



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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# OPERATIONS COMMITTEE Virtual Meeting

Thursday, September 23, 2021

10:00AM -12:00PM (PST)

\*Meeting Agenda + Packet will be available on our website at:  
<http://hiv.lacounty.gov/Operation-Committee>

**REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:**

<https://tinyurl.com/3dtyxmby>

*\*Link is for non-Committee members only*

**JOIN VIA WEBEX ON YOUR PHONE:**

1-415-655-0001 US Toll Access Code: 2592 048 7636

For a brief tutorial on how to use WebEx, please check out this  
video: <https://www.youtube.com/watch?v=iQSSJYcrglk>

## PUBLIC COMMENTS

**Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box.** For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

**Thursday, September 23, 10:00 AM – 12:00 PM**

To Register + Join by Computer:

<https://tinyurl.com/3dtyxmby>

*\*Link is for non-Committee members + members of the public*

To Join by Phone: 1-415-655-0001

Access code: 2592 048 7636

Operations Committee Members:			
Carlos Moreno, <i>Co-Chair</i>	Juan Preciado, <i>Co-Chair</i>	Miguel Alvarez	Danielle Campbell, MPH
Michele Daniels (Alternate)- <b>LOA</b>	Alexander Fuller	Felipe Findley PA-C, MPAS, AAHIVS	Joe Green
Justin Valero, MA (Exec, At Large)			
<b>QUORUM*:</b>	<b>5</b>		

AGENDA POSTED: September 17, 2021

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 at 510 S. Vermont Ave. 14<sup>th</sup> Floor, one building North of Wilshire on the eastside of Vermont just past 6<sup>th</sup> Street. Validated parking is available.

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**

- |  |                     |
|--|---------------------|
| <b>5. Executive Director/Staff Report</b>                                    | 10:15 AM – 10:40 AM |
| A. Operational Updates   |                     |
| B. Final Report & Analysis: HealthHIV Assessment on Commission Effectiveness |                     |
| C. Assessment of the Administrative Mechanism (AAM)                          |                     |
| <b>6. Co-Chair’s Report</b>  | 10:40 AM – 11:05 AM |
| A. “So You Want to Talk About Race?” Ch.12 &13   Reading Activity            |                     |
| B. 2021 Work Plan   Review   |                     |
| <b>7. Policy and Procedures</b>  | 11:05 AM – 11:20 AM |
| A. Attendance Policy   |                     |
| <b>8. Membership Management Report</b>                                       | 11:20 AM – 11:40 AM |
| A. 2021 Renewal Applications   |                     |
| • Ernest Walker      Seat #47  | <b>MOTION #3</b>    |
| B. New Member Application  |                     |
| • Greg Wilson  | <b>MOTION #4</b>    |
| C. Quarterly Attendance Report   Updates                                     |                     |
| (1) Involuntary Leave of Absence (LOA) – Guadalupe Velazquez                 |                     |
| (2) Involuntary Leave of Absence (LOA) – Joshua Ray                          |                     |
| (3) Seat Vacate – Tony Spears  | <b>MOTION #5</b>    |
| D. Revise Interview Questions – New Applicants-Only                          |                     |

**V. DISCUSSIONS**

- |   |                     |
|---|---------------------|
| <b>9. Ending the HIV Epidemics (EHE) Opportunities</b>    | 11:40 AM – 11:45 AM |
| <b>10. Recruitment, Retention and Engagement</b>          | 11:45 AM – 11:50 AM |
| A. Outreach Efforts & Strategies                          |                     |
| <b>11. Mentorship aka Peer Collaborator/Buddy Program</b> | 11:50 AM – 11:55 AM |

**VI. NEXT STEPS**

- |  |                     |
|--|---------------------|
| <b>12. Task/Assignments Recap</b>                  | 11:55 AM – 11:58 AM |
| <b>13. Agenda Development for the Next Meeting</b> |                     |

**VII. ANNOUNCEMENTS**

- |  |                     |
|--|---------------------|
| <b>14. Opportunity for members of the public and the committee to make announcements</b> | 11:58 AM – 12:00 PM |
|--|---------------------|

**VIII. ADJOURNMENT**

- |  |          |
|--|----------|
| <b>15. Adjournment for the meeting of September 23, 2021</b> | 12:00 PM |
|--|----------|

PROPOSED MOTIONS	
<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the Operations Committee minutes, as presented or revised.
<b>MOTION #3:</b>	Approve Membership Application for Ernest Walker (Seat #47), as presented or revised, and forward to the Executive Committee for approval.
<b>MOTION #4:</b>	Approve New Membership Application for Greg Wilson, as presented or revised, and forward to the Executive Committee for approval.
<b>MOTION #5:</b>	Approve motion to vacate seat for Tony Spears due to absences incurred for the 2021 calendar year (no Public Policy committee or COH meetings attended) and failure to respond to COH correspondences, as presented or revised, and forward to the 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)**



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/19/21

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>ALVAREZ</b>	<b>Miguel</b>	No Affiliation	No Ryan White or prevention contracts
<b>ALVIZO</b>	<b>Everardo</b>	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
<b>BALLESTEROS</b>	<b>AI</b>	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
<b>BURTON</b>	<b>Alasdair</b>	No Affiliation	No Ryan White or prevention contracts
<b>CAMPBELL</b>	<b>Danielle</b>	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services



COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	Luckie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	Gerald	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	Jerry	AETC	Part F Grantee



COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>MARTINEZ (PP&amp;A Member)</b>	<b>Miguel</b>	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
<b>MILLS</b>	<b>Anthony</b>	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
Transportation Services			
<b>MINTLINE (SBP Member)</b>	<b>Mark</b>	Western University of Health Sciences	No Ryan White or prevention contracts
<b>MORENO</b>	<b>Carlos</b>	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
<b>MURRAY</b>	<b>Derek</b>	City of West Hollywood	No Ryan White or prevention contracts
<b>NASH</b>	<b>Paul</b>	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>NELSON</b>	<b>Katja</b>	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
<b>PERÉZ</b>	<b>Mario</b>	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
<b>PRECIADO</b>	<b>Juan</b>	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
Transportation Services			
<b>RAY</b>	<b>Joshua</b>	Unaffiliated consumer	No Ryan White or prevention contracts
<b>ROBINSON</b>	<b>Mallery</b>	No Affiliation	No Ryan White or prevention contracts
<b>RODRIGUEZ</b>	<b>Isabella</b>	No Affiliation	No Ryan White or prevention contracts
<b>ROSALES</b>	<b>Ricky</b>	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
<b>SATTAH</b>	<b>Martin</b>	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
THOMAS	Damone	No Affiliation	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
VEGA	Rene	Via Care Community Clinic	Biomedical HIV Prevention
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
Transportation Services			
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



LOS ANGELES COUNTY  
COMMISSION ON HIV



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**August 31, 2021**

**To:** Commission on HIV (COH) Members and Alternates  
**From:** Cheryl Barrit, Executive Director  
**Re:** Resumption of Commission In-Person Meetings, COVID-19 Vaccination Mandate and Safety Protocols

This memorandum serves to communicate important information pertaining to the Commission on HIV (COH) meeting procedures and business operations. Please take a moment to read the document.

**New Office and Meeting Location:**

Please be aware that the COH offices have moved to the County-owned Vermont Corridor facility located at 510 S. Vermont Avenue 14<sup>th</sup> Floor, Los Angeles, CA 90020.

**Resumption of Full Commission and Standing Committee Meetings Starting on October 1, 2021:**

On March 17, 2020, the Governor issued Executive Order N-29-20 to control the spread of corona virus. This order allowed local agencies to address emergent pandemic conditions by allowing local officials, and the public, to participate in public meetings via virtual platforms. On June 11, 2021, the Governor issued Executive Order N-08-21, which extends the flexibility of conducting public meetings via virtual platforms through September 30, 2021.

Executive Order N-08-21 means that the **COH will resume in-person meetings beginning on October 1, 2021** for the following meetings covered by [Ralph M. Brown Act](#) as defined in the COH's Policy #08.1102 Subordinate Commission Working Units:

- **Monthly full council/Commission meetings**
- **Monthly standing committee meetings (Operations; Executive; Planning, Priorities and Allocations; Standards and Best Practices; and Public Policy)**

Caucuses, Task Forces and Workgroups **will continue to meet virtually via WebEx.**

Commissioners and Alternates who wish to join the full council and standing committee meetings remotely, **must comply** with the COH's Teleconference Policy (see attachment). The procedures and requirements described in the Teleconference Policy are legally mandated under section 54953 of the Brown Act. **Please read the Teleconference Policy** so that you are fully aware of your responsibilities if you elect to participate in full Commission and standing committee meetings remotely.

Full Commission and standing committee meetings will be held at the new COH offices located at 510 S. Vermont Avenue, Terrace Level, Los Angeles, CA 90020. Free parking is available and the building is within walking distance from the Metro Red Line Wilshire and Vermont station.

**Safety Protocols for In-Person Meetings:**

Protecting staff and the community's health is of utmost importance to the County and Commission staff will enforce public health guidelines to reduce the risk of COVID transmission. The following are safety measures will be enforced:

- Masks/face coverings are required for all in-person meetings and in all County offices and facilities.
- Complimentary masks will be provided for those who arrive without them.
- Hand sanitizers will be available.
- Commissioner and public access to the Vermont Corridor building will be restricted to the parking structure, elevators, ground level, and Terrace level only. All other floors are for County employees only.
- To the extent possible, conference room setup and occupancy will be limited to allow for social distancing.
- WebEx will be made available to allow the public to access the Commission's Brown Act meetings remotely. Commissioners and Alternates who wish to join the full council and standing committee meetings remotely must comply with the COH's Teleconference Policy (see attachment).

**County COVID-19 Vaccination Mandate Applies to Commissioners:**

On August 4, 2021, Supervisor Hilda Solis issued an Executive Order to establish a mandatory vaccination policy, effective immediately, requiring all County employees to provide proof of full vaccination by October 1, 2021, which was ratified by the Board of Supervisors on August 10, 2021. This mandate requires all County employees to be vaccinated and show proof of vaccination by October 1, 2021. **The vaccination mandate applies to** all County workers (including all full-time, part-time, recurrent, temporary, and as-needed County employees regardless of appointment status), **Commissioners**, Board members, interns, and volunteers.

The County has partnered with Fulgent, a leader in laboratory testing services and an existing vendor with the County, to maintain vaccination records and conduct required testing. The Executive Office Human Resources Unit is partnering with Fulgent to ensure that all Commissioners are added to the vaccination verification system. We anticipate that this information will be uploaded within the next week. Additional information be provided once Commissioners are added to the system.

Below are additional resources:

- **Digital COVID-19 Vaccine Record.** The California State Department of Public Health provides easy access to your vaccination record. [Visit the CDPH portal to get started.](#)

- **Los Angeles County Department of Public Health (DPH) COVID-19 Vaccine and Vaccination Records website.** [LA County COVID-19 Vaccine - LA County Department of Public Health](#) provides reliable information on the pandemic, state and local health orders, and vaccinations.
- **DPH COVID-19 Testing sites** - <https://covid19.lacounty.gov/testing/>

I fully recognize the range of emotions that you may have about the COH's reconvening of in-person meetings. Please know that the COH team is committed to supporting you in this transition period and I will reach out to each one of you confirm receipt and understanding of the information discussed in this memorandum. Feel to email me at [cbarrit@lachiv.org](mailto:cbarrit@lachiv.org) or call me at 213-618-6164 for questions and concerns.





# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
www.hiv.lacounty.gov

<b>POLICY/ PROCEDURE:</b>	<b>NO. 08.2203</b>	<b>Teleconference Meetings</b>	<b>Page 1 of 1</b>
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**APPROVED 7/14/16**

**SUBJECT:** Define policy and procedures on Commissioners' participation at meetings via teleconference.

**POLICY:** Commission and Committee meetings are subject to the Brown Act and must adhere to requirements contained in Government Code section 54953. If the legislative body elects to use teleconferencing equipment, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the legislative body.

**PROCEDURES:**

1. The Executive Director reserves the right to determine if participation via teleconference call is appropriate depending on the meeting agenda and suitability of the teleconference locations for public access.
2. Commissioners must declare their intent to participate via teleconference to staff at least two weeks before the meeting. Notification to staff must be communicated in writing via email or a faxed letter.
3. The Commissioner electing to participate via teleconference shall be responsible for ensuring that the procedures noted in this policy are met.
4. The Commissioner elected to participate via teleconference must make available to the public hard copies of the meeting agenda and materials.
5. A quorum of the Commission must participate in the meeting from locations within their jurisdiction.
6. The agenda must identify the teleconference location(s).
7. The agenda must be posted at all teleconference locations at least 72 hours before a regular meeting.
8. The teleconference location must be open and accessible to the public, including to those with disabilities.
9. If members of the public are at the teleconference location, they must be able to hear the proceedings and they must be given the right to comment.
10. All votes taken during a teleconference meeting must be by roll call vote, and the vote must be publicly reported.

**NOTED AND APPROVED:**

**EFFECTIVE DATE:** 7/14/16

Revisions: 6/20/16

Original Approval: 7/14/16



Los Angeles County Commission on HIV (COH)  
 HIV Planning Body Assessment  
 Responses to Recommendations for Improvement  
 (For Discussion/Review)  
 (8-19-21)

<b>Member Recruitment and Retention</b>		
<b>Reported Areas for Improvement</b>	<b>Strategies Discussed at May COH Meeting</b>	<b>Staff Notes and Recommendations for Action</b>
<p>1. Recruiting to get more representation of populations impacted by HIV in LAC</p> <p>2. Orientation/mentoring of new members</p> <p>3. Improving retention of new members</p> <p><b>Staff Notes and Recommendations for Action:</b></p> <ul style="list-style-type: none"> <li>• Operations Committee prioritizes recruitment of populations that reflect the HIV epidemic in LAC.</li> <li>• Staff hold welcome orientations for new members, 1:1 support, and direct members to the online training materials. However, attendance at orientations and training have been a challenge, even with training materials now being online. Training sessions are also agendized at Committee and subgroups as determined by members.</li> <li>➔ Continue annual and ongoing training and 1:1 coaching/support</li> <li>➔ COH staff collaborate with all Co-Chairs to hold “drop-in virtual hours” for members and interested applicants to answer questions and conduct ongoing mini-training about the functions of the COH.</li> </ul>	<ol style="list-style-type: none"> <li>1. Host COH meetings in South LA to prioritize participation from Black and Brown communities.</li> <li>2. Utilize a hybrid virtual / in-person model for meetings (when safe to do so) to alleviate transportation or technology barriers as needed.</li> <li>3. Re-evaluate the timing of meetings and consider hosting meetings on weeknights or weekends.</li> <li>4. Continue to make the website more user friendly by making relevant information easily accessible.</li> <li>5. Expand orientation efforts with a more rigorous mentorship model</li> </ol>	<ol style="list-style-type: none"> <li>1. COH hosted several meetings in various service planning areas to promote the LAC HIV/AIDS Strategy in 2017 which offers a model for conducting call to action meetings.             <ul style="list-style-type: none"> <li>➔ Work with Executive Committee to plan the year ahead and designate which months to hold COH meetings in various locations</li> </ul> </li> <li>2. Beginning October 1, 2021, per the order of the Governor, public meetings subject to the Brown Act will resume in-person meetings.             <ul style="list-style-type: none"> <li>➔ Full body and Committees will meet in-person beginning 10/1/21.</li> <li>➔ Caucuses, workgroups and task forces will meet virtually. Staff will follow protocol from the EO/BOS providing a teleconference option for members of the public and guests. Commissioners who elect to join remotely must adhere to the COH’s policy on teleconferencing. Commissioners must</li> </ul> </li> </ol>

6. Set clear expectations for mentors

understand that if they choose to join remotely, the address from where they will virtually attend the meeting must be reflected on the agenda, that the location of the attendee must be accessible to all members of the public, and that the agenda must be physically posted for public view 72 hours ahead of the meeting. Access to remote locations must comply with the ADA.

3. Prevention Planning Workgroup meets on the 4<sup>th</sup> Weds of the month from 5:30-7:00pm and has attracted 20-25 attendees, offering a model for other COH groups to hold meetings in the evenings or weekends.

➤ Work with the Executive Committee to plan in advance which full body meetings to hold in the evening or weekends.

➤ Work with Committees and subgroups to determine which meetings to hold in the evenings or weekends.

4. COH website refresh project in progress and staff are working with IRM to complete changes before the end of 2021.

5/6. COH adopted Mentorship/Peer Collaborator Guide with expectations for

		<p>mentor and mentee. Virtual meet and greet hosted in 2020 for new pairs.</p> <ul style="list-style-type: none"> <li>➤ Need more members to volunteer as mentors.</li> <li>➤ Work with Operations Committee to review the Mentorship Guide annually for clarity and assess bandwidth for members to participate in the program.</li> <li>➤ Establish schedule for staff to send reminders for pairs to reconnect and maintain relationships.</li> </ul>
<b>Community Engagement / Representation</b>		
<b>Reported Areas for Improvement</b>	<b>Strategies Discussed at May COH Meeting</b>	<b>Staff Notes and Recommendations for Action</b>
<ol style="list-style-type: none"> <li>1. Encouraging trust between the community and Commission</li> <li>2. Increasing visibility of the LAC COH in the community</li> <li>3. Normalizing education on HIV and STIs in healthcare and school-based settings</li> </ol>	<ol style="list-style-type: none"> <li>1. Prioritize marketing of the COH on social media and in community clinics and organizations</li> <li>2. Plan proactive outreach activities in public places</li> <li>3. Increase opportunities to hear from community members during and between meetings</li> <li>4. Re-evaluate the best timing and format for</li> </ol>	<ol style="list-style-type: none"> <li>1. COH social media toolkit has been completed and reviewed by the Operations Committee. The toolkit will be integrated in the updated COH website.</li> <li>➤ Send periodic reminders to members about using the toolkit. Host tutorials on how to use the toolkit.</li> <li>➤ Collaborate with provider members on the COH to promote COH to their clients and stakeholders.</li> <li>➤ Purchase print and social media ads to promote COH as budget permits.</li> </ol>

	<p>public comment during meetings</p> <ol style="list-style-type: none"> <li>5. Engage more youth voices in planning</li> <li>6. Increase outreach to high schools, activism / LGBTQIA oriented school clubs, community colleges and universities</li> <li>7. Work with DHSP to require that informational brochures or posters about the LAC COH be displayed at contracted agencies</li> <li>8. Encourage providers to share information about the LAC COH with their patients</li> </ol>	<ol style="list-style-type: none"> <li>2. Revisit pre-COVID outreach plan to host informational tables at health fairs and special events (Taste of Soul). <ul style="list-style-type: none"> <li>➔ Ask for members to volunteer to assist with public outreach</li> </ul> </li> <li>3. Create online form on COH website for ongoing public comments and testimonies on improving HIV/STD services and other topics within the jurisdiction of the COH. Work with Co-Chairs to remind attendees that the public may comment on all agenda items. Disseminate opportunity for ongoing public comments via GovDelivery at least quarterly.</li> <li>4. Revisit timing of public comments (PC) with Executive Committee. PC in full body meetings was previously at the beginning of the meeting but was moved to the end of the meeting at request of the DHSP.</li> <li>5. Work with members to attend youth CAB meetings to hear their perspectives/feedback on HIV services.</li> <li>6. Re-connect with LBUSD contact.</li> </ol> <p>7/8. Work with DHSP to revisit requiring contracted agencies to promote COH to their clients and post meeting flyers in clinics.</p>
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Streamlining the LAC COH's Work		
Reported Areas for Improvement	Strategies Discussed at May COH Meeting	Staff Notes and Recommendations for Action
<ol style="list-style-type: none"> <li>1. Streamline priorities and meeting agendas</li> <li>2. Strengthen relationships between members</li> <li>3. Reduce barriers for participation in meetings (increase accessibility and training for new members)</li> </ol> <p><b>Staff Notes and Recommendations for Action</b></p> <ul style="list-style-type: none"> <li>• Each year, staff work with Committees and Co-Chairs to streamline and select 3 priorities for their annual workplans.</li> <li>➔ Continue to work with the Executive Committee and all Co-Chairs to discuss and agree on a standardized process for shortening full and Committee meetings.</li> </ul>	<ol style="list-style-type: none"> <li>1. Clarify the purpose and objectives for caucuses, task forces, and committees</li> <li>2. Consider integrating caucuses and task forces into the committees</li> <li>3. Continue to prioritize the use of plain language in meetings and written materials</li> <li>4. Eliminate unnecessary protocols for participation</li> <li>5. Prioritize social time for members to get to know each other</li> <li>6. Ensure consumers have dedicated spots in COH leadership and are taken seriously in planning efforts</li> </ol>	<ol style="list-style-type: none"> <li>1. Caucus and task force's purpose are reviewed at least annually and as requested by members. <ul style="list-style-type: none"> <li>• Subgroups develop workplans to set priorities and deliverables.</li> <li>➔ Conduct more frequent reviews/refresher training on the purpose, goals, and expected deliverables of the caucuses and task forces.</li> <li>➔ Consider going back to basics and develop stronger caucus presence and participation at Committee meetings. For example, all caucuses can put on their workplans providing formal feedback on service standards for SBP; participating in the multi-year priority setting and resource allocation process.</li> </ul> </li> <li>2. Collaborations are happening and can be strengthened further. Examples of collaborations include ATF and WC co-hosting a virtual event on Women Living with HIV and Aging; SBP looking for ways to integrate recommendations from ATF and BAAC in service standards; PP&amp;A integrating WC and BAAC recommendations in directives;</li> </ol>

		<p>Operations working with CC to recruit consumers; PPC working with Caucuses to review legislative bills of interest.</p> <ul style="list-style-type: none"><li>➤ Continue collaborations.</li><li>➤ Designate a Committee member to serve as a liaison to caucuses and task forces.</li></ul> <p>3. Practice use plain language techniques in all materials (<a href="https://www.plainlanguage.gov/resources/checklists/checklist/">https://www.plainlanguage.gov/resources/checklists/checklist/</a>).</p> <p>4. Seek clarification from members on providing specific examples of what they define as unnecessary protocols for participation.</p> <p>5. Get to Know You activity has been successful in SBP. Socializing was more evident pre-pandemic and prior to shift to virtual meeting format.</p> <ul style="list-style-type: none"><li>➤ New meeting facilities at the Vermont Corridor would be more amenable for socializing before and after meetings.</li><li>➤ Agendize “Get to Know You” at all COH meetings (virtual and in-person)</li><li>➤ Members must consider balance between shortening meeting duration and accommodating time for socializing.</li></ul>
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**LOS ANGELES COUNTY COMMISSION ON HIV 2021 WORK PLAN (WP)  
OPERATIONS COMMITTEE  
09.23.21 OPERATIONS MEETING**

<b>Committee/Subgroup Name: Operations Committee</b>			<b>Co-Chairs: Juan Preciado &amp; Carlos Moreno</b>	
<b>Committee Adoption Date: 1.28.21</b>			<b>Revision Dates: 2.18.21, 3.18.21, 4.14.21, 4.20.21, 5.17.21, 5.25.21, 6.22.21, 8.20.21, 9.16.21</b>	
<p><b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH Committees and subgroups for 2021.  <b>Prioritization Criteria:</b> Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan &amp; Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.</p>				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	<b>Planning Council effectiveness evaluation technical assistance provided by HealthHIV</b>	Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups	Ongoing	Kick off presentation by HealthHIV @ January 29, 2021 Executive Committee meeting. Survey sent out. Survey closed April 9 <sup>th</sup> . HealthHIV to present final results @ the May 13 <sup>th</sup> COH Meeting. Discuss survey findings w/ Ops. Waiting for final report; will review to address findings and implementation of next steps once received. Final report & analysis.
2	<b>BAAC and ATF Recommendations</b>	Implement recommendations best aligned with the purpose and capacity of Operations Committee	Ongoing	Awaiting guidance from BAAC Task Force and ATF.
3	<b>Update Membership Application</b>	Update membership application to a more condensed community friendly format	Jan-May 2021	First draft submitted to 1/28.21 Ops for feedback. Draft applic presented to CC 2.11.21; feedback provided. Draft presented to TC 2.23.21. Staff making updates & will submit to Ops. Motion for approval on agenda. Ops/Exec Committees approved in April. Staff submitted to CoCo for review; awaiting feedback.
4	<b>Consumer Engagement and Retention Strategies</b>	Development Engagement and retention strategies to align with EHE efforts: toolkit and social media account (Instagram)	Ongoing	Feedback on toolkit; presented IG social media acct
5	<b>Consumer Leadership and Training</b>	Continue development of training and capacity building opportunities to prepare & position consumers for leadership roles	Ongoing	NMAC BLOC series Postponed to September 2021; staff to provide updates. NMAC BLOC training confirmed for September 13-17, 2021.
6	<b>Review Membership to Ensure PIR</b>	Review membership to ensure PIR is reflected throughout the membership, to include Alternate seat review, seat changes, attendance	Quarterly	PIR reviewed in February.



**LOS ANGELES COUNTY COMMISSION ON HIV 2021 WORK PLAN (WP)**  
**OPERATIONS COMMITTEE**  
**09.23.21 OPERATIONS MEETING**

7	<b>Attendance Review</b>	Review Attendance Matrix Quarterly	Quarterly	<del>Attendance reviewed in January: attendance letters issued, motions to vacate placed on agenda. Attendance review placed on April's agenda. Attendance review on August agenda.</del>
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<b>POLICY/ PROCEDURES:</b>	<b>NO. #08.3204</b>	<b>Commission and Committee Meeting Absences</b>
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**SUBJECT:** Commission and Committee Meeting Absences

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

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

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

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

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


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

**PROCEDURE:**

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

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

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

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



## New Member Applicant Interview FAQs

Thank you for your interest in becoming a member of the Los Angeles County Commission on HIV (Commission). The following information is provided to assist in preparing for your interview:

1. All candidates who have applied for membership on the LA County Commission on HIV are required to sit for an interview.
2. Your interview will be conducted by panel of 2-3 Commission members who will engage in a series of questions to assess your breadth of knowledge, experience, and commitment to fulfilling the duties of a member of the Commission. This is intended to be an interactive process.
3. The Commission is a planning body governed not only by statute but also by regulations from HRSA and the CDC.
4. It is important to understand that we are community planners NOT activists. We plan for ALL those at risk for and affected by HIV in Los Angeles County to ensure that they get full access to quality care and prevention services.
5. The Commission is comprised of 51 members, of which 1/3 must be HIV positive consumers of Ryan White services.
6. The entire membership of the Commission should meet Parity, Inclusion and Reflectiveness of HIV
  - a. Parity – As a body, we have done everything possible to provide members the tools, skills and training to be effective planners;
  - b. Inclusion – Everyone has an opportunity to weigh in and contribute to the debate and are actively involved;
  - c. Reflective (Representation) – The full membership and the subset of Unaffiliated Consumer members proportionally reflect the ethnic, racial, and gender characteristics of HIV disease prevalence in the County
7. After the interviews are complete, the Operations Committee weighs your application and interview against other applicants, open seats, and the principals of Parity, Inclusiveness & Reflectiveness described above.
8. Those who are moved forward are sent to the Executive Committee and the full Commission and are then moved to the Board of Supervisors for the final approval. The process can take 2-3 months. We can also hold your application for up to a year to possibly fill future vacancies.
9. There are 4 standing committees of the Commission and, while your application is under review, we strongly recommend you attend at least one meeting of each of the four Committees which meet monthly. Commission members are required to sit on one of these 4 Committees, and it is in these smaller groups where most of the “work” of the Commission is done. See attached Committee Description and Preference form.

We have about 25-30 minutes to complete your interview. We ask you to help us be mindful of the time and recognize we may move you along in order to complete our work and give all applicants equitable time and attention.

New Member Application Evaluation and Scoring Form

Please review membership application and any attached professional qualifications of nominee before completing evaluation and scoring sheet. See page 4 for definition of HIV Workforce Service Provider, Returning Commissioner or those with Planning Council Experience, and Consumers/Unaffiliated Stakeholders. Guidance questions are provided to encourage nominees to communicate their breadth of knowledge, experience, and commitment to fulfilling the duties of a member of the Los Angeles County Commission on HIV. Applicants for Commission membership must meet a minimum score of 60 points to be deemed qualified for appointment.

Name of Nominee \_\_\_\_\_

Evaluated/Scored by \_\_\_\_\_

Date of Evaluation/Interview \_\_\_\_\_

Unaffiliated Consumer                       Provider

<b>In which Supervisorial District and SPA do you work? Check all that apply.</b>					
District 1 <input type="checkbox"/> District 2 <input type="checkbox"/> District 3 <input type="checkbox"/> District 4 <input type="checkbox"/> District 5 <input type="checkbox"/>	SPA 1 <input type="checkbox"/> SPA 5 <input type="checkbox"/> SPA 2 <input type="checkbox"/> SPA 6 <input type="checkbox"/> SPA 3 <input type="checkbox"/> SPA 7 <input type="checkbox"/> SPA 4 <input type="checkbox"/> SPA 8 <input type="checkbox"/>				
<b>In which Supervisorial District and SPA do you live?</b>					
District 1 <input type="checkbox"/> District 2 <input type="checkbox"/> District 3 <input type="checkbox"/> District 4 <input type="checkbox"/> District 5 <input type="checkbox"/>	SPA 1 <input type="checkbox"/> SPA 5 <input type="checkbox"/> SPA 2 <input type="checkbox"/> SPA 6 <input type="checkbox"/> SPA 3 <input type="checkbox"/> SPA 7 <input type="checkbox"/> SPA 4 <input type="checkbox"/> SPA 8 <input type="checkbox"/>				
<b>In which Supervisorial District and SPA do you receive HIV (care or prevention) services? Check all that apply.</b>					
District 1 <input type="checkbox"/> District 2 <input type="checkbox"/> District 3 <input type="checkbox"/> District 4 <input type="checkbox"/> District 5 <input type="checkbox"/>	SPA 1 <input type="checkbox"/> SPA 5 <input type="checkbox"/> SPA 2 <input type="checkbox"/> SPA 6 <input type="checkbox"/> SPA 3 <input type="checkbox"/> SPA 7 <input type="checkbox"/> SPA 4 <input type="checkbox"/> SPA 8 <input type="checkbox"/>				

New Member Application Evaluation and Scoring Form

DEMOGRAPHIC INFORMATION: Check all that apply.				
RACE/ETHNICITY				
<input type="checkbox"/> White, not Hispanic	<input type="checkbox"/> Black, not Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Multi-Race	Other/Not Specified			
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown				
AGE: <input type="checkbox"/> 13-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Unknown				
PROVIDER INFORMATION: Check all that apply.				
<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Social Service	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Prevention	<input type="checkbox"/> CBO	<input type="checkbox"/> Other Federal	<input type="checkbox"/> Healthcare Planning	<input type="checkbox"/> Public Health
Has attended at least one Commission meeting			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Introductory Questions (all applicants)				
1. What motivates you to apply for (or continue) commission membership?				
2. Give us an example of how you demonstrate cultural competency. How will you apply this to the Commission on HIV?				

Scoring Criteria			Points Available	Points Earned
<b>I. Commitment &amp; Communication:</b> Individuals who have expressed a desire to commit and demonstrated support necessary to fulfill the duties of a Commissioner as described in the membership application form.				
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>Why do you want to be on the COH?</li> <li>What do you hope to accomplish by your membership in the COH?</li> </ul>	<b>Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>How has your COH membership been beneficial for you?</li> <li>What are you hoping to accomplish by continuing your membership?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>Why do you want to be on the COH?</li> <li>What do you hope to accomplish by your membership in the COH?</li> </ul>		
Oral Communication			5	
Written Communication: (based on application and other material)			5	
<b>Commitment &amp; Communication Sub-total (10)</b>			<b>10</b>	



Scoring Criteria		Points Available	Points Earned
<b>II. HIV/AIDS/STIs Knowledge:</b> Professional, personal and/or academic knowledge about HIV/AIDS and related issues including STIs.			
<ul style="list-style-type: none"> <li>How knowledgeable are you about LA County’s STI/HIV epidemiological profile and service delivery network?</li> <li>What have you learned from your work or community service experience on how to improve health outcomes for PLWHA?</li> </ul>	<ul style="list-style-type: none"> <li>What areas of the County’s STD/HIV epidemiological profile and service delivery network are underrepresented in the COH’s discussions?</li> <li>What have you learned from your work or community service experience on how to improve health outcomes?</li> <li>What types of additional training or support will you need to increase your capacity in this area?</li> </ul>	<ul style="list-style-type: none"> <li>Give us your perspective about the state of HIV/STIs in Los Angeles County?</li> <li>How have you been affected barriers to care and services?</li> <li>What additional training or support will you need to be an effective COH member?</li> </ul>	
<b>HIV/AIDS KNOWLEDGE Sub-total (15)</b>		<b>15</b>	
<b>III. PRIOR COMMUNITY PLANNING EXPERIENCE:</b> Planning experience can be measured by work performed with the commission or other, similar body(ies) or community groups, effective participation at the committee level and/or work groups. Candidate should demonstrate data-driven critical thinking across broad issues affecting multiple target populations, good judgement, consensus building skills and experience, respect for colleagues and a track record for substantively contributing to a group work and effectiveness.			
<ul style="list-style-type: none"> <li>What do you hope to learn professionally/personally from being a member of the COH?</li> <li>What qualities are essential to being an effective planner?</li> </ul>	<ul style="list-style-type: none"> <li>Looking back at your membership with the COH, what have you done well and what areas do you need to improve upon?</li> <li>How can you become a more effective planner?</li> </ul>	<ul style="list-style-type: none"> <li>Have you participated in community planning?</li> <li>Describe how you would base a decision on behalf of multiple viewpoints and perspectives?</li> </ul>	
<b>PRIOR PLANNING EXPERIENCE Sub-total (10)</b>		<b>10</b>	
<b>IV. COLLABORATION:</b> Ability to create unique partnerships with fellow Commissioners, organizations, bodies, and / or the public that improve community health.			
<ul style="list-style-type: none"> <li>Provide a specific example of how you collaborate with other agencies and individuals to meet the needs of your clients?</li> </ul>	<ul style="list-style-type: none"> <li>How have you used your COH membership to demonstrate or advance community-based collaborations?</li> <li>What steps can you take to encourage others to collaborate?</li> </ul>	<ul style="list-style-type: none"> <li>How will you use your membership on the COH to foster collaborations that prevent HIV/STI infections and achieve viral suppression among PLWHA?</li> <li>How would you initiate building the necessary relationships to achieve this goal?</li> </ul>	
<b>COLLABORATION Sub-total (10)</b>		<b>10</b>	

Scoring Criteria		Points Available	Points Earned
<b>V. HIV Experience:</b> Prior work/volunteer experience in HIV/AIDS service delivery (practical experience) and/or in public policy, or legislative fields.			
<ul style="list-style-type: none"> <li>What skills and abilities have you developed because of your past/current work in the HIV/STI field?</li> <li>How will you use those skills as a potential new member?</li> </ul>	<ul style="list-style-type: none"> <li>How have you grown professionally from your COH membership?</li> <li>What areas have you identified for professional development to make you a more effective member of the body?</li> </ul>	<ul style="list-style-type: none"> <li>What skills do you currently possess and/or need to develop to be an effective member of the COH?</li> </ul>	
<b>HIV Experience Sub-total (10)</b>		<b>10</b>	
<b>VI. UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS:</b> This domain can be measured by examples of past and current activities that promote awareness and personal responsibility towards understanding the needs of highly impacted populations. Examples of activities include, but not limited to, participation in training tackling HIV and racism, cultural and linguistic sensitivity, knowledge of the needs of diverse populations, and ability to understand and interpret data accurately. <b>These questions should be asked of ALL applicants and should be scored not just for those that fit the categories.</b>			
<ul style="list-style-type: none"> <li>How do you plan to bring the issues/concerns of targeted special populations (such as MSM, Latino/a, Asian/Pacific Islander, Transgender, or Female + Unaffiliated Consumers, High Risk Negatives, Youth, and PLWHA) to the Commission's discussions?</li> </ul>	<ul style="list-style-type: none"> <li>How can you bridge relationships with persons you have no previous experience though you may have shared membership?</li> <li>How will you utilize those newly formed relations to ensure the issues/concerns of targeted special populations (such as MSM, Latino/a, Asian/Pacific Islander, Transgender, or Female + Unaffiliated Consumers, High Risk Negatives, Youth, and PLWHA) to the Commission's discussions are represented in the Commission's discussions?</li> </ul>	<ul style="list-style-type: none"> <li>What specific issues/concerns of targeted special populations (such as MSM, Latino/a, Asian/Pacific Islander, Transgender, or Female + Unaffiliated Consumers, High Risk Negatives, Youth, and PLWHA) to the Commission's discussions? are currently under-represented within Commission's discussions?</li> </ul>	
<b>UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS Sub-total (10)</b>		<b>10</b>	

Scoring Criteria		Points Available	Points Earned
<b>VII. EFFECTIVE REPRESENTATION:</b> The candidates demonstrated ability to act as a subject matter expert and use his or her expertise to represent his/her constituency and other perspectives represented in the COH by respectfully communicating needs, interests and concerns of the whole planning body and to present opportunities for the Commission to meet those needs. Commission membership requires ongoing training on the needs of all populations affected by HIV and STIs.			
<ul style="list-style-type: none"> <li>What specific population(s) are you involved with?</li> <li>What methods would use to strengthen your knowledge and understanding of those populations you have the least experience with?</li> </ul>	<ul style="list-style-type: none"> <li>As a Commissioner, how have you sought out education to gain an understanding of HIV and STIs in those populations you have the least experience with?</li> <li>What other populations are underserved in LAC?</li> </ul>	<ul style="list-style-type: none"> <li>What specific population(s) are you involved with?</li> <li>What methods would use to strengthen your knowledge and understanding of those populations you have the least experience with?</li> </ul>	
<b>EFFECTIVE REPRESENTATION Sub-total (10)</b>		<b>10</b>	
<b>VIII. RELIABILITY:</b> Capacity to use and apply unique abilities and proficiencies to fulfill membership responsibilities and in the overall improvement of Commission work quality and decision-making.			
<ul style="list-style-type: none"> <li>Give us an example of how you have demonstrated reliability in your professional life or community service.</li> </ul>	<ul style="list-style-type: none"> <li>Besides COH-related activities give us an example of how you continuously demonstrate reliability in the community?</li> <li>How can COH support this effort?</li> </ul>	<ul style="list-style-type: none"> <li>Give us an example of how you have demonstrated reliability in your professional life or community service.</li> </ul>	
<b>RELIABILITY Sub-total (10)</b>		<b>10</b>	
<b>IX. Are any questions you want to ask us?</b>			
<b>X. INTERVIEW:</b> All new candidates for Commission membership are expected to sit for an interview with the Operations Committee. The interview is intended to help the Committee better familiarize themselves with the candidate, and for the candidate to better determine his/her expectations of, interest in, and plans for Commission membership.			
<b>INTERVIEW Sub-total (15)</b>		<b>15</b>	
<b>TOTAL</b>		<b>100 pts. Max</b>	

Definition of terms
<ol style="list-style-type: none"> <li><b>HIV Workforce/ Service Provider Representatives:</b> Professional currently employed with a minimum of 2 years of employment with an organization that provides HIV care, prevention, or STI related services.</li> <li><b>Returning Commissioners or those with Planning Council Experience:</b> Previously appointed Commissioner seeking to retain membership. These candidates are subject to all eligibility guidelines as established by ordinance or compliance with COH policy/procedures.</li> <li><b>Consumers/Unaffiliated Individuals:</b> Applicant has no current affiliation with an HIV care, prevention, or STI related provider. This category includes members of the public.</li> </ol>

**INTERVIEWER NOTES:**



# 2021 MEMBERSHIP ROSTER | UPDATED 09.09.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo, LCSW	Long Beach Health & Human Services	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, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, 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	EXC OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	EXC	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	OPS	Alexander Luckie Fuller	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			<b>Vacant</b>		July 1, 2019	June 30, 2021	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			<b>Vacant</b>		July 1, 2020	June 30, 2022	Amiya Wilson (SBP)(LOA)
21	Unaffiliated consumer, SPA 3			<b>Vacant</b>		July 1, 2019	June 30, 2021	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			<b>Vacant</b>		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			<b>Vacant</b>		July 1, 2019	June 30, 2021	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			<b>Vacant</b>		July 1, 2019	June 30, 2021	Michele Daniels (OPS)-LOA
28	Unaffiliated consumer, Supervisorial District 2			<b>Vacant</b>		July 1, 2020	June 30, 2022	
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			<b>Vacant</b>		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			<b>Vacant</b>		July 1, 2019	June 30, 2021	
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez (LOA)	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
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	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	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	EXC OPS SBP	Justin Valero, MA	No affiliation	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			<b>Vacant</b>		July 1, 2020	June 30, 2022	
41	Representative, HOPWA			<b>Vacant</b>		July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			<b>Vacant</b>		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	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	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	AMAAD Institute	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	OPS	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	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	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
<b>TOTAL:</b>		<b>38</b>						

# Planning Council/Planning Body Reflectiveness (Updated 09.17.21)

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

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	12	25.53%	5	45.45%
Black, not Hispanic	10,155	20.00%	14	29.78%	3	27.27%
Hispanic	22,766	44.84%	18	38.29%	3	27.27%
Asian/Pacific Islander	1,886	3.71%	3	6.38%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>50,777</b>	<b>100%</b>	<b>47</b>	<b>99.98%</b>	<b>11</b>	<b>100%</b>

Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	31	65.96%	7	63.64%
Female	5,631	11.09%	12	25.53%	4	36.36%
Transgender	854	1.68%	4	8.51%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>50,777</b>	<b>100%</b>	<b>47</b>	<b>100%</b>	<b>11</b>	<b>100%</b>

Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	2	4.26%	1	9.09%
30-39 years	9,943	19.58%	19	40.43%	2	18.18%
40-49 years	11,723	23.09%	11	23.40%	1	9.09%
50-59 years	15,601	30.72%	8	17.02%	6	54.55%
60+ years	8,973	17.67%	7	14.89%	1	9.09%
Other	0	0.00%	0	0.00%	0	0.00%
<b>Total</b>	<b>50,777</b>	<b>99.99%</b>	<b>47</b>	<b>100%</b>	<b>11</b>	<b>99.99%</b>

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



# Renewal Application Ernest Walker, Seat #47

*\*Membership Application on File with the Commission Office\**



LOS ANGELES COUNTY  
COMMISSION ON HIV



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# Greg Wilson

Application on file at Commission office

Interview panel: Carlos Moreno, Luckie Alexander, and Justin Valero