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LOS ANGELES COUNTY

## **OPERATIONS COMMITTEE MEETING**

## Thursday, December 12, 2024 10:00am-12:00pm (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020 Validated Parking @ 523 Shatto Place, LA 90020

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

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

### **Register Here to Join Virtually**

https://lacountyboardofsupervisors.webex.com/weblink/register/rce756402c50851d25eeff2009f2eb2d0

### **Public Comments**

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

- Emailing <u>hivcomm@lachiv.org</u>
- Submitting electronically at <a href="https://www.surveymonkey.com/r/PUBLIC\_COMMENTS">https://www.surveymonkey.com/r/PUBLIC\_COMMENTS</a>

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

### Accommodations

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



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

## together.

#### WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: <u>https://www.surveymonkey.com/r/COHMembershipApp</u> For application assistance, call (213) 738-2816 or email <u>hivcomm@lachiv.org</u>



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

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

Thursday, December 12, 2024 | 10:00 AM - 12:00 PM

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

#### MEMBERS OF THE PUBLIC:

To Register + Join by Computer: https://lacountyboardofsupervisors.webex.com/weblink/register/rce756402c50851d25eeff2009f2eb2d0

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

Password: OPERATIONS Access Code: 2531 359 9214

	Operations Commi	ttee (OPS) Members:	
Justin Valero, MA <i>Co-Chair</i>	Miguel Alvarez Co-Chair	Jayda Arrington	Alasdair Burton (Executive, At-Large)
Bridget Gordon (Executive, At-Large)	Ish Herrera	Leon Maultsby	Vilma Mendoza
Erica Robinson	Dechelle Richardson (Executive, At-Large)		
	QUO	RUM: 6	

#### AGENDA POSTED: December 6, 2024

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

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

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

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

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

#### I. ADMINISTRATIVE MATTERS

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

#### **II. PUBLIC COMMENT**

10:10 AM – 10:15 AM

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

#### III. COMMITTEE NEW BUSINESS ITEMS

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

#### IV. REPORTS

7.	Executive Director/Staff Report	10:15 AM – 10:25 AM
	a. Operational Updates	
8.	Co-Chair's Report	10:25 AM – 10:40 AM
	a. 2025 Work Plan Development	
	b. 2025 Committee Co-Chair Open Nominations & Elections   Remind	er
9.	Membership Management Report	10:40 AM—11:00 AM
	a. <u>Mentorship Program</u>	
	<ul> <li>Opportunity to Volunteer to Mentor</li> </ul>	
10.	Assessment of the Efficiency of the Administrative Mechanism (AEAM)	11:00 AM – 11:15 AM
	a. Survey and Process Review	

12:00 PM

11. Recruitment, Retention and Engagement a. Outreach Team	11:15 AM – 11:55 AM
b. Member Contributions/Participation   Report Out	
(Purpose: To provide an opportunity for Operations Com	nmittee members to report
updates related to their community engagement, outrea activities in promoting the Commission)	ch, and recruitment efforts and
c. Commissioner Commitments	
<ul> <li>How are you fulfilling your role/responsibilities as a c</li> </ul>	commissioner?
V. NEXT STEPS	11:55 AM – 11:57 AM
13.Task/Assignments Recap	
14. Agenda development for the next meeting	
VI. ANNOUNCEMENTS	11:57 AM – 12:00 PM
15. Opportunity for members of the public and the committee to ma	ke announcements.

#### VII. ADJOURNMENT

16. Adjournment for the meeting December 12, 2024

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



## HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS (Updated 7.15.24)

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

*If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial*<u>HERE</u> or contact Commission staff at <u>hivcomm@lachiv.org</u>.



510 S. Vermont Ave 14<sup>th</sup> Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748 HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

## CODE OF CONDUCT

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

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

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

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



### COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 12/11/24

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

COMMISSION ME	EMBERS	ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	Dahlia	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated representative	No Ryan White or prevention contracts
			HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & Linked Referral(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
BALLESTEROS	AI	JWCH, INC.	Oral Healthcare Services
BALLESTEROS	A	5000H, INC.	Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Medical Care Coordination (MCC)
			Transportation Services
CIELO	Mikhaela	Los Angeles General Hospital	No Ryan White or prevention contracts
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	Biomedical HIV Prevention/EHE

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

COMMISSION MEN	IBERS	ORGANIZATION	SERVICE CATEGORIES
			Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Biomedical HIV Prevention
Member y			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	Leonardo	Unaffiliated representative	No Ryan White or prevention contracts
			Biomedical HIV Prevention
MAULTSBY	Leon	Charles R. Drew University	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
			Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
MOLETTE	Andre	Men's Health Foundation	Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
MUHONEN	Matthew	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

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

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

Service Category	Organization/Subcontractor
Aental Health	
Aedical Specialty	
Dral Health	
AOM	
	Libertana Home Health
	Caring Choice
	The Wright Home Care
Case Management Home-Based	Cambrian
	Care Connection
	Envoy
	AIDS Food Store
Interference Construction (French Development of Construct)	Foothill AIDS Project
Autrition Support (Food Bank/Pantry Service)	ЈЖСН
	Project Angel
Dral Health	Dostal Laboratories
TD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS	S)

Biomedical HIV Prevention Services

Case Management Home-Based	Envoy
	Caring Choice
	Health Talent Strategies
Mental Health	Hope International
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA
	SJW
HTS - Storefront	LabLinc Mobile Testing Unit Contract
	Contract
Vulnerable Populations (YMSM)	
vaniciasie i opulations (1945)(1)	
Service Category	Organization/Subcontractor
АОМ	
	APAIT
AOM Vulnerable Populations (YMSM)	APAIT AMAAD
АОМ	APAIT AMAAD Center for Health Justice
AOM Vulnerable Populations (YMSM)	APAIT AMAAD Center for Health Justice Sunrise Community Counceling
AOM Vulnerable Populations (YMSM)	APAIT AMAAD Center for Health Justice
AOM Vulnerable Populations (YMSM)	APAIT AMAAD Center for Health Justice Sunrise Community Counceling
AOM Vulnerable Populations (YMSM)	APAIT AMAAD Center for Health Justice Sunrise Community Counceling
AOM Vulnerable Populations (YMSM)	APAIT AMAAD Center for Health Justice Sunrise Community Counceling
AOM Vulnerable Populations (YMSM)	APAIT AMAAD Center for Health Justice Sunrise Community Counceling
AOM Vulnerable Populations (YMSM) HTS - Storefront	APAIT AMAAD Center for Health Justice Sunrise Community Counceling
AOM Vulnerable Populations (YMSM) HTS - Storefront	APAIT AMAAD Center for Health Justice Sunrise Community Counceling
AOM Vulnerable Populations (YMSM) HTS - Storefront	APAIT AMAAD Center for Health Justice Sunrise Community Counceling
AOM Vulnerable Populations (YMSM) HTS - Storefront STD Prevention	APAIT AMAAD Center for Health Justice Sunrise Community Counceling
AOM Vulnerable Populations (YMSM) HTS - Storefront	APAIT AMAAD Center for Health Justice Sunrise Community Counceling

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

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





share your concerns with us.

**HIV + STD Services Customer Support Line** (800) 260-8787

# Why should I call?

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

# Will I be denied services for reporting a problem?

Can I call anonymously?

Yes.

# Can I contact you through other ways?

Yes.

By Email: dhspsupport@ph.lacounty.gov

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

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











Comparta sus inquietudes con nosotros.

# Servicios de VIH + ETS Línea de Atención al Cliente

# (800) 260-8787

# ¿Por qué debería llamar?

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico: dhspsupport@ph.lacounty.gov

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

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











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

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

### OPERATIONS (OPS) COMMITTEE MEETING MINUTES

October 24, 2024

COMMITTEE MEMBERS							
P = Present   A = Absent	P = Present   A = Absent   EA = Excused Absence   MoP=Attended as Member of the Public   AB2449=Virtual Attendance						
Miguel Alvarez, Co-Chair	Р	Jayda Arrington	Ρ	Alasdair Burton (Executive At-Large)	AB2449		
Bridget Gordon (Executive At- Large)	EA	lsh Herrera	Ρ	Leon Maultsby	EA		
Vilma Mendoza	Ρ	De'chelle Richardson (Executive At-Large)	Ρ	Erica Robinson	Р		
Justin Valero, MA, Co-Chair	Р	Danielle Campbell	Ρ	Joe Green	Р		
		COMMISSION STAFF AND CONS	ULT	ANTS			
Cheryl Barrit, MPI	Cheryl Barrit, MPIA, Sonja Wright, DACM, Dawn McClendon, Lizette Martinez, MPH, Jose Garibay, MPH						
DHSP STAFF							

Meeting agenda and materials can be found on the Commission's website at https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/c450c941-b7bd-46d4-b53f-1457b7380321/Pkt-OPS 10.24.24-updated10.22.24.pdf

1. CALL TO ORDER-INTRODUCTIONS Operations Co-Chair, Justin Valero called the meeting to order at 10:06 AM.

2. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS J. Valero led introductions and Committee members stated their conflicts.

#### I. ADMINISTRATIVE MATTERS

#### 3. APPROVAL OF AGENDA

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

#### 4. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 9/26/2024 OPS Committee meeting minutes, as presented ( / Passed by consensus).

#### II. PUBLIC COMMENT

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

• Vilma Mendoza commented the Alianza Conference had a good turnout and it is anticipated that there will be more participants next year.

#### III. COMMITTEE NEW BUSINESS ITEMS

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

No Committee new business.

#### IV. REPORTS

- 7. EXECUTIVE DIRECTOR/STAFF REPORT Executive Director, Cheryl Barrit, reported the following: a. Operational Updates
  - C. Barrit issued a reminder that the Annual Conference is November 14, 2024, at the MLK Behavioral Health Center from 9:00 AM – 4:00 PM and the agenda is forthcoming. Approximately 108 people have registered, including commissioners. All speakers and breakout session presenters have been confirmed. Presenters are asked to submit their slide presentations in advance so the material can be posted to the Commission's website in advance.
  - The Health Resources and Services Administration (HRSA) submitted its technical assistance site visit report on October 10<sup>th</sup>. The report is in the Executive Committee meeting material packet, accessible <u>HERE</u>, and will be presented at today's Executive Committee meeting. The Commission Co-chairs will submit the Corrective Active Plan to HRSA by November 8<sup>th</sup>. As part of HRSA's findings, there was a brief discussion regarding term limits. C. Barrit reminded the Committee that enforcement of term limits was prescribed pursuant to HRSA site visit findings. The term of office will consist of three consecutive 2-year terms for full commissioners and alternates, and committee-only members will serve two-year terms beginning with the date of their appointment. The new term limits will become effective when the Bylaws have been approved. Staff will continue to review policies that might need to be updated to align with the Bylaws changes.
  - C. Barrit issued a reminder that the voting outcome of ballot Measure G, which amends the County charter to increase Board of Supervisors (BOS) representation from five to nine seats may potentially impact the Commission's composition as each Board Supervisor will have a commissioner appointed to represent their district; this is a non-negotiable component of the Bylaws. However, BOS expansion will not take effect until 2030.

#### b. Membership Applications Hold

• C. Barrit informed the Committee that due to pending bylaw updates and limited seat vacancies, all future membership applications will be placed on hold and remain active for 12 months. The applications on today's Operations and Executive Committee agendas will progress in the approval process. However, applicants eligible to fill vacant seats will be considered for appointment.

#### 8. Co-Chair's Report

#### a. 2024 Meeting Schedule Updates

- C. Barrit provided the following updates
  - The October 10, 2024, Commission meeting is canceled. The next Commission meeting is the Annual Conference at the MLK Behavioral Health Center on November 14<sup>th</sup> from 9 am- 4 pm.

- The December 12<sup>th</sup> Commission meeting is canceled. The next Commission meeting is January 9, 2025, at the California Endowment; additional details are forthcoming.
- The regularly scheduled November Operations and Executive Committee meetings are canceled due to the holidays. The Committees will instead combine their November and December meetings and hold a special meeting on December 12, 2024, from 10 am – 12 pm and 1 pm – 3 pm, respectively, at the Vermont Corridor.

#### b. 2024 Training Schedule | Reminder

Operations Co-chair, Justin Valero, reminded the Committee:

- All 2024 trainings have concluded, and their recordings are accessible on the website HERE.
- The proposed 2025 training schedule will be available for the Operations Committee to review at its December meeting. The Committee was reminded to notify staff about ideas for new commissioner trainings.

#### b. 2024 Work Plan

- The Committee briefly discussed the work plan and highlighted the Assessment of the Efficiency of the Administrative Mechanism (AEAM) as one of the key deliverables completed.
- The Elevator Pitch, as part of Recruitment and Retention, was drafted and is now available for Committee members' use.
- Committee members requested that the membership process be added to the 2025 Workplan and include a review of and updates to the interview questions and membership application.

#### c. 2025 Committee Co-Chair Open Nomination and Elections | Reminder

- The Committee opened Co-Chair nominations, with elections taking place at the January 2025 Operations Committee meeting. Eligible candidates must have been an Operations Committee member for a minimum of one year, or close to one year, and are willing and have the capacity to serve.
- Eligible Operations Committee members: Miguel Alvarez, Jayda Arrington, Bridget Gordon, Leon Maultsby, Erica Robinson, and Justin Valero. The following members were nominated: M. Alvarez (acceptance pending), E. Robinson (acceptance pending), and J. Valero (self-nominated).
- C. Barrit recommended that those interested in serving as an Operations Co-chair read the Bylaws, the <u>Ryan White HIV/AIDS Program Part A Planning Council Primer</u>, and review the <u>February 13, 2024 Co-Chair Training</u>.

#### 9. Policies and Procedures

#### a. Proposed By-Laws Changes | Update

C. Barrit informed the Committee that minimal feedback was received during the Public Comment period and reminded the Committee that a thorough overview of the proposed Bylaws changes was conducted at the July Operations Committee meeting. A larger discussion, led by a series of activities, and procured by consultants which will involve the full body and community members, will take place at the January 9, 2025 COH meeting.

#### b. Policy #09.7201 Consumer Compensation | Update

C. Barrit reminded the Committee that its request to increase consumer stipend compensation from \$150 to \$500 per month requires a bylaw and ordinance change and is reflected as part of the proposed bylaws updates.

#### **10. Membership Management Report** a. Seat Vacate - Ronnie Osorio

**MOTION #3** Approve seat vacate for Ronnie Osorio, as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. ( Yeassed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), I. Herrera (Abstain), V. Mendoza (Yes), E. Robinson (Yes), M. Alvarez (Yes), J. Valero (Yes).

#### b. Seat Change – Arburtha Franklin | Seat #27, Alternate, to Seat #47 HIV stakeholder **MOTION #4**

**MOTION #4** Approve seat change for Arburtha Franklin, as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. ( YPassed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), I. Herrera (Yes), V. Mendoza (Yes), E. Robinson (Yes), M. Alvarez (Yes), J. Valero (Yes).

#### c. New Membership Applications

(1) Sabel Samone-Loreca | Seat #29, Alternate

**MOTION #5** Approve new membership application for Sabel Samone-Loreca (Seat #29, Alternate), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. ( Passed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), I. Herrera (Yes), V. Mendoza (Yes), E. Robinson (Yes), M. Alvarez (Yes), J. Valero (Yes).

(2) Joaquin Gutierrez | Seat #21, Alternate

**MOTION #6** Approve new membership application for Joaquin Gutierrez (Seat 21, Alternate), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. ( Passed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), I. Herrera (Yes), V. Mendoza (Yes), E. Robinson (Yes), M. Alvarez (Yes), J. Valero (Yes).

(3) Caitlin Dolan | Standards and Best Practices (SBP) Committee-only MOTION #7

**MOTION #7** Approve new membership application for Caitlin Dolan (SBP Committee-only), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. ( Passed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), I. Herrera (Yes), V. Mendoza (Yes), E. Robinson (Yes), M. Alvarez (Yes), J. Valero (Yes).

(6) Olga (OM) Davis | Public Policy (PPC) Committee-only **MOTION #8** 

**MOTION #8** Approve new membership application for Olga (OM) Davis (PPC Committee-only), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. ( Vassed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), I. Herrera (Yes), V. Mendoza (Yes), E. Robinson (Yes), M. Alvarez (Yes), J. Valero (Yes).

#### **MOTION #3**

**MOTION #6** 

**MOTION #5** 

#### c. Status on Pending/New Applications

 Staff reported that all pending applications have been vetted, including committee-only applications. New applications will be placed on hold for up to 12 months unless the applicant qualifies for a vacant seat.

#### d. Parity, Inclusion and Reflectiveness (PIR)

• A comprehensive update will be provided once new applicants have been approved in January 2025.

#### e. Mentorship Program

• A suggestion was made to conduct an orientation that walks new members through the agenda and how meetings are run. The Committee was reminded that C. Barrit conducts New Member Orientations for all newly appointed members and offers an opportunity for one-on-one guidance if requested.

#### 11. Assessment of the Effectiveness of the Administrative Mechanism (AEAM)

C. Barrit briefly reviewed the AEAM Program Year 32 (PY32) report and reminded the Committee that one of the core functions of a Planning Council (PC) and the Operations Committee's charge is to assess the AEAM and how quickly funds received from the federal government are released to providers (i.e. sub-recipients) for delivering HIV-related services. C. Barrit shared HRSA findings regarding the AEAM including the recommendation that the Commission should narrow its scope. In the current report for PY32, the Commission expanded its scope to look at emergency declarations (i.e., lessons learned from the homeless emergency declaration) and how this can be utilized and incorporated into the Commission's work. HRSA suggested that the Commission's focus be streamlined and pursue questions focused on how many Requests for Proposals (RFPs) were released by the Division of HIV and STD Programs (DHSP) and how many days it took within 30 days for sub-recipients to receive the funds.

- The Commission is behind schedule on the AEAM. Ideally, the AEAM should be prepared close to the end of the program year. C. Barrit proposed to catch up with PY 33-34 and to finish the PY35 report by the end of June.
- HRSA recommended using the same survey over a span of multiple years for comparison and suggested using the Washington, D.C. jurisdiction survey. The survey is included in the meeting packet.

#### 12. Recruitment, Retention and Engagement

- a. Outreach Team | Elevator Pitch
  - Each committee member took turns practicing the Elevator Pitch and providing feedback, suggestions, and encouragement.
- b. Member Contributions | Report Out
  - Dawn McClendon provided an update on the Taste of Soul and informed all that there was enormous community interest and engagement at the booth with an estimation of approximately 500 people stopping by and 200 swag bags given away. A summary of the event will be emailed to the Commission.
  - Other members reported various activities within the community such as outreach on Skid Row assessing healthcare access and experiences with obtaining access, participating in Transgender and LGBT meetings, community engagement with the Black Caucus, and participation in the City of Hope's gala.

#### VI. NEXT STEPS

#### **13. TASK/ASSIGNMENTS RECAP**:

The next Operations Committee meeting is scheduled for December 12<sup>th</sup> from 10 am – 12 pm in the press room.

#### **14. AGENDA DEVELOPMENT FOR NEXT MEETING:**

- 2025 work plan
- 🗢 AAEM
- Standing Committee items

#### VII. ANNOUNCEMENTS

#### 15. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- D. Richardson announced the HIV.E Townhall meeting will be held on December 7<sup>th</sup> at Charles R. Drew University, 1731 E. 120<sup>th</sup> Street, Los Angeles, CA 90005
- Joaquin Gutierrez extended an invitation to attend the Connect to Protect L.A. meeting at the South Los Angeles Men's Health Foundation on December 13<sup>th</sup>.

#### VIII. ADJOURNMENT

**16. ADJOURNMENT**: The meeting adjourned at 12:03 PM.



#### **Co-Chairs: Justin Valero and Miguel Alvarez**

Approval Date: 03.28.24 Revision Dates: 4/17, 6/21, 7/19, 8/19, 9/25,10/22

**PURPOSE OF THIS DOCUMENT**: To identify activities and priorities the Committee will lead and advance throughout 2024.

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

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

Commission. Additional responsibilities can be found at <u>https://hiv.lacounty.gov/operations-committee</u>.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION	STATUS/NOTES/OTHER COMMITTEES
			DATE	INVOLVED
1	2024 Training Plan	Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities. *Additional training may be integrated at all COH subgroups as determined by members and staff	2024	Co-Chair Roles and Responsibilities 2/13/24 4- 5pm, General Orientation & COH Overview* 3/26 3-4:30, Priority Setting and Resource Allocation & Service Standards 4/23 3-4:30, RW Care Act Legislative Overview Membership Structure and Responsibilities* 7/17 3-4:30, Policy Priorities and Legislative Docket Development Process 10/2 3- 4:30
2	Bylaws Review	Update Bylaws to comply with HRSA requirements and 2023 site visit findings.	June 2024	Waiting for HRSA feedback. Updated Bylaws reviewed by OPS.
3	Policies & Procedures	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.	December 2024	<ol> <li>(1) Status Neutral Priority Setting and Resource Allocation (PSRA).</li> <li>(2) Unaffiliated consumer stipends</li> </ol>
	Assessment of the Administrative Mechanism (AAM)	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County.	July 2024	<ul> <li>Focus on realistic areas for expediting contracts within the County system.</li> <li>Collaborative Research (CR) to present findings at August OPS meeting.</li> </ul>



4				
5	Recruitment, Engagement and Retention Strategies	Development of engagement and retention strategies to align with CHP efforts	Ongoing	<ol> <li>Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members.</li> <li>Continue social media campaigns to bring awareness.</li> <li>Refer to HealthHIV Planning Council assessment for recommendations.</li> </ol>
6	Mentorship Program	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Ongoing	Review and assess current Mentorship Program and <u>Mentorship Program Guide</u> for improvements and effectiveness.
7	PIR (Parity, Inclusion and Reflectiveness) Review	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly	February, July,
8	Attendance Review	To ensure members follow the attendance policy.	Quarterly	Review Attendance Matrix presented by staff. Reviewed attendance: <del>January, June,</del>



## Co-Chairs:

Approval Date: Revision Dates:

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

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

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

Commission. Additional responsibilities can be found at <u>https://hiv.lacounty.gov/operations-committee</u>.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	2025 Training Plan	Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities. *Additional training may be integrated at all COH subgroups as determined by members and staff	2025	
2	Bylaws Review	Update Bylaws to comply with HRSA requirements and 2023 site visit findings.		
3	Policies & Procedures	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.		<ol> <li>Revise Commission and Committee-only membership applications</li> <li>Revise membership application interview questions</li> </ol>
4	Assessment of the Administrative Mechanism (AAM)	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County.	July 2025	<ol> <li>Focus on realistic areas for expediting contracts within the County system.</li> <li>XX to present findings at XX OPS meeting.</li> </ol>



5	Recruitment, Engagement and Retention Strategies	Development of engagement and retention strategies to align with CHP efforts	Ongoing	<ol> <li>Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members.</li> <li>Continue social media campaigns to bring awareness.</li> <li>Refer to HealthHIV Planning Council assessment for recommendations.</li> </ol>
6	Mentorship Program	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Ongoing	Review and assess current Mentorship Program and <u>Mentorship Program Guide</u> for improvements and effectiveness.
7	PIR (Parity, Inclusion and Reflectiveness) Review	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly	
8	Attendance Review	To ensure members follow the attendance policy.	Quarterly	



## Get Ready for Co-Chair Open Nominations & Elections: Your Questions Answered!

Greetings! It's that time of year again—election season is upon us, not just for general elections, but also for our Commission, Committee and Caucus Co-Chairs. The nomination and election process for COH, Committee, and Caucus Co-Chairs is underway. Below is a quick FAQ to help you prepare and make an informed decision about becoming a Co-Chair.

## **Am I Eligible?**

\* Per COH Bylaws, Policies #08.1102 and #08.1104

# Commission Co-Chairs (Nominations remain open until the January 9, 2025, COH meeting)

(2) Commission Co-Chairs have two-year staggered terms – one co-chair seat is up for election which will serve the Jan 2025-Dec 2026 term.

- Only voting Commissioners can serve as Commission Co-Chairs.
- Candidates must have at least one year of service on the Commission to ensure leadership diversity and representation.
- At least one Co-Chair must be HIV-positive, and at least one must be a person of color. It is also preferred that at least one Co-Chair is female.

## Committee Co-Chairs (Nominations will open by December, with elections in January 2025)

(2) Committee Co-Chairs serve one-year terms – all co-chair seats are up for election which will serve the Jan-Dec 2025 term.

- The Commission does not impose specific requirements, though one year of experience on the Committee is strongly encouraged.
- Nominees must be primary members of the Committee, not serving in alternate or secondary roles.
- Only Commissioners can serve as Co-Chairs.

# Caucus Co-Chairs (Nominations will open by December, with elections in January 2025)

Caucuses typically have two Co-Chairs serving one-year terms, except the Consumer Caucus, which has three seats, including a prevention representative. All co-chair seats are up for election which will serve the Jan-Dec 2025 term.

- One Co-Chair must be a Commissioner to ensure that the Caucus activities are aligned with the COH's scope, goals and objectives
- Note: Caucuses are not subject to Brown Act requirements but work with COH consent to set their own leadership structure, guidelines, membership, and activities.

### \*All Co-Chair candidates will be asked to provide a brief statement before the election.

## What Are the Co-Chair Roles & Responsibilities?

• Lead COH/committee/caucus activities and meetings.

- Set agendas for meetings in collaboration with staff.
- Develop work plans with the Executive Director and staff.
- Facilitate meetings, guiding discussion and ensuring effective workflow.
- Summarize discussions and assist in developing work products.
- Act on behalf of the group and communicate with stakeholders.

## **How Should I Prepare?**

- Honestly assess your accessibility, bandwidth, and time to ensure you are able to show up fully and prepared. *Co-Chair roles require at least 10-12 commitment hours per month.*
- Review the <u>COH Co-Chair training slides</u> to understand the role's expectations
- Familiarize yourself with the:
  - Ryan White Program Part A Planning Council Primer,
  - <u>COH bylaws</u>,
  - COH Co-Chair Duty Statement (if applicable),
  - <u>Committee Co-Chair Duty Statement</u> (if applicable)
  - <u>Required Commissioner trainings</u>.

Ready to take on a leadership role? Nominate yourself or a colleague and help guide our collective work toward meaningful community impact! If you have questions, please reach out to your respective staff lead.



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POLICY/PROCEDURE	Commission and Committee Co-Chair	Page 1 of 8
#08.1104	Elections and Terms	

#### SUBJECT: The process and scheduling for Commission and Committee Co-Chair elections.

#### PURPOSE: To outline the steps and timing for the Commission's and standing committees' Co-Chair elections.

#### **BACKGROUND:**

- Federal Ryan White legislation mandates that all Part A jurisdictions establish local HIV planning councils to develop a comprehensive HIV plan, rank priorities and determine allocations, create standards of care, and to carry out a number of other responsibilities. The Los Angeles County Commission on HIV serves as the local Ryan White Part A HIV planning council for the Los Angeles County.
- In accordance with Ryan White rules and Ordinance 3.29 of the Los Angeles County Charter, the Commission on HIV comprises 51 voting members, meets monthly, and fulfills its various responsibilities through an open, transparent meeting process. The meetings comply with appropriate provisions of California's Ralph M. Brown Act, and are run according to Robert's Rules of Order.
- Elected leadership is necessary to represent the planning council, facilitate the meetings, and oversee planning council work, among other responsibilities. The Health Resources and Services Administration (HRSA), the federal agency responsible for administering the Ryan White Program, recommends that planning councils elect Co-Chairs for these functions. The Commission on HIV has adopted HRSA's guidance with two Co-Chairs elected by the membership.
- The Commission on HIV relies on a strong committee structure to discharge its work responsibilities. Consistent with the Commission's By-Laws, the Commission organizational structure comprises five standing committees: Executive, Public Policy (PP), Operations, Priorities, Planning, and Allocations (PP&A), and Standards and Best Practices (SBP). Except for the Executive Committee (where the Commission Co-Chairs serve as the Committee Co-Chairs), the standing committees are led by two Co-Chairs elected by the Committee membership.

Page 2 of 7

 The Commission Co-Chairs' duties, responsibilities, rights and expectations are detailed in Duty Statement, Commission Co-Chair). The Committee Co-Chairs' duties, responsibilities, rights and expectations are detailed in Duty Statement, Committee Co-Chair.

#### POLICY:

- The Commission Co-Chairs are elected to two-year terms, and each Co-Chair seat expires in December of alternate years. Except for the Executive Committee, each of the standing committees annually elects two Committee Co-Chairs to one-year terms that expire in February. There are no limits to the number of terms to which a Commission or committee Co-Chair can be re-elected. Co-Chairs elected to fill mid-term vacancies are elected for the remaining duration of the term, until it expires.
- 2. The Commission Co-Chairs are considered members of all committees, and also serve as Executive Committee Co-Chairs. Committee Co-Chairs cannot serve as Co-Chair to more than one committee at a time.
- **3.** Nominations for the vacant Commission Co-Chair seat are normally opened in August, unless unexpected circumstances arise (meeting cancellations, absence of quorum, etc.) prevent it. Nominations for the Committee Co-Chair seats are usually opened in January, following election of the Commission Co-Chairs and final committee assignments, unless otherwise delayed. Members can nominate themselves or can be nominated by other stakeholders throughout the period in which the nominations are open.
- **4.** Except for immediate vacancies in both Co-Chair seats, nominations must be open at the monthly meeting prior to the Co-Chair elections. Unless delayed or postponed, the Co-Chair elections are held at following month's regular meeting.
- 5. Commission Co-Chair candidates must have at least a year's service on the Commission. At least one of them must be HIV-positive and at least one of them must be a person of color. Only Commissioners can serve as the Co-Chairs. Only Commissioners serving in their primary committee assignment may serve as Committee Co-Chairs, but at least one of the Committee Co-Chair seats must be filled by a Commissioner. Unaffiliated HIV-positive consumers are highly encouraged to seek leadership roles and run for a Commission or Committee Co-Chair seat whenever possible.
- 6. Co-Chairs are elected through a sequential voting process until there are only one or two candidates remaining, as need dictates. The Commission/committee must approve the final candidate(s) through a consent vote of approval or through individual roll call votes. All Co-Chairs must be elected by a majority of the voting membership. A Co-Chair candidate's failure to earn a majority vote disqualifies that member as a Co-Chair candidate for that term, closes the election for that meeting, extends the nominations period, and postpones the election to the subsequent meeting.

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

#### **PROCEDURE(S):**

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

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- d. Commission members who have been nominated, meet the qualifications, and who accept their nominations are presented for Commission vote.
- e. The Parliamentarian (or Executive Director/staff) leads Commission voting to elect the new Commission Co-Chair.
- g. Following the new Co-Chair's election, the Commission Co-Chairs and the Executive Director must determine Commission members' final committee assignments by the end of December in order to open committee Co-Chair nominations the following month.
- **3.** Committee Co-Chair Election Process: Normally—unless adjusted for unexpected circumstances—the committee Co-Chair elections proceed according to the following schedule:
  - a. Aside from the Executive Committee (the Commission Co-Chairs serve as the Executive Committee Co-Chairs), the standing committees open candidate nominations for both Co-Chair seats at their January meetings (following final committee assignments).
  - b. Nominations are closed the following month when Committee Co-Chair elections are opened under the Co-Chair reports.
  - c. The current Co-Chairs delegate facilitation of the Co-Chair election to the Executive Director or another assigned staff representative.
  - d. Committee members who have been nominated, meet the qualifications, and who accept their nominations are presented for Committee vote.
  - e. The Executive Director (or other designated staff) leads Committee voting to elect the new Co-Chairs.
  - f. The newly elected Co-Chairs begin service at the following committee meeting.

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

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

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

- a. Any Committee member nominated as a Co-Chair candidate must be serving on that Committee in his/her primary Committee assignment.
- b. Only Commissioners may serve as Co-Chairs.
- b. Alternates, members serving on the committee in secondary Committee assignments, and BOS-appointed non-Commission committee members may not serve as Co-Chairs.
- **5. Co-Chair Nominations**: Outside the rare possibility of immediate vacancies in both Commission Co-Chair seats, all Commission and Committee Co-Chair elections must follow a nominations period opened at the respective body's prior regular meeting. The nominations period is designed to give potential candidates the opportunity to consider standing for election and the responsibility of assuming a leadership position. Candidates may nominate themselves or participants may nominate other members. Any stakeholder may nominate Co-Chair candidates.

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

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

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

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

b. Cancelled Meeting(s) or Quorum(s) Not Realized: Nominations can be opened at a subsequent meeting and/or extended to accommodate the cancelled meeting(s) or absence of quorum(s). If the meeting for which the election is scheduled is cancelled or a quorum is not present, nominations remain open an additional month and the election proceeds the following month.

## NOTED AND APPROVED:

Chuft Barnit

EFFECTIVE DATE:

September 12, 2019

Original Approval:

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



## 2024 MEMBERSHIP ROSTER| UPDATED 12.10.24

SEAT NO.	MEMBERSHIP SEAT	iissioners ated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
SEA		omm	Com Assi <u>e</u>					
1	Medi-Cal representative	Ö		Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative		2,10,021	Vacant	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			Vacant		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette (LOA)	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC OPS	Dechelle Richardson	AMAAD Institute	July 1, 2024	June 30, 2026	
17	Provider representative #7			Vacant		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			Vacant		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	Unaffiliated representative	July 1, 2024	June 30, 2026	· · · · ·
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	Unaffiliated representative	July 1, 2023	June 30, 2025	
22	Unaffiliated representative, SPA 4			Vacant		July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated representative	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	Unaffiliated representative	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Vilma Mendoza	Unaffiliated representative	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated representative	July 1, 2024	June 30, 2026	
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated representative	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated representative, Supervisorial District 2	1	EXC OPS	Bridget Gordon	Unaffiliated representative	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated representative	July 1, 2023	June 30, 2025	
30	Unaffiliated representative, Supervisorial District 4			Vacant		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated representative	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated representative	July 1, 2024	June 30, 2026	
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	Unaffiliated representative	July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	PP&A	Daryl Russell, M.Ed	Unaffiliated representative	July 1, 2024	June 30, 2026	David Hardy (SBP)
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	Unaffiliated representative	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhDC, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA	1	PP&A	Matthew Muhonen (LOA)	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA <i>(LOA)</i>	Unaffiliated representative	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1			No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6			Vacant		July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
	TOTAL:	42						

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

LOA: Leave of Absence Overall total: 47

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Assessment of the Efficiency of the Administrative Mechanism Document Review (To be conducted by staff by reviewing meeting minutes and other relevant documentation) Ryan White Program Year (PY) 33 and PY 34

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

- 1. Describe the COH's PSRA process as defined in policies and procedures.
- 2. Did the COH follow its PSRA process, policies and procedures?
- 3. List data, fiscal, and programmatic reports received from the Recipient to help inform the PSRA process:

Type of Data	Date Received by the	Date presented to
/Information Received	СОН	the COH or PP&A
from Recipient		

- 4. List PP&A and COH meeting dates and approval dates for PY 33 allocations, reallocations, and directives.
- 5. List PP&A and COH meeting dates and approval dates for PY 34 allocations, reallocations, and directives.



#### Assessment of the Efficiency of the Administrative Mechanism Recipient Survey Ryan White Program Year (PY) 33 and PY 34 PY 33 = March 1, 2023 to February 28, 2024 PY 34 = March 1, 2024 to February 28, 2025 (Draft 11.01.24)

#### **REQUEST FOR PROPOSALS:**

- 1. How many Requests for Proposals (RFPs) were released for the PY 33 Ryan White Program?
- 2. If RFPs were released in PY 33, list the service categories and the number of proposals received per service category.
- 3. Of the proposals received in PY 33, how many were new service providers?
- 4. Of these proposals, how many service providers were awarded contracts for Ryan White program funds?
- 5. How many Requests for Proposals (RFPs) were released for the PY 34 Ryan White Program?
- 6. If RFPs were released in PY 34, list the service categories and the number of proposals received per service category.
- 7. Of the proposals received in PY 34, how many were new service providers?
- 8. Of these proposals, how many service providers were awarded contracts for Ryan White program funds?
- 9. Please describe the process used to review proposals for PY 33.
- 10. Please describe the composition of the external review panel (number of reviewers, demographics of reviewers age, race/ethnicity, gender identity, geography, professional background, HIV status).
- 11. During PY 33 and PY 34, what work was undertaken by the Recipient to encourage new providers to apply for Ryan White Part A funds; such as outreach to potential new service providers.

#### EXECUTING SERVICE AGREEMENTS WITH SERVICE PROVIDERS:

- 1. How many service agreements were fully executed in PY33?
- 2. How many service agreements were fully executed in PY34?
- 3. Describe key factors that contribute to delays in executing agreements with service providers?
- 4. In general what is the average timeframe for executing service agreements?

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

- 1. Please describe the monthly reporting and invoicing process.
- 2. Did the Recipient change reimbursement/payment systems?
- 3. How did these changes impact the reimbursement for services?
- 4. During PY 33, what was the average amount of time in days between receipt of a complete monthly report and accurate invoice from a service provider and the issuance of a reimbursement payment?
- 5. During PY 34, what has been the average amount of time in days between receipt of a complete monthly report and accurate invoice from a service provider and the issuance of a reimbursement payment?
- 6. List/describe any factors contributing to the delay in reimbursements to service providers.



#### Assessment of the Efficiency of the Administrative Mechanism Ryan White Program Year (PY) 33 and 34 Provider Survey -DRAFT

Please complete the survey below.

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

**Instructions:** Please complete all sections and provide responses based on Program Year 33 (PY33) (March 1, 2023 - February 28, 2024) and PY 34 (March 1, 2024 – February 28, 2025). It should take 15-20 minutes to complete. If you have any questions, please contact Cheryl Barrit, Executive Director, Commission on HIV, at 213-618-6164 or cbarrit@lachiv.org. We would like to receive your completed survey by February 14, 2025. Thank you!

- Q1. First and Last Name
- Q2. Name of Provider Agency
- Q3. Position in Agency

#### **RFP Process and Selection of Service Providers**

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

- 1. Not enough time/too little time
- 2. Enough time
- 3. Plenty of time

Q4a. When was your most recent grant proposal to DHSP and for what service category (ies)?

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

Q5. Please select the program year your agency has received Ryan White Part A funding during the past 2 years. \_\_ PY 33 \_\_\_\_PY34

Q6. Please list the Ryan White Part A service categories that your agency received funding for in PY 33.

Q7. Please list the Ryan White Part A service categories that your agency received funding for in PY 34.

Q8. When was your service agreement/contract fully executed for PY 33? (March 1, 2023 - February 28, 2024)

Q9. When was your service agreement/contract fully executed for PY 34 (March 1, 2024 – February 2025)

Q8. Did you have any issues and/or challenges with executing the Service Agreement and/or receiving funds? \_\_\_YES \_\_\_NO

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

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

Q11. Please describe how these challenges were handled.

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

#### Service Provider Reimbursement

Q13. During PY 33, what is the average time between approval of an invoice submission and the receipt of a reimbursement check?

- 1. 5-10 days
- 2. 10-20 days
- 3. 20-30 days
- 4. More than 30days

Q14. During PY 34, what is the average time between approval of an invoice submission and the receipt of a reimbursement check?

- 1. 5-10 days
- 2. 10-20 days
- 3. 20-30 days

4. More than 30days

Q15. Please describe any factors contributing to the delay in reimbursements.

#### **Financing Process**

Q16. Please check the response time for purchase order/invoicing questions from your Grants Management Specialist/Contract Monitor from DHSP.

- 1. 5-10 days
- 2. 10-20 days
- 3. 20-30 days
- 4. More than 30days

Q17. Please rate the response of your Contract Monitor to your questions and request for information/guidance.

- 1. Excellent
- 2. Good
- 3. Fair
- 4. Poor

Q18. Please select the response time for programmatic questions (design/implementation/monitoring) from your Contract Monitor.

- 1. 1-4 days
- 2. 5 10 days
- 3. 10-20 days
- 4. 20-30 days
- 5. More than 30 days

Q19. Please select the response time for reprogramming/budget modifications request from your Contract Monitor.

- 1. 5-10 days
- 2. 10-20 days
- 3. 20-30 days
- 4. More than 30days

Additional Comments:

Q21. Please provide any comments overall on the procurement, contracting and reimbursement process areas that were not addressed in previous questions.