



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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<https://tinyurl.com/y83ynuzt>



# EXECUTIVE COMMITTEE MEETING

Thursday, October 24, 2024

1:00PM – 3:00PM (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020

Validated Parking @ 523 Shatto Place, LA 90020

*\*As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

Agenda and meeting materials will be posted on our website at <https://hiv.lacounty.gov/executive-committee>



## Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/r254a3759cefc08e3a2dfd7f02141215a>

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

Password: EXECUTIVE Access Code: 2535 543 6409

## Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)
- Submitting electronically at [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS)

*\*Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

## Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or 213.738.2816.



*Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*

**together.**

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: <https://www.surveymonkey.com/r/COHMembershipApp>

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



510 S. Vermont Ave., 14<sup>th</sup> Floor, Los Angeles CA 90020  
MAIN: 213.738.2816 EML: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <https://hiv.lacounty.gov>

**(REVISED) AGENDA FOR THE REGULAR MEETING OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV  
EXECUTIVE COMMITTEE**

**Thursday, October 24, 2024 | 1:00PM-3:00PM**

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

*\*As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held.*

**MEMBERS OF THE PUBLIC:**

**To Register + Join by Computer:**

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/r254a3759cefc08e3a2dfd7f02141215a>

Password: EXECUTIVE Access Code: 2535 543 6409

EXECUTIVE COMMITTEE MEMBERS			
<i>Danielle Campbell, PhDC, MPH, Co-Chair</i>	<i>Joseph Green, Co-Chair</i>	Miguel Alvarez	Alasdair Burton (Executive At-Large)
Erika Davies	Kevin Donnelly	Felipé Gonzalez	Bridget Gordon (Executive At-Large)
Lee Kochems, MA (LOA)	Katja Nelson, MPP	Mario J. Pérez, MPH	Dechelle Richardson (Executive At-Large)
Kevin Stalter	Justin Valero, MPA		
<b>QUORUM: 7</b>			

**AGENDA POSTED:** October 18, 2024

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

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may submit in person, email to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) , or submit electronically [here](#). All Public Comments will be made part of the official record.

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

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

**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.

**I. ADMINISTRATIVE MATTERS**

- |  |                  |                   |
|--|------------------|-------------------|
| 1. Call to Order & Meeting Guidelines/Reminders                |                  | 1:00 PM – 1:03 PM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements |                  | 1:03 PM – 1:05 PM |
| 3. Approval of Agenda  | <b>MOTION #1</b> | 1:05 PM – 1:07 PM |
| 4. Approval of Meeting Minutes                                 | <b>MOTION #2</b> | 1:07 PM – 1:10 PM |

**II. PUBLIC COMMENT** 1:10 PM – 1:13 PM

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

**III. COMMITTEE NEW BUSINESS ITEMS** 1:13 PM – 1:15 PM

6. 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.

**7. Standing Committee Report**

1:15 PM – 1:45 PM

- A. Planning, Priorities and Allocations (PP&A) Committee
  - (1) Paradigm and Operating Values Updates
  - (2) October 28, 204 Antelope Valley Sexual Health Listening Sessions | [FLYER](#)
- B. Operations Committee
  - (1) Membership Management
    - a. New Membership Applications Hold Due to Vacancy Limitations and Proposed Restructuring
    - b. SEAT VACATE: Ronnie Osorio **MOTION #3**
    - c. SEAT CHANGE: Arburtha Franklin, Alternate, to HIV Stakeholder Representative #4 **MOTION #4**
    - d. New Member Applications
      - Sabel Samone-Loreca | Alternate (Seat #29) **MOTION #5**
      - Joaquin Gutierrez | Alternate (Seat #21) **MOTION #6**
    - b. Committee-Only Member Applications
      - Caitlyn Dolan | Standards & Best Practices (SBP) Committee **MOTION #7**
      - OM Davis | Public Policy Committee (PPC) **MOTION #8**
  - (2) [Assessment of the Effectiveness of the Administrative Mechanism \(AEAAM\) PY 32 Report](#) | REVIEW & NEXT STEPS
  - (3) [2024 Training Schedule](#)
  - (4) Recruitment, Retention & Engagement
    - a. Outreach Team
- D. Standards and Best Practices (SBP) Committee
  - (1) Service Standards Schedule
  - (2) Transportation Service Standards **MOTION #9**
  - (3) Emergency Financial Assistance (EFA) Service Standards | [Public Comment Period: 10/2-11/1](#)
- E. Public Policy Committee (PPC)
  - (1) Federal, State, County Policy & Budget
    - a. 2024 Legislative Docket | UPDATES
  - (2) November Meeting Schedule

**8. Caucus, Task Force, and Work Group Reports:**

1:45 PM – 2:00 PM

- A. Aging Caucus
- B. Black/AA Caucus
  - December 6, 2024 World AIDS Day Community Event | [SAVE THE DATE Flyer](#)
- C. Consumer Caucus
  - February 13, 2025 Consumer Resource Event | SAVE THE DATE Flyer
- D. Transgender Caucus
- E. Women’s Caucus
- F. Housing Task Force
- G. Annual Conference Planning Workgroup

**IV. REPORTS**

**9. Executive Director/Staff Report** 2:00 PM – 2:15 PM

- A. Commission (COH)/County Operational Updates
  - (1) Annual Conference | [FLYER](#)
  - (2) HRSA TA Site Visit Findings Report
  - (3) COH Organizational Assessment & Restructure Proposal

**10. Co-Chair Report** 2:15 PM – 2:35 PM

- A. 2025-2027 COH Co-Chair Open Nominations & Elections | January 9, 2025 Elections
- B. 2024 Meeting Calendar Reminder
  - (1) November 14, 2024 Annual Conference | MLK BHC
  - (2) December 12, 2024 COH Meeting | Canceled
  - (3) November & December Executive & Operations Committee Meetings | December 12, 2024
- C. Conferences, Meetings & Trainings
  - (1) Role & Responsibility of Commission Representatives at Conferences | REVISIT
- D. Member Vacancies & Recruitment

**11. Division of HIV and STD Programs (DHSP) Report** 2:35 PM – 2:50 PM

- A. Fiscal, Programmatic and Procurement Updates
  - (1) Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE)
  - (2) Fiscal
  - (3) Mpox | UPDATES

**V. NEXT STEPS** 2:50 PM – 2:55 PM

- 12. Task/Assignments Recap
- 13. Agenda development for the next meeting

**VI. ANNOUNCEMENTS** 2:55 AM – 3:00 PM

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

**VII. ADJOURNMENT** 3:00 PM

- 15. Adjournment for the meeting of October 24, 2024.

## PROPOSED MOTIONS

<b>MOTION #1</b>	Approve the Agenda Order as presented or revised.
<b>MOTION #2</b>	Approve the meeting minutes, as presented or revised.
<b>MOTION #3</b>	Approve recommendation to vacate Commissioner Ronnie Osorio, as presented or revised, and elevate to the full Commission body for approval.
<b>MOTION #4</b>	Approve seat change for Commission member Arburtha Franklin from Alternate (Seat #27) to HIV Stakeholder Representative #4 seat, as presented or revised, and elevate to the full Commission body for approval.
<b>MOTION #5</b>	Approve new membership application for Sabel Samone-Loreca to occupy Alternate (Seat #29), as presented or revised, and elevate to the full Commission body for approval.
<b>MOTION #6</b>	Approve new membership application for Joaquin Gutierrez to occupy Alternate (Seat #21) , as presented or revised, and elevate to the full Commission body for approval.
<b>MOTION #7</b>	Approve SBP Committee-Only Member Application for Caitlyn Dolan, as presented or revised, and elevate to the full Commission body for approval.
<b>MOTION #8</b>	Approve PPC Committee-Only Member Application for OM Davis, as presented or revised, and elevate to the full Commission body for approval.
<b>MOTION #9</b>	Approve Transportation Service Standards, as presented or revised, and elevate to the full Commission body for approval.



## CODE OF CONDUCT

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

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

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

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



## HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS

(Updated 7.15.24)

- This meeting is a **Brown-Act meeting** and is being recorded.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
  
- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
  
- Please comply with the **Commission's Code of Conduct** located in the meeting packet.
  
- **Public Comment** for members of the public can be submitted in person, electronically @ [https://www.surveymonkey.com/r/public\\_comments](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*
  
- For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
  
- Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
  
- Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

*If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial [HERE](#) or contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).*





# 2024 MEMBERSHIP ROSTER | UPDATED 9.30.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<i>Vacant</i>		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative			<i>Vacant</i>	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			<i>Vacant</i>		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette (LOA)	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC OPS	Dechelle Richardson	AMAAD Institute	July 1, 2024	June 30, 2026	
17	Provider representative #7			<i>Vacant</i>		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			<i>Vacant</i>		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
22	Unaffiliated representative, SPA 4			<i>Vacant</i>		July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC SBP	Kevin Stalter	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Wilma Mendoza	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC PP&A	Kevin Donnelly	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated representative, Supervisorial District 2	1	EXC OPS	Bridget Gordon	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Ariene Frames	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
30	Unaffiliated representative, Supervisorial District 4			<i>Vacant</i>		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilith Conolly	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	PP&A	Daryl Russell, M.Ed	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	David Hardy (SBP)
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	<i>Unaffiliated representative</i>	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman (LOA)	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA	1	PP&A	Matthew Muhonen (LOA)	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA (LOA)	<i>Unaffiliated representative</i>	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			<i>Vacant</i>		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC OPS   PP	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, Cpsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	SBP	Felipe Findley, PA-C, MPAS, AAHIVS (LOA)	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
<b>TOTAL:</b>		<b>43</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: 47



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/10/24

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>ALE-FERLITO</b>	<b>Dahlia</b>	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
<b>ALVAREZ</b>	<b>Miguel</b>	No Affiliation	No Ryan White or prevention contracts
<b>ARRINGTON</b>	<b>Jayda</b>	Unaffiliated representative	No Ryan White or prevention contracts
<b>BALLESTEROS</b>	<b>AI</b>	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			
<b>BURTON</b>	<b>Alasdair</b>	No Affiliation	No Ryan White or prevention contracts
<b>CAMPBELL</b>	<b>Danielle</b>	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
<b>CIELO</b>	<b>Mikhaela</b>	Los Angeles General Hospital	No Ryan White or prevention contracts
<b>CONOLLY</b>	<b>Lilieth</b>	No Affiliation	No Ryan White or prevention contracts
<b>CUEVAS</b>	<b>Sandra</b>	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
<b>CUMMINGS</b>	<b>Mary</b>	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SAUNDERS	Dee	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

**Division of HIV and STDs Contracted Community Services**

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

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



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

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



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

## EXECUTIVE COMMITTEE MEETING MINUTES Thursday, September 26, 2024

COMMITTEE MEMBERS			
P = Present   A = Absent   EA=Excused Absence   AB2449=Virtual   Public: Virtual *Not eligible for AB2449			
Danielle Campbell, PhDc, MPH, Co-Chair	P	Felipe Gonzalez	P
Joseph Green, Co-Chair, Pro Tem	P	Bridget Gordon	P
Miguel Alvarez (EXEC At-Large)	P	Katja Nelson	Public
Alasdair Burton (EXEC At-Large)	P	Mario J. Pérez	P
Erika Davies	P	Dechelle Richardson	EA
Kevin Donnelly	P	Justin Valero	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; and Jose Rangel-Garibay, MPH			

Meeting agenda and materials can be found on the Commission’s website [HERE](#)

### I. ADMINISTRATIVE MATTERS

#### 1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Danielle Campbell, COH Co-Chair, commenced the Executive Committee meeting at around 1:02PM and provided an overview of the meeting guidelines.

#### 2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS

D. Campbell initiated introductions and requested that Committee members their state conflicts of interest. Cheryl Barrit, MPIA, Executive Director, led roll call.

**ROLL CALL (PRESENT):** Miguel Alvarez, Alasdair Burton, Erika Davies, Kevin Donnelly, Felipe Gonzalez, Bridget Gordon, Danielle Campbell, and Joseph Green.

## Executive Committee Minutes

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### 3. APPROVAL OF AGENDA

**MOTION #2:** Approve the Agenda Order, as presented or revised. *(Approved; passed by consensus)*

### 4. APPROVAL OF MEETING MINUTES

**MOTION #3:** Approve the Executive Committee minutes, as presented or revised. *(Approved; passed by consensus.)*

## II. PUBLIC COMMENT

### 5. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.

*No Public Comments.*

## III. COMMITTEE NEW BUSINESS ITEMS

### 6. OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.

*No new business.*

## IV. REPORTS

### 7. Standing Committee Reports

#### A. Planning, Priorities & Allocations (PP&A) Committee

##### (1) Service Rankings and Allocations for Program Year (PY) 35 Ryan White Program Part A and Minority AIDS Initiative (MAI) Funds **MOTION #3**

*MOTION #3 passed by Roll Call Votev: MAlvarez, ABurton, BGordon, FGonzalez, KDonnelly, EDavies, DCampbell & JGreen*

##### (2) Ryan White Program Allocation Forecasting Program Years (PY) 36-37

*No updates.*

##### (3) RWP Part Application Grant Review | **UPDATE**

DHSP's held its RWP Part A Grant Application Review on September 19, 2024, attended by selected Commissioners and COH staff. Following the review, Commissioners and staff participated in DHSP's Clinical Quality Management (CQM) project kick-off meeting with consultants to listen and offer feedback.

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### (4) Antelope Valley Listening Sessions

A community listening session for providers and consumers to seek feedback on how to improve sexual health-related services in the Antelope Valley has been scheduled for October 28, 2024, at 10AM-12PM (Provider) and 1:30PM-3:30PM (Consumer). For those who are interested in supporting the sessions, please contact COH staff.

### B. Operations Committee Miguel Alvarez, Committee Co-Chair, reported:

#### (1) Membership Management

##### a) Attendance Letter | Ron Osorio (UPDATES)

At its next meeting, the Committee agreed to vacate R. Osorio's seat due to excessive unexcused absences and move Arburtha Franklin, Alternate, to fill the seat.

##### b) New Member Applications

###### • Jeremy Mitchell aka Jet Finley | Alternate (Seat #33) MOTION #4

Jeremy Mitchell provided brief comments in support of his application.

Motion #4 passed via roll call vote: MAlvarez, ABurton, EDavies, KDonnelly, FGonzalez, BGordon, DCampbell & JGreen

###### • Aaron Raines | Alternate (Seat #28) MOTION #5

Motion #5 passed via roll call vote: MAlvarez, ABurton, EDavies, KDonnelly, FGonzalez, BGordon, DCampbell & JGreen

###### • Reverend Gerald Green | Alternate (Seat #32) MOTION #6

Motion #6 passed via roll call vote: MAlvarez, ABurton, EDavies, KDonnelly, FGonzalez, BGordon, DCampbell & JGreen

###### • Carlos Vega-Matos | Alternate (Seat #26) MOTION #7

Motion #7 passed via roll call vote: MAlvarez, ABurton, EDavies, KDonnelly, FGonzalez, BGordon, DCampbell & JGreen

###### • Ismael Salamanca | City of Long Beach Representative (Seat #3) MOTION #8

Motion #8 passed via roll call vote: MAlvarez, ABurton, EDavies, KDonnelly, FGonzalez, BGordon, DCampbell & JGreen

##### c) Committee-Only Member Applications

###### • Rob Lester | PP&A Committee MOTION #9

RLester shared brief comments in support of his application.

Motion #9 passed via roll call vote: MAlvarez, ABurton, EDavies, KDonnelly, FGonzalez, BGordon, DCampbell & JGreen

#### (2) Policies & Procedures

##### a) Proposed Changes to Bylaws | UPDATES

C. Barrit reported that preliminary feedback from the Committee and public comments have been incorporated in the updated draft version of the proposed changes to the Bylaws, citing one public comment received by DHSP regarding membership size. Next steps include engaging the full body in a meaningful

## Executive Committee Minutes

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dialogue to address potential structural changes. To assist in this effort, staff will seek the assistance of consultants Jeff Daniels and AJ King to lead a discussion and capacity building activities at the January 9, 2025 COH meeting regarding the COH's scope, role and responsibility.

**b) Policy # 09.7201: Consumer Compensation | UPDATES**

*No updates; refer to Proposed Changes to Bylaw report.*

**(3) Assessment of the Effectiveness of the Administrative Mechanism (AEAAM) | UPDATES**

The final [PY 32 AEAAM report](#) is now available on the COH website. C. Barrit will guide the Committee through the report at its next meeting to help prepare for next year's AEAAM.

**(4) [2024 Training Schedule](#)**

**(5) Recruitment, Retention & Engagement**

**a) Outreach Team**

The Committee was commended for its recruitment and engagement efforts, including the establishment of an Outreach Team and the development of an Elevator Pitch. Staff also reminded the Committee that the [COH's Digital Toolkit](#) is available on the COH website and encouraged members to utilize it for outreach and engagement activities.

**C. Public Policy Committee (PPC)** Katja Nelson, PPC Co-Chair, reported:

**(1) Federal, State, County Policy & Budget**

The Committee engaged in a robust discussion about potential threats to RWP funding sources and explored strategies to support the preservation of funding through targeted messaging and advocacy efforts, including voting. Additionally, Congress approved a Continuing Resolution until October 1, 2024, to avoid a shutdown.

**a) 2024 Legislative Docket | UPDATES**

Governor Newsom has until the end of the month to sign or veto bills, updates forthcoming.

**b) November Meeting Schedule**

Due to the elections, the Committee has rescheduled its November meeting to November 18, 2024, 1:30PM-3:30PM, at the Vermont Corridor.

**D. Standards and Best Practices (SBP) Committee** Erika Davies, SBP Co-Chair, reported:

**(1) Service Standards Schedule**

*No updates to report.*

**(2) Transportation Service Standards**

Public Comment ends September 30, 2024. Please review and provide feedback.

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### **(3) Emergency Financial Assistance (EFA) Service Standards | REVIEW**

The Committee continues to review and update the EFA service standards and reviewed DHSP's utilization report in support.

The next SBP Committee meeting will be October 1, 2024, 10AM-12PM, at the Vermont Corridor.

## **11. Caucus, Task Force, and Work Group Reports**

### **A. Aging Caucus.** C. Barrit reported:

- The Caucus in collaboration with the Women's Caucus held a Loneliness and Isolation community event on September 23, 2024, and the event was well attended. The presentation slides are available on the COH website's Events page.
- Additionally, the Caucus leadership held a call with Dr. Gary Tsai from LA County Substance Prevention and Control (SAPC) to identify activities for collaboration.

### **B. Black/AA Caucus.** Danielle Campbell, Caucus Co-Chair, reported:

The Caucus met on September 19, 2024 and discussed:

- The Black Immigrant listening session was a tremendous success, attracting significant participation from the African diaspora. Discussions revealed both similarities and unique challenges faced by African and US-born Black communities. An Executive Summary will be drafted and shared.
- The Same Gender Loving Men (SGLM) Listening Session is scheduled for September 26 from 7-9 PM.
- The women's listening session is Tentatively set for October 22, 2024, from 6-8 PM. The session will offer child watch, a \$50 gift card, food, and resources. Additional details will be provided as they are finalized.
- The Non-Traditional HIV Provider session is Scheduled for November, with specific details forthcoming.
- The Caucus will host a booth at the October 19 Taste of Soul, partnering with Dr. William King and AMAAD. Volunteers are needed; interested individuals should reach out to COH Staff, Dawn Mc Clendon, to join the planning workgroup.
- A World AIDS Day community event has been confirmed for December 6, 2024, at Charles Drew University. A planning workgroup will be formed in the coming months, with more details to follow.
- Mario J. Pérez, MPH, Director, has initiated outreach to Black-led and servicing organizations that were not part of the initial needs assessment. The aim is to

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gauge interest in participating in a DHSP-led focus group. Further updates will be provided as they become available.

- The next virtual meeting is scheduled for October 17, 2024, from 4-5 PM.

### 7. **Consumer Caucus.** D. Mc Clendon, COH staff, reported:

- The Caucus met on September 12, 2024, after the COH meeting, where they received two presentations: "HIV & Hep C" by Brian Risley and "End of Life Planning" by Ayako Miyashita Ochoa, JD. Both were well received, and the Caucus looks forward to an extended presentation and potential workshop on End-of-Life Planning, specifically Advance Directives, at the upcoming consumer resource fair in February 2025.
- The October Caucus meeting and the Commission meeting have been canceled. However, the Caucus Co-Chairs have scheduled an All-Caucus Co-Chair planning luncheon on October 14, 2024, to organize for the consumer resource fair in February 2025; more details will follow.
- Lastly, the Caucus leadership will plan for a December meeting, with the date to be determined.

### 8. **Transgender Caucus.** José Rangel-Garibay, COH staff, reported:

- The Caucus met on September 24, 2024, to review their meeting schedule for the remainder of the year.
- Co-Chair Jada Ali stepped down from leadership, and Mallery Jenna Robinson and Arburtha Franklin were nominated as potential Co-Chairs.
- The next virtual meeting is scheduled for October 22, 2024, from 10 AM to 11 AM.

### 9. **Women's Caucus.** Lizette Martinez, COH staff, reported:

- The Caucus in collaboration with the Aging Caucus held a Loneliness and Isolation community-building event for BIPOC women ages 50 and over on September 23, 2024, and the event was well attended. The presentation slides are now available on the COH website's Events page.
- The Caucus is anticipating the launch of the Women's Resource Directory led by APLA and CHIRP; details forthcoming.
- The next virtual meeting will be on October 21, 2024 at 2-3PM.



## Executive Committee Minutes

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### 10. Housing Taskforce (HTF). C. Barrit reported:

- The HTF met on August 23, 2024, to review their workplan and decided to hold a panel with DHSP-funded housing and legal services agencies at the October meeting. The goal is to understand client needs and develop programmatic ideas to use these services as a pathway to prevent homelessness among PLWH.
- HTF meetings occur on the last Friday of each month from 9-10 am.

### 11. Annual Conference Workgroup. C. Barrit reported:

The workgroup will meet on September 30, 2024, to review submitted abstracts and finalize the program. The event flyer will be released on Monday, including a link for registration.

## V. REPORTS

### 7. EXECUTIVE DIRECTOR/STAFF REPORT

#### A. Commission (COH)/County Operational Updates

- **Annual Conference Updates**  
*Refer to Annual Conference Work Group Report.*
- **HRSA TA Site Visit Report**  
COH staff participated in a call with the HRSA Project Officer and site visit staff, who shared the findings of the site visit report. While the report was presented during the meeting, staff is awaiting the final version via email. Once received, staff will meet with COH Co-Chairs to review the report and determine next steps.
- **RWP Grant Application**  
As previously reported, COH staff and Commissioners participated in the RWP Grant Application Review conducted by DHSP in preparation for the October 1, 2024, deadline. Additionally, DHSP noted that HRSA's Ending the Epidemic (EHE) Request for Applications (RFA) is due October 28, 2024.
- **DHSP+COH Memorandum of Understanding (MOU)**  
DHSP shared that they are currently reviewing the MOU.

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### 8. CO-CHAIR REPORT

**A. September 12, 2024 COH Meeting | DEBRIEF & FEEDBACK** *No feedback provided.*

**B. 2025-2027 COH Co-Chair Open Nominations & Elections | REVISIT**

COH Co-Chair elections will take place at the January 9, 2025, COH meeting due to the cancellation of the December COH meeting. Nominations will remain open until the January 9<sup>th</sup> elections.

**C. 2024 Meeting Calendar**

As a reminder, the October 14, 2024, COH meeting has been canceled. The Committee also decided to cancel the December 12, 2024, COH meeting and instead merge the November and December committee meetings into one session on December 12, 2024, from 1:00 PM to 3:00 PM at the Vermont Corridor. The full body will convene its regular meeting schedule on January 9, 2025.

**E. Conferences, Meetings & Trainings**

**(1) Role & Responsibility of Commission Representatives at Conferences | REVISIT**

*Discussion postponed.*

**(2) United States Conference on HIV/AIDS: September 12-15, 2024 | FEEDBACK**

DCampbell shared feedback from the USCHA Pre-Conference, Black in the South, citing that more than half of new HIV diagnosis and incidences occurs in the South. She shared that she submitted an abstract focusing on resilience of prevention in these heavily impacted communities.

**F. Member Vacancies & Recruitment**

The Committee reported that the Operations Committee is effectively filling vacancies, with only two unaffiliated consumer seats remaining vacant.

### 9. Division of HIV and STD Programs (DHSP) Report. Mario J. Perez, MPH, Director, reported the following:

- M. Perez shared his role as a member of the NMAC USCHA Council and provided insight into why the 2024 USCHA was held in New Orleans, despite the potential threat of natural disasters. He explained that USCHA is intentionally hosted in communities most impacted by HIV, which often happen to be in regions vulnerable to hurricanes. This decision is driven by a commitment to spotlighting areas with significant HIV prevalence and challenges, ensuring the conference remains relevant to those most affected. Additionally, hosting in such locations often results in lower lodging and event costs, making it possible to offer a more robust and engaging conference experience. To mitigate the risks associated with natural disasters, event insurance is purchased to protect against potential cancellations.

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- DHSP staff is continuing their efforts on the RWP grant application and will work through the weekend, collaborating with COH to ensure a successful submission.
- DHSP remains focused on infectious disease efforts and continues to promote vaccinations for COVID, flu, and Mpox. Additionally, DHSP is monitoring H5N1 cases in cattle and tracking three reported cases of mosquito-transmitted Dengue.
- There has been an increase in Mpox cases, and DHSP continues to update community partners. Many individuals, particularly those who are immunocompromised, still need to complete the two-dose Mpox vaccine series. HRSA has been pushing its free vaccines with a deadline of September 27, 2024, as the vaccines are set to expire between late September and October 30th.
- M. Perez attended the Office of National AIDS Policy (ONAP) summit in Washington, D.C., which focused on mobilizing a response to the increasing HIV infections in Latinx communities. He also reported that he and his staff participated in the STI Prevention Conference in Atlanta.
- M. Perez reported that the future of the Ending the HIV Epidemic (EHE) initiative is uncertain, pending the final version of the federal spending bill. While the Senate supports preserving the EHE, the House has proposed cuts. He emphasized that they are closely monitoring developments and not assuming that EHE or Ryan White Part F funding will be maintained.

## V. NEXT STEPS

### 11. Task/Assignments Recap

- All motions will be elevated for approval at the January 9, 2025, COH meeting.
- Approval of PY 35 allocations has been shared with DHSP for the RWP grant application submission.
- The December 12, 2025, COH meeting has been canceled.
- Co-Chair elections and a community discussion on bylaws and COH structure are scheduled for the January 9, 2025, COH meeting.
- The November and December Executive Committee meetings will be combined and held on December 12, 2024, from 1:00-3:00 PM; the Operations Committee meeting schedule will follow.
- Reminder for the Annual Conference on November 14, 2024, from 9:00 AM-4:00 PM at MLK BHC.
- Staff will poll members' interest in carpooling to the Antelope Valley for the October 28th listening sessions.

### 12. Agenda development for the next meeting. *Refer to minutes.*

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**VI. ANNOUNCEMENTS**

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

**VII. ADJOURNMENT**

Adjournment for the meeting of September 26, 2024, on or around 2:27PM in the memory of Dean Goshi.

DRAFT

**WE WANT TO HEAR FROM YOU ANTELOPE VALLEY!**

# SEXUAL HEALTH LISTENING SESSIONS

We invite you to share your perspectives on opportunities, challenges, and community needs related to sexual health and wellness. The listening sessions will bring together members from various stakeholder groups including medical providers and local residents to help identify new solutions and inform future planning.



**Monday, October 28, 2024**

**10:00am - 12:00pm** Healthcare Provider Stakeholder Listening Session

**12:00pm - 1:00pm** Lunch

**1:30pm - 3:30pm** Community Stakeholder Listening Session

## WHAT TO EXPECT:

- Open, respectful and confidential dialogue
- \$25 gift cards, food, and resources provided



**RSVP Required! Deadline: Oct. 24**

For questions, please contact Lizette Martinez at [lmartinez@lachiv.org](mailto:lmartinez@lachiv.org).

Registration:

<https://tinyurl.com/2j68v2ad>



**Wesley Adult Day Health Care 844 W. Ave | Lancaster, CA 93534**

These sessions are supported by the Los Angeles County Commission on HIV in partnership with JWCH Institute/Wesley Health Centers and Bartz-Altadonna Community Health Center.



LOS ANGELES COUNTY  
COMMISSION ON HIV



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# Sabel Samone- Loreca

Application on file at Commission office

# COMMISSION MEMBER APPLICATION SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: _____		Date of Evaluation: _____	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Status:	<input type="checkbox"/> Unaffiliated Consumer <input type="checkbox"/> Provider	SPA (LIVE WORK REC SERVICES)	District (LIVE WORK SERVICES)
Demographic Information:	RACE/ETHNICITY: <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native		
	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other/Not Specified		
	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
	AGE: <input type="checkbox"/> 13-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Unknown		
Provider Information:	<input type="checkbox"/> Incarcerated <input type="checkbox"/> Healthcare <input type="checkbox"/> Social Service <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health		
	<input type="checkbox"/> Prevention <input type="checkbox"/> CBO <input type="checkbox"/> Other Federal <input type="checkbox"/> Healthcare Planning <input type="checkbox"/> Public Health		
Has Attended at Least One Commission Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CRITERIA	Points Available	Interview Panelists			
<b>1. Commitment &amp; Communication:</b>					
Oral Communication	5				
Written Communication	5				
<b>Subtotal</b>	<b>10</b>				
<b>2. HIV/AIDS/STIs Knowledge:</b>					
Subtotal	15				
<b>Subtotal</b>	<b>15</b>				
<b>3. Prior Community Planning Experience:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>4. Collaboration:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>5. HIV Experience:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>6. Understanding of the Needs of Highly Impacted Populations:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>7. Effective Representation:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>8. Reliability:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>9. Interview:</b>					
Subtotal	15				
<b>Subtotal</b>	<b>15</b>				
<b>TOTAL</b>	<b>100</b>				
<b>Total of Scores:</b>		<b>Number of Scores:</b>		<b>Average Total:</b>	



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# Joaquin Gutierrez

Application on file at Commission office



# COMMISSION MEMBER APPLICATION SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: _____		Date of Evaluation: _____	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Status:	<input type="checkbox"/> Unaffiliated Consumer	<input type="checkbox"/> Provider	<input type="checkbox"/> SPA (LIVE WORK REC SERVICES)
			<input type="checkbox"/> District (LIVE WORK SERVICES)
Demographic Information:	RACE/ETHNICITY: <input type="checkbox"/> White, not Hispanic	<input type="checkbox"/> Black, not Hispanic	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Multi-Race	<input type="checkbox"/> Other/Not Specified	<input type="checkbox"/> Asian/Pacific Islander
	GENDER: <input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
	<input type="checkbox"/> Unknown		<input type="checkbox"/> American Indian/Alaska Native
	AGE: <input type="checkbox"/> 13-19	<input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59
	<input type="checkbox"/> 60+	<input type="checkbox"/> Unknown	
Provider Information:	<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Social Service
	<input type="checkbox"/> Prevention	<input type="checkbox"/> CBO	<input type="checkbox"/> Other Federal
Has Attended at Least One Commission Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health
			<input type="checkbox"/> Healthcare Planning <input type="checkbox"/> Public Health

CRITERIA	Points Available	Interview Panelists			
<b>1. Commitment &amp; Communication:</b>					
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Subtotal	10				
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Subtotal	10				
<b>5. HIV Experience:</b>					
Subtotal	10				
<b>6. Understanding of the Needs of Highly Impacted Populations:</b>					
Subtotal	10				
<b>7. Effective Representation:</b>					
Subtotal	10				
<b>8. Reliability:</b>					
Subtotal	10				
<b>9. Interview:</b>					
Subtotal	15				
<b>TOTAL</b>	<b>100</b>				
<b>Total of Scores:</b>			<b>Number of Scores:</b>		
			<b>Average Total:</b>		



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# Caitlin Dolan

Application on file at Commission office



# Olga (OM) Davis

Application on file at Commission office



# Assessment of the Efficiency of the Administrative Mechanism

**Los Angeles Commission on HIV**  
**Los Angeles EMA**

**Vision: Healthy Communities, Healthy People**



# Objectives

- Describe the shared responsibility of the PC/PB and recipients in establishing, maintaining, and improving the local system of care
- Explain the legislative requirement for the assessment of the efficiency of the administrative mechanism (AEAM)
- Identify at least 4 components and 2 common challenges of conducting an AEAM
- Describe typical steps in the AEAM process
- Describe how PC/PB helps improve local system of care

# Centrality of the System of Care

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- RWHAP exists to support a system of comprehensive, appropriate core medical and support services for people living with HIV that have limited financial resources
- In its early years, RWHAP helped to establish a continuum or system of HIV care
- Current focus is on maintaining, assessing, and improving the system of care to reflect changes in the epidemic, prevention, treatment, and the broader health care system—and integrating prevention and care
- PC/PB and recipient share responsibility for improving the system of care



# Legislative Language

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Part A funds must support:

- *“core medical services that are needed in the eligible area for individuals with HIV/AIDS” including services related to “co-occurring conditions”*  
— [§2604(c)(1)]
- Support services *“that are needed for individuals with HIV/AIDS to achieve their medical outcomes”*  
— [§2604(d)(1)]



# HRSA HAB Expectations for a Comprehensive System of Care

- System of care is not limited to services paid for through RWHAP funds
- The annual Part A application asks for a *“description of the comprehensive system of care in the entire EMA/TGA, including the available core medical and support services funded by RWHAP Part A and by other sources, where services are located, and how clients access those services, including services for disproportionately impacted subpopulation(s) supported by MAI funds.”*

*[FY 2021 Notice of Funding Opportunity HRSA-22-018, p 12]*





# HRSA HAB Expectations for a Comprehensive System of Care (cont.)

RWHAP *“requires services to be provided in a coordinated, cost-effective manner”* and be *“coordinated with all other public funding for HIV/AIDS”* in order to:

- Ensure that RWHAP is the *“payor of last resort”*
- *“Maximize the number and accessibility of services available”*
- *“Reduce any duplication”* – Part A Manual, pp 15-16



# HRSA HAB Expectations for a Comprehensive System of Care (cont.)

The system of care should:

- *“address the service needs of newly affected and underserved populations – including disproportionately impacted communities of color and emerging populations”*
- *“be consistent with HSRA’s goals of increasing access to services and decreasing HIV/AIDS health disparities...”*
- *“be designed to address the needs of PWH across all life stages” from being unaware of their “HIV status, through HIV counseling and testing, early intervention and linkage to care, to retention in care and treatment adherence”*  
– Part A Manual, pp 15-16



# Desired Characteristics of a Comprehensive System of Care

- **Availability** of both core medical and support services
- **Accessible** services – in terms of location, public transportation, and service hours
- **Appropriate** services for diverse PWH populations based on such characteristics as race/ethnicity, sexual orientation, gender/gender identity, age, and risk factor – provider staff speak needed languages and are culturally competent, with appropriate training and skills
- **Effective** services that meet performance standards and contribute to viral suppression and other positive medical outcomes



# Shared Responsibility for the System of Care

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## The PC/PB:

- Assesses service needs and gaps, which requires reviewing the existing system of care – including RWHAP-funded and other core medical and support services
- Establishes service priorities and allocates Part A and Part A Minority AIDS Initiative (MAI) funds to specific service categories
- Provides guidance and models for meeting service needs overall and for particular PWH subpopulations, through use of tools like directives and service standards



# Shared Responsibility for the System of Care

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## The Recipient:

- Contracts with providers to deliver services
- Specifies service requirements in RFPs and subrecipient agreements
- Monitors subrecipients to ensure service quality
- Manages a CQM program with subrecipients that:
  - Measures performance and medical outcomes
  - Implements quality improvement efforts
- Coordinates with other RWHAP Parts and other public and private funders and services



# Quick Scenario A:

## Describing the Local System of Care

Suppose you meet a person with HIV who receives HIV care through RWHAP in another city but is thinking of moving to your EMA/TGA. That person asks you to “tell me about the system of HIV care, and how I can get access to both medical and support services.”

1. What would you say if the question came from:
  - A young MSM of color?
  - A transgender woman?
  - A long-time HIV survivor aged 60+?
2. How prepared are you to answer this question?



# Assessment of the Efficiency of the Administrative Mechanism (AEAM) Legislative Requirement

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Planning Council must “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area”

—§2602(b)(4)(E)



# Assessment of the Efficiency of the Administrative Mechanism (AEAM)

- A review of how quickly and well the Part A recipient carries out the processes to contract with and pay providers (subrecipients) for delivering HIV-related services
- Helps ensure that the needs of PWH throughout the Part A service area are met – with emphasis on those with the greatest need for RWHAP services
- The only PC/PB task that involves looking at procurement and contracting, which are recipient responsibilities





# AEAM and the System of Care

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AEAM can help strengthen the system of care by calling attention to issues such as the following:

- Need for outreach to new potential providers, which may improve service access and ability to serve emerging target populations
- Importance of ensuring that subrecipients are paid promptly – necessary for participation of smaller community-based providers that may have special skills in serving disproportionately affected subpopulations



# HRSA HAB Expectations for AEAM

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## PC/PB expected to:

- Conduct an AEAM annually
- Provide a written report to the recipient with conclusions and recommendations

## Recipient expected to:

- Provide needed data to the PC/PB for the AEAM
- Provide a written response to recommendations in the AEAM report
- Include a summary of the AEAM in the annual RWHAP Part A application as requested by HRSA HAB



# AEAM Language from FY 2021 RWHAP

## Part A Notice of Funding Opportunity

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### *“Letter of Assurance from Planning Council Chair(s) or Letter of Concurrence from Planning Body*

*Provide a letter of assurance signed by the PC chair(s) or a letter of concurrence signed by PB leadership as Attachment 6. The letter must address the following:...*

#### *d) Assessment of Administrative Mechanism:*

- i. Assessment of grant recipient activities ensured timely allocation/contracting of funds and payments to contractors”*

*[FY 2021 Notice of Funding Opportunity HRSA-22-018, p 20]*



# Typical Scope of the AEAM

- **The procurement process** – including outreach to potential new service providers, applications received and funded, the review process, and subrecipient selection criteria
- **Contracting** – including the length of time between Notice of Grant Award (NoA) to the recipient and completion of fully executed subcontracts with subrecipients
- **Reimbursement of subrecipients** – including time required for payments following receipt of monthly reports and invoices
- **Use of funds** – whether contracting and expenditure of Part A funds are consistent with the allocations made by the PC/PB, and the proportion of formula and supplemental Part A funds that are expended by the end of the program year



# Optional Component of the AEAM

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## Engagement with the PC/PB in the planning process:

- How and how well the recipient and PC/PB work together to carry out shared and coordinated planning tasks and meet legislative requirements
- PC/PB access to data needed for sound decision making
- If there is an MOU between the PC/PB and recipient, the extent to which both parties met their commitments

# Challenges

- **Limiting the Scope of the AEAM:**
  - The AEAM should *NOT* address subrecipient monitoring or other aspects of recipient management: *“The planning council should not be involved in how the administrative agency monitors providers” [Part A Manual, p 102]*
  - The AEAM should include necessary data but is not meant to be an evaluation of the recipient or of individual subrecipients
- **Subrecipient data:** The PC/PB will need data from or about individual subrecipients, but members should not receive or review data with agency names attached



# Typical Steps in the AEAM Process

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1. Assign responsibility for the AEAM to a PC/PB committee
2. Agree on the process, tools, and data needs early in the program year
3. Work with the recipient to agree what questions will be answered and what data will be provided, in what format, on what schedule
  - Specify data needs for the AAM in your MOU, if you have one
  - Early agreement allows the recipient to collect data throughout the year and provide it promptly



# Typical Steps in AEAM (cont.)

4. Obtain summary data from the recipient about agreed-upon topics—for example:
  - Procurement: Number of providers receiving the Request for Proposals for Part A services, number responding, number of new applicants, independent review process
  - Contracting: Percent of contracts fully executed within 30, 60, and 90 days after Notice of Grant Award
  - Payments: Average time required for the recipient to issue checks to subrecipients based on accurate invoices
  - Allocations and Expenditures: Amount and percent of Part A funds allocated by the PC/PB to each service category versus the amount and percent contracted and spent





# Typical Steps in AEAM (cont.)

5. Survey subrecipients to learn about their experiences related to procurement, contracting, and reimbursement (optional):
  - Usually an online survey
  - Response rate highest if survey is short and most questions require only check-offs or ratings
  - PC/PB support staff or a consultant typically receive, aggregate, and summarize results for PC/PB review – so members do not see individual subrecipient responses

# Typical Steps in AEAM (cont.)

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6. Review data to answer key questions and prepare a concise written report including recommendations for any needed changes to address areas of concern around procurement, contracting, reimbursement, and/or use of funds consistent with PC/PB allocations
7. Meet with the recipient to present and discuss findings
8. Obtain a written response and plan from the recipient on how any problem areas will be addressed
9. Debrief and refine the AEAM process for next year
10. Follow up on recipient implementation of action plan



# Discussion: Implementing the AEAM

The AEAM process in your EMA/TGA has been challenging in recent years. A special task force appointed by the Executive Committee is established each year to plan the process, specify data needs, obtain data from the recipient and from subrecipients, and prepare the report. Membership varies, and the recipient says the constant changes in process and data requests creates a burden.

1. What might the PC/PB do to address these issues?



# How the PC/PB Helps Improve the System of Care

**PC/PB members must understand the system of care, including its strengths and weaknesses and how it serves particular PWH subpopulations:**

1. Be sure your needs assessment includes a resource inventory and a profile of provider capacity and capability – the components focusing on the current system of care
2. Work with your recipient to ensure regular access to program data about the system of care and about service utilization and client outcomes – overall and by subpopulation
3. Continually learn about the system of care, asking for needed data and analyses, reviewing new information carefully, and asking questions – become thoroughly familiar with the current system of care, including service needs and gaps by location and subpopulation



# How the PC/PB Helps Improve the System of Care (cont.)

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## Use available tools to improve the system of care:

1. Make sure conversations about the system of care always include consideration of service access and utilization by specific subpopulations
2. Assign a specific committee or other entity within the PC/PB ongoing responsibility for addressing system of care issues
3. Explore promising service models that can strengthen services, overall or for particular PWH populations



# How the PC/PB Helps Improve the System of Care (cont.)

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4. Use directives to test new service models or strategies
5. Use service standards to ensure service quality and consistency
6. Ensure that Minority AIDS Initiative (MAI) funds provide population-appropriate service models
7. Play an active role in coordination of services
8. Use evaluation of service quality and outcomes in decision making about the system of care



# Questions?



## RECIPIENT SURVEY

1. How many proposals were received for GY32 Ryan White Part A funds?
  - 1a. Of the proposals for GY32, how many were from New Service Providers\*?
  - 1b. Of these proposals, how many Service Providers were awarded contracts for Ryan White Part A funds?
2. Please describe the process used to review proposals requesting GY32 Ryan White Part A funds
  - 2a. Please describe the composition of the external review panel (number of reviewers, demographics of reviewers - age, race/ethnicity, gender identity, geography, professional background, HIV status).
3. During GY32, what work was undertaken by the Recipient to encourage new providers to apply for Ryan White Part A funds; such as outreach to potential new service providers

### **CONTRACTING: Executing Service Agreements with Service Providers**

HRSA issued the Notice of Award (NOA) for GY32 in April 2022 (or thereabout). This section will examine the contracting process, specifically the length of time between NOA to the recipient and completion of fully executed service agreements with service providers.

In the section below please indicate the number of service agreements adopted and fully executed in GY32 between the date of receipt of the NOA April ?, 2022 and the date of full execution of service agreement

4. How many service agreements were fully executed in GY32:
  - 4a. How many service agreements were fully executed between February 4, 2022 and February 28, 2022?
  - 4b. Between February 4, 2022 and March 28, 2022?
  - 4c. Between February 4, 2022 and April 26, 2022?
  - 4d. Between February 4, 2022 and May 28, 2022?
  - 4e. Between February 4, 2022 and June 28, 2022?
  - 4f. Between February 4, 2022 and July 28, 2022?
  - 4g. Between February 4, 2022 and August 28, 2022?
  - 4h. Between February 4, 2022 and September 28, 2022?



5. For service agreements executed >90 days, please describe factors that contributed to service agreements not being fully executed within 90 days.

### **REIMBURSEMENT: Service Provider Reporting and Invoicing Process**

6. Please describe the monthly reporting and invoicing process.

7. Did the Recipient change reimbursement/payment systems?

7a. How did these changes impact the reimbursement for services?

7b. Did this impact the distribution of funds to Service Providers?

8. During GY32, what has been the average amount of time in days between receipt of a complete monthly report and accurate invoice from a Service Provider and the issuance of a reimbursement payment?

8a. List/describe any factors contributing to the delay in reimbursements to Service Providers.

### **USE OF FUNDS: Priorities, Resource Allocations, Directives and Reprogramming**

9. Please describe your experience in receiving timely and clear input from COHAH regarding priorities, resource allocations, and directives.

10. Please describe your experience in COHAH's process for reviewing and approving reprogramming requests in a timely manner.

11. Please download and complete the following chart to examine whether allocations and expenditures of the recipient are consistent with allocations made by the COHAH

[Attachment: "GY32\_AEAM Recipient Survey Question 11.xlsx"]

11a. Please upload your completed allocation chart

12. Please describe in detail ALL COHAH approved reprogramming requests submitted by the Recipient.



## Default Question Block

Please complete the survey below.

**Purpose:** The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) mandates the Washington, DC Regional Planning Commission on Health and HIV (COHAH) to conduct an annual Assessment of the Efficiency of the Administrative Mechanism (AEAM). This assessment is a review of how quickly and well the Ryan White HIV/AIDS Program Part A recipient, the DC Department of Health HIV/AIDS Hepatitis, STD and TB Administration (HAHSTA), carries out the process to contract with and pay providers in a timely manner for delivering HIV-related services so that the needs of people living with HIV (PLWH) throughout our EMA are met. Your responses will be kept private and confidential. All responses will be summarized in aggregate; no individual responses will be reported to HAHSTA. Therefore, please be open and honest in your responses. The completion of the survey is a federal mandate and your cooperation is greatly appreciated.

**Instructions:** Please complete all sections and provide responses based on Grant Year 32 (GY32) (March 1, 2022 - February 28, 2023). It should take 15-20 minutes to complete. If you have any questions, please contact Lamont Clark, Government Co-Chair, Washington, DC Regional Planning Commission on Health and HIV (COHAH), via phone at 202-741-0893 or email at lamont.clark@dc.gov.

We would like to receive your completed survey by Friday, September 8, 2023.

Thank you!

Q1. First and Last Name

Q2. Name of Provider Agency

Q3. Position in Agency

RFP Process and Selection of Service Providers

Q4. Which response best describes the amount of time provided by the sponsor for your agency to prepare and submit your Ryan White Part A application?

- Not enough time/too little time
- Enough time
- Plenty of time

N/A (Please leave additional comments below.)

Notice of Grant Award from Recipient & Placement of Service Agreement with Service Provider

Q5. Please select the grant years (GY) your agency has received Ryan White Part A funding during the past 3 years (GY 30 - GY 32).

- GY 30
- GY 31
- GY 32

Q6. Please select the Ryan White Part A service categories that your agency received funding for in GY 32.

- Outpatient/Ambulatory Health Services (OAHS)
- Oral Health Care (OHC)

- Medical Case Management (MCM)
- Mental Health Services (MHS)
- Substance Abuse Outpatient Care (SAO)
- Medical Nutrition Therapy (MNT)
- Early Intervention Services (EIS)
- Health Insurance Prem & Cost-Sharing Asst. (HIPCA)
- Home & Community-Based Health Services
- Emergency Financial Assistance (EFA)
- Medical Transportation
- Food Bank/Home Delivered Meals
- Non-Medical Case Management Services (NMCMS)
- Housing Services
- Outreach Services
- Linguistic Services
- Psychosocial Support Services
- Health Education/Risk Reduction (HE/RR)
- Other Professional Services

Q7. When was your service agreement/contract fully executed for GY 32? (March 1, 2022 - February 28, 2023)

Q8. Did you have any issues and/or challenges with executing the Service Agreement

and/or receiving funds?

- Yes
- No

Q9. Describe issues and/or challenges with executing the Service Agreement and/or receiving funds.

Q10. Have any of these issues and/or challenges affected your ability to deliver of services to clients?

- Yes
- No

Q11. Please describe how these challenges were handled.



Q12. How did you communicate these challenges to clients, if at all?



### Service Provider Reimbursement

Q13. During GY 32, what is the average time between approval of an invoice submission and the receipt of a reimbursement check?

- 5 - 10 days
- 10 - 20 days
- 20 - 30 days
- > 30 days

Q14. Please describe any factors contributing to the delay in reimbursements.

Financing Process

Q15. Please check the response time for purchase order/invoicing questions from your Grants Management Specialist.

- 1 - 4 days
- 5 - 10 days
- 10 - 20 days
- 20 - 30 days
- > 30 days

Q16. Please rate the response of your Grants Management Specialist.

- Excellent
- Good
- Fair
- Poor



Very Poor

Q17. Please select the response time for programmatic questions (design/implementation/monitoring) from your Program Officer.

- 1 - 4 days
- 5 - 10 days
- 10 - 20 days
- 20 - 30 days
- > 30 days

Q18. Please select the response time for reprogramming request from your Grant Monitor/Program Officer.

- 1 - 4 days
- 5 - 10 days
- 10 - 20 days
- 20 - 30 days
- > 30 days

Q19. Please rate the response of your Grant Monitor/Program Officer.

- Excellent
- Good

- Fair
- Poor
- Very Poor

Additional Comments

Q20. Please provide any comments overall on the procurement, contracting and reimbursement process areas that were not addressed in previous questions.

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## TRANSPORTATION SERVICE STANDARDS

**IMPORTANT:** Service standards must adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

- [Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice \(PCN\) #16-02 \(Revised 10/22/18\)](#)
- [HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A](#)
- [Service Standards: Ryan White HIV/AIDS Programs](#)

### **INTRODUCTION**

Service standards for the [Ryan White HIV/AIDS Part A Program](#) (RWP) outline the elements and expectations a service provider should follow when implementing a specific service category. The purpose of the standards is to ensure that all RWHAP service providers offer the same fundamental components of the given service category. The standards set the minimum level of care Ryan White-funded service providers may offer clients; service providers are encouraged to exceed these standards.

The [Los Angeles County Commission on HIV](#) (COH) developed the Transportation service standards to establish the minimum service necessary to provide transportation services to assist people living with HIV adhere to their Ryan White medical and support services appointments and sessions. The development of the standards included review of current guidelines, as well as feedback from service providers, people living with HIV, members of the COH's Standards and Best Practices (SBP) Committee, COH caucuses, and the public-at-large. All service standards approved by the COH align with the [Universal Service Standards and Client Bill of Rights and Responsibilities](#) (Universal Standards) approved by the COH on January 11, 2024. Transportation Services providers must also follow the Universal Standards in addition to the standards described in this document.

### **TRANSPORTATION SERVICES OVERVIEW**

Transportation services is the provision of non-emergency transportation that enables an eligible Ryan White Program (RWP) client and their caregiver(s) to access or be retained in core medical and support services on an as-needed basis. The goal of transportation services is to reduce barriers by assisting clients with accessing, maintaining, and adhering to primary health care, prevention, social services, and other HIV-related support services. Transportation can include:

- Taxi Services and rideshare services
- Public Transportation Services: Transit Access Pass (TAP) Cards, Commuter and Light rail services
- Van Transportation Services

### **SERVICE COMPONENTS**

#### **GENERAL CONSIDERATIONS**

Transportation service provider staff must ensure clients are connected to the most appropriate transportation services that are timely, cost-efficient, safe, and respectful. Transportation services are strictly limited to non-emergency medical and support services and shall not be utilized for medical emergency, recreational and/or entertainment purposes. All transportation services will be provided in accordance with Commission on HIV service standards, applicable local laws and regulations, and in compliance with the [Americans with Disabilities Act](#).

Each eligible client receiving transportation services must have on file appropriate eligibility documentation and a written assessment stating the criteria used to determine the different type(s) of transportation best suited for that individual. Agencies are expected to provide the most economical means of transportation when possible. To be eligible for taxi or van transportation services, a client must be unable to use public transit services due to at least one of the following:

- Documented health reasons
- Health/safety reasons due to time of day
- Necessary location is not accessible by public transportation
- Pregnant and/or traveling with children

STANDARD		DOCUMENTATION
1	Clients receiving transportation will be eligible and assessed for the most appropriate means of service.	Client record to include eligibility documentation and transportation assessment.
2	Transportation services will be provided in compliance with ADA.	Program review and monitoring to confirm.
3	Transportation services will be provided in accordance with policies and procedures formulated by the Division on HIV and STD Programs (DHSP) and consistent with local laws and regulations.	Program review and monitoring to confirm.

**TAXI SERVICES**

Taxi services include providing vehicles able to accommodate passenger’s wheelchair, taxi staff and drivers who are bilingual in Spanish (when requested in advance), and on-demand car services or rideshare services. Agencies coordinate taxi services for eligible clients which includes scheduling on-demand car services or rideshare services such as Access, Lyft, and Uber. Agencies are expected to schedule the most cost-effective ride share available at the time. All drivers will hold and maintain a valid Class “C” or higher California driver’s license with passenger endorsement and valid [Los Angeles Department of Transportation](#) (LADOT) driver permit. For more information on the requirements visit the LADOT website. Additionally, all taxi and rideshare service providers will abide by their respective agency Community Guidelines<sup>i</sup> to ensure clients receive Transportation services that are safe, kind, and respectful. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) [Customer Support Program](#) at (800) 260-8787.

STANDARD		DOCUMENTATION
1	Taxi services will include providing: <ul style="list-style-type: none"> <li>• Vehicles able to accommodate passenger’s wheelchair</li> </ul>	Program review and monitoring to confirm.

	<ul style="list-style-type: none"> <li>• Taxi staff and drivers who are bilingual in Spanish when requested in advance</li> <li>• On-demand car services or rideshare services</li> </ul>	
2	All drivers have valid Class “C” or higher California driver’s license with passenger endorsement and <a href="#">Los Angeles Department of Transportation</a> driver permit.	Copies of driver’s licenses and permits on file at contractor agency.
3	All taxi and rideshare service providers will abide by their respective agency Community Guidelines to ensure clients receive Transportation services that are safe, kind, and respectful. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) <a href="#">Customer Support Program</a> .	Contractors will provide clients receiving transportation services with the contact information for the Division on HIV and STD Programs (DHSP) <a href="#">Customer Support Program</a> .

**PUBLIC TRANSPORTATION SERVICES**

Public transportation services are provided through the Metropolitan, Antelope Valley, Foothill and Long Beach Transit Authorities in the form of Transit Access Pass (TAP) cards, reduced fare passes, and MetroLink train passes. Agencies are required to identify the most economical means of public transportation appropriate to eligible clients. Agencies who serve clients in areas covered by other local transit authorities should be aware of and refer their clients to local transportation services.

STANDARD		DOCUMENTATION
1	Public transportation will be encouraged for general use when appropriate.	Record of disbursement of public transportation and transportation assessments on file at provider agency.
2	Agencies will record distribution of public transportation services, including: <ul style="list-style-type: none"> <li>• Date</li> <li>• Client name</li> <li>• Type of assistance given and number</li> <li>• Purpose of the trip</li> <li>• Name of person disbursing services</li> </ul>	Public transportation services log on file at provider agency.

**VAN TRANSPORTATION SERVICES**

Van transportation services include providing rides to eligible clients and their caregivers in agency owned and operated vans. Agency staff or volunteers providing van transportation services must hold and maintain a valid Class “C” or higher California driver’s license. Vehicles used for transportation services must have a current license and registration, insurance, and be mechanically well-maintained. All vehicles must contain a first aid kit and a fire extinguisher that are regularly maintained. Vehicles used for transportation services must be able to accommodate wheelchairs that may be folded and placed in the van by the driver. If such vehicles are not available, agencies must provide other transportation options able to accommodate clients in wheelchairs. Additionally, agencies will provide and ensure use of child restraint devices, as needed, that meet federal safety standards for all children under six years of age regardless of weight and under sixty pounds regardless of age. At no time will an agency, staff,

drivers, or volunteer solicit or accept surcharges, tips, or gratuities for their services. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) [Customer Support Program](#). All drivers will complete First Aid and CPR training provided by an approved institution and maintain current certifications; and complete driver safety training on an annual basis. All drivers, volunteer drivers and contract staff are encouraged to attend the DHSP [HIV Basics for Taxicab Drivers training](#) prior to providing transportation services.

Agencies providing van transportation services are responsible for:

- Promoting the availability to van transportation services through contacts with service providers
- Developing and implementing client eligibility criteria
- Developing written protocols to assure that cost-effective transportation options are being used on a consistent basis. Protocols will direct staff to assess and choose the transportation option which both meets the client’s need and is most cost-effective.
- Providing training and/or a policy manual to guide staff in assessing client’s need for transportation, the appropriateness of specific transportation options for clients and the relative cost effectiveness for these options.
- Developing written protocols to assure that cost-effective transportation options are being used on a consistent basis. Protocols will direct staff to assess and choose the transportation option which both meets the client’s need and is most cost-effective.
- Providing training and/or a policy manual to guide staff in assessing client’s need for transportation, the appropriateness of specific transportation options for clients and the relative cost effectiveness for these options.
- Maintaining documentation of all training of the transportation staff and volunteers.

<b>STANDARD</b>		<b>DOCUMENTATION</b>
1	All drivers and volunteer drivers will have California Class “C” or higher license.	Copies of driver’s licenses on file at provider agency.
2	Agencies will promote the availability of van transportation services to their clients.	Outreach/promotion plan on file at provider agency.
3	Van transportation programs will develop eligibility criteria.	Written eligibility materials on file at provider agency.
4	Van transportation programs will: <ul style="list-style-type: none"> <li>• Provide services in licensed, registered, insured and well-maintained vehicles</li> <li>• Provide a first aid kit and fire extinguisher in each vehicle</li> <li>• Provide child restraint devices, as needed</li> <li>• Provide vehicles able to accommodate wheelchairs or other transportation options able to accommodate clients in wheelchairs</li> </ul>	Program review and monitoring to confirm.
5	Van transportation programs will develop cost effectiveness protocols.	Cost effectiveness protocols on file at provider agency.

6	Van transportation programs will provide training and/or a policy manual for assessing client’s need for transportation.	Transportation assessment manual or record of assessment training on file at provider agency.
7	Van transportation programs will maintain vehicle and insurance records.	Documentation insurances for all vehicles and drivers and record of regular and preventive maintenance of vehicles on file at provider agency.
8	Van transportation programs will maintain trip records, including: <ul style="list-style-type: none"> <li>• Date</li> <li>• Time and place of departure</li> <li>• Destination</li> <li>• Time of arrival</li> <li>• Odometer readings</li> <li>• Number of clients per trip</li> <li>• Client names</li> </ul>	Trip logs on file at provider agency.
9	Van transportation programs will maintain records of trainings and medical examinations.	Documentation of trainings and medical examinations of drivers on file at provider agencies.
10	Drivers and volunteer drivers will be trained on (at minimum): <ul style="list-style-type: none"> <li>• First Aid/CPR and maintain certifications</li> <li>• Driver safety training (annually)</li> <li>• Transportation options available</li> <li>• Priority protocol</li> <li>• Emergency procedures</li> </ul>	Record of trainings on file at provider agency.

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<sup>i</sup> <https://www.lyft.com/safety/community-guidelines>  
<https://www.uber.com/legal/en/document/?name=general-community-guidelines&country=united-states&lang=en&uclid=03fd12b2-a9b9-4284-8839-d1b183b98dad>



## **Public Comment Period for Draft [Emergency Financial Assistance \(EFA\)](#) Service Standards** *Posted: October 2, 2024*

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft **Emergency Financial Assistance (EFA)** service standards revised by the Standards and Best Practices Committee. Comments from consumers, providers, HIV prevention and care stakeholders, and the general public are welcome. A draft of the document is posted to the COH website and can be found at: <https://hiv.lacounty.gov/service-standards>. Comments can be submitted via email to [HIVCOMM@LACHIV.ORG](mailto:HIVCOMM@LACHIV.ORG). Additionally, consumers of EFA services can request for a physical copy of the service standards be mailed to their home address. For more information, please contact COH staff at [jgaribay@lachiv.org](mailto:jgaribay@lachiv.org) or at (213) 738-2816.

After reading the document, consider responding to the following questions when providing public comment:

1. Are the EFA service standards reasonable and achievable for providers? Why or why not?
2. Do the EFA service standards meet consumer needs? Why or why not? Give examples of what is working/not working.
3. Is there anything missing from the EFA service standards related to HIV prevention and care?
4. Do you have any additional comments related to the EFA service standards and/or EFA services?

**Public comments are due by [November 1, 2024](#).**



**Note:** Items highlighted in yellow are additions. Items in red are deletions.

## EMERGENCY FINANCIAL ASSISTANCE STANDARDS OF CARE

### INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers and provide guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies should offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Emergency Financial Assistance Standards of Care to ensure people living with HIV (PLWH) can apply for **short-term or one-time** financial assistance to assist with emergency expenses. **Short-term is defined as 3 months or less.** The development of the Standards includes guidance from service providers, consumers, the Los Angeles County Department of Public Health - Division of HIV and STD Programs (DHSP), as well as members of the Los Angeles County Commission on HIV, Standards & Best Practices (SBP) Committee.

***All contractors must meet the Universal Standards of Care in addition to the following Emergency Financial Assistance Standards of Care.***<sup>1</sup>

### EMERGENCY FINANCIAL ASSISTANCE OVERVIEW

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. **Short-term is defined as 3 months or less.** The purpose of emergency financial assistance is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. EFA is a needs-based assistance program, not a government entitlement, subject to the availability of funding. Emergency financial assistance must occur as a direct payment to an agency (i.e. organization, landlord, vendor) or through a voucher program. Direct cash payments to clients are not permitted.

**EFA is not meant to be a continuous means of support; rather, it is meant to be provided with limited frequency and for limited periods of time and is based on the availability of funds.**

**Emergency financial assistance should only be provided for an urgent or emergency need for essential items or services necessary to improve health outcomes. Agencies are responsible for referring clients to the appropriate Ryan White service category related to the need for continuous provision of services and non-emergency situations.**

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<sup>1</sup> Universal Standards of Care can be accessed at <http://hiv.lacounty.gov/Standard-Of-Care>

An emergency is defined as:

- Unexpected event that hinders ability to meet housing, utility, food, medication need; and/or
- Unexpected loss of income; and/or
- Experiencing a crisis situation that hinders ability to meet housing, utility, food, or medication need
- Public health emergencies, such as the COVID-19 pandemic, that severely disrupt national systems of care, employment, and safety net. Contracted agencies must follow DHSP and HRSA guidelines on special use of EFA in times of public health emergencies.

Emergency Financial Assistance may not be used for:

- Ongoing or annual payments for any services or goods for clients
- Direct cash payments to clients
- Activities that can be paid for under another Ryan White service category

Based on capacity and contract guidance from DHSP, an agency may provide emergency financial assistance if the client presents with an emergency need that cannot first be met through the appropriate Ryan White Service Category. Support to clients should be offered while the client’s application is under review/processing and whether they qualify or not, they should always be linked back to case management or benefits specialty services for continuity of support.

**Table 1. Categories for Determining Emergency Needs and Ryan White Services**

Emergency Need	Ryan White Service Category
Short term rental assistance	Housing Services
Move-in assistance	
Essential utility assistance	
Emergency food assistance	Nutrition Services
Transportation	Transportation
Medication assistance to avoid lapses in medication	Ambulatory Outpatient Medical

**KEY COMPONENTS**

Emergency Financial Assistance (EFA) services provide people living with HIV with limited one-time or short-term financial assistance due to hardship. Short term is defined as 3 months or less. Agencies will establish program services based on agency capacity and Division of HIV & STD Programs contract requirements. EFA is decided on a case-by-case basis by a case manager or social worker and is subject

to the availability of funding. Financial assistance is never paid directly to clients but issued via checks or vouchers to specific vendors or agencies.

Agencies and staff will make every effort to reduce the amount of documentation necessary, while staying within funding and contract requirements, for a client in need of emergency financial assistance. A signed affidavit declaring homelessness should be kept on file for clients without an address.

~~EFA services are capped annually per client at \$5,000 per 12-month period. With consultation with the SBP Committee, DHSP may increase the \$5,000 annual cap for cost-of-living adjustments.~~

Although these standards include information for all EFA categories, some categories may be prioritized in response to need and funding availability. Additionally, in order to ensure equitable access, caps may be put into place for the maximum funding amount that may be requested per application and/or the number of requests an individual may make.

## ELIGIBILITY CRITERIA

Agencies coordinating EFA will follow eligibility requirements for potential clients based on DHSP guidance and the type of financial assistance the client is seeking. Clients may enter EFA services through self-referral or referral by a case management or another provider. Each client requesting EFA will be subject to eligibility determination that confirms the need for services. Programs coordinating EFA are responsible to determine such eligibility. Eligibility documentation should be appropriate to the requested financial assistance and completed annually, at minimum, or for every instance a client seeks emergency financial assistance.

Eligibility criteria includes:

- Los Angeles County resident
- Verification of HIV positive status
- Current proof of income
- Emergency Financial Assistance (EFA) application based on the type of assistance the client is requesting

In addition to the general Ryan White eligibility criteria, priority should be given to individuals who present an emergency need with the appropriate documentation that qualifies as an emergency, subject to payor of last resort requirements. When accessing Emergency Financial Assistance funds, clients must work with case managers or other service providers to develop a plan to avoid similar emergencies in the future. Case managers should make efforts to transition clients to more permanent and/or long-term services.

## REFERRALS

All service providers must work in partnership with the client, their internal care coordination team and external providers, both Ryan White funded and non-Ryan White funded sites, to ensure appropriate and timely service referrals are made according to client’s needs.

In addition, agencies and staff are responsible for linking clients to care if they are not in care as well as addressing the conditions that led to the emergency need to ensure accessing EFA is a one-time need or rare occurrence. For clients accessing EFA services, staff is responsible for referring clients to a program with a case manager or Medical Care Coordination provider if they are not linked already. For more information, see *Universal Standards, Section 6: Referrals and Case Closure*.

**Table 1. Emergency Financial Assistance Standards of Care**

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirement and Qualifications	Agencies will hire staff with experience in case management in an area of social services or experience working with people living with HIV. Bachelor’s degree in a related field preferred.	Staff resumes on file.
	Staff are required to seek other sources of financial assistance, discounts, and/or subsidies for clients requesting EFA services to demonstrate Ryan White funding is the payor of last resort. (See Appendix A for a list of additional non-Ryan White resources).	Lists of other financial sources, discounts, and/or subsidies for which the staff applied for the client on file. See <i>Appendix A</i> as a reference starting point.
	Staff are required to connect clients to or provide referrals for: <ul style="list-style-type: none"> <li>• A Case manager for a needed service or for Medical Care Coordination</li> <li>• Wraparound services to empower clients and prevent future use of Emergency Financial Assistance services</li> <li>• Opportunities for trainings such as job or workforce trainings</li> </ul>	Lists of referrals the staff provided to the client.  Name of case manager(s) client connects with in client file.
Eligibility	Agency will determine client eligibility for EFA at minimum annually, or for every instance a client requests EFA. Eligible uses may include:	Documentation of emergency need and eligible use in client file.

	<ul style="list-style-type: none"> <li>• Short term housing rental assistance</li> <li>• Essential utility assistance</li> <li>• Emergency food assistance</li> <li>• Transportation</li> <li>• Medication assistance to avoid lapses in medication</li> <li>• Mortgage Assistance</li> <li>• Rental Security deposits</li> </ul> <p>*Continuous provision of service or non-emergency needs should fall under the appropriate Ryan White service category and not under EFA.</p>	<p>Documentation of Ryan White eligibility requirements in client file. See <i>Universal Standards (Section 5.2, page 10)</i>.</p>
<p style="text-align: center;">Housing Assistance</p>	<p>Eligible clients must provide evidence they are a named tenant under a valid lease or legal resident of the premises.</p> <p>If rental assistance is needed beyond an emergency, please refer to our <i>Housing Standards, Temporary Housing Services - Income Based Rental Subsidies (page 15)</i>.<sup>2</sup></p>	<p>Documentation in client file that demonstrates emergency need and type of assistance received.</p> <p>Application for Housing Assistance includes:</p> <ul style="list-style-type: none"> <li>• Notice from landlord stating past due rent or, in the case of new tenancy, amount of rent and security deposit being charged</li> </ul>
<p style="text-align: center;">Utility Assistance</p>	<p>Eligible clients must provide evidence they have an account in their name with the utility company or proof or responsibility to make utility payments.</p> <p>Limited to past due bills for gas, electric, or water service.</p> <p>Staff is responsible for checking client eligibility for SoCal Edison assistance program</p>	<p>Documentation in client file that demonstrates emergency need and type of assistance received.</p> <p>Application for Utility Assistance includes:</p> <ul style="list-style-type: none"> <li>• Copy of the most recent bill in client name or a signed affidavit with the name of the individual that is responsible for paying the bill.</li> <li>• Copy of the lease that matches the address from the bill</li> <li>• Proof of inability to pay</li> </ul>

<sup>2</sup> Housing Standards, Temporary Housing Services can be accessed at <http://hiv.lacounty.gov/service-standards>

Food Assistance	<p>Limited to gift card distribution to eligible clients by medical case managers or social workers at their discretion and based on need.</p> <p>Staff is responsible for referring clients to a food pantry and/or CalFresh.</p>	Documentation in client file that demonstrates emergency need and type of assistance received.
Transportation Assistance	<p>Eligible clients must provide evidence they are in need of transportation to/from appointments related to core medical and support services.</p> <p><i>See Transportation Services Standards of Care.<sup>3</sup></i></p>	Documentation in client file that demonstrates emergency need and type of assistance received.
Medication Assistance	<p>Eligible clients must provide evidence they are need of medication assistance to avoid a lapse in medication.</p>	Documentation in client file that demonstrates emergency need and type of assistance received.

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<sup>3</sup> Transportation Standards of Care can be accessed at <http://hiv.lacounty.gov/service-standards>

## APPENDIX A

### EMERGENCY ASSISTANCE RESOURCES

The list below is intended to provide agency staff with starting point of additional resources to assist clients with emergency needs. Please note it is not a comprehensive list of available resources in Los Angeles County and staff are encouraged to seek other resources for client care.

211 Los Angeles

<https://www.211la.org/>

Phone: Dial 2-1-1

Los Angeles Housing + Community  
Investment Department, City of Los Angeles  
(HCIDLA)

Housing Opportunities for Persons with  
HIV/AIDS (HOPWA)

<https://hcidla.lacity.org/people-with-aids>

Comprehensive Housing Information &  
Referrals for People Living with HIV/AIDS  
(CHIRP LA)

<http://www.chirpla.org/>

Los Angeles Housing Services Authority

<https://www.lahsa.org/get-help>

Department of Public Social Services, Los  
Angeles County

<http://dps.lacounty.gov/wps/portal/dps/main/programs-and-services/homeless-services/>

CalWorks - Monthly financial assistance for  
low-income families who have children  
under 18 years old

<https://yourbenefits.laclrs.org>

Los Angeles Regional Food Bank – Free and  
low-cost food

[www.lafoodbank.org/get-help/pantrylocator](http://www.lafoodbank.org/get-help/pantrylocator)

Project Angel Food

<https://www.angelfood.org/>

Los Angeles Department of Water and  
Power (LADWP) – Low Income Discount  
Program or Lifeline Discount Program for  
Utility Bill Assistance

Phone: (213) 481-5411

Low-Income Home Energy Assistance  
Program (HEAP) – Utility Bill Assistance

<http://www.csd.ca.gov/Services/FindServicesinYourArea.aspx>

Phone: (866) 675-6623

Women, Infants, and Children (WIC)

<https://www.phfewic.org/>

Veterans of Foreign Wars – Unmet Needs  
Program

<https://www.vfw.org/assistance/financial-grants>

City of West Hollywood HIV/AIDS Resources

<https://www.weho.org/services/social-services/hiv-aids-resources>

The People's Guide to Welfare, Health &  
Services

<https://www.hungeractionla.org/peoplesguide>

**\*\*UPDATED\*\***

# SAVE THE DATE

**Los Angeles County Commission on HIV  
Black Caucus**

OUR STORIES, OUR STRENGTH:  
ELEVATING BLACK LIVES ON  
WORLD AIDS DAY

**WORLD AIDS  
DAY**  
DEC 6 2024

Join the **Los Angeles County Commission on HIV Black Caucus** for a community-wide event commemorating **World AIDS Day** at Charles Drew University.

The program begins at 10:00AM. Resource Fair will be held 12:00PM-2:00PM

*Let's come together to honor our stories, build strength, and uplift Black lives in the fight against HIV.*

To nominate a community member for the Changemaker Award, click [HERE](#).  
If interested in tabling at the Resource Fair, click [HERE](#)



SAVE THE DATE

# CONSUMER RESOURCE FAIR 2025

LOVE BEGINS WITH ME  
*Empowering Wellness, Advocacy, and  
Community Beyond HIV*

Thursday, February 13, 2025  
12:00PM - 5:00PM  
The California Endowment

Join us for the 2025 Consumer Resource Fair, a holistic event focused on supporting the whole person beyond HIV.

*Interested in participating as a vendor or service provider,  
hosting a workshop, tabling, or giving a presentation?*

**[CLICK HERE TO SIGN-UP](#)**



# 2024 ANNUAL CONFERENCE

**Bold Transformation to Confront and End HIV**

November 14, 2024  
9am to 4pm

MLK Behavioral Health Center  
12021 S. Wilmington Ave, Los Angeles, CA 90059

Register [HERE](#) or  
scan the QR code



Hear from local and national experts and leaders

Afternoon breakout sessions on prevention, care, and community engagement

Breakfast and lunch

LEARN AND ENGAGE FOR ACTION

Questions? EMAIL [HIVCOMM@LACHIV.ORG](mailto:HIVCOMM@LACHIV.ORG)

October 9, 2024

Mario J. Perez  
Director, Division of HIV and STD Programs (DHSP)  
Los Angeles County Department of Public Health  
600 S. Commonwealth Avenue, Fl. 9  
Los Angeles, CA 90005  
[mjperez@ph.lacounty.gov](mailto:mjperez@ph.lacounty.gov)

Re: Grant # H89HA00016

Dear Mario Perez,

Thank you, your participating recipient/administrative agency staff, the Planning Council Support staff, and the participating Planning Council members/leadership for a successful Planning Council/Planning Body (PC/PB) Technical Assistance Site Visit (TASV) conducted May 21 - May 23, 2024.

The TASV provided the site visit team an opportunity to provide resources to the **Los Angeles County Commission on HIV (COH)** to ensure compliance with all statutory and programmatic requirements and to strengthen the Planning Council's capacity to plan for and coordinate the delivery of HIV services in the jurisdiction. The visit also allowed the team to focus on areas for operational and administrative performance improvement including recruitment, membership, and workplan development. During this visit, we identified and discussed exemplary components of your Planning Council operations, findings that require a corrective action, as well as areas for improvement.

Enclosed is a copy of the final *TA After Action Report (TAAR)*. This report provides an overview of the TA session(s), related content areas, and the objectives addressed by the session(s). The objectives section on the report outlines the activities conducted, a situational analysis, findings, areas for improvement, and recommendations.

The TAAR includes two types of findings that will require a formal response in the *Technical Assistance Action Plan (TAAP)*:

1. Legislative Findings: issues that are based on a legislative requirement.
2. Programmatic Findings: issues tied to HRSA HAB – DMHAP program requirements and expectations.

Each finding is followed by a recommendation that is intended to help you improve or correct each finding. You will be required to complete and submit the Technical Assistance Action Plan

(TAAP), attached as Appendix A, addressing the findings and recommendations. This TAAP is due within 30 calendar days of receipt of the enclosed report.

As shared above, areas for improvement are also identified within the TAAR. Each improvement area is followed by an improvement recommendation that relates to best practices and is offered as a suggestion to enhance Planning Council operations and increase efficiency and/or effectiveness. Improvement recommendations do not require a formal response but may be discussed during monitoring.

The TAAR and TAAP will be officially shared with you through the Electronic Handbook (EHB), but your response will be required via email. I will schedule a post-site visit conference call within the next two weeks to discuss any questions you have about the report, as well as the procedure for submitting your TAAP. Going forward, I will monitor your progress for implementing the corrective actions during scheduled monitoring calls.

Thank you again for your assistance during the TASV. I commend you and the LA County Commission on HIV (COH) for your continued efforts to plan for a system of care that provides quality services to people with HIV in your area. Please contact me at 301-945-5220, or at [KHilton@hrsa.gov](mailto:KHilton@hrsa.gov) if you have any questions.

Sincerely,



Krystal Hilton, MPH  
Project Officer - Western Branch  
Division of Metropolitan HIV/AIDS Programs (DMHAP)

cc: Chrissy Abrahms Woodland, Director, DMHAP  
Monique Hitch, Deputy Director, DMHAP  
Karen Gooden, Chief - Western Branch, DMHAP  
Veronyca Washington, Senior Project Officer PCs/PBs, DMHAP  
Ka'leef Stanton Morse, Senior Project Officer PCs/PBs, DMHAP  
Dr. Michael Green, Chief – Planning Division  
Cheryl Barrit, Executive Director – LA COH

Attachment: Appendix A – Technical Assistance Action Plan (TAAP)

**PLANNING COUNCIL/PLANNING BODY (PC/PB) TECHNICAL ASSISTANCE (TA) PROJECT**

## PART A TA AFTER ACTION REPORT (TAAR)

v3 – 7/17/24

**PROJECT OFFICER INFO**

<b>Full Name:</b>	Krystal Hilton	<b>Email:</b>	<a href="mailto:KHilton@hrsa.gov">KHilton@hrsa.gov</a>	
<b>DMHAP Branch:</b>	Western	<b>Branch Chief:</b>	Karen Gooden	<b>Email:</b> <a href="mailto:KGooden@hrsa.gov">KGooden@hrsa.gov</a>

**JURISDICTION INFO**

<b>EMA/TGA Name:</b> Los Angeles County EMA		<b>EHE Jurisdiction?:</b> YES		<b>Grant #:</b> H89HA00016
<b>PC or PB?:</b> PC	<b>PC/PB Name:</b> Los Angeles County Commission on HIV	<b>Website:</b> <a href="http://lacounty.gov">Commission on HIV (lacounty.gov)</a>		

**LOGISTICS OVERVIEW**

<b>TA Name:</b>	PC/PB TA Site Visit	<b>Total Unique Participants:</b>	16
<b>Start Date/Time:</b>	Tuesday May 21, 2024 @ 9:00 am PST	<b>End Date/Time:</b>	Thursday May 23, 2024 @ 12pm PST
<b>Delivery Method:</b>	<input type="checkbox"/> In-Person during a Comprehensive Site Visit (CSV) <input type="checkbox"/> Webinar <input checked="" type="checkbox"/> In-Person Technical Assistance Site Visit (TASV) <input type="checkbox"/> Teams/Zoom Meeting <input type="checkbox"/> Other w/description:		

**Scope of TA Delivery:**  
 2.5 day on site tailored training broken down into 5 sessions. Days 1-2 was scheduled from 9am to 4pm and Day 3 was scheduled from 9am to 12pm.

**Points of Contact:**

Cheryl Barrit, Executive Director, [CBarrit@lachiv.org](mailto:CBarrit@lachiv.org)  
 Dawn McClendon, Assistant Director, [DMclendon@lachiv.org](mailto:DMclendon@lachiv.org)

**INSERT LINKS TO THE FOLLOWING FILES (as applicable):**

<b>Recording:</b>	<b>Chat History:</b>
<b>Polls:</b>	<b>Q &amp; A:</b>
<b>Transcript:</b>	

RECENT COMPREHENSIVE SITE VISIT (CSV) FINDINGS			
Does this jurisdiction have any outstanding PC/PB related findings from their most recent CSV? <i>(If NO, move to the Executive Summary Section)</i>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, does this jurisdiction have a Corrective Action Plan (CAP)?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Dates of Visit:	February 13-17, 2023	Project Officer During Visit:	Babak Yaghmaei

**PLEASE INSERT FINDINGS AND STATUS UPDATES BELOW:**

<b>Finding #1 Type:</b>	Legislative	<b>Description:</b>	Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement.
<b>Finding Description:</b>	Lack of compliance with the requirement to ensure separation of Planning Council and recipient roles.	<b>Citation:</b>	Section 2602 (7)(a) of the PHS Act
	The Director of DHSP, who also functions as a CEO designee for the jurisdiction, is a voting member of the LA Commission on HIV and a voting member of the Executive Committee.		
<b>Recommendation:</b>	<p>The recipient must ensure separation of Planning Council and recipient roles to avoid any actual and/or perceived conflict of interest.</p> <p>Per Section 2602 (7)(a) of the PHS Act, a separation of Planning Body and the recipient is necessary to avoid a conflict of interest. A recipient’s representative, whose positions are funded by RWHAP funds, provides in-kind services, or has significant involvement in the HIV award, shall not occupy a seat on the Planning Council, nor have a vote in the deliberation of the Planning Council.</p> <p>For additional guidance, the recipient should review HRSA’s Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectation Letter which clarifies HRSA expectation on the required community input process for RWHAP Part A awards, specific to the separation of Planning Council and recipient roles.</p>		
<b>UPDATE:</b>	The recipient (DHSP) has not submitted an update yet.		

<b>Finding #2 Type:</b>	Legislative	<b>Description:</b>	Lack of compliance with the requirement for Planning Council membership to comply with representation and reflectiveness.
<b>Finding Description:</b>		<b>Citation:</b>	Section 2602(b)(5)(C) of the PHS Act
	Los Angeles (LA) Commission on HIV currently has three vacancies for the following legislatively mandated categories: a) RWHAP Part C Provider, b) Hospital Planning Agency or Health Care Planning Agency, and c) Representatives of Individuals who Formerly were Incarcerated.		
<b>Recommendation:</b>	LA Commission on HIV must ensure that its operations committee prioritizes and expedites its efforts to recruit, review, and nominate qualified candidates for the currently vacant legislatively mandated categories for subsequent submission for Chief Elected Official (CEO)’s review and appointment. The CEO should prioritize their review, consideration, and timely appointment of commissioners to ensure smooth and uninterrupted operations of the HIV Planning Council.		
<b>UPDATE:</b>	The recipient (DHSP) has not submitted an update yet.		

<b>Finding #3 Type:</b>	Legislative	<b>Description:</b>	Lack of compliance with the requirement for Planning Council membership to comply with representation and reflectiveness.
<b>Finding Description:</b>		<b>Citation:</b>	Section 2602(b)(5)(C) of the PHS Act
	LA Commission on HIV currently has 37 CEO-appointed members, including seven (7) unaffiliated client representatives. This represents 19 percent, which is below the 33 percent unaligned client representation requirement for planning bodies, as stated in Section 2602(b)(5)(C) of the PHS Act.		
<b>Recommendation:</b>	The LA Commission on HIV, through its Operations Committee, should review, revise, prioritize, and expedite its efforts to recruit and nominate unaffiliated clients for subsequent submission for CEO review and appointment to ensure consistent compliance with the unaligned client participation requirement. To that effect:		
	<p>1. Operations Committee should proactively and consistently solicit input and assistance from the established Commission on HIV Caucuses, specifically, its Consumer Caucus, Black/African American Caucus, Transgender Caucus, Women’s Caucus and Aging Caucus. This will allow the Planning Council to increase the pool of potential eligible/qualified applicants from diverse backgrounds to improve overall representation and reflectiveness of the Commission.</p> <p>2. Recipient and the Planning Council should engage its provider network in a deeper, more proactive, and consistent recruitment effort that may include a) conducting designated trainings for providers on the importance of recruitment, b) having hard-copy membership applications (in English and Spanish) available at funded agencies, c) conducting Planning Council recruitment “Meet and Greet” events at providers’ agency support groups and other client meeting, etc.</p> <p>3. Establish a “Bring a Friend” Day, when unaffiliated commissioners can bring their friends to PC meetings to get a better understanding of the PC and be able to apply for membership on the spot, if interested.</p> <p>4. Establish a Commission on HIV Community Recruitment Annual Schedule that will ensure the Commission on HIV’s prominent presence and participation in the most important community events, such as during Pride Events, World AIDS Day Events, (December), National HIV Black Awareness Events, (February), National Latino HIV Awareness Events (October), National Women’s Awareness Events, (March), etc.</p>		
<b>UPDATE:</b>	The recipient (DHSP) has not submitted an update yet.		

<b>Finding #4 Type:</b>	Legislative	<b>Description:</b>	Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement.
<b>Finding Description:</b>		<b>Citation:</b>	Section 2602(b)(5)(C) of the PHS Act
	Currently, there is one commissioner listed on the membership roster, (Mr. Stalter), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms.		
This commissioner is a co-chair of the Standards and Best Practices Committee and a member of the Executive Committee.			

	<p>There is another commissioner listed on the membership roster, (Mr. Moreno), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms.</p> <p>This commissioner represents the legislatively mandated category of Health Care Providers and is a member of the Operations Committees.</p>
<b>Recommendation:</b>	<p>Steps recommended for compliance:</p> <ol style="list-style-type: none"> <li>1. Recipient and the commission should review and consistently follow the nominating process outlined in the currently approved LA Commission on HIV Bylaws in Article 4: Nomination Process, p. 9, and LA Commission on HIV Policy and Procedure #09.4205, Commission Membership Evaluation and Nominations Process (approved in May 2018).</li> <li>2. Recipient and the commission support staff should review HRSA’s Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectation Letter, which provides clarification on HRSA’s expectation on the required community input process for RWHAP Part A awards, specific to PC term limits and membership rotation.</li> <li>3. The commissioner nomination and re-appointment process should begin early to allow the CEO ample time to review, consider and make approval decisions on member applications.</li> <li>4. The CEO should prioritize its review, consideration, and reappointment of commissioners whose term is expiring to avoid prolonged vacancies and to ensure smooth and uninterrupted operations of the commission.</li> </ol>
<b>UPDATE:</b>	The recipient (DHSP) has not submitted an update yet.

<b>Finding #5 Type:</b>	Legislative	<b>Description:</b>	Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement.
<b>Finding Description:</b>		<b>Citation:</b>	Section 2602(b)(5)(C) of the PHS Act
<b>Recommendation:</b>	<p>Lack of compliance with the conflict-of-interest requirement for PC members.</p> <p>The LA Commission on HIV currently has 37 duly appointed PC members. There is no documentation of current, completed, and signed Conflict of Interest (COI) declaration for any of the appointed commissioners. Most of the COI declarations are outdated, going back to 2018 and 2019. The most recent COI declaration is dated June 2021.</p> <p>In addition, several commissioners who are affiliated with currently funded providers declared “No Conflict” on their COI declarations. Based on the review of the meeting minutes for the commission and its Planning, Priority and Allocations Committee, it is evident that several of these commissioners participated in allocations/reallocation discussions and voted on allocations including for the service categories for which their agencies are funded, most recently in June 2022 on a revised FY 2023 RWHAP Part A funding allocation.</p> <p>As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other</p>		



	<p>organizations as an employee, a board member, a member, a consultant, or in some other capacity.</p> <p>Recommended steps of action:</p> <ol style="list-style-type: none"> <li>1. LA Commission on HIV support staff members must ensure that all commissioners have a current, completed, and signed COI declaration.</li> <li>2. LA Commission on HIV support staff members should review the Conflict-of-Interest requirements for Planning Councils, as outlined in the RWHAP Part A Manual, Section X, Chapter 8, pp. 143-152.</li> <li>3. LA Commission of HIV support staff should review the Los Angeles County Conflict of Interest Policy #12.0001, approved in June 2008, specifically item 2 under the Procedures section on p. 4.</li> <li>4. LA Commission of HIV support staff should conduct a COI refresher training for all commissioners to ensure uniform understanding with participation documentation on file.</li> <li>5. The recipient and PC support staff members must maintain up-to-date documentation of all members' terms, appointments, representation categories, and agency affiliations.</li> </ol>
<b>UPDATE:</b>	The recipient (DHSP) has not submitted an update yet.

<b>EXECUTIVE SUMMARY</b>	
<b>Overview of TA session(s):</b>	This TASV was geared to support and equip the Los Angeles County Commission on HIV (COH) with knowledge and tools to mitigate challenges faced with legislative and programmatic compliance. Via regular meetings with the LA COH leadership and HRSA Project Officer, a collaboratively tailored agenda and content was developed to support PC improvements.
<b>TA Session(s) Content Area(s):</b>	Session 1: Review the Annual Planning Cycle Session 2: Membership: Term limits, Rotations, and Succession Planning Session 3: Assessment of the Efficiency of the Administrative Mechanism Session 4: Empowering Communities (Conversations around meaningful community input and engagement) Session 5: Membership Considerations: Recruitment, Engagement, Retention, and Meeting Logistics
<b>Objectives addressed by session(s):</b>	<ol style="list-style-type: none"> <li>1. To strengthen the PC's knowledge of the planning requirements for the RWHAP as they prioritize their work plan as a syndemic planning council.</li> <li>2. To strengthen the PC's ability to identify partnerships, capacity and resources needed to support work plan implementation.</li> <li>3. To enhance the PC's ability to conduct membership recruitment, engagement, retention, and innovation.</li> </ol>
<b>Major strengths identified during session(s):</b>	<ol style="list-style-type: none"> <li>1. The LA COH Support Office is sufficiently staffed by 5 FTEs, led by an Executive Director, supporting multiple committees, workgroups and caucuses.</li> <li>2. The LA COH Support Office highly organizes their documentation as found during the document submission and review.</li> </ol>

	3. The LA COH has a visually appealing website, <a href="https://hiv.lacounty.gov/">https://hiv.lacounty.gov/</a> , that provides comprehensive information on the LA COH’s purpose, membership & staff roster, committee meeting information, membership resources including the application, and training resources.
<b>Findings:</b>	1. Administrative, Programmatic, Other: Lack of compliance with requirement for member term limits and rotations. 2. Administrative, Governance and Constituent Involvement, Legislative: Lack of compliance with the requirement for planning council membership to comply with representation and reflectiveness.

<b>OBJECTIVE #1:</b>		<b>SUMMARY OF OBSERVATION</b>
To strengthen the PC’s knowledge of the planning requirements for the RWHAP as they prioritize their work plan as a syndemic planning council.		
<b>Activity:</b>	<p>TA Session 1 “The Annual RWHAP Part A Planning Cycle” provided an overview of the tasks of the Planning Cycle, suggestions on how to successfully complete annual planning, and how the PC and recipient collaborate in annual planning.</p> <p>TA Session 3 “Assessment of the Efficiency of the Administrative Mechanism “provided an in-depth overview of the AEAM with supportive suggestions.</p>	
<b>Analysis:</b>	<p>The LA COH identified the need to provide additional information on PSRA, rapid reallocation, needs assessment, directives, and workplan processes.</p> <p>LA COH completed the most recent AEAM several years behind, March 2023 to review the 2020-2021 grant year, with additional items asked in its scope. The Commission started the legislatively required activities of the GY’20 AEAM in the third quarter of 2022 between August and September. The Commission includes an assessment of commission members’ understanding of the priority setting and resource allocation process in the AEAM.</p>	
<b>Areas for Improvement:</b>	<p>1. The design, development, and implementation of the AEAM</p>	
<b>Improvement Recommendations:</b>	<p>1. Narrow the scope of the AEAM to the legislative requirements and conduct it during the grant year (after the first quarter preferably) vs years after.</p> <p>The Commission includes an assessment of members’ understanding of the priority setting and resource allocation process in the AEAM. Although this determination may interest LA COH, it is beyond the scope of the AEAM. It does not support the Commission in determining the administrative agency’s ability to quickly disperse RWHAP Part A funds into the community. LA COH should remove this assessment from the AEAM activities and report.</p> <p>The AEAM must be conducted annually and timely to support LA COH in determining how quickly and well the administrative agency contracts and pays providers for delivering HIV-related services to ensure Part A funds meet the needs of PWH, with an emphasis on those with the greatest need for RWHAP services. Delays in the assessment may negatively impact the reliability and accuracy of data collected and the local system of care supporting PWH with achieving positive health outcomes. Potential corrective action(s) addressing contracting and provider payment may be delayed in implementation or acknowledgment.</p>	
<b>Finding 1:</b>	Administrative, Administrative Other, Legislative	

<b>Description:</b>	Other
<b>Finding Description:</b>	LA COH completed the most recent AEAM several years behind, March 2023 to review the 2020-2021 grant year, with additional items asked in its scope.
<b>Citation(s):</b>	Section 2602(b)(4)(E) of the PHS Act <a href="#">Quick Reference Handout 7.2: Assessment of the Administrative Mechanism (targetshiv.org)</a> <a href="#">Part A Manual 2024 (hrsa.gov)</a> Page 36
<b>Finding Recommendation:</b>	<p>A PC/PB must conduct an annual assessment of the administrative mechanism to ensure that services are being funded as indicated by PC/PB priorities, that funds are contracted in a timely and transparent process, and subrecipient providers are reimbursed in a timely manner. This should be done for the most recent grant year as the assessment looks at whether contracting and expenditure of Part A funds are consistent with allocations made by the PC and the proportion of formula and supplemental Part A funds are expended by the end of the program year. The PC needs this information for the Letter of Assurance that must be included each year in the Part A application.</p> <p>All requirements that are not being met in an EMA/TGA should be documented, and a corrective action plan (CAP) should be implemented. The PC/PB signs an assurance that is submitted with the competitive application and NCC that the assessment of grant recipient activities ensured timely allocation/contracting of funds and payments to subrecipient providers.</p> <p>For example, the assessment done in March 2023 should be assessing the administrative mechanism that was in place from March 2022 to February 2023.</p>

<b>OBJECTIVE #2:</b>		<b>SUMMARY OF OBSERVATION</b>
To strengthen the PC's ability to identify partnerships, capacity and resources needed to support work plan implementation.		
<b>Activity:</b>	Session 4: Empowering Communities (Conversations around meaningful community input and engagement)	
<b>Analysis:</b>	<p>The LA COH has attempted to establish a collaborative relationship with the State Medicaid office (MediCal) to garner an applicant for membership as well as information sharing, as the MediCal expansion impacts the design and funding of the services for the Ryan White System of Care (Service Standards and resource allocation).</p> <p>The LA COH is an integrated HIV Prevention and Care Planning Council, guided by a syndemic approach to planning. This syndemic approach has been challenging, as Ryan White is the only prescriptive funding source related to how planning is to be conducted. As such, there are challenges in establishing clarity on the scope of the LA COH's planning duties and sphere of influence related to non-Ryan White funding. These challenges are exacerbated by periodically conflicting priorities of the DHSP and the LA COH.</p>	
<b>Areas for Improvement:</b>	<ol style="list-style-type: none"> <li>The LA COH's priorities related to syndemic planning.</li> <li>The relationship between LA COH and the DHSP, especially related to roles and responsibilities.</li> </ol>	
<b>Improvement Recommendations:</b>	<ol style="list-style-type: none"> <li>Determine what areas of syndemic planning are feasible, relevant, and appropriate in relation to the mandated activities of the funding sources.</li> </ol>	

	2. Establish a Memorandum of Understanding (MOU) between the PC and the LA County Department of Public Health’s Division of HIV and STD Programs (DHSP).
<b>Finding 2:</b>	n/a
<b>Description:</b>	
<b>Finding Description:</b>	
<b>Citation(s):</b>	
<b>Recommendations:</b>	

<b>OBJECTIVE #3:</b>		<b>SUMMARY OF OBSERVATION</b>
To enhance the PC’s ability to conduct membership recruitment, engagement, retention, and innovation.		
<b>Activity:</b>	<p>TA Session 2 “Membership: Term limits, Rotations, and Succession Planning” included a review of the August 29, 2023, Dear Colleague Letter, “Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations Letter” clarification regarding the requirement for PC/PB membership term limits and rotations, sound practices for term limit implementation, and succession planning techniques.</p> <p>TA Session 4 “Empowering Communities” provided an overview of HRSA HAB’s recognition of the value of people with lived experience and the ways their input and expertise contribute to the delivery of services that are tailored to the needs of people with HIV. During this session, we reviewed the February 28, 2023 dear colleague letter on “Supporting Community Engagement’ and the December 6, 2022 dear colleague letter on “Supporting People with Lived Experience”. After the overview, a discussion was held around how to get meaningful community input and engagement in the LA COH, especially with the priority population-focused caucuses.</p> <p>TA Session 5 “Membership Considerations: Recruitment, Engagement, Retention &amp; Meetings” was held during the Operations Committee Meeting. This session provided the Ops Committee members with an overview of the recruitment and selection process, including the legislative mandate and HRSA HAB minimum standards for open nominations, representation, and reflectiveness including a discussion of challenges to meeting those standards and suggestions on how to recruit to meet those standards. This session also discussed participation vs engagement, the importance of supporting member participation, engagement and retention, and how to encourage attendance and engagement by making meetings member friendly.</p>	
<b>Analysis:</b>	<p>The LA COH allows for 50 voting members and one non-voting member. Members are nominated by the Commission and appointed by the LA Board of Supervisors (BOS) as stated in the 4.9.24 version of their bylaws. Due to the size of the jurisdiction and its syndemic approach, the LA COH includes membership categories beyond the 13 legislatively required membership categories for planning council/planning bodies. Commission members can serve a maximum of three consecutive two-year terms and requires a one-year break before applying again.</p>	

	The LA COH continues to have challenges in recruitment to fill vacant legislatively mandated seats. The LA COH also has challenges with marketing/promoting their existence. The LA COH’s current structure only allows commissioners to be members of the standing committees, significantly limiting the pool of potential members and increasing the burden of commissioners to complete tasks.
<b>Areas for Improvement:</b>	<ol style="list-style-type: none"> <li>1. Access to meetings</li> <li>2. Consistent meeting participation from non-commissioners.</li> <li>3. Membership structure for standing committees.</li> </ol>
<b>Improvement Recommendations:</b>	<ol style="list-style-type: none"> <li>1. Encourage PC to review agenda items to reduce the length of meetings.</li> <li>2. Encourage PC to consider changing meeting times to allow for more people to engage.</li> <li>3. Encourage the PC to open committee membership to non-commissioners.</li> </ol>
<b>Finding:</b>	Administrative, Governance and Constituent Involvement, Legislative
<b>Description:</b>	Lack of compliance with the requirement for planning council membership to comply with representation and reflectiveness.
<b>Finding Description:</b>	Currently, the LA COH has 8 vacancies; 1 MediCal (Medicaid) rep, 1 Long Beach city rep, 1 provider rep, 4 unaffiliated consumers, and 1 local health/hospital planning agency rep.
<b>Citation(s):</b>	Reflectiveness [§2602(b)(1) of the PHS Act] Representation [§2602(b)(2) of the PHS Act]
<b>Recommendations:</b>	Open committee membership to non-commissioners to allow for a broader recruitment pool. Continue recruitment efforts to fill those vacancies. Consider meeting logistics to engage more people.
<b>Finding:</b>	Administrative, Programmatic
<b>Description:</b>	Other: Lack of compliance with requirement for member term limits and rotation.
<b>Finding Description:</b>	Section 3 of the Commission’s Bylaws states members can serve a maximum of three consecutive two-year terms and can reapply for membership following a one-year break. The FY’21 Part A Planning Council/Planning Body Membership Roster submitted includes nine members who have served longer terms, including A. Ballesteros, B. Gordon, J. Green, L. Kochems, D. Murray, M. Perez, R. Rosales, L. Spencer, and K. Stalter. Although commendable to see continued engagement and involvement of longstanding members, LA COH must adhere to its established term limits and implement the one-year break described in their bylaws to allow new membership and compliance with established term limits.
<b>Citation(s):</b>	HRSA HAB Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations Letter Program Letter, dated August 29, 2023
<b>Recommendations:</b>	Implementation of established term limits and rotations  Maintain and monitor membership terms and rotations documentation and develop appropriate succession planning strategies that support PC operations and continuity.

**APPENDIX A: ACTION PLAN TEMPLATE**

## **Commission on HIV Comprehensive Effectiveness Review and Restructuring Scope of Work**

Collaborative Research (CR) and Next-Level Consulting (NLC) will conduct Comprehensive Effectiveness Review and Restructuring on behalf of the Los Angeles County Commission on HIV (“Commission”). The objective of this project is to conduct a comprehensive review, assessment, and restructuring of the Commission for effectiveness and efficiency. The CR and NLC project will include the following activities:

- Review past assessments, sunset reviews, HRSA site visit reports and feedback from stakeholders
- Assess Commissioner knowledge of current Commission purpose, functions, and structure
- Provide training to educate Commission members in understanding the purpose of the Commission and Ryan White Part A legislative requirements for Planning Bodies
- Engage members and key stakeholders in defining effectiveness and efficiency
- Conduct member and key community stakeholder surveys and interviews. Identify past members for interviews
- Host a series of meetings with Commissioners and the community to discuss restructuring of the Commission for effectiveness. Include size, scope, duty statement(s), committees and subgroups, meeting frequency and cycles
- Revise and update all Commission documents pertaining to operational components and ordinances based on assessments and community discussion

### **CR and NLC Staff Assigned to Project**



#### **Jeff Daniel**

He, Him, His  
*Founder and Chief Executive Officer*



**Jeff** has 20 years’ worth of experience in the public health field, primarily focused on Ryan White HIV entities. Areas of expertise include: 1) Operational development of local HIV/AIDS programs including implementation of HIV services and cost effectiveness evaluations; 2) Facilitating community-based

organizations’ strategic planning initiatives; 3) Client satisfaction survey development and administration; and 4) project management. Jeff served on the Austin Transitional Grant Area’s Planning Council as Vice Chair and Chair of the Needs Assessment and Priority Setting Committee. In 2017, Jeff supported the LA County HIV Commission in drafting the EMA’s Prevention Service Standards; in 2022, creating an addendum to the EMA’s Oral Healthcare Service Standard; and in 2024, completing a Targeted Assessment of the Administrative Mechanism (AAM) for Program Year 32-Ryan White Grant Year 2022/23.



#### **Melissa Rodrigo**

She, Her, Hers  
*Director of Integration and Strategy*



**Melissa** is the former Deputy Director of HIV Prevention and Care programming at the Cuyahoga County (Cleveland, OH) Board of Health (CCBH). Melissa was the Project Director for the Cleveland Transitional Grant Area Ryan White Part A, Cuyahoga County’s EHE initiatives, HIV/STI Prevention program as

well as CARES ACT funding. As project director of the Ryan White Part A program, Melissa managed the program’s Continuous Quality Improvement efforts. Melissa conducted subrecipient monitoring visits to ensure compliance with the Health Resource Services Administration’s HIV/AIDS Bureau’s health outcomes and performance measures. Additionally, Melissa conducted numerous Plan, Do, Study, Act projects to increase health outcomes along the TGA’s HIV Care Continuum. Melissa has 11 years’ experience working in the HIV field and 19 years in city and county government. In 2024, Melissa supported CR’s project for the Commission—Targeted Assessment of the Administrative Mechanism (AAM) for Program Year 32-Ryan White Grant Year 2022/23.



**AJ King** is the Director of Next-Level Consulting, Inc., an independent consulting firm specializing in nonprofit capacity building and human resources services. AJ has over 25 years of experience in the field of public health and nonprofit management. His work focuses on developing and delivering training and workshops; developing and implementing evaluation plans and community-based assessments; grant-proposal writing, research and report writing, and planning processes. A strong advocate for collaborative approaches, AJ has facilitated such processes for government agencies, universities, coalition groups and community-based organizations. He has written successful grant proposals at the federal, state, and local level, securing millions of dollars from both government and private funders. As a seasoned trainer, AJ has developed numerous curricula and engaged a variety of audiences ranging from public health officials to community level providers. AJ has served in leadership roles on the Los Angeles County Commission on HIV, HIV Prevention Planning Council, and currently serves as a Senior Trainer for The Grantsmanship Center and an Associate of Community Works Consulting, Inc. and the Aspire Group.

***Commission on HIV Comprehensive Effectiveness Review and Restructuring Scope of Work***

COMPONENT	COMPONENT ACTIVITIES	HOURS		
1	Review past assessments, sunset reviews, HRSA site visit reports, CDC HIV/STI prevention reports and project strategy meetings	45		
2	Assess Commissioner knowledge of current Commission purpose, functions, and structure	75		
3	Provide training to update/educate members in understanding the purpose of the Commission and Ryan White Part A and CDC legislative requirements for Planning Bodies	75		
4	Engage members and key stakeholders in defining effectiveness and efficiency	75		
5	Conduct member and key community stakeholder surveys and interviews. Identify past members for interviews	60		
6	Host a series of meetings with Commissioners and the community to discuss restructuring of the Commission for effectiveness. Include size, scope, duty statement(s), committees and subgroups, meeting frequency and cycles	60		
7	Revise and update all Commission documents pertaining to operational components and ordinances based on assessments and community discussion	43		



<b>POLICY/PROCEDURE #08.1104</b>	<b>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.



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

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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 also serve as Executive Committee Co-Chairs. Committee Co-Chairs cannot serve as Co-Chair to more than one committee at a time.
3. Nominations for the vacant Commission Co-Chair seat are normally opened in August, unless unexpected circumstances arise (meeting cancellations, absence of quorum, etc.) prevent it. Nominations for the Committee Co-Chair seats are usually opened in January, following election of the Commission Co-Chairs and final committee assignments, unless otherwise delayed. Members can nominate themselves or can be nominated by other stakeholders throughout the period in which the nominations are open.
4. Except for immediate vacancies in both Co-Chair seats, nominations must be open at the monthly meeting prior to the Co-Chair elections. Unless delayed or postponed, the Co-Chair elections are held at following month's regular meeting.
5. Commission Co-Chair candidates must have at least a year's service on the Commission. At least one of them must be HIV-positive and at least one of them must be a person of color. Only Commissioners can serve as the Co-Chairs. Only Commissioners serving in their primary committee assignment may serve as Committee Co-Chairs, but at least one of the Committee Co-Chair seats must be filled by a Commissioner. Unaffiliated HIV-positive consumers are highly encouraged to seek leadership roles and run for a Commission or Committee Co-Chair seat whenever possible.
6. Co-Chairs are elected through a sequential voting process until there are only one or two candidates remaining, as need dictates. The Commission/committee must approve the final candidate(s) through a consent vote of approval or through individual roll call votes. All Co-Chairs must be elected by a majority of the voting membership. A Co-Chair candidate's failure to earn a majority vote disqualifies that member as a Co-Chair candidate for that term, closes the election for that meeting, extends the nominations period, and postpones the election to the subsequent meeting.

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

**PROCEDURE(S):**

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

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

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

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

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

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

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

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

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

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

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

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

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



**POLICY/PROCEDURE  
#08.2301**

**(Revised) Voting  
Procedures**

**Page 1 of 3**

**FINAL: APPROVED BY COH: 9/12/2019**

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

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

**BACKGROUND:**

- Article V (*Meetings*), Section 8 (*Robert's Rules of Order*) of Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*) states the following: "All meetings of the Commission shall be conducted according to the current edition of 'Robert's Rules of Order, Newly Revised', except where superseded by the Commission's Bylaws, policies/procedures, and/or applicable laws."
- All Commission member voting is subject to the conditions and provisions of state and federal conflict of interest requirements as detailed in Article VII (*Policies and Procedures*), Section 5 (*Conflict of Interest Procedures*) of Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*) and Policies/Procedures #08.3108 (*Adherence to State Conflict of/Interest Rules and Requirements*).

**POLICY:**

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

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

#### PROCEDURES:

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

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

**NOTED AND  
APPROVED:**



**EFFECTIVE**

**DATE:** 9/12/2019

Original Approval: 7/13/2006	Revision(s): 3/14/2012; Updated: 01/20/17; 9/12/2019
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- b. Cancelled Meeting(s) or Quorum(s) Not Realized:** Nominations can be opened at a subsequent meeting and/or extended to accommodate the cancelled meeting(s) or absence of quorum(s). If the meeting for which the election is scheduled is cancelled or a quorum is not present, nominations remain open an additional month and the election proceeds the following month.

**NOTED AND  
APPROVED:**



**EFFECTIVE  
DATE:**

September 12, 2019

*Original Approval:*

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



# LOS ANGELES COUNTY COMMISSION ON HIV

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<b>POLICY/ PROCEDURE:</b>	<b>NO. 08.3100</b>	<b>Representation of Commission by Members</b>	<b>Page 1 of 2</b>
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**APPROVED 7/14/16**

**SUBJECT:** Defining policy on commissioner representation of the Commission in public and/or private forums.

**PURPOSE:** To define a policy in keeping with the Commission Bylaws, the Brown Act, other applicable local, state and federal legislation, and the community representation needs of the Commission that clarifies under what circumstances a commissioner may or may not present him/herself as representing the views and/or policies of the Commission.

**POLICY:** The policy ensures that individual commissioners attending or addressing public or private forums are clearly identified as either officially representing the Commission or as speaking as a private person. Such identification:

- Delineates Commission policy and/or actions from that of individual commissioner views;
- Ensures that both Commission policy/actions and individual commissioner views can be expressed in properly identified formats.

**DEFINITIONS:**

- **Public/Private Meeting:** Any gathering attended by any member(s) of the Commission.
- **Other Communications:** Any statement, public act or written communication in which any commissioner is identified as a member of the Commission under circumstances that might reasonably give rise to an inference that the commissioner is representing the Commission.

**PROCEDURE(S):**

1. Commissioners must consult with the Executive Director and Co-Chairs if an attendance at public forums or use of the Commissioner title in written materials may give rise to an inference that the Commissioner is representing the Commission.
2. No officer or member of the Commission shall commit any act or make any statement or

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Last Revised: 06/20/16

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communication under circumstances that might reasonably give rise to an inference that the commissioner is representing 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 co-chairs of any committees that are necessary for and/or incidental to the discharge of duties imposed upon them by the Commission Bylaws or by the resolutions of the Commission;
  - c) Communications addressed to the particular member of the Board of Supervisors or organization that nominated the member for appointment to the Commission.
  - d) Communications addressed to other members of the Commission or to its staff.
2. A commissioner who chooses to speak at a public or private meeting may state, as a demonstration of credentials, that s/he is a member of the Commission on HIV.
- a) If invited to attend the meeting because s/he is a member of the Commission, the commissioner should inform the inviting party that, although a member of the Commission, s/he may speak only as a private person rather than as its representative.
  - b) Whether or not a commissioner has been invited to a meeting, attendees of any meeting at which the commissioner chooses to speak should be informed that, while a member of the Commission, s/he may speak only as a private person rather than as its representative.
3. Should any commissioner question the appropriateness of attendance or speaking at a meeting or public acts, statements or communications:
- a) The question should be vetted by the Executive Director and Commission on HIV Co-Chairs;
  - b) Lacking time for the incident to be vetted, the commissioner will err on the side of caution.
4. Commissioners may not use their HIV Commissioner title to promote fundraising events on behalf of any agency or entity. Commissioner titles may only be used for conducting approved Commission business matters.

**NOTED AND  
APPROVED:**



**EFFECTIVE  
DATE:**

7/14/16

*Original Approval: 7/14/16*

*Revision(s):6/20/16*



<b>POLICY/ PROCEDURE:</b>	<b>#08.1301</b>	<b>Commission Representation at Conferences Meetings and Other Sanctioned Events</b>	<b>Page 1 of 7</b>
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**APPROVED 7/14/16**

**SUBJECT:**     **The role(s) of Commission representatives and the process for selecting and determining Commission representation at conferences, meetings and other events.**

**PURPOSE:**   **To define the role of Commission representatives and the process through which members of the Commission are chosen to attend and represent the Commission at conferences, meetings and related events.**

**BACKGROUND:**

- It has been long-standing Los Angeles County Commission on HIV practice that members can only formally represent the Commission at meetings and other events with the consent of the Co-Chairs and/or Executive Director. Consistent with County policy, the Co-Chairs and Executive Director are the only permanent representatives of the Commission. This policy codifies those practices.
  
- Occasionally there are educational, training and/or networking opportunities to which the Commission may need or want to send representatives—such as conferences, meetings, community mobilization activities and related events—that necessitate travel, accommodations, registration, meals and/or other related expenditures. Commission members may be participating in these events on behalf of the Commission to advance a specific policy, planning or programmatic agenda or interests, or because the Commission is committed to using such opportunities, to the best of its ability, to enhance membership development and creating a more informed, engaged membership.
  
- The rules governing the Commission’s use of funds to send its members to these types of events are strict. The Health Resources and Services Administration (HRSA)—the federal agency that administers the Ryan White program—does not allow Ryan White funds to be used for travel outside of the Eligible Metropolitan Area (EMA) except for pre-approved purposes. Events for which it allows use of Ryan White funds, such as the biannual All-Grantees conference and occasional trainings, are rare, although HRSA can be sometimes petitioned to grant a unique exception. In cases where Ryan White funds can be used, those funds must be budgeted in the Commission’s annual operations budget.

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- Since most of the Commission's budget is derived from Ryan White Part A funds, the Commission must use County general funds from the Executive Office to enhance member participation in other event opportunities. Access to those general funds is limited, and is encompassed by the indirect rate that the Commission pays the Executive Office annually.
- Given the limited opportunities for participation of this kind, the Commission must use the most transparent process possible for selecting the participants from its membership—both to meet its fiduciary responsibilities and to ensure that the selection is fair, equitable and well-reasoned.

### POLICY:

- This policy details the processes through which members of the Commission are selected to participate and represent the Commission in conferences, meetings and other events.
- A Commission member who has been authorized to act as a Commission representative at a specific event(s) is entitled to speak on behalf of the Commission. The representative must adhere to the highest personal and professional standards while serving in that role and must be thoughtful and careful to conform to past Commission policies and practices. The representative is entitled to address issues consistent with past Commission-approved policies and actions and current non-confidential issues and business at the Commission. The representative is **not** entitled to make any commitments on behalf of the Commission, but may forward requests for them to the Executive Director. **It is strongly advised that the representative defer on discussing issues on the Commission's behalf when he/she is not fully informed or cannot clearly articulate the Commission's views on those issues.**
- If participation in a conference, meeting or other event within the EMA does not incur additional costs beyond reimbursable gas mileage (for consumer members only) and the member would like to participate in the event representing the Commission, he/she must request the Co-Chairs' or Executive Director's authorization to do so in writing. If granted, the Commission member may present him/herself at the event as the/a Commission representative. If the request is declined or no request was made, the individual may identify him/herself as a member of the Commission, but make clear that his/her participation at the event is not as a formal Commission representative.
- For events inside or outside of the County that entail additional costs (e.g., registration, travel, accommodations, meals, etc.), the process for selecting and sending participants is different. The Co-Chairs and Executive Director will select members (consumer or other members), as needed, to advance the Commission's agenda at the event (e.g., making presentations, advancing specific programmatic or policy objectives, etc.). The Commission does not send/pay for the participation of unaffiliated consumer members for these types

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of events for other than the Commission's specific priorities (e.g., making presentations)—as there is generally more alternative sources of funding for non-consumers' participation.

- The Commission may, from time to time, send additional unaffiliated consumer members to these events specifically to advance their informational and educational growth and development. An unaffiliated consumer member who wishes to participate in such an event must submit a completed version of the "Application for Unaffiliated Consumer Participation in Conferences, Meetings and Other Sanction Events" (Attachment A) for consideration.
- If a member identifies an event in which he/she wants to participate, the member should consult with the Commission's Executive Director—who will consult with the Co-Chairs—to determine if there are funds available for participation in it, if it is an event that the Commission will "sanction" (agree to send members/representatives to it), and/or if there are alternate methods of paying for participation (e.g., scholarships), that may mitigate the need for Commission expenditures.
- In order to ensure fair and balanced access to limited opportunities, if the Commission sanctions the event and agrees to send additional unaffiliated members to it, it will advise the Commission's entire unaffiliated consumer membership of the opportunity to submit applications—regardless of who brought the event to the Commission's attention in the first place.
- **Identifying a new event and/or submitting an application does not guarantee the member that he/she, or any other members, will be selected to participate.**
- The Commission's Co-Chairs, in consultation with the Executive Director, will select participants for such events, based on how the Commission intends to participate in the event and the applications received. After reviewing submitted applications, the Co-Chairs will select any additional unaffiliated consumer members to participate, as funding allows and need dictates, based on the following criteria:
  - ⇒ who will best represent the Commission at the event (including participating in Commission presentations, if appropriate),
  - ⇒ who stands to benefit most from participation,
  - ⇒ who is best suited to participate in the event,
  - ⇒ who will make the best use of the information from the event,
  - ⇒ current Commission performance and involvement, and
  - ⇒ making an effort to give all of those who are active and interested an opportunity to participate in these types of activities at some point.
- All members who are selected to participate in conferences, meetings and other events on behalf of the Commission have responsibilities as Commission representatives to the event. They are expected to adhere to appropriate personal and professional conduct; actively

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attend and participate in the event; contribute to, assist with and participate in Commission activities at the event, as needed; and participate in designated activities at the event requested by the Co-Chairs, Executive Committee and/or Executive Director. Upon return, the member is expected to submit a one-page report detailing his/her activities during the event and what he/she learned from it to the Executive Director, and to disseminate information from the event according to a plan that the member has developed with the Executive Director.

**PROCEDURE(S):**

1. As a formal Commission representative, a member is entitled to speak on behalf of the Commission in policy and related discussions, but **not** to bind the Commission to any action or commitment.
  - a) A Commission representative should uphold the Code of Conduct wherever he/she is serving in that role, and should maintain the highest personal and professional standards while in that role.
  - b) All statements regarding the Commission's views should be carefully and thoughtfully given, and must be consistent with policy, positions and/or actions that the Commission has already adopted or approved.
  - c) A Commission representative is allowed to discuss non-confidential issues presently in process or being considered by the Commission, to the extent that the member understands and is able to articulate them.
  - d) A Commission representative is **not** entitled to make resource (financial or human) or any other commitments on behalf of the Commission, but is allowed forward a subsequent request on the topic to the Commission for consideration.
  - e) If there is any uncertainty about the Commission's views or adopted policies, the Commission representative should remain silent on the issue or promise to get back to the party requesting the information after verifying it with the Executive Director.
  
2. To represent the Commission at an event in the EMA for which there are no costs (except for reimbursable gas mileage, limited to unaffiliated consumer members) or for which the member is paying him/herself, the member must submit a request in writing to the Executive Director. The Executive Director will consult with the Co-Chairs and they will approve or decline the request.
  - a) If approved, the member may present him/herself as a Commission representative at the event.
  - b) If declined, the member may identify him/herself as a member of the Commission but make it clear that he/she is not participating in the event as a formal representative of the Commission.
  - c) If no request is made, the member should adhere to # b) above.

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3. For participation in a conference, meeting or other related event inside or outside the EMA that requires Commission expenditures (e.g., travel, registration, accommodations, meals, etc.), the Co-Chairs and Executive Director will select those members (consumer and non-consumer) to participate who advance the Commission's specific event-related objectives (e.g., making a presentation, proposing a policy or programmatic concept, etc.).
4. Expenses for Commission members' participation in these events is paid for from Ryan White Part A funds or Executive Office's County general funds.
  - a) Ryan White Part A funds are only allowed to be used for HRSA-approved purposes, or to which they have specifically granted an exemption, and must be budgeted in the Commission's annual operational budget.
  - b) Other opportunities are funded by the Executive Office's County general funds, and must be approved by the Executive Office, and is covered as part of the Commission's payment of annual indirect rate to the Executive Office. Such funding is very limited.
5. The Commission's Co-Chairs, Executive Committee and/or Executive Director may from time-to-time "sanction" some of these events by deciding to send additional members to advance their informational/educational/ membership development, as funding allows. **These additional opportunities are only offered to the Commission's unaffiliated consumer members.**
  - a) The Commission office will alert the unaffiliated consumer membership of the opportunity to apply to participate in all events the Commission has sanctioned for additional member participation by e-mail/mail/phone, as necessary, along with details of the event and a deadline for submission of the applications.
6. To be approved for participation in one of these additional event-related opportunities, unaffiliated consumer members of the Commission must submit a completed version of the attached "Application for Consumer Participation in Conferences, Meetings and Other Sanctioned Events" (Attachment A) by the deadline stated.
  - a) **Submitting an application does not guarantee that the member, or any members, will be selected to participate in the event.**
7. After reviewing the submitted applications, the Co-Chairs, in consultation with the Executive Director, will select additional unaffiliated consumer members to participate in sanctioned events based on the following criteria:
  - a) who will best represent the Commission at the event (including participating in Commission presentations, if appropriate),
  - b) who stands to benefit most from participation,
  - c) who is best suited to participate in the event,
  - d) who will make the best use of the information from the event,
  - e) current Commission performance and involvement, and



**Policy #08.1301: Commission Representation at Conferences, Meetings and Other Sanctioned Events**

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- f) making an effort to ensure that all of those who are interested have an opportunity to participate in these types of events at some point.
8. If a member of the Commission identifies an event in which he/she would like to participate as a Commission member, and the Commission has not previously advised the consumer membership of the opportunity, the member should contact the Executive Director to ascertain the Commission will sanction the event.
- a) The Executive Director will consult with the Co-Chairs and, together, they will determine if there is an interest in sending representatives to the event, if there are funds available to send participants, and that there are not other funding options accessible to pay for members' participation.
  - b) If the event is "sanctioned" (determined to be one to which the Commission will send representatives) and will include additional unaffiliated consumers, the Commission office will advise the unaffiliated consumer membership by e-mail/mail/phone, as necessary, of the opportunity to submit applications, regardless of who first identified the event.
  - c) **Identifying an event that the Commission subsequently sanctions and/or submitting an application does not guarantee that the member, or any other members, will be selected to participate in the event.**
9. Upon selection by the Co-Chairs to participate in a conference, meeting or other event as a Commission representative, the member must commit to fulfill defined responsibilities. Those responsibilities include:
- a) conduct him/herself according to the highest personal and professional standards as a Commission representative throughout the event;
  - b) actively attend and participate in the event;
  - c) contribute to, assist with, and participate in Commission and/or related activities at the event, as needed and requested;
  - d) participate in designated activities at the event requested by the Co-Chairs, Executive Committee and/or Executive Director;
  - e) following the event, submit a one-page report to the Executive Director detailing the activities in which the member/representative participated at the event, what the representative/member learned, and how that information can be applied to Commission activities/ work; and
  - f) following the event, lead efforts to disseminate information from the event to the Commission and community in accordance with a dissemination plan that the member/representative has developed with the Executive Director.

**DEFINITIONS:**

- **Commission Member(s):** encompasses the entire membership, including Commissioners, Alternates, appointed Committee members and staff.

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- **Consumer:** anyone who uses Ryan White Part A/B, County or other-funded HIV services contracted through the Division of HIV and STD Programs (DHSP).
- **Eligible Metropolitan Area (EMA):** EMAs are HRSA-defined geographic areas that receive Ryan White Part A funding. For Los Angeles County, the EMA is Los Angeles County.
- **Event:** for purposes of this policy, “event” refers to a conference, meeting, mobilization effort or other activity where the Commission’s presence is needed or desired.
- **Participate:** in the context of this policy, representatives who “participate” in Commission-sanctioned events are attending the event, actively involved and engaged in it, and perhaps serving a greater role as a presenter, committee member, facilitator or other type of leadership.
- **Representative:** a Commission representative is a member who has been authorized to speak on behalf of the Commission at a specific event(s).
- **Sanction(ed):** for purposes of this policy, the Commission “sanctions” an event when it agrees to send a/multiple representative(s) to it.
- **Unaffiliated:** unaffiliated consumers, consistent with HRSA policy, are those consumers who are not serving as Board or Advisory Council members, staff or consultants to any agency receiving Ryan White Part A funding.

**NOTED AND  
APPROVED:**



*Original Approval: 9/9/2010*

**EFFECTIVE  
DATE:**

September 9, 2010  
July 14, 2016

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