



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

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# Operations Committee Meeting

Thursday, August 24, 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 (9<sup>th</sup> 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

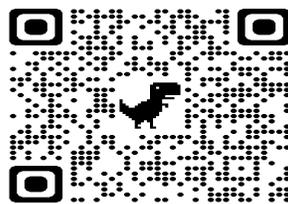
## MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m84e976d40a938a0a2dd8cfff6b6e2a>

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Password: OPERATIONS    Access Code: 2532 164 2915



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\*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., 14<sup>th</sup> Floor, Los Angeles CA 90020  
MAIN: 213.738.2816 EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <https://hiv.lacounty.gov>

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

**THURSDAY, August 24, 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=mbf486fd19fbc50b793693b8acf453ba9>

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

Password: OPERATIONS Access Code: 2532 164 2915

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)	Jose Magaña	
QUORUM: 4			

**AGENDA POSTED:** August 18, 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](mailto: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](mailto: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](mailto: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. Assembly Bill 2449 Attendance Notification for “Emergency Circumstances” | <b>MOTION #1</b> | 10:05 AM – 10:07 AM |
| 4. Approval of Agenda   | <b>MOTION #2</b> | 10:07 AM – 10:08 AM |
| 5. Approval of Meeting Minutes  | <b>MOTION #3</b> | 10:08 AM – 10:10 AM |

### **II. PUBLIC COMMENT**

10:10 AM – 10:15 AM

6. 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](mailto:hivcomm@lachiv.org).

### **III. COMMITTEE NEW BUSINESS ITEMS**

7. 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**

- |   |  |                     |
|---|--|---------------------|
| 8. Executive Director/Staff Report                    |  | 10:15 AM – 10:30 AM |
| a. 2023 Annual Conference   Updates                   |  |                     |
| 9. Co-Chair’s Report                                  |  | 10:30 AM – 10:40 AM |
| a. “Getting To Know You” Exercise   Danielle Campbell |  |                     |
| b. 2023 Work Plan                                     |  |                     |
| c. 2023 Training Series & Schedule                    |  |                     |

- 10. Membership Management Report 10:40 AM—11:00 AM
  - a. Seat Vacate | Mallery Robinson **MOTION #4**
  - b. Renewal Application – PP&A Committee-only | Miguel Martinez **MOTION #5**
  - c. Status on Pending/New Applications
  - d. Parity, Inclusion and Reflectiveness (PIR)
  - e. Mentorship Program
    - (1) Opportunity to Volunteer to Mentor
- 11. Assessment of Administrative Mechanism (AAM) 11:00 AM – 11:25 AM
- 12. Policies and Procedures 11:25 AM—11:45 AM
  - a. By-Laws Review Task Force | Update
  - b. Policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process | Seat Availability and New Membership Interviews
- 13. Recruitment, Retention and Engagement 11:45 AM – 11:50 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**

11:50 AM – 11:55 AM

- 14. Task/Assignments Recap
- 15. Agenda development for the next meeting

**VI. ANNOUNCEMENTS**

11:55 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 of August 24, 2023

PROPOSED MOTIONS	
<b>MOTION #1:</b>	Approve remote attendance by members due to “emergency circumstances”, per AB 2449.
<b>MOTION #2</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #3</b>	Approve the Operations Committee minutes, as presented or revised.
<b>MOTION #4</b>	Approve seat vacate for Mallery Robinson (Seat #25 - Alternate, Unaffiliated Consumer, SPA 7), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
<b>MOTION #5</b>	Approve Renewal Application for Miguel Martinez (Committee-only: Planning, Priorities & Allocations), 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](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto: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 7/24/23

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	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CONNOLLY	Lilieth	Unaffiliated consumer	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
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
<b>MARTINEZ (PP&amp;A Member)</b>	<b>Miguel</b>	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
<b>MAULTSBY</b>	<b>Leon</b>	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
<b>MILLS</b>	<b>Anthony</b>	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)
<b>MINTLINE (SBP Member)</b>	<b>Mark</b>	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
<b>MOLLETTE</b>	<b>Andre</b>	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
<b>MURRAY</b>	<b>Derek</b>	City of West Hollywood	No Ryan White or prevention contracts
<b>NASH</b>	<b>Paul</b>	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
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	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	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention

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.

<b>Division of HIV and STD Programs Contracted Community Services</b>		
<b>ORGANIZATION</b>	<b>SERVICE CATEGORY</b>	<b>SUBCONTRACTOR</b>
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	
	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

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

July 27, 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	P	Danielle Campbell	EA	Joe Green	P
Jose Magaña	P				
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, MPIA, Dawn McClendon, Sonja Wright, DACM					
DHSP STAFF					
Michael Green, Ph.D.					

\*

Meeting agenda and materials can be found on the Commission’s website at <https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/6465a8a4-8532-42f9-b4a8-082e8d4a2fc1/Pkt OPS 7.27.23.pdf>

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### CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS

The meeting was called to order at 10:13 am. Justin Valero 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 6/22/2023 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. Operational Updates**

- Executive Director, Cheryl Barrit reviewed the findings from the Health Resources and Services Administration (HRSA) site visit detailing the Commission on HIV's (COH) strengths and opportunities for improvement. A corrective action plan (CAP) has been submitted in response. HRSA's findings and the Commission's CAP can be found in the meeting packet [HERE](#).

#### **6. CO-CHAIR'S REPORT**

##### **a. "Getting To Know You" Exercise**

- In Commissioner Danielle Campbell's absence, Commissioner Joseph Green provided a brief history of the genesis of the Getting to Know You Exercise, and new membership applicant Russell Ybarra introduced himself to the Committee, provided a few fun facts about himself, and took a few questions from the attendees.

##### **b. 2023 Work Plan**

- Co-Chair Justin Valero led a brief review of the work plan and informed the Committee that they were on task with the workplan.

##### **c. [2023 Training Series & Schedule](#)**

- The Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities is a mandatory commissioner training that was held July 19<sup>th</sup> from 3-4:30pm. C. Barrit uploaded the video recording to the COH website for those who were unable to attend live.
- Public Health 101, optional training, will be held on August 16<sup>th</sup>, from 3-4:30pm.

#### **7. Assessment of the Administration Mechanism (AAM)**

Dr. Michael Green, Division of HIV and STDs (DHSP), led the review of DHSP's response to the AAM recommendations. Key highlights included:

- Recommendation #2: To effectively address contracting issues requires a Countywide conversation to include the CEO; outside of DHSP's purview noting it would be useful for the Commission to hear directly from the County.
- Recommendation #3: DHSP's finance department was to be absorbed into the DPH which would have created even more fiscal-related delays in efficiently employing appropriate processes to support HIV service delivery. However, the merger did not happen allowing DHSP to continue to operate with less bureaucratic interference and operate more freely.
- Recommendation #5: Outside of COH and DHSP purview. However, DHSP continues to support ongoing training for community partners to bring awareness to County contracting and opportunities. Notably, DHSP entered into an agreement with Heluna Health, a 3<sup>rd</sup> party administrator which has been very helpful in executing smaller contracts with organizations who would otherwise not be able to contract with the County.
- Recommendation #6: DHSP is looking at a broader distribution of RFP notices and started a series of trainings in April 2019 for agencies on how to better respond to RFPs. The trainings replaced bidder's conferences. Suggested to add the solicitation schedule to next AAM and hear directly from prospective bidders.

- **Recommendation #7:** Contract monitoring is now conducted “in-house” and is no longer outsourced to DPH’s Contracts & Grants Unit, providing improved consistency in communication and messaging.
  - **Recommendation #8:** The Standards & Best Practices Committee, in partnership w/ DHSP, would be the best group to lead a Best Practice Roundtable for providers.
  - **Recommendation #9:** DHSP is still in the process of replacing CaseWatch. The anticipated launch date for the “Go Live” new system is estimated on or around March 2025. However, Dr. Green cautioned that the new system will more than likely not be able to provide updates in real time, causing continued concerns around duplication. In response to whether a previously discussed RWP eligibility card could be tied to the updated system, Dr. Green noted that a RWP eligibility card may not be as meaningful as had initially thought and merits another discussion.
- **Dr. Green suggested that the next AAM focus on the assessment of specific service categories to address homelessness; tailor questions on how the County is responding to the homelessness crisis concerning people living with HIV.**
  - **C. Barrit will update the AAM Recommendation Matrix accordingly and draft a proposal to help the Committee begin planning for its next AAM.**
- The complete recommendations matrix and updates can be found on page 46 of the packet by clicking here [Recommendations Matrix-Discussion Worksheet for Operations Committee](#)

## 8. Membership Management Report

### a. 2023 Membership Renewal Drive

- The 2023 Membership Renewal Applications were voted on by the Operations Committee as follows:

(1) Danielle Campbell | Seat #37

#### MOTION #4

**MOTION #4** *Approve renewal Membership Application for Danielle Campbell (Seat #37), 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), J. Green (Yes), J. Magaña (Yes), J. Valero (Yes).*

### c. New Membership Applications

- There were 7 new membership applications agendized. The Operations Committee voted as follows:

(1) Sandra Cuevas | Seat #10

#### MOTION #5

**MOTION #5** *Approve new Membership Application for Sandra Cuevas, 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 (Abstain), J. Green (Yes), J. Magaña (Yes), J. Valero (Yes).*

(2) Lauren Gersh | SBP Committee-only

#### MOTION #6

**MOTION #6** *Approve new Membership Application for Lauren Gersh, 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 (Abstain), J. Green (Yes), J. Magaña (Yes), J. Valero (Yes).

(3) Ronnie Osorio | Alternate

**MOTION #7**

**MOTION #7** Approve new Membership Application for Ronnie Osorio, 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), J. Green (Yes), J. Magaña (Yes), J. Valero (Yes).

(4) Ish Herrera | Seat #21

**MOTION #8**

**MOTION #8** Approve new Membership Application for Ish Herrera, 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), J. Green (Yes), J. Magaña (Yes), J. Valero (Yes).

(5) Russell Ybarra | Seat #20

**MOTION #9**

**MOTION #9** Approve new Membership Application for Russell Ybarra, 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), J. Green (Abstain), J. Magaña (Yes), J. Valero (Yes).

(6) David Hardy | Alternate

**MOTION #10**

**MOTION #10** Approve new Membership Application for David Hardy, 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), J. Green (No), J. Magaña (Yes), J. Valero (Yes).

(7) Erica Robinson | Alternate

**MOTION #11**

**MOTION #11** Approve new Membership Application for Erica Robinson, 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 (Abstain), J. Green (Yes), J. Magaña (Yes), J. Valero (Yes).

**d. Attendance | Update**

- Staff provided an update on communications to Commissioner Mallery Robinson by phone and email regarding excessive absences and intentions to remain on the Commission. M. Robinson acknowledged that her time is very limited, and the seat would better serve someone who is able to honor the time commitment. The Operations Committee recommended to agendize the seat for vacate at its next meeting.
  - ➡ Agendize seat vacate for M. Robinson
- Staff reported that Commissioner Reverend Redeem Robinson requested to be placed on a Leave of Absence until November, while undertaking a temporary pastoral assignment in Boston. The Committee discussed and decided to honor the request.
  - ➡ Place R. Robinson on a Leave of Absence until November

- Staff reminded the Committee that Commissioner Pearl Doan disclosed potential conflicts with her graduate school schedule and the full Commission meetings when first interviewed and has been communicative notifying staff of her absences in advance. Staff noted that P. Doan remains active in her assigned committee (Public Policy) and has volunteered for the By-Laws Review Task Force (BRT). The Operations Committee acknowledged the demands and challenges of graduate school and P. Doan's participation in her committee and the BRT.
- Staff member, S. Wright, informed the Committee that AB2449 status emails were sent to commissioners who have invoked AB2449; the email provided an update of the number of times AB2449 has been used. Currently, there is only one commissioner who is close to the limit.

**e. Status on Pending/New Applications**

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

**f. Parity, Inclusion, and Reflectiveness (PIR) | Review**

- There were no new updates for the PIR, however staff informed the Committee that there will be updates once new members are onboarded.

**g. Mentorship Program | Review**

- Staff reminded the Committee that there is a formalized Mentorship Program, however the program is not having its intended effect as it relies on volunteers.
- Staff informed the Committee that new member Commissioner Dechelle Richardson requested to have a mentor. Commissioner Everardo Alvizo offered to mentor D. Richardson.
  - ➡ Staff will connect E. Alvizo and D. Richardson
  - ➡ Staff will request all Committees to agendize the mentorship program

**9. Policies and Procedures**

**a. Attendance Policy -Policy # 08.3204 Commission and Committee Meeting Absences MOTION #12**

- D. McClendon highlighted the updates which were to include a 14-grace period for members to notify staff of their absence.  
**MOTION #12 Approve policy # 08.3204 Commission and Committee Meeting Absence, 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), J. Green (Yes), J. Magaña (Yes), J. Valero (Yes).**

**b. By-Laws Review Task Force (BRT) | Update**

- E. Alvizo reported that the BRT met on July 10<sup>th</sup> and provided the following updates:  
**County Counsel Guidance**
  - Staff reached out to County Counsel (CoCo) for guidance regarding whether specific bylaw updates must result in changes to the Ordinance. It was determined that most if not all of the recommendations for Bylaws updates will in fact trigger an ordinance change.
  - Additionally, staff provided CoCo with the HRSA findings and draft corrective action plan (CAP) for review to ensure compliance. Staff also inquired regarding the ability to increase UA stipends.

**DISCUSSION**

***Review Bylaws Tracker & Corresponding Bylaw/Ordinance Language***

- Stipends
  - Staff noted that the UA stipends are not a RWP allowable expense and that stipends are paid via other funding streams, i.e., net county costs.
  - Mario noted that DHSP will need to evaluate Commission meeting frequency, effectiveness and engagement and assess the amount of time invested in improving service delivery as a criterion for

determining whether an increase in stipends is appropriate. Mario shared that the EHE Steering Committee members are evaluated every 6 months to determine whether a stipend is awarded; stipends are provided based on level of member engagement and commitment.

- Staff further shared that in polling other planning councils across the country, most PCs do not provide stipends and for those that do, stipends are minimal.
- Meeting Frequency
- According to the Bylaws and Ordinance, the Commission is required to hold a minimum of 10 meetings per year. However, the COH Co-Chairs and Executive Committee have the authority to cancel Commission meetings if necessary. Committees are not bound by this requirement and have the flexibility to adjust their meeting schedule as they see fit.
- The group agreed that there is no need to change the current Bylaws language. The existing provisions empower the COH Co-Chairs and committees to make necessary adjustments to their meeting schedules.
- The group further agreed that the ultimate goal is to reduce the burden of members from having to attend multiple meetings while simultaneously increasing engagement and participation; reducing meeting frequency does not mean reduced participation as streamlining meetings can lead to increased engagement and more meaningful contributions.
- Some members expressed the need to keep the number of meetings as-is to encourage participation and engagement, especially among consumers.
- A recommendation was made to be more intentional during the agenda development process to ensure meetings are efficient and productive in moving the work forward. Perhaps consider reducing the length of meetings.

#### NEXT STEPS

- ✓ At the next BRT meeting, staff will report CoCo's guidance on the Bylaws review process and recommendations.
- ✓ Staff will work with the BRT Co-Chairs to identify specific sections of the Bylaws that require updates and recommend language, pursuant to the tracker and present a mark-up version at the next BRT meeting for review.
- ✓ Staff will send a Doodle Poll for next meeting to be held in August.

### 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*).
  - Staff shared that hard copies of the COH's brochure will be made available at upcoming in-person meetings and reminded everyone that there is a digital tool kit available on the COH's website which houses a variety of COH promotional materials that can be accessed and disseminated by members for community engagement and outreach events and activities.

## V. NEXT STEPS

### 11. TASK/ASSIGNMENTS RECAP:

- ➡ Leave of Absence: R. Robinson
- ➡ Mentorship: connect E. Alvizo and D. Richardson
- ➡ C. Barrit will update the recommendations matrix and draft a proposal for the next iteration of the AAM

**11. AGENDA DEVELOPMENT FOR NEXT MEETING:**

- ➡ Getting To Know You Exercise – Danielle Campbell
- ➡ Seat vacate – M. Robinson
- ➡ Mentorship program
- ➡ Policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process
- ➡ Standing items

**VI. ANNOUNCEMENTS**

**12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:**

- E. Alvizo shared that Long Beach is recognizing the trans community, Long Beach Trans Day, at Recreation Park located on 7<sup>TH</sup> and PCH.
- The Aging Caucus in partnership with the Department of Aging will host a sexual health educational event for older adults on September 22, 2023; the focus is on service providers in promoting sexual health conversations among its clients.

**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
<b>Call to Order and Roll Call (9:00-9:15)</b>	Co-Chairs and Executive Director
<b>Welcome, Opening Remarks, Meeting Objectives, and Recognition of Service 9:15-9:30am</b>	Co-Chairs
<b>Los Angeles County State of HIV/STDs 9:30-10:30am</b>	<b>Mario Pérez and DHSP staff:</b> <ul style="list-style-type: none"> <li>• Successes</li> <li>• Challenges</li> <li>• 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.</li> </ul>
<b>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</b>	<b>Dr. Sid Puri, Associate Medical Director of Prevention, SAPC</b> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>BREAK 11:15-11:30am</b>	
<b>PrEP, Long-acting PrEP, Doxy PEP   Strategies for Increasing Access and Utilization among Priority Populations 11:30 – 12:30pm</b>	<b>Dr. Ardis Moe – (Invited, awaiting response)</b> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>LUNCH w/ Speakers Housing and People Living</b>	Supervisor Lindsey Horvath, Third District and LAHSA Commission Chair (?) Dr. Va Lecia Adams Kellum, CEO Los Angeles Homeless Services Authority

<p><b>with HIV</b> <b>12:30 – 1:30pm</b></p>	<p><b>(?)</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
<p><b>Consumer-focused</b> <b>Community Discussion</b> <b>Intergenerational</b> <b>Perspectives on</b> <b>Community Building and</b> <b>Resilience</b> <b>1:30-2:30pm</b></p>	<ul style="list-style-type: none"> <li>Need consumer panelists representing 1980s to current era</li> <li>Facilitated session with audience participation</li> <li>Possible facilitators: AJ King?, Lise Ransdell?, Others?</li> <li>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.</li> </ul>
<p><b>BREAK 2:30-2:45</b></p>	
<p><b>Enhancing Access to</b> <b>Mental Health Services for</b> <b>PLWH</b> <b>2:45-3:30pm</b></p>	<p>Dr. Lisa Wong, Director, Los Angeles County Department of Mental Health <b>(?)</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
<p><b>Public Comments</b> <b>3:30 pm to 3:45pm</b></p>	
<p><b>Closing remarks and by co-chairs/Adjourn</b> <b>3:45-4pm</b></p>	
<p><b>RECEPTION, NETWORKING, RAFFLE PRIZES</b> <b>4pm to 5pm</b></p>	

**(DRAFT) 2023 OPERATIONS WORKPLAN**  
**8.21.23**

<b>Co-Chairs: Everardo Alvizo, Justin Valero</b>				
<b>Approval Date: Updated: 2.21.23, 3.21.23, 4.24.23, 5.17.23, 6.20.23, 7.24.23, 8.21</b>				
<b>PURPOSE OF THIS DOCUMENT:</b> To identify activities and priorities the Committee will lead and advance throughout 2023.				
<b>CRITERIA:</b> 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.				
<b>CORE COMMITTEE RESPONSIBILITIES:</b> 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 <a href="https://hiv.lacounty.gov/operations-committee">https://hiv.lacounty.gov/operations-committee</a> .				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	<b>2023 Training Plan</b>	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 <sup>th</sup> 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, <b>Sexual Health &amp; Wellness 9/20</b>
2	<b>Bylaws Review</b>	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 <sup>th</sup> OPS meeting; refer to planning guidance. <b>(2) Refer to workgroup for updates.</b>
3	<b>Policies &amp; Procedures</b>	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	<del>(1) Revisions to Policy #09.4205</del> <del>(2) Revisions to Policy # 08.1104 (refer to workgroup for updates)</del>

**(DRAFT) 2023 OPERATIONS WORKPLAN**

**8.21.23**

4	<b>Assessment of the Administrative Mechanism (AAM)</b>	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	<ul style="list-style-type: none"> <li>(1) Review recommendations from prior AAM/supplemental AAM to determine next steps;</li> <li>(2) Review summary and recommendations from HealthHIV Planning Council effectiveness assessment recommendations to address areas of improvement:               <ul style="list-style-type: none"> <li>a. Member Recruitment and Retention</li> <li>b. Community Engagement/Representation</li> <li>c. Streamlining the LAC COH's Work</li> </ul> </li> </ul>
5	<b>Recruitment, Engagement and Retention Strategies</b>	Development of engagement and retention strategies to align with CHP efforts	Ongoing	<ul style="list-style-type: none"> <li>(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members.</li> <li>(2) Continue social media campaigns to bring awareness.</li> <li>(3) Refer to HealthHIV Planning Council assessment for recommendations.</li> </ul>
6	<b>Mentorship Program</b>	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 @ <a href="https://hiv.lacounty.gov/resources/member">https://hiv.lacounty.gov/resources/member</a>
7	<b>PIR (Parity, Inclusion and Reflectiveness) Review</b>	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 20 <sup>th</sup> .
8	<b>Attendance Review</b>	To ensure members follow the attendance policy.	Quarterly <i>January, June, September, December</i>	Review Attendance Matrix presented by staff. Reviewed attendance in 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 &amp; 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>	<b>**Changed from Oct. 18 to 24th**</b> October <del>18</del> <b>24</b> 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>	December 6 4:00 - 5:00 PM

*\*Mandatory core trainings for all commissioners.*



LOS ANGELES COUNTY  
COMMISSION ON HIV



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# Miguel Martinez

Application on file at Commission office



# 2023 MEMBERSHIP ROSTER | UPDATED 7.31.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		July 1, 2021	June 30, 2023	
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, 2021	June 30, 2023	
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, 2021	June 30, 2023	
6	Director, DHSP	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 Mautsby	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, 2021	June 30, 2023	
10	Part F representative			<b>Vacant</b>		July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
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	Los Angeles LGBT Center	July 1, 2021	June 30, 2023	
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)	<b>TBD</b>	July 1, 2021	June 30, 2023	
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			<b>Vacant</b>		July 1, 2021	June 30, 2023	
20	Unaffiliated consumer, SPA 2			<b>Vacant</b>		July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3			<b>Vacant</b>		July 1, 2021	June 30, 2023	
22	Unaffiliated consumer, SPA 4			<b>Vacant</b>		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			<b>Vacant</b>		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
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			<b>Vacant</b>		July 1, 2021	June 30, 2023	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, 2021	June 30, 2023	
30	Unaffiliated consumer, Supervisorial District 4			<b>Vacant</b>		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
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	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3			<b>Vacant</b>		July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4	1	EXC OPS  PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
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	Charles Drew University	July 1, 2021	June 30, 2023	
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, 2021	June 30, 2023	
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, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			<b>Vacant</b>		July 1, 2021	June 30, 2023	
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 AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
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, 2021	June 30, 2023	
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, 2021	June 30, 2023	
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	
<b>TOTAL:</b>		<b>40</b>						

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: 43

# Planning Council/Planning Body Reflectiveness (Updated 3.21.23)

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

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	10	25.64%	4	50.00%
Black, not Hispanic	10,155	20.00%	11	28.21%	3	37.50%
Hispanic	22,766	44.84%	13	33.33%	1	12.50%
Asian/Pacific Islander	1,886	3.71%	5	12.82%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>50,777</b>	<b>100%</b>	<b>39</b>	<b>100%</b>	<b>8</b>	<b>100%</b>
Gender						
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	28	71.79%	5	62.50%
Female	5,631	11.09%	9	23.08%	3	37.50%
Transgender	854	1.68%	2	5.13%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>50,777</b>	<b>100%</b>	<b>39</b>	<b>100%</b>	<b>8</b>	<b>100%</b>
Age						
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%	1	2.56%	0	0.00%
30-39 years	9,943	19.58%	12	30.77%	0	0.00%
40-49 years	11,723	23.09%	11	28.21%	1	12.50%
50-59 years	15,601	30.72%	7	17.95%	4	50.00%
60+ years	8,973	17.67%	8	20.51%	3	37.50%
Other	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>50,777</b>	<b>99.99%</b>	<b>39</b>	<b>100%</b>	<b>8</b>	<b>14.29%</b>

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

Non-Aligned Consumers = 21% of total PC/PB

# 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%
<b>Total</b>	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%
<b>Total</b>	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%
<b>Total</b>	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.

**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 3<sup>RD</sup> 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
<b>Focus Area 1: Commission on HIV Perspectives</b>			
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.	<b>High Main deliverable for 2019.</b>	<ul style="list-style-type: none"> <li>● <b>COMPLETED. PART OF 2020 AND 2021 AAM.</b></li> <li>● Combine with item #2.</li> <li>● 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).</li> <li>● 2/21/19 - Start review of questionnaire and solicit DHSP feedback.</li> <li>● 3/29/19 - Finalize updated questionnaire. Review list of survey participants.</li> </ul>

			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.	<b>Medium Main deliverable for 2019.</b>	<ul style="list-style-type: none"> <li>• Combine with item #1.</li> <li>• Pertains to additional broadening of perspectives." (Operations Committee Meeting 10/25/18 minutes).</li> <li>• Main deliverable for 2019.</li> <li>• 2/21/1 - Start review of questionnaire and solicit DHSP feedback.</li> <li>• 3/29/19 - Finalize updated questionnaire.</li> <li>• April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers.</li> <li>• Questions could help with an evaluation of the COH (AAM Workgroup Meeting 3/7/19).</li> <li>• <b>Include other parts of the County such as DPH Contracts and Grants (C&amp;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?</b></li> </ul>
<b>Focus Area 2: Key Division of HIV and STD Programs (DHSP) and Department of Public Health (DPH) Stakeholder Perspectives</b>			
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.	<b>Medium 2021</b>	<ul style="list-style-type: none"> <li>• Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency.</li> <li>• May be focus of next AAM. Possible Health Agency changes may impact. (Operations Committee Meeting 10/25/18 minutes).</li> <li>• 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).</li> <li>• <b>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.</b></li> </ul>

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.	<b>Low</b>	<ul style="list-style-type: none"> <li>• Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency.</li> <li>• Tied to ongoing organizational changes within DPH and process oriented. (Operations Committee Meeting 10/25/18 minutes).</li> <li>• <b>RESOLVED. DHSP continues to retain its own solicitations staff and unit. DHSP works independently of the DPH Contracts and Grants unit.</b></li> </ul>
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	<b>Low</b>	<ul style="list-style-type: none"> <li>• Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and</li> </ul>

<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"> <li>• Impact low now. Few new Requests For Proposals (RFPs) due to expansion of services for existing RFPs. (Operations Committee Meeting 10/25/18 minutes).</li> <li>• 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.</li> <li>• DHSP continues to advocate for DPH C&amp;G Unit to provide ongoing trainings to the community on the contracting process.</li> <li>• 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.</li> </ul>
<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><b>High 2020</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Supports adding providers with special focus on those serving minority communities and HIV "hot spots." (Operations Committee Meeting 10/25/18 minutes).</li> <li>• 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).</li> <li>• Same as #5 updates. DHSP recommends including questions directed to C&amp;G as part of the next round of AAM.</li> </ul>

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><b>High 2020</b></p>	<ul style="list-style-type: none"><li>• 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.</li><li>• Training for DHSP contract monitoring staff on consistent communication and collaboration with providers. (Operations Committee Meeting 10/25/18 minutes).</li><li>• 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.</li></ul>
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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"> <li>• This function is now handled under Dr. M. Green’s division. DHSP no longer relies on C&amp;G to train DHSP staff, resulting in a much more timely and faster internal training process.</li> </ul>
<b>Focus Area 3: Contracted Agency Perspectives</b>			
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><b>Medium 2021</b></p>	<ul style="list-style-type: none"> <li>• Use frontline feedback, but focus on provider executives to effect change. (Operations Committee Meeting 10/25/18 minutes).</li> <li>• 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).</li> <li>• 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.</li> </ul>

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><b>High 2020</b></p>	<ul style="list-style-type: none"> <li>• Related to CaseWatch. DHSP is the appropriate lead.</li> <li>• 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).</li> <li>• 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).</li> <li>• <b>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.</b></li> <li>•</li> </ul>
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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><b>High 2019 Policy and County- wide issue</b></p>	<ul style="list-style-type: none"> <li>● <b>REVISIT</b></li> <li>● Related to 2019 Co-Chairs’ Priorities to work with the BOS to address the County’s long contracting process and cycle.</li> <li>● Discuss with DHSP to develop a time study of procurement steps to test for efficiencies. (Operations Committee Meeting 10/25/18 minutes).</li> <li>● <b>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).</b></li> </ul>
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><b>High 2021</b></p>	<ul style="list-style-type: none"> <li>● <b>REVISIT</b></li> <li>● Assess, watch, track, and monitor possible impact of single budget code consolidation for DPH</li> <li>● Include in scope of next AAM</li> <li>● <b>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).</b></li> </ul>
<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><b>Low 2021</b></p>	<ul style="list-style-type: none"> <li>● <b>REVISIT</b></li> <li>● Discuss with DHSP to develop a time study of contracting steps with a provider to inform future AAMs.</li> </ul>

	<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><b>Low 2021</b></p>	<ul style="list-style-type: none"> <li>• <b>COMPLETED. ALL CONTRACTED PROVIDERS WERE INVITED TO PARTICIPATE IN THE PY 31 AAM.</b></li> <li>• Expand survey to all providers to better supplement key informant interviews.</li> </ul>



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



LOS ANGELES COUNTY COMMISSION ON HIV  
FY 2022-2023 ASSESMENT OF MECHANISM (AAM)  
APPROACH AND FOCUS PROPOSAL  
DRAFT 8.17.23

**FOR DISCUSSION PURPOSES ONLY**

## **BACKGROUND**

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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**

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Utilize a consultant to conduct key informant interviews and focus groups to harness ideas on specific action steps to shortening the contracting process along with administrative changes needed to activate and simplify alternative options such as but not limited to, sole sourcing, third party administrators, and contract extensions.

**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

**Possible Questions/Prompts**

1. What recommendations do you have for improving the County contracting and procurement process? What recommendations do you have for expediting the County contracting and procurement process?
2. What existing steps, review and approval levels, and paperwork may be eliminated to make the contracting process less cumbersome for DHSP, DPH, and providers?
3. How did the County expedite contracts during the COVID pandemic? How can the expedited contracting process during the COVID pandemic be applied to HIV and STD contracts?
4. Describe how the County’s protracted contracting process impact DHSP, agencies and the consumers.
5. Understand the reason behind push back and lack of support to expedite contracts.
6. The County and City of Los Angeles issued a joint declaration of local emergency for homelessness on January 1, 2023. How can this local emergency declaration be leveraged to expedite HIV/STD contracts?

**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
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	July 2024

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

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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.



<b>POLICY/PROCEDURE #09.4205</b>	<b>Commission Membership Evaluation, Nomination and Approval Process</b>	<b>Page 1 of 8</b>
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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.”
- Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
  - 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:
- 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.
  - The Operations Committee determines those factors and their relative importance through annual membership assessments.
  - 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”.
- 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:
- The application score qualifies (“Qualified”) the candidate for Commission membership.
  - There is not purposefully misleading, untruthful, or inaccurate information on the application.
  - The applicant has fully participated in the evaluation/scoring process, as appropriate.
  - 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. Barritt*

**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*