



LOS ANGELES COUNTY
COMMISSION ON HIV



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

THURSDAY, June, 25 2020, 10:00 AM – 12:00 PM

To Join By Computer: <https://tinyurl.com/ybss7hlq>
Password: OPERATIONS

To Call In: +1-415-655-0001 US Toll
Access code: 145 336 9795

Operations Committee Members:			
Joseph Green, <i>Co-Chair</i>	Juan Preciado, <i>Co-Chair</i>	Miguel Alvarez (Alternate)	Danielle Campbell, MPH
Michele Daniels	Susan Forrest (Alternate)	Carlos Moreno	Kayla Walker- Heltzel
QUORUM*:	5		

**Due to COVID-19, quorum requirements suspended for teleconference meetings per Governor Newsom's Executive Order N-25-20*

AGENDA POSTED: June 18, 2020

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.

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 la oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á hivcomm@lachiv.org, por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

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

I. ADMINISTRATIVE MATTERS 10:02 AM – 10:07 AM

1. Approval of Agenda **MOTION #1**
2. Approval of Meeting Minutes **MOTION #2**

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

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission

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

4. 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

5. **Executive Director/Staff Report** 10:15 AM – 10:20 AM
6. **Co-Chair's Report** 10:20 AM – 10:45 AM
- A. Work Plan Review/Updates
- B. Commission's Statement of Solidarity
- C. Black/African American Community (BAAC) Task Force Recommendations
- D. Consumer Leadership & Development
7. **Membership Management Report** 10:45 AM – 11:15 AM
- A. 2020 Membership Drive
- (i) New Member Applications
- o Kevin Donnelly **MOTION #3**
- o Miguel Martinez **MOTION #4**
- (ii) Resignations & Seat Vacancies
- (iii) Renewing Members
- (iv) Proposed 2020 Membership Slate **MOTION #5**
8. **Mentorship Program** 11:15 AM – 11:35 AM
- A. Implementation and Follow Up
9. **Recruitment, Retention and Engagement** 11:35 AM – 11:55 AM
- A. Outreach & Marketing Materials Review
- B. Outreach Efforts & Strategies Amid a New Virtual Normal

V. NEXT STEPS

11:55 AM – 11:58 AM

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

VI. ANNOUNCEMENTS

11:58 AM – 12:00 PM

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

VII. ADJOURNMENT

12:00 PM

13. Adjournment for the meeting of June 25, 2020.

PROPOSED MOTIONS	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Operations Committee minutes, as presented or revised.
MOTION #3:	Approve new membership application for Kevin Donnelly as presented, and forward to Executive Committee for approval.
MOTION #4:	Approve Planning, Priorities & Allocations Committee membership application for Miguel Martinez, as presented and forward to Executive Committee for approval.
MOTION #5:	Approve 2020 Membership Slate, as presented or revised, and forward to Executive Committee for approval.



LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



**DRAFT LOS ANGELES COUNTY COMMISSION ON HIV 2020 WORK PLAN (WP) TEMPLATE
OPERATIONS COMMITTEE**

6/18/20

Committee/Subgroup Name: Operations Committee	Co-Chairs: Juan Preciado & Joe Green
Committee Approval Date: 1/24/19	Revision Dates: 03/26/19, 5/21/19, 06/26/19, 7/17/19, 08/09/19, 08/16/19, 9/25/19, 9/27/19, 10/15/19, 10/22/19, 10/25/19, 2/26/20, 6/18/20

Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2020.
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy; and 3) align with COH staff and member capacities and time commitment.
Legend: H=high; M=medium; L=low

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
H	Unaffiliated Consumer (UC) People Living with HIV Leadership in Ending the HIV Epidemic	Strategize and create opportunities for UC PLWH Leadership	Ongoing	
H	Black African American Community (BAAC) Task Force Recommendations	Determine how to integrate recommendations into planning activities	Ongoing	At its February meeting, Ops determined specific recommendations to integrate in its planning activities; see highlights
H	COH Outreach/Community Engagement Materials	Develop outreach materials for community engagement and recruitment activities	June 2020	Materials developed by consultant for Ops feedback



**DRAFT LOS ANGELES COUNTY COMMISSION ON HIV 2020 WORK PLAN (WP) TEMPLATE
OPERATIONS COMMITTEE**

6/18/20

H	Assessment of Administrative Mechanism	Review & prioritize Assessment of Administrative Mechanism (AAM) recommendation matrix and implement high yield/high impact, realistic activities for 2019.	Nov 2018	Work with PP&A and Executive Committees
		Draft AAM memo to the BOS, DPH, DHSP leadership	Dec 2018	11/8/18 Letter to BOS briefly addressed procurement recommendations as provided in the AAM. Implementation strategies will need to be developed to address the additional AAM recommendations.
		Transmit AAM memo to EO office for approval.	Dec 2018	
		Upon securing all necessary approvals, transmit AAM memo to recipients	Dec 2018	
		Established work group to implement recommendations	January 2019 and ongoing	Looking to recruit additional members.
		Procured consultant to conduct extended assessment of COH and providers per AAM recommendations	Feb 2020	Will provide report of findings by 2/2020



DRAFT LOS ANGELES COUNTY COMMISSION ON HIV 2020 WORK PLAN (WP) TEMPLATE OPERATIONS COMMITTEE

6/18/20

H	Consumer-Centered leadership development training	<p>Specific trainings requested by Consumer Caucus include:</p> <ul style="list-style-type: none"> • Co-chair facilitation vs. leading discussions/conversations • Public speaking training/elevator speeches/presentation skills • Structural change • Purpose of consumer caucus • Reproductive justice (including bodily autonomy, sexual health, pronoun conversation) • Legal/HIV criminalization • Trauma Informed Care: how to make sure people around the table are safe/not living in terror • Health DATA Training • Quality Improvement Program 	Ongoing	Trainings are performed at Committee level; 2020 Training Schedule TBD.
H	Review/Update Policies & Procedures	Review and update Code of Conduct	January 2019	Revised Code of Conduct approved at the April 11, 2019 COH meeting.
		Review/update #08.3301 (Intra-Commission Grievance Procedures) and 08.3302 (Behavior/Conduct Sanctions)	June, November 2019	Draft policies sent to CoCo for initial review and guidance.
		Review/Update Attendance Policy	May-June, 2019	Currently in review; will create an overall attendance policy versus an "excused absence only" policy
		Review/Update Non-Commissioner Committee Assignment Policy	May June, 2019	Currently in review; to address & clarify the two persons/per agency rule.
H	Attendance Review	Review Attendance Matrix Quarterly	January, April, September, December	
H	PIR Data *Availability of PIR survey responses will determine whether PIR data provided is up-to-date.	Ensure reflectiveness and representation data is included in monthly meeting packet.	Monthly	2018 prevalence & incidence data provided by DHSP moving forward.



**DRAFT LOS ANGELES COUNTY COMMISSION ON HIV 2020 WORK PLAN (WP) TEMPLATE
OPERATIONS COMMITTEE**

6/18/20

M	Youth and Consumer engagement & retention	Develop strategies to engage youth and unaffiliated consumers.	February 2018; ongoing	Reached out to LAUSD rep, Timothy Kordic; meeting with COH staff pending.
		Develop specific questions on how the youth can best engage in the work of the Commission and submit to Executive Committee.	Ongoing	In response to the NYAAD Panel discussion, the Executive Committee will compile a list of questions from each committee to submit to youth-focused CABs to help better inform the COH as it relates to youth engagement
M	Review of Annual Slate and Openings	Revisit process to evaluate renewing members' application by assessing conduct, attendance and level of participation; develop appropriate scoring criteria; review/update membership application; review interview questions, to ensure fair and equitable process.	April-June, 2020	
M	Mentorship Program Implementation	Discuss/formalize steps for implementation.	June 2020	
L	Community Service Awards	Present PPT to COH	October 2018	
		Awards	TBD	



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TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



Highlights of Black/African American Community Task Force (BACC) Recommendations

1. Page 3, #10
 - Proactively reach out to engage CBOs that are connected to the local Black/AA community
2. Page 3, Numbers 5 and 6: Increase awareness issues
 - #5: Support young people's right to the provision of confidential sexual health care services.
 - #6: Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach – specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.
3. Page 4, #3
 - Include Trans men in program decision making.
4. Page 5, #4
 - Include and prioritize Trans women in program decision making.

(Item numbers 3 and 4 speak to special populations)

Unaffiliated Consumer People Living with HIV Leadership in Ending the HIV Epidemic

December 5, 2019

To: Los Angeles County Commission on HIV Executive Committee
From: Consumer Caucus
Re: **Unaffiliated Consumer (UC)** People Living with HIV Leadership in Ending the HIV Epidemic

In honor of the history of the Ryan White Care Act, we, the Consumer Caucus, take a strong stand in leading the charge in ending the HIV epidemic. The HIV movement is deeply rooted in community activism and action. For over 35 years, the arc of the HIV movement has been led and sustained by people living with HIV (PLWH). We can only end and defeat HIV with PLWH at the forefront of our movement to finally reach our collective vision of an HIV disease free generation and a cure for those who continue to live with HIV.

With the release of the federal *Ending the HIV Epidemic: A Plan for America*, significant medical advances, and additional investments specifically focused on HIV prevention and care services, we are at the cusp of ending HIV. The Los Angeles HIV/AIDS Strategy compels us to act with urgency and coordinated collective response so that we can truly say we have ended the epidemic, *once and for all*.

As members of the Consumer Caucus, we ask the Executive Committee to consider the following recommendations:

1. Support, embrace and foster unaffiliated consumer PLWH leadership within the Commission, community advisory boards, and HIV service organizations.
2. Within the Commission, we recommend that the current bylaws, policies and procedures be changed to create a clear leadership pathway for unaffiliated PLWH to assume full body and committee level co-chairs positions. The Consumer Caucus recommends that the Commission bylaws be changed to specifically state that one of the Commission and Committee co-chairs be designated for an unaffiliated consumer PLWH. The bylaws of the Commission, states the following regarding co-chair seats:

“One of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.” (VIII. Leadership: Section 1. Commission Co-Chairs). Regarding Committee Co-Chairs, the bylaws state, “each committee shall have two co-chairs of equal status.”

3. Create a culture that honors, engages and empowers unaffiliated consumer PLWH voices and perspectives to help guide the decisions of the Commission. The Commission can then model for all parties in implementing the Los Angeles County continuum of HIV services to be directed by empowered consumers at all agencies which will help guide all partners to meet their needs, and effectively bring an end to HIV disease and its effects.
4. All Commission members must bring unaffiliated consumer PLWH to Commission meetings and support their learning and engagement in the local HIV planning process.
5. Hold each Committee accountable to center their work and discussions around UC PLWH leadership. For example, the Standards and Best Practices Committee could develop standards for caring, engagement, and empowerment of UC PLWH.

The Ryan White HIV/AIDS Program grew out of the response that the community created in the first decade of the AIDS crisis. Let us all end HIV with keeping the community, unaffiliated consumer PLWH, at the front of our movement. We welcome suggestions and guidance from the Executive Committee on our recommendations. While we work with the Operations Committee in reviewing and changing the Commission bylaws, policies and procedures, we urge that all Committees immediately implement the spirit of this letter—empower and engage unaffiliated consumer PLWH to lead and drive our HIV movement. We urge the Commission on HIV to model a community engagement and planning process that is truly led by unaffiliated consumers.

Thank you.

and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at <http://hiv.lacounty.gov>. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.

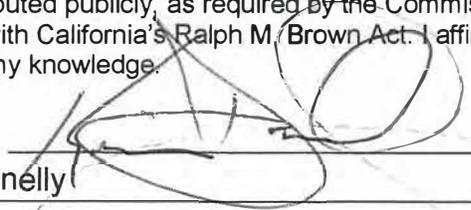
Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM

Section 1: Contact Information

1. Name: Kevin Donnelly
(Please print name as you would like it to appear in communications)
 2. Organization: _____
(if applicable)
 3. Job Title: _____
 4. Mailing Address: _____
 5. City: _____ State: CA Zip Code: _____
 6. Provide address of office and where services are provided (if different from above):
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
-
7. Tel.: _____ Fax: _____
 8. Email: kevinjdonnelly.lacoh@gmail.com
(Most Commission communications are conducted through email)
 9. Mobile Phone #: _____
(optional)

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.

Signature: 
Kevin Donnelly
Print Name

Jan 9, 2020

Date

Section 2: Demographic Information

1. Can you commit to the Commission's minimum expectations of active participation, regular attendance and sustained involvement? Yes No

2. In which Supervisorial District and SPA do you work? Check all that apply.

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

3. In which Supervisorial District and SPA do you live?

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input checked="" type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input checked="" type="checkbox"/>
District 5	<input type="checkbox"/>				

4. In which Supervisorial District and SPA do you receive HIV (care or prevention) services? Check all that apply.

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input checked="" type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input checked="" type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

5. Demographic Reflectiveness and Representation:

Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

5a. Gender: Male Female Trans (Male to Female) Trans (Female to Male) Unknown

5b. Race/Ethnicity: (Check all that apply)

<input type="checkbox"/> African- American/Black,not Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Multi-Race
<input checked="" type="checkbox"/> Anglo/White, not Hispanic	<input type="checkbox"/> Other : _____
<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Decline to State/Not Specified

5c. Are you a parent/guardian/direct caregiver to a child with HIV under 19? Yes No

6. FOR APPLICANTS LIVING WITH HIV:

6a. Are you willing to publicly disclose your HIV status? Yes* No

***DO NOT CHECK YES HERE if you do not want your HIV status known publicly. There is NO requirement that someone with HIV must disclose his/her status to the Commission or publicly.**

6b. Age:

<input type="checkbox"/> 13 – 19 years old	<input type="checkbox"/> 20 – 29 years old
<input type="checkbox"/> 30 – 39 years old	<input type="checkbox"/> 40 – 49 years old
<input type="checkbox"/> 60+ years old	<input checked="" type="checkbox"/> 50-59 years old
	<input type="checkbox"/> Unknown

6c. Are you a "consumer" (patient/client) of Ryan White Part A services? Yes No

6d. Are you "affiliated" with a Ryan White Part A-funded agency? Yes No

By indicating "affiliated," you are a: board member, employee, or consultant at the agency. A volunteer at an agency is considered an unaffiliated consumer.

Section 3: Experience/Knowledge

7. **Recommending Entities/Constituency(ies):** "Recommending Entities" are the individuals/ organizations who may have suggested or asked you to represent them on the Commission.

7a. **What organization/Who, if any/anyone, recommended you to the Commission?**

Bridget Gordon

7b. **If recommended, what seat, if any, did he/she/they recommend you fill?**

Unaffiliated Consumer, Supv Dist #4, SPA 8, At-Large

8. **Please check all of the boxes that apply to you:**

- 1 I am willing to publicly disclose that I have Hepatitis B or C.
- 2 I am an HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
- 3 I am a member of a federally-recognized American Indian tribe or Native Alaskan village.
- 4 I am a behavioral or social scientist who is active in research from my respective field.
- 5 I am involved in HIV-related research in the following capacity(ies) (Check all that apply):
 scientist, lead researcher or PI, staff member, study participant, or IRB member.
- 6 A health or hospital planning agency has recommended that I fill that seat on the Commission.
- 7 I am an HIV specialty physician or an Infectious Disease (ID) doctor with HIV- positive patients.
- 8 The agency where I am employed provides mental health services.
- 9 The agency where I am employed provides substance abuse services.
- 10 The agency where I am employed is a provider of HIV care/treatment services.
- 11 The agency where I am employed is a provider of HIV prevention services.
- 12 The agency where I am employed is provider of housing and/or homeless services.
- 13 The agency where I am employed has HIV programs funded by Federal sources (other than Ryan White).
- 14 I work for or am otherwise affiliated with a health care provider that is a Federally Qualified Health Center (FQHC) or a Community Health Clinic (CHC).
- 15 As someone who is employed as an advocate for incarcerated PWLH and/or as a PWLH who has been incarcerated in the past three years, I can represent the interests of incarcerated PWLH.
- 16 I am able to represent the interests of Ryan White Part C grantees.
- 17 I am able to represent the interests of Ryan White Part D grantees.
- 18 I am able to represent the interests of Ryan White Part F grantees given my affiliation with:
 one of LA County's AETC grantees/sub-grantees a HRSA SPNS grantee
 Part F dental reimbursement provider HRSA-contracted TA vendor
- 19 As an HIV community stakeholder, I have experience and knowledge given my affiliation with:
(Check all that apply)
 union or labor interests
 provider of employment or training services
 faith-based entity providing HIV services
 organization providing harm reduction services
 an organization engaged in HIV-related research
 the business community
 local elementary-/secondary-level education agency
 youth-serving agency, or as a youth.

9. **Training Requirements:** The Commission requires all members to complete the following trainings, which can be fulfilled if the trainings were provided by other institutions. Applicants will not be penalized for no prior training, but must take it once appointed.

9a. **Have you completed an "Introduction to HIV/STI," "HIV/STI 101," or a related basic informational HIV/STI training before? (If so, include Certificate of Completion; if not, the Commission provides the training)** Yes No

9b. **Have you completed a Health Insurance Portability and Accountability Act (HIPAA) training before? (If so, please include Certificate of Completion; if not, the Commission will provide the training)** Yes No

9c. **Have you completed a "Protection of Human Research Subjects" training before? (If so, please include Certificate of Completion; if not, the Commission will provide the training)** Yes No

Section 4: Biographical Information

10. **Personal Statement:** The "personal statement" is a snapshot of your goals of your Commission participation, against which you can measure your effectiveness as a Commission member. This statement may be included on the Commission's website in the member section. Provide a short (50-word maximum) statement expressing why you want to be a Commission member:

I am applying at this time because of the lack of representation of consumers on the board and specifically from SPA 8 and Supv Dist #4. While proud of my previous service, I believe there are projects left unfinished that I would like to see through. I have the time and the support to participate at this time and would like to be of service.

11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required—attach a new/updated resume. You may continue on an additional page, if necessary. As you feel appropriate, please provide a short biography detailing your background, and how it has prepared you for service on the Commission:

Please see previous application. Currently I am a member of the Los Angeles County HIV Mental Health Task Force. In addition to the annual "Coping with Hope" event, the Task Force promotes community building. I am a member of the Long Beach HIV Planning Group. Since June of 2018, I have Co-Chaired the Client Advisory Board of the Los Angeles LGBT Center's Jeffrey Goodman Clinic. I have participated in other CABs, specifically the Los Angeles Family AIDS Network CAB at UCLA. I have trained with HRSA's TCQ Plus. I have volunteered in HIV/AIDS Emotional Support Organizations since 1986. I have lived with HIV in my body since 1996.

12. **Additional Information:** In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with “N/A”. Your additional information may continue on an additional page, if necessary.
N/A

Section 5: New Member Applicant (Only to be completed by new member applicant)

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?**

A candidate’s “preparedness” for Commission service is assessed—for this response—according to the 10-point scale located on the next page, which indicates that those who are the “least” prepared (“1” on the scale) are “not familiar” with the Commission and the issues that it reviews. The more prepared a candidate is—as indicated on the scale (moving towards “10” from “1”)—s/he should demonstrate increased familiarity with the Commission and its content, evolving into “understanding” and “comfort” with the role of the Commission and its practices, and “limited” to “extensive” knowledge about the topics it addresses. Mark the circle that represents where you feel you fall on this scale of “preparedness” (“1” is “not prepared” → “10,” “fully prepared”)



14. **Describe any personal/professional experience that you believe has prepared you to perform effectively as a member of the Commission. Continue on an additional page if necessary.**

Please see BIO above

-
15. **What do you anticipate your greatest hurdles will be acclimating to your new role on the Commission? How do you think you will overcome them? Continue on an additional page if necessary.**

I don't believe this to be a difficulty at this time.

-
16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

I will work to build community response to HIV/AIDS, STIs, and sexual health in general. I see this as a social justice issue.

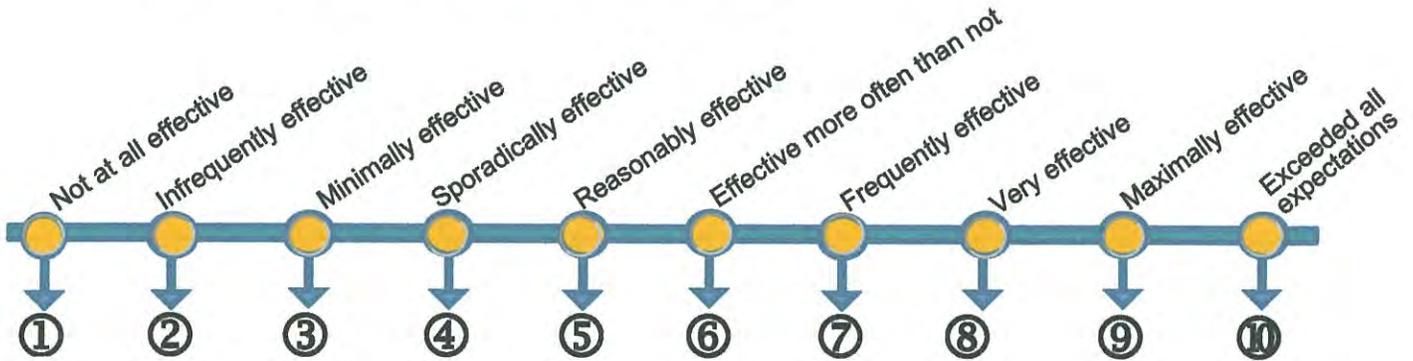
17. Which of your strengths do you feel will enhance your Commission performance? What skills will you need to develop further for optimal Commission performance? Continue on an additional page if necessary.

I'm approachable. Hopefully reasonable. Definitely reliable. I feel called to do this work at this time.

18. Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity? Yes No

Section 6: Renewal Applicant (Only to be completed by renewal applicant)

19. How effective do you feel you were during your most recent term on the Commission? Mark the circle that you feel is the best assessment of your Commission participation and engagement in the last term (1 is least effective → 10 is most effective)



20. Explain why you rated yourself the way you did in Question #16. Continue on an additional page, if necessary.

SECTION 2: CONTACT INFORMATION

1. Are you willing and able to commit to the minimum standards expected for committee participation? Yes No

2. Name: Miguel Martinez
(Please print name as you would like it to appear in communications)

3. Organization *(if applicable)*: Children's Hospital Los Angeles-DAYAM

4. Mailing Address: 4650 Sunset Blvd, MS#2

5. City: Los Angeles State: CA ZIP: 90027

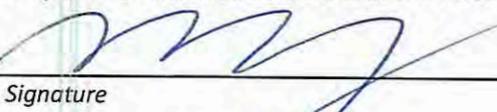
6. TEL: (323) 361-3908 FAX: (323) 913-3614

7. E-Mail: mimartinez@chla.usc.edu
(Standard Commission contact and communication is done through e-mail)

8. Cell/Mobile Phone *(optional)*: (818) 209-0152

9. Other Contact Information *(optional)*:
Type of Address: Home Work Other: _____
Address: _____
City: _____ State: _____ ZIP: _____
TEL: () _____ FAX: () _____
E-Mail: _____

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.

 _____ Date 2/11/20

Miguel Martinez

Printed Name

SECTION 3: EXPERIENCE

1. Which Commission committee are you asking to join?

- Public Policy (PP) Operations Planning, Priorities & Allocations (PPA) Standards & Best Practices (SBP)

2. Why do you want to join the committee? While no longer a commissioner I would like to continue to be engaged in the work of the PP & A committee.

3. Please summarize your background and experience (please attach curriculum vitae, resume and/or relevant information). I have worked in the area of HIV as a care provider, trainer, researcher and administrator for over 20 years. My experience has primarily focused on addressing the lived experiences of people of color, youth, gay and bisexual men and transgender communities. In my current position as a Project Manager at CHLA, I have the honor of serving as the Senior Manager for two distinct programs; the HIV program and the Center for Transyouth Health and Development. (please see attached resume)

4. What specific skills and expertise(s) can you bring to the committee?

I believe that I bring experience in conducting community needs assessments, synthesizing data, and a strong familiarity with the HIV care and prevention systems.

5. Committee membership entails certain obligations. Appointed committee members are entitled to voting privileges on the committee and contribute to meeting quorums. If you are appointed to the committee, you agree to attend the committee's regularly and specially scheduled meetings.

As a Board-appointed committee member, I agree to fully participate in committee activities, including regularly attending to committee.



Signature

2/14/2020

Date

Miguel Martinez

Printed Name

Miguel Martinez, MSW/MPH

EXPERIENCE

■ Children's Hospital Los Angeles, Los Angeles, CA, Division of Adolescent and Young Adult Medicine

Project Manager, HIV Program (September 2000 - Present)

Project Manager, Center for Transyouth Health and Development (2012 - Present)

- Lead all strategic planning initiatives in the area of sexual and reproductive health across the Division of Adolescent and Young Adult Medicine.
- Lead grant writer for two service lines and key member of division grant writing team with a cumulative annual grant portfolio of \$2.5 million.
- Manage the development, implementation and evaluation of youth specific HIV related projects and activities including prevention, care, research, and capacity building in partnership with multidisciplinary team;
- Manage the development, implementation and evaluation of medical, behavioral health, community based health and wellness services housed within the Center for Transyouth Health and Development, the largest pediatric center for gender affirming care for in the United States.
- Responsible for ensuring integration of youth development and leadership activities within multiple service lines including facilitation of population specific youth community advisory boards for each program.
- Responsible for fiscal and personnel management of over 26 staff and trainees.
- Develop and implement appropriate screening and evaluation tools, instruments, and protocols in collaboration with Division's Evaluation Manager;
- Provide leadership in multiple community networks for planning and coordination of services, development of collaborative partnerships, and dissemination of information.
- Provide oversight to community engagement activities related to identified focus populations, research, and structural change initiatives.
- Serve as a trainer for Divisional capacity building assistance and training programs (i.e. HRSA funded LEAH program), including annual supervision of multiple macro MSW and MPH students.
- Content expert for CDC DASH funded capacity building program to support funded local education programs across the United States related to safe and supportive environments.

■ Children's Hospital Los Angeles, Los Angeles, CA Division of Adolescent Medicine

Clinical Social Worker (March 2000 - August 2000)

- Provided case management services to youth living with HIV including assessment, development of individual service plans, and brief interventions.
- Provided supervision and crisis intervention support for case management team.
- Organized and facilitated weekly HIV case conference.

■ Tri-City Health Center, Hayward, CA

HIV Case Manager (January 1997 – August 1997)

- Provided psychosocial case management services to diverse clients accessing community-based clinic services.
- Provided brief crisis intervention services and collaborated with interdisciplinary team in linking individuals living with HIV to medical care services.

■ **AIDS Housing Information Project, Hayward, CA**

AIDS Housing Information Specialist (January 1997 - August 1997)

- Assisted in the development and maintenance of a dedicated HIV housing database for Alameda County residents living with HIV.
- Staffed a dedicated hotline and provided ongoing referrals to callers.

■ **National Native American AIDS Prevention Center, Oakland, CA**

Media Services Program Coordinator (May 1995 – January 1997)

- Launched national health communications project addressing HIV awareness and prevention among urban and tribal Native American communities.
- Collaborated with media outlets to develop media resources
- Provided oversight of consultant pool
- Involved in the design and implementation of national and regional capacity building activities.

■ **Tri-City Health Center, Hayward, CA**

Program Assistant (January 1995 – May 1995)

- Redesigned agency information resources for utilization by national hotline staff
- Assisted in the development of training and resource development

EDUCATION

■ **University of MI, Ann Arbor (1997-1999)**

Masters of Social Work (MSW)

Concentration: Children and Families, Health Concentration

Minor: Community Organization, Planning & Administration

Masters of Public Health (MPH)

Concentration: Health Education and Behavior

■ **University of CA, Berkeley (1991-1995)**

Bachelor of Arts (BA) Major: Social Welfare

PUBLICATIONS

■ Jadwin-Cakmak, L., Reisner, S, Hughto, J., Salomom, L., **Martinez, M.**, Popoff, E., Campbell, B., and Harper, G. (In Process). HIV prevention and HIV care among transgender and gender diverse youth: design and implementation of a multisite mixed-methods study protocol in the U.S. BMC Public Health.

<https://doi.org/10.1186/s12889-109-7605-4>.

■ Lin A, Dudek J, Francisco VT, Castillo M, Freeman P, **Martinez M**, Sniecinski K, Young K, Ellen J and the ATN (2012) Challenges and approaches to mobilizing communities for HIV prevention among young men who have sex with men of color. *J Prev Interv Community*, 40:2, 149-164, NIHMSID 353819

■ Wilson EC, Garofalo R, Harris DR, Herrick A, Martinez J, **Martinez M**, Belzer, M., the TAC, and the Adolescent Medicine Trials Network for HIV/AIDS Interventions (2010) Sexual risk taking among transgender male-to-female youths with different partner types. *Am J of Public Health*, 100(8):1500-5. PMID 20622176 PMCID 2901273

■ Wilson, EC, Garofalo R, Harris RH, Herrick A, **Martinez M**, Belzer M. (2009) Transgender female Youth and Sex Work: HIV Risk and a Comparison of Life Factors Related to Engagement in Sex Work. *AIDS Behavior*, DOI 10.1007/s10461-008-9508-8

■ Kubicek K, Carpineto J, McDavitt B, Weiss G, Iverson E, Au C, Kerrone D, **Martinez M**, Kipke M. (2008) Integrating Professional and Folk Models of HIV Risk: YMSM's Perceptions of High-Risk Sex. *AIDS Education and Prevention*; 20(3):220-38.

■ Belzer ME, **Martinez, M**, Neinstein LS. (2007) Adolescent Health Care: A Practical Guide 5th Edition. HIV and AIDS. Neinstein, LS (Ed) Urban and Schwarzenberg, Baltimore.

■ Puccio JA, Belzer M, Olson J, **Martinez M**, Salata C, Tucker D, Tanaka D. (2006) The Use of Cell Phone Reminder Calls for Assisting HIV-Infected Adolescents and Young Adults to Adhere to HAART: A Pilot Study. *AIDS Patient Care and STDs*. 20: 438-444.

CONFERENCE PRESENTATIONS

■ Olson, J., **Martinez, M.**, Forbes, C., Humphreys, M. Integrating Primary Care with Public Health: A Comprehensive Approach to Service Provision with Transgender Youth. *Gay and Lesbian Medical Association*, Denver, CO, September, 19-21, 2013.

■ McCurtis, K., Dudek, J., Humphreys, M., **Martinez, M.** Addressing Social Determinants and Reducing HIV-related Health Disparities Through a Community Mobilization Model. *American Public Health Association Annual Conference*, San Francisco, CA, October 27-31, 2012.

■ Humphreys, M., **Martinez, M.**, McCurtis, K., Vincent, T. Addressing the Context of Young African American Gay Men's HIV Risk: Integrating social determinants into EBIs. *National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities*, New Orleans, LA, January 19-22, 2012.

■ Brown, R., Humphreys, M., **Martinez, M.** Linkage to Care: Root Causes, Structural Barriers, and Best Practices for Youth. *National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities*, New Orleans, LA, January 19-22, 2012.

■ Guttierrez-Mock, L, Castro, D, Keatley, J. **Martinez, M**, Salcedo, B. Social Determinants of Health for Transgender Youth. *United States Conference on HIV/AIDS, Chicago, IL 2012*

■ **Martinez, M.** Integration and Adaption: High impact HIV prevention and Latin@ Youth. *United States Conference on HIV/AIDS, Chicago, IL 2011*

■ McKleroy, V, Keatley, J., **Martinez, M.** , Community Mobilization: Mobilizing Transgender Communities and Allies to Respond to the AIDS Epidemic. *National HIV Prevention Conference, Atlanta, GA 2011*

■ Chono-Helsley, M, Wilson, G., **Martinez, M.** Breaking Down the Barriers: Recruitment, Testing and Linkage to Care for YMSM in Los Angeles. *2011 National HIV Prevention Conference, Atlanta, GA*

■ Dudek, J., Humphreys, M., **Martinez, M.** *From Why To How: Root Causes, Structural Changes, and Advocacy for At-Risk Youth. National HIV Prevention Conference, Atlanta, GA 2011*

■ Humphreys, M, **Martinez, M.** Community Mobilization Models for HIV Prevention for MSM of Color: Children's Hospital Los Angeles. *National HIV Prevention Conference, Atlanta, GA 2011*

■ Humphreys, **M.**, **Martinez, M.**, Salcedo, B. Defining Structural Change for HIV Prevention. *United States Conference on AIDS, Orlando, FL, September 12-15, 2010*

■ Forbes, C., Clark, L., & **Martinez, M.**: TG-AIM: Transgender Adult Identity Mentoring, Presented at: the 136th Annual American Public Health Association Conference, San Diego, CA, October 2008.

■ Forbes, C., Clark, L., & **Martinez, M.**: TG-AIM Transgender Adult Identity Mentoring, PS06-618 Category C: Demonstration projects for locally developed theory-based HIV Prevention Program Models, Presented at: the 11th Annual United States Conference on AIDS, Palms Springs, CA, November 2007.

■ Puccio JA, Belzer ME, Olson J, **Martinez M**, Salata C, Tucker D. The use of Cell phone Reminder Calls for Assisting HIV Infected Youth to Adhere to HAART: Pilot Study to Determine Acceptability and Feasibility. Presented to USHIV Conference. September 15, 2005.

PROFESSIONAL ACTIVITY/SERVICE

2018-2019 Co-Chair, Priorities and Planning Subcommittee-Los Angeles County Commission on HIV

2017 - present CA State HIV Community Planning Body

2016-2019 Commissioner, Los Angeles County Commission on HIV

2014 – present Member, CHLA Diversity and Inclusion Council

2012 - present Member, Divisional Senior Advisory Group

2005-present Member, Healthy Young Men's Project Community Advisory Board

2007-present Chair, LAUSD HIV Materials Review Panel

2012 Invited Participant, CDC Latino MSM Campaign Consultation. Atlanta, GA

- 2012 Invited Participant, NASTAD Raising the Bar- Developing a Standard of care for Black and Latino Gay men and other MSM in clinical settings. Washington, DC
- 2012 Invited Participant, HANC Reach Consultation – Re-Envisioning Education, Awareness, and capacity building around HIV Clinical Research
- 2007-2016 Co-Investigator, Los Angeles Site of the Adolescent HIV/AIDS Trial Network (ATN)
- 2005-2012 Member, Los Angeles County HIV Prevention Planning Committee, Evaluation subcommittee chair, Executive committee member

SKILLS

- Computer: Proficient in PC/MAC, Office, Adobe Premiere Pro
- Other: Certified MSW Field Instructor, Good Clinical Practices



2020 MEMBERSHIP ROSTER | UPDATED 06/18/20

APPROVED BY COH ON 7/12/18

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
3	City of Long Beach representative			Vacant		July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2020	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2020	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2020	
8	Part C representative	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4			Vacant		July 1, 2018	June 30, 2020	
15	Provider representative #5			Vacant		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shradar Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	1	EXC OPS	Michele Daniels	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Craig Scott (OPS/PP)
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3			Vacant	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Péna	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Thomas Green (PP&A/SBP)
26	Unaffiliated consumer, SPA 8			Vacant		July 1, 2018	June 30, 2020	Susan Forrest (PP&A/OPS)-(LoA)
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2018	June 30, 2020	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2018	June 30, 2020	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2			Vacant		July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2020	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2			Vacant		July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2020	
47	HIV stakeholder representative #4			Vacant		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unique Women's Coalition	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2020	
51	HIV stakeholder representative #8			Vacant		July 1, 2018	June 30, 2020	Miguel Alvarez (OPS/SBP)
TOTAL:		35						

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



PROPOSED 2020 MEMBERSHIP ROSTER *Highlights denotes renewals

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
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3	City of Long Beach representative			Vacant		July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2020	June 30, 2022	
8	Part C representative	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4			Vacant		July 1, 2020	June 30, 2022	
15	Provider representative #5			Vacant		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1	1	EXC/OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	Unaffiliated Consumer	July 1, 2020	June 30, 2022	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7				Unaffiliated Consumer	July 1, 2019	June 30, 2021	Thomas Green (PP&A/SBP)
26	Unaffiliated consumer, SPA 8			Vacant		July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1					July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2020	June 30, 2022	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Kayla Walker-Heitzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2020	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2			Vacant		July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A	Raquel Cataldo	Tarzana Treatment Center	July 1, 2020	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	PP	Lee Kochems	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2			Vacant		July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4			Vacant		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unique Women's Coalition	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8			Vacant		July 1, 2020	June 30, 2022	Miguel Alvarez (OPS/SBP)
TOTAL:		33						

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



2020 PROPOSED SLATE

<u>RENEWING APPLICANTS</u>
Aaron Fox
Al Ballesteros
Alasdair Burton
Anthony Mills
Danielle Campbell
David Lee
Erika Davies
Felipe Gonzalez
Grissel Granados
Jerry D. Gates
Juan Preciado
Karl Halfman
Katja Nelson
Kevin Stalter
Lee Kochems
Mario Perez
Martin Sattah
Pamela Coffey
Raquel Cataldo
Ricky Rosales
William King
<u>NEW APPLICANTS</u>
Kevin Donnelly
Miguel Martinez (committee-only)

Planning Council Reflectiveness

(updated 6/18/20)

Race/Ethnicity	Newly Diagnosed PLWH (2018)		Living with HIV/AIDS in EMA/TGA (2018/2019)		Total Members of the Planning Council		Non- Aligned Consumers on Planning Council	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White, not Hispanic	323	19.5%	14186	27.3%	7	20.00%	3	25.00%
Black, not Hispanic	379	22.8%	10446	20.1%	9	25.71%	4	33.33%
Hispanic	817	49.2%	23351	44.9%	14	40.00%	4	33.33%
Asian/Pacific Islander	88	5.3%	1958	3.8%	3	8.57%	0	0.00%
American Indian/Alaska Native	10	0.6%	303	0.6%	0	0%	0	0.00%
Multi-Race/Not Specified	43	2.6%	1736	3.3%	2	5.71%	1	8.33%
Total	1660	100%	51980	100%	35	100%	12	100%
Gender	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Male	1445	87.1%	45313	87.2%	23	65.71%	9	75.00%
Female	180	10.8%	5777	11.1%	10	28.57%	3	25.00%
Transgender	35	2.1%	890	1.7%	1	2.86%	0	0.0%
Unknown/Other	0	0.0%	0	0.0%	1	2.86%	0	0.0%
Total	1660	100%	51980	100%	35	100%	12	100%
Age	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
13-19 years	64	3.9%	105	0.2%	0	0.0%	0	0.0%
20-29 years	637	38.4%	4056	7.8%	3	8.57%	1	8.33%
30-39 years	485	29.2%	10082	19.4%	13	37.14%	3	25.00%
40-49 years	257	15.5%	11506	22.1%	7	20.00%	3	25.00%
50-59 years	140	8.4%	15989	30.8%	10	28.57%	4	33.33%
60+ years	77	4.6%	10242	19.7%	2	5.71%	1	8.33%
Other/Unknown	0	0.0%	0	0.00%	0	0.0%	0	0.0%
Total	1660	100.0%	51980	100.00%	35	100%	12	100%

Mentorship Program Guide

Los Angeles County Commission on HIV



CHECKLIST FOR MENTORS AND MENTEES

- Read this entire Mentorship Program Guide
- Complete “COH Knowledge” self-assessment on pages 6-7
- Complete the “My Mentoring Skills” self-assessment on page 8
- Attend COH Mentorship Program Orientation and Training



Los Angeles County Commission on HIV Mentorship Program Guide

(DRAFT/Updated 7/31/19 FOR OPERATIONS COMMITTEE REVIEW AND DISCUSSION ONLY)

Overview:

This guide explains the mentorship program developed by the Los Angeles County Commission on HIV. The Commission's Mentorship Program will be managed, reviewed, and evaluated by the Operations Committee. The Mentorship Program seeks to:

- cultivate mentorship and community spirit among Commissioners,
- provide supportive guidance for navigating the Commission's system and structure,
- deepen members' cross-cultural communication and trust,
- broaden understanding of the system of care and prevention, and
- transfer of knowledge

The desired outcomes of the mentoring program include:

- Nurture the leadership capacity among all Commission members through giving and receiving support in one-on-one mentoring.
- Develop skills for reflective/critical thinking and decision making around important Commission issues and functions such as planning, priority setting, resource allocations, policy development, and standards of care.
- Develop skills for understanding Commission processes.
- Increase the retention of new Commission members, in particular unaffiliated consumers.

What are the Goals of the Mentorship Program?

The goal of the mentorship program is to nurture leadership by providing one-on-one support for each new Commissioner. Mentoring furthers the larger goal of the Commission on HIV which is to create a culture of understanding and decision making where each member appreciates their unique contribution to the group.

Successful mentoring ensures continuity of membership and enhanced participation. Mentoring teaches how to contribute by answering questions common to all new members about process, funding and other key issues.

How does the Mentorship Program Function?

To address the potential confusions faced by new members, it was decided to set up a one-on-one match where longer serving members would volunteer to give advice and historical background to new members. The mentorship program formalizes knowledge transfer between established members and new arrivals. The Commission staff will provide the mentor and mentee a document describing the history of the Commission to initiate mutual learning and support.

Once the Operations Committee has determined the mentor-mentee pairing and the mentor agrees to the

match, it's up to the two members to coordinate their connection. The key agreement is that the mentor be available to explain Commission-related issues. They can visit over coffee, by email, over the phone, etc. Commission staff will initiate the introduction via an electronic message along with the COH history document, bylaws, Code of Conduct, and relevant duty statements. The Commission office is available for mentor-mentee meetings.

Mentors will be asked to sit with their mentees at Commission meetings for at least the first 3-4 meetings. Mentors are asked to write down questions they would like to defer to staff when they cannot answer a question or provide needed information.

Mentors agree to give Commission information to the new members. **A key part of delivering knowledge includes giving all members the freedom to vote with their own conscience.**

Operations Committee Process for Designating Mentor-Mentee Pairs:

1. COH staff will suggest a list of mentor-mentee pairings for the Operations Committee to review and discuss. Mentors should be an established member with experience on the Commission. The Operations Committee then approves the mentor-mentee relationship.
2. The mentor relationship is administered by the COH staff. Prospective members are told about the mentorship program during their interviews. Once approved by the COH for membership, COH staff and the pool of available mentors complete the following steps:
3. COH staff explains the mentorship program and asks the new members and mentors to read this guide.
4. COH staff drafts a suggested list of mentor-mentee pairs for the Operations Committee to review.
5. Once the mentor-mentee pairs are approved by the Operations Committee, COH staff calls the requested mentor and asks if they will work with the new member. Commission staff will initiate the introduction via an electronic message along with the COH history document, bylaws, Code of Conduct, and relevant duty statements. The Commission office is available for mentor-mentee meetings.
6. The mentor and the new member build their relationship. It is suggested that they meet at least once or twice in person plus phone conversations and email check-ins during the new member's first three months on the Commission. They may set up a regular meeting time or meet on an as needed basis.
7. If a new member wishes to have a different mentor, that request should be made to COH staff.
8. The intention of the mentorship program is to support new members until they are sufficiently grounded in Commission activities.
9. The mentoring cycle is complete when a member feels sufficiently adept at Commission activities to become a mentor for new members.
10. COH staff will facilitate the first formal meeting and training with mentors and mentee by providing a 1.5 hour mentorship program overview. The overview will consist of 1) review program and participant roles and responsibilities; 2) ice-breaker/get to know you activity; 3) completion and discussion of self-assessments; and 4) identification of next steps and share commitments (i.e., how often to communicate and meet).

How will the Mentorship Program be Implemented?

- **Operations Committee:** In conjunction with COH staff, the Operations Committee prepares, sends out and gathers results from the mentoring survey. This annual evaluation of the mentorship program solicits information about how the program is effective and what can be done to improve the program.
- **COH staff:** COH staff identifies mentors and negotiates the matches between mentors and new members and monitors the mentorship program.

What is the Mentor Skill Set?

COH staff will recommend which members are ready to be mentors based on criteria that include:

- Mentors have been on the Commission long enough (at least 12 months, ideally 24 months) to have participated in a complete yearly Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) funding cycle. These cycles drive the allocation and prioritization efforts that are the Commission’s main responsibility, and it is important that mentors understand these annual milestones that move the Commission forward.
- Mentors must have a good understanding of the COH purpose and responsibilities. Mentors must complete the “COH Knowledge” self-assessment form prior to initiating contact with the mentee. COH staff will work with the mentors to provide customized support and additional training based on the results of the self-assessment.
- Mentors will strive to model and practice effective mentoring skills outlined in the “My Mentoring Skills” assessment. Those mentoring skills are:

Shared Core Skills (shared between mentor and mentee)

1. Listening actively
2. Building trust
3. Encouraging
4. Identifying goals and current reality

Mentor-Specific Skills

1. Instructing/developing capabilities
2. Inspiring
3. Providing corrective feedback
4. Managing risks
5. Opening doors

Mentee-Specific Skills

1. Acquiring mentors
2. Learning quickly
3. Showing initiative
4. Following through
5. Managing the relationship

- In the spirit of fostering mutual learning, both the mentor and mentee will complete the “COH Knowledge” and “My Mentoring Skills” self-assessments to help identify areas where more targeted coaching is needed. The results of the self-assessments will be discussed in the mentorship program overview training.

The Mentoring Lifecycle

On a semi-annual basis, COH staff will review the currently active mentor relationships. COH staff checks in with both the mentor and the new member after the mentoring relationship has been active for a full year. In an email or phone call, COH staff asks if the mentoring relationship is still ongoing, or if the mentoring relationship can be dissolved.

The mentoring relationship may continue at the request of the participants. If the mentoring relationship is dissolved, the mentor may request another new member, or the mentor may request a break from mentoring.

Frequently Asked Questions

Is it required to have a mentor? Having a mentor is voluntary. No new member is required to be assigned to a mentor.

How often should I meet with my mentor? That will be determined by you and your mentor.

Can I request a different mentor? Yes, contact COH staff if you feel you need a new mentor.



Commission on HIV (COH) Knowledge Self-Assessment

Please rate how well you currently understand each of the following topics:

I understand...	Very Well	Quite Well	Neutral	A Little	Not at All
The role of planning councils and why they exist in the Ryan White Part A Program	<input type="checkbox"/>				
The purpose and structure of the Los Angeles County Commission on HIV	<input type="checkbox"/>				
Membership requirements of the Commission on HIV	<input type="checkbox"/>				
My role as a Board-appointed Commissioner	<input type="checkbox"/>				
HIV prevention, care, treatment, and support services funding in LA County	<input type="checkbox"/>				
Health Resources Services Administration (HRSA) service categories	<input type="checkbox"/>				

Please rate how well you can currently perform each of the following skills or activities:

I can...	Very Well	Quite Well	Neutral	A Little	Not at All
Understand needs assessments	<input type="checkbox"/>				
Understand data	<input type="checkbox"/>				
Use Robert's Rules of Order	<input type="checkbox"/>				
Engage in public speaking/give presentations	<input type="checkbox"/>				
Engage my community	<input type="checkbox"/>				
Serve as a role model	<input type="checkbox"/>				
Work in a group setting	<input type="checkbox"/>				

Commission on HIV (COH) Knowledge Self-Assessment (continued)

1. What is the purpose of the Ryan White HIV/AIDS Program? *Select one:*

- (A) To provide routine HIV testing in all health care settings
- (B) To provide emergency and/or transitional housing for People Living with HIV/AIDS
- (C) To provide HIV-related care, treatment, and support services for those who may not have sufficient resources to manage their HIV
- (D) To lobby for new state and local legislation regarding HIV

2. What federal agency funds the Ryan White HIV/AIDS Program? *Select one:*

- (A) The Centers for Disease Control and Prevention (CDC)
- (B) The Health Resources and Services Administration (HRSA)
- (C) The U.S. Department of Housing and Urban Development (HUD)
- (D) Office of National HIV/AIDS Policy (ONAP)

3. What federal agency funds HIV prevention in states and cities? *Select one:*

- (A) The Centers for Disease Control and Prevention (CDC)
- (B) The Health Resources and Services Administration (HRSA)
- (C) The U.S. Department of Housing and Urban Development (HUD)
- (D) Office of National HIV/AIDS Policy (ONAP)

4. What describes part of the role of a Commissioner? *Select one:*

- (A) Advocate for HIV services and funding
- (B) Focus on personal needs
- (C) Use data to make decisions
- (D) All of the above

5. Which of the following lists Core Medical Services for HIV, as defined by HRSA? *Select one:*

- (A) Food bank, medical case management, and legal services
- (B) Oral health, transportation, and primary care
- (C) Primary medical care, HIV medications, and medical case management

6. Which of these lists only Support Services for HIV, as defined by HRSA? *Select one:*

- (A) Transportation, legal services, and food bank
- (B) HIV medications, hospice care, and primary care
- (C) Medical case management, substance abuse treatment, and transportation
- (D) Food bank, oral health, and linguistic services

7. The role of the Commission on HIV is: *Select one:*

- (A) Assess the needs of People Living with HIV/AIDS
- (B) Establish service category priorities
- (C) Allocate funds to service categories
- (D) All of the above

8. Which of the following is an activity of the Commission on HIV? *Select one:*

- (A) Assessing the needs of people living with HIV/AIDS
- (B) Allocating Ryan White HIV/AIDS Program dollars
- (C) Maintaining a comprehensive plan for HIV prevention and care services
- (D) All of the above

9. In order to fill an Unaffiliated Consumer seat on the Commission on HIV, one must meet which of the following? *Select one:*

- (A) Not employed by or a board member of a Part A Ryan White-funded provider
- (B) A person living with HIV receiving a service funded under Ryan White Part A
- (C) Be a resident of Los Angeles County
- (D) All of the above

10. Who is the recipient in charge of managing the Ryan White Part A Program? *Select one:*

- (A) Commission on HIV
- (B) LA County Chief Executive Office (CEO)
- (C) The Health Resources and Services Administration (HRSA)
- (D) Division of HIV & STD Programs (DHSP)



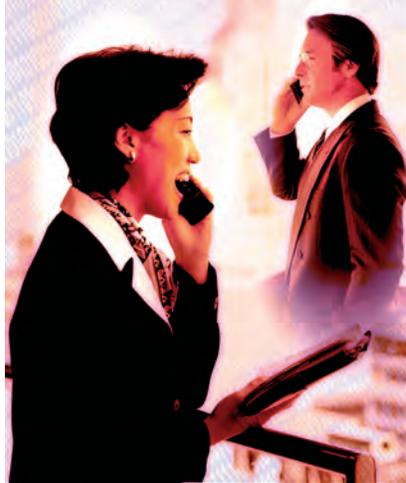
My Mentoring Skills Self-Assessment

Directions: Assess your potential to be a successful mentor and mentee by rating yourself on the following mentoring skills. For each skill, circle the appropriate number. Total the numbers for each part (I, II, and III), and read the interpretations.

Mentoring Skill		Quality of Skill			
		Excellent	Very Good	Adequate	Poor
Part I. Shared Core Skills					
1.	Listening Actively	5	3	1	0
2.	Building Trust	5	3	1	0
3.	Encouraging	5	3	1	0
4.	Identifying Goals and Current Reality	5	3	1	0
Subtotal Core Skills					
16-20	Excellent core skills; you could coach others; concentrate improvement efforts on fine-tuning your style				
11-15	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentor or mentee				
6-10	Adequate core skills; work on your less-developed skills in order to have better relationships				
5 or under	You'll benefit from coaching and practice on core skills; acquire training or coaching, and observe others who have strong skills				
Part II. Mentor-Specific Skills					
1.	Instructing/Developing Capabilities	5	3	1	0
2.	Inspiring	5	3	1	0
3.	Providing Corrective Feedback	5	3	1	0
4.	Managing Risks	5	3	1	0
5.	Opening Doors	5	3	1	0
Subtotal Mentor Skills					
20-25	Excellent mentor skills; you could coach others; concentrate improvement efforts on fine-tuning your style with particular mentees				
15-19	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentor				
10-14	Adequate mentor skills; work on your less-developed skills in order to acquire strong mentees and have better relationships with them				
9 or under	You'll benefit from coaching and practice on mentor skills; acquire training or coaching, and observe others who have strong skills				
Part III. Mentee-Specific Skills					
1.	Acquiring Mentors	5	3	1	0
2.	Learning Quickly	5	3	1	0
3.	Showing Initiative	5	3	1	0
4.	Following Through	5	3	1	0
5.	Managing the Relationship	5	3	1	0
Subtotal Mentee Skills					
20-25	Excellent mentee skills; you could coach other mentees; concentrate any improvement efforts on fine-tuning your style with particular mentors				
15-19	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentee				
10-14	Adequate mentee skills; work on your less-developed skills in order to acquire strong mentors and have better relationships with them				
9 or under	You'll benefit from coaching and practice on mentee skills; get training or coaching, and observe others who have strong skills				

INSERT Skills for Successful Mentoring booklet.

DRAFT



SKILLS FOR SUCCESSFUL MENTORING:

Competencies of Outstanding Mentors and Mentees

by Linda Phillips-Jones, Ph.D.

SKILLS FOR SUCCESSFUL MENTORING

© 2003 by Linda Phillips-Jones, Ph.D.

Author, *The New Mentors and Proteges*

Effective mentoring requires more than common sense. Research indicates that mentors and mentees who develop and manage successful mentoring partnerships demonstrate a number of specific, identifiable *skills* that enable learning and change to take place. This strategy booklet describes these skills and provides a tool for you to assess yourself informally on each skill.

The Identification of Mentoring Skills

For years, individuals assumed that the process of mentoring was somewhat mysterious. These relationships just happened, and “chemistry” had to be present. It was impossible (even somewhat sacrilegious) to analyze and describe the specifics of what was going on in these arrangements. Analyzing and putting names to behaviors would theoretically kill them.

Some people were able to find mentoring relationships, while many individuals were unaware of how to get started with mentoring and missed out on one of the most powerful development strategies ever devised.

Linda Phillips-Jones (1977) studied hundreds of mentor-mentee partnerships as well as individuals unable to identify any mentors in their lives. The conclusion: mentoring was much more examinable and yet more complex than first thought.

On the “demystifying” side, Phillips-Jones discovered that effective mentors and mentees use *specific processes and skills* throughout their relationships. Further, the skills and

processes can be *learned*, and relationships can be better—more enjoyable, productive, and even time-efficient—as a result.

Additional research by The Mentoring Group revealed that unless a fairly *structured process* and specific skills are applied, mediocre mentoring relationships occur. Not much happens, and participants become frustrated with their well-intended but haphazard efforts. Worse, disappointed participants become convinced that mentoring doesn’t work.

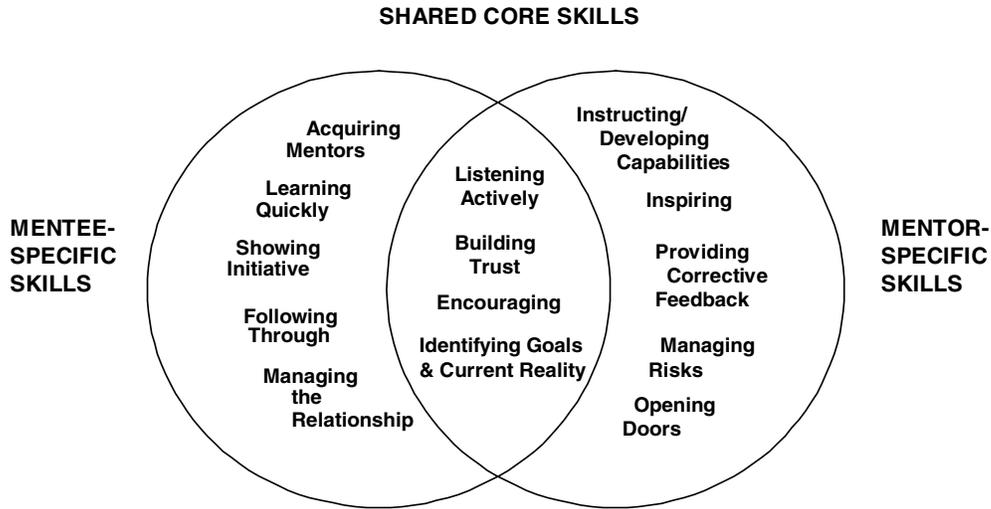
On the positive side, when individuals use these skills and add structure, important, satisfying changes take place in the lives of both mentees and mentors.

A skill is a learned, *observable behavior* you perform that indicates (to someone else) how well you can do something. The set of skills described here constitutes your overall ability to mentor and be mentored.

If you possess these skills to an adequate *quality level*—and if you use them as *frequently* as called for—your chances of having mutually satisfying and productive mentoring relationships will be greatly enhanced. The model on the next page illustrates the *shared* core skills used by both mentors and mentees and the *unique* skills needed by each group.

To help you be a more skilled mentor and mentee, look at the model, review the descriptions of these mentoring skills and the behaviors that make up each one, and start using the skills with the people in your life.

THE MENTORING SKILLS MODEL



Core Mentoring Skills

Both mentors and mentees should utilize the following *core* skills in their mentoring partnerships.

1. Listening Actively

Active listening is the most basic mentoring skill; the other skills build on—and require—it. When you listen well, you demonstrate to your mentors and mentees that their concerns have been heard and understood. As a result, they feel *accepted* by you, and trust builds. The way you indicate you’re listening intently is by performing several observable behaviors. For example, if you’re an excellent listener, you:

- appear genuinely interested by making encouraging responses such as “*Hmmm . . .*” and “*Interesting . . .*” or sometimes reflecting back (paraphrasing) certain comments to show you’ve grasped the meaning and feelings behind the message;

- use appropriate nonverbal language such as looking directly into people’s eyes, nodding your head, leaning slightly toward them, frowning, or smiling where appropriate;
- avoid interrupting mentors and mentees while they’re talking;
- remember and show interest in things they’ve said in the past (“*By the way, how did the meeting with your manager go?*”); and
- summarize the key elements of what each of you said.

Resist the impulse always to turn the conversation to *your* experiences and opinions and to find *immediate solutions* to problems you may be hearing. Listen carefully first; problem solve much later. If your mentors and mentees have a habit of immediate problem solving, see if you can help them be better listeners and problem explorers.

2. Building Trust

The more that your mentors and mentees trust you, the more committed they'll be to your partnerships with them, and the more effective you'll be. This trust develops over time—if your mentors and mentees observe certain appropriate behaviors on your part. To become trustable, you must:

- keep confidences shared by your mentors and mentees;
- spend appropriate time together;
- follow through on your promises to them;
- respect your mentors' and mentees' boundaries;
- admit your errors and take responsibility for correcting them; and
- tactfully tell your partners if and why you disagree or are dissatisfied with something so they'll know you're honest with them.

Particularly with cross-difference (e.g., gender, culture, style, age) mentoring, trust-building is crucial and has to be developed over time.

3. Encouraging

According to Phillips-Jones' research, the most valued mentoring skill is giving encouragement. This includes giving your mentoring partners recognition and sincere positive verbal feedback.

Mentors and mentees at several Fortune 500 companies revealed in interviews that positive verbal reinforcement—praise—was rare and even publicly discounted in their organizations. However, most admitted enjoying being recognized for accomplishments and abilities and receiving positive feedback—provided such attention was sincere and not overdone. Interviewees said they wished such behaviors were a greater part of their organizational cultures.

When was the last time you received too much praise? If never, you're not alone. Effective mentors encourage their mentees, which in turn helps increase the mentees' confidence and enables them to develop.

At the same time, successful mentees make a point of positively reinforcing their mentors, which serves to keep the mentors focused and motivated. Provide genuine, positive feedback to your mentors and mentees on a regular basis.

While there are many ways to encourage, and mentors and mentees can differ in the types and amounts of encouragement they like, you can:

- compliment your mentoring partners on accomplishments and actions;
- point out positive traits (such as perseverance and integrity) in addition to their performance and accomplishments;
- praise them privately, one-on-one;
- commend them in front of other people (being sensitive to any cultural and style preferences regarding public praise);
- express thanks and appreciation;
- write encouraging memos or e-mail and leave complimentary voice mail; and
- let them know how you use any help they give you.

Be certain that your praise and encouragement are sincere. In mentoring, err in the direction of *too much* praise, rather than too little. Some human development experts recommend a ratio of four or five praises for every corrective remark.

4. Identifying Goals and Current Reality

Whether you're a mentor or mentee, you should have a personal vision, specific goals, and a good grasp of current reality. As a mentor, be clear on and talk to your mentees about their visions, dreams, and career/life goals. They'll be interested in your current reality (your view of your strengths and limitations as well as the current reality of situations within your organization) and want help recognizing theirs as well.

As a mentee, you also need this skill. Before asking for help, you should know your tentative goals, strengths, what development you need, and the *specific* assistance you'd like. You should discuss these with your mentors. The more aware you are of these, and the more accurately you can convey them to potential helpers, the more likely they'll be to assist your next steps. To demonstrate this mentoring skill:

- know what's important to you, what you value and desire most;
- recognize areas in which you're able to perform well, very concrete examples of behaviors you can perform at the good-to-excellent level;
- identify specific weaknesses or growth areas observed in yourself and ones noted by others;
- set tentative one- to five-year goals to reach in your personal life and career; and
- describe accurately the reality of your abilities and situations.

Effective mentors and mentees are constantly fine-tuning this self-knowledge, incorporating new feedback and observations on a regular basis. Peter M. Senge, in *The Fifth Discipline*, mentions these skills as part of "personal mastery," which he calls a journey, not a destination.

One effective individual, a former engineer who was currently a division manager (and a mentee in two mentoring partnerships), demonstrated her skill of identifying goals and current reality by writing this:

"My long-range goal is to be a general manager or vice president within ten years. My technical skills as an engineer and my skills (as an operations manager) are strong. I now manage 75 men and women. I'm weaker in sales and marketing."

"I expect to reach my goal by continuing to build our business, gaining some strong marketing and sales OJT in a temporary lateral assignment, getting coaching from my two—and probably future—mentors, providing formal mentoring to at least one promising individual a year, and hopefully, running one of our factories in about five years. My back-up goal is to leave and start my own company."

Model this skill by continually working on your own goals. Show your mentors and mentees how to take a less than ideal current reality and *pull* that reality toward their goals.

Critical Skills for Mentors

In addition to the core mentoring skills described above, mentors use several specific competencies in an attempt to help mentees develop.

1. Instructing/Developing Capabilities

Probably all mentors do some teaching or instructing as part of their mentoring. The skill is especially important in formal mentoring. This seldom means that you'll give formal speeches and lectures. Instead, your instructing will usually be more informal—from modeling specific behaviors to conveying ideas and processes one-on-one, in a tutoring mode. You'll:

- be a "learning broker" as you assist your mentees in finding resources such as people, books, software, websites, and other information sources;

- teach your mentees new knowledge, skills, and attitudes by explaining, giving effective examples, and asking thought-provoking questions;
- help your mentees gain broader perspectives of their organizations including history, values, culture, and politics;
- demonstrate or model effective behaviors, pointing out what you're trying to do; and
- help them monitor performance and refocus steps as needed.

A key part of your instruction is teaching *the mentoring process*. You can do this by making *process comments*—pointing out, naming, and otherwise getting your mentees to recognize which aspect of mentoring you're doing at the time—and why.

Whoever cares to learn will always find a teacher.

— German proverb

2. Inspiring

One skill that separates superb mentors from very good ones is an ability to inspire their mentees to greatness. By setting an example yourself and helping your mentees experience other inspirational people and situations, you can help them onto future paths that excite and motivate—even beyond their original dreams. Mentors vary in their ability to be inspiring. See if you can:

- do inspiring actions yourself which challenge your mentees to improve;
- help them observe others who are inspiring;
- arrange other inspirational experiences for them;
- challenge them to rise above the mundane and do important things in life; and

- help them recognize inspiring actions they took in the past and ways to excel again.

It's always tempting to tell mentees what to do and, in fact, to have them follow in your footsteps. Your challenge as a mentor is to ensure that your mentees identify and pursue *their own form of greatness, not necessarily yours*.

Some outstanding mentors **use language**—stories, metaphors, and powerful phrases—to inspire their mentees. Is this a mentoring behavior you could hone during the coming months?

3. Providing Corrective Feedback

In addition to giving frequent and sincere positive feedback, effective mentors should also be willing and able to give mentees *corrective feedback*.

When you observe your mentees making mistakes or performing in less than desirable ways, you should be direct with your mentees, letting them know what you perceive and providing some better ways for handling the situations. It will probably be better for them to hear it from you than from others. This is an aspect of the mentor's protection skill, *Managing Risks*, described later.

One of the *first things* you can discuss with your mentees is *if and how* they'd like to receive this feedback. People are more willing to hear corrective feedback if they've given permission and know in advance it's coming. At the same time, you'll be more likely to give feedback if you're invited to do so. Attempt to:

- use positive, non-derogatory, business-like words and tone of voice with mentees when their behaviors or products aren't satisfactory;
- give corrective feedback in private;
- give the feedback as soon as feasible after the performance;

- give specific (as opposed to vague) feedback on behaviors; and
- offer useful suggestions for them to try next time, offering to be a resource when that time occurs.

Use the Encouraging skill much more often than the skill of Providing Corrective Feedback.

4. Managing Risks

Another distinguishing characteristic of effective mentors is their willingness and ability to protect their mentees from disasters. One of your tasks is to prevent your mentees from making *unnecessary* mistakes as they learn to take *appropriate* risks. This skill of Managing Risks builds closely on the core skill of Building Trust, identified earlier. Some refer to this risk-management process as helping mentees “step out on the branch, then fly when ready.” You’ll:

- help your mentees recognize the risks involved in actions and projects, including some risks (and mistakes) you’ve experienced;
- make suggestions to help them avoid major mistakes (business, career, financial, personal, and other) in judgment or action;
- help them learn to prepare well, get wise counsel, then trust their own decisions and actions; and
- if requested in difficult situations, intervene as your mentees’ advocate with others.

Mentees and mentors in many corporations have identified Managing Risks as an *increasingly important* mentoring skill.

Typical Risks

Your mentees probably face **business risks and career risks**, potential danger zones in which they could make large errors and possibly jeopardize their positions, careers, or organizations. Here are some examples:

Business Risks

Dealing incorrectly with customers
Missing deadlines
Underestimating project costs
Doing something unethical
Compromising on quality

Career Risks

Offending certain people
Taking the wrong position
Staying in a job too long
Not being able to sell others on one’s own ideas
Failing to learn and improve

Some of these risks your mentees will recognize, and others only you—with your wisdom and experience—recognize. Still other challenges will seem more risky to your mentees than they really are. Offer to help your mentees identify and determine how to handle these risks with *recognition, prevention, and recovery* strategies.

5. Opening Doors

Mentors are usually in a position to provide visibility for their mentees. This means opening the right doors that allow them to meet people and to demonstrate to different audiences what they can do. *Research has shown that when mentors vouch for mentees in this way, their work is much more likely to be well received.* To open doors, you’ll:

- put in a good word to people who could help your mentees reach desired goals;
- personally introduce your mentees to appropriate contacts;
- make certain your mentees’ abilities are noticed by others;
- give your mentees assignments or opportunities that enable them to interact with important colleagues, suppliers, or customers; and

- suggest other resources for your mentees to pursue.

You'll probably open doors for your mentees only when you believe they're ready to go through them. Since your reputation may be affected by your doing this, you'll first want to see your mentees as capable and trustworthy. Explain this process to your mentees as part of the development effort.

One mentee raved about how his mentor opened numerous doors for him. The mentor took him to two key meetings, allowed him to co-author (with the mentor) several papers, set up an opportunity for the mentee to make a very visible oral presentation to a group of decision makers, and nominated him for a highly competitive leadership development program within the organization.

Critical Skills for Mentees

In addition to the core skills described earlier, mentees need to be competent in several areas.

1. Acquiring Mentors

Becoming a successful mentee isn't a passive experience. In the spirit of career self-reliance, you should be very active in selecting and negotiating with *several* mentors who can help you succeed. Good mentors now have a wide choice of potential mentees, so you must skillfully handle the acquisition process. For example, be able to:

- identify a desirable pool of individuals who potentially can provide you with mentoring;
- actively search for several mentors;
- “sell” potential helpers on the idea of providing mentoring to you (in addition to—or as opposed to—others they might help);
- convey your specific needs and goals to prospective mentors; and

- negotiate the mentoring arrangements with your mentors, including agreements on goals, expectations, length of the relationships, confidentiality, feedback processes, and meeting schedules.

For detailed tips on acquiring appropriate mentors, see ***Strategies for Getting the Mentoring You Need***. For more ideas on career self-reliance, read the excellent book, ***We Are All Self-Employed***, by Cliff Hakim. (Both are listed in **Resources**.)

2. Learning Quickly

Mentors enjoy working with mentees who learn quickly and take seriously any efforts to teach them. Typically, your mentors want you to be a “quick study.” You should work hard at directly and indirectly learning *everything* you can as rapidly as possible. Try to:

- apply the knowledge and skills presented to you, and be ready to tell your mentors how you applied them;
- observe carefully and learn indirectly from the modeled actions of your mentors and others;
- study materials (those given by your mentors and materials you seek out) related to your development areas;
- integrate new things you learn into your own conceptual framework for problem solving; and
- receive feedback nondefensively. (You should ask for specifics and be appreciative of the feedback. If your mentors have misperceived a fact, diplomatically tell them.)

As your mentoring relationships proceed and mature, you'll probably have ample opportunities to debate and disagree with your mentors. In the beginning, you should display a strong learning attitude, be willing to consider new ideas, and show an openness to be proven wrong.

Unclear about how to become a “quick study”? Try what one dedicated mentee did. She earned a degree in education and English then decided to go back to college and enter pre-med. The math, physics, and chemistry were daunting—her weakest areas by far. Not wanting to fail, she spent at least eight hours every day reading chapters, re-reading and marking them with a yellow highlighter, typing outlines of the chapters, and studying them alone and with study partners. At least two additional hours each day she found an empty classroom and wrote and rewrote math, chemistry, and physics formulas on chalkboards until she could recite them in her sleep.

A quick study? No, a slow study at first. But eventually she got it—and her 4.0. How committed do you think her professor mentors were to her success?

3. Showing Initiative

The newest approach to mentoring encourages the mentees to manage the relationships and show considerable initiative (see the skill, *Managing the Relationship*, on the next page). Even with this new trend, some mentors will attempt to lead the relationships and expect you to follow. Others will expect you to drive the process from the beginning.

Either way, they’ll expect you to show the *right amount* of initiative. They’ll observe the things you do *on your own* to develop. At times, most mentors will expect some following from you, particularly when your activities could have ramifications for them (e.g., approaching one of their valued contacts). As an effective mentee, you:

- know when and when *not* to show initiative;
- ask appropriate questions to clarify and get more information;
- pursue useful resources on your own;

- take informed risks (stretch beyond your usual comfort level) in order to acquire new knowledge, skills, and attitudes; and
- go beyond what your mentors suggest; that is, take their ideas and show creative or ambitious ways of using them.

Mentors vary in the amounts and timing of initiative they like from their mentees. Discuss this early in your relationships to establish preferences and expectations and to negotiate arrangements that work for all.

4. Following Through

These days, it’s a mentors’ market. Mentees who don’t follow through on tasks and commitments are often dropped and replaced with mentees who do. To demonstrate this skill:

- keep all agreements made with your mentors;
- complete agreed-upon tasks on time;
- try out their suggestions and report back the results;
- explain in advance if you want to change or break an agreement; and
- persist with difficult tasks even when you’re discouraged.

An informal poll of mentors by Phillips-Jones revealed that several were frustrated with mentees who failed to follow through on agreed-upon tasks. Some mentors even refused to enter new mentoring partnerships. They concluded that they were working harder on their mentees’ lives than the mentees were doing for themselves!

5. Managing the Relationship

Even when your mentors try to take a strong lead, you're the one who should manage the relationships. It's *your* development, and you must take responsibility for its process and outcomes. To go through this journey, you can:

- describe the general process of being mentored—how it works and why it's powerful;
- stay up to date with each of your mentors on issues between you, goals to reach, satisfaction with your meeting schedules, etc.;
- analyze the current status of your mentoring partnerships, and determine where to go next with them;

- prepare for the end of your mentoring relationships; and
- leave the formal relationships on amicable terms, even if the relationships continue on an informal basis.

Carefully track your mentoring relationships, and make suggestions as needed.

Final Thoughts

These are the critical skills needed by mentors and mentees for effective mentoring relationships. As a closing exercise to reinforce your learning, complete the mentoring skills self-assessment on the following page.

There are countless ways of achieving greatness, but any road to achieving one's maximum potential must be built on a bedrock of respect for the individual, a commitment to excellence, and a rejection of mediocrity.

— Buck Rodgers
Manager, professional baseball

MY MENTORING SKILLS

Directions: Assess your potential to be a successful mentor and mentee by rating yourself on the following mentoring skills. For each skill, circle the appropriate number. Total the numbers for each part (I, II, and III), and read the interpretations.

Mentoring Skill	Quality of Skill			
	Excellent	Very Good	Adequate	Poor
Part I. Shared Core Skills				
1. Listening Actively	5	3	1	0
2. Building Trust	5	3	1	0
3. Encouraging	5	3	1	0
4. Identifying Goals and Current Reality	5	3	1	0
	Subtotal Core Skills _____			
16-20	Excellent core skills; you could coach others; concentrate improvement efforts on fine-tuning your style			
11-15	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentor or mentee			
6-10	Adequate core skills; work on your less-developed skills in order to have better relationships			
5 or under	You'll benefit from coaching and practice on core skills; acquire training or coaching, and observe others who have strong skills			
Part II. Mentor-Specific Skills				
1. Instructing/Developing Capabilities	5	3	1	0
2. Inspiring	5	3	1	0
3. Providing Corrective Feedback	5	3	1	0
4. Managing Risks	5	3	1	0
5. Opening Doors	5	3	1	0
	Subtotal Mentor Skills _____			
20-25	Excellent mentor skills; you could coach others; concentrate improvement efforts on fine-tuning your style with particular mentees			
15-19	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentor			
10-14	Adequate mentor skills; work on your less-developed skills in order to acquire strong mentees and have better relationships with them			
9 or under	You'll benefit from coaching and practice on mentor skills; acquire training or coaching, and observe others who have strong skills			
Part III. Mentee-Specific Skills				
1. Acquiring Mentors	5	3	1	0
2. Learning Quickly	5	3	1	0
3. Showing Initiative	5	3	1	0
4. Following Through	5	3	1	0
5. Managing the Relationship	5	3	1	0
	Subtotal Mentee Skills _____			
20-25	Excellent mentee skills; you could coach other mentees; concentrate any improvement efforts on fine-tuning your style with particular mentors			
15-19	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentee			
10-14	Adequate mentee skills; work on your less-developed skills in order to acquire strong mentors and have better relationships with them			
9 or under	You'll benefit from coaching and practice on mentee skills; get training or coaching, and observe others who have strong skills			

RESOURCES

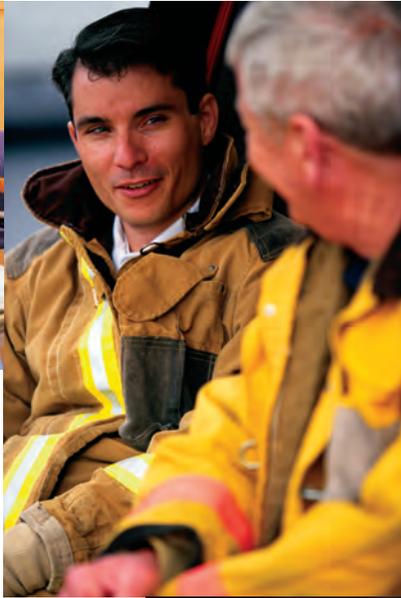
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About the Author

Dr. Linda Phillips-Jones was a licensed psychologist, the author of various publications, and a consultant to a wide range of organizations. Dr. Phillips-Jones passed away in December of 2006 after a valiant six-year fight with four rounds of cancer. CCC/The Mentoring Group continues to promote Dr. Linda's mentoring vision through her publications and philosophy on mentoring.

This booklet appears as a chapter in ***The Mentoring Coordinator's Guide, The Mentor's Guide, and The Mentee's Guide***. For copies of any of these ***Guides***, contact CCC/The Mentoring Group, 13560 Mesa Drive, Grass Valley, CA 95949, www.mentoringgroup.com.

For additional copies of this booklet, contact CCC/The Mentoring Group. Phone: 530.268.1146; fax: 530.268.3636; or e-mail: info@mentoringgroup.com. Check Products at www.mentoringgroup.com for information on quantity discounts.



\$4.50

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LOS ANGELES COUNTY FACT SHEET COMMISSION ON HIV

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

The Commission on HIV (COH) serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD) services.



MEMBERS

51

**Nominated by the
Commission on HIV.**



APPOINTMENT

**By Board
of Supervisors.**



TERM OF OFFICE*

2 years

**Serve at the pleasure
of the Board.**



FORM 700

**May be subject
to file.**



QUALIFICATIONS*

Recommended entities shall forward candidates to the Commission for membership consideration.

Recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by HIV/ STDs.



INCENTIVES*

Gift cards or stipends, and reimbursements for mileage, transportation, childcare are available only to unaffiliated consumers.

No more than \$150 per month as determined by the Commission policy.



DUTIES*

The Commission on HIV is tasked with planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Disease(s) (STDs) services in Los Angeles County.

Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance.



MEETINGS*

At least ten (10) times per year, plus monthly Committee meetings.

Additional time commitment may be required.

To view active members, vacancies and websites on Los Angeles County created commissions, please visit:

[http://bos.lacounty.gov/ Services/Commission- Services/Membership- Roster](http://bos.lacounty.gov/Services/Commission- Services/Membership- Roster)

***For more details view additional information on the following page(s).**



QUALIFICATIONS

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 Sexually Transmitted Disease(s) (STDs):
 1. Medi-Cal, State of California;
 2. The city of Pasadena;
 3. The city of Long Beach;
 4. The city of Los Angeles;
 5. The city of West Hollywood.
- B.** The Director of the Division of HIV and STD Programs (DHSP), representing the Part A grantee, Department of Public Health (DPH);
- C.** Four (4) members who are recommended by Ryan White grantees as specified below or representative groups of Ryan White grant recipients in the County, one from each of the following:
 1. Part B (State Office of Acquired Immune Deficiency Syndrome (AIDS));
 2. Part C (Part C grantees);
 3. Part D (Part D grantees); DPH
 4. 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) 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:
 1. Human Immunodeficiency Virus (HIV) specialty physician from an HIV medical provider;
 2. A Community Health Center (CHC)/Federally Qualified Health Center (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, nominated by the City of Los Angeles Department of Housing.
- H.** One (1) representative of a health or hospital planning agency, who is recommended by health plans in Covered California.
- I.** One (1) behavioral or social scientist recommended from among the respective professional communities.
- J.** Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs.
 1. Faith-based entities engaged in HIV prevention and care;
 2. Local education agencies at the elementary or secondary level;

3. The business community;
4. Union and/or labor;
5. Youth or youth-serving agencies;
6. Other federally funded HIV programs;
7. Organizations or individuals engaged in HIV-related research;
8. Organizations providing harm reduction services;
9. Providers of employment and training services; and
10. HIV-negative individuals from identified high-risk or special populations.

In all the above membership categories where not specifically required, recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by the epidemic. Members are expected to report to and represent their recommending entities and constituencies. Members may, at times, represent multiple constituencies.

In accordance with Ryan White and Centers for Disease Control and Prevention (CDC) requirements, the Commission shall ensure that its full membership and its subset of unaffiliated consumer members shall proportionately reflect the ethnic, racial and gender proportions of HIV disease prevalence in the Eligible Metropolitan Area (EMA). In accordance with Ryan White requirements, at least one (1) unaffiliated consumer must be co-infected with Hepatitis B or C, and at least one (1) unaffiliated consumer must be recently incarcerated or an advocate for the recently incarcerated.

In forwarding nominations for appointment by the Board of Supervisors, the Commission shall ensure that its membership fully conforms to Ryan White Part A HIV Health Services Planning Council (planning council) requirements on representation, reflectiveness and consumer membership, and CDC HIV Planning Group (HPG) requirements on Parity, Inclusion and Representation.

One alternate may be nominated by the Commission for appointment by the Board of Supervisors for each member who has disclosed that he/she is living with HIV disease. An alternate shall attend meetings of the Commission and vote in the absence of the person for whom he/she is designated as an alternate. Nominations

of alternates shall be made from the pool of candidates recommended for membership. The Commission shall ensure that the composition of alternate members conforms to any Part A planning council requirements which apply to alternates.



MEETINGS

At least ten (10) times per year. In addition, members must serve on a standing committee and attend their monthly meetings. The standing committees are Planning, Priorities and Allocations; Standards and Best Practices; Operations; and Public Policy.



INCENTIVES

The Commission offers gift cards or cash stipends to unaffiliated consumers (UCs) to support their participation on the Commission. UCs are people living with HIV, and a current user of a Ryan White Part A service, and not employed by an agency receiving Part A funds from the County. Eligible members must maintain a required level of participation and other performance requirements, as defined in Commission policy. UCs may also be reimbursed for local mileage, transportation, childcare or similar expenses associated with attending Commission meetings.

The Commission will establish and the Executive Director will implement procedures for eligibility and utilization of the foregoing described reimbursements, member services and/or stipends, including stipend amounts of at least \$25 and no more than \$150 per month as determined by the Commission policy and reported to the Board.



DUTIES

Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance, the Commission is authorized to:

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with DHSP to update the plan on a regular basis;
- B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;
- C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how best to meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors 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 EMA's 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; deploy 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 Board of Supervisors, the grantee and other departments' policies and other actions/decisions on matters related to HIV;
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the general public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment; and actively engage individuals and entities concerned about HIV;
- H. Provide a report to the Board of Supervisors annually, no later than June 30th, describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents, with indicators determined by the Commission in collaboration with DHSP; make other reports as necessary to the Board of Supervisors, the grantee and other departments on HIV-related matters referred for review by the Board of Supervisors, grantee or other departments;
- I. Act as the planning body for all HIV programs in DPH or funded by the County;
- J. Make recommendations to the Board of Supervisors, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.



TERM OF OFFICE

Two years. All members and alternates of the Commission shall serve at the pleasure of the Board of Supervisors.

Any member whose employment, status, or other factors no longer fulfill the requirements of the membership seat to which he/she was appointed shall be removed from the Commission as determined by the Board of Supervisors.

No Commission member may serve more than two consecutive two-year terms except that the Board may, by order, extend the length of service or waive the limit

for individuals or the Commission as a whole. In addition to their Commission service, members are required to serve on at least one (1) of the Commission's standing committees.

During the course of a year, absence from any combination of six (6) regularly scheduled Commission meetings and/or regularly scheduled meetings of the Committee to which the member has been assigned may result in the Board of Supervisors removing the member from the Commission. An Alternate's attendance in a member's place is considered attendance by the member at that meeting.

As needed by committees and appropriate for added professional expertise, as a means of further engaging community participation in the planning process, and/or necessary to meet the requirements of the CDC HIV Planning Guidance, the Commission is empowered to nominate candidates who are not Commission members for appointment by the Board of Supervisors as members of the Commission's established standing committees. The term of each such member shall be two (2) years.



OATH

Not required.



SUNSET REVIEW

None.



AUTHORITY

Chapter 3.29 of the Los Angeles County Code; Board Order No. 40 of February 14, 1995, Ordinance No. 95-0010; Board Order No. 10 of January 27, 1998, Ordinance No. 98-0002; Board Order No. 91 of April 3, 2001; Board Order No. 63 of April 10, 2001, Ordinance No. 2001-0039 (extension of sunset review date); Board Order No. 53 of January 21, 2003; Board Order No. 13 of January 28, 2003, Ordinance No. 2003-0010 (Membership); Board Order No. 14 of November 30, 2004; Board Order No. 48 of December 7, 2004, Ordinance No. 2004-0070 (extension of sunset review date); Board Order No. 25 of June 7, 2005; Board Order No. 61 of June 7, 2005; Board Order No. 73 of June 14, 2005, Ordinance No. 2005-0044 (Also name change); Board Order Nos. 13 and 49 of September 12, 2006; Board Order No. 62 of September 19, 2006, Ordinance No. 2006-0071 (extension of sunset review date); Article II (Members), and Article VII (Standing Committees) of the Los Angeles County Commission on HIV as revised on April 9, 2009; Board Order No. 19 of November 22, 2011; Board Order No. 69 of November 29, 2011, Ordinance No. 2011-0065; Board Order No. 55 of June 11, 2013

May be subject to bylaws.



HOJA DE DATOS DEL CONDADO DE LOS ÁNGELES COMISIÓN DEL VIH

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

La Comisión del VIH ejerce como el consejo local de planeamiento para la planificación, adjudicación, coordinación y entrega de los servicios de VIH/SIDA y Enfermedades de Transmisión Sexual (ETS).



MIEMBROS

51

Nombrados por la Comisión del VIH.



DESIGNACIÓN

Por la Junta de Supervisores.



DURACIÓN DEL MANDATO*

2 años

Se desempeñan sujetos a las directivas de la Junta de Supervisores.



FORMULARIO 700

Puede estar sujeto a completar.



CALIFICACIONES*

Las entidades recomendantes enviarán candidatos a la Comisión para que sea considerada su membresía.

Se solicita a las entidades recomendantes y al conjunto de los que nombran, a que elijan candidatos que padecen VIH o a miembros de poblaciones afectadas desproporcionadamente por la epidemia.



INCENTIVOS*

Tarjetas de regalo o estipendios, y reembolsos por millaje, transporte, cuidado de niños están disponibles solo para los consumidores no afiliados.

No más de \$150 por mes según determinación de las políticas de la Comisión.



FUNCIONES*

La Comisión del VIH tiene la tarea de planificar, adjudicar, coordinar y proveer los servicios de VIH/SIDA y Enfermedades de Transmisión Sexual (ETS) en el Condado de Los Ángeles.

Consistente con la Sección 2602(b)(4) (42 U.S.C. § 300ff-12) de la legislación Ryan White, la guía HRSA, y los requerimientos de la Guía de planeamiento de VIH de los CDC.



ENCUENTROS*

Al menos diez (10) veces por año, además de los encuentros de Comité mensuales.

Puede ser requerido un tiempo adicional de compromiso.

Para ver los miembros activos, las vacantes y los sitios web de las comisiones creadas en el Condado de Los Ángeles, por favor visitar: <http://bos.lacounty.gov/Services/Commission- Services/Membership- Roster>

***Para más detalles, ver la información adicional en la(s) siguiente(s) página(s).**



CALIFICACIONES

Las siguientes entidades recomendantes enviarán candidatos a la Comisión para que su membresía sea considerada:

- A.** Cinco (5) miembros que sean recomendados por las siguientes instituciones de gobierno, salud y servicios sociales, entre los cuales deberán contarse individuos especializados en epidemiología o con experiencia y conocimientos en Hepatitis B, C y Enfermedades de Transmisión Sexual (ETSs):
1. Medi-Cal, Estado de California;
 2. La Ciudad de Pasadena;
 3. La Ciudad de Long Beach;
 4. La Ciudad de Los Ángeles;
 5. La Ciudad de West Hollywood.
- B.** El Director de la División de los Programas de VIH y ETS (DHSP) representando a la Parte A beneficiaria, Departamento de Salud Pública (DPH);
- C.** Cuatro (4) miembros que sean recomendados por los beneficiarios Ryan White, según se especifica más abajo, o por los grupos representativos de los beneficiarios de las becas Ryan White en el Condado de Los Ángeles, uno para cada una de las siguientes partes:
1. Parte B (Oficina estatal del Síndrome de inmunodeficiencia adquirida (SIDA));
 2. Parte C (Beneficiarios Parte C);
 3. Parte D (Beneficiarios Parte D); DPH
 4. Parte F (beneficiarios en servicio en el Condado, como ser en los Centros de Educación y Entrenamiento de SIDA (AETCs) o los proveedores locales que reciben los reembolsos dentales de Parte F.
- D.** Ocho (8) representantes que son recomendados por los siguientes tipos de organizaciones, en el Condado y elegidos para asegurar diversidad geográfica y que reflejen los epicentros de la epidemia:
1. Médico especialista en Virus de Inmunodeficiencia Humana (VIH) perteneciente a un proveedor médico en VIH;
 2. Un representante de un Centro de salud Comunitario (CHC)/Centro de Salud Federalmente Calificado (FQHC);
 3. Un proveedor de salud mental;
 4. Un proveedor de tratamientos por abuso de sustancias;
 5. Un proveedor de albergue y vivienda;
 6. Un proveedor de servicios para los que no tienen vivienda;
 7. Un representante de una Organización de servicios SIDA (ASO) que ofrezca servicios de prevención de SIDA con fondos federales;
 8. Un representante de una ASO que ofrezca servicios de cuidados y tratamiento para SIDA.
- E.** Diecisiete (17) consumidores no afiliados de los servicios de Parte A y que incluyan:
1. Ocho (8) consumidores, cada uno representando una Área de planeamiento de servicios (APA) diferente y que sean recomendados por los consumidores y/o por las organizaciones de la SPA;
 2. Cinco (5) consumidores, cada uno representando un Distrito de supervisión, que sean recomendados por los consumidores y/o por las organizaciones del Distrito;
 3. Cuatro (4) consumidores que sirvan en una capacidad en general, recomendados por los consumidores y/o por las organizaciones del Condado
- F.** Cinco (5) representantes, con uno (1) recomendado por cada uno de las cinco (5) oficinas supervisoras.
- G.** Un (1) representante proveedor o administrativo del programa de Oportunidades de albergue y vivienda para personas con SIDA (HOPWA), nombrado por el Departamento de Vivienda de la Ciudad de Los Ángeles.
- H.** Un (1) representante de una agencia de planeamiento de salud u hospital, que sea recomendado por los planes de salud en California Cubierta,
- I.** Un (1) científico en conductas o social recomendado por las respectivas comunidades profesionales.

J. Ocho (8) representantes de los participantes en las comunidades HIV, cada uno de los cuales puede representar una o más de las siguientes categorías. La Comisión puede elegir nombrar a varias personas para la misma categoría o identificar una nueva categoría participante, dependiendo de los temas y necesidades identificados

1. Entidades religiosas comprometidas con la prevención y cuidados del VIH;
2. Agencias de educación locales de nivel elemental y secundario;
3. La comunidad de negocios;
4. Sindicatos u organizaciones del trabajo;
5. Jóvenes o agencias sirviendo a jóvenes;
6. Otros programas VIH con fondos federales
7. Organizaciones o individuos que investigan HIV;
8. Organizaciones que proveen servicios de reducción de daños;
9. Proveedores de empleo y de servicios de entrenamiento; y
10. Individuos VIH-Negativos de poblaciones identificadas como de alto riesgo o especiales.

En todas las categorías de membresías mencionadas arriba donde no hay requerimientos específicos, solicitamos fervientemente a las entidades recomendantes y al conjunto de los que nombran, a que elijan candidatos que padecen VIH o a miembros de poblaciones afectadas desproporcionadamente por la epidemia. Se espera que los miembros informen a y representen a las entidades recomendantes y a sus representados. Los miembros pueden representar, a veces, a varios grupos.

De acuerdo con Ryan White y los Centros para el control y prevención de enfermedades (CDC), la Comisión asegurará que sus miembros y subconjunto de miembros consumidores no afiliados en su totalidad reflejen proporcionalmente las proporciones étnica, raciales y de género de la enfermedad de VIH según su prevalencia en el Área Metropolitana Elegible (EMA). De acuerdo con los requerimientos de Ryan White, por lo menos un(1) consumidor no afiliado debe estar co-infectado con Hepatitis B o C, y al menos un (1) consumidor no afiliado debe haber salido recientemente de la cárcel o abogar por los presos recientemente liberados.

Al enviar nombres para cargos designados por la Junta de Supervisores, la Comisión se asegurará de que la membresía cumpla completamente con los requerimientos de representación, reflexión y membresía del consumidor de la Parte A de Ryan White del Consejo de planeamiento de servicios de salud para VIH (Consejo de planeamiento) y con los requerimientos relativos a la Paridad, Inclusión y Representación en el Grupo de planeamiento para VIH (HPG) de los CDC.

Un suplente alternativo puede ser nombrado por la Comisión para ser designado por la Junta de Supervisores por cada miembro que haya revelado que padece VIH. El suplente asistirá a las reuniones de la Comisión y votará en la ausencia de la persona de la que ha sido designado suplente. Los nombramientos de suplentes se harán desde la lista de reserva de candidatos recomendados para ser miembros. La Comisión asegurará que la composición de miembros alternativos sea conforme con todos los requerimientos del Consejo de planeamiento de la Parte A que se apliquen a los suplentes.



ENCUENTROS

Al menos diez (10) veces por año. Además, los miembros deber ejercer en un comité permanente y asistir a sus reuniones mensuales. Los comités permanentes son Planeamiento, Prioridades y Adjudicaciones; Estándares y Mejores Prácticas; Operaciones; y Política Pública.



INCENTIVOS

La Comisión ofrece tarjetas de regalo o estipendios en efectivo a consumidores no afiliados (UCs) para apoyar su participación en la Comisión. Los UCs son personas que padecen VIH y usuarios actuales de los servicios de la Parte A de Ryan White, y no están empleados por una agencia que reciba fondos del Condado destinados a la Parte A.

Los miembros elegibles deben mantener el nivel de participación requerido y otros requerimientos de actuación, tal como están definidos en las políticas de la Comisión. Los UCs pueden también ser reembolsados en

sus gastos por millaje, transporte, cuidado de niños y gastos semejantes asociados con su asistencia a los encuentros de la Comisión.

La Comisión establecerá y el Director Ejecutivo implementará los procedimientos para la elegibilidad y utilización de los reembolsos anteriormente descritos, servicios de los miembros y/o estipendios, incluyendo estipendios por sumas de al menos \$25 y no más de \$150 por mes, según determinación de la política de la Comisión e informada a la Junta.



FUNCIONES

Conforme a la Sección 2602(b)(4) (42 U.S.C. § 300ff-12) de la legislación Ryan White, la guía HRSA, y los requerimientos de la Guía de Planeamiento de los CDC VIH, la Comisión está autorizada a:

- A.** Desarrollar un plan VIH integral que esté basado en la evaluación de las necesidades de servicio y vacíos e incluya una definida continuidad de servicios VIH; vigilar la implementación de ese plan; evaluar su eficacia; y colaborar con el DHSP para actualizar regularmente el plan.
- B.** Desarrollar estándares de cuidados para la organización y provisión de cuidados, servicios y prevención de VIH;
- C.** Establecer prioridades y adjudicaciones de las Parte A y B de Ryan White de los fondos de prevención CDC en porcentajes y/o sumas de dólares en los varios servicios; revisar las adjudicaciones a beneficiarios y el gasto de esos fondos según el tipo de categoría de servicio o el tipo de actividad para ser consistentes con las prioridades, adjudicaciones y el plan integral de VIH establecidas por la Comisión, sin la revisión de los contratos individuales; proveer y controlar las directivas a los beneficiarios sobre cómo resolver mejor la necesidad y otros factores que instruyan aún más a la provisión de servicio e implementación; y ofrecer a la Junta de Supervisores y al HRSA la seguridad de que se está verificando que las categorías de servicio, adjudicaciones y el plan integral de VIH sean consistentes con las prioridades, adjudicaciones y plan integral de VIH de la Comisión;
- D.** Evaluar la eficacia del servicio y evaluar la eficiencia

del mecanismo administrativo con particular atención a la evaluación de los resultados, eficacia en el gasto, rápido desembolso de fondos, cumplimiento con las prioridades y adjudicaciones de la Comisión, y otros factores relevantes a la eficaz y eficiente operación de las EMA locales en su provisión de servicios VIH.

- E.** Planificar y desarrollar servicios de respuesta al VIH y a la salud pública para abordar la frecuencia de las infecciones por VIH en simultáneo con las ETS y otras co-morbilidades; desarrollar aquellas mejores prácticas y modelos de innovación en las clínicas de ETS del Condado y los centros de salud relacionados; y formular una estrategia de los mecanismos para adaptar esos modelos a plataformas no específicamente VIH para un respuestas más extendida a las ETS y co-morbilidades;
- F.** Estudiar, aconsejar y recomendar a la Junta de Supervisores, los beneficiarios y otros departamentos sobre políticas, y otras acciones/decisiones en temas relativas al VIH;
- G.** Informar, educar, y diseminar información a los consumidores, a las poblaciones que son un blanco específico, a los proveedores, al public en general y a los diseñadores de políticas de servicios para el VIH y salud pública para crear conocimiento y capacidad de prevención, cuidado y tratamiento del VIH y comprometer activamente a los individuos y entidades interesados en el VIH;
- H.** Proveer anualmente un informe a la Junta de Supervisores, no más tarde que el 30 de Junio, describiendo el progreso del Condado de Los Ángeles para terminar con el VIH en tanto amenaza a la salud y bienestar de los residentes del Condado de Los Ángeles, con indicadores determinados por la Comisión en colaboración con el DHSP; hacer otros informes cuando sean necesarios para la Junta de Supervisores, los beneficiarios y otros departamentos, sobre temas relativos al VIH y derivados para su revisión por la Junta de Supervisores, los beneficiarios u otros departamentos;
- I.** Actuar como el cuerpo de planeamiento para todos los programas VIH en DPH o financiados por el Condado;
- J.** Hacer recomendaciones a la Junta de Supervisores, los beneficiarios y otros departamentos, concernientes a la adjudicación y gastos de los fondos

que no sean de la Parte A y B de Ryan White o de los fondos de prevención de los CDC gastados por los beneficiarios y el Condado para la provisión de servicios relacionados con el VIH.



DURACIÓN DEL MANDATO

Dos años. Todos los miembros y suplentes de la Comisión se desempeñarán sujetos a las directivas de la Junta de Supervisores.

Cualquier miembro cuyo empleo, condición, u otros factores no estén más de acuerdo con los requerimientos del cargo para el cual él o ella han sido nombrados, será removido de la Comisión tal como ha sido determinado por la Junta de Supervisores.

Ningún miembro de la Comisión puede servir por más de dos términos consecutivos de dos años cada uno, excepto que la Junta pueda, por medio de una orden, extender la duración del servicio o renunciar al límite para todos los individuos o la Comisión en su totalidad. Además de su servicio en la Comisión, a los miembros se les requerirá ejercer en al menos uno (1) de los comités permanentes de la Comisión.

Durante el curso de un año, la ausencia a cualquier combinación de seis (6) de los encuentros regularmente programados de la Comisión y/o de los encuentros regularmente programados del Comité al cual el miembro ha sido asignado, puede tener como resultado que la Junta de Supervisores remueva al miembro de la Comisión.

La presencia de un suplente alternativo en lugar del miembro, es considerada una presencia del miembro en tal encuentro.

Según lo necesiten los comités y sea apropiado agregar conocimientos profesionales especializados, como un medio de comprometer aún más a la comunidad en el proceso de planeamiento y/o necesario para cumplir con los requerimientos de Guía de Planeamiento para VIH de los CDC, la Comisión tiene el poder de nombrar a candidatos que nos sean miembros de la Comisión para ser designados por la Junta de Supervisores como miembros de los comités permanentes establecidos por la Comisión. La duración en el cargo para cada uno de esos miembros será de dos (2) años.



JURAMENTO

No requerido.



REVISIÓN POR EXTINCIÓN

Ninguna.



AUTORIDAD

Capítulo 3.29 del Código del Condado de Los Ángeles; Orden de la Junta No. 40 del 14 de Febrero, 1995, Ordenanza No.

95-0010; Orden de la Junta No. 10 del 27 de Enero, 1998, Ordenanza No. 98-0002; Orden de la Junta No. 91 del 3 de Abril, 2001; Orden de la Junta No. 63 de Abril 10, 2001, Ordenanza No. 2001-0039 (extensión de la fecha de revisión por extinción); Orden de la Junta No. 53 del 21 de Enero, 2003; Orden de la Junta No. 13 del 28 de Enero, 2003, Ordenanza No.

2003-0010 (Membrecía); Orden de la Junta No. 14 del 30 de Noviembre, 2004; Orden de la Junta No. 48 del 7 de Diciembre, 2004, Ordenanza No. 2004-0070 (extensión de la fecha de revisión por extinción); Orden de la Junta No. 25 del 7 de Junio, 2005; Orden de la Junta No. 61 del 7 de Junio, 2005; Orden de la Junta No. 73 del 14 de Junio, 2005, Ordenanza No. 2005-0044 (También cambio de nombre); Orden de la Junta Nos. 13 and 49 del 12 de Septiembre, 2006; Orden de la Junta No. 62 del 19 de Septiembre, 2006, Ordenanza No. 2006-0071 (extensión de la fecha de revisión por extinción); Artículo II (Miembros), y Artículo VII (Comités Permanentes) de la Comisión de HIV del Condado de Los Ángeles tal como revisada el 9 de Abril, 2009; Orden de la Junta No. 19 del 22 de Noviembre, 2011; Orden de la Junta No. 69 del 29 de Noviembre, 2011, Ordenanza No. 2011-0065; Orden de la Junta No. 55 de junio 2013

Puede estar sujeto a reglamentos.



HIV/STD SERVICES IN LOS ANGELES COUNTY: AT-A-GLANCE

What is the Ryan White Care Act?

The Ryan White HIV/AIDS Treatment Extension Act of 2009 is a Federal law that was first passed by Congress in 1990 as the Ryan White CARE Act. The Ryan White Program provides Federal funds which are used to develop systems of care and pay for medical and support services for people living with HIV and their families. Locally, the Division of HIV and STD Programs (DHSP), Department of Public Health, administers and oversees the Ryan White-funded services in Los Angeles County.

What medical and support services do Ryan White Program funds provide for people living with HIV?

- Ambulatory medical outpatient (AOM)
- Benefits specialty
- Medical care coordination (MCC)
- Mental health and neuropsychological testing
- Oral healthcare
- Medical subspecialty
- Residential care facility and services
- Housing services and assistance
- Language services
- Home-based case management
- Transitional case management
- Nutrition support and foodbank
- Legal services
- Substance abuse treatment and transitional housing
- Medical transportation
- Information and referrals

What HIV and Sexually Transmitted Diseases (STD) prevention services are available in the County of Los Angeles?

- HIV and STD testing and treatment
- Health education and risk reduction
- HIV counseling and testing
- Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP)
- Information and referrals

What agencies in Los Angeles County provide HIV/STD services?

Range of services vary. Please contact each agency for more information. Click on the agency name on the following page to be directed to their website.

These agencies receive funding through the Los Angeles County Department of Public Health, Division of HIV and STD

Programs (DHSP). If you have a question or concern about DHSP Programs, contact <http://publichealth.lacounty.gov/dhsp/QuestionServices.htm> or (800) 260-8787.

For additional resources, go to <https://hivconnect.org>

List of DHSP-Funded Agencies Providing HIV/STD Services

- [AIDS Healthcare Foundation](#)
- [Alliance for Housing and Healing](#)
- [AltaMed Health Services Corporation](#)
- [APLA Health & Wellness](#)
- [Asian American Drug Abuse Program](#)
- [Being Alive: People with AIDS Coalition](#)
- [Bienestar Human Services, Inc.](#)
- [Center for Health Justice, Inc.](#)
- [Central City Community Health Center](#)
- [Charles R. Drew University of Medicine & Science](#)
- [Children's Hospital of Los Angeles](#)
- [City of Long Beach, Dept of Health & Human Services](#)
- [City of Pasadena Public Health Department](#)
- [Clinica Monsenor Oscar A. Romero](#)
- [Dignity Health, St. Mary Medical Center CARE Clinic](#)
- [East Los Angeles Women's Center](#)
- [East Valley Community Health Center, Inc.](#)
- [El Centro del Pueblo](#)
- [El Proyecto del Barrio, Inc.](#)
- [Friends Research Institute, Inc.](#)
- [Greater Los Angeles Agency on Deafness, Inc.](#)
- [In The Meantime Men's Group](#)
- [JWCH Institute, Inc.](#)
- [Los Angeles Centers for Alcohol & Drug Abuse](#)
- [Los Angeles LGBT Center](#)
- [Men's Health Foundation](#)
- [Minority AIDS Project](#)
- [Northeast Valley Health Corporation](#)
- [Project Angel Food](#)
- [Project New Hope](#)
- [Public Counsel](#)
- [Safe Refuge](#)
- [Special Service for Groups](#)
- [St. John's Well Child and Family Center](#)
- [T.H.E. Clinic, Inc.](#)
- [Tarzana Treatment Centers, Inc.](#)
- [The Center Long Beach \(One in Long Beach, Inc.\)](#)
- [The Los Angeles Free Clinic \(dba Saban Community Clinic\)](#)
- [University of Los Angeles \(UCLA\)](#)
- [The Salvation Army](#)
- [University of Southern California](#)
- [Venice Family Clinic](#)
- [Via Care Community Health Center](#)
- [Watts Healthcare Corporation](#)
- [Westside Family Health Center](#)

COUNTY FACILITIES

- [Harbor/UCLA](#)
- [High Desert Health Systems](#)
- [Hubert H. Humphrey Comprehensive Health Center](#)
- [LAC Department of Mental Health](#)

- [LAC-USC Healthcare Network](#)
- [LAC & USC MC Rand Schrader Clinic](#)
- [LAC & USC HN/Maternal Clinic & Adolescent Clinic](#)
- [Long Beach Comprehensive Health Center](#)
- [Martin Luther King Jr. Outpatient Center](#)
- [Olive View-UCLA Medical Center](#)



SERVICIOS VIH/ETS EN EL CONDADO DE LOS ÁNGELES: A SIMPLE VISTA

¿Qué es el Acta de Asistencia Ryan White?

El Acta Ryan White de Extensión del tratamiento de VIH/SIDA de 2009 es una ley federal que fue primero promulgada por el Congreso en 1990 como el Acta Ryan White de Asistencia. El Programa Ryan White provee fondos federales que se usan para desarrollar sistemas de cuidado y pagos para servicios médicos y de ayuda para personas que padecen VIH y sus familias. Localmente, la División de los Programas de VIH y ETS (DHSP), en el Departamento de Salud Pública, administra y supervisa los servicios costeados por los fondos Ryan White en el Condado de Los Ángeles.

¿Qué servicios médicos y de ayuda proveen los fondos del Programa Ryan White a las personas que padecen HIV?

- Paciente médico ambulatorio (PMA)
- Beneficios en especialidades
- Coordinación de cuidados médicos (CCM)
- Tests de salud mental y neuropsicológicos
- Salud dental
- Subespecialidades médicas
- Centro residencial para asistencia y servicios
- Asistencia y servicios de albergue y vivienda
- Servicios de idioma
- Manejo de los casos a domicilio
- Manejo de los casos en transición
- Ayuda en nutrición y banco de comidas
- Servicios legales
- Tratamiento por abuso de sustancias y albergue temporario
- Transporte médico
- Información y derivación

¿Qué servicios de prevención de VIH y de Enfermedades de transmisión sexual (ETS) están disponibles en el Condado de Los Ángeles?

- Pruebas y tratamiento para HIV y ETS
- Educación sanitaria y reducción del riesgo
- Asistencia psicológica y tests
- Profilaxis pre-exposición (PrEP) y profilaxis post-exposición (PEP)
- Información y derivación

¿Qué agencias en el Condado de Los Ángeles proveen servicios para VIH y ETS?

El rango de servicios varía. Por favor, contáctese con cada agencia para más información. Cliquee sobre el nombre de la agencia para ser redirigido a su sitio web.

Estas agencias reciben fondos a través del Departamento de Salud Pública, División de Programas de VIH y ETS (DHSP) del Condado de Los Ángeles. Si usted tiene alguna duda o pregunta acerca de los programas DHSP, contáctese con: <http://publichealth.lacounty.gov/dhsp/QuestionServices.htm> or **(800) 260-8787**.

Para recursos adicionales, vaya a <https://hivconnect.org>

Lista de las Agencias financiadas por el DHSP que proveen servicios VIH y ETS

- [AIDS Healthcare Foundation](#)
- [Alliance for Housing and Healing](#)
- [AltaMed Health Services Corporation](#)
- [APLA Health & Wellness](#)
- [Asian American Drug Abuse Program](#)
- [Being Alive: People with AIDS Coalition](#)
- [Bienestar Human Services, Inc.](#)
- [Center for Health Justice, Inc.](#)
- [Central City Community Health Center](#)
- [Charles R. Drew University of Medicine & Science](#)
- [Children's Hospital of Los Angeles](#)
- [City of Long Beach, Dept of Health & Human Services](#)
- [City of Pasadena Public Health Department](#)
- [Clinica Monsenor Oscar A. Romero](#)
- [Dignity Health, St. Mary Medical Center CARE Clinic](#)
- [East Los Angeles Women's Center](#)
- [East Valley Community Health Center, Inc.](#)
- [El Centro del Pueblo](#)
- [El Proyecto del Barrio, Inc.](#)
- [Friends Research Institute, Inc.](#)
- [Greater Los Angeles Agency on Deafness, Inc.](#)
- [In The Meantime Men's Group](#)
- [JWCH Institute, Inc.](#)
- [Los Angeles Centers for Alcohol & Drug Abuse](#)
- [Los Angeles LGBT Center](#)
- [Men's Health Foundation](#)
- [Minority AIDS Project](#)
- [Northeast Valley Health Corporation](#)
- [Project Angel Food](#)
- [Project New Hope](#)
- [Public Counsel](#)
- [Safe Refuge](#)
- [Special Service for Groups](#)
- [St. John's Well Child and Family Center](#)
- [T.H.E. Clinic, Inc.](#)
- [Tarzana Treatment Centers, Inc.](#)
- [The Center Long Beach \(One in Long Beach, Inc.\)](#)
- [The Los Angeles Free Clinic \(dba Saban Community Clinic\)](#)
- [University of Los Angeles \(UCLA\)](#)
- [The Salvation Army](#)
- [University of Southern California](#)
- [Venice Family Clinic](#)
- [Via Care Community Health Center](#)
- [Watts Healthcare Corporation](#)
- [Westside Family Health Center](#)

CENTROS EN EL CONDADO

- [Harbor/UCLA](#)
- [High Desert Health Systems](#)

- [Hubert H. Humphrey Comprehensive Health Center](#)
- [LAC Department of Mental Health](#)
- [LAC-USC Healthcare Network](#)
- [LAC & USC MC Rand Schrader Clinic](#)
- [LAC & USC HN/Maternal Clinic & Adolescent Clinic](#)
- [Long Beach Comprehensive Health Center](#)
- [Martin Luther King Jr. Outpatient Center](#)
- [Olive View-UCLA Medical Center](#)



Join us & make a difference in your community!

WHO WE ARE

The Los Angeles County Commission on HIV serves as the local planning council for HIV prevention and treatment services across the County. The Commission is composed of 51 members including consumers, providers, community-based organizations, and other key stakeholders.

WHAT WE DO

The full Commission is responsible for:

- Evaluating effectiveness of service delivery
- Recommending best practices
- Promoting & coordinating services
- Policy development and advocacy efforts
- Identifying gaps and barriers in prevention and care
- Annual needs assessments
- Advising the Department of HIV and STD Programs on HIV funding priorities

The Commission has 5 subcommittees:

- Executive Committee
- Operations Committee
- Planning, Priorities & Allocations Committee
- Public Policy Committee
- Standards & Best Practices Committee



WHEN

The Commission meets every 2nd Thursday of the month.

Subcommittees meet monthly.

All meetings are open to the public.
We hope to see you soon!



WHERE

Monthly Commission meetings:
St. Anne's at 155 N. Occidental Blvd.,
Los Angeles, CA 90026.

Committee meetings:
Commission Office at 3530 Wilshire Blvd.,
Suite 1140, Los Angeles, CA 90010.

Please check with the Commission office to confirm meeting locations or go to <http://calendar.lacounty.gov/calendar>



WHY

In Los Angeles County, there were approximately 60,946 persons living with HIV/AIDS and 1,881 newly diagnosed HIV cases in 2016. Of those, approximately 8,500 individuals are not aware of their status. HIV continues to be a serious health epidemic. Our hope is to work towards ending HIV/AIDS in Los Angeles County.

LIKE WHAT WE DO?

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>

For application assistance call (213) 738-2816.



¡Únete a nosotros y marca la diferencia en tu comunidad!

QUIÉN

La Comisión del VIH del Condado de Los Ángeles se ocupa de la planificación local de consejería para la prevención y tratamiento de servicios sobre el VIH a través del Condado. La Comisión se compone de 51 miembros, incluyendo consumidores, proveedores, organizaciones comunitarias y otros representantes afines.

QUÉ

La Comisión en su totalidad es responsable por:

- Evaluar la eficacia de los servicios entregados
- Recomendar las mejores prácticas
- Promover y coordinar servicios
- Desarrollar pólizas y esfuerzos de apoyo
- Identificar brechas y barreras en prevención y cuidado
- Evaluaciones de necesidades anuales
- Aconsejar al Departamento de VIH y STD sobre las prioridades de financiación

La Comisión tiene 5 subcomités:

- Comité ejecutivo
- Comité de operaciones
- Comité de planeamiento, prioridades, y asignaciones
- Comité de políticas públicas
- Comité de mejores normas y prácticas



CUÁNDO

La Comisión se reúne el segundo jueves de cada mes.

Los subcomités se reúnen cada mes.

Todos los encuentros están abiertos al público. ¡Esperamos verte pronto!



DÓNDE

Las encuentros de la Comisión:

St. Anne's, 155 N. Occidental Blvd, Los Angeles, CA 90026.

Los encuentros de subcomités:

Oficina de la Comisión, 3530 Wilshire Blvd., Suite 1140, Los Angeles, CA 90010.

Por favor, confirme con la Comisión el lugar de los encuentros o visite el calendario de nuestra página web en <http://calendar.lacounty.gov/calenda>



POR QUÉ

En el Condado de Los Ángeles, hay aproximadamente 60,946 personas viviendo con el VIH y 1,881 recién diagnosticados con VIH, según casos de 2016. De estos casos, aproximadamente, 8,500 individuos no están enterados de su estado. El VIH continúa como una grave epidemia de salud. Nuestra esperanza es trabajar para terminar el VIH en el Condado de Los Ángeles.

¿LE GUSTA LO QUE HACEMOS?

Solicite formar parte de la Comisión en <http://tinyurl.com/HIVCommApplication>

Para ayuda con su solicitud, llame al (213) 738-2816.



Make a Difference in Your Community!

Join the Los Angeles County
Commission on HIV.



WHEN

The commission meets every 2nd
Thursday of the month. **All meetings
open to the public.**



WHERE

Meeting Location:
St. Anne's at 155 N. Occidental Blvd.
Los Angeles, CA 90026

Please check our calendar: <http://calendar.lacounty.gov/calendar>



¡Marca la diferencia en tu comunidad!

Únete a la Comisión del VIH
del Condado de Los Ángeles.



CUÁNDO

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jueves de cada mes. **Todos los encuentros
están abiertos al público.**



DÓNDE

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Los Angeles, CA 90026

Por favor, fíjate y confirma en nuestro calendario: <http://calendar.lacounty.gov/calendar>