LOS ANGELES COUNTY
COMMISSION ON HIV

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Operations Committee Meeting

Thursday, April 27, 2023
10:00am-12:00pm (PST)

510 S. Vermont Ave, Terrace Conference Room #
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, LA 90020
**Meeting will be live streamed on Facebook @hivcommissionla*

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

Notice of Teleconferencing Sites:
None

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To Join by Telephone: 1-213-306-3065
Password: OPERATIONS Access Code: 2595 818 5891

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LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

OPERATIONS COMMITTEE

THURSDAY, APRIL 27, 2023 | 10:00 AM – 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK11
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/lacountyboardofsupervisors/j.php?MTID=m357c25530a59adba66dedf74c301a87a
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Operations Committee (OPS) Members:			
Everardo Alvizo, LCSW *Co-Chair*	Justin Valero, MA *Co-Chair*	Miguel Alvarez (Executive At-Large)	Jayda Arrington
Danielle Campbell, MPH (Executive At-Large)	Joe Green (Executive At-Large)	Jose Magaña	
QUORUM: 4			
DHSP Staff: Michael Green, PhD			

AGENDA POSTED: April 20, 2023.

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 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 á 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. Assembly Bill 2449 Attendance Notification for "Emergency Circumstances"	**MOTION #1**	10:05 AM – 10:07 AM
4. Approval of Agenda	**MOTION #2**	10:07 AM – 10:08 AM
5. Approval of Meeting Minutes	**MOTION #3**	10:08 AM – 10:10 AM

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

6. 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

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

IV. REPORTS

8. Executive Director/Staff Report — 10:15 AM – 10:25 AM
   a. Operational Updates
9. Co-Chair's Report — 10:25 AM – 10:35 AM
   a. "Getting To Know You" Exercise | Jose Magaña
   b. 2023 Work Plan
   c. 2023 Training Series & Schedule

10. Membership Management Report 10:35 AM—11:10 AM
    a. Seat Vacate – Eduardo Martinez | Seat #29 Unaffiliated Consumer, Supervisorial District 3 ***(Alternate)*** **MOTION #4**
    b. 2023 Membership Renewal Drive
    c. New Member Applications | Review + Discussion
        - Lilieth Connolly
        - Shonte Daniels
        - Dechelle Richardson
        - Byron Patel
        - Juan Solis
        - Donald G. Herman
        - Lambert Talley
        - Karla Castro
    d. Status on Pending/New Applications
    e. Parity, Inclusion and Reflectiveness (PIR)
    f. Mentorship Program | Review
11. Policies and Procedures 11:10 AM—11:45 AM
    a. Code of Conduct **MOTION #5**
    b. Attendance Policy | Review and Discussion
    c. By-Laws Review Task Force | Update
12. Assessment of Administrative Mechanism (AAM)
13. Recruitment, Retention and Engagement 11:45 AM – 11:50 AM
    - Member Contributions/Participation | Report Out
      (Purpose: To provide an opportunity for Operations Committee members to report updates related to their community engagement, outreach, and recruitment efforts and activities in promoting the Commission)

V. NEXT STEPS 11:50 AM – 11:55 AM

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

VI. ANNOUNCEMENTS 11:55 AM – 12:00 PM

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

VII. ADJOURNMENT 12:00 PM

17. Adjournment for the meeting of April 27, 2023

PROPOSED MOTIONS	
MOTION #1:	Approve remote attendance by members due to "emergency circumstances", per AB 2449.
MOTION #2	Approve the Agenda Order, as presented or revised.
MOTION #3	Approve the Operations Committee minutes, as presented or revised.
MOTION #4	Approve seat vacate for Eduardo Martinez, Seat #29 Unaffiliated Consumer, Supervisorial District 3 (Alternate), as presented or revised, and elevate to the Executive Committee.
MOTION #5	Approve Code of Conduct, as presented or revised, and elevate to the Executive Committee.

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 3.22.23)

☐ This meeting is a **Brown-Act meeting** and is being recorded.

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

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave. 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
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DRAFT

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OPERATIONS (OPS)
COMMITTEE MEETING MINUTES
March 23, 2023

COMMITTEE MEMBERS P = Present | A = Absent | EA = Excused Absence					
Everardo Alvizo, LCSW, *Co-Chair*	P	Miguel Alvarez	P	Joe Green	P
Justin Valero, MA, *Co-Chair*	P	Jayda Arrington (attended virtually as member of the public; non-AB2449)	P	Jose Magaña	P
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, MPIA, Dawn McClendon, Sonja Wright, DACM, Jose Rangel-Garibay, MPH, Lizette Martinez, MPH, Catherine Lapointe, MPH					
DHSP STAFF					
Dr. Michael Green					

*

Meeting agenda and materials can be found on the Commission's website at
https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/f42f942b-a2cc-498b-ba7e-50b950781dbf/Pkt-OPS_3.23.22-final.pdf

*

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS
The meeting was called to order at 10:00 am. Everardo Alvizo led introductions.

I. ADMINISTRATIVE MATTERS

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

2. **APPROVAL OF MEETING MINUTES**
MOTION #2: Approve the 2/23/2023 OPS Committee meeting minutes, as presented ***(✓Passed by consensus).***

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**: There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

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

- Commissioner J. Green requested to have the Assessment of the Administrative Mechanism (AAM) as a standing item on the meeting agenda and to review and analyze the last three AAMs prior to implementing a new one.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

- Executive Director, C. Barrit, welcomed the Operations Committee to its first in-person meeting since March 2020.
- C. Barrit officially welcomed Dr. Michael Green to the Operations Committee as the official Division of HIV and STD Programs (DHSP) liaison. C. Barrit outlined that Operations is the only Committee that does not have a DHSP voting member, as such, Dr. Green will not vote or count towards quorum.
- C. Barrit discussed AB 2449, highlighting that "just cause" and "emergency circumstances" provisions can be invoked for a maximum of 2 times per year. When invoking "just cause" or "emergency circumstances", audio and cameras must be turned on for the entire duration of the meeting, and disclosure must be made if a person over the age of 18 is present in the room. Those who are not invoking the "just cause" or "emergency circumstances" provision and attending remotely will be marked as present for internal attendance purposes but will not count towards quorum or be able to vote. The "just cause" and "emergency circumstances" provision mandates that quorum must be established in-person.

b. HRSA Site Visit Follow UP

- C. Barrit shared preliminary feedback from the February 14-17, 2023 Health Resources and Services Administration (HRSA) site visit per DHSP as follows:
  - There were five key observations and/or areas for improvement outlined by HRSA:
    1. Seat vacancies. Ongoing seat vacancies for legislatively mandated seats for incarcerated/justice-involved, health systems, and MediCal, categories.
    2. Reflectiveness. The Commission's UC membership is under the mandatory requirement of 33%.
    3. Seat terms. Clearer definition and documentation of Commissioner seat terms in bylaws. C. Barrit explained that commissioners serve at the pleasure of the BOS. Unless a seat vacate is approved by the BOS, as a result of an umbrella waiver for all County commissions, a member's term does not expire. C. Barrit expressed that there seemed to be a misunderstanding by HRSA in how the County manages commissions and membership terms.
    4. Conflict of Interests.
       - The Commission must document member's Ryan White Program (RWP) Part A Conflict of Interests (COI) and affiliation disclosure via signed disclosure forms by members. This is a new finding by HRSA and is a separate disclosure process than the County's Statement of Interest Form 700 process. Staff is in the process of working with Commission Services as well as developing a RWP COI form to better document conflicts of interest.
       - Conflicts of Interests for providers involved in funding related decision-making. Although contrary to prior guidance, HRSA indicated that providers who receive RWP funding cannot participate in decision making for that same funding and therefore should abstain from those votes.
    5. HRSA expressed the need for clearer separation of the PC (Commission) and the grantee (DHSP) and therefore cited that DHSP should not be allowed to vote.
  - HRSA has 45 days to issue their report to DHSP. C. Barrit will share with the Commission once received by DHSP and provided to her.

- The COH has 30 days to provide a corrective action plan for each finding after receipt of the HRSA report.
- A suggestion was made to codify an annual review of the bylaws within the bylaws to reflect a formal and consistent process for reviewing bylaws for updates.

6. CO-CHAIR'S REPORT

a. "Getting To Know You" Exercise

- Commissioner M. Alvarez introduced himself to the Committee, provided a few fun facts about himself, and took a few questions from the attendees.
- Commissioner J. Magaña will participate in next month's "Getting to Know You" exercise.

b. 2023 Workplan Development

- Co-Chair E. Alvizo lead the review of the work plan. There were no comments or inquiries about the workplan. J. Valero requested formatting of the Training Schedule that can be shared on Instagram.
  - ➲ Staff member C. Lapointe will follow-up with the request.
- J. Green inquired if status neutral would be covered in the training. C. Barrit informed him it will fall under the Sexual Health training session.

c. 2023 Meeting Frequency & Schedule

- After its first in-person meeting, there was consensus among the Committee that the meeting frequency and schedule would remain as-is.

7. Membership Management Report

a. Seat Change – Jose Magaña | Seat #11 Provider representative #1 | Motion #4

MOTION #4 *Approve Seat change for Jose Magaña, as presented or revised, and elevate to the Executive Committee for approval.* (✓Passed by Majority, Roll Call: M. Alvarez (Yes), E Alvizo (Yes), J. Green (Yes), J. Magana (Yes).

b. Attendance Letters | Status – Eduardo Martinez

- Staff member, S. Wright, informed the Committee that numerous attempts to contact E. Martinez were made via emails and phone calls, however, there has been no response.
- The Operations Committee moved to agendize a seat vacate for E. Martinez on April's agenda.

c. Status on Pending/New Applications

- S. Wright provided an update on the membership applications as follows:
  - Jonathan Weedman, seat #40, Representative, Board Office 5 and Leon Maultsby, seat #8 Part C representative were appointed by the BOS and onboarded.
  - 2 new applications were submitted: 1 does not qualify as they live out of state; the other applicant appears to meet the criteria of an UC; an acknowledgement email has been sent
  - The Operations Committee conducted 7 interviews in March; 2 of the 7 applicants meet the criteria for UC, the remaining applicants fall under providers or HIV stakeholders.
  - There are approximately 6 remaining applicants to interviewed

d. Parity, Inclusion, and Reflectiveness (PIR) | Review

- Staff member, S. Wright, discussed the Parity, Inclusion and Reflectiveness (PIR) chart and its importance in reflecting that the COH body is representative of the disease burden in Los Angeles County (LAC) and the communities served.
- Two new members were onboarded in March which increases the percentages of the Male, White, and Black demographic categories
- Overall, the chart reflects more representation is needed in the following categories: (1) Latinx, (2) males, and (3) individuals between the ages of 13-19, 20-29, and 50-59.
- Increased UC representation is also needed as HRSA guidelines state that 33% of all Planning Councils (PCs) should be made up of UC's. The COH body is currently at 21%.

e. Mentorship Program | Review

- J. Green provided an update on the commissioners he is mentoring, highlighted his experiences with mentoring, and agreed to mentor an additional person, L. Connolly, once onboarded.

8. Policies and Procedures

a. Policy #08.1104 – Commission and Committee Co-Chair Elections and Terms

MOTION #5 *Approve proposed revisions to Policy #8.1104 – Commission and Committee Co-Chair Elections and Terms as presented or revised, and elevate to the Executive Committee for approval.* (✓Passed by Majority, Roll Call: M. Alvarez (Yes), E Alvizo (Yes), J. Green (Yes), J. Magana (Yes), J. Valero (Yes).

b. Proposed Code of Conduct

- Staff member, J. Rangel-Garibay, presented the proposed updates to the Code of Conduct.
- After review and discussion, the Committee decided to impose a 30-day public comment period and discuss the document in April, after the 30-day timeframe.

c. By-Laws Review Planning

- Assistant Director, D. McClendon, informed the Committee that the work group was upgraded to a task force as directed by the Executive Committee; work groups are limited in terms of not being able to exceed quorum for the number of members who can participate.
- To date, the following members have expressed interest in participating on the task force: Pearl Doan, Joe Green, Alasdair Burton, Kevin Donnelly, Arlene Frames, Dr. William King, Everardo Alvizo, Jose Magana, Bridget Gordon, and Lee Kochems
- A request was made to have a DHSP representative participate in the task force; D. McClendon indicated she will reach out to DHSP for an invitation.
- A scheduling poll has been initiated to determine the date/time of the first meeting.

9. Assessment of the Administrative Mechanism (AAM)

- C. Barrit highlighted the slides in the packet as follows:
  - The first part of the slides highlights commissioners input for how well the Commission is doing overall in relaying commissioner duties and responsibilities, for example.
  - The second part of the slides detail provider input in relation to the ease and speed of the contracting process, invoicing, and the communication process within the County.
  - The slides can be accessed via the meeting packet here.

10. Retention, Recruitment and Engagement

- 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).
  - The Committee is interested in looking for ways to increase recruitment for the vacant incarcerated seat. C. Barrit informed everyone that she is inquiring with a few partners to find opportunities to fill the seat.
  - J. Green sent an email to Being Alive requesting assistance with filling the seat.

V. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP:

➲ E. Alvizo will attend the Executive Committee meeting and provide a summary report of the Operation's Committee meeting.

11. AGENDA DEVELOPMENT FOR NEXT MEETING:

➲ Proposed Code of Conduct

- Review of membership applications
- Attendance policy
- Standing items

VI. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- There were no announcements.

VII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 12:14 pm.

April 12, 2023

Dear Recipients:

In recent years, numerous HIV outbreaks among people experiencing homelessness and housing instability have been identified[i]. Housing status is a social determinant of health that has a significant impact on HIV prevention and care outcomes. The experiences of homelessness and housing instability are linked to higher viral loads and failure to attain or sustain viral suppression[ii] among people with HIV. The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) clients with unstable or temporary housing have lower levels of viral suppression than those with stable housing (77.3% clients versus 90.8%) clients [iii]. Homelessness and housing instability are also associated with increased vulnerability for HIV acquisition. Stable housing provides a foundation from which people can participate in HIV prevention services and is associated with reductions in behaviors associated with getting or transmitting HIV[iv].

The National HIV/AIDS Strategy for the United States (2022-2025) sets a bold target to decrease homelessness and housing instability for people with HIV by 50 percent. The Strategy also calls for improved coordination among federal, state, and local governments and community-based organizations to quickly detect and respond to HIV outbreaks[v]. As such, the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention, the U.S. Department of Housing and Urban Development (HUD) Office of HIV/AIDS Housing (OHH), and HRSA's HIV/AIDS Bureau (HAB) have partnered on recent responses to HIV outbreaks among people experiencing homelessness and housing instability.

Based on the lessons learned through our joint outbreak response efforts, CDC, HUD, and HRSA encourage communities to take the following actions to effectively prepare for and respond to these outbreaks:

- Health departments and housing providers should integrate and assess HIV prevention, care, and housing data on individuals impacted by outbreaks to

determine the extent to which they are experiencing homelessness or housing instability and to identify gaps and coordinate service delivery to improve housing stability and health outcomes.

- Personnel involved with outbreak response should assess HIV prevention, care, and treatment needs and leverage all available resources to establish integrated models of service delivery that meet people where they are.
- Individuals engaged in local outbreak response efforts should identify and leverage housing resources to assist people experiencing homelessness and housing instability in their community in addition to those available through HUD's Housing Opportunities for Persons With AIDS (HOPWA) program. Although HOPWA is a critical housing program for people with HIV, current funding does not meet the need for housing services for this population. In addition, HOPWA is unable to serve people who do not have HIV. Information on non-HOPWA housing resources can be found in the attached APPENDIX Federal Support for Housing Services and HIV Outbreak Response.
- Housing providers should implement Housing First and other low-barrier housing models that offer flexibility, individualized support, and client choice in the provision of housing assistance and supportive services, including integration with substance use disorder services.
- Housing providers should explore shared housing arrangements to foster social connection, decrease housing costs, and expand available units to people with HIV and those without HIV who need prevention services.
- Housing providers should use grant funds for housing navigator positions to partner with HIV prevention and care outreach workers to provide linkage and referrals to housing programs and resources for people experiencing homelessness or housing instability.

These recommendations are based on experiences in communities with HIV outbreaks among people experiencing homelessness and housing instability. In these communities, people with HIV may also experience a variety of additional challenges, including substance use, mental health disorders, other infectious and non-infectious diseases, incarceration, food insecurity, unemployment, trauma and loss, and stigma[vi]. Some communities experienced difficulties in responding to these outbreaks due to a lack of low-barrier or Housing First housing options, including insufficient options for people with a history of incarceration or people who actively use injection drugs. Another barrier to HIV prevention efforts was limited capacity for substance use disorder services. In addition, the jurisdictions reported a need for flexible housing assistance models to serve those at different

stages of homelessness or housing instability, regardless of their HIV status, to transition to safe, stable housing with social support.

The lessons learned from these recent outbreak response efforts underscore the need for ongoing collaboration among state and local public health, healthcare, housing, and social services providers to prepare for and respond to HIV outbreaks, reduce HIV transmission, and improve HIV care and viral suppression outcomes. In at least two of these communities, Homeless Management Information System (HMIS) data provided important insights to HIV surveillance staff in identifying needs and guiding efforts to determine eligibility for and link people to appropriate housing and services as available.

In all the communities that experienced outbreaks, the assessment of service gaps played a critical role in addressing both immediate and long-term service needs. State and local health departments worked with service providers to expand service delivery, including co-location of services, training and capacity development at sites, and the establishment of new partnerships with trusted providers in the community. Many of these activities can be done before an outbreak occurs, as identifying gaps and developing new models of service delivery strengthen the overall system of care for all people regardless of HIV status.

As we work to end the HIV epidemic, collaboration among public health, healthcare, housing, and social services providers is critical for effective detection and response to outbreaks and the prevention of future outbreaks among people experiencing homelessness or housing instability. Community efforts to provide safe and stable housing, reduce new HIV infections, and increase access to care and support for people with HIV, are necessary in order to achieve the goals of the National HIV/AIDS Strategy and the Ending the HIV Epidemic in the U.S. (EHE) Initiative. We look forward to our continued federal collaboration and work with our state and local partners to take actions to end the HIV epidemic in the United States.

Sincerely,

/Jonathan Mermin/
Jonathan H. Mermin, MD, MPH
Rear Admiral and Assistant Surgeon General, USPHS
Director

National Center for HIV, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

/Jemine A. Bryon/
Jemine A. Bryon
Deputy Assistant Secretary
Office of Special Needs
Housing and Urban Development

/Laura Cheever/
Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau
Health Resources and Services Administration

APPENDIX
Federal Support for Housing Services and HIV Outbreak Response

HUD

It is especially important that HUD-funded organizations engage in HIV outbreak response efforts to house and stabilize people with HIV and people who do not have HIV but would benefit from prevention services. Grant funding under HUD's Housing Opportunities for Persons With AIDS (HOPWA) program can be used to support a range of housing assistance types and supportive services for low-income people with HIV and their families. Grant funding under HUD's Continuum of Care (CoC) and Emergency Solutions Grants (ESG) programs can be used to provide emergency, transitional, and permanent housing, outreach, and supportive services to individuals and families experiencing homelessness who are either HIV-positive or those who need HIV prevention services. In addition, these programs can fund housing search activities for eligible individuals and families.

The HOPWA, CoC, and ESG programs allow for shared housing arrangements where one or more individuals or households agree to share the space and cost of a permanent rental housing unit. The benefits of shared housing models include increased social connection and decreased isolation, reduced housing costs, and opportunity to access better housing options. These programs also promote the adoption of Housing First principles by funded housing providers, which include having few programmatic prerequisites, low-barrier admission policies, quick and successful connection to permanent housing, proactively offered but voluntary supportive services, and a focus on housing stability.

HUD staff and technical assistance (TA) providers can offer guidance and support to communities encountering an HIV outbreak among people experiencing homelessness or housing instability. Individuals engaged in outbreak detection and response efforts should contact their local HUD Office of Community Planning and Development (CPD), which can provide information and facilitate connections to local housing and service providers and can coordinate with Office of HIV/AIDS Housing and other HUD staff to provide guidance and technical assistance to assist with outbreak response efforts on the HUD Exchange TA portal. HMIS Privacy and Security Standards: Emergency Data Sharing for Public Health or Disaster Purposes includes information for communities covered under HMIS Privacy and Security Standards of the capabilities and limitations of sharing client information during public health or disaster emergencies.

As people of color are overrepresented in both the HIV epidemic and in the numbers of people experiencing homelessness, HUD recognizes the need for communities to better understand and address these issues. The Racial Equity page on the HUD Exchange website includes resources, data toolkits, and research reports related to identifying disparities and implementing responses to address the overrepresentation of people of color in the homeless system.

Congress appropriated significant additional resources to HUD to help communities respond to COVID-19 and the resulting economic crisis, including funding under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the American Rescue Plan (ARP) that are being utilized to address homelessness and housing instability. The HOPWA and ESG programs were allocated supplemental grant funds under the CARES Act that communities may use for COVID-19 preparedness and response activities, including rental assistance, homelessness prevention, and supportive services for people with HIV and people experiencing homelessness. ARP funding is being administered through HUD's HOME Investment Partnerships (HOME) program and has the purpose of assisting individuals or households who are homeless or at risk of homelessness and other vulnerable populations by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability.

HRSA

RWHAP funding can be used for a variety of support services, including housing, that help people with HIV stay in HIV care and treatment. RWHAP recipients determine which services to fund depending on community needs and resources. The allowable support services, such as housing, can help bridge gaps that exist in the current services and help limited resources stretch further.

The RWHAP AIDS Education and Training Center (AETC) Program provides training that is critical to capacity development in areas experiencing an HIV outbreak or at risk for an outbreak. Available training includes HIV testing, preexposure prophylaxis (PrEP), HIV treatment, and integrating mental health and substance use treatment into HIV care, as well as other topics that can help address service needs. Communities have been able to successfully expand HIV care and treatment in non-traditional settings that have resulted in integrated models, such as one-stop shops.

In 2017, HRSA and HUD released a joint statement to funded organizations encouraging the sharing of data across systems to better coordinate and integrate

medical and housing services for people with HIV. In 2019, the agencies released a toolkit for service providers with best practices for sharing data and improving service coordination.

The Bureau of Primary Health Care's (BPHC) National Health Care for the Homeless Program supports community-based organizations to provide high-quality, accessible health care, including HIV prevention services, to people experiencing homelessness.

CDC

CDC's Division of HIV Prevention provides technical assistance and support for responding to HIV clusters and outbreaks. CDC support can include assistance with epidemiologic analysis and interpretation, connection with peers across the country doing similar work, identification of promising best practices and innovative delivery of prevention activities, and assistance with planning and implementing response activities for specific clusters or outbreaks. Organizations with needs or interests related to HIV outbreak response in their community should contact their state or local health department, who can facilitate collaboration with CDC as needed.

CDC also funds a Capacity Building Assistance (CBA) Provider Network to provide free CBA services to state and local health departments, community-based organizations, and healthcare organizations to support their implementation of high-impact HIV prevention initiatives. Providers can provide support in several areas, including addressing social determinants of health, HIV services for disproportionately impacted populations, such as those experiencing homelessness or unstable housing, and cluster detection and response. More information on each organization funded can be found in the CBA Provider Service Directory. Additionally, online, virtual, and in-person trainings are available, including a training on homelessness for public health providers.

CDC funds state and local health departments to implement evidence-based, high-impact programs to improve access to HIV and other health and social services; this includes a range of activities related to detecting and responding to HIV clusters and outbreaks. CDC also prioritizes hearing from and collaborating with people with HIV through roundtables, town halls, and ongoing community listening sessions focused on issues that intersect with HIV and affect health outcomes, including housing.

Through the Ending the HIV Epidemic in the U.S. Initiative (EHE), CDC funds 32 state and local health departments to implement locally tailored and integrated solutions to meet the unique needs of their communities, including flexibilities to use funds to support housing. CDC also funds over 100 community-based organizations and their clinical partners to deliver comprehensive HIV services to communities disproportionately affected by HIV. In addition, CDC supports the Housing Learning Collaborative, a virtual learning community to build capacity of EHE jurisdictions to develop and implement innovative programs to respond to housing-related needs. CDC published an issue brief on the role of housing in Ending the HIV Epidemic and federal efforts to address housing and HIV more broadly.

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[i] Lyss S, Buchacz K, McClung RP, Asher A, Oster AM. Responding to Clusters and Outbreaks of Human Immunodeficiency Virus Among People Who Inject Drugs: Recent Experience and Lessons Learned. *J Infect Dis*. 2020 Sep 2;222(Supplement_5): S239-S249.

[ii] Aidala, A. A., Wilson, M. G., Shubert, V., Gogolishvili, D., Globerman, J., Rueda, S., Bozack, A. K., Caban, M., & Rourke, S. B. Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review. *American Journal of Public Health*, 106(1), e1–e23. 2016.

[iii] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. ryanwhite.hrsa.gov/data/reports. Published December 2022.

[iv] Aidala, et al. 2016.

[v] The White House. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC. 2021.

[vi] Lyss, et. al. 2020

LOS ANGELES COUNTY COMMISSION ON HIV

(DRAFT) 2023 OPERATIONS WORKPLAN
4.24.23

Co-Chairs: Everardo Alvizo, Justin Valero

Approval Date: **Updated:** 2.21.23, 3.21.23,4.24.23

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

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

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

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	**2023 Training Plan**	Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities. **Additional training may be integrated at all COH subgroups as determined by members and staff*	2023	~~Refer to draft 2023 training plan to be presented at the January 26th OPS meeting. General Orientation + COH Overview-3.29 Priority Setting & Resource Alloc Process + Service Stand. Dev-4.12.~~ Tips for Making Effective Written and Oral Public Comments-5.24
2	**Bylaws Review**	Review Bylaws to update in accordance with changing HIV landscape, local, state and federal policies and procedures, and to meet the needs of the Commission and community.	2023	(1) Initial planning to begin at the January 26th OPS meeting; refer to planning guidance. (2) Refer to workgroup for updates.
3	**Policies & Procedures**	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.	2023	~~(1) Revisions to Policy #09.4205~~ ~~(2) Revisions to Policy # 08.1104 (refer to workgroup for updates)~~

(DRAFT) 2023 OPERATIONS WORKPLAN
4.24.23

4	**Assessment of the Administrative Mechanism (AAM)**	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Health Resources Administration (HRSA) expects planning council to complete the AAM on an annual basis.	TBD	(1) Review recommendations from prior AAM/supplemental AAM to determine next steps; (2) Review summary and recommendations from HealthHIV Planning Council effectiveness assessment recommendations to address areas of improvement: a. Member Recruitment and Retention b. Community Engagement/ Representation c. Streamlining the LAC COH's Work
5	**Recruitment, Engagement and Retention Strategies**	Development of engagement and retention strategies to align with CHP efforts	Ongoing	(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members. (2) Continue social media campaigns to bring awareness. (3) Refer to HealthHIV Planning Council assessment for recommendations.
6	**Mentorship Program**	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Ongoing	Review & assess current Mentorship Program for improvements and effectiveness. Mentorship Program Guide can be found @ https://hiv.lacounty.gov/resources/member
7	**PIR (Parity, Inclusion and Reflectiveness) Review**	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly *~~January~~, April, August, December*	PIR Survey disseminated January 10, 2023; responses due January 20th.
8	**Attendance Review**	To ensure members follow the attendance policy.	Quarterly *~~January~~, April, August, December*	Review Attendance Matrix presented by staff.

LOS ANGELES COUNTY
COMMISSION ON HIV

2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our website for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
General Orientation and Commission on HIV Overview *	March 29 3:00 - 4:30 PM
Priority Setting and Resource Allocation Process & Service Standards Development *	April 12 3:00 - 4:30 PM
Tips for Making Effective Written and Oral Public Comments	May 24 3:00 - 4:00 PM
Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *	July 19 3:00 - 4:30 PM
Public Health 101	August 16 3:00 - 4:30 PM
Sexual Health and Wellness	September 20 3:00 - 5:00 PM
Health Literacy and Self-Advocacy	October 18 3:00 - 4:30 PM
Policy Priorities and Legislative Docket Development Process *	November 15 3:00 - 4:30 PM
Co-Chair Roles and Responsibilities	December 6 4:00 - 5:00 PM

Mandatory core trainings for all commissioners.

LOS ANGELES COUNTY COMMISSION ON HIV

2023 MEMBERSHIP RENEWAL SLATE| 4.3.23

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

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

LOA: Leave of Absence

Overall total: 39

2023 Membership Renewal Slate

- Everado Alvizo
- Derek Murray
- Mikhaela Cielo
- Harold San Agustin
- Alexander Luckie Fuller
- Joseph Green
- Kevin Stalter
- Arlene Frames
- Felipe Gonzalez
- Danielle Campbell
- Justin Valero
- Jesus Orozco
- Paul Nash
- Redeem Robinson
- Felipe Findley

LOS ANGELES COUNTY
COMMISSION ON HIV

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Lilieth Connolly

Application on file at Commission office

Interview panel: Justin Valero and Joe Green

COMMISSION MEMBER APPLICATION
SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: Lilieth Connolly
□ New Member □ Renewal

Date of Evaluation: 3.2.23

Applicant Status: ☐ Unafilliated Consumer ☐ Provider **SPA** (LIVE|WORK|REC SERVICES) _____ **District** (LIVE|WORK|SERVICES) _____

Demographic Information:
- **RACE/ETHNICITY:** ☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Multi-Race ☐ Other/Not Specified
- **GENDER:** ☐ Male ☐ Female ☐ Transgender ☐ Unknown
- **AGE:** ☐ 13-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐ Unknown

Provider Information: ☐ Incarcerated ☐ Healthcare ☐ Social Service ☐ Substance Abuse ☐ Mental Health ☐ Prevention ☐ CBO ☐ Other Federal ☐ Healthcare Planning ☐ Public Health

Has Attended at Least One Commission Meeting ☐ Yes ☐ No

CRITERIA	Points Available	Interview Panelists: Justin Valero	Joe Green		
1. Commitment & Communication:					
Oral Communication	5		3		
Written Communication	5		3		
Subtotal	**10**		6		
2. HIV/AIDS/STIs Knowledge:					
	15				
Subtotal	**15**		12		
3. Prior Community Planning Experience:					
	10				
Subtotal	**10**		8		
4. Collaboration:					
	10				
Subtotal	**10**		8		
5. HIV Experience:					
	10				
Subtotal	**10**		9		
6. Understanding of the Needs of Highly Impacted Populations:					
	10				
Subtotal	**10**		9		
7. Effective Representation:					
	10				
Subtotal	**10**		9		
8. Reliability:					
	10				
Subtotal	**10**		8		
9. Interview:					
	15				
Subtotal	**15**		12		
TOTAL	**100**		81		

Total of Scores: _____ **Number of Scores:** _____ **Average Total:** _____

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Shonte Daniels

Application on file at Commission office

Interview panel: Everardo Alvizo, Kevin Donnelly, and Jayda Arrington

COMMISSION MEMBER APPLICATION
SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: Shonte Daniels
□ New Member □ Renewal

Date of Evaluation: 3.16.23

Applicant Status: ☐ Unafilliated Consumer ☐ Provider SPA (LIVE|WORK|REC SERVICES) _____ District (LIVE|WORK|SERVICES) _____

Demographic Information:
- RACE/ETHNICITY: ☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Multi-Race ☐ Other/Not Specified
- GENDER: ☐ Male ☐ Female ☐ Transgender ☐ Unknown
- AGE: ☐ 13-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐ Unknown

Provider Information: ☐ Incarcerated ☐ Healthcare ☐ Social Service ☐ Substance Abuse ☐ Mental Health ☐ Prevention ☐ CBO ☐ Other Federal ☐ Healthcare Planning ☐ Public Health

Has Attended at Least One Commission Meeting ☐ Yes ☐ No

CRITERIA	Points Available	Interview Panelists: Everardo Alvizo	Kevin Donnelly	Jayda Arrington	
1. Commitment & Communication:					
Oral Communication	5	5	5	5	
Written Communication	5	5		5	
Subtotal	**10**	10	5	10	
2. HIV/AIDS/STIs Knowledge:					
	15				
Subtotal	**15**	15	15	15	
3. Prior Community Planning Experience:					
	10				
Subtotal	**10**	10	10	10	
4. Collaboration:					
	10				
Subtotal	**10**	10	10	10	
5. HIV Experience:					
	10				
Subtotal	**10**	10	10	10	
6. Understanding of the Needs of Highly Impacted Populations:					
	10				
Subtotal	**10**	10	10	9	
7. Effective Representation:					
	10				
Subtotal	**10**	10	10	10	
8. Reliability:					
	10				
Subtotal	**10**	10	10	10	
9. Interview:					
	15				
Subtotal	**15**	15	15	15	
TOTAL	**100**	100	95	99	

Total of Scores: 294 **Number of Scores:** 3 **Average Total:** 98

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Dechelle Richardson

Application on file at Commission office

Interview panel: Everardo Alvizo and Kevin Donnelly

COMMISSION MEMBER APPLICATION
SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: Dechelle Richardson
□ New Member □ Renewal

Date of Evaluation: 3.16.23

Applicant Status: ☐ Unafilliated Consumer ☐ Provider ____ SPA (LIVE|WORK|REC SERVICES) ____ District (LIVE|WORK|SERVICES)

Demographic Information:
- RACE/ETHNICITY: ☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Multi-Race ☐ Other/Not Specified
- GENDER: ☐ Male ☐ Female ☐ Transgender ☐ Unknown
- AGE: ☐ 13-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐ Unknown

Provider Information: ☐ Incarcerated ☐ Healthcare ☐ Social Service ☐ Substance Abuse ☐ Mental Health ☐ Prevention ☐ CBO ☐ Other Federal ☐ Healthcare Planning ☐ Public Health

Has Attended at Least One Commission Meeting ☐ Yes ☐ No

CRITERIA	Points Available	Interview Panelists: Everardo Alvizo	Kevin Donnelly		
1. Commitment & Communication:					
Oral Communication	5	5	5		
Written Communication	5	5			
Subtotal	**10**	10	5		
2. HIV/AIDS/STIs Knowledge:					
	15				
Subtotal	**15**	15	15		
3. Prior Community Planning Experience:					
	10				
Subtotal	**10**	10	10		
4. Collaboration:					
	10				
Subtotal	**10**	10	10		
5. HIV Experience:					
	10				
Subtotal	**10**	10	10		
6. Understanding of the Needs of Highly Impacted Populations:					
	10				
Subtotal	**10**	10	10		
7. Effective Representation:					
	10				
Subtotal	**10**	10	10		
8. Reliability:					
	10				
Subtotal	**10**	10	10		
9. Interview:					
	15				
Subtotal	**15**	15	15		
TOTAL	**100**	100	95		

Total of Scores: 195 **Number of Scores:** 2 **Average Total:** 97.5

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Byron Patel

Application on file at Commission office

Interview panel: Everardo Alvizo, Jose Magana, and Justin Valero

COMMISSION MEMBER APPLICATION
SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: Byron Patel — ☐ New Member ☐ Renewal

Date of Evaluation: 3.2.23

Applicant Status: ☐ Unafilliated Consumer ☐ Provider ____ SPA (LIVE|WORK|REC SERVICES) ____ District (LIVE|WORK|SERVICES)

Demographic Information:

RACE/ETHNICITY:	☐	White, not Hispanic	☐	Black, not Hispanic	☐	Hispanic	☐	Asian/Pacific Islander	☐	American Indian/Alaska Native	
	☐	Multi-Race	☐	Other/Not Specified							
GENDER:	☐	Male	☐	Female	☐	Transgender	☐	Unknown			
AGE:	☐	13-19	☐	20-29	☐	30-39	☐	40-49	☐	50-59	☐ 60+ ☐ Unknown

Provider Information:

☐	Incarcerated	☐	Healthcare	☐	Social Service	☐	Substance Abuse	☐	Mental Health		
☐	Prevention	☐	CBO	☐	Other Federal	☐	Healthcare Planning	☐	Public Health		

Has Attended at Least One Commission Meeting ☐ Yes ☐ No

CRITERIA	Points Available	Interview Panelists: Everardo Alvizo	Jose Magana	Justin Valero	
1. Commitment & Communication:					
Oral Communication	5	5	5	5	
Written Communication	5	5	5	5	
Subtotal	**10**	10	10	10	
2. HIV/AIDS/STIs Knowledge:					
	15				
Subtotal	**15**	15	14	15	
3. Prior Community Planning Experience:					
	10				
Subtotal	**10**	10	9	10	
4. Collaboration:					
	10				
Subtotal	**10**	10	9	10	
5. HIV Experience:					
	10				
Subtotal	**10**	10	10	10	
6. Understanding of the Needs of Highly Impacted Populations:					
	10				
Subtotal	**10**	10	9	10	
7. Effective Representation:					
	10				
Subtotal	**10**	10	10	10	
8. Reliability:					
	10				
Subtotal	**10**	10	10	10	
9. Interview:					
	15				
Subtotal	**15**	15	15	15	
TOTAL	**100**	100	96	100	

Total of Scores: 3 **Number of Scores:** 3 **Average Total:** 98.7

LOS ANGELES COUNTY
COMMISSION ON HIV

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Juan Solis

Application on file at Commission office

Interview panel: Everardo Alvizo, Joe Green, and Justin Valero

COMMISSION MEMBER APPLICATION
SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: Juan Solis ☐ New Member ☐ Renewal **Date of Evaluation:** 3.2.23

Applicant Status: ☐ Unafilliated Consumer ☐ Provider SPA (LIVE|WORK|REC SERVICES) _____ District (LIVE|WORK|SERVICES) _____

Demographic Information:
- RACE/ETHNICITY: ☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Multi-Race ☐ Other/Not Specified
- GENDER: ☐ Male ☐ Female ☐ Transgender ☐ Unknown
- AGE: ☐ 13-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐ Unknown

Provider Information: ☐ Incarcerated ☐ Healthcare ☐ Social Service ☐ Substance Abuse ☐ Mental Health ☐ Prevention ☐ CBO ☐ Other Federal ☐ Healthcare Planning ☐ Public Health

Has Attended at Least One Commission Meeting ☐ Yes ☐ No

CRITERIA	Points Available	Interview Panelists: Everardo Alvizo	Justin Valero	Joe Green	
1. Commitment & Communication:					
Oral Communication	5	5	5	4	
Written Communication	5	5	5	4	
Subtotal	**10**	10	10	8	
2. HIV/AIDS/STIs Knowledge:					
	15				
Subtotal	**15**	10	14	13	
3. Prior Community Planning Experience:					
	10				
Subtotal	**10**	10	9	8	
4. Collaboration:					
	10				
Subtotal	**10**	10	10	8	
5. HIV Experience:					
	10				
Subtotal	**10**	8	10	7	
6. Understanding of the Needs of Highly Impacted Populations:					
	10				
Subtotal	**10**	10	10	9	
7. Effective Representation:					
	10				
Subtotal	**10**	10	10	9	
8. Reliability:					
	10				
Subtotal	**10**	10	10	9	
9. Interview:					
	15				
Subtotal	**15**	15	15	12	
TOTAL	**100**	93	98	83	

Total of Scores: 274 **Number of Scores:** 3 **Average Total:** 91.3

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Donald G. Herman

Application on file at Commission office

Interview panel: Everardo Alvizo, Justin Valero, and Jayda Arrington

COMMISSION MEMBER APPLICATION
SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: Donald Herman
□ New Member □ Renewal

Date of Evaluation: 3.2.23

Applicant Status: ☐ Unafilliated Consumer ☐ Provider SPA (LIVE|WORK|REC SERVICES) _____ District (LIVE|WORK|SERVICES) _____

Demographic Information:
- RACE/ETHNICITY: ☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Multi-Race ☐ Other/Not Specified
- GENDER: ☐ Male ☐ Female ☐ Transgender ☐ Unknown
- AGE: ☐ 13-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐ Unknown

Provider Information: ☐ Incarcerated ☐ Healthcare ☐ Social Service ☐ Substance Abuse ☐ Mental Health ☐ Prevention ☐ CBO ☐ Other Federal ☐ Healthcare Planning ☐ Public Health

Has Attended at Least One Commission Meeting ☐ Yes ☐ No

CRITERIA	Points Available	Interview Panelists: Everardo Alvizo	Jayda Arrington		
1. Commitment & Communication:					
Oral Communication	5	2	4		
Written Communication	5	0	4		
Subtotal	**10**	2	8		
2. HIV/AIDS/STIs Knowledge:					
	15				
Subtotal	**15**	10	15		
3. Prior Community Planning Experience:					
	10				
Subtotal	**10**	7	9		
4. Collaboration:					
	10				
Subtotal	**10**	10	9		
5. HIV Experience:					
	10				
Subtotal	**10**	7	9		
6. Understanding of the Needs of Highly Impacted Populations:					
	10				
Subtotal	**10**	5	9		
7. Effective Representation:					
	10				
Subtotal	**10**	5	9		
8. Reliability:					
	10				
Subtotal	**10**	5	9		
9. Interview:					
	15				
Subtotal	**15**	10	10		
TOTAL	**100**	61	87		

Total of Scores: 148 **Number of Scores:** 2 **Average Total:** 74

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Lambert Talley

Application on file at Commission office

Interview panel: Everardo Alvizo, Jose Magana, Justin Valero

COMMISSION MEMBER APPLICATION
SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: Lambert Talley
□ New Member □ Renewal

Date of Evaluation: 3.2.23

Applicant Status: ☐ Unafilliated Consumer ☐ Provider _____ SPA (LIVE|WORK|REC SERVICES) _____ District (LIVE|WORK|SERVICES)

Demographic Information:
- RACE/ETHNICITY: ☐ White, not Hispanic ☐ Black, not Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native
- ☐ Multi-Race ☐ Other/Not Specified
- GENDER: ☐ Male ☐ Female ☐ Transgender ☐ Unknown
- AGE: ☐ 13-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+ ☐ Unknown

Provider Information:
- ☐ Incarcerated ☐ Healthcare ☐ Social Service ☐ Substance Abuse ☐ Mental Health
- ☐ Prevention ☐ CBO ☐ Other Federal ☐ Healthcare Planning ☐ Public Health

Has Attended at Least One Commission Meeting ☐ Yes ☐ No

CRITERIA	Points Available	Interview Panelists: Everardo Alvizo	Jose Magana		
1. Commitment & Communication:					
Oral Communication	5	5	5		
Written Communication	5	5	3		
Subtotal	**10**	10	8		
2. HIV/AIDS/STIs Knowledge:					
	15				
Subtotal	**15**	15	12		
3. Prior Community Planning Experience:					
	10				
Subtotal	**10**	10	9		
4. Collaboration:					
	10				
Subtotal	**10**	10	9		
5. HIV Experience:					
	10				
Subtotal	**10**	8	10		
6. Understanding of the Needs of Highly Impacted Populations:					
	10				
Subtotal	**10**	10	6		
7. Effective Representation:					
	10				
Subtotal	**10**	7	6		
8. Reliability:					
	10				
Subtotal	**10**	10	9		
9. Interview:					
	15				
Subtotal	**15**	15	13		
TOTAL	**100**	95	82		

Total of Scores: 177 **Number of Scores:** 2 **Average Total:** 88.5

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Karla Castro

Application on file at Commission office

Interview panel: Justin Valero, Jayda Arrington, Jose Magana

COMMISSION MEMBER APPLICATION
SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: Karla Castro ☐ New Member ☐ Renewal

Date of Evaluation: 3.16.23

Applicant Status: ☐ Unafilliated Consumer ☐ Provider _____ SPA (LIVE|WORK|REC SERVICES) _____ District (LIVE|WORK|SERVICES)

Demographic Information:

RACE/ETHNICITY:	☐	White, not Hispanic	☐	Black, not Hispanic	☐	Hispanic	☐	Asian/Pacific Islander	☐	American Indian/Alaska Native	
	☐	Multi-Race	☐	Other/Not Specified							
GENDER:	☐	Male	☐	Female	☐	Transgender	☐	Unknown			
AGE:	☐	13-19	☐	20-29	☐	30-39	☐	40-49	☐	50-59	☐ 60+ ☐ Unknown

Provider Information:

☐	Incarcerated	☐	Healthcare	☐	Social Service	☐	Substance Abuse	☐	Mental Health		
☐	Prevention	☐	CBO	☐	Other Federal	☐	Healthcare Planning	☐	Public Health		

Has Attended at Least One Commission Meeting ☐ Yes ☐ No

CRITERIA	Points Available	Interview Panelists			
		Jayda Arrington	Jose Magana		
1. Commitment & Communication:					
Oral Communication	5	5	5		
Written Communication	5	4	5		
Subtotal	**10**	9	10		
2. HIV/AIDS/STIs Knowledge:					
	15				
Subtotal	**15**	15	15		
3. Prior Community Planning Experience:					
	10				
Subtotal	**10**	10	9		
4. Collaboration:					
	10				
Subtotal	**10**	10	10		
5. HIV Experience:					
	10				
Subtotal	**10**	10	10		
6. Understanding of the Needs of Highly Impacted Populations:					
	10				
Subtotal	**10**	9	10		
7. Effective Representation:					
	10				
Subtotal	**10**	10	10		
8. Reliability:					
	10				
Subtotal	**10**	10	10		
9. Interview:					
	15				
Subtotal	**15**	15	15		
TOTAL	**100**	98	99		

Total of Scores: 197 **Number of Scores:** 2 **Average Total:** 98.5

LOS ANGELES COUNTY COMMISSION ON HIV

2023 MEMBERSHIP ROSTER| UPDATED 4.17.23

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

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

LOA: Leave of Absence

Overall total: 39

Planning Council/Planning Body Reflectiveness (Updated 3.21.23)

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

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	10	25.64%	4	50.00%
Black, not Hispanic	10,155	20.00%	11	28.21%	3	37.50%
Hispanic	22,766	44.84%	13	33.33%	1	12.50%
Asian/Pacific Islander	1,886	3.71%	5	12.82%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	39	100%	8	100%
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	28	71.79%	5	62.50%
Female	5,631	11.09%	9	23.08%	3	37.50%
Transgender	854	1.68%	2	5.13%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	39	100%	8	100%
Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	1	2.56%	0	0.00%
30-39 years	9,943	19.58%	12	30.77%	0	0.00%
40-49 years	11,723	23.09%	11	28.21%	1	12.50%
50-59 years	15,601	30.72%	7	17.95%	4	50.00%
60+ years	8,973	17.67%	8	20.51%	3	37.50%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	39	100%	8	14.29%

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

Non-Aligned Consumers = 21% of total PC/PB

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PROPOSED UPDATES TO CODE OF CONDUCT
PUBLIC COMMENT TRACKER
(March 23-April 21, 2023)

NAME	DATE	COMMENT(S)
Pamela Ogata (DHSP)	**3/23/23**	I agree, these are good ground rules for the Commission. What happens if they are not followed?
Ilish Perez (DHSP)	**3/23/23**	All participants and stakeholders should adhere to the following: 1) We approach all our interactions with compassion, respect, and transparency. 2) We seek clarity to avoid assumptions. 3) We respect others' time by starting and ending meetings on time, being punctual, and staying present. 4) We listen with intent, avoid interrupting others, and elevate each other's voices. 5) We encourage all to bring forth ideas for discussion, community planning, and consensus. 6) We focus on the issue, not the person raising the issue. 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. – I suggest adding something like an action were someone can actively learn on how to prevent repeating the same mistake.
Robert Aguayo Deputy Director El Centro Del Pueblo	**3/24/23**	I agree with your revised code of conduct and recommend that these are included with all agendas and materials that are submitted as part of the Commission meetings or subcommittees.
Ricky Rosales (COH Member)	**3/23/23**	What are the consequences for violating the code of conduct? I think that is the piece that has always been missing.
Commission Staff	**4/24/23**	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."

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(PROPOSED) 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) **We give and accept respectful and constructive feedback.**
7) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
8) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
9) **We give ourselves permission to learn from our mistakes.**

Click here to view the current Code of Conduct.

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22, 3/23/23)**

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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

I, _____ certify that I have read and fully understand the Los Angeles County Commission on HIV's Code of Conduct. I further understand that failure to adhere to the Commission's Code of Conduct may be cause for disciplinary action.

_____ _____

Commission Member Signature Date

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

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LOS ANGELES COUNTY COMMISSION ON HIV

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DRAFT/PROPOSED UPDATES FOR 4/27/23 OPS/EXEC COMMITTEE

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

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. *Members will be given a 14-day grace period after they have been absent to inform Commission staff of the reasons for their absence. If a member provides this notification within the 14-day grace period, their absence will be considered "excused." However, if they fail to provide notification within the specified time period, their absence will be recorded as "unexcused."*

Commented [MD1]: Proposed language inserted per the February OPS Committee meeting discussion to offer a 14-day grace period post-absence.

Unaffiliated Consumer members experiencing hardship will be assessed on a case-by-case basis of 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 provided above, members must notify ~~the Commission Secretary or respective Committee support staff person~~Commission staff prior to the meeting or up to 14 days following the meeting. ~~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 in writing by e-mail ~~or fax~~ or via text to Commission staff 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.

Commented [MD2]: Updated language to align with 14 day grace period.

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Commented [MD3]: Updated language to align with current practices.

NOTED AND APPROVED:	Cheryl A Barnett	**EFFECTIVE DATE:**	07/11/2019
Original Approval: 11/24/2008	Revision(s): 05/23/16; 7/24/17; 7/11/2019; 7/8/21; Proposed 4/27/23		

Assessment of Administrative Mechanism (AAM) Ryan White Program Year 31 (March 1, 2020-February 28, 2021) – Summary of Key Themes and Recommendations

April 27, 2023

LOS ANGELES COUNTY
COMMISSION ON HIV

Background

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

Background

- Led by the Operations Committee
- AAMs typically cover contracted agencies only.
- However, the Commission also uses the AAM cycles to assess the Commissioners' understanding of the priority setting and resource allocation process.
- The contract period covered by this AAM summary is the Ryan White Program Year 31 (March 1, 2020-February 28, 2021).

Assessment Methodology

- Covers 2 areas: 1) an assessment of the Commissioners' understanding of the priority setting and resource allocation process and 2) 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.
- Anonymous questionnaire via SurveyMonkey to elicit responses from Commissioners and contracted agencies.
- The Operations Committee of the Commission led the AAM and utilized the same questionnaire used for the previous AAMs as they have been tested and used in previous studies.

Assessment Methodology

Online Survey of Commissioners:

- Open from April 4 to May 2022.
- At that time, there were 35 members (1 was on a leave of absence) and 8 alternates (1 was on a leave of absence) for a total of 41 possible respondents.
- 19 responses (46%).

Online Survey Contracted Providers:

- All 43 County-contracted HIV prevention and care providers were invited to participate in the AAM survey between August 18-September 15, 2022.
- 11 agencies completed the survey.
- One response per agency.

Limitations

- Low response rate may be due to multiple local, statewide, and national surveys in circulation in 2022, including those related to the development of the Comprehensive HIV Plan.
- Lag time between the program year cycle focus of the survey and the time of when the survey was released—this may have impacted memory recall of events and data presentations delivered to the Commission.
- Cannot make broad interpretations with the results of the AAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

Key Observations: Commissioners

- There appears to be recognition and recall of programmatic, fiscal, surveillance, service utilization and care continuum data provided to the Commission and its committees during PY 31.
- More data on the intersection of HIV with morbidities such as mental, substance use, seniors and social conditions such as stigma and discrimination.
- More data sharing from the independent health jurisdictions (Long Beach and Pasadena) was also noted by a respondent.
- More robust, direct, and highly visible participation and engagement of consumers in the Commission's priority setting, resource allocation process and decision-making.

Key Observations: Commissioners

- 18 of the 19 respondents strongly agreed/agreed that they were “adequately notified of PSRA meetings and activities during the PY 31 planning cycle.

- In terms of structure and process, 15 respondents indicated that they strongly agreed/agreed that the Commission is effective as a planning body; while 3 responded neither agreed or disagreed and 1 disagreed.

Key Recommendations: Commissioners

- More structured collaboration process for the Operations Committee and Consumer Caucus to develop customized a training/coaching plan for consumers on how decisions are made on the Commission and make data presentations more accessible to consumers.

- Continue efforts around ongoing education and training on COH structure, role and processes.

Key Recommendations: Commissioners

- Periodic assessment/review of its structure, processes (such as service standards development, allocations/reallocations, and service category prioritization) and define desired outcomes and examples of what an "effective planning body" constitutes.

- Collaborate with the Consumer Caucus to identify strategies aimed at increasing ongoing participation of consumers in PP&A discussions, especially among consumers who identify as people of color, elderly, long-term survivors, Native Americans, and other communities disproportionately affected by HIV.

- Continue implementing recommendations from the Health HIV Planning Council effectiveness assessment to improve processes and community engagement.

Key Themes: Contracted Providers

Sufficient to Very Good Guidance on Invoicing, Budget Development and Budget Modifications

- Comments ranged from “sufficient” to “very good” and “clear guidance.”
- Respondents appreciated the accessibility and assistance from program and fiscal managers for questions and technical assistance.

Key Themes: Contracted Providers

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

- While some of the responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year.

- Some participants commented that frequent changes in program managers "create a disconnect on how a program operates."

Key Themes: Contracted Providers

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

- DHSP regularly provides feedback on contractor performance and the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals.

- Some participants noted that the TA provided by DHSP has been helpful; an example was cited where an agency was able to interact with other providers to identify solutions to challenges and barriers.

- A few participants indicated that they have not received TA or feedback on challenges they have reported in progress reports at the time when the survey was conducted.

Key Themes: Contracted Providers

Inconsistency with the Level of TA and Support Provided by Assigned Program Manager and Fiscal Representative

- While many respondents described receiving helpful TA from their program/fiscal managers, some described inconsistencies with regard to guidance and communication. Some agencies with multiple service contracts are assigned different program managers.

Key Themes: Contracted Providers

Experience with the County's Request for Proposals (RFP) Process

- Several participants noted that their contracts have been in place for several years
- RFP instructions appear to be clear
- However, directions regarding auditing could be more uninformed across service categories and how service target goals are calculated for contracts could be better explained to agencies.

Key Themes: Contracted Providers

The County's Process for Awarding Contracts for Services is Fair

- Overall, the participants noted that the County's process of awarding contracts is fair and transparent.

Agencies Have Established Internal Practices to Ensure that Ryan White Program (RWP) Funds are Spent Efficiently

- Contracted agencies have developed organizational and administrative practices to ensure that RWP funds are utilized efficiently.
- Practices include internal audits and compliance tools, continuous quality improvement efforts, regular supervision meetings, and targeting the right client populations.

Key Themes: Contracted Providers

Payments within 30 Days Have Improved

- Respondents noted that DHSP issues payments in general, within 30 days, following the submission of complete and accurate invoices

- Payment turnaround time has improved.

Key Themes: Contracted Providers

- The general comments collected from this AAM reflect the recurring themes from previous AAMs, such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and lengthy RFP process.

- It is important to note that the lengthy RFP process cited by some survey participants is a County-wide issue.

- The BOS)has charged the Quality and Productivity Commission, in consultation with the Small Business Commission, and Citizen's Economy and Efficiency Commission, to seek innovative ways to streamline the County's contracting process, assist businesses, and identify potential cost savings to County operations.

Suggestions for Improvement: Contracted Providers

- Continue to improve payment turnaround cycles within 30 days.
- Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
- Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies.
- Ensure timeliness and consistency of technical assistance provided to agencies regarding programmatic and fiscal challenges and questions.

Thank you.

3/13/2023

Assessment of the Administrative Mechanism (AAM)

Ryan White Program Year 31
(March1, 2020-February 28, 2021

Final Draft

LOS ANGELES COUNTY
COMMISSION ON HIV

Assessment of the Administrative Mechanism
Ryan White Program Year 31
(March 1, 2020-February 28, 2021)

Table of Contents

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 a regular "Assessment of the Administrative Mechanism" (AAM). The AAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Operations Committee of the Commission led the development, implementation, and analysis of the AAM for Ryan White Program Year 31. The purpose of this report is to present the findings of this assessment. Outlined in the sections below is the assessment methodology, and findings.

II. Assessment Methodology

The AAM covers 2 areas: 1) an assessment of the Commissioners' understanding of the priority setting and resource allocation process and 2) harnessing 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. The Operations Committee used an anonymous questionnaire via SurveyMonkey to elicit responses from Commissioners and contracted agencies. The Operations Committee of the Commission led the AAM and utilized the same questionnaire used for the previous AAMs as they have been tested and used in previous studies.

Online Survey of Commissioners:

Commissioners were invited to respond to the survey between April 4 to May 2022. At that time, there were 35 members (1 was on a leave of absence) and 8 alternates (1 was on a leave of absence) for a total of 41 possible respondents. Several follow-up emails were sent to ensure a high response rate. Nineteen responses were recorded at close of survey, generating a response rate of 46%.

Online Survey Contracted Providers:

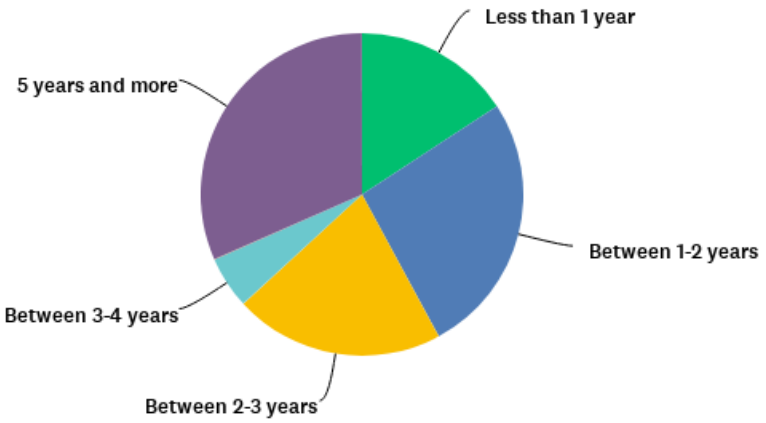
All 43 County-contracted HIV prevention and care providers were invited to participate in the AAM survey between August 18-September 15, 2022. 11 agencies completed the survey. Agencies were asked to provide one response per agency.

Limitations: The Operations Committee discussed and acknowledged the possibility of a low response rate for the Commissioner and provider surveys due to multiple local, statewide, and national surveys in circulation in 2022, including those related to the development of the federally required Integrated Plan. Another limitation of this AAM is the lag time between the program year cycle focus of the survey and the time of when the survey was released—this may have impacted memory recall of events and data presentations delivered to the Commission. Readers should not make broad interpretations with the results of the AAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

III. Assessment Responses

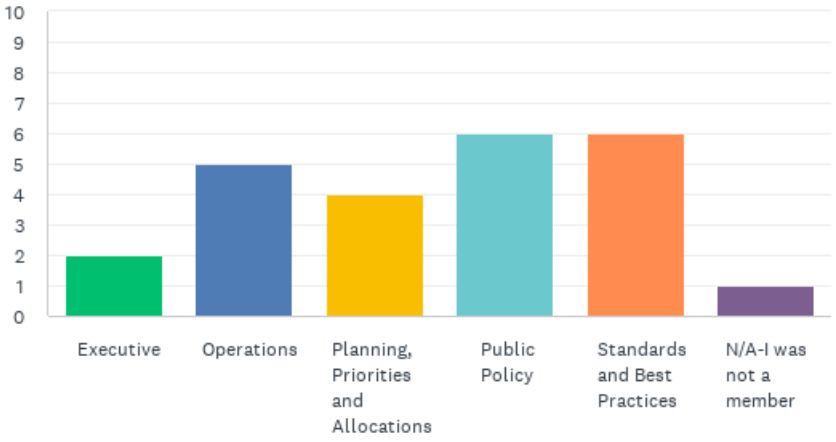
A. Survey of Los Angeles County Commission on HIV Commissioners[1]

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



Of the 19 individuals who responded to the survey, 3 indicated they have been a member of the Commission for less than a year; 5 between 1 to 2 years; 4 between 2 to 3 years; 1 between 3 to 4 years; and 6 for 5 years or more.

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

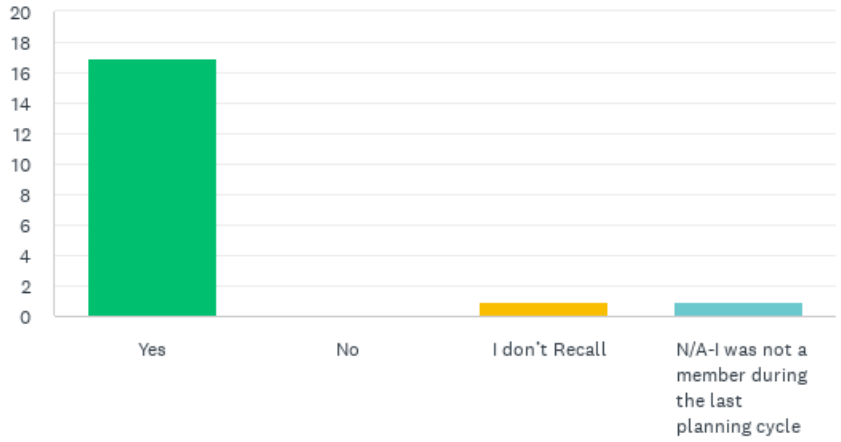


During the PY 31 priority setting and resource allocation (PSRA) process, 2 individuals indicated that they

[1] N=19

were assigned to the Executive Committee; 5 were members of Operations; 4 were members of the Planning, Priorities and Allocations; 6 were assigned to Public Policy; 6 were assigned to Standards and Best Practices; and 1 noted that they did not have a committee assignment at the time of the survey - this individual may have just been recently onboarded to the Commission and was awaiting confirmation of their committee assignment at the time that the survey was conducted.

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

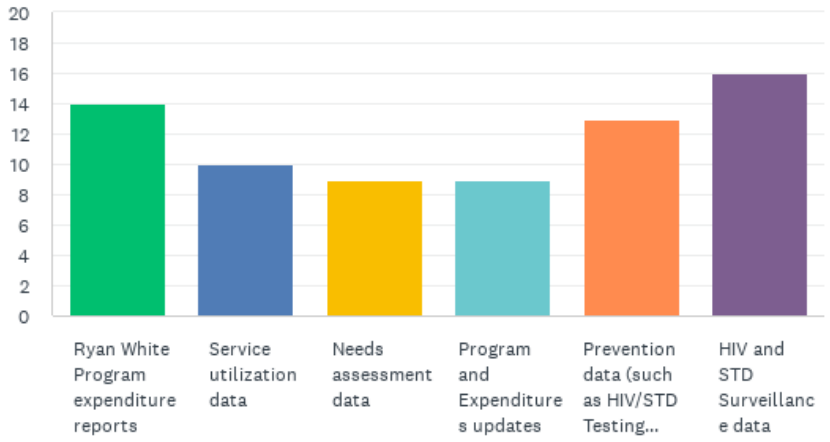


During the PY 31 PSRA planning cycle, 17 individuals who responded to the survey agreed that the Commission reviewed an appropriate amount and type of data on an ongoing basis to determine community needs; 1 indicated "I do not recall", and 1 responded that they were not a part of the planning cycle.

<u>Comments:</u>

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

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

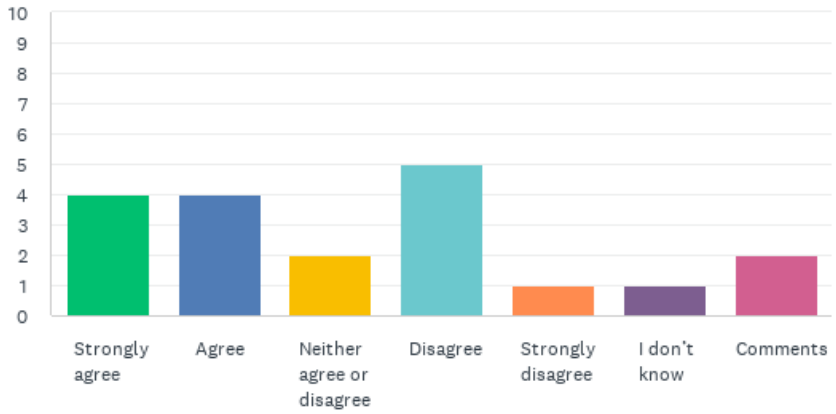


The data types most remembered by survey participants in ranked order were 1) HIV and STD surveillance (84.21%); 2) Ryan White Program expenditures report (73.68%); 3) prevention data (68.42%); 4) service utilization (52.63%); 5) needs assessment and program/expenditures updates (both at 47.37%). Prevention data included HIV/STD testing services; National HIV Behavioral Surveillance; LAC Apps-based survey; contracted biomedical services; contracted HIV education and risk reduction services; contracted vulnerable populations services).

Comments:

- Not sure on the one item. It may well have been done, I just don't remember.
- We could use more INTERSECTIONAL data on HIV HOUSING, HIV mental health, HIV SUBSTANCE USE INCLUDING HARM REDUCTION, especially related to methanol hatsmine (sp) use, AND a significant update on LGBTQI stigma/discrimination, and data that better shows the increasing needs of Seniors infected with HIV.
- I don't remember the specific reports. We were still receiving LACHAS reports and gearing up for the EHE. I don't remember a lack of data.
- Seen reports but not sure on time frame; also not sure how No 1 and 4 differ.

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

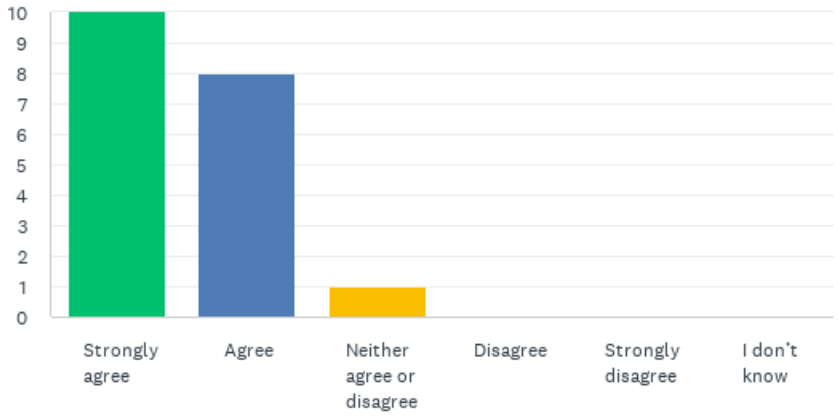


Regarding adequate consumer participation in the PSRA and planning process, 4 individuals "strongly agreed"; 4 "agreed"; 3 "neither agreed or disagreed"; 5 "disagreed"; 1 "strongly disagreed"; 1 replied "I don't know"; and 2 provided comments (listed below).

<u>Comments:</u>

- "Adequate" however is insufficient, and consumers need much more support to participate especially elderly and long-term survivors, and people of color – especially Native American Representatives
- Agree, but we could do more with consumer involvement.

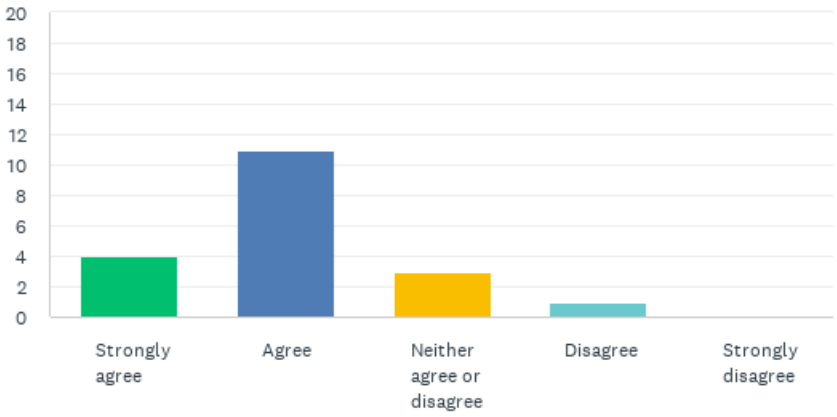
Q6. Please indicate the degree to which you agree with the following statement: During the last planning cycle, I was adequately notified of planning, priority setting, and resource allocations activities and meetings.



When asked to rate their agreement/disagreement with the statement, "during the last planning cycle, I was adequately notified of planning, PSRSA activities and meetings", 10 individuals "strongly agreed"; 8 "agreed"; and 1 neither agreed or disagreed."

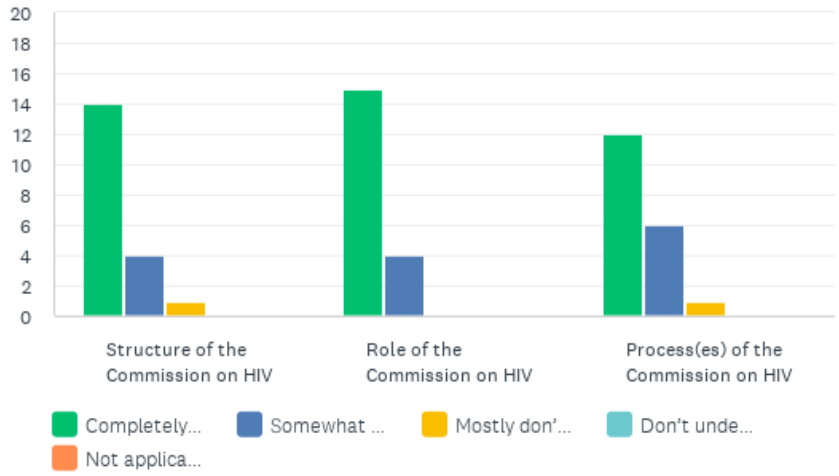
Comments: none

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



When asked to rate their agreement/disagreement with the statement, “in terms of structure and process, the Commission on HIV is effective as a planning body”, 4 individuals “strongly agreed”; 11 “agreed”; 3 “neither agreed or disagreed”; and 1 “disagreed”.

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



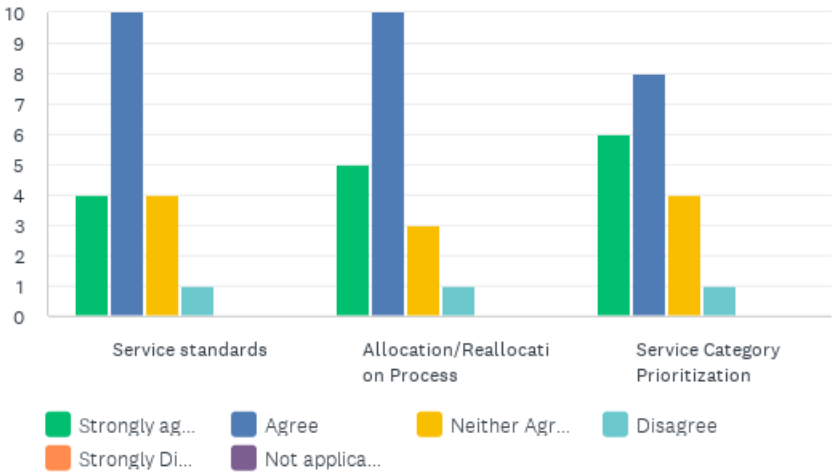
Regarding the Commissioners understanding of the structure, role and processes of the Commission, survey participants responded in the following manner:

- Structure of the Commission – 14 answered "completely understand"; 4 "somewhat understand"; and 1 "mostly don't understand"
- Role of the Commission – 15 answered completely understand" and 4 "somewhat understand";
- Process(es) of the Commission – 12 answered completely understand"; 6 "somewhat understand"; 1 "mostly don't understand"

Comments:

- We participate in creating plans. We don't lack for plans. Success in the metrics we use is incremental. We can't keep doing the same things and expect different results.
- The COH has done an excellent job helping me learn and understand my role as a commissioner.

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



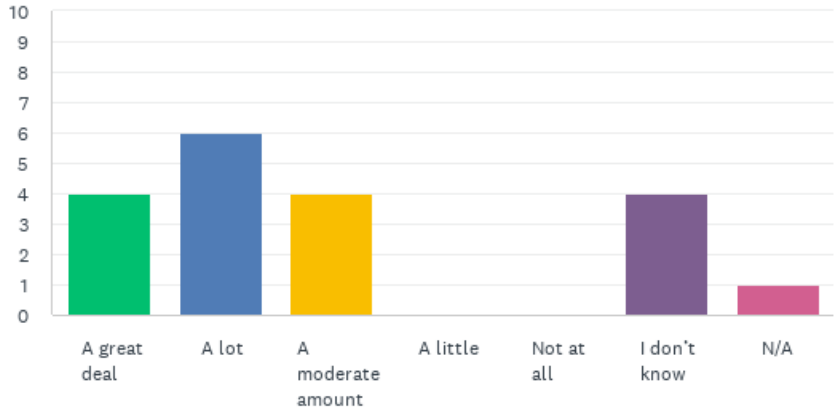
When asked to rate the degree to which the Commission has prepared members to make decisions related to service standards, PSRA and service category prioritization, survey participants responded in the following manner:

- Service standards – 4 "strongly agreed"; 10 "agreed"; 4 "neither agreed nor disagreed"; and 1 "disagreed"
- PSRA process – 5 "strongly agreed"; 10 "agreed"; 3 neither agreed nor disagreed"; and 1 "disagreed"
- Service category prioritization – 6 "strongly agreed"; 8 "agreed"; 4 neither agreed nor disagreed"; and 1 "disagreed"

Comments:

- As part of the Commission, I believe there is always room for improvement and increased knowledge.
- We have the knowledge and experience around the table. We need more direct consumer feedback and involvement.

Q10. Please indicate the degree to which you believe the priorities and allocations established by the Commission on HIV in Ryan White Program Year 31 (March 1, 2020-February 28, 2021) were followed by DHSP.



When queried to rate the degree to which the priorities and allocations established by the Commission for the Ryan White PY 31 were followed by the DHSP (the grantee), 4 responded "a great deal"; 6 " a lot"; 4 "a moderate amount; 4 "I don't know"; and 1 "N/A".

Comments: none

Observations and Recommendations

While this study has limitations such as low response rate and the likelihood of poor memory recall due to the lag in time frame from date of the priority setting meetings and the date of the study, the responses from the Commissioners offer insights on opportunities for improvement , training and learning. Key observations and recommendations are listed below:

Key Observations:

- There appears to be recognition and recall of the range of programmatic, fiscal, surveillance, service utilization and care continuum data provided to the Commission and its committees during PY 31. A participant noted that they would like to see more data on the intersection of HIV with morbidities such as mental, substance use, seniors and social conditions such as stigma and discrimination. More data sharing from the independent health jurisdictions (Long Beach and Pasadena) was also noted by a respondent.

- There is a need for a more robust, direct, and highly visible participation and engagement of consumers in the Commission's priority setting, resource allocation process and decision-making.

- Eighteen of the 19 respondents strongly agreed/agreed that they were "adequately notified of PSRA meetings and activities during the PY 31 planning cycle. The response may be due to the Commission's open meetings which allows for broad community participation. In addition, data presentations are disseminated in advance to the PP&A Committee and materials are posted on

the Commission's website.

- In terms of structure and process, 15 respondents indicated that they strongly agreed/agreed that the Commission is effective as a planning body; while 3 responded neither agreed or disagreed and 1 disagreed. The continues cycle of planning may also be factor in the desire to execute different approaches to community planning.

Key Recommendations:

- Facilitate a more structured collaboration process for the Operations Committee and Consumer Caucus to develop customized a training and coaching plan for consumers on how decisions are made on the Commission and make data presentations more accessible to consumers.

- In order to better prepare Commissioners with planning and decision making, the Commission should continue efforts around ongoing education and training on COH structure, role and processes. In addition, the Commission should consider periodic assessment/review of its structure, processes (such as service standards development, allocations/reallocations, and service category prioritization) and define desired outcomes and examples of what an "effective planning body" constitutes.

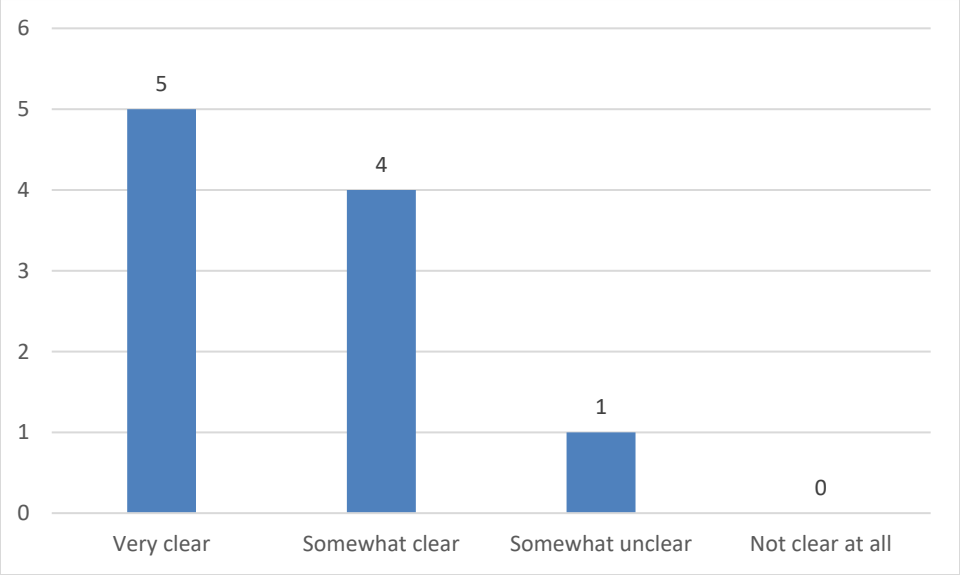
- Collaborate with the Consumer Caucus to identify strategies aimed at increasing ongoing participation of consumers in PP&A discussions, especially among consumers who identify as people of color, elderly, long-term survivors, Native Americans, and other communities disproportionately affected by HIV.

B. Assessment with Contracted Providers Responses[2]

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

1. The process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome.
2. Ongoing oversight on all dimensions. Usually high level of guidance provided, medium level during the COVID Era.
3. We receive sufficient guidance regarding invoicing, budget development and budget modification.
4. We've received very good, clear guidance from DHSP on budget development and modifications. They are highly responsive regarding invoicing, so there has been some lack clarify around invoicing for PFP portion of contract.
5. Our DHSP Program Managers and Finance Managers have always been accessible and more than willing to assist our program when needed.
6. Our DHSP team is most prompt and helpful when needed.
7. My project officer has been very helpful with all bud mods and invoicing
8. DHSP program managers are always available to assist and provide guidance.
9. DHSP gives adequate guidance in this area when needed.
10. Minimal
11. Guidance is generally provided when something needs to be revised. Over the years the budget process has become more tedious compared with funds that come directly from a federal source (HRSA, CDC, SAMSHA).

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



Comments:

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

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

1. Feedback is always helpful. The more specific it is, the better.
2. Yes, DHSP provides feedback on performance that is helpful.
3. There is not regular feedback on the performance.
4. Our DHSP Managers regularly provide feedback on our performance. The feedback has always been helpful to improve our program policies and procedures.
5. We get regular communication from our program monitor. Updates and questions from finance are asked as needed.
6. Yes. The quarterly report is very helpful
7. Yes, DHSP provides helpful feedback to improve in areas of less strength. Also, if there is any programmatic issue, the feedback allows us to get back on track to achieve contractual goals.
8. DHSP provides feedback and about performance, goals etc.
9. No, and I think it would be nice to have a working relationship with all the program managers.
10. Feedback is generally provided in written form following a program review or if a grievance was submitted to DHSP.

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

1. Yes, DHSP has been providing feedback and assisting us when we have questions. In particular, DHSP invited us to an MCC meeting where most providers were present so we could discuss our services and the referral process.
2. Needs to be on an ongoing basis. During the COVID period staff were redeployed to address the COVID Pandemic.
3. I don't recall a specific incident. However, I do believe they have been supportive regarding barriers and challenges.
4. No feedback is given on any challenges or anything specific that's reported in the monthly reports.

5. Feedback from our monthly progress reports is usually discussed during our annual program reviews. DHSP Program Managers often give examples of what other community facility programs with similar barriers and challenges are experiencing and how they are improving.
6. Our program monitor is most supportive and helpful.
7. None
8. Yes, we get feedback. DHSP always offers TA when needed, especially after a programmatic review, to address any issues identified.
9. Yes, TA is provided when requested. It has proven to be helpful taking a deeper dive into the contract expectations and clarify areas where we may have questions.
10. no- no feedback or suggestions.
11. Despite repeated requests for TA, no. One particular program continues to be challenged with reporting on one of the domains, and although we have requested TA, there has been no follow up.

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

1. As it pertains to the fiscal portion, the process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome. In addition, we had a lot of back and forth with the prior program manager. The service category is HIV Legal Services.
2. Education and Prevention-High TCM-Medium
3. Both assigned program manager and fiscal representative have been helpful. RCFCI service category.
4. N/A Were not involved in the development of the contract
5. XXXX* currently has three DHSP contracts: Medical Care Coordination Services, Ambulatory Outpatient Medical Services and Transportation Services. The transportation services contract is fairly new and was implemented during the pandemic. Unfortunately, we experienced a lack of guidance and/or communication with DHSP when trying to set up individual contracts with Metro. At the time, we didn't know who our assigned Transportation Program Manager was and could not get any response from calls and emails. We later found out that several managers had been temporarily reassigned to work on COVID-19 projects and/or were working from home. We currently have an amazing, supportive Transportation Program Manager!
6. We have an HE/RR contract and have had that contract for many years. The level of technical assistance is beneficial when needed - especially around audits.
7. I appreciate the offer of TA
8. At the beginning of 2022, we submitted our proposal for the HIV Biomedical PrEP Prevention RFP. During the application process, DHSP provided TA through webinars, provided an email address to submit any questions related to the RFP, and then posted the answers. Those tools allowed us to have a better understanding of submitting our proposal.
9. Technical assistance has been provided surrounding Benefits Specialty Services and has been helpful for frontline staff in delivering services, as well as managing the contract.
10. XXXX*- non existent but ok during audit XXXX*- minimal PH003772- great XXXX*- current is great, past was non existent XXX*- great

11. Most contracts have been in place for a number of years. Program Managers adhere to a strict definition of the contract language, but no very little how a program actually operates.

    **XXXX = used to replace contract numbers to maintain anonymity.*

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

1. We did not reply to an RFP. We were asked to assume the delegation of duties from a current contract.
2. Multiple year funding, directions have been similar over the years. Was the lead on the application, and worked with staff on all stages of the submissions.
3. I do not recall. I was part of an in-house team that responded to the last RFP.
4. Did not develop the application. Were not employed with the organization at that time.
5. To my knowledge, the RFP instructions, directions and/or guidance seem to be clear. As the Program Manager, my role includes reporting, client numbers, etc.
6. N/A We have maintained the HE/RR contract for many years.
7. The administrative guidance and task are extremely cumbersome and take way too much time from our time
8. The RFP provided clear instructions regarding the staff required to implement and roll out the program and priority populations. However, it did not explain how the goals would be calculated. It was the program manager who explained that goals are calculated based on the assigned FTEs.
9. Yes, RFPs provide clear instructions. I have provided support in developing RFP application responses.
10. The RFPs are clear. The auditing is not consistent especially in BSS and MH. I was the main contact for the response.
11. As noted above, many contracts have been in place for many years. In my capacity at our organization, I wrote most of the applications. I have found the RFP's to be generally very clear.

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

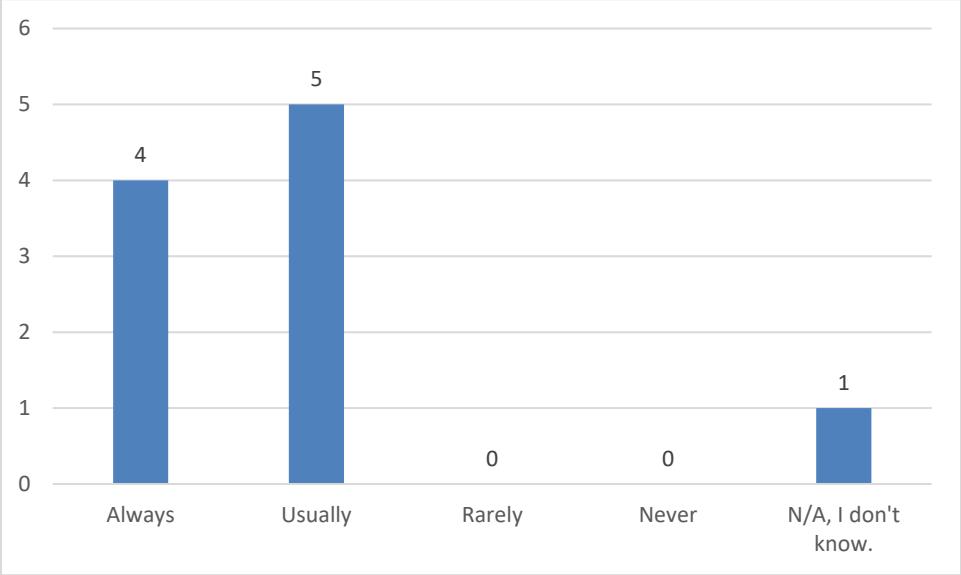
1. Yes. It is transparent and provides due consideration of experience with the clients and area of service.
2. Yes. I believe there is an outside, independent County review panel.
3. Yes. In my experience for RCFCI services the RFP appeared fair.
4. Don't have sufficient information to answer this question.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

of how the review panel is chosen and how someone becomes part of it. I consider it should be more transparent to ensure there are no biases.
9. Yes, to my knowledge our agency has experienced fairness in awarding of contracts.
10. Yes
11. Yes; however, there continues to be some agencies funded that have a history of under-performing.

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

1. The team is established and is ready to receive referrals on trains, partners and the community.
2. Regular supervision meetings. Our award amount has remained basically the same for the past 14 years without a cost of living increase.
3. Ensuring that we have a full house and are able to bill for all available beds.
4. Internal controls on grant money spent provide a framework to ensure efficient use of program funds. These include internal approval processes, monthly financial reporting and accounts payable controls.
5. In-house audits.
6. The HE/RR contract is very specific. The guidelines are clear and reporting for both programming and financials are direct and easy to complete.
7. Targeting the right populations
8. Our agency has compliance tools that are reviewed quarterly to ensure all practices are followed, and funds are spent according to the contractual guidelines. Additionally, we submit our invoices and request feedback from the program manager or fiscal representative. If a discrepancy is identified, our accounting and program administrator correct the issue.
9. Continuous Quality Improvement efforts, through program monitoring, communication with DHSP, agency administration, management (finance, director etc) and frontline staff.
10. We have a dedicated fiscal manager. Programmatically we conduct internal audits.
11. Having finance and program administration staff who understand the contract, allowed expenses, and who work as a team to monitor expenses and respond in a timely manner with submitting budget mods.

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



Comments:

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

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

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

C. Key Themes

Sufficient to Very Good Guidance on Invoicing, Budget Development and Budget Modifications

With regard to the level of guidance received from DHSP around invoicing, budget development and budget modifications, comments ranged from "sufficient" to "very good" and "clear guidance." Some respondents also appreciated the accessibility and assistance from program and fiscal managers for questions and technical assistance.

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

While some of the responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year. Some participants commented that frequent changes in program managers "create a disconnect on how a program operates."

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

In general, the majority of the comments, appear to show that DHSP regularly provides feedback on contractor performance and that the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals.

Some participants noted that the TA provided by DHSP has been helpful; an example was cited where an agency was able to interact with other providers to identify solutions to challenges and barriers.

A few participants indicated that they have not received TA or feedback on challenges they have reported in progress reports at the time when the survey was conducted.

Inconsistency with the Level of TA and Support Provided by Assigned Program Manager and Fiscal Representative

While many respondents described receiving helpful TA from their program/fiscal managers, some described inconsistencies with regard to guidance and communication. Some agencies with multiple service contracts are assigned different program managers.

Experience with the County's Request for Proposals (RFP) Process

Several participants noted that their contracts have been in place for several years and remarked that the County's RFP instructions appear to be clear, however, directions regarding auditing could be more uninformed across service categories and how service target goals are calculated for contracts could be better explained to agencies.

The County's Process for Awarding Contracts for Services is Fair

Overall, the participants noted that the County's process of awarding contracts is fair and transparent.

Agencies Have Established Internal Practices to Ensure that Ryan White Program (RWP) Funds are Spent Efficiently

Based on comments provided under question #8, it appears that contracted agencies have developed organizational and administrative practices to ensure that RWP funds are utilized efficiently. These practices include internal audits and compliance tools, continuous quality improvement efforts, regular supervision meetings, and targeting the right client populations.

Payments within 30 Days Have Improved

Respondents noted that DHSP issues payments in general, within 30 days, following the submission of complete and accurate invoices; one comment indicated that the payment turnaround time has improved.

Suggestions for Improvement

The survey participants offered the following suggestions for improving the County's procurement, contracting and invoicing process:

- Continue to improve payment turnaround cycles within 30 days.
- Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
- Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies.
- Ensure timeliness and consistency of technical assistance provided to agencies regarding programmatic and fiscal challenges and questions.

The general comments collected from this AAM reflect the recurring themes from previous AAMs, such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and lengthy RFP process. It is important to note that the lengthy RFP process cited by some survey participants is a County-wide issue. The Los Angeles County Board of Supervisors (BOS) has charged the Quality and Productivity Commission, in consultation with the Small Business Commission, and Citizen's Economy and Efficiency Commission, to seek innovative ways to streamline the County's contracting process, assist businesses, and identify potential cost savings to County operations. As a short-term response, the County's *Doing Business* site was revamped to make it more community friendly and the County hosts quarterly technical assistance events for the public and vendors.

In addition, DHSP has an ongoing collaboration with the Commission on HIV's Black Caucus to address and strengthen the organizational capacity of Black-led and Black-serving agencies so that

they can be better prepared to successfully compete for and maintain HIV prevention and care contracts with DHSP. DHSP has also established a partnership with a third-party administrator, Heluna Health, to issue HIV prevention RFPs. This administrative process may offer additional opportunities to expedite Ryan White CARE RFPs and contracts. Despite the bureaucratic challenges associated with a large municipal government the size of Los Angeles County, DHSP continues to improve various administrative mechanisms to ensure that life-saving services reach people living with HIV in a timely and efficient manner.

[2] n=11 providers

LOS ANGELES COUNTY COMMISSION ON HIV (COH)
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM (AAM)
RYAN WHITE PROGRAM YEARS 24, 25, 26
(FY 2014, 2015 and 2016)

RECOMMENDATIONS MATRIX-DISCUSSION WORKSHEET FOR OPERATIONS COMMITTEE (UPDATED 3.19.19); UPDATES IN RED IN 3RD COLUMN.

In general terms, the AAM shows that the overall administrative mechanism that supports the system of Ryan White Care Act-funded service delivery in Los Angeles County is healthy and works well. A number of recommendations were offered by representatives of each level comprising the administrative mechanism as to possible improvements to the system, but the overarching assessment is that a mature and competent system has been developed. While the overall assessment included recommendations for improvement, the following positive attributes were noted: 1) the Commission on HIV (which is the Ryan White Planning Council) has highly committed staff that provide excellent support to its members, and their deliberations are thoughtful and result in allocations of resources that are responsive to community needs; 2) the administrative entity (DHSP) also is given high marks for competence, dedication and responsiveness to Commission allocations and directives; 3) the provider community has long experience in delivering quality and comprehensive services.

#	Recommendation	Priority Level: High, Medium, Low	Target Deadline/Notes/Comments
Focus Area 1: Commission on HIV Perspectives			
1	Survey of the entire membership. In addition to the Key Informant Interviews (of those most involved in service procurement processes) it is recommended that there be a survey tool to assess the perceptions of efficiency that are held by the entire body.	**High Main deliverable for 2019.**	• COMPLETED. PART OF 2020 AND 2021 AAM. • Combine with item #2. • Expand survey to all Commissioners is not hard, reflects interest in views, and can inform training, e.g., one question was, "Do you recall getting trained on the planning and priority-setting process?" (Operations Committee Meeting 10/25/18 minutes). • 2/21/1 - Start review of questionnaire and solicit DHSP feedback. • 3/29/19 - Finalize updated questionnaire. Review list of survey participants.

			April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers.
2	Future AAM processes should include tools to elicit perceptions of other components of the "administrative mechanism" as to the efficiency of the COH. While it is helpful to compile the collective perception of some of the most involved members of the COH regarding the body's efficiency, it would be a more robust assessment to include the perceptions of other partners in the administrative mechanism, such as DPH/DHSP staff and Providers.	**Medium Main deliverable for 2019.**	• REVISIT • Combine with item #1. • Pertains to additional broadening of perspectives." (Operations Committee Meeting 10/25/18 minutes). • Main deliverable for 2019. • 2/21/1 - Start review of questionnaire and solicit DHSP feedback. • 3/29/19 - Finalize updated questionnaire. • April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers. • Questions could help with an evaluation of the COH (AAM Workgroup Meeting 3/7/19).
Focus Area 2: Key Division of HIV and STD Programs (DHSP) and Department of Public Health (DPH) Stakeholder Perspectives			
3	The next assessment of the administrative mechanism (or some other interim administrative review) should include an assessment of the HR and Finance systems of the County and how they are impacting the ability of DHSP and DPH to efficiently employ appropriate processes to support HIV service delivery.	**Medium 2021**	• REVISIT • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. • May be focus of next AAM. Possible Health Agency changes may impact. (Operations Committee Meeting 10/25/18 minutes). • Assessment of the DPH HR and Finance systems could be the focus of the AAM slated for 2021/2022 (AAM Workgroup Meeting 3/7/19).
4	Encourage the Executive Office or DPH to explore the impact of the consolidation of Contracts and Grants at the DPH level, as compared to the previous placement of Contracts and Grants within DHSP.	**Low**	• REVISIT • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. • Tied to ongoing organizational changes within DPH and process oriented. (Operations Committee Meeting 10/25/18 minutes).
5	Encourage the relevant components of the County to explore compensation for reviewers as many other governmental levels offer. A companion suggestion was made to assemble	**Low**	• REVISIT • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and

	a “pool” of qualified reviewers (as HRSA does), and this suggestion should be revisited.		administrative efficiency. • Impact low now. Few new Requests For Proposals (RFPs) due to expansion of services for existing RFPs. (Operations Committee Meeting 10/25/18 minutes).
6	The DPH/DHSP should collaborate with ISD or undertake its own well-promoted community education sessions to educate providers who are not current county contractors about the steps, requirements and competencies necessary to do business with the County so as to potentially become HIV service delivery providers. Special outreach should be made to providers with competency in minority communities and in the HIV “hot spots” identified in the county’s HIV epidemiology reports.	**High 2020**	• REVISIT • Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead. • Supports adding providers with special focus on those serving minority communities and HIV "hot spots." (Operations Committee Meeting 10/25/18 minutes). • DHSP is approaching the solicitations process in a different way to get more providers to apply for RFPs. They are looking at a broader distribution of RFP notices and will start a series of trainings in April 2019 for agencies on how to better respond to RFPs. The trainings will replace bidder’s conferences (AAM Workgroup Meeting 3/7/19).
7	Given the reported variability among individual fiscal and programmatic monitors, DHSP should be encouraged to improve the quantity and frequency of its internal training of its contract monitoring staffs. While most staff members received high marks for their competency, there was sufficient commentary about variability among staff in their interaction with providers to warrant a review by DHSP senior staff.	**High 2020**	• REVISIT • conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead. • Training for DHSP contract monitoring staff on consistent communication and collaboration with providers. (Operations Committee Meeting 10/25/18 minutes). • DHSP is currently looking into doing internal training for DPH Contracts and Grants unit staff to ensure uniformity of messages and information given to contractors. DHSP staff have regular communications and training to ensure uniformity of information given to agencies. Dr. Green’s unit is in the process of revising monthly reporting tools for each service category to get more accurate and specific information from providers. Dr.

			Green will lead the training for DHSP program monitors on how to use the updated monthly reporting tool and how to give better and consistent guidance and information to contractors (AAM Workgroup Meeting 3/7/19).
Focus Area 3: Contracted Agency Perspectives			
8	There is clearly a great deal of variability among providers in terms of their own internal processes that ensure efficient delivery of funded services. A recommendation for COH to consider would be to participate with DHSP to convene a "best practice roundtable where more experienced provider agencies could share information on their systems and processes with less experienced providers. Various incentives could be explored such as compensation for staff time, or prizes for "best new practice," or other incentives that might be funded by COH or private funders.	**Medium 2021**	• REVISIT • Use frontline feedback, but focus on provider executives to effect change. (Operations Committee Meeting 10/25/18 minutes). • Frame the best practices roundtable in a way that is not looking at the procurement process. Traci Bivens-Davis suggested approaching the best practices roundtable by looking at impacts on clients (AAM Workgroup Meeting 3/7/19).
9	It was suggested that there could be improvements to provider efficiency if the current mandated data system were improved or another system implemented. If sufficient IT expertise were available or could be secured, a review of the collective data management system used by DHSP would be useful. Particular dimensions of the functionality of such a system that should be explored would be its use to avoid multiple eligibility processes across providers, and its ability to generate data so that monitoring of contract performance by providers could be partially automated and thereby both agency and DHSP staff would need less time on site.	**High 2020**	• REVISIT • Related to CaseWatch. DHSP is the appropriate lead. • Focus on feasible improvements, e.g., renewing previous ability of providers to access CaseWatch to identify a client's prior provider to minimize paperwork burden on client and ensure coordination (not duplication) of care. (Operations Committee Meeting 10/25/18 minutes). • DHSP is looking at a possible replacement to Casewatch for care related services and a system called IRIS for prevention services. In the past, a provider could see if a patient has been seen in another agency. That feature has been made active again. One issue is that most providers do not go into Casewatch before seeing the patient to check if they are already in the Ryan White care system. Providers are not accessing Casewatch in real time while with the client. DHSP is continuing to look into an eligibility card for clients (AAM Workgroup Meeting 3/7/19).

General Recommendations			
10	It is recommended that a task force be convened (by the Executive Office or whatever level deemed appropriate) to do a comprehensive review of all the steps involved in procuring HIV related services. Given that it is reported by multiple sources that the overall timeline from identifying a need to getting reimbursable services on the street is around 24 months, and that timeline has not changed for over a decade, it is clear that this complicated and sometimes redundant system could be "tested" for efficiencies.	**High 2019 Policy and County-wide issue**	• REVISIT • Related to 2019 Co-Chairs' Priorities to work with the BOS to address the County's long contracting process and cycle. • Discuss with DHSP to develop a time study of procurement steps to test for efficiencies. (Operations Committee Meeting 10/25/18 minutes). • Since the contracting and procurement process is a countywide issue that requires a policy change from the Board of Supervisors, she asked if there are other advocacy work that the Commission should consider. Dr. Green noted he is exploring some possible options within DPH. He recommending working with health deputies first and Commissioners should focus on how the delays in contracting are impacting clients. Explore a fast track process for grant funded programs. Consider giving examples of how the delays in the contracting process impact access to services and clients. DHSP could help provide examples (AAM Workgroup Meeting 3/7/19).
11	It was noted by various informants that ISD (the Internal Services Department) is exploring its procurement processes and looking for improved efficiencies. It was also reported that the Interim Health Officer at DPH has noted that the department is moving on a fiscal and administrative function reorganization that could have an impact on HIV related service contracting. It appears timely to intensively study the procurement process for RWCA funded services as a part of the preparation for this reorganization.	**High 2021**	• REVISIT • Assess, watch, track, and monitor possible impact of single budget code consolidation for DPH • Include in scope of next AAM • Dr. Green noted that there has not been a consolidation of budget functions at DPH so far. Cheryl Barrit recommended that the Operations Committee track the issue for any potential impact on service delivery (AAM Workgroup Meeting 3/7/19).
Procedural Recommendations Regarding Future AAMs			
12	A procedural recommendation (that had been made in previous AAMs) reemerged in the process of conducting the current AAM. There seems to be no readily available database or information on the specific dates of each of the steps in the	**Low 2021**	• REVISIT • Discuss with DHSP to develop a time study of contracting steps with a provider to inform future AAMs.

	contracting process for each provider. It is recommended that the COH encourage the DHSP to track this information and to make it available for assessments in the future. This is one of HRSA's recommended practices, and it would augment future AAMs.		
13	Another procedural component that is very useful to quantitative analysis (and has been done in prior AAMs) is to conduct a survey of providers regarding their assessment of the efficiency of the overall administrative mechanism and in particular the procurement and fiscal/program monitoring procedures. COH should include a survey of all providers as component in the design of future AAM exercises. Incentives could be used to ensure high response rates, and the representativeness of the body of respondents could be analyzed as part of the process, and adjusted if needed.	**Low 2021**	• COMPLETED. ALL CONTRACTED PROVIDERS WERE INVITED TO PARTICIPATE IN THE PY 31 AAM. • Expand survey to all providers to better supplement key informant interviews.