LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
Subscribe to the Commission's Email List:
https://tinyurl.com/y83ynuzt

SPECIAL MEETING
Operations Committee Meeting

Tuesday, December 12, 2023
10:00AM-11:00AM (PST)

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

Validated Parking: 523 Shatto Place, LA 90020

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

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

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

https://lacountyboardofsupervisors.webex.com/weblink/register/r86b9b1caf2936af03cca1de35662bbb5

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

Password: OPERATIONS Access Code: 2537 516 0706

Scan QR code* to download an electronic copy of the meeting agenda and packet on your smart device. Please note that 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.

LIKE WHAT WE DO?

Apply to become a Commission Member at:

https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication

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

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 SPECIAL MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

OPERATIONS COMMITTEE

Thursday, December 12, 2023 |10:00 AM – 11:00 AM

510 S. Vermont Ave, 9th Floor, Terrace Level Conference Room
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020
**As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting to access the Terrace Conference Room (9th flr) where our meetings are held.*

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/r86b9b1caf2936af03cca1de35662bbb5
To Join by Telephone: 1-213-306-3065
Password: OPERATIONS Access Code: 2537 516 0706

Operations Committee (OPS) Members:			
Justin Valero, MA *Co-Chair*	***Vacant*** *Co-Chair*	Miguel Alvarez (Executive At-Large)	Jayda Arrington
Danielle Campbell, MPH (Executive At-Large)	Jose Magaña	Leon Maultsby	Erica Robinson (Alternate)
QUORUM: 4			

AGENDA POSTED: November 21, 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 Committee's consideration of the item, that is within the subject matter jurisdiction of the Committee. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.
ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to

lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

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

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico 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. Approval of Agenda — **MOTION #1** — 10:05 AM – 10:07 AM
4. Approval of Meeting Minutes — **MOTION #2** — 10:07 AM – 10:10 AM

II. PUBLIC COMMENT — 10:10 AM – 10:13 AM

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

III. COMMITTEE NEW BUSINESS ITEMS — 10:13 AM – 10:15 AM

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

IV. REPORTS

7. Executive Director/Staff Report — 10:15 AM – 10:20 AM
   a. Operational Updates
8. Co-Chair's Report — 10:30 AM – 10:40 AM
   a. 2024 Operations Committee Co-Chair Open Nominations | Extend to January 23, 2024
   b. Revised 2023 Training Schedule
   c. 2024 Work Plan Preliminary Development
9. Policies and Procedures — 10:40 AM – 10:45 AM
   a. Proposed Updates to Bylaws
10. Membership Management Report — 10:45 AM—10:50 AM
11. Recruitment, Retention and Engagement — 10:50 AM – 10:55 AM

DRAFT

a. 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 10:55 AM – 10:57 AM

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

VI. ANNOUNCEMENTS 10:57 AM – 11:00 AM

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

VII. ADJOURNMENT 12:00 PM

15. Adjournment for the special meeting on December 12, 2023

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Operations Committee minutes, as presented or revised.

DRAFT

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) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 11/20/23

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL *	**Danielle**	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**Luckie**	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ish**	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	**Andre**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	AMAAD Institute	Community Engagement/EHE
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SOLIS *	**Juan**	UCLA Labor Center	See attached subcontractor's list
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	**Lambert**	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

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

Division of HIV and STD Programs Contracted Community Services		
ORGANIZATION	**SERVICE CATEGORY**	**SUBCONTRACTOR**
AIDS Healthcare Foundation (AHF)	Mental Health	
	Medical Specialty	
	Oral Health	
APLA Health & Wellness (AHW)	Ambulatory Outpatient Medical (AOM)	
	Case Management Home-Based	Libertana Home Health, Caring Choice, The Wright Home Care, Cambrian, Care Connection, Envoy
	Nutrition Support (Food Bank/Pantry Service	AIDS Food Store, Foothill AIDS Project, JWCH, Project Angel
	Oral Health	Dostal Laboratories
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
	STD-Ex.C	
	Biomedical HIV Prevention Services	
AltaMed Health Services	Case Management Home-Based	Envoy, Caring Choice, Health Talent Strategies, Hope International
	Mental Health	
	Vulnerable Populations (YMSM)	TWLMP
Bienestar Human Services (BEN)	Nutrition Support (Food Bank/Pantry Service)	
	Vulnerable Populations (Trans)	CHLA, SJW
Black AIDS Institute	HTS - Storefront	LabLinc Mobile Testing Unit Contract
Center for Health Justice (CHJ)	Transitional Case Management (Jails)	
	Vulnerable Populations (YMSM)	
Childrens Hospital Los Angeles (CHL)	AOM	
	Vulnerable Populations (YMSM)	APAIT
	HTS - Storefront	AMAAD, Center for Health Justice, Sunrise Community Counceling Center
Coachman Moore and Associates	STD Prevention	
East Los Angeles Womens Center	HERR	
East Valley Community Health Center (EVC)	AOM	
Essential Access Health (formerly California Family Health Council)	STD Infertility Prevention and District 2	
Friends Research Institute	HERR	
Greater Los Angeles Agency on Deafness, Inc. (GLAD)	HERR	LIFESIGNS, Inc., Sign Language Interpreter Services
Heluna Health	Linkage to Care Service forr Persons Living with HIV	EHE Mini Grants (MHF; Kavich-Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC; EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN; Spanish Telehealth Mental Health Services; Translation/Transcription Services; Public Health Detailing; HIV Workforce Development
In the Meantime Men's Group	Vulnerable Populations (YMSM)	Resilient Solutions Agency
JWCH Institute, Inc. (JWCH)	Mental Health	Bienestar
	Oral Health	USC School of Dentistry
	Biomedical HIV Prevention Services	
LAC University of Southern California Medical Center Foundation, Inc.	Community Engagement and Related Services	AMAAD, Program Evaluation Services, Community Partner Agencies
LAC-DHS Housing for Health (DHS)	Housing Assistance Services	Heluna Health
Los Angeles LGBT Center (LGBT)	AOM	Barton & Associates
	Vulnerable Populations (YMSM)	Bienestar, CHLA, The Walls Las Memorias, Black AIDS Institute
	Vulnerable Populations (Trans)	Special Services for Groups, Translatin@ Coalition, CHLA, Friends

Men's Health Foundation (Anthony Martin Mills, MD)	AOM	AMMD (Medical Services)
	Biomedical HIV Prevention Services	
	Vulnerable Poplulations (YMSM)	
	Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Minority AIDS Project (MAP)	Case Management Home-Based	Caring Choice, Envoy
Northeast Valley Health Corporation (NEV)	AOM	
	Mental Health	
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
Project New Hope (PNH)	Residential Facility For the Chronically Ill (RCFCI)	
Public Health Foundation Enterprises (PHF)	Transitional Case Management (Jails)	
St. John's Well Child and Family Center (SJW)	HTS - Social and Sexual Networks	Black AIDS Institute
St. Mary Medical Center (SMM)	AOM	
	Case Management Home-Based	Envoy, Cambrian, Caring Choice
	Oral Health	Dental Laboratory
T.H.E. Clinic, Inc. (THE)	AOM	
The Wall Las Memorias Project	HTS - Storefront	
	HTS - Social and Sexual Networks	
Tarzana Treatment Center (TTC)	AOM	New Health Consultant
	Case Management Home-Based	Always Right Home, Envoy
	Mental Health	
The Regents of the University of California (UCLA)	Oral Health-Endo	
	Oral Health-Gen.	
University of Southern California School of Dentistry (USC-Ostrow)	Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech; Biopsies - Pacific Oral Pathology
	Oral Health-Gen.	Patient Lab Services
Venice Family Clinic (VFC)	AOM	UCLA
	Benefit Specialty	UCLA
	Medical Care Coordination	UCLA
Watts Healthcare Corporation (WHC)	Oral Health	

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

County of Los Angeles
Public Health
Division of HIV and STD Programs

LOS ANGELES COUNTY
COMMISSION ON HIV

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

DRAFT

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

OPERATIONS (OPS)
COMMITTEE MEETING MINUTES

October 26, 2023

COMMITTEE MEMBERS P = Present | A = Absent | EA = Excused Absence | MoP=Attended as Member of the Public | AB2449=Virtual Attendance					
Miguel Alvarez	P	Jayda Arrington	P	Justin Valero, MA, *Co-Chair*	P
Danielle Campbell	P	Shonte Daniels *LOA)*	P	Jose Magaña	A
Joe Green, *Co-Chair Pro Tem*	MoP	Erica Robinson (alternate to S. Daniels)	P		
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, MPIA, Dawn McClendon, Sonja Wright, DACM					
DHSP STAFF					

*

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/adbdc040-e935-4030-9d3f-ac0812e3920e/Pkt_OPS_102623-updated.pdf

*

1. **CALL TO ORDER-INTRODUCTIONS-**
   The meeting was called to order at 10:29 am; quorum was subsequently reached at 10:35AM.
2. **INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS** Commissioner Danielle Campbell led introductions in the absence of Co-Chairs

I. ADMINISTRATIVE MATTERS

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

4. APPROVAL OF MEETING MINUTES
MOTION #2: Approve the 9/28/2023 OPS Committee meeting minutes, as presented ***(✓Passed by consensus).***

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

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

- There were no new business items.

IV. REPORTS

7. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

Executive Director, Cheryl Barrit, provided the following operational updates:

- The Committee was requested to review meeting minutes as staff will upload all approved minutes to website. C. Barrit reminded the Committee that corrections can be made up to 1 year from the date of approval.
- All remaining meetings for 2023 will be held at the Vermont Corridor.
- All concerns reported regarding building accommodations, parking structure, network accessibility, etc., are recorded as COH staff continues to work with the CBRE and Department of Mental Health (DMH) building management team to report technical issues and identify solutions. The COH staff is also working with the Executive Office IT team and A/V vendor, Rainbow Sound & Lights for guidance concerning audio amplification options.

b. **2023 Annual Conference:** (1) will be held at the Vermont Corridor on November 9th, from 9am to 4pm, followed by reception from 4pm to 5pm, (2) is open to the community with special invitation extended to consumers to encourage strong attendance, (3) an integrated call to action exercise is incorporated at the end of each speaker's session to engage participants in collective problem solving; call to action ideas will be synthesized by staff to help steer 2024 priorities and workplans, (4) confirmed speakers include DHSP staff, Dr. Sid Puri (SAPC), Dr. Ardis Moe, and Dr. Curley Bonds (DMH). An intergenerational discussion on community building will be held with AJ King as the facilitator. Dr. Va Lecia Adams Kellum, CEO, LAHSA, was invited, however, we have yet to receive a response.

c. 2023 COH Upcoming Events and Activities

- On November 2, 2023, from 8am – 4pm, the Transgender Caucus will hold a TGI Health Summit at Village at Ed Gould Plaza. The aim is to increase awareness of the health disparities and strategies surrounding Transgender, Gender Non-Conforming, and Intersex (TGI) communities.
- World AIDS events: (1) The COH, led by Commissioner Jonathan Weedman in partnership with Supervisor Barger's Office (District 5) will host a leadership breakfast on December 1st, and (2) the Black Caucus, in partnership with Supervisor Mitchell's Office (District Two), will host a community event and resource fair on December 6th. Event flyers and details on the COH website.

8. CO – CHAIRS REPORT

a. 2023 Operations Co-Chair Vacancy

- The Committee decided to move forward with J. Valero being the sole Operations Co-Chair, and Co-Chair *Pro-Tem* Joe Green filling in as needed, for the remainder of 2023.

b. 2024 Operations Committee Co-Chair Open Nominations

- J. Valero nominated Miguel Alvarez. M. Alvarez declined the nomination.
- Operations Co-Chair nominations will remain open until the elections are held at the Operations January 2024 meeting.

c. "Getting To Know You" Exercise

- Commissioner Erica Robinson introduced herself to the Committee, provided a few fun facts about herself, and took a few questions from the attendees.

d. 2023 Work Plan

- Co-Chair J. Valero led a brief review of the work plan, which can be found in the meeting packet.

e. Revised 2023 Training Schedule

- The Health Literacy and Self-Advocacy training was held on October 24th, from 3-4:30pm. This was a **non-required** training for commissioners. The recording can be found on the COH website.
- The next training, Policy Priorities and Legislative Docket Development Process, will be held on November 15th, from 3-4:30pm. This is a **required** training for commissioners.
- Please note: the revised training schedule reflects the Co-Chairs Roles and Responsibilities training was changed from December 6th to February 13, 2024 from 4-5pm.

f. 2023 Holiday Meeting Schedule

- Taking into consideration that November's Operations Committee meeting falls on Thanksgiving, the Committee decided to keep in-line with what has historically been done and therefore cancelled the November 23 meeting.
- The Committee will hold a special meeting in December. Staff member D. McClendon will send out a SurveyMonkey poll, for the Operations and Executive Committees. The potential dates discussed were December 6th, 7th, 11th, 12th, or 13th. The Committee showed interest in the 7th; however, the actual date will be determined after the polling.

9. Policies and Procedures

a. "2 Person/Per Agency" Rule | Discussion

- The Committee discussed the 2 person per agency rule under section 9D of the policy which states: *To avoid potential influence and to preserve the integrity of the Commission's decision-making and planning process, the Commission's membership cannot consist of more than two agency representatives from the same agency.*
- Currently, four (4) members of the Commission are affiliated with the same agency. Although in violation of the referenced policy, concerns were expressed regarding losing the historical knowledge and expertise of those commissioners.
- Staff member, Dawn McClendon, reminded the Committee that she researched other Planning Councils (PCs) across the country who have a similar policies and protocols in place, and it was determined that while many of the PCs had some type of protocol in place to manage the overrepresentation of providers from the same agency, one PC indicated that they incorporated a waiver process for provider applicants in situations such as this.
- After discussing and deliberating the characteristics and functionality of the waiver, and how it impacts Commission business, a motion was put on the floor to implement a waiver and include the following wording in the 2 per Agency Rule*: " A 2 person per agency waiver is for individuals who are considered affiliated with an entity or organization that is otherwise represented on the COH, but whose salary is not supported by said organization AND said individual is not paid a salary directly funded by dollars from a DHSP contract or in any consulting capacity by DHSP contractual funds".*

Roll Call Vote: (✓Passed by Majority, Roll Call: M. Alvarez (Yes), J. Arrington (Yes), D. Campbell (Yes), E. Robinson (Yes), J. Valero (Yes).

b.By-Laws Review Task Force | Update

Alasdair Burton, BRT Co-Chair, provided the following recap:

- The BRT last met on October 18th and BRT Co-Chair Everardo Alvizo announced his resignation

effective immediately due to his relocation to Sacramento. Nominations for Co-Chair opened, no submissions were received. The group agreed to move forward with A. Burton as the sole chair.

- A. Burton underscored the primary goal of the BRT, which is to produce an updated product that incorporates the updates of HRSA's site visit findings and the recommendations of the membership. He suggested that the HRSA-mandated updates be prioritized. No objections were expressed.
- Cheryl Barrit reported that DHSP and staff consulted County Counsel to align the bylaws review with County protocols and HRSA's findings. Consensus was reached on HRSA's findings, indicating that contracted providers must abstain from voting on the PSRA process. However, they are allowed to participate in discussions to ensure informed and thorough deliberations.
- The group agreed to open membership to Jayda Arrington and Ismael Herrera and will consider additional interested individuals on a case-by-case basis.
- Staff was requested to review the soon-to-be formed LGBTQ+ Commission's charter to determine member compensation to support an increase in unaffiliated consumer member stipends.

10. Membership Management Report

The Operations Committee voted as follows:

a. New Member Application | Daryl Russell Seat (#34) **MOTION #3**

MOTION #3 *Approve new membership application for Daryl Russel (Seat #34), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.* (✓Passed by Majority, Roll Call: M. Alvarez (Yes), J. Arrington (Yes), D. Campbell (Yes), E. Robinson (Yes), J. Valero (Yes).

b. Renewal application - SBP Committee-only | Mark Mintline **MOTION #4**

MOTION #4 *Approve renewal SBP committee-only membership application for Mark Mintline, as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.* (✓Passed by Majority, Roll Call: M. Alvarez (Yes), J. Arrington (Abstain), D. Campbell (Yes), E. Robinson (Yes), J. Valero (Yes).

c. Attendance Review

The Committee requested to: (1) check-in with Juan Solis, Al Ballesteros, and Pearl Doan, and (2) review the attendance again in January 2024.

d. Status on Pending/New Applications

- Item not discussed.

e. Parity, Inclusion and Reflectiveness (PIR)

Item not discussed.

f. Mentorship Program

(1) Opportunity to Volunteer to Mentor

- Item not discussed.

11. Assessment of the Administrative Mechanism (AAM)

a. FY 2022-2023 Proposed Approach | Feedback

- C. Barrit noted that she is working with the Executive Office to procure a consultant and will provide updates appropriately.

12. 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).

- Item not discussed.

V. NEXT STEPS

13. TASK/ASSIGNMENTS RECAP:

- C. Barrit will start the AAM bidding process.
- C. Barrit will research the LGBTQ Commission's Bylaws
- Staff will send out a poll and confirm a December meeting date

12. AGENDA DEVELOPMENT FOR NEXT MEETING:

- 2 Person per Agency Waiver
- Operations Co-Chair Nominations and Elections
- 2024 Work Plan
- AAM
- BRT
- Mentorship program
- Standing items

VI. ANNOUNCEMENTS

14. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- J. Valero announced that funding has been approved for an LGBT Center in Whittier.
- J. Arrington announced she referred a youth for possible Commission membership.
- J. Green thanked everyone who made a public comment during the Board of Supervisors meeting.

VII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 12:04 pm.

Commission on HIV 2023 Annual Conference Feedback Survey

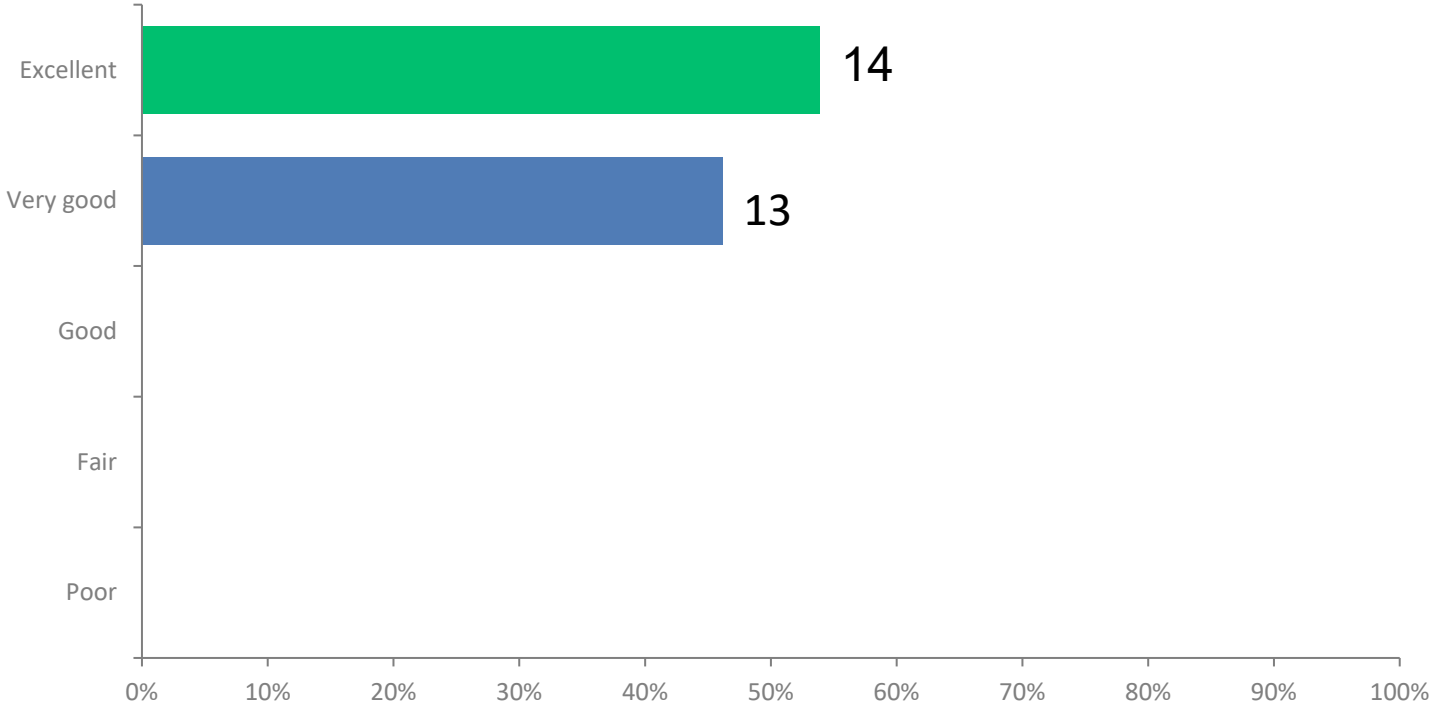
December 12, 2023

- 58 in-person attendees
- 30 via livestreaming
- 100% rated the event “Excellent” or “Very Good” (N=27)
- “The collegial aspect of the conference. People had time to talk with each other and spend time doing so. This was a healing opportunity for our community after the years of Covid.”
- “Very interactive. The topics were relevant to what is happening in our communities.”
- “Well-organized, very good presentations and discussions.”

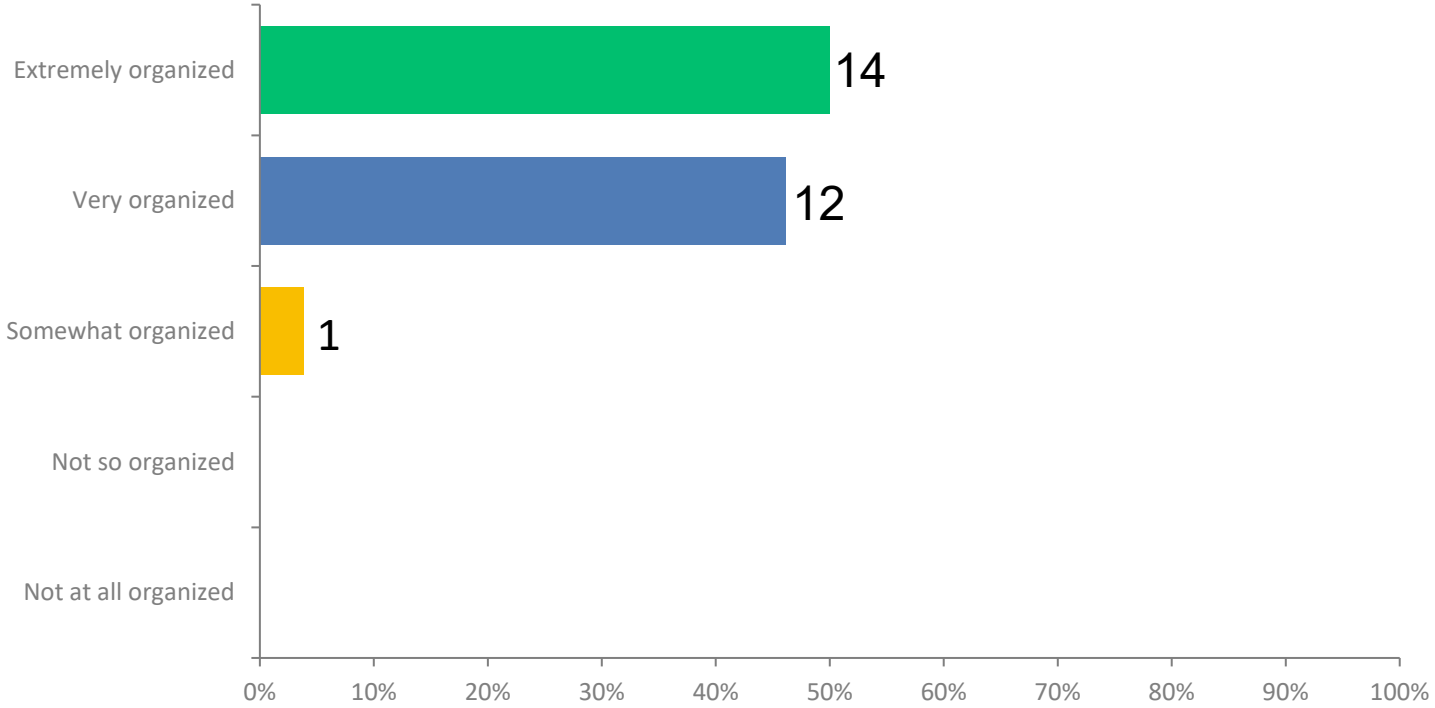
Nov 9 at 2:55 PM ·

@hivcommla Annual Conference.
Thank you for a great informative program. Let’s end this epidemic.

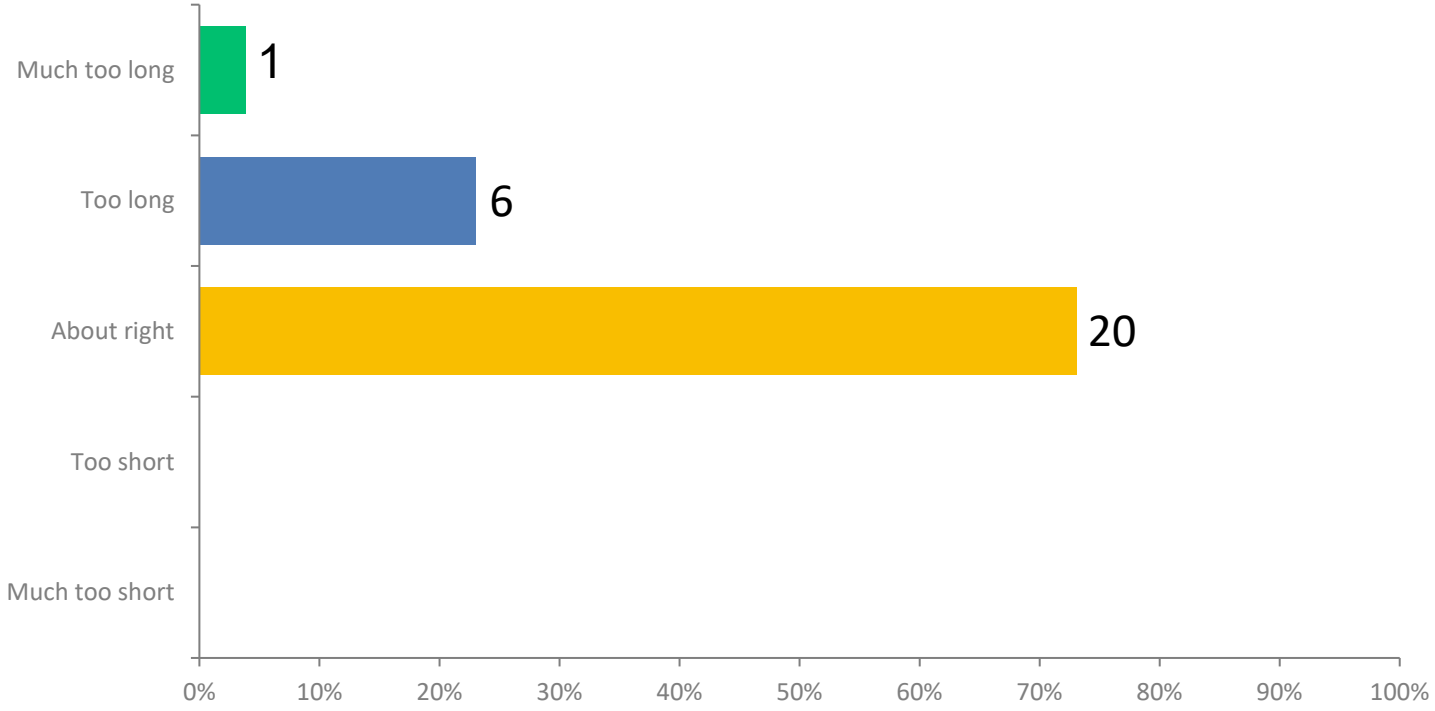
Q1: Overall, how would you rate the event?



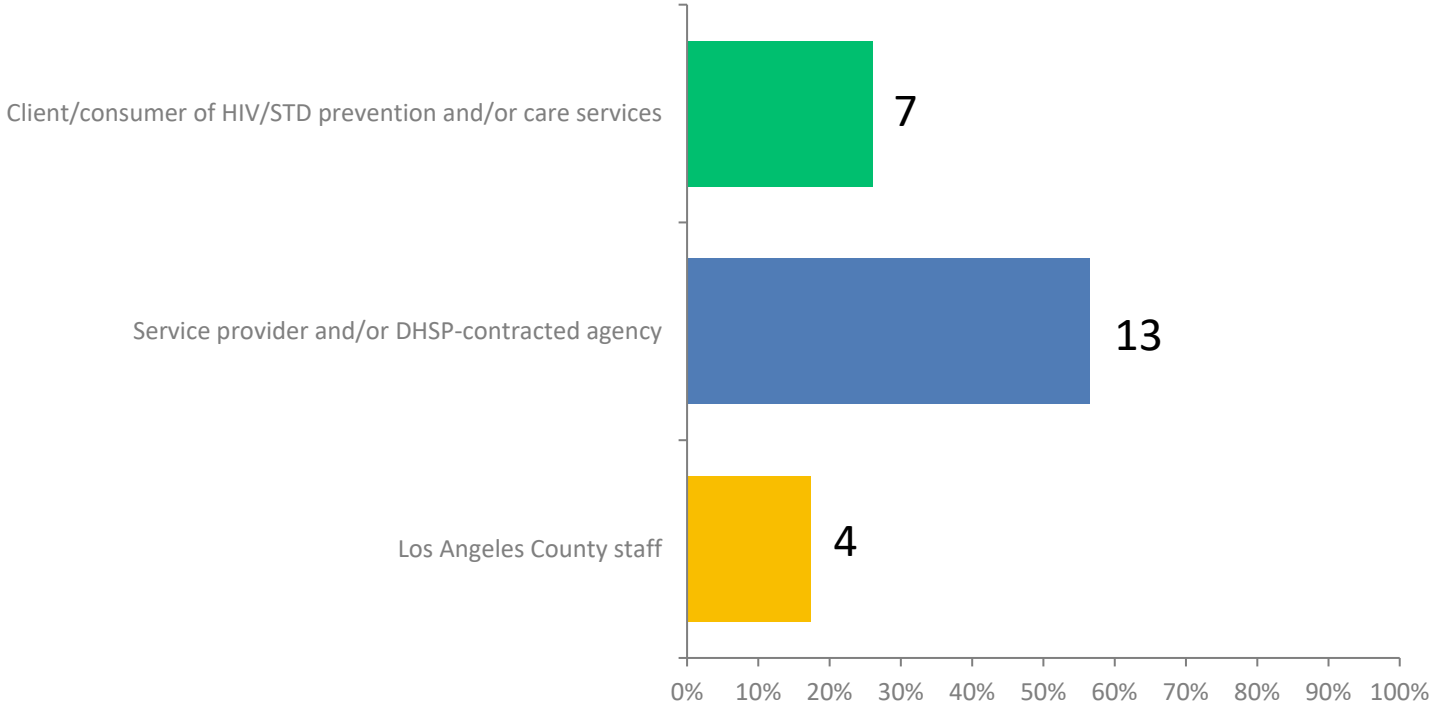
Q4: How organized was the event?



Q5: Was the event length too long, too short or about right?



Q7: Which of the following categories best describes you. Please select one.



See attachments for responses to open-ended questions.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

2023 ANNUAL CONFERENCE EVALUATION
RESPONSES TO OPEN-ENDED QUESTIONS

What did you like about the event?

1. The presenters and content were great. The fellowship of all that attended was very nice.
2. The issues relating to the generational divide.
3. The event flowed well, was informative and thought-provoking, and sometimes entertaining ...
4. Great presentations (except for the Mental Health presenter - that was not engaging and it felt patronizing tbh)
5. Love all the speakers.
6. The information about PrEP and implementation of EHE
7. The location!
8. Presentation and group participation. Information presented.
9. Very well-spoken speakers and great information shared.
10. The collegial aspect of the conference. People had time to talk with each other and spend time doing so. This was a healing opportunity for our community after the years of Covid
11. Very interactive. The topics were relevant to what is happening in our communities.
12. The data about PrEP
13. I enjoyed the intergenerational conversation.
14. I liked all the various topics discussed in the conference!
15. Well-organized, very good presentations and discussions.
16. Various updates on services in LA County
17. Great camaraderie, speakers, and food.
18. People interacting with each other.
19. I enjoyed the presentations, particularly the Harm Reduction, Increasing Access Among Priority Populations, and the Intergenerational conversations.
20. Presentations & Participation
21. The variety of information that was presented. Everyone was excellent.
22. All the presenters were informative and knowledgeable
23. It was super informative. I enjoyed the different speakers and how the problems were being addressed.
24. The EHE session and Doxy PEP sessions were very informative
25. Let's me know where my computer programming outputs find their use.
26. I learned stuff.

What did you dislike about the event?

1. The location of the language interpreters. They were located in the very center of the room, 3 tables back. It was extremely distracting for me, and at times hard to follow the speakers/presenters because the voices of the interpreters were competing with the voices of the speakers/presenters. I think the interpreters could have been located in the very back corners of the room. This way the interpreters could still see and hear everything in order to provide interpretation services, but they would be much less distracting for those of us not needing interpretation services.
2. Should've had more folks in attendance from some of our long-time colleagues,
3. Not so much disliked, as I look forward to when we can have attendance back up at the pre-COVID levels ...
4. Food could have been better and more substantial. The raffle of prizes at the end felt haphazard and the way it was given was a bit unfair - it was a question that was posed and even before the question was asked, Katya raised her hand and then she was given the question, and when she got it right, she got two prizes. It was unfair and I think it was just poor planning because that raffle should have been done appropriately and included everyone who submitted a raffle ticket, not just a raise of hand.
5. Everything was great! Would have liked to hear more from those with lived experiences. Consider panel discussions highlighting some of the populations and opportunities for interaction among attendees and presenters.
6. Everything was good
7. The food
8. N/A
9. Too many audience questions and comments unrelated to the subject.
10. I wish the Housing and Intergenerational segments had been more structured. There was space for improvisation. We could have asked more challenging questions of ourselves.
11. none
12. I personally do not like the breakdown groups.
13. Nothing
14. n/a
15. The slides had to be rotated each time. It was distracting and annoying.
16. Food
17. More information on what the COH has accomplished
18. Went a little too long. Had to rush out and did not get to enjoy the meet and greet after the meeting. Many people left half way through the event.
19. The event could use more opportunities to the be actively engaged. The presentations were amazing but sometimes felt a little being lectured to for hours.
20. N\A
21. Misinformation about 988 mental health crisis hotline.
22. Nothing
23. I was unaware until the morning of.
24. Nothing. The more awareness, the better. If I have to come up with something, it was not a programming seminar.
25. Missed in depth conversations.

Please share other comments you have.

1. Invited to afternoon cookies/snacks, didn't arrive until the closing statements
2. CoH staff continues to set themselves a high standard for subsequent years ...
3. Should end at 2pm
4. I don't have any comments at this time
5. it is nice to meet and learn the new updates!
6. N/A
7. Dr. Moe is a dynamic presenter. People around me were nodding their heads in agreement with her observations. Would the Commission or DHSP sponsor an event with Drs. King, Moe, Hardy and Gottlieb? I was struck by the through line of HIV care and knowledge in these doctors training.
8. n/a
9. I like to see HIV efforts merge with DMH. And DMH do more HIV education.
10. Lovely event, just too long
11. More integrated discussions amongst the larger group, such as the intergenerational activity, would be welcome.
12. I would like to see more Mediterranean meals because cold high carb foods, I was told to stay away from. While there many hours those on medical have restrictions.
13. Just looking forward to seeing if the providers listened and are willing to help their clients more. Also, a little bit more compassionate towards the issues we face daily as PLWHIV

LOS ANGELES COUNTY COMMISSION ON HIV

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

2023 ANNUAL CONFERENCE CALL TO ACTION RESPONSES

Los Angeles County State of HIV/STDs/ Updates | Division of HIV and STD Programs (DHSP)	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Obtain data on the impact of DoxyPEP on county-wide reductions on STIs. • Secure leadership support from agencies to strengthen community by prioritizing and supporting staff to connect with other agencies. • Increase opportunities for staff to participate in SPA meetings, Commission, Task Forces, etc. Require this for all funded agencies. • Public assistance participants must attend sexual health class/classes to learn about syphilis, gonorrhea, HIV, DoxyPEP. • Visit day care centers and offer workshops for parent on sexual health. • Learn more about working with schools, street medicine, buddy programs, and grants for innovative outreach. • Increase unaffiliated consumer representation on CABs, Commission and other planning efforts. Providers should promote client participation in the Consumer Caucus. Consider opening up the DHSP training for frontline staff to unaffiliated consumers.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• Implement and support programs that reach vulnerable priority populations effectively. • Employ contingency management for staying in care and maintaining viral suppression. • Expand public health detailing program to more clinics. • Clarify if street medicine includes mental health medication. • Expand the availability of and access to women's condoms. • Equip LGBT+ bars with home test kits. • Simplify the application process for the Emergency Financial Assistance program. • Bulk HIV/STD test kits to distribute like COVID tests in pharmacies, clinics, community centers, etc. Incentivize HIV+ clients with SUD and meth to be virologically controlled, similar to contingency management model. DoxyPEP without prescription needed; given through pharmacy. • Start focusing on herpes on MSM. Please use independent pharmacies.

	• Implement HIV testing at commonly utilized, public non-medical service centers (e.g., DMV). This has worked well in D.C. • Take national advocacy action to make benzathine penicillin more available to better treat syphilis and stop transmission. • Advance street medicine programs to deliver injectable ART and PrEP on the street. • Explore how staff and agencies can obtain harm reduction medicine cabinet kits. • Establish (or support and expand) support groups for domestic violence/sexual assault survivors living with HIV specifically women of color {trauma-informed}. Continuous support services (ongoing). • Watts Health Center has a mobile unit currently unused (for most part). It is paid for – but we need funding to use this unit as a street medicine van as well as for full staffing- clinician, nurse, case worker, etc. We have applied for grants with CHIPTS and AMAAD but pending—could this be a joint DHSP endeavor? (FF)
PARTNERSHIPS	Partner with schools to educate and provide care. Compel private health groups and insurers have more skin in the game with comes to STI prevention.

The County's Response to the Intersection of HIV and Substance Use | Harm Reduction and Other Services, DPH, Substance Abuse Prevention and Control (SAPC) | Dr. Sid Puri, Associate Medical Director, SAPC	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Establish regular meetings with appropriate commissioners. • Educate community-at-large about the role of safe injection/consumption sites to promote acceptance.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• Clarify federal and local rules and regulations about the ability of FQHCs to serve as a syringe exchange programs. • There is a need for provider detailing and harm reduction strategies around GHB (a.k.a., Liquid Ecstasy, G, Georgia homeboy, cups).

	• Support and expand safe sites/overdose sites. • Create and support users union. • Reduce costs for medication. • Promote women's condoms for harm reduction. • Use harm reduction techniques as a form of prevention instead of gateway to stigma and misinformed calls to action. Reduce stigma so more people come forward and are able to voice their experience as a building block to make these services more accessible or at the very least bring more awareness to services offered. • Establish and use of safe use spaces to engage with PWIDs, offer through OD-protective services, build trust, and begin discussion about harm reduction, recovery and a new way of life. Increase use of harm reduction services as a beginning.
PARTNERSHIPS	• Use independent pharmacies.

PrEP, Long-acting PrEP, DoxyPEP | Strategies for Increasing Access and Utilization among Priority Populations | Dr. Ardis Moe	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Inform providers and community about PrEP failures for both oral and long-acting injectables. Educate the community about the costs, uptake and what the reality/complexity is around PrEP failures. • Consider using the messaging, "Health pill" not the "pill to prevent HIV." • Train doctors to prescribe PrEP in emergency departments. • Educate providers and the community about rules and regulations about access to PrEP for minors. • Educate the community about PrEP and DoxyPEP options for cisgender women.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• Operationalize home testing kits for routine PrEP labs to further decrease barrier and increase PrEP persistence. • Support the EHE initiative around pharmacy PrEP Centers of Excellence and share a list of participating pharmacies that can dispense PrEP and PEP and this list disseminated to the

	community. • Promote conversations with providers, especially those who receive those government funds, about making the conversation around PrEP something as easy as asking for general medical care. It would be nice to see Hold providers accountable to having those conversations and prescribing PrEP. Patients shouldn't have to educate their providers. "We are all having sex. But no one is talking about it." • Consider DPH-initiated injectable PrEP with directly observed therapy approach to administer at home. PrEP and DoxyPEP through pharmacy or clinical pharmacist.

Housing and HIV | Community Reflections on Coordinated Planning	
GENERAL REFLECTIONS	• Bridge the huge disconnect between what we discuss at the Commission meetings, the HOPWA reports, and the actual lived experience of patients. Doctors feel helpless when their patients need housing and they are not able to offer help even if their agency has a housing case manager, or funded to provide housing, or serves primarily people experiencing homelessness. • Who do we need to engage to identify a true coordinated entry system? i.e., centralized document repository. How can we create a low barrier entry system? What does a coordinated case management system look like? How can we successfully house persons experiencing mental illness? How can COH and participants contribute to the housing solution other than allocating RWP funding? What training is available on the housing system/partner/ stakeholders in LAC? Need to understand the foundation/context to be able to participate in conversations. What homeless prevention services/programs can we provide? • The homeless point in time count underestimates the severity of homelessness. The unsheltered PIT count in LA was 52,307. The annualized estimate is 87,526. This should be the number used as a denominator for population-based coverage, especially if we

	are following people indoors, which we should be. The unsheltered count is approximately a 30% *underestimate* due to only counting the visible homeless population. This would put us well over 100k. The PIT count *excludes* those in hospitals, jail, and people who are "doubled up." This may result in a disproportionate undercounting of racial and ethnic minorities who are overrepresented in incarcerated populations. A published study did an expanded count to include those in jails, which increased the count by 57%.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• PLWH seniors and disabled for permanent housing as aged are priced out. Create communities of PLWH and other allies for services. Seniors on fixed income are not able to keep up with rising cost of rent. • People need help every step of the way from how to start an application and through maintaining housing. Keep seniors in housing and provide ongoing assistance. • Listings on CHIRPLA does not necessarily mean that an individual will qualify for these units. It is important to prevent eviction. • Reduce caseloads- there is not enough time for case managers to adequately help clients given the huge caseloads. Case managers themselves are barely able to make ends meet and pay their rent. They too need a decent source of income. • Unit set asides for affordable housing are not necessarily affordable. The application fee is too high for many and they need help filling out the application form. • There is lack of housing for seniors; some do not know how to fill out the paper work or collect the required documentation. • HOPWA needs to do just more than “site audits”- talk to consumers. Cover application fees. Increase salary for staff. Smaller caseloads. Housing specialists need to hold their clients through the process. Hire and train more HOPWA and LAHSA staff. • Assist people with subsidized housing stay housed and pay their bills. Train case managers to hold client’s hands throughout their housing needs.

	• Educate the community about entities and resources to maintain the habitability (maintenance and upkeep) of their housing. • More effort is needed to create more housing specialists. More compassion and not just a check. Would be nice to bring more housing organizations to the table. We see the need and how underserved this service is so why isn't the conversation happening to be able to implement on a higher scale. Cross training utilization is lacking when that could potentially bridge the gap in not only, accessing out receiving services. • Address stigma in PLWH and homelessness in order to increase retention in medical care and adhere to ART. Develop strategies specially in cisgender women. • Develop built-in accountability to spend funds that are earmarked in a timely manner. Get passionate/effective/ productive navigators to help clients throughout the process of accessing funds/resources. Have their salaries contingent on a certain level of productivity and incentivize higher pay with helping more clients. • Conduct an asset mapping and work with different housing players to understand different housing options/services available in different geographic areas; have all housing providers come together quarterly to provide report and share inventory of available housing. • A coordinated application process is needed. • Housing for cisgender women is an even bigger issue; some cannot get housing because they have a partner. We need to illustrate housing funding and resources by populations; people need help paying their bills on a regular basis because its too expensive. • Bring housing as part of the status neutral approach. Providers are learning a lot of barriers for clients (such as EFA cannot pay for transitional housing assistance). Staff need additional support for coordination.
PARTNERSHIPS	• It is critical to have HOPWA and LAHSA representatives and leaders present at housing

	conversations. Have a staff from CHIRP LA at Commission meetings. How do we get housing funders to talk to us? • Develop a sustainable housing plan. Consider how much we can actually impact. • Accountability of a timeline for and goals reached (# of homeless persons housed) to ensure prompt and productive use of appropriated funds from each funded source. Integration of mental health, substance use, more building/rehabilitation, life skills building services with housing. • Consider awarding contracts to other and new entities to have a new approach. Maybe giving contracts to community members with a fresh plan. • Work with housing funders to host RFP informational sessions.

Then & Now: Where We Were & Where We Are Now **Facilitated Community Discussion | Intergenerational Perspectives on Community Building and Resilience**	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Consider how staff/client/patient generational differences impact positively or negatively healthcare outcomes. Provide education about the different generations; mentorship and reverse mentorship; allyship; storytelling; technology comfort – opportunities to end HIV. • Ongoing training on cultural humility. • Work together. Share experience and wisdom. Start/end with any 1 process/person. Promote relatability and allyship. Stigma still here. Use status-neutral language. Use language that promote unity rather than division. Address lack of trust. Promote diversity equity, shared values, shared goals and things in common. Consider information accessibility across generations. • It is important to involve the communities that one is conducting research, care, outreach, and programs for in the decisions that affect them, particularly in youth. Have voting members of every generation ensures that there is an active voice in the decisions being made for them. For instance, if you have a department that serves ages 12-24, you

	should have a member of that age range with equal voting power helping to make decisions for them. • More fun space intergenerational, like a game night where we learn old and new games.

Enhancing Access to Mental Health Services for PLWH | Dr. Curley Bonds, Chief Medical Officer, Los Angeles County Department of Mental Health	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Address or bridge the disconnect with what is actually experienced by patients and services offered in the community. Consider a patient and DMH panel to continue this important conversation. • Increase promotion of 988. Consider working with a coalition or workgroup that meet monthly or whatever it may be to offer services across the board to organizations which may need these extended services or services they do not directly offer.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• Work with DMH to collect HIV status data for all clients. How and what training do MH clinicians need to address HIV and LGBTQ+ issues?
PARTNERSHIPS	• Foster more connection with LAC DMH and the Commission.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

PROPOSED VISION AND MISSION STATEMENTS COMMUNITY REACTIONS

Part I VISION STATEMENTS

1	**(CURRENT)** A comprehensive, sustainable, accessible system of prevention and care that empowers people at-risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life. • Strongly agree 12 • Agree 5 • Neutral 3
2	An equitable system of HIV prevention and care that is comprehensive, sustainable, and accessible empowering and educating all communities to make informed decisions about their sexual health needs to maximize life expectancy and optimize quality of life. • Strongly agree 9 • Agree 8 • Neutral 2
3	To eliminate HIV transmission in Los Angeles County and maximize life expectancy and optimize quality of life for those living with HIV and those at high risk. • Strongly agree 11 • Agree 5 • Neutral 4 • Strongly disagree 2
4	• Education/training; long term survivors • More innovative ideas and resolution in how we access virtually for those who are technically challenged or cannot attend meeting in person due to their diagnosis of HIV/AIDS. • Promotion of sexual health is my preference, however it ignores the fact that HIV is transmitted by other means. • I hope it's really comprehensive because is causing a disconnect between resources and community because a lot of linkage systems are not comprehensive. I would have liked to see some language about whole person care.

Part II MISSION STATEMENTS

1	**(CURRENT)** The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs). • Strongly agree 9 • Agree 5 • Neutral 5

2	To plan, promote, and advocate for equitable policies, programs, and services that address the HIV epidemic in Los Angeles County. The Commission works to ensure that Los Angeles residents have access to quality sexual healthcare, including HIV prevention, testing, treatment, and support services. The Commission strives to eliminate stigma and discrimination associated with all sexually-transmitted diseases and to promote sexual health awareness and education to the public, particularly in underserved communities. Utilizing an approach that addresses both the mental and physical health of the whole person as well as social determinants of health, the Commission collaborates with and seeks input from people with lived experience, planners, and stakeholders to coordinate efforts and leverage resources to ensure that its work is responsive to the needs of those impacted by the epidemic, regardless of socioeconomic status. • Strongly agree 12 • Agree 6 • Disagree 2
3	To work with local stakeholders to plan for programs and services to end HIV transmission, improve and optimize quality of life for those living with HIV through community engagement and advocacy and to ensure a system of care that is responsive to community needs. • Strongly agree 8 • Agree 8 • Neutral 1
4	Other suggestions or comments: None provided.

LOS ANGELES COUNTY COMMISSION ON HIV

(DRAFT) 2023 OPERATIONS WORKPLAN
12.8.23

Co-Chairs: Justin Valero

Approval Date: **Updated:** 2.21.23, 3.21.23,4.24.23,5.17.23, 6.20.23, 7.24.23,8.21,9.27,10.23, 12.8

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 RW Care Act Leg Overview & Memb Struct and Resp 7/19, Public Health 101- 8/16, Sexual Health & Wellness 9/20 Health Literacy and Self-Advocacy 10/24, Policy Priorities and Legislative Docket 11/15,~~ Co-Chair Roles and Responsibilities 2/13/24
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

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*~~	~~PIR Survey disseminated January 10, 2023; responses due January 20th.~~
8	**Attendance Review**	To ensure members follow the attendance policy.	Quarterly ~~*January, June, October*~~	Review Attendance Matrix presented by staff. ~~Reviewed attendance in January, June, and October.~~

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

REVISED 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 **Changed from Oct. 18 to 24th**	October ~~18~~ 24 3:00 - 4:30 PM
Policy Priorities and Legislative Docket Development Process *	November 15 3:00 - 4:30 PM
Co-Chair Roles and Responsibilities **Changed from Dec. 6 to Feb. 13, 2024**	FEB. 13, 2024 ~~December~~ 6 4:00 - 5:00 PM

Mandatory core trainings for all commissioners.

12/12/23 OPS/EXEC
INITIAL/FIRST REVIEW

TRACKED CHANGES

POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 24

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

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

BACKGROUND:

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

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

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

POLICY:

1) **Consistency with the Los Angeles County Code:** The Commission's Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 ("Ordinance"), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission's administrative, operational, and functional rules and requirements.

1ST DRAFT FOR REVIEW ONLY

2) RWHAPRWHAPRWHAPRWHAPRWHAP**Commission Bylaws Review and Approval**: The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.

A. Prior to approval by its members, the Commission will request that the Ryan White HIV/AIDS Program (RWHAP) Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.

B. Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.

C. Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI). Additionally, a 30-day public comment period will open, allowing the public to provide input on the proposed amendments for further transparency and inclusivity.

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

1ST DRAFT FOR REVIEW ONLY

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

A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the Division of HIV and STD Programs ("DHSP")/Department of Public Health ("DPH") to update the plan on a regular basis.

B. Develop standards of care for the organization and delivery of HIV care, treatment, and prevention services.

C. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations, and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan.

D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV services.

E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response.

F. Study, advise, and recommend to the BOS, the grantee and other departments policies and other actions/decisions on matters related to HIV.

G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV.

1ST DRAFT FOR REVIEW ONLY

H. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, the grantee, and other departments on HIV-related matters referred for review by the BOS, the grantee, or other departments.

I. Act as the planning body for all HIV programs in DPH or funded by the County; and

J. Make recommendations to the BOS, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Program Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

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

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

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

II. MEMBERS:

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

A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.

B. Alternates are appointed by the BOS to serve in place of an Unaffiliated Consumer member when the Unaffiliated Consumer members cannot fulfill their Commission duties and responsibilities.

C. Committee-only members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members and one (1) non-voting member. Voting members are nominated by the Commission and appointed by the BOS. Non-voting members do not count toward quorum.

1ST DRAFT FOR REVIEW ONLY

Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
   1. Medi-Cal, State of California,
   2. City of Pasadena,
   3. City of Long Beach,
   4. City of Los Angeles,
   5. City of West Hollywood

B. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWPRWHAP Recipient/Part A Grantee.

C. Four (4) members who are recommended by RWHAP grantees as specified below or by representative groups of RWHAP grant recipients in the County, one from each of the following:
   1. Part B (State Office of AIDS),
   2. Part C (Part C grantees),
   3. Part D (Part D grantees),
   4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].

D. Eight (8) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:
   1. An HIV specialty physician from an HIV medical provider,
   2. A Community Health Center/Federally Qualified Health Center ("CHC"/ "FQHC") representative,
   3. A mental health provider,
   4. A substance abuse treatment provider,
   5. A housing provider,
   6. A provider of homeless services,
   7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,
   8. A representative of an ASO offering HIV care and treatment services.

E. Seventeen (17) unaffiliated consumers of Part A services, to include:
   1. Eight (8) consumers, each representing a different Service Planning Area ("SPA") and who are recommended by consumers and/or organizations in the SPA,

1ST DRAFT FOR REVIEW ONLY

2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County.

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

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

H. One (1) representative of a health or hospital planning agency.

I. One (1) behavioral or social scientist who promotes and presents behavioral research regarding HIV/AIDS and STIs and the people it impacts/affects. .

J. Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:
1. Faith-based entities engaged in HIV prevention and care,
2. Local education agencies at the elementary or secondary level,
3. The business community,
4. Union and/or labor,
5. Youth or youth-serving agencies,
6. Other federally funded HIV programs,
7. Organizations or individuals engaged in HIV-related research,
8. Organizations providing harm reduction services,
9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

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

A. Commissioners and Alternates serve two-year staggered terms as reflected on the Membership Roster.

B. A Committee-only member's term begins with the date of appointment and serves a one-year term.

C. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.

1ST DRAFT FOR REVIEW ONLY

Section 4. Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(2): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members.

Additionally, at least one (1) consumer member must be co-infected with Hepatitis B or C; andat least one (1) consumer member must be a person who was incarcerated in a Federal, state, or local facility within the past three (3) years and who has a HIV diagnosis as of the date of release or is a representative of the recently incarcerated described as such.**Section 5. Reflectiveness**. In accordance with RWHAP Part A legislative requirements [Section 2602(b)(1)], the Commission shall ensure that its full membership and the subset of unaffiliated consumer members proportionately reflect the ethnic, racial and gender characteristics of HIV disease prevalence in the EMA.

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

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

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

A. "'Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities."

B. "'Inclusion' is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included."

1ST DRAFT FOR REVIEW ONLY

A. "Representation" means that "members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise."

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

Section 9. Accountability. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.

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

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

Section 11. Committee-only Members. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission's standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission's decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and

1ST DRAFT FOR REVIEW ONLY

adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

III. MEMBER REQUIREMENTS:

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

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

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

A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative

B. Commissioners and Alternates are allowed to voluntarily request or accept "secondary committee assignments" upon agreement of the Co-Chairs.

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

A. As specified in Section 2602(b)(5) (42 U.S.C § 300ff-12) of the RWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.

B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWHAP funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.

1ST DRAFT FOR REVIEW ONLY

C. Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

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

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

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

A. The Commission, via its Operations and Executive Committees, may recommend vacating a member's seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

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

A. The Commission's Open Nominations Process is defined in Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nominations Process*) and related policies and procedures.

B. Nomination of candidates that are forwarded to the BOS for appointment shall be made according to the policy and criteria adopted by the Commission.

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

A. All candidates for first-time Commission membership shall be interviewed by

1ST DRAFT FOR REVIEW ONLY

the Operations Committee. Renewing members must complete an application and may be subject to an interview as determined by the Operations Committee.

B. Any candidate may apply individually or through recommendation of other stakeholders or entities.

C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the Operations Committee.

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

V. MEETINGS:

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

A. According to the RWHAP legislation, Council meetings must be open to the public with adequate notice. HRSA guidance extends these rules to Commission and committee meetings.

B. The Brown Act mandates that any meeting involving a quorum of the Commission or committee must be publicly open and noticed.

C. Specific public meeting requirements for Commission working units are detailed in Commission Policy #08.1102: Subordinate Commission Working Units.

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

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA's open meeting requirements, the Brown Act, Commission policies and procedures, and all other applicable laws and regulations.

A. Meeting minutes are posted to the Commission's website at https://hiv.lacounty.gov/ following their approval by the respective body.

1ST DRAFT FOR REVIEW ONLY

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

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

A. The Commission's Annual Conference will replace one of the regularly scheduled monthly meetings.

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

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

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

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

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

Non-voting members, i.e., DHSP, do not count toward quorum.

VI. RESOURCES:

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

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

1ST DRAFT FOR REVIEW ONLY

A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.
B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and conditions of the award/funding.
C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

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

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

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

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

A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.

1ST DRAFT FOR REVIEW ONLY

B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or his/her delegated representative serve as the supervising authority of the Executive Director.

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with RWHAP, HRSA, and CDC requirements, Los Ange-les County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work, and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws.

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

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

Section 3. Grievance Procedures. The Commission's *Grievance Process* is incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with RWHAP, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly.

Section 4. Complaints Procedures. Complaints related to internal Commission matters such as alleged violations of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Commission's Policy #08.3302: Intra-Commission Grievance and Sanctions Procedure.

Section 5. Conflict of Interest Procedures. The Commission's conflict of interest procedures must comply with the RWHAP legislation, HRSA guidance, CDC, State of California and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.

1ST DRAFT FOR REVIEW ONLY

VIII. LEADERSHIP:

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

A. One of the Co-Chairs must be person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.

C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.

D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:

1. Assign the members of the Commission to committees.
2. Approve committee co-chairs, in consultation with the Executive Committee.
3. Represent the Commission at functions, events, and other public activities, as necessary.
4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
5. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS.
7. Chair or co-chair committee meetings in the absence of both committee co-chairs.
8. Serve as voting members on all committees when attending those meetings.
9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

1ST DRAFT FOR REVIEW ONLY

Section 2. Committee Co-Chairs: Each committee shall have two co-chairs.

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

IX. COMMISSION WORK STRUCTURES:

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

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

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

1ST DRAFT FOR REVIEW ONLY

Section 4. Committee Membership. Only Commissioners or Alternates assigned to the committees by the Commission Co-Chairs, the Commission Co-Chairs themselves, and Committee-only members nominated by the committee and appointed by the BOS shall serve as voting members of the committees.

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

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

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

X. EXECUTIVE COMMITTEE:

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

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

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

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

1ST DRAFT FOR REVIEW ONLY

G. Adopting a Memorandum of Understanding ("MOU") with DHSP, if needed, and monitoring ongoing compliance with the MOU.

H. Resolving potential grievances or internal complaints informally when possible and standing as a hearing committee for grievances and internal complaints.

I.

J. Addressing matters related to Commission office staffing, personnel, and operations, when needed.

K. Developing and adopting the Commission's annual operational budget.

L. Overseeing and monitoring Commission expenditures and fiscal activities; and

M. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

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

XI. OPERATIONS COMMITTEE:

Section 1. Voting Membership. The voting membership of the Operations Committee shall comprise of the Executive Committee At-Large members elected by the Commission membership, members assigned by the Commission Co-Chairs, Committee-only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending. T

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

A. Ensuring that the Commission membership adheres to RWHAP reflectiveness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.

B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission's established Open Nominations Process.

C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.

1ST DRAFT FOR REVIEW ONLY

D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.

E. Developing and revising, as necessary, Commission member duty statements (job descriptions).

F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission.

G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations.

H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives.

I. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.

J. Coordinating on-going public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.

K. Working with local stakeholders to ensure their representation and involvement in the Commission and in its activities.

L. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.

M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and

N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-only members nominated by the committee and appointed by the BOS, the Commission Co-Chairs when attending, and DHSP as a non-voting member.

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

A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.

1ST DRAFT FOR REVIEW ONLY

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

XIII. PUBLIC POLICY COMMITTEE (PPC):

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

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

1ST DRAFT FOR REVIEW ONLY

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

A. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan.

B. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests.

C. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.

D. Facilitating communication between government and legislative officials and the Commission.

E. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate.

F. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate.

G. Researching and implementing public policy activities in accordance with the County's adopted legislative agendas.

H. Advancing specific Commission initiatives related to its work into the public policy arena; and

I. Carrying out other duties and responsibilities as assigned by the Commission or the BOS.

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-only members as nominated by the committee and appointed by the BOS, the Commission Co-Chairs when attending, and DHSP as a non-voting member.

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

A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.

B. Identifying, reviewing, developing, disseminating, and evaluating standards of care for HIV and STD services.

C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".

D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.

1ST DRAFT FOR REVIEW ONLY

E. Developing and defining directives for implementation of services and service models;

F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.

G. Identifying and recommending solutions for service gaps.

H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.

I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.

J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, out-come evaluation, cost effectiveness, capacity, and best practices.

K. Verifying system compliance with standards by reviewing contract and RFP templates; and

L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

A. Actions or communications that are clearly within the policies of the Commission and have been authorized in advance by the Commission.

B. Actions or communications by the officers that are necessary for and/or incidental to the discharge of duties imposed upon them by these Bylaws, policies/procedures and/or resolutions/decisions of the Commission.

C. Communications addressed to other members of the Commission or to its staff, within Brown Act rules and requirements.

1ST DRAFT FOR REVIEW ONLY

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

NOTED AND APPROVED: Craig A. Vincent-Jones **EFFECTIVE DATE:** July 11, 2013

Originally Adopted: 3/15/1995 *Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005, 9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 12/12/23*

1ST DRAFT FOR REVIEW ONLY

REVISION HISTORY	
COH Approval Date	**Justification/Reason for Updates**
3.15.1995	Original Adoption
1.27.1998	Standard Review
10.14.1999	Standard Review
8.28.2002	Standard Review
9.8.2005	Standard Review
9.14.2006	Standard Review
7.1.2009	Standard Review
2.9.2012	Standard Review
5.2.2013	Integration of Prevention Planning Committee & COH
7.11.2013	Integration of Prevention Planning Committee & COH
12.12.23	First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT).

1ST DRAFT FOR REVIEW ONLY

12/12/23 OPS/EXEC
INITIAL/FIRST REVIEW

CLEAN VERSION

LOS ANGELES COUNTY
COMMISSION ON HIV

POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 22

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

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

BACKGROUND:

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

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

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

POLICY:

1) **Consistency with the Los Angeles County Code:** The Commission's Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 ("Ordinance"), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission's administrative, operational, and functional rules and requirements.

1ST DRAFT FOR REVIEW ONLY

2) **Commission Bylaws Review and Approval**: The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.
   A. Prior to approval by its members, the Commission will request that the Ryan White HIV/AIDS Program (RWHAP) Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.
   B. Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.
   C. Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI). Additionally, a 30-day public comment period will open, allowing the public to provide input on the proposed amendments for further transparency and inclusivity.

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

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

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

1ST DRAFT FOR REVIEW ONLY

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

D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV services.

E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response.

F. Study, advise, and recommend to the BOS, the grantee and other departments policies and other actions/decisions on matters related to HIV.

G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV.

H. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, the grantee, and other departments on HIV-related matters referred for review by the BOS, the grantee, or other departments.

I. Act as the planning body for all HIV programs in DPH or funded by the County; and

J. Make recommendations to the BOS, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Program Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

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

1ST DRAFT FOR REVIEW ONLY

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

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

II. MEMBERS:

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

A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.

B. Alternates are appointed by the BOS to serve in place of an Unaffiliated Consumer member when the Unaffiliated Consumer members cannot fulfill their Commission duties and responsibilities.

C. Committee-only members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members and one (1) non-voting member. Voting members are nominated by the Commission and appointed by the BOS. Non-voting members do not count toward quorum.

Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
   1. Medi-Cal, State of California,
   2. City of Pasadena,
   3. City of Long Beach,
   4. City of Los Angeles,
   5. City of West Hollywood

B. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWHAP Recipient/Part A Grantee.

1ST DRAFT FOR REVIEW ONLY

C. Four (4) members who are recommended by RWHAP grantees as specified below or by representative groups of RWHAP grant recipients in the County, one from each of the following:
   1. Part B (State Office of AIDS),
   2. Part C (Part C grantees),
   3. Part D (Part D grantees),
   4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].

D. Eight (8) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:
   1. An HIV specialty physician from an HIV medical provider,
   2. A Community Health Center/Federally Qualified Health Center ("CHC"/ "FQHC") representative,
   3. A mental health provider,
   4. A substance abuse treatment provider,
   5. A housing provider,
   6. A provider of homeless services,
   7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,
   8. A representative of an ASO offering HIV care and treatment services.

E. Seventeen (17) unaffiliated consumers of Part A services, to include:
   1. Eight (8) consumers, each representing a different Service Planning Area ("SPA") and who are recommended by consumers and/or organizations in the SPA,
   2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
   3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County.

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

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

H. One (1) representative of a health or hospital planning agency.

I. One (1) behavioral or social scientist who promotes and presents behavioral research regarding HIV/AIDS and STIs and the people it impacts/affects.

J. Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:

1ST DRAFT FOR REVIEW ONLY

1. Faith-based entities engaged in HIV prevention and care,
2. Local education agencies at the elementary or secondary level,
3. The business community,
4. Union and/or labor,
5. Youth or youth-serving agencies,
6. Other federally funded HIV programs,
7. Organizations or individuals engaged in HIV-related research,
8. Organizations providing harm reduction services,
9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

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

A. Commissioners and Alternates serve two-year staggered terms as reflected on the Membership Roster.

B. A Committee-only member's term begins with the date of appointment and serves a one-year term.

C. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.

Section 4. Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(2): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members.

Additionally, at least one (1) consumer member must be co-infected with Hepatitis B or C; and at least one (1) consumer member must be a person who was incarcerated in a Federal, state, or local facility within the past three (3) years and who has a HIV diagnosis as of the date of release or is a representative of the recently incarcerated described as such.

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

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

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

1ST DRAFT FOR REVIEW ONLY

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

A. "'Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities."

B. "'Inclusion' is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included."

C. "Representation" means that "members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise."

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

Section 9. Accountability. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.

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

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

Section 11. Committee-only Members. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission's standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

1ST DRAFT FOR REVIEW ONLY

Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission's decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

III. MEMBER REQUIREMENTS:

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

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

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

A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative.

B. Commissioners and Alternates are allowed to voluntarily request or accept "secondary committee assignments" upon agreement of the Co-Chairs.

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

1ST DRAFT FOR REVIEW ONLY

A. As specified in Section 2602(b)(5) of the RWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.

B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWHAP funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.

C. Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

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

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

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

A. The Commission, via its Operations and Executive Committees, may recommend vacating a member's seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

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

1ST DRAFT FOR REVIEW ONLY

A. The Commission's Open Nominations Process is defined in Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nominations Process*) and related policies and procedures.

B. Nomination of candidates that are forwarded to the BOS for appointment shall be made according to the policy and criteria adopted by the Commission.

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

A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee. Renewing members must complete an application and may be subject to an interview as determined by the Operations Committee.

B. Any candidate may apply individually or through recommendation of other stakeholders or entities.

C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the Operations Committee.

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

V. MEETINGS:

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

A. According to the RWHAP legislation, Council meetings must be open to the public with adequate notice. HRSA guidance extends these rules to Commission and committee meetings.

B. The Brown Act mandates that any meeting involving a quorum of the Commission or committee must be publicly open and noticed.

C. Specific public meeting requirements for Commission working units are detailed in Commission Policy #08.1102: Subordinate Commission Working Units.

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

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA's open meeting requirements, the Brown Act, Commission policies and procedures, and all other applicable laws and regulations.

A. Meeting minutes are posted to the Commission's website at https://hiv.lacounty.gov/ following their approval by the respective body.

1ST DRAFT FOR REVIEW ONLY

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

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

A. The Commission's Annual Conference will replace one of the regularly scheduled monthly meetings.

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

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

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

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

A. A quorum for any committee meeting shall be a majority of Board-appointed, voting members or their Alternates assigned to the committee.
B. Non-voting members do not count toward quorum.

VI. RESOURCES:

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

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

1ST DRAFT FOR REVIEW ONLY

A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.
B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and conditions of the award/funding.
C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

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

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

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

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

A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.

1ST DRAFT FOR REVIEW ONLY

B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or his/her delegated representative serve as the supervising authority of the Executive Director.

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with RWHAP, HRSA, and CDC requirements, Los Ange-les County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work, and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws.

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

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

Section 3. Grievance Procedures. The Commission's *Grievance Process* is incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with RWHAP, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly.

Section 4. Complaints Procedures. Complaints related to internal Commission matters such as alleged violations of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Commission's Policy #08.3302: Intra-Commission Grievance and Sanctions Procedure.

Section 5. Conflict of Interest Procedures. The Commission's conflict of interest procedures must comply with the RWHAP legislation, HRSA guidance, CDC, State of California and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.

1ST DRAFT FOR REVIEW ONLY

VIII. LEADERSHIP:

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

A. One of the Co-Chairs must be person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.

C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.

D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:

1. Assign the members of the Commission to committees.
2. Approve committee co-chairs, in consultation with the Executive Committee.
3. Represent the Commission at functions, events, and other public activities, as necessary.
4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
5. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS.
7. Chair or co-chair committee meetings in the absence of both committee co-chairs.
8. Serve as voting members on all committees when attending those meetings.
9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

1ST DRAFT FOR REVIEW ONLY

Section 2. Committee Co-Chairs: Each committee shall have two co-chairs.

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

IX. COMMISSION WORK STRUCTURES:

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

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

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

Section 4. Committee Membership. Only Commissioners or Alternates assigned to the committees by the Commission Co-Chairs, the Commission Co-Chairs themselves, and Committee-only members nominated by the committee and appointed by the BOS shall serve as voting members of the committees.

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

1ST DRAFT FOR REVIEW ONLY

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

A. The Commission is empowered to create caucuses of subsets of Commission members who are members of "key or priority populations" or "populations of interest" as identified in the comprehensive HIV plan, such as consumers. Caucuses are ongoing for as long as they are needed.

B. Task forces are established to address a specific issue or need and may be ongoing or time limited.

X. EXECUTIVE COMMITTEE:

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

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

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

A. Overseeing all Commission and planning council operational and administrative activities.

B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units.

C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission.

D. Approving the agendas for the Commission's regular, Annual, and special meetings.

E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units.

F. Conducting strategic planning activities for the Commission.

G. Adopting a Memorandum of Understanding ("MOU") with DHSP, if needed, and monitoring ongoing compliance with the MOU.

H. Resolving potential grievances or internal complaints informally when possible and standing as a hearing committee for grievances and internal complaints.

I. Addressing matters related to Commission office staffing, personnel, and operations, when needed.

J. Developing and adopting the Commission's annual operational budget.

K. Overseeing and monitoring Commission expenditures and fiscal activities; and

1ST DRAFT FOR REVIEW ONLY

L. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

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

XI. OPERATIONS COMMITTEE:

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

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

A. Ensuring that the Commission membership adheres to RWHAP reflectiveness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.
B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission's established Open Nominations Process.
C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.
D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.
E. Developing and revising, as necessary, Commission member duty statements (job descriptions).
F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission.
G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations.
H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives.
I. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.

1ST DRAFT FOR REVIEW ONLY

J. Coordinating on-going public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.

K. Working with local stakeholders to ensure their representation and involvement in the Commission and in its activities.

L. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.

M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and

N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-only members nominated by the committee and appointed by the BOS, the Commission Co-Chairs when attending, and DHSP as a non-voting member.

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

A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.

B. Overseeing development and updating of the comprehensive HIV plan and monitoring implementation of the plan.

C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding.

D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system.

E. Monitoring the use of funds to ensure they are consistent with the Commission's allocations.

F. Recommending revised allocations for Commission approval, as necessary.

G. Coordinating planning, funding, and service delivery to ensure funds are used to fill gaps and do not duplicate services provided by other funding sources and/or health care delivery systems.

H. Developing strategies to identify, document, and address "unmet need" and to identify people living with HIV who are unaware of their status, make HIV testing available, and bring them into care.

1ST DRAFT FOR REVIEW ONLY

I. Collaborating with DHSP to ensure the effective integration and implementation of the continuum of HIV services.

J. Reviewing monthly fiscal reporting data for HIV and STD expenditures by funding source, service category, service utilization and/or type of activity.

K. Monitoring, reporting, and making recommendations about unspent funds.

L. Identifying, accessing, and expanding other financial resources to meet Los Angeles County's HIV service needs; and

M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XIII. PUBLIC POLICY COMMITTEE (PPC):

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

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

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

A. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan.

B. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests.

C. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.

D. Facilitating communication between government and legislative officials and the Commission.

E. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate.

F. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate.

G. Researching and implementing public policy activities in accordance with the County's adopted legislative agendas.

H. Advancing specific Commission initiatives related to its work into the public policy arena; and

I. Carrying out other duties and responsibilities as assigned by the Commission or the BOS.

1ST DRAFT FOR REVIEW ONLY

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-only members as nominated by the committee and appointed by the BOS, the Commission Co-Chairs when attending, and DHSP as a non-voting member.

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

A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.

B. Identifying, reviewing, developing, disseminating, and evaluating standards of care for HIV and STD services.

C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".

D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.

E. Developing and defining directives for implementation of services and service models;

F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.

G. Identifying and recommending solutions for service gaps.

H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.

I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.

J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, out-come evaluation, cost effectiveness, capacity, and best practices.

K. Verifying system compliance with standards by reviewing contract and RFP templates; and

L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

1ST DRAFT FOR REVIEW ONLY

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

A. Actions or communications that are clearly within the policies of the Commission and have been authorized in advance by the Commission.

B. Actions or communications by the officers that are necessary for and/or incidental to the discharge of duties imposed upon them by these Bylaws, policies/procedures and/or resolutions/decisions of the Commission.

C. Communications addressed to other members of the Commission or to its staff, within Brown Act rules and requirements.

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

NOTED AND APPROVED: Craig A. Vincent-Jones **EFFECTIVE DATE:** July 11, 2013

Originally Adopted: 3/15/1995 *Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005, 9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 12/12/23*

1ST DRAFT FOR PREVIEW ONLY

REVISION HISTORY	
COH Approval Date	**Justification/Reason for Updates**
3.15.1995	Original Adoption
1.27.1998	Standard Review
10.14.1999	Standard Review
8.28.2002	Standard Review
9.8.2005	Standard Review
9.14.2006	Standard Review
7.1.2009	Standard Review
2.9.2012	Standard Review
5.2.2013	Integration of Prevention Planning Committee & COH
7.11.2013	Integration of Prevention Planning Committee & COH
12.12.23	First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT).

1ST DRAFT FOR REVIEW ONLY

LOS ANGELES COUNTY COMMISSION ON HIV

2023 MEMBERSHIP ROSTER| UPDATED 11.20.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative			***Vacant***	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	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, 2023	June 30, 2025	
6	Director, DHSP **Non Voting*	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	PP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN, ACRN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
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 ***(LOA)***	Invisible Men	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	*Unaffiliated Consumer*	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			***Vacant***		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2023	June 30, 2025	Ronnie Osorio (PP)
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, 2023	June 30, 2025	Dechelle Richardson (PP&A)
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, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2023	June 30, 2025	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			***Vacant***		July 1, 2023	June 30, 2025	Erica Robinson (OPS)
34	Unaffiliated consumer, at-large #3			***Vacant***		July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXEC	Joseph Green	*Unaffiliated Consumer*	July 1, 2023	June 30, 2025	
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	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC|OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	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, 2023	June 30, 2025	
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 ***(LOA)***	No affiliation	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
	TOTAL:	**41**						

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

LOA: Leave of Absence

Overall total: 47

Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence data source and year of data: 2022

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
White, not Hispanic	13,320	24.86%	11	23.40%	4	36.36%
Black, not Hispanic	10,758	20.08%	13	27.66%	4	36.36%
Hispanic	24,961	46.59%	12	25.53%	2	18.18%
Asian/Pacific Islander	2,127	3.97%	4	8.51%	0	0.00%
American Indian/Alaska Native	316	0.59%	0	0.00%	0	0.00%
Multi-Race	1,980	3.70%	7	14.9%	1	9.10%
Other/Not Specified	115	0.21%	0	0.00%	0	0.00%
Total	53,577	100%	47	100%	11	100%

Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
Male	46,509	86.81%	30	63.83%	6	55.54%
Female	5,947	11.10%	14	29.79%	4	36.36%
Transgender: male-to-female	1,079	2.01%	0	0.00%	0	0.00%
Transgender: female-to-male	42	0.08%	1	2.13%	0	0.00%
Other gender identity	-	0.00%	2	4.25%	1	9.10%
Total	53,577	100%	47	100%	11	100%

Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)
13-19 years	94	0.18%	0	0.00%	0	0.00%
20-29 years	3,465	6.47%	3	6.38%	1	9.10%
30-39 years	10,648	19.87%	12	25.53%	0	0.00%
40-49 years	11,038	20.60%	10	21.28%	1	9.10%
50-59 years	14,905	27.82%	13	27.66%	6	54.54%
60+ years	13,427	25.06%	9	19.15%	3	27.26%
Total	53,577	100%	47	100%	11	100%

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

Non-Aligned Consumers = 23.4% of total PC/PB

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