



LOS ANGELES COUNTY
COMMISSION ON HIV



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OPERATIONS COMMITTEE Virtual Meeting

Thursday, October 27, 2022

10:00AM -12:00PM (PST)

*Meeting Agenda + Packet will be available on our website at:
<http://hiv.lacounty.gov/Operation-Committee>

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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.

To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

All Public Comments will be made part of the official record.

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

Thursday, October 27, 2022 10:00 AM – 12:00 PM

To Register + Join by Computer:

<https://tinyurl.com/bdexrukh>

**Link is for non-Committee members + members of the public*

To Join by Phone: 1-415-655-0001

Access code: 2596 192 9155

Operations Committee Members:			
Alexander Fuller, <i>Co-Chair</i>	Justin Valero, MA <i>Co-Chair</i>	Miguel Alvarez	Everardo Alvizo
Jayda Arrington	Joe Green	Jose Magaña	Carlos Moreno
QUORUM*:	5		

AGENDA POSTED: October 20, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/5a71641f-af76-43c8-b7f8-0a592a1ed9d7/Calendar%202022_Ongoing01-19-22.pdf

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. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS .

All Public Comments will be made part of the official record.

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

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

Los servicios de interpretación para personas con problemas de audición y los servicios de traducción para

otros idiomas además del inglés están disponibles sin cargo con al menos 72 horas de anticipación antes de la fecha de la reunión. Para coordinar estos servicios, comuníquese con la oficina de la Comisión en hivcomm@lachiv.org o deje un mensaje de voz al 213.738.2816.

SUPPORTING DOCUMENTATION can be obtained via the Commission’s website at <http://hiv.lacounty.gov> or at the Commission office located at 510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020. Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission’s standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs’ discretion, during the course of the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission’s Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order | Introductions | Statement - Conflict of Interest 10:00 AM – 10:02 AM

I. ADMINISTRATIVE MATTERS

- 1. Approval of Agenda **MOTION #1** 10:02 AM – 10:07 AM
- 2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 10:07 AM – 10:11 AM

- 3. Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment, you may do so in-person, virtually by registering via WebEx or submit in writing at hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS 10:11 AM – 10:15 AM

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

IV. REPORTS

- 5. Executive Director/Staff Report** 10:15 AM – 10:30 AM
- A. Operational Updates
 - B. Comprehensive HIV Plan (CHP) 2022-2026 | Update
 - C. Assessment of Administrative Mechanism (AAM) Findings Presentation

- 6. Co-Chair’s Report** 10:30 AM – 10:45 AM
- A. 2022 Work Plan | Review
 - B. 2022 Training Series | Updated
 - C. Committee Co-Chair Open Nominations
 - D. Attendance Award Acknowledgement | Discussion
 - E. Holiday Meeting Schedule

- 7. Membership Management Report** 10:45 AM – 11:00AM
- A. New Membership Application
 - Mary Cummings **MOTION #3**
 - B. New Membership Application Interview Work Group | Update
 - (1) COH Staff Application Review & Verification Process
 - (2) Attending Committee Meetings Requirement | Discussion

- 8. Policies and Procedures** 11:00AM – 11:25AM
- A. Policy Discussions
 - (1) Proposed Revision to Policy #09.4205 | Review + Discussion
 - Two-Person per Agency Rule
 - Contracted Provider Support Documentation
 - (2) Code of Conduct | Review

- 9. Recruitment, Retention and Engagement** 11:25AM - 11:30AM
- Member Contributions/Participation | Report Out

V. DISCUSSION 11:30AM – 11:55AM

- 9. By-Laws Review Planning**
- Unaffiliated Consumer Stipend

VI. NEXT STEPS 11:55 AM – 11:57 AM

- 10.** Task/Assignments Recap
- 11.** Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS 11:57 AM – 12:00 PM

- 12.** Opportunity for members of the public and the committee to make announcements

VIII. ADJOURNMENT 12:00 PM

- 13.** Adjournment for the meeting of October 27, 2022

PROPOSED MOTION(s)/ACTION(s):

MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Operations Committee minutes, as presented or revised.
MOTION #3:	Approve new Membership Application for Mary Cummings (Seat 48- HIV stakeholder representative #5), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

DRAFT

OPERATIONS VIRTUAL MEETING MINUTES
September 22, 2022

OPERATIONS MEMBERS

P=Present | A=Absent

Alexander Fuller <i>Co-Chair</i>	EA	Justin Valero <i>Co-Chair</i>	P	Miguel Alvarez	P	Everardo Alvizo	P	Jayda Arrington	P
Joe Green	P	Jose Magaña	P	Carlos Moreno	P				

COMMISSION STAFF & CONSULTANTS

Cheryl Barrit, MPIA	Dr. Sonja Wright, DACM	Dawn McClendon	Jose Rangel-Garibay, MPH	Catherine Lapointe, MPH
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*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

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

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

Meeting agenda and materials can be found on the Commission's website at

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/81fdf2be-b225-4283-9af1-92db85228220/Pkt-OPS_9.22.22.pdf

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

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION #2: September 1, 2022, minutes (*Passed by Consensus*).

II. PUBLIC COMMENT

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

None.

III. COMMITTEE NEW BUSINESS ITEMS

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

Commissioner Joe Green recommended reconvening in person meetings and inquired about a hybrid format. Executive Director Cheryl Barrit indicated this topic would be covered under the Executive Director's report.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Operational Updates

- C. Barrit introduced the Operations Committee to new staff member Lizette Martinez. L. Martinez will take over the lead role of supporting the Planning, Priorities and Allocations (PP&A) Committee along with the Prevention Planning Workgroup (PPW). L. Martinez will also oversee the tracking and implementation of the Comprehensive HIV Plan (CHP).
- The Board of Supervisors (BOS) will hold its first in-person meeting on September 27, with limited capacity and strict safety protocols in place. C. Barrit will attend virtually to observe for guidance. The BOS will continue to vote every 30 days, on behalf of Commissions, on whether to continue virtual meetings. C. Barrit explained that she is waiting on guidance from County Counsel regarding whether AB 361 allows for the flexibility of alternating between in person and virtual meetings and once clarification is received, she will share with Commission members. At the September 22nd Executive Committee meeting, C. Barrit will provide draft safety and voting protocols that follow the guidance and safety measures enforced by the BOS should the Commission vote to resume in-person meetings. A vote will be taken at the full Commission meeting on October 13th regarding November meetings including the Annual Meeting.

B. Comprehensive HIV Plan (CHP) 2022-2026

- C. Barrit reported that consultant AJ King emailed the first draft of the CHP to PP&A Committee members and the Division of HIV and STD Programs (DHSP) staff for initial feedback, with a deadline of October 3. Once feedback is received, a public comment period will be initiated that involves all commissioners and the community at large. During the upcoming November 10th Annual Meeting, time will be dedicated to highlighting the CHP. The CHP document has 91 pages integrating the four pillars of the Ending the HIV Epidemic (EHE) plan.

D. 2022 Operational Budget

- C. Barrit reiterated the recent hiring of L. Martinez to replace the vacancy left by Carolyn Echols-Watson's retirement and opened the floor up to questions regarding the operational budget. Commissioner J. Green inquired about the opportunity for commissioners to attend conferences. C. Barrit reminded everyone that historically, commissioners have attended the National Ryan White Conference, the International AIDS Conference, and the United States Conference on HIV/AIDS (USCHA) conference hosted by National Minority AIDS Council (NMAC). C. Barrit reminded the Operations Committee that several emails went out to Unaffiliated (UA) Consumers by staff polling for interest in attending the USCHA as the other conferences provided a virtual option. Only one commissioner expressed interest in attending the USCHA but could not attend due to medical reasons. Follow up emails were sent out soliciting interest for a replacement since registration has already been paid; no responses were received. Registration was subsequently transferred to a staff who will report back as part of the shared learning experience. C. Barrit encouraged the Operations Committee to let staff know if there are other conferences UAs are interested in attending.

6. CO-CHAIR'S REPORT

A. 2022 Work Plan | Review

- The Committee reviewed the workplan. Updates included:
- C. Barrit will present the findings of the Assessment of the Administrative Mechanism (AAM) in October.
- The Application Interview Work Group will meet for a final time before presenting the document to the Operations committee in October.

B. 2022 Training Series

- The 2022 Training Series will extend through November 17th, with one final virtual study hour scheduled for December 13; see revised training schedule in meeting packet.
- At its December meeting, the Committee will begin planning its 2023 training schedule which will include member led trainings.

7. POLICY AND PROCEDURES

A. Code of Conduct | Review

- The Operations Committee determined no changes are needed at this time.

B. Two Person per Agency Rule | Discussion

MOTION #3 *Approve Proposed Revisions to Policy #09.4205, as presented or revised.*

(Motion Not Passed by Majority, Roll Call: C. Moreno (No), J. Magana (Yes), J. Green (No), J. Arrington (No), E. Alvizo (No), M. Alvarez (No), J. Valerio (Yes).

- Commissioner J. Green provided historical context for why this rule was designed which was to prevent any one agency from having undue influence during the decision-making process as well as to minimize any potential power imbalances that could extinguish the consumer voice.
- D. McClendon provided a synopsis of the eight responses received from polling other Planning Councils (PCs) who have similar practices in place: (1) San Diego – recently changed their bylaws to limit the number provider representatives from one agency unless a waiver is obtained and there is a demonstrated need that cannot be met by someone else, (2) St. Louis, MO – does not currently have anything in place but are now considering instituting something similar, (3) Miami-Dade, FL - states that no organization shall have more than one representative or employee as a member except as mandated by the legal requirements of partnership programs and people with HIV who work for a funded agency (4) San Francisco - does not have any type of policy regarding limiting provider representatives, (5) Philadelphia – does not have a rule or policy, (6) Dallas, TX - has an established reflectiveness report which enables their Executive Committee to monitor and assess the provider representation on the PC; also, their bylaws restrict provider representation on the PP&A Committee (i.e., providers are not allowed to sit on the PP&A Committee), (7) New York - does not have a formal policy on the number of provider representatives per agency, however there has been a longstanding practice to limit it to two per agency, and (8) Phoenix, AZ – does not have a policy that limits the number of provider representatives from contracted agencies, however in practice they have tried to limit it to no more than three people.
- D. Thomas and Commissioner C. Moreno expressed their discontent with the policy. Staff member S. Wright reminded everyone that there is always room to participate at the Committee-level and by showing up to meetings. S. Wright also reminded the Operations Committee that they were given a homework assignment of bringing ideas to this meeting regarding possible revisions that could be incorporated which highlights special circumstances or nuances. S. Wright also referred to the examples from other PCs that D. McClendon shared and explained that the task at hand is whether the policy is kept or revised to incorporate flexibility with special circumstances.
- After continued discussion and testimonials referencing how the policy has personally affected individuals, a motion was put on the floor regarding voting to keep the policy in place or tabling the discussion until the next meeting in October. The motion was put to the floor as follows: a yes vote means to approve the rule as it is written and to keep it in place and a no vote indicates the Operations Committee would like to continue their discussion of the rule and to potentially make changes.

- Agendize policy #09. 4205 for October.

8. MEMBERSHIP MANAGEMENT REPORT

- The Application Interview workgroup will have its final meeting on September 29th from 9-11am and present the final document to the Operations Committee in October.
- Staff member C. Lapointe sent a membership application email blast that generated 15 new application submissions. Of the 15 new applications, 1 did not qualify as the applicant lived out of the country and 10 applications were incomplete (i.e., only personal information such as name and address were given, none of the additional questions were completed). To prevent incomplete applications from being submitted in the future, D. McClendon updated SurveyMonkey so that questions are not skipped. D. McClendon reminded the Operations Committee that the policy states all new member candidates are required to be interviewed by the Operations Committee. The Operations Committee made the recommendation for staff to (1) contact the applicants to inquire if they would be interested in occupying an alternate seat, (2) obtain a completed application, and (3) proceed with scheduling interviews if the applicant is open to filling an alternate seat, if applicable.
- The Operations Committee had a robust conversation regarding moving alternate commissioners who have been very dedicated and active in attending meetings and overall Commission activities into a full seat. The Operations Committee was aligned with giving priority to alternates who have been active and longstanding members and have shown dedication, commitment, and meet the requirements to fill a full seat.

9. Recruitment, Retention, and Engagement

- The Operations Committee did not discuss Recruitment, Retention, and Engagement.

VI. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP:

- Agendize Work Plan (standing item).
- Agendize Training Series (standing item).
- Agendize Code of Conduct (standing item).
- Agendize Bylaws Review Planning.
- Agendize Proposed Revision to Policy #09.4205
- Agendize continued discussions re: “two person per agency” rule
- Agendize and prioritize attendance acknowledgment award discussion.
- Agendize Membership roster review
- Agendize Application Interview work group findings

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

VII. ANNOUNCEMENTS:

- Co-Chair J. Valero announced that Supervisor Hahn is going to introduce language at the next BOS meeting which discusses various illnesses that require individuals to be quarantined as some employers are reluctant to provide additional paid sick leave since they are already obligated to provide two weeks of paid sick leave for COVID. J. Valero will provide an update regarding the language introduced and the outcome.
- Commissioner J. Green mentioned that the Presidential Advisory Council on HIV/AIDS (PACHA) highlighted aging this year and suggested that the COH uses a bigger lens when reviewing the CHP and find ways to incorporate the topic of aging. J. Green also inquired where Mario Perez (Director, DHSP) is putting resources and if there is anything in place to address the aging community.

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 12:32 pm.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/31/22

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CAO	Michael	Golden Heart Medical	No Ryan White or prevention contracts
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
Transportation Services			
Nutrition Support			
GATES	Jerry	AETC	Part F Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
HIV and STD Prevention Services in Long Beach			
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
Promoting Healthcare Engagement Among Vulnerable Populations			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	Mallery	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	No Affiliation	No Ryan White or prevention contracts

SAVE THE DATE

Planning for Action: 2023 and Beyond

Thursday, Nov. 10, 2022

9:00 AM - 4:30 PM (PST)

DISCUSSION TOPICS

- HIV and STDs in LA County Update
- Comprehensive HIV Plan 2022-2026
- Transgender Empathy Training
- Real Talk: The Effects of Trauma on People Living with HIV
- Undetectable=Untransmittable (U=U): Moving from Awareness to Full Integration in HIV Care
- Dreaming Big: Community Wishlist for a Better and Modernized Ryan White Care System

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or click [here](#).



For technical assistance contact:
dmccleendon@lachiv.org or
(213) 509-9199

Meeting will be held virtually
Agenda and meeting materials will be available [HERE](#)
Spanish interpretation will be provided



LOS ANGELES COUNTY
COMMISSION ON HIV



Assessment of Administrative Mechanism (AAM) Ryan White Program Year 31 (March 1, 2020-February 28, 2021) - Responses from Commissioners

Friday, June 17, 2022



Background

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

Background

- AAMs typically cover contracted agencies only.
- However, the Commission also uses the AAM cycles to assess the Commissioners' understanding of the priority setting and resource allocation process.
- The contract period covered by this AAM summary is the Ryan White Program Year 31 (March 1, 2020-February 28, 2021).
- Commissioners were invited to respond to the survey between April 4 to May 9, 2022.
- N= 19

Q1: For how long have you served as a Commissioner and/or Alternate on the Los Angeles County Commission on HIV?

Answered: 19 Skipped: 0

ANSWER CHOICES	RESPONSES	
Less than 1 year	15.79%	3
Between 1-2 years	26.32%	5
Between 2-3 years	21.05%	4
Between 3-4 years	5.26%	1
Between 4-5 years	0%	0
5 years and more	31.58%	6
TOTAL		19

Q2: During the Ryan White Program Year 31 (March 1, 2020 – February 28, 2021) priority setting and resource allocation process, which committee(s) were you a member of?

ANSWER CHOICES	RESPONSES	
Executive	10.53%	2
Operations	26.32%	5
Planning, Priorities and Allocations	21.05%	4
Public Policy	31.58%	6
Standards and Best Practices	31.58%	6
N/A-I was not a member	5.26%	1
TOTAL		24

Q3: During the Ryan White Program Year 31 (March 1, 2020 – February 28, 2021) priority setting and resource allocation planning cycle, did the Commission on HIV review/study an appropriate amount and type of data on an ongoing basis to determine community needs?

ANSWER CHOICES	RESPONSES	
Yes	89.47%	17
No	0%	0
I don't Recall	5.26%	1
N/A-I was not a member during the last planning cycle	5.26%	1
TOTAL		19

Q3: During the Ryan White Program Year 31 (March 1, 2020 – February 28, 2021) priority setting and resource allocation planning cycle, did the Commission on HIV review/study an appropriate amount and type of data on an ongoing basis to determine community needs?

Comments:

I think a greater amount of data service/resource and funding direct from the independent CA Health Jurisdictions in LA County.

Q4: During the Ryan White Program Year 31 (March 1, 2020 – February 28, 2021) planning cycle, do you recall any of the following DHSP reports being provided as a part of the priority setting and resource allocation process?

ANSWER CHOICES	RESPONSES	
Ryan White Program expenditure reports	73.68%	14
Service utilization data	52.63%	10
Needs assessment data	47.37%	9
Program and Expenditures updates	47.37%	9
Prevention data (such as HIV/STD Testing Services; National HIV Behavioral Surveillance Project; LAC Apps-Based Survey; Contacted Biomedical Services; Contracted HIV Education and Risk Reduction (HERR) Services); Contracted Vulnerable Populations Services)	68.42%	13
HIV and STD Surveillance data	84.21%	16
TOTAL		71

Q4: During the Ryan White Program Year 31 (March 1, 2020 – February 28, 2021) planning cycle, do you recall any of the following DHSP reports being provided as a part of the priority setting and resource allocation process?

Comments:

Not sure on the one item. It may well have been done, I just don't remember.

We could use more INTERSECTIONAL data on HIV HOUSING , HIV mental health, HIV SUBSTANCE USE INCLUDING HARM REDUCTION ,especially related to methanol hatsmine use, AND a significant update on LGBTQI stigma/discrimination, and data that better shows the increasing needs of Seniors infected with HIV.

I don't remember the specific reports. We were still receiving LACHAS reports and gearing up for EHE. I don't remember a lack of data.

Seen reports but not sure on time frame; also not sure how No 1 and 4 differ

Q5: Please indicate the degree to which you agree with the following statement: There is adequate consumer participation and input in the planning, priority setting and resource allocation process.

ANSWER CHOICES	RESPONSES	
Strongly agree	21.05%	4
Agree	21.05%	4
Neither agree or disagree	10.53%	2
Disagree	26.32%	5
Strongly disagree	5.26%	1
I don't know	5.26%	1
Comments	10.53%	2
TOTAL		19

Q5: Please indicate the degree to which you agree with the following statement: There is adequate consumer participation and input in the planning, priority setting and resource allocation process.

Comments:

“Adequate” however is insufficient, and consumers need much more support to participate especially elderly and long term survivors, and people of color— especially Native American Representatives

Agree, but we could do with more consumer involvement.

Q6: Please indicate the degree to which you agree with the following statement: During the last planning cycle, I was adequately notified of planning, priority setting and resource allocation activities and meetings.

ANSWER CHOICES	RESPONSES	
Strongly agree	52.63%	10
Agree	42.11%	8
Neither agree or disagree	5.26%	1
Disagree	0%	0
Strongly disagree	0%	0
I don't know	0%	0
TOTAL		19

Q7: Please indicate the degree to which you agree with the following statement: In terms of structure and process, the Commission on HIV is effective as a planning body.

ANSWER CHOICES	RESPONSES	
Strongly agree	21.05%	4
Agree	57.89%	11
Neither agree or disagree	15.79%	3
Disagree	5.26%	1
Strongly disagree	0%	0
TOTAL		19

Q8: Please indicate the degree to which you understand the following:

	COMPLETELY UNDERSTAND	SOMEWHAT UNDERSTAND	MOSTLY DON'T UNDERSTAND	DON'T UNDERSTAND AT ALL	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Structure of the Commission on HIV	73.68% 14	21.05% 4	5.26% 1	0% 0	0% 0	19	1
Role of the Commission on HIV	78.95% 15	21.05% 4	0% 0	0% 0	0% 0	19	1
Process(es) of the Commission on HIV	63.16% 12	31.58% 6	5.26% 1	0% 0	0% 0	19	1

Q8: Please indicate the degree to which you understand the following:

Comments:

We participate in creating plans. We don't lack for plans. Success in the metrics we use is incremental. We can't keep doing the same things and expect different results.

The COH has done a great job helping me learn and understand my role as a commissioner

Q9: Please indicate the degree to which you agree with the following statements: The Commission on HIV has prepared me to make decisions related to:

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Service standards	21.05% 4	52.63% 10	21.05% 4	5.26% 1	0% 0	0% 0	19	1
Allocation/Reallocation Process	26.32% 5	52.63% 10	15.79% 3	5.26% 1	0% 0	0% 0	19	1
Service Category Prioritization	31.58% 6	42.11% 8	21.05% 4	5.26% 1	0% 0	0% 0	19	1

Q9: Please indicate the degree to which you agree with the following statements: The Commission on HIV has prepared me to make decisions related to:

Comments:

As part of the Commission, I believe there is always room for improvements and increased knowledge.

We have the knowledge and experience around the table. We need more direct consumer feedback and involvement.

Q10: Please indicate the degree to which you believe the priorities and allocations established by the Commission on HIV in the Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) were followed by DHSP.

ANSWER CHOICES	RESPONSES	
A great deal	21.05%	4
A lot	31.58%	6
A moderate amount	21.05%	4
A little	0%	0
Not at all	0%	0
I don't know	21.05%	4
N/A	5.26%	1
TOTAL		19

Thank you.

Assessment of Administrative Mechanism (AAM) Ryan White Program Year 31 (March 1, 2020-February 28, 2021) - Responses from Contracted Providers

October 4, 2022



Background

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

Background

- The contract period covered by this AAM summary is the Ryan White Program Year 31 (March 1, 2020-February 28, 2021).
- An email was sent to all (43) DHSP-contracted community agencies on 8/18/22 inviting them to respond to the AAM via SurveyMonkey.
- Included prevention providers.
- One response per agency.
- Responses were collected between 8/18/22-9/15/22.
- N= 11
- Small mid-size and large organizations responded

Q1. Please describe the level of guidance you get from DHSP with respect to invoicing, budget development and budget modifications.

Answered: 11 Skipped: 0

1. The process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome.
 2. Ongoing oversight on all dimensions. Usually high level of guidance provided, medium level during the COVID Era.
 3. We receive sufficient guidance regarding invoicing, budget development and budget modification.
 4. We've received very good, clear guidance from DHSP on budget development and modifications. They are highly responsive regarding invoicing, so there has been some lack clarify around invoicing for PFP portion of contract.
 5. Our DHSP Program Managers and Finance Managers have always been accessible and more than willing to assist our program when needed.
-

Q1. Please describe the level of guidance you get from DHSP with respect to invoicing, budget development and budget modifications.

Answered: 11 Skipped: 0

6. Our DHSP team is most prompt and helpful when needed.
7. My project officer has been very helpful with all bud mods and invoicing
8. DHSP program managers are always available to assist and provide guidance.
9. DHSP gives adequate guidance in this area when needed.
10. Minimal
11. Guidance is generally provided when something needs to be revised. Over the years the budget process has become more tedious compared with funds that come directly from a federal source (HRSA, CDC, SAMSHA).

Q2:With respect to the process of program monitoring, how clear are you on the expectations prior to the site visit and monitoring?

Answered: 10 Skipped: 0

ANSWER CHOICES	RESPONSES
Very clear	50.00% 5
Somewhat clear	40.00% 4
Somewhat unclear	10.00% 1
Not clear at all	0.00% 0
TOTAL	10

[Comments \(6\)](#)

Q2:With respect to the process of program monitoring, how clear are you on the expectations prior to the site visit and monitoring?

Answered: 10 Skipped: 0

1. No information regarding audit has been provided yet.
 2. Usually preparation materials are sent in advance.
 3. There could have been clearer outlining of expectations prior to the site visit. Additionally, the site visit did not occur until the beginning of year 3, which was problematic.
 4. Program managers convey expectations clearly prior to monitoring.
 5. It seems that things are always changing. One year you get a great audit score and the next its terrible.
 6. Seems like each year the expectations change. Moreover, not clear why a program that is in compliance needs to be reviewed every year. Moreover, there is a constant change in Program Managers. This creates a disconnect with understanding how a program operates. Program Managers need to go out into the field and witness programs in action.
-

Q3: Does DHSP regularly provide feedback on your performance? If so, is the feedback helpful? What is helpful about the feedback?

Answered: 11 Skipped: 0

1. Feedback is always helpful. The more specific it is, the better.
 2. Yes, DHSP provides feedback on performance that is helpful.
 3. There is not regular feedback on the performance.
 4. Our DHSP Managers regularly provide feedback on our performance. The feedback has always been helpful to improve our program policies and procedures.
 5. We get regular communication from our program monitor. Updates and questions from finance are asked as needed.
-

Q3: Does DHSP regularly provide feedback on your performance? If so, is the feedback helpful? What is helpful about the feedback?

Answered: 11 Skipped: 0

6. Yes. The quarterly report is very helpful
 7. Yes, DHSP provides helpful feedback to improve in areas of less strength. Also, if there is any programmatic issue, the feedback allows us to get back on track to achieve contractual goals.
 8. DHSP provides feedback and about performance, goals etc.
 9. No, and I think it would be nice to have a working relationship with all the program managers.
 10. Feedback is generally provided in written form following a program review or if a grievance was submitted to DHSP.
-

Q4: Do you get feedback or technical assistance from DHSP on barriers and challenges reported on progress reports? If so, is that feedback or TA helpful? Please elaborate.

Answered: 11 Skipped: 0

1. Yes, DHSP has been providing feedback and assisting us when we have questions. In particular, DHSP invited us to an MCC meeting where most providers were present so we could discuss our services and the referral process.
 2. Needs to be on an ongoing basis. During the COVID period staff were redeployed to address the COVID Pandemic.
 3. I don't recall a specific incident. However, I do believe they have been supportive regarding barriers and challenges.
 4. No feedback is given on any challenges or anything specific that's reported in the monthly reports.
 5. Feedback from our monthly progress reports is usually discussed during our annual program reviews. DHSP Program Managers often give examples of what other community facility programs with similar barriers and challenges are experiencing and how they are improving.
-

Q4:Do you get feedback or technical assistance from DHSP on barriers and challenges reported on progress reports? If so, is that feedback or TA helpful? Please elaborate.

Answered: 11 Skipped: 0

6. Our program monitor is most supportive and helpful.
7. None
8. Yes, we get feedback. DHSP always offers TA when needed, especially after a programmatic review, to address any issues identified.
9. Yes, TA is provided when requested. It has proven to be helpful taking a deeper dive into the contract expectations and clarify areas where we may have questions.
10. no- no feedback or suggestions.
11. Despite repeated requests for TA, no. One particular program continues to be challenged with reporting on one of the domains, and although we have requested TA, there has been no follow up.

Q5: With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).

Answered: 11 Skipped: 0

1. As it pertains to the fiscal portion, the process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome. In addition, we had a lot of back and forth with the prior program manager. The service category is HIV Legal Services.
2. Education and Prevention-High TCM-Medium
3. Both assigned program manger and fiscal representative have been helpful. RCFCI service category.
4. N/A Were not involved in the development of the contract

Q5: With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).

Answered: 11 Skipped: 0

5. XXXX currently has three DHSP contracts: Medical Care Coordination Services, Ambulatory Outpatient Medical Services and Transportation Services. The transportation services contract is fairly new and was implemented during the pandemic. Unfortunately, we experienced a lack of guidance and/or communication with DHSP when trying to set up individual contracts with Metro. At the time, we didn't know who our assigned Transportation Program Manager was and could not get any response from calls and emails. We later found out that several managers had been temporarily reassigned to work on COVID-19 projects and/or were working from home. We currently have an amazing, supportive Transportation Program Manager!

Q5: With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).

Answered: 11 Skipped: 0

6. We have an HE/RR contract and have had that contract for many years. The level of technical assistance is beneficial when needed - especially around audits.
 7. I appreciate the offer of TA
 8. At the beginning of 2022, we submitted our proposal for the HIV Biomedical PrEP Prevention RFP. During the application process, DHSP provided TA through webinars, provided an email address to submit any questions related to the RFP, and then posted the answers. Those tools allowed us to have a better understanding of submitting our proposal.
 9. Technical assistance has been provided surrounding Benefits Specialty Services and has been helpful for frontline staff in delivering services, as well as managing the contract.
-

Q5: With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).

Answered: 11 Skipped: 0

10. XXXX- non existent but ok during audit XXXX- minimal PH003772- great XXXX- current is great, past was non existent XXX- great
11. Most contracts have been in place for a number of years. Program Managers adhere to a strict definition of the contract language, but no very little how a program actually operates.

XXXX = used to replace contract numbers to maintain anonymity.

Q6:Do the RFPs provide clear instructions, directions, and/or guidance? If yes, how so? If no, in what ways are they unclear? What was your role in developing the application in response to the RFP? Please elaborate.

Answered: 11 Skipped: 0

1. We did not reply to an RFP. We were asked to assume the delegation of duties from a current contract.
 2. Multiple year funding, directions have been similar over the years. Was the lead on the application, and worked with staff on all stages of the submissions.
 3. I do not recall. I was part of an in-house team that responded to the last RFP.
 4. Did not develop the application. Were not employed with the organization at that time.
 5. To my knowledge, the RFP instructions, directions and/or guidance seem to be clear. As the Program Manager, my role includes reporting, client numbers, etc.
-

Q6:Do the RFPs provide clear instructions, directions, and/or guidance? If yes, how so? If no, in what ways are they unclear? What was your role in developing the application in response to the RFP? Please elaborate.

Answered: 11 Skipped: 0

6. N/A We have maintained the HE/RR contract for many years.
7. The administrative guidance and task are extremely cumbersome and take way too much time from our time
8. The RFP provided clear instructions regarding the staff required to implement and roll out the program and priority populations. However, it did not explain how the goals would be calculated. It was the program manager who explained that goals are calculated based on the assigned FTEs.
9. Yes, RFPs provide clear instructions. I have provided support in developing RFP application responses.
10. The RFPs are clear. The auditing is not consistent especially in BSS and MH. I was the main contact for the response.
11. As noted above, many contracts have been in place for many years. In my capacity at our organization, I wrote most of the applications. I have found the RFP's to be generally very clear.

Q7: Do you feel the county's process of awarding contracts for services is fair? Please explain.

Answered: 11 Skipped: 0

1. Yes. It is transparent and provides due consideration of experience with the clients and area of service.
 2. Yes. I believe there is an outside, independent County review panel.
 3. Yes. In my experience for RCFCI services the RFP appeared fair.
 4. Don't have sufficient information to answer this question.
 5. I feel the process is fair. Contracts and funding are usually awarded to those areas and SPAs that need it.
 6. Understanding what difficulty it must be to streamline processes and use pre-authorized agencies, it seems fair.
-

Q7: Do you feel the county's process of awarding contracts for services is fair? Please explain.

Answered: 11 Skipped: 0

6. Yes. DHSP, in this last cycle has been fair.
 7. I understand there is a review committee that evaluates each proposal. However, I am unaware of how the review panel is chosen and how someone becomes part of it. I consider it should be more transparent to ensure there are no biases.
 8. Yes, to my knowledge our agency has experienced fairness in awarding of contracts.
 9. Yes
 10. Yes; however, there continues to be some agencies funded that have a history of under-performing.
-

Q8:What are the most effective practices implemented by your agency to ensure that Ryan White program funds are spent efficiently? Please elaborate.

Answered: 11 Skipped: 0

1. The team is established and is ready to receive referrals on trains, partners and the community.
2. Regular supervision meetings. Our award amount has remained basically the same for the past 14 years without a cost of living increase.
3. Ensuring that we have a full house and are able to bill for all available beds.
4. Internal controls on grant money spent provide a framework to ensure efficient use of program funds. These include internal approval processes, monthly financial reporting and accounts payable controls.
5. In-house audits.

Q8:What are the most effective practices implemented by your agency to ensure that Ryan White program funds are spent efficiently? Please elaborate.

Answered: 11 Skipped: 0

6. The HE/RR contract is very specific. The guidelines are clear and reporting for both programming and financials are direct and easy to complete.
7. Targeting the right populations
8. Our agency has compliance tools that are reviewed quarterly to ensure all practices are followed, and funds are spent according to the contractual guidelines. Additionally, we submit our invoices and request feedback from the program manager or fiscal representative. If a discrepancy is identified, our accounting and program administrator correct the issue.

Q8:What are the most effective practices implemented by your agency to ensure that Ryan White program funds are spent efficiently? Please elaborate.

Answered: 11 Skipped: 0

9. Continuous Quality Improvement efforts, through program monitoring, communication with DHSP, agency administration, management (finance, director etc) and frontline staff.
10. We have a dedicated fiscal manager. Programmatically we conduct internal audits.
11. Having finance and program administration staff who understand the contract, allowed expenses, and who work as a team to monitor expenses and respond in a timely manner with submitting budget mods.

Q9:DHSP issues payments within 30 days following submission of complete, accurate invoices, and submitted in a timely manner as stipulated by the DHSP contract.

Answered: 10 Skipped: 1

ANSWER CHOICES	RESPONSES
Always	40.00% 4
Usually	50.00% 5
Rarely	0.00% 0
Never	0.00% 0
N/A, I Don't Know	10.00% 1
TOTAL	10

[Comments \(3\)](#)

1. Payments are generally received in 45-60 days.
 2. Much better than in the past.
 3. However, it takes forever to receive an executed contract; often well-beyond the 90-days an agency is expected to "float" a program.
-

Q10: Are there other comments or feedback you would like to share about the County's procurement, contracting, and invoicing process? Please provide specific examples and suggestions for improvement.

Answered: 8 Skipped: 3

1. No/None (2)
 2. Honor the agencies' individual Negotiated Indirect Cost Agreements (NICRAs). A 10% ceiling is too low.
 3. N/A (3)
 4. I know that sometimes the payment takes longer than 30 days, regardless of submitting the invoice on time.
 5. DHSP staff often inform an agency that they have 24-48 hours to respond to a request; however, it often takes DHSP many months to execute a contract or approve a budget modification. There have been occasions when a budget mod was approved after a contract ended. Agencies should be allowed to submit a final budget mod, with parameters, upon submission of a final invoice. DHSP staff need to go out into the field and gain an understanding of the programs they monitor. Most program staff at funded agencies returned to the office in 2021, yet DHSP staff continued to work at home. The optics of this was/is not great. This further demonstrates the disconnect with what happens in the field.
-

Thank you.



LOS ANGELES COUNTY COMMISSION ON HIV 2022 OPERATIONS WORKPLAN

Co-Chairs: Luckie Fuller, Justin Valero				
Approval Date: 2.24.22 Updated: 2.24.22, 4.21.22, 5.17.22, 6.14.22, 8.31.22, 9.15.22, 10.25.22				
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2022.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Develop the Comprehensive HIV Plan (CHP) 2022-2026	The Committee will gather, discuss, develop, and provide planning priorities for inclusion in the plan.	10/2022	
2	Assessment of the Administrative Mechanism (AAM)	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Health Resources Administration (HRSA) expects planning council to complete the AAM on an annual basis.	June-July 2022	Survey sent to all commissioners. Survey will be sent to providers mid-June. AAM findings presentation in October.
3	Implement HealthHIV - Planning Council effectiveness assessment recommendations	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment: (1) Member Recruitment and Retention; (2) Community Engagement/Representation; and (3) Streamlining the LAC COH's Work	Ongoing	See summary and recommendations
4	Implement 2022 Training Plan	Implement member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.	Feb-Dec 2022	Training Plan appvd 2.24.22. General orientation 3.29.21, virtual study hour 4.12.22; Ryan White Overview 7.21.22. Priority Setting and Resource Allocation Process + Service Standards Development 9/15 @ 3pm. Virtual Study Hour 10.20.22 @ 3pm - cancelled. Co-Chairs Roles and Responsibilities 11.14.22 @ 4-5pm, Policy Priorities and Legislative Docket Development 11.16.22 @ 4-5pm.

LOS ANGELES COUNTY COMMISSION ON HIV 2022 OPERATIONS WORKPLAN

		*Additional training may be integrated at all COH subgroups as determined by members and staff		
5	Consumer Engagement and Retention Strategies	Development of engagement and retention strategies to align with CHP efforts: COH social media campaign	Ongoing	<ul style="list-style-type: none"> ● January 27th: New Social Media initiative: Presentation/discussion led by C. LaPointe ● Selected members will be participating in the CHATT PLANNING Learning Collaborative co-hort to develop a formal recruitment and retention plan. Updates to follow.
6	Membership Application Process: Update Application Interview Questions	Update application interview questions to a more condensed and community friendly format; strategize ways to streamline the interview process	April-May/2022	Updates/status provided: January, February, March, April, May, June -Application to be presented to Operations in October.
7	Review Membership to Ensure PIR	Review membership to ensure PIR is reflected throughout the membership, to include Alternate seat review, seat changes, attendance	Quarterly	PIR reviewed in January. PIR updated in August, reflects current body.
8	Attendance Review	Review Attendance Matrix Quarterly	Quarterly	Attendance reviewed in January, April, December.



LOS ANGELES COUNTY
COMMISSION ON HIV

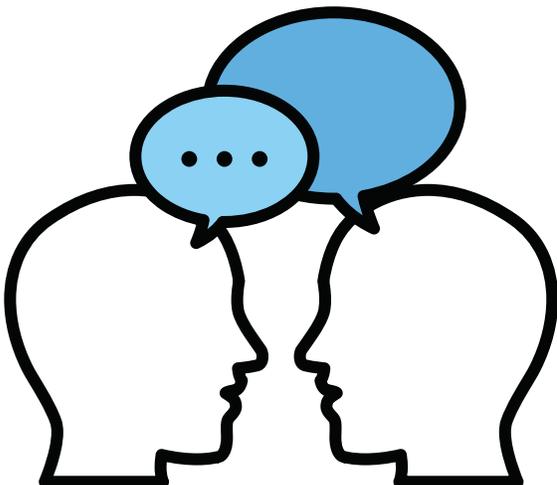


Los Angeles County Commission on HIV Training Schedule 2022

Come learn with us!

All trainings are open to the public. Virtual study hours will be available for all commissioners and members of the public who have any questions about the purpose and functions of the Commission on HIV.

Trainings are mandatory for all Commissioners.



UPDATED SCHEDULE

(AS OF 9.27.22)

March 29

General Orientation

Commission on HIV Overview

3:00 - 4:30 PM - Register [here](#).

April 12

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

July 21

Ryan White Care Act Legislative Overview Membership Structure and Responsibilities

3:00 - 4:30 PM - Register [here](#).

August 17

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

September 15

Priority Setting and Resource Allocation Process Service Standards Development

3:00 - 4:30 PM - Register [here](#).

October 20 **CANCELLED**

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).

November 16

Policy Priorities and Legislative Docket Development Process

4:00 - 5:00 PM - Register [here](#).

November 17 **CHANGED TO NOV 14 @ 4-5PM**

Co-Chair Roles and Responsibilities (Virtual live)

4:00 - 5:00 PM - Register [here](#).

December 13

Virtual Study Hour

3:00 - 4:00 PM - Register [here](#).



POLICY/PROCEDURE #08.1104	Commission and Committee Co-Chair Elections and Terms	Page 1 of 8
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SUBJECT: The process and scheduling for Commission and Committee Co-Chair elections.

PURPOSE: To outline the steps and timing for the Commission's and standing committees' Co-Chair elections.

BACKGROUND:

- Federal Ryan White legislation mandates that all Part A jurisdictions establish local HIV planning councils to develop a comprehensive HIV plan, rank priorities and determine allocations, create standards of care, and to carry out a number of other responsibilities. The Los Angeles County Commission on HIV serves as the local Ryan White Part A HIV planning council for the Los Angeles County.
- In accordance with Ryan White rules and Ordinance 3.29 of the Los Angeles County Charter, the Commission on HIV comprises 51 voting members, meets monthly, and fulfills its various responsibilities through an open, transparent meeting process. The meetings comply with appropriate provisions of California's Ralph M. Brown Act, and are run according to Robert's Rules of Order.
- Elected leadership is necessary to represent the planning council, facilitate the meetings, and oversee planning council work, among other responsibilities. The Health Resources and Services Administration (HRSA), the federal agency responsible for administering the Ryan White Program, recommends that planning councils elect Co-Chairs for these functions. The Commission on HIV has adopted HRSA's guidance with two Co-Chairs elected by the membership.
- The Commission on HIV relies on a strong committee structure to discharge its work responsibilities. Consistent with the Commission's By-Laws, the Commission organizational structure comprises five standing committees: Executive, Public Policy (PP), Operations, Priorities, Planning, and Allocations (PP&A), and Standards and Best Practices (SBP). Except for the Executive Committee (where the Commission Co-Chairs serve as the Committee Co-Chairs), the standing committees are led by two Co-Chairs elected by the Committee membership.

Policy #08.1104: Commission and Committee Co-Chair Elections and Terms

Page 2 of 7

- The Commission Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Commission Co-Chair*. The Committee Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Committee Co-Chair*.

POLICY:

1. The Commission Co-Chairs are elected to two-year terms, and each Co-Chair seat expires in December of alternate years. Except for the Executive Committee, each of the standing committees annually elects two Committee Co-Chairs to one-year terms that expire in February. There are no limits to the number of terms to which a Commission or committee Co-Chair can be re-elected. Co-Chairs elected to fill mid-term vacancies are elected for the remaining duration of the term, until it expires.
2. The Commission Co-Chairs are considered members of all committees, and also serve as Executive Committee Co-Chairs. Committee Co-Chairs cannot serve as Co-Chair to more than one committee at a time.
3. Nominations for the vacant Commission Co-Chair seat are normally opened in August, unless unexpected circumstances arise (meeting cancellations, absence of quorum, etc.) prevent it. Nominations for the Committee Co-Chair seats are usually opened in January, following election of the Commission Co-Chairs and final committee assignments, unless otherwise delayed. Members can nominate themselves or can be nominated by other stakeholders throughout the period in which the nominations are open.
4. Except for immediate vacancies in both Co-Chair seats, nominations must be open at the monthly meeting prior to the Co-Chair elections. Unless delayed or postponed, the Co-Chair elections are held at following month's regular meeting.
5. Commission Co-Chair candidates must have at least a year's service on the Commission. At least one of them must be HIV-positive and at least one of them must be a person of color. Only Commissioners can serve as the Co-Chairs. Only Commissioners serving in their primary committee assignment may serve as Committee Co-Chairs, but at least one of the Committee Co-Chair seats must be filled by a Commissioner. Unaffiliated HIV-positive consumers are highly encouraged to seek leadership roles and run for a Commission or Committee Co-Chair seat whenever possible.
6. Co-Chairs are elected through a sequential voting process until there are only one or two candidates remaining, as need dictates. The Commission/committee must approve the final candidate(s) through a consent vote of approval or through individual roll call votes. All Co-Chairs must be elected by a majority of the voting membership. A Co-Chair candidate's failure to earn a majority vote disqualifies that member as a Co-Chair candidate for that term, closes the election for that meeting, extends the nominations period, and postpones the election to the subsequent meeting.

7. Commission and Committee Co-Chair terms are allowed to be extended to accommodate delayed meeting schedules, lack of suitable candidates, or when the body cannot determine definitive, final Co-Chair candidates. A single Co-Chair may also continue to serve, when needed, until a second Co-Chair candidate is identified and elected.

PROCEDURE(S):

1. **Terms of Office:** The Commission Co-Chairs are elected to office for staggered two-year terms. Aside from the Executive Committee, standing committee Co-Chairs are elected for two-year terms.
 - a. Commission Co-Chair terms expire in alternate years to ensure leadership continuity. The Commission Co-Chairs also serve as Co-Chairs of the Executive Committee, and serve in those roles for the duration of their tenure as Commission Co-Chairs.
 - b. The four, remaining standing committees [Public Policy (PP), Operations, Priorities Planning and Allocations (PP&A) and Standards and Best Practices (SBP)] elect their Co-Chairs for one-year terms that expire concurrently.
 - c. Commission Co-Chair terms expire in December of the calendar year, unless the November and/or December monthly Commission meeting(s) are cancelled, quorum is not achieved at the meeting at which the Co-Chair is scheduled to be elected, or by majority vote of the Commission to accommodate an extension of the Co-Chair election process.
 - d. Committee Co-Chair terms expire in February of the calendar year, but may be extended, if needed, until new Co-Chairs are elected to fill the leadership positions.
 - e. In the case of a mid-term vacancy in one of the Commission Co-Chair seats, the Commission Co-Chair is subsequently elected to fill the unfinished term resulting from the vacancy. Likewise, committee Co-Chairs elected to fill mid-term vacancies are elected for the respective unfinished terms.
 - f. Commission Co-Chairs are considered voting members of all Committees and subcommittees, but are not counted towards quorum unless present.
2. **Commission Co-Chair Election Process:** Normally—unless adjusted for unexpected circumstances—the Commission Co-Chair elections proceed according to the following schedule:
 - a. 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.
 - b. 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.
 - c. The Co-Chairs delegate facilitation of the Co-Chair election to the Parliamentarian, Executive Director or other designated staff.

- d. Commission members who have been nominated, meet the qualifications, and who accept their nominations are presented for Commission vote.
- e. The Parliamentarian (or Executive Director/staff) leads Commission voting to elect the new Commission Co-Chair.
- g. Following the new Co-Chair's election, the Commission Co-Chairs and the Executive Director must determine Commission members' final committee assignments by the end of December in order to open committee Co-Chair nominations the following month.

3. Committee Co-Chair Election Process: Normally—unless adjusted for unexpected circumstances—the committee Co-Chair elections proceed according to the following schedule:

- a. Aside from the Executive Committee (the Commission Co-Chairs serve as the Executive Committee Co-Chairs), the standing committees open candidate nominations for both Co-Chair seats at their January meetings (following final committee assignments).
- b. Nominations are closed the following month when Committee Co-Chair elections are opened under the Co-Chair reports.
- c. The current Co-Chairs delegate facilitation of the Co-Chair election to the Executive Director or another assigned staff representative.
- d. Committee members who have been nominated, meet the qualifications, and who accept their nominations are presented for Committee vote.
- e. The Executive Director (or other designated staff) leads Committee voting to elect the new Co-Chairs.
- f. The newly elected Co-Chairs begin service at the following committee meeting.

As per Robert's Rules of Order, The Commission Co-Chairs should maintain a position of neutrality and not vote in Committee co-chair elections unless there is a tie vote for a position, then they may (but are not required to) vote to break the tie.

4. Co-Chair Qualifications/Eligibility: Only voting Commissioners may serve as Commission Co-Chairs. In order to ensure leadership diversity and representation, eligible Commission Co-Chair candidates must have at least one year of service and experience on the Commission. Among the two Commission Co-Chairs, at least one of the Co-Chairs must be HIV-positive, and at least one of them must be a person of color. Additionally, it is strongly preferred that at least one of the two Co-Chairs is female.

The Commission does not impose eligibility or qualification requirements for Committee Co-Chairs, although it is strongly encouraged that nominees acquire at least one year's experience with the Committee before standing as a Co-Chair candidate.

- a. Any Committee member nominated as a Co-Chair candidate must be serving on that Committee in his/her primary Committee assignment.
- b. Only Commissioners may serve as Co-Chairs.
- b. Alternates, members serving on the committee in secondary Committee assignments, and BOS-appointed non-Commission committee members may not serve as Co-Chairs.

- 5. Co-Chair Nominations:** Outside the rare possibility of immediate vacancies in both Commission Co-Chair seats, all Commission and Committee Co-Chair elections must follow a nominations period opened at the respective body's prior regular meeting. The nominations period is designed to give potential candidates the opportunity to consider standing for election and the responsibility of assuming a leadership position. Candidates may nominate themselves or participants may nominate other members. Any stakeholder may nominate Co-Chair candidates.

Candidates can be nominated in public when the nominations are opened or any time prior to the closure of the nominations—including just prior to when the Co-Chair elections are opened at the subsequent meeting—or by contacting the Executive Director through phone, email and/or in writing at any time during the period in which nominations are open. Nominations are formally closed when the eligible candidates begin making their statements.

All Commission Co-Chair candidates nominated prior to the meeting of the Co-Chair election are given the opportunity to provide a brief (single paragraph, single page) statement about their candidacy. All Co-Chair candidates should be given the opportunity to make a short oral statement about their candidacy prior to the election.

- 6. Co-Chair Election Voting Procedures:** Co-Chairs are elected by a majority vote:
- a. Roll call voting for elections requires each voting member to state the name of the candidate for whom he/she is voting, or to abstain, in each round of votes.
 - b. If there are more than two candidates nominated for Commission Co-Chair, voting will proceed in sequential roll calls until a final candidate earns a majority of votes and is elected by a consent or roll call vote. If no candidates earn a majority of votes in a single round, the candidate earning the least number of votes will be eliminated from the subsequent round of roll call voting. The process continues until there is a majority vote for one candidate, or only one candidate remains and the others have been eliminated. Once the final candidate has been selected, the Commission must approve that candidate for the Co-Chair seat in a consent or roll call vote.

- c. When there is only one Commission Co-Chair candidate, the vote serves as approval or rejection of the nominated candidate.
 - 1) A consent vote may be used to approve the final candidate(s) for the Co-Chair seat(s). A roll call vote is not necessary for a final candidate unless there are objections to the election of the candidate.
 - d. If there are two Commission Co-Chair vacancies to fill, voting adheres to the process outlined above except that the final two candidates are identified as the final Co-Chair candidates. A consent vote may be used to approve both final candidates, but a subsequent roll call vote is necessary to identify which candidate will fill the longer term; the candidate earning more votes fills the seat with the longer term.
 - 1) A roll call vote to approve both candidates to fill the Co-Chair seats is not necessary unless there are objections to the election of one or both of the candidates.
 - 2) When there are objections to the election of one or both of the candidates, each candidate must be approved by a majority through an individual roll call vote.
 - e. If there are three or more candidates nominated for the two Committee Co-Chair seats, the same process described for Commission Co-Chair election voting (Procedure #4a) is followed. If there are only two Committee Co-Chair candidates, the Committee is entitled to unanimously accept the “slate of Co-Chair nominees”; otherwise an individual roll call vote is necessary to approve the election of each candidate to a Co-Chair seat.
 - f. In the case of a tie during the final vote, the body can re-cast its vote to accommodate changes in voting. If the body cannot resolve the tie after a new vote, the current Co-Chair(s) remain in office, voting is closed, nominations remain open until the subsequent meeting, and a new election is resumed at that meeting. The process will repeat monthly until a clear majority vote-earner is identified.
 - g. If a majority of the voting members oppose a final candidate’s/final candidates’ nominations, the current Co-Chair(s) retain their seat until the subsequent meeting, nominations remain open, and a new election is held at the next meeting. The final candidates’ whose nominations were opposed are no longer eligible to fill the seat in the current term. The process will repeat monthly until the body finds majority support for a final candidate(s).
- 7. Co-Chair Election Contingencies:** A number of factors may impede the normal Co-Chair election timelines outlined in Procedures #2, #3 and #6. Following are potential challenges that can result in process delays, and how those challenges should be resolved:
- a. Inadequate Number of Qualified Co-Chair Candidates:** The Co-Chair whose term has expired may continue in the seat with the term extended until a new Co-Chair is elected. If the Co-Chair does not choose to continue, or has resigned, a Commission or Committee Co-Chair may temporarily serve as a single Co-Chair until a second Co-Chair can be identified and elected. Co-Chair nominations will remain open indefinitely until qualified candidate(s) are identified and elected.

- b. Cancelled Meeting(s) or Quorum(s) Not Realized:** Nominations can be opened at a subsequent meeting and/or extended to accommodate the cancelled meeting(s) or absence of quorum(s). If the meeting for which the election is scheduled is cancelled or a quorum is not present, nominations remain open an additional month and the election proceeds the following month.

**NOTED AND
APPROVED:**



**EFFECTIVE
DATE:**

September 12, 2019

Original Approval:

Revision(s): 10/19/16; 7/24/17; 9/12/19



LOS ANGELES COUNTY
COMMISSION ON HIV



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**POLICY/PROCEDURE
#08.2301**

**(Revised) Voting
Procedures**

Page 1 of 3

FINAL: APPROVED BY COH: 9/12/2019

SUBJECT: The process for formally supporting or opposing Commission, committee or subcommittee actions.

PURPOSE: To describe the procedures for formally determining specific actions proposed at formal Commission or committee meetings.

BACKGROUND:

- Article V (*Meetings*), Section 8 (*Robert's Rules of Order*) of Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*) states the following: "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."
- All Commission member voting is subject to the conditions and provisions of state and federal conflict of interest requirements as detailed in Article VII (*Policies and Procedures*), Section 5 (*Conflict of Interest Procedures*) of Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*) and Policies/Procedures #08.3108 (*Adherence to State Conflict of/Interest Rules and Requirements*).

POLICY:

- 1) Specific actions by the Commission or a committee can be taken as a result of co-chair instruction or following a successful motion by a quorum of a voting body in attendance.
 - a. In accordance with Commission Bylaws, and/or Robert's Rules of Order, certain votes are required of the body in spite of broad agreement.
 - b. All allocation decisions require motions and roll call votes.

- 2) All Commissioners (or their alternates in their absence) who are appointed by the Board of Supervisors may vote on matters before the Commission, unless they have recused themselves. All members assigned to or appointed to committees (or their alternates in their absence) may vote on motions before those committees, unless they have recused themselves.
 - a. "Recusal" is dictated by Policies/Procedures#08.3108 (*Adherence to State Conflict of Interest Rules and Requirements*).
- 3) The Commission or its committee may vote on a motion in one of two ways:
 - a. Unanimous voice vote (with abstentions as noted), commonly called "consensus," or
 - b. Roll call vote
 - c. While they do not count as votes, nor count in the vote tally, abstentions will be recorded and noted in meeting and motion summaries and minutes.

PROCEDURES:

1. **Co-Chairs' Prerogative:** If all in attendance are in agreement, and there is no motion on the floor, it is the co-chairs' prerogative to direct that an action be taken without a specific vote.
2. **Content of Motions:** Motions are made by members of the body and must be acted on for one of three reasons:
 - a. They are "procedural" in nature: required by law or rule, such as the Ralph M. Brown Act or Robert's Rules of Order (e.g., approving the agenda, minutes);
 - b. They are "Action" in nature: either to lend credibility and/or formality to an action already agreed upon by the body; or to determine an action in a way about which there may be varied opinion/disagreement among the members and/or those in attendance.
3. **Submission of Motions:** In accordance with Policy/Procedure #08.1102 (*Subordinate Commission Working Units*), motions are made and acted on in several ways, subject to Robert's Rules of Order:
 - a. They can be included on the agenda in advance of the meeting by a formal subunit of the body (e.g., committee, subcommittee or task force). Motions on the agenda are deemed "moved" by adoption of the agenda, and do not require a second, for a vote.
 - b. They can be made at the meeting in response to a specific agenda item of discussion. These motions require an individual to "move" the action, and a "second" from a person who agrees that the motion should be placed "before the body".
 - c. They can be moved to the agenda by action at a previous meeting and treated appropriately as agenda items.
4. **Voting Privileges:** Motions can only be voted when there is a quorum of the members of the body with voting privileges present:
 - a. All Commissioners (or their Alternates when they are not present) appointed by the Board of Supervisors have voting privileges at Commission meetings;
 - b. All Commission members assigned or appointed to a committee, or their Alternates when they are not present, have voting privileges at the respective committee meetings;
 - c. All members with voting privileges at the Commission or committee meetings who have not recused themselves may vote on any motion "before the body";
 - d. In accordance with Policies/Procedures #08.3108 (*Adherence to State Conflict of Interest Rules and Requirements*), members must recuse themselves when they have an appropriate conflict of interest.

5. **Action Following a Motion:** Once a motion is made, any discussion may follow, unless prohibited by Robert’s Rules of Order. The motion can be amended, postponed or referred, etc., by vote, in accordance with Robert’s Rules of Order.
6. **Consensus on a Motion:** When the body is ready to vote on a motion, it is the Co-Chairs’ responsibility to poll the body by voice, and ask if there is any objection. If there is objection from at least one member of the body, a roll call must be taken (*see Procedure #7*).
 - a. After the co-chair determines if there are no objections, the co-chair will call for abstentions.
 - b. Abstentions are not considered objections, do not count in the final vote, and, thus, do not affect the decision of whether or not the vote is considered unanimous or if a roll call vote must be taken. Abstentions will be noted in the public record.
 - c. If there are no objections, the motion is considered “passed by consensus”.
7. **Roll Call Votes:** A roll call vote is taken by a staff member of non-voting member reading the members’ names aloud who are present and entitled to vote, and recording the members’ votes for the public record.
 - a. The roll call can be taken in alphabetical or reverse alphabetical order.
 - b. Co-Chairs’ votes are taken at the end of the roll call vote; Co-Chairs are not required to vote unless there is a tie in voting (“Co-Chair Prerogative”).
8. **Motion Pass or Fail:** At the end of the roll call, the Parliamentarian or reader tallies the supporting and opposing votes cast and gives the number to the Co-Chair to announce whether the motion has passed or failed according to which vote has the greater number.
 - a. A motion passes if there are a greater number of supporting votes than opposing votes.
 - b. A motion fails if there are a greater number of opposing votes than supporting votes, or if there is a tie between opposing and supporting votes.
9. **Final Decision:** All votes and abstention notes are final when a Co-Chair announces the decision.

**NOTED AND
APPROVED:**



EFFECTIVE

DATE: 9/12/2019

Original Approval: 7/13/2006	Revision(s): 3/14/2012; Updated: 01/20/17; 9/12/2019
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LOS ANGELES COUNTY
COMMISSION ON HIV



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Mary Cummins

Application on file at Commission office

Interview panel: Justin Valero, Luckie Fuller, and Joe Green



2022 MEMBERSHIP ROSTER | UPDATED 8.8.22

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative			Vacant		July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2			Vacant		July 1, 2022	June 30, 2024	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC OPS	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2021	June 30, 2023	
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2021	June 30, 2023	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter (LOA)	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2021	June 30, 2023	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3			Vacant		July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5			Vacant		July 1, 2021	June 30, 2023	Jose Magana (OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5	1	SBP	Michael Cao, MD	Golden Heart Medical	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1			Vacant		July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3			Vacant		July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4			Vacant		July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5			Vacant		July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		32						

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

LOA: Leave of Absence

Overall total: 36



DRAFT - PROPOSED 2022 MEMBERSHIP ROSTER | UPDATED 10.12.22

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8	Part C representative			Vacant		July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
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12	Provider representative #2			Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
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22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter (LOA)	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2021	June 30, 2023	
28	Unaffiliated consumer, Supervisorial District 2			Bridget Gordon		July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3			Arlene Frames	Unaffiliated Consumer	July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5			Felipe Gonzalez		July 1, 2021	June 30, 2023	Jose Magana (OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Vacant	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3	1	PP&A	Vacant	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4	1	EXC	Vacant	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5	1	SBP	Michael Cao, MD	Golden Heart Medical	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1			Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, Cpsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3			Pearl Doan	University of California, Los Angeles	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4			Redeem Robinson	All Souls Movement	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5			Mary Cummings	Bartz-Altadonna Community Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		32						

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

LOA: Leave of Absence

Overall total: 36

Planning Council/Planning Body Reflectiveness (Updated 8.07.22)

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

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	11	30.56%	4	57.14%
Black, not Hispanic	10,155	20.00%	7	19.44%	2	28.57%
Hispanic	22,766	44.84%	12	33.33%	1	14.29%
Asian/Pacific Islander	1,886	3.71%	4	11.11%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	2	5.56%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	36	100%	7	100%

Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	27	75.00%	5	71.43%
Female	5,631	11.09%	7	19.44%	2	28.57%
Transgender	854	1.68%	2	5.56%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	36	100%	7	100%

Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	0	0.00%	0	0.00%
30-39 years	9,943	19.58%	11	30.56%	0	0.00%
40-49 years	11,723	23.09%	10	27.78%	1	14.29%
50-59 years	15,601	30.72%	7	19.44%	4	57.14%
60+ years	8,973	17.67%	8	22.22%	2	28.57%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	36	100%	7	14.29%

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

Non-Aligned Consumers = 19.44% of total PC/PB



New Member Applicant Interview FAQs

Thank you for your interest in becoming a member of the Los Angeles County Commission on HIV (Commission). The following information is provided to assist in preparing for your interview:

1. All candidates for Commission membership are expected to sit for an interview with the Operations Committee and to attend at least one full Commission meeting and one standing committee meeting.
2. Your interview will be conducted by panel of 2-3 Commission members who will engage in a series of questions to assess your breadth of knowledge, experience, and commitment to fulfilling the duties of a member of the Commission. This is intended to be an interactive process.
3. The Commission is a planning body governed not only by statute but also by regulations from HRSA and the CDC.
4. It is important to understand that we are community planners NOT activists. We plan for ALL those at risk for and affected by HIV in Los Angeles County to ensure that they get full access to quality care and prevention services.
5. The Commission is comprised of 51 members, of which 1/3 must be HIV positive consumers of Ryan White services.
6. The entire membership of the Commission should meet Parity, Inclusion and Reflectiveness of HIV
 - a. Parity – As a body, we have done everything possible to provide members the tools, skills and training to be effective planners;
 - b. Inclusion – Everyone has an opportunity to weigh in and contribute to the debate and are actively involved;
 - c. Reflective (Representation) – The full membership and the subset of Unaffiliated Consumer members proportionally reflect the ethnic, racial, and gender characteristics of HIV disease prevalence in the County
7. After the interviews are complete, the Operations Committee weighs your application and interview against other applicants, open seats, and the principals of Parity, Inclusiveness & Reflectiveness described above.
8. Those who are moved forward are sent to the Executive Committee and the full Commission and are then moved to the Board of Supervisors for the final approval. The process can take 2-3 months. We can also hold your application for up to a year to possibly fill future vacancies.
9. There are 4 standing committees (Operations, Standards and Best Practices, Public Policy, and Planning, Priorities & Allocations) of the Commission and, while your application is under review, we strongly recommend you attend at least one meeting of each of the four Committees which meet monthly. Commission members are required to sit on one of these 4 Committees, and it is in these smaller groups where most of the “work” of the Commission is done. See attached Committee Description and Preference form.
10. The following is a link to the Commission’s Glossary of Terms: <https://tinyurl.com/4fajyys9>

New Member Application Evaluation and Scoring Form

We have about 25-30 minutes to complete your interview. We ask you to help us be mindful of the time and recognize we may move you along in order to complete our work and give all applicants equitable time and attention.

Please review membership application and any attached professional qualifications of nominee before completing evaluation and scoring sheet. See below for definition of HIV Workforce Service Provider, Returning Commissioner or those with Planning Council Experience, and Consumers/Unaffiliated Stakeholders. Guidance questions are provided to encourage nominees to communicate their breadth of knowledge, experience, and commitment to fulfilling the duties of a member of the Los Angeles County Commission on HIV. Applicants for Commission membership must meet a minimum score of 60 points to be deemed qualified for appointment.

Name of Nominee _____

Evaluated/Scored by _____

Date of Evaluation/Interview _____

Unaffiliated Consumer

Provider

Definition of terms

1. **HIV Workforce/ Service Provider Representatives:** Professional currently employed with a minimum of 2 years of employment with an organization that provides HIV care, prevention, or STI related services.
2. **Returning Commissioners or those with Planning Council Experience:** Previously appointed Commissioner seeking to retain membership. These candidates are subject to all eligibility guidelines as established by ordinance or compliance with COH policy/procedures.
3. **Consumers/Unaffiliated Individuals:** Applicant has no current affiliation with an HIV care, prevention, or STI related provider. This category includes members of the public.

New Member Application Evaluation and Scoring Form

To determine Supervisorial Districts and SPAs, click here: <https://www.lavote.net/apps/precinctsmaps>

In which Supervisorial District and SPA do you work? Check all that apply.					
District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				
In which Supervisorial District and SPA do you live?					
District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				
In which Supervisorial District and SPA do you receive HIV (care or prevention) services? Check all that apply.					
District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

New Member Application Evaluation and Scoring Form

DEMOGRAPHIC INFORMATION						
RACE/ETHNICITY ** Please select all that apply. **						
<input type="checkbox"/> American Indian or Alaska Native **Please specify Nation in Comment Box below**	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or LatinX	<input type="checkbox"/> Multi-Race		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White or Caucasian	If your RACE/ETHNICITY is not listed, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native:				
GENDER IDENTITY						
<input type="checkbox"/> Non-Binary/ Gender Non-Conforming	<input type="checkbox"/> Transgender: Female to Male	<input type="checkbox"/> Transgender: Male to Female	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
If your gender identity is not listed above, please use this space to share how you self-identify						
AGE						
<input type="checkbox"/> 13-19	<input type="checkbox"/> 20-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60+	<input type="checkbox"/> Prefer not to state
PROVIDER INFORMATION: Check all that apply.						
<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Social Service	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Mental Health		
<input type="checkbox"/> Prevention	<input type="checkbox"/> CBO	<input type="checkbox"/> Other Federal	<input type="checkbox"/> Healthcare Planning	<input type="checkbox"/> Public Health		
Has attended at least one Commission meeting			<input type="checkbox"/> Yes <input type="checkbox"/> No			
INTERVIEW: All candidates for Commission membership are expected to sit for an interview with the Operations Committee and to attend at least one full Commission meeting and one standing committee meeting. The interview is intended to help the Committee better familiarize themselves with the candidate, and for the candidate to better determine their expectations of, interest in, and plans for Commission membership.						
INTRODUCTORY QUESTIONS (all applicants)						
1. Tell us a little bit about yourself and how you see yourself fitting into the Commission?						
2. What do you think about the meetings you attended?						
<input type="checkbox"/> Yes Meetings/Dates: Click or tap here to enter text.						
3. Returning Commissioners: Can you detail the reason(s) why you left the Commission and why you want to return?						

Scoring Criteria		Points Available	Points Earned
I. Commitment & Communication: Individuals who have expressed a desire to commit and demonstrated support necessary to fulfill the duties of a Commissioner as described in the membership application form.			
<p>HIV Workforce/Service Provider Representatives:</p> <ul style="list-style-type: none"> Why do you want to be on the COH? What do you hope to accomplish by your membership in the COH? 	<p>Renewing/Returning Commissioners or those with Planning Council Experience:</p> <ul style="list-style-type: none"> How has your commission membership been beneficial for you? What are you hoping to accomplish by continuing your membership? What are your priorities as a commissioner? 	<p>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</p> <ul style="list-style-type: none"> Why do you want to be on the COH? What do you hope to accomplish by your membership in the COH? Are you willing to participate in further trainings? 	
Oral Communication		5	
Written Communication: (based on application and other material)		5	
Commitment & Communication Sub-total (10)		10	

Scoring Criteria		Points Available	Points Earned
II. HIV/AIDS/STIs Knowledge: Professional, personal, and/or academic knowledge about HIV/AIDS and related issues including STIs.			
<p>HIV Workforce/Service Provider Representatives:</p> <ul style="list-style-type: none"> How knowledgeable are you about LA County's STI/HIV epidemiological profile and service delivery network? What have you learned from your work or community service experience on how to improve health outcomes for PLWHA? 	<p>Renewing/Returning Commissioners or those with Planning Council Experience:</p> <ul style="list-style-type: none"> What areas of the County's STD/HIV epidemiological profile and service delivery network are underrepresented in the COH's discussions? What have you learned from your experience with the Commission on how to improve health outcomes? What type of additional support will you need to increase your capacity? 	<p>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</p> <ul style="list-style-type: none"> What is it that you know about HIV/STIs in Los Angeles County? What challenges are you aware of? 	
HIV/AIDS KNOWLEDGE Sub-total (15)		15	

<p>III. PRIOR COMMUNITY PLANNING EXPERIENCE: Planning experience can be measured by work performed with the commission or other, similar body(ies) or community groups, effective participation at the committee level and/or work groups. Candidate should demonstrate data-driven critical thinking across broad issues affecting multiple target populations, good judgement, consensus building skills and experience, respect for colleagues, and a track record for substantively contributing to a group work and effectiveness.</p>		
<p>HIV Workforce/Service Provider Representatives:</p> <ul style="list-style-type: none"> • What qualities are essential to being an effective planner? • What other planning experience have you had within this field or the community. • What do you hope to learn professionally/personally from being a member of the COH? 	<p>Renewing/Returning Commissioners or those with Planning Council Experience:</p> <ul style="list-style-type: none"> • (Returning/Renewing) What challenges have you experienced in your time on the Commission? If those challenges arise again, how do you plan to overcome them? • In what ways have you become a more effective collaborative planner? 	<p>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</p> <ul style="list-style-type: none"> • Have you been a part of any group related to HIV or healthcare? If so, tell us about those experiences. • Would you like to tell us about any times where you had to consider opinions different than your own?
<p>PRIOR PLANNING EXPERIENCE Sub-total (10)</p>		<p>10</p>
<p>IV. COLLABORATION: Ability to create unique partnerships with fellow Commissioners, organizations, bodies, and / or the public that improve community health.</p>		
<p>HIV Workforce/Service Provider Representatives:</p> <ul style="list-style-type: none"> • Provide some examples of how you have collaborated with other agencies and individuals to meet the needs of your clients? 	<p>Renewing/Returning Commissioners or those with Planning Council Experience:</p> <ul style="list-style-type: none"> • How have you used your COH membership to demonstrate or advance community-based collaborations? • What steps have you taken to encourage others to collaborate? • (Returning) What conflicts, if any, have you had with other commissioners? Have those conflicts been resolved? 	<p>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</p> <ul style="list-style-type: none"> • Would you like to tell us what you would like to work on as a member of the Commission on HIV? • What are some times that you worked with a team?
<p>COLLABORATION Sub-total (10)</p>		<p>10</p>

Scoring Criteria		Points Available	Points Earned
V. HIV Experience: Prior work/volunteer experience in HIV/AIDS service delivery (practical experience) and/or in public policy, or legislative fields.			
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> What skills and abilities have you developed because of your past/current work in the HIV/STI field? How will you use those skills as a potential new member? What are one or two goals you have to improve health outcomes for people living with HIV? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> How have you grown personally or professionally from your Commission membership? What areas of professional or personal development do you feel would make you a more efficient member of the Commission? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> What experience or knowledge do you have around HIV to be an effective member of the Commission on HIV? How can we help you to develop skills or experience to help you become a more effective member of the Commission on HIV? 	
HIV Experience Sub-total (10)		10	
VI. UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS: This domain can be measured by examples of past and current activities that promote awareness and personal responsibility towards understanding the needs of highly impacted populations. Populations are defined as different genders, races, ethnicities, youth, Unaffiliated Consumers (UA), and people with HIV/AIDS (PLWHA). Examples of activities include, but not limited to, participation in training tackling HIV and racism, cultural and linguistic sensitivity, knowledge of the needs of diverse populations, and ability to understand and interpret data accurately. *Please do not skip this section.			
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> What issues of concern to impacted populations (“populations” defined above) would you like to bring to the Commission’s discussions? How can the Commission help you to gain a better understanding of impacted populations you are unfamiliar with? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> What populations have you learned about in your time on the COH? What are some populations you are still unfamiliar with? What types of info or resources do you need to support your education with these populations? How would you use existing resources and information to respectfully engage with those populations? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> What do you feel is being missed in HIV/STI care and prevention in Los Angeles County? 	
UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS Sub-total (10)		10	

Scoring Criteria		Points Available	Points Earned
VII. EFFECTIVE REPRESENTATION: The candidate’s demonstrated ability to act as a subject matter expert and use their expertise to represent their constituency and other perspectives represented in the COH by respectfully communicating needs, interests and concerns of the whole planning body and to present opportunities for the Commission to meet those needs. The Commission membership requires and provides ongoing training on the needs of all populations affected by HIV and STIs.			
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> Which populations do you work with? What is your understanding of equity versus equality? Why do you feel it’s important? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> As a Commissioner, how have you sought out education to gain an understanding of HIV and STIs in those populations you have the least experience with? From your perspective, what other population(s) are underserved in Los Angeles County? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> What specific population(s) are you familiar with? Can you think of an example of how the Commission might help you understand unfamiliar populations? 	
EFFECTIVE REPRESENTATION Sub-total (10)		10	
VIII. RELIABILITY: Capacity to use and apply unique abilities and proficiencies to fulfill membership responsibilities and in the overall improvement of Commission work quality and decision-making.			
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> How does reliability play a role in achieving your goals in your professional/personal life? How would you use your reliability in the Commission? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> Beyond your Commission membership, how have you demonstrated reliability in your community? What type of help would you need to continue your efforts? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> What does reliability mean to you? 	
RELIABILITY Sub-total (10)		10	
X. <ul style="list-style-type: none"> Are any questions you want to ask us? Are there any questions that you came prepared to answer that we did not ask you? 			
INTERVIEW FEEDBACK: This is the interviewee’s opportunity to give us feedback. Sub-total (15)		15	
TOTAL		100 pts. Max	

INTERVIEWER NOTES:



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

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

PROCEDURE(S):

1. **Membership Applications:** There are two Commission membership application forms:
 - a) **New/Renewal Member Applications:** for first-time applicants for Commission membership and renewing members, ~~see refer to electronic~~ Membership Application found at: <https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication>
 - b) **~~Community Non-Commission Committee~~ Member Application(s):** for applicants who are applying for membership on one of the Commission's standing committees, but not for the Commission, see Policy/Procedure #09.1007 (~~Community Non-Commission Committee~~ Membership) for details regarding the process for evaluating and nominating ~~community non-Commission Committee~~ member candidates.
2. **Application Submission:** All candidates for Commission or Committee membership must complete and submit one of the two forms of membership application. Upon receipt ~~by~~ staff of a completed application:
 - a) Staff will initially review the application for member eligibility, completeness and accuracy, and will notify the candidate, via telephone and email, to schedule a Pre-Screen interview to ensure all eligibility requirements are met and/or to seek clarification on if there are incomplete sections or confirm if information is not understandable/ accurate ~~accurate~~, and review the Commission's requirements, commitment expectations, and onboarding process for membership with the candidate.
 - b) Once a Pre-Screen interview has been conducted, Staff ~~staff~~ will coordinate interview and/or next steps with the Operations Co Chairs.
3. **Application Evaluation Timeline:** Provided all conditions for a Commission membership application are met, the Operations Committee, via a designated interview panel, will evaluate and score the application at the next available Operations Committee meeting or within 60 days of its receipt. Necessary conditions include, but are not limited to:
 - a) Candidate is fully vaccinated pursuant to the Board of Supervisor mandatory COVID-19 vaccination requirement.

- b) All sections of the application are complete,
- ~~b~~c) Original or electronic signatures have been provided,
- ~~d~~e) The applicant is willing and available to sit for an interview when appropriate.
- ~~e~~d) Current Commissioners or Alternates who are seeking to continue their membership on the Commission are required to complete an application prior to the expiration of their membership terms. The renewal application focuses on the member's past performance, strengths and weaknesses, and methods for improving any gaps in service and/or participation.
- ~~f~~e) Candidates for institutional seats ~~will be not be~~will not be required to sit for an interview but will be assessed for strengths and skill sets for training opportunities and placement in the appropriate committee, task force, ~~caucus~~caucus, or workgroup.
- ~~g~~) Candidates who are employed by organizations who receive Ryan White Program Part A funding via Los Angeles County contracts must provide a written letter of support of the candidate's membership from their employer and provide to staff prior to interview.

Commented [MD1]: This new proposed requirement ensures that the provider is aware that their staff is applying for membership so that they can fully support staff's attendance and participation on the COH and be aware of membership for agency/funding COI and transparency purposes.

- 4. Candidate Interviews:** All new member candidates must sit for an interview with a panel composed of at least two Commission members or alternates in good standing with at least one member assigned to the Operations Committee. To maintain transparency and integrity of the nomination process, should an interview panelist be assigned to an interview of an applicant with which the panelist has a personal relationship, working relationship while employed by same employer, used as reference by the applicant, and/or other conflict of interest as identified by the Operations Co-Chairs and Executive Director, the panelist will be removed from the interview panel and a qualified Commission member will be selected in their stead.

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

~~For renewing members occupying institutional seats, i.e., City/Health Districts, Medi-Cal, etc., the interview is waived in lieu of a completed self-assessment, unless Operations co-chairs or renewing member requests interview.~~

- ~~a) Special meetings for interviews can be scheduled at the discretion of the Committee, in accordance with Brown Act requirements.~~

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Commented [MD2]: We are not performing interviews for renewal candidates unless requested.

- 5. Interview/Scoring Sequence:** Applications are always evaluated and scored following the interview. At its discretion, the interview panel may request an interview after it has scored an application, and re-score the application following the interview to incorporate any new information learned at subsequently and/or at the interview. Point scores may or may not change when an application is re-scored following an interview.
- 6. Score(ing):** The interview panel evaluates the applicant according to the appropriate "Los Angeles County Commission on HIV New Member Application Evaluation & Scoring Sheet (Final 4.24.17)."

- a) Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
- b) All interview panel members' scores are totaled and averaged. The final point value is the applicant's final score.

7. Scoring Forms: The Commission's Operations Committee is responsible for the development and revision of the Membership Candidate Evaluation/Scoring Forms. The Committee develops separate scoring forms for new member candidates and renewal candidates:

- a) Scoring criteria is based on essential skills and abilities, qualities and characteristics, experience, and past performance (for renewal candidates) that the Committee determines is necessary for effective Commission member participation.
- b) The Operations Committee determines those factors and their relative importance through annual membership assessments.
- c) The Operations Committee is authorized to revise the scoring form as needed. To the degree that revisions are ~~substantial~~ substantial, or criteria are altered, the revised scoring form must be approved by the Commission.

8. Qualification Status: By virtue of their application scores, candidates' application will be determined to be "Qualified" or "Not Qualified" for nomination to a Commission membership seat. A minimum of 60 points qualifies the candidate for nomination consideration ("Qualified"); a score of less than 60 indicates that a candidate is "Not Qualified".

- a) If the applicant earns a "Not Qualified" score, the Operations Co-Chairs will inform the applicant accordingly and suggest opportunities of other HIV/AIDS planning or volunteer involvement as further preparation for future Commission service.

9. New Member Candidate Eligibility: New member candidates must also be "eligible" for Commission membership nomination. New member candidates are considered eligible if they meet the following conditions:

- a) The application score qualifies ("Qualified") the candidate for Commission membership.
- b) There is no purposefully misleading, untruthful or inaccurate information on the application.
- c) The applicant has fully participated in the evaluation/scoring process, as appropriate.
- d) The applicant does not violate the Commission's "two persons per agency" rule.

To avoid potential influence and to preserve the integrity of the Commission's decision-making and planning process, the Commission's membership cannot consist of more than two agency representatives from the same agency.

Commented [MD3]: Should this be considered during the application evaluation process before an application elevates to an interview? See #3.

10. Renewal Candidate Eligibility: Current Commissioners seeking re-appointment to the Commission must be "eligible" for continued Commission membership. Renewal candidates are considered eligible if they meet the following conditions:

- a) ~~The application score qualifies ("Qualified") the candidate for Commission membership.~~

Commented [MD4]: We are no longer conducting required interviews for renewing members unless requested.

- b) There is no purposefully misleading, untruthful or inaccurate information on the application.
- c) The applicant has fully participated in the evaluation/scoring process, including an interview if requested, as appropriate.
- d) The applicant does not violate the Commission's "two persons per agency" rule.
- e) The candidate has fulfilled Commission member requirements in his/her prior term of service, including, but not limited to:
 - **Commission Meeting Attendance:** unless the reason for the absence falls within Policy #08.3204 Excused Absences, members cannot miss three sequential, regularly scheduled Commission or primary assignment committee meetings in a year, or six of either type of meeting in a single year. Policy 08.3204 dictate that excused absences can be claimed for the following reasons:
 - personal sickness, personal emergency and/or family emergency;
 - vacation; and/or
 - out-of-town travel
 - **Primary Committee Assignment:** members have actively participated in the committee to which they have been assigned, including compliance with meeting attendance requirements.
 - **Training Requirements:** members are required to participate in designated trainings as a condition of their memberships.
 - **Plan of Corrective Action (PCA):** the member must fulfill the terms of any PCA required of him/her by the Operations and/or Executive Committee(s).

Commented [MD5]: We are no longer conducting required interviews for renewing members unless requested.

Commented [MD6]: Discussion for reconsideration.

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11. Nominations Matrix: If the applicant is eligible for Commission membership, the Operations Committee will place the candidate candidate among those that can be nominated for available and appropriate seats on the Commission on its upcoming agenda for Committee approval. The candidate's name is entered on the "Nominations Matrix" which lists candidates in order of scores, alongside available Commission seats and vacancies.

Commented [MD7]: The purpose for this is based on HRSA's guidance at that seats should be competitive; refer to #13, requiring multiple applications per seat. However, we unfortunately have not run into that scenario in many years. May need to consider removing.

12. Seat Determination: At the recommendation of the interview panel, The the Committee will then determine the individual seats, if any, that are most appropriate for the available qualified candidates—based on the seats the candidates indicated in their applications, and any other seat(s) identified by Committee members that the candidate(s) are qualified to fill.

- a) Duty Statements for each seat (Policy/Procedures #07.0000) dictate requirements for each membership seat on the Commission.

13. Multiple Application Requirement: In accordance with HRSA guidance, there should be multiple candidates for membership seats when possible. All consumer and provider representative seats, along with other seats designated by the Operations Committee, require two or more applications. The Operations Committee may exempt a seat previously designated to require multiple applications from that requirement under the following circumstances:

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

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

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

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

- 16. “Reflectiveness” Requirement:** Ryan White legislation and HRSA guidance require both the entire Commission membership and the subset of unaffiliated consumer members to “reflect” the gender and ethnic/racial distribution of the local HIV epidemic. The Commission endeavors to reflect the gender and ethnic/racial demographic distribution of Los Angeles County’s HIV epidemic among its membership and consumer members at all times. Furthermore, the CDC HIV Planning Guidance notes that planning bodies place special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations.
- 17. Committee Nominations:** All factors being equal among two or more applications that meet the requirements of a particular open seat, the Committee will forward the candidate with the highest application score to the Commission for nomination to the Board of Supervisors for appointment to the Commission.

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

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

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

- 22. Withdrawal/Declination:** At any time after a candidate has submitted an application up until the appointment is approved by the Board of Supervisors, a candidate is entitled to withdraw his/her application and/or decline a proposed nomination.

- 23. Training Requirements:** Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.

- A candidate's nomination will not be forwarded to the Commission until he/she has completed requisite training activities prior to his/her nomination/appointment.
- Failure to fulfill training requirements as a Commission member may render the member's subsequent renewal applications ineligible.

Commented [MD8]: This is not necessarily applicable as there are no pre-requisite training currently required.

- 24. Nomination and Approval:** Once the Operations Committee has nominated a candidate for Commission membership, the Committee forwards the nomination(s) to the Commission for approval at its next scheduled meeting. If and when a candidate's nomination has been approved by the Commission, the candidate's Statement of Qualifications shall be forwarded within two weeks to the Executive Office of the Board of Supervisors.

- Candidates are advised to attend the Commission meeting at which their nomination will be considered.
- Upon Commission approval, the candidate is encouraged to attend all committees to learn how they operate and assess the best fit for a committee assignment.
- Upon Commission approval, the candidate is asked to ~~complete a "Committee Preference Form"~~ select its preferred primary Committee assignment. In most instances, the candidate will be asked to review the Committee Description and select their preferred committee in advance of approval to allow staff to review committee membership assignments to ensure parity, inclusion and reflectiveness.

25. Appointment: The Executive Office of the Board of Supervisors places the nomination on a subsequent Board of Supervisors agenda for appointment. Upon Board of Supervisors approval, the candidate is appointed to the Commission.

- a) Candidates are not required to appear before the Board of Supervisors, although they may attend the designated meeting if so desired.
- b) Candidates will be notified in writing when their nomination will appear before the Board of Supervisors, and following appointment.
- c) A newly appointed Commission member is expected to begin his/her service on the Commission at the next scheduled Commission meeting following Board appointment.
- d) Each Commission seat has a pre-designated term of office in which the Commission member will serve until the term expires or he/she resigns from the seat.

NOTED AND APPROVED:

Christa Barritt

EFFECTIVE DATE:

5/10/18

Original Approval: 9/6/2004

Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17; 9/14/17; 05/10/18; Proposed Revisions 06/23/22

DRAFT



POLICY/ PROCEDURES:	NO. #08.3204	Commission and Committee Meeting Absences
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SUBJECT: Commission and Committee Meeting Absences

PURPOSE: To clarify how absences from a Commission or Committee meeting must be claimed, how it must be communicated, why it is important, and what purpose it serves.

POLICY: It is recommended that all Commissioners and Committee members regularly and faithfully inform staff of their intentions to be absent from either Commission and/or Committee meetings. Knowledge of member attendance/absences prior to meetings helps Commission Co-Chairs and staff ascertain quorums in advance.

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused. *Unaffiliated Consumer members experiencing hardship will be assessed on a case-by-case basis on their overall level of participation and record of attendance to determine appropriate next steps.*

COH bylaws dictate that excused absences can be claimed for the following reasons:

- personal sickness, personal emergency and/or family emergency
- vacation; a
- out-of-town travel; and/or
- unforeseen work schedule conflict(s)

In cases of an extended absence from the COH due to personal sickness, personal emergency and/or family emergency, members can take a leave of absence for up to three months. Should a member's leave of absence extend beyond three months, the Operations' Committee Co-Chairs and Executive Director will confer with the member and determine appropriate next steps, to include a voluntary resignation from the Commission with the understanding that they can reapply at a later time.

PROCEDURE:

To claim an excused absence for reasons of vacation and/or out-of-town business, members must notify the Commission Secretary or respective Committee support staff person two weeks prior to the meeting. For purposes of personal/family emergency or sickness, members have until two days after a meeting to notify the staff that they are claiming an excused absence.

For leaves of absence, members must notify the Executive Director immediately upon knowledge of the extended absence. It is the responsibility of the member to keep the Executive Director updated on their status and estimated return to the COH. If the Member does not notify the Executive Director appropriately, the member's absence is therefore, deemed unexcused and the member is subject to suspension of voting privileges or removal from the Commission.

Notification must occur by e-mail or fax for documentation purposes (e-mail preferred). Receipt of the excused absence notification will be acknowledged within 48 hours through the same medium; an absence is not considered excused until receipt has been acknowledged. Notification must detail the member's name, meeting for which an excused absence is being claimed, and reason for the excused absence.

NOTED AND APPROVED:		EFFECTIVE DATE:	07/11/2019
Original Approval: 11/24/2008	Revision(s): 05/23/16; 7/24/17; 7/11/2019; 6/24/21		



LOS ANGELES COUNTY COMMISSION ON HIV

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**POLICY/PROCEDURE
#06.1000**

**Bylaws of the Los Angeles
County Commission on HIV**

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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.
- 2) **Ryan White Program Review:** The Commission’s activities and actions in execution of its role as Los Angeles County’s Ryan White Part A planning council and funded by Ryan White

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Part A administrative funds are subject to the conditions of the Ryan White Program, 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 must submit the Bylaws for review to the Ryan White Part A project officer, and re-submit the final version following their approval by the Commission.

- 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 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

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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 general 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, no later than June 30th, 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 Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

Section 5. Federal and Local Compliance. These Bylaws ensure that the Commission meets all Ryan White, 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 respon-

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sibilities 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 substitute for HIV-positive Commissioners when those Commissioners cannot fulfill their respective Commission duties and responsibilities;
- C. Community Members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Community Members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty-one (51) voting members. 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;
- B. The Director of DHSP, representing the Part A grantee (DPH);
- 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),
 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];

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- 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 who is recommended by health plans in Covered California;
- I. One (1) behavioral or social scientist who is recommended from among the respective professional communities;
- J. Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:
 - 1. Faith-based entities engaged in HIV prevention and care,
 - 2. Local education agencies at the elementary or secondary level,
 - 3. The business community,
 - 4. Union and/or labor,
 - 5. Youth or youth-serving agencies,
 - 6. Other federally funded HIV programs,
 - 7. Organizations or individuals engaged in HIV-related research,
 - 8. Organizations providing harm reduction services,

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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. Commissioner and Alternate members serve two-year staggered terms.
- B. A Community Member's term begins with the date of appointment.
- C. 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 co-infected 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.

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

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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.”
- C. “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 s/he is living with HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

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

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

- A. As outlined in Policy/Procedure #09.1007 (*Community Member Appointments*), Community Members are invited to submit an application by the appropriate committee and are nominated according to that committee’s specific criteria for Community Membership.

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.

- 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.

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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 particular 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 him/herself 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 are expected to adhere to the Commission's approved code of conduct at Commission and related meetings and in the private conduct of Commission business.

Section 5. Comprehensive Training. Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.

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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 Executive Director may vacate a seat after six months of consecutive absences if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

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, affected, HIV-positive, 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 and detailed in Policy/Procedure #09.4203 (*Commission Membership Applications*).

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee in accordance with Policy/Procedure #09.4204 (*Commission Candidate Interviews*).
- 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 Community 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 Act") governing open, public meetings and deliberations.

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- 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. Minutes and summaries are posted to the Commission’s website at www.hivcommission-la.info following their approval by the respective body.

Section 4. Public Comment. In accordance with Brown Act requirements, public comment on agenda items and non-agenda 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 Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.

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

- A. The members of the Commission requesting a special meeting shall do so in writing to the Executive Director, with original signatures, who is obliged to call the meeting, in consultation with the Co-Chairs, within ten (10) days upon receipt of the written request.

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

Section 8. Robert’s Rules of Order. All meetings of the Commission shall be conducted ac-

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ording 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 the 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 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

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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 (www.hivcommission-la.info) and manually in the Commission's offices.

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

- A. Project officer approval is necessary before the Bylaws, the grievance procedures and the Ryan White conflict of interest procedures are amended, and/or the Bylaws and those procedures must be amended to abide by HRSA requirements, as instructed by the project officer.

Section 3. Grievance Procedures. The Commission's Policy/ Procedure #05.8001 (*Commission on HIV Grievance Process*) are 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

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time, as needed, accordingly.

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

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 HIV-positive. 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 Policy/Procedure #07.2001 (*Duty Statement, Commission Co-Chair*), one or both of the 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 consultation with the Executive Committee and the Executive Office of the BOS;

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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 Policy/Procedure #07.2003 (*Duty Statement, Commission Co-Chair*), one or both of the 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

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approved by at least a majority of the quorum of the Commission.

Section 3. Standing Committees. The Commission has established five standing committees: Executive; Operations; Planning, Priorities and Allocations (PP&A); Public Policy (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, the Director of DHSP or his/her permanent designee, 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;

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- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units;
- F. Conducting strategic planning activities for the Commission;
- 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 Policy/Procedure #07.2002 (*Duty Statement, Executive Committee At-Large Members*), 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

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- interested members of the public to acquaint them with the Commission's role, processes and functions;
- E. Developing and revising, as necessary, Commission member duty statements (job descriptions);
 - F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission;
 - G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations;
 - H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives;
 - I. Recommending, developing and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual;
 - J. Coordinating on-going public awareness and information referral activities in collaboration with the Community Engagement Task Force 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, a DHSP representative, 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

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categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding;

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

XIII. PUBLIC POLICY (PP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the PP Committee shall comprise members of the Commission assigned by the Commission Co-Chairs, a DHSP representative, 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

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members, consumers, providers, and the public;

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

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise members of the Commission assigned by the Commission Co-Chairs, a DHSP representative, 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;

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

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

Section 1. Representation/Misrepresentation. No officer or member of the Commission shall commit any act or make any statement or communication under circumstances that might reasonably give rise to an inference that he/she is 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



LOS ANGELES COUNTY COMMISSION ON HIV



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CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. 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 strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 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) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**



DRAFT
For Discussion Purposes Only

**Operations Committee Guiding Questions
for COH By-Law, Policy and/or Procedural Changes**

1. What is the root cause or reason for the change; ask the **5 whys**?
2. What is the change attempting to address and why?
3. What are the short term and long term impacts of the change?
4. Describe the event or situation that prompted the change?
5. Are there other ways to solve or address the issue besides a change? If so, describe.



BYLAWS REVIEW GUIDANCE and ESTIMATED TIMELINE

What is Our Goal?

Review the 2013 Bylaws to make sure they are relevant and are in alignment with current federal, state and county policies, procedures, and practices. Moreover, to ensure the Bylaws continue to reflect the Commission's overall Vision and Mission.

What are Bylaws & Why Are they Important?

The purpose of Bylaws is to define the structural, governance, operational and functional responsibilities, and requirements of the Los Angeles County Commission on HIV.

Bylaws are essentially an expansion of the Commission's Ordinance ([Los Angeles County Code, Title 3—Chapter 29](#)). They describe in detail the procedures and steps the Commission must follow to conduct business effectively and efficiently, and in accordance with our Vision and Mission.

What's the Difference Between an Ordinance, Bylaws and Policies?

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.

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.

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.



What Should I Know About Our Current Bylaws?

The Bylaws, in conjunction with the Ordinance, were last updated July 11, 2013, because of the Commission’s integration into a HIV prevention, care, and treatment planning body. The process involved extensive cross-collaboration from Commissioners, DHSP, HRSA, the former Prevention Planning Committee (PPC), County Counsel, Executive Office of the Board, Board of Supervisors, and members of the public. Key updates to the 2013 Bylaws included six (6) additional membership seats; HIV Stakeholder seat classification; CDC guidance, i.e., PIR; HIV prevention language, persons at risk for HIV as a membership qualifier, and Conflict of Interest language.

The Commission has the power to amend or revise Bylaws at any meeting so long as there is quorum, provided that written notice of the proposed change(s) is given at least ten days prior to the meeting. Equally important, Bylaws *cannot* conflict with the Commission’s Ordinance, which establishes the Commission and governing its activities and operations, **or** with CDC, Ryan White, and HRSA requirements. (Bylaws, “XVI. Amendment”, p.20) Add that any change in ordinance and bylaws, take time and refer to the timeline. I know the long process is noted in the document later but it’s good to acknowledge upfront and repeat to underscore message.

What is our Legislative Duty When It Comes to Bylaws?

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.”

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.”

What Should I Consider When Reviewing the Bylaws for Updates?

Updating the Bylaws will require an extensive review process. Review and subsequent approvals must be secured by HRSA, DHSP, County Counsel, Executive Office of the Board, Board of Supervisors, the Commission, and the public at large via a Public Comment period. This process can take up to or exceed one year.

Given the nature and extensiveness of this process, the Bylaws must be reviewed and updated it’s in *entirety*, from a holistic lens versus through a “piecemeal” process to have a full scope perspective and to preserve the integrity of the document and process.

It will be important to understand the historical context of the current Bylaws as well as asking the following guiding questions:

1. What is the root cause or reason for the change; ask “why” at least five times until the Committee has reached the root cause(s) and reason(s) for the change.
2. What is the change attempting to address and why?
3. What are the short-term and long-term impacts of the change?
4. Describe the event or situation that prompted the change?
5. Are there other ways to solve or address the issue besides a change? If so, describe.



Where Should We Start?

Recommended

- Kick-off 2023 with primary focus on reviewing and updating the Bylaws by adding it as priority task for 2023-2024 workplan
- Operations Committee to review current Bylaws and provide suggested changes by December 2022
- Form a cross-collaborative Bylaws Review Workgroup, inviting a member from each Committee and Consumer Caucus
- Establish a timeline to include the following *required* review/approval:
 1. Operations Review and Analysis of Bylaws Changes (3 to 4 months)
 2. DHSP Buy-in Review (3 to 4 months)
 3. HRSA Review (4 to 5 months)
 4. BOS, Executive Office Review (3 to 4 months)
 5. County Counsel (3 to 4 months)
 6. Ops, Exec, and COH Approval (5 to 8 months)
 7. 30 Day Public Comment Period
 8. Revisions to bylaws based on public comments received and follow necessary approval process (4 to 5 months)
 9. BOS Approval (4 to 5 months)