



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



Visit us online: <http://hiv.lacounty.gov>

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

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<https://tinyurl.com/y83ynuzt>



# Operations Committee Meeting

Thursday, July 24, 2025

10:00am-12:00pm (PST)

510 S. Vermont Ave, Terrace Conference Room TK02

Los Angeles, CA 90020

**\*\*Validated Parking: 523 Shatto Place, LA 90020\*\***

*As a building security protocol, attendees entering from the first-floor lobby **must** notify security personnel that they are attending the Commission on HIV meeting in order to access the Terrace Conference Room (9<sup>th</sup> floor) when our meetings are held.*

Agenda and meeting materials will be posted on our website at

<https://hiv.lacounty.gov/operations-committee>

**Members of the Public May Join in Person or Virtually.**

**For Members of the Public Who Wish to Join Virtually, Register Here:**

<https://lacountyboardofsupervisors.webex.com/weblink/register/r3af458407296b91b76aa769227ef63ca>

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

Password: OPERATIONS Access Code: 2539 878 6500



**Notice of Teleconferencing Sites:**

None

## together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

**(REVISED) AGENDA FOR THE MEETING OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV  
OPERATIONS COMMITTEE**

**Thursday, July 24, 2025 | 10:00 AM – 12:00 PM**

510 S. Vermont Ave  
Terrace Level Conference Room TK02  
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/webink/register/r3af458407296b91b76aa769227ef63ca>

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

Password: OPERATIONS Access Code: 2539 878 6500

Operations Committee (OPS) Members:			
Miguel Alvarez (Executive, At-Large)	Jayda Arrington	Alasdair Burton (Executive, At-Large)	Joaquin Gutierrez (Alternate)
Ish Herrera (LOA)	Leon Maultsby, DBH	Vilma Mendoza	Aaron Raines (Alternate)
Dechelle Richardson (Executive, At-Large)	Erica Robinson	Justin Valero, MA (LOA)	
QUORUM: 6			

**AGENDA POSTED:** July 18, 2025

**SUPPORTING DOCUMENTATION:** Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14<sup>th</sup> 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](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically [here](#). All

Public Comments will be made part of the official record.

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

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

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

### **I. ADMINISTRATIVE MATTERS**

- |  |                                      |
|--|--------------------------------------|
| 1. Call to Order & Meeting Guidelines/Reminders                | 10:00 AM – 10:03 AM                  |
| 2. Introductions, Roll Call, & Conflict of Interest Statements | 10:03 AM – 10:05 AM                  |
| 3. Approval of Agenda  | <b>MOTION #1</b> 10:05 AM – 10:08 AM |
| 4. Approval of Meeting Minutes                                 | <b>MOTION #2</b> 10:08 AM – 10:10 AM |

### **II. PUBLIC COMMENT**

10:10 AM – 10:15 AM

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

### **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                             |                     |
| b. COH Restructure   Update                        |                     |
| 8. Co-Chair's Report                               | 10:25 AM – 10:30 AM |
| a. 2025 Work Plan                                  |                     |
| 9. Operations Committee Co-Chairs Open Nominations | 10:30 AM – 10:40 AM |
| 10. COH Restructuring   Redevelopment of Documents | 10:40 AM – 11:40 AM |
| a. Duty Statement                                  |                     |

- b. Membership Application
- c. Interview Questions
- 11. Membership Management Report 11:40 AM - 11:50 AM
  - a. Seat Vacate | Kevin Stalter **MOTION #3**
  - b. Seat Vacate | Erica Robinson **MOTION #4**
  - c. Attendance Letter | Update
  - d. Reflectiveness Review
- 11. Recruitment, Retention and Engagement 11:50 AM – 11:55 AM
  - a. Proposed Recruitment Campaign
  - b. Member Contributions/Participation | Report Out  
*(Purpose: To provide an opportunity for Operations Committee members to report updates related to their community engagement, outreach, and recruitment efforts and activities in promoting the Commission)*

**V. NEXT STEPS**

11:55 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 make announcements.

**VII. ADJOURNMENT**

12:00 PM

- 16. Adjournment for the meeting July 24, 2025

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 seat vacate for Kevin Stalter, as presented or revised, and forward to the Executive Committee meeting for recommendation to the Board of Supervisors.
<b>MOTION #4</b>	Approve recommendation to vacate Commissioner Erica Robinson's seat, effective July 25, 2025, contingent upon two conditions: (1) her failure to respond to a formal written request for resignation by the stated deadline, and (2) approval by the Executive Committee. If both conditions are met, forward the recommendation to the Board of Supervisors for final approval.



## LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH  
6/8/23

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.)

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

S:\Committee - Operations\Code of Conduct\2023\CodeofConduct\_Updated 3.23.23\_Aprvd COH060823.docx

# Meeting Schedule

- All Commission and Committee meetings are held monthly, open to the public and conducted in-person at 510 S. Vermont Avenue, Terrace Conference Room, Los Angeles, CA 90020 (unless otherwise specified). Validated parking is conveniently located at 523 Shatto Place, Los Angeles, CA 90020.
- A virtual attendance option via WebEx is available for members of the public. To learn how to use WebEx, please click [here](#) for a brief tutorial.
- Subscribe to the Commission's email listserv for meeting notifications and updates by clicking [here](#). *\*Meeting dates/times are subject to change.*

## January - December 2025

2nd Thursday (9AM-1PM)	<b>Commission (full body)</b>	Vermont Corridor *subject to change
4th Thursday (1PM-3PM)	<b>Executive Committee</b>	Vermont Corridor *subject to change
4th Thursday (10AM-12PM)	<b>Operations Committee</b>	Vermont Corridor *subject to change
3rd Tuesday (1PM-3PM)	<b>Planning, Priorities &amp; Allocations (PP&amp;A) Committee</b>	Vermont Corridor *subject to change
1st Monday (1PM-3PM)	<b>Public Policy Committee (PPC)</b>	Vermont Corridor *subject to change
1st Tuesday (10AM-12PM)	<b>Standards &amp; Best Practices (SBP) Committee</b>	Vermont Corridor *subject to change

The Commission on HIV (COH) convenes several caucuses and other subgroups to harness broader community input in shaping the work of the Commission around priority setting, resource allocations, service standards, improving access to services, and strengthening PLWH voices in HIV community planning. *\*The following COH subgroups meet virtually unless otherwise announced.*

<b>Aging Caucus</b>	<b>Black Caucus</b>	<b>Consumer Caucus</b>	<b>Transgender Caucus</b>	<b>Women's Caucus</b>	<b>Housing Taskforce</b>
1PM-3PM	4PM-5PM	1-3PM	10AM-11:30AM	2PM-3PM	9AM-10AM
*2nd Tuesday every other month	*3rd Thursday monthly	*2nd Thursday monthly, following COH meeting	*3rd Thursday quarterly	*3rd Monday bi-monthly	*4th Friday monthly





## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/22/25

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
BALLESTEROS	AI	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
			Medical Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Core HIV Medical Services - AOM; MCC & PSS
			Medical Transportation Services
CIELO	Mikhaela	Los Angeles General Hospital	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	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	No Ryan White or prevention contracts
DAVIS (PPC Member)	OM	Aviva Pharmacy	No Ryan White or prevention contracts
DOLAN (SBP Member)	Caitlyn	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
DONNELLY	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	Kerry	No Affiliation	No Ryan White or prevention contracts
FINLEY	Jet	Unaffiliated representative	No Ryan White or prevention contracts
FRAMES	Arlene	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	Arburtha	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	Gerald	Minority AIDS Project	Benefits Specialty
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts



COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	Joaquin	Unaffiliated representative	No Ryan White or prevention contracts
HARDY	David	University of Southern California	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
LESTER (PP&A Member)	Rob	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Biomedical HIV Prevention Services
MARTINEZ-REAL	Leonardo	Unaffiliated representative	Medical Transportation Services
			No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
PATEL	Byron	Los Angeles LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RAINES	Aaron	No Affiliation	No Ryan White or prevention contracts
RICHARDSON	Dechelle	No Affiliation	No Ryan White or prevention contracts
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated representative	No Ryan White or prevention contracts
SALAMANCA	Ismael	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAMONE-LORECA	Sabel	Minority AIDS Project	Benefits Specialty
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
SAN AGUSTIN	Harold	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
			Medical Transportation Services
SAUNDERS	Dee	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
STALTER	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
VEGA-MATOS	Carlos	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

### Division of HIV and STDs Contracted Community Services

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

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
Case Management Home-Based	Libertana Home Health Caring Choice The Wright Home Care Cambrian Care Connection Envoy
Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store Foothill AIDS Project JWCH Project Angel
Oral Health	Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
STD-Ex.C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy Caring Choice Health Talent Strategies Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA SJW
HTS - Storefront	LabLine Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	
Service Category	Organization/Subcontractor
AOM	
Vulnerable Populations (YMSM)	APAIT AMAAD
HTS - Storefront	Center for Health Justice Sunrise Community Counseling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
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	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar
	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy
	Cambrian
	Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	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 Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	





# We're Listening

*share your concerns with us.*

**HIV + STD Services  
Customer Support Line**

**(800) 260-8787**

## Why should I call?

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

## Will I be denied services for reporting a problem?

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

## Can I call anonymously?

Yes.

## Can I contact you through other ways?

Yes.

By Email:

[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





# Estamos Escuchando

*Comparta sus inquietudes con nosotros.*

**Servicios de VIH + ETS  
Línea de Atención al Cliente**

**(800) 260-8787**

## ¿Por qué debería llamar?

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

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

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

## ¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:  
[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

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





LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**DRAFT**

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**

May 22, 2025

COMMITTEE MEMBERS					
P = Present   A = Absent   EA = Excused Absence   MoP=Attended as Member of the Public   AB2449=Virtual Attendance					
Miguel Alvarez	P	Jayda Arrington	P	Alasdair Burton (Executive At-Large)	P
Bridget Gordon (Executive At-Large)	EA	Joaquin Gutierrez (Alternate)	p	Ish Herrera	A
Leon Maultsby	P	Vilma Mendoza	P	Aaron Raines (Alternate)	A
De'chelle Richardson (Executive At-Large)	EA	Erica Robinson, <i>Co-Chair</i>	EA	Justin Valero, MA, <i>Co-Chair</i>	EA
Danielle Campbell	P	Joe Green	P		
COMMISSION STAFF					
Cheryl Barrit, MPIA, Sonja Wright, DACM, Dawn McClendon (online), Jose Rangel-Garibay (online), and Lizette Martinez (online)					

Meeting agenda and materials can be found on the Commission's website: [HERE](#).

**1. CALL TO ORDER-INTRODUCTIONS**

Co-Chair Joe Green called the meeting to order at 10:03 AM.

**2. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS**

J. Green 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.** The April meeting was canceled; there are no minutes.

**II. PUBLIC COMMENT**

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

- John Monez commented that in the spirit of recruitment and community engagement, he will refer a UCLA student majoring in Public Health to the Commission on HIV (COH).

### **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:**

- Alasdair Burton inquired if online attendees can be viewed during Webex meetings. C. Barrit previously addressed this issue in detail and reminded all that Webex is the platform provided by the Board of Supervisors (BOS) for online meetings, and Webex has a different setup compared to Zoom, which displays attendees' names. During setup, Webex issues a warning stating that allowing this feature will impact transmission, risking loss of connection during meetings. Also, disengaging this feature mitigates potential Brown Act violations.
- Dr. Leon Maulsby requested to agendaize co-chair attendance and engagement for June's agenda in addition to today's discussion item.

### **IV. REPORTS**

#### **7. EXECUTIVE DIRECTOR/STAFF REPORT**

##### **a. Operational Updates**

Executive Director Cheryl Barrit reported the following:

- The Executive Committee approved the cancellation of the June, August, and September Commission meetings. The full body will meet on July 10<sup>th</sup>; motions and/or urgent items that require approval will be addressed by the Executive Committee. C. Barrit relayed that subcommittees and caucuses are scheduled to meet monthly, and Unaffiliated Consumers (UCs) can attend any of these meetings to be eligible for their monthly stipends.
- C. Barrit thanked all for their community efforts and advocacy, and reminded everyone to disclose that they are commissioners and articulate that comments are being made as a private individual and not on behalf of the Commission on HIV or Los Angeles County (LAC). C. Barrit encouraged all to reach out to staff when in doubt.

##### **b. COH Restructure | Debrief**

- At the May 8<sup>th</sup> Commission meeting, C. Barrit discussed the restructuring timeline and reminded all that the restructuring of the Commission stemmed from findings and recommendations made by the Health Resources and Services Administration (HRSA) during their Technical Assistance (TA) site visit and feedback from commissioners and the community regarding prioritizing the efficiency of meetings and work production, increased community engagement, and cutting down costs and expenditures. A compilation of the restructuring work group conversations is in the meeting packet.
- C. Barrit relayed that at today's Executive Committee meeting, the committee will discuss and provide feedback regarding the restructuring proposal. The full body and community will also have an opportunity to provide input and feedback.
- The Operations Committee requested to have a restructuring conversation placed on their next agenda.

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

##### **a. 2025 Work Plan**

The Committee briefly reviewed the work plan.

##### **b. 2025 Commissioner Training Schedule**

The Committee reviewed the training schedule accessible [HERE](#). The next training is Service Standards Development on May 21<sup>st</sup> from 12 pm – 1 pm.

**9. Commission on HIV Budget Review | Update**

- The COH budget was reviewed by the Executive Office (EO) finance team. The Commission and the EO are in the process of clarifying EO feedback on some of the line items. It is not yet known if the EO can absorb some of the costs through net county cost (NCC). Staff will request a meeting with Mario Perez, Director, Division of HIV and STDs (DHSP), once a response from the EO is received.

**10. Membership Management Report**

The Committee was informed that Rita Garcia and Erika Davies responded to the attendance letters confirming their commitment to attending meetings, and Bridget Gordon will submit a letter of resignation. Kevin Stalter was issued an attendance letter with a response due by May 30<sup>th</sup>.

**11. Assessment of the Efficiency of the Administrative Mechanism (AEAM)**

- C. Barrit reminded the Committee that the AEAM assesses how quickly and efficiently Ryan White funds reach the community. Surveys were sent to contracted providers and commissioners. C. Barrit briefly went over the AEAM Report included in the meeting packet and relayed that most of the feedback from contracted providers was positive. C. Barrit noted that the AEAM report was emailed to the Operations Committee on May 12; no feedback was received.
- The Executive Committee will discuss the AEAM report at today's meeting, and the full body will review and discuss it at a later date. The report will be posted on the Commission's website once adopted by the full body.

**12. Recruitment, Retention and Engagement**

- The Committee did not discuss this item.

**13. Operations Committee Attendance and Expectations**

- C. Barrit relayed that the lack of co-chair presence resulted in the cancellation of last month's meeting. C. Barrit followed up with an email directive to both co-chairs outlining expectations, what is needed to move forward, and a request for resolution. Co-chair Justin Valero informed staff that he would ensure his availability, and Co-chair Erica Robinson did not clarify her intentions.
- The Committee stressed the need for articulating expectations for co-chairs and committee members to enhance accountability and foster meaningful and productive meetings. The Committee held a robust discussion and outlined the following regarding their expectations: (1) reliable leadership is needed, especially during the restructuring process, (2) co-chairs are expected to be punctual and to arrive at meetings on time, (3) be prepared to run the meetings efficiently and effectively, and (4) to be respectful of others' time by canceling meetings beforehand if they are unavailable. The expectation for Operations Committee members is to actively engage with community members.
- C. Barrit will communicate these expectations to the current co-chairs. If there is no response, the Committee will move to nominate and elect new co-chairs at its next meeting. The Committee requested to agendize open nominations and elections on the June agenda.

**VI. NEXT STEPS****14. TASK/ASSIGNMENTS RECAP:**

- C. Barrit will communicate expectations with the Operations Co-chairs.
- C. Barrit will check on the Co-chair Pro-Tem process.
- Staff will follow up on attendance issues with Kevin Stalter and Bridget Gordon.

**15. AGENDA DEVELOPMENT FOR NEXT MEETING:**

- ➡ Commission Restructuring Discussion

➡ Operations Co-Chair Open Nominations and Elections

## **VII. ANNOUNCEMENTS**

### **16. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:**

- Cheryl Ward informed the Committee that A New Way of Life provides housing for women released from incarceration and wraparound services for all genders and has implemented an HIV awareness campaign for women. C. Ward requested information on free condom resources.
- Joaquin Gutierrez announced that Dress for Success will be held on May 31<sup>st</sup> at Alta Med in South Gate.
- Danielle Campbell announced that Damone Thomas' agency, Healing With Hope, is conducting a healthy hike on May 26<sup>th</sup>. Details were sent to the COH staff.
- Miguel Alvarez announced WeCanStopSTDsLA will host its first PRIDE event on Saturday, May 24<sup>th</sup>, in Echo Park.
- Leon Maultsby announced that NAESM will hold its leadership conference on June 25<sup>th</sup> – June 29<sup>th</sup> at the Sheraton Gateway Los Angeles Airport.
- Joe Green announced Coping With Hope will hold its event on June 2<sup>nd</sup> at The California Endowment, and the Transgender Caucus will hold a listening session on June 4<sup>th</sup>.

## **VIII. ADJOURNMENT**

**16. ADJOURNMENT:** The meeting adjourned at 11:25 AM.





LOS ANGELES COUNTY  
**COMMISSION ON HIV**



DRAFT

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**

June 26, 2025

**COMMITTEE MEMBERS**

P = Present | A = Absent | EA = Excused Absence | MoP=Attended as Member of the Public | AB2449=Virtual Attendance

Miguel Alvarez	P	Jayda Arrington	P	Alasdair Burton (Executive At-Large)	P
Joaquin Gutierrez (Alternate)	A	Ish Herrera	EA	Leon Maultsby	EA
Vilma Mendoza	P	Aaron Raines (Alternate)	A	De'chelle Richardson (Executive At-Large)	EA (online)
Erica Robinson, <i>Co-Chair</i>	A	Justin Valero, MA, <i>Co-Chair</i>	EA	Danielle Campbell	A
Joe Green	P				

**COMMISSION STAFF**

Cheryl Barrit, MPJA, Sonja Wright, DACM, Dawn McClendon (online), Jose Rangel-Garibay (online), and Lizette Martinez (online)

Meeting agenda and materials can be found on the Commission's website: [HERE](#).

**1. CALL TO ORDER-INTRODUCTIONS**

Co-Chair Joe Green called the meeting to order at 10:06 AM.

**2. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS**

J. Green led introductions and Committee members stated their conflicts.

**I. ADMINISTRATIVE MATTERS**

**3. APPROVAL OF AGENDA**

**MOTION #1:** Agenda not approved due to a lack of quorum.

**4. APPROVAL OF MEETING MINUTES.** Meeting minutes not approved due to a lack of quorum.

**II. PUBLIC COMMENT**

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

**JURISDICTION:** There were no public comments.

### **III. COMMITTEE NEW BUSINESS ITEMS**

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

There was no Committee New Business.

### **IV. REPORTS**

#### **7. EXECUTIVE DIRECTOR/STAFF REPORT**

##### **a. Operational Updates**

Executive Director Cheryl Barrit reported the following:

- The Ryan White Program (RWP) fiscal year started March 1, 2025. The Commission on HIV (COH) has been in discussions with leadership staff from the Division of HIV and STDs (DHSP) regarding the budget. As the budget currently stands, the COH is facing: (1) significant budget cuts, (2) the inability to provide lunch for back-to-back Operations and Executive Committee meetings, and (3) the inability of COH staff to pay transportation costs upfront (ex: Lyft and Uber rides) and Unaffiliated Consumers (UCs) are now required to submit receipts for transportation reimbursement. Staff will continue to work with outside sources to sponsor lunches for full Commission meetings.

##### **b. Committee Leadership**

- At a previous meeting, the Operations Committee discussed expectations of its Co-chairs and Committee members. The Committee expressed a need for positive leadership, members arriving at meetings on time, and committee members being prepared for meetings by reviewing materials beforehand to ensure powerful and effective dialogue and meeting outcomes. C. Barrit relayed those expectations to the Operations Co-chairs and blind copied the COH Co-chairs and Operations Committee, marking June 23<sup>rd</sup> as the response deadline.
  - Justin Valero resigned from the role of Operations Co-chair due to work obligations and invoked a Leave of Absence (LOA).
  - There was no response from Erica Robinson to the initial or follow-up emails. The Executive Committee will decide at today's meeting whether to vacate E. Robinson's role as an Operations Committee Co-chair, as the Executive Committee has this responsibility under its purview.
- Open nominations for new Operations Co-chairs will be agendized for July.

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

##### **a. 2025 Work Plan**

The Committee briefly reviewed the work plan. Staff will provide an updated Reflectiveness table for July's Committee meeting.

##### **b. 2025 Commissioner Training Schedule**

The Committee reviewed the training schedule accessible [HERE](#). The next training is Policy Priorities and Legislative Docket Development Process on June 25<sup>th</sup> from 12 pm – 1 pm. The Bylaws Review training on July 23<sup>rd</sup> is the last mandatory commissioner training for the year.

#### **9. Assessment of the Efficiency of the Administrative Mechanism (AEAM)**

The final draft of the Assessment of the Efficiency of the Administrative Mechanism (AEAM) was agendized for approval by the Committee. Due to a lack of quorum, the motion for approval was elevated to the Executive Committee for approval at their meeting later today.

**10. COH Restructuring | Discussion**

- The Committee was directed to the membership application, interview questions, and duty statements provided in the meeting packet. The Committee was tasked with reviewing the documents and providing suggestions at the July meeting to facilitate streamlining the membership application and interview process.
- C. Barrit emphasized that all existing commissioners who wish to reapply and new members who wish to join the Commission will do so during the open application period launching in October-November and will be announced at the Annual Meeting in November. It is anticipated that the membership applications will be reviewed, interviews conducted, and commissioners seated by March 2026, when the RWP year begins.
- Applications will be kept on file for up to one year for those who applied but were not seated.
- In response to a question regarding stipends, C. Barrit articulated that the issuance of stipends will be contingent upon the availability of funds, and Unaffiliated Consumers will be prioritized in budget decisions.
- The Bylaws 30-Day Comment period starts June 26<sup>th</sup>. The Committee was reminded to submit comments or suggestions during this timeframe.

**11. Membership Management Report**

- Due to a lack of quorum, the membership application for Leroy Blea, Office of AIDS, Part B, was elevated to the Executive Committee.
- The Committee was updated about the resignations of Karl Halfman, Andre Molette, and Bridget Gordon.
- The Committee reviewed the attendance status of Kevin Stalter, Aaron Raines, and Jeremy Mitchell (aka Jet Finley). K. Stalter's seat will be placed on the July Operations agenda for a seat vacate. A. Raines and J. Mitchell may be issued an attendance warning letter contingent upon their attendance at the July Commission meeting.
- The Committee was reminded that commissioners will remain in their seats through the restructuring process unless they resign, or their seats are vacated.

**12. Recruitment, Retention and Engagement**

- The Annual Meeting in November will provide an opportunity to open the membership application process and promote the Commission under its newly restructured body.
- The Committee shared various events that they have participated in (ex: PRIDE events, CPG meetings, and Coping With Hope).

**VI. NEXT STEPS****13. TASK/ASSIGNMENTS RECAP:**

- Provide an updated Reflectiveness table at the July meeting.
- The Committee will review the membership application, interview questions, and duty statements before their next meeting.
- The Committee will provide comments and suggestions during the Bylaws Review 30-day Comment period.

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

- ➡ Commission Restructuring | Redevelopment of Documents

➡ Operations Co-Chair Open Nominations

**VII. ANNOUNCEMENTS**

**15. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no announcements.

**VIII. ADJOURNMENT**

**16. ADJOURNMENT:** The meeting adjourned at 11:24 AM.

## 2025 OPERATIONS COMMITTEE WORKPLAN

<b>Co-Chairs: Erica Robinson and Justin Valero</b>				
<b>Approval Date: 1.23.25    Revision Dates: 3.24.25, 4.15.25, 5.13.25, 6.16.25, 7.17.25</b>				
<p><b>PURPOSE OF THIS DOCUMENT:</b> To identify activities and priorities the Committee will lead and advance throughout 2025.</p> <p><b>CRITERIA:</b> 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.</p> <p><b>CORE COMMITTEE RESPONSIBILITIES:</b> 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 <a href="https://hiv.lacounty.gov/operations-committee">https://hiv.lacounty.gov/operations-committee</a>.</p>				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	2025 Training	<p>Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.</p> <p><i>*Additional training may be integrated at all COH subgroups as determined by members and staff</i></p>	2025	<p><del>COH Overview 2.26.25 @ 12-1pm, RW Care Act Legislative Overview and Membership Structure &amp; Responsibilities 4.2.25 @ 12-1pm, Priority Setting &amp; Resource Allocations Process 4.23.25 @ 12-1pm, Service Standards Development 5.21.23 @ 12-1pm, Policy Priorities &amp; Legislative Docket Development Process 6.25.25 @ 12-1pm, Bylaws Review 7.23.25 @ 12-1pm.</del></p>
2	Bylaws Review	<p>Update Bylaws to comply with HRSA requirements and 2023 site visit findings &amp; restructuring efforts.</p> <ul style="list-style-type: none"> <li>• Keep restructuring conversation as a standing item on the Commission agenda</li> <li>• Assign the Executive Committee as lead for the restructuring process/outcome</li> <li>• Follow-up w/additional surveys to members</li> <li>• Update Bylaws and ordinance</li> <li>• Review proposed bylaws/ordinance changes and conduct 30-day public comment period</li> <li>• Update bylaws ordinance</li> <li>• Secure Commission approval on changes</li> </ul>		<p><del>(1) February: Setting the stage</del>  <del>(2) March: Obtain feedback from stakeholders</del>  <del>(3) May: Review draft of Bylaws &amp; new structure</del>  (4) July: Bylaws/ finalized</p>

## 2025 OPERATIONS COMMITTEE WORKPLAN

3	<b>Policies &amp; Procedures</b>	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.		(1) Revise Commission and Committee-only membership applications (2) Revise membership application interview questions: July
4	<b>Assessment of the Efficiency of the Administrative Mechanism (AEAM)</b>	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County.	July 2025	(1) Focus on realistic areas for expediting contracts within the County system. (2) C. Barrit to present findings/draft report at March-April OPS meeting.
5	<b>Recruitment, Engagement and Retention Strategies</b>	Development of engagement and retention strategies to align with CHP efforts	Ongoing	(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members. (2) Continue social media campaigns to bring awareness. (3) Refer to HealthHIV Planning Council assessment for recommendations.
6	<b>Mentorship Program</b>	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Revisit after COH restructuring	Review and assess current Mentorship Program and <a href="#">Mentorship Program Guide</a> for improvements and effectiveness.
7	<b>PIR (Parity, Inclusion and Reflectiveness) Review</b>	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly	<del>February</del> , July
8	<b>Attendance Review</b>	To ensure members follow the attendance policy.	Quarterly	<del>January</del> , April





# WORKGROUP OUTCOMES

LOS ANGELES COMMISSION ON HIV COMPREHENSIVE EFFECTIVENESS  
REVIEW AND RESTRUCTURING PROJECT

MARCH 19-21, 2025

## Commission on HIV – Workgroup Report: Restructuring

### Introduction

The Los Angeles County Commission on HIV (COH) convened community workgroup sessions from March 19th to 21st, 2025, to address the current challenges facing the Commission. In light of the Board of Supervisors' request for all commissions to review operations and the ongoing budget constraints, directives for the COH are to review its operations in relation to sustainability, enhance operational efficiency, and achieve its federal and local obligations. This report outlines the discussions, findings, and recommendations focusing on restructuring the COH's committees and membership to better align with the available budget and improve its overall impact and effectiveness.

### Directive and Overview

The core directive presented to the workgroups was clear: the COH's existing structure is no longer sustainable due to current budget constraints and other factors, and significant changes are necessary to continue its mission. Workgroups were tasked with identifying ways to streamline operations, reduce costs, and maintain the commission's capacity to address HIV-related issues in Los Angeles County. The overarching goal is to ensure that the COH remains reflective of the epidemic while staying efficient and impactful despite reduced resources.

### Overarching Themes and Considerations

The workgroups identified several key themes and considerations for restructuring:

- **Purposeful Restructuring:** A shift towards a more focused and intentional structure, with clear functional priorities.
- **Functional Focus:** Ensuring that the COH prioritizes essential functions that align with its mission and responsibilities.
- **Reflecting the Epidemic:** The COH must remain attuned to the evolving nature of the HIV epidemic and adapt its structure and information to drive decision making accordingly.
- **Quorum Issues:** Reducing the number of commissioners to address the ongoing challenge of not meeting quorum, which has hindered the commission's ability to effectively conduct its business.
- **Budget Constraints:** Aligning the COH structure to accommodate financial limitations while ensuring that the COH can still fulfill its duties.

Additionally, several considerations were proposed to optimize the functioning of the COH:

- **Reducing Membership Size:** A smaller membership would help alleviate quorum issues and streamline decision-making processes.

- **Reorganizing Committees:** Merging and refocusing committees where possible to maximize efficiency.
- **Meeting Frequency and Duration:** Reducing the frequency and adjusting the length of meetings to minimize costs and time commitment.
- **Education and Communication:** Providing enhanced training for COH members to better understand their roles and educating providers about the COH's mission.

## Committee Restructuring Discussion

The restructuring of COH committees was a major focus of discussion. The workgroups explored ways to consolidate, reorganize, and streamline the committee structure to better align with current needs and budget constraints.

- **Public Policy:** One workgroup suggested maintaining the Public Policy Committee (PPC) as is. However, the most frequent recommendation was to elevate the Public Policy workgroup to the Executive Committee, allowing it to have a broader, more strategic role while streamlining the number of committees. Other suggestions included eliminating the PPC entirely, given that the Chief Executive Office under the direction of the Board of Supervisors has a designated office and staff with policy expertise for this function. A final proposal was to have all committees handle policy-related work.
- **Operations:** A popular suggestion was to rename the Operations Committee to "Membership and Community Engagement," consolidating various non-required city members to be members of this committee; and incorporate faith-based leaders, caucuses and task forces into this committee's work for better alignment and coordination. There was extensive discussion about increased youth representation on the COH. This area of concern should be developed by youth for youth to determine an appropriate path forward with greater representation on the Commission. The Assessment of the Efficiency of the Administrative Mechanism (AEAM) and bylaws could be moved out of this committee work, potentially as well to align workloads.  
One workgroup discussed eliminating the Operations Committee, redistributing its responsibilities to the Executive Committee (Bylaws, Recruitment, Community Outreach) and the Planning, Priorities, and Allocations (PP&A) Committee.
- **Standards and Best Practices:** The committee could absorb additional work to better align with standard development and reduce workload on PP&A. The frequency of meetings could also be reduced, and subject matter experts could be consulted on an as-needed basis.
- **Planning, Priorities, and Allocations (PP&A):** The PP&A Committee could transfer certain duties (e.g., PSRA) to the full Commission and focus solely on planning responsibilities. This could improve the overall engagement of the full COH. The committee could focus on integrated prevention and care planning efforts.
- **Executive Committee:** This committee could absorb additional functions from the Operations and Public Policy Committees, such as policy review, bylaws and AEAM.

### **Committee Restructuring Recommendations:**

The primary goal of the committee restructuring is to reduce costs while maintaining the effectiveness of the COH's operations. Key recommendations include minimizing the number of meetings, consolidating overlapping functions, and reducing the overall size of the COH membership. Taskforces and caucuses, while valuable, may need to be reevaluated as non-federally required functions under current budget constraints.

### **Membership Restructuring Discussion**

The workgroups also reviewed the current membership structure and identified ways to reduce its size while still ensuring diverse representation and compliance with federal requirements. The key findings are outlined below:

**Quorum Challenges:** A consistent issue raised by workgroups was the difficulty in meeting quorum due to the large membership size, which hampers the COH's ability to conduct business effectively.

Through the workgroup discussion, there were two scenarios recommended as a potential outcome:

- **Option 1 – Status Quo:** One workgroup preferred maintaining the current structure with 51 members, arguing that Los Angeles County's size necessitates a larger membership to represent diverse communities. However, this option does not address quorum issues, nor does it offer a potential reduction in operational costs.
- **Option 2 – Reduced Membership:** A majority of workgroups (four out of five) favored reducing the membership size by removing non-RWA-required positions, except for the five Board of Supervisors' representatives which is a local requirement. This option proposes the creation of a new "Membership and Community Engagement" committee (formerly Operations) to include cities with separate Health Departments and integrate Part F into the Standards and Best Practices or local AIDS Education and Training Center (AETC) work. Academics/Behavioral social scientists could be included as a required position, reducing the overall membership to 28 COH members. The COH members should be reviewed during the application period for epidemic reflectiveness to include youth representation as a priority since it continues to be a challenge.

### **Membership Recommendation:**

Option 2 is strongly recommended, as it would reduce costs, address quorum challenges, and streamline decision-making. This approach ensures that the COH can meet federal obligations while remaining responsive to the needs of the community.

## **Conclusion**

The workgroup sessions held from March 19th to 21st, 2025, have laid a foundation for a more efficient and sustainable COH. By restructuring committees, reducing membership, and aligning operations with budget constraints, the COH can continue to fulfill its vital mission to address HIV in Los Angeles County. The proposed changes will not only ensure the COH's continued effectiveness, but will also allow it to operate within the fiscal realities currently facing the organization.

The consensus of the workgroups was that the COH needed to restructure with a purpose, while reducing membership to improve the ability to accomplish the business of the COH. The discussion resulted in two potential restructuring recommendations: see Exhibit A and Exhibit B.

Membership of the COH should be scaled down to address the quorum issue of the committees and commission meetings and reduce budget costs. The recommendation is to have a 28-member COH with the following positions: fifteen federally mandated positions, five local required positions, one representing Academia, and 7 non-affiliated reflective members.

Moving forward, it will be crucial to continue monitoring the implementation of these changes and adjust as needed to maintain a balance between operational efficiency and the COH's public health objectives.

\*Two Virtual Listening sessions were conducted after the in-person focus group meetings to ensure all Commissioners and Community Partners could provide input. This input was incorporated into the report without any significant changes from the in-person meetings.

## **Exhibit A**

### **Restructure Recommendation 1**

#### **Commission of HIV**

- Clearing House of all operations duties of the Commission
- Priority Setting and Resource Allocation
- Monitor Prevention and Care Funds

#### **Executive Committee**

- Oversee administrative and operational activities
- Serve as the clearing house to review and forward items for discussion, approval and action to the Commission and its various working groups/units
- Act on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission;
- Approve the agendas for the Commission's regular, Annual & special meetings;
- Address matters related to Commission office staffing, personnel and operations, when needed;
- Develop and adopt the Commission's annual operational budget
- Overseeing and monitoring Commission expenditures and fiscal activities; and
- Carry out other duties and responsibilities, as assigned by the BOS or the Commission.
- Provide Public Policy recommendations on areas that impact STD/HIV
- Bylaws and policy reviews and updates

#### **Integrated Planning**

- Needs assessments
- Comprehensive HIV Plan
- Monitoring prevention and care funds
- Monitoring service needs and systems improvements
- Service utilization review
- AEAM
- Service Standards
- QM data activities

#### **Membership and Community Outreach**

- Membership, recruitment, retention, leadership development and training
- Community Outreach and Engagement
- Community report out
- Caucus reports
- Taskforce Reports

Frequency: 6 times a year with Priority Setting & Resource Allocation in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.



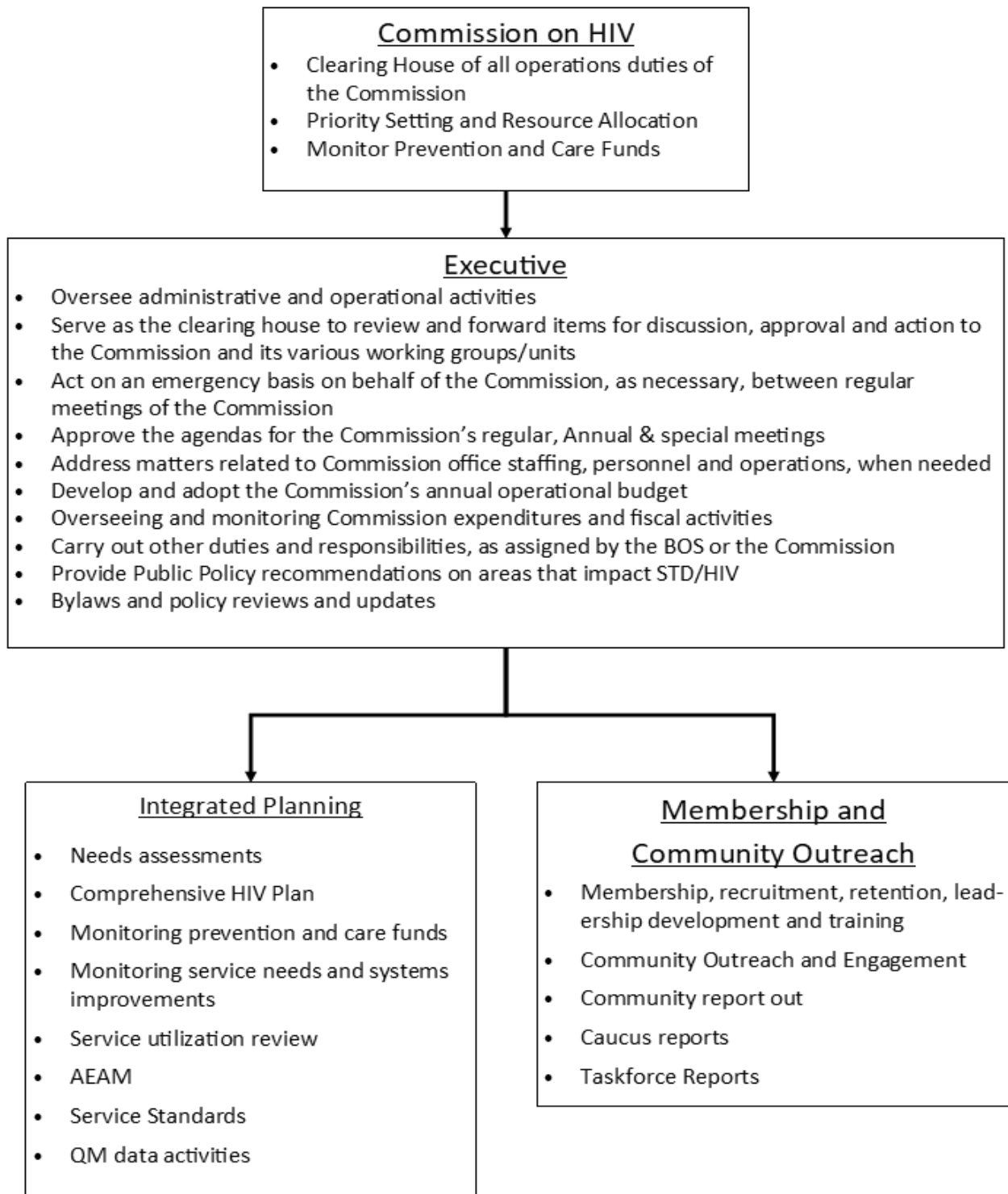


Figure 1 Exhibit A - Frequency is 6 times a year with P&R in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.

## **Exhibit B**

### **Restructure Recommendation 2**

#### **Commission of HIV**

- Clearing House of all operations duties of the Commission

#### **Executive Committee**

- Oversee administrative and operational activities
- Serve as the clearing house to review and forward items for discussion, approval and action to the Commission and its various working groups/units
- Act on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission;
- Approve the agendas for the Commission's regular, Annual & special meetings;
- Address matters related to Commission office staffing, personnel and operations, when needed;
- Develop and adopt the Commission's annual operational budget
- Overseeing and monitoring Commission expenditures and fiscal activities; and
- Carry out other duties and responsibilities, as assigned by the BOS or the Commission.
- Provide Public Policy recommendations on areas that impact STD/HIV
- Bylaws and policy reviews and updates

#### **Planning, Priorities and Allocations**

- Priority Setting and Resource Allocation
- Monitor Prevention and Care Funds
- Needs assessments
- Comprehensive HIV Plan
- Monitoring prevention and care funds
- Monitoring service needs and systems improvements
- Service utilization review

#### **Standards and Best Practices**

- Service Standards
- Best practice recommendations
- QM data activities
- AEAM

#### **Membership and Community Outreach**

- Membership, recruitment, retention, leadership development and training
- Community Outreach and Engagement \_Ensure Reflection of Epidemic - Youth
- City reports
- Caucus reports
- Taskforce Reports

Frequency - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.

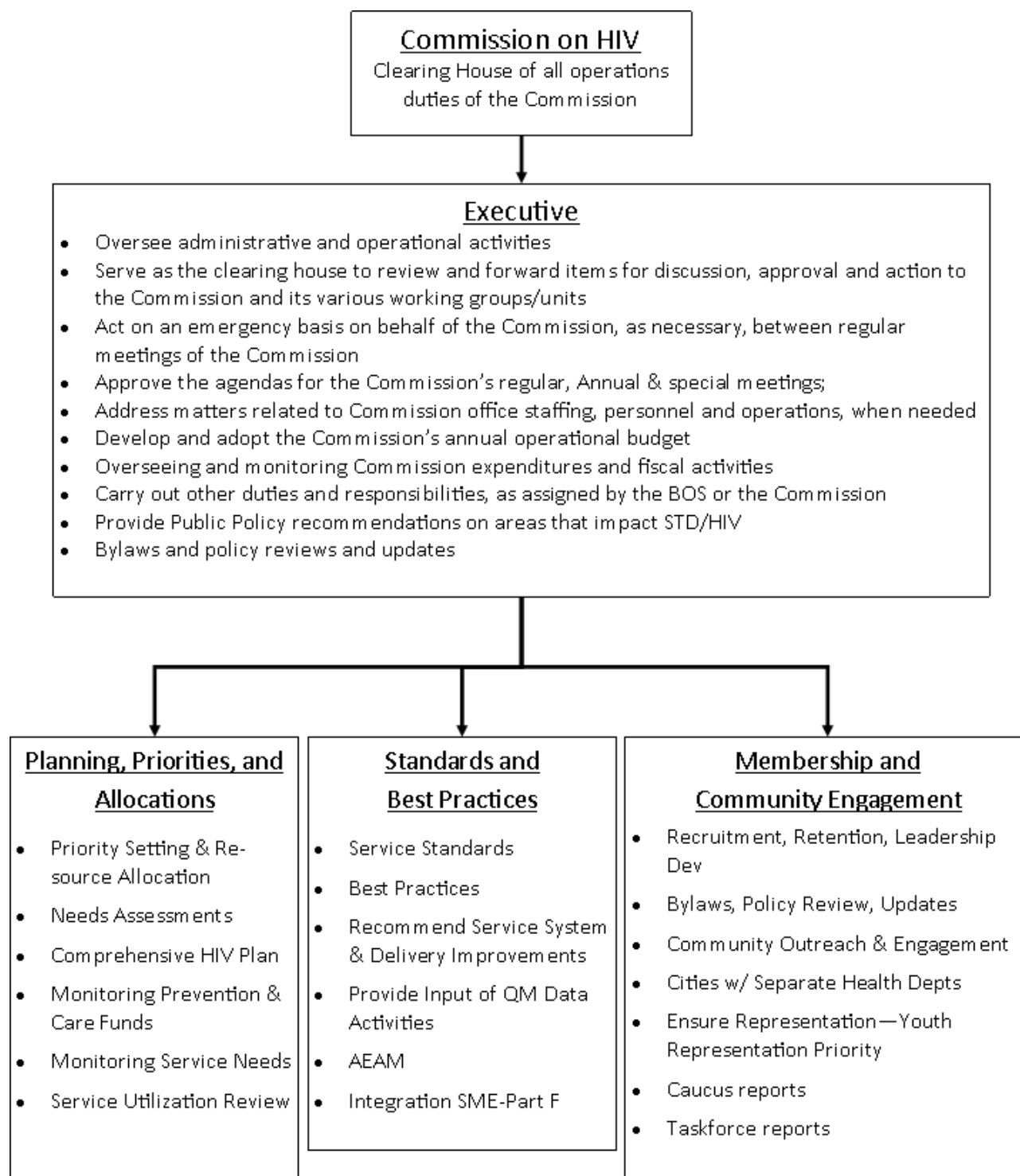


Figure 2 Exhibit B - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.



**COMMISSION RESTRUCTURE TRANSITION AND TIMELINE (5.05.25; 05.12.25; 06.04.25;  
SUBJECT TO CHANGE)**

*\*The Executive Committee (EC) will keep decisions moving in keeping with the timeline if the COH meeting is cancelled. \*\**

Task(s)/Activities	Responsibility	Timeline/ Completion
Present restructuring report and recommendations.	Consultants	May 8, 2025 COH meeting;  Updates: Timeline walk through provided at 5/8/25 meeting; full presentation at 5/22/26 EC meeting.
Present restructuring report and recommendations.	Consultants	Presentation provided at May 22, 2025 EC meeting. Straw poll result: Exhibit B and reduced membership seats.
Present updated bylaws (based on restructuring report, recommendations and feedback). Concurrent CoCo reviews of bylaws and ordinance.	Commission staff, consultants, COH Co-Chairs	June 26, 2025 Executive Committee meeting
Present updated bylaws; start 30-day public comment period on bylaws. Line up final layers of review from CoCo, EO, and prepare for BOS approval of the ordinance. Cover letter to the BOS to include timeline and start date for the members March 1, 2026; align with RW Program Year March 1-Feb. 28)	Commission staff-Consultants	July 10, 2025 COH meeting
COH approve bylaws. Submit ordinance to BOS for approval.	Commission staff Commissioners	October 9, 2025

Transitional membership application and Open Nominations Process description disseminated to all accessible stakeholder constituencies, including current Commissioners. All interested members must apply/re-apply by completing and submitting their membership applications by published deadline.	Commission staff	October - November
Newly restructured COH highlighted at the Annual Conference.		Nov. 13, 2025
Organize and verify applications for completeness and accuracy.	Commission staff	Deadline to submit application November 14, 2025
All candidates for membership must sit for membership interviews.	Proposed interview panel: <ul style="list-style-type: none"> <li>• Academic partners</li> <li>• EO Commission Services representative</li> <li>• Former Co-chairs and members not applying to serve on COH.</li> <li>• 1-2 people from other neighboring planning councils</li> <li>• 1-2 consumers not applying</li> <li>• Collaborative Research/Next Level Consulting</li> <li>• COH staff</li> <li>• 5 to 6 members</li> </ul>	November 17-21, 2025
Select initial cohort of candidates to recommend for membership nomination to the Commission and BOS.	Interview panel	November 21, 2025
COH approve initial cohort of members.	Commissioners	December 11, 2025
First cohort of membership nominations forwarded to the EO BOS for appointments.	Commission staff	December 11-12, 2025
BOS appointment of first cohort of new members to the new COH.	BOS	January-February 2026
First meeting of newly restructured COH.		March 12, 2026



## **DUTY STATEMENT**

### **COMMISSIONER**

Candidates for membership on the Commission on HIV must complete a membership application and are evaluated/scored by the Commission's Operations Committee, consistent with Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nomination Process*). The Operations Committee recommends candidates for membership to the Commission, which, in turn nominates them to the Board of Supervisors by a majority vote. The Board of Supervisors is responsible for appointing members to the Commission.

#### **DUTIES AND RESPONSIBILITIES:**

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership:

##### **1. Representation and Accountability:**

- Possess a thorough knowledge of HIV/AIDS/STI issues and affected communities, and the organization or constituency the member represents;
- Continually and consistently convey two-way information and communication between the organization/constituency the member represents and the Commission;
- Provide the perspective of the organization/constituency the member represents and the Commission to other, relevant organizations regardless of the member's personal viewpoint;
- Participate and cast votes in a manner that is best for the entire County, regardless of the personal opinions of the member personal or the interests/opinions of the organization/constituency the member represents.

## **2. Commitment/Participation:**

- Commitment to fill a full two-year Commission term.
- A pledge to:
  - respect the views of other members and stakeholders, regardless of race, ethnicity, sexual orientation, HIV status or other factors;
  - comply with "Robert's Rules of Order, Newly Revised", the Ralph M. Brown Act, the Commission's Code of Conduct and applicable HIPAA rules and requirements;
  - consider the views of others with an open mind;
  - actively and regularly participate in the ongoing decision-making processes; and
  - support and promote decisions resolved and made by the Commission when representing the Commission.
  - A commitment to devote a minimum of ten hours per month to
  - Commission/committee attendance, preparation and other work as required by your Commission membership.
- Each year of the two-year term, the Commissioner is expected to attend\* and participate in, at a minimum, these activities:
  - Two all-day Commission orientation meetings (*first year only*) and assorted orientations and trainings of shorter length throughout the year;
  - One to two half-day County commission orientations (*alternate years*);
  - One half- to full-day Commission meeting monthly;
  - One two- to three-hour committee meeting once a month;
  - All relevant priority- and allocation-setting meetings;
  - One all-day Commission Annual Meeting in the Fall;
- Assorted voluntary workgroups, task forces and special meetings as required due to committee assignment and for other Commission business.

*\*Stipulation: Failure to attend the required meetings may result in a Commissioner's removal from the body.*

## **3. Knowledge/Skills:**

- A commitment to constantly develop, build, enhance and expand knowledge about the following topics:
  - general information about HIV/STIs and its impact on the local community;
  - a comprehensive HIV/STI continuum of care/prevention services, low-income support services, and health and human service delivery;
  - the Commission's annual HIV service priorities, allocations and plans;
  - the Ryan White Program, County health service and Medicaid information and other information related to funding and service support.



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



## **DUTY STATEMENT**

### **UNAFFILIATED CONSUMER, SERVICE PROVIDER AREA (SPA) REPRESENTATIVE**

(APPROVED 3-28-17)

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership and constituency representation:

#### **RESPONSIBILITY/ACCOUNTABILITY:**

##### **General:**

- ① Knowledge of the particular HIV/AIDS and STI community, constituency and/or body that you are representing;
- ② A commitment to continually and consistently inform those bodies you represent of Commission and Commission-related activities and information;
- ③ Provide a data-driven perspective on matters before the Commission regardless of your personal viewpoint;
- ④ Cast your vote in a manner that is best for Los Angeles County regardless of your entity or your personal opinion.

##### **Specific:**

- Must be diagnosed with HIV/AIDS, a Ryan White Program service consumer, and not be affiliated (on the board, employed by, consulting with) with a Ryan White Program (RWP) Part A-funded agency
- Report regularly to the SPA's Consumer Advisory Board (CAB) on Commission activities, decisions and ongoing discourse.
- Represent the CAB and SPA-based consumers and its providers at regular Commission, committee and work group meetings.
- Serve as the liaison between the CAB and the Commission, making reports to the Commission regarding particular CAB interests and organizing Commission reports/ dialogues at community-based meetings.
- Identify and encourage other providers from the CAB to attend and participate in SPA and Commission activities.
- Regularly update and report about populations and service trends issues germane to the SPA.
- Exchange information between the CAB and Commission about core systemic, service coordination issues and client needs to better inform the Commission and its planning partners about the practical application, delivery and responsiveness of services.



## **Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page 2 of 4

### **PARTICIPATION:**

#### **General:**

- ① Willingness to fill a full two-year Commission term.
- ② Each year of the two-year term, the Commissioner is expected to attend and participate in, at a minimum, these activities:
  - Commission orientation and assorted trainings throughout the year;
  - Board of Supervisors Executive Office orientation;
  - Monthly Commission meetings;
  - Assigned Committee meetings;
  - One priority- and allocation-setting meeting;
  - Annual Commission meeting; and
  - Assorted voluntary workgroups, task forces and special meetings as required due to Committee assignment and for other Commission business.
- ③ A commitment to devote a minimum of ten hours per month to Commission/Committee attendance, preparation and other work as required by your membership on the body.
- ④ A pledge to:
  - respect the view of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors;
  - abide by Robert's Rules of Order, the Ralph M. Brown Act, and the Commission's Code of Conduct;
  - consider the view of others with an open mind;
  - actively and regularly participate in the ongoing decision-making process; and
  - support and promote decisions resolved and made by the Commission when representing the Commission.
  - adhere to the Commission's Attendance Policy #08.3204

#### **Specific:**

- Helps coordinate SPA and CAB participation in the Commission's needs assessment, service effectiveness and priority- and allocation-setting activities.
- Help identify consumers from the SPA who can lend expertise and provide critical feedback to Commission activities, such as standards development, assessment, evaluation and planning activities.
- Provide input and feedback regarding HIV/AIDS and STI prevention and care, needs and barriers, and provider challenges and best practices, particular to the SPA.
- Offers specific SPA- and population-specific feedback to policy, planning and other Commission-driven initiatives.
- Represents CAB initiatives, ideas or topics or interest to the Commission and its committees and workgroups.
- Coordinate the feedback and assessment of available Ryan White Program (RWP) and non-RWP-funded resources in the SPA.
- Organize CAB planning activities to coincide with the Commission's annual comprehensive HIV planning, strategic planning and priority- and allocation-setting activities.

## **Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page 3 of 4

- Occasionally convene and coordinate CAB-related focus groups to address timely substance issues and/or to gauge community feedback on particular topical interest to the Commission.
- Actively engage in service coordination efforts at the SPA and Commission level.

### **KNOWLEDGE:**

#### **General:**

- ① A commitment to constantly develop, build and enhance knowledge about the following topics:
  - General information about HIV/AIDS and STIs and its impact on the local community;
  - LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
  - Commission's annual priority and allocation process; and
  - CDC HIV Prevention and RWP information and other information related to funding and service support.

#### **Specific:**

- Nominated and recommended by the CAB as an appropriate representative of consumer interests in the SPA
- Comprehension of other consumers' interest, needs and challenges
- Familiarity with and understanding of the general HIV/AIDS/STIs prevention, care, and treatment service delivery system
- Familiarity with the County's Comprehensive HIV Continuum and Comprehensive HIV Plan
- Knowledge of SPA-specific issues, trends, concerns and priorities
- Ability to strategize with others in assessing the needs of the HIV/AIDS/STIs community and how to best serve those needs through provider innovation

### **SKILLS/ATTRIBUTES:**

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels
- ② Life and professional background reflecting a commitment to HIV/AIDS/STIs-related issues
- ③ Ability to demonstrate parity, inclusion and representation
- ④ Multi-tasker, take-charge, "doer", action-oriented
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- ⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side
- ⑦ Strong focus on mentoring, leadership development and guidance
- ⑧ Firm, decisive and fair decision-making practices
- ⑨ Attuned to and understanding personal and others' potential conflicts of interest

### **COMMITMENT AND ACCOUNTABILITY TO THE OFFICE:**

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged

**Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page 4 of 4

- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors



# DUTY STATEMENT

## ALTERNATE

(APPROVED 3-28-17)

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership and constituency representation:

### **RESPONSIBILITY/ACCOUNTABILITY:**

#### **General:**

- ① Knowledge of the particular HIV/AIDS and STI community, constituency and/or body that you are representing;
- ② A commitment to continually and consistently inform those bodies you represent of Commission and Commission-related activities and information.
- ③ Provide data-driven perspective of your entity on matters before the Commission regardless of your personal viewpoint.
- ④ Cast your vote in a manner that is best for Los Angeles County regardless of your entity or your personal opinion.

#### **Specific:**

- Fulfill all the roles and responsibilities of the full member in his/her absence.
- Attend Commission meetings and meetings of the Commissioner's primary committee assignment at least quarterly regardless of the Commissioners' attendance.
- Communicate and dialogue with the Commissioner on a regular basis.
- Attend, represent the Commission, and serve as a liaison at various organizational, consumer, provider, district and Service Planning Area (SPA) meetings, as appropriate.
- Advocate on behalf of people living with and at risk of HIV/AIDS and the organizations serving them in the district.

### **PARTICIPATION:**

#### **General:**

- ① Willingness to fill a full two-year Commission term.
- ② Each year of the two-year term, the Alternate is expected to fulfill the Commissioner's responsibilities in his/her absence, which includes, at a minimum, participation in:
  - Monthly Commission meetings;
  - One assigned Committee meeting per month;
  - One priority- and allocation-setting meeting;
  - Assorted voluntary workgroups, task forces and special meetings as required due to Committee assignment and for other Commission business.

## **Duty Statement: Alternate**

Page 2 of 3

- ③ In addition, the Alternate is expected to attend the following meetings, regardless of the Commissioner's attendance:
  - Commission orientation and assorted trainings throughout the year;
  - Board of Supervisors Executive Office orientation;
  - Commission annual meeting;
- ④ A pledge to:
  - respect the views of others regardless of their race, ethnicity, sexual orientation, HIV status or other factors;
  - abide by Robert's Rules of Order, the Ralph M. Brown Act, and the Commission's Code of Conduct;
  - consider the view of others with an open mind;
  - actively and regularly participate in the ongoing decision-making process; and
  - support and promote decisions resolved and made by the Commission when representing the Commission.
  - adhere to the Commission's Attendance Policy #08.3204

### **KNOWLEDGE:**

#### **General:**

- ① A commitment to constantly develop, build and enhance knowledge about the following topics:
  - general information about HIV/AIDS and STIs, and its impact on the local community;
  - LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
  - Commission's annual priorities and allocations;
  - CDC HIV Prevention and Ryan White Program information and other information related to funding and service support.
- ② In addition, the Alternate is expected to demonstrate:
  - problem-solving skills;
  - a commitment to fulfill all of the Commissioner's responsibilities and obligations when needed;
  - an ability to collaborate and partner with the Commission on an intermittent basis.

### **SKILLS/ATTRIBUTES:**

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels
- ② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues
- ③ Ability to demonstrate parity, inclusion and representation
- ④ Multi-tasker, take-charge, "doer", action-oriented
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- ⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side
- ⑦ Strong focus on mentoring, leadership development and guidance
- ⑧ Firm, decisive and fair decision-making practices
- ⑨ Attuned to and understanding personal and others' potential conflicts of interest

**COMMITMENT AND ACCOUNTABILITY TO THE OFFICE:**

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged
- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

# Expectations for Planning Council Support Staff\*

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## Primary Responsibility of PC Support (PCS) Staff

Assist the PC/B to carry out its legislative responsibilities and to operate effectively as an independent planning body that works in partnership with the recipient.

## Planning Council Support Function

The *Ryan White HIV/AIDS Program (RWHAP) Part A Manual* describes the PCS function:

“The planning council needs funding to carry out its responsibilities. HAB/DMHAP refers to these funds as ‘planning council support.’ Planning Council Support funds are part of the 10 percent administrative funds available to the grantee for managing the [RWHAP] Part A program. The planning council must negotiate the size of the planning council support budget with the grantee and is then responsible for developing and managing that budget within the grantee’s grants management structure.

“Planning council support funds may be used for such purposes as hiring staff, developing and carrying out needs assessments and estimating unmet need, sometimes with the help of consultants, conducting planning activities, holding meetings, and assuring PLWHA participation. [p 104]

“Planning council staff may be employed through the grantee’s payroll system, but measures must be taken to ensure that the planning council, not the grantee, directs the work of the planning council’s staff.”[p 105]

## PCS Staff Responsibilities

The PCS staff can be hired through the municipal system or through a contractor but are responsible to the PC/B. PC/B leadership (usually the Chair/Co-Chairs and/or Executive Committee) sets priorities for staff, and should have a role in hiring and evaluating the performance of the PCS Manager. Other PCS staff (if any) report to the Manager.

Following is a summary of roles DMHAP expects PCS staff will play, though individual PC/Bs may establish additional or different responsibilities. In TGAs that have advisory planning bodies rather than planning councils, the recipient may play a larger role in determining planning body support staff roles and priorities.

### 1. *Staff committees and PC/B meetings:*

- Attend and provide assistance at every PC/B committee meeting unless the Committee decides it does not want staff support
- Work with Committee Chairs to ensure that committees have annual work plans with schedules, and that each meeting has an agenda, needed resource materials, and minutes documenting attendance, discussion, decisions, and recommendations to the full PC/B

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\* Prepared for DMHAP, April 2017, under Task Order 003111 through MSCG/Ryan White TAC

- Work with PC/B leadership to set agendas, arrange presentations, prepare meeting “packets,” and otherwise plan and coordinate PC/B meetings (including logistics such as meeting space, food, and transportation)
  - Ensure that all open meeting requirements (federal, state, and local) are met
  - Take notes and prepare minutes of PC/B meetings, and provide draft minutes to PC/B leadership for review and for eventual adoption at the next PC/B meeting
2. *Support the PC/B in implementing legislated tasks:*
- Facilitate and coordinate on-time completion of legislatively required and locally determined activities
  - Provide technical advice and support to specific committees in such tasks as needs assessment design, preparations for data presentations, and PSRA session planning
  - Assist in the development of PC/B policies and Standard Operating Procedures
  - Carry out direct planning activities when directed by the PC/B, such as design of needs assessment instruments, or aggregation of provider survey data for the assessment of the efficiency of the administrative mechanism (since PC/B members must not see individual provider responses)
  - Work with the PC/B to obtain external assistance where necessary to complete legislative tasks
  - Manage PC/B communications
  - Carry out other support as directed by the PC/B leadership (Chair/Co-Chairs and/or Executive Committee)
3. *Provide expert advice on Ryan White legislative requirements and HRSA/HAB regulations and expectations, and explain and interpret the PC/B’s Bylaws, policies, and procedures:*
- Have in-depth knowledge and understanding of RWHAP legislation, Policy Notices and Letters, Policy Clarification Notices (PCNs), the *RWHAP Part A Manual*, and other documents that provide guidance related to the work of PC/Bs, and be prepared to present and clarify relevant information as needed during a meeting – to ensure that the PC/B meets requirements, and to provide guidance when members are uncertain about HRSA/HAB requirements or expectations
  - Understand and ensure that the PC/B follows municipal requirements affecting boards and commissions or planning bodies
  - Keep updated on changes in policy that may affect the work of the PC/B
4. *Oversee a training program for members*
- Work with the assigned committee (often Membership) to ensure that new PC/B members receive a thorough orientation at the start of their service as members, including copies of key documents
  - Ensure that there is, at a minimum, annual training for members, and ideally, ongoing training to help the PC/B successfully carry out its responsibilities
  - Develop training specifically for PC/B leadership (Chairs of PC/B and committees)
  - Work with PC/B leaders in designing and delivering training directly, with members, or with external training assistance



- Obtain training materials from DMAHP and other RWHAP Part A programs that can help address PC/B training needs
  - Provide interactive training and facilitation that reflects sound practices and engages participants
5. *Encourage member involvement and retention, with special focus on consumers*
- Support the open nominations process, and assist the appropriate committee in disseminating information about opportunities for membership
  - Help the PC/B identify and resolve barriers to participation, especially by consumers and other PLWH
  - Assist with outreach and other efforts to engage consumers as committee or PC/B members
  - Be available to assist individual PC/B members with problems they encounter and to ensure they receiving needed mentoring and support, especially during their first year of membership
  - Support PLWH member expense reimbursement procedures, helping to ensure that they are understood and followed and that reimbursement is provided promptly
6. *Serve as liaison with the recipient, community, and sometimes the Chief Elected Official (CEO):*
- Help maintain a collaborative partnership between PC/B and recipient
  - Work with the recipient and PC/B to develop and/or implement an MOU between the PC/B and the recipient
  - Arrange recipient staff participation in committee meetings, to provide information and technical expertise
  - Communicate PC/B information/data and other requests for assistance to the recipient
  - Ensure that materials that should be shared with the recipient are provided promptly and the recipient is kept informed of PC/B activities and issues
  - Arrange/coordinate assistance to the recipient on behalf of the PC/B, such as preparation of PC/B sections of the annual RWHAP Part A application and provision of materials needed to meet Conditions of Grant Award related to the PC/B
  - Request recipient staff participation in training or other PC/B events as needed
  - Work with the recipient to request training and technical assistance from HRSA/HAB as needed
  - Serve as a liaison between the PC/B and the community, and support PC/B leadership outreach to the community
  - In some jurisdictions, maintain direct/official contact with the CEO and provide updates to the CEO's office on PC/B progress and concerns
7. *Help the PC manage its budget*
- Participate in annual negotiations between the PC/B and recipient concerning the amount of administrative funding that will be provided for PC support
  - Assist the PC/B in developing its budget, to ensure that support needs are met and all proposed expenditures meet both HRSA/HAB and municipal requirements
  - Provide the PC/B budget to the recipient in the agreed-upon format

- Manage and monitor expenditure of funds for the PC/B, following municipal requirements
- Receive a monthly report on PC/B expenditures from the recipient, and work with appropriate PC/B committee to review and where needed revise it
- Work with the recipient on any necessary contracting for PC support services such as consultants, ensuring a scope of work from the PC/B and PC/B involvement in selection of contractors, consistent with municipal requirements

## PCS Qualifications

DMHAP has identified the following as desired qualifications for a PCS manager:

- Strong knowledge of planning and data
- Expertise in legislative mandates of a RWHAP Part A planning body
- Understanding of HRSA expectations for the planning process
- Ability and time to work with committees
- Ability to work with People Living with HIV/AIDS and diverse stakeholders
- Ability to facilitate a partnership between planning body and recipient

In addition, the following are very helpful:

- Strong oral and written communications skills, including use of clear, concise language
- Experience in facilitation and training, especially interactive training
- Group process skills such as team building, leadership development, and problem solving
- Experience in resolving conflicts
- Commitment to community planning and consumer engagement
- Knowledge of budgeting and expenditure monitoring

## COMMISSION ON HIV MEMBER APPLICATION

### Introduction

**Thank you for your interest in becoming a member on the Commission on HIV. Please complete this Membership Application (Application) in its entirety and submit electronically where prompted. *This Application will take approximately 10-12 minutes to complete.* For questions or assistance in completing this Application, please contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or at 213.738.2816.**

**Once the Application is submitted, Commission staff will review the Application for completeness and will notify you regarding next steps.**

**A paper version of this Application is available by printing the Application where prompted or by contacting Commission staff to have an Application sent to you.**

**Again, If you would like assistance in completing the Application or have questions concerning the membership application process, please contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or at 213.738.2816. For more information regarding the Commission, please visit our website at <https://hiv.lacounty.gov>.**

***\*Questions requiring responses are preceded by an asterisk.***

**\* 1. Are you applying as a NEW or RETURNING member?**

☐ NEW

☐ RETURNING

\* 2. Contact Information

**Name and Pronoun**  
(For example: "John  
Smith, he/him/his")

**Do you work for an  
agency/organization**  
*? If yes, please state  
agency/org name  
and if not, please  
indicate "N/A" for  
not applicable.*

**Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Primary Email  
Address**

**Primary Phone  
Number**

\* 3. Were you recommended by an individual or organization? If so, please state the name of the recommending entity. *\*\*Not required; suggested for applicants representing agencies/organizations\*\**

☐ Yes

☐ No

Recommending individual/organization:

## COMMISSION ON HIV MEMBER APPLICATION

### Demographic Information

**This information will be used to determine membership eligibility, seat assignment, and to ensure federally mandated reflectiveness and representation requirements are met.**

\* 4. HIV Status *\*\*There is NO requirement to disclose your status. Responses will be kept confidential. \*\**

- ☐ Positive
- ☐ Negative
- ☐ Prefer not to specify
- ☐ Unknown

\* 5. Are you a parent, guardian or direct caregiver of a child with HIV under 19?

- ☐ Yes
- ☐ No

\* 6. Do you use or receive Ryan White Part A HIV services in Los Angeles County? *\*\*Click [here](#) to view list of Ryan White Part A services\*\**

- ☐ Yes, I use and/or receive Ryan White Program Part A services in Los Angeles County
- ☐ No, I do not use or receive Ryan White Program Part A services in Los Angeles County
- ☐ I'm not sure; need assistance to determine

\* 7. Do you use or receive HIV prevention services in Los Angeles County? *\*\*Services can include HIV testing and linkage to care, health education/risk reduction, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), condoms and sterile syringes\*\**

- ☐ Yes, I use and/or receive HIV Prevention services in Los Angeles County
- ☐ No, I do not use or receive HIV prevention services in Los Angeles County
- ☐ I'm not sure; need assistance to determine

\* 8. Are you affiliated with a Ryan White Program-funded agency? *\*\*Affiliated is defined as one who is either a board member, employee, or a consultant of an agency who receives Ryan White Program funding through the Los Angeles County Division of STD and HIV Programs (DHSP). Volunteers are considered unaffiliated. Click [here](#) for a list of Ryan White Program-funded agencies; subject to change\*\**

- ☐ Yes
- ☐ No
- ☐ I'm not sure; need assistance to determine

\* 9. Age

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="radio"/> 13-19 | <input type="radio"/> 40-49 |
| <input type="radio"/> 20-29 | <input type="radio"/> 50-59 |
| <input type="radio"/> 30-39 | <input type="radio"/> 60+   |

\* 10. Gender Identification

- |  |                              |
|--|------------------------------|
| <input type="radio"/> Non-Binary/Gender Non-Conforming   | <input type="radio"/> Female |
| <input type="radio"/> Transgender: Female to Male  | <input type="radio"/> Male   |
| <input type="radio"/> Transgender: Male to Female  |                              |
| <input type="radio"/> If your gender identity is not listed above, please use this space to share how you self-identify: |                              |

\* 11. Race/Ethnicity ***\*\*Please select all that apply\*\****

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native <b><i>**Specify Nation in Comment Box below**</i></b>   | <input type="checkbox"/> Multi-Race                                |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> White or Caucasian                        |
| <input type="checkbox"/> Hispanic or LatinX   |  |
| <input type="checkbox"/> If your Race/Ethnicity is not listed above, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native |  |

\* 12. Please indicate which Supervisorial District and Service Provider Area (SPA) you work, live and/or receive HIV prevention, care and/or treatment services. *\*\*Please select all that apply\*\**

To determine your Supervisorial District and SPA, click here:

<https://www.lavote.net/apps/precinctsmaps>

- ☐ Supervisorial District 1
- ☐ Supervisorial District 2
- ☐ Supervisorial District 3
- ☐ Supervisorial District 4
- ☐ Supervisorial District 5
- ☐ SPA 1
- ☐ SPA 2
- ☐ SPA 3
- ☐ SPA 4
- ☐ SPA 5
- ☐ SPA 6
- ☐ SPA 7
- ☐ SPA 8
- ☐ I don't know; need assistance to determine

## COMMISSION ON HIV MEMBER APPLICATION

### Representation

**The Commission is composed of 51 members appointed by the Board of Supervisors and represent a broad and diverse group of providers, consumers, and stakeholders.**

***\*\*Please select all that apply\*\****

13. I have been recommended to represent one of the following health and social service institutions, among whom are individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs. ***\*\*Please select N/A (not applicable) if this does not apply to you\*\****

- |   |   |
|---|---|
| <input type="radio"/> Medi-Cal, State of California | <input type="radio"/> City of Los Angeles |
| <input type="radio"/> City of Pasadena              | <input type="radio"/> City of Long Beach  |
| <input type="radio"/> City of West Hollywood        | <input type="radio"/> N/A                 |

14. I have been recommended to represent one of the following Ryan White grantees below. ***\*\*Please select "N/A" (not applicable) if this does not apply to you\*\****

- |  |   |
|--|---|
| <input type="radio"/> Part B (California State Office of AIDS) | <input type="radio"/> Part F (AIDS Education and Training Centers [AETCs], or local providers receiving Part F dental reimbursements) |
| <input type="radio"/> Part C                                   |   |
| <input type="radio"/> Part D                                   | <input type="radio"/> N/A <i>*Not Applicable</i>  |



15. I represent one or more of the following stakeholder groups in Los Angeles County ***\*\*Please select all that apply\*\****

- ☐ A person living with HIV or AIDS
- ☐ A person living with Hepatitis B or C
- ☐ A HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
- ☐ An HIV specialty physician from an HIV medical provider
- ☐ A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative
- ☐ A mental health provider
- ☐ A substance abuse treatment provider
- ☐ A housing provider
- ☐ A provider of homeless services
- ☐ An AIDS Services Organization ("ASO") offering federally funded HIV prevention services
- ☐ An ASO offering HIV care and treatment services
- ☐ A provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles
- ☐ Health or hospital planning agency who is recommended by health plans in Covered California
- ☐ Behavioral or social scientist who is recommended from among the respective professional communities
- ☐ Faith-based entities engaged in HIV prevention and care
- ☐ Local education agencies at the elementary or secondary level
- ☐ The business community
- ☐ Union and/or labor
- ☐ Youth or youth-serving agencies
- ☐ Other federally-funded HIV programs
- ☐ Organizations or individuals engaged in HIV-related research
- ☐ Organizations or individuals performing harm-reduction services
- ☐ Employed as an advocate for incarcerated people living with HIV and/or I am a person living with HIV who was incarcerated in the past three years and can represent the interests of incarcerated people living with HIV.

16. I am a member of a a federally-recognized American Indian nation or Native Alaskan village.

- ☐ Yes\*
- ☐ No
- ☐ \*If yes, please specify Nation:

## COMMISSION ON HIV MEMBER APPLICATION

### Biographical Information

**Please provide detailed information so that we may assess your interest in, knowledge of, and commitment to the Commission.**

\* 17. For new members, briefly state why you would like to become a member of the Commission. For renewing members, please share why you would like to continue your membership.

\* 18. What skills, abilities, and/or experience do you have that can be helpful to the Commission?

19. If you have a resume or other documents (i.e. certificates, awards, letters of recommendation, biosketch, curriculum vitae) that will support your membership application, please upload here. ***\*\*This is optional and not required to be considered for membership\*\****

Choose File

Choose File

No file chosen

20. Please select any of the following trainings already taken. ***\*\*These trainings are not required to be considered for membership\*\****

☐ Introduction to HIV/STI, HIV/STI 101, or a relate basic Informational HIV/STI training

☐ Health Insurance Portability and Accountability Act (HIPAA) training

☐ Protection of Human Research Subjects

☐ Other related trainings, please specify:

\* 21. How prepared are you to serve on the Commission?

Not yet prepared;  
unfamiliar with the  
work of the Commission  
and eager to learn

Somewhat prepared;  
familiar with the work  
of the Commission and  
eager to learn more

Fully prepared; well  
informed of the  
Commission's work

☐☐

\* 22. How can we support you so that you are able to fully participate and be effective on the Commission? Do you need special accommodations, i.e. translation or interpretation services, etc?

\* 23. Would you consider being appointed as an Alternate? *\*\*An Alternate attends Commission and assigned Committee meetings and serves in the absence of a unaffiliated consumer member with voting privileges in that capacity only. However, occupying an Alternate seat is a great way to learn the Commission and build capacity without the pressures of being a full member.\*\**

☐ Yes

☐ No

24. Would you be interested in assuming a leadership role on the Commission? *\*\*Members are eligible to serve as co-chairs on the Commission after one year of active service. Additional leadership opportunities are also available.\*\**

☐ Yes

☐ No

25. Each appointed member will be assigned to one of the Commission's four standing Committees: Operations (OPS); Public Policy (PP); Planning, Priorities & Allocations (PP&A); and Standards & Best Practices (SBP). Please click [here](#) to review the roles & responsibilities of each Committee and select below, in order of priority, which Committee(s) you would be interested in participating on. *\*A second Committee assignment is an option, contingent upon approval.*

☐

Operations (OPS) Committee

☐

Planning, Priorities & Allocations (PP&A) Committee

☐

Public Policy (SBP) Committee

☐

Standards and Best Practices (SBP) Committee

## COMMISSION ON HIV MEMBER APPLICATION

### Statement of Qualifications

**The Board of Supervisors requires that all Commission member appointees complete a Statement of Qualifications (SOQ) before they can be appointed.**

**Please click [here](#) to access the SOQ. Please be sure to complete all questions, indicate "N/A" if not applicable, and sign where prompted.**

26. Please save and upload your completed/signed SOQ here or email to Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). For additional information, please contact Commission staff.

Choose File

Choose File

No file chosen

## COMMISSION ON HIV MEMBER APPLICATION

### Application Submission

**Upon submitting the Application, I commit to the following:**

- **Participate in Commission and assigned committee meetings from beginning to adjournment.**
- **Prepare for each meeting by carefully reading all pre-distributed materials.**
- **Provide information regarding needs and priorities.**
- **Make recommendations considering the community needs and data not my special interests or personal perspectives.**
- **Follow the Commission's Bylaws, Code of Conduct, Conflicts of Interest requirements, and comply with the Commission's expectations, rules and regulations, the Health Insurance Portability and Accountability Act (HIPAA) and all other relevant policies and procedures.**

**I certify that all statements and representations made in this Application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information and personal health information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.**

\* 27. Please be sure to check the appropriate box below affirming your commitment and certifying all information is true and accurate.

☐ Yes

☐ No



## **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 for Commission membership are expected to sit for an interview with the Operations Committee and to attend at least one full Commission meeting and one standing committee meeting.
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 (Operations, Standards and Best Practices, Public Policy, and Planning, Priorities & Allocations) 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.
10. The following is a link to the Commission’s Glossary of Terms: <https://tinyurl.com/4fajyys9>

## New Member Application Evaluation and Scoring 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.

Please review membership application and any attached professional qualifications of nominee before completing evaluation and scoring sheet. See below 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

### Definition of terms

1. **HIV Workforce/ Service Provider Representatives:** Professional currently employed with a minimum of 2 years of employment with an organization that provides HIV care, prevention, or STI related services.
2. **Returning Commissioners or those with Planning Council Experience:** 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.
3. **Consumers/Unaffiliated Individuals:** Applicant has no current affiliation with an HIV care, prevention, or STI related provider. This category includes members of the public.

To determine Supervisorial Districts and SPAs, click here: <https://www.lavote.net/apps/precinctsmaps>

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



# New Member Application Evaluation and Scoring Form

DEMOGRAPHIC INFORMATION						
RACE/ETHNICITY <b>** Please select all that apply.**</b>						
<input type="checkbox"/> American Indian or Alaska Native <b>**Please specify Nation in Comment Box below**</b>	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or LatinX	<input type="checkbox"/> Multi-Race		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White or Caucasian	If your RACE/ETHNICITY is not listed, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native:				
GENDER IDENTITY						
<input type="checkbox"/> Non-Binary/ Gender Non-Conforming	<input type="checkbox"/> Transgender: Female to Male	<input type="checkbox"/> Transgender: Male to Female	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
If your gender identity is not listed above, please use this space to share how you self-identify						
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"/> Prefer not to state
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			
<b>INTERVIEW:</b> All candidates for Commission membership are expected to sit for an interview with the Operations Committee and to attend at least one full Commission meeting and one standing committee meeting. The interview is intended to help the Committee better familiarize themselves with the candidate, and for the candidate to better determine their expectations of, interest in, and plans for Commission membership.						
INTRODUCTORY QUESTIONS (all applicants)						
1. Tell us a little bit about yourself and how you see yourself fitting into the Commission?						
2. What do you think about the meetings you attended?						
<input type="checkbox"/> Yes      Meetings/Dates: <a href="#">Click or tap here to enter text.</a>						
3. <b>Returning Commissioners:</b> Can you detail the reason(s) why you left the Commission and why you want to return?						

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>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>How has your commission membership been beneficial for you?</li> <li>What are you hoping to accomplish by continuing your membership?</li> <li>What are your priorities as a commissioner?</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> <li>Are you willing to participate in further trainings?</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.			
<b>HIV Workforce/Service Provider Representatives:</b> <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>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <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 experience with the Commission on how to improve health outcomes?</li> <li>What type of additional support will you need to increase your capacity?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What is it that you know about HIV/STIs in Los Angeles County?</li> <li>What challenges are you aware of?</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.		
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>What qualities are essential to being an effective planner?</li> <li>What other planning experience have you had within this field or the community.</li> <li>What do you hope to learn professionally/personally from being a member of the COH?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li><b>(Returning/Renewing)</b> What challenges have you experienced in your time on the Commission? If those challenges arise again, how do you plan to overcome them?</li> <li>In what ways have you become a more effective collaborative planner?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>Have you been a part of any group related to HIV or healthcare? If so, tell us about those experiences.</li> <li>Would you like to tell us about any times where you had to consider opinions different than your own?</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.		
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>Provide some examples of how you have collaborated with other agencies and individuals to meet the needs of your clients?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <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 have you taken to encourage others to collaborate?</li> <li><b>(Returning)</b> What conflicts, if any, have you had with other commissioners? Have those conflicts been resolved?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>Would you like to tell us what you would like to work on as a member of the Commission on HIV?</li> <li>What are some times that you worked with a team?</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.			
<b>HIV Workforce/Service Provider Representatives:</b> <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> <li>What are one or two goals you have to improve health outcomes for people living with HIV?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>How have you grown personally or professionally from your Commission membership?</li> <li>What areas of professional or personal development do you feel would make you a more efficient member of the Commission?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What experience or knowledge do you have around HIV to be an effective member of the Commission on HIV?</li> <li>How can we help you to develop skills or experience to help you become a more effective member of the Commission on HIV?</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. Populations are defined as different genders, races, ethnicities, youth, Unaffiliated Consumers (UA), and people with HIV/AIDS (PLWHA). 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>*Please do not skip this section.</b>			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>What issues of concern to impacted populations ("populations" defined above) would you like to bring to the Commission's discussions?</li> <li>How can the Commission help you to gain a better understanding of impacted populations you are unfamiliar with?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>What populations have you learned about in your time on the COH?</li> <li>What are some populations you are still unfamiliar with?</li> <li>What types of info or resources do you need to support your education with these populations?</li> <li>How would you use existing resources and information to respectfully engage with those populations?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What do you feel is being missed in HIV/STI care and prevention in Los Angeles County?</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 candidate's demonstrated ability to act as a subject matter expert and use their expertise to represent their 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. The Commission membership requires and provides ongoing training on the needs of all populations affected by HIV and STIs.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>Which populations do you work with?</li> <li>What is your understanding of equity versus equality? Why do you feel it's important?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <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>From your perspective, what other population(s) are underserved in Los Angeles County?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What specific population(s) are you familiar with?</li> <li>Can you think of an example of how the Commission might help you understand unfamiliar populations?</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.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>How does reliability play a role in achieving your goals in your professional/personal life?</li> <li>How would you use your reliability in the Commission?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>Beyond your Commission membership, how have you demonstrated reliability in your community? What type of help would you need to continue your efforts?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What does reliability mean to you?</li> </ul>	
<b>RELIABILITY Sub-total (10)</b>		<b>10</b>	
<b>X.</b> <ul style="list-style-type: none"> <li>Are any questions you want to ask us?</li> <li>Are there any questions that you came prepared to answer that we did not ask you?</li> </ul>			
<b>INTERVIEW FEEDBACK: This is the interviewee's opportunity to give us feedback. Sub-total (15)</b>		<b>15</b>	
<b>TOTAL</b>		<b>100 pts. Max</b>	

**INTERVIEWER NOTES:**



## 2025 MEMBERSHIP ROSTER | UPDATED 7.22.25

SEAT NO.	MEMBERSHIP SEAT	Commissioner's Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		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	1	PP&A	Ismael Salamanca	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			Leroy Blea ( <b>pending</b> )	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, DBH, 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			<b>Vacant</b>		July 1, 2023	June 30, 2025	
12	Provider representative #2			<b>Vacant</b>		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			<b>Vacant</b>		July 1, 2024	June 30, 2026	
17	Provider representative #7	1		David Hardy, MD	University of Southern California	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			<b>Vacant</b>		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 ( <b>LOA</b> )	Unaffiliated representative	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4	1	PP	Jeremy Mitchell (aka Jet Finley)	Unaffiliated representative	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	Carlos Vega-Matos (PP&A)
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated representative	July 1, 2023	June 30, 2025	
28	Unaffiliated representative, Supervisorial District 2			<b>Vacant</b>	Unaffiliated representative	July 1, 2024	June 30, 2026	Aaron Raines (OPS)
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated representative	July 1, 2023	June 30, 2025	Sabel Samone-Loreca (SBP)
30	Unaffiliated representative, Supervisorial District 4			<b>Vacant</b>		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	
32	Unaffiliated representative, at-large #1			<b>Vacant</b>	Unaffiliated representative	July 1, 2024	June 30, 2026	Reverend Gerald Green (PP&A)
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	EXC PP&A	Daryl Russell, M.Ed	Unaffiliated representative	July 1, 2024	June 30, 2026	
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, PhD, 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	OPS	Justin Valero, MA ( <b>LOA</b> )	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1		Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA			<b>Vacant</b>		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochers, MA	Unaffiliated representative	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			<b>Vacant</b>		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC OPS	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPs 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	Arburtha Franklin	Translatin@ Coalition	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	1	EXC OPS	Dechelle Richardson	No affiliation	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:		40						

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

LOA: Leave of Absence

Overall total: 47



# Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence data source and year of data: 2022

July 2025

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with # )	Number	Percentage (include % with # )	Number	Percentage (include % with # )
White, not Hispanic	13,320	24.86%	10	25.00%	4	28.58%
Black, not Hispanic	10,758	20.08%	13	32.50%	5	35.71%
Hispanic	24,961	46.59%	9	22.50%	4	28.58%
Asian/Pacific Islander	2,127	3.97%	3	7.50%	0	0.00%
American Indian/Alaska Native	316	0.59%	0	0.00%	0	0.00%
Multi-Race	1,980	3.70%	5	12.50%	1	7.13%
Other/Not Specified	115	0.21%	0	0.00%	0	0.00%
<b>Total</b>	<b>53,577</b>	<b>100%</b>	<b>40</b>	<b>100%</b>	<b>14</b>	<b>100%</b>
Gender	Number	Percentage (include % with # )	Number	Percentage (include % with # )	Number	Percentage (include % with # )
	Number	Percentage (include % with # )	Number	Percentage (include % with # )	Number	Percentage (include % with # )
Male	46,509	86.81%	24	60.00%	10	71.43%
Female	5,947	11.10%	13	32.50%	3	21.43%
Transgender: male-to-female	1,079	2.01%	1	2.50%	0	0.00%
Transgender: female-to-male	42	0.08%	0	0.00%	0	0.00%
Other gender identity	-	0.00%	2	5.00%	1	7.14%
<b>Total</b>	<b>53,577</b>	<b>100%</b>	<b>40</b>	<b>100%</b>	<b>14</b>	<b>100%</b>
Age	Number	Percentage (include % with # )	Number	Percentage (include % with # )	Number	Percentage (include % with # )
	Number	Percentage (include % with # )	Number	Percentage (include % with # )	Number	Percentage (include % with # )
13-19 years	94	0.18%	0	0.00%	0	0.00%
20-29 years	3,465	6.47%	0	0.00%	0	0.00%
30-39 years	10,648	19.87%	12	30.00%	2	14.29%
40-49 years	11,038	20.60%	7	17.50%	2	14.29%
50-59 years	14,905	27.82%	10	25.00%	6	42.85%
60+ years	13,427	25.06%	11	27.50%	4	28.57%
<b>Total</b>	<b>53,577</b>	<b>100%</b>	<b>40</b>	<b>100%</b>	<b>14</b>	<b>100%</b>

Percentages based on HRSA guideline calculation of 51 seats

\*\*Percentages may not equal 100% due to rounding.\*\*

Non-Aligned Consumers = 35% of total PC/PB

\*Multi-Race: 5 commissioners indicated multi-race but did not specify their exact races/ethnicities.

Gender: (1) Non-Binary/Gender Non-Conforming and (1) Androgyne



# Planning Council/Planning Body Reflectiveness Table

(Use most recent HIV Prevalence data)

HIV Prevalence data source and year of data: 2022

March 2025

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with # )	Number	Percentage (include % with # )	Number	Percentage (include % with # )
White, not Hispanic	13,320	24.86%	11	25.58%	4	26.60%
Black, not Hispanic	10,758	20.08%	15	34.88%	6	40.00%
Hispanic	24,961	46.59%	9	20.93%	4	26.60%
Asian/Pacific Islander	2,127	3.97%	3	6.98%	0	0.00%
American Indian/Alaska Native	316	0.59%	0	0.00%	0	0.00%
Multi-Race	1,980	3.70%	5	11.63%	1	6.80%
Other/Not Specified	115	0.21%	0	0.00%	0	0.00%
<b>Total</b>	<b>53,577</b>	<b>100%</b>	<b>43</b>	<b>100%</b>	<b>15</b>	<b>100%</b>
Gender	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with # )	Number	Percentage (include % with # )	Number	Percentage (include % with # )
Male	46,509	86.81%	25	58.14%	9	60.00%
Female	5,947	11.10%	15	34.88%	5	33.00%
Transgender: male-to-female	1,079	2.01%	1	2.33%	0	0.00%
Transgender: female-to-male	42	0.08%	0	0.00%	0	0.00%
Other gender identity	-	0.00%	2	4.65%	1	7.00%
<b>Total</b>	<b>53,577</b>	<b>100%</b>	<b>43</b>	<b>100%</b>	<b>15</b>	<b>100%</b>
Age	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB	
	Number	Percentage (include % with # )	Number	Percentage (include % with # )	Number	Percentage (include % with # )
13-19 years	94	0.18%	0	0.00%	0	0.00%
20-29 years	3,465	6.47%	0	0.00%	0	0.00%
30-39 years	10,648	19.87%	11	25.58%	0	0.00%
40-49 years	11,038	20.60%	8	18.60%	2	13.34%
50-59 years	14,905	27.82%	12	27.91%	8	53.33%
60+ years	13,427	25.06%	12	27.91%	5	33.33%
<b>Total</b>	<b>53,577</b>	<b>100%</b>	<b>43</b>	<b>100%</b>	<b>15</b>	<b>100%</b>

Percentages based on HRSA guideline calculation of 51 seats

\*\*Percentages may not equal 100% due to rounding.\*\*

Non-Aligned Consumers = 34.88% of total PC/PB

\*Multi-Race: 7 commissioners indicated multi-race but did not specify their exact races/ethnicities, (1) White and American Indian, and (1) Hispanic/Latin-X and White.  
Gender: (1) Non-Binary/Gender Non-Conforming and (1) Androgyne