



LOS ANGELES COUNTY
COMMISSION ON HIV



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Operations Committee Meeting

Thursday, June 26, 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 (9th 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/rb27c5063fe56480cc028a6c00c62b18e>

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

Password: OPERATIONS Access Code: 2538 080 4985



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



LOS ANGELES COUNTY
COMMISSION ON HIV



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

**[REVISED] AGENDA FOR THE MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV
OPERATIONS COMMITTEE**

Thursday, June 26, 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/rb27c5063fe56480cc028a6c00c62b18e>

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

Password: OPERATIONS Access Code: 2538 080 4985

Operations Committee (OPS) Members:			
Erica Robinson <i>Co-Chair</i>	<i>Vacant</i> <i>Co-Chair</i>	Miguel Alvarez (Executive, At-Large)	Jayda Arrington
Alasdair Burton (Executive, At-Large)	Joaquin Gutierrez (<i>Alternate</i>)	Ish Herrera	Leon Maulsby
Vilma Mendoza	Aaron Raines (<i>Alternate</i>)	Dechelle Richardson (Executive, At-Large)	Justin Valero, MA (LOA)
QUORUM: 6			

AGENDA POSTED: June 20, 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., 14th Floor Los Angeles, 90020. **Validated parking is available at 523 Shatto Place, Los Angeles 90020. *Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.**

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Committee's consideration of the item, that is within the subject matter jurisdiction of the Committee. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically [here](#). All

Public Comments will be made part of the official record.

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

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

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

I. ADMINISTRATIVE MATTERS

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

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 – 10:30 AM |
| a. Operational Updates | |
| b. Committee Leadership | |
| 8. Co-Chair's Report | 10:30 AM – 10:35 AM |
| a. 2025 Work Plan | |
| b. 2025 Commissioner Training Schedule | |
| 9. Assessment of the Efficiency of the Administrative Mechanism (AEAM) | 10:35 AM – 10:45AM |

MOTION #3

- 10. COH Restructuring | Discussion
 - a. New Member Application & Interview Process Review 10:45 AM – 11:10 AM
- 11. Membership Management Report 11:10 AM - 11:20 AM
 - a. New Membership Application
 - (1) Leroy Blea | Seat # 7, Office of AIDS, Part B **MOTION #4**
 - b. Resignations
 - (1) Karl Halfman
 - (2) Andre Molette
 - (3) Bridget Gordon
 - c. Attendance
 - (1) Kevin Stalter | Attendance Letter Update
 - (2) Aaron Raines | Attendance Status
 - (3) Jeremy Mitchell (aka Jet Finley) | Attendance Status
 - d. Membership Updates
 - e. 2025 Membership Renewal | Update
- 12. Recruitment, Retention and Engagement 11:20 AM – 11:55 AM
 - a. Outreach Team
 - (1) Rethinking Outreach Efforts and Strategies
 - 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 June 26, 2025

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Operations Committee minutes, as presented or revised.
MOTION #3	Approve the Assessment of the Efficiency of the Administrative Mechanism (AEAM), as presented or revised, and forward to the Executive Committee meeting and then to the full body at its July 10, 2025, meeting for final approval.
MOTION #4	Approve new Membership Application for Leroy Blea, (Seat #7, Part B representative), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.



LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH
6/8/23

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

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

Aging Caucus	Black Caucus	Consumer Caucus	Transgender Caucus	Women's Caucus	Housing Taskforce
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 6/24/25

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.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & Linked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Biomedical HIV Prevention
			Transportation Services
CIELO	Mikhaela	Los Angeles General Hospital	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	HIV Testing Storefront HIV Testing & Sexual Networks
DAVIS (PPC Member)	OM	Aviva Pharmacy	No Ryan White or prevention contracts
DOLAN (SBP Member)	Caitlyn	Men's Health Foundation	Biomedical HIV Prevention Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Sexual Health Express Clinics (SHEX-C) Transportation Services Data to Care 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)
GARCIA	Rita	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	Lauren	APLA Health & Wellness	High Impact HIV Prevention Benefits Specialty Nutrition Support Sexual Health Express Clinics (SHEX-C) Data to Care Services Biomedical HIV Prevention Oral Healthcare Services Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) HIV and STD Prevention Services in Long Beach Transportation Services Residential Care Facility - Chronically Ill Intensive Case Management
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	Connect To Protect LA/CHLA	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
HARDY	David	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
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	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	Leonardo	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NASH	Paul	University of Southern California	Biomedical HIV Prevention Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	High Impact HIV Prevention Benefits Specialty Nutrition Support Sexual Health Express Clinics (SHEX-C) Data to Care Services Biomedical HIV Prevention Oral Healthcare Services Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) HIV and STD Prevention Services in Long Beach Transportation Services Residential Care Facility - Chronically Ill Case Management
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront HIV Testing Social & Sexual Networks STD Screening, Diagnosis and Treatment High Impact HIV Prevention Biomedical HIV Prevention Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SALAMANCA	Ismael	City of Long Beach	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			HIV Testing & Sexual Networks
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.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
SAUNDERS	Dee	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
VEGA-MATOS	Carlos	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
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

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

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





LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

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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, MPIO, 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 10th; 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 8th 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 21st 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 30th.

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 31st at Alta Med in South Gate.
- Danielle Campbell announced that Damone Thomas' agency, Healing With Hope, is conducting a healthy hike on May 26th. Details were sent to the COH staff.
- Miguel Alvarez announced WeCanStopSTDsLA will host its first PRIDE event on Saturday, May 24th, in Echo Park.
- Leon Maultsby announced that NAESM will hold its leadership conference on June 25th – June 29th at the Sheraton Gateway Los Angeles Airport.
- Joe Green announced Coping With Hope will hold its event on June 2nd at The California Endowment, and the Transgender Caucus will hold a listening session on June 4th.

VIII. ADJOURNMENT

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

2025 OPERATIONS COMMITTEE WORKPLAN

Co-Chairs: Erica Robinson and Justin Valero				
Approval Date: 1.23.25 Revision Dates: 3.24.25, 4.15.25, 5.13.25, 6.16.25				
<p>PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Committee will lead and advance throughout 2025.</p> <p>CRITERIA: Select activities that 1) represent the core functions of the COH and Committee, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.</p> <p>CORE COMMITTEE RESPONSIBILITIES: 1) Developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission and HIV/AIDS service and related issues; 2) recommending, developing and implementing Commission policies and procedures; 3) coordinating on-going public awareness activities to educate and engage the public in the Commission and HIV services throughout the community; 4) conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; 5) recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission. Additional responsibilities can be found at https://hiv.lacounty.gov/operations-committee.</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>COH Overview 2.26.25 @ 12-1pm, RW Care Act Legislative Overview and Membership Structure & Responsibilities 4.2.25 @ 12-1pm, Priority Setting & Resource Allocations Process 4.23.25 @ 12-1pm, Service Standards Development 5.21.23 @ 12-1pm, Policy Priorities & Legislative Docket Development Process 6.25.25 @ 12-1pm, Bylaws Review 7.23.25 @ 12-1pm.</p>
2	Bylaws Review	<p>Update Bylaws to comply with HRSA requirements and 2023 site visit findings & restructuring efforts.</p> <ul style="list-style-type: none"> • Keep restructuring conversation as a standing item on the Commission agenda • Assign the Executive Committee as lead for the restructuring process/outcome • Follow-up w/additional surveys to members • Update Bylaws and ordinance • Review proposed bylaws/ordinance changes and conduct 30-day public comment period • Update bylaws ordinance • Secure Commission approval on changes 		<p>(1) February: Setting the stage (2) March: Obtain feedback from stakeholders (3) May: Review draft of Bylaws & new structure (4) July: Bylaws/ finalized</p>

2025 OPERATIONS COMMITTEE WORKPLAN

3	Policies & Procedures	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.		(1) Revise Commission and Committee-only membership applications (2) Revise membership application interview questions: July
4	Assessment of the Efficiency of the Administrative Mechanism (AEAM)	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	Recruitment, Engagement and Retention Strategies	Development of engagement and retention strategies to align with CHP efforts	Ongoing	(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members. (2) Continue social media campaigns to bring awareness. (3) Refer to HealthHIV Planning Council assessment for recommendations.
6	Mentorship Program	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Revisit after COH restructuring	Review and assess current Mentorship Program and Mentorship Program Guide for improvements and effectiveness.
7	PIR (Parity, Inclusion and Reflectiveness) Review	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly	February
8	Attendance Review	To ensure members follow the attendance policy.	Quarterly	January, April



Los Angeles County Commission on HIV

REVISED 2025 TRAINING SCHEDULE

**SUBJECT TO CHANGE*

- All training topics listed below are mandatory for Commissioners and Alternates.
- All trainings are open to the public.
- Click on the training topic to register.
- Certificates of Completion will be provided.
- All trainings are virtual via Webex.
- For questions or assistance, contact: hivcomm@lachiv.org

[Commission on HIV Overview](#)

February 26, 2025 @ 12pm to 1:00pm

[Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities](#)

~~March 26, 2025~~ @ 12pm to 1:00pm
April 2, 2025

[Priority Setting and Resource Allocations Process](#)

April 23, 2025 @ 12pm to 1:00pm

[Service Standards Development](#)

May 21, 2025 @ 12pm to 1:00pm

[Policy Priorities and Legislative Docket Development Process](#)

June 25, 2025 @ 12pm to 1:00pm

[Bylaws Review](#)

July 23, 2025 @ 12pm to 1:00pm



Assessment of the Efficiency of the Administrative Mechanism (AEAM)

Ryan White Program Year 33 & 34
(March 1, 2023-February 29, 2024 and
March 1, 2024- February 28, 2025)

Final for Operations Committee Approval on June
26, 2025



LOS ANGELES COUNTY
COMMISSION ON HIV



**Assessment of the Administrative
Mechanism Ryan White Program Year 33
& 34
(March 1, 2023-February 29, 2024 and
March 1, 2024-February 28, 2025)**

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I. Introduction and Purpose of Report

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV (“the Commission”) is required by Health Resources and Services Administration (HRSA) to conduct an “Assessment of the Efficiency of the Administrative Mechanism” (AEAM) annually. The AEAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Operations Committee of the Commission led the development, implementation, and analysis of the AEAM for Ryan White Program Years 33 (March 1, 2023-February 29, 2024) and 34 (March 1, 2024-February 28, 2025). The purpose of this report is to present the findings of this assessment.

II. Assessment Methodology

The AEAM covers 1) feedback from contracted agencies on the efficiency of Los Angeles County’s administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community; and 2) survey and key informant interviews with key recipient staff to integrate their insights regarding the County’s solicitations, contracting, and invoicing processes.

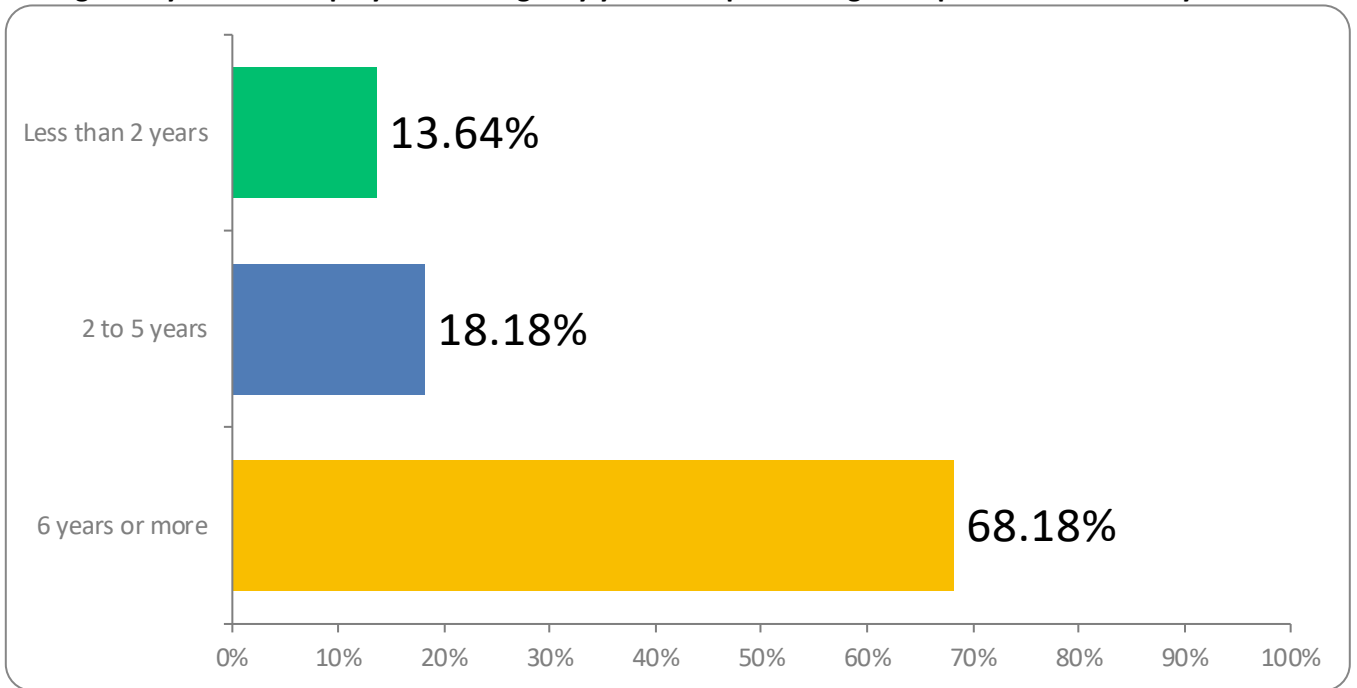
Online Survey for Contracted Providers:

Twenty-eight County-contracted HIV care providers were invited to participate in the AEAM survey between January 22 to February 28, 2025. Twenty agencies completed the survey. Agencies were asked to provide one response per agency. A raffle for a \$100 gift card was used to incentivize provider responses.

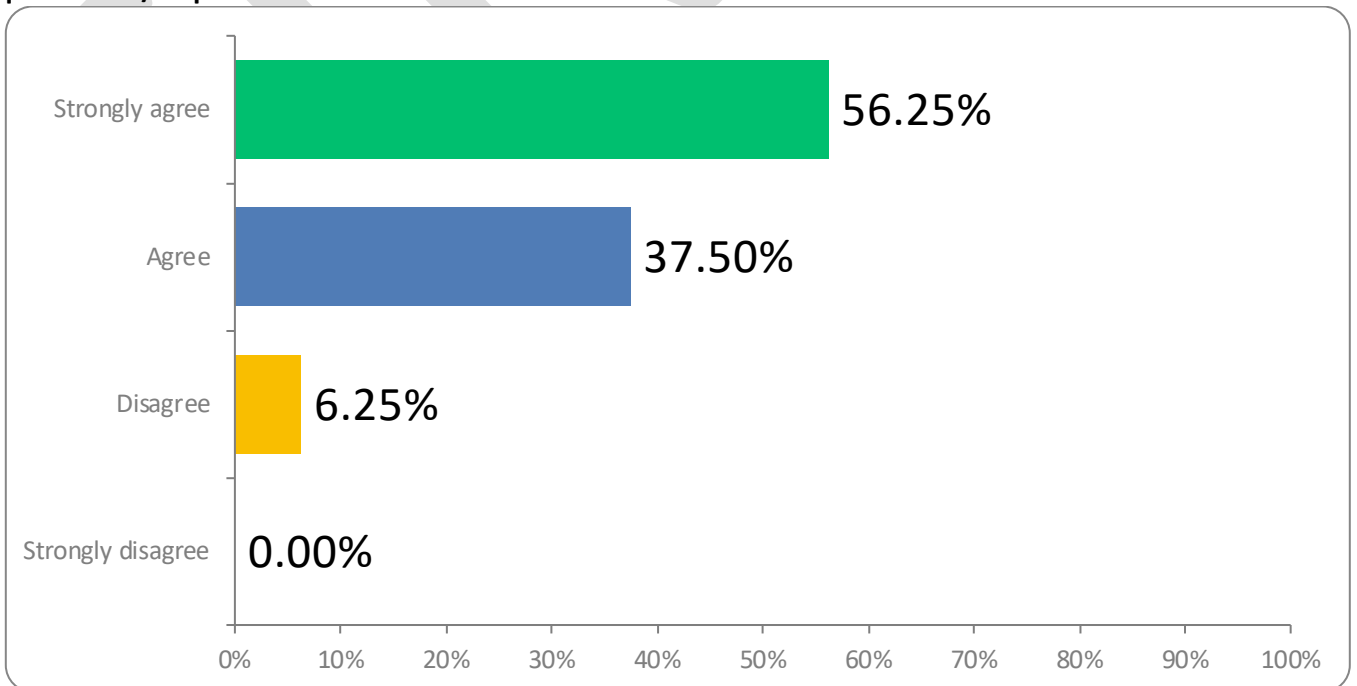
Limitations: Readers should not make broad interpretations with the results of the AEAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

III. Contracted Providers Responses

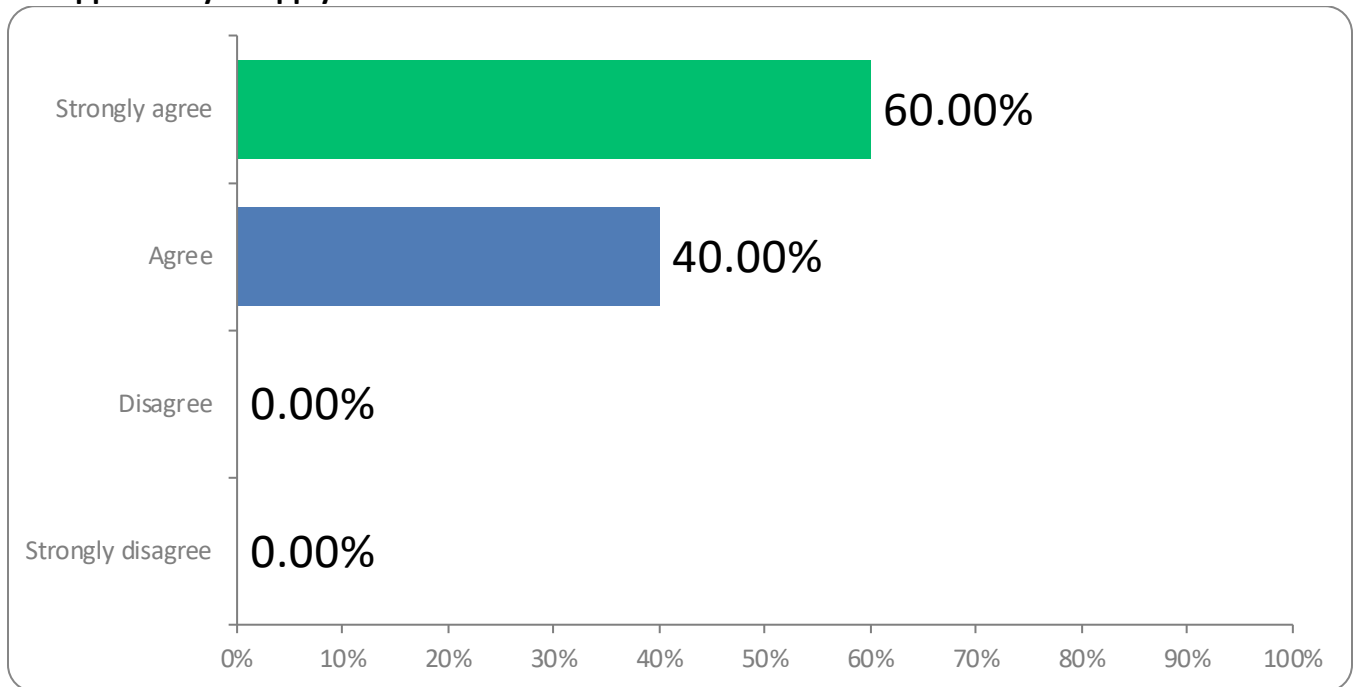
1. How long have you been employed in the agency you are representing in response to this survey?



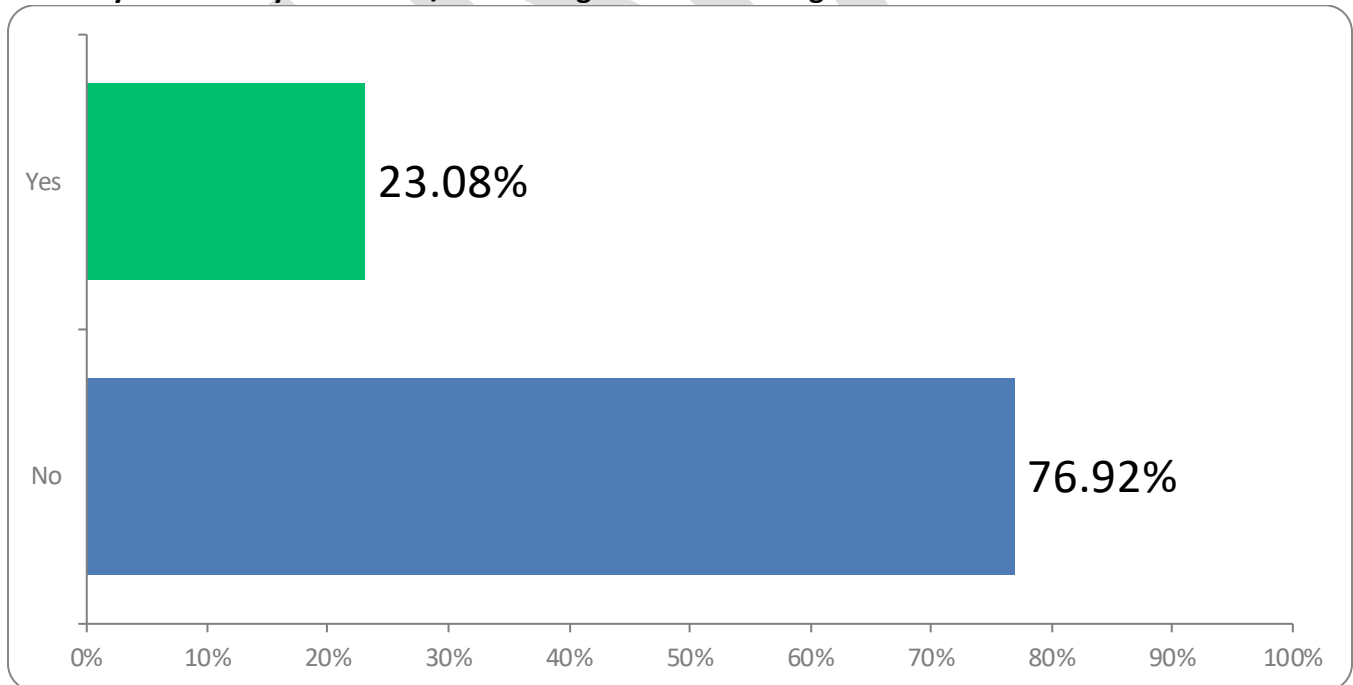
2. Please state the degree to which you agree with the following statement: The DHSP RFP provided clear instructions, outlined all policies and procedures of the procurement process, and expectations of work requirements/responsibilities.



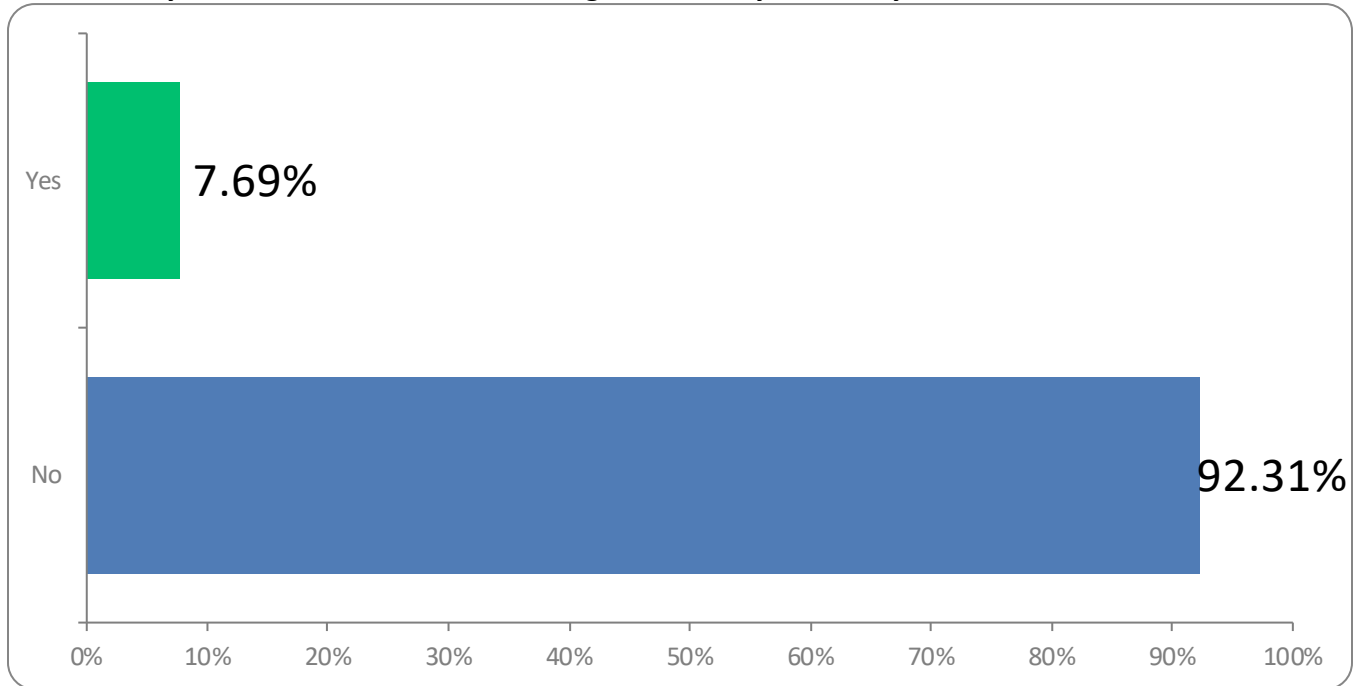
3. Please state the degree to which you agree with the following statement: The DHSP competitive RFP procurement process is fair and all potential service providers are given a fair and equitable opportunity to apply.



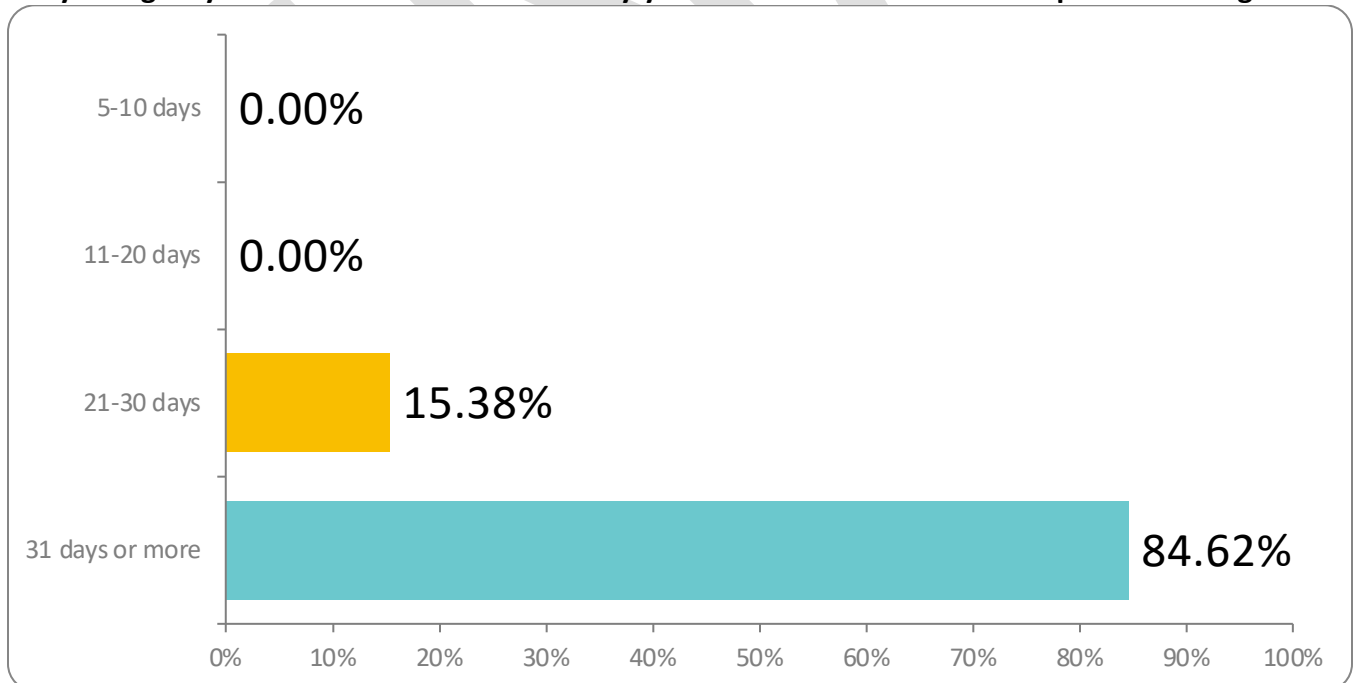
4. Did you have any issues and/or challenges with executing the contract?



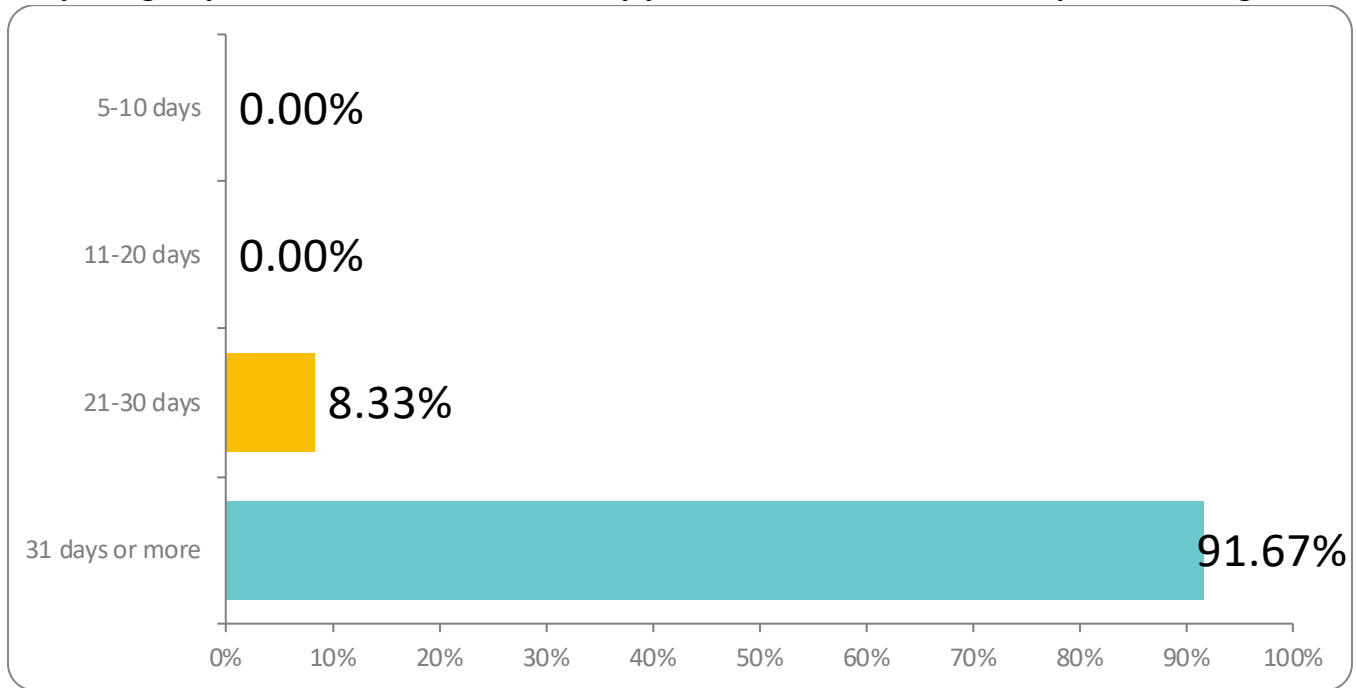
5. Have any of these issues and/or challenges affected your ability to deliver services to clients?



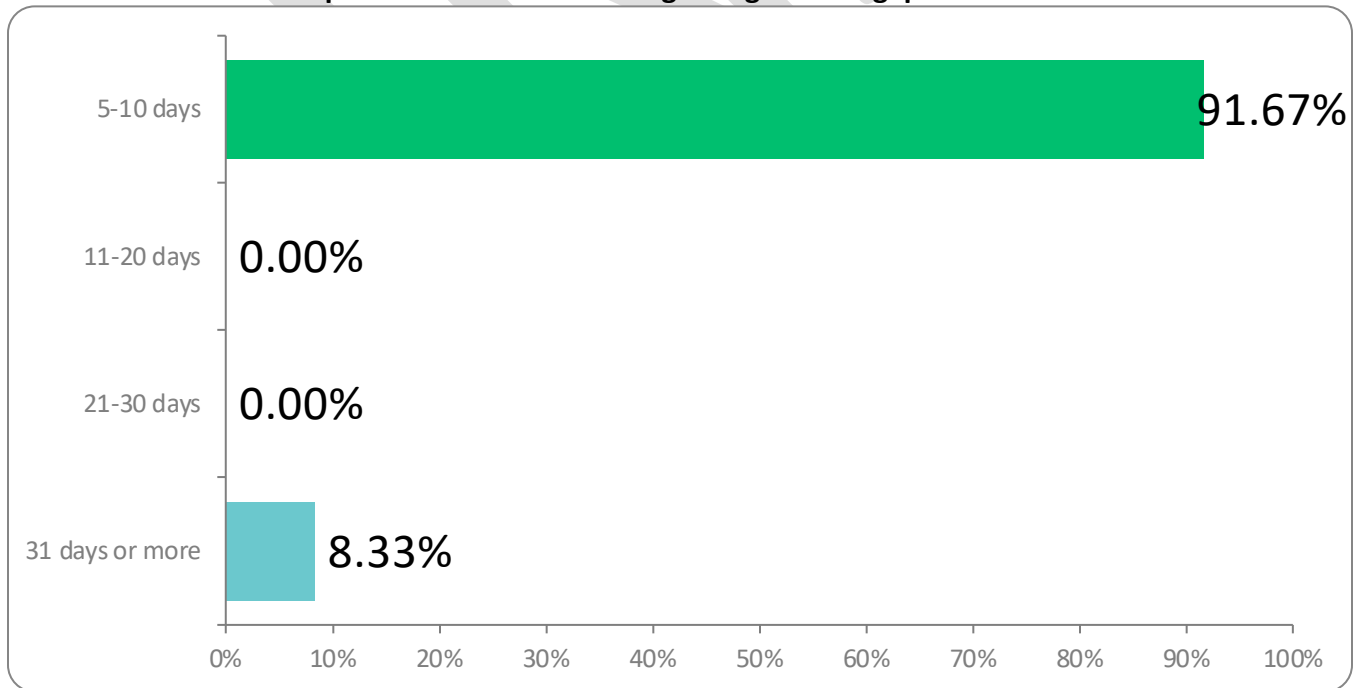
6. During PY 33 (March 1, 2023 - February 29, 2024), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



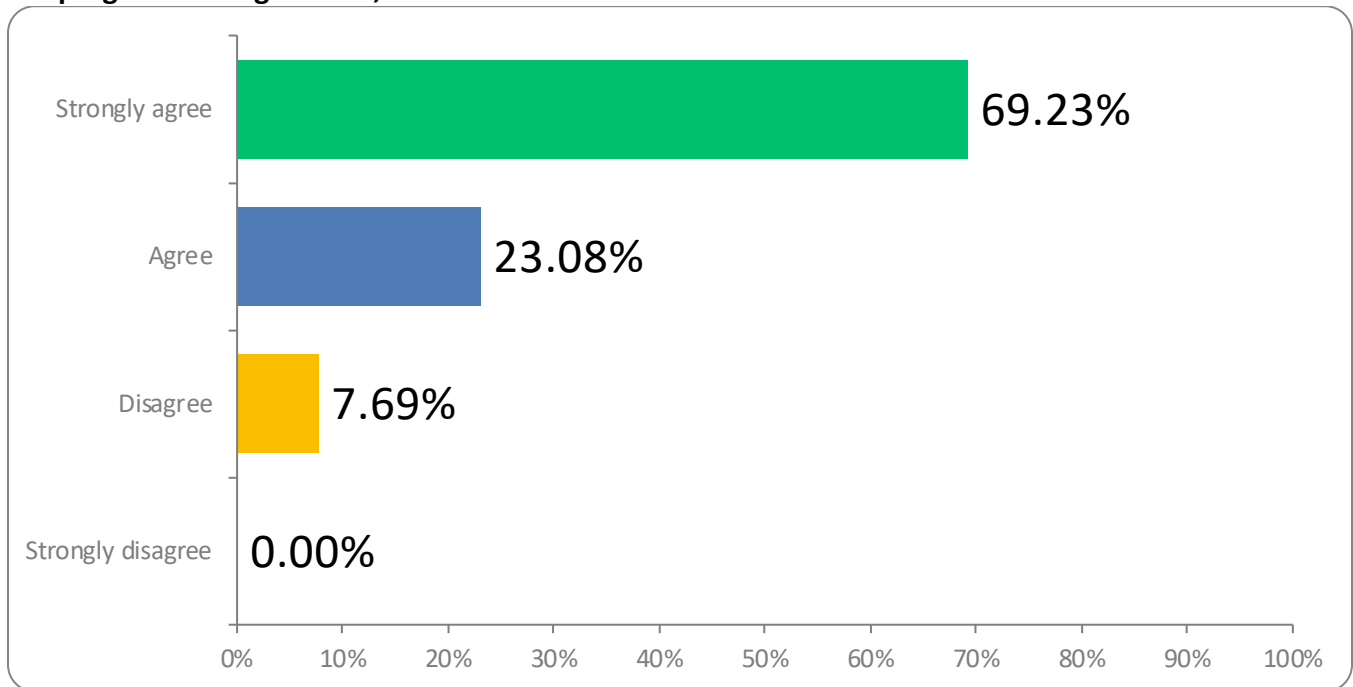
7. During PY 34 (March 1, 2024 – February 28, 2025), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



8. Please check the response time from DHSP regarding invoicing questions.

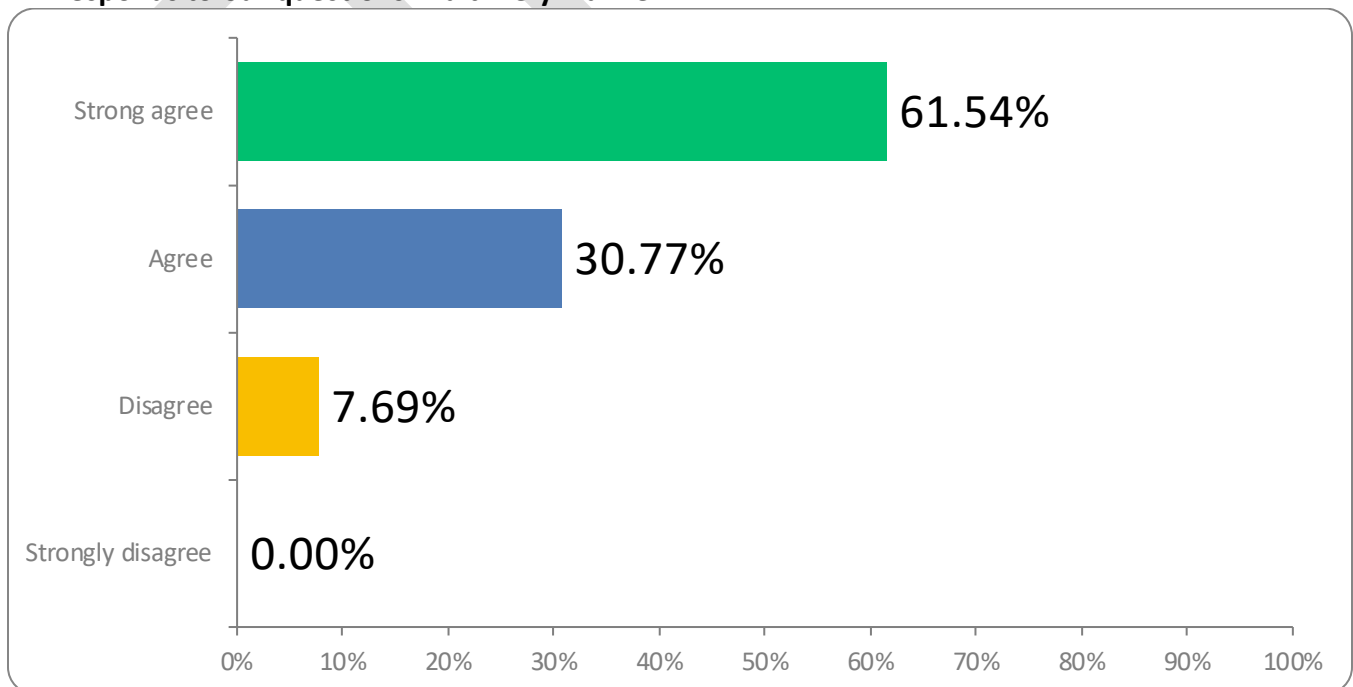


9. Please state the degree to which you agree with the following statement: Our Contract Monitor provides clear and consistent responses to our questions and request for information, programmatic guidance, and technical assistance?

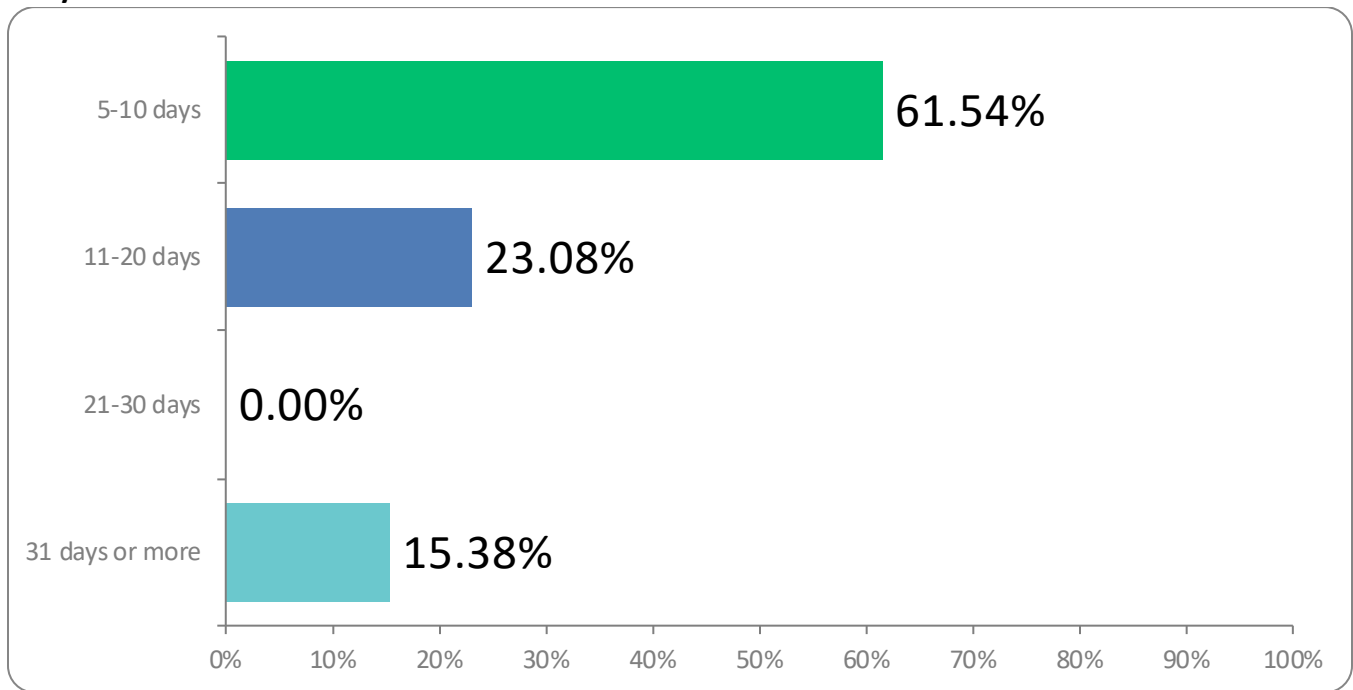


Other: Guidance is heavily dependent on the program manager.

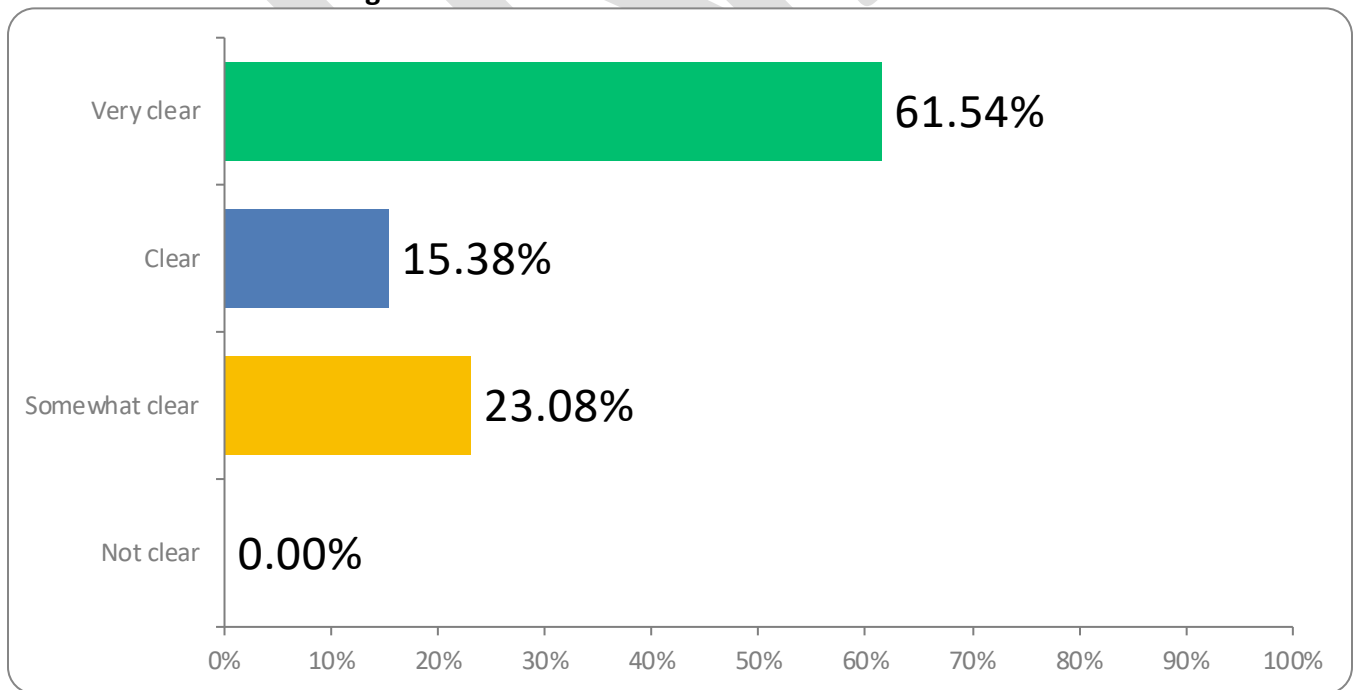
10. Please state the degree to which you agree with the following statement: Our Contract Monitor responds to our questions in a timely manner.



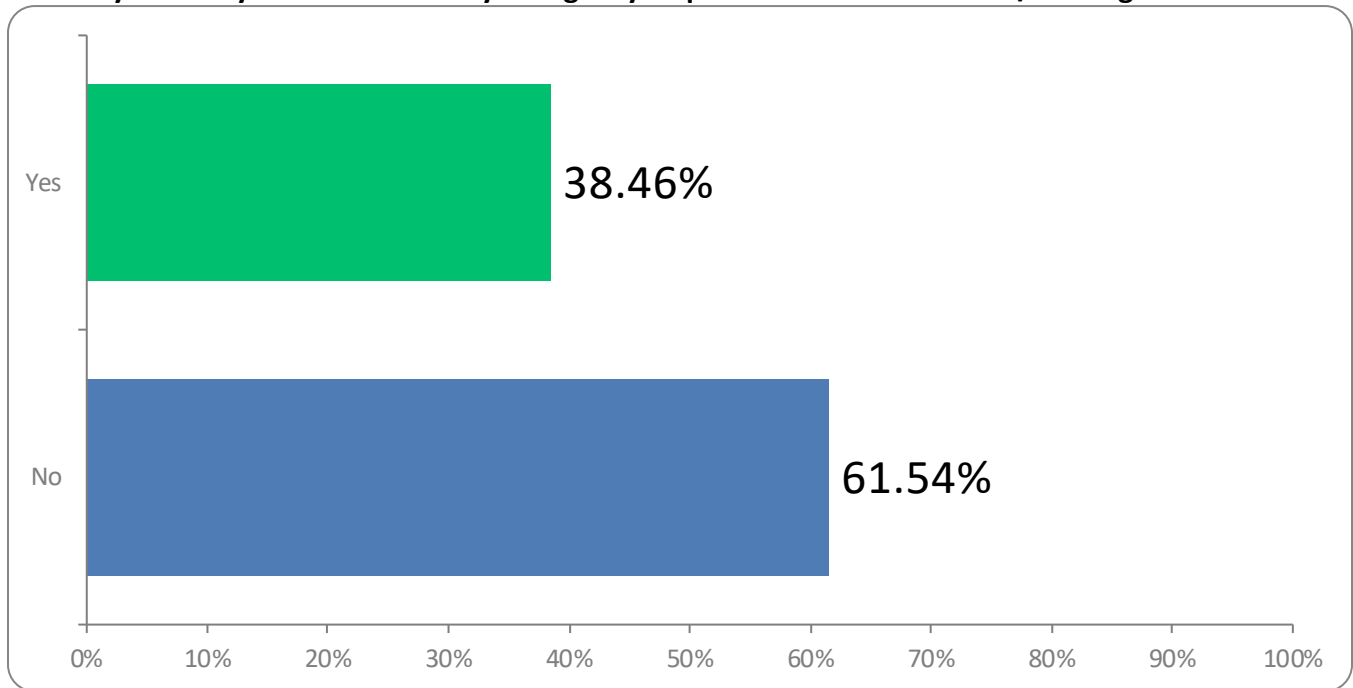
11. Please select the average response time for reprogramming/budget modifications request from your Contract Monitor.



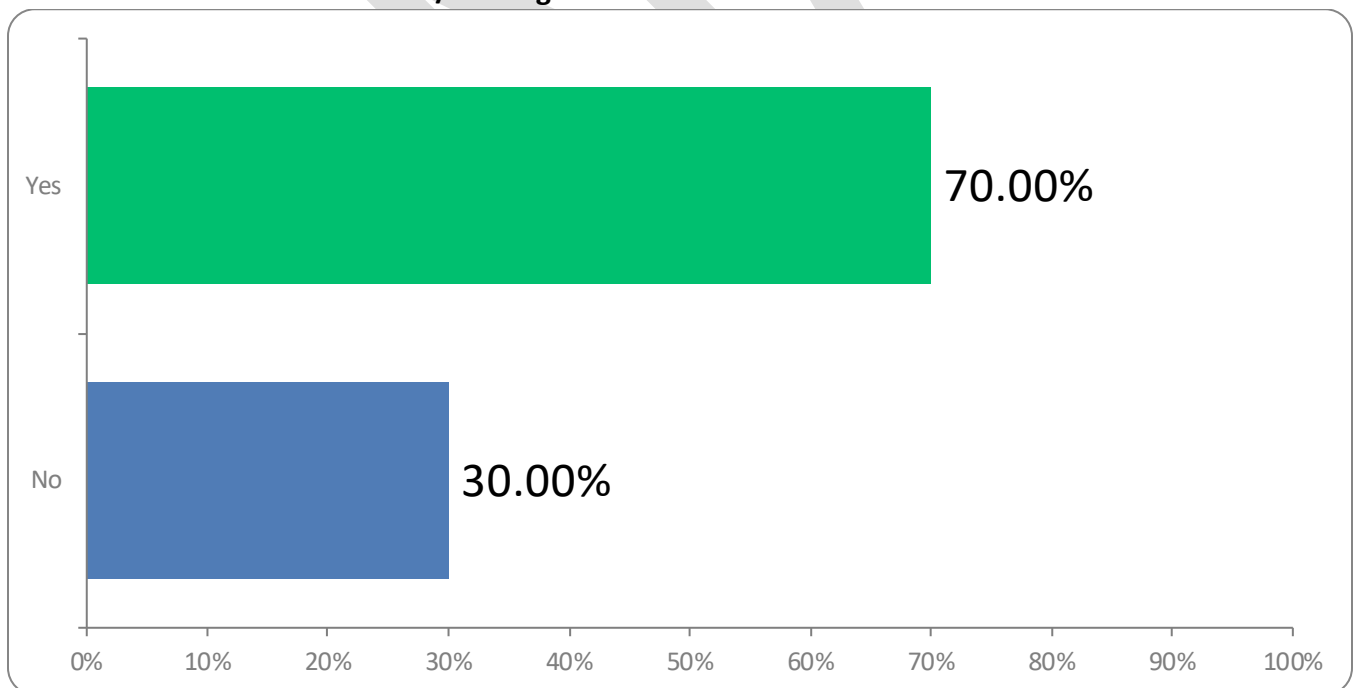
12. In terms of the process for program monitoring, are you clear on the expectations prior to the site visit and monitoring?



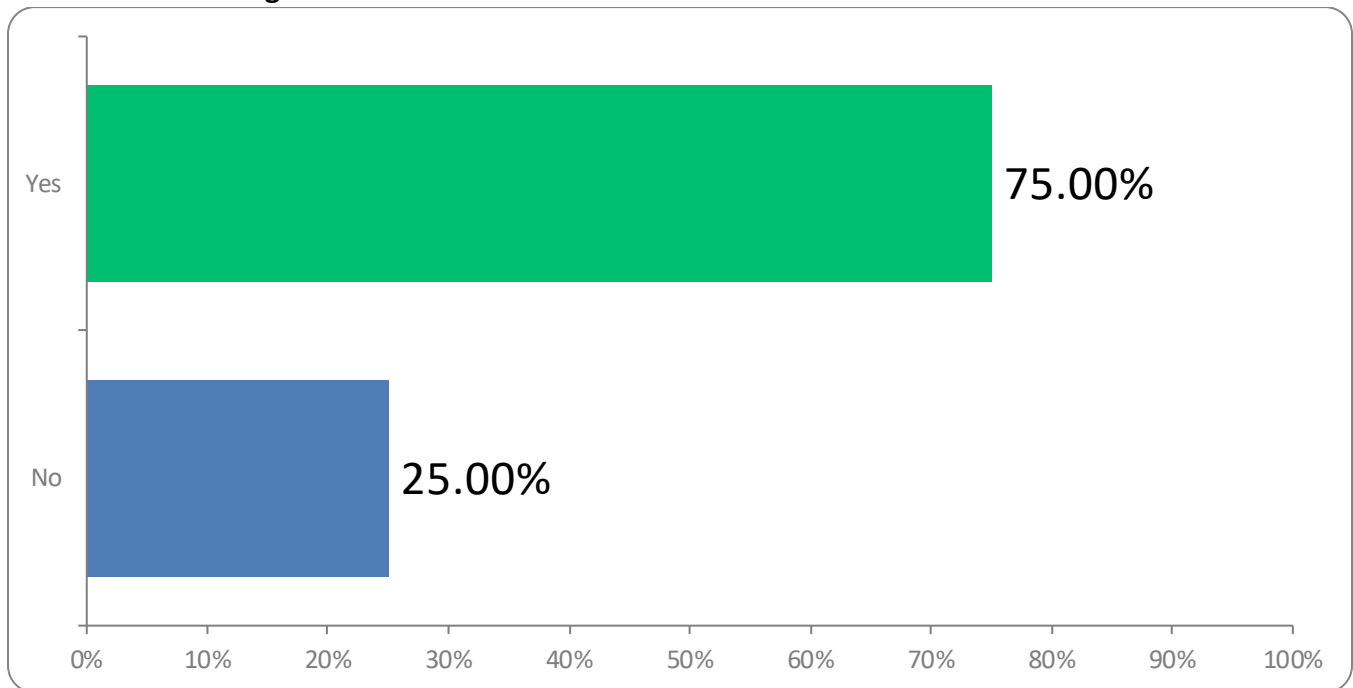
13. Did you or any staff member at your agency request technical assistance/training?



14. Was the technical assistance/training delivered?



15. Did the technical assistance/training meet your needs in helping you (or your agency) effectively address challenges?



Summary of Responses to Open-Ended Questions: *(some providers skipped the question)*

17. List the most recent Request for Proposals (RFPs) from DHSP that your agency applied for? Please specific RFP number, service category and submission date.

1. RFP NO. 2024 – 014: Comprehensive HIV and STD Prevention Services in Los Angeles County
Date Submitted: 1/24/2025; Service Categories: Non-Clinic-Based Prevention Services, High Impact Prevention Programs (HIPP)
RFP NO. 2024 – 010: Transportation Services for Eligible Ryan White Program Clients in Los Angeles County. Submitted: 10/28/2024
2. Core HIV Medical Services RFP 2024-00, Submitted 10/15/24 Comprehensive HIV and STD Prevention Services RFP 2024-014, Category 1 and Category 3, Submitted 1/27/25
3. Core HIV Medical Services for Persons Living with HIV RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024
4. Core HIV Medical Services (RFP #2024-008), Transportation Services RFA #2024-010, Comprehensive HIV AND STD Prevention Services in LA County RFP NO. 2024-014
5. Comprehensive HIV and STD Prevention Services (RFP 2024-014)
6. MCC/PSS: RFP 2024-008 due 10/15/24 HIV Testing/HIPP: RFP 2024-014 due 1/27/25
7. RFP NO. 2024-008
8. Our most recent contract is an amendment/continuation of an existing contract. The FAIN identifier is H8900016. We obtained the original contract through taking over an existing contract with a collaborative partner who was unable to provide services.

9. Core HIV Medical Services for Persons Living with HIV, RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024 Transportation Services for Eligible Ryan White Program Clients in Los Angeles County, RFA# 2024-010; submitted 10/29/2024
10. 10/15/2024 - RFP #2024-008 - Core HIV Medical Services for Persons Living with HIV
10/28/2024 - RFA #2024-010 - Transportation Services for Eligible RWP Clients in LAC
11. COMPREHENSIVE HIV AND STD PREVENTION SERVICES IN LOS ANGELES COUNTY RFP NO. 2024-014
12. None
13. 2024-008 AOM, MCC, PSS, 10/15/24 2024-014, Category 1 and 3, 1/27/25
14. Transportation Services for Eligible RW Program Clients in LA County #2024-010, 10/25/2025
15. RFP NO. 2024-008. CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV, SUBMITTED ON OCTOBER 11, 2024

18. When was your contract fully executed for PY 33 (March 1, 2023 - February 29, 2024)? *(some providers skipped the question)*

1. 03/01/2023
2. 12/28/2023
3. 04/05/2024
4. 03/01/2023
5. 03/26/2023
6. 07/19/2019
7. 07/11/2023
8. 01/16/2024
9. 05/10/2023
10. 03/08/2023
11. 04/24/2024

19. When was your contract fully executed for PY 34 (March 1, 2024 – February 28, 2025)? *(some providers skipped the question)*

1. 01/01/2024
2. 07/15/2024
3. 07/18/2024
4. 03/01/2024
5. 08/12/2024
6. 06/05/2024
7. 08/06/2024
8. 01/17/2024
9. 08/08/2024
10. 07/17/2024

20. Describe issues and/or challenges with executing the contracts, including factors within your respective agency. (some providers skipped the question)

1. NA
2. Different requirements needed based on the Program Manager
3. N/A
4. We are waiting for the contract. Budgets have been submitted and we are waiting on approvals.
5. The budgeting process.
6. N/A
7. There is typically a long wait time until our agency receives contracts from DHSP after budget/contract negotiations are submitted. Once a contract is received, it takes about 2-4 weeks for our agency to route for signatures, as there is a multi-layer review process internally.
8. getting the budget approved was the biggest hurdle.
9. Barriers within our agency.
10. The internal process within the city is lengthy and time consuming, as are DHSP processes.
11. NA

21. Please describe how these challenges were handled. (any issues and/or challenges with executing the contract) (some providers skipped the question)

1. NA
2. Different requirements needed based on the Program Manager
3. N/A
4. We are waiting for the contract. Budgets have been submitted and we are waiting on approvals.
5. The budgeting process.
6. N/A
7. There is typically a long wait time until our agency receives contracts from DHSP after budget/contract negotiations are submitted. Once a contract is received, it takes about 2-4 weeks for our agency to route for signatures, as there is a multi-layer review process internally.
8. getting the budget approved was the biggest hurdle.
9. Barriers within our agency.
10. The internal process within the city is lengthy and time consuming, as are DHSP processes.
11. NA

22. Please describe how these challenges were handled. (issues and/or challenges affected your ability to deliver services to clients?) (some providers skipped the question)

1. NA
2. N/A
3. We are not going to stop services because of a missing contract.
4. Hard work and communication with county program staff.
5. N/A
6. Increased communication frequency.

7. N/A

23. Please describe any factors contributing to the delay in reimbursements, including factors within your respective agency. (some providers skipped the question)

1. Delay in reimbursement was due to delay in contract execution.
2. We don't know why there is a delay.
3. Slow processing time
4. Our budget modification approval took more than 3 months.
5. No factors within our agency that contribute to the delay in reimbursements. Once invoices are submitted, it typically takes 30 or more days to receive reimbursements.
6. n/a
7. Agency internal issues related to delays in submission of invoicing
8. Staffing shortages and recruiting delays.
9. NONE

24. Please share any other comments you have below: (some providers skipped the question)

1. It is not consistent program to program. There are also discrepancies between fiscal monitoring by the county and what is allowed in the budgets.
2. For most aspects of our contract, we receive timely responses. However, the budget modification process generally takes 31 or more days, and we have to reach out repeatedly to receive a response. Regarding monitoring and site visits, we have four separate monitoring visits that could be done at once but are conducted by separate DHSP departments that do not communicate with each other. This is ultimately inefficient and more time consuming.
3. Often the monitoring report does not match the comments made during the monitoring close out.
4. DHSP program advisors are consistently responding in a timely manner.
5. DHSP DETAILED AUDIT TOOL SHOULD BE PROVIDED TO AGENCIES EVERY YEAR.
6. We developed an online portal to increase efficiency in client services. The process for DHSP to approve this portal took a significant amount of time, which interfered with our ability to serve clients in a timely manner.
7. Both HTS and Biomedical RedCap had system issues throughout 2024. HTS Prevention RedCap reporting and access for staff are still an issue. In addition, due to changes in setting up reporting functions in RedCap, our site was unable to run internal reports to enter correct data into the monthly narrative report.
8. NA

IV. Recipient Surveys Responses and Key Informant Interviews

Summary of Responses from DHSP (Recipient):

The local Recipient of Ryan White Part A funding in Los Angeles County is the Division of HIV and STD Programs (DHSP), Department of Public Health. As part of the AEAM, two senior managers in charge of managing the RFP and contracting processes from DHSP participated in the key informant interviews. In addition, the Commission developed a survey specifically for DHSP, to harness a comprehensive review and understanding of the recipient's processes regarding solicitations, contracts execution, and payments to subrecipients. The Recipient's responses are summarized below:

#	Question	Recipient Response
PART 1: REQUEST FOR PROPOSALS/SOLICITATIONS:		
1	How many Requests for Proposals (RFPs) were released for the PY 33 Ryan White Program (March 1, 2023 to February 29, 2024)?	2
2	If RFPs were released in PY 33 (March 1, 2023 to February 29, 2024), select the service categories.	<p>Home-based Case Management Work Order Solicitation (Case management- Home Based Services via Supportive and/or Housing Services Master Agreement (SHSMA))</p> <p>Childcare Services for Ryan White Program Eligible Clients in LAC (RFA)</p>
3	How many proposals were received for each of the service category selected in Question #2.	<p>Case management- Home Based – 7 proposals received.</p> <p>Childcare Services – 1 proposal received, but did not pass Minimum Mandatory Requirements (MMR) Review.</p>
4	Of the proposals received in PY 33 (March 1, 2023 to February 29, 2024), how many were new service providers?	<p>4</p> <p>Please note that ALL 4 new service providers mentioned above in question 4 were NOT funded/awarded contracts.</p> <p><i>These 3 providers indicated prior contracts with DHS, and regional centers, but were new to DPH/DHSP.</i></p>

5	Of these proposals, how many service providers were awarded contracts for Ryan White program funds?	4
6	How many Requests for Proposals (RFPs) were released for the PY 34 (March 1, 2024 to February 28, 2025) Ryan White Program?	4
7	If RFPs were released in PY 34 (March 1, 2024 to February 28, 2025), select the service categories.	<p>Ambulatory Outpatient Medical (AOM)</p> <p>Medical Specialty Services</p> <p>Transportation</p> <p>Other (please specify)</p> <p>Patient Support Services (PSS)</p>
8	How many proposals were received for each of the service category selected in Question #7.	<p>Core HIV Medical Services comprised of AOM, MCC, and PSS. A total of 20 proposals were submitted for the Core HIV Medical Services RFP, with 18 submissions in each respective category.</p> <p>Ambulatory Outpatient Medical (AOM) – 18 proposals received.</p> <p>Medical Specialty Services (Same as Medical Care Coordination) MCC – 18 proposals received.</p> <p>Patient Support Services (PSS) – 18 proposals received.</p> <p>Transportation services – 21 applications received.</p>

9	Of the proposals received in PY 34 (March 1, 2024 to February 28, 2025), how many were new service providers?	<p>2</p> <p>There were 2 new service providers to DHSP.</p> <p><u>Transportation Services:</u> There were 2 new service providers who applied for Transportation services, but did not pass MMR Review.</p>
10	Of these proposals, how many service providers were awarded contracts for Ryan White program funds?	<p>39 service providers were awarded.</p> <p>Core HIV Medical Services – 20 (all proposals) were awarded contracts.</p> <p>Transportation Services – 19 out of the 21 applications received were awarded contracts.</p>
PART II: EXECUTING CONTRACTS WITH SERVICE PROVIDERS:		
11	How many contracts were fully executed in PY33 (March 1, 2023 to February 29, 2024)?	<p>A total of 64 (<i>renewal amendments to extend the term of the contracts with the same contract period:</i></p> <p><i>Benefits specialty services (BSS)</i></p> <p><i>Medical specialty services (MSS)</i></p> <p><i>Residential</i></p> <p><i>Medical care coordination (MCC)</i></p> <p><i>Substance use disorder transitional housing (SUDTH)</i></p> <p><i>Transitional case management (TCM)</i></p>

		<i>Legal Transportation</i>
12	How many contracts were fully executed in PY34 (March 1, 2024 to February 28, 2025)?	Total of 75 (renewal amendments to extend the term of contracts with same contract period (Mental health, AOM, MCC, Oral, Legal, Data mgmt., BSS, Residential SUDTH, and MSS)
13	In general, what is the average timeframe for executing service agreements?	46-60 days (this depends greatly upon the point determined to be the start of the process)
PART III PAYMENT: Service Provider Reporting and Invoicing Process		
14	During PY 33 (March 1, 2023 to February 29, 2024), what was the average amount of time in days between receipt of a complete monthly report and invoice from a service provider and the issuance of a payment?	15-30 days
15	During PY 34 (March 1, 2024 to February 28, 2025), what has been the average amount of time in days between receipt of a complete monthly report and invoice from a service provider and the issuance of a payment?**	<p>15-30 days</p> <p>It varies from agency to agency. Some agencies submit their invoices and monthly reports on time, aligning with their contract amount and approved budget. Some don't even submit their invoices in a timely manner and require extensive follow-up by finance staff and the Program Manager.</p> <p>However, DHSP agencies have 30 days to bill, and DHSP finance has 30 days to process once it receives the</p>

		invoice and monthly report. It would be safe to assume that about 15 – 30 days.
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KEY INFORMANT INTERVIEW RESPONSES

OVERVIEW OF THE SOLICITATIONS/REQUEST FOR PROPOSALS PROCESS AT DPH/DHSP

Based on key informant interviews with 2 DHSP senior staff and review of Request for Proposals (RFP) documents publicly available on the DPH Contracts and Grants Division, below is a summary of the key elements and process related to the solicitations and contracting procedures at the DHSP/DPH.

SOLICITATIONS PROCESS:

- The solicitations process is designed to ensure County programs do not enter into contractual agreements without a full, unbiased review and that community-based organizations (CBOs) receiving contracts meet requirements and are fully accountable to the County and federal grant requirements.
- DHSP staff begins planning and developing RFPs at least 12 months in advance to ensure continuity of care and to avoid service interruptions. There is extensive review from County Counsel to ensure that RFPs and contract documents meet the County's legal review and requirements.
- Proposal evaluation is in phases: first, to ensure they meet mandatory minimum requirements; second, and review panel convened by Contracts and Grants (C&G), DPH; third, final funding recommendations; fourth, departmental reviews; fifth, contracts go to the Board for approval. Once approved, contract negotiations occur with the CBOs, then a Board Letter is submitted for contract approval. Once approved, the CBOs sign the contracts and then they can be executed.
- DPH C&G is charged with overseeing the contracting process and solicitations for DPH overall but, for DHSP, C&G manages solicitation while DHSP manages programmatic content, contract negotiations, and contract monitoring.
- C&G's role includes responding to questions on a solicitation and releases an addendum that may clarify or change some solicitation language and answer specific questions. C&G, in collaboration with DHSP, will host a proposer's conference.
- Proposers must meet the County's minimum mandatory requirements (MMRs) as well as appear to be able to sustain services for 90 days without County funds to demonstrate financial stability. Proposers passing those tests go on to further evaluation.
- RFP reviewers are typically subject matter experts and resource partners within the County. DHSP is responsible for identifying unbiased, non-conflicted evaluators for review panels. Identifying external reviewers outside of the County is challenging due to several factors. For instance, serving on review panels requires significant time for no pay and evaluators must sign a statement of no conflict of interest so local providers are often ineligible. In addition, external reviewers may not be fully aware of the complexity of the needs and service landscape of Los Angeles County.
- Application reviewers/evaluators receive an orientation prior to receiving the proposals. The

orientation entails a review of how to use a common evaluation tool, their roles and responsibilities, the purpose and aim of the RFP. The evaluators conduct their individual reviews followed by a group discussion of their ratings and feedback. An average score for each proposal is derived from the discussions.

- Contractors are selected and funding recommendations are developed based on evaluation scores as well as funding requirements, geographic distribution of services and targeted populations defined in the solicitation, and availability of funding. Funding amount requested typically exceed available resources. Proposers may request a debriefing after the recommendations to review their proposals. They may appeal decisions.

OVERVIEW OF THE CONTRACTS EXECUTION PROCESS AT DPH/DHSP

- Once an agency has been identified as a successful bidder, they receive a letter from C&G notifying them of their selection and that a meeting with DHSP to initiate contract negotiations would be forthcoming within 2-3 days.
- DHSP provides instructions on how and where to submit budgets and scopes of work and other documents required to complete the contract. A dedicated email address is used to facilitate the submission of required contractual documents. Contractors are given at least a month to complete and submit all required documents. DHSP strives to accommodate requests for extensions from agencies which impacts the timeline for executing the contract.
- Once all contractual documents are received, DHSP reviews the documents for completeness and alignment of budgets with the scope of work and the goals and objectives of the RFP. The review process entails 3 levels of review involving the program manager, supervisor, and the Chief of Contracted Community Services (CCS). Follow-up meetings are then scheduled with the agency to secure additional documents, as needed, and discuss budget requests to ensure accuracy and optimal use of grant funds to meet service delivery requirements and standards. Agencies are given about a week to respond to questions and submit additional information as directed by DHSP.
- Once all documents are received by DHSP, their finance team will conduct additional review. The thorough programmatic and fiscal review seeks to ensure that budgets and scopes of work contain appropriate funding, staffing and service delivery mechanisms.
- The final stage of the contracting process involves securing authorized signatures from the agency and DHSP. The length of time varies depending on the agency's approval process, as some agencies may need to secure approval from their Board of Directors and City Councils. Academic institutions tend to have a longer internal approval procedures and chain of command. On average, most contracts are signed and executed within a month. Depending on if the agency requested extensions or was delayed in submitting required documentations, the process may take up to 4 months. In the case of academic institutions, the process has taken up to 1 year in the past.

Efforts by DHP to Encourage Providers to Apply for Ryan White Part A Funds

- The DPH C&G Division disseminates announcements for RFPs on behalf of the entire Department. C&G maintains a listserv of agencies registered to receive notices on funding

opportunities for DPH. In addition, funding notices are also released via the County's Internal Services Department (ISD) which maintains a database of agencies that have registered to declare their interest in doing business with the County. RFPs are posted on the DHSP website with a corresponding link to the C&G website for the full details about the RFP. Combined, these distribution listings reach a broad array of agencies and organizations of varying sizes and service areas of focus or expertise.

Key Factors that Contribute to Delays in Executing Agreements

- As described in the contract execution process earlier, delays in the process typically involve time needed by agencies to submit accurate documents and information required by the County and DHSP and the processes internal to the agencies related to securing authorized signatures for the contracts.
- The recipient noted that some agencies are able to return a signed within the same day which helps with expediting the execution of the contract.

Contract Terminations

- DHSP key informants indicated that no contracts were terminated during PY 33 and 34. One agency, a language service provider, elected to end their contract with the County due low utilization from service providers and clients.

Monthly Report Review and Invoice Payment Process

- The monthly invoicing instructions and forms are available on the DHSP website. Monthly invoices are due no later than 30 days after the end of each month. Invoices must be accompanied by all required program (narrative) reports and data in order for DHSP to process payment. DHSP staff will reach out to contractors if required forms are missing, inaccurate, or incomplete. Once DHSP receives an accurate invoice along with the monthly narrative program report, DHSP's timeframe is to pay the agency within 30 days.

Factors that may Contribute to Delays in Payments to Service Providers

- DHSP key informants noted that the common factor that affects timely payments is failure to submit accurate invoices and narrative reports on time. Agencies are instructed to correct invoices if DHSP finds discrepancies between the approved budget and allowed expenses, which affects the 30-day turnaround time for payment. Budget modification requests pending DHSP approval may also affect the timely submission of invoices to DHSP. With regard to budget modification requests, DHSP strives to approve the request within a month, however, it may take up to 3 months depending on the review and questions from DHSP.

Technical Assistance or Training Provided to Service Providers Aimed at Improving Knowledge and Skills Related to Invoicing and Monthly Reporting Requirements

- DHSP covers these areas during the successful bidders conference. DHSP provides ongoing technical assistance to agencies on an individual basis and as a collective. Additional trainings are provided when new staff are onboarded to ensure that scopes of work, approved budget and contractual requirements are understood and followed by the agency. DHSP routinely receives and responds to questions and request for guidance on how to develop a budget,

budget modification and invoicing.

- Other types of training and technical assistance provided by DHSP include how to use CaseWatch, or other systems for data collection and HIV educational and skills building.

Improvements or Successes Related to Administrative Mechanisms:

- DHSP's effort to contract with a third-party administrator (TPA) has been a significant improvement in their ability to expedite contracts for smaller grants under the Ending the HIV Epidemic initiative. The TPA model may be used for some Ryan White categories, perhaps those with smaller contractual amounts, but not for larger service categories with more complex service and contractual requirements. TPAs would be fiscally challenged to float the cost of paying RW contractors for larger service categories. DHSP is seeking to identify another qualified TPA to enhance their administrative capacity to expedite contracts.
- The County's emergency declaration to address homelessness has been useful for utilizing the sole source contracting mechanism to expedite service agreements specifically tied to the homelessness crisis.
- DHSP developed a more streamlined internal process to review contracts and invoices, decreasing the amount and frequency of back-and-forth communication between DHSP and agencies. Additionally, DHSP has established a more efficient internal communication and coordination process with the finance unit to understand programmatic requirements and minimize separate and often repetitive layers of review between finance and programmatic staff.
- The DPH C&G unit provides enhanced infrastructure and capacity support for DHSP to release and manage several RFPs in a single year.

V. Key Themes

PROVIDER PERSPECTIVES

The County's Request for Proposals (RFP) Process is Clear

Providers indicated high marks regarding DHSP's RFP process, ranging from over 93% to 100% of providers agreeing or strongly agreeing with the clarity, fairness, and competitiveness of the RFP process.

Contract Execution Timeframe is Influenced by Agency Procedures

Almost 77% of responses indicated that they did not have issues and or challenges with executing contracts. Some agencies noted that delays were due to their agency's internal approval processes adding to the overall timeframe for contract execution. Furthermore, agencies noted that the budgeting process and rounds of reviews and approvals also contribute to the delay in executing

contracts.

Average Timeframe for Payment is 31+ Days

During PY 33, respondents almost 85% indicated that on average, it took 31 or more days for their agency to be reimbursed from the day they submitted a correct and complete invoice. For PY 34, the response was almost 92%. Delays in reimbursements could be impacted by staffing shortages and submission of incorrect or incomplete invoices which must be submitted with a program narrative report.

Prompt Responses to Invoicing Questions

With regard to response time from DHSP on invoicing questions, almost 92% of respondents indicated receiving a response with 5 to 10 days. Additionally, 23% and 69% percent “agreed” or “strongly agreed” that their contract monitor provides clear and consistent responses to questions and request for information, programmatic guidance, and technical assistance.

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

While some of the responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year. In terms of the process for program monitoring, responses were varied: 23% somewhat clear, 15% clear, and 61% very clear.

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

In general, the majority of the comments, appear to show that DHSP regularly provides feedback on contractor performance and that the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals. 75% of the respondents indicated that the TA and training they received met their needs and helped their agencies address challenges.

RECIPIENT PERSPECTIVES

The Recipient conduct broad provider outreach and information dissemination efforts to promote RFPs.

- DHSP and DPH uses a broad distribution list to disseminate RFPs and funding announcements, reaching a wide variety of agencies of diverse size, organizational capacity, and service area expertise.

The Recipient continues to enact procedures aimed at improving their review and approval process.

- DHSP continues to make positive improvements in managing solicitations, executing contracts, and processing payments to agencies through improved internal processes, communications with agencies, and ongoing general and customized training for agency staff.

The Recipient leverages the County's administrative infrastructure.

- DHSP has a well-established process, infrastructure and partnership with DPH C&G and County Counsel that help to facilitate the solicitations process.

The Recipient engages providers by seeking their input in shaping RFPs.

- DHSP seeks provider input regarding service needs and ideas for improving programs to help develop RFPs.

VI. Recommendations:

This AEAM highlighted key suggestions for improvement based on provider and recipient survey responses and interviews:

- Continue to improve payment turnaround cycles within 30 days.
- Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
- Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies, particularly for site visits and audits.
- Strengthen TA and training for programmatic and fiscal staff within DHSP and for contracted providers to ensure consistency of information, particularly for agencies that face staffing challenges (i.e., recruitment, retention, turnover).

The general comments collected from this AEAM reflect the recurring themes from previous assessments such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and invoice payment turnaround time.

DHSP continues to explore additional mechanisms to more quickly fund HIV services in Los Angeles County. For example, DHSP's experience with using a third-party administrator, Heluna Health, to issue HIV prevention RFPs, serves as a model for expediting some of the Ryan White service contracts. Despite the bureaucratic challenges associated with a large municipal government the size of Los Angeles County, DHSP continues to improve various administrative mechanisms to ensure that life-saving services reach people living with HIV in a timely and efficient manner.



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.

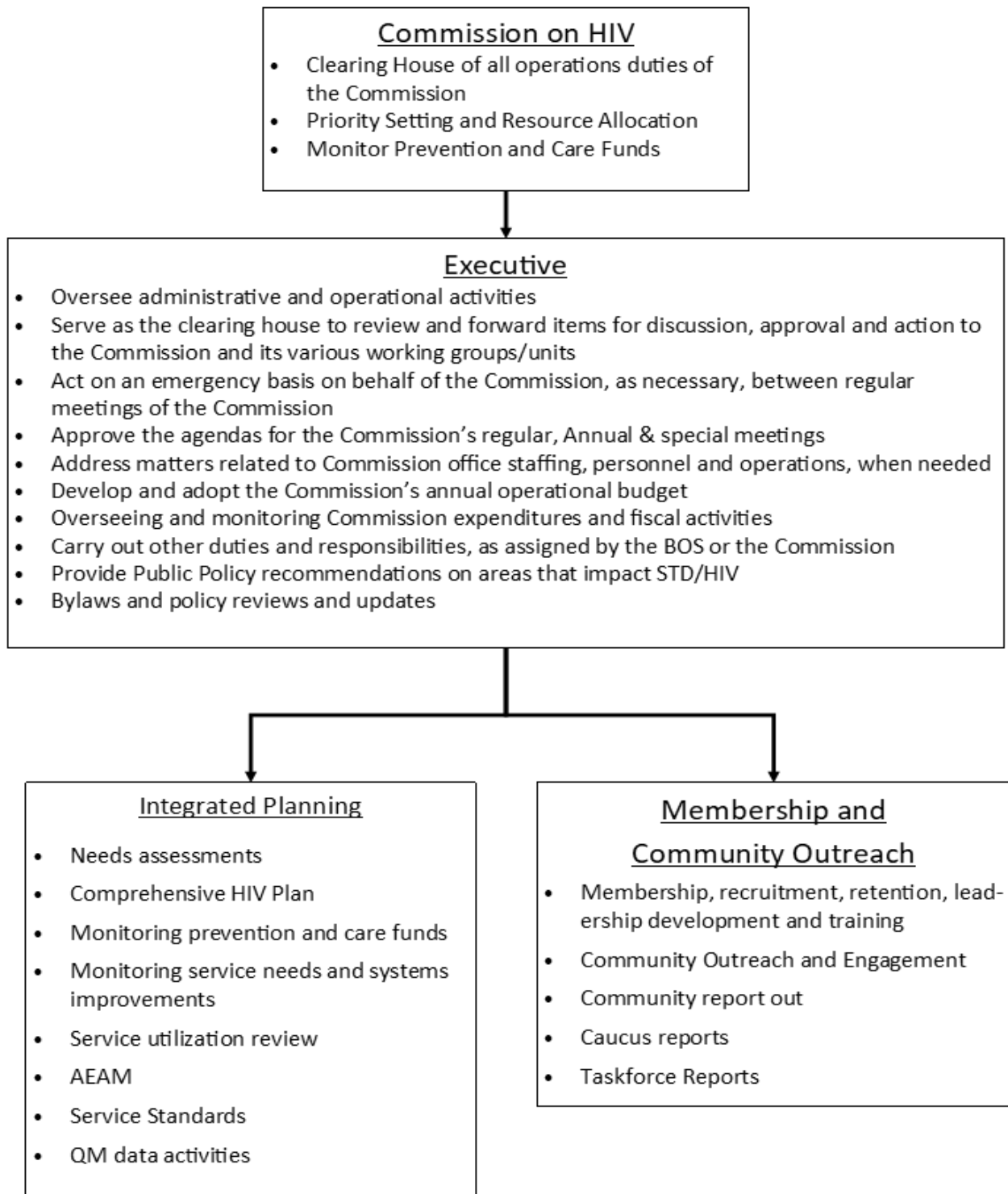


Figure 1 Exhibit A - Frequency is 6 times a year with P&R in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.

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.

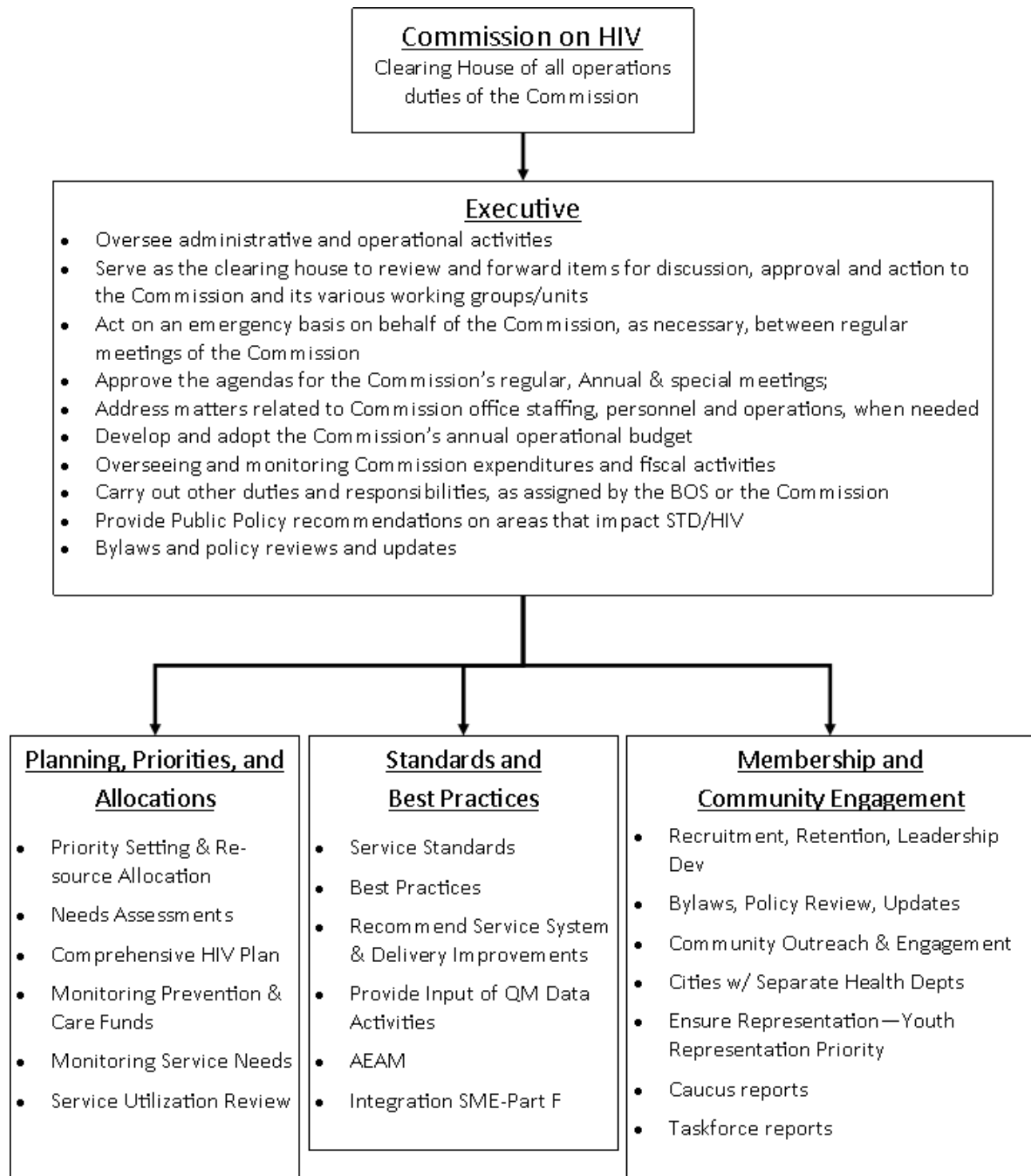


Figure 2 Exhibit B - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.



**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"> • Academic partners • EO Commission Services representative • Former Co-chairs and members not applying to serve on COH. • 1-2 people from other neighboring planning councils • 1-2 consumers not applying • Collaborative Research/Next Level Consulting • COH staff • 5 to 6 members 	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

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 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 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 <i>**Specify Nation in Comment Box below**</i> | <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. 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>

In which Supervisorial District and SPA do you work? Check all that apply.					
District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				
In which Supervisorial District and SPA do you live?					
District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				
In which Supervisorial District and SPA do you receive HIV (care or prevention) services? Check all that apply.					
District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input 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 ** Please select all that apply.**						
<input type="checkbox"/> American Indian or Alaska Native **Please specify Nation in Comment Box below**	<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			
INTERVIEW: 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: Click or tap here to enter text.						
3. Returning Commissioners: Can you detail the reason(s) why you left the Commission and why you want to return?						

Scoring Criteria		Points Available	Points Earned
I. Commitment & Communication: 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.			
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> Why do you want to be on the COH? What do you hope to accomplish by your membership in the COH? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> How has your commission membership been beneficial for you? What are you hoping to accomplish by continuing your membership? What are your priorities as a commissioner? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> Why do you want to be on the COH? What do you hope to accomplish by your membership in the COH? Are you willing to participate in further trainings? 	
Oral Communication		5	
Written Communication: (based on application and other material)		5	
Commitment & Communication Sub-total (10)		10	

Scoring Criteria		Points Available	Points Earned
II. HIV/AIDS/STIs Knowledge: Professional, personal, and/or academic knowledge about HIV/AIDS and related issues including STIs.			
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> How knowledgeable are you about LA County's STI/HIV epidemiological profile and service delivery network? What have you learned from your work or community service experience on how to improve health outcomes for PLWHA? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> What areas of the County's STD/HIV epidemiological profile and service delivery network are underrepresented in the COH's discussions? What have you learned from your experience with the Commission on how to improve health outcomes? What type of additional support will you need to increase your capacity? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> What is it that you know about HIV/STIs in Los Angeles County? What challenges are you aware of? 	
HIV/AIDS KNOWLEDGE Sub-total (15)		15	

III. PRIOR COMMUNITY PLANNING EXPERIENCE: 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.		
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> What qualities are essential to being an effective planner? What other planning experience have you had within this field or the community. What do you hope to learn professionally/personally from being a member of the COH? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> (Returning/Renewing) What challenges have you experienced in your time on the Commission? If those challenges arise again, how do you plan to overcome them? In what ways have you become a more effective collaborative planner? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> Have you been a part of any group related to HIV or healthcare? If so, tell us about those experiences. Would you like to tell us about any times where you had to consider opinions different than your own?
PRIOR PLANNING EXPERIENCE Sub-total (10)		10
IV. COLLABORATION: Ability to create unique partnerships with fellow Commissioners, organizations, bodies, and / or the public that improve community health.		
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> Provide some examples of how you have collaborated with other agencies and individuals to meet the needs of your clients? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> How have you used your COH membership to demonstrate or advance community-based collaborations? What steps have you taken to encourage others to collaborate? (Returning) What conflicts, if any, have you had with other commissioners? Have those conflicts been resolved? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> Would you like to tell us what you would like to work on as a member of the Commission on HIV? What are some times that you worked with a team?
COLLABORATION Sub-total (10)		10

Scoring Criteria			Points Available	Points Earned
V. HIV Experience: Prior work/volunteer experience in HIV/AIDS service delivery (practical experience) and/or in public policy, or legislative fields.				
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> What skills and abilities have you developed because of your past/current work in the HIV/STI field? How will you use those skills as a potential new member? What are one or two goals you have to improve health outcomes for people living with HIV? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> How have you grown personally or professionally from your Commission membership? What areas of professional or personal development do you feel would make you a more efficient member of the Commission? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> What experience or knowledge do you have around HIV to be an effective member of the Commission on HIV? How can we help you to develop skills or experience to help you become a more effective member of the Commission on HIV? 		
HIV Experience Sub-total (10)			10	
VI. UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS: 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. *Please do not skip this section.				
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> What issues of concern to impacted populations ("populations" defined above) would you like to bring to the Commission's discussions? How can the Commission help you to gain a better understanding of impacted populations you are unfamiliar with? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> What populations have you learned about in your time on the COH? What are some populations you are still unfamiliar with? What types of info or resources do you need to support your education with these populations? How would you use existing resources and information to respectfully engage with those populations? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> What do you feel is being missed in HIV/STI care and prevention in Los Angeles County? 		
UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS Sub-total (10)			10	

Scoring Criteria		Points Available	Points Earned
VII. EFFECTIVE REPRESENTATION: 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.			
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> Which populations do you work with? What is your understanding of equity versus equality? Why do you feel it's important? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> 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? From your perspective, what other population(s) are underserved in Los Angeles County? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> What specific population(s) are you familiar with? Can you think of an example of how the Commission might help you understand unfamiliar populations? 	
EFFECTIVE REPRESENTATION Sub-total (10)		10	
VIII. RELIABILITY: 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.			
HIV Workforce/Service Provider Representatives: <ul style="list-style-type: none"> How does reliability play a role in achieving your goals in your professional/personal life? How would you use your reliability in the Commission? 	Renewing/Returning Commissioners or those with Planning Council Experience: <ul style="list-style-type: none"> Beyond your Commission membership, how have you demonstrated reliability in your community? What type of help would you need to continue your efforts? 	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives <ul style="list-style-type: none"> What does reliability mean to you? 	
RELIABILITY Sub-total (10)		10	
X. <ul style="list-style-type: none"> Are any questions you want to ask us? Are there any questions that you came prepared to answer that we did not ask you? 			
INTERVIEW FEEDBACK: This is the interviewee's opportunity to give us feedback. Sub-total (15)		15	
TOTAL		100 pts. Max	

INTERVIEWER NOTES:



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)

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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)

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- 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)

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- 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

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- 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*

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

* 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



2025 MEMBERSHIP ROSTER | UPDATED 6.25.25

SEAT NO.	MEMBERSHIP SEAT	Commissioner's Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 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			Vacant		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			Vacant		July 1, 2023	June 30, 2025	
12	Provider representative #2			Vacant		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			Vacant		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			Vacant		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	Unaffiliated representative	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	Unaffiliated representative	July 1, 2023	June 30, 2025	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			Vacant	Unaffiliated representative	July 1, 2024	June 30, 2026	Aaron Raines (OPS)
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames (LOA)	Unaffiliated representative	July 1, 2023	June 30, 2025	Sabel Samone-Loreca (SBP)
30	Unaffiliated representative, Supervisorial District 4			Vacant		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated representative	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilieth Conolly (LOA)	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 (LOA)	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			Vacant		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA (LOA)	Unaffiliated representative	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	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:		41						

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

LOA: Leave of Absence

Overall total: 50