LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
Subscribe to the Commission's Email List: https://tinyurl.com/y83ynuzt

OPERATIONS COMMITTEE Virtual Meeting

Thursday, December 9, 2021

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

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

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

https://tinyurl.com/vj8zta2z
**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 2599 219 4327

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

PUBLIC COMMENTS

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 Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.

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 via https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

All Public Comments will be made part of the official record.

LIKE WHAT WE DO?

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

Thursday, December 9, 10:00 AM – 12:00 PM

To Register + Join by Computer:
https://tinyurl.com/vj8zta2z

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

To Join by Phone: 1-415-655-0001
Access code: 2599 219 4327

Operations Committee Members:			
Carlos Moreno, *Co-Chair*	Juan Preciado, *Co-Chair*	Miguel Alvarez	Michele Daniels (Alternate)
Alexander Fuller	Joe Green	Justin Valero, MA (Exec, At Large)	
QUORUM*:	**4**		

AGENDA POSTED: December 2, 2021

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California's Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click here.

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 Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. 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 via https://www.surveymonkey.com/r/PUBLIC_COMMENTS .
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 hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

Los servicios de interpretación para personas con problemas de audición y los servicios de traducción para otros idiomas además del inglés están disponibles sin cargo con al menos 72 horas de anticipación antes de la fecha de la reunión. Para coordinar estos servicios, comuníquese con la oficina de la Comisión en hivcomm@lachiv.org o deje un mensaje de voz al 213.738.2816.

SUPPORTING DOCUMENTATION can be obtained via the Commission's website at http://hiv.lacounty.gov or at the Commission office located at 510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020. Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

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

I. ADMINISTRATIVE MATTERS

1. Approval of Agenda **MOTION #1** 10:02 AM – 10:07 AM
2. Approval of Meeting Minutes **MOTION #2**

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

3. *Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment, you may do so in-person, virtually by registering via WebEx or submit in writing at hivcomm@lachiv.org.*

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

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

IV. REPORTS

5. Executive Director/Staff Report 10:15 AM – 11:00 AM

A. Operational Updates

B. 2022 Assessment of the Administrative Mechanism (AAM)

6. Co-Chair's Report 11:00 AM – 11:25 AM

A. Committee Co-Chair Open Nominations + Elections **MOTION #3**

B. "So You Want to Talk About Race?" Ch.16 & 17 | Reading Activity

C. 2022 Work Plan Development

7. Membership Management Report 11:25 AM – 11:35AM

A. 2021 Renewal Membership Application

- Carlos Moreno Seat #11 **MOTION #4**

B. Membership Process: Interview Questions Work Group | Update

V. DISCUSSION

8. Comprehensive HIV Plan (CHP) 11:35 AM – 11:45 AM

9. Recruitment, Retention and Engagement 11:45 AM – 11:50 AM

A. Outreach Efforts & Strategies

VI. NEXT STEPS 11:50 AM – 11:55 AM

10. Task/Assignments Recap

11. Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS 11:55 AM – 12:00 PM

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

VIII. ADJOURNMENT 12:00 PM

13. Adjournment for the meeting of December 9, 2021

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Operations Committee minutes, as presented or revised.
MOTION #3:	Approve Operations Committee Co-Chair, as elected.
MOTION #4:	Approve Renewal Membership Application for Carlos Moreno (Seat #11), as presented or revised

LOS ANGELES COUNTY
COMMISSION ON HIV

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

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

DRAFT

OPERATIONS VIRTUAL MEETING MINUTES

October 28, 2021

OPERATIONS MEMBERS P=Present | A=Absent									
Carlos Moreno *Co-Chair*	P	Juan Preciado *Co-Chair*	P	Miguel Alvarez	P	Michele Daniels (Alt)- ***LOA***	EA	Alexander Fuller	P
Joe Green	P	Justin Valerio, MPA *Exec, At-Large*	P						
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA, *Executive Director*		Dawn McClendon		Catherine LaPointe		Jose Rangel-Garibay, MPH		Sonja Wright, MS, LAc	

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval

Meeting agenda and materials can be found on the Commission's website at
http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt-Ops_10_28_21-updated.pdf?ver=YKqP8ZFH1I59mTa8YoOCig%3d%3d

CALL TO ORDER – INTRODUCTIONS – CONFLICTS OF INTEREST: Carlos Moreno called the meeting to order at 10:00 am. Committee Members introduced themselves and identified care and/or prevention conflicts of interest.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**
   MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.
2. **APPROVAL OF MEETING MINUTES**
   MOTION #2: August 26, 2021 and September 23, 2021 ***(Passed by Consensus)***.

II. PUBLIC COMMENT

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

   None.

III. COMMITTEE NEW BUSINESS ITEMS

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

   None.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Operational Reports

Executive Director Cheryl Barrit discussed the following:

- The Health Resources and Services Administration (HRSA) released the Policy Clarification Notice providing detailed guidance regarding the elimination of the six-month recertification process Ryan White eligibility can be expected that DHSP will be following up with memos directed to providers and contractors issuing guidance on implementation.
- September 16, 2021, Governor Newsom signed Assembly Bill 361 which allows continuation of virtual meetings through year 2024 as long as a state of emergency is declared which is determine by each local jurisdiction, in this case the Board of Supervisors C. Barrit continues to work with the BOS-Executive Office to ensure the most current guidance is being relayed to the Commission.

B. November and December Holiday Schedule

- Due to the holidays, the Committee agreed to (1) meet at least once more before the year ends and (2) the next meeting will coincide with the Executive Committee's decision.

C. Assessment of the Administrative Mechanism (AAM)

- At the last Operations Committee meeting, C. Barrit provided a (1) refresher of the AAM and (2) its purpose.
- C. Barrit presented the draft questions for review and highlighted the following:
  - Historically, the AAM is administered via key informant interviews and an online survey to DHSP-contracted providers by a COH-procured consultant. The last AAM included an assessment of COH to assess how well the COH and staff are meeting the needs of its members in preparing them to make decisions on priority setting and resource allocations.
  -
  - The draft AAM presented includes revised questions from the previous AAM yet slightly revised so that the baseline remains the same. If the questions are consistent it will allow an opportunity to see if there is a pattern in a particular year. With this approach, the Committee will be able to take a look at the deficiencies and map a plan for improvement.
  - Ideally, the AAM should be completed every March to enable an opportunity for ongoing conversations with DHSP on how to address the issues that arise from the assessment.
  - The first set of questions in part 1 is for commissioners, part 2 is for randomly selected contractors. Note: the link to the packet is provided above.
- The committee expressed concerns regarding the implementation of the AAM, specifically whether it should be developed and administered via an independent consultant or internally via SurveyMonkey. C. Barrit offered the group the opportunity to consider supporting staff in doing an anonymous survey every year rather than hiring a contractor, primarily due to practical reasons. If a contractor is hired it would most likely consist of a six-month process, which limits the ability to complete the AAM yearly. C. Barrit pointed out that most jurisdictions use their staff to issue the anonymous survey for ease and to be timely in developing the analysis. C. Barrit requested that the Committee discuss and consider supporting staff in conducting a yearly anonymous AAM survey Additional follow-up questions and concerns were expressed:
  - (1) the past use of contractors and who those contractors were, (2) would multi-year contracting with the previous agencies used for the AAM cut the down on the overhead, (3) the high burden of responsibility for staff if done internally, (4) transparency concerns if the survey is completed in-house, and (5) setting a standard for the "process".
  - C. Barrit offered to go over what has been proposed to DHSP regarding the operational budget for the current year and as a predictor of what funding would look like for future years, so that a decision can be made regarding hiring contractors annually versus staff conducting anonymous surveys.
  - ➢ Agendize the AAM with sufficient time allotted for discussion at the next meeting. A suggestion was made to look at the past AAM as a point of reference to see which recommendations have been implemented.

6. Co-Chair's Report

A. Welcome Danielle Campbell as Commission Co-Chair

- The Operations Committee welcomed Danielle Campbell in her new leadership position as Commission Co-Chair.

B. Committee Co-Chair Open Nominations

- Luckie Alexander and Justin Valero were nominated for Operations Co-Chairs; both accepted the nominations. L. Alexander's eligibility will be grandfathered in as he served on the Operations Committee in the past. The nominations will remain open until the next Operations Committee meeting at which time the elections will take place.
  - ➢ Agendize 2022 work plan discussion.

C. *So You Want to Talk About Race?* – Book Reading Activity

Commissioner Luckie Fuller read from chapter 15.

7. MEMBERSHIP MANAGEMENT REPORT

- New Member Application
  - Jesus Orozco (HOPWA Seat) – Motion #3

    Jesus Orozco **MOTION #3** *Approve Membership Application for Jesus Orozco (HOPWA Seat), as presented or revised, and forward to the Executive Committee for approval.* (✓Passed by Majority, Roll Call: M. Alvarez, A. Fuller, J. Green, J. Valero, C. Moreno, J. Preciado)

  - Jesus Orozco (prefers to be addressed as "Chuy") introduced himself as the new Housing Opportunities for People Living with HIV (HOPWA) representative, replacing Maribel Ulloa. Chuy provided a brief introduction and expressed gratitude for being the program manager representative. Leave of Absence – Amiya Wilson | Status
    The Operations Committee was informed that Amiya Wilson has resigned. The resignation is reflected on the membership roster and the Parity, Inclusion, and Reflective (PIR) chart.

- Revising Interview Questions – New Applicants-Only

  Operations decided to form a subgroup consisting of Justin Valero, Carlos Moreno, Damone Thomas, and Joe Green, with a special invite to Jayda Arrington to participate in the subgroup. The emphasis will be on reviewing and revising the application interview questions with the aim of making the questions more specific, relatable, consumer- and community-friendly. The respective representatives will present a draft product to all Caucuses for feedback.

  - ➢ Send Word version of interview questions to the subgroup.
  - ➢ Schedule work group meeting date/time.
  - ➢ In order to address the Committee's small membership, a Committee interest email was suggested; staff to coordinate.

V. DISCUSSIONS

8. ENDING THE HIV EPIDEMIC (EHE) OPPORTUNITIES

- D. McClendon highlighted the COH is in the preliminary stages of planning for our Comprehensive HIV Plan (CHP). It is a five-year integrated HIV prevention and care plan that is required by HRSA and is the road map for how we will address HIV in Los Angeles County. The CHP is due December 2022 and will include the EHE. Consultant AJ King will help to develop the plan.

9. Kevin Donnelly (Co-Chair, Planning, Priorities and Allocations-PP&A Committee) added the CHP will be a standing item on the PP&A agenda and more information will become available once planning starts. There is also the consideration of using other plans (ex: Long Beach and West Hollywood) to build a collaborative effort that branches across all areas with the hope of crafting a plan that addresses health equity and disparities in care and prevention.

RECRUITMENT, RETENTION, AND ENGAGEMENT:

- Co-Chair C. Moreno provided an update of how he is implementing recruitment and engagement at Children's Hospital. He has implemented a "how I can get involved with the Commission" section in a program he facilitates for HIV+ young males which encourages them to get involved and become a part of the Commission.
- Co-Chair J. Preciado stated that he is looking forward to identifying leaders within the Community Advisory Board (CAB) who might be interested in joining the Commission, as well as using the resources that are in the toolkit.
- J. Green mentioned that he volunteers at Being Alive and discusses participating in the Commission.
- Staff members J. Rangel-Garibay and C. LaPointe are in the process of developing the Commission's social media toolkit resource guide that will expand our outreach efforts. It is anticipated that this will be launched in conjunction with the refreshed website and the new electronic membership application in January 2022.

10. MENTORPSHIP aka PEER COLLABORATOR/BUDDY PROGRAM

- D. McClendon indicated that time should be dedicated on an upcoming agenda to reassess how the Operations Committee wants to move forward with the Mentorship Program. D. McClendon elaborated that staff has done an incredible job with developing materials and launching the program, however staff is unable to force relationships. There are not many commissioners who are available to mentor, as such a different approach is warranted.
  - Agendize reassessing the mentorship program in the first quarter of 2022.

VI. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP:

- Agendize ample time for AAM discussion. C. Barrit will provide examples from the New York and San Francisco planning councils.
- Agendize 2022 work plan discussion.
- Co-Chair nominations and elections.
- Agendize PIR.
- Agendize attendance for January.
- Email interview questions in Word format to the subgroup (J. Valero, C. Moreno, D. Thomas, J. Green, and invite J. Arrington to participate in the subgroup).
- Agendize mentorship program on a future agenda.

12. AGENDA DEVELOPMENT FOR NEXT MEETING : There was no additional items.

VII. ANNOUNCEMENTS : None.

VIII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 12:02 pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 12/06/21

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

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
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)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	**Anthony**	Southern CA Men’s Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
MORENO	**Carlos**	Children’s Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	**Juan**	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	**Joshua**	Unaffiliated consumer	No Ryan White or prevention contracts
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
RODRIGUEZ	**Isabella**	No Affiliation	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	**Reba**	No Affiliation	No Ryan White or prevention contracts
THOMAS	**Damone**	No Affiliation	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
VEGA	**Rene**	No Affiliation	No Ryan White or prevention contracts
VELAZQUEZ	**Guadalupe**	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	**Ernest**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services

Quick Reference Handout 7.2: Assessment of the Administrative Mechanism

Legislative Requirement

The Ryan White HIV/AIDS Program (RWHAP) legislation requires each Part A program's planning council to *"assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."* [Section 2602(b)(4)(E)]. This responsibility is generally referred to as the "assessment of the administrative mechanism" or AAM. Some planning bodies also do an assessment of the administrative mechanism (AAM), though this is not legislatively required.

Some planning councils/planning bodies (PC/PBs) also become involved in assessing the effectiveness of services, usually in coordination with recipient activities related to use of performance measures and clinical outcomes, but this is not part of the AAM. This document focuses on planning and implementing an annual AAM.

What is an AAM?

The AAM is a review of how quickly and well the Part A recipient (and administrative agency, if one exists) carries out the processes needed to contract with and pay providers for delivering HIV-related services, so that that the needs of people living with HIV/AIDS (PLWH) throughout the Part A service area are met. Emphasis is on ensuring services to PLWH and to communities with the greatest need for Ryan White services.

The Part A Manual says:

> *"Its purpose is to assure that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner…*
>
> *Generally, assessments are based on time-framed observations of procurement, expenditure, and reimbursement processes. For example, the assessment could identify the percent of funds obligated within a certain time period (e.g., 90 days) from the date of grant award and the percent of providers that are reimbursed within a specified number of days following submission of an accurate monthly invoice. Reimbursement processes can be tracked from date of service delivery through invoicing to payment, with documentation of delayed payments and, where feasible, any adverse impact on clients or providers. This information is usually obtained from the grantee in aggregate form. Sometimes the planning council will arrange to obtain information directly from providers…"* [p 101]

This is the *only* PC/PB task that involves looking at procurement and contracting, which are recipient responsibilities.

HSRA/HAB Expectations

HRSA/HAB expects each PC/PB to conduct an AAM annually, provide a written report with conclusions and recommendations to the recipient, and receive a written response from the recipient. The Notice of Funding Opportunity (NOFO) for the annual competitive Part A application sometimes asks for a summary of AAM findings and recommendations and the recipient's response, and occasionally asks that they be submitted as an attachment to the application.

Scope of the AAM

Topics covered in the AAM typically include the following:

- **The procurement process for RWHAP services**—including outreach to potential new service providers ("subrecipients"), dissemination of the Request for Proposals (RFP), number of applications received and funded, the review process for proposals to provide services, including use of an objective review panel and the composition of that panel, and criteria used in selection of subrecipients as service providers.
- **Contracting**—including the length of time between Notice of Grant Award to the recipient and completion of fully executed subcontracts with service providers/subrecipients.
- **Reimbursement of subrecipients**—including the monthly reporting and invoicing process and the length of time between recipient (or administrative agency) receipt of an accurate invoice with required documentation and issuance of a reimbursement check to the provider, as well as obstacles to timely reimbursement.
- **Use of funds**—whether contracting and expenditure of Part A funds are consistent with allocations made by the planning council,[1] and the proportion of formula and supplemental Part A funds that are expended by the end of the program year. The PC needs this information for the Letter of Assurance (or for a PB, the Letter of Concurrence) that must be included each year in the Part A application.

Measures should be consistent with local, state, or federal requirements. For example, the recipient or administrative agency is required to reimburse subrecipients within 30 days after receiving a correct invoice. A competitive procurement process should include objective review by a panel of at least three subject matter experts.[2]

In addition to these essential topics, the AAM sometimes addresses another topic important to the PC/PB:

- **Engagement with the PC/PB in the planning process**—how and how well the recipient and PC/PB work together to carry out shared and coordinated planning tasks, to meet legislative requirements, the extent to which the PC/PB receives the data needed for sound decision making, and evidence of success in maintaining and strengthening the system of HIV care, so desired performance and standards and clinical outcomes are reached. If there is an MOU between the PC/PB and recipient, the AAM looks at the extent to which both parties met their commitments, including the extent to which all agreed-upon data and reports from the recipient were

1 Planning bodies that are not planning councils offer only recommendations, so this requirement does not apply to them.

2 The 30-day requirement is stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (Uniform Guidance), 4 CFR 75.305, available at https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=501752740986e7a2e59e46b-724c0a2a7&ty=HTML&h=L&r=PART&n=pt45.1.75. The requirement for an objective review panel to include at least "three unbiased reviewers with expertise in the programmatic area for which applications are submitted" is in the HHS Grants Policy Statement, p I-29. See https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

received on schedule by the PC/PB and its committees. PC/PBs and recipients often agree to include this information as a useful way to assess their relationship and compliance with mutual commitments.

Sometimes PC/PBs want to include monitoring of other aspects of recipient management in the AAM—but HRSA/HAB does not support this: "The planning council should not be involved in how the administrative agency monitors providers" [Part A Manual, p 102].

Methods for Conducting an AAM

PC/PBs use a variety of methods to carry out their AAMs. Most often, the information is collected through a combination of the following:

- **Obtaining summary information from the recipient** about each of the topics. For example, this is likely to include the percent of contracts fully executed within 30, 60, and 90 days after notice of grant award; the average time (and the range of days) required each month for the recipient to issue checks to funded providers following receipt of accurate invoices; and the amount and percent of Part A funds allocated by the PC/PB to each service category versus the amount and percent actually spent on each service category. Recipients sometimes report this information annually, but may also provide some data twice annually or quarterly.

TIP: Agree with the recipient on data to be requested, and if possible, document agreements in a chart format. Reach agreement at the beginning of the program year. This will make it easier for the recipient to collect information throughout the year and provide the needed information promptly.

- **Review of expenditure and related data,** usually provided to the PC/PB monthly by the recipient, including expenditures by service category, under- and over-expenditures, and progress and concerns related to funding, contracting, and program management.

TIP: As with the summary data provided annually, reach agreement with the recipient at the beginning of the year on the scope and format of monthly data reports, including a financial data chart and a template for narrative updates. Maintain the same format year after year if it works well, but review content and format at least every two years, and agree on changes as needed.

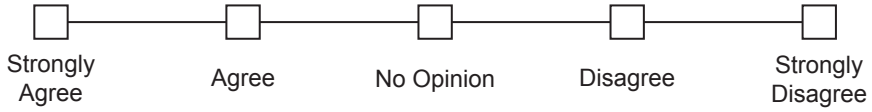
- **A survey of subrecipients/funded providers** to learn about their experiences related to procurement, contracting, and reimbursement. This is often done using an online survey format and a combination of multiple-choice or rating-scale questions and a few open-ended questions. Some PC/PBs do a provider survey every year, others less often.

TIP: To obtain a reasonably high response rate (more than half the funded providers), keep the survey as short as possible, and use questions that just require a rating or checking a box. Be sure the survey is sent to the right person (who has the information requested), and send frequent reminders to complete the survey.

Example of Rating Scale Questions

	Always	Usually	Rarely	Never	N/A, Don't know
The recipient processes invoices within two weeks of submission.	○	○	○	○	○

The Recipient Office staff informed my agency of reallocation processes and the requirements of our spending plan in order to make necessary adjustments during the year.



Examples of Well-Written Questions

Provider Survey Questions

Questions should be clear and direct. For example, here are some questions for providers regarding the procurement process and reimbursements. The questions use a rating scale response option.

- The recipient provides feedback to each bidder.
- The recipient processes invoices within 2 weeks of submission.
- The recipient issues payments within 30 days following submission of complete, accurate invoices.
- The Recipient Office staff informed my agency of reallocation processes and the requirements of our spending plan in order to make necessary adjustments during the year.

Sources: Memphis and West Central Florida Care Council AAM provider surveys.

PC Member Survey Questions

The example questions below address how the recipient works with the PC and whether it follows allocations and directives established by the PC. These questions use a rating scale response option.

- The Planning Council receives regular monthly reports on service utilization and expenditures by service category.
- The Planning Council receives a year-end summary of expenditures, utilization, unit costs, and client demographics by service category.
- The recipient has a staff member at each committee meeting except when asked not to attend.
- The recipient's contracting follows Planning Council service category priorities, allocations, and reallocations.
- The recipient implements directives from the Planning Council on how best to meet priorities.

Sources: Memphis 2015 AAM PC survey and the 2012-2013 West Central Florida Care Council survey.

Once all the information has been collected, and data from providers and PC/PB members has been aggregated and summarized by question and topic, the responsible committee reviews the data, identifies findings for each question and topic area, and agrees on conclusions and recommendations. Often the committee outlines the content, and then either a subcommittee or the PCS staff (or a consultant) prepares the written report for committee and full PC/PB review and approval.

Challenges in Conducting an AAM

- **Reviewing data without provider names.** The AAM is usually carried out jointly by a PC/PB committee and a Planning Council Support (PCS) staff member or consultant. PCS staff involvement is particularly important because of the expectation that, in all their work, PC/PBs receive and discuss data about providers only in the aggregate, overall or by service category, ***not*** by agency name. The AAM often involves obtaining information from individual subrecipients. PCS staff (or a consultant) typically receives provider surveys and aggregates that information, so the PC/PB committee receives combined data from those surveys, but members do not see information that identifies or could be linked to subrecipients by name.
- **"Mission creep."** As the *Part A Manual* indicates, "*This is the only situation in which the planning council considers issues related to procurement and contract management, which are the grantee's sole responsibility."* Assessing the administrative mechanism is not meant to be an evaluation of the recipient or of individual subrecipients/service providers. There is sometimes a tendency to broaden the scope of the AAM to include issues that are not appropriate for PC/PBs to address. PC/PB leaders and the appropriate committee should be familiar with HRSA/HAB guidance through the *Part A Manual.* Knowledgeable PCS staff can also help avoid this situation.

Examples of AAM Methods

Some Planning Councils post their assessment reports. Example A summarizes the methodology used for the Orlando EMA HIV Services Planning Council's FY 2015 assessment of the administrative mechanism; the report is available online.[3] Example B describes the methods and sources used by the Tampa/St. Petersburg EMA for its FY 2012 AAM; that assessment report,

EXAMPLE A

Scope and Methodology: Assessment of the Administrative Mechanism, Orlando EMA

Scope: "This report addresses the following areas: a) the extent to which the recipient's office follows the Planning Council's directives regarding the ways to best meet needs and their spending priorities; b) the renewal and contracting processes; c) the filing/reimbursement process; d) survey findings based on responses from Providers and Planning Council members; e) interviews with Recipient, Fiscal and Procurement staff; and f) file reviews of invoices and contracts."

Methods: "Various methods were used to collect the information needed to address the Assessment of the Administrative Mechanism. These methods included: a literature review, including a review of previous and other EMA's reports; analysis of completed 2015–16 provider surveys and Planning Council member surveys; interviews with the Recipient, Fiscal and Procurement departments; and file reviews. The provider and Planning Council member surveys were handled confidentially which enabled candid responses without repercussions."

3 Center for Change, Inc., "Assessment of the Administrative Mechanism, Fiscal Year 2015/2016," Orlando EMA HIV Service Planning Council, available at: https://www.orangecountyfl.net/Portals/0/Resource%20Library/families%20-%20health%20-%20social%20svcs/Ryan%20White/Assessment%20of%20the%20Administrative%20Mechanism.pdf.

including tools, is also available online.[4] Both assessments follow Part A Manual guidance on the scope of the assessment.

PC/PBs are usually willing to share tools and reports. PCS staff should contact colleagues for advice and assistance when needed—and make them accessible to other PC/PBs by posting their own methods, tools, and reports on their websites where feasible.

EXAMPLE B

Methodology for the Assessment of the Efficiency of the Administrative Mechanism, West Central Florida Ryan White Care Council, FY 2012-2013

"The Assessment of the Administrative Mechanism examines the allocations determined by the Care Council, contracting of those services, and reimbursement for those services. Data was collected through the following means:

- Provider Survey
- Care Council Survey
- Review of Care Council Approvals of Allocations and Re-allocations
- Review of Provider Contracts and Contract Amendments
- Review of Provider Invoices and Reimbursement Records
- Review of Committee Meeting Minutes
- Interviews with Grantee staff, provider staff, and Care Council members

Both the Provider Survey and the Care Council Survey questions were reviewed by the Resource Prioritization and Allocation Recommendations Committee (RPARC). The Health Council of West Central Florida announced the surveys via email, which provided a link to the web-based survey tool."

4 Health Council of West Central Florida, under contract by The Health Councils, Inc., "West Central Florida Ryan White Care Council Assessment of the Administrative Mechanism Part A, 2012-2013." Available at: http://thecarecouncil.org/wp-content/themes/RyanWhite/files/AAM%20Part%20A%202012%2013%20Report%20Final.pdf.

Los Angeles County Commission on HIV (COH)
Assessment of Administrative Mechanism Annual COH Member and Contracted Provider Survey
Draft Questionnaires – FOR DISCUSSION PURPOSES ONLY
OPERATIONS COMMITTEE

Background:
The purpose of the Assessment of the Administrative Mechanism (AAM) is to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Health Resources Administration (HRSA) expects planning council to complete the AAM on an annual basis.

The proposed survey will be administered anonymously via Survey Monkey. One component of the survey will focus on Commissioners, the other among a group randomly selected 20 contractors. Incentives may be offered to encourage participation.

Part 1 | Commissioners only:

1. For how long have you served as a Commissioner and/or Alternate on the Los Angeles County Commission on HIV?
   - Less than 1 year
   - Between 1-2 years
   - Between 3-4 years
   - 5 years or more

2. During the (INSERT RYAN WHITE PROGRAM YEAR) planning, priority setting and resource allocation process, which committee(s) were you a member of?
   - Executive
   - Operations
   - Planning, Priorities and Allocations
   - Public Policy
   - Standards and Best Practices
   - N/A-I was not a member
   - Comments

3. During the (INSERT RYAN WHITE PROGRAM YEAR) priority setting and resource allocation planning cycle, did the Commission on HIV assess an appropriate amount and type of data on an ongoing basis to determine community needs?
   - Yes
   - No
   - I don't Recall
   - N/A-I was not a member during the last planning cycle
   - Comments

4. During the (INSERT RYAN WHITE PROGRAM YEAR) planning cycle, do you recall any of the following DHSP reports being provided as a part of the priority setting and resource allocation process?
   - Ryan White Program expenditure reports (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)

- Annual report to HRSA (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- Service utilization data (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- Needs assessment data (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- Program updates (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- HIV Surveillance data (Yes, No, I don't recall, N/A- I was not a member during the last planning cycle)
- Comments

5. Please indicate the degree to which you agree with the following statement: *There is adequate consumer participation and input in the planning, priority setting and resource allocation process.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- I don't know
- Comments

6. Please indicate the degree to which you agree with the following statement: *During the last planning cycle, I was adequately notified of planning, priority setting and resource allocation activities and meetings.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- I don't know
- Comments

7. Please indicate the degree to which you agree with the following statement: *In terms of structure and process, the Commission on HIV is effective as a planning body.*
- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

8. Please indicate the degree to which you understand the following:
- Structure of the Commission on HIV (Completely understand; Somewhat understand; Mostly don't understand; Don't understand at all; N/A; Comments)
- Role of the Commission on HIV (Completely understand; Somewhat understand; Mostly don't understand; Don't understand at all; N/A; Comments)

- Process(es) of the Commission on HIV (Completely understand; Somewhat understand; Mostly don't understand; Don't understand at all; N/A; Comments)

9. Please indicate the degree to which you agree with the following statements: *The Commission on HIV has prepared me to make decisions related to:*
- Service standards (Strongly agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree; N/A; Comments
- Allocation/Reallocation Process (Strongly agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree; N/A; Comments
- Service Category Prioritization (Strongly agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree; N/A; Comments

10. Please indicate the degree to which you believe the priorities and allocations established by the Commission on HIV in (INSERT RYAN WHITE PROGRAM YEAR) were followed by DHSP.
- A great deal
- A lot
- A moderate amount
- A little
- Not at all
- I don't know
- N/A
- Comments

Part 2 | 20 Randomly Selected Contractors

1. Please describe the level of guidance you get from DHSP with respect to invoicing, budget development and budget modifications.
Comment:

2. With respect to the process of program monitoring, how clear are you on the expectations prior to the site visit and monitoring?
- Very clear
- Somewhat clear
- Somewhat unclear
- Not clear at all
- Comment

3. Does DHSP regularly provide feedback on your performance? If so, is the feedback helpful?
Comment:

4. Do you get feedback or technical assistance from DHSP on barriers and challenges reported on progress reports? If so, is that feedback or TA helpful?
Comment:

5. With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).
Comment:

6. Do the RFPs provide clear instructions, directions, and/or guidance? If yes, how so? If no, in what ways are they unclear? What was your role in developing the application in response to the RFP?
Comment:

7. Do you feel the county's process of awarding contracts for services is fair? Please explain.

8. What are the most effective practices implemented by your agency to ensure that Ryan White program funds are spent efficiently?
Comment:

9. DHSP issues payments within 30 days following submission of complete, accurate invoices, and submitted in a timely manner as stipulated by the DHSP contract.

- Always
- Usually
- Rarely
- Never
- N/A, I Don't Know
- Comment

LOS ANGELES COUNTY COMMISSION ON HIV (COH)
ASSESSMENT OF THE ADMINISTRATIVE MECHANISM (AAM)
RYAN WHITE PROGRAM YEARS 24, 25, 26
(FY 2014, 2015 and 2016)

RECOMMENDATIONS MATRIX-DISCUSSION WORKSHEET FOR OPERATIONS COMMITTEE (UPDATED 3.19.19); UPDATES IN RED IN 3RD COLUMN.

In general terms, the AAM shows that the overall administrative mechanism that supports the system of Ryan White Care Act-funded service delivery in Los Angeles County is healthy and works well. A number of recommendations were offered by representatives of each level comprising the administrative mechanism as to possible improvements to the system, but the overarching assessment is that a mature and competent system has been developed. While the overall assessment included recommendations for improvement, the following positive attributes were noted: 1) the Commission on HIV (which is the Ryan White Planning Council) has highly committed staff that provide excellent support to its members, and their deliberations are thoughtful and result in allocations of resources that are responsive to community needs; 2) the administrative entity (DHSP) also is given high marks for competence, dedication and responsiveness to Commission allocations and directives; 3) the provider community has long experience in delivering quality and comprehensive services.

#	Recommendation	Priority Level: High, Medium, Low	Target Deadline/Notes/Comments
Focus Area 1: Commission on HIV Perspectives			
1	Survey of the entire membership. In addition to the Key Informant Interviews (of those most involved in service procurement processes) it is recommended that there be a survey tool to assess the perceptions of efficiency that are held by the entire body.	**High Main deliverable for 2019.**	• Combine with item #2. • Expand survey to all Commissioners is not hard, reflects interest in views, and can inform training, e.g., one question was, "Do you recall getting trained on the planning and priority-setting process?" (Operations Committee Meeting 10/25/18 minutes). • 2/21/1 - Start review of questionnaire and solicit DHSP feedback. • 3/29/19 - Finalize updated questionnaire. Review list of survey participants. April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers.

2	Future AAM processes should include tools to elicit perceptions of other components of the "administrative mechanism" as to the efficiency of the COH. While it is helpful to compile the collective perception of some of the most involved members of the COH regarding the body's efficiency, it would be a more robust assessment to include the perceptions of other partners in the administrative mechanism, such as DPH/DHSP staff and Providers.	**Medium Main deliverable for 2019.**	• Combine with item #1. • Pertains to additional broadening of perspectives." (Operations Committee Meeting 10/25/18 minutes). • Main deliverable for 2019. • 2/21/1 - Start review of questionnaire and solicit DHSP feedback. • 3/29/19 - Finalize updated questionnaire. • April-May 2019 - Release survey via SurveyMonkey to all COH members, DPH/DHSP staff and providers. • Questions could help with an evaluation of the COH (AAM Workgroup Meeting 3/7/19).
Focus Area 2: Key Division of HIV and STD Programs (DHSP) and Department of Public Health (DPH) Stakeholder Perspectives			
3	The next assessment of the administrative mechanism (or some other interim administrative review) should include an assessment of the HR and Finance systems of the County and how they are impacting the ability of DHSP and DPH to efficiently employ appropriate processes to support HIV service delivery.	**Medium 2021**	• Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. • May be focus of next AAM. Possible Health Agency changes may impact. (Operations Committee Meeting 10/25/18 minutes). • Assessment of the DPH HR and Finance systems could be the focus of the AAM slated for 2021/2022 (AAM Workgroup Meeting 3/7/19).
4	Encourage the Executive Office or DPH to explore the impact of the consolidation of Contracts and Grants at the DPH level, as compared to the previous placement of Contracts and Grants within DHSP.	**Low**	• Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. • Tied to ongoing organizational changes within DPH and process oriented. (Operations Committee Meeting 10/25/18 minutes).
5	Encourage the relevant components of the County to explore compensation for reviewers as many other governmental levels offer. A companion suggestion was made to assemble a "pool" of qualified reviewers (as HRSA does), and this suggestion should be revisited.	**Low**	• Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. • Impact low now. Few new Requests For Proposals (RFPs) due to expansion of services for existing RFPs. (Operations Committee Meeting 10/25/18 minutes).
6	The DPH/DHSP should collaborate with ISD or undertake its own well-promoted community education sessions to educate providers who are not current county contractors	**High 2020**	• Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead.

	about the steps, requirements and competencies necessary to do business with the County so as to potentially become HIV service delivery providers. Special outreach should be made to providers with competency in minority communities and in the HIV "hot spots" identified in the county's HIV epidemiology reports.		• Supports adding providers with special focus on those serving minority communities and HIV "hot spots." (Operations Committee Meeting 10/25/18 minutes). • DHSP is approaching the solicitations process in a different way to get more providers to apply for RFPs. They are looking at a broader distribution of RFP notices and will start a series of trainings in April 2019 for agencies on how to better respond to RFPs. The trainings will replace bidder's conferences (AAM Workgroup Meeting 3/7/19).
7	Given the reported variability among individual fiscal and programmatic monitors, DHSP should be encouraged to improve the quantity and frequency of its internal training of its contract monitoring staffs. While most staff members received high marks for their competency, there was sufficient commentary about variability among staff in their interaction with providers to warrant a review by DHSP senior staff.	**High 2020**	• Ongoing conversation with DHSP to determine how the COH can best support their efforts to improve internal operational and administrative efficiency. DHSP is the appropriate lead. • Training for DHSP contract monitoring staff on consistent communication and collaboration with providers. (Operations Committee Meeting 10/25/18 minutes). • DHSP is currently looking into doing internal training for DPH Contracts and Grants unit staff to ensure uniformity of messages and information given to contractors. DHSP staff have regular communications and training to ensure uniformity of information given to agencies. Dr. Green's unit is in the process of revising monthly reporting tools for each service category to get more accurate and specific information from providers. Dr. Green will lead the training for DHSP program monitors on how to use the updated monthly reporting tool and how to give better and consistent guidance and information to contractors (AAM Workgroup Meeting 3/7/19).
Focus Area 3: Contracted Agency Perspectives			
8	There is clearly a great deal of variability among providers in terms of their own internal processes that ensure efficient delivery of funded services. A recommendation for COH to consider would be to participate with DHSP to convene a "best practice ~~summit~~ roundtable~~"~~ where more experienced	**Medium 2021**	• Revise "summit" to "roundtable." Use frontline feedback, but focus on provider executives to effect change. (Operations Committee Meeting 10/25/18 minutes). • Frame the best practices roundtable in a way that is not looking

	provider agencies could share information on their systems and processes with less experienced providers. Various incentives could be explored such as compensation for staff time, or prizes for "best new practice," or other incentives that might be funded by COH or private funders.		at the procurement process. Traci Bivens-Davis suggested approaching the best practices roundtable by looking at impacts on clients (AAM Workgroup Meeting 3/7/19).
9	It was suggested that there could be improvements to provider efficiency if the current mandated data system were improved or another system implemented. If sufficient IT expertise were available or could be secured, a review of the collective data management system used by DHSP would be useful. Particular dimensions of the functionality of such a system that should be explored would be its use to avoid multiple eligibility processes across providers, and its ability to generate data so that monitoring of contract performance by providers could be partially automated and thereby both agency and DHSP staff would need less time on site.	**High 2020**	• Related to CaseWatch. DHSP is the appropriate lead. • Focus on feasible improvements, e.g., renewing previous ability of providers to access CaseWatch to identify a client's prior provider to minimize paperwork burden on client and ensure coordination (not duplication) of care. (Operations Committee Meeting 10/25/18 minutes). • DHSP is looking at a possible replacement to Casewatch for care related services and a system called IRIS for prevention services. In the past, a provider could see if a patient has been seen in another agency. That feature has been made active again. One issue is that most providers do not go into Casewatch before seeing the patient to check if they are already in the Ryan White care system. Providers are not accessing Casewatch in real time while with the client. DHSP is continuing to look into an eligibility card for clients (AAM Workgroup Meeting 3/7/19).
General Recommendations			
10	It is recommended that a task force be convened (by the Executive Office or whatever level deemed appropriate) to do a comprehensive review of all the steps involved in procuring HIV related services. Given that it is reported by multiple sources that the overall timeline from identifying a need to getting reimbursable services on the street is around 24 months, and that timeline has not changed for over a decade, it is clear that this complicated and sometimes redundant system could be "tested" for efficiencies.	**High 2019 Policy and County-wide issue**	• Related to 2019 Co-Chairs' Priorities to work with the BOS to address the County's long contracting process and cycle. • Discuss with DHSP to develop a time study of procurement steps to test for efficiencies. (Operations Committee Meeting 10/25/18 minutes). • Since the contracting and procurement process is a countywide issue that requires a policy change from the Board of Supervisors, she asked if there are other advocacy work that the Commission should consider. Dr. Green noted he is exploring some possible options within DPH. He recommending working with health deputies first and Commissioners should focus on

			how the delays in contracting are impacting clients. Explore a fast track process for grant funded programs. Consider giving examples of how the delays in the contracting process impact access to services and clients. DHSP could help provide examples (AAM Workgroup Meeting 3/7/19).
11	It was noted by various informants that ISD (the Internal Services Department) is exploring its procurement processes and looking for improved efficiencies. It was also reported that the Interim Health Officer at DPH has noted that the department is moving on a fiscal and administrative function reorganization that could have an impact on HIV related service contracting. It appears timely to intensively study the procurement process for RWCA funded services as a part of the preparation for this reorganization.	**High 2021**	• Assess, watch, track, and monitor possible impact of single budget code consolidation for DPH • Include in scope of next AAM • Dr. Green noted that there has not been a consolidation of budget functions at DPH so far. Cheryl Barrit recommended that the Operations Committee track the issue for any potential impact on service delivery (AAM Workgroup Meeting 3/7/19).
Procedural Recommendations Regarding Future AAMs			
12	A procedural recommendation (that had been made in previous AAMs) reemerged in the process of conducting the current AAM. There seems to be no readily available database or information on the specific dates of each of the steps in the contracting process for each provider. It is recommended that the COH encourage the DHSP to track this information and to make it available for assessments in the future. This is one of HRSA's recommended practices, and it would augment future AAMs.	**Low 2021**	• Discuss with DHSP to develop a time study of contracting steps with a provider to inform future AAMs.
13	Another procedural component that is very useful to quantitative analysis (and has been done in prior AAMs) is to conduct a survey of providers regarding their assessment of the efficiency of the overall administrative mechanism and in particular the procurement and fiscal/program monitoring procedures. COH should include a survey of all providers as component in the design of future AAM exercises. Incentives could be used to ensure high response rates, and the representativeness of the body of respondents could be	**Low 2021**	• Expand survey to all providers to better supplement key informant interviews.

	analyzed as part of the process, and adjusted if needed.		

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

12.06.21 OPERATIONS MEETING – UPDATES HIGHLIGHTED

Committee/Subgroup Name: Operations Committee	**Co-Chairs: Juan Preciado & Carlos Moreno**
Committee Adoption Date: 1.28.21	**Revision Dates: 2.18.21, 3.18.21, 4.14.21,4.20.21,5.17.21,5.25.21,6.22.21,8.20.21, 9.22.21, 12.6.21**

Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan & Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	**Planning Council effectiveness evaluation technical assistance provided by HealthHIV**	Will evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement integrated HIV planning groups	Completed	Evaluation completed March 2021. Implementation of recommendations ongoing; add to 2022 workplan.
2	**BAAC and ATF Recommendations**	Implement recommendations best aligned with the purpose and capacity of Operations Committee	On Hold	Awaiting guidance from BAAC Task Force and ATF.
3	**Update Membership Application**	Update membership application to a more condensed community friendly format	Completed	Updated application will launch along w/ website refresh on or around December 2021.
4	**Consumer Engagement and Retention Strategies**	Development Engagement and retention strategies to align with EHE efforts: toolkit and social media account (Instagram)	Ongoing	COH Social Media Tool Kit will launch alongside updated application & website refresh on or around December 2021.
5	**Consumer Leadership and Training**	Continue development of training and capacity building opportunities to prepare & position consumers for leadership roles	Ongoing	NMAC BLOC training completed (Sept 13-17)
6	**Review Membership to Ensure PIR**	Review membership to ensure PIR is reflected throughout the membership, to include Alternate seat review, seat changes, attendance	Quarterly	~~PIR reviewed in February.~~

LOS ANGELES COUNTY COMMISSION ON HIV 2021 WORK PLAN (WP)
OPERATIONS COMMITTEE
12.06.21 OPERATIONS MEETING – UPDATES HIGHLIGHTED

7	**Attendance Review**	Review Attendance Matrix Quarterly	Quarterly	Next review December 2021

LOS ANGELES COUNTY
COMMISSION ON HIV

Renewal Application
Carlos Moreno, Seat #11

Membership Application on File with the Commission Office

LOS ANGELES COUNTY COMMISSION ON HIV

2021 MEMBERSHIP ROSTER| UPDATED 12.2.21

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC|PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A|EXC	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	EXC|OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	APLA	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	OPS	Alexander Luckie Fuller	Antioch University	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			***Vacant***		July 1, 2019	June 30, 2021	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			***Vacant***		July 1, 2019	June 30, 2021	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5			***Vacant***		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2019	June 30, 2021	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2019	June 30, 2021	Michele Daniels (OPS)
28	Unaffiliated consumer, Supervisorial District 2			***Vacant***		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray ***(LOA)***	*Unaffilated Consumer*	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			***Vacant***		July 1, 2019	June 30, 2021	
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez ***(LOA)***	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS|PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC|PP|SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC|OPS|SBP	Justin Valero, MA	No affiliation	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5			***Vacant***		July 1, 2020	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC|OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS/SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
	TOTAL:	39						

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

LOA: Leave of Absence

Overall total: 47

Planning Council/Planning Body Reflectiveness (Updated 10.21.21)

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

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	12	26.09%	5	45.45%
Black, not Hispanic	10,155	20.00%	13	28.26%	3	27.27%
Hispanic	22,766	44.84%	18	39.13%	3	27.27%
Asian/Pacific Islander	1,886	3.71%	3	6.52%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	46	99.99%	11	100%
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	31	67.39%	7	63.64%
Female	5,631	11.09%	12	26.09%	4	36.36%
Transgender	854	1.68%	3	6.52%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	46	100%	11	100%
Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	2	4.35%	1	9.09%
30-39 years	9,943	19.58%	18	39.13%	2	18.18%
40-49 years	11,723	23.09%	11	23.91%	1	9.09%
50-59 years	15,601	30.72%	8	17.39%	6	54.55%
60+ years	8,973	17.67%	7	15.22%	1	9.09%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	46	100%	11	99.99%

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