



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

Subscribe to the Commission's Email List:

<https://tinyurl.com/y83ynuzt>

Operations Committee Meeting

Thursday, June 27, 2024

10:00am-12:00pm (PST)

510 S. Vermont Ave, Terrace Conference Room TK11

Los Angeles, CA 90020

****Validated Parking: 523 Shatto Place, LA 90020****

*As a building security protocol, attendees entering from the first-floor lobby **must** notify security personnel that they are attending the Commission on HIV meeting in order to access the Terrace Conference Room (9th floor) when our meetings are held.*

Agenda and meeting materials will be posted on our website at

<https://hiv.lacounty.gov/operations-committee>



Members of the Public May Join in Person or Virtually.

For Members of the Public Who Wish to Join Virtually, Register Here:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=md61e13d101cdcdcef867dba8cf8f56b1>

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

Password: OPERATIONS Access Code: 2531 957 2886



Notice of Teleconferencing Sites:

None

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org



510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EMAIL: hivcomm@lachiv.org WEBSITE: <https://hiv.lacounty.gov>

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

Thursday, June 27, 2024 | 10:00 AM – 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK05
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rd7bdc5e86781673a8211d0289e8758f4>

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

Password: OPERATIONS Access Code: 2531 957 2886

Operations Committee (OPS) Members:			
Justin Valero, MA <i>Co-Chair</i>	Miguel Alvarez <i>Co-Chair</i>	Jayda Arrington	Alasdair Burton (Executive, At-Large)
Bridget Gordon (Executive, At-Large)	Ish Herrera	Leon Maultsby	Vilma Mendoza
Erica Robinson	Dechelle Richardson (Executive, At-Large)		
QUORUM: 6			

AGENDA POSTED: June 20, 2024

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. **Validated parking is available at 523 Shatto Place, Los Angeles 90020. *Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County’s green initiative to recycle and reduce waste.**

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Committee’s consideration of the item, that is within the subject matter jurisdiction of the Committee. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically [here](#). All Public Comments will be made part of the official record.

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours’ notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

I. ADMINISTRATIVE MATTERS

- | | | |
|--|------------------|---------------------|
| 1. Call to Order & Meeting Guidelines/Reminders | | 10:00 AM – 10:03 AM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements | | 10:03 AM – 10:05 AM |
| 3. Approval of Agenda | MOTION #1 | 10:05 AM – 10:08 AM |
| 4. Approval of Meeting Minutes | MOTION #2 | 10:08 AM – 10:10 AM |

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking [here](#), or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

- | | | |
|--|--|---------------------|
| 7. Executive Director/Staff Report | | 10:15 AM – 10:40 AM |
| a. Operational Updates | | |
| b. HRSA Technical Assistance Site Visit Feedback | | |
| 8. Co-Chair’s Report | | 10:40 AM – 10:50 AM |
| a. “Commissioner Commitments” | | |
| b. 2024 Training Schedule | | |
| c. 2024 Work Plan | | |
| 9. Policies and Procedures | | 10:50 AM – 11:30 AM |
| a. Policy #09.7201 Consumer Compensation Introduction Discussion | | |
| b. By-Laws Review and Discussion | | |

10. Membership Management Report 11:30 AM—11:40 AM

a. New Membership Application

(1) Terrance Jones | Commissioner, At-large #2 (Seat #33)

MOTION #3

(2) Dee Saunders | Commissioner, City of West Hollywood representative (Seat #5)

MOTION #4

b. Attendance Review

c. Status on Pending/New Applications

d. Parity, Inclusion and Reflectiveness (PIR)

e. [Mentorship Program](#)

- Opportunity to Volunteer to Mentor

11. Assessment of Administrative Mechanism (AAM) | Update 11:40 AM – 11:50 AM

12. Recruitment, Retention and Engagement 11:50 AM – 11:55 AM

- Member Contributions/Participation | Report Out

(Purpose: To provide an opportunity for Operations Committee members to report updates related to their community engagement, outreach, and recruitment efforts and activities in promoting the Commission)

V. NEXT STEPS

11:55 AM – 11:57 AM

13. Task/Assignments Recap

14. Agenda development for the next meeting

VI. ANNOUNCEMENTS

11:57 AM – 12:00 PM

15. Opportunity for members of the public and the committee to make announcements.

VII. ADJOURNMENT

12:00 PM

16. Adjournment for the meeting June 27, 2024

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Operations Committee minutes, as presented or revised.
MOTION #3	Approve new Membership Application for Terrance Jones, Commissioner, At-Large #2 (Seat #33), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
MOTION #4	Approve new Membership Application for Dee Saunders, Commissioner, City of West Hollywood representative (Seat #5), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.



HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS (Updated 3.22.23)

- This meeting is a **Brown-Act meeting** and is being recorded.
 - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
 - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
 - Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

- Please comply with the **Commission's Code of Conduct** located in the meeting packet

- Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*

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

- Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

- Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 6/26/24

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts. ***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.**

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	Dahlia	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
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
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FERGUSON	Kerry	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FRANKLIN*	Arburtha	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA*	Rita	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	Leonardo	Unaffiliated consumer	No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	Vilma	Unaffiliated consumer	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	Andre	Men's Health Foundation	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
			Data to Care Services
MUHONEN	Matthew	HOPWA-City of Los Angeles	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
OSORIO	Ronnie	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated consumer	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

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)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

Division of HIV and STDs Contracted Community Services

The following list and addendum present the conflicts of interest for Commission members who represent agencies with Part A/B and/or CDC HIV Prevention-funded service contracts and/or subcontracts with the County of Los Angeles. For a list of County-contracted agencies and subcontractors, please defer to Conflict of Interest & Affiliation Disclosure Form.

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
Case Management Home-Based	Libertana Home Health Caring Choice The Wright Home Care Cambrian Care Connection Envoy
Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store Foothill AIDS Project JWCH Project Angel
Oral Health	Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
STD-Ex.C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy Caring Choice Health Talent Strategies Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA SJW
HTS - Storefront	LabLine Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	
AOM	
Vulnerable Populations (YMSM)	APAIT AMAAD
HTS - Storefront	Center for Health Justice Sunrise Community Counseling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC)
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN)
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
	Bienestar
Vulnerable Populations (YMSM)	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy Cambrian Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Estamos Escuchando

Comparta sus inquietudes con nosotros.

**Servicios de VIH + ETS
Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
[http://publichealth.lacounty.gov/
dhsp/QuestionServices.htm](http://publichealth.lacounty.gov/dhsp/QuestionServices.htm)





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

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

OPERATIONS (OPS) COMMITTEE MEETING MINUTES

May 23, 2024

COMMITTEE MEMBERS					
P = Present A = Absent EA = Excused Absence MoP=Attended as Member of the Public AB2449=Virtual Attendance					
Miguel Alvarez	P	Jayda Arrington	P	Alasdair Burton (Executive At-Large)	P
Bridget Gordon (Executive At-Large)	p	Ish Herrera	p	Leon Maultsby	P
Vilma Mendoza	P	Erica Robinson	P	Justin Valero, MA, Co-Chair	P
Joe Green, Co-Chair Pro Tem	P	Danielle Campbell, Co-Chair	AB2449		
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, MPIA, Dawn McClendon, Sonja Wright, DACM, Lizette Martinez, MPH, Jose Garibay, MPH					
DHSP STAFF					
Pamela Ogata, Dr. Michael Green					

*

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

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/6c0cc4aa-2962-474e-b3c3-9e6867f19945/Pkt-OPS_5.23.24-updated.pdf

*

1. CALL TO ORDER-INTRODUCTIONS

Co-Chair, Justin Valero called the meeting to order at 10:01 AM.

2. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS

J. Valero led introductions and Committee members stated their conflicts.

I. ADMINISTRATIVE MATTERS

3. APPROVAL OF AGENDA

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

4. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 4/25/2024 OPS Committee meeting minutes, as presented (*✓Passed by consensus*).

II. PUBLIC COMMENT

5. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION: None.

III. COMMITTEE NEW BUSINESS ITEMS**6. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:**

None.

IV. REPORTS**7. EXECUTIVE DIRECTOR/STAFF REPORT****a. Operational Updates**

Executive Director, Cheryl Barrit introduced the HRSA TA Site Visit team: Ka 'leef Morse, Veronyca Washington, Monique Hitch, and Krystal Hilton (COH Project Officer and noted that the HRSA TA Site Visit aims to provide technical assistance to local jurisdiction planning councils (PCs). Los Angeles County (LAC) is one of the first cohorts to participate in the program. The discussion will focus on membership recruitment, engagement and retention.

8. Membership Management Report**a. 2024 Renewal Membership Applications Slate****MOTION #3**

(1) Bridget Gordon	Seat #28, Unaffiliated consumer, SPA 8
(2) Alasdair Burton	Seat #44, HIV stakeholder representative #1
(3) Alexander Luckie Fuller	Seat #17, Provider representative #7
(4) Miguel Alvarez	Seat #51, HIV stakeholder representative #8
(5) Daryl Russell	Seat #34, Unaffiliated consumer, at-large #3
(6) Dèchelle Richardson	Seat #16, Provider representative #6
(7) Erica Robinson	Seat #46, HIV stakeholder representative #3

MOTION #3 *Approve 2024 renewal membership slate, as presented or revised, and forward it to the Executive Committee meeting and then to the Commission meeting for recommendation to the Board of Supervisors. (✓ Passed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Y), I. Herrera (Y), V. Mendoza (Yes), L. Maultsby (Yes), E. Robinson (Yes), M. Alvarez (Yes), J. Valero (Yes), J. Green (Yes).*

V. HRSA Technical Assistance Session

- HRSA provided historical context regarding the purpose of the TA Site visit. In the past, HRSA contracted out technical assistance but there was not enough substance behind the recommendations from the consultants in terms of the direction that PCs should take. HRSA decided to bring the technical assistance in-house and directly provide guidance and directives from them and the federal government to PCs. For the past few years, they have been developing and refining their Senior Project Officer position in a way that would be impactful in supporting PCs to function more efficiently. The Commission on HIV (COH) is HRSA's second site visit, and they are using this as an opportunity to fine-tune their program. HRSA hopes to collaborate as partners with PCs across all jurisdictions. The HRSA staff brings years of planning council experience and aims to share their wealth of expertise, guidance, and best practices.
- The objectives of the technical assistance are: (1) understanding and implementing minimum standards for the open nomination process, (2) identifying at least three ways PCs can fill vacancies and address reflectiveness, (3) identifying three ways PCs can encourage participation, (4) describing three key challenges in member retention, and (5) describing the characteristics of successful meetings.

- HRSA's recommendation for recruitment outlines an annual process in addition to ongoing recruitment efforts, the terms are staggered, and members may apply for reappointment if their membership is still active (i.e., not "termed out"). Often term limits affect recruitment, requiring year-round recruitment efforts to fill vacancies. Nominations are an open process in which the Operations Committee recommends candidates for a specific seat. Membership approval is required by the Operations, Executive, and full body before final approval by the Board of Supervisors (BOS) office. HRSA's process also retains membership applications 1-2 years; the Commission retains applications for 1 year.
- HRSA's minimum standards for an open nomination process include a process that describes and announces the nomination ahead of time, establishes clear criteria for selection, widely publicizes within the community and on the PC website, and has the option for an individual to apply or to be nominated by others.
- One of the challenges in recruitment is establishing a relationship with the public and advertising the Commission outside of its bubble. In the recruiting process, it is incumbent upon the Commission to relay the roles and duties of a commissioner (i.e., having a duty statement) and the required time commitment.
- The membership recruitment process should provide confidentiality to members who are not required to disclose their status. Ryan White (RW) guidelines require that only two Unaffiliated Consumers (UCs) on the planning body are required to disclose their HIV status. HRSA staff suggested the Commission should start mapping a new process for introductions and titles considering those who may not want to publicly disclose their status (i.e., listing status on name cards, the membership roster, etc.).
- Most jurisdictions share the same challenges in recruiting for the state Medicaid, health/hospital planning agency, recently incarcerated people living with HIV (PLWH), and consumer or non-elected community leader seats.
- HRSA suggested that the Commission find ways to think creatively and strategically in meeting legislative requirements while still adhering to the Brown Act. Ideas include subcontracting with social media outlets, establishing partnerships with agencies who participate in this type of work and already use social marketing for recruitment and engagement, and co-sponsoring campaigns.
- The Committee expressed that one of the biggest issues is the recruitment and retention of UCs and the restrictions that the definition of UC brings, primarily the requirement of not being affiliated with an agency that receives RW funding. Many individuals could potentially sit on the Commission as a UC, however having an affiliation with an agency, for example, employment in a non-decision-making capacity, diminishes the opportunity for them to fill a UC seat. HRSA staff indicated that these restrictions do not preclude a UC from sitting against another eligible seat, i.e., HIV stakeholder.
- Recruiting a reflective planning body consists of the following strategies: (1) reviewing local epidemiology data (ex: the Commission's Parity, Inclusion, and Reflectiveness table), (2) identifying priority populations that are disproportionately affected or historically underserved, (3) developing a consensus on other factors of concern, (4) using items 1-3 to determine current reflectiveness, (5) identifying future gaps as a result of term limits, and (6) using PC resources (ex: Consumer Advisory Boards, caucuses, and people from the community that attend COH meetings).
- Discussion on participation versus engagement: (1) there is a difference between participating and showing up for meetings versus actively engaging and being involved in committee meetings and discussions, (2) being cognizant of whether the environment is conducive for engagement, (3) recognizing that time impacts engagement, and (4) members having a sense of being heard and not just filling a seat, which impacts and contributes to levels of participation and engagement.
- PCs should have clearly defined participation requirements outlining the number or percentage of meetings commissioners are required to attend to remain a member of the Commission, procedures for documenting and enforcing attendance, training opportunities with incentives for participating, and established term limits.

- To support participation and engagement HRSA staff recommended reimbursing direct participation costs to consumers, meetings being held at various times and locations, and allowing virtual attendance under certain conditions.
- Effective meetings should encourage sound, inclusive, data-driven decision-making. Members should also respect one another, encourage others to feel valued, and make conscious decisions to actively participate.
- Characteristics of successful meetings include agendas that are followed and adhered to, structured discussions with active commissioner participation, and the use of established parliamentary procedures. Additional food for thought included establishing meeting goals, respecting time (i.e., is it necessary to have meetings that last over 2 hours), and providing meeting materials in advance.
- HRSA staff discussed various warning signs to be cognizant of such high levels of tension and conflict versus “creative” conflict and/or constructive criticism, members monopolizing conversations and not allowing input from other commissioners or public attendees and feeling that the planning council is not making a difference.
- Presentation summary: (1) Operations make it possible for PCs to meet legislative requirements, (2) support staff plays a critical role and PCs should establish clear priorities and good use of staff, (3) most PC work can be done at well-structured committee levels, and (4) Co-Chairs play a pivotal role in successful meetings.
- Additional questions, comments, and topics for further discussions included: (1) incarceration time limits in reference to the HRSA membership requirement for a recently incarcerated individual to fill a membership seat, (2) tips for marketing as a form of recruitment and marketing as an allowable cost in the RW grant, (3) compensation being equivalent to time commitment (stipend increase to be discussed during Bylaws review), (4) training consumers before becoming commissioners (ex: ELEVATE) and hospitality training such as engaging members to be comfortable with PCs resulting in increased engagement, (5) use of the “ouch” card as a means to stop, pause, unpack and discuss the true intent of what was said, (6) clear attendance procedures and ensuring commissioners have access to and are aware of the attendance policy, (7) being mindful of acronym usage, (8) addressing the length of meetings and how to make the meetings more effective in a shorter duration of time, (9) clear-cut roles for staff and commissioners and effective use of staff, (10) addressing the drop off in knowledge and expertise due to term limits, and (11) recognizing and acknowledging members who go above and beyond.

VI. NEXT STEPS

13. TASK/ASSIGNMENTS RECAP:

- ➡ Consider a new process for commissioner titles and introductions.
- ➡ Consider restructuring meeting length.
- ➡ Continued stipend discussion.
- ➡ Soliciting community input regarding making meetings more friendly and engaging.

14. AGENDA DEVELOPMENT FOR NEXT MEETING:

- ➡ Attendance
- ➡ Membership applications
- ➡ PIR update

VII. ADJOURNMENT

16. ADJOURNMENT: The meeting adjourned at 12:19 pm.



2024 TRAINING SCHEDULE

SUBJECT TO CHANGE

- “*” Asterisk denotes mandatory training for all commissioners.
- All trainings are open to the public.
- Click on the training topic to register.
- Certifications of Completion will be provided.
- All trainings are virtual.

<u>Co-Chair Roles and Responsibilities</u>	February 13, 2024 4:00-5:00PM
<u>General Orientation and Commission on HIV Overview</u> *	March 26, 2024 3:00-4:30PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development</u> *	April 23, 2024 3:00-4:30PM
<u>Ryan White Care Act Legislative Overview Membership Structure and Responsibilities</u> *	July 17, 2024 3:00-4:30PM
<u>Policy Priorities and Legislative Docket Development Process</u>	October 2, 2024 3:00-4:30PM



2024 OPERATIONS COMMITTEE WORKPLAN

Co-Chairs: Justin Valero				
Approval Date: 03.28.24 Revision Dates: 4/17, 6/21				
<p>PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Committee will lead and advance throughout 2024.</p> <p>CRITERIA: Select activities that 1) represent the core functions of the COH and Committee, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.</p> <p>CORE COMMITTEE RESPONSIBILITIES: 1) Developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission and HIV/AIDS service and related issues; 2) recommending, developing and implementing Commission policies and procedures; 3) coordinating on-going public awareness activities to educate and engage the public in the Commission and HIV services throughout the community; 4) conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; 5) recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission. Additional responsibilities can be found at https://hiv.lacounty.gov/operations-committee.</p>				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	2024 Training Plan	<p>Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.</p> <p><i>*Additional training may be integrated at all COH subgroups as determined by members and staff</i></p>	2024	<p>Co-Chair Roles and Responsibilities 2/13/24 4-5pm, General Orientation & COH Overview* 3/26 3-4:30, Priority Setting and Resource Allocation & Service Standards 4/23 3-4:30, RW Care Act Legislative Overview Membership Structure and Responsibilities* 7/17 3-4:30, Policy Priorities and Legislative Docket Development Process 10/2 3-4:30</p>
2	Bylaws Review	Update Bylaws to comply with HRSA requirements and 2023 site visit findings.	June 2024	Waiting for HRSA feedback.
3	Policies & Procedures	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.	December 2024	<p>(1) Status Neutral Priority Setting and Resource Allocation (PSRA).</p> <p>(2) Unaffiliated consumer stipends</p>
	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.	July 2024	(1) Focus on realistic areas for expediting contracts within the County system.



2024 OPERATIONS COMMITTEE WORKPLAN

4				
5	Recruitment, Engagement and Retention Strategies	Development of engagement and retention strategies to align with CHP efforts	Ongoing	(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members. (2) Continue social media campaigns to bring awareness. (3) Refer to HealthHIV Planning Council assessment for recommendations.
6	Mentorship Program	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Ongoing	Review and assess current Mentorship Program and Mentorship Program Guide for improvements and effectiveness.
7	PIR (Parity, Inclusion and Reflectiveness) Review	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly	February , June
8	Attendance Review	To ensure members follow the attendance policy.	Quarterly	Review Attendance Matrix presented by staff. Reviewed attendance: January , June



POLICY/PROCEDURE #09.7201	Compensation for Unaffiliated Consumer Commission Members	Page 1 of 6
-------------------------------------	--	--------------------

ADOPTED 4/12/12
Updated 10.8.20

SUBJECT: Payment of compensation and reimbursements to the Commission's unaffiliated consumer members.

PURPOSE: To stipulate the requirements, processes and procedures for providing stipends and reimbursements to the Commission's unaffiliated consumer members.

BACKGROUND:

- Active, full and engaged membership on the Commission requires a commitment of time, energy and resources. Ryan White legislation requires that no fewer than 33% of the members of a Ryan White Part A planning council (the Commission is Los Angeles County's Ryan White Part A planning council) must be "unaligned (unaffiliated) consumers."
- Both Ryan White legislation and guidance from the Health Resources and Services Administration (HRSA) acknowledge that planning council membership can be particularly challenging for unaffiliated consumers: "One of the greatest obstacles to PLWHA involvement in planning councils is the financial cost of participation. Costs of attending planning council meetings may involve transportation, child or partner care, and meals. Additional expenses may include sending and receiving faxes, making telephone calls, preparing materials, and accessing the Internet. These expenses can present a problem for PLWHA on disability or with very limited incomes, and for PLWHA who do not have jobs that provide them access to office equipment and supplies." (*Ryan White HIV/AIDS Program Part A Manual, VI. Planning Council Operations, 4. PLWHA/Consumer Participation, C. Ensuring PLWHA Participation, Maintenance of PLWHA Involvement, Financial Support*)
- HRSA guidance indicates that "Financial support for PLWHA involvement needs to be addressed with respect to several different categories of issues:
 - ⇒ What kinds of Ryan White or other funds are available for use in providing financial support for activities related to PLWHA involvement?
 - ⇒ What kinds of expenses can be covered for PLWHA within legislative requirements regarding 'reasonable costs?' and
 - ⇒ What allowable expenses need to be covered in order to ensure strong PLWHA participation in the planning council?" (*Ibid.*)

Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; Updated 10.8.20

Page 2 of 7

- HRSA guidance further stipulates that “Under Part A grants, funds are available not only for administrative costs but also for Planning Council Support. Ryan White funds can be used to cover actual expenses for PLWHA such as child care, transportation, or other meeting-related costs. Ryan White funds cannot be used to provide cash payments such as stipends or honoraria.” (*Ibid.*)
- Los Angeles County Code 3.29.080 (Compensation) includes the following provisions: “Corresponding with Ryan White legislation and HRSA guidelines, members of the Commission may also be reimburse for local travel and mileage, meals associated with Commission business, child care during Commission activities, and computer-related expenses if those costs were incurred in the performance of commission-related duties. The Commission may, rather than reimburse for those expenses, make arrangements to provide services directly to members or obtain alternate funding for member stipends. . . . The Commission and the executive director will establish and implement procedures for eligibility and utilization of the foregoing described requirements.”
- Section 5 (Commission Member Compensation) in Article VI (Resources) of the Commission’s Bylaws (*Policy/Procedure #06.1000: Bylaws of the Los Angeles County Commission on HIV*) states “In accordance with Los Angeles County Code 3.29.080 (Compensation), Ryan White Part A planning council requirements, and/or other relevant grant restrictions, Commission members may be compensated for travel or other allowable expenses contingent upon the development policies and procedures governing Commission member compensation practices.”

POLICY:

- 1) **Compensation:** Commission member compensation comes in two forms—stipends and reimbursements. Stipends are intended to compensate eligible members for the work they do as a member of the Los Angeles County Commission on HIV and to defray intangible costs incurred in the performance of that role. Reimbursements are intended to re-pay members for expenses they have incurred fulfilling their responsibilities as members of the Commission on HIV.
- 2) **Stipends:** Payment of stipends is limited to “unaffiliated” consumer members who are serving as the Commission’s 17 designated unaffiliated consumer members, and their alternates, or for unaffiliated consumer members who are serving as Commission members/alternates in other membership seats/capacities by consent of the Co-Chairs and the Executive Director.
 - a. Community members of the Commission are not entitled to stipends, nor are
 - b. other Commission members who are not unaffiliated consumers.

Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; Updated 10.8.20

Page 3 of 7

- 3) Stipend Requirements:** Eligible stipend recipients must meet attendance requirements, as detailed in Procedures #4 and #5, and must fulfill training requirements and member expectations, as detailed in Procedure #6. Eligible stipend recipients must complete a monthly "Stipend Claim Form," which must be subsequently approved by the Executive Director. Stipend payments are made quarterly.

- 4) Reimbursements:** In accordance with Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), reimbursements are allowable re-payment of personal funds that Commission members have expended in the course of performing or fulfilling Commission responsibilities. The Commission's unaffiliated consumer members are entitled to claim all types of allowable reimbursements.

- 5) Payment Sources:** Stipends and certain reimbursements are funded by Los Angeles County Net County Costs (NCC) or other non-Ryan White funds, as appropriate. Ryan White funds can be used for most reimbursements, unless not allowable by Ryan White legislation or HRSA guidance.

PROCEDURE(S):

- 1. Monthly Stipends:** Eligible recipients of stipends may receive them monthly if they fulfill the respective stipend requirements as outlined in Procedures #4 - #6. Eligible stipend recipients may decline their stipends at any time for any period.

- 2. Stipend Eligibility:** Commissioners and alternates who are unaffiliated consumer members are eligible to receive stipends. Commissioners and alternates who are not unaffiliated consumers and community members of the Commission are not eligible for stipends.
 - a) Commissioners and alternates in the 17 designated unaffiliated consumer seats are automatically entitled to earn stipends.
 - b) The Co-Chairs and the Executive Director must approve the payment of stipends to unaffiliated consumers who serve as Commission members in other membership seats that are not designated for unaffiliated consumers.

- 3. Stipend Rates:** Eligible Commissioners may earn a \$150.00 stipend every month that they fulfill their respective stipend requirements. Eligible Alternates may earn a \$100.00 monthly stipend if they fulfill the stipend requirements. Alternates who fill a Commissioner's role and meet the requirements for any month in which the Commissioner is incapacitated, or for a seat in a month in which there is no sitting Commissioner, may earn a \$150.00 monthly stipend.
 - a) Prorated amounts based on partial fulfillment of stipend requirements are not permitted.

Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; Updated 10.8.20

Page 4 of 7

- 4. Commissioner Stipend Requirements:** In order to qualify for a monthly stipend, a Commissioner must attend 70% of the regularly scheduled meetings in which they are responsible for participating, including the Commission meeting, any committees to which they have been assigned, and the Consumer Caucus. Attendance for more than 75% of the meeting is necessary to qualify it as attendance.
- 5. Alternate Stipend Requirements:** In order to qualify for a monthly stipend, an Alternate must attend 70% of the regularly scheduled meetings in which they are responsible for participating, including any committees in which the Alternate has taken a secondary assignment, the Consumer Caucus and any Commission/committee meetings that the Commissioner for whom they are serving as an Alternate cannot attend. Attendance for more than 75% of the meeting is necessary to qualify it as attendance.
- 6. Additional Stipend Requirements:** In addition to the attendance requirements outlined in Procedures #4 and #5, Commissioners and Alternates must fulfill all respective training requirements, and must fulfill their duties as outlined in Policies/Procedures #07.3002, #07.3003, #07.1002 (*Duty Statements for the unaffiliated seats and Alternate*) or any other respective duty statement. Commissioners and Alternates must also comply with membership requirements, as outlined in relevant Policies/Procedures #08.3000 (*Membership*).
- 7. Stipend Claim Form:** All stipend recipients must complete the "Stipend Claim Form" (Attachment A) for each month in which the recipient expects to earn a stipend. Stipend Claim Forms submitted more than three months after the month(s) for which they are claimed will not be approved, unless previously authorized by the Executive Director.
- 8. Executive Director Approval:** All Stipend Claim Forms must be approved by the Executive Director before the payment of the stipend. The Executive Director determines the resolution of any discrepancies between the recipient's claim and the stipend requirements.

 - a) The Committee Assignment List included in the monthly Commission meeting materials is the final determinant of committee assignments, unless changes have been made and noted in the interim between Commission meetings.
 - b) If a submitted Stipend Claim Form is not approved by the Executive Director, the Executive Director must indicate in writing on the form why it has not been approved, and a copy of the form is returned to the Commission member.
 - c) If a form is not approved by the Executive Director for non-attendance reasons, those issues will be forwarded to the Operations Committee for follow-up review and action.
- 9. Stipend Payments:** Stipends will be paid to eligible Commissioners/Alternates in aggregate quarterly amounts on calendar quarters. Stipends are paid in accordance with relevant Los Angeles County rules, requirements and procedures.

 - a) Stipends can be paid in the form of currency or store vouchers, at the choice of the recipient.

Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; Updated 10.8.20

Page 5 of 7

10. **Reimbursements:** Reimbursements are allowable re-payment of funds expended in the course of performing or fulfilling duties as a member of the Commission. In accordance with Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), the Commission's unaffiliated consumer members are eligible for all available reimbursements.
 - a) Unaffiliated consumers are eligible for all types of reimbursements without prior consent from the Executive Director, unless the procedure specifically requires prior authorization from the Executive Director.
 - b) Reimbursement claims are still subject to the Executive Director's approval to ensure they were incurred in the conduct of Commission business, are necessary and are reasonable.
11. **Payment Sources:** As detailed in Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), Ryan White funds can be used for reimbursement for some allowable expenditures, but cannot be used for stipends (*"Ryan White funds cannot be used to provide cash payments such as stipends..."*). Stipends and reimbursements that are not allowed by the Ryan White Program are funded by Los Angeles County Net County Costs (NCC) or other non-Ryan White funds, as appropriate.

DEFINITIONS:

- **Approve/Approval:** in the context of this policy/procedure, when the Executive Director agrees to the payment of a reimbursement.
- **Authorize/Authorization:** in the context of this policy/procedure, the Executive Director's prior consent that an expenditure is eligible for reimbursement, provided it complies with the conditions as outlined in the foregoing procedures.
- **Bylaws:** Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*), the Commission's governing operational procedures and practices.
- **Commission Members:** The term used to refer to all stakeholders formally affiliated with the Commission: Commissioners, Alternates, community representatives, approved representatives and staff. In the context of this policy, "Commission members" does not refer to staff.
- **"Eligible":** in the context of this policy/procedure, when a Commission member qualifies for a particular type of reimbursement, or when an expenditure can be claimed for reimbursement.
- **Executive Director:** The Commission's lead staff member, who manages Commission staff and operations.
- **Health Resources and Services Administration (HRSA):** Health Resources and Services Administration, the federal agency that administers and governs the Ryan White Program nationally.

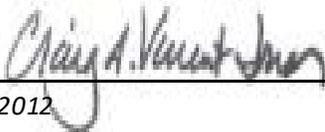
Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; Updated 10.8.20

Page 6 of 7

- **Los Angeles County Code (3.29):** the legal provisions establishing the Commission and governing its operations.
- **Net County Costs (NCC):** Los Angeles County general funds, not federally supported.
- **Planning Council:** In Ryan White Part A-funded jurisdictions, the planning council is responsible for various planning and evaluation functions of the local Ryan White Part A system of care; the Commission on HIV is the local Ryan White Part A planning council for Los Angeles County.
- **“PLWHA”:** People Living with HIV/AIDS.
- **Unaffiliated Consumers:** same as “unaligned consumer”; see below.
- **Unaligned Consumers:** by HRSA definition and consistent with Commission Policy/Procedure #08.3107 (*Consumer Definitions and Related Rules and Requirements*), a Commission member is unaligned if he/she receives services from a Part A-funded provider and is not affiliated as an “officer, employee or consultant” of any Part A-funded agency.

**NOTED AND
APPROVED:**



Original Approval: 4/12/2012

**EFFECTIVE
DATE:**

April 12, 2012

Revision(s): Updated 10.8.20



POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 25
------------------------------	--	--------------

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:** “The planning council/planning body (PC/PB) (and its support staff) carry out complex tasks to ensure smooth and fair operations and processes. The development of bylaws, policies and procedures, memoranda of understanding, grievance procedures, and trainings are crucial for the success of the PC/PB. The work also involves establishing and maintaining a productive working relationship with the recipient, developing and managing a budget, and ensuring necessary staff support to accomplish the work. Establishing and operationalizing these policies, procedures, and systems facilitates the ability of the PC/PB to effectively meet its legislative duties and programmatic expectations.” [Ryan White HIV/AIDS Program Part A Manual, March 2023, III Chapter 5 (Planning Council and Planning Body 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

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 2 of 26

Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational, and functional rules and requirements.

- 2) Commission Bylaws Review and Approval:** The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.
- A. Prior to approval by its members, the Commission will request that the Ryan White HIV/AIDS Program (RWHAP) Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.
 - B. Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.
 - C. Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to 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 the RWHAP legislation, HRSA guidance and requirements of the CDC HIV Planning Guidance, the Commission is charged with and authorized to:

- a. Determine the size and demographics of the population of individuals with HIV/AIDS;
- b. Determine the needs of such population, with particular attention to individuals who know their status but are not in care, disparities in access to services, and individuals with HIV/AIDS who do not know their HIV status;
- c. Establish priorities for the allocation of funds within the eligible area,

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year - Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 3 of 26

- how to best meet each such priority, as well as additional factors to consider when allocating RWHAP Part A grant funds;
- d. Develop a comprehensive plan for the organization and delivery of health and support services;
 - e. Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the EMA/TGA, and assess the effectiveness of the services offered in meeting the identified needs, if/as needed;
 - f. Participate in the development of the Statewide Coordinated Statement of Need initiated by the state public health agency;
 - g. Establish methods for obtaining community input regarding needs and priorities; and
 - h. Coordinate with other federal grantees that provide HIV-related service in the Eligible Metropolitan Area (EMA);
 - i. 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 RWHAP recipient, the Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis. Per Section 2602(b)(4)(D) of the PHS Act, the comprehensive plan must contain the following:
 - i. a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds;
 - ii. a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse);
 - iii. is compatible with any State or local plan for the provision of services to individuals with HIV/AIDS; and
 - iv. a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 4 of 26

HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.

- j. Develop service standards for the organization and delivery of HIV care, treatment, and prevention services;
- k. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP'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 DHSP 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;
- l. 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 services;
- m. 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;
- n. Study, advise, and recommend to the BOS, DHSP, and other departments policies and other actions/decisions on matters related to HIV;
- o. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 5 of 26

policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV;

- p. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP, and other departments on HIV-related matters referred for review by the BOS, the recipient, or other departments;
- q. Act as the planning body for all HIV programs in DPH or funded by the County; and
- r. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A and B and CDC prevention funds expended by the recipient and the County for the provision of HIV-related services.

Section 5. Federal and Local Compliance. These Bylaws ensure that the Commission meets all RWHAP, HRSA, and CDC requirements and adheres to the Commission's governing Los Angeles County Code, Title 3—Chapter 29.

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

- A. The geographic boundaries of Los Angeles County match the funding designations from both the CDC and HRSA, which calls the Part A funding area an 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 Committee-only member.

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.
- B. Alternates are appointed by the BOS to serve in place of a full seated unaffiliated consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities.
- C. Committee-only members are appointed by the BOS to serve as voting

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year - Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 6 of 26

members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members and one (1) non-voting member. 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. 13 Specific Membership Required by the Ryan White CARE Act.** Section 2602(b)(2) of the PHS Act lists 13 specific membership categories that must be represented on the PC. The membership categories include:
1. health care providers, including federally qualified health centers;
 2. community-based organizations serving affected populations and AIDS service organizations;
 3. social service providers, including providers of housing and homeless services;
 4. mental health and substance [use] providers [considered two separate categories];
 5. local public health agencies;
 6. hospital planning agencies or health care planning agencies;
 7. affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations;
 8. non-elected community leaders;
 9. State government (including the State [M]edicaid agency and the agency administering the program under [P]art B) [considered two separate categories];
 10. recipients under subpart II of [P]art C;
 11. recipients under section 2671 [Part D], or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area;
 12. recipients of other Federal HIV programs, including but not limited to providers of HIV prevention services; and
 13. representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV as of the date on which the individuals were so released.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 7 of 26

B. Unaffiliated Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(5)(C): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members. There shall be at least 1 unaffiliated consumer representing the each of the 8 Service Planning Areas and the 5 Supervisorial Districts.

C. Other Membership Categories:

C1. Four (4) 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. City of Pasadena
2. City of Long Beach
3. City of Los Angeles
4. City of West Hollywood

D. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWHAP Recipient/Part A Recipient. Non-voting members do not count towards quorum.

E. Part F recipients serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].

F. Three (3) 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 provider of homeless or housing services
3. A representative of a community-based organization-offering HIV prevention, care and treatment services.

G. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 8 of 26

H. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Housing Department.

I. Ten (10) 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, including behavioral or social science
8. Organizations providing harm reduction services,
9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (*Term of Service*):

- A. Commissioners may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- B. Alternate members may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- C. Committee-Only members serve two year terms; term begins with the date of appointment.
- D. Members (Full and Alternate) may serve a maximum of three consecutive two-year terms (6 years total) and can reapply after a one-year break. Term limits are calculated from the approval date of these Bylaws.

Section 4. Reflectiveness. In accordance with RWHAP Part A legislative requirements [Section 2602(b)(1)], the Commission shall ensure that its full membership and the subset of

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 9 of 26

unaffiliated consumer members proportionately reflect the demographical characteristics of HIV prevalence in the EMA.

Section 5. Representation. In accordance with RWHAP 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.

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

Section 6. Parity, Inclusion, and Representation (PIR). In accordance with CDC's *HIV Planning Guidance*, the planning process must ensure the parity and inclusion of the members.

- A. "Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities."
- B. "Inclusion' is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included."
- 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 7. 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 8. Accountability. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.

Section 9. Alternates. In accordance with Los Angeles County Code 3.29.040 (*Alternate members*), any Commission member who has disclosed that they are living with

HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

Alternates Alternate members undergo the identical Open Nomination and Evaluation process as Commissioner candidates, submitting the same application and undergoing the same evaluation and scoring procedures.

Section 10. Committee-Only Membership. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission’s standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

Section 11. DHSP Role & Responsibility. DHSP, despite being a non-voting representative, plays a pivotal role in the Commission’s work. As the RWHAP Recipient and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

III. MEMBER REQUIREMENTS:

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

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

Section 2. Committee Assignments. Commissioners are required to be a member of at least one standing committee, known as the member’s “primary committee assignment,” and adhere to attendance requirements of that committee. A

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 11 of 26

Commissioner may request a secondary committee assignment, provided that they commit to the attendance requirements.

- 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, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative.
- 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 RWHAP, as outlined in HRSA and relevant CDC guidance.

- A. As specified in Section 2602(b)(5)(A) of the RWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.
- B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWHAP 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 Part A Manual, March 2023, Conflict of Interest, Page 38, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

Section 4. Code of Conduct. All Commission members and members of the public are expected to adhere to the Commission’s approved Code of Conduct at Commission and sponsored meetings and events. Those in violation of the Code of Conduct will be subject to the Commission’s Policy #08.3302 Intra-Commission Grievance and Sanctions Procedures.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 12 of 26

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

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

- A. The Commission, via its Operations and Executive Committees, may recommend vacating a member's seat if egregious or unresolved violations of the Code of Conduct occur, after three 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 RWHAP legislation and "develop and apply criteria for selecting HPG members, placing special emphasis on identifying representatives of at-risk, persons living with HIV/AIDS, and socio-economically marginalized populations," as required by the CDC *HIV Planning Guidance*.

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

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

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee. Renewing members must complete an application and may be subject to an interview as determined by the Operations Committee.
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the Operations Committee.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 13 of 26

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

V. MEETINGS:

Section 1. Public Meetings. The Commission adheres to federal open meeting regulations outlined in Section 2602(b)(7)(B) of the RWHAP legislation, accompanying HRSA guidance, and California's Ralph M. Brown Act (Brown Act).

- A. According to the RWHAP legislation, Council meetings must be open to the public with adequate notice. HRSA guidance extends these rules to Commission and committee meetings.
- B. The Brown Act mandates that any meeting involving a quorum of the Commission or committee must be publicly open and noticed.
- C. Specific public meeting requirements for Commission working units are detailed in Commission Policy #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 policies and procedures, and all other applicable laws and regulations. Meeting minutes are posted to the Commission's website at <https://hiv.lacounty.gov/> following their approval by the respective body.

Section 4. Public Comment. In accordance with Brown Act requirements, public comment on agendized and non-agendized items are 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 held monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee.

The Commission's Annual Conference will replace one of the regularly scheduled

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 14 of 26

monthly meetings.

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

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

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

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

A quorum for any committee meeting shall be a majority of BOS-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 RWHAP 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 RWHAP 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 the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 15 of 26

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 RWHAP 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 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*), RWHAP 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 their delegated representative serves as the supervising authority of the Executive Director.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06
1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 16 of 26

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with RWHAP, 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.

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

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

Section 3. Grievance Procedures. The Commission's *Grievance Process* is incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with RWHAP, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to 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 Commission's Policy #08.3302: Intra-Commission Grievance and Sanctions Procedure.

Section 5. Conflict of Interest Procedures. The Commission's conflict of interest procedures must comply with the RWHAP legislation, HRSA guidance, 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 a person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 17 of 26

- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.
- C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
- D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
 - 1. Assign the members of the Commission to committees.
 - 2. Represent the Commission at functions, events, and other public activities, as necessary.
 - 3. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
 - 4. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
 - 5. Conduct the performance evaluation of the Executive Director, in
 - a. consultation with the Executive Committee and the Executive Office of the BOS.
 - 6. Chair or co-chair committee meetings in the absence of both committee co-chairs.
 - 7. Serve as voting members on all committees when attending those meetings.
 - 8. Are empowered to act on behalf of the Commission or Executive
 - a. Committee on emergency matters; and
 - 9. 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.

- A. Committee co-chairs' terms of office are for one year and 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.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 18 of 26

- 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, following the open nomination period at the prior regularly scheduled meetings of the committees. As detailed in the Commission Co-Chair Duty Statement, one or both co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
1. Serve as members of the Executive Committee.
 2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission.
 3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
 4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

IX. COMMISSION WORK STRUCTURES:

Section 1. Committees and Working Units. The Commission completes much of its work through a strong committee and working unit structure outlined in Commission Policy #08.1102: Subordinate Commission Working Units.

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

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

Section 4. Committee Membership. Only Commissioners or Alternates assigned to the committees by the Commission Co-Chairs, the Commission Co-Chairs themselves, and Committee-Only members nominated by the committee and appointed by the BOS 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 or time limited.

X. EXECUTIVE COMMITTEE:

Section 1. Membership. The voting membership of the Executive Committee shall comprise of the Commission Co-Chairs, the Committee Co-Chairs, three (3) Executive Committee At-Large members who are elected by the Commission, and DHSP, as a non-voting member.

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

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

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

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 20 of 26

- I. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
- J. Developing and adopting the Commission's annual operational budget.
- K. Overseeing and monitoring Commission expenditures and fiscal activities; and
- L. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

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

XI. OPERATIONS COMMITTEE:

Section 1. Voting Membership. The voting membership of the Operations Committee shall comprise of the Executive Committee At-Large members, elected by the Commission membership, members assigned by the Commission 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 RWHAP reflective-ness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.
- B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission's established Open Nominations Process.
- C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.
- D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.
- E. Developing and revising, as necessary, Commission member duty statements (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

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 21 of 26

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 ongoing public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.
- K. Working with local stakeholders 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 of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

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

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

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 22 of 26

- 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 COMMITTEE (PPC):

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

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

Section 3. Responsibilities. The PPC 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.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 23 of 26

- C. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.
- D. Facilitating communication between government and legislative officials and the Commission.
- 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 of members assigned by the Commission Co-Chairs, Committee-Only members as 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 service standards 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.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 24 of 26

- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.
- G. Identifying and recommending solutions for service gaps.
- H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.
- I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.
- 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 they are representing the Commission, including, but not limited to communications upon Commission stationery; public acts; statements; or communications in which they are 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.

Policy/Procedure #06.1000: Commission Bylaws

Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06 1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx

Page 25 of 26

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, RWHAP, 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; 2/8/24

DRAFT

Policy/Procedure #06.1000: Commission Bylaws

**Proposed Revisions: 6.5.24S:\2024 Calendar Year- Meetings\Committees\Operations Committee\6. June\Packet\9B-Pol#06
1000_COHBylaws_DraftProposedRev_CB Changes 060524CLEAN.docx**

REVISION HISTORY	
COH Approval Date	Justification/Reason for Updates
3.15.1995	Original Adoption
1.27.1998	Standard Review
10.14.1999	Standard Review
8.28.2002	Standard Review
9.8.2005	Standard Review
9.14.2006	Standard Review
7.1.2009	Standard Review
2.9.2012	Standard Review
5.2.2013	Integration of Prevention Planning Committee & COH
7.11.2013	Integration of Prevention Planning Committee & COH
12.12.23	First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT).
2.8.24	Review by COH.
2.12.24	Open Public Comment Period: 2/12/24-3/14/24



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Terrance Jones

Application on file at Commission office

New Member Application Seat #33, Commissioner, At-large #2 | MOTION #3
Interview Panel: Jayda Arrington, Miguel Alvarez, and Joe Green

COMMISSION MEMBER APPLICATION SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: <u>Terrance Jones</u>		Date of Evaluation: <u>6.18.24</u>	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Status:	<input type="checkbox"/> Unaffiliated Consumer <input type="checkbox"/> Provider	<input type="checkbox"/> SPA (LIVE WORK REC SERVICES)	<input type="checkbox"/> District (LIVE WORK SERVICES)
Demographic Information:	RACE/ETHNICITY: <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other/Not Specified		
	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
	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"/> Unknown		
Provider Information:	<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		

CRITERIA	Points Available	Interview Panelists		
		Miguel Alvarez	Jayda Arrington	Joe Green
1. Commitment & Communication:				
Oral Communication	5	5	5	3
Written Communication	5	5	5	2
Subtotal	10	10	10	5
2. HIV/AIDS/STIs Knowledge:				
Subtotal	15			
Subtotal	15	15	15	9
3. Prior Community Planning Experience:				
Subtotal	10			
Subtotal	10	10	7	7
4. Collaboration:				
Subtotal	10			
Subtotal	10	10	10	7
5. HIV Experience:				
Subtotal	10			
Subtotal	10	10	10	7
6. Understanding of the Needs of Highly Impacted Populations:				
Subtotal	10			
Subtotal	10	9	8	6
7. Effective Representation:				
Subtotal	10			
Subtotal	10	10	10	8
8. Reliability:				
Subtotal	10			
Subtotal	10	10	10	9
9. Interview:				
Subtotal	15			
Subtotal	15	14	15	10
TOTAL	100	98	95	68

Total of Scores:	261	Number of Scores:	3	Average Total:	87
-------------------------	-----	--------------------------	---	-----------------------	----



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Dee Ana Saunders

Application on file at Commission office

47	Russell	Ybarra	
RESIGNED OR TERMED OUT			
1	Anthony	Mills	Resigned
2	Peal	Doan	Resigned
3	Jose	Magana	Resigned
4	Redeem	Robinson	Seat vacated
5	Chuy	Orozco	Resigned
6	Juan	Solis	Seat vacated
7	Luckie	Fuller	Resigned
8			
9			
10			
11			
12			
13			
14			
15			

	Y	Y	Y	Y	Y	EA												
	UA	UA	NA	NA	NA													
	Y	UA	NA	NA														
	UA	UA	NA	NA														
	Y	Y	NA	NA														
	UA	UA	UA	UA	NA	*Indicates AB2449												
	Y	EA	EA	EA	EA	EA	NA	MP: Member of the public										

 = Co-Chairs
 = Alternates
 EA = Excused Absence
 NA = Not Applicable
Y = ATTENDED
UA = Unexcused Absence



2024 MEMBERSHIP ROSTER | UPDATED 6.25.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative			Vacant	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	OPS	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1			Vacant		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC OPS	Dechelle Richardson	AMAAD Institute	July 1, 2022	June 30, 2024	
17	Provider representative #7			Vacant		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7	1	OPS	Vilma Mendoza	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
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	1	PP	Leonardo Martinez-Real	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated consumer, Supervisorial District 2	1	EXC OPS	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Ariene Frames	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			Vacant		July 1, 2023	June 30, 2025	
34	Unaffiliated consumer, at-large #3	1	PP&A	Daryl Russell, M.Ed	Unaffiliated Consumer	July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXC	Joseph Green	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Matthew Muhonen (LOA)	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC OPS PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, Cpsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	SBP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		42						

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: 47

March 2024

Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence data source and year of data: 2022

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	13,320	24.86%	11	23.91%	4	28.57%
Black, not Hispanic	10,758	20.08%	13	28.26%	5	35.72%
Hispanic	24,961	46.59%	12	26.09%	4	28.57%
Asian/Pacific Islander	2,127	3.97%	3	6.52%	0	0.00%
American Indian/Alaska Native	316	0.59%	0	0.00%	0	0.00%
Multi-Race	1,980	3.70%	7	15.22%	1	7.14%
Other/Not Specified	115	0.21%	0	0.00%	0	0.00%
Total	53,577	100%	46	100%	14	100%

Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
Male	46,509	86.81%	29	63.04%	8	57.14%
Female	5,947	11.10%	14	30.43%	5	35.71%
Transgender: male-to-female	1,079	2.01%	0	0.00%	0	0.00%
Transgender: female-to-male	42	0.08%	1	2.18%	0	0.00%
Other gender identity	-	0.00%	2	4.35%	1	7.15%
Total	53,577	100%	46	100%	14	100%

Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
13-19 years	94	0.18%	0	0.00%	0	0.00%
20-29 years	3,465	6.47%	0	0.00%	0	0.00%
30-39 years	10,648	19.87%	11	23.91%	0	0.00%
40-49 years	11,038	20.60%	10	21.74%	2	14.23%
50-59 years	14,905	27.82%	13	28.26%	8	57.14%
60+ years	13,427	25.06%	12	26.09%	4	28.63%
Total	53,577	100%	46	100%	14	100%

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

Non-Aligned Consumers = 30.43% of total PC/PB

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

Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence data source and year of data: 2022

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	13,320	24.86%	13	27.66%	4	28.57%
Black, not Hispanic	10,758	20.08%	13	27.66%	5	35.72%
Hispanic	24,961	46.59%	11	23.40%	4	28.57%
Asian/Pacific Islander	2,127	3.97%	3	6.38%	0	0.00%
American Indian/Alaska Native	316	0.59%	0	0.00%	0	0.00%
Multi-Race	1,980	3.70%	7	14.90%	1	7.14%
Other/Not Specified	115	0.21%	0	0.00%	0	0.00%
Total	53,577	100%	47	100%	14	100%

Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
Male	46,509	86.81%	28	59.57%	8	57.14%
Female	5,947	11.10%	14	29.79%	5	35.71%
Transgender: male-to-female	1,079	2.01%	0	0.00%	0	0.00%
Transgender: female-to-male	42	0.08%	2	4.26%	0	0.00%
Other gender identity	-	0.00%	3	6.38%	1	7.15%
Total	53,577	100%	47	100%	14	100%

Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
13-19 years	94	0.18%	0	0.00%	0	0.00%
20-29 years	3,465	6.47%	0	0.00%	0	0.00%
30-39 years	10,648	19.87%	10	21.28%	0	0.00%
40-49 years	11,038	20.60%	11	23.40%	2	14.23%
50-59 years	14,905	27.82%	13	27.66%	8	57.14%
60+ years	13,427	25.06%	13	27.66%	4	28.63%
Total	53,577	100%	47	100%	14	100%

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

Non-Aligned Consumers = 29.79% of total PC/PB

*Multi-Race: 5 commissioners indicated multi-race but did not specify their exact races/ethnicities, (1) White and American Indian, and (1) Hispanic/Latin-X and White.
Gender: (2) Non-Binary/Gender Non-Conforming and (1) Androgynous