



LOS ANGELES COUNTY
COMMISSION ON HIV



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OPERATIONS COMMITTEE Virtual Meeting

Thursday, April 28, 2022

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

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

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**link is for members of the public only*

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

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.

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

Thursday, April 28, 2022 10:00 AM – 12:00 PM

To Register + Join by Computer:

<https://tinyurl.com/38hkwwja>

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

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

Access code: 2594 222 2880

Operations Committee Members:			
Alexander Fuller, <i>Co-Chair</i>	Justin Valero, MA <i>Co-Chair</i>	Miguel Alvarez	Everardo Alvizo
Michele Daniels (Alternate) - LOA	Gerald Garth (Exec, At Large)	Joe Green	Carlos Moreno
Juan Preciado	Damone Thomas, MS (Alternate)(Exec, At Large)		
QUORUM*:	5		

AGENDA POSTED: April 22, 2022

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 https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/5a71641f-af76-43c8-b7f8-0a592a1ed9d7/Calendar%202022_Ongoing01-19-22.pdf

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 – 10:40 AM
 - A. Operational and Staffing Updates
 - B. Brown Act Basics
 - C. Teleconference Policy Review

- 6. Co-Chair’s Report** 10:40 AM – 11:00 AM
 - A. 2022 Work Plan | Review
 - B. CHATT Planning Learning Collaborative Participation| Update

- 7. Policies and Policies** 11:00AM – 11:05AM
 - A. Code of Conduct | Review

- 8. Membership Management Report** 11:05 AM – 11:30AM
 - A. New Member Applications
 - (1) Dr. Michael Cao **MOTION #3**
 - B. Attendance
 - C. Revising Interview Questions Work Group | Update

V. DISCUSSION

- 9. Recruitment, Retention and Engagement** 11:30 AM – 11:45 AM
 - A. Outreach Efforts & Strategies | Social Media Interactions Update
 - B. Exploring Increasing Compensation to Unaffiliated Consumers

VI. NEXT STEPS

- 10. Task/Assignments Recap** 11:45 AM – 11:55 AM
- 11. Agenda Development for the Next Meeting**

VII. ANNOUNCEMENTS

- 12. Opportunity for members of the public and the committee to make announcements** 11:55 AM – 12:00 PM

VIII. ADJOURNMENT

- 13. Adjournment for the meeting of April 28, 2022** 12:00 PM

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 New Membership Application for Dr. Michael Cao, as presented or revised, and forward to the Executive Committee for approval.



LOS ANGELES COUNTY
COMMISSION ON HIV



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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
March 24, 2022

OPERATIONS MEMBERS									
P=Present A=Absent									
Alexander Fuller Co-Chair	P	Justin Valero Co-Chair	P	Miguel Alvarez	P	Everardo Alvizo	P	Michele Daniels (Alt)	EA
Gerald Garth	EA	Joe Green	P	Carlos Moreno	P	Juan Preciado	P	Damone Thomas	P
COMMISSION STAFF & CONSULTANTS									
				Jose Rangel-Garibay		Dr. Sonja Wright, DACM			

*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

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/41abf3e1-1638-449b-a7c9-44136f9f2db9/Pkt-OPs_3.24.22-updated.pdf

CALL TO ORDER – INTRODUCTIONS – CONFLICTS OF INTEREST: Operations Co-Chairs 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: February 24, 2022, minutes (*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 FUTURE 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. Staff Updates

- Executive Director, C. Barrit, is handling personal issues and will return to the office full-time beginning March 29, 2022.

6. CO-CHAIR'S REPORT

A. 2022 Work Plan | Review

- The draft Operations work plan focuses on: (1) developing and providing planning priorities for inclusion in the Comprehensive HIV Plan (CHP), (2) Assessment of the Administrative Mechanism (AAM) survey, (3) implementation of the HealthHIV Planning Council effectiveness assessment recommendations, (4) implementation of the 2022 work plan, (5) ensuring the development of engagement and retention strategies align with CHP efforts (ex: COH social media campaign), (6) updating the application interview questions, (7) reviewing membership to ensure Parity, Inclusion, and Reflectiveness (PIR)- i.e., ensuring the COH body is reflective of the disease burden in Los Angeles County, and (8) quarterly attendance reviews. The items with strikethroughs have been completed.

B. CHATT Planning Learning Collaborative Participation

- The last two meetings were held on February 24, 2022, and March 24, 2022. The trainings focused on: (1) Recruitment Messaging and Promotion and (2) New Member Engagement. The take aways for Recruitment Messaging and Promotion were as follows: messaging must be reflective of your audience's barriers, benefits, and competition. Effective messaging involves: (1) review and input by your audience, (2) use of images that are relevant to your audience, and (3) use of plain language. For recruitment, some of the Best Practices mentioned were: (1) conducting community outreach year-round, (2) recruiting through providers and community partners, and (3) making applications available online and sharing them on social media. The take aways for New Member Engagement were as follows: (1) understanding new members may feel like outsiders who are less knowledgeable than the rest of the planning body, (2) they may lack an understanding of parliamentary procedures, and (3) might have difficulty learning the unique language of HIV/AIDS programs. The commissioners and staff can assist new members by (1) supporting new perspectives, (2) normalizing and encouraging learning moments, and (3) establishing a culture of active participation.
- The Operations Co-Chairs suggested presenting some of the slides and materials to the Committee.
 - Agendize CHATT slides.

7. POLICY AND PROCEDURES

A. Code of Conduct | Review

- The Operations Committee reviewed the Code of Conduct and determined there was nothing that needed to be changed at this time but requested to leave the document as a standing item.
 - Agendize Code of Conduct as a standing item.

8. MEMBERSHIP MANAGEMENT REPORT

A. New Member Applications

- Each applicant introduced themselves and provided insight into why they would like to join the Commission.
 - Jose Magana – Motion #3
MOTION #3 *Approve New Membership Application for Jose Magana, 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, E. Alviso, D. Thomas)*
 - Lamisha Crawford – Motion #4
MOTION #4 *Approve New Membership Application for Lamisha Crawford, 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, E. Alviso, D. Thomas)*
 - Jayda Arrington – Motion #5
MOTION #5 *Approve New Membership Application for Jayda Arrington, 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, E. Alviso, D. Thomas)*

B. Revising Interview Questions Work Group | Update

The Application Interview Work Group is continuing to update and revise the questions. The work group completed restructuring the New/Unaligned questions and has started working on the Returning Commissioners section of the questions. The work group's next meeting is March 29th from 9AM-11PM.

V. DISCUSSIONS

8. RECRUITMENT, RETENTION, AND ENGAGEMENT:

- Operations continues its recruitment and engagement efforts. If any commissioner is interested in being featured on social media, please contact staff member Catherine Lapointe at CLapointe@lachiv.org. The Committee inquired about the types and frequency of engagement and interactions received and requested an update.
 - Agendize social media interactions update.
- The Operations Committee spent a considerable amount of time engaging in a robust conversation regarding the importance of having consumers due to their unaffiliated status and not being limited by organizational capacity. The Operations Committee discussed agendizing analyzing and exploring ways to increase allocations for consumer stipends and reimbursements. The Committee also discussed looking at the Commissions operating budget as a whole to get a clear visual of the overall spending prior to the COVID pandemic versus the cost savings since the pandemic (i.e., no longer having to issue parking validations, reserve meeting rooms or purchase lunch, etc.). They would like to discuss options for restructuring allocations to increase consumer retention and increase the overall efficiency of the Commission's operations.
 - Agendize exploring ways to increase Unaffiliated Consumer (UA) compensation.
 - Agendize operating expenses/budget review.

Operations Meeting Minutes

March 24, 2022

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VI. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP:

- Agendize Planning CHATT slides .
- Agendize Code of Conduct as a standing item.
- Agendize operating expenses/budget review.
- Agendize exploring ways to increase UA compensation.
- Agendize social media interactions update.

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

VII. ANNOUNCEMENTS : None.

VIII. ADJOURNMENT

12. ADJOURNMENT: The meeting adjourned at 12:01 pm.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/15/22

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
BALLESTEROS	AI	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)
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing 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			
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
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
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

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
ROBINSON	Mallery	We Can Stop STDs LA	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
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	L.A. County Department of Health Services JWCH, INC.	Medical Care Coordination (MCC) 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	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	Unaffiliated consumer	No Ryan White or prevention contracts
VEGA	Rene	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



LOS ANGELES COUNTY COMMISSION ON HIV

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

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

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

PROCEDURES:

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

NOTED AND APPROVED:

EFFECTIVE DATE: 7/14/16

Revisions: 6/20/16

Original Approval: 7/14/16



**LOS ANGELES COUNTY COMMISSION ON HIV 2022
OPERATIONS WORKPLAN**

Co-Chairs: Luckie Fuller, Justin Valero				
Approval Date: 2.24.22 Updated: 2.24.22, 4.21.22				
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2022.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Develop the Comprehensive HIV Plan (CHP) 2022-2026	The Committee will gather, discuss, develop, and provide planning priorities for inclusion in the plan.	10/2022	
2	Assessment of the Administrative Mechanism (AAM)	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Health Resources Administration (HRSA) expects planning council to complete the AAM on an annual basis.	June-July 2022	
3	Implement HealthHIV - Planning Council effectiveness assessment recommendations	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment: (1) Member Recruitment and Retention; (2) Community Engagement/Representation; and (3) Streamlining the LAC COH's Work	Ongoing	See summary and recommendations
4	Implement 2022 Training Plan	Implement member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.	Feb-Dec 2022	Training Plan appvd 2.24.22...General orientation 3.29.22, virtual study hour 4.12.22

LOS ANGELES COUNTY COMMISSION ON HIV 2022
OPERATIONS WORKPLAN

		*Additional training may be integrated at all COH subgroups as determined by members and staff		
5	Consumer Engagement and Retention Strategies	Development of engagement and retention strategies to align with CHP efforts: COH social media campaign	Ongoing	<ul style="list-style-type: none"> January 27th: New Social Media initiative: Presentation/discussion led by C. LaPointe Selected members will be participating in the CHATT PLANNING Learning Collaborative co-hort to develop a formal recruitment and retention plan. Updates to follow.
6	Membership Application Process: Update Application Interview Questions	Update application interview questions to a more condensed and community friendly format; strategize ways to streamline the interview process	April-May/2022	Updates/status provided: January, February, March, April.
7	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 January.
8	Attendance Review	Review Attendance Matrix Quarterly	Quarterly	Attendance reviewed in January, April

Recruitment and Retention Learning Collaborative

Session One: Introduction to Planning CHATT's Recruitment and Retention Learning Collaborative

January 20, 2022



[Home](#) » [Help](#) » [Technical Assistance Directory](#) » [Planning CHATT](#)

Planning Community HIV/AIDS Technical Assistance and Training



The Community HIV/AIDS Technical Assistance and Training for Planning project (Planning CHATT) builds the capacity of Ryan White HIV/AIDS Program Part A planning councils and planning bodies (PC/PB) across the U.S. to fulfill their legislative responsibilities, strengthen consumer engagement, and

[Planning CHATT Home](#)

[List of Planning Councils](#)

www.targetHIV.org/planning-CHATT

Resources

- ❑ RWHAP Part A Planning Council Primer
- ❑ Training Guide for RWHAP Part A Planning Councils/Planning Bodies: A Member's First Planning Cycle



Recruitment and Retention Learning Collaborative

Session Two: Recruitment Strategy – Audience
February 24, 2022



Legislative Requirements for Consumer Involvement

- ❑ The original Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 mandated that RWHAP Part A planning councils include among their membership “affected communities, including individuals with HIV disease”
- ❑ The 2000 Amendments added the requirement that at least 33% of the planning council must be unaligned consumers of services
- ❑ PC/PBs are required to have consumer input on needs assessment and Priority Setting Resource Allocation (PSRA) activities

Membership Definitions

- ❑ **Representation** - the extent to which the PC/PB includes individuals from each of the legislatively defined categories of membership
- ❑ **Reflectiveness** - the extent to which the demographics of the PC/PB's membership “look like” the HIV epidemic in the Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA)
- ❑ **Unaligned consumers** - individuals living with HIV who are receiving services from a RWHAP Part A subrecipient (provider) and are not employees, consultants, or Board members of funded agencies

Planning Council Membership

RWHAP Part A Planning Council Primer



People Living with HIV (PLWH) & Community

- Members of affected communities
- Non-elected community leaders
- Representatives of recently incarcerated PLWH
- Unaffiliated consumers

Health & Social Service Providers

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers

Public Health & Planning

- Public health agencies
- Healthcare planning agencies
- State agencies

Federal HIV Programs

- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients
- Recipients under other federal HIV programs‡

Goal of Recruitment Strategy

□ Effective Open Nominations Process

- PC/PB members must be selected through an open nominations process approved by HRSA/HAB
- CEO should “approve and/or appoint as planning council members only individuals who have gone through the open nominations process”
- PBs do not have the same legislative requirements as PCs, but should still make consumer membership a priority

[Part A Manual, p 118]

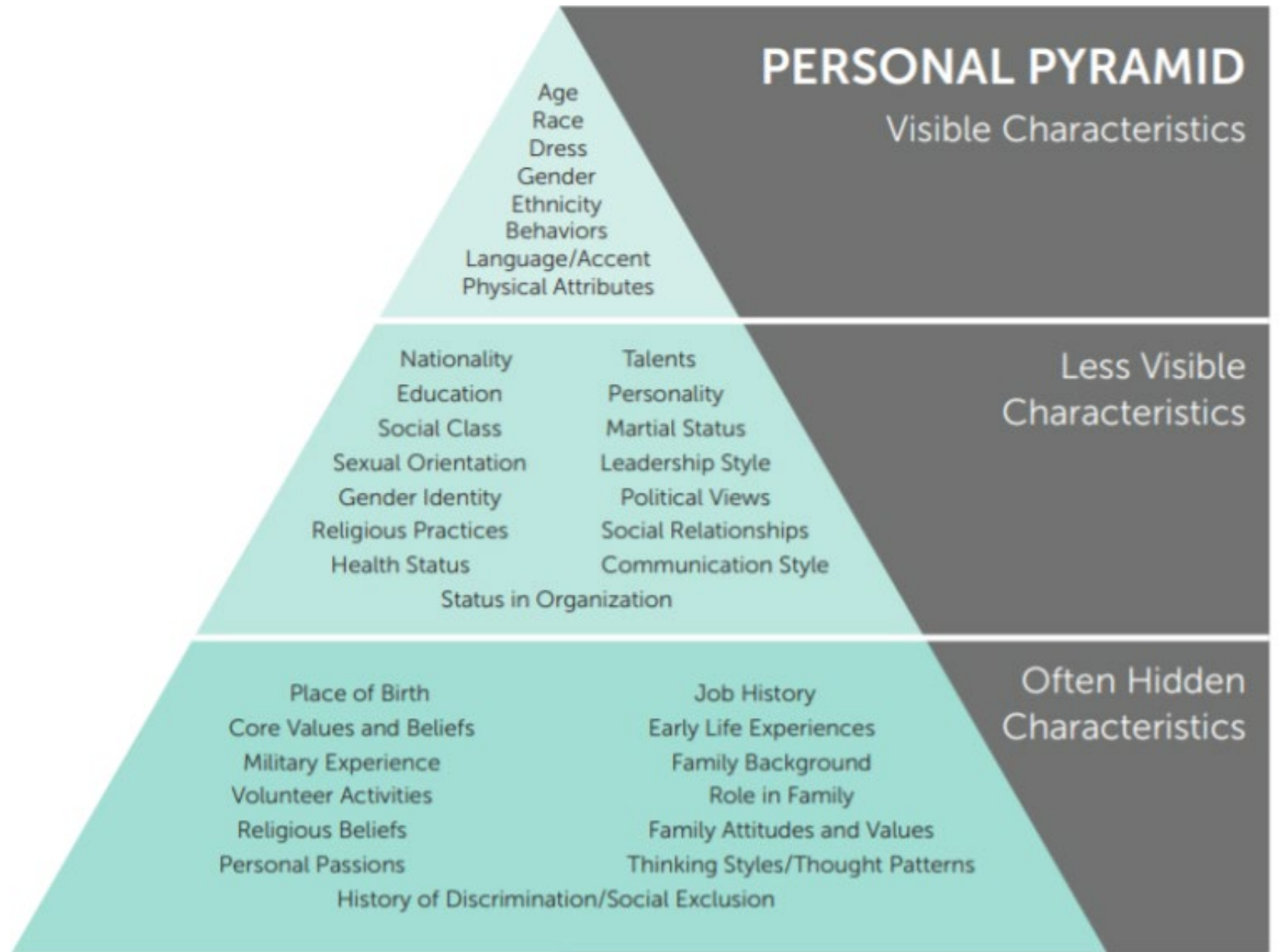
Recruitment Strategy

Recruitment is the process by which individuals are identified, located, engaged, and asked to participate in an initiative

Components of a recruitment strategy

1. Clear Recruitment Goals
2. Defined Audience and Tailored Objectives
3. Compelling Messaging
4. Planned Promotion

Audience Characteristics



©EGMC, 2019

Compendium of Materials for Planning Support Staff

4-2. Best Practices for Consumer Recruitment and Retention

www.targetHIV.org/planning-chatt/pcs-compendium

Best Practices for Consumer Recruitment and Retention¹

Consumer Involvement

The Ryan White HIV/AIDS Treatment Modernization Act requires that “not less than 33 percent” of Ryan White HIV/AIDS Program (RWHAP) Part A planning councils shall be individuals who are receiving HIV-related services [under RWHAP Part A], are not officers, employees, or consultants” of funded RWHAP Part A providers, and “reflect the demographics of the population of individuals with HIV/AIDS” in the service area. [Section 2602(b)(5)(C)(i)]

These requirements were created to provide a strong consumer voice in RWHAP Part A decision making without conflicts of interest. Recruitment, engagement, and retention of consumers is an important and often challenging responsibility of RWHAP Part A programs, and one that is shared by Planning Council/Body (PC/B) members and Planning Council Support (PCS) staff. While the Chief Elected Official makes appointments to the PC, all members must go through an open nominations process managed by the PC. [See “Tips and Best Practices: How PCS Staff Can Support a Successful Open Nominations Process,” in this compendium.]

Planning bodies that are not planning councils do not have the same legislative requirements for consumer membership, but consumers should always be a priority.

Establishing a Foundation for Successful Recruitment and Retention

People living with HIV/AIDS (PLWH) provide invaluable service in planning, maintaining, and improving a system of HIV care. Consumers of RWHAP Part A services are especially important because of their unique perspective as users of Ryan White services. They can speak directly to factors that support or complicate finding, accessing, and receiving services. The best service systems benefit from informed, ongoing input from both providers and consumers.

One of the most critical elements in successful consumer recruitment and retention is gaining consumer **trust**. Trust provides the foundation for consumer participation. An important aspect in trust building is ensuring that consumers know their opinions are respected and vital to the PC/B’s work.

Consumers need to be confident that their involvement is essential and their efforts are appreciated and valued – by other PC/B members, PCS staff, and the recipient. Consumers must feel that they are held as equals in the planning process, including decision making. They must have reason to believe that every possible step will be taken to ensure that they **succeed** in their efforts to engage.

Ensuring the success of current consumer members sets the framework for “network recruitment.” Consumers tell other consumers about the work they do, and others get involved. Do not underestimate the power of peer recruitment!

¹ Prepared under Task Order TA003111 through MSCG/Ryan White Technical Assistance Contract, April 2017. Some of the best practices identified by EGMC as part of the 2016 DMHAP-sponsored RWHAP Part A Planning Council/Body assessment.

Recruitment Strategy: Messaging

- ❑ **Messaging** must be reflective of your audience's barriers, benefits, and competition
- ❑ Effective message development involves:
 - Review and input by your audience
 - Use of images that are relevant to your audience
 - Use of plain language

7 C's of Effective Communication

1. Clear
2. Concise
3. Culturally appropriate
4. Considerate
5. Concrete
6. Correct
7. Complete

Example of Recruitment Message

Get involved by applying to be a Regular Member of the Council



If you have a passion for collaboration and community involvement, then you should become a member of the Central Florida HIV Planning Council. YOU can a part of Florida's strategy to end the HIV epidemic!

Become a member and....

- Make a difference in your community
- Stay current on local issues
- Network with other stakeholders
- Receive training opportunities
- Engage our community
- Be a part of Florida's strategy to end the HIV epidemic
- & more

Regular (Full) Members of the Planning Council

Regular Members of the Council are also referred to as full members. As a Regular Member, you can expect to participate on at least one committee (Membership, Service Systems & Quality, PR & Marketing, or Needs Assessment & Planning), at the Planning Council Business Meeting, on CFHPC Work Groups and Ad Hocs. You'll have annual opportunities to serve as a committee chairperson/vice chairperson in which you will also be expected to serve on the Executive Committee as well. You will have full voting rights at the committee level and at the Planning Council Business Meeting and more. Download the application below and email it to CFHPC@hfuw.org as a means of initiating the application process. There is contact information listed on the application if you have questions.

Recruitment Strategy: Promotion

- ❑ Who will deliver messages
- ❑ When your audience will receive recruitment messaging about the PC/PB
 - ❑ Timeframe and frequency
- ❑ Where your audience will receive recruitment messaging about the PC/PB
 - Communication channels (e.g., print media, social media, websites, posters, email, texts, radio, posters, etc.)

PC/PB Recruitment Best Practices

- ❑ Create a category of At-Large Members or Alternates
- ❑ Advertise for membership strategically in EMA/TGA media outlets
- ❑ Conduct community outreach year round
- ❑ Recruit through providers and other community partners
- ❑ Make applications available online and share them on social media

Social Media Best Practices

- ❑ Find your voice
- ❑ Be authentic
- ❑ Be visual
- ❑ Balance consistency and quality
- ❑ Give your followers useful, interesting, and shareable content

Recruitment and Retention Learning Collaborative

Session Four: New Member Engagement, Orientation, and Training
April 21, 2022



Challenges For New Members

- ❑ Feel like an outsider who is less knowledgeable than the rest of the council
- ❑ Lack understanding of parliamentary procedure
- ❑ Learning PC/PB and Ryan White
- ❑ HIV/AIDS Program unique language
- ❑ Lack understanding of content (ex. steps in HIV community planning, epi data)



Supporting Active Participation

- ❑ Encouragement from PC members and PC Support Staff that supports new perspectives and values diverse community voices
- ❑ Normalize and encourage learning moments
- ❑ Foster a positive environment that celebrates impact of PC/PBs
- ❑ Establish a culture of active participation
- ❑ Provide unstructured time for socializing

Consumer Caucus Retention Strategy

- ❑ Facilitates the retention of consumer membership at 33%
- ❑ Includes consumers in training opportunities before they serve on PC/PB
- ❑ Builds consumer capacity to review and use data, with a focus on data-based decision making
- ❑ Provides safe space follow-up and learning without time restraints

HRSA Requirements: Orientation and Training

- ❑ Planning councils must provide orientation for new members, and all members should receive periodic training to help them carry out their roles
- ❑ HRSA requires planning councils to confirm in the annual RWHAP Part A application that training for all members occurred at least once during the year

Orientation vs. Ongoing Training

- ❑ **Orientation** means providing new members with basic information about the Ryan White HIV/AIDS Program and the PC/PB structure and what it does
- ❑ **Ongoing Training** throughout the year ensures that the new member has the knowledge and skills to perform their PC/PB roles

Ongoing Training

- ❑ Create multiple versions of the training
 - ❑ 20 - 30-minute sessions during PC/PB meetings, as PC/PB embarks on key planning tasks (e.g. PSRA)
 - ❑ 1-2 hour training sessions during committee meetings
- ❑ Committee officer training topics
 - ❑ Committee Co-Chair roles and responsibilities
 - ❑ How committees operate and interrelate
 - ❑ PC/PB workplan and tools

Our LC Journey

January 20	Session One: Introduction to Learning Collaborative
February 24	Session Two: Recruitment Strategy - Audience
March 24	Session Three: Recruitment Strategy - Messaging and Promotion
April 21	Session Four: New Member Engagement, Orientation, and Training
May 19	Session Five: Leadership Development and Mentorship
June 23	Session Six: Putting it all Together: Close Out Session



LOS ANGELES COUNTY COMMISSION ON HIV



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

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 misogyny, 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; 3/3/22)**



LOS ANGELES COUNTY
COMMISSION ON HIV



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Dr. Michael Cao

Application on file at Commission office

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

4	Joshua	Ray	Seat vacated 3.10.22		EA	EA	EA	NA	NA	NA	NA	NA	NA	NA	NA			
5	Guadalupe	Velasquez	Seat vacated 3.10.22		EA	EA	EA	NA	NA	NA	NA	NA	NA	NA	NA			
6																		
7																		
8																		
9																		

 = Co-Chairs
 = Alternates
 EA = Excused Absence
 NA = Not Applicable
Y = ATTENDED
UA = Unexcused Absence



2022 MEMBERSHIP ROSTER | UPDATED 4.26.22

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2021	June 30, 2023	
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	OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
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, 2021	June 30, 2023	
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	Frankie Darling Palacios (LOA)	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, 2021	June 30, 2023	
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	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2			Vacant		July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
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, 2021	June 30, 2023	
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	EXC OPS	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
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, 2021	June 30, 2023	Damone Thomas (EXC OPS)
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2021	June 30, 2023	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2020	June 30, 2022	
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6			Vacant		July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2020	June 30, 2023	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2021	June 30, 2023	Michele Daniels (OPS) (LOA)
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3			Vacant		July 1, 2021	June 30, 2023	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, 2021	June 30, 2023	
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
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, 2021	June 30, 2023	
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, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
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, 2021	June 30, 2023	
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, 2021	June 30, 2023	
44	HIV stakeholder representative #1			Vacant		July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	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, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	EXC OPS	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, 2021	June 30, 2023	
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:		34						

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: 41

Planning Council/Planning Body Reflectiveness (Updated 3.15.22)

(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%	11	26.19%	4	9.53%
Black, not Hispanic	10,155	20.00%	11	26.19%	1	2.38%
Hispanic	22,766	44.84%	16	38.10%	1	2.38%
Asian/Pacific Islander	1,886	3.71%	4	9.52%	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%	42	100%	6	14.29%
Gender						
	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	30	71.42%	5	11.91%
Female	5,631	11.09%	8	19.04%	1	2.38%
Transgender	854	1.68%	3	7.14%	0	0.00%
Unknown	0	0.00%	1	2.38%	0	0.00%
Total	50,777	100%	42	99.98%	6	14.29%
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%	0	0.00%	0	0.00%
30-39 years	9,943	19.58%	16	38.09%	0	0.00%
40-49 years	11,723	23.09%	11	26.19%	1	2.38%
50-59 years	15,601	30.72%	8	19.05%	4	9.53%
60+ years	8,973	17.67%	7	16.66%	1	2.38%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	42	99.99%	6	14.29%

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

Commission's Social Media Engagement

Here is some information regarding the Commission's social media engagement.

Types of posts we share:

- HIV Awareness Day posts (made by Catherine using Canva)
- Event announcements from local organizations
- "Day of the Week" resources offered on HIVConnect.org (Mental Health Monday, Testing Tuesday, Why Wait Wednesdays, Treatment Thursdays, Feel Good Fridays)
- "Did you know?" posts to raise awareness on HIV services/facts
- Commissioner Testimonials – by far the best performing posts (based on likes). Thank you to Luckie, Gerald, and Mallery.

Updates:

- On Friday, April 22, Cheryl sent out another recruitment e-mail to request more volunteers to participate. Anyone who is interested please e-mail Catherine (clapointe@lachiv.org) for more information. The more the better!
- Story highlights have been added on the Commission Instagram page including HIVConnect resources, Awareness Days, Did you know, and Testimonials.

Suggestions:

- Please inform the Operations Committee that they can e-mail me directly to let me know what type of content they would like to see on our social media pages.

Username:

- Facebook: HIVCommissionLA
- Twitter: HIVCommissionLA
- Instagram: hivcommmla

Los Angeles County, California, Code of Ordinances >> [Title 3 - ADVISORY COMMISSIONS AND COMMITTEES](#) >> [Chapter 3.29 COMMISSION ON HIV](#) >>

Chapter 3.29 COMMISSION ON HIV ^[3]

Sections:

[3.29.010 Definitions.](#)

[3.29.020 Commission on HIV.](#)

[3.29.030 Membership.](#)

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[3.29.045 Nominations.](#)

[3.29.046 Conflict of interest.](#)

[3.29.050 Term of service.](#)

[3.29.060 Meetings and committees.](#)

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[3.29.080 Compensation.](#)

[3.29.090 Duties.](#)

[3.29.095 Grievance procedure.](#)

[3.29.100 Reserved.](#)

[3.29.110 Sunset review date.](#)

3.29.010 Definitions.

- A. "Administrative agency" indicates the Division of HIV and STD Programs (DHSP), Department of Public Health (DPH) and the County of Los Angeles.
- B. "Administrative mechanism" refers collectively to the partnership of the Board of Supervisors, the Commission, grantee and administrative agency, and other participants in the Ryan White-funded service delivery system.
- C. "AIDS" means Acquired Immune Deficiency Syndrome, and is a diagnosis of late-stage HIV disease.
- D. "Allocations" are the funds to be expended for HIV services and related purposes to be determined by the Commission.
- E. "Candidate" refers to a person who has submitted a completed membership application and is seeking appointment to the Commission.
- F. "Centers for Disease Control and Prevention (CDC)" is the federal agency that manages HIV and STD prevention programs, surveillance and related communicable disease and co-morbidity activities.
- G. "Community Health Center (CHC)" or "Federally Qualified Health Center (FQHC)" is a public or community-based medical clinic that provides primary care services to low-income populations through Section 330 of the Public Health Service Act.
- H. "Consumer" is an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White-funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.
- I.

- "Continuum of HIV Services" is the local operational strategy for providing high-quality HIV prevention, counseling and testing, linkage, and care and treatment services in response to the needs of those living with HIV and/or at risk of exposure to HIV.
- J. "Division of HIV and STD Programs (DHSP)" is the administrative agency within DPH to whom DPH delegates authority for the administration of HIV and STD programs and surveillance.
- K. "Eligible Metropolitan Area (EMA)" is a jurisdiction eligible to receive Ryan White Part A funds; the County of Los Angeles is the local EMA.
- L. "Executive director" is the executive staff member of the Commission.
- M. "Grantee" indicates the Department of Public Health (DPH), County of Los Angeles, which receives federal, state and county funding for HIV services.
- N. "Health Resources and Services Administration (HRSA)" is the federal agency that manages and administers the Ryan White program nationally, including the use of Ryan White funds.
- O. "HIV" means Human Immunodeficiency Virus.
- P. "HIV disease" is the disease caused by HIV infection.
- Q. "HIV Health Services Planning Council (Planning Council)" is the term used in Ryan White legislation that refers to the local community planning body for HIV care and treatment services.
- R. "HIV Planning Group (HPG)" is the term used in CDC HIV Planning Guidance that refers to the local community planning body for HIV prevention services.
- S. "HIV Planning Guidance" details CDC's planning and prevention service delivery requirements and expectations for HPGs and local health departments.
- T. "Nominating body" refers to the Commission in its role of designating candidates as nominees for appointment to the Commission by the Board of Supervisors.
- U. "Open nominations" refers to the process, requirements and guidelines developed by HRSA, and consistent with the CDC's HIV Planning Guidance, governing how Part A planning councils identify, select and nominate their members.
- V. "Organization" refers to service agencies and/or groups or coalitions of people affected by HIV.
- W. "Parity, Inclusion and Representation (PIR)" is the CDC principle to ensure that all HPG members can participate equally (parity), that the planning process actively includes a diversity of views, perspectives and stakeholders (inclusion), and that HPG members should represent the range of ethnicities, gender, backgrounds and other characteristics of people affected by HIV (representation).
- X. "Part A" refers to the Ryan White grant funds awarded to EMAs from which the County of Los Angeles directly receives its largest share of Ryan White resources.
- Y. "Part B" refers to the Ryan White grant funds awarded to states, most of which support the statewide AIDS Drug Assistance Program (ADAP), and a portion of which the State of California disburses to the County of Los Angeles.
- Z. "Priorities" are service categories, ranked in order of consumer need and importance that guide the Commission in the allocation of financial resources.
- AA. "Provider" is an agency/organization that provides HIV care, treatment and/or prevention services in the EMA, and may or may not be supported by Ryan White, CDC, state, county or other funding.
- BB. "Recommending entity" is an organization, agency, institution, entity or person entitled to propose candidates for consideration as nominees for appointment to the Commission pursuant to [3.29.030](#)

- CC. "Representation and Reflectiveness" are Ryan White legislative requirements for a planning council's membership to include members who represent specific interests identified in the legislation (representation), and that the planning council membership and its subset of unaffiliated consumer members reflect the ethnic, racial and gender proportions of local HIV prevalence (reflectiveness).
- DD. "Ryan White" is the program providing the largest non-entitlement source of federal funding for HIV care and treatment services, as authorized by the Ryan White Treatment Extension Act of 2009.
- EE. "Service Planning Area (SPA)" is one (1) of eight (8) subdivided areas of the County intended to facilitate and improve local service and healthcare planning.
- FF. "Sexually Transmitted Disease(s) (STDs)" are an assortment of communicable infections and diseases that are primarily transmitted through sexual relations or contact.
- GG. "Stakeholder" is any party receiving or providing HIV services or affected by HIV.
- HH. "Unaffiliated consumer" means an HIV-positive user of Ryan White-funded HIV services who does not serve in a decision-making capacity (including but not limited to an employee, consultant and/or board of directors member) at any Part A funded organization or agency.

(Ord. 2013-0017 § 1, 2013: Ord. 2011-0065 § 1, 2011: Ord. 2006-0076 § 2, 2006: Ord. 2005-0044 § 1, 2005: Ord. 98-0002 § 1, 1998: Ord. 95-0010 § 2, 1995: Ord. 91-0152 § 1, 1991.)

3.29.020 Commission on HIV.

The Commission on HIV is referred to in this chapter as the "Commission."

(Ord. 2011-0065 § 2, 2011: Ord. 2005-0044 § 2, 2005: Ord. 95-0010 § 3, 1995: Ord. 91-0152 § 2, 1991.)

3.29.030 Membership.

All members of the Commission shall serve at the pleasure of the Board of Supervisors. The Commission shall consist of fifty-one (51) voting members nominated by the Commission and appointed by the Board of Supervisors. Consistent with the open nominations process, the following recommending entities shall forward candidates to the Commission for membership consideration:

- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
 1. Medi-Cal, state of California;
 2. The city of Pasadena;
 3. The city of Long Beach;
 4. The city of Los Angeles;
 5. The city of West Hollywood.
- B. The Director of DHSP, representing the Part A grantee (DPH);
- C. Four (4) members who are recommended by Ryan White grantees as specified below or representative groups of Ryan White grant recipients in the County, one from each of the following:
 1. Part B (State Office of AIDS);
 2. Part C (Part C grantees);
 3. Part D (Part D grantees);
 4. Part F [grantees serving the County, such as the AIDS Education and Training Centers (AETCs) or local providers receiving Part F dental reimbursements];

- D. Eight (8) representatives who are recommended by the following types of organizations, in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic:
1. An HIV specialty physician from an HIV medical provider;
 2. A CHC/FQHC representative;
 3. A mental health provider;
 4. A substance abuse treatment provider;
 5. A housing provider;
 6. A provider of homeless services;
 7. A representative of an AIDS Services Organization (ASO) offering federally funded HIV prevention services;
 8. A representative of an ASO offering HIV care and treatment services.
- E. Seventeen (17) unaffiliated consumers of Part A services, to include:
1. Eight (8) consumers, each representing a different Service Planning Area (SPA) and who are recommended by consumers and/or organizations in the SPA;
 2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district;
 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County;
- F. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices;
- G. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, nominated by the City of Los Angeles Department of Housing;
- H. One (1) representative of a health or hospital planning agency, who is recommended by health plans in Covered California;
- I. One (1) behavioral or social scientist recommended from among the respective professional communities.
- J. Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:
1. Faith-based entities engaged in HIV prevention and care;
 2. Local education agencies at the elementary or secondary level;
 3. The business community;
 4. Union and/or labor;
 5. Youth or youth-serving agencies;
 6. Other federally-funded HIV programs;
 7. Organizations or individuals engaged in HIV-related research;
 8. Organizations providing harm reduction services;
 9. Providers of employment and training services; and
 10. HIV-negative individuals from identified high-risk or special populations.

In all the above membership categories where not specifically required, recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by the epidemic. Members are

expected to report to and represent their recommending entities and constituencies. Members may, at times, represent multiple constituencies.

In accordance with Ryan White and CDC requirements, the Commission shall ensure that its full membership and its subset of unaffiliated consumer members shall proportionately reflect the ethnic, racial and gender proportions of HIV disease prevalence in the EMA. In accordance with Ryan White requirements, at least one (1) unaffiliated consumer must be co-infected with Hepatitis B or C, and at least one (1) unaffiliated consumer must be recently incarcerated or an advocate for the recently incarcerated.

In forwarding nominations for appointment by the Board of Supervisors, the Commission shall ensure that its membership fully conforms to Ryan White Part A planning council requirements on representation, reflectiveness and consumer membership, and CDC HPG requirements on Parity, Inclusion and Representation.

(Ord. 2013-0017 § 2, 2013: Ord. 2011-0065 § 3, 2011: Ord. 2006-0076 § 3, 2006: Ord. 2005-0044 § 3, 2005: Ord. 2003-0010 § 1, 2003: Ord. 98-0002 § 2, 1998: Ord. 95-0010 § 4, 1995: Ord. 91-0152 § 3, 1991.)

3.29.040 Alternate members.

One (1) alternate may be nominated by the Commission for appointment by the Board of Supervisors for each member who has disclosed that he/she is living with HIV disease. An alternate shall attend meetings of the Commission and vote in the absence of the person for whom he/she is designated as an alternate. Nominations of the alternates shall be made from the pool of candidates recommended for membership. The Commission shall ensure that the composition of alternate members conforms to any Part A planning council requirements which apply to alternates.

(Ord. 2013-0017 § 3, 2013: Ord. 2011-0065 § 4, 2011: Ord. 2005-0044 § 4, 2005: Ord. 95-0010 § 5, 1995: Ord. 91-0152 § 4, 1991.)

3.29.045 Nominations.

Nominations for membership shall be conducted through an open process and candidates selected based on delineated and publicized criteria which include a conflict of interest standard as set out in [Section 3.29.046](#). The Commission shall maintain a standing operations committee which shall review the composition of the Commission, and conduct broad-based recruitment and initial screening of applicants on an ongoing basis. The operations committee is responsible for the following: processing membership applications; selecting the candidates based on their qualifications to meet general membership and specific seat requirements and in order to help the Commission meet other membership mandates and requirements; and forwarding its membership recommendations to the Commission for nomination. Upon approval by the Commission, candidate nominations are sent to the Board of Supervisors for its consideration for appointment to the Commission. This process will be conducted prior to expiration of membership terms and during the year in the event of mid-term vacancies.

(Ord. 2013-0017 § 4, 2013: Ord. 2011-0065 § 5, 2011: Ord. 2005-0044 § 5, 2005: Ord. 98-0002 § 3, 1998.)

3.29.046 Conflict of interest.

- A. Ryan White legislation requires certain constituencies and entities to be represented on the Commission. Ryan White legislation also requires the Commission to establish priorities and allocate funds within the EMA. Therefore, Commission members, regardless of their private affiliations, may participate in the process to determine funding priorities and to allocate Ryan White Part A and B and HIV prevention funds in percentage and/or dollar amounts to various

service categories or other types of activities, with the following limitations: as specified in Section 2602(b)(5) (42 U.S.C. § 300ff-12) of Ryan White legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of Ryan White, CDC or other funds and shall not designate or otherwise be involved in the selection of particular entities as recipients of those grant funds.

- B. All members and alternates of the Commission and participants in the Commission's community planning process shall act in accordance with the Commission's adopted code of conduct, which includes adherence to conflict of interest rules and requirements.

(Ord. 2013-0017 § 5, 2013: Ord. 2011-0065 § 6, 2011: Ord. 2005-0044 § 6, 2005: Ord. 98-0002 § 4, 1998.)

3.29.050 Term of service.

- A. All members and alternates shall serve at the pleasure of the Board of Supervisors. Any member whose employment, status or other factors no longer fulfill the requirements of the membership seat to which he/she was appointed shall be removed from the Commission as determined by the Board of Supervisors.
- B. At the first meeting of the HIV Commission in 2013, after this ordinance is effective, the terms of the current members of the Commission on HIV and the Prevention Planning Committee (PPC) shall expire. When the ordinance unifying the Commission on HIV and the Prevention Planning Committee becomes effective, the new members appointed by the Board of Supervisors will be seated. The Commission shall classify its members by lot so that twenty-five (25) members' terms will expire after one (1) year and twenty-six (26) will expire after two (2) years. Thereafter, each membership term shall be two (2) years.
- C. No member may serve on the Commission for more than two (2) full consecutive terms, unless such limitation is waived by the Board of Supervisors.
- D. All members shall complete and submit renewal applications prior to the expiration of their respective terms. However, a member may continue serving in the seat, beyond term expiration, until such time as the member has resigned, is replaced, or the seat is vacated by the executive director in consultation with the co-chairs and the operations committee.
- E. In addition to their Commission service, members are required to serve on at least one (1) of the Commission's standing committees.
- F. During the course of a year, absence from any combination of six (6) regularly scheduled Commission meetings and/or regularly scheduled meetings of the committee to which the member has been assigned may result in the Board of Supervisors removing the member from the Commission. Reinstatement or replacement may occur with subsequent nomination from the Commission and appointment by the Board of Supervisors. An alternate's attendance in a member's place is considered attendance by the member at the meeting.

(Ord. 2013-0017 § 6, 2013: Ord. 2011-0065 § 7, 2011: Ord. 2005-0044 § 7, 2005: Ord. 95-0010 § 6, 1995: Ord. 91-0152 § 5, 1991.)

3.29.060 Meetings and committees.

- A. The Commission shall meet at least ten (10) times a year.
- B. The Commission shall establish an executive committee to set agendas for meetings, and conduct business between Commission meetings. The executive committee shall include the Director of DHSP or his/her permanent designee, the co-chairs of the Commission and three (3) at-large members elected by the Commission. For purposes of this subsection, the authority of the executive committee to conduct business shall include acting on behalf of the

- Commission in time-sensitive circumstances, which action(s) shall be ratified by the Commission at its next regularly scheduled meeting.
- C. In addition to the executive and operations committees, the Commission may establish other standing committees in its bylaws in order to carry out its mission and responsibilities. The Commission may also create other working groups, as allowed by its policies and procedures.
 - D. On a semi-annual basis, the Board of Supervisors shall be notified of member attendance at Commission meetings and meetings of standing committees.
 - E. As needed by committees and appropriate for added professional expertise, as a means of further engaging community participation in the planning process, and/or as necessary to meet the requirements of the CDC HIV Planning Guidance, the Commission is empowered to nominate candidates who are not commission members for appointment by the Board of Supervisors as members of the Commission's established standing committees. The term of each such member shall be two (2) years.
 - F. Commission meetings shall be chaired by the Commission's two (2) co-chairs, with the support of the executive director and staff. The co-chairs shall be elected by the Commission and have staggered two (2) year terms.

(Ord. 2013-0017 § 7, 2013: Ord. 2011-0065 § 8, 2011: Ord. 2005-0044 § 8, 2005: Ord. 95-0010 § 7, 1995: Ord. 91-0152 § 6, 1991.)

3.29.070 Procedures.

The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation. A majority of the members who have been appointed shall constitute a quorum of the Commission.

(Ord. 2011-0065 § 9, 2011: Ord. 2005-0044 § 9, 2005: Ord. 95-0010 § 8, 1995: Ord. 91-0152 § 7, 1991.)

3.29.080 Compensation.

When required to travel outside the county in performance of commission duties, members may be reimbursed from Ryan White or other funds for necessary travel expenses, including transportation, meals and lodging. To be reimbursable, such travel must receive prior written approval from the executive director or his/her designee.

Corresponding with Ryan White legislation and HRSA and CDC guidelines, members of the Commission may also be reimbursed for local travel and mileage, meals associated with Commission business, child care during Commission activities, and computer-related expenses if those costs were incurred in the performance of commission-related duties. The Commission may, in addition to reimbursing those expenses, also provide these services directly to members and/or pay monthly stipends to unaffiliated consumer members of Ryan White Part A services or HIV-negative individuals from identified high-risk or special populations who, if positive, would be eligible for Ryan White services, provided that the stipends are not paid with Ryan White funds. Eligible members must maintain a required level of participation and other performance requirements, as defined in Commission policy.

The Commission will establish and the executive director will implement procedures for eligibility and utilization of the foregoing described reimbursements, member services and/or stipends, including stipend amounts of at least \$25 and no more than \$150 per month as determined by Commission policy and reported to the board.

(Ord. 2013-0017 § 8, 2013: Ord. 2011-0065 § 10, 2011: Ord. 2005-0044 § 10, 2005: Ord. 95-0010 § 9, 1995: Ord. 91-0152 § 8, 1991.)

3.29.090 Duties.

Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance, the Commission is authorized to:

- A. Develop a comprehensive HIV plan, that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with DHSP to update the plan on a regular basis;
- B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;
- C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;
- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local EMA's delivery of HIV services;
- E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; deploy those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;
- F. Study, advise and recommend to the Board of Supervisors, the grantee and other departments' policies and other actions/decisions on matters related to HIV;
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the general public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment; and actively engage individuals and entities concerned about HIV;
- H. Provide a report to the Board of Supervisors annually, no later than June 30th, describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents, with indicators determined by the Commission in collaboration with DHSP; make other reports as necessary to the Board of Supervisors, the grantee and other departments on HIV-related matters referred for review by the Board of Supervisors, the grantee or other departments;
- I. Act as the planning body for all HIV programs in the Department of Public Health or funded by the County; and
- J. Make recommendations to the Board of Supervisors, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

(Ord. 2013-0017 § 9, 2013: Ord. 2011-0065 § 11, 2011: Ord. 2006-0076 § 4, 2006: Ord. 2005-0044 § 11, 2005: Ord. 95-0010 § 10, 1995: Ord. 91-0152 § 9, 1991.)

3.29.095 Grievance procedure.

The Commission shall have procedures approved by the Board of Supervisors and contained in its by-laws to address grievances with respect to Ryan White and CDC funding. The grievance procedure shall be limited as follows:

- A. Providers eligible to receive Ryan White or CDC funding, consumers, consumer groups and people living with HIV coalitions, and other stakeholders and caucuses may grieve.
- B. Grievances shall be limited to the Commission's, administrative agency's or grantee's failure to follow the Commission's established, written and published procedures for priority-setting, resource allocation or subsequent changes to priorities or allocations, or compliance with comprehensive care plan provisions or implementation strategies. Grievances may not involve funding allocations to individual service providers, procurement of specific services, individual patient interactions with service providers and agencies, or disagreement with the outcome of the priority- and allocation-setting process.
- C. All settlements and rulings resulting from grievances shall not retroactively change priorities or allocations and shall be limited to future actions of the Commission.
- D. The grievance process shall include a procedure to submit grievances that cannot be resolved through mediation to binding arbitration.

(Ord. 2013-0017 § 10, 2013: Ord. 2011-0065 § 12, 2011: Ord. 2005-0044 § 12, 2005: Ord. 98-0002 § 5, 1998.)

3.29.100 Reserved.

3.29.110 Sunset review date.

The sunset review date for the Commission is indefinite. The Commission shall continue as long as it is federally funded or upon other order of the Board of Supervisors.

(Ord. 2011-0065 § 14, 2011: Ord. 2006-0071 § 1, 2006: Ord. 2004-0070 § 1, 2004: Ord. 2001-0039 § 1, 2001: Ord. 98-0002 § 6, 1998: Ord. 95-0010 § 12, 1995.)

FOOTNOTE(S):

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Note— Name of chapter changed by Ords. 95-0010 and Ord. 2002-004. ([Back](#))