



LOS ANGELES COUNTY  
COMMISSION ON HIV



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# OPERATIONS COMMITTEE Virtual Meeting

Thursday, January 26, 2023

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

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

**REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:**

<https://tinyurl.com/m67v8tm3>

*\*link is for members of the public only*

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## PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.

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

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

**Thursday, January 26, 2023 10:00 AM – 12:00 PM**

To Register + Join by Computer:

<https://tinyurl.com/m67v8tm3>

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

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

Access code: 2599 687 5997

<b>Operations Committee Members:</b>			
Everardo Alvizo <i>Co-Chair</i>	Justin Valero, MA <i>Co-Chair</i>	Miguel Alvarez	Jayda Arrington
Joe Green	Jose Magaña	Carlos Moreno	
<b>QUORUM*:</b>	<b>4</b>		

AGENDA POSTED: January 20, 2023

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click [here](#).

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically via [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS) .

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

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

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

Los servicios de interpretación para personas con problemas de audición y los servicios de traducción para otros idiomas además del inglés están disponibles sin cargo con al menos 72 horas de anticipación antes de la fecha de la reunión. Para coordinar estos servicios, comuníquese con la oficina de la Comisión en

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

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

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

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

**I. ADMINISTRATIVE MATTERS**

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

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

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

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

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

**IV. REPORTS**

- 5. Executive Director/Staff Report** 10:15 AM – 10:20 AM  
 A. Operational Updates
- 6. Co-Chair's Report** 10:20 AM – 10:35 AM  
 A. "Getting To Know You" Exercise  
 B. 2023 Work Plan Development  
 C. 2023 Training Series | Review + Discussion  
 D. 2023 Meeting Frequency & Schedule
- 7. Membership Management Report** 10:35 AM – 10:55AM  
 A. New Membership Applications  
     (1) Jonathan Weedman | Representative, Board Office #5 **MOTION #3**  
     (2) Leon Maulsby | Part C Representative **MOTION #4**  
 B. Attendance | Review  
 C. Seat Change | Discussion  
 D. Parity, Inclusion, and Reflectiveness (PIR) | Review  
 E. Status on Pending/New Applications
- 8. Policies and Procedures** 10:55AM – 11:50AM  
 (A) Proposed Revision to Policy #09.4205 -  
     Commission Membership Evaluation, Nomination and Approval Process  
     • Contracted Provider Support Documentation **MOTION #5**  
 (B) Proposed Code of Conduct  
 (C) By-Laws Review Planning  
 (D) Policy #08.1104 – Commission and Committee Co-Chair Elections and Terms Workgroup
- 9. Recruitment, Retention and Engagement** 11:50AM - 11:55AM  
 • 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

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

**VI. ANNOUNCEMENTS**

11:57 AM – 12:00 PM

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

**VII. ADJOURNMENT**

12:00 PM

- 13.** Adjournment for the meeting of January 26, 2022

**PROPOSED MOTION(s)/ACTION(s):**

<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the Operations Committee minutes, as presented or revised.
<b>MOTION #3:</b>	Approve new Membership Application for Jonathan Weedman (Seat #40- Representative, Board Office #5), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
<b>MOTION #4:</b>	Approve new Membership Application for Leon Maultsby (Seat #8- Part C representative), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
<b>MOTION #5:</b>	Approve Revisions to Policy #09.4205: Commission Membership Evaluation, Nomination and Approval Process to include written support documentation for contracted provider applicants, as presented or revised.



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

**DRAFT**  
**OPERATIONS VIRTUAL MEETING MINUTES**  
**December 7, 2022**

**OPERATIONS MEMBERS**

P=Present | A=Absent

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

**COMMISSION STAFF & CONSULTANTS**

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

\*Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

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

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

[https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/986fccbb-e2a7-4dca-ad9f-966c2515c408/Pkt-OPS\\_12.7.22-updated.pdf](https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/986fccbb-e2a7-4dca-ad9f-966c2515c408/Pkt-OPS_12.7.22-updated.pdf)

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

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA**

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

**2. APPROVAL OF MEETING MINUTES**

**MOTION #2:** October 27, 2022, minutes (**Passed by Consensus**).

**II. PUBLIC COMMENT**

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

None.

**III. COMMITTEE NEW BUSINESS ITEMS**

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

None.

#### **IV. REPORTS**

##### **5. EXECUTIVE DIRECTOR/STAFF REPORT**

- Executive Director, Cheryl Barrit, thanked the Operations Committee for their hard work, dedication, and willingness to lead in all areas of membership, policy and procedures, recruitment, and ensuring that the Commission on HIV (COH) is reflective of the community served.

##### **A. Operational Updates**

- C. Barrit provided the following operational updates:
  - The COH held seven of its committee meetings during the week of December 5<sup>th</sup> – 7<sup>th</sup>
  - C. Barrit noted that additional meetings for the remainder of the year were cancelled, except for the Black/African American Caucus (BAAC), which will be held December 15<sup>th</sup> from 4pm-5pm.
  - C. Barrit reported that the last virtual study session will be held on December 13<sup>th</sup> and attendance is optional. The virtual study sessions serve to provide space for commissioners to meet with staff and ask questions and/or seek clarification on topics that are unclear, such as duties and responsibilities or status updates pertaining to our various committees and caucuses, etc.
  - C. Barrit will complete drafting the 2022 Annual Report which will be presented at the January 12, 2023, Commission meeting. C. Barrit will also draft the 2023 Training Plan and Schedule for the committees review and feedback.

##### **B. Comprehensive HIV Plan (CHP) 2022-2026**

- C. Barrit reported that consultant, AJ King, finalized the Comprehensive HIV Plan (CHP) ahead of the December 8<sup>th</sup> deadline, and it will be submitted to the Health Resources and Services Administration (HRSA). The final version will be available on the COH's website.

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

##### **A. Committee Co-Chair Open Nominations + Elections**

- Everardo Alvizo and Justin Valero were elected as the Operations Committee 2023 Co-Chairs.
- Commissioner J. Green recommended reinstating the "Getting to Know You" exercise and volunteered to start off the exercise in January.

##### **B. Workgroup to Review Co-Chair Elections Policy #08.1104**

- Operations Co-Chair, L. Fuller, reported the Executive Committee established a workgroup to review the Co-Chairs Election policy. The intention and expectations of the workgroup is to review the policy to ensure that the election process is transparent and fair, and to resolve any concerns that may come about during the nomination and elections process.
- The workgroup consists of the following commissioners: J. Green, A. Burton, D. Campbell, E. Alvizo, L. Fuller, J. Valero, K. Donnelly, and J. Arrington.

##### **C. 2022 Work Plan | Review**

- Operations Co-Chair, J. Valero, led the review of the work plan. The highlight of the discussion was recruitment and retention with a more targeted focus aimed at filling consumer seats. J. Valero also pointed out an opportunity to move alternates into full seats.

##### **D. 2022 Training Series | Reminder**

## Operations Meeting Minutes

December 7, 2022

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- As noted under the Executive Director's report, the last virtual training session was held December 13<sup>th</sup>. C. Barrit will present the draft 2023 Training Series at the January 26<sup>th</sup> Operations Committee meeting.

### 7. Membership Management Report

#### A. New Membership Application Interview Work Group | Updated Questions

- The floor was opened to discuss any questions or concerns regarding the final version of the new membership application interview questions. There were no questions or concerns. The Operations Committee approved the updated questions by consensus. The questions are now available for use during upcoming membership application interviews.

#### B. Proposed Membership Seat Change | Motion #3

- The draft proposed membership roster was presented to the Operations Committee as follows:
  - Seat #21: Unaffiliated consumer, SPA 3 - Joseph Green
  - Seat #28: Unaffiliated consumer, Supervisorial District 2 - Bridget Gordon
  - Seat #31: Unaffiliated consumer, Supervisorial District 5 - Felipe Gonzalez
  - Seat #44: HIV stakeholder representative #1 - Alasdair Burton
- **MOTION #3** *Approve Proposed Membership Seat Change, as presented or revised.* (✓ Passed by Majority, Roll Call: J. Magana (Yes), J. Green (Yes), J. Arrington (Yes), M. Alvarez (Yes), J. Valero (Yes), and L. Fuller (Yes).

#### C. Resignation – Dr. Michael Cao, Seat #40

- It was reported that Dr. Michael Cao, seat #40, has resigned as a commissioner due to his new position as an Arcadia City Council member.
- C. Barrit reported that Board District 5 recommended applicant, Jonathan Weedman, to fill the Board Office 5 seat. Mr. Weedman's application will move through the Commission's application process before the application is submitted for BOS appointment. Staff will keep the Committee apprised of its progress.

### 8. POLICY AND PROCEDURES

#### (1) Proposed Revision to Policy #09.4205 – Commission Membership Evaluation, Nomination and Approval Process

##### A. Two Person per Agency Rule | Discussion

- The Operations Committee held a robust conversation around policy #09.4205 and the process for new applicants. After many rounds of discussion regarding whether the two person per agency rule should stand or be modified, the Operations Committee determined to leave the two person per agency rule as is, with the understanding that there could be potential barriers to applicants wanting to join the Commission. For now, the discussion is laid to rest and the rule will stand, with the option of revisiting this issue in the future.

##### B. Contracted Provider Support Documentation

- The Operations Committee decided to adopt the recommendation of requiring all new applicants who are employed by a Division of HIV and STD Programs (DHSP) contracted agency to provide written documentation of their support for the applicant's membership on the Commission as a condition for membership. Proposed language for this policy will be presented for the Operations Committee's review and approval by formal motion at the January meeting.



**9. Recruitment, Retention, and Engagement**

- Recruitment, Retention and Engagement is a core responsibility of the Operations Committee and as a standing item allows members the opportunity to share their recruitment and engagement efforts and activities.
- Staff member C. Lapointe has been phenomenal in creating social media campaigns to bring awareness to the COH and to its work.
- The following recruitment and engagement activities were mentioned:
  - Commissioner J. Arrington reported that she is recruiting two community members to possibly join the Commission; they are currently familiarizing themselves with the Commission's work.
  - Co-Chair, L. Fuller, mentioned the various opportunities used for potential recruitment while engaging with the many organizations he is involved with.
  - Commissioner K. Donnelly shared the various activities he is involved with outside of the Commission and uses these opportunities for information-sharing to and from the Commission.

**10. By-Laws Review Planning**

- Assistant Director, D. McClendon, reported the Operations Committee will begin its By- Law review planning at its meeting in January 2023. The last update to the By-Laws occurred in 2013. It is anticipated that the process will take the whole year to complete. Planning guidance providing background, roles and responsibilities for the process, a timeline, and suggestions on how to approach this process will be provided in the January packet.

**VI. NEXT STEPS**

**11. TASK/ASSIGNMENTS RECAP:**

- Agendize Work Plan (standing item).
- Agendize Training Series (standing item).
- Agendize Code of Conduct (standing item).
- Agendize Bylaws Review Planning.
- Agendize provider support documentation.
- Agendize the "Getting To Know You" exercise

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

**VII. ANNOUNCEMENTS:**

- Commissioner E. Alvizo mentioned an event held in Long Beach addressing inequities and disparities and their impact on HIV. Long Beach was very intentional with hosting the event in North Palm Beach, which is disproportionately impacted by HIV.
- Co-Chair, L. Fuller, announced work done with faith-based organizations handing out self-test kits and condoms at the College of Canyons.
- Commissioner M. Alvarez attended an in-person event sponsored by the City of West Hollywood recognizing individuals and organizations involved in HIV-work.

**VIII. ADJOURNMENT**

**12. ADJOURNMENT:** The meeting adjourned at 11:37 am.



## LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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

### CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

**All participants and stakeholders should adhere to the following:**

- 1) We strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

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



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/12/23

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	Part C Provider
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	Pearl	No Affiliation	No Ryan White or prevention contracts
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	LUCKIE	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
Transportation Services			

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

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

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

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



# LA County Comprehensive HIV Plan

2022-2026

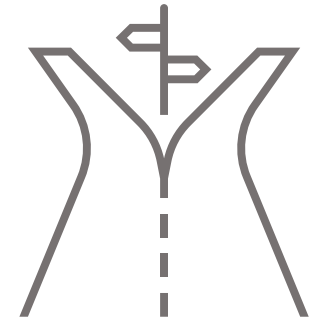


LOS ANGELES COUNTY  
COMMISSION ON HIV



## PURPOSE

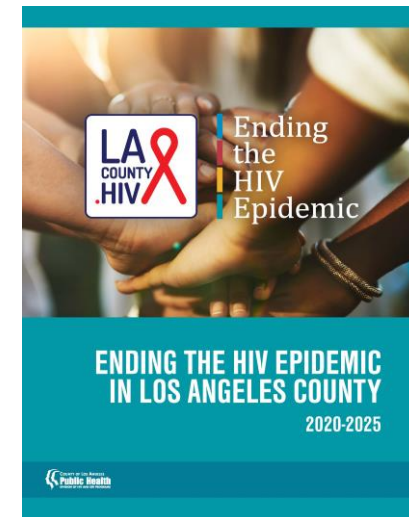
- Serves as a jurisdictional HIV/AIDS Strategy.
- Living document and roadmap to guide HIV prevention and care planning throughout the year.
- Addresses local needs and opportunities for improvement.
- Emphasizes collaboration and coordination.



Full document can be found at: <https://hiv.lacounty.gov/our-work/>

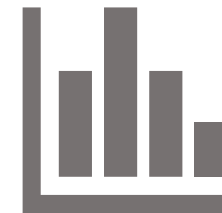
# DESIGN

- Designed to reflect local HIV vision, values, needs and strengths.
- Aligns with:
  - California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs (2022-2026)
  - The National HIV/AIDS Strategy (2022-2025)
  - The Ending the HIV Epidemic Plan (EHE Plan) for Los Angeles County (2020-2025)



## NEEDS ASSESSMENT


- Plan was developed using existing/previous assessments including the *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond* (LACHAS) and the *Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025* (EHE Plan)
- HIV/STD Surveillance Data and reports
- Qualitative data from priority populations, community members and providers
  - Listening sessions
  - Online survey
  - Facilitated stakeholder meetings



## SNAPSHOT: HIV IN LA COUNTY

- In 2020, there was an estimated 59,4008 PLWH aged 13 years and older in LAC. Also includes:
  - 1,401 who had been newly diagnosed (in 2020)
  - 6,800 persons who were unaware of their infection (undiagnosed)
- Of the approximately 52,000 people living with diagnosed HIV:
  - 87% were cisgender men, 11% were cisgender women and 2% were transgender persons
  - 46% were Latinx, 26% were White, 20% were Black/African American, 4% were Asian, 4% identify as multi-racial, and less than 1% were American Indian/Alaskan Native (AI/AN) and Native Hawaiian/Pacific Islander (NH/PI)

## SNAPSHOT: HIV IN LA COUNTY

- Since 2011, the percentage of persons newly diagnosed with HIV who were unhoused has more than doubled from 4.2% to 9.4%. 
- In 2020:
  - Cisgender men made up most of the new HIV diagnoses in 2020
  - Among males, those aged 20-39 and Black/African Americans had the highest rates of new HIV diagnoses
  - Among females, those aged 30-39 and Black/African Americans had the highest rates of new HIV diagnoses
- The percentage of persons newly diagnosed with HIV who had one or more STDs in the same year nearly doubled from 25% in 2012 to 46% in 2021.

## **KEY PRIORITIES**- identified during planning & community engagement process

- Embrace a status neutral approach
- Address social determinants of health, especially housing
- Address co-occurring disorders including STDs, mental health issues & meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly those experienced by Black/African Americans
- Increase health literacy among PLWH & people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH ages 50 and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure seamless access to high quality services

# PRIORITY POPULATIONS

- Latinx men who have sex with men (MSM)
- Black/African American MSM
- Transgender persons



- Cisgender women of color
- People who inject drugs (PWID)
- People under the age of 30
- People living with HIV who are 50 years of age or older



## Goal:

380 or less new HIV infections by 2025

150 or less new HIV infections by 2030



**Diagnose**



**Treat**



**Prevent**



**Respond**



**Build HIV Workforce Capacity**



**System and Service Integration**



**Equity, Social Determinants of Health &  
Co-occurring Disorders**

## DIAGNOSE



Diagnose all people with HIV as early as possible

- Expand routine opt-out HIV screening in healthcare and other settings, such as emergency departments (EDs) and community health centers (CHCs) in high prevalence communities.
- Develop locally tailored HIV testing programs in non-healthcare settings, including home/self-testing
- Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.
- Increase timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk

## TREAT



Treat people with HIV rapidly & effectively to reach sustained viral suppression

- Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.
- Support re-engagement & retention in HIV care and treatment adherence
- Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH
- Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH
- Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH
- Increase capacity to provide whole-person care to people living with HIV (PLWH) age 50 & older and long-term survivors

## PREVENT



Prevent new transmission by using proven interventions

- Accelerate efforts to increase PrEP use
- Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women
- Increase availability, use and access to comprehensive Syringe Service Programs (SSPs) & other harm reduction services

## RESPOND



Respond quickly to HIV outbreaks to get prevention & treatment services to people in need

- Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response
- Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.
- Develop and release Data to Care RFP

## WORKFORCE CAPACITY



Increase HIV workforce capacity to diagnose & treat PLWH, prevent new HIV infections and reduce HIV-related disparities

- Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV
- Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner

## SYSTEM & SERVICE INTEGRATION



Integrate systems and services to address the syndemic of HIV, STDs, viral hepatitis, and substance use/mental health disorders in the context of social and structural/institutional factors

- Increase cross-training and TA opportunities across fields/disciplines
- Leverage the [Alliance for Health Integration](#) initiative to integrate services within LA County publicly funded care systems

## EQUITY, SOCIAL DETERMINANTS OF HEALTH AND CO-OCCURRING DISORDERS



Achieve health equity by addressing social determinants of health, stigma, & co-occurring disorders that fuel the HIV epidemic and HIV disparities

- Advocate for an effective countywide response to SUDs, especially methamphetamine disorder
- Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic
- Address social determinants of health and stigma
- Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities
- Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023



## WHAT CAN I DO?

- Use the Comprehensive HIV Plan (CHP) as a planning tool within your agencies
- Adopt some of the goals, objectives, and strategies
- Engage in the local community planning process
- Assess strengths and capacities of your agency
- Advocate for local, state and federal policies and legislation that align with CHP goals and strategies
- Identify and recruit additional stakeholders, including non-traditional stakeholders
- Provide ongoing feedback



# Contact Information

Los Angeles County Commission on HIV

<http://hiv.lacounty.gov>

Cheryl Barrit, Executive Director

[Cbarrit@lachiv.org](mailto:Cbarrit@lachiv.org)



LOS ANGELES COUNTY  
COMMISSION ON HIV



COUNTY OF LOS ANGELES  
**Public Health**  
DIVISION OF HIV AND STD PROGRAMS



**LOS ANGELES COUNTY COMMISSION ON HIV 2023  
(DRAFT) OPERATIONS WORKPLAN**

**Co-Chairs: Everardo Alvizo, Justin Valero**

**Approval Date: Updated:**

**PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Committee will lead and advance throughout 2023.

**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.

**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>.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	2023 Training Plan	Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.  <i>*Additional training may be integrated at all COH subgroups as determined by members and staff</i>	2023	Refer to draft 2023 training plan to be presented at the January 26 <sup>th</sup> OPS meeting.
2	Bylaws Review	Review Bylaws to update in accordance with changing HIV landscape, local, state and federal policies and procedures, and to meet the needs of the Commission and community.	2023	Initial planning to begin at the January 26 <sup>th</sup> OPS meeting; refer to planning guidance.
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.	2023	(1) Revisions to Policy #09.4205 (2) Revisions to Policy # 08.1104 (refer to workgroup for updates)

**LOS ANGELES COUNTY COMMISSION ON HIV 2023  
(DRAFT) OPERATIONS WORKPLAN**

4	<b>Assessment of the Administrative Mechanism (AAM)</b>	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Health Resources Administration (HRSA) expects planning council to complete the AAM on an annual basis.	TBD	<ul style="list-style-type: none"> <li>(1) Review recommendations from prior AAM/supplemental AAM to determine next steps;</li> <li>(2) Review summary and recommendations from HealthHIV Planning Council effectiveness assessment recommendations to address areas of improvement:               <ul style="list-style-type: none"> <li>a. Member Recruitment and Retention</li> <li>b. Community Engagement/Representation</li> <li>c. Streamlining the LAC COH's Work</li> </ul> </li> </ul>
5	<b>Recruitment, Engagement and Retention Strategies</b>	Development of engagement and retention strategies to align with CHP efforts	Ongoing	<ul style="list-style-type: none"> <li>(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members.</li> <li>(2) Continue social media campaigns to bring awareness.</li> <li>(3) Refer to HealthHIV Planning Council assessment for recommendations.</li> </ul>
6	<b>PIR (Parity, Inclusion and Reflectiveness) Review</b>	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly <i>January, April, August, December</i>	PIR Survey disseminated January 10, 2023; responses due January 20 <sup>th</sup> .
7	<b>Attendance Review</b>	To ensure members follow the attendance policy.	Quarterly <i>January, April, August, December</i>	Review Attendance Matrix presented by staff.



## LOS ANGELES COUNTY COMMISSION ON HIV 2022 OPERATIONS WORKPLAN

<b>Co-Chairs: Luckie Fuller, Justin Valero</b>				
<b>Approval Date: 2.24.22 Updated: 2.24.22, 4.21.22, 5.17.22, 6.14.22, 8.31.22, 9.15.22, 10.25.22, 12.5.22</b>				
<b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH Committees and subgroups for 2022.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Develop the Comprehensive HIV Plan (CHP) 2022-2026	The Committee will gather, discuss, develop, and provide planning priorities for inclusion in the plan.	10/2022	
2	Assessment of the Administrative Mechanism (AAM)	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Health Resources Administration (HRSA) expects planning council to complete the AAM on an annual basis.	June-July 2022	Survey sent to all commissioners. Survey will be sent to providers mid-June. AAM findings presentation in October.
3	Implement HealthHIV - Planning Council effectiveness assessment recommendations	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment: (1) Member Recruitment and Retention; (2) Community Engagement/Representation; and (3) Streamlining the LAC COH's Work	Ongoing	See summary and recommendations
4	Implement 2022 Training Plan	Implement member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.	Feb-Dec 2022	Training Plan appvd 2.24.22. General orientation 3.29.21, virtual study hour 4.12.22; Ryan White Overview 7.21.22. Priority Setting and Resource Allocation Process + Service Standards Development 9/15 @ 3pm. Virtual Study Hour 10.20.22 @ 3pm - cancelled. Co Chairs Roles and Responsibilities 11.14.22 @ 4-5pm, Policy Priorities and Legislative Docket Development 11.16.22 @ 4-5pm. 12/13 Virtual Study Hour 3pm-4pm.

## LOS ANGELES COUNTY COMMISSION ON HIV 2022 OPERATIONS WORKPLAN

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



# 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 • <https://hiv.lacounty.gov>

## 2023 Training Plan and Schedule

*\*All learning offerings are open and available to members of the public.\**

**(Draft 11.28.22)**

### Objectives:

1. Fulfill federally required annual training for HIV Planning Councils
2. Fulfill training required by the County of Los Angeles for Commissioners
3. Offer a more flexible and self-directed learning schedule option for Commissioners
4. Enhance personal and professional growth with additional training aimed at building knowledge and skills to become effective community planners
5. Provide ongoing support, coaching and technical assistance through a virtual study hour individual appointments where Commissioners can ask questions, seek clarification on training materials, roles and responsibilities, and meeting discussions
6. Provide ongoing learning opportunities for Commissioners by offering supplemental course offerings and third-party resources that strengthen leadership, communication, and collaborative skills.

### I. Core Mandatory Training

- a. **Format:** virtual live and available on-demand through WebEx recording on the Commission website
- b. **Frequency:** Quarterly
- c. **Topics:**
  - i. General Orientation
  - ii. Commission on HIV Overview
  - iii. Ryan White Care Act Legislative Overview
  - iv. Membership Structure and Responsibilities
  - v. Priority Setting and Resource Allocation Process
  - vi. Service Standards Development
  - vii. Policy Priorities and Legislative Docket Development Process

- II. **Optional Sessions** | These educational sessions are aimed at increasing knowledge and skills useful for gaining a broader understanding of core functions of public health, community and individual health, and civic engagement.

### 1. Sexual Health and Wellness

- a. Desired outcomes: increase one’s comfort level in engaging in healing and empowering conversations about sexual health, wellness, consent and choice, common STIs and symptoms, and body positivity.
2. Public Health 101
    - a. Desired outcomes: introduce learners to the mission of public health and key terms in the field. The session will cover historical developments in public health, the roles of different stakeholders, public health’s core functions and essential services, determinants of health, the health impact pyramid, and recognize how individual determinants of health affect population health.
  3. Understanding Data for Community Planning
    - a. Desired outcomes: gain a basic understanding of key sources of HIV, STD, and relevant public health and social data and how to use data for HIV planning. The session will cover key concepts about HIV community planning and use case studies to practice skills and engage participants in collaborative exercises.
  4. Health Literacy and Self-Advocacy
    - a. Desired outcomes: gain a basic understanding of key HIV and STD medical terms and concepts and practical skills for navigating healthcare systems. The session will teach strategies to make the most out of your medical visits, questions to ask your doctor, and use health information to make health-related decisions.
  5. Tips for Making Effective Written and Oral Public Comments
    - a. Desired outcomes: gain an understanding of how the Los Angeles County Board of Supervisors (BOS) meetings operate and learn how to submit written and public comments to the BOS and other government entities.

III. **Supplemental Training Library** – these are highly recommended training and intended to enhance the knowledge and skills of Commissioners in order to serve as effective community planners.

- a. **Format:** combination of virtual live, WebEx recording, or library of resources on Commission website
- b. **Topics**
  - i. Commission on HIV History (Document)
  - ii. Health Resources Services Administration Ryan White Part A Planning Council Primer (Document)
  - iii. Executive Office of the Los Angeles County Board of Supervisors Commission Manual (Document)
  - iv. Overview of HIV Data Sources (PowerPoint slides; available on the website)
  - v. Data and Epidemiology 101 (PowerPoint slides; available on the website)
  - vi. Using Data for Decision Making (PowerPoint slides; available on the website)
  - vii. Effective Communication and Listening Skills (PowerPoint slides)
  - viii. Running and Facilitating Meetings (PowerPoint slides)
  - ix. Co-Chair Roles and Responsibilities (Virtual live) (PowerPoint slides)
  - x. HIV and STD Funding Streams (Handout)



- xi. **Constructively Candid Conversations | Training Series with the Human Relations Commission (PowerPoint slides and WebEx recordings)**
- xii. TargetHIV <https://targethiv.org/> – website link
- xiii. Health Resources and Services Administration, HIV/AIDS Bureau – website link <https://hab.hrsa.gov/>
- xiv. Centers for Disease Control and Prevention HIV – website link Centers for Disease Control and Prevention STD Training – website link
- xv. Centers for Disease Control and Prevention STD Training – website link <https://www.cdc.gov/std/training/default.htm>
- xvi. <https://www.hiv.gov/> – website link

IV. **Virtual Study Hour** – offered quarterly and hosted by staff and COH leadership (if available) to answer questions; clarify and sharpen understanding of the duties and responsibilities of the Commission/Commissioner; ask questions about meeting discussions

V. **Quizzes for Prizes**- ongoing **monthly** quizzes to test and encourage ongoing learning for members.

**Implementation Schedule (\*subject to change to accommodate shifting needs and priorities\*)**

#	Activity	Date
1	Present 2023 Training Plan and Schedule to Operations for feedback	January 26
2	Update and finalize 2023 Training Plan and Schedule	February 23
3	General Orientation Commission on HIV Overview	March 29 @ 3pm- 4:30pm
4	Sexual Health and Wellness	April 12 @ 3pm-4:30pm
5	Tips for Making Effective Written and Oral Public Comments	May 24 @ 3pm-4pm
6	Ryan White Care Act Legislative Overview Membership Structure and Responsibilities	July 19 @ 3pm-4:30pm
7	Public Health 101	August 16 @ 3pm-4:30pm
8	Priority Setting and Resource Allocation Process & Service Standards Development	September 20 @3pm- 5:00pm
9	Health Literacy and Self-Advocacy	October 18 @ 3pm-4:30pm
10	Policy Priorities and Legislative Docket Development Process	November 15 @ 3pm- 4:30pm
11	Co-Chair Roles and Responsibilities	Dec. 6 @ 4pm-5pm

12	<b><i>Additional training may be integrated at all Commission subgroups as determined by members in collaboration with staff.</i></b>	Year-round/ongoing
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COMMISSION ON HIV



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# Jonathan Weedman

Application on file at Commission office

Interview panel: Everardo Alvizo and Luckie Fuller



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# Leon Maultsby

Application on file at Commission office

Interview panel: Miguel Alvarez, Everardo Alvizo, and Luckie Fuller



<b>POLICY/ PROCEDURES:</b>	<b>NO. #08.3204</b>	<b>Commission and Committee Meeting Absences</b>
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**SUBJECT:** Commission and Committee Meeting Absences

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

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

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

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

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


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

**PROCEDURE:**

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

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

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

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



7	Isabella	Rodriguez	Resigned 6.6.22		Y	Y	Y	Y	Y	NA	NA	NA	NA	NA	NA	NA			
8	Damone	Thomas	Resigned 6.3.22		Y	Y	Y	Y	Y	NA	NA	NA	NA	NA	NA	NA			
9	Frankie	Darling-Palacios	Term'd out 6.30.22		EA	Y	EA	EA	EA	EA	NA	NA	NA	NA	NA	NA			
10	Gerald	Garth	Term'd out 6.30.22		EA	Y	Y	Y	EA	EA	NA	NA	NA	NA	NA	NA			
11	Juan	Preciado	Term'd out 6.30.22		Y	Y	Y	Y	Y	Y	NA	NA	NA	NA	NA	NA			
12	Michele	Daniels	Resigned		EA	EA	EA	UA	EA	EA	NA	NA	NA	NA	NA	NA			
13	Ernest	Walker			Y	Y	UA	UA	UA	EA	NA	NA	NA	NA	NA	NA			
14	Michael	Cao	Resigned 11.28.22		NA	NA	NA	NA	NA	NA	Y	Y	Y	Y	Y	NA			
15	Reba	Stevens	Resigned 6.15.22		Y	Y	Y	Y	Y	Y	EA	Y	NA	NA	NA	NA			

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







# ATTENDANCE RECORD FOR COMMISSIONERS

**Los Angeles County  
Commission on HIV**

## COMMISSIONERS

	FIRST NAME	LAST NAME	TITLE
1	Bridget	Gordon	Co-Chair, Exec
2	Danielle	Campbell	Co-Chair, Exec
3	Al	Ballesteros	
4	Erika	Davies	
5	Kevin	Donnelly	
6	Luckie	Fuller	
7	Lee	Kochems	MA
8	Katja	Nelson	MPP
9	Mario	Perez	MPH
10	Kevin	Stalter	
11	Justin	Valero	
RESIGNED, TERMED-OUT, OR MOVED TO DIFFERENT COMMITTEE:			
1	Damone	Thomas	Resigned 6.3.22
2	Gerald	Garth	Term'd out 6.30.22
3			
4			

## EXECUTIVE MEETING DATES

	1/27/22	2/24/22	3/24/22	4/28/22	5/26/22	6/23/22	7/28/22	8/29/22	9/22/22	10/27/22	11/1/22	12/7/22	NOTES
1	Y	Y	Y	Y	Y	Y	Y	Y	Y	C	Y		
2	Y	Y	Y	Y	Y	EA	Y	Y	Y	A	Y		
3	NA	NA	NA	NA	Y	Y	EA	Y	Y	Y	N	EA	
4	Y	Y	Y	Y	EA	Y	Y	Y	Y	Y	C	Y	
5	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	E	Y	
6	EA	EA	EA	Y	EA	EA	EA	UA	EA	EA	L	Y	
7	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	L	Y	
8	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	E	EA	
9	Y	Y	EA	Y	Y	Y	EA	Y	Y	EA	D	Y	
10	Y	Y	EA	Y	Y	Y	EA	EA	EA	EA		Y	
11	Y	Y	Y	Y	Y	Y	UA	Y	EA			EA	
	NA	NA	Y	Y	Y	NA	NA	NA	NA	NA	NA	NA	
	NA	NA	Y	EA	EA	EA	NA	NA	NA	NA	NA	NA	











# 2023 MEMBERSHIP ROSTER | UPDATED 1.12.23

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

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

LOA: Leave of Absence

Overall total: 39

# Planning Council/Planning Body Reflectiveness (Updated 1.23.23)

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

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	10	27.50%	4	50.00%
Black, not Hispanic	10,155	20.00%	10	25.00%	3	37.50%
Hispanic	22,766	44.84%	14	35.00%	1	12.50%
Asian/Pacific Islander	1,886	3.71%	5	12.50%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>50,777</b>	<b>100%</b>	<b>39</b>	<b>100%</b>	<b>8</b>	<b>100%</b>

Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	27	70.00%	5	62.50%
Female	5,631	11.09%	10	25.00%	3	37.50%
Transgender	854	1.68%	2	5.00%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>50,777</b>	<b>100%</b>	<b>39</b>	<b>100%</b>	<b>8</b>	<b>100%</b>

Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	1	2.50%	0	0.00%
30-39 years	9,943	19.58%	12	30.00%	0	0.00%
40-49 years	11,723	23.09%	11	27.50%	1	12.50%
50-59 years	15,601	30.72%	7	17.50%	4	50.00%
60+ years	8,973	17.67%	8	22.50%	3	37.50%
Other	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>50,777</b>	<b>99.99%</b>	<b>39</b>	<b>100%</b>	<b>8</b>	<b>14.29%</b>

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

Non-Aligned Consumers = 20% of total PC/PB



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

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

**PROCEDURE(S):**

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

**Commented [MD1]:** \*Updates to align with current practices and for consistency/accuracy

**Commented [MD2]:** \*Updated to reflect staff’s review & verification process.



- a) Candidate meets or will meet by time of appointment, the Board of Supervisor's COVID-19 vaccination requirement.
- b) All sections of the application are complete,
- ~~b~~c) Original or electronic signatures have been provided,
- ~~d~~e) The applicant is willing and available to sit for an interview when appropriate.
- ~~e~~d) Current Commissioners or Alternates who are seeking to continue their membership on the Commission are required to complete an application prior to the expiration of their membership terms. The renewal application focuses on the member's past performance, strengths and weaknesses, and methods for improving any gaps in service and/or participation.
- ~~f~~e) Candidates for institutional seats ~~will be not be~~will not be required to sit for an interview but ~~will may~~ be assessed for strengths and skill sets for training opportunities and placement in the appropriate committee, task force, ~~caucus~~caucus, or workgroup.
- g) Candidates who are employed by organizations who receive Ryan White Program Part A funding through the Division of HIV and STD Programs (DHSP) must provide a written letter of support from their employer and provide to staff prior to interview. This requirement ensures that the employer is not only aware of their staff's participation on the Commission but confirms their support given the nature of the Commission's work and member expectation.

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

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

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

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

- 5. Interview/Scoring Sequence:** Applications are always evaluated and scored following the interview. At its discretion, the interview panel may request an second interview after it has scored an application, and re-score the application following the interview to incorporate any new information learned at subsequently and/or at the interview. Point scores may or may not change when an application is re-scored following an interview.

**Commented [MD3]:** The Operations Committee adopted this new requirement at their December meeting. This new requirement ensures that the provider is aware that their staff is applying for membership so that they can fully support staff's attendance and participation on the COH and be aware of membership for agency/funding COI and transparency purposes.

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**Commented [MD4]:** We are not performing interviews for renewal candidates unless requested.

**Commented [MD5]:** \*Correction for accuracy

- 6. Score(ing):** The interview panel evaluates the applicant according to the appropriate “Los Angeles County Commission on HIV New Member Application Evaluation & Scoring ~~Sheet~~ *(Final 4-24-17)*.”
- Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
  - All interview panel members’ scores are totaled and averaged. The final point value is the applicant’s final score.
- 7. Scoring Forms:** The Commission’s Operations Committee is responsible for the development and revision of the Membership Candidate Evaluation/Scoring Forms. The Committee develops separate scoring forms for new member candidates and renewal candidates:
- Scoring criteria is based on essential skills and abilities, qualities and characteristics, experience, and past performance (for renewal candidates) that the Committee determines is necessary for effective Commission member participation.
  - The Operations Committee determines those factors and their relative importance through annual membership assessments.
  - The Operations Committee is authorized to revise the scoring form as needed. To the degree that revisions are ~~substantial~~ *substantial*, or criteria are altered, the revised scoring form must be approved by the Commission.
- 8. Qualification Status:** By virtue of their application scores, candidates’ application will be determined to be “Qualified” or “Not Qualified” for nomination to a Commission membership seat. A minimum of 60 points qualifies the candidate for nomination consideration (“Qualified”); a score of less than 60 indicates that a candidate is “Not Qualified”.
- If the applicant earns a “Not Qualified” score, the Operations Co-Chairs will inform the applicant accordingly and suggest opportunities of other HIV/AIDS planning or volunteer involvement as further preparation for future Commission service.
- 9. New Member Candidate Eligibility:** New member candidates must also be “eligible” for Commission membership nomination. New member candidates are considered eligible if they meet the following conditions:
- The application score qualifies (“Qualified”) the candidate for Commission membership.
  - There is no purposefully misleading, untruthful or inaccurate information on the application.
  - The applicant has fully participated in the evaluation/scoring process, as appropriate.
  - The applicant does not violate the Commission’s “two persons per agency” rule.
- To avoid potential influence and to preserve the integrity of the Commission’s decision-making and planning process, the Commission’s membership cannot consist of more than two agency representatives from the same agency.*

**Commented [MD6]:** Consideration: Should this be considered during the application evaluation process before an application elevates to an interview? See #3.

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

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

**Commented [MD7]:** We are no longer conducting required interviews for renewing members unless requested.

**Commented [MD8]:** We are no longer conducting required interviews for renewing members unless requested.

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

**Commented [MD9]:** \*Updated for clarification

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

**Commented [MD10]:** \*Alignment w/ current practices

- a) Duty Statements for each seat dictate requirements for each membership seat on the Commission.

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

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

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

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

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Commented [MD11]: \*Updated for clarification and consistency

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

**16. "Reflectiveness" Requirement:** Ryan White legislation and HRSA guidance require both the entire Commission membership and the subset of unaffiliated consumer members to "reflect" the gender and ethnic/racial distribution of the local HIV epidemic. The Commission endeavors to reflect the gender and ethnic/racial demographic distribution of Los Angeles County's HIV epidemic among its membership and consumer members at all times. Furthermore, the CDC HIV Planning Guidance notes that planning bodies place special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations.

**17. Committee Nominations:** All factors being equal among two or more applications that meet the requirements of a particular open seat, the Committee will forward the candidate with the highest application score to the Commission for nomination to the Board of Supervisors for appointment to the Commission.

**18. Special Considerations:** There are ~~a number of several~~ “special considerations” that may preclude the Committee from nominating the candidate with the highest score, resulting in the nomination of a candidate with a lower score to a seat. Those factors may include, but are not limited to:

- a) the necessity of maintaining “reflectiveness”,
- b) an adequate proportion of consumer members,
- c) the need to fill certain “representative” categories,
- d) Board of Supervisors interest or feedback,
- e) over-representation of a particular stakeholder/constituency, otherwise known as the “two persons per agency” rule.
- f) potential appointment challenges.

g) candidate would violate the COH’s two person/per agency rule

**Commented [MD12]:** Committee determined to keep as-is

**19. Conditional Nomination(s):** The Operations Committee may nominate candidates “conditionally.” Conditional nominations require candidates to fulfill certain obligations from the Executive and/or Operations Committee prior to or following the nomination. Conditions are detailed in a “Plan of Corrective Action (PCA)” imposed to correct past Commission performance issues or to enhance certain skills and abilities of the candidate/member.

- a) The PCA is written with expected timelines and objectives, and must be agreed to and signed by the candidate, the Executive Director and an Executive or Operations Committee co-chair, as appropriate.
- b) The candidate must agree to the PCA by the subsequent regularly scheduled committee meeting following the development of the PCA. A candidate’s refusal to accept a PCA may render his/her application ineligible.
- c) If the PCA obligates the candidate to certain conditions prior to nomination, the nomination will not proceed until the candidate has fulfilled those obligations.
- d) If the candidate/member has not fulfilled the conditions of the PCA, he/she will not be eligible for future re-nomination to the Commission.
- e) Terms of the PCA may be modified at any time upon agreement from all three parties (candidate/member, Executive Director, committee).
- f) The Operations Committee is responsible for monitoring a candidate’s progress and fulfillment of any PCA obligations and requirements.

- 20. Candidate Communication:** At the conclusion of a candidate's evaluation (interview, scoring, qualification and eligibility designation, seat determination, nomination), the Committee shall notify the candidate in written communication of the results of the evaluation and scoring process. The notification will detail one of the three possible results:
- The Committee has nominated the candidate for a particular Commission seat;
  - The Committee has judged that there are no specific seats available concurrent with the candidate's qualifications, but the Committee will keep the candidate's application and evaluation scores for ongoing consideration for up to a year from the date of application submission; or
  - The candidate's application and/or evaluation has been placed on hold temporarily.
- 21. Temporary Hold:** A candidate's application may be held temporarily for up to a year under certain conditions that preclude an otherwise eligible nomination to proceed, including but not limited to:
- Multiple candidates have not applied for a seat that requires multiple applications,
  - Appointment of the candidate to a seat would interfere with the Commission's capacity to meet representation, consumer and/or reflectiveness requirements, and/or
  - The Committee intends to nominate the candidate to a seat that is expected to be vacated in the near future.

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

- 22. Withdrawal/Declination:** At any time after a candidate has submitted an application up until the appointment is approved by the Board of Supervisors, a candidate is entitled to withdraw his/her application and/or decline a proposed nomination.
- 23. Training Requirements:** Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.
- A candidate's nomination will not be forwarded to the Commission until he/she has completed requisite training activities prior to his/her nomination/appointment.
  - Failure to fulfill training requirements as a Commission member may render the member's subsequent renewal applications ineligible.

**Commented [MD13]:** This is not necessarily applicable as there are no pre-requisite training currently required.

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

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

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

- a) Candidates are not required to appear before the Board of Supervisors, although they may attend the designated meeting if so desired.
- b) Candidates will be notified in writing when their nomination will appear before the Board of Supervisors, and following appointment.
- c) A newly appointed Commission member is expected to begin his/her service on the Commission at the next scheduled Commission meeting following Board appointment.
- d) Each Commission seat has a pre-designated term of office in which the Commission member will serve until the term expires or he/she resigns from the seat. Should a member's seat change during their membership which prompts a change in their term of office, an updated signed SOQ must be resubmitted to the Executive Office to place the member on the BOS agenda for reappointment to formalize the change in term of office.

Commented [MD14]: \*Update to practice per EO.

**NOTED AND APPROVED:**

*Cheryl Barrit*

**EFFECTIVE DATE:**

5/10/18

Original Approval: 9/6/2004

Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17; 9/14/17; 05/10/18; Proposed Revisions 06/23/22; 1/26/23



**Proposed Edits to the Commission on HIV “Code of Conduct” approved on 4/11/19 and updated on 3/2/22**

<b>Current Text</b>	<b>Proposed Text</b>
<p>We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.</p> <p>All participants and stakeholders should adhere to the following</p> <ol style="list-style-type: none"><li>1) We strive for consensus and compassion in all our interactions.</li><li>2) We respect others’ time by starting and ending meetings on time, being punctual, and staying present.</li><li>3) We listen, don’t repeat what has already been stated, avoid interrupting others, and allow others to be heard.</li><li>4) We encourage all to bring forth ideas for discussion, community planning, and consensus.</li><li>5) We focus on the issue, not the person raising the issue.</li><li>6) We give and accept respectful and constructive feedback.</li><li>7) We keep all issues on the table (no “hidden agendas”), avoid monopolizing discussions and minimize side conversations.</li><li>8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and “-isms” (including misogyny, transphobia, ableism, and ageism).</li><li>9) We give ourselves permission to learn from our mistakes.</li></ol>	<p>The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fight against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.</p> <p>All participants and stakeholders should adhere to the following</p> <ol style="list-style-type: none"><li>1) We approach all our interactions with compassion, respect, and transparency</li><li>2) We respect other’s time by starting and ending meetings on time, being punctual, and staying present</li><li>3) We listen with intent and empathy, avoid interrupting others, and elevate each other’s voices</li><li>4) We encourage all to bring forth ideas for discussion, community planning, and consensus</li><li>5) We focus on the issue, not the person raising the issue</li><li>6) We give and accept respectful and constructive feedback</li><li>7) We keep all issues on the table (no “hidden agendas”), avoid monopolizing discussions, and minimize side conversations</li><li>8) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and “-isms” including misogyny, ableism, and ageism.</li><li>9) We give ourselves permission to learn from our mistakes</li></ol>





## BYLAWS REVIEW GUIDANCE and PROPOSED TIMELINE

### What is Our Goal?

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

### What are Bylaws & Why Are they Important?

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

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

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

**Ordinance.** An ordinance is an authoritative and legislative act by the County; it established the Commission and governs its activities and operations. Local ordinances carry the state’s authority and have the same effect within the County’s limits as a state statute. Once adopted according to statutory process, ordinances become legally enforceable local laws.

**Bylaws.** While policies pertain to the details, the bylaws are high-level. Bylaws take precedence over policies, and policies must be in harmony (not conflict) with the bylaws. Bylaws are essentially an expansion of the Ordinance. They describe in detail the procedures and steps the organization must follow to conduct business effectively and efficiently.

**Policy.** A policy is a course of action, guiding principle, procedure, or strategy that is adopted by a body. Policies are executive in nature and are oriented inwards to guide internal decision-making processes. Generally, policies apply to employees, town facilities or the public body itself. A policy is designed to influence and determine decisions while conducting certain municipal affairs.



## What Should I Know About Our Current Bylaws?

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

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

## What is our Legislative Duty When It Comes to Bylaws?

**Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures):** “The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation.”

**Health Resources and Services Administration (HRSA) Guidance:** “Planning Councils must set up planning council operations to help the planning council to operate smoothly and fairly. This includes such features as bylaws, open meetings, grievance procedures, and conflict of interest standards.” [Ryan White HIV/AIDS Program Part A Manual, VI (Planning Council Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council Operations].



**Centers for Disease Control and Prevention (CDC) Guidance:** “The HIV Planning Group (HPG) is the official HIV planning body that follows the HIV Planning Guidance to inform the development or update of the health department’s Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction.”

### What Should I Consider When Reviewing the Bylaws for Updates?

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

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

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

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



## Where Should We Start?

### *Recommended*

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



# LOS ANGELES COUNTY COMMISSION ON HIV

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**POLICY/PROCEDURE  
#06.1000**

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

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**ADOPTED, 7/11/2013**

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

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

## **BACKGROUND:**

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

## **POLICY:**

- 1) **Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational and functional rules and requirements.
- 2) **Ryan White Program Review:** The Commission’s activities and actions in execution of its role as Los Angeles County’s Ryan White Part A planning council and funded by Ryan White

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Part A administrative funds are subject to the conditions of the Ryan White Program, as managed by the Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (“DMHAP/HAB”), Health Resources and Services Administration (“HRSA”), US Department of Health and Human Services (DHHS). Prior to approval by its members, the Commission must submit the Bylaws for review to the Ryan White Part A project officer, and re-submit the final version following their approval by the Commission.

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

### ARTICLES:

#### I. NAME AND LEGAL AUTHORITY:

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

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

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

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

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis;
- B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;
- C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee’s allocation and expenditure of these funds by service category or type of activity for consistency with the Commission’s established priorities, allocations and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee

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on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;

- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV;
- E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;
- F. Study, advise, and recommend to the BOS, the grantee and other departments policies and other actions/decisions on matters related to HIV;
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the general public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV;
- H. Provide a report to the BOS annually, no later than June 30th, describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, the grantee, and other departments on HIV-related matters referred for review by the BOS, the grantee or other departments;
- I. Act as the planning body for all HIV programs in DPH or funded by the County; and
- J. Make recommendations to the BOS, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

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

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

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sibilities for the entire County.

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

### II. MEMBERS:

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

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

**Section 2. Composition.** As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty-one (51) voting members. Voting members are nominated by the Commission and appointed by the BOS. Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
  1. Medi-Cal, State of California,
  2. City of Pasadena,
  3. City of Long Beach,
  4. City of Los Angeles,
  5. City of West Hollywood;
- B. The Director of DHSP, representing the Part A grantee (DPH);
- C. Four (4) members who are recommended by Ryan White grantees as specified below or by representative groups of Ryan White grant recipients in the County, one from each of the following:
  1. Part B (State Office of AIDS),
  2. Part C (Part C grantees),
  3. Part D (Part D grantees),
  4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements];



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

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9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

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

- A. Commissioner and Alternate members serve two-year staggered terms.
- B. A Community Member's term begins with the date of appointment.
- C. Members are limited to two consecutive terms in the same seat, unless waived by vote of the BOS.

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

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

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

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

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

**Section 7. Parity, Inclusion, and Representation (PIR).** In accordance with CDC's *HIV Planning Guidance*, the planning process must ensure the parity and inclusion of the members.

- A. "'Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation

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and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities.”

- B. “‘Inclusion’ is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.”
- C. “Representation” means that “members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.”

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

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

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

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

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

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

### III. MEMBER REQUIREMENTS:

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

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

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

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

**Section 3. Conflict of Interest.** Consistent with the Los Angeles County Code 3.29.046 (*Conflict of Interest*), Commission members are required to abide by the Conflict of Interest and Disclosure requirements of the Commission, the County of Los Angeles, the State of California (including Government Code Sections 87100, 87103, and 1090, et seq.), the Ryan White Program, as outlined in HRSA and relevant CDC guidance.

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

**Section 4. Code of Conduct.** All Commission members are expected to adhere to the Commission's approved code of conduct at Commission and related meetings and in the private conduct of Commission business.

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

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

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

### IV. NOMINATION PROCESS:

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

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

**Section 2. Application.** Application for Commission membership shall be made on forms as approved by the Commission and detailed in Policy/Procedure #09.4203 (*Commission Membership Applications*).

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee in accordance with Policy/Procedure #09.4204 (*Commission Candidate Interviews*).
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing appropriate Commission-approved application materials and being evaluated and scored by the Operations Committee.

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

### V. MEETINGS:

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

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

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

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

- A. Minutes and summaries are posted to the Commission’s website at [www.hivcommission-la.info](http://www.hivcommission-la.info) following their approval by the respective body.

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

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

- A. The Commission’s Annual Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.

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

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

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

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

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ording to the current edition of “*Robert’s Rules of Order, Newly Revised,*” except where superseded by the Commission’s Bylaws, policies/procedures, and/or applicable laws.

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

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

### VI. RESOURCES:

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

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

A. The total amount of each year’s operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission’s Executive Committee.

B. Projected Commission operational expenditures are allocated from Ryan White Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of those funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and conditions of the award/funding.

C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission’s fiscal and administrative agent.

D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission’s annual budget according to their respective budget cycles and the Commission’s/County’s fiscal year.

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

**Section 4. Additional Revenues.** The Commission may receive other grants and/or revenues for projects/activities within the scope of its duties and responsibilities, as defined in these Bylaws Article I, Section 4. The Commission will follow County-approved procedures for allocating project-/activity-related costs and resources

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in the execution of those grants and/or fulfillment of revenue requirements.

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

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

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

### VII. POLICIES AND PROCEDURES:

**Section 1. Policy/Procedure Manual.** The Commission develops and adopts policies and procedures consistent with Ryan White, HRSA, and CDC requirements, Los Angeles County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws and are maintained electronically on the Commission's website ([www.hivcommission-la.info](http://www.hivcommission-la.info)) and manually in the Commission's offices.

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

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

**Section 3. Grievance Procedures.** The Commission's Policy/ Procedure #05.8001 (*Commission on HIV Grievance Process*) are incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with Ryan White, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to



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time, as needed, accordingly.

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

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

### VIII. LEADERSHIP:

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

- A. One of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.
- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.
- C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
- D. As reflected in Policy/Procedure #07.2001 (*Duty Statement, Commission Co-Chair*), one or both of the Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
  1. Assign the members of the Commission to committees;
  2. Approve committee co-chairs, in consultation with the Executive Committee;
  3. Represent the Commission at functions, events and other public activities, as necessary;
  4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties;
  5. Consult with and advise the Executive Director regularly, and the Ryan White Part A and CDC project officers, as needed;
  6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS;

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

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

- A. Committee co-chairs' terms of office are one year, but they may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.
- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, after nominations periods opened at the prior regularly scheduled meetings of the committees. Once elected, the committee co-chairs' names shall be submitted to the Commission Co-Chairs and the Executive Committee for approval.
- C. As detailed in Policy/Procedure #07.2003 (*Duty Statement, Commission Co-Chair*), one or both of the co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
  1. Serve as members of the Executive Committee;
  2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission;
  3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
  4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

### IX. COMMISSION WORK STRUCTURES:

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

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

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

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

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

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

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

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

### X. EXECUTIVE COMMITTEE:

**Section 1. Voting Membership.** The voting membership of the Executive Committee shall comprise the Commission Co-Chairs, the committee co-chairs, the Director of DHSP or his/her permanent designee, and three (3) At-Large members who may be elected by the Commission.

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

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

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

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

**Section 4. At-Large Member Duties.** As reflected in Policy/Procedure #07.2002 (*Duty Statement, Executive Committee At-Large Members*), the At-Large members shall serve as members of both the Executive and Operations Committees.

### XI. OPERATIONS COMMITTEE:

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

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

- A. Ensuring that the Commission membership adheres to Ryan White reflectiveness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements;
- B. Recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission in accordance with the Commission’s established Open Nominations Process;
- C. Developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and

topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth;

- D. Conducting regular orientation meetings for new Commission members and

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

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

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

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

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps and priorities;
- B. Overseeing development and updating of the comprehensive HIV plan, and monitoring implementation of the plan;
- C. Recommending to the Commission annual priority rankings among service

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

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

### XIII. PUBLIC POLICY (PP) COMMITTEE:

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

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

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

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

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members, consumers, providers, and the public;

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

### XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

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

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

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

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

**XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:**

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

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

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

**NOTED AND APPROVED:**



**EFFECTIVE**

**DATE:** July 11, 2013

Originally Adopted: 3/15/1995

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





LOS ANGELES COUNTY  
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<b>POLICY/PROCEDURE #08.1104</b>	<b>**PROPOSED REVISIONS FOR 1/26/23 OPERATIONS COMMITTEE REVIEW/APPROVAL** Commission and Committee Co-Chair Elections and Terms</b>	<b>Page 1 of 8</b>
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**SUBJECT:** The process and scheduling for Commission and Committee Co-Chair elections.

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

**BACKGROUND:**

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

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

**POLICY:**

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

**Commented [MD1]:** For Committee Consideration:

Although not the purview of the workgroup, a suggestion was made to replace "stakeholders" with "members" given only members are eligible for nominations/election.

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

**PROCEDURE(S):**

1. **Terms of Office:** The Commission Co-Chairs are elected to office for staggered two-year terms. Aside from the Executive Committee, standing committee Co-Chairs are elected for two-year terms.
  - a. Commission Co-Chair terms expire in alternate years to ensure leadership continuity. The Commission Co-Chairs also serve as Co-Chairs of the Executive Committee and serve in those roles for the duration of their tenure as Commission Co-Chairs.
  - b. The four, remaining standing committees [Public Policy (PP), Operations, Priorities Planning and Allocations (PP&A) and Standards and Best Practices (SBP)] elect their Co-Chairs for one-year terms that expire concurrently.
  - c. Commission Co-Chair terms expire in December of the calendar year, unless the November and/or December monthly Commission meeting(s) are cancelled, quorum is not achieved at the meeting at which the Co-Chair is scheduled to be elected, or by majority vote of the Commission to accommodate an extension of the Co-Chair election process.
  - d. Committee Co-Chair terms expire in February of the calendar year, but may be extended, if needed, until new Co-Chairs are elected to fill the leadership positions.
  - e. In the case of a mid-term vacancy in one of the Commission Co-Chair seats, the Commission Co-Chair is subsequently elected to fill the unfinished term resulting from the vacancy. Likewise, committee Co-Chairs elected to fill mid-term vacancies are elected for the respective unfinished terms.
  - f. Commission Co-Chairs are considered voting members of all Committees and subcommittees but are not counted towards quorum unless present.
2. **Co-Chair Nominations:** Outside the rare possibility of immediate vacancies in both Commission Co-Chair seats, all Commission and Committee Co-Chair elections must follow a nominations period opened at the respective body's prior regular meeting. The nominations period is designed to give potential candidates the opportunity to consider standing for election and the responsibility of assuming a leadership position. Candidates may nominate themselves or participants may nominate other members. Any stakeholder may nominate Co-Chair candidates.

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

**Commented [MD2]:** Review for Accuracy/Consistency:

Inconsistent w/ current & past practices and with "Policy, Section 1" and "Procedures, Section 1(b)"

**Commented [MD3]:** For Committee Consideration:

Although not the purview of the workgroup, a recommendation was made to require Committee Co-Chairs serve staggered two-year terms.)

Upon being nominated, staff shall notify the candidate via email and telephone within 72 hours (3 days) of the nomination. If the candidate does not acknowledge receipt of the email and/or does not accept or decline the nomination, staff shall notify current Co-Chairs at least 72 hours before the election so that the Co-Chair(s) may contact the candidate to secure their response. Should a candidate not accept or decline a nomination by the time the election is held, a “no response” will be recorded, and the nomination will not move forward. In the event a nomination is submitted less than one week from the date of the election, staff will notify the candidate via email and telephone. If a response is not received by the start of the election, the candidate must be present at the time the election is held to accept the nomination and be considered for election.

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

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

- a. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting **at least four months prior to the start date of their term**, after nominations periods opened at the prior regularly scheduled meeting.
- b. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
- c. The Co-Chairs delegate facilitation of the Co-Chair election to the Parliamentarian, Executive Director, or other designated staff, **who will lead Commission voting to elect the new Commission Co-Chair**.
- d. Commission members who have been nominated, meet the qualifications, and who accept their nominations are presented for Commission vote.
- e. ~~The Parliamentarian (or Executive Director/staff) leads Commission voting to elect the new Commission Co-Chair.~~
- d. Following the new Co-Chair’s election, the Commission Co-Chairs and the Executive Director must determine Commission members’ final committee assignments by the end of December to open committee Co-Chair nominations the following month.

**Commented [MD4]:** Alternate language proposed: “. . . may not move forward.”

**Commented [MD5]:** For Committee Discussion:

Should a candidate be required to be present at the time the election is held if they have not acknowledged or provided a response accepting/declining their nomination. *\*\*Seeking Parliamentarian review to ensure alignment w/ Robert’s Rules of Order\*\**

Alternate Consideration:

A list of all candidates and their nomination status will be read on the record prior to the start of the election, allowing nominees who have not yet acknowledged and/or accepted or declined their nomination to do so at that time. If a candidate does not accept or decline their nomination in writing or on the record by the start of the election, their nomination will not be considered for election.

**Commented [MD6]:** Entire section moved up from #5 to #2 for flow/organizational purposes.

**Commented [MD7]:** Added language from “e” for conciseness.

**Commented [MD8]:** Deleted & combined w/ “c” for conciseness

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

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

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

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

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

**Commented [MD9]:** For Committee Consideration:

Although not the purview of the workgroup, a recommendation was made to update pronoun references to "they/their" for purposes of inclusivity. *\*Only one reference to "his/her" was found in this policy, however, recommendation applies across all policies\**

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- 6. Co-Chair Election Voting Procedures:** Co-Chairs are elected by a majority vote:
- a. Roll call voting for elections requires each voting member to state the name of the candidate for whom he/she is voting, or to abstain, in each round of votes.
  - b. If there are more than two candidates nominated for Commission Co-Chair, voting will proceed in sequential roll calls until a final candidate earns a majority of votes and is elected by a consent or roll call vote. If no candidates earn a majority of votes in a single round, the candidate earning the least number of votes will be eliminated from the subsequent round of roll call voting. The process continues until there is a majority vote for one candidate, or only one candidate remains, and the others have been eliminated. Once the final candidate has been selected, the Commission must approve that candidate for the Co-Chair seat in a consent or roll call vote.
  - c. When there is only one Commission Co-Chair candidate, the vote serves as approval or rejection of the nominated candidate.
    - i. A consent vote may be used to approve the final candidate(s) for the Co-Chair seat(s). A roll call vote is not necessary for a final candidate unless there are objections to the election of the candidate.
  - d. If there are two Commission Co-Chair vacancies to fill, voting adheres to the process outlined above except that the final two candidates are identified as the final Co-Chair candidates. A consent vote may be used to approve both final candidates, but a subsequent roll call vote is necessary to identify which candidate will fill the longer term; the candidate earning more votes fills the seat with the longer term.
    - i. A roll call vote to approve both candidates to fill the Co-Chair seats is not necessary unless there are objections to the election of one or both candidates.
    - ii. When there are objections to the election of one or both candidates, each candidate must be approved by a majority through an individual roll call vote.
  - e. If there are three or more candidates nominated for the two Committee Co-Chair seats, the same process described for Commission Co-Chair election voting (Procedure #4a) is followed. If there are only two Committee Co-Chair candidates, the Committee is entitled to unanimously accept the “slate of Co-Chair nominees”; otherwise, an individual roll call vote is necessary to approve the election of each candidate to a Co- Chair seat.
  - f. In the case of a tie during the final vote, the **members of the body can re-cast ~~its-~~ their** vote to accommodate changes in voting. If the body cannot resolve the tie after a new vote, the current Co- Chair(s) remain in office, voting is closed, nominations remain open until the subsequent meeting, and a new election is resumed at that meeting. The process will repeat monthly until a clear majority vote-earner is identified.

**Commented [MD10]:** For Committee Consideration:

Although not under the purview of the workgroup, this is a recommendation for clarification purposes.

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- g. If a majority of the voting members oppose a final candidate's/final candidates' nomination, the current Co-Chair(s) retain their seat until the subsequent meeting, nominations remain open, and a new election is held at the next meeting. The final candidates' whose nominations were opposed are no longer eligible to fill the seat in the current term. The process will repeat monthly until the body finds majority support for a final candidate(s).

- 7. Co-Chair Election Contingencies:** A number of factors may impede the normal Co-Chair election timelines outlined in Procedures #2, #3 and #6. Following are potential challenges that can result in process delays, and how those challenges should be resolved:
- a. **Inadequate Number of Qualified Co-Chair Candidates:** The Co-Chair whose term has expired may continue in the seat with the term extended until a new Co-Chair is elected. If the Co-Chair does not choose to continue, or has resigned, a Commission or Committee Co-Chair may temporarily serve as a single Co-Chair until a second Co-Chair can be identified and elected. Co-Chair nominations will remain open indefinitely until qualified candidate(s) are identified and elected.
  - b. **Cancelled Meeting(s) or Quorum(s) Not Realized:** Nominations can be opened at a subsequent meeting and/or extended to accommodate the cancelled meeting(s) or absence of quorum(s). If the meeting for which the election is scheduled is cancelled or a quorum is not present, nominations remain open an additional month and the election proceeds the following month.

**NOTED AND  
APPROVED:**

*Cheryl A. Barritt*

**EFFECTIVE  
DATE:**

September 12, 2019

Original Approval:

\*Revision(s):10/19/16; 7/24/17; 9/12/19; Proposed Revisions 01/17/23