together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

MEMBERSHIP & COMMUNITY ENGAGEMENT COMMITTEE MEETING

Thursday, August 27, 2026 | 10:00AM – 12:00PM (PST)

510 S. Vermont Ave. Terrace Level Conference Rooms (9th Floor), Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles, CA 90020

Agenda and meeting materials will be posted on our website at https://hiv.lacounty.gov/membership-community-engagement-committee

TO JOIN THE MEETING VIRTUALLY, PLEASE USE THE LINK BELOW

https://bos-lacounty-gov.zoom.us/s/88018025924

PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to address the Commission on an agenda item or other matter within the Commission's subject matter jurisdiction. Comments may be provided in person or submitted electronically to https://forms.cloud.microsoft/g/sTQqRq5dH7.

ACCOMMODATIONS

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org.

Visit us online: **http://hiv.lacounty.gov**

Get in touch: **hivcomm@lachiv.org**

Subscribe to the Commission's Email List: **https://tinyurl.com/y83ynuzt**

LOS ANGELES COUNTY COMMISSION ON HIV

510 S. Vermont Avenue, 14th Floor, Los Angeles, CA 90020
MAIN: 213.738.2816 | EMAIL: hivcomm@lachiv.org | WEB: https://hiv.lacounty.gov

(REVISED) AGENDA FOR THE MEETING OF THE MEMBERSHIP & COMMUNITY ENGAGEMENT COMMITTEE

THURSDAY, AUGUST 27, 2026 | 10:00 AM—12:00 PM

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

As a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending a Commission on HIV meeting.

MEMBERS OF THE PUBLIC MAY JOIN VIRTUALLY BY REGISTERING HERE:
https://bos-lacounty-gov.zoom.us/s/88018025924

COMMITTEE CO-CHAIRS: Ish Herrera and Vilma Mendoza

AGENDA POSTED: August 20, 2026

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. Public Comment is limited to two minutes each and will be made part of the official record. Public Comment may be provided in person during the meeting in accordance with the meeting procedures or may be submitted electronically at hivcomm@lachiv.org.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission office at hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

Los servicios de interpretación para personas con 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 a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION: Supporting documents are available on the Commission's website https://hiv.lacounty.gov/meetings.

1. **ADMINISTRATIVE MATTERS**

- **A.** Call to Order and Roll Call — 10:00 AM—10:05 AM
- **B.** Code of Conduct and Meetings Guidelines/Reminders — 10:05 AM—10:10 AM
- **C.** Approval of the Agenda **MOTION #1** — 10:10 AM—10:12 AM
- **D.** Approval of Prior Meeting Minutes **MOTION #2** — 10:12 AM—10:15 AM

2. **PUBLIC COMMENT** 10:15 AM—10:20 AM

Opportunity for members of the public to address the Commission on agenda items or other matters within the subject matter jurisdiction of the Commission. For those who wish to provide public comment may do so in person or by emailing hivcomm@lachiv.org.

3. **COMMITTEE NEW BUSINESS ITEMS** 10:20 AM—10: 25 AM

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.

4. **REPORTS**

- **A.** Commission on HIV (COH) Staff Report — 10:25 AM—10:30 AM
  - (1) Operational and Commission Updates
- **B.** Co-Chairs Report — 10:30 AM – 10:35 AM
  1) 2026 Work Plan
  2) 2026 Training Schedule

5. **MEMBERSHIP MANAGEMENT** 10: 35 AM – 10:55 AM

A. Attendance | Update
- (1) Seat Vacate | LeiLani Johnson **MOTION #3**
- (2) Seat Vacate | Draya Santiago **MOTION #4**

B. Membership Applications | Discussion
- (1) Dr. Tony Mills **MOTION #5**
- (2) Salvador Silva Velasco **MOTION #6**
- (3) Jeffrey Young **MOTION #7**
- (4) Demetrius Baxter **MOTION #8**
- (5) Paola Buenrostro **MOTION #9**
- (6) Malik Henry **MOTION #10**

6. **DISCUSSION** 10:55 AM—11:25 AM

A. Caucus Structure Review and Next Steps
- (1) Establishment of a Latine Caucus

7. **POLICY AND PROCEDURES** 11:25 AM—11:35 AM

A. COH Policy and Procedures

(1) 08.3204 – Commission and Committee Meeting Absences

(2) 09.1007 – Non-Commission Committee Appointments

(3) 09.4205 – Commission Membership Evaluation, Nomination and Approval Process

8. **RECRUITMENT, RETENTION, and ENGAGEMENT** 11:35 AM – 11:55 AM

- All of Us | Presentation
- Models of Pride
- Youth and Young Adult Recruitment Ideas (ongoing)
- USCHA – adjacent activities (September)
- Taste of Soul (October)
- Ryan White Community & Provider Knowledge Exchange/WAD (December)

9. **NEXT STEPS** 11:55 AM—11:57 AM

A. Task/Assignment Recap

B. Agenda Development for the Next Meeting

10. **ANNOUNCEMENTS** 11:57 AM—12:00 PM

Opportunity for members of the public and Commission members to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.

11. **ADJOURNMENT** **12:00PM**

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the agenda order, as presented or revised.
MOTION #2:	Approve the prior Committee meeting minutes, as presented or revised.
MOTION #3:	Approve seat vacate for LeiLani Johnson, as presented or revised, and forward to the Executive Committee meeting for recommendation to the full Commission.
MOTION #4:	Approve seat vacate for Draya Santiago, as presented or revised, and forward to the Executive Committee meeting for recommendation to the full Commission.
MOTIONS #5-10:	Recommend the applicant for full Commission membership and forward the application to the Executive Committee for approval; refer the applicant for committee-only membership consideration; or determine that the application will not move forward.

MEMBERSHIP & COMMUNITY ENGAGEMENT COMMITTEE MEMBERSHIP		
Jayda	Arrington	Committee Member
Stevie	Bieneman	Alternate
Ceasar	Corona	Social & Housing Service Providers
Erika	Davies	City of Pasadena Representative – Committee Member
Dahlia	Alé-Ferlito	City of Los Angeles Representative – Committee Member
Joaquin	Gutierrez	Committee Member
Ish	Herrera	Unaffiliated Representative - At Large #1
Angela	Hunt	Unaffiliated Representative - SPA 6
TJ	Griffin, LMSW	Mental Health Providers
Preston	Locklear	Committee Member
Kiante	McKinley, DSW, ACSW	Committee Member
Vilma	Mendoza	Unaffiliated Representative - SPA 7
Dontá	Morrison, PhD	Alternate
Sadie	Mullen	Committee Member
Kevin	Nguyen	Committee Member
Ujuonu	Nwizu	Committee Member
David	Cerda Orozco	Committee Member
Elizabeth	Pacheco	Committee Member
David	Rojas	Committee Member
Ishmael	Salamanca	City Of Long Beach Representative – Committee Member
Christopher	Webb	Alternate
Jonathan	Weedman	Board of Supervisors Office #5 Representative
David	Valenzuela	Committee Member - ***LOA***
Quorum = 12		

LOS ANGELES COUNTY
COMMISSION ON HIV

Hybrid Meeting Guidelines

(Updated 4.27.26)

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
  - 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/. 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** can be submitted in person or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

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

- ☐ Attendees joining online should **remain muted** unless called upon.

- ☐ Commissioners and Committee-only members invoking **SB 707 for "Just Cause"** must communicate their intentions to staff no later than one hour before the meeting. Members requesting to join pursuant to SB 707 must have their audio and video on for the entire duration of the meeting 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.

- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and CDC HIV Prevention conflicts of interest** on the record. A list of conflicts can be found in the meeting packet, courtesy of staff.

If you experience challenges in logging into the virtual meeting, please contact Commission staff at hivcomm@lachiv.org for assistance. Please note that staff may have limited availability during meetings and responses may be delayed. We appreciate your patience and will follow up as soon as we're able.

LOS ANGELES COUNTY
COMMISSION ON HIV

Meeting FAQ

Quick guide for joining Commission hybrid meetings

We are moving from WebEx to Zoom.
Same meeting, same community space ... just a new virtual room.

LINK

1. Join with the link

Click the Zoom link in the agenda or meeting notice. No registration is needed unless the notice says otherwise.

MUTE

2. Start on mute

Please keep your mic muted until it is your turn to speak. This keeps the audio clear for everyone.

HAND

3. Public comment

When public comment opens, use Raise Hand. Staff will call on speakers and help with unmuting.

CHAT

4. Chat + helpful links

Chat may be used for meeting links, reminders, or support. Please keep comments respectful and meeting-related.

CC

5. Captions + access

Look for CC or Show Captions. For interpretation or other access needs, contact staff as early as possible.

HELP

6. Quick fixes

No sound? Click Join Audio. Video issue? Click Start Video. Connection trouble? Leave and rejoin, or call in by phone if listed.

Mute/Unmute	Start Video	Raise Hand	Chat	Captions
Bottom left	Bottom left	Reactions or More	Toolbar	CC / Show Captions

Quick reminder: Zoom is just the room. Your voice and participation are still the most important part.

Questions? Email hivcomm@lachiv.org or check the meeting notice for call-in details.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

CODE OF CONDUCT

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23
Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)**

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.)

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles
Public Health
Division of HIV and STD Programs

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/14/26

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 & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALMANZAN	**Gerardo**	No affiliation	No Ryan White or prevention contracts
VAZQUEZ ALVAREZ	**Leo**	LACADA	No Ryan White or prevention contracts
ARRELANO	**Oscar**	Homeless Outreach Program Integrated Care System (HOPICS)	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
			Medical Transportation Services
BARAJAS	**Jeronimo**	Unaffiliated Member	No Ryan White or prevention contracts
BIENEMAN	**Stevie**	AIDS Healthcare Foundation	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			Medical Transportation Services
			HIV & STD LB
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Sexual Health Express Clinics (SHEx-C)
BLEA	**Leroy**	California Department of Public Health, Office of AIDS	Part B Grantee

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
BOLAN	**Robert**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
BROWN	**Jasmine**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
CIELO	**Mikhaela**	Los Angeles General Hospital	No Ryan White or prevention contracts
CONTRERAS	**Robert**	Bienestar	Nutrition Support (Food Bank/Pantry Service)
			Vulnerable Populations (Trans)
			High Impact Prevention
			HTS - Storefront
			HTS - Social and Sexual Networks
			STD-SDTS
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services
COPELAND	**Raniyah**	Equity Impact Solutions	No Ryan White or prevention contracts
CORONA	**Anthony**	Watt's Healthcare	Core HIV Medical Services - MCC & PSS
			Biomedical HIV Prevention Services
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			Medical Transportation Services
CORONA	**Ceasar**	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CROSS	**Johnny**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Population (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
DAVIES	**Erika**	City of Pasadena	No Ryan White or prevention contracts
DOLAN	**Caitlyn**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
GAMBOA	**Robert**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GERSH	**Lauren**	APLA Health & Wellness	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
GRIFFEN	**TJ**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
GUTIERREZ	**Joaquin**	REACH LA	HTS - Social and Sexual Networks
HARRIS	**Darryn**	St. John's Well Child and Family Center (SJW)	Core HIV Medical Services - AOM; MCC & PSS
			Oral Health
			HTS - Social and Sexual Networks
			Mental Health
			Biomedical HIV Prevention Services
			Medical Transportation Services
HUNT	**Angela**	Unaffilated Member	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts
JOHNSON	**LeiLani**	Unaffilited Member	No Ryan White or prevention contracts
JOHNSON	**Stephanie**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
LARA	**Roberto**	AMAAD	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
LESTER	**Rob**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
LOCKLEAR	**Preston**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ	**Miguel**	No affiliation	No Ryan White or prevention contracts
MATTERN	**Eric**	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MCKINLEY	**Kiante**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MILLER	**Jack**	Unaffiliated Member	No Ryan White or prevention contracts
MORRISON	**Donta**	UCLA CARE	No Ryan White or prevention contracts
MULLEN	**Sadie**	No affiliation	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	No Ryan White or prevention contracts
NGUYEN	**Kevin**	Saban Community Clinic	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
NWIZU	**Ujuonu**	Public Health Alliance	No Ryan White or prevention contracts
CERDA OROZCO	**David**	No affiliation	No Ryan White or prevention contracts
PACHECO	**Elizabeth**	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services
PATEL	**Byron**	Los Angeles LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PLEASANTS	**Shawn**	Unaffiliated Member	No Ryan White or prevention contracts
ROJAS	**David**	LAC Consumer & Business Affairs	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SALAMANCA	**Ismael**	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services
SANCHEZ-RAMOS	**Emmanuel**	APLA Health	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD - ExC
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
SAN AGUSTIN	**Glen**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
			Medical Transportation Services
SAME-WEIL	**Nolan Ross**	Los Angeles Centers for Alcohol & Drug Abuse (L.A. CADA)	No Ryan White or prevention contracts
SANTIAGO	**Draya**	Unaffilited Member	No Ryan White or prevention contracts
SKELTON	**Maria**	No affiliation	No Ryan White or prevention contracts
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
WEBB	**Christopher**	REACH LA	HTS - Social and Sexual Networks

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC
VALENZUELA	**David**	LAC Department of Public Health	No Ryan White or prevention contracts
VOLBY	**Montana**	Unaffilited Member	No Ryan White or prevention contracts

LOS ANGELES COUNTY COMMISSION ON HIV

510 S. Vermont Avenue, 14th Floor, Los Angeles, CA 90020
MAIN: 213.738.2816 | EMAIL: hivcomm@lachiv.org | WEB: https://hiv.lacounty.gov

MINUTES FOR THE REGULAR MEETING OF THE MEMBERSHIP AND COMMUNITY ENGAGEMENT COMMITTEE

DATE: Friday, June 26, 2026 from 1:00 PM—3:00 PM.

LOCATION: 510 S. Vermont Ave. Terrace Level Conference Room (9th Floor), Los Angeles, CA 90020

CALL TO ORDER: COH staff called the meeting to order at 10:07 AM.

CO-CHAIRS: Ismael Herrera and Vilma Mendoza.

SUPPORTING DOCUMENTATION: Supporting documents are available on the Commission's website https://hiv.lacounty.gov/membership-community-engagement-committee/

MEMBERSHIP AND COMMUNITY ENGAGEMENT COMMITTEE MEMBERSHIP P = Present | A = Absent | EA = Excused Absence | SB707 = Remote Participation | PU = Public			
Jayda Arrington	P	Dontá Morrison	P
Stevie Bieneman	P	Sadie Mullen	A
Cesar Corona	P	Kevin Nguyen	EA
Erika Davies	EA	Ujuonu Nwizu	A
Dahlia Ale-Ferlito	P	David Cerda	P
Joaquin Gutierrez	P	Elizabeth Pacheco	P
Ish Herrera	P	David Rojas	EA
Angela Hunt	P	Ishmael Salamanca	P
TJ Griffin	EA	Christopher Webb	P
Preston Locklear	EA	Jonathan Weedman	P
Kiante McKinley	P	David Valenzuela	A
Vilma Mendoza	P		
Paul Miller	A		

ADMINISTRATIVE MATTERS	**MOTION #1**: Approval of the Agenda. *Approved by consensus.* **MOTION #2**: Approval of Prior Meeting Minutes. *Approved by consensus.*
PUBLIC COMMENT	There were no public comments.
COMMITTEE NEW BUSINESS ITEMS	The potential establishment of a Latino Caucus. Discussion included: • Increasing Latino representation. • Reviewing the previous Latino Caucus experience. • Considering whether a caucus or task force model would be more appropriate.

	• Whether broader discussion should include all Commission caucuses. • Ensuring sustainable participation before establishing additional caucuses. Staff clarified that caucus participation is not limited to Commission members and may include community participants. The committee agreed to: • Continue internal discussion before inviting outside participants. • Place the caucus discussion on a future meeting agenda. • Prepare talking points and recommendations before the next discussion.

REPORTS	**<u>COMMISSION ON HIV (COH) STAFF REPORT</u>**
	Interim Executive Director Dawn McClendon provided the following updates:
	• The next Full Commission meeting will be held on July 9 at the California Endowment from 9:00 a.m.–12:00 p.m.
	• Members were encouraged to regularly review the Commission's website for meeting schedules and updates.
	• Nolan Ross Same-Weil was welcomed as the newest Commissioner representing Supervisorial District 4 and assigned to the Standards and Best Practices (SBP) Committee.
	• Joaquin Gutierrez was introduced as the Commission's new Sergeant at Arms to support meeting operations while reducing operational costs.
	• Members were reminded to:
	  ○ Complete the Assessment of the Efficiency of the Administrative Mechanism (AEAM) survey by August 7.
	  ○ Complete the required Priority Setting and Resource Allocation (PSRA) training to participate in future priority setting and allocations voting.
	  ○ Submit outstanding Conflict of Interest Disclosure Forms to maintain Health Resources and Services Administration (HRSA) compliance.
	• Staff thanked members who attended the June 23 All-Caucus Kickoff Meeting.
	• Members interested in serving as Caucus Co-Chairs were encouraged to submit nominations. One co-chair for each caucus must be a full Commissioner.
	• Staff announced plans for a community engagement event recognizing National HIV/AIDS and Aging Awareness Month,

	as Ryan White funds cannot be used for attendance at USCHA. • The new Community Engagement Request Form was introduced to coordinate Commission participation in community events. • Members were encouraged to follow the Commission on social media and assist with recruitment efforts.
MCE CO-CHAIRS REPORT	The Committee Co-Chairs reported: • Members were reminded that missed trainings can be accessed here: https://hiv.lacounty.gov/member-resources. • The All-Caucus Kickoff Meeting demonstrated strong participation across Commission caucuses.
MINI-TRAINING: MEMBERSHIP LIFECYCLE	Staff member Dr. Sonja Wright led a mock review of real membership applications to demonstrate the evaluation process. Factors considered during application review include: ○ Alignment with current membership needs and vacant seat categories. ○ Representation priorities identified through the reflectiveness data. ○ Whether the applicant applied for a full Commission seat or a committee-only seat. ○ Community experience, advisory board involvement, and recommendations. ○ Lived experience and potential contributions beyond traditional governance experience. Clarification was provided that HIV employment is not required for Commission membership, and applicants are evaluated based on qualifications, lived experience, diversity, and Commission representation needs. The training slides can be accessed HERE.
MEMBERSHIP MANAGEMENT	• Three Executive At-Large positions remain vacant. ○ Nominations remain open through the July Full Commission meeting. ○ One position must be filled by a person with lived experience. ○ Committee-only members are eligible. ○ Executive At-Large members serve as liaisons between the MCE and the Executive Committees.

	• Staff announced that the annual attendance review will take place during the August committee meeting.
	• Staff reported that two committee-only members have had no communication since their interviews in December despite repeated outreach.
	• The committee supported:
	  ▪ Sending formal attendance letters with response deadlines.
	  ▪ Placing inactive members on involuntary leave during the review process so they do not affect quorum.
	  ▪ Following established due process before recommending removal.

POLICY & PROCEDURES	Staff reminded members that the MCE committees serve as the Commission's operational arms and introduced three (3) priority policies for review: • 08.3204 – Commission and Committee Meeting Absences • 09.1007 – Non-Commission Committee Appointments • 09.4205 – Commission Membership Evaluation, Nomination and Approval Process Members were assigned homework to: • Review approximately 20 pages of policies. • Review Commission bylaws. • Submit recommended edits using track changes before the next meeting. Staff will compile edits for committee review and anticipated action at the next meeting. Staff clarified that legal review is provided by County Counsel and staff, while committee members are responsible for recommending policy direction and operational improvements.
RECRUITMENT, RETENTION, AND ENGAGEMENT	The Recruitment Work Group reported progress including: • Development of a recruitment and outreach work plan. • Creation of a new Commission recruitment flyer. • Establishment of standardized procedures for outreach activities and event participation via the development of a Community Engagement Request Form. Staff thanked David Cerda Orozco for designing the recruitment flyer, which has since been incorporated into the County's outreach campaign.

	Members were encouraged to: • Share recruitment materials. • Submit community engagement opportunities. • Invite prospective applicants to meetings. Staff invited additional volunteers to assist with work group leadership and noted that an existing mentorship program may be revisited in the future through a dedicated work group.
ANNOUNCEMENTS	There were no announcements.
ACTION ITEMS	
RESPONSIBLE PARTY	**ITEM**
COH STAFF	Staff will provide: • Policy documents. • Bylaw links. • Homework instructions. • Submission deadlines.
MCE COMMITTEE	• Review the three (3) priority policies. • Review the Commission Bylaws. • Submit track changes before the next meeting. • Prepare talking points regarding the establishment of a Latino caucus. • Prepare talking points regarding the future of caucus structure.
NEXT MEETING	The next Membership and Community Engagement Committee meeting is Thursday, August 27, 2026, from 10:00 AM—12:00 PM at the Vermont Corridor.
ADJOURNMENT	The meeting adjourned at 3:06 PM.

PREPARED BY: Dr. Sonja Wright	**APPROVAL DATE:**

LOS ANGELES COUNTY
COMMISSION ON HIV

CONFLICT OF INTEREST FORM

SCAN ME

Membership & Community Engagement (MCE) Committee
2026 Workplan

PURPOSE

To identify and organize the activities and priorities the Membership & Community Engagement (MCE) Committee (fka Operations Committee) will lead and advance during the Ryan White Program Year March 1, 2026 – February 28, 2027, in alignment with the Commission's restructured governance model, adopted Bylaws, and integrated HIV planning responsibilities. *The 2026 Workplan and Meeting Calendar are subject to change.*

CRITERIA

Activities included in this workplan are selected based on their ability to:

1. Reflect the core governance, membership, and community engagement functions of the Commission and the MCE Committee;
2. Support and inform the jurisdiction's Integrated HIV Prevention and Care Plan and related needs assessment activities; and
3. Align with COH staff and member capacity, recognizing realistic commitments and a bi-monthly meeting schedule.

CORE COMMITTEE RESPONSIBILITIES

The Membership & Community Engagement (MCE) Committee is responsible for:

1. Developing, conducting, and overseeing ongoing orientation, training, leadership development, and mentorship activities for Commissioners, Committee-only members, and the public related to the Commission, integrated HIV planning, and HIV service systems;
2. Reviewing, recommending, and supporting the implementation of Commission membership-related policies and procedures, including those required by the restructured Bylaws;
3. Coordinating ongoing community outreach, public awareness, and engagement activities to support transparency, participation, and meaningful community involvement in Commission work;

SUBJECT TO CHANGE

4. Leading recruitment, screening, scoring, and evaluation of applications for Commission membership and recommending nominations in accordance with the Open Nominations Process; and
5. Supporting and guiding community-informed needs assessment and engagement activities in coordination with the Planning, Priorities & Allocations (PP&A) Committee as part of the Integrated HIV Prevention and Care Plan.

ACRONYMS	
• **COH:** Commission on HIV • **DHSP:** Division on HIV and STD Programs • **BOS:** Board of Supervisors • **HRSA:** Health Resources and Services Administration • **MCE:** Membership and Community Engagement Committee • **PP&A:** Planning, Priorities, and Allocations Committee • **SBP:** Standards and Best Practices Committee	• **EO:** Executive Office • **CDPH OA:** California Department of Public Health, Office of AIDS • **PSRA:** Priority Setting and Resource Allocation • **RWHAP:** Ryan White HIV/AIDS Program • **MAI:** Minority AIDS Initiative • **PY:** Program Year (e.g. PY37)

#	Objective	Lead Committee	Partners Needed	Timeline	Notes/Comments
1	Develop and conduct Commissioner Orientation & Mandatory Training	MCE	All Committees and Caucuses	Ongoing	
2	Develop, review, and implement COH Policies and Procedures, revise as needed.	MCE	Executive	Ongoing	Approval process from MCE to EC to COH
3	Develop and implement Mentorship Program	MCE	All committees and caucuses	Ongoing	
4	Review membership participation and attendance	MCE	Executive	Quarterly	
5	Coordinate outreach/public awareness efforts to educate and engage the community about the Commission and promote access to HIV prevention, care, and support services.	MCE	All committees and caucuses	Ongoing	
6	Ensure COH membership and recruitment align with all federal requirements	MCE	All committees and caucuses	Ongoing	

SUBJECT TO CHANGE

7	Identify and pursue additional funding to support the Commission's special initiatives and operational needs.	MCE	Executive	Ongoing	

SUBJECT TO CHANGE

2026 MEMBERSHIP & COMMUNITY ENGAGEMENT (MCE) COMMITTEE MEETING CALENDAR

MONTH	KEY ACTIVITIES
April 23, 2026 **10am-12pm**	• Open nominations for co-chairs • Elect co-chairs • Conduct committee orientation training • Review 2026 committee workplan • Adopt 2026 committee meeting calendar • Discuss/develop/implement recruitment strategy to fill vacant seats • Review Caucuses roles and responsibilities and provide oversight and guidance to ensure alignment with Commission priorities, community engagement goals, and integrated planning activities
June 25, 2026 **10am-12pm**	• Identify priority COH policy and procedures for review and revision • Review/Finalize training and/or mentorship framework & curriculum • Discuss/develop/implement recruitment strategy to fill vacant seats • Coordinate outreach/public awareness efforts to educate and engage the community about the Commission and promote access to HIV prevention, care, and support services, e.g., leverage USCHA Conference held in Anaheim • Coordinate with the PP&A Committee to support community engagement activities related to the Integrated Plan needs assessment • Receive updates from Caucuses and provide oversight and guidance to ensure alignment with Commission priorities, community engagement goals, and integrated planning activities.
August 27, 2026 **10am-12pm**	• Review and approve priority COH policy and procedure updates • Review member attendance report and member PIR composition • Support needs assessment engagement; coordinate with PP&A • Begin outlining mentorship program goals, structure, and scope • Discuss/develop/implement recruitment strategy to fill vacant seats • Coordinate outreach/public awareness efforts to educate and engage the community about the Commission and promote access to HIV prevention, care, and support services, e.g., leverage USCHA Conference held in Anaheim

SUBJECT TO CHANGE

	• Receive updates from Caucuses and provide oversight and guidance to ensure alignment with Commission priorities, community engagement goals, and integrated planning activities.
October 22, 2026 10am-12pm	• Review member attendance report and member PIR composition • Review and approve priority COH policy and procedure updates • Continue developing/refining mentorship program goals, structure, and scope • Coordinate with other Committees to support planning and preparation for the Annual Meeting to be held in February 2027 • Discuss/develop/implement recruitment strategy to fill vacant seats • Coordinate outreach/public awareness efforts to educate and engage the community about the Commission and promote access to HIV prevention, care, and support services • Receive updates from Caucuses and provide oversight and guidance to ensure alignment with Commission priorities, community engagement goals, and integrated planning activities.
November 2026 **CANCELED**	Limited committee activity in recognition of the holiday period to support internal planning, policy development, and preparation for year-end review activities.
December 2026 **CANCELED**	No committee meeting scheduled to support year-end administrative close-out, planning, and preparation activities led by staff and Commission leadership.

SUBJECT TO CHANGE

January 28, 2027 10am-12pm	• Review member attendance report and member PIR composition • Review the COH Bylaws and associated policies to identify any recommended updates or clarifications • Review and assess the committee's yearlong activities and deliverables to identify key lessons learned and draft initial observations and highlights for the next year's workplan and the COH's Annual Report • Coordinate with other Committees to support planning and preparation for the Annual Meeting to be held in February • Discuss/develop/implement recruitment strategy to fill vacant seats • Coordinate outreach/public awareness efforts to educate and engage the community about the Commission and promote access to HIV prevention, care, and support services • Receive updates from Caucuses and provide oversight and guidance to ensure alignment with Commission priorities, community engagement goals, and integrated planning activities
February 25, 2027 10am-12pm	• Draft 2027-28 committee workplan and meeting calendar • Translate lessons learned into priorities and recommendations for the upcoming Program Year workplan • Confirm recommended Bylaws or policy updates to advance for Commission consideration, as appropriate • Align membership, training, mentorship, and community engagement activities with upcoming Program Year priorities • Finalize and submit committee contributions, recommendations, and highlights for inclusion in the COH's Executive Office (EO) BOS Annual Report

SUBJECT TO CHANGE

LOS ANGELES COUNTY
COMMISSION ON HIV

2026 - 2027 Training Schedule

(Subject to change)

To meet the Ryan White HIV/AIDS Program (RWHAP) Part A requirements, the Commission on HIV must provide appropriate orientation and annual training that enables members to be fully active participants and to fulfill their legislative responsibilities. Training sessions will educate members to understand their roles, responsibilities, and expectations for participation, how work is undertaken, and how formal decisions are made.

- Training sessions listed below are **mandatory** for all Commissioners, Alternates, and Committee-only members. Additional sessions on topics not listed may be included as appropriate.
- Training sessions are open to the public.
- Training sessions will be held virtually, unless otherwise noted.
- Training session recordings will be made available on our website.
- Certificates of Completion will be provided and attendance will be recorded.
- For questions or assistance, contact Commission staff at hivcomm@lachiv.org.

CLICK ON THE TRAINING TOPIC TO REGISTER

TRAINING TITLE	DATE AND TIME
Commission on HIV Orientation	April 9, 2026 9am – 3pm (in person)
Co-Chair Orientation & Leadership Development	May 20, 2026 12pm - 1pm
Needs Assessment Overview and Priority Setting and Resource Allocation (PSRA)	June 3, 2026 12pm – 1pm
Service Standards Overview and Development	July 22, 2026 12pm – 1pm
Data Related Trainings	Summer/Fall 2026 TBD
Member Knowledge & Self-Assessment Survey	Released late September 2026
Refresher Training	November 4, 2026 12pm – 1pm

Revised 5/22/26

HRSA REQUIRED SEAT CATEGORY REFERENCE SHEET

For Full Members Appointed to HRSA-Required Categories

All Full Members are expected to follow the general Commissioner Duty Statement, including active participation, two-way communication, committee service, and voting in the best interest of Los Angeles County. In addition, members appointed to HRSA-required categories are expected to help bring forward the perspective connected to their seat category.

How to use this sheet: Members in these seats should know which category they represent, stay informed about issues and trends connected to that category, bring that perspective into Commission discussions, and share relevant Commission information back to the sector, community, or system connected to their seat, as appropriate.

HRSA Seat Category	What this category represents	What this member is expected to help bring forward
Health Care Provider	Providers delivering HIV-related or general health care services, including FQHCs	Clinical realities, care access issues, treatment barriers, service delivery challenges, and opportunities to improve health outcomes
Community-Based Organization / AIDS Service Organization	Organizations rooted in community and serving populations affected by HIV	Community perspective, service access issues, outreach realities, and barriers experienced by clients and communities
Social Service Provider	Providers of support services, including housing and homeless services	Social and structural needs affecting care engagement, stability, and quality of life
Mental Health Provider	Providers delivering mental health services	Mental health needs, behavioral health access issues, and how mental health affects engagement in care and wellness
Substance Use Provider	Providers delivering substance use services	Substance use trends, treatment access issues, harm reduction needs, and the impact of substance use on HIV outcomes
Local Public Health Agency	Local government public health representation	Public health system perspective, population-level trends, coordination across systems, and local public health priorities
Hospital Planning Agency / Health Care Planning Agency	Health care planning entities or hospital-related planning bodies	Health system planning perspective, coordination issues, capacity concerns, and broader service system needs

LOS ANGELES COUNTY
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HRSA Seat Category	What this category represents	What this member is expected to help bring forward
Affected Communities	People and communities most impacted by HIV, including people with HIV and historically underserved populations	Lived and community experience, disparities, barriers, unmet need, and what affected communities are experiencing on the ground
Non-Elected Community Leader	Community leaders without elected office who are engaged in civic or community life	Grassroots community perspective, leadership insight, and connections to local priorities and concerns
State Medicaid Agency	The state agency overseeing Medicaid/Medi-Cal	Medi-Cal policy and system perspective, coverage and access issues, and implications for low-income people with HIV
Ryan White Part B Representative	The agency administering Ryan White Part B	State-funded Ryan White system perspective, coordination across Parts, and service access issues relevant to Part B
Ryan White Part C Representative	Part C grantees providing outpatient early intervention services	Early intervention and outpatient care perspective, service delivery issues, and care access for people with HIV
Ryan White Part D Representative / Equivalent	Part D grantees, or equivalent entities serving women, infants, children, youth, and families	The needs of women, children, youth, and families affected by HIV, including family-centered service considerations
Other Federal HIV Program Representative, including HIV Prevention	Grantees of other federal HIV programs, including prevention providers	Prevention system perspective, linkage between prevention and care, and opportunities for coordination across the continuum
Formerly Incarcerated Person with HIV	Individuals with HIV who were formerly incarcerated and released within the prior 3 years	Reentry realities, continuity of care needs, structural barriers, stigma, and justice-involved community perspective

LOS ANGELES COUNTY COMMISSION ON HIV

Membership Roster

(Approved by COH 2/12/26; BOS Appointment Effective 3/17/26)

Seat Code	Seat Category	First Name	Last Name	Membership Type	Org/Agency Affiliation *RWP Contracted	Proposed Committee Assignment(s)	Term: Start Date	Term: End Date	Alternates	
1	Health Care Providers (FQHCs)	Byron	Patel, RN, ACRN		LGBTQ+ Center	SBP	3/17/26	3/1/27		
2	Community-Based & AIDS Service Orgs (CBO/ASO)	Robert	Bolan, MD		LGBTQ+ Center	SBP	3/17/26	3/1/28		
3	Social & Housing Service Providers	Ceasar	Corona		Tarzana Treatment Center	MCE	3/17/26	3/1/27		
4	Mental Health Providers	TJ	Griffin, LMSW		Men's Heath Foundation	MCE	3/17/26	3/1/28		
5	Substance Use Providers	Eric	Mattern		Tarzana Treatment Center	SBP	3/17/26	3/1/27		
6	Local Public Health Agencies (Division of HIV/STD Programs [DHSP]) ***Non-Voting**	Mario	Pérez, MPH		DHSP	EXEC	3/17/26	3/1/28		
7	Health & Hospital Planning Agencies						3/17/26	3/1/27		
8	Affected & Disproportionately Impacted Communities	Emmanuel	Sanchez-Ramos, DrPH, MPH		APLA Health	SBP	3/17/26	3/1/28		
9	Non-Elected Community Leaders	Raniyah	Copeland, MPH		No affiliation/Equity & Impact Solutions	PP&A	3/17/26	3/1/27		
10	State Government (Medicaid/Medi-Cal) ***Non-Voting**						3/17/26	3/1/28		
11	Ryan White Part B Administrator (CDPH Office of AIDS) ***Non-Voting**	LeRoy	Blea		CDPH, Office of AIDS	PP&A	3/17/26	3/1/27		
12	Ryan White Part C Recipients	Jasmine	Brown, MSW		Charles Drew University	PP&A	3/17/26	3/1/28		
13	Ryan White Part D / CYF Providers	Mikhaela	Cielo, MD		LAC Dept of Health Services	SBP	3/17/26	3/1/27		
14	Other Federally Funded HIV Programs	Robert	Contreras, MBA		Bienestar	PP&A	3/17/26	3/1/28		
15	Formerly Incarcerated Individuals Living with HIV						3/17/26	3/1/27		
16	Unaffiliated Representative - SPA 1	Montana	Volby		No affiliation	SBP	3/17/26	3/1/28		
17	Unaffiliated Representative - SPA 2	Shawn	Pleasants		No affiliation	PP&A	3/17/26	3/1/27		
18	Unaffiliated Representative - SPA 3	Felipe	Gonzalez		No affiliation	PP&A	3/17/26	3/1/28		
19	Unaffiliated Representative - SPA 4	Jeronimo	Barajas		No affiliation	PP&A	3/17/26	3/1/27		
20	Unaffiliated Representative - SPA 5						3/17/26	3/1/28	Christopher Webb (REACH LA)	
21	Unaffiliated Representative - SPA 6	Angela	Hunt		No affiliation	MCE	3/17/26	3/1/27		
22	Unaffiliated Representative - SPA 7	Vilma	Mendoza		No affiliation	MCE	3/17/26	3/1/28		
23	Unaffiliated Representative - SPA 8						3/17/26	3/1/27	Stevie Bieneman (AHF)	
24	Unaffiliated Representative - At Large #1	Ish	Herrera		No affiliation	MCE	3/17/26	3/1/28		
25	Unaffiliated Representative - At Large #2						3/17/26	3/1/27	Dontá Morrison, PhD (UCLA CARES)[Exec A	
26	Unaffiliated Representative - At Large #3	Jack	Miller		No affiliation	PP&A	3/17/26	3/1/28		
27	Board of Supervisors Office #1 Representative	Al	Ballesteros, MBA		JWCH Institute	PP&A	3/17/26	3/1/27		
28	Board of Supervisors Office #2 Representative	Darryn	Harris		St. Johns Community Health	PP&A	3/17/26	3/1/28		
29	Board of Supervisors Office #3 Representative	Katja	Nelson, MPP		APLA Health	PP&A	3/17/26	3/1/27		
30	Board of Supervisors Office #4 Representative	Nolan	Ross Samé-Weil		LA. CADA	SBP	3/17/26	3/1/28		
31	Board of Supervisors Office #5 Representative	Jonathan	Weedman		Via Care	MCE	3/17/26	3/1/27		
32	HIV Academic/Scientist Representative	Paul	Nash, Cpsychol, AFBPsS, FHEA		No Affiliation/USC	SBP	3/17/26	3/1/28		
	TOTAL MEMBERSHIP: 32									
	TOTAL VOTING MEMBERSHIP (SEATED): 26									
	QUORUM: 14									
	Vacant Seats									
	**To establish staggered terms for the new membership cohort, one half of members were appointed to an initial one-year term and the other half to an initial two-year term. Thereafter, all terms will be two years. Staggered terms support continuity and are denoted by blue and white shading.*									

Planning Council/Planning Body Reflectiveness Table
(Use most recent HIV Prevalence data)

Provide data source and year of data: 2024 Annual HIV Surveillance Report: PLWDH as of 2024

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB		
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	**If you do NOT meet reflectiveness, please describe the efforts being done to improve upon that demographic category.**
White, not Hispanic	11735	22.52%	7	26.92%	1	12.50%	
Black, not Hispanic	9689	18.59%	7	26.92%	3	37.50%	
Hispanic	25865	49.63%	10	38.46%	4	50.00%	
Asian/Pacific Islander	2171	4.17%	1	3.85%		0.00%	
American Indian/Alaska Native	350	0.67%		0.00%		0.00%	
Multi-Race	2223	4.27%	1	3.85%		0.00%	
Other/Not Specified	79	0.15%		0.00%		0.00%	
Total	52112	100%	26	100%	8	100%	
Sex	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
Male	46059	88.38%	20	76.92%	6	75.00%	
Female	6053	11.62%	6	23.08%	2	25.00%	*(1) NGC
Total	52112	100%	26	100%	8	100%	
Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
13-19 years	89	0.17%		0.00%		0.00%	
20-29 years	2995	5.75%		0.00%		0.00%	
30-39 years	10508	20.16%	6	23.08%	2	25.00%	
40-49 years	10742	20.61%	8	30.77%	1	12.50%	
50-59 years	12884	24.72%	6	23.08%	3	37.50%	
60+ years	14894	28.58%	6	23.08%	2	25.00%	
Total	52112	100%	26	100%	8	100%	

Scoring Framework & Threshold

Panelists will score each candidate using the standardized 0–5 scoring criteria outlined below. Each panelist scores independently. Scores are averaged across panelists. A scoring sheet will be provided for each applicant **Overall Scoring Threshold:** Candidates must receive a minimum average score of 3.5**,** which is equivalent to 21 out of a possible 30 points, to be recommended for seating. Therefore, candidates must score at least 70% (an average of 3.5) to be recommended for seating.

Candidates scoring below this threshold may still be considered based on seat availability, Parity, Inclusion & Reflectiveness (PIR), and overall cohort balance.

Scoring Scale (0–5)

5 – Excellent: The answer was outstanding and exceeded all expectations. It was highly insightful, well-structured, and demonstrated deep expertise.
4 – Strong: The candidate's answer was strong, thoroughly addressed all aspects of the question, and went beyond the basic requirements.
3 – Adequate: The answer was acceptable and hit the key points of the question. It was sufficient but did not offer much extra value or insight.
2 – Weak: The answer was incomplete or poor, missing some key points or containing significant flaws.
1 – Inadequate: The answer was wholly inadequate or missed the point of the question entirely.
0 – Unscorable: The candidate refused to answer, provided a completely off-topic response, or gave no answer at all.

MCE Committee Policy & Procedure Review Guide

Companion guide for the MCE Committee tracker tool - June 2026

Purpose: Use this guide when reviewing each policy/procedure item to determine whether it should be retained, revised, converted, combined, sunset, or developed as a new policy. The goal is to keep the Commission's policies and procedures current, useful, and tied to governance, compliance, transparency, and accountability.

HRSA basis: The HRSA HAB Ryan White HIV/AIDS Program Part A Manual states that planning council/planning body operations depend on structures that include comprehensive policies and procedures subject to periodic review and revision. It also notes that bylaws, policies and procedures, MOUs, grievance procedures, and trainings are crucial to PC/PB success. [1]

Policy vs. Procedure

Item	Plain-language meaning	Use when the item...
Policy	What is required, allowed, prohibited, or expected.	Creates a rule, standard, authority, formal expectation, member responsibility, compliance requirement, or decision-making framework.
Procedure	How the work gets done.	Explains steps, timelines, responsible parties, templates, staff workflow, or implementation details that support a policy or recurring task.

Quick Review Test

Ask these questions

1. Does this create a rule, requirement, or formal expectation?
2. Does it affect members, consumers, voting, appointments, grievances, funding decisions, public participation, or compliance?
3. Is it required by HRSA, County Code, the Brown Act, bylaws, ordinance, or another authority?
4. Does it need to be applied consistently over time?
5. Would confusion, inconsistency, or challenge be likely if it was not written down?

Simple decision rule: If the item tells people what must happen or protects fairness, compliance, authority, or accountability, it may need to be policy. If it mainly explains how to complete a task, it is likely a procedure, guidance, checklist, template, or desk reference.

[1] Source: HRSA HAB, Ryan White HIV/AIDS Program Part A Manual, Section III, Chapter 5, Planning Council and Planning Body Operations, pp. 35-37. The manual states that bylaws, policies and procedures, MOUs, grievance procedures, and trainings are crucial for PC/PB success and that comprehensive policies and procedures should be subject to periodic review and revision.

Policies and Procedures Review Tracker – June 2026

MCE Committee Working Draft

Purpose: This working tracker helps the MCE Committee review the Commission's policies and procedures, identify items that need revision, confirm items that are moot or reference-only, and flag where new policies may be needed.

Review tracks: Keep As-Is | Revise | Cross-Committee Review | Moot / Retire | Use the MCE Notes / Decision column to document the committee's direction and next steps.

Master Policy and Procedure Tracker

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
01.0000	**Federal**					
01.0000	Federal	Ryan White Care Act Legislation	Sunset; policy not needed.	**Moot / Retire**	Federal	
01.3000	Federal	Health Resource and Services Administration (HRSA) Guidelines	Sunset; policy not needed.	**Moot / Retire**	Federal	
02.0000	**State of California**			**Moot/Retire**		
03.0000	**Los Angeles County**					
03.2000	Los Angeles County	Commission Ordinance	**Duplicate**	**Moot/Retire**		
03.2005	Los Angeles County	County Ordinance 3.29	Revised March 17, 2026	**Reference Only Priority: Medium**	Staff / County Counsel as needed	Bylaw updates can trigger Ordinance changes.
04.0000	**DPH**			**Moot/Retire**		

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
05.0000	**LAC Service Delivery System**					
05.8001	LAC Service Delivery System	COH Grievance Continuum of Care Grievance Process	Last approved in 2013. Revise policy; content remains relevant but needs updating. Refer to SBP.	**Cross-Committee Review Priority: Medium**	SBP / MCE	
05.8002	LAC Service Delivery System	COH Grievance Process for PP&A Priority Setting & Resource Allocation (PSRA) of HIV Services	Last approved in 2012 Revise policy; content remains relevant but needs updating. Refer to PP&A.	**Cross-Committee Review Priority: Medium**	PP&A / MCE	
06.0000	**Commission Governance**					
06.1000	Commission Governance	Commission By-Laws v9	Revised 12/2025. Annual review scheduled for Nov/Dec 2026. As part of the revised Bylaws, the Commission must conduct an annual review for relevancy and accuracy.	**Cross-Committee Review Priority: High**	MCE/All Committees/Caucuses	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
07.0000	**Duty Statements**					
07.1001	Duty Statements	Duty Statement, Commissioner	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.1002	Duty Statements	Duty Statement, Alternate	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.1003	Duty Statements	Duty Statement, Committee Member	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.2001	Duty Statements	Duty Statement, Commission Co-Chair	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.2002	Duty Statements	Duty Statement, Executive Committee At-Large Member		**Cross-Committee Review** **Priority: Medium**	MCE	
07.2003	Duty Statements	Duty Statement, Committee Co-Chair	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3001	Duty Statements	Duty Statement, Supervisorial District Office Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3003	Duty Statements	Duty Statement, Service Planning Area (SPA) Unaffiliated Consumer Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3005	Duty Statements	Duty Statement, City of Los Angeles Representative	No longer full members; moot?	**MCE Review Needed** **Priority: Medium**	MCE	
07.3006	Duty Statements	Duty Statement, City of Long Beach Representative	No longer full members; moot?	**MCE Review Needed** **Priority: Medium**	MCE	
07.3007	Duty Statements	Duty Statement, City of Pasadena Representative	No longer full members; moot?	**MCE Review Needed** **Priority: Medium**	MCE	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
07.3008	Duty Statements	Duty Statement, City of West Hollywood Representative	No longer full members; moot?	**MCE Review Needed Priority: Medium**	MCE	
07.3009	Duty Statements	Duty Statement, Department of Public Health (DPH), Part A Representative	Updated 2026 as part of restructure	**Keep As-Is Priority: Low**	MCE	
07.3010	Duty Statements	Duty Statement, Part B Representative	Updated 2026 as part of restructure	**Keep As-Is Priority: Low**	MCE	
07.3011	Duty Statements	Duty Statement, Part C Representative	Updated 2026 as part of restructure	**Keep As-Is Priority: Low**	MCE	
07.3012	Duty Statements	Duty Statement, Part D Representative	Updated 2026 as part of restructure	**Keep As-Is Priority: Low**	MCE	
07.3014	Duty Statements	Duty Statement, Healthcare System Representative	Historically vacant seat; consider revising.	**MCE Review Needed Priority: Medium**	MCE	
07.3015	Duty Statements	Duty Statement, Healthcare Provider	**Refer to Healthcare System Rep; seats merged**	**MCE Review Needed Priority: Medium**	MCE	
07.3016	Duty Statements	Duty Statement, State Office of AIDS (OA) Representative	Updated 2026 as part of restructure	**Keep As-Is Priority: Low**	MCE	
07.3017	Duty Statements	Duty Statement, Medi-Cal Representative	Updated 2026 as part of restructure	**Keep As-Is Priority: Low**	MCE	
08.0000	**Commission Policies**					
08.1102	Commission Policies	Subordinate Commission Working Units	Revised in 2016.	**MCE Review Needed Priority: Medium**	MCE / Executive	
08.1104	Commission Policies	Commission and Committee Co-Chair Elections and Terms	Revised in 2026 as part of restructure.	**Keep As-Is Priority: Low**	MCE / Executive	
08.1302	Commission Policies	Commission Sponsorship of Events	Revised in 2016.	**MCE Review Needed Priority: Medium**	MCE / Executive	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
08.1306	Commission Policies	Commission Compliance with the Health Insurance Portability and Accountability Act (HIPPA)	Moot/Retire. Item is operational rather than policy-level.	**Moot/Retire** **Priority: Low**	MCE / Executive	
08.2104	Commission Policies	Transfer of Meeting Authority to the Parliamentarian in the Absence of Co-Chairs	Convert to procedure; item is operational rather than policy-level. Refer to Roberts' Rules of Order.	**Moot/Retire** **Priority: Low**	MCE / Executive	
08.2107	Commission Policies	Consent Calendar	Adopted 2008	**Keep As-Is** **Priority: Low**	MCE / Executive	
08.2109	Commission Policies	Meeting Minutes and Summaries	Revised 2008. Convert to guidance/reference; does not establish a formal requirement.	**Moot/Retire** **Priority: Low**	MCE/Staff	
08.2110	Commission Policies	Speaker Time Limits at Commission and Committee Meetings	Convert to guidance/reference; does not establish a formal requirement	**MCE Review Needed** **Priority: Medium**	MCE / Executive	
08.2203	Commission Policies	Teleconferencing at Commission/Committee Meetings	Sunset; covered elsewhere – Brown Act.	**Moot/Retire** **Priority: Low**	MCE / Executive	
08.2301	Commission Policies	Voting Procedures	Approved in 2019. Aligns with Robert's Rules of Order, Brown Act & HRSA Guidance	**Keep As-Is** **Priority: Low**	MCE / Executive	
08.2303	Commission Policies	Document Distribution at Meetings	Convert to procedure/guidance; item is operational rather than policy-level.	**Moot / Retire**	MCE / Executive	
08.3100	Commission Policies	Representation of Commission by Members	Approved 2016. Revise policy; content remains relevant but may updating	**MCE Review Needed** **Priority: Low**	MCE / Executive	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
08.3106	Commission Policies	Voting Privileges of Non-Commissioners	Sunset; covered elsewhere – Bylaws & Voting.	**Moot / Retire**	MCE / Executive	
08.3107	Commission Policies	Consumer Definitions and Health Resources Administration and Services (HRSA) Related Rules and Requirements	Convert to guidance/reference; does not establish a formal requirement.	**Moot / Retire**	MCE / Executive	
08.3108	Commission Policies	Conflict of Interest	Revise policy; content remains relevant but needs updating.	**MCE Review Needed Priority: Medium**	MCE / Executive	
08.3201	Commission Policies	Attendance	Retain as policy; still needed for governance and consistency.	**MCE Review Needed Priority: Medium**	MCE	
08.3204	Commission Policies	Commission and Committee Meeting Absences	Consider sunset/merge with Attendance Standards	**MCE Review Needed Priority: Medium**	MCE	
08.3302	Commission Policies	Intra-Commission Grievance Process	Approved 2020. Revise policy; content remains relevant but needs updating	**MCE Review Needed Priority: Medium**	MCE	
09.0000	**Committee Policies**					
09.1007	Committee Policies	Non-Commission Committee Appointment	Approved 2019. Revise policy; content remains relevant but needs updating due to restructure.	**MCE Review Needed Priority: High**	MCE	
09.2102	Committee Policies	Executive Committee At Large Elections	Sunset; covered elsewhere (Voting)	**Moot; Retire**	EXEC/MCE	
09.2203	Committee Policies	Executive Director Performance Appraisal Procedure	Refer to EXEC	**EXEC Review Needed Priority: Medium**	Executive	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
09.4204	Committee Policies	Commission Candidate Interviews	Approved 2011. Revise policy; content remains relevant but needs updating. Consider merge with 09.4205.	**MCE Review Needed** **Priority: High**	MCE	
09.4205	Committee Policies	Commission Membership Evaluation, Nomination and Approval Process	Approved 2018. Revise policy; content remains relevant but needs updating. Consider merge with 09.4204.	**MCE Review Needed** **Priority: High**	MCE	
09.5203	Committee Policies	Priority- and Allocation-Setting Process and Framework	Currently pending revisions by PP&A; will come back to MCE for adoption.	**Cross-Committee Review** **Priority: Medium**	PP&A / MCE	
09.6202	Committee Policies	Standards of Care Development & Oversight	Refer to SBP	**Cross-Committee Review** **Priority: Medium**	SBP / MCE	
09.7201	Committee Policies	Unaffiliated Member Stipends	Updated April 2026 as part of the restructure	**Keep As-Is** **Priority: Low**	MCE / Executive/CC	
10.0000	**Office and Staffing**					
10.1002	Office and Staffing	e-Dissemination of Non-Commission Sponsored Information and Materials	Convert to procedure; item is operational rather than policy-level.	**Moot; Retire** **Priority: Low**	Staff/County	

New Policy / Procedure Development Log

Use this section when MCE identifies a gap that is not covered by an existing policy or procedure.

Potential Policy / Procedure	Why It May Be Needed	Recommended Lead / Partner	MCE Direction / Next Step

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Caucus Structure Discussion Guide

Membership & Community Engagement Committee | August 27, 2026

1. WHY WE'RE HAVING THIS CONVERSATION

- We want caucuses that are meaningful, active, and sustainable.
- Caucuses help bring community voice, lived experience, and population-specific priorities into the Commission's work.
- Before changing the structure or adding a new caucus, we need clarity on purpose, roles, expectations, and support.

2. WHAT CAUCUSES ARE FOR

- Create a space for dialogue among community members connected to a specific population.
- Lift up community voice, lived experience, and population-specific concerns.
- Help identify unmet needs, barriers, service gaps, and emerging issues.
- Strengthen consumer involvement and community participation in Ryan White Part A planning.
- Cultivate leadership and help communities shape the Commission's work.

3. WHAT CAUCUSES SHOULD BE DOING

- **Share** community experiences, needs, gaps, and barriers.
- **Inform** needs assessment, priority setting, resource allocation, and integrated planning.
- **Develop** recommendations to support the Priorities, Planning and Allocations Committee.
- **Review** service standards, policies, or systems through a community lens and suggest improvements.
- **Support** recruitment, outreach, reflectiveness, and engagement for specific populations.
- **Elevate** population-specific priorities and emerging issues.
- **Suggest** listening sessions, presentations, trainings, and community engagement activities.
- **Bring** themes and recommendations forward through the Membership & Community Engagement Committee.

4. WHAT CAUCUSES ARE NOT RESPONSIBLE FOR

- Making final Commission decisions.
- Setting funding allocations.
- Selecting providers or participating in procurement.
- Speaking for the full Commission without approval.
- Taking independent policy, legislative, or budget advocacy positions on behalf of the County or Commission.

5. TWO PATHS TO CONSIDER

Option 1: One shared caucus + workgroups

- One central caucus structure.
- Create short-term workgroups for specific communities or tasks.
- Workgroups could support unmet needs, service standards, outreach, recruitment, or Commission recommendations.

Option 2: Keep separate caucuses

- Keep the 5 current caucuses.
- Consider adding a 6th Latine Caucus.
- Maintain dedicated spaces for community-specific issues.

6. QUESTIONS TO GUIDE OUR DISCUSSION

- What should every caucus be responsible for?
- When does an issue call for a standing caucus versus a temporary workgroup?
- How should caucus input and recommendations flow back through MCE and the Commission?
- What level of participation and staff support is realistic and sustainable?
- If a new caucus is proposed, what criteria should be used?

Our goal today: clarify which structure best supports community voice and the Commission's work.

LOS ANGELES COUNTY
COMMISSION ON HIV

Caucuses Quick Q&A Guidance

Aging Caucus * Black Caucus * Consumer Caucus * Women's Caucus * Transgender Caucus

Purpose: This quick guide gives caucus participants a shared, practical understanding of how caucuses support the Commission's work under the new structure. Caucuses are dedicated community voice spaces that help bring lived experience, community concerns, and population-specific priorities into the Commission's planning, needs assessment, recruitment, outreach, and Integrated Plan implementation work. Participation is prioritized for people with lived experience and those most directly impacted by HIV, while also allowing supportive partners and allies to contribute as appropriate.

Quick Q&A

1. What are the Commission caucuses?

Caucuses are population-centered spaces, approved by the Commission, that help bring community voice, experience, and population-specific concerns into the Commission's work. The current caucuses are the **Consumer Caucus, Black Caucus, Aging Caucus, Women's Caucus,** and **Transgender Caucus**. The Consumer Caucus serves as the primary hub for consumer voice because consumer involvement is foundational to Ryan White Part A planning, and the Black, Aging, Women's, and Transgender Caucuses strengthen that work by lifting the distinct and intersecting experiences of communities most impacted by HIV.

2. What is the main purpose of a caucus?

A caucus gives members connected to a specific community a space to discuss what they are seeing and experiencing, identify needs or barriers, and help make sure those perspectives are not missed in the Commission's planning work.

3. What is the Consumer Caucus, and why is it primary?

The Consumer Caucus is the Commission's primary caucus because consumer voice is central to Ryan White Part A planning. HRSA does not require a caucus by that specific name, but it does require meaningful involvement of unaffiliated consumers and people with HIV in the planning process. The Consumer Caucus is one of the Commission's clearest ways to create and maintain that space.

4. Does that mean the other caucuses are less important?

No. All caucuses matter. The Black, Aging, Women's, and Transgender Caucuses help deepen the Commission's understanding of population-specific experiences. Many of those issues may also connect back to the Consumer Caucus because they affect access, service experience, quality, and outcomes for people receiving or needing HIV services.

5. What is required for consumer involvement under Ryan White Part A?

As a Ryan White Part A planning council, the Commission must meaningfully involve people with HIV and unaffiliated consumers in the planning process. In practical terms, this includes:

- At least 33% of the planning council (the Commission) membership must be unaffiliated consumers who receive Ryan White Part A services and are not employees, officers, consultants, or representatives of Part A-funded providers.
- Consumer members should reflect the demographics of people with HIV in the LA County Eligible Metropolitan Area (EMA), with attention to communities disproportionately impacted and historically underserved.
- The planning council must establish ways to obtain community input on needs and priorities, including input from people with HIV who are not appointed members.
- Consumer input should help inform needs assessment, priority setting, resource allocation, integrated/comprehensive planning, and ongoing improvement.

6. Who is invited to participate in caucus spaces?

Caucus spaces are dedicated spaces for individuals who identify with, represent, serve, or are directly connected to the Commission's priority population-specific caucuses. These spaces are intended to be safe, welcoming, and respectful, with participation prioritized for people with lived experience and those most directly impacted by HIV.

The **Consumer Caucus** has a distinct role. It is the Commission's primary caucus space for centering people with lived experience and individuals impacted by HIV, including unaffiliated consumers and people receiving or eligible for HIV prevention, care, and support services. Because consumer involvement is foundational to Ryan White Part A planning, the Consumer Caucus serves as the central hub for consumer voice, lived experience, and feedback on service access, barriers, needs, and care experiences.

For the **Black Caucus, Aging Caucus, Women's Caucus, and Transgender Caucus**, participation is prioritized for people with lived experience and individuals who identify with or are directly connected to the caucus population. These spaces may also include Commission members, committee-only members, providers, partners, and allies who are committed to listening, learning, and supporting the purpose of the caucus.

There may be times when a caucus space, discussion, or activity is held only for people with lived experience to protect safety, trust, and honest dialogue. Supportive partners and allies may help move community-identified needs forward, but the voices closest to the issues should remain centered.

7. How do caucuses support consumer involvement?

Caucuses help expand the Commission's reach beyond formal membership. They create additional ways for people with lived experience, community members, and partners to share what is happening in real life and help shape the Commission's understanding of needs, gaps, and priorities.

8. How do caucuses fit under the new Commission structure?

Under the new structure, caucuses are coordinated through the Membership & Community Engagement (MCE) Committee. This gives caucuses a clear pathway for sharing updates, community themes, and recommendations so they can be routed to the appropriate committee, DHSP, Executive Committee, CEO-LAIR, or the full Commission when needed.

9. What does "reporting through MCE" mean in practical terms?

It means caucus Co-Chairs and staff will help summarize key themes, concerns, and recommendations from caucus discussions and bring them to MCE. MCE can then determine the appropriate follow-up or referral. The goal is not to control caucus voice. The goal is to make sure caucus input has a clear path forward.

10. What kinds of issues or action items should caucuses bring forward?

Caucuses may bring forward community themes or concerns related to:

- Service access barriers and gaps;
- Needs assessment and community feedback;
- Recruitment, reflectiveness, and outreach opportunities;
- Integrated Plan implementation;
- Population-specific priorities and emerging issues;
- Suggestions for listening sessions, presentations, training, or community engagement activities.

11. What are caucuses not responsible for?

Caucuses help inform the Commission's work, but they do not replace the formal decision-making roles of the Commission and its standing committees. Caucuses do not:

- Make final Commission decisions;
- Set funding allocations;
- Select providers or participate in procurement;
- Speak for the full Commission without approval;
- Take official policy, legislative or budget advocacy positions on behalf of the County or Commission.

12. Can caucuses advocate?

Caucuses can **identify** community concerns, policy impacts, and issues that may need to be elevated. However, **caucuses cannot independently take positions or advocate on policy, legislation or budget proposals or initiatives on behalf of the County or the Commission**. Legislative advocacy must follow the County process through CEO Legislative Affairs and Intergovernmental Relations.

13. What should happen if a caucus identifies a policy, legislative or budget issue?

The caucus should bring the issue to staff and MCE first. Staff can help determine the right pathway, including whether CEO-LAIR guidance is needed before the item is placed on a Commission agenda or elevated as a formal recommendation.

14. Do caucuses need to follow the Brown Act?

Under the Commission's subordinate working unit policy, caucuses are not, by definition, Brown Act-covered bodies unless structured in a way that triggers those requirements. Even so, caucuses should still operate with **care, respect, fairness, and transparency** because they are connected to a public planning body.

15. How often will caucuses meet?

Caucuses will meet **as needed.** Meetings should have a **clear purpose, topic, activity, or request connected to the Commission's work**. To help determine whether a caucus meeting is needed, staff and caucus leadership may use the Commission's PURGE tool as a practical guide. This means asking whether the meeting has a clear Purpose, whether it is Useful to the Commission's work, whether the right people and voices are Represented, whether the meeting supports a clear Goal, and whether the time and resources required are Efficient. The goal is to keep caucus meetings meaningful and useful, not to add meetings without a clear reason.

16. What is the role of Caucus Co-Chairs?

Co-Chairs help **guide the space**. They work with staff to identify agenda topics or meeting needs, encourage participation, help keep discussions focused and respectful, and help make sure key themes or recommendations are shared with MCE and routed appropriately.

17. What is the basic pathway for caucus input?

A simple pathway is:

- Caucus identifies a theme, concern, or recommendation.
- Co-Chairs and staff summarize the key points.
- MCE receives the update and determines follow-up or referral.
- The item is routed to PP&A, SBP, Executive Committee, DHSP, CEO-LAIR, or the full Commission, as appropriate.
- Staff reports back so caucus members understand what happened with their input.

Source Notes

- HRSA Ryan White HIV/AIDS Program Part A Manual (September 2025): planning council/planning body roles, unaffiliated consumer membership, community input, and non-member involvement of people with HIV.
- Integrated HIV Prevention and Care Plan Guidance, CY 2027-2031: community engagement, planning process, and involvement of people with HIV and communities disproportionately impacted by HIV.
- Los Angeles County Commission on HIV Bylaws: Commission duties, community input, MCE role, and Commission structure.
- Commission Policy #08.1102, Subordinate Commission Working Units: caucus purpose, structure, and operational expectations.
- County CEO Legislative Advocacy Guidance (October 2024): legislative and budget advocacy process for County commissions and advisory bodies.

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POLICY/PROCEDURE #08.1102	Subordinate Commission Working Units	Page 1 of 12

F I N A L Revised
Approved 8/11/16

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

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

BACKGROUND:

- Federal Ryan White legislation is the largest source of non-entitlement funding for HIV care and treatment in the country. Part A funding is directed to the most impacted urban jurisdictions across the country. The Ryan White Treatment and Modernization Act of 2009 requires all Part A jurisdictions established before 2008 to create local HIV planning councils. The Health Resources and Services Administration (HRSA) in the US Department of Health and Human Services (DHHS) administers the Ryan White Program nationally.

- The Los Angeles County Commission on HIV serves as LA County's Ryan White and Centers for Disease Control (CDC) prevention HIV planning council. The County has chartered the Commission in County Code, Ordinance 3.29. Both roles as the Ryan White HIV planning council and a County-chartered commission carry specific responsibilities and expectations. The Commission's annual work plan is driven and governed by all of these sources (Ryan White legislation, HRSA and CDC guidance, and County directive/need), yielding an annual schedule of review, discussion, decision-making and work product.

- In order to fulfill its responsibilities and accomplish the work assigned to it, the Commission adopted a strategy in 2003 that relies almost entirely on its committees to perform initial analysis of, generate recommendations to and implement actions for the full Commission. Since then, the Commission's committees have had an indispensable impact on the Commission's capacity to fulfill its varied responsibilities and advance significant initiatives benefiting people with HIV/AIDS/STDs in LA County.

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

POLICY:

1) **Policy/Procedure Description**: These policies and descriptions define and detail the organization, structure and governing rules/procedures of various working units the Los Angeles County Commission on HIV can engage to generate, develop and complete tasks and work necessary to fulfill its mission and purpose.

2) **Committee-Driven Process**: The Commission is an HIV community planning body that regularly generates planning and implementation decisions and work product consistent with federal Ryan White legislative and Los Angeles County Charter requirements and guidance. Generally, the Commission's work flow and process is "committee-driven," meaning that recommended decisions, actions and work are typically proposed by the Commission's standing committees or other working units to the full Commission for review, consideration, and final decision-making. While the Com-mission generates, modifies and/or finalizes work and/or decisions, it rarely performs the work directly as a full body.

3) **Standing Committees**: The Commission's primary working units are the five standing committees—the Executive, Public Policy (PP), Operations, Planning, Priorities and Allocations, (PP&A) and Standards and Best Practices (SBP). Each of the standing committees has specific responsibilities detailed in the Commission's By-Laws, which they, in turn, implement through ongoing analysis, study, discussion, debate, decision-making, work product, action and/or implementation.

4) **Annual Work Planning**: The Executive Director in consultation with the Co-Chairs and Committee Co-Chairs will develop an Annual Work Plan at the beginning of the program year (March – February). The annual work plan will be aligned with the Comprehensive HIV Plan's Goals and Objectives Section.

5) **Role of the Working Units**: The Commission, its Co-Chairs, the Executive Committee and the Commission's standing committees are entitled to establish caucuses, subcommittees, ad-hoc committees, task forces and various types of working groups to more thoroughly address responsibilities, decisions, work, tasks and projects in accordance with their and the Commission's work plan.

6) **Openness and Transparency Requirements**: Like the Commission, the standing committees are covered by the Ralph M. Brown Act, comply with HRSA guidance and other "sunshine" law requirements regarding meeting transparency and related agendas, notices and preparations; meeting conduct, voting procedures and decision-making; public participation; and meeting record-keeping.

7) **Caucus(es)**: The Commission establishes caucuses, as needed, to provide a forum for Commission members of designated "special populations" to discuss their Commission-related experiences and to strengthen that population's voice in Commission deliberations. Caucuses are not, by definition, Brown Act-covered bodies, and are not required to comply with open meeting, public participation and other, related "sunshine" requirements. With Commission consent, caucuses determine their membership, meeting conduct and timelines, work plans, and activities.

8) **Ad-Hoc Committee(s)**: The Commission, its Co-Chairs and/or the Executive Committee can create ad-hoc committees to address longer-term Commission special projects or initiatives that require more than one standing committee's input, involvement and/or representation. Once the project has been completed, the ad-hoc committee automatically sunsets. The Commission Co-Chairs are responsible for assigning Commission members to the ad-hoc committees, and during their tenure, ad-hoc committees maintain the same stature and reporting expectations as other standing committees. Ad-hoc committees are required to comply with all of the same Brown Act and other transparency requirements as the Commission and its standing committees.

9) **Subcommittee(s)**: Standing Committees and/or their co-chairs may establish subcommittees to address and carry out work, tasks and activities to address one of the committee's primary responsibilities. Consequently, subcommittees are not necessarily time-limited, but the committee can extend, suspend, amend and or conclude the subcommittee's work at any time. The committee may delegate certain authorities to the subcommittee, and the subcommittee's work plan is incorporated into the committee work plan. The committee's co-chairs assign committee, and possibly other Commission, members to the subcommittee. Sub-committees are required to comply with all of the same Brown Act and other transparency requirements as their respective committees.

10) **Task Forces(s)**: Task Forces can be created by the Commission, its Co-Chairs and/or the Executive Committee, and are intended to address a significant Commission priority that may entail multiple levels of work or activity and are envisioned as longer-term in nature. Task forces are similar to ad-hoc committees, except that their membership is expected to include at least as many non-Commission members as Commission members. Task force decisions, work, activities and plans must be reported to and approved by the Executive Committee. While, technically, task forces do not have to comply with Brown Act and other

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

11) **Work Group(s)**: Work groups are primarily created by the committees for work on a single, short-term project that the committee cannot as thoroughly address during its regular meetings. By definition, work groups—which can come in many different forms—are only operational for short, time-limited periods. Commission and non-Commission members may participate in a work group, but no more Commission members than the originating committee's quorum. Work groups are not covered by the Brown Act and other transparency laws, and the final decisions/recommendations/work serve as a record of the work group's deliberations and must be forwarded to the originating committee for review, consideration and modification/approval.

12) **Organizational Purpose, Structure and Responsibilities**: The following procedures comprehensively describe the various types of subordinate Commission working units; their role(s) and purpose(s); the conditions under which they can be established; and what rules, governance, processes and expectations guide their activities. Each working unit description approximates the following organization:
    - Establishing authority
    - Definition, standing and reporting responsibilities
    - Role and purpose
    - Necessary conditions/provisions
    - Legal requirements
    - Organization, membership and leadership
    - Scope of responsibility and timeframe
    - Staff support, and
    - Other distinctions.

PROCEDURE(S):

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

c. Various types of subordinate working units are created at the Commission to carry out and fulfill work and decision-making responsibilities in accordance with that workplan. The organization, structures, rules, work activities and timelines for each type of working group are defined in the following procedures.

d. The group's work objectives and timeframe for completing them will dictate which type of working unit is necessary to carry out those responsibilities.

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

- are continuing work units;
- meet monthly or more frequently;
- concurrently juggle multiple tasks and activities within their respective purviews; and
- are the Commission's primary means of discharging its duties and responsibilities.

a. All of the Commission's major function(s) and responsibilities are assigned to at least one of the standing committees. While the standing committees primarily generate recommendations and propose work products for the Commission's modification/ approval, they are authorized to make some limited final decisions—such as document revisions in the Operations and Standards and Best Practices (SBP) Committees, policy position modifications in the Public Policy (PP) Committee, and final appeals at the Planning, Priorities and Allocations (PP&A) Committee.

b. Standing committees forward reports, completed work and Committee-approved decisions/recommendations to the Executive Committee and the Commission, as appropriate, understanding agenda items at those meetings.

c. As the Commission's fundamental working units and in the spirit of transparent and open decision-making, the standing committees are subject to Ralph M. Brown Act, HRSA and other applicable sunshine law requirements .As such, the standing committees must adhere to the relevant rules governing:

- meetings open to the public;
- public participation and comment periods;
- development, notification and posting of agendas;
- quorums and voting procedures; and
- meeting record-keeping, audio-recording, and minutes.

1) The Commission's standing committees perform their work, conduct their business, and discuss and deliberate in open, public settings and meetings (except for rare closed Committee sessions that are consistent with Brown Act provisions).
2) Members of the public are encouraged to attend and participate in standing committee meetings.

3) Agendas detailing topics to be addressed are developed for all meetings, and meeting agendas are posted 72 hours in advance.
4) A quorum must be present at any meeting in which votes are taken and only Board of Supervisor (BOS)-appointed Commission members are entitled to cast votes.
5) All meetings are electronically recorded and minutes summarizing meeting discussions and actions are subsequently produced and approved.

d. Standing committee voting privileges are only conferred on Board of Supervisors (BOS)-appointed Commission members who have been assigned to the Committee by the Commission's Co-Chairs, or designated OAPP representatives consistent with the By-Laws.
   1) There is no limit to the number of Commission members who can be assigned to a standing committee.
   2) The standing committee quorum equals one member more than 50% of the assigned membership.
   3) A quorum is required before votes can be taken at a meeting. While all of the Commission's working groups aim for consensus, votes may be necessary to arrive at a decision or for record-keeping purposes.
   4) A motion is successful when more than half of the voting members at the meeting support it.

e. Standing committees elect their committee co-chairs from among their designated membership.
   1) Although a standing committee meeting can proceed without a quorum (however no voting allowed), it cannot proceed without at least one of the Committee or Commission Co-Chairs to lead the meeting.
   2) The Commission's Ordinance and By-Laws dictate that all standing committee co-chairs also serve on the Commission's Executive Committee.

f. Standing committees determine their scope of responsibilities in accordance the standing committee's charge in the Commission By-Laws. The committee outlines how it intends to fulfill those responsibilities by detailing the projecting work tasks/activities and when they will be performed in its annual work plan.
   1) Work priorities are determined by the committee and its co-chairs, shifted accordingly throughout the year due to unforeseen circumstances.
   2) The Commission, its Co-Chairs and/or Executive Committee may also shift standing committee work priorities in consideration of overall Commission priorities and/or existing resources to support the entirety and scheduling of the anticipated Commission workload.

g. The Executive Director assigns each standing committee one lead and at least one support staff person from among the Commission Office staff.

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

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

a. Only caucuses created by the Commission with BOS-appointed membership are formally recognized as formal working units of the Commission.
   1) Commission caucuses maintain the same stature as the Commission's standing committees, including monthly reporting responsibilities to the Commission.
   2) Consistent with the Commission's By-laws, caucuses do not maintain representative seats on the Executive Committee.

b. The caucus was developed as a vehicle to provide a safe and judgement-free setting where the Commission's caucus members can easily and freely discuss their reactions and experiences, share their insights, and exchange perceptions of issues addressed by the Commission among other Commission members who are more likely to share/ understand those perspectives. Second, the caucus was intended to develop a more organized voice to ensure that the caucus population's perspective is effectively heard when relevant issues are raised and discussed at the Commission. Thus, each caucus has four primary responsibilities:
   1) Facilitating a forum for a dialogue among the caucus members;
   2) Developing the caucus voice at the Commission and in the community;
   3) Providing the caucus perspective on various Commission issues; and
   4) Cultivating leadership in the caucus membership and population.

c. When forming a caucus, the Commission must adhere to the following criteria:
   1) the population proposed to be represented by the caucus must be one of the Commission's designated "special populations" ;
   2) the Commission must conclude that the population's voice can be strengthened by caucus representation; and
   3) caucus membership must include more than five Commission members and fewer members than the Commission quorum.

d. Since the caucus structurally does not comprise a quorum of the Commission or any of its standing committees, the Commission's caucuses are not governed by the Brown Act, HRSA, CDC or other rules and requirements that apply to the Commission's other committees. Consequently:
   1) the caucus is not required to adhere to quorum requirements;
   2) posted agendas are not required for the Caucuses; and
   3) caucus meetings are not open to Commission membership or the public, unless the caucus chooses to do so;
   4) caucus meetings are not audio recorded and meeting minutes are not produced, however the caucus may use meeting summaries to ensure operational efficiency.

e. Decisions about the caucus organization, structure, membership, process and schedule are left to the caucus membership:

1) all Commission members of the designated population are considered members of the established caucus, whether or not they choose to participate;
2) the caucus determines its leadership and leadership responsibilities;
3) the caucus determines how and when to involve the broader Commission and community in its meetings and activities;
4) the caucus determines its internal organization and meeting/activity schedule.

f. The caucus determines what and how many issues it will address throughout the year by establishing its own scope of responsibility and identifying the work and type of activities in which it will engage. Among the activities it may use to advance its work are education and dialogue, mobilization and advocacy, written communications, presentations, member recruitment, improved representation, events, community involvement, and other options.
   1) Like the standing committees, caucuses are expected to develop annual workplans, which, in turn, are included in the Commission's annual workplan.
   2) The Executive Committee's and Commission's modifications to caucus workplans and final approval of the annual Commission workplan constitute acceptance of the caucus' self-defined scope and timeframe of responsibility.

g. The Executive Director is responsible for determining who among the Commission staff is the most suited to provide staff support to the caucus.

4. Subcommittee(s): Standing committees create subcommittees, as needed, to carry out one or more of the standing committee's major areas of responsibility. The standing committee can "sunset" a subcommittee or continue, amend, suspend, extend and/or reclaim the work or responsibility or parts of it at will.

a. The subcommittee's work priorities are established by its respective standing committee as the standing committee deems appropriate as it endeavors to fulfill its responsibilities and determines that it does not have the time to address the topic as specifically as needed in the context of its regular meetings.

b. Subcommittees must forward their decisions, recommendations and work products to their respective standing committees for consideration, review, modification and/or approval, unless the standing committee has instructed otherwise.
   1) Subcommittee reports are regularly agendized for their respective standing committee meetings.
   2) The standing committee may delegate a portion of the committee's decision-making authority to the subcommittee or instruct the subcommittee to report its decisions/ actions directly to the full Commission.

c. During its tenure, the subcommittee is considered a formal working unit of the Commission, and, as such, must comply with the same Brown Act, HRSA and other, related legal operational rules and requirements as standing committees (*see Procedure #2.c*).

d. The standing committee co-chairs are entitled to assign members of their committee to any subcommittees the committee establishes, and to determine if they will accept other Commission members who volunteer for the designated subcommittee(s).
   1) Standing committee rules governing membership, voting privileges and meeting conduct also apply to subcommittees (*see Procedure #2.d*)
   2) Only Commission or standing committee members with voting privileges are entitled to membership on subcommittees—although the public are invited to attend and participate in subcommittee meetings.
   3) Like the standing committees, subcommittees elect their own co-chairs. At least one of the standing committee co-chairs should attend and lead the first subcommittee meeting in order for the subcommittee to choose its own leadership.

e. While the standing committee determines the subcommittee's scope and limits of responsibility, the subcommittee may elaborate on that topic, extend, revise or modify it, and design the appropriate work strategies to address it, with the standing committee's or its co-chairs' consent.
   1) The subcommittee's annual work plan is incorporated into the standing committee's annual work plan.
   2) That responsibility may be time-limited or assumed to be a long-term or permanent delegation of the standing committee's authority.

f. The respective standing committee staff support also staffs its subcommittees.
   1) With the Executive Director, the standing committee must balance the number of its subcommittees, its work-load and schedule to determine if staff resources are adequate to provide the necessary support to a subcommittee.

5. Ad-Hoc Committee(s): The Commission, its Co-Chairs or the Executive Committee are entitled to create ad-hoc committees, as needed and appropriate.

a. For the duration of an ad-hoc committee's work, the ad-hoc committee maintains the stature of Standing Committees, including regular inclusion on the agenda and reports to the Executive Committee and the Commission.
   1) Consistent with the Commission By-Laws, ad-hoc committees do not maintain representative seats on the Executive Committee.

b. Ad-hoc committees are "special project"-focused in nature, meaning they are assigned one significant project, versus limited-activity or short-term projects that can be addressed by other working units or as part of a standing committee's or subcommittee's more expansive agenda.

c. Ad-hoc committees are created for special projects that extend beyond a single standing committee's authority or purview and require membership from multiple committees.
   1) The Commission Co-Chairs determine who will serve on an ad-hoc committee by assigning members and/or accepting volunteers.

d. The ad-hoc committee determines rules, activities and schedules regarding its organization, membership and leadership.
   1) Ad-hoc committees must comply with all of the same legal requirements and guidance governing meeting preparations and their conduct as standing committees and subcommittees.

e. Given its defined purpose to address a single, significant Commission special project, an ad-hoc committee is established for a distinct time period and automatically sunsets at the conclusion or completion of the project.

f. Executive Committee staff support provides staff support to ad-hoc committees, unless the Executive Director designates other staff support.

6. Task Force(s): Task Forces can be created by the Commission, its Co-Chairs or the Executive Committee. Task forces are intended to address a topic that is broader and more expansive in nature, encompassing multiple activities and a continuing, longer-term time frame.

a. Unlike ad-hoc committees or subcommittees with similar purposes, task forces are created to include Commission members and non-Commission members alike, generally at equal proportions, or with Commission members forming a minority of the task force membership.

b. Task forces report to the Executive Committee, to which they forward their recommendations and work. Since membership is not confined to solely Commission members, any recommendation or action from a Task Force must be approved by the Executive Committee before advancing it to the full Commission.

   1) The Commission's task forces are expected to provide periodic reports to the full body.

c. Technically—only unless the Task Force membership comprises a majority of Commission members from one of its working units—it does not have to comply with public noticing and other Brown Act rules; practicality, though, suggests compliance with those rules, even if not specifically mandated.

d. The task force membership is empowered to determine its own leadership, structure, and schedule.

e. The task force assumes its scope of responsibility and develops its work plan(s) in consultation with the Executive Committee and the Executive Director.
   1) The task force work plan, scheduling and timeline is incorporated into the Executive Committee's annual work plan.

f. Executive Committee staff support provides staff support to ad-hoc committees, unless the Executive Director designates other staff support.

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

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

a. Most frequently, work groups are established to work in more specific detail on a task that the committee does not have time to address in its regular meetings, or to finish a task that requires direct involvement and input from the work group members (e.g., such as developing plans, reviewing and generating documents and/or conducting studies, among other possible activities).
   1) All work group actions must be approved by the committee of origin, as work groups are only performing work on the committee's behalf and request.

b. Due to their short-term timeframe, specific work assignment and limited membership, work groups are not governed by the Brown Act or other sunshine law requirements.

c. Work groups cannot include more members than the originating standing committee's quorum, otherwise additional meeting preparation, membership, timeline and management requirements will be invoked.
   1) Work group meetings are not intended to be open to the public, or subject to transparency and public participation requirements.
   2) Work group meetings are, instead, intended to be working meetings that produce decisions, documents and/or other products that will be presented for open, public discussion, debate and/or consideration at the originating standing or other committee.
   3) Agendas and meeting minutes are not needed for work groups. Summaries may be provided, if needed, to capture information discussed at prior meetings or to ensure continuity and progress of meeting discussions.
   4) Generally, the final documentation and/or work product from the work group serves as a record of the work group meeting proceedings.

d. Work groups can come in many forms: as a committee work group, an expert review panel, a focus group or in other formats.

e. Non-Commission members can be included in the work group with the consent of the standing committee or the Executive Director, as needed.
   1) Due to the mix of Commission and non-Commission members on work groups, votes and voting procedures are not used at work group meetings.

2) Due to its short-term nature, work groups do not require formal leadership.

f. The work group's scope of responsibility is defined by the originating committee, are short-term limited, and range from one to a dozen meetings in total.
   1) More frequently work groups meet only once or twice and finish their assigned projects within a month (for example, by the committee's next meeting).

g. Work groups are staffed by one of the committee's support staff and the work is not intended to exceed six months, at the maximum.

NOTED AND APPROVED: Cheryl A Barnett

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