



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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Operations Committee Meeting

Thursday, April 24, 2025

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

**510 S. Vermont Ave, Terrace Conference Room TK11
Los Angeles, CA 90020**

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

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

Agenda and meeting materials will be posted on our website at

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

**Members of the Public May Join in Person or Virtually.
For Members of the Public Who Wish to Join Virtually, Register Here:**

<https://lacountyboardofsupervisors.webex.com/weblink/register/r49044bcc2b60f71f8e4789881994cd28>

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

Password: OPERATIONS Access Code: 2535 071 1155



Notice of Teleconferencing Sites:

None

together.

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Apply to become a Commission member at:

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

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



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

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

Thursday, April 24, 2025 | 10:00 AM – 12:00 PM

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

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r49044bcc2b60f71f8e4789881994cd28>

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

Password: OPERATIONS Access Code: 2535 071 1155

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

AGENDA POSTED: April 18, 2025

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

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

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

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

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

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

- | | |
|---|---------------------|
| 7. Executive Director/Staff Report | 10:15 AM – 10:25 AM |
| a. Operational Updates | |
| b. COH Restructure Debrief | |
| 8. Co-Chair’s Report | 10:25 AM – 10:35 AM |
| a. 2025 Work Plan | |
| b. 2025 Commissioner Training Schedule | |
| c. 2025 Conflict of Interest Form and Parity, Inclusion and Reflectiveness Survey -
Reminder | |
| 9. Commission on HIV Budget Review Update | 10:35 AM – 11:00 AM |
| 10. Membership Management Report | 11:00 AM—11:15 AM |

- a. Seat Movement
 - (1) Dechelle Richardson Seat #16, Provider representative #6 to Seat #49, HIV stakeholder representative #6 **MOTION #3**
 - (2) Jeremy Mitchell (aka Jet Finley) Seat # 33, Alternate, to Seat #22, Unaffiliated Representative, SPA 4 **MOTION #4**
 - b. Attendance | Review
11. Assessment of the Efficiency of the Administrative Mechanism (AEAM) 11:15 AM – 11:50 AM
12. Recruitment, Retention and Engagement 11:50 AM – 11:55 AM
- a. Outreach Team
 - (1) Rethinking Outreach Efforts and Strategies
 - b. Member Contributions/Participation | Report Out
(Purpose: To provide an opportunity for Operations Committee members to report updates related to their community engagement, outreach, and recruitment efforts and activities in promoting the Commission)

V. NEXT STEPS

11:55 AM – 11:57 AM

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

VI. ANNOUNCEMENTS

11:57 AM – 12:00 PM

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

VII. ADJOURNMENT

12:00 PM

- 16. Adjournment for the meeting April 24, 2025

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Operations Committee minutes, as presented or revised.
MOTION #3	Approve seat change for Dechelle Richardson (Seat #16, Provider representative #6, to Seat #49, HIV stakeholder representative #6), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
MOTION #4	Approve seat change for Jeremy Mitchell (Seat #33, Alternate, to Seat #22, Unaffiliated representative, SPA 4), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.



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.)

Meeting Schedule

- All Commission and Committee meetings are held monthly, open to the public and conducted in-person at 510 S. Vermont Avenue, Terrace Conference Room, Los Angeles, CA 90020 (unless otherwise specified). Validated parking is conveniently located at 523 Shatto Place, Los Angeles, CA 90020.
- A virtual attendance option via WebEx is available for members of the public. To learn how to use WebEx, please click [here](#) for a brief tutorial.
- Subscribe to the Commission’s email listserv for meeting notifications and updates by clicking [here](#). **Meeting dates/times are subject to change.*

January - December 2025

2nd Thursday (9AM-1PM)	Commission (full body)	Vermont Corridor <i>*subject to change</i>
4th Thursday (1PM-3PM)	Executive Committee	Vermont Corridor <i>*subject to change</i>
4th Thursday (10AM-12PM)	Operations Committee	Vermont Corridor <i>*subject to change</i>
3rd Tuesday (1PM-3PM)	Planning, Priorities & Allocations (PP&A) Committee	Vermont Corridor <i>*subject to change</i>
1st Monday (1PM-3PM)	Public Policy Committee (PPC)	Vermont Corridor <i>*subject to change</i>
1st Tuesday (10AM-12PM)	Standards & Best Practices (SBP) Committee	Vermont Corridor <i>*subject to change</i>

The Commission on HIV (COH) convenes several caucuses and other subgroups to harness broader community input in shaping the work of the Commission around priority setting, resource allocations, service standards, improving access to services, and strengthening PLWH voices in HIV community planning. **The following COH subgroups meet virtually unless otherwise announced.*

Aging Caucus 1PM-3PM <i>*2nd Tuesday every other month</i>	Black Caucus 4PM-5PM <i>*3rd Thursday monthly</i>	Consumer Caucus 1-3PM <i>*2nd Thursday monthly, following COH meeting</i>	Transgender Caucus 10AM-11:30AM <i>*3rd Thursday quarterly</i>	Women’s Caucus 2PM-3PM <i>*3rd Monday bi-monthly</i>	Housing Taskforce 9AM-10AM <i>*4th Friday monthly</i>
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COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 4/21/25

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	Dahlia	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & Linked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
Data to Care Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Biomedical HIV Prevention
			Transportation Services
CIELO	Mikhaela	Los Angeles General Hospital	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	Community Engagement/EHE

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	HIV Testing Storefront HIV Testing & Sexual Networks
DAVIS (PPC Member)	OM	No Affiliation	No Ryan White or prevention contracts
DOLAN (SBP Member)	Caitlyn	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
DONNELLY	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	Kerry	ViiV Healthcare	No Ryan White or prevention contracts
FINLEY	Jet	Unaffiliated representative	No Ryan White or prevention contracts
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	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			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
			Intensive Case Management
GONZALEZ	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	Gerald	Minority AIDS Project	Benefits Specialty
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	Joaquin	Connect To Protect LA/CHLA	HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
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
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
LESTER (PP&A Member)	Rob	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
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 Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
			Oral Healthcare Services
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Community Engagement/EHE
			Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			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
Case Management			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			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
RAINES	Aaron	No Affiliation	No Ryan White or prevention contracts
RICHARDSON	Dechelle	No Affiliation	No Ryan White or prevention contracts
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated representative	No Ryan White or prevention contracts
SALAMANCA	Ismael	City of Long Beach	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
SAMONE-LORECA	Sabel	Minority AIDS Project	HIV Testing & Sexual Networks
			Benefits Specialty
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
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care 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 Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
VEGA-MATOS	Carlos	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
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

Division of HIV and STDs Contracted Community Services

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

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

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN Spanish Telehealth Mental Health Services Translation/Transcription Services Public Health Detailing HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD Program Evaluation Services Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
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	



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

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





Estamos Escuchando



Comparta sus inquietudes con nosotros.

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

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





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

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

OPERATIONS (OPS) COMMITTEE MEETING MINUTES

March 27, 2025

COMMITTEE MEMBERS					
P = Present A = Absent EA = Excused Absence MoP=Attended as Member of the Public AB2449=Virtual Attendance					
Miguel Alvarez	P	Jayda Arrington	P	Alasdair Burton (Executive At-Large)	P
Bridget Gordon (Executive At-Large)	A	Joaquin Gutierrez (Alternate)	p	Ish Herrera	EA
Leon Maultsby	P	Vilma Mendoza	P	Aaron Raines (Alternate)	A
De’chelle Richardson (Executive At-Large)	A	Erica Robinson, <i>Co-Chair</i>	AB2449	Justin Valero, MA, <i>Co-Chair</i>	EA
Danielle Campbell	P	Joe Green	P		
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, MPIO and Sonja Wright, DACM					
DHSP STAFF					

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

1. CALL TO ORDER-INTRODUCTIONS

Commission Co-Chair Joseph Green, called the meeting to order at 10:03 AM.

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

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

I. ADMINISTRATIVE MATTERS

3. APPROVAL OF AGENDA

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

4. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 2/27/2025 OPS Committee meeting minutes, as presented (*✓Passed by consensus*).

II. PUBLIC COMMENT

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

- No public comments.

III. COMMITTEE NEW BUSINESS ITEMS

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

- No committee new business.

IV. REPORTS

7. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

Executive Director, Cheryl Barrit, reported the following:

- The first installment of the Commission on HIV (COH) restructuring conversation happened at the February 13th full Commission meeting. The makeup of commissioners and community members allowed for good feedback, and attendees commented that participating in smaller groups allowed for increased participation
- C. Barrit will debrief with the work group project team this Friday and discuss employing a mechanism for commissioners who were unable to attend to still be able to participate and provide feedback. The team will work on writing a summary analysis to present at the Commission meeting on April 10th. The general tone was one of openness, an opportunity for improvement, and looking at the reflectiveness of the body to ensure that we are mirroring and reflecting priority populations.
- C. Barrit will aim to have the Commission's operational budget ready for review at the next Operations Committee meeting. She reminded the Committee that the Executive Committee is charged with reviewing the COH operating budget.
- C. Barrit addressed voting standards for caucuses in that they are held to the same level as subcommittees to ensure all Committee voting procedures are uniform and held to the highest standards; as such, if an elected person steps down, the vote must be held again, versus passing to the runner-up. Caucuses are flexible in that the public can participate in the voting process regardless of how often they have attended caucus meetings. The Committee will discuss updating guidelines for nomination, election, and voting at the caucus level to ensure transparency and community participation and consider standardizing the process for caucuses to only allow commissioners to vote and determine criteria for eligibility (e.g., attendance at previous meetings).
 - C. Barrit highlighted that abstentions are not considered a vote, and it is crucial for all commissioners to cast a vote.
- J. Green mentioned improving communication and contextualization of motions before voting to empower commissioners to make informed decisions. There was consensus that commissioners should also take accountability and come prepared by reading the meeting materials beforehand.

8. Co-Chair's Report

a. 2025 Work Plan

The Committee reviewed the work plan.

b. 2025 Commissioner Training Schedule

The Committee reviewed the training schedule accessible [HERE](#). The Committee was reminded that certificates are issued after the completion of each quiz.

c. 2025 [Conflict of Interest Form](#) and [Parity, Inclusion and Reflectiveness Survey](#) - Reminder

- The Committee was issued a reminder to complete the Conflict of Interest (COI) form and the Parity, Inclusion and Reflectiveness (PIR) survey.

9. Operations Committee Efficiency and Improvement Roundtable Discussion

- Operations Co-Chair, Erica Robinson, facilitated the discussion, which touched upon: (1) evaluating the need for meetings based on available content and outcomes (e.g. motions), (2) considering alternative meeting spaces that do not cost money and reaching out to community partners about leveraging spaces they might have available (ex: Charles Drew University and CHLA), (3) considering the impact of budget cuts on meeting frequency and resources (ex: monthly, bimonthly, no food or snacks), and (4) seeking food sponsorships.
- By consensus, the Committee decided to continue meeting monthly but will discuss scaling down meeting frequencies with the Executive Committee; both committees meet on the same day.

10. Membership Management Report

The new membership applications were approved by the Board of Supervisors (BOS). The alternate to full seat changes will be placed on the April 1st BOS agenda. The mentorship pairings are currently on hold until the restructuring of the Commission has been completed.

11. Assessment of the Efficiency of the Administrative Mechanism (AEAM)

- C. Barrit informed the Committee that the AEAM assesses how quickly, and efficiently Ryan White funds reach the community. Surveys are sent to contracted providers and commissioners. C. Barrit briefly went over a few of the slides included in the meeting packet, such as provider and commissioner responses, and noted the feedback was generally positive.
- The next iteration of the report will consist of a report with narrative and analysis.

12. Recruitment, Retention and Engagement

- The Committee discussed participating in the 2025 WeHo PRIDE event happening May 31st through June 1st. C. Barrit will send a Doodle Poll survey regarding commissioner availability; responses are due by April 10th.
- The Committee shared engagement activities that they participated in, such as Dress for Success and the DHSP budget meeting.

VI. NEXT STEPS

13. TASK/ASSIGNMENTS RECAP:

- C. Barrit to present the proposed COH operational budget at April's meeting, if available and reviewed by the Executive Office.
- Staff will send a reminder email for the April 23rd training on Priority Setting and Resource Allocations Process
- The next Operations Committee meeting is scheduled for April 25, 2025, from 10 am – 12 pm.

14. AGENDA DEVELOPMENT FOR NEXT MEETING:

- ➡ Commission Restructuring Debrief
- ➡ AEAM
- ➡ Attendance review

VII. ANNOUNCEMENTS

15. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- There were no announcements.

VIII. ADJOURNMENT

16. ADJOURNMENT: The meeting adjourned at 12:08 PM.



2025 OPERATIONS COMMITTEE WORKPLAN

Co-Chairs: Erica Robinson and Justin Valero

Approval Date: 1.23.25 Revision Dates: 3.24.25, 4.15.25

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Committee will lead and advance throughout 2025.

CRITERIA: Select activities that 1) represent the core functions of the COH and Committee, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

CORE COMMITTEE RESPONSIBILITIES: 1) Developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission and HIV/AIDS service and related issues; 2) recommending, developing and implementing Commission policies and procedures; 3) coordinating on-going public awareness activities to educate and engage the public in the Commission and HIV services throughout the community; 4) conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; 5) recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission. Additional responsibilities can be found at <https://hiv.lacounty.gov/operations-committee>.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	2025 Training	Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities. <i>*Additional training may be integrated at all COH subgroups as determined by members and staff</i>	2025	COH Overview 2.26.25 @ 12-1pm, RW Care Act Legislative Overview and Membership Structure & Responsibilities 4.2.25 @ 12-1pm, Priority Setting & Resource Allocations Process 4.23.25 @ 12-1pm, Service Standards Development 5.21.23 @ 12-1pm, Policy Priorities & Legislative Docket Development Process 6.25.25 @ 12-1pm, Bylaws Review 7.23.25 @ 12-1pm.
2	Bylaws Review	Update Bylaws to comply with HRSA requirements and 2023 site visit findings & restructuring efforts. <ul style="list-style-type: none"> Keep restructuring conversation as a standing item on the Commission agenda Assign the Executive Committee as lead for the restructuring process/outcome Follow-up w/additional surveys to members Update Bylaws and ordinance Review proposed bylaws/ordinance changes and conduct 30-day public comment period Update bylaws ordinance Secure Commission approval on changes 		(1) February: Setting the stage (2) March: Obtain feedback from stakeholders (3) May: Review draft of Bylaws & new structure (4) July: Bylaws/ finalized

2025 OPERATIONS COMMITTEE WORKPLAN

3	Policies & Procedures	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.		<ul style="list-style-type: none"> (1) Revise Commission and Committee-only membership applications (2) Revise membership application interview questions
4	Assessment of the Efficiency of the Administrative Mechanism (AEAM)	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County.	July 2025	<ul style="list-style-type: none"> (1) Focus on realistic areas for expediting contracts within the County system. (2) C. Barrit to present findings/draft report at March-April OPS meeting.
5	Recruitment, Engagement and Retention Strategies	Development of engagement and retention strategies to align with CHP efforts	Ongoing	<ul style="list-style-type: none"> (1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members. (2) Continue social media campaigns to bring awareness. (3) Refer to HealthHIV Planning Council assessment for recommendations.
6	Mentorship Program	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Ongoing	Review and assess current Mentorship Program and Mentorship Program Guide for improvements and effectiveness.
7	PIR (Parity, Inclusion and Reflectiveness) Review	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly	February
8	Attendance Review	To ensure members follow the attendance policy.	Quarterly	January, April



Los Angeles County Commission on HIV

REVISED 2025 TRAINING SCHEDULE

**SUBJECT TO CHANGE*

- All training topics listed below are mandatory for Commissioners and Alternates.
- All trainings are open to the public.
- Click on the training topic to register.
- Certificates of Completion will be provided.
- All trainings are virtual via Webex.
- For questions or assistance, contact: hivcomm@lachiv.org

[Commission on HIV Overview](#)

February 26, 2025 @ 12pm to 1:00pm

[Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities](#)

~~March 26, 2025~~ @ 12pm to 1:00pm
April 2, 2025

[Priority Setting and Resource Allocations Process](#)

April 23, 2025 @ 12pm to 1:00pm

[Service Standards Development](#)

May 21, 2025 @ 12pm to 1:00pm

[Policy Priorities and Legislative Docket Development Process](#)

June 25, 2025 @ 12pm to 1:00pm

[Bylaws Review](#)

July 23, 2025 @ 12pm to 1:00pm



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

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

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

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

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

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

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

PROCEDURE:

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

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

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

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

47	Kevin	Stalter		D	Y	UA	UA												
48	Lambert	Talley	(Alternate)		Y	Y	Y												
49	Justin	Valero			Y	EA	Y												
50	Carlos	Vega-Matos	(Alternate)		NA	Y	Y												
51	Jonathan	Weedman			Y	Y	Y												
52	Russell	Ybarra			Y	Y	Y												
RESIGNED OR TERMED OUT																			
1	Ronnie	Osorio	Seat vacated		UA	UA	UA	NA											
2																			
3																			
4																			
5																			
6																			
7																			*Indicates AB2449
8																			MOP: Member of the public
9																			
10																			
11																			
12																			
13																			
14																			
15																			

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



2025 MEMBERSHIP ROSTER | UPDATED 4.21.25

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative	1	PP&A	Ismael Salamanca	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, DBH, 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			Vacant		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	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	No affiliation	July 1, 2024	June 30, 2026	
17	Provider representative #7	1	SBP	David Hardy	LAC-USC Rand Schrader Clinic	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			Vacant		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	Unaffiliated representative	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	Unaffiliated representative	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4			Vacant		July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated representative	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	Unaffiliated representative	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Wilma Mendoza	Unaffiliated representative	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated representative	July 1, 2024	June 30, 2026	Carlos Vega-Matos (PP&A)
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated representative	July 1, 2023	June 30, 2025	
28	Unaffiliated representative, Supervisorial District 2	1	EXC OPS	Bridget Gordon	Unaffiliated representative	July 1, 2024	June 30, 2026	Aaron Raines (OPS)
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Ariene Frames (LOA)	Unaffiliated representative	July 1, 2023	June 30, 2025	Sabel Samone-Loreca (SBP)
30	Unaffiliated representative, Supervisorial District 4			Vacant		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated representative	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilith Conolly (LOA)	Unaffiliated representative	July 1, 2024	June 30, 2026	Gerald Green (PP&A)
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	Unaffiliated representative	July 1, 2023	June 30, 2025	Jeremy Mitchell (Jet Finley) (PPC)
34	Unaffiliated representative, at-large #3	1	EXC PP&A	Daryl Russell, M.Ed	Unaffiliated representative	July 1, 2024	June 30, 2026	
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	Unaffiliated representative	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		Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA			Vacant		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA (LOA)	Unaffiliated representative	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC OPS PP	Alasdair Burton	No affiliation	July 1, 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	Arburtha Franklin	Translatin@ Coalition	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			Vacant		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	
TOTAL:		43						

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: 52

(Draft)

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

Ryan White Program Year 33 & 34
(March 1, 2023-February 28, 2024 and
March 1, 2024- February 28, 2025)

Final Approved by COH XXX



LOS ANGELES COUNTY
COMMISSION ON HIV



**Assessment of the Administrative
Mechanism Ryan White Program Year 33
& 34**

**(March 1, 2023-February 29, 2024 and
March 1, 2024-February 28, 2025)**

Add Table of Contents

DRAFT

I. Introduction and Purpose of Report

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV (“the Commission”) is required by Health Resources and Services Administration (HRSA) to conduct an “Assessment of the Efficiency of the Administrative Mechanism” (AEAM) annually. The AEAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Operations Committee of the Commission led the development, implementation, and analysis of the AEAM for Ryan White Program Years 33 (March 1, 2023-February 28, 2024) and 34 (March 1, 2024-February 28, 2025). The purpose of this report is to present the findings of this assessment.

II. Assessment Methodology

The AEAM covers 1) feedback from contracted agencies on the efficiency of Los Angeles County’s administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community; and 2) survey and key informant interviews with key recipient staff to integrate their insights regarding the County’s solicitations, contracting, and invoicing processes.

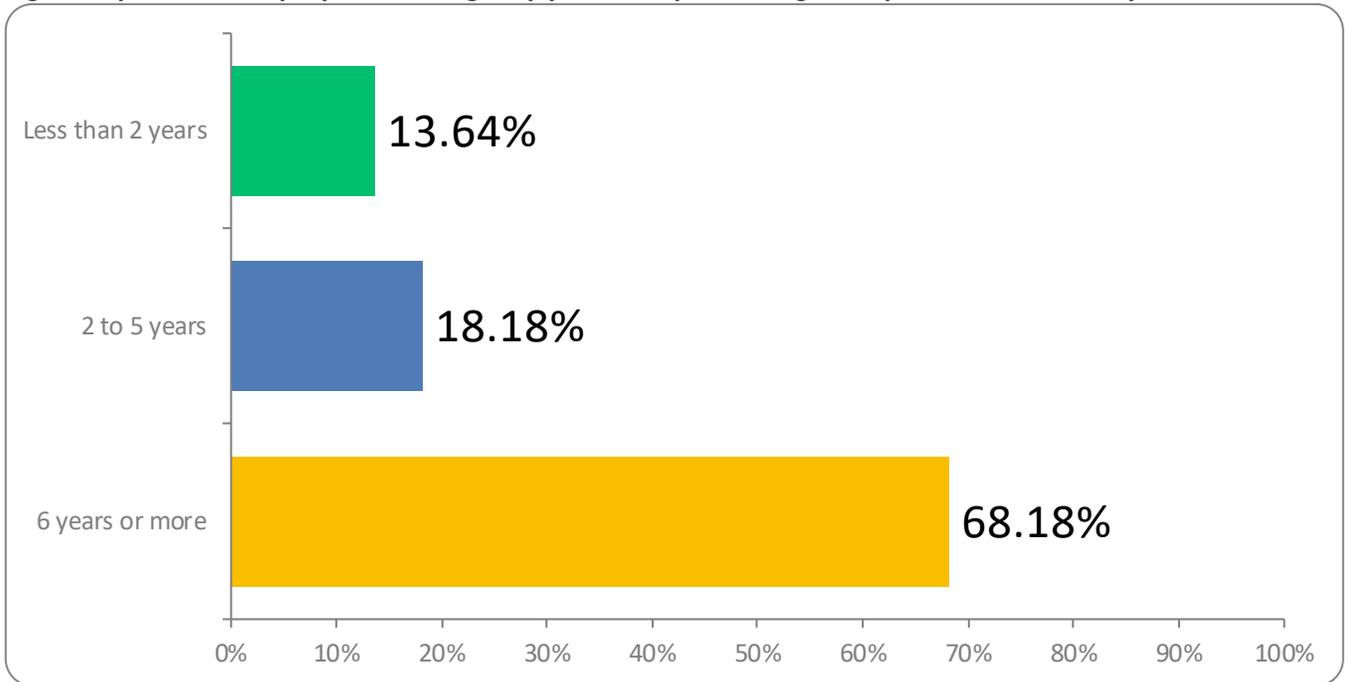
Online Survey Contracted Providers:

All 31 County-contracted HIV care providers were invited to participate in the AEAM survey between January 22 to February 28, 2025. 20 agencies completed the survey. Agencies were asked to provide one response per agency.

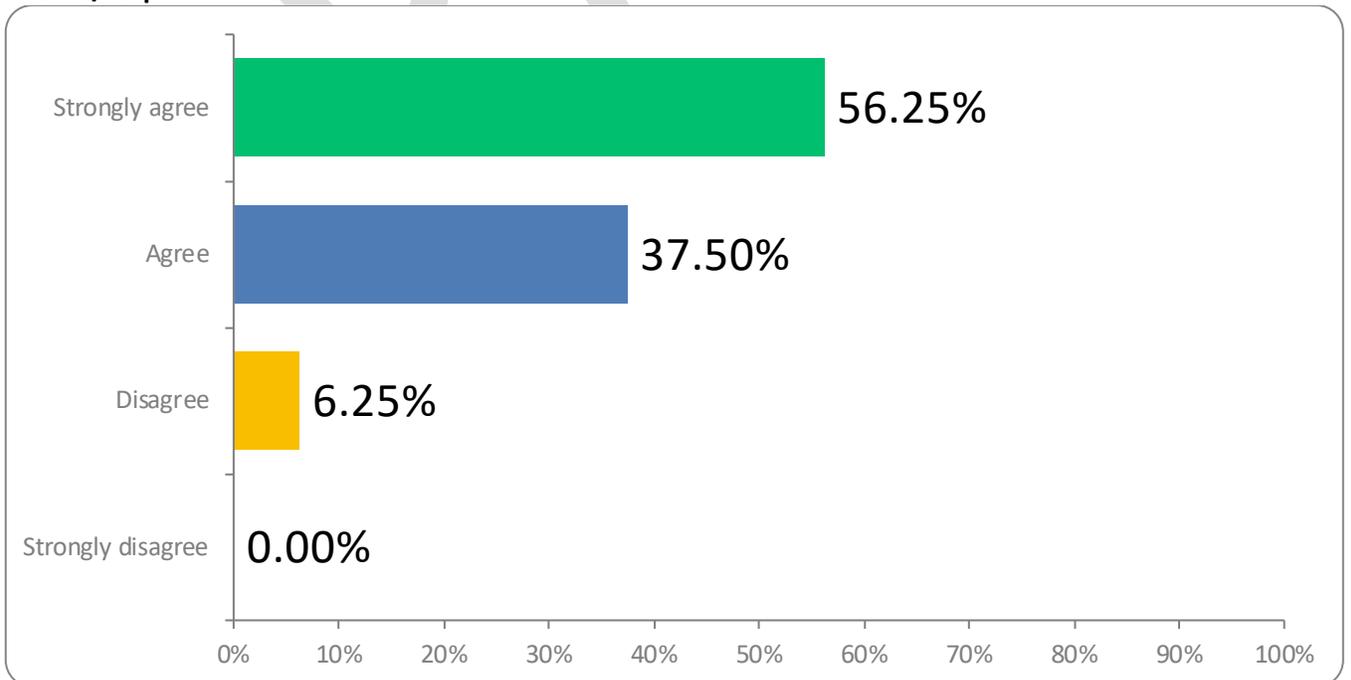
Limitations: Readers should not make broad interpretations with the results of the AEAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

Contracted Providers Responses

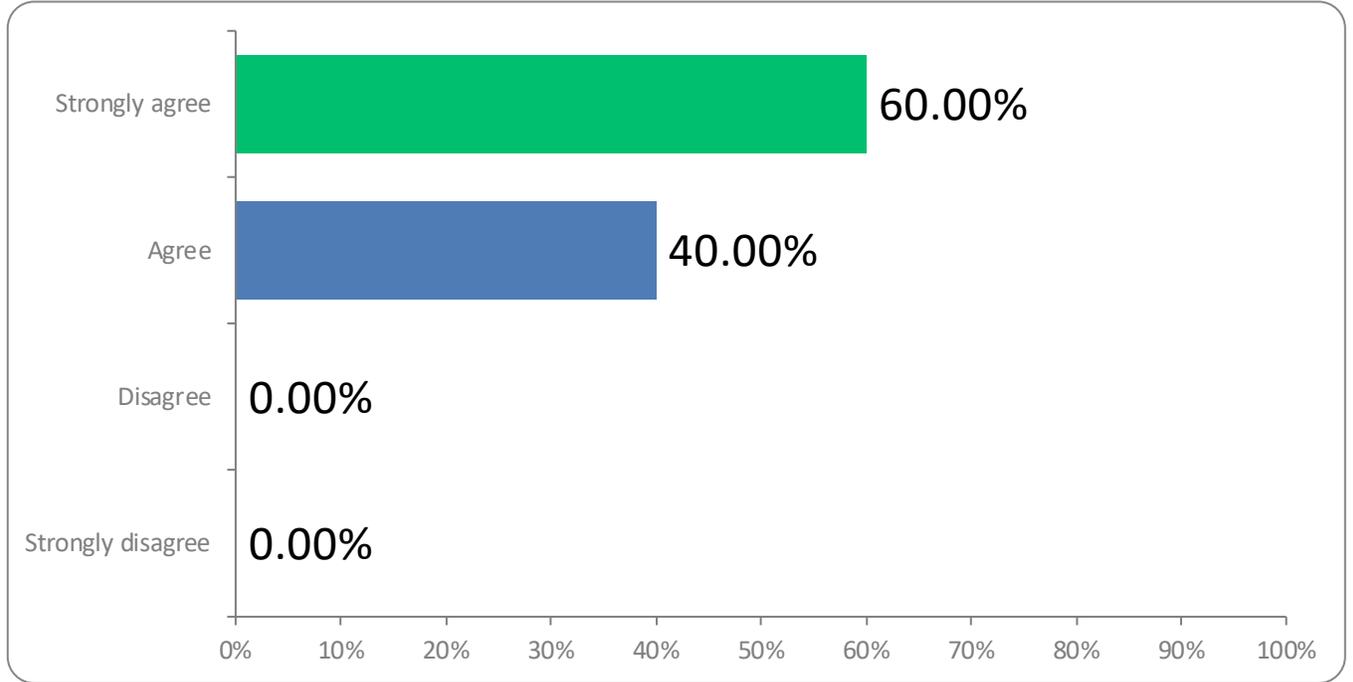
How long have you been employed in the agency you are representing in response to this survey?



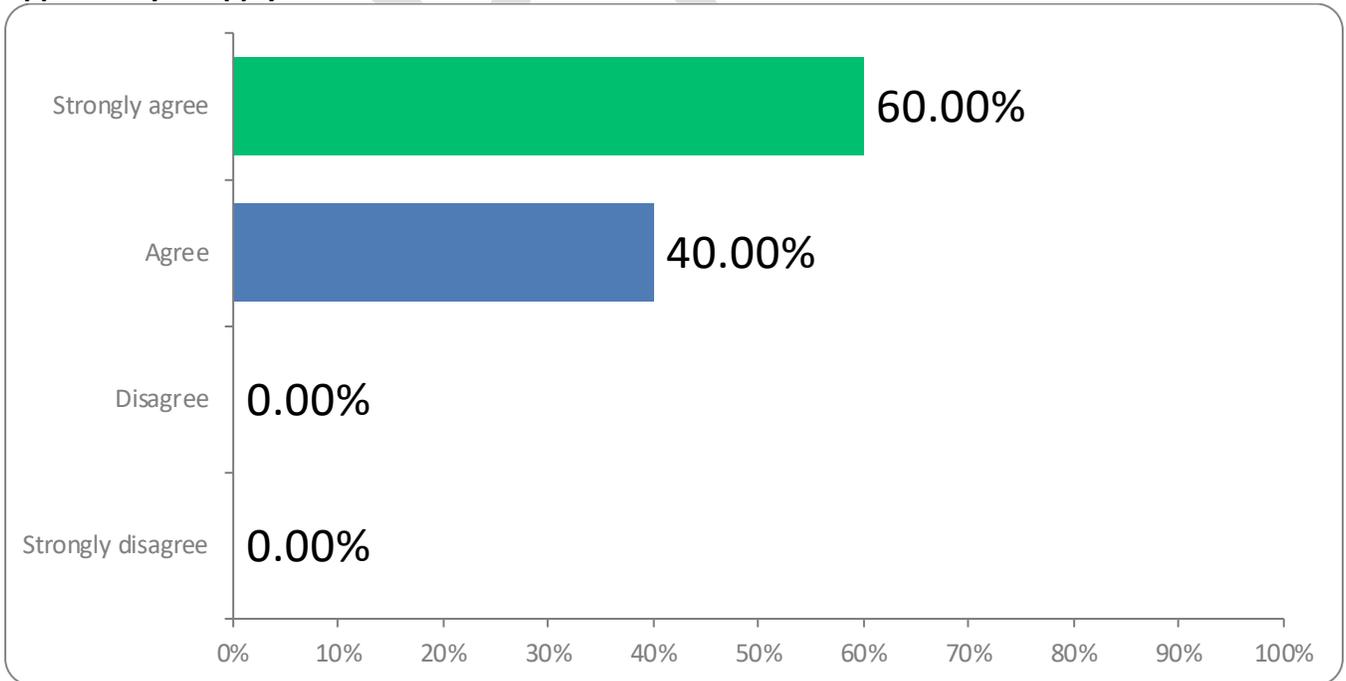
Please state the degree to which you agree with the following statement: The DHSP RFP provided clear instructions, outlined all policies and procedures of the procurement process, and expectations of work requirements/responsibilities.



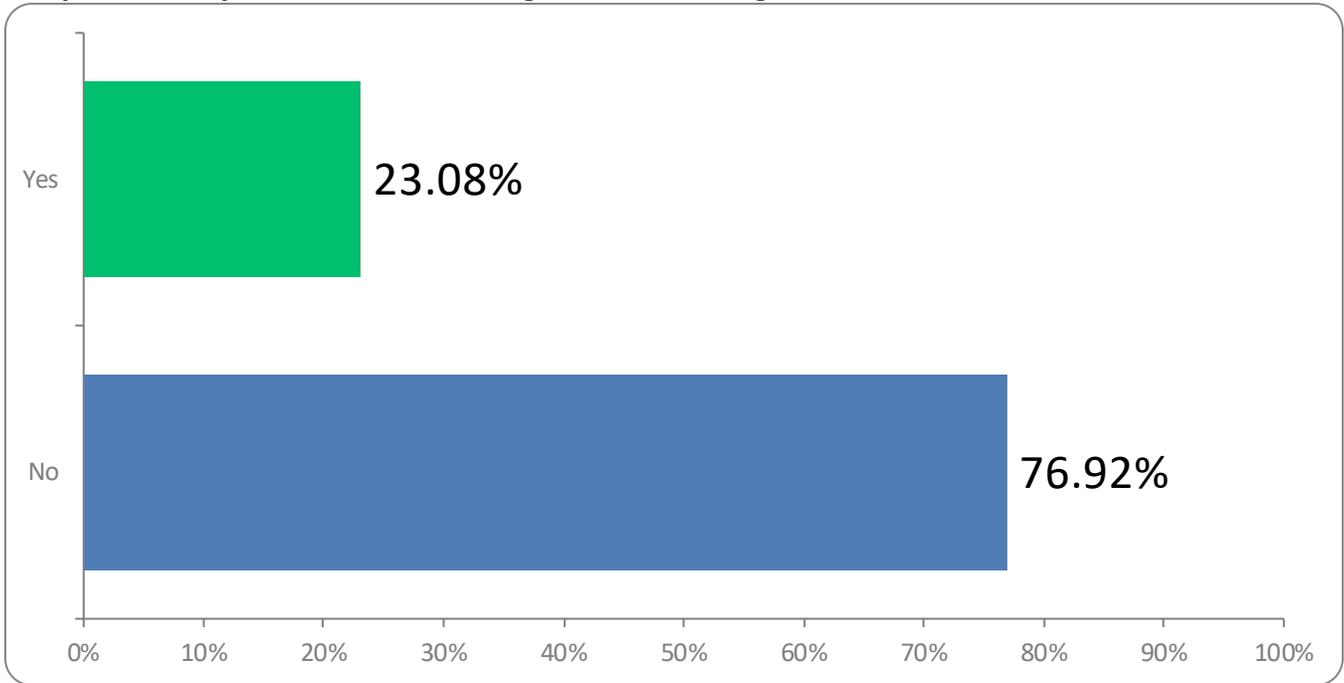
Please state the degree to which you agree with the following statement: The DHSP competitive RFP procurement process is fair and all potential service providers are given a fair and equitable opportunity to apply.



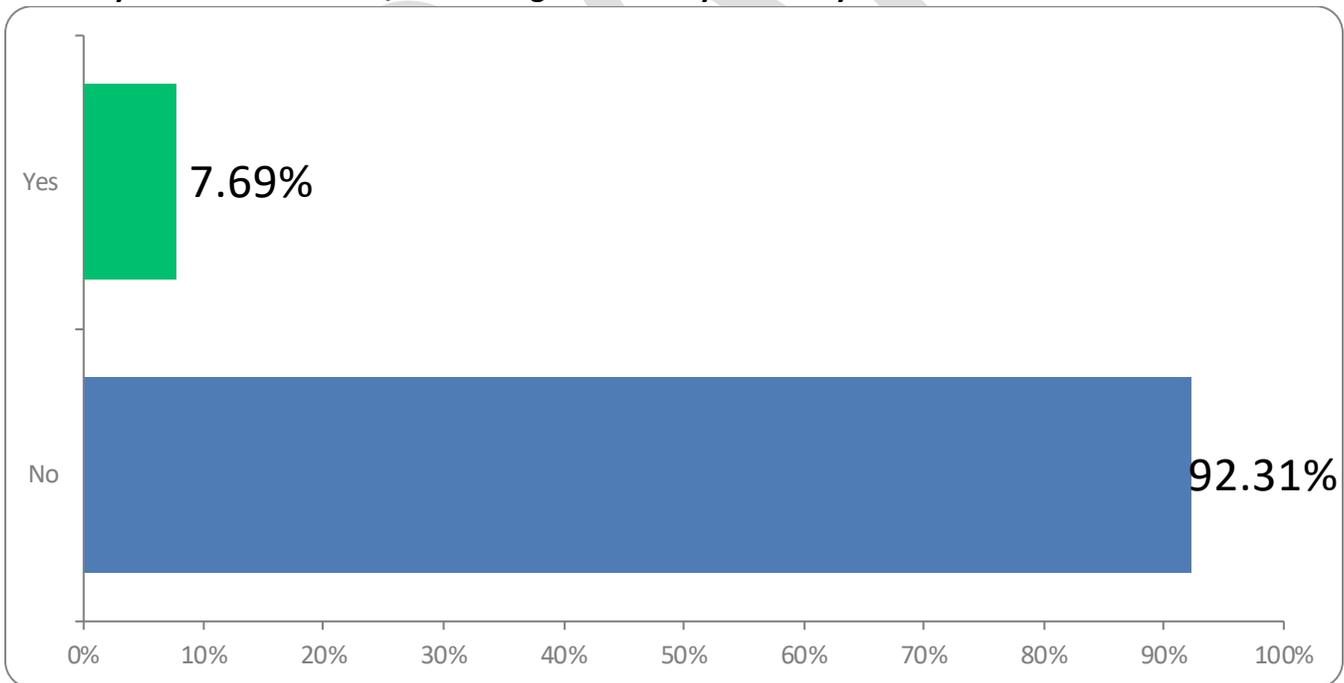
Please state the degree to which you agree with the following statement: The DHSP competitive RFP procurement process is fair and all potential service providers are given a fair and equitable opportunity to apply.



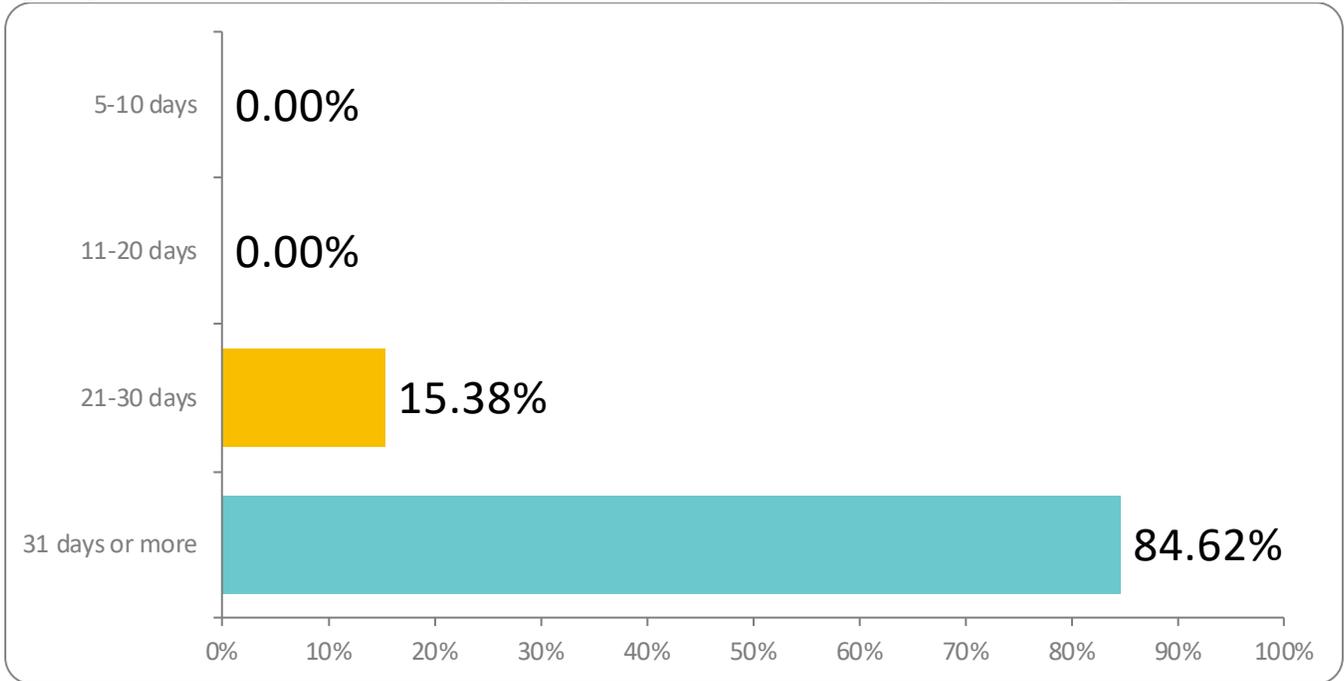
Did you have any issues and/or challenges with executing the contract?



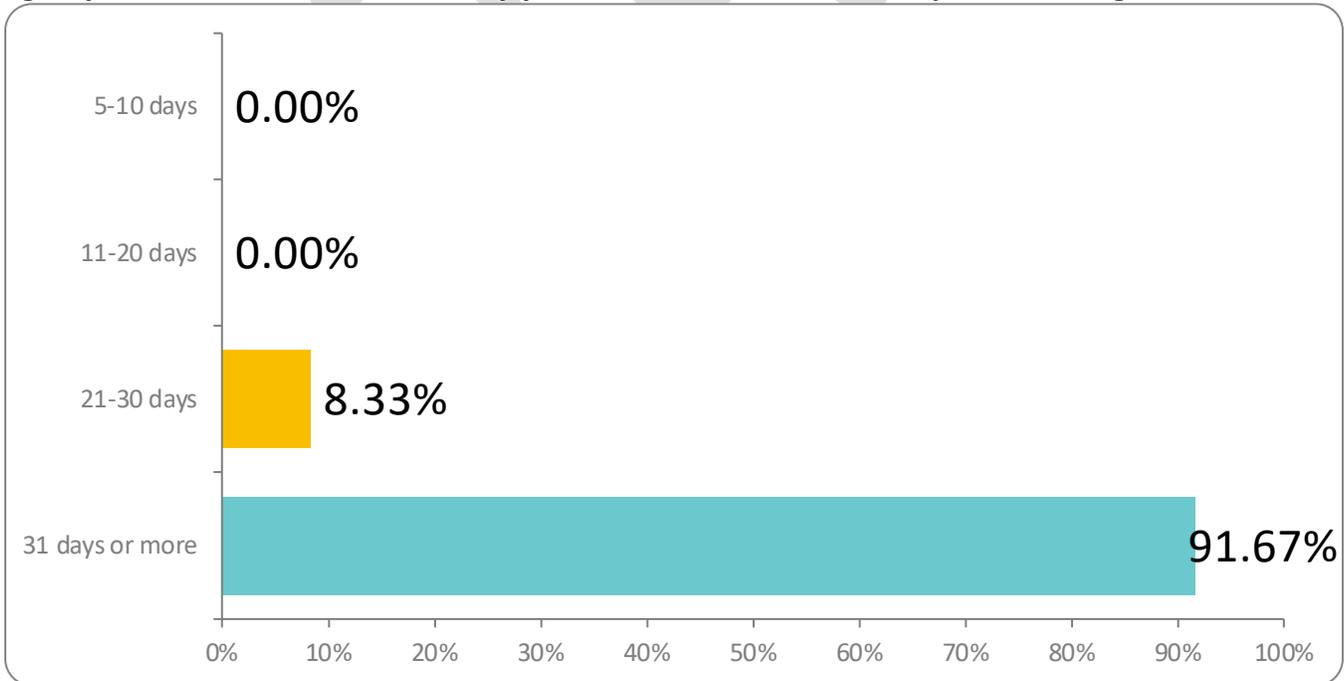
Have any of these issues and/or challenges affected your ability to deliver services to clients?



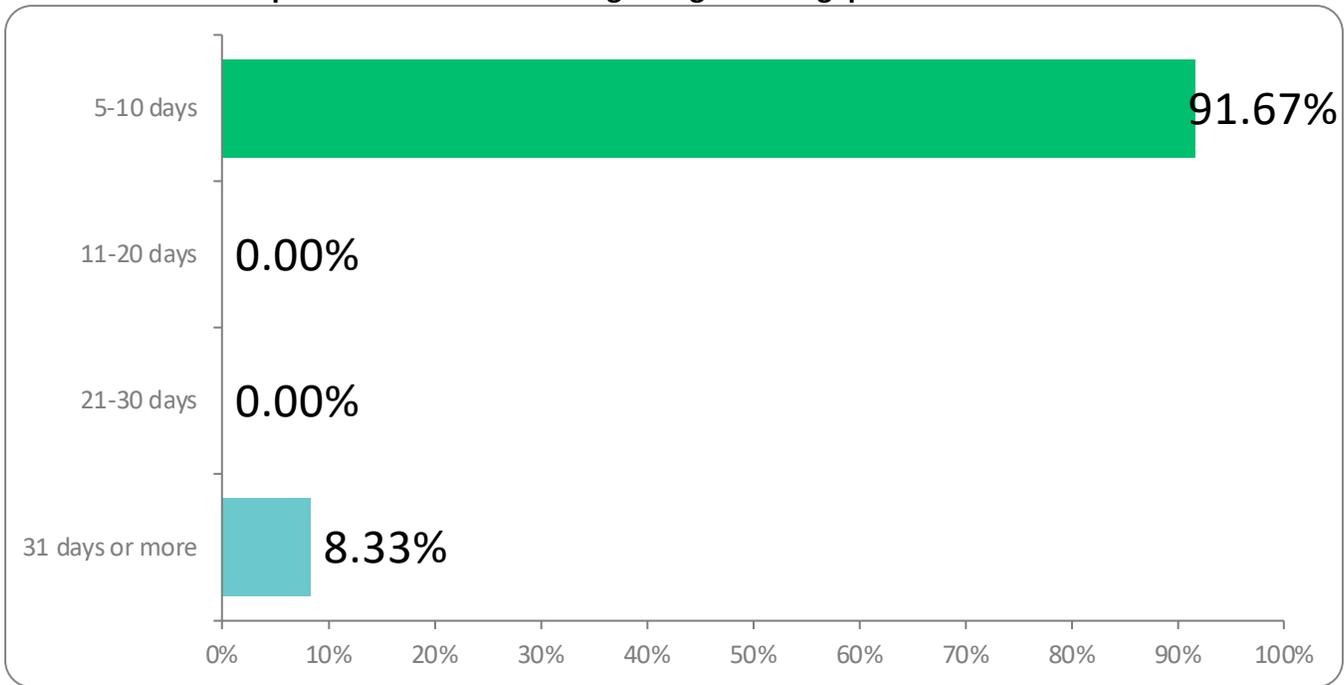
During PY 33 (March 1, 2023 - February 29, 2024), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



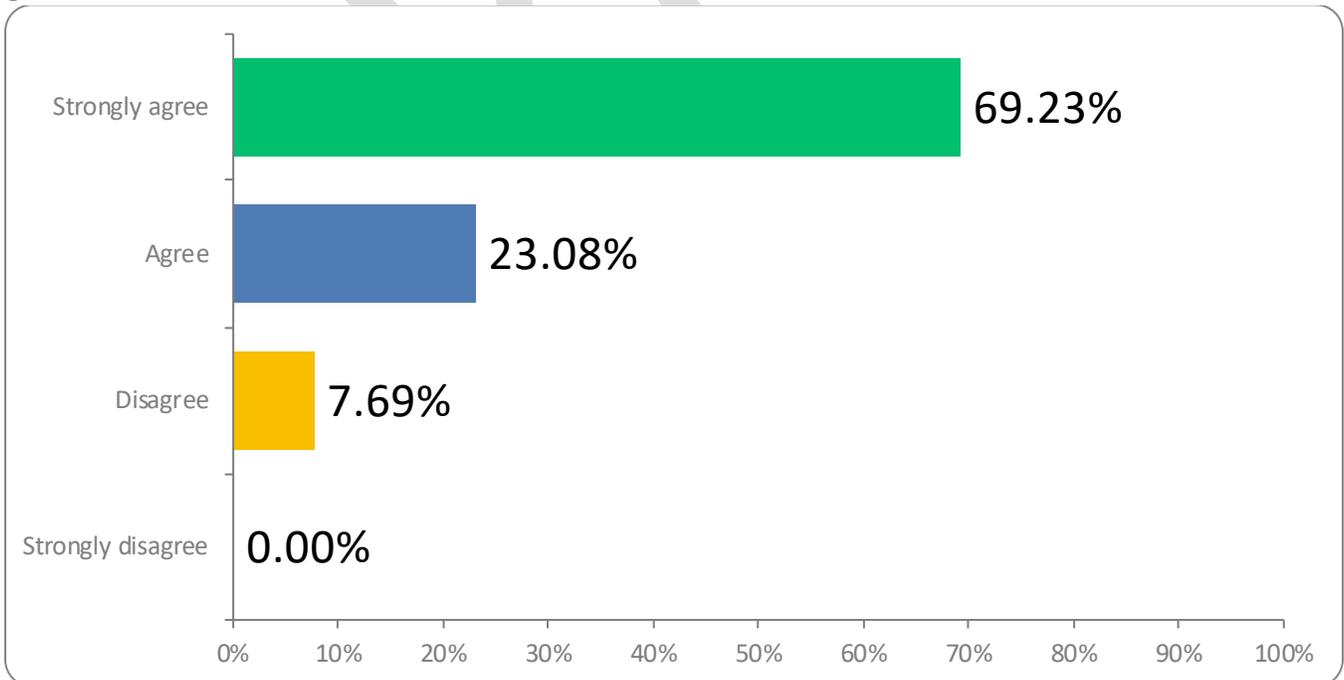
During PY 34 (March 1, 2024 – February 28, 2025), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



Please check the response time from DHSP regarding invoicing questions.

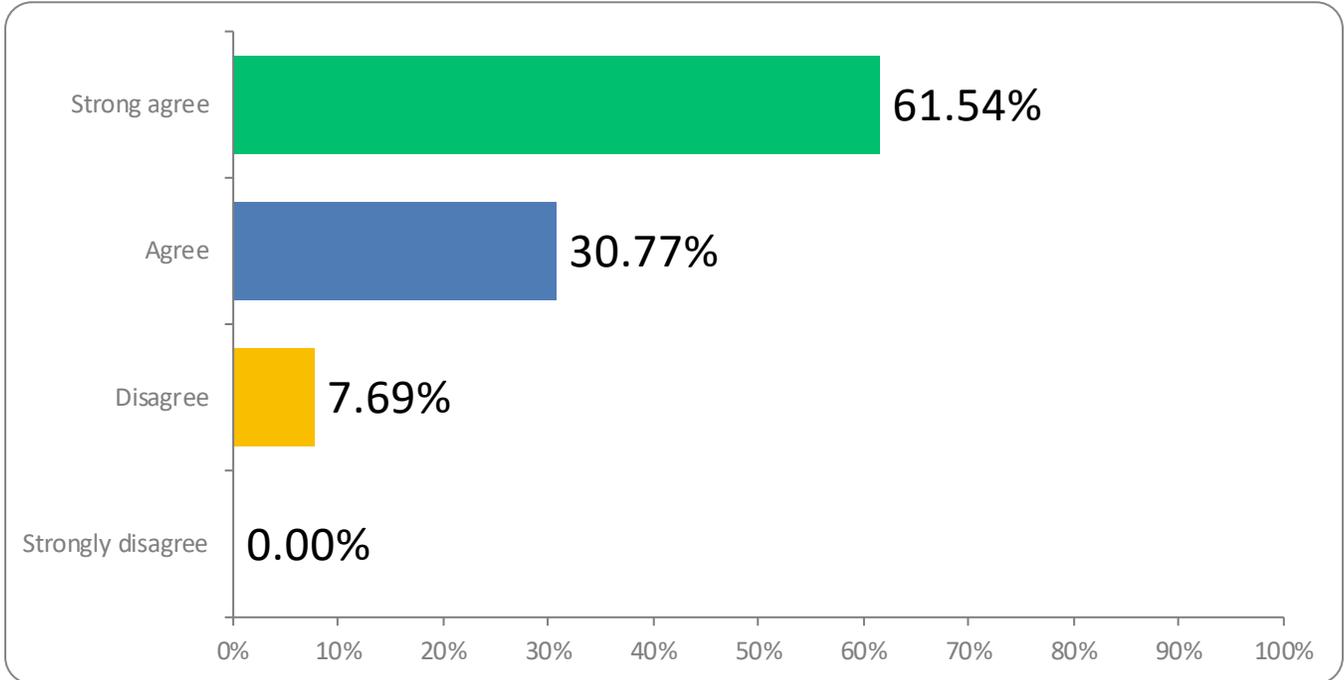


Please state the degree to which you agree with the following statement: Our Contract Monitor provides clear and consistent responses to our questions and request for information, programmatic guidance, and technical assistance?

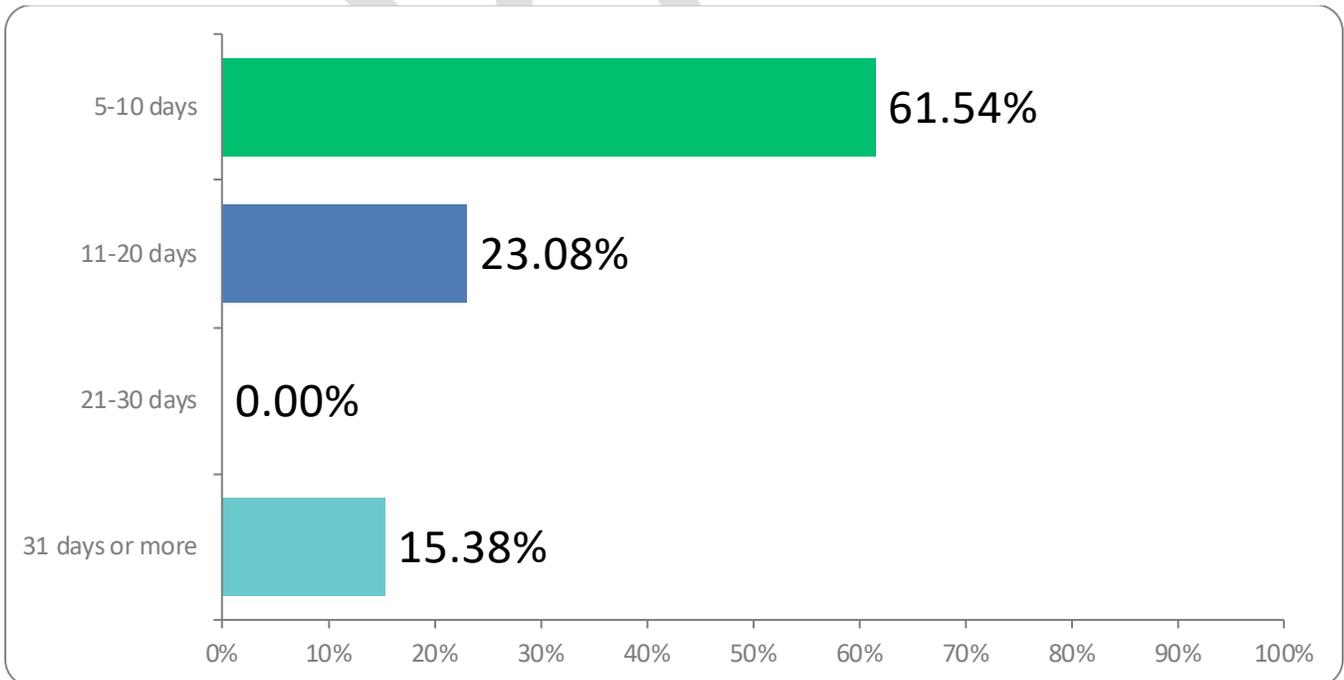


Other: Guidance is heavily dependent on the program manager.

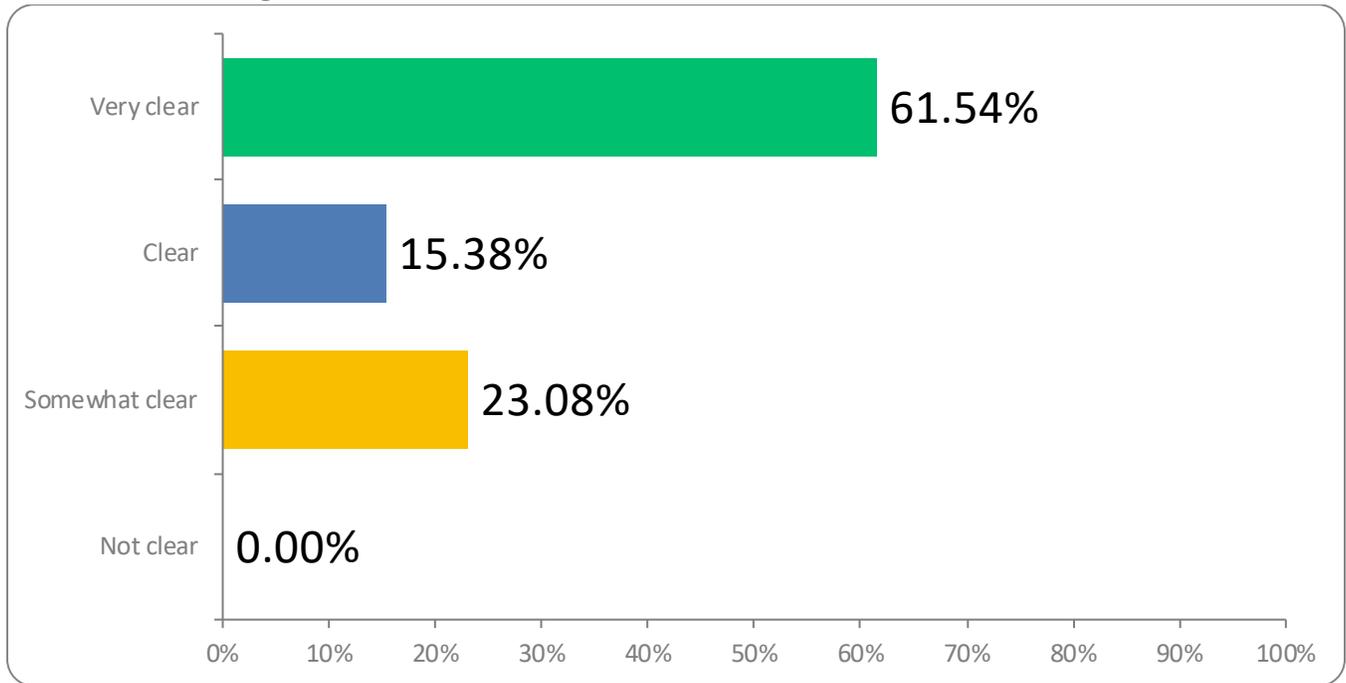
Please state the degree to which you agree with the following statement: Our Contract Monitor responds to our questions in a timely manner.



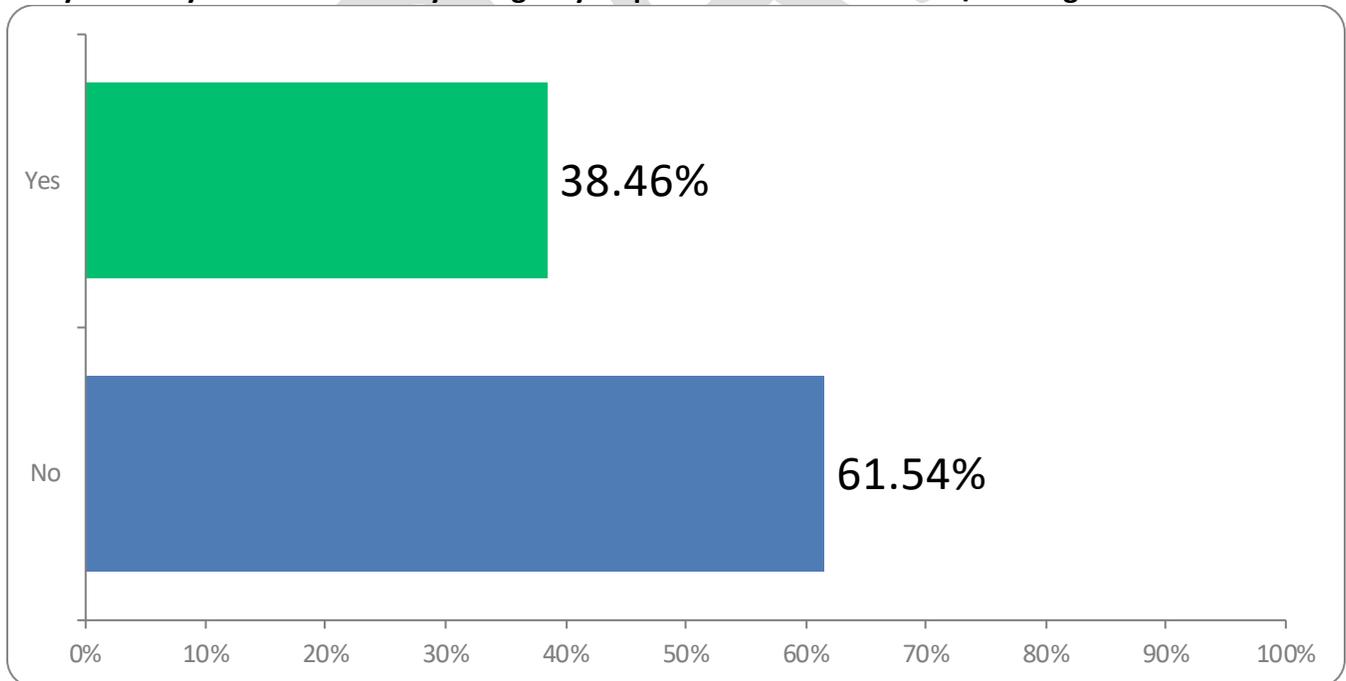
Please select the average response time for reprogramming/budget modifications request from your Contract Monitor.



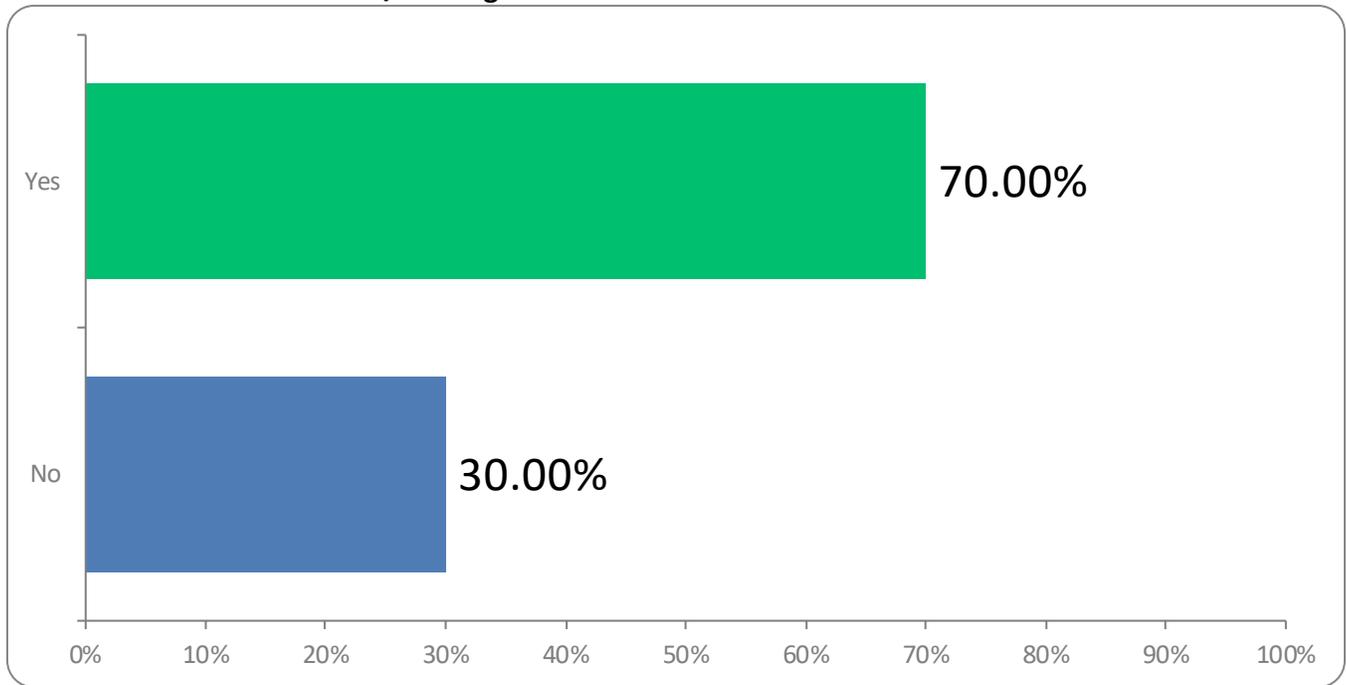
In terms of the process for program monitoring, are you clear on the expectations prior to the site visit and monitoring?



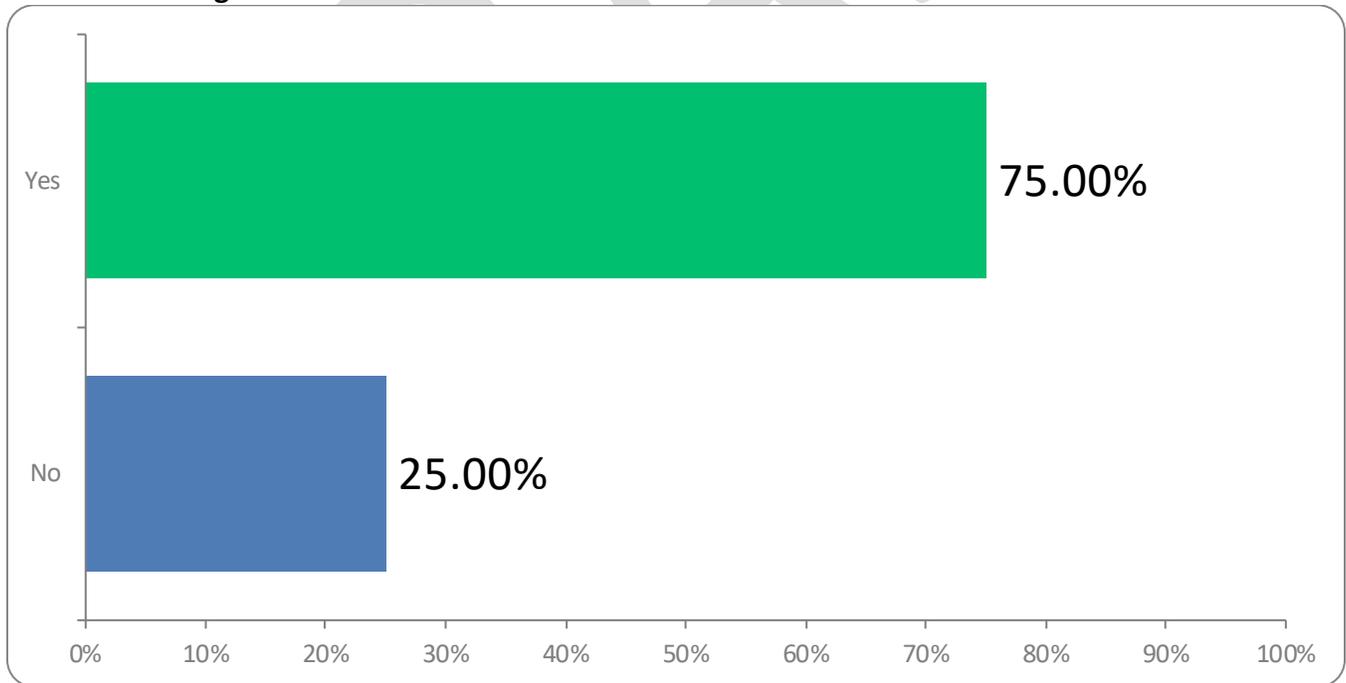
Did you or any staff member at your agency request technical assistance/training?



Was the technical assistance/training delivered?



Did the technical assistance/training meet your needs in helping you (or your agency) effectively address challenges?



Summary of Responses to Open-Ended Questions:

List the most recent Request for Proposals (RFPs) from DHSP that your agency applied for? Please specific RFP number, service category and submission date.

- RFP NO. 2024 – 014: Comprehensive HIV and STD Prevention Services in Los Angeles County o Date Submitted: 1/24/2025 o Service Categories: § Category 2: Non-Clinic-Based Prevention Services § Category 3: High Impact Prevention Programs (HIPP) • RFP NO. 2024 – 010: Transportation Services for Eligible Ryan White Program Clients in Los Angeles County. o Submitted: 10/28/2024 o Service Category:

Core HIV Medical Services RFP 2024-00, Submitted 10/15/24 Comprehensive HIV and STD Prevention Services RFP 2024-014, Category 1 and Category 3, Submitted 1/27/25

Core HIV Medical Services for Persons Living with HIV RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024

Core HIV Medical Services (RFP #2024-008), Transportation Services RFA #2024-010, Comprehensive HIV AND STD Prevention Services in LA County RFP NO. 2024-014

Comprehensive HIV and STD Prevention Services (RFP 2024-014)

MCC/PSS: RFP 2024-008 due 10/15/24 HIV Testing/HIPP: RFP 2024-014 due 1/27/25

RFP NO. 2024-008

Our most recent contract is an amendment/continuation of an existing contract. The FAIN identifier is H8900016. We obtained the original contract through taking over an existing contract with a collaborative partner who was unable to provide services.

Core HIV Medical Services for Persons Living with HIV, RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024 Transportation Services for Eligible Ryan White Program Clients in Los Angeles County, RFA# 2024-010; submitted 10/29/2024

10/15/2024 - RFP #2024-008 - Core HIV Medical Services for Persons Living with HIV 10/28/2024 -

RFA #2024-010 - Transportation Services for Eligible RWP Clients in LAC

COMPREHENSIVE HIV AND STD PREVENTION SERVICES IN LOS ANGELES COUNTY RFP NO. 2024-014

None

2024-008 AOM, MCC, PSS, 10/15/24 2024-014, Category 1 and 3, 1/27/25

Transportation Services for Eligible RW Program Clients in LA County #2024-010, 10/25/2025

RFP NO. 2024-008. CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV, SUBMITTED ON OCTOBER 11, 2024

When was your contract fully executed for PY 33 (March 1, 2023 - February 29, 2024)?

03/01/2023

12/28/2023

04/05/2024

03/01/2023

03/26/2023

07/19/2019

07/11/2023

01/16/2024

05/10/2023

03/08/2023
04/24/2024

When was your contract fully executed for PY 34 (March 1, 2024 – February 28, 2025)?

01/01/2024
07/15/2024
07/18/2024
03/01/2024
08/12/2024
06/05/2024
08/06/2024
01/17/2024
08/08/2024
07/17/2024

Describe issues and/or challenges with executing the contracts, including factors within your respective agency.

NA

Different requirements needed based on the Program Manager

N/A

We are waiting for the contract. Budgets have been submitted and we are waiting on approvals.

The budgeting process.

N/A

There is typically a long wait time until our agency receives contracts from DHSP after budget/contract negotiations are submitted. Once a contract is received, it takes about 2-4 weeks for our agency to route for signatures, as there is a multi-layer review process internally.

getting the budget approved was the biggest hurdle.

CHLA barriers

The internal process within the city is lengthy and time consuming, as are DHSP processes.

NA

Please describe how these challenges were handled. (any issues and/or challenges with executing the contract)

NA

Different requirements needed based on the Program Manager

N/A

We are waiting for the contract. Budgets have been submitted and we are waiting on approvals.

The budgeting process.

N/A

There is typically a long wait time until our agency receives contracts from DHSP after budget/contract negotiations are submitted. Once a contract is received, it takes about 2-4 weeks for our agency to route for signatures, as there is a multi-layer review process internally.

getting the budget approved was the biggest hurdle.

CHLA barriers

The internal process within the city is lengthy and time consuming, as are DHSP processes.

NA

Please describe how these challenges were handled. (issues and/or challenges affected your ability to deliver services to clients?)

NA

N/A

We are not going to stop services because of a missing contract.

Hard work and communication with county program staff.

N/A

Increased communication frequency.

N/A

Please describe any factors contributing to the delay in reimbursements, including factors within your respective agency.

Delay in reimbursement was due to delay in contract execution.

We don't know why there is a delay.

Slow processing time

Our budget modification approval took more than 3 months.

No factors within our agency that contribute to the delay in reimbursements. Once invoices are submitted, it typically takes 30 or more days to receive reimbursements.

n/a

CHLA internal issues related to delays in submission of invoicing

Staffing shortages and recruiting delays.

NONE

Please share any other comments you have below:

It is not consistent program to program. There are also discrepancies between fiscal monitoring by the county and what is allowed in the budgets.

For most aspects of our contract, we receive timely responses. However, the budget modification process generally takes 31 or more days, and we have to reach out repeatedly to receive a response.

Regarding monitoring and site visits, we have four separate monitoring visits that could be done at once but are conducted by separate DHSP departments that do not communicate with each other.

This is ultimately inefficient and more time consuming.

Often the monitoring report does not match the comments made during the monitoring close out.

DHSP program advisors are consistently responding in a timely manner.

DHSP DETAILED AUDIT TOOL SHOULD BE PROVIDED TO AGENCIES EVERY YEAR.

We developed an online portal to increase efficiency in client services. The process for DHSP to approve this portal took a significant amount of time, which interfered with our ability to serve clients in a timely manner.

Both HTS and Biomedical RedCap had system issues throughout 2024. HTS Prevention RedCap reporting and access for staff are still an issue. In addition, due to changes in setting up reporting functions in RedCap, our site was unable to run internal reports to enter correct data into the monthly narrative report.

NA

in a timely and efficient manner.

Summary of Responses from DHSP (Recipient):

The local Recipient of Ryan White Part A funding in Los Angeles County is the Division of HIV and STD Programs (DHSP), Department of Public Health. As part of the AEAM, two senior managers in charge of managing the RFP and contracting processes from DHSP participated in key informant interviews. In addition, the Commission developed a survey specifically for DHSP, to provide a comprehensive review and understanding of the recipient’s processes regarding solicitations, contracts execution, and payments to subrecipients. The Recipient’s responses are summarized below:

#	Question	Recipient Response
PART 1: REQUEST FOR PROPOSALS/SOLICITATIONS:		
1	How many Requests for Proposals (RFPs) were released for the PY 33 Ryan White Program (March 1, 2023 to February 29, 2024)?	2
2	If RFPs were released in PY 33 (March 1, 2023 to February 29, 2024), select the service categories.	Home-based Case Management WOS (Case management- Home Based Services via Supportive and/or Housing Services Master Agreement (SHSMA)) Childcare Services for Ryan White Program Eligible Clients in LAC (RFA)
3	How many proposals were received for each of the service category selected in Question #2.	Case management- Home Based – 7 proposals received. Childcare Services – 1 proposal received, but did not pass Minimum Mandatory Requirements (MMR) Review.

4	Of the proposals received in PY 33 (March 1, 2023 to February 29, 2024), how many were new service providers?	4 Please note that the ALL 4 new service providers mentioned above in question 4 were NOT funded/awarded contracts. <i>These 3 providers indicated prior contracts with DHS, and regional centers, but were new to DPH/DHSP.</i>
5	Of these proposals, how many service providers were awarded contracts for Ryan White program funds?	4
6	How many Requests for Proposals (RFPs) were released for the PY 34 (March 1, 2024 to February 28, 2025) Ryan White Program?	4
7	If RFPs were released in PY 34 (March 1, 2024 to February 28, 2025), select the service categories.	Ambulatory Outpatient Medical (AOM) Medical Specialty Services Transportation Other (please specify) Patient Support Services (PSS)
8	How many proposals were received for each of the service category selected in Question #7.	Core HIV Medical Services comprised of AOM, MCC, and PSS. A total of 20 proposals were submitted for the Core HIV Medical Services RFP, with 18 submissions in each respective category. Ambulatory Outpatient Medical (AOM) – 18 proposals received. Medical Specialty Services

		<p>(Same as Medical Care Coordination) MCC – 18 proposals received. Patient Support Services (PSS) – 18 proposals received.</p> <p>Transportation services – 21 applications received.</p>
9	<p>Of the proposals received in PY 34 (March 1, 2024 to February 28, 2025), how many were new service providers?</p>	<p>2</p> <p>There were 2 new service providers to DHSP.</p> <p><u>Transportation Services:</u> There were 2 new service providers who applied for Transportation services, but did not pass MMR Review.</p>
10	<p>Of these proposals, how many service providers were awarded contracts for Ryan White program funds?</p>	<p>39 service providers were awarded.</p> <p>Core HIV Medical Services – 20 (all proposals) were awarded contracts.</p> <p>Transportation Services – 19 out of the 21 applications received were awarded contracts.</p>
<p>PART II: EXECUTING CONTRACTS WITH SERVICE PROVIDERS:</p>		
11	<p>How many contracts were fully executed in PY33 (March 1, 2023 to February 29, 2024)?</p>	<p>A total of 64 (<i>renewal amendments to extend the term of the contracts with the same contract period (BSS, MSS, Residential, MCC, SUDTH, TCM, Data Mgmt.,</i></p>

		<i>Legal, & transportation)</i>
12	How many contracts were fully executed in PY34 (March 1, 2024 to February 28, 2025)?	Total of 75 (renewal amendments to extend the term of contracts with same contract period (Mental health, AOM, MCC, Oral, Legal, Data mgmt., BSS, Residential SUDTH, and MSS)
13	In general, what is the average timeframe for executing service agreements?	46-60 days (this depends greatly upon the point determined to be the start of the process)
	PART III PAYMENT: Service Provider Reporting and Invoicing Process	
14	During PY 33 (March 1, 2023 to February 29, 2024), what was the average amount of time in days between receipt of a complete monthly report and invoice from a service provider and the issuance of a payment?	15-30 days
15	During PY 34 (March 1, 2024 to February 28, 2025), what has been the average amount of time in days between receipt of a complete monthly report and invoice from a service provider and the issuance of a payment?*	<p>15-30 days</p> <p>It varies from agency to agency. Some agencies submit their invoices and monthly reports on time, aligning with their contract amount and approved budget. Some don't even submit their invoices in a timely manner and require extensive follow-up by finance staff and the Program Manager.</p> <p>However, DHSP agencies have 30 days to bill, and DHSP finance has 30 days to process once it receives the</p>

		invoice and monthly report. It would be safe to assume that about 15 – 30 days.
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OVERVIEW OF THE SOLICITATIONS/REQUEST FOR PROPOSALS PROCESS AT DPH/DHSP

Based on key informant interviews with 2 DHSP senior staff and review of Request for Proposals (RFP) documents publicly available on the DPH Contracts and Grants Division, below is a summary of the key elements and process related to the solicitations and contracting procedures at the DHSP/DPH.

SOLICITATIONS PROCESS:

- The solicitations process is designed to ensure County programs do not enter into contractual agreements without a full, unbiased review and that community-based organizations (CBOs) receiving contracts meet requirements and are fully accountable to the County and federal grant requirements.
- DHSP staff begins planning and developing RFPs at least 12 months in advance to ensure continuity of care and to avoid service interruptions. There is extensive review from County Counsel to ensure that RFPs and contract documents meet the County’s legal review and requirements.
- Proposal evaluation is in phases: first, to ensure they meet mandatory minimum requirements; second, and review panel convened by Contracts and Grants (C&G), DPH; third, final funding recommendations; fourth, departmental reviews; fifth, contracts go to the Board for approval. Once approved, contract negotiations occur with the CBOs, then a Board Letter is submitted for contract approval. Once approved, the CBOs sign the contracts and then they can be executed.
- DPH C&G is charged with overseeing the contracting process and solicitations for DPH overall but, for DHSP, C&G manages solicitation while DHSP manages programmatic content, contract negotiations, and contract monitoring.
- C&G's role includes responding to questions on a solicitation and releases an addendum that may clarify or change some solicitation language and answer specific questions. C&G, in collaboration with DHSP, will host a proposer's conference.
- Proposers must meet the County’s minimum mandatory requirements (MMRs) as well as appear to be able to sustain services for 90 days without County funds to demonstrate financial stability. Proposers passing those tests go on to further evaluation.
- RFP reviewers are typically subject matter experts and resource partners within the County. DHSP is responsible for identifying unbiased, non-conflicted evaluators for review panels. Identifying external reviewers outside of the County is challenging due to several factors. For instance, serving on review panels requires significant time for no pay and evaluators must sign a statement of no conflict of interest so local providers are often ineligible. In addition, external reviewers may not be fully aware of the complexity of the needs and service landscape of Los Angeles County.
- Application reviewers/evaluators receive an orientation prior to receiving the proposals. The orientation entails a review of how to use a common evaluation tool, their roles and responsibilities,

the purpose and aim of the RFP. The evaluators conduct their individual reviews followed by a group discussion of their ratings and feedback. An average score for each proposal is derived from the discussions.

- Contractors are selected and funding recommendations are developed based on evaluation scores as well as funding requirements, geographic distribution of services and targeted populations defined in the solicitation, and availability of funding. Funding amount requested typically exceed available resources. Proposers may request a debriefing after the recommendations to review their proposals. They may appeal decisions.

OVERVIEW OF THE CONTRACTS EXECUTION PROCESS AT DPH/DHSP

- Once an agency has been identified as a successful bidder, they receive a letter from C&G notifying them of their selection and that a meeting with DHSP to initiate contract negotiations would be forthcoming within 2-3 days.
- DHSP provides instructions on how and where to submit budgets and scopes of work and other documents required to complete the contract. A dedicated email address is used to facilitate the submission of required contractual documents. Contractors are given at least a month to complete and submit all required documents. DHSP strives to accommodate requests for extensions from agencies which impacts the timeline for executing the contract.
- Once all contractual documents are received, DHSP reviews the documents for completeness and alignment of budgets with the scope of work and the goals and objectives of the RFP. The review process entails 3 levels of review involving the program manager, supervisor, and the Chief of Contracted Community Services (CCS). Follow-up meetings are then scheduled with the agency to secure additional documents, as needed, and discuss budget requests to ensure accuracy and optimal use of grant funds to meet service delivery requirements and standards. Agencies are given about a week to respond to questions and submit additional information as directed by DHSP.
- Once all documents are received by DHSP, their finance team will conduct additional review. The thorough programmatic and fiscal review seeks to ensure that budgets and scopes of work contain appropriate funding, staffing and service delivery mechanisms.
- The final stage of the contracting process involves securing authorized signatures from the agency and DHSP. The length of time varies depending on the agency's approval process, as some agencies may need to secure approval from their Board of Directors and City Councils. Academic institutions tend to have a longer process internal their approval procedures and chain of command. On average, most contracts are signed and executed within a month. Depending on if the agency requested extensions or was delayed in submitting required documentations, the process may take up to 4 months. In the case of academic institutions, the process has taken up to 1 year in the past.

Efforts by DHP to Encourage Providers to Apply for Ryan White Part A Funds

- The DPH C&G Division disseminates announcements for RFPs on behalf of the entire Department. C&G maintains a listserv of agencies registered to receive notices on funding

opportunities for DPH. In addition, funding notices are also released via the County's Internal Services Department (ISD) which maintains a database of agencies that have registered to declare their interest in doing business with the County. RFPs are posted on the DHSP website with a corresponding link to the C&G website for the full details about the RFP. Combined, these distribution listings reach a broad array of agencies and organizations of varying sizes and service areas of focus or expertise.

Key Factors that Contribute to Delays in Executing Agreements

- As described in the contract execution process earlier, delays in the process typically involve time needed by agencies to submit accurate documents and information required by the County and DHSP and the processes internal to the agencies related to securing authorized signatures for the contracts.
- The recipient noted that some agencies are able to return a signed within the same day which helps with expediting the execution of the contract.

Contract Terminations

- DHSP key informants indicated that no contracts were terminated during PY 33 and 34. One agency, a language service provider, elected to end their contract with the County due low utilization from service providers and clients.

Monthly Report Review and Invoice Payment Process

- The monthly invoicing instructions and forms are available on the DHSP website. Monthly invoices are due no later than 30 days after the end of each month. Invoices must be accompanied by all required program (narrative) reports and data in order for DHSP to process payment. DHSP staff will reach to contractors if required forms are missing, inaccurate, or incomplete. Once DHSP receives an accurate invoice along with the monthly narrative program report, DHSP's timeframe is to pay the agency within 30 days.

Factors that may Contribute to the Delay in Payments to Service Providers

- DHSP key informants noted that the common factor that affects timely payments is failure to submit accurate invoices and narrative reports on time. Agencies are instructed to correct invoices if DHSP finds discrepancies between the approved budget and allowed expenses, which affects the 30-day turnaround time for payment. Budget modification requests pending DHSP approval may also affect the timely submission of invoices to DHSP. With regard to budget modification requests, DHSP strives to approve the request within a month, however, it may take up to 3 months depending on the review and questions from DHSP.

Technical Assistance or Training Provided to Service Providers Aimed at Improving Knowledge and Skills Related to Invoicing and Monthly Reporting Requirements

- DHSP covers these areas of administrative activities during the successful bidders conference. DHSP provides ongoing technical assistance to agencies on an individual basis and as a collective. Additional trainings are provided when new staff are onboarded to ensure that scopes of work, approved budget and contractual requirements are understood and followed by the agency. DHSP routinely receives and responds to questions and request for guidance on

how to develop a budget, budget modification and invoicing.

- Other types of training and technical assistance provided by DHSP include how to use CaseWatch, or other systems for data collection and HIV educational and skills building.

Improvements or Successes Related to Administrative Mechanisms:

- DHSP's effort to contract with a third-party administrator (TPA) has been a significant improvement in their ability to expedite contracts for smaller grants under the Ending the HIV Epidemic initiative. The TPA model may be used for some Ryan White categories, perhaps those with smaller contractual amounts, but not for larger service categories with more complex service and contractual requirements. TPAs would be fiscally challenged to float the cost of paying RW contractors for larger service categories. DHSP is seeking to identify another qualified TPA to enhance their administrative capacity to expedite contracts.
- The County's emergency declaration to address homelessness has been useful for utilizing the sole source contracting mechanism to expedite service agreements specifically tied to the homelessness crisis.
- DHSP developed a more streamlined internal process to review contracts and invoices, decreasing the amount and frequency of back-and-forth communication between DHSP and agencies. Additionally, DHSP has established a more efficient internal communication and coordination process with the finance unit to understand programmatic requirements and minimize separate and often repetitive layers of review between finance and programmatic staff.
- The DPH C&G unit provides enhanced infrastructure and capacity support for DHSP to release and manage several RFPs in a single year.

Key Themes:

- DHSP and DPH uses a broad distribution list to disseminate RFPs and funding announcements, reaching a wide variety of agencies of diverse size, organizational capacity, and service area expertise.
- DHSP continues to make positive improvements managing solicitations, executing contracts, and processing payments to agencies through improved internal processes, communications with agencies, and ongoing general and customized training for agency staff.
- DHSP has a well-established process, infrastructure and partnership with DPH C&G and County Counsel that help to facilitate the solicitations process.
- DHSP seeks provider input regarding service needs and ideas for improving programs to help develop RFPs.

Attachments:

Add document review (include brief description in narrative)

Add solicitations and contracts graphic

Add relevant sections from Commissioner survey in narrative

DRAFT