applicant does not violate the Commission’s “two persons per agency” rule.
To avoid potential influence and to preserve the integrity of the Commission’s decision-making and planning process, the Commission’s membership cannot consist of more than two agency representatives from the same agency.

- 10. Renewal Candidate Eligibility:** Current Commissioners seeking re-appointment to the Commission must be “eligible” for continued Commission membership. Renewal candidates are considered eligible if they meet the following conditions:
- a) There is not purposefully misleading, untruthful or inaccurate information on the application.
 - d) The applicant does not violate the Commission’s “two persons per agency” rule.
 - e) The candidate has fulfilled Commission member requirements in his/her prior term of service, including, but not limited to:
 - **Commission Meeting Attendance:** unless the reason for the absence falls within Policy #08.3204 Excused Absences, members cannot miss three sequential, regularly scheduled Commission or primary assignment committee meetings in a year, or six of either type of meeting in a single year. Policy 08.3204 dictate that excused absences can be claimed for the following reasons:
 - personal sickness, personal emergency and/or family emergency;
 - vacation; and/or
 - out-of-town travel
 - **Primary Committee Assignment:** members have actively participated in the committee to which they have been assigned, including compliance with meeting attendance requirements.
 - **Training Requirements:** members are required to participate in designated trainings as a condition of their memberships.
 - **Plan of Corrective Action (PCA):** the member must fulfill the terms of any PCA required of him/her by the Operations and/or Executive Committee(s).
- 11. Nominations Matrix:** If the applicant is eligible for Commission membership, the Operations Committee will place the candidate among those that can be nominated for available and appropriate seats on the Commission on its upcoming agenda for Committee approval. The candidate’s name is entered on the “Nominations Matrix” which lists candidates in order of scores, alongside available Commission seats and vacancies.
- 12. Seat Determination:** At the recommendation of the interview panel, the Committee will then determine the individual seats, if any, that are most appropriate for the available qualified candidates—based on the seats the candidates indicated in their applications, and any other seat(s) identified by Committee members that the candidate(s) are qualified to fill.
- a) Duty Statements for each seat dictate requirements for each membership seat on the Commission.
- 13. Multiple Application Requirement:** In accordance with HRSA guidance, there should be multiple candidates for membership seats when possible. All consumer and provider representative seats, along with other seats designated by the Operations Committee, require two or more applications. The Operations Committee may exempt a seat previously designated to require multiple applications from that requirement under the following circumstances:

- a) There has been a vacancy in the seat for six or more months,
- b) The pool of available, possible candidates is limited, and
- c) The Committee is convinced that every effort has been made and exhausted by the appropriate stakeholders to identify additional membership candidates.

14. “Representation” Requirement: Ryan White legislation and HRSA guidance require the Part A planning council membership to include specific categories of representation. The Commission’s membership seats have been structured to fulfill that requirement. As specified in the COH Bylaws (Policy/Procedure #06.1000), Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence. The Commission endeavors to ensure those categories are always represented by planning council membership.

15. “Unaffiliated Consumer” Requirement: Ryan White legislation and HRSA guidance require one-third or 33% of the voting membership of the Ryan White Part A planning council to be “unaffiliated” or “non-aligned” consumers. “Unaffiliated” consumers are patients/clients who use Ryan White Part A-funded services **and** who are not employees or contractors of a Ryan White Part A-funded agency **and** do not have a decision-making role at any Ryan White Part A-funded agency. (Policy/Procedure #08.3107 contains information on Consumer Definitions and Related Rules and Requirements). In addition, the Commission defines “Unaffiliated Consumer” as someone using Ryan White Part A-funded services within the last year and who is “unaffiliated” or “non-aligned,” consistent with Ryan White legislative and HRSA definitions.

Following the updated ordinance of the Commission as an integrated HIV prevention and care planning body, a “Consumer” is defined as an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White-funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.

16. “Reflectiveness” Requirement: Ryan White legislation and HRSA guidance require both the entire Commission membership and the subset of unaffiliated consumer members to “reflect” the gender and ethnic/racial distribution of the local HIV epidemic. The Commission endeavors to always reflect the gender and ethnic/racial demographic distribution of Los Angeles County’s HIV epidemic among its membership and consumer members. Furthermore, the CDC HIV Planning Guidance notes that planning bodies place special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations.

17. Committee Nominations: All factors being equal among two or more applications that meet the requirements of a particular open seat, the Committee will forward the candidate with the highest application score to the Commission for nomination to the Board of Supervisors for appointment to the Commission.

- 18. Special Considerations:** There are several “special considerations” that may preclude the Committee from nominating the candidate with the highest score, resulting in the nomination of a candidate with a lower score to a seat. Those factors may include, but are not limited to:
- a) the necessity of maintaining “reflectiveness”,
 - b) an adequate proportion of consumer members,
 - c) the need to fill certain “representative” categories,
 - d) Board of Supervisors interest or feedback,
 - e) over-representation of a particular stakeholder/constituency, otherwise known as the “two persons per agency” rule.
 - f) potential appointment challenges.
 - g) candidate would violate the COH’s two person/per agency rule
- 19. Conditional Nomination(s):** The Operations Committee may nominate candidates “conditionally.” Conditional nominations require candidates to fulfill certain obligations from the Executive and/or Operations Committee prior to or following the nomination. Conditions are detailed in a “Plan of Corrective Action (PCA)” imposed to correct past Commission performance issues or to enhance certain skills and abilities of the candidate/member.
- a) The PCA is written with expected timelines and objectives, and must be agreed to and signed by the candidate, the Executive Director and an Executive or Operations Committee co-chair, as appropriate.
 - b) The candidate must agree to the PCA by the subsequent regularly scheduled committee meeting following the development of the PCA. A candidate’s refusal to accept a PCA may render his/her application ineligible.
 - c) If the PCA obligates the candidate to certain conditions prior to nomination, the nomination will not proceed until the candidate has fulfilled those obligations.
 - d) If the candidate/member has not fulfilled the conditions of the PCA, he/she will not be eligible for future re-nomination to the Commission.
 - e) Terms of the PCA may be modified at any time upon agreement from all three parties (candidate/member, Executive Director, committee).
 - f) The Operations Committee is responsible for monitoring a candidate’s progress and fulfillment of any PCA obligations and requirements.
- 20. Candidate Communication:** At the conclusion of a candidate’s evaluation (interview, scoring, qualification and eligibility designation, seat determination, nomination), the Committee shall notify the candidate in written communication of the results of the evaluation and scoring process. The notification will detail one of the three possible results:
- a) The Committee has nominated the candidate for a particular Commission seat;
 - b) The Committee has judged that there are no specific seats available concurrent with the candidate’s qualifications, but the Committee will keep the candidate’s application and evaluation scores for ongoing consideration for up to a year from the date of application submission; or
 - c) The candidate’s application and/or evaluation has been placed on hold temporarily.

- 21. Temporary Hold:** A candidate's application may be held temporarily for up to a year under certain conditions that preclude an otherwise eligible nomination to proceed, including but not limited to:
- a) Multiple candidates have not applied for a seat that requires multiple applications,
 - b) Appointment of the candidate to a seat would interfere with the Commission's capacity to meet representation, consumer and/or reflectiveness requirements, and/or
 - c) The Committee intends to nominate the candidate to a seat that is expected to be vacated soon.

The Operations Committee will provide the reason(s) for a temporary hold when it notifies the candidate of his/her application status. Once a candidate's application has been released from the hold, the candidate must agree to the nomination before it proceeds. If the hold is not released within the year, the candidate must submit a new application for Commission membership.

- 22. Withdrawal/Declination:** At any time after a candidate has submitted an application up until the appointment is approved by the Board of Supervisors, a candidate is entitled to withdraw his/her application and/or decline a proposed nomination.
- 23. Training Requirements:** Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings. Failure to fulfill training requirements as a Commission member may render the member's subsequent renewal applications ineligible.
- 24. Nomination and Approval:** Once the Operations Committee has nominated a candidate for Commission membership, the Committee forwards the nomination(s) to the Commission for approval at its next scheduled meeting. When a candidate's nomination has been approved by the Commission, the candidate's Statement of Qualifications shall be forwarded within two weeks to the Executive Office of the Board of Supervisors.
- a) Candidates are advised to attend the Commission meeting at which their nomination will be considered.
 - b) Upon Commission approval, the candidate is encouraged to attend all committees to learn how they operate and assess the best fit for a committee assignment.
 - c) Upon Commission approval, the candidate is asked to select its preferred primary Committee assignment. In most instances, the candidate will be asked to review the Committee Description and select their preferred committee in advance of approval to allow staff to review committee membership assignments to ensure parity, inclusion and reflectiveness.
- 25. Appointment:** The Executive Office of the Board of Supervisors places the nomination on a subsequent Board of Supervisors agenda for appointment. Upon Board of Supervisors approval, the candidate is appointed to the Commission.

- a) Candidates are not required to appear before the Board of Supervisors, although they may attend the designated meeting if so desired.
- b) Candidates will be notified in writing when their nomination will appear before the Board of Supervisors and following appointment.
- c) A newly appointed Commission member is expected to begin his/her service on the Commission at the next scheduled Commission meeting following Board appointment.
- d) Each Commission seat has a pre-designated term of office in which the Commission member will serve until the term expires or he/she resigns from the seat. Should a member's seat change during their membership which prompts a change in their term of office, an updated signed SOQ must be resubmitted to the Executive Office to place the member on the BOS agenda for reappointment to formalize the change in term of office.

**NOTED AND
APPROVED:**

Cheryl A. Barrit

**EFFECTIVE
DATE:**

5/10/18

Original Approval: 9/6/2004

Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17; 9/14/17; 05/10/18; 2/9/23



Conflict of Interest and Affiliation Disclosure Form

Consistent with the [Los Angeles County Code 3.29.046](#) (Conflict of Interest), the Los Angeles County Commission on HIV (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 Ryan White Program, as outlined in Human Resources & Services Administration (HRSA) and relevant Center of Disease Control (CDC) prevention grant guidance. **Please note that this Conflict of Interest and Affiliation Disclosure Form is not affiliated with and is separate from the County’s Statements of Economic Interests - Form 700 required by the State of California Fair Political Practices Commission.**

Conflict of Interest, for purposes of the Ryan White Program, is defined as having a financial interest in, serving as a board member, being employed by, having been employed by, or having a contract or agreement with, an organization, partnership, or any other entity, whether public or private, that receives Ryan White Part A funds. These provisions extend to direct ascendants and descendants, siblings, spouses and domestic partners of Commission members and non-Commission Committee-only members.*

Additionally, as an integrated HIV prevention and care planning body for Los Angeles County, the Commission extends disclosure to those having a financial interest in, serving as a board member, being employed by, having been employed by, or having a contract or agreement with, an organization, partnership, or any other entity, whether public or private, that receives CDC HIV-prevention funding from Los Angeles County.**

**If you, a family member, or a member of your household also have a role as an employee or a Board member of an organization or agency that has received or is seeking Part A Program funds from Los Angeles County, please disclose that information below.*

***If you have a role as an employee or a Board member of an organization or agency that has received or is seeking CDC HIV-prevention funding through Los Angeles County, please disclose that information.*

If you are a client and your only relationship with an organization or agency is that you receive, or are eligible for, services or you participate on a client or consumer advisory board, that would not be considered a conflict of interest.

Commission Member Name: _____

As defined above, do you have a Conflict of Interest(s): Yes No

If yes, please describe: _____



Conflict of Interest and Affiliation Disclosure Form

Affiliation Disclosure

Regarding Ryan White Program Part A funding, please check the entities with which you (or your ascendants, descendants, siblings, spouses, or domestic partners) have been professionally affiliated with in the past twelve (12) months. Regarding CDC HIV-prevention funding, please check the entities with which you have been professional affiliated with in the past twelve (12) months. ***DO NOT CHECK AGENCIES WHERE YOU VOLUNTEER OR ARE A CLIENT**

<ul style="list-style-type: none"><input type="checkbox"/> AIDS Healthcare Foundation<input type="checkbox"/> African American AIDS Policy and Training Institute (d.b.a. Black AIDS Institute)<input type="checkbox"/> Alliance for Housing and Healing<input type="checkbox"/> AltaMed Health Services Corporation<input type="checkbox"/> APLA Health & Wellness<input type="checkbox"/> Asian American Drug Abuse Program<input type="checkbox"/> Automated Case Management Services, Inc.<input type="checkbox"/> Being Alive: People with AIDS Coalition<input type="checkbox"/> Bienestar Human Services, Inc.<input type="checkbox"/> Center for Health Justice, Inc.<input type="checkbox"/> Central City Community Health Center<input type="checkbox"/> Charles R. Drew University of Medicine & Science<input type="checkbox"/> Children's Hospital of Los Angeles<input type="checkbox"/> City of Long Beach, Dept of Health & Human Services<input type="checkbox"/> City of Pasadena Public Health Department<input type="checkbox"/> Coachman Moore & Associates, Inc.<input type="checkbox"/> Community Health Alliance of Pasadena<input type="checkbox"/> Dignity Health (dba St. Mary Medical Center)<input type="checkbox"/> East Los Angeles Women's Center<input type="checkbox"/> East Valley Community Health Center, Inc.<input type="checkbox"/> El Centro del Pueblo<input type="checkbox"/> El Proyecto del Barrio, Inc.<input type="checkbox"/> Entercom California, LLC<input type="checkbox"/> Essential Access Health<input type="checkbox"/> Focus International, Inc. d.b.a. Focus Interpreting<input type="checkbox"/> Friends Research Institute, Inc.<input type="checkbox"/> Greater Los Angeles Agency on Deafness, Inc.<input type="checkbox"/> Healthcare Staffing Solutions, Inc.<input type="checkbox"/> Heluna Health<input type="checkbox"/> In The Meantime Men's Group<input type="checkbox"/> Inner City Law Center	<ul style="list-style-type: none"><input type="checkbox"/> JWCH Institute, Inc.<input type="checkbox"/> LAC+USC Foundation Medical Center Foundation, Inc.<input type="checkbox"/> Los Angeles Centers for Alcohol & Drug Abuse<input type="checkbox"/> Los Angeles LGBT Center<input type="checkbox"/> Men's Health Foundation<input type="checkbox"/> Minority AIDS Project<input type="checkbox"/> Northeast Valley Health Corporation<input type="checkbox"/> Project Angel Food<input type="checkbox"/> Project New Hope<input type="checkbox"/> Public Health Foundation Enterprises, Inc. (dba Heluna Health)<input type="checkbox"/> Realistic Education in Action Coalition to Foster Health (dba REACH LA)<input type="checkbox"/> Special Service for Groups<input type="checkbox"/> St. John's Well Child and Family Center<input type="checkbox"/> T.H.E. Clinic, Inc.<input type="checkbox"/> Tarzana Treatment Centers, Inc.<input type="checkbox"/> The Center Long Beach (One in Long Beach, Inc.)<input type="checkbox"/> The Regents of California, University of Los Angeles (UCLA)<input type="checkbox"/> The Salvation Army<input type="checkbox"/> The Wall Las Memorias, Inc.<input type="checkbox"/> University of Southern California<input type="checkbox"/> USC- MCA Center Keck School of Medicine<input type="checkbox"/> Venice Family Clinic<input type="checkbox"/> Via Care Community Health Center, Inc.<input type="checkbox"/> Watts Healthcare Corporation<input type="checkbox"/> Westside Family Health Center<input type="checkbox"/> Other Agency/Organization Not listed: _____
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Conflict of Interest and Affiliation Disclosure Form

All members are expected to comply with the foregoing disclosure of conflicts of interest and affiliations, as defined and in accordance with governing authority, to ensure that planning activities and decisions by the Commission are performed in a manner that promotes transparency in meeting the needs of people living with and impacted by HIV in Los Angeles County.

By signing below, you are acknowledging that all the information provided on this form is true and accurate and that you have described any and all relationship with Ryan White Part A and CDC HIV-prevention funded providers.

Print Name: _____

Signature: _____ Date: ____/____/____



APPROVED
1.26.23

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

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

OPERATIONS **VIRTUAL** MEETING MINUTES December 7, 2022

OPERATIONS MEMBERS									
P=Present A=Absent									
Alexander Fuller <i>Co-Chair</i>	P	Justin Valero <i>Co-Chair</i>	P	Miguel Alvarez	P	Everardo Alvizo	P	Jayda Arrington	P
Joe Green	P	Jose Magaña	P	Carlos Moreno	P				
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA		Dawn McClendon		Jose Rangel-Garibay, MPH					

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

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

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

Meeting agenda and materials can be found on the Commission’s website at
https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/986fccbb-e2a7-4dca-ad9f-966c2515c408/Pkt-OPS_12.7.22-updated.pdf

CALL TO ORDER – INTRODUCTIONS – CONFLICTS OF INTEREST: Operations Co-Chairs called the meeting to order at 10:00 am. Committee Members introduced themselves and identified care and/or prevention conflicts of interest.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION #2: October 27, 2022, minutes (**Passed by Consensus**).

II. PUBLIC COMMENT

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

None.

III. COMMITTEE NEW BUSINESS ITEMS

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

None.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

- Executive Director, Cheryl Barrit, thanked the Operations Committee for their hard work, dedication, and willingness to lead in all areas of membership, policy and procedures, recruitment, and ensuring that the Commission on HIV (COH) is reflective of the community served.

A. Operational Updates

- C. Barrit provided the following operational updates:
 - The COH held seven of its committee meetings during the week of December 5th – 7th
 - C. Barrit noted that additional meetings for the remainder of the year were cancelled, except for the Black/African American Caucus (BAAC), which will be held December 15th from 4pm-5pm.
 - C. Barrit reported that the last virtual study session will be held on December 13th and attendance is optional. The virtual study sessions serve to provide space for commissioners to meet with staff and ask questions and/or seek clarification on topics that are unclear, such as duties and responsibilities or status updates pertaining to our various committees and caucuses, etc.
 - C. Barrit will complete drafting the 2022 Annual Report which will be presented at the January 12, 2023, Commission meeting. C. Barrit will also draft the 2023 Training Plan and Schedule for the committees review and feedback.

B. Comprehensive HIV Plan (CHP) 2022-2026

- C. Barrit reported that consultant, AJ King, finalized the Comprehensive HIV Plan (CHP) ahead of the December 8th deadline, and it will be submitted to the Health Resources and Services Administration (HRSA). The final version will be available on the COH's website.

6. CO-CHAIR'S REPORT

A. Committee Co-Chair Open Nominations + Elections

- Everardo Alvizo and Justin Valero were elected as the Operations Committee 2023 Co-Chairs.
- Commissioner J. Green recommended reinstating the "Getting to Know You" exercise and volunteered to start off the exercise in January.

B. Workgroup to Review Co-Chair Elections Policy #08.1104

- Operations Co-Chair, L. Fuller, reported the Executive Committee established a workgroup to review the Co-Chairs Election policy. The intention and expectations of the workgroup is to review the policy to ensure that the election process is transparent and fair, and to resolve any concerns that may come about during the nomination and elections process.
- The workgroup consists of the following commissioners: J. Green, A. Burton, D. Campbell, E. Alvizo, L. Fuller, J. Valero, K. Donnelly, and J. Arrington.

C. 2022 Work Plan | Review

- Operations Co-Chair, J. Valero, led the review of the work plan. The highlight of the discussion was recruitment and retention with a more targeted focus aimed at filling consumer seats. J. Valero also pointed out an opportunity to move alternates into full seats.

D. 2022 Training Series | Reminder

- As noted under the Executive Director's report, the last virtual training session was held December 13th. C. Barrit will present the draft 2023 Training Series at the January 26th Operations Committee meeting.

7. Membership Management Report

A. New Membership Application Interview Work Group | Updated Questions

- The floor was opened to discuss any questions or concerns regarding the final version of the new membership application interview questions. There were no questions or concerns. The Operation Committee approved the updated questions by consensus. The questions are now available for use during upcoming membership application interviews.

B. Proposed Membership Seat Change | Motion #3

- The draft proposed membership roster was presented to the Operations Committee as follows:
 - Seat #21: Unaffiliated consumer, SPA 3 - Joseph Green
 - Seat #28: Unaffiliated consumer, Supervisorial District 2 - Bridget Gordon
 - Seat #31: Unaffiliated consumer, Supervisorial District 5 - Felipe Gonzalez
 - Seat #44: HIV stakeholder representative #1 - Alasdair Burton
- **MOTION #3** *Approve Proposed Membership Seat Change, as presented or revised. (✓ Passed by Majority, Roll Call: J. Magana (Yes), J. Green (Yes), J. Arrington (Yes), M. Alvarez (Yes), J. Valero (Yes), and L. Fuller (Yes).*

C. Resignation – Dr. Michael Cao, Seat #40

- It was reported that Dr. Michael Cao, seat #40, has resigned as a commissioner due to his new position as an Arcadia City Council member.
- C. Barrit reported that Board District 5 recommended applicant, Jonathan Weedman, to fill the Board Office 5 seat. Mr. Weedman's application will move through the Commission's application process before the application is submitted for BOS appointment. Staff will keep the Committee apprised of its progress.

8. POLICY AND PROCEDURES

(1) Proposed Revision to Policy #09.4205 – Commission Membership Evaluation, Nomination and Approval Process

A. Two Person per Agency Rule | Discussion

- The Operations Committee held a robust conversation around policy #09.4205 and the process for new applicants. After many rounds of discussion regarding whether the two person per agency rule should stand or be modified, the Operations Committee determined to leave the two person per agency rule as is, with the understanding that there could be potential barriers to applicants wanting to join the Commission. For now, the discussion is laid to rest and the rule will stand, with the option of revisiting this issue in the future.

B. Contracted Provider Support Documentation

- The Operations Committee decided to adopt the recommendation of requiring all new applicants who are employed by a Division of HIV and STD Programs (DHSP) contracted agency to provide written documentation of their support for the applicant's membership on the Commission as a condition for membership. Proposed language for this policy will be presented for the Operation Committee's review and approval by formal motion at the January meeting.

Operations Meeting Minutes

December 7, 2022

Page 4 of 4

9. Recruitment, Retention, and Engagement

- Recruitment, Retention and Engagement is a core responsibility of the Operations Committee and as a standing item allows members the opportunity to share their recruitment and engagement efforts and activities.
- Staff member C. Lapointe has been phenomenal in creating social media campaigns to bring awareness to the COH and to its work.
- The following recruitment and engagement activities were mentioned:
 - Commissioner J. Arrington reported that she is recruiting two community members to possibly join the Commission; they are currently familiarizing themselves with the Commission's work.
 - Co-Chair, L. Fuller, mentioned the various opportunities used for potential recruitment while engaging with the many organizations he is involved with.
 - Commissioner K. Donnelly shared the various activities he is involved with outside of the Commission and uses these opportunities for information-sharing to and from the Commission.

10. By-Laws Review Planning

- Assistant Director, D. McClendon, reported the Operations Committee will begin its By- Law review planning at its meeting in January 2023. The last update to the By-Laws occurred in 2013. It is anticipated that the process will take the whole year to complete. Planning guidance providing background, roles and responsibilities for the process, a timeline, and suggestions on how to approach this process will be provided in the January packet.

VI. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP:

- Agendize Work Plan (standing item).
- Agendize Training Series (standing item).
- Agendize Code of Conduct (standing item).
- Agendize Bylaws Review Planning.
- Agendize provider support documentation.
- Agendize the "Getting To Know You" exercise

12. AGENDA DEVELOPMENT FOR NEXT MEETING: There were no additional items.

VII. ANNOUNCEMENTS:

- Commissioner E. Alvizo mentioned an event held in Long Beach addressing inequities and disparities and their impact on HIV. Long Beach was very intentional with hosting the event in North Palm Beach, which is disproportionately impacted by HIV.
- Co-Chair, L. Fuller, announced work done with faith-based organizations handing out self-test kits and condoms at the College of Canyons.
- Commissioner M. Alvarez attended an in-person event sponsored by the City of West Hollywood recognizing individuals and organizations involved in HIV-work.

VIII. ADJOURNMENT

12. ADJOURNMENT: The meeting adjourned at 11:37 am.



PLANNING COUNCIL FEEDBACK RE: STIPENDS & PROVIDER PARTICIPATION
September 2022

CASH STIPENDS

PLANNING COUNCIL	POLICY	JUSTIFICATION/COMMENTS	STAFF CONTACT
Portland, Oregon	Yes	“\$35 gift card per meeting; meetings run 2 hours long. This amount was decided in coordination with other County advisory boards. For consistency, it was agreed that across advisory boards, they would offer a minimum \$35 for meetings.” See Policy.	Amanda Hurley HIV Grant Administration & Planning Manager HIV Grant Administration & Planning Public Health
San Diego, CA	No	“When we were meeting in person, we provided reimbursement for travel via gas cards or bus passes, based on government reimbursement rates, I think around \$0.59/mile (prob. has gone up since we last used it); and we provided reimbursement for childcare (I’ll have to look the rate up) to attend in-person meetings; we haven’t used any of that since 2019, since COVID/meeting virtually. Also, when meeting in person we also provide food for in-person Consumer Group meetings and food/snacks at in-person HIV Planning Group meetings that occur around the time of mealtimes for consumers; the same for in-person Priority Setting and Resource Allocation Committee meetings during budget allocation time/weekly meetings (June/July	Kenneth Riley, MD, MPH Temporary Expert Professional HIV Planning Group Support Staff, HIV, STD and Hepatitis Branch of Public He).” County of San Diego Health & Human Services Agency Health Services
San Francisco, CA	No	“We do not provide any stipends to council members. When we merged with our local Prevention planning body many years ago, which did provide such stipends to community members, we	Mark Molnar Senior Director, Volunteer and Community Support Services

		<p>queried our HRSA program officer if we could do the same as merged body (using RWPA funds). The answer was a hard no, so we ended that practice. It was... controversial. But we felt our hands were pretty tied on the topic. The idea of asking for City funds of some sort to cover stipends was brought up, but to my recollection, it did not go anywhere beyond discussion.”</p>	<p>Shanti Project San Francisco HIV Community Planning Council</p>
<p>Miami-Dade, Florida</p>	<p>No</p>	<p>“Regarding stipends, we do not offer stipends. My understanding is that where stipends are offered, they are funded outside of RWP Part A /MAI funds. We do not receive any outside funding that would cover stipends. We do reimburse expenses and I am attaching our policy and reporting form. Also, we sometimes have meals for our consumer board sponsored by Gilead or ViiV, etc. as a “lunch/dinner and learn” meeting. We also provide a lunch for any meeting scheduled for more than 3 hours. However, since COVID, we have not held any meetings lasting more than 3 hours.”</p>	<p>Christina Bontempo Project Manager/Community Liaison Behavioral Science Research Phone: 305-443-2000 ext. 106 www.behavioralscience.com</p>
<p>Philadelphia, PA</p>	<p>No</p>	<p>“As to stipends, the planning council has never provided stipends to members. We routinely reimbursed members for such things as transportation costs. Lost wages with support documentation and childcare costs again with support documentation have not come up for several years. Do not hesitate to contact me should you have any additional questions.”</p>	<p>Mari Ross-Russell Director Office of HIV Planning 340 North 12th Street, Suite 320 Philadelphia, PA 19107 www.hivphilly.org</p>
<p>Dallas, TX</p>	<p>No</p>	<p>“The council membership is a regimented process. Everyone goes through a background check. The planning body is appointed by the Judge. We do not have a stipend component for the unaffiliated consumer at this time.”</p>	<p>Glenda Blackmon Johnson GBLACKMONJOHNSON@dallascounty.org</p>
<p>New York, NY</p>		<p>“The NY EMA PC does not provide cash stipends to consumers who participate in Council or PC sub-committee meetings. We do provide transportation reimbursement and refreshments when meetings are in person, and provide tablets to access virtual meetings (which remain property of the NYC Department of Health and are return if they discontinue involvement in PC activities.”</p>	<p>David Klotz (he/him), Deputy Director HIV Health and Human Services Planning Council of New York NYC Department of Health and Mental Hygiene Division of Disease Control 42-09 28th Street, CN-1A</p>

			Long Island City, NY 11101 dklotz@health.nyc.gov
Las Vegas, NV		“Currently, the Las Vegas TGA Planning Council By-Laws does not allow for compensation for fulfilling PC responsibilities. That said, when we have in-person meetings, they can receive reimbursement for reasonable out-of-pocket expenses (i.e. mileage reimbursement in the form of a gas card).”	Heather Shoop, MSW Assistant Manager, Grant Administrator Clark County Social Service, Office of HIV Gender Pronouns she/her/hers 2820 W. Charleston Blvd Ste B-15, Las Vegas, NV 89102
Phoenix, AZ		“We don't have stipends for Planning Council members with lived experience”	Jason Landers Planning Council Support Greater Phoenix Ryan White HIV Services Planning Council 4041 N. Central Ave., Suite 850 Phoenix, AZ 85012

PROVIDER MEMBERSHIP LIMITS

San Diego, CA	Yes	“Yes, the HIV Planning Group (HPG) changed its bylaws the last go round (about 2 years ago) to limit the number of people from one agency, unless a waiver is obtained (allowed if there is a demonstrated need that can't be met by someone else). I think since they started this, it has resulted in a lot of vacant seat for a long time. The HPG is updating its bylaws again currently, going through County Counsel now, then to the County Board of Supervisors for approval.”	Kenneth Riley, MD, MPH Temporary Expert Professional HIV Planning Group Support Staff, HIV, STD and Hepatitis Branch of Public Health Services
St. Louis, Missouri	No	“During our application review process, we have an application that is only seen by our Membership & Stakeholder Engagement Committee. That application, which I can provide, allows a space to divulge that information. Although we don't have a specific policy in place, although we probably should develop one now, it is at the discretion of our committee members to recommend individuals for appointment or not. In the past, committee members have been known to deny individuals if they feel that too many PC members represent that agency. Thank you for bringing this to our attention. We will develop a policy to go into	Deven M. Stepney (he/him/his) Program Manager: PC Support Office College of Public Health and Social Justice

		our bylaws to avoid this.”	
Miami-Dade, Florida	Yes	“Regarding representation, our Bylaws state, “No organization shall have more than one representative or employee as a member, except as mandated by the legal requirements of Partnership programs;” People with HIV who work for a funded agency are under the same Bylaws restrictions. We do not have any limitations for representatives of the affected community (RWP clients) as far as which agency(ies) they use, so long as they are not employed by a funded provider.”	Christina Bontempo Project Manager/Community Liaison Behavioral Science Research Phone: 305-443-2000 ext. 106 www.behavioralscience.com
San Francisco, CA	No	“This has not been a problem with us in SF, although it certainly has come up, as there have been times that we've had up to 2 members from the same agency. There is no current policy in place regarding this issue, possibly because this has not frequently occurred. That said, when it does come up, it is thoroughly discussed by the Membership committee during applicant vetting. The last time this was an issue was when a 3rd staff person from a service provider wished to join the council; committee leadership reached out to the other two staff members to discuss the potential of one of them stepping back to allow a diversity of voices while also making sure no single service provider dominates council discussions. (Which in of itself would be unlikely, as the council has always had at least 25 members.) In that situation, one of the three did leave the council, and the second switched agencies shortly after, and so the situation basically resolved itself. I go into such granular detail here because I think this may have been the only time in my history with the council (nearly 20 years) where this sort of potential conflict occurred. Otherwise, what normally happens when an applicant looks to be the second provider from the same agency, the Membership committee takes a close look at the application to make sure that the providers are coming from different parts of the agency/perform different functions. In the situation where, say, a second case manager from the same agency, within the	Mark Molnar Senior Director, Volunteer and Community Support Services Shanti Project San Francisco HIV Community Planning Council

		same program, were to apply, the Membership committee would probably reject that application. But, as I mentioned, we actually do not have a policy in place that speaks to this potential issue. We currently do not have any two service providers from the same agency serving on the council.”	
Philadelphia, PA	No	“It shall be the goal of the Planning Council that a minimum of fifty percent (50%) of the voting members are people with HIV and that, among members with HIV, at least thirty-three percent (33%) have no consulting, employment, or fiduciary relationship with any provider agency that receives Part A funds.”	Mari Ross-Russell Director Office of HIV Planning 340 North 12th Street, Suite 320 Philadelphia, PA 19107 www.hivphilly.org
Dallas, TX	See Comments	“We have established a Reflectiveness Report this report enables the executive committee to monitor and assess the provider representation on the PC and Standing committees. Additionally, the Bylaw’s restrict provider representation on the Planning and Priority Committee and the Allocations Committee.”	Glenda Blackmon Johnson GBLACKMONJOHNSON@dallascounty.org
New York, NY	See Comments	“We do not have a formal policy on the number of provider members per agency, but it has been our long-standing practice to limit it to two per agency. “	David Klotz (he/him), Deputy Director HIV Health and Human Services Planning Council of New York NYC Department of Health and Mental Hygiene Division of Disease Control 42-09 28th Street, CN-1A Long Island City, NY 11101 dklotz@health.nyc.gov
Phoenix, AZ		“We currently don't have a policy that limits the number of provider members from contracted agencies to serve as members of our Planning Council. In practice, we've tried to limit this to no more than three people. For example, our Part C recipient is the same agency as our Part D recipient. So, there are two PC members, and they share one alternate.”	Jason Landers Planning Council Support Greater Phoenix Ryan White HIV Services Planning Council 4041 N. Central Ave., Suite 850 Phoenix, AZ 85012



Dr. Mikhaela Cielo

Application on file at Commission office



Derek Murray

Application on file at Commission office



2023 MEMBERSHIP ROSTER | UPDATED 9.25.23

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	1	EXC OPS	Everardo Alvizo, LCSW	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	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller (LOA)	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	Arlene 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	1	OPS	Shonte Daniels (LOA)	Unaffiliated Consumer	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 Kocherns, 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 (LOA)	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:		43						

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: 49

Planning Council/Planning Body Reflectiveness (Updated 8.17.23)

(Use HIV/AIDS Prevalence data as reported FY 2022 Application)

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	10	23.26%	4	40.00%
Black, not Hispanic	10,155	20.00%	14	32.56%	5	50.00%
Hispanic	22,766	44.84%	11	25.58%	1	10.00%
Asian/Pacific Islander	1,886	3.71%	4	9.30%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race*	1,705	3.36%	4	9.30%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	43	100%	10	100%

Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	27	62.79%	5	50.00%
Female	5,631	11.09%	13	30.23%	5	50.00%
Transgender	854	1.68%	2	4.65%	0	0.00%
Unknown	0	0.00%	1	2.33%	0	0.00%
Total	50,777	100%	43	100%	10	100%

Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	2	4.00%	0	0.00%
30-39 years	9,943	19.58%	12	28.00%	0	0.00%
40-49 years	11,723	23.09%	11	26.00%	2	20.00%
50-59 years	15,601	30.72%	11	26.00%	5	50.00%
60+ years	8,973	17.67%	7	16.00%	3	30.00%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	43	100%	10	100%

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

Non-Aligned Consumers = 23% of total PC/PB

*Multi-Race: 4 commissioners indicated multi-race but did not specify their exact races/ethnicities.

Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence data source and year of data: 2022

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	13,320	24.86%	10	23.26%	4	40.00%
Black, not Hispanic	10,758	20.08%	14	32.56%	5	50.00%
Hispanic	24,961	46.59%	11	25.58%	1	10.00%
Asian/Pacific Islander	2,127	3.97%	4	9.30%	0	0.00%
American Indian/Alaska Native	316	0.59%	0	0.00%	0	0.00%
Multi-Race	1,980	3.70%	4	9.30%	0	0.00%
Other/Not Specified	115	0.21%	0	0.00%	0	0.00%
Total	53,577	100%	43	100%	10	100%

Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
Male	46,509	86.81%	27	62.79%	5	50.00%
Female	5,947	11.10%	13	30.23%	5	50.00%
Transgender: male-to-female	1,079	2.01%	1	2.33%	0	0.00%
Transgender: female-to-male	42	0.08%	1	2.33%	0	0.00%
Other gender identity	-	0.00%	1	2.33%	0	0.00%
Total	53,577	100%	43	100%	10	100%

Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
13-19 years	94	0.18%	0	0.00%	0	0.00%
20-29 years	3,465	6.47%	2	4.65%	0	0.00%
30-39 years	10,648	19.87%	12	27.91%	0	0.00%
40-49 years	11,038	20.60%	11	25.58%	2	20.00%
50-59 years	14,905	27.82%	11	25.58%	5	50.00%
60+ years	13,427	25.06%	7	16.28%	3	30.00%
Total	53,577	100%	43	100%	10	100%

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

Non-Aligned Consumers = 23% of total PC/PB

*Multi-Race: 4 commissioners indicated multi-race but did not specify their exact races/ethnicities.

Summary of Changes in the PIR

8.17.28

8.28.23

<u>Race/Ethnicity</u>	Based on a total of 50, 777 persons	Based on a total of 53, 577 persons
White (not Hispanic)	(10) 23.26%	(10) 23.26%
Black (not Hispanic)	(14) 32.56%	(14) 32.56%
Hispanic	(11) 25.58%	(11) 25.58%
Asian/Pacific Islanders	(4) 9.30%	(4) 9.30%
Multi-Race	(4) 9.30%	(4) 9.30%

Gender

Males	(27) 62.79%	(27) 62.79%
Females	(13) 30.23%	(13) 30.23%
Transgender	(2) 4.65%	M to F (1): 2.33% F to M: (1) 2.33%
Unknown	(1) 2.33%	(1) 2.33%

Age

13-19	(0) 0.00%	(0) 0.00%
20-29	(2) 4.00%	(2) 4.65% ^0.65%
30-39	(12) 28.00%	(12) 27.91% √0.09%
40-49	(11) 26.00%	(11) 25.58% √0.12%
50-59	(11) 26.00%	(11) 25.58% √0.12%
60+	(7) 16.00%	(7) 16.28% ^0.23%

Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence data source and year of data: 2022

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	13,320	24.86%	11	22.45%	4	33.33%
Black, not Hispanic	10,758	20.08%	14	28.57%	5	41.67%
Hispanic	24,961	46.59%	13	26.53%	2	16.67%
Asian/Pacific Islander	2,127	3.97%	4	8.16%	0	0.00%
American Indian/Alaska Native	316	0.59%	0	0.00%	0	0.00%
Multi-Race	1,980	3.70%	7	14.29%	1	8.33%
Other/Not Specified	115	0.21%	0	0.00%	0	0.00%
Total	53,577	100%	49	100%	12	100%

Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
	Male	46,509	86.81%	31	63.27%	6
Female	5,947	11.10%	15	30.61%	5	41.67%
Transgender: male-to-female	1,079	2.01%	0	0.00%	0	0.00%
Transgender: female-to-male	42	0.08%	1	2.04%	0	0.00%
Other gender identity	-	0.00%	2	4.08%	1	8.33%
Total	53,577	100%	49	100%	12	100%

Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
	13-19 years	94	0.18%	0	0.00%	0
20-29 years	3,465	6.47%	3	6.12%	1	8.33%
30-39 years	10,648	19.87%	13	26.53%	0	0.00%
40-49 years	11,038	20.60%	11	22.45%	2	16.67%
50-59 years	14,905	27.82%	13	26.53%	6	50.00%
60+ years	13,427	25.06%	9	18.37%	3	25.00%
Total	53,577	100%	49	100%	12	100%

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

Non-Aligned Consumers = 24.5% of total PC/PB

*Multi-Race: 5 commissioners indicated multi-race but did not specify their exact races/ethnicities, (1) White and American Indian, and (1) Hispanic/Latin-X and White.
Gender: (1) Non-Binary/Gender Non-Conforming and (1) Androgyne



LOS ANGELES COUNTY
COMMISSION ON HIV



LOS ANGELES COUNTY COMMISSION ON HIV (COH)
FY 2022-2023 ASSESMENT OF MECHANISM (AAM)
APPROACH AND FOCUS PROPOSAL
DRAFT 8.8.23; 9.21.23

FOR DISCUSSION PURPOSES ONLY

BACKGROUND

The federal Health Resources and Services Administration (HRSA) requires all Part A planning councils (the Commission on HIV is Los Angeles County's Ryan White Part A planning council) to conduct annual "Assessments of the Administrative Mechanism" (AAMs). The AAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in LA County.

The most commonly cited key systemic weakness in the County's administrative mechanism is the protracted contracting period to execute a contract. It generally takes 12-18 months from solicitation development to contract execution.

It is recommended that the FY 2022-2023 AAM focus on identifying challenges to and identifying strategies to shorten and fast-track the contracting process. Furthermore, the Division of HIV and STD Programs (DHSP) suggested the following:

- Consider a very specific service category assessment.
- Tailor questions on how the County is responding to homelessness among PLWH and those at risk.
- The County demonstrated during the COVID response that a fast-track contracting process is possible, however the willingness by DPH and the CEO to allow expedited contracting for HIV and STD services remains very elusive for DHSP. This continues to be a problem with new grants.

METHODOLOGY

Key informant interviews and focus groups facilitated by a consultant.

Conduct key informant interviews with staff from the following County Departments and units:

Division of HIV and STD Programs (DHSP)

1. Senior management staff
2. Contracts and procurement staff
3. Finance staff
4. Contract monitoring/audit staff

Department of Public Health

1. Office of the Director
2. Contracts and Grants

Board of Supervisors

1. Health Deputies
2. Administrative Deputies

3. Chiefs of Staff

Chief Executive Office

- Administrative Services Division, Contracts and Procurement team

Contracted Agency Perspectives

- Interview a representative sample from DHSP-funded agencies.

Consumer Focus Group

- Consumers of HIV prevention and care services

Opportunity to Leverage the Board of Supervisor's Motion on Procurement Modernization and Transformation

On June 14, 2022 the Board approved a [motion](#) authored by Supervisor Kathryn Barger and co-authored by Supervisor Janice Hahn to modernize and transform the County's approach to purchasing and contracting. This motion supports past appeals made by the COH to the Board to remedy the outdated and protracted contracting and procurement process across the County. Some of the key goals of the motion is to streamline cycle times, move to paperless system, and implement a strategic, equitable, accessible, and transparent online procurement process.

The County Chief Executive Office (CEO), Internal Services Division (ISD), Quality and Productivity Commission (QPC) and other Departments are in the process of hiring an independent consultant to test and validate initial analyses and recommendations made by ISD and QPC and develop key recommendations to the Board for implementation across the County.

It is recommended that the COH's AAM for FY 2022-2023 leverage the activities underway as a result of the Board motion and develop assessment questions that would enhance the results of the study.

OVERVIEW OF THE CONTRACTING AND SOLICITATIONS PROCESS AT DPH/DHSP (EXCERPTS FROM FY 2014, 2015, 2016 AAM)

In November of 2016 Dr. Michael Green, Chief of the Planning Section of DHSP made a presentation to the PP&A Committee describing the contracting and solicitations process currently in place at DPH/DHSP. In order to place the process in context, we summarize his presentation here (based on approved minutes):

The process is designed to ensure County programs do not enter into contractual agreements without a full, unbiased review and that community-based organizations (CBOs) receiving contracts meet requirements and are fully accountable to the County.

- The Commission and DHSP coordinate on planning services. DHSP then plans and releases solicitations. Requests for Proposals (RFPs) are the most common while Requests for Statements of Qualifications (RFSQs) are used occasionally. Invitations for Bid (IFBs) are price-based solicitations generally insufficient to reflect the complexity [that] services require.

- It generally takes 12-18 months from solicitation development to contract execution. That does not include time at the Commission and DHSP to develop the service concept and Standards of Care which add at least six months.
- Proposal evaluation is in phases: first, to ensure they meet minimum requirements; second, an external review panel convened by Contracts and Grants (C&G), DPH; third, final funding recommendations; fourth, departmental reviews; fifth, contracts go to the Board for approval. Once approved, contract negotiations occur with the CBOs, then a Board Letter is submitted for contract approval. Once approved, the CBOs sign the contracts and then they can be executed.
- C&G is charged with managing the contracting process and solicitations for DPH overall but, for DHSP, C&G manages solicitation while DHSP manages programmatic content and contracting. In 2015, C&G staff was assigned to DHSP. That increased solicitations from zero in the prior three years with up to six in the last 12-14 months and more in progress.
- C&G's role includes responding to questions on a solicitation and releases an addendum that may clarify or change some solicitation language and answer specific questions. C&G will host a proposer's conference if the solicitation warrants one. Such conferences are not required by the County, but are helpful for complex solicitations.
- Proposers must meet minimum contract requirements as well as appear to be able to sustain services for 90 days without County funds to demonstrate financial stability. Proposers passing those tests go on to further evaluation.

DHSP is responsible for identifying unbiased, non-conflicted evaluators for review panels. That is difficult, e.g., there were 36 proposals for one RFP. Serving requires significant time for no pay and evaluators must sign a statement of no conflict of interest so local providers are often ineligible. Evaluators have been recruited, e.g., from Las Vegas, San Diego and San Francisco, but often nonlocal people are not invested in participating. DHSP has recommended DPH leadership identify a list similar to a jury pool for a 12-month period. DPH showed interest, but has not acted.

- Contractors are selected and funding recommendations are developed based on evaluation scores as well as funding requirements, geographic distribution of services and targeted populations defined in the solicitation. Proposers may request a debriefing after the recommendations to review their proposals. They may appeal decisions.
- Services are solicited for a variety of reasons, e.g., to meet emerging need, redefine services, replace expiring contracts, [or] utilize new grant funding. DHSP tends not to apply for short-term grants, e.g., 24-36 months, because the time is too short to contract services within the grant term. For longer term grants, DHSP typically begins solicitation at the same time it applies for the grant to facilitate service implementation. Delegated authority allows DHSP to increase or decrease funds for a service by a certain percentage or time, but eventually services will need to be resolicited.
- Prior to applying for funding, DHSP must receive DPH approval by showing: purpose of funding, why it is needed, specifically how it will be used and how services will be implemented in the community.
- Concurrently, DHSP begins work on a Board Letter for approval to receive grant funds which includes: the amount of funds to be received in response to an application submitted on a certain date requesting a certain amount; how funds will be used and a proposed list of contractors. The Board Letter is required even for the annual Ryan White grant. DHSP cannot technically contract any services if the Health Resources Services Administration (HRSA) or

another grantor delays its Notice of Grant Award. HRSA often has delayed its Notice of Grant Award from one to six months.

- A sole source solicitation allows DHSP to identify an agency or agencies that it knows can do the work in the way it needs to be performed without putting the contract out to bid. DHSP has to prove to the Board that no other contractors can provide the needed service or that sole source is needed to expedite the work and the identified provider(s) are well-qualified to do the work.
- Generally, the Board does not approve sole source contracting. It did approve DHSP to use sole source for Medical Care Coordination (MCC) expansion after the Commission advocated for it and data supported the beneficial impact of MCC.
- Other solicitation forms theoretically save time, but rarely do so in practice. The RFP process takes the most time, but offers more clarity about what is wanted and proposer submittal requirements are more stringent so results are better.
- Dr. Green said the County's process is determined by the Board, Chief Executive Office and Auditor-Controller. Multiple attempts to persuade the Board to streamline the process were met with opposition but, as noted with MCC, the Board allows adjustments if need is demonstrated.

PROPOSED TENTATIVE TIMELINE

Secure feedback and approval from Operations, Executive and full Commission on AAM focus and approach for FY 2022-2023	August-September 2023 No feedback received from Ops as of 9.
Secure project consultant	September-November 2023
Selected project consultant to review interview questions and study approach with Operations, Executive, and COH.	December 2023-January 2024
Conduct assessment	February-April 2024
Develop report	April-May 2024
Present draft, findings, to Operations and Executive Committees	May- June 2024
Present final report to full Commission for adoption	July 2024

**LOS ANGELES COUNTY COMMISSION ON HIV (COH) ASSESSMENT OF
THE ADMINISTRATIVE MECHANISM (AAM) RYAN WHITE PROGRAM
YEARS 24, 25, 26
(FY 2014, 2015 and 2016)**

RECOMMENDATIONS MATRIX-DISCUSSION WORKSHEET FOR OPERATIONS COMMITTEE

(UPDATED 3.19.19; 08.03.23); UPDATES IN RED IN 3RD COLUMN. Updates made on 8-3-23 reflects updates provided by DHSP on 7/27/23 Operations Committee meeting.

In general terms, the AAM shows that the overall administrative mechanism that supports the system of Ryan White Care Act-funded service delivery in Los Angeles County is healthy and works well. A number of recommendations were offered by representatives of each level comprising the administrative mechanism as to possible improvements to the system, but the overarching assessment is that a mature and competent system has been developed. While the overall assessment included recommendations for improvement, the following positive attributes were noted: 1) the Commission on HIV (which is the Ryan White Planning Council) has highly committed staff that provide excellent support to its members, and their deliberations are thoughtful and result in allocations of resources that are responsive to community needs; 2) the administrative entity (DHSP) also is given high marks for competence, dedication and responsiveness to Commission allocations and directives; 3) the provider community has long experience in delivering quality and comprehensive services.

Recommended focus of the 2022-2023 AAM:

- Focus on identifying challenges to and identifying strategies to shorten and fast-track the contracting process.
- Consider a very specific service category assessment.
- Tailor questions on how the County is responding to homelessness among PLWH and those at risk.
- The County demonstrated during the COVID response that a fast-track contracting process is possible, however the willingness by DPH and the CEO to allow expedited contracting for HIV and STD services remains very elusive for DHSP. This continues to be a problem with new grants.

#	Recommendation	Priority Level: High, Medium, Low	Target Deadline/Notes/Comments
Focus Area 1: Commission on HIV Perspectives			
1	Survey of the entire membership. In addition to the Key Informant Interviews (of those most involved in service procurement processes) it is recommended that there be a survey tool to assess the perceptions of efficiency that are held by the entire body.	High Main deliverable for 2019.	<ul style="list-style-type: none"> ● COMPLETED. PART OF 2020 AND 2021 AAM. ● Combine with item #2. ● Expand survey to all Commissioners is not hard, reflects interest in views, and can inform training, e.g., one question was, "Do you recall getting trained on the planning and priority-setting process?" (Operations Committee Meeting 10/25/18 minutes). ● 2/21/19 - Start review of questionnaire and solicit DHSP feedback. ● 3/29/19 - Finalize updated questionnaire. Review list of survey participants.

			April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers.
2	Future AAM processes should include tools to elicit perceptions of other components of the “administrative mechanism” as to the efficiency of the COH. While it is helpful to compile the collective perception of some of the most involved members of the COH regarding the body’s efficiency, it would be a more robust assessment to include the perceptions of other partners in the administrative mechanism, such as DPH/DHSP staff and Providers.	Medium Main deliverable for 2019.	<ul style="list-style-type: none"> • Combine with item #1. • Pertains to additional broadening of perspectives." (Operations Committee Meeting 10/25/18 minutes). • Main deliverable for 2019. • 2/21/1 - Start review of questionnaire and solicit DHSP feedback. • 3/29/19 - Finalize updated questionnaire. • April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers. • Questions could help with an evaluation of the COH (AAM Workgroup Meeting 3/7/19). • Include other parts of the County such as DPH Contracts and Grants (C&G) Unit, CEO, DHSP, DPH, CBO staff and seek their input on how to speed up the contracting process. What is their thinking around the County’s contracting process?
Focus Area 2: Key Division of HIV and STD Programs (DHSP) and Department of Public Health (DPH) Stakeholder Perspectives			
3	The next assessment of the administrative mechanism (or some other interim administrative review) should include an assessment of the HR and Finance systems of the County and how they are impacting the ability of DHSP and DPH to efficiently employ appropriate processes to support HIV service delivery.	Medium 2021	<ul style="list-style-type: none"> • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. • May be focus of next AAM. Possible Health Agency changes may impact. (Operations Committee Meeting 10/25/18 minutes). • Assessment of the DPH HR and Finance systems could be the focus of the AAM slated for 2021/2022 (AAM Workgroup Meeting 3/7/19). • Related to #7. The absorption of the DHSP Finance Unit into the DPH Finance Dept did not take place and the idea is no longer under consideration. Having its own Finance Unit is advantageous to DHSP.

4	Encourage the Executive Office or DPH to explore the impact of the consolidation of Contracts and Grants at the DPH level, as compared to the previous placement of Contracts and Grants within DHSP.	Low	<ul style="list-style-type: none"> • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. • Tied to ongoing organizational changes within DPH and process oriented. (Operations Committee Meeting 10/25/18 minutes). • RESOLVED. DHSP continues to retain its own solicitations staff and unit. DHSP works independently of the DPH Contracts and Grants unit.
5	Encourage the relevant components of the County to explore compensation for reviewers as many other governmental levels offer. A companion suggestion was made to assemble	Low	<ul style="list-style-type: none"> • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and

<p>a “pool” of qualified reviewers (as HRSA does), and this suggestion should be revisited.</p>		<p>administrative efficiency.</p> <ul style="list-style-type: none"> • Impact low now. Few new Requests For Proposals (RFPs) due to expansion of services for existing RFPs. (Operations Committee Meeting 10/25/18 minutes). • This is outside of COH’s purview, however, DHSP engages in ongoing conversations with the COH and the community on raising awareness regarding the RFP opportunities from DHSP. • DHSP continues to advocate for DPH C&G Unit to provide ongoing trainings to the community on the contracting process. • DHSP has used a third-party administrator (TPA) for some contracts which has been a faster contracting process. The TPA route is helpful for smaller contracts to smaller agencies that would not otherwise meet the County’s minimum requirements. The TPA mechanism may be used for all funding sources.
<p>6 The DPH/DHSP should collaborate with ISD or undertake its own well-promoted community education sessions to educate providers who are not current county contractors about the steps, requirements and competencies necessary to do business with the County so as to potentially become HIV service delivery providers. Special outreach should be made to providers with competency in minority communities and in the HIV “hot spots” identified in the county’s HIV epidemiology reports.</p>	<p>High 2020</p>	<ul style="list-style-type: none"> • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead. • Supports adding providers with special focus on those serving minority communities and HIV "hot spots." (Operations Committee Meeting 10/25/18 minutes). • DHSP is approaching the solicitations process in a different way to get more providers to apply for RFPs. They are looking at a broader distribution of RFP notices and will start a series of trainings in April 2019 for agencies on how to better respond to RFPs. The trainings will replace bidder’s conferences (AAM Workgroup Meeting 3/7/19). • Same as #5 updates. DHSP recommends including questions directed to C&G as part of the next round of AAM.

7	<p>Given the reported variability among individual fiscal and programmatic monitors, DHSP should be encouraged to improve the quantity and frequency of its internal training of its contract monitoring staffs. While most staff members received high marks for their competency, there was sufficient commentary about variability among staff in their interaction with providers to warrant a review by DHSP senior staff.</p>	<p>High 2020</p>	<ul style="list-style-type: none"> • conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead. • Training for DHSP contract monitoring staff on consistent communication and collaboration with providers. (Operations Committee Meeting 10/25/18 minutes). • DHSP is currently looking into doing internal training for DPH Contracts and Grants unit staff to ensure uniformity of messages and information given to contractors. DHSP staff have regular communications and training to ensure uniformity of information given to agencies. Dr. Green's unit is in the process of revising monthly reporting tools for each service category to get more accurate and specific information from providers. Dr.
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			<p>Green will lead the training for DHSP program monitors on how to use the updated monthly reporting tool and how to give better and consistent guidance and information to contractors (AAM Workgroup Meeting 3/7/19).</p> <ul style="list-style-type: none"> • This function is now handled under Dr. M. Green’s division. DHSP no longer relies on C&G to train DHSP staff, resulting in a much more timely and faster internal training process.
Focus Area 3: Contracted Agency Perspectives			
8	<p>There is clearly a great deal of variability among providers in terms of their own internal processes that ensure efficient delivery of funded services. A recommendation for COH to consider would be to participate with DHSP to convene a “best practice roundtable where more experienced provider agencies could share information on their systems and processes with less experienced providers. Various incentives could be explored such as compensation for staff time, or prizes for “best new practice,” or other incentives that might be funded by COH or private funders.</p>	<p>Medium 2021</p>	<ul style="list-style-type: none"> • Use frontline feedback, but focus on provider executives to effect change. (Operations Committee Meeting 10/25/18 minutes). • Frame the best practices roundtable in a way that is not looking at the procurement process. Traci Bivens-Davis suggested approaching the best practices roundtable by looking at impacts on clients (AAM Workgroup Meeting 3/7/19). • Dr. M. Green noted that this is still a good idea to pursue, perhaps via the Standards and Best Practices Committee. Look at the entire system across services and assess where we are seeing improvements and challenges. Use the HRSA HIV Target website for resources.

9	<p>It was suggested that there could be improvements to provider efficiency if the current mandated data system were improved or another system implemented. If sufficient IT expertise were available or could be secured, a review of the collective data management system used by DHSP would be useful. Particular dimensions of the functionality of such a system that should be explored would be its use to avoid multiple eligibility processes across providers, and its ability to generate data so that monitoring of contract performance by providers could be partially automated and thereby both agency and DHSP staff would need less time on site.</p>	<p>High 2020</p>	<ul style="list-style-type: none"> • Related to CaseWatch. DHSP is the appropriate lead. • Focus on feasible improvements, e.g., renewing previous ability of providers to access CaseWatch to identify a client's prior provider to minimize paperwork burden on client and ensure coordination (not duplication) of care. (Operations Committee Meeting 10/25/18 minutes). • DHSP is looking at a possible replacement to Casewatch for care related services and a system called IRIS for prevention services. In the past, a provider could see if a patient has been seen in another agency. That feature has been made active again. One issue is that most providers do not go into Casewatch before seeing the patient to check if they are already in the Ryan White care system. Providers are not accessing Casewatch in real time while with the client. DHSP is continuing to look into an eligibility card for clients (AAM Workgroup Meeting 3/7/19). • DHSP is still in the process of replacing Casewatch; they anticipate to go live with the new system by March 2025. Data management challenges will continue to be a challenge even with newer systems in place. There is a need to continually map out multiple data systems, including those used at the agency level to reduce data entry duplication. •
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General Recommendations

10	<p>It is recommended that a task force be convened (by the Executive Office or whatever level deemed appropriate) to do a comprehensive review of all the steps involved in procuring HIV related services. Given that it is reported by multiple sources that the overall timeline from identifying a need to getting reimbursable services on the street is around 24 months, and that timeline has not changed for over a decade, it is clear that this complicated and sometimes redundant system could be “tested” for efficiencies.</p>	<p align="center">High 2019 Policy and County- wide issue</p>	<ul style="list-style-type: none"> ● REVISIT ● Related to 2019 Co-Chairs’ Priorities to work with the BOS to address the County’s long contracting process and cycle. ● Discuss with DHSP to develop a time study of procurement steps to test for efficiencies. (Operations Committee Meeting 10/25/18 minutes). ● Since the contracting and procurement process is a countywide issue that requires a policy change from the Board of Supervisors, she asked if there are other advocacy work that the Commission should consider. Dr. Green noted he is exploring some possible options within DPH. He recommending working with health deputies first and Commissioners should focus on how the delays in contracting are impacting clients. Explore a fast track process for grant funded programs. Consider giving examples of how the delays in the contracting process impact access to services and clients. DHSP could help provide examples (AAM Workgroup Meeting 3/7/19).
11	<p>It was noted by various informants that ISD (the Internal Services Department) is exploring its procurement processes and looking for improved efficiencies. It was also reported that the Interim Health Officer at DPH has noted that the department is moving on a fiscal and administrative function reorganization that could have an impact on HIV related service contracting. It appears timely to intensively study the procurement process for RWCA funded services as a part of the preparation for this reorganization.</p>	<p align="center">High 2021</p>	<ul style="list-style-type: none"> ● REVISIT ● Assess, watch, track, and monitor possible impact of single budget code consolidation for DPH ● Include in scope of next AAM ● Dr. Green noted that there has not been a consolidation of budget functions at DPH so far. Cheryl Barrit recommended that the Operations Committee track the issue for any potential impact on service delivery (AAM Workgroup Meeting 3/7/19).
<p>Procedural Recommendations Regarding Future AAMs</p>			
12	<p>A procedural recommendation (that had been made in previous AAMs) reemerged in the process of conducting the current AAM. There seems to be no readily available database or information on the specific dates of each of the steps in the</p>	<p align="center">Low 2021</p>	<ul style="list-style-type: none"> ● REVISIT ● Discuss with DHSP to develop a time study of contracting steps with a provider to inform future AAMs.

	<p>contracting process for each provider. It is recommended that the COH encourage the DHSP to track this information and to make it available for assessments in the future. This is one of HRSA's recommended practices, and it would augment future AAMs.</p>		
13	<p>Another procedural component that is very useful to quantitative analysis (and has been done in prior AAMs) is to conduct a survey of providers regarding their assessment of the efficiency of the overall administrative mechanism and in particular the procurement and fiscal/program monitoring procedures. COH should include a survey of all providers as component in the design of future AAM exercises. Incentives could be used to ensure high response rates, and the representativeness of the body of respondents could be analyzed as part of the process, and adjusted if needed.</p>	<p>Low 2021</p>	<ul style="list-style-type: none"> • COMPLETED. ALL CONTRACTED PROVIDERS WERE INVITED TO PARTICIPATE IN THE PY 31 AAM. • Expand survey to all providers to better supplement key informant interviews.

MOTION BY SUPERVISORS KATHRYN BARGER
AND JANICE HAHN

June 14, 2022

County of Los Angeles Procurement Modernization and Transformation

The County of Los Angeles spends approximately \$6-8 billion annually for many different types of goods and services. Approximately fifteen percent (15%) are commodities or low-dollar services purchased via the Internal Services Department’s (ISD) Purchasing Agent authority, in which County departments determine their needs and ISD centrally manages the sourcing and purchase order process. The vast majority of the County’s total procurement expenditure, eighty-five percent (85%), is for services contracted by and through County departments. Each department determines the services that it needs and, in many cases, manages the entire procurement process from solicitation to contract execution.

The Los Angeles County Quality and Productivity Commission (Commission) was formed to provide the Board, the Chief Executive Officer and County departments with advice, information and recommendations relating to productivity, work measurements and quality of services in the County [County Ordinance 3.51]. The core mission of the Commission is to increase productivity and improve the efficiency of County operations, programs, and public services for the more than 10 million residents and businesses who make their home in Los Angeles County. As such, the Commission has identified procurement modernization and transparency as a goal in its efforts to best serve the County.

On September 29, 2020, the Board of Supervisors (Board) adopted a motion that directed the County to review and provide recommendations on several digital and streamlined contracting and auditing activities. On November 25, 2020, ISD submitted a report with a number of recommendations, most of which are in progress or have been implemented. Among the most impactful long-term recommendations in the report was to implement an end-to-end e-Procurement technology solution and to develop procurement process standardization across the whole County. The benefits of an end-to-end procurement solution include greater transparency and visibility, improved speed and efficiency, enhanced modern user experience, increased participation of local, small and diverse businesses, and cost savings. The goal is to modernize and transform the County’s existing purchasing and contracting processes to streamline cycle times, move to a paperless system, and implement a strategic, equitable, accessible, and transparent online procurement process.

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In support of the Board and the Commission's goals related to procurement modernization and transparency, ISD issued a request for proposals (RFP) for a new end-to-end e-Procurement technology solution in 2021 and is currently evaluating proposals from various vendors.

The Commission cites the City of New York's Blueprint for Procurement Transformation and Cook County (Illinois) as examples of governments who successfully underwent a procurement transformation and implemented the use of modern technological systems. The support of procurement technology and process experts and consultants is necessary to identify best practices and review, analyze, and consider similar cases that would modernize and transform Los Angeles County's purchasing and contracting system, process, and practices, to be efficient, effective, and equitable, and to be transparent, auditable, and standardized across all County departments.

WE, THEREFORE, MOVE that the Board of Supervisors direct the Quality and Productivity Commission, in consultation with the Internal Services Department (ISD), Chief Executive Office, Auditor-Controller, and any related County departments, take the following actions (in full coordination and collaboration with the County's end to end e-Procurement solution) and report back in writing to the Board of Supervisors in 180 days.

1. Complete a review and analysis of the current state of the County's procurement systems, process, and practices with the goal to modernize and transform the County's purchasing and contracting system.
2. Delegate authority to the Executive Officer of the Board of Supervisors to execute consultant service agreement(s) with subject matter experts to assist in this endeavor.
3. Based on the completed analysis, provide recommendations using emerging technical and business process improvements and innovations to make the County's procurement of all goods and services more efficient, effective, and equitable across all departments. The recommendations should include a standardized process that ensures transparency and accountability for all County procurement efforts.

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KB:mvs