



LOS ANGELES COUNTY
COMMISSION ON HIV



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BYLAWS REVIEW TASKFORCE

Virtual Meeting

Thursday, September 21, 2023
11:00AM-12:30PM (PST)

Agenda and meeting materials will be posted on our website at
<https://hiv.lacounty.gov/meetings/> *Other Meetings

The Bylaws Review Taskforce extends a warm welcome to members of the public to actively participate in the review process of the Commission's bylaws. This inclusive approach aims to ensure that the bylaws remain relevant and aligned with current federal, state, and county policies, procedures, and practices. Additionally, it seeks to ensure that the bylaws continue to accurately reflect the Commission's overarching Vision and Mission.

INTERESTED? REGISTER/JOIN HERE:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rf5e30c579b79a98a1790939c79f7d89a>

MEETING PASSWORD **for Members of the Public:* BYLAWS

TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2539 106 5359

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LOS ANGELES COUNTY
COMMISSION ON HIV



BYLAWS REVIEW TASKFORCE VIRTUAL MEETING AGENDA

**THURSDAY, SEPTEMBER 21, 2023
11:00AM-12:30PM**

MEETING LOG IN:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rf5e30c579b79a98a1790939c79f7d89a>

MEETING PASSWORD: BYLAWS

TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2539 106 5359

MEMBERS:

Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Pearl Doan, Kevin Donnelly, Arlene Frames, Luckie Fuller, Bridget Gordon, Joe Green, Dr. William King, Lee Kochems, Mario J. Pérez, Ricky Rosales, & Justin Valero

- | | |
|--|-----------------|
| 1. CO-CHAIR WELCOME & INTRODUCTIONS | 11:00AM-11:05AM |
| 2. ED/STAFF REPORT | 11:05AM-11:15AM |
| • County Counsel Guidance | |
| 3. CO-CHAIRS REPORT | 11:15AM-11:25AM |
| • August 28, 2023, Meeting Recap | |
| • Determine Whether to Open Membership to Addl Members | |
| 4. DISCUSSION | 11:25AM-12:15PM |
| • Review Proposed Updates (ongoing) | |
| 5. NEXT STEPS | 12:15PM-12:25PM |
| 6. AGENDA DEVELOPMENT & SCHEDULE FOR NEXT MEETING | 12:25PM-12:30PM |
| 7. ADJOURNMENT | 12:30PM |

Current Bylaws Can Be Accessed [Here](#)



CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



BYLAWS/ORDINANCE REVIEW TRACKER
Updated 6.27.23

The following information has been compiled from Commission discussions and 2023 HRSA site visit findings.

“Commission Bylaws Approval: The Commission’s Bylaws must be amended accordingly following amendments to the Ordinance. Amendments or revisions to these Bylaws must be approved by a two-thirds vote of the Commission members present at the meeting, but must be noticed for consideration and review at least ten days prior to such meeting (see Article XVI).” July 11, 2013 Bylaws.

| AREA OF CONCERN | RECOMMENDATION | REFERENCES | ORDINANCE TRIGGER | NOTES/COMMENTS |
|--|---|---|-------------------|---|
| Stipends for Unaffiliated Consumer (UC) Members | Increase max \$ of monthly stipends to UCs *current max \$150 per month | Ordinance 3.29.080 Compensation Bylaws Section 5. Commission Member Compensation | YES | Staff polled other jurisdictions; we are one of very few jurisdictions that offer stipends; refer to compilation of feedback doc. I.e., Oregon assigns an \$ amount to various meeting/event types. |
| Meeting Frequency | Reduce the number of required Commission meetings per year | Ordinance 3.29.060 Meetings and committees Bylaws Section 5. Regular meetings | YES | Bylaws and Ordinance currently state that the Commission must meet a minimum of 10x per year barring cancellation by COH Co-Chairs and/or EXEC Committee. |
| DHSP Staff, Membership & Voting Status | Per HRSA, remove DHSP representation on membership and from voting deliberations. | Ordinance 3.29.060 Meetings and committees | | “Lack of compliance with the requirement to ensure separation of Planning Council and recipient roles. The Director of DHSP, who also functions as a CEO designee for the jurisdiction, is a voting member of the |

| AREA OF CONCERN | RECOMMENDATION | REFERENCES | ORDINANCE TRIGGER | NOTES/COMMENTS |
|-----------------|----------------|--|-------------------|--|
| | | <p>Ordinance 3.29.030 Membership</p> <p>Bylaws IX. COMMISSION WORK STRUCTURES Section 4. Committee Membership</p> <p>Bylaws X. EXECUTIVE COMMITTEE: Section 1. Voting Membership</p> <p>Bylaws XII. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE: Section 1. Voting Membership</p> <p>Bylaws XIII. PUBLIC POLICY (PP) COMMITTEE: Section 1. Voting Membership</p> <p>Bylaws XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE: Section 1. Voting Membership</p> | <p>YES</p> | <p>LA Commission on HIV and a voting member of the Executive Committee.” (Citation: Section 2602 (7)(a) of the PHS Act.)</p> <p>“A recipient’s representative, whose positions are funded by RWHAP funds, provides in-kind services, or has significant involvement in the HIV award, shall not occupy a seat on the Planning Council, nor have a vote in the deliberation of the Planning Council.” (HRSA Findings)</p> |

| AREA OF CONCERN | RECOMMENDATION | REFERENCES | ORDINANCE TRIGGER | NOTES/COMMENTS |
|---|---|---|--------------------------------|--|
| Annual Bylaw Review | Codify annual review in Bylaws; add sunset date. | Ordinance 03.29.110: Sunset Date | YES *if specifying sunset date | Ordinance currently states the sunset date as indefinite. Option to state sunset date or codify an annual review within the bylaws. |
| Conflict of Interest: Provider members participation in the Priority Setting & Resource Allocation (PSRA) decision making process. | | Ordinance 3.29.046 Conflict of interest Bylaws III. MEMBER REQUIREMENTS: Section 3. Conflict of Interest Bylaws VII. POLICIES AND PROCEDURES: Section 5. Conflict of Interest Procedures | YES | Per HRSA site visit feedback, providers may no longer be able to participate in the PSRA decision making process regarding funding & services. |
| DHSP Ending the HIV Epidemic (EHE) Steering Committee | Include language re: required partnership with DHSP EHE Steering Committee and/or EHE initiative efforts | | | Requested by member(s) |
| Status Neutral Language Inclusion | TBD | | TBD | Requested by member(s) and in alignment with national status neutral initiatives |
| Member composition does not include key alliances | Update membership composition to designate seats for key partners, i.e., County Commissions whose work intersects with the COH. | Ordinance 03.29.030: MEMBERS Bylaws II. MEMBERS: Section 2. Composition | YES | |
| COH's name is not comprehensive enough | Consider a more inclusive name. | | YES | The Commission's name, in and of itself, is not comprehensive enough as the Commission's efforts should reach beyond HIV to truly make impactful en roads to |

| AREA OF CONCERN | RECOMMENDATION | REFERENCES | ORDINANCE TRIGGER | NOTES/COMMENTS |
|---|--|------------|-------------------|---|
| | | | | ending HIV locally. "HIV-only days are over". See May 11, 2023 BRT Meeting Summary |
| <p>Determine the minimum authorized/prescribed number of PC/PB members according to PC/PB bylaws</p> | <p>Specify minimum number of members authorized on the PC – half of membership seats</p> | | <p>YES</p> | <p>HRSA has inquired as to what is the minimum number of members authorized per our bylaws. The bylaws do not currently prescribe a minimum number.</p> |



LOS ANGELES COUNTY
COMMISSION ON HIV



BYLAWS REVIEW TASKFORCE (REVISED) MEETING RECAP

**WEDNESDAY, AUGUST 16, 2023
12PM-1:30PM**

Meeting Packet Available [HERE](#)

MEMBERS:

Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Pearl Doan, Kevin Donnelly, Arlene Frames, Luckie Fuller, Bridget Gordon, Joe Green, Dr. William King, Lee Kochems, Mario J. Pérez, Ricky Rosales, & Justin Valero

ATTENDANCE

Members: Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Kevin Donnelly, Joe Green, Lee Kochems, and Ricky Rosales. **Public:** Jayda Arrington, Ish Herrera, Jacqueline Ramirez, and Philip. **Staff:** Cheryl Barrit and Dawn Mc Clendon

ED/STAFF REPORT

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

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

CO-CHAIRS REPORT

- July 13, 2023, Meeting Recap. Please refer to meeting packet available [HERE](#).
- Misc Items/Non-Agendized
 - A. Burton requested that BRT members be reminded to attend regularly to ensure quorum, representation, and transparency.
 - J. Arrington requested to be an official member of the BRT and indicated that prior commitments rendered her unable to participate in prior meetings but that she is now available to commit to the process. A. Burton called for a vote, however, cited lack of quorum, postponing the vote to the next meeting.

DISCUSSION

- Review Proposed Updated (ongoing)
 - Responding to the BRT's request from our prior meeting, C. Barrit and D. McClendon performed a thorough bylaws review, offering tracked changes and comments for suggested edits. The BRT Co-Chairs reviewed these proposed updates in advance of today's meeting. Key points shared by staff include:
 - The proposed updates focused on aspects not requiring immediate CoCo or HRSA guidance, such as format, inclusive language, minor grammar tweaks, and alignment with current policies.
 - A policy cross-check will follow in partnership with the Operations Committee.
 - CoCo confirmed that the Ordinance precedes Bylaws in updating sequence. However, recognizing the nearly identical language of both (as R. Rosales recalled), the decision was made to prioritize reviewing the Bylaws first.
 - Staff reminded the group of the following, with addl details provided here:
 1. *Ordinance*. An ordinance is an authoritative and legislative act by the County; it established the Commission and governs its activities and operations. Local ordinances carry the state's authority and have the same effect within the County's limits as a state statute. Once adopted according to statutory process, ordinances become legally enforceable local laws.

2. *Bylaws.* While policies pertain to the details, the bylaws are high-level. Bylaws take precedence over policies, and policies must be in harmony (not conflict) with the bylaws. Bylaws are essentially an expansion of the Ordinance. They describe in detail the procedures and steps the organization must follow to conduct business effectively and efficiently.
3. *Policy.* A policy is a course of action, guiding principle, procedure, or strategy that is adopted by a body. Policies are executive in nature and are oriented inwards to guide internal decision-making processes. Generally, policies apply to employees, town facilities or the public body itself. A policy is designed to influence and determine decisions while conducting certain municipal affairs.

Staff led the group through proposed updates located on pp 1-5; key highlights and comments were provided as follows:

| KEY HIGHLIGHTS & COMMENTS | |
|---|--|
| General Comments | Codify an Annual Review of the Bylaws Ensure flexibility so as not to “box in” |
| I. NAME AND LEGAL AUTHORITY: Section 1. Name. | Revisit change of Commission name in the next review phase where the form and function of the Commission will be addressed |
| I. NAME AND LEGAL AUTHORITY: Section 4. Duties and Responsibilities (H) | Remove June 30th date to submit Annual Report to BOS; Annual Report traditionally submitted at end of FY. |
| II. MEMBERS: Section 1. Definition. | Update “Committee Members” to reflect “Committee-Only Members” and make consistent throughout |
| II. MEMBERS: Section 2. Composition. | Update membership to 50 and corresponding language to reflect DHSP as a non-voting member. While pending CoCo/HRSA guidance, if it is determined that DHSP cannot hold a membership seat on the Commission, it is recommended that a section be created in the Bylaws devoted to prescribing DHSP’s scope, role, and responsibilities as a Commission key/essential partner. |
| | |

| | |
|--------------------------------------|--|
| II. MEMBERS: Section 2. Composition. | Staff to review existing stipend policy to determine whether there is provision for Committee-only members who are unaffiliated consumers to receive stipends. |
| II. MEMBERS: Section 2. Composition. | BRT to review composition to determine which seats, if any, should be declared as non-voting seats, considering level of stakeholder engagement and participation necessary and difficulties in filling. I.e., health or hospital planning agency representative and behavioral or social scientist. |

NEXT STEPS

- ✓ Staff to send Doodle Poll and encourage all members to attend meetings for quorum purposes.
- ✓ Next meeting will determine whether to open membership to add'l members, i.e. JArrington
- ✓ Staff to follow up on whether Committee-only members are eligible to receive stipends.
- ✓ Next meeting will continue review of staff's proposed updates, starting from the end of page 5.
- ✓ Staff to provide updated guidance from CoCo/HRSA once received

Current Bylaws Can Be Accessed [Here](#)

****DRAFT FOR BYLAWS REVIEW TASKFORCE ONLY****



LOS ANGELES COUNTY
COMMISSION ON HIV



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|------------------------------|--|--------------|
| POLICY/PROCEDURE #06.1000 | Bylaws of the Los Angeles County Commission on HIV | Page 1 of 21 |
|------------------------------|--|--------------|

ADOPTED, 7/11/2013

SUBJECT: The Bylaws of the Los Angeles County Commission on HIV.

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

BACKGROUND:

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

POLICY:

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

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Adopted: July 11, 2013 (PROPOSED 2023 UPDATES: 8.16.23)

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

- 3) Commission Bylaws Approval:** The Commission's Bylaws must be amended accordingly following amendments to the Ordinance. Amendments or revisions to these Bylaws must be approved by a two-thirds vote of the Commission members present at the meeting, but must be noticed for consideration and review at least ten days prior to such meeting (see Article XVI).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

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

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the Division of HIV and STD Programs ("DHSP")/ Department of Public Health ("DPH") to update the plan on a regular basis.
- B. Develop standards of care for the organization and delivery of HIV care, treatment, and prevention services.
- C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service

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category or type of activity for consistency with the Commission's established priorities, allocations and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;

- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV.
- E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response.
- F. Study, advise, and recommend to the BOS, the grantee and other departments policies and other actions/decisions on matters related to HIV.
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV.
- H. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, the grantee, and other departments on HIV-related matters referred for review by the BOS, the grantee, or other departments.
- I. Act as the planning body for all HIV programs in DPH or funded by the County; and
- J. Make recommendations to the BOS, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Program Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

Section 5. Federal and Local Compliance. These Bylaws ensure that the Commission meets

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all Ryan White Program, HRSA, and CDC requirements and adheres to the Commission's governing Los Angeles County Code, Title 3—Chapter 29.

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

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

II. MEMBERS:

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

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.
- B. Alternates are appointed by the BOS to serve in place of a full seated Unaffiliated Consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities;
- C. Committee-Only Members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Committee-Only Members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members, and one (1) non-voting member. Voting members are nominated by the Commission and appointed by the BOS. Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
 - 1. Medi-Cal, State of California,
 - 2. City of Pasadena,
 - 3. City of Long Beach,
 - 4. City of Los Angeles,
 - 5. City of West Hollywood;
- C. Four (4) members who are recommended by Ryan White grantees as specified below or by representative groups of Ryan White grant recipients in the County, one from each of the following:
 - 1. Part B (State Office of AIDS),
 - 2. Part C (Part C grantees),
 - 3. Part D (Part D grantees),

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- 4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].
- D. Eight (8) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:
 - 1. An HIV specialty physician from an HIV medical provider,
 - 2. A Community Health Center/Federally Qualified Health Center (“CHC”/“FQHC”) representative,
 - 3. A mental health provider,
 - 4. A substance abuse treatment provider,
 - 5. A housing provider,
 - 6. A provider of homeless services,
 - 7. A representative of an AIDS Services Organization (“ASO”) offering federally funded HIV prevention services,
 - 8. A representative of an ASO offering HIV care and treatment services.
- E. Seventeen (17) unaffiliated consumers of Part A services, to include:
 - 1. Eight (8) consumers, each representing a different Service Planning Area (“SPA”) and who are recommended by consumers and/or organizations in the SPA,
 - 2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
 - 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County.
- F. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.
- G. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Department of Housing;
- H. One (1) representative of a health or hospital planning agency
- I. One (1) behavioral or social scientist
- J. Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:
 - 1. Faith-based entities engaged in HIV prevention and care,
 - 2. Local education agencies at the elementary or secondary level,
 - 3. The business community,
 - 4. Union and/or labor,
 - 5. Youth or youth-serving agencies,
 - 6. Other federally funded HIV programs,

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7. Organizations or individuals engaged in HIV-related research,
8. Organizations providing harm reduction services,
9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

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

- A. Commissioners serve two-year staggered terms.
- B. Alternate members serve one-year terms; term begins with the date of appointment.
- C. Committee-Only members serve one-year terms; term begins with the date of appointment.
- D. Members are limited to two consecutive terms in the same seat, unless waived by vote of the BOS.

Section 4. Unaffiliated Consumer Membership. In accordance with Ryan White Part A legislative requirements outlined in Section 2602(b)(5)(C) and consistent with Policy/ Procedure #08.3107 (*Consumer Definitions and Related Rules and Requirements*), the Commission shall ensure that 33% of its members are consumers of Ryan White Part A services who are not aligned or affiliated with Ryan White Part A-funded providers as employees, consultants, or Board members.

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

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

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

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

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Section 7. Parity, Inclusion, and Representation (PIR). In accordance with CDC's *HIV*

Planning Guidance, the planning process must ensure the parity and inclusion of the members.

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

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

Section 9. Accountability. Members are expected to report to and represent their recommending entities and constituencies. Members may, at times, represent multiple constituencies.

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

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

Section 11. Committee-Only Membership. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission's standing committees may elect to nominate Committee-Only members for appointment by the BOS to serve as voting members on the respective committees.

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III. MEMBER REQUIREMENTS:

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

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

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

- A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment.
- B. Commissioners and Alternates are allowed to voluntarily request or accept "secondary committee assignments" upon agreement of the Co-Chairs.

Section 3. Conflict of Interest. Consistent with the Los Angeles County Code 3.29.046 (*Conflict of Interest*), Commission members are required to abide by the

Conflict of Interest and Disclosure requirements of the Commission, the County of Los Angeles, the State of California (including Government Code Sections 87100, 87103, and 1090, et seq.), the Ryan White Program, as outlined in HRSA and relevant CDC guidance.

- A. As specified in Section 2602(b)(5) (42 U.S.C § 300ff-12) of the Ryan White legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of Ryan White funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.
- B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local Ryan White funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.
- C. Further, in accordance with HRSA guidance, Commission Policy/Procedure #08.3105 (*Ryan White Conflict of Interest Requirements*) dictates that all members must declare conflicts of interest involving Ryan White-funded agencies and their services, and the member is required to recuse themselves from **discussion** concerning that area of conflict, or funding for those services and/or to those agencies.

Section 4. Code of Conduct. All Commission members and members of the public are expected to adhere to the Commission's approved code of conduct at Commission and sponsored meetings and events. .

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

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

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

IV. NOMINATION PROCESS:

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

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

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

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee.
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing appropriate Commission-approved application materials and being evaluated and scored by the Operations Committee.

Section 3. Appointments. All Commission members (Commissioners, Alternates and Committee-Only Members) must be appointed by the BOS.

V. MEETINGS:

Section 1. Public Meetings. The Commission complies with federal open meeting requirements in Section 2602(b)(7)(B) of the Ryan White legislation and accompanying HRSA guidance, and with California's Ralph M. Brown Act ("Brown

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Act”) governing open, public meetings and deliberations.

- A. Ryan White legislation states that “meeting of the (planning) council shall be open to the public and shall be held only after adequate notice to the public.” HRSA guidance stipulates that those rules apply to the Commission meetings and meetings of its committees.
- B. The Brown Act instructs that any meeting involving a quorum of the Commission, or a committee must be open to the public and noticed publicly.
- C. Public meeting requirements of the Commission’s working units are outlined in the Commission’s Policy/Procedure #08.1102 (*Subordinate Commission Working Units*).

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

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



- A. Meeting minutes are posted to the Commission’s website at <https://hiv.lacounty.gov/> following their approval by the respective body.

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

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

- A. The Commission’s Annual Conference will replace one of the regularly scheduled monthly meetings .

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

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

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

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

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

VI. RESOURCES:

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

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

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

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

Section 4. Additional Revenues. The Commission may receive other grants and/or

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

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

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

- A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.
- B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or his/her delegated representative serve as the supervising authority of the Executive Director.

VII. POLICIES AND PROCEDURES:

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

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

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

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

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

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

VIII. LEADERSHIP:

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

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

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consultation with the Executive Committee and the Executive Office of the BOS.

7. Chair or co-chair committee meetings in the absence of both committee co-chairs.
8. Serve as voting members on all committees when attending those meetings.
9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

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

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

IX. COMMISSION WORK STRUCTURES:

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

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

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

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

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

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

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

X. EXECUTIVE COMMITTEE:

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

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

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

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

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

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



XI. OPERATIONS COMMITTEE:

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

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

- A. Ensuring that the Commission membership adheres to Ryan White reflectiveness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.
- B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in accordance with the Commission’s established Open Nominations Process.
- C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.
- D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission’s role, processes, and functions.
- E. Developing and revising, as necessary, Commission member duty statements

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(job descriptions).

- F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission.
- G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations.
- H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives.
- I. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.
- J. Coordinating on-going public awareness and information referral activities in collaboration with the Community Engagement Task Force to educate and engage the public about the Commission and promote the availability of HIV services.
- K. Working with local task forces to ensure their representation and involvement in the Commission and in its activities.
- L. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.
- M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
- N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise members of the Commission assigned by the Commission Co-Chairs, and the Commission Co-Chairs when attending.

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

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.
- B. Overseeing development and updating of the comprehensive HIV plan and monitoring implementation of the plan.
- C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding.
- D. Ensuring that the priorities and implementation efforts are consistent with

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needs, the continuum of HIV services, and the service delivery system.

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

XIII. PUBLIC POLICY (PP) COMMITTEE:



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

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

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

- A. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan.
- B. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests.
- C. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.
- D. Facilitating communication between government and legislative officials and the Commission.

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- E. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate.
- F. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate.
- G. Researching and implementing public policy activities in accordance with the County's adopted legislative agendas.
- H. Advancing specific Commission initiatives related to its work into the public policy arena; and
- I. Carrying out other duties and responsibilities as assigned by the Commission or the BOS.

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

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

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

- A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.
- B. Identifying, reviewing, developing, disseminating, and evaluating standards of care for HIV and STD services.
- C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".
- D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.
- E. Developing and defining directives for implementation of services and service models;
- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.
- G. Identifying and recommending solutions for service gaps.
- H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.
- I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.

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- J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity, and best practices.
- K. Verifying system compliance with standards by reviewing contract and RFP templates; and
- L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

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

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

NOTED AND APPROVED:



EFFECTIVE DATE:

July 11, 2013

Originally Adopted: 3/15/1995

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

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| REVISION HISTORY | |
|-------------------|--|
| COH Approval Date | Justification/Reason for Updates |
| 3.15.1995 | Original Adoption |
| 1.27.1998 | Standard Review |
| 10.14.1999 | Standard Review |
| 8.28.2002 | Standard Review |
| 9.8.2005 | Standard Review |
| 9.14.2006 | Standard Review |
| 7.1.2009 | Standard Review |
| 2.9.2012 | Standard Review |
| 5.2.2013 | Integration of Prevention Planning Committee & COH |
| 7.11.2013 | Integration of Prevention Planning Committee & COH |
| (2023 Pending) | Standard Review & HRSA Findings |