



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

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## OPERATIONS COMMITTEE MEETING

Thursday, October 24, 2024

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

510 S. Vermont Avenue, 9th Floor, LA 90020

Validated Parking @ 523 Shatto Place, LA 90020

*\*As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

Agenda and meeting materials will be posted on our website at

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

### Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/re0107a097b9cae452a8009ff6e70ccb7>

### Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)
- Submitting electronically at [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS)

*\*Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

### Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or 213.738.2816.



*Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*

**together.**

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: <https://www.surveymonkey.com/r/COHMembershipApp>

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



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

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

Thursday, October 24, 2024 | 10:00 AM – 12:00 PM

510 S. Vermont Ave  
Terrace Level Conference Room TK05  
Los Angeles, CA 90020  
Validated Parking: 523 Shatto Place, Los Angeles 90020

### MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/re0107a097b9cae452a8009ff6e70ccb7>

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

Password: OPERATIONS    Access Code: 2530 767 4304

Operations Committee (OPS) Members:			
Justin Valero, MA <i>Co-Chair</i>	Miguel Alvarez <i>Co-Chair</i>	Jayda Arrington	Alasdair Burton (Executive, At-Large)
Bridget Gordon (Executive, At-Large)	Ish Herrera	Leon Maultsby	Vilma Mendoza
Erica Robinson	Dechelle Richardson (Executive, At-Large)		
QUORUM: 6			

**AGENDA POSTED:** October 17, 2024

**SUPPORTING DOCUMENTATION:** Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. **Validated parking is available at 523 Shatto Place, Los Angeles 90020. \*Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County’s green initiative to recycle and reduce waste.**

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

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

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

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

**I. ADMINISTRATIVE MATTERS**

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

**II. PUBLIC COMMENT**

10:10 AM – 10:15 AM

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

**III. COMMITTEE NEW BUSINESS ITEMS**

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

**IV. REPORTS**

- 7. Executive Director/Staff Report 10:15 AM – 10:25 AM
  - a. Operational Updates
  - b. Membership Applications Hold
- 8. Co-Chair's Report 10:25 AM – 11:00 AM
  - a. 2024 Meeting Schedule Updates
  - b. 2024 Commissioner Trainings | Reminder
  - c. 2024 Work Plan
  - d. 2025 Work Plan Development
  - e. 2025 Committee Co-Chair Open Nominations \* Elections | Reminder
- 9. Policies and Procedures 11:00 AM – 11:20 AM

- a. Proposed By-Laws Changes | Update
- b. Policy #09.7201 Consumer Compensation
- 10. Membership Management Report 11:20 AM—11:30 AM
  - a. Vacate Seat – R. Osorio **MOTION #3**
  - b. Seat Change – Arburtha Franklin | Seat #27, Alternate, to Seat #47 HIV stakeholder representative #4 **MOTION #4**
  - c. New Membership Applications
    - (1) Sabel Samone-Loreca | Seat #29, Alternate **MOTION #5**
    - (2) Joaquin Gutierrez | Seat #21, Alternate **MOTION #6**
    - (3) Caitlin Dolan | Standards and Best Practices (SBP) Committee-only **MOTION #7**
    - (4) Olga (OM) Davis | Public Policy (PPC) Committee-only **MOTION #8**
  - c. Status on Pending/New Applications
  - d. [Mentorship Program](#)
    - Opportunity to Volunteer to Mentor
- 11. Assessment of the Efficiency of the Administrative Mechanism (AAEM) 11:30 AM – 11:50 AM
- 12. Recruitment, Retention and Engagement 11:50 AM – 11:55 AM
  - a. Outreach Team | Elevator Pitch Exercise
  - b. Member Contributions/Participation | Report Out  
*(Purpose: To provide an opportunity for Operations Committee members to report updates related to their community engagement, outreach, and recruitment efforts and activities in promoting the Commission)*
  - c. Commissioner Commitments
    - How are you fulfilling your role/responsibilities as a commissioner?

**V. NEXT STEPS**

11:55 AM – 11:57 AM

- 13.Task/Assignments Recap
- 14. Agenda development for the next meeting

**VI. ANNOUNCEMENTS**

11:57 AM – 12:00 PM

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

**VII. ADJOURNMENT**

12:00 PM

- 16. Adjournment for the meeting September 26, 2024

<b>PROPOSED MOTIONS</b>	
<b>MOTION #1</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2</b>	Approve the Operations Committee minutes, as presented or revised.
<b>MOTION #3</b>	Approve seat vacate for Ronnie Osorio, as presented or revised, and forward to the Executive Committee meeting and then to the full COH for approval.
<b>MOTION #4</b>	Approve seat change for Arburtha Franklin (Seat #27, Alternate, to Seat #47, HIV stakeholder #4), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
<b>MOTION #5</b>	Approve new Membership Application for Sabel Samone-Loreca, Alternate (Seat #29, Unaffiliated representative, Supervisorial District 3), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
<b>MOTION #6</b>	Approve new Membership Application for Joaquin Gutierrez, Alternate (Seat #21, Unaffiliated representative, SPA 3), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
<b>MOTION #7</b>	Approve Standards and Best Practices (SBP) Committee-only Membership Application for Caitlin Dolan, as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.
<b>MOTION #8</b>	Approve Public Policy (PPC) Committee-only Membership Application for Olga (OM) Davis, as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.



## HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS

(Updated 7.15.24)

- This meeting is a **Brown-Act meeting** and is being recorded.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
  
- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
  
- Please comply with the **Commission's Code of Conduct** located in the meeting packet.
  
- **Public Comment** for members of the public can be submitted in person, electronically @ [https://www.surveymonkey.com/r/public\\_comments](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*
  
- For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
  
- Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
  
- Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

*If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial [HERE](#) or contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).*





## CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

**All participants and stakeholders should adhere to the following:**

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/10/24

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>ALE-FERLITO</b>	<b>Dahlia</b>	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
<b>ALVAREZ</b>	<b>Miguel</b>	No Affiliation	No Ryan White or prevention contracts
<b>ARRINGTON</b>	<b>Jayda</b>	Unaffiliated representative	No Ryan White or prevention contracts
<b>BALLESTEROS</b>	<b>AI</b>	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
<b>BURTON</b>	<b>Alasdair</b>	No Affiliation	No Ryan White or prevention contracts
<b>CAMPBELL</b>	<b>Danielle</b>	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
<b>CIELO</b>	<b>Mikhaela</b>	Los Angeles General Hospital	No Ryan White or prevention contracts
<b>CONOLLY</b>	<b>Lilieth</b>	No Affiliation	No Ryan White or prevention contracts
<b>CUEVAS</b>	<b>Sandra</b>	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
<b>CUMMINGS</b>	<b>Mary</b>	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts



COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	Kerry	ViiV Healthcare	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
FRAMES	Arlene	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	Arburtha	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA	Rita	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
GONZALEZ	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
JONES	Terrance	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated representative	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	Leonardo	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	Andre	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Data to Care Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MUHONEN	Matthew	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
OSORIO	Ronnie	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	Byron	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
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SAUNDERS	Dee	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts



**Division of HIV and STDs Contracted Community Services**

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

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

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

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



# We're Listening

*share your concerns with us.*

**HIV + STD Services  
Customer Support Line**

**(800) 260-8787**

## **Why should I call?**

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

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

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

## **Can I call anonymously?**

Yes.

## **Can I contact you through other ways?**

Yes.

By Email:

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

On the web:

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





# Estamos Escuchando



*Comparta sus inquietudes con nosotros.*

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

**(800) 260-8787**

## ¿Por qué debería llamar?

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

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

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

## ¿Puedo llamar de forma anónima?

Si.

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

Si.

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

En el sitio web:  
[http://publichealth.lacounty.gov/  
dhsp/QuestionServices.htm](http://publichealth.lacounty.gov/dhsp/QuestionServices.htm)







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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • VIRTUAL WEBEX MEETING

Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission’s website and may be corrected up to one year after approval. Meeting recordings are available upon request.

## OPERATIONS (OPS) COMMITTEE MEETING MINUTES

September 26, 2024

### COMMITTEE MEMBERS

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

Miguel Alvarez	P	Jayda Arrington	P	Alasdair Burton (Executive At-Large)	P
Bridget Gordon (Executive At-Large)	P	Ish Herrera	P	Leon Maultsby	P
Vilma Mendoza	P	De’chelle Richardson (Executive At-Large)	EA	Erica Robinson	EA
Justin Valero, MA, Co-Chair	MoP	Danielle Campbell	P	Joe Green	P

### COMMISSION STAFF AND CONSULTANTS

Cheryl Barrit, MPIA, Dawn McClendon, Lizette Martinez, MPH, Jose Garibay, MPH

### DHSP STAFF

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Meeting agenda and materials can be found on the Commission’s website at [https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/5aff9bce-c1a8-4cd9-872b-e18171a39a0f/Pkt-OPS\\_9.26.24-updated.pdf](https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/5aff9bce-c1a8-4cd9-872b-e18171a39a0f/Pkt-OPS_9.26.24-updated.pdf)

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#### 1. CALL TO ORDER-INTRODUCTIONS

Co-Chair, Miguel Alvarez called the meeting to order at 10:00 AM.

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

M. Alvarez led introductions and Committee members stated their conflicts.

### I. ADMINISTRATIVE MATTERS

#### 3. APPROVAL OF AGENDA

MOTION #1: Approve the agenda order, as presented (*✓Passed by consensus*).

#### 4. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 8/22/2024 OPS Committee meeting minutes, as presented (*✓Passed by consensus*).

### II. PUBLIC COMMENT

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

JURISDICTION: No public comment.

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

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

L. Maultsby inquired about revamping the interview questions. Staff recommended including a review of the membership application as part of the 2025 Operations Committee work plan.

### **IV. REPORTS**

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

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

Executive Director, Cheryl Barrit, reported the following:

- C. Barrit issued a reminder that the October 11, 2024, full Commission and Consumer Caucus meetings have been canceled.
- The Consumer Caucus Co-chairs will host an All-Caucus Co-Chair luncheon on October 10 to plan for a Consumer Resource Fair in February 2025, providing information and resources regarding HIV, housing, and other supportive services vital to supporting the whole person, beyond HIV.
- The next Commission meeting is the Annual Conference on November 11, 2024 at the MLK Behavioral Health Center from 9:00 AM to 4:00 PM. As a reminder, the Annual Conference counts towards commissioners' attendance. The Annual Conference Planning work group has incorporated breakout sessions in the afternoon to allow an opportunity for commissioners and community members to share updates regarding work they are doing in the community. Staff is also considering a breakout room where attendees can submit a community review of the Commission.
- The deadline for Annual Conference abstract submissions is September 27<sup>th</sup>.

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

##### **a. [2024 Training Schedule](#)**

Operations Co-chair, Justin Valero, briefly reviewed the training schedule as follows:

- Upcoming training: Policy, Priorities and Legislative Docket Development Process will be held on October 2<sup>nd</sup>, from 3-4:30 pm. This is the last training of the year.
- The proposed 2025 training schedule will be available for the Operations Committee to review at its December meeting.
- All trainings are accessible on the website [HERE](#).

##### **b. 2024 Work Plan**

- The Committee briefly discussed the work plan. The Assessment of the Efficiency of the Administrative Mechanism (AEAM) as one of the key deliverables was completed. The Elevator Pitch as part of Recruitment and Retention was also drafted for Committee members' use.
- Committee members requested that the membership process be added to the 2025 Workplan, to include a review of and updates to the interview questions and membership application.

#### **9. Policies and Procedures**

##### **a. Proposed By-Laws Changes | Update**

C. Barrit informed the Committee that she has reviewed feedback received from County Counsel and DHSP. There was one public comment received from DHSP regarding membership size. Proposed updates include increasing stipends for Unaffiliated Consumers from \$150 to \$500 per month contingent upon the level of participation and engagement as well as expanding the criteria for Committee-only membership to include lived experience as professional experience. Next steps include engaging the full body in a meaningful

dialogue as proposed changes to the Bylaws have the potential to trigger structural changes. To assist in this effort, staff will seek the assistance of consultants Jeff Daniels and AJ King to lead a discussion and capacity building activities with the full body regarding the COH's role and responsibility and membership.

**b. Policy #09.7201 Consumer Compensation | Update**

See above.

**10. Membership Management Report**

**a. Attendance Letter – R. Osorio | Update**

After thoroughly discussing Commissioner Ronnie Osorio's attendance and lack of response to the attendance letter and multiple communications, the Committee decided to agendize the seat for vacate and to move Commissioner Arburtha Franklin into the vacated seat to retain the Commission's justice-involved experience on the body, fulfilling HRSA's requirement.

➡ Agendize seat vacate - R Osorio.

➡ Agendize seat movement – A. Franklin

**b. New Membership Applications**

(1) Jeremy Mitchell (Jet Finley) | Seat #33, Alternate

**MOTION #3**

**MOTION #3** Approve new membership application for Jeremy Mitchell (Jet Finley) (Seat #33, Alternate), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. (✓ Passed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), B. Gordon (Yes), Ish Herrera (Yes), V. Mendoza (Yes), L. Maulsby (Yes), M. Alvarez (Yes), D. Campbell (Yes), J. Green (Yes).

(2) Aaron Raines | Seat #22, Alternate

**MOTION #4**

**MOTION #4** Approve new membership application for Aaron Raines (Seat 22, Alternate), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. (✓ Passed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), B. Gordon (Yes), Ish Herrera (Yes), V. Mendoza (Yes), L. Maulsby (Yes), M. Alvarez (Yes), D. Campbell (Yes), J. Green (Yes).

(3) Reverend Gerald Green | Seat #32, Alternate

**MOTION #5**

**MOTION #5** Approve new membership application for Reverend Gerald Green (Seat #32, Alternate), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. (✓ Passed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), B. Gordon (Yes), Ish Herrera (Yes), V. Mendoza (Yes), L. Maulsby (Yes), M. Alvarez (Yes), D. Campbell (Yes), J. Green (Yes).

(4) Ismael Salamanca | Seat #3, City of Long Beach representative

**MOTION #6**

**MOTION #6** Approve new membership application for Ismael Salamanca (Seat #3), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. (✓ Passed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), B. Gordon (Yes),

Ish Herrera (Yes), V. Mendoza (Yes), L. Maulsby (Yes), M. Alvarez (Yes), D. Campbell (Yes), J. Green (Yes).

(5) Carlos Vega-Matos | Seat #26, Alternate

#### **MOTION #7**

**MOTION #7** Approve new membership application for Carlos Vega-Matos (Seat #26, Alternate), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. (✓ Passed by Majority, Roll Call: J. Arrington (Abstain), A. Burton (Yes), B. Gordon (Yes), Ish Herrera (Yes), V. Mendoza (Yes), L. Maulsby (Yes), M. Alvarez (Yes), D. Campbell (Yes), J. Green (Yes).

(6) Rob Lester | Planning, Priorities & Allocations (PP&A) Committee-only **MOTION #8**

**MOTION #7** Approve new membership application for Rob Lester (PP&A Committee-only), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors. (✓ Passed by Majority, Roll Call: J. Arrington (Yes), A. Burton (Yes), B. Gordon (Yes), Ish Herrera (Yes), V. Mendoza (Yes), L. Maulsby (Yes), M. Alvarez (Yes), D. Campbell (Yes), J. Green (Yes).

#### **c. Status on Pending/New Applications**

- Caitlyn Dolan (SBP) and OM Davis (PPC) committee-only applications are in the process of being vetted by their respective committees and might be approved for agendaing on October's Operations agenda.

#### **d. Parity, Inclusion and Reflectiveness (PIR)**

- A comprehensive update will be provided once new applicants have been approved.

#### **e. Mentorship Program**

- The Committee discussed the status of the Mentorship Program and the skills and requirements needed to be a mentor such as the capacity and knowledge to answer questions from new commissioners. The Mentorship Program will be included on the 2025 work plan with the reminder that the program only works with members' participation. Additionally, a reminder was issued to notify staff if a commissioner wants to have a mentor assigned or to volunteer as a mentor. Staff reminded the Committee that the Mentorship Program guide is accessible on the COH website and will again email details on where to access the Mentorship Program on the COH website.

### **11. Assessment of the Effectiveness of the Administrative Mechanism (AEAM)**

- C. Barrit informed the Committee that time will be allotted on the October agenda to go over the AEAM survey questions and for the Committee to collaborate and develop a basic template to use annually.

### **12. Recruitment, Retention and Engagement**

- In response to difficulties experienced in recruiting youth to join the Commission, a suggestion was made to leave recruitment flyers at college campuses.
- Staff reminded the Committee that a digital toolkit is available on the COH website, offering promotional materials for members to share within their communities. Members were encouraged to make use of this valuable resource.
  - Outreach Team | Elevator Pitch**
    - The Elevator Pitch was created to help commissioners explain the role of the Commission and commissioners' responsibilities in a way that is concise and consistent yet spotlights the Commission in a way that garners interest within the community.

- The Committee reviewed the pitch, provided feedback, and those who are interested will record themselves practicing the pitch to have uploaded to the Commission's website.
- The Committee requested that a Spanish language version be included.
- The Committee recommended to record it as a PSA at the next meeting.

**c. Mini-training | Discussion**

- *The Committee did not discuss this item.*

**d. Member Contributions/Participation | Report Out**

- Committee members shared work being done in the community that spotlights the Commission such as representing the Commission at the LGBTQ Commission meetings and highlighting the work of the Commission at conferences and listening sessions.

**VI. NEXT STEPS**

**13. TASK/ASSIGNMENTS RECAP:**

- ➡ Staff will send out the Word version of the interview questions and collect feedback/suggestions.
- ➡ Committee members will record their Elevator Pitches.

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

- ➡ Seat vacate – R. Osorio
- ➡ Seat movement – A. Franklin
- ➡ 2025 work plan: Add Membership Process Review and Mentorship Program
- ➡ AAEM
- ➡ Standing Committee items

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**VII. ANNOUNCEMENTS**

**15. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:**

- The Women's Caucus Loneliness and Social Isolation event summary and presentations are on the Commission's website [HERE](#).
- The City of West Hollywood will hold a resource health fair on October 1<sup>st</sup>. Capitol Drugs will have a table at the event.
- V. Mendoza attended the Women's Wellness Summit. There was limited attendance.
- Feedback on the USCHA was provided, highlighting its strong attendance, great opportunities for fellowship, and a focus on consumers, addressing concerns raised last year. The conference featured numerous policy and research presentations, offering significant epidemiological data.
- The 19<sup>th</sup> Annual Women's HIV Treatment Summit will be held at the California Endowment on October 23<sup>rd</sup> from 9:00 AM to 3 PM.
- The Black Caucus will host a World AIDS Day community event on December 6<sup>th</sup> at Charles Drew University.



- The Black Caucus will hold a Black and Latinx Same-Gender Loving Men listening session on September 26<sup>th</sup>. RSVP required.
- The Black Caucus will host a booth at the Taste of Soul on October 19<sup>th</sup> in the Crenshaw District.
- AIDS Walk Los Angeles will be held October 13<sup>th</sup> starting at 10:00 AM at West Hollywood Park.
- The Office of AIDS (OA) California Planning Group (CPG) will host an Ending the Epidemic (EHE) Symposium from September 30 to October 2. Additionally, the CPG will hold its Annual Meeting in Riverside in November, with further details to be announced.

**VIII. ADJOURNMENT**

**16. ADJOURNMENT:** The meeting adjourned at 11:55 AM.



## 2024 OPERATIONS COMMITTEE WORKPLAN

<b>Co-Chairs: Justin Valero and Miguel Alvarez</b>				
<b>Approval Date: 03.28.24    Revision Dates: 4/17, 6/21, 7/19, 8/19, 9/25, 10/22</b>				
<b>PURPOSE OF THIS DOCUMENT:</b> To identify activities and priorities the Committee will lead and advance throughout 2024.				
<b>CRITERIA:</b> Select activities that 1) represent the core functions of the COH and Committee, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.				
<b>CORE COMMITTEE RESPONSIBILITIES:</b> 1) Developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission and HIV/AIDS service and related issues; 2) recommending, developing and implementing Commission policies and procedures; 3) coordinating on-going public awareness activities to educate and engage the public in the Commission and HIV services throughout the community; 4) conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; 5) recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission. Additional responsibilities can be found at <a href="https://hiv.lacounty.gov/operations-committee">https://hiv.lacounty.gov/operations-committee</a> .				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	<b>2024 Training Plan</b>	<p>Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.</p> <p><i>*Additional training may be integrated at all COH subgroups as determined by members and staff</i></p>	2024	<del>Co-Chair Roles and Responsibilities 2/13/24 4-5pm, General Orientation &amp; COH Overview* 3/26 3-4:30, Priority Setting and Resource Allocation &amp; Service Standards 4/23 3-4:30, RW Care Act Legislative Overview Membership Structure and Responsibilities* 7/17 3-4:30, Policy Priorities and Legislative Docket Development Process 10/2 3-4:30</del>
2	<b>Bylaws Review</b>	Update Bylaws to comply with HRSA requirements and 2023 site visit findings.	June 2024	<del>Waiting for HRSA feedback. Updated Bylaws reviewed by OPS.</del>
3	<b>Policies &amp; Procedures</b>	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.	December 2024	(1) Status Neutral Priority Setting and Resource Allocation (PSRA). (2) Unaffiliated consumer stipends
	<b>Assessment of the Administrative Mechanism (AAM)</b>	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County.	July 2024	(1) Focus on realistic areas for expediting contracts within the County system. (2) <del>Collaborative Research (CR) to present findings at August OPS meeting.</del>

## 2024 OPERATIONS COMMITTEE WORKPLAN

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5	<b>Recruitment, Engagement and Retention Strategies</b>	Development of engagement and retention strategies to align with CHP efforts	Ongoing	(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members. (2) Continue social media campaigns to bring awareness. (3) Refer to HealthHIV Planning Council assessment for recommendations.
6	<b>Mentorship Program</b>	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Ongoing	Review and assess current Mentorship Program and <a href="#">Mentorship Program Guide</a> for improvements and effectiveness.
7	<b>PIR (Parity, Inclusion and Reflectiveness) Review</b>	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly	<del>February, July,</del>
8	<b>Attendance Review</b>	To ensure members follow the attendance policy.	Quarterly	Review Attendance Matrix presented by staff. Reviewed attendance: <del>January, June,</del>

<b>Co-Chairs:</b>				
<b>Approval Date:    Revision Dates:</b>				
<b>PURPOSE OF THIS DOCUMENT:</b> To identify activities and priorities the Committee will lead and advance throughout 2025.				
<b>CRITERIA:</b> Select activities that 1) represent the core functions of the COH and Committee, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.				
<b>CORE COMMITTEE RESPONSIBILITIES:</b> 1) Developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission and HIV/AIDS service and related issues; 2) recommending, developing and implementing Commission policies and procedures; 3) coordinating on-going public awareness activities to educate and engage the public in the Commission and HIV services throughout the community; 4) conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; 5) recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission. Additional responsibilities can be found at <a href="https://hiv.lacounty.gov/operations-committee">https://hiv.lacounty.gov/operations-committee</a> .				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	<b>2025 Training Plan</b>	Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.  <i>*Additional training may be integrated at all COH subgroups as determined by members and staff</i>	2025	
2	<b>Bylaws Review</b>	Update Bylaws to comply with HRSA requirements and 2023 site visit findings.		
3	<b>Policies &amp; Procedures</b>	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.		(1) Revise Commission and Committee-only membership applications (2) Revise membership application interview questions
4	<b>Assessment of the Administrative Mechanism (AAM)</b>	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County.	July 2025	(1) Focus on realistic areas for expediting contracts within the County system. (2) XX to present findings at XX OPS meeting.

**DRAFT-2025 OPERATIONS COMMITTEE WORKPLAN**

5	<b>Recruitment, Engagement and Retention Strategies</b>	Development of engagement and retention strategies to align with CHP efforts	Ongoing	<ul style="list-style-type: none"> <li>(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members.</li> <li>(2) Continue social media campaigns to bring awareness.</li> <li>(3) Refer to HealthHIV Planning Council assessment for recommendations.</li> </ul>
6	<b>Mentorship Program</b>	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Ongoing	Review and assess current Mentorship Program and <a href="#">Mentorship Program Guide</a> for improvements and effectiveness.
7	<b>PIR (Parity, Inclusion and Reflectiveness) Review</b>	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly	
8	<b>Attendance Review</b>	To ensure members follow the attendance policy.	Quarterly	





<b>POLICY/PROCEDURE #08.1104</b>	<b>Commission and Committee Co-Chair Elections and Terms</b>	<b>Page 1 of 8</b>
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**SUBJECT:** The process and scheduling for Commission and Committee Co-Chair elections.

**PURPOSE:** To outline the steps and timing for the Commission's and standing committees' Co-Chair elections.

**BACKGROUND:**

- Federal Ryan White legislation mandates that all Part A jurisdictions establish local HIV planning councils to develop a comprehensive HIV plan, rank priorities and determine allocations, create standards of care, and to carry out a number of other responsibilities. The Los Angeles County Commission on HIV serves as the local Ryan White Part A HIV planning council for the Los Angeles County.
- In accordance with Ryan White rules and Ordinance 3.29 of the Los Angeles County Charter, the Commission on HIV comprises 51 voting members, meets monthly, and fulfills its various responsibilities through an open, transparent meeting process. The meetings comply with appropriate provisions of California's Ralph M. Brown Act, and are run according to Robert's Rules of Order.
- Elected leadership is necessary to represent the planning council, facilitate the meetings, and oversee planning council work, among other responsibilities. The Health Resources and Services Administration (HRSA), the federal agency responsible for administering the Ryan White Program, recommends that planning councils elect Co-Chairs for these functions. The Commission on HIV has adopted HRSA's guidance with two Co-Chairs elected by the membership.
- The Commission on HIV relies on a strong committee structure to discharge its work responsibilities. Consistent with the Commission's By-Laws, the Commission organizational structure comprises five standing committees: Executive, Public Policy (PP), Operations, Priorities, Planning, and Allocations (PP&A), and Standards and Best Practices (SBP). Except for the Executive Committee (where the Commission Co-Chairs serve as the Committee Co-Chairs), the standing committees are led by two Co-Chairs elected by the Committee membership.

## Policy #08.1104: Commission and Committee Co-Chair Elections and Terms

Page 2 of 7

- The Commission Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Commission Co-Chair*). The Committee Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Committee Co-Chair*.

### **POLICY:**

1. The Commission Co-Chairs are elected to two-year terms, and each Co-Chair seat expires in December of alternate years. Except for the Executive Committee, each of the standing committees annually elects two Committee Co-Chairs to one-year terms that expire in February. There are no limits to the number of terms to which a Commission or committee Co-Chair can be re-elected. Co-Chairs elected to fill mid-term vacancies are elected for the remaining duration of the term, until it expires.
2. The Commission Co-Chairs are considered members of all committees, and also serve as Executive Committee Co-Chairs. Committee Co-Chairs cannot serve as Co-Chair to more than one committee at a time.
3. Nominations for the vacant Commission Co-Chair seat are normally opened in August, unless unexpected circumstances arise (meeting cancellations, absence of quorum, etc.) prevent it. Nominations for the Committee Co-Chair seats are usually opened in January, following election of the Commission Co-Chairs and final committee assignments, unless otherwise delayed. Members can nominate themselves or can be nominated by other stakeholders throughout the period in which the nominations are open.
4. Except for immediate vacancies in both Co-Chair seats, nominations must be open at the monthly meeting prior to the Co-Chair elections. Unless delayed or postponed, the Co-Chair elections are held at following month's regular meeting.
5. Commission Co-Chair candidates must have at least a year's service on the Commission. At least one of them must be HIV-positive and at least one of them must be a person of color. Only Commissioners can serve as the Co-Chairs. Only Commissioners serving in their primary committee assignment may serve as Committee Co-Chairs, but at least one of the Committee Co-Chair seats must be filled by a Commissioner. Unaffiliated HIV-positive consumers are highly encouraged to seek leadership roles and run for a Commission or Committee Co-Chair seat whenever possible.
6. Co-Chairs are elected through a sequential voting process until there are only one or two candidates remaining, as need dictates. The Commission/committee must approve the final candidate(s) through a consent vote of approval or through individual roll call votes. All Co-Chairs must be elected by a majority of the voting membership. A Co-Chair candidate's failure to earn a majority vote disqualifies that member as a Co-Chair candidate for that term, closes the election for that meeting, extends the nominations period, and postpones the election to the subsequent meeting.

7. Commission and Committee Co-Chair terms are allowed to be extended to accommodate delayed meeting schedules, lack of suitable candidates, or when the body cannot determine definitive, final Co-Chair candidates. A single Co-Chair may also continue to serve, when needed, until a second Co-Chair candidate is identified and elected.

**PROCEDURE(S):**

1. **Terms of Office:** The Commission Co-Chairs are elected to office for staggered two-year terms. Aside from the Executive Committee, standing committee Co-Chairs are elected for two-year terms.
  - a. Commission Co-Chair terms expire in alternate years to ensure leadership continuity. The Commission Co-Chairs also serve as Co-Chairs of the Executive Committee, and serve in those roles for the duration of their tenure as Commission Co-Chairs.
  - b. The four, remaining standing committees [Public Policy (PP), Operations, Priorities Planning and Allocations (PP&A) and Standards and Best Practices (SBP)] elect their Co-Chairs for one-year terms that expire concurrently.
  - c. Commission Co-Chair terms expire in December of the calendar year, unless the November and/or December monthly Commission meeting(s) are cancelled, quorum is not achieved at the meeting at which the Co-Chair is scheduled to be elected, or by majority vote of the Commission to accommodate an extension of the Co-Chair election process.
  - d. Committee Co-Chair terms expire in February of the calendar year, but may be extended, if needed, until new Co-Chairs are elected to fill the leadership positions.
  - e. In the case of a mid-term vacancy in one of the Commission Co-Chair seats, the Commission Co-Chair is subsequently elected to fill the unfinished term resulting from the vacancy. Likewise, committee Co-Chairs elected to fill mid-term vacancies are elected for the respective unfinished terms.
  - f. Commission Co-Chairs are considered voting members of all Committees and subcommittees, but are not counted towards quorum unless present.
2. **Commission Co-Chair Election Process:** Normally—unless adjusted for unexpected circumstances—the Commission Co-Chair elections proceed according to the following schedule:
  - a. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting **at least four months prior to the start date of their term**, after nominations periods opened at the prior regularly scheduled meeting.
  - b. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
  - c. The Co-Chairs delegate facilitation of the Co-Chair election to the Parliamentarian, Executive Director or other designated staff.

- d. Commission members who have been nominated, meet the qualifications, and who accept their nominations are presented for Commission vote.
- e. The Parliamentarian (or Executive Director/staff) leads Commission voting to elect the new Commission Co-Chair.
- g. Following the new Co-Chair's election, the Commission Co-Chairs and the Executive Director must determine Commission members' final committee assignments by the end of December in order to open committee Co-Chair nominations the following month.

**3. Committee Co-Chair Election Process:** Normally—unless adjusted for unexpected circumstances—the committee Co-Chair elections proceed according to the following schedule:

- a. Aside from the Executive Committee (the Commission Co-Chairs serve as the Executive Committee Co-Chairs), the standing committees open candidate nominations for both Co-Chair seats at their January meetings (following final committee assignments).
- b. Nominations are closed the following month when Committee Co-Chair elections are opened under the Co-Chair reports.
- c. The current Co-Chairs delegate facilitation of the Co-Chair election to the Executive Director or another assigned staff representative.
- d. Committee members who have been nominated, meet the qualifications, and who accept their nominations are presented for Committee vote.
- e. The Executive Director (or other designated staff) leads Committee voting to elect the new Co-Chairs.
- f. The newly elected Co-Chairs begin service at the following committee meeting.

As per Robert's Rules of Order, The Commission Co-Chairs should maintain a position of neutrality and not vote in Committee co-chair elections unless there is a tie vote for a position, then they may (but are not required to) vote to break the tie.

**4. Co-Chair Qualifications/Eligibility:** Only voting Commissioners may serve as Commission Co-Chairs. In order to ensure leadership diversity and representation, eligible Commission Co-Chair candidates must have at least one year of service and experience on the Commission. Among the two Commission Co-Chairs, at least one of the Co-Chairs must be HIV-positive, and at least one of them must be a person of color. Additionally, it is strongly preferred that at least one of the two Co-Chairs is female.

The Commission does not impose eligibility or qualification requirements for Committee Co-Chairs, although it is strongly encouraged that nominees acquire at least one year's experience with the Committee before standing as a Co-Chair candidate.

- a. Any Committee member nominated as a Co-Chair candidate must be serving on that Committee in his/her primary Committee assignment.
- b. Only Commissioners may serve as Co-Chairs.
- b. Alternates, members serving on the committee in secondary Committee assignments, and BOS-appointed non-Commission committee members may not serve as Co-Chairs.

- 5. Co-Chair Nominations:** Outside the rare possibility of immediate vacancies in both Commission Co-Chair seats, all Commission and Committee Co-Chair elections must follow a nominations period opened at the respective body's prior regular meeting. The nominations period is designed to give potential candidates the opportunity to consider standing for election and the responsibility of assuming a leadership position. Candidates may nominate themselves or participants may nominate other members. Any stakeholder may nominate Co-Chair candidates.

Candidates can be nominated in public when the nominations are opened or any time prior to the closure of the nominations—including just prior to when the Co-Chair elections are opened at the subsequent meeting—or by contacting the Executive Director through phone, email and/or in writing at any time during the period in which nominations are open. Nominations are formally closed when the eligible candidates begin making their statements.

All Commission Co-Chair candidates nominated prior to the meeting of the Co-Chair election are given the opportunity to provide a brief (single paragraph, single page) statement about their candidacy. All Co-Chair candidates should be given the opportunity to make a short oral statement about their candidacy prior to the election.

- 6. Co-Chair Election Voting Procedures:** Co-Chairs are elected by a majority vote:
- a. Roll call voting for elections requires each voting member to state the name of the candidate for whom he/she is voting, or to abstain, in each round of votes.
  - b. If there are more than two candidates nominated for Commission Co-Chair, voting will proceed in sequential roll calls until a final candidate earns a majority of votes and is elected by a consent or roll call vote. If no candidates earn a majority of votes in a single round, the candidate earning the least number of votes will be eliminated from the subsequent round of roll call voting. The process continues until there is a majority vote for one candidate, or only one candidate remains and the others have been eliminated. Once the final candidate has been selected, the Commission must approve that candidate for the Co-Chair seat in a consent or roll call vote.

- c. When there is only one Commission Co-Chair candidate, the vote serves as approval or rejection of the nominated candidate.
    - 1) A consent vote may be used to approve the final candidate(s) for the Co-Chair seat(s). A roll call vote is not necessary for a final candidate unless there are objections to the election of the candidate.
  - d. If there are two Commission Co-Chair vacancies to fill, voting adheres to the process outlined above except that the final two candidates are identified as the final Co-Chair candidates. A consent vote may be used to approve both final candidates, but a subsequent roll call vote is necessary to identify which candidate will fill the longer term; the candidate earning more votes fills the seat with the longer term.
    - 1) A roll call vote to approve both candidates to fill the Co-Chair seats is not necessary unless there are objections to the election of one or both of the candidates.
    - 2) When there are objections to the election of one or both of the candidates, each candidate must be approved by a majority through an individual roll call vote.
  - e. If there are three or more candidates nominated for the two Committee Co-Chair seats, the same process described for Commission Co-Chair election voting (Procedure #4a) is followed. If there are only two Committee Co-Chair candidates, the Committee is entitled to unanimously accept the “slate of Co-Chair nominees”; otherwise an individual roll call vote is necessary to approve the election of each candidate to a Co-Chair seat.
  - f. In the case of a tie during the final vote, the body can re-cast its vote to accommodate changes in voting. If the body cannot resolve the tie after a new vote, the current Co-Chair(s) remain in office, voting is closed, nominations remain open until the subsequent meeting, and a new election is resumed at that meeting. The process will repeat monthly until a clear majority vote-earner is identified.
  - g. If a majority of the voting members oppose a final candidate’s/final candidates’ nominations, the current Co-Chair(s) retain their seat until the subsequent meeting, nominations remain open, and a new election is held at the next meeting. The final candidates’ whose nominations were opposed are no longer eligible to fill the seat in the current term. The process will repeat monthly until the body finds majority support for a final candidate(s).
- 7. Co-Chair Election Contingencies:** A number of factors may impede the normal Co-Chair election timelines outlined in Procedures #2, #3 and #6. Following are potential challenges that can result in process delays, and how those challenges should be resolved:
- a. Inadequate Number of Qualified Co-Chair Candidates:** The Co-Chair whose term has expired may continue in the seat with the term extended until a new Co-Chair is elected. If the Co-Chair does not choose to continue, or has resigned, a Commission or Committee Co-Chair may temporarily serve as a single Co-Chair until a second Co-Chair can be identified and elected. Co-Chair nominations will remain open indefinitely until qualified candidate(s) are identified and elected.

- b. Cancelled Meeting(s) or Quorum(s) Not Realized:** Nominations can be opened at a subsequent meeting and/or extended to accommodate the cancelled meeting(s) or absence of quorum(s). If the meeting for which the election is scheduled is cancelled or a quorum is not present, nominations remain open an additional month and the election proceeds the following month.

**NOTED AND  
APPROVED:**



**EFFECTIVE  
DATE:**

September 12, 2019

*Original Approval:*

*Revision(s): 10/19/16; 7/24/17; 9/12/19*





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COMMISSION ON HIV



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# Sabel Samone- Loreca

Application on file at Commission office

# COMMISSION MEMBER APPLICATION SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: <u>Sabel Samone-Loreca</u>		Date of Evaluation: <u>10.17.24</u>	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Status:	<input type="checkbox"/> Unaffiliated Consumer <input type="checkbox"/> Provider	SPA (LIVE WORK REC SERVICES)	District (LIVE WORK SERVICES)
Demographic Information:	RACE/ETHNICITY: <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native		
	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other/Not Specified		
	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
	AGE: <input type="checkbox"/> 13-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Unknown		
Provider Information:	<input type="checkbox"/> Incarcerated <input type="checkbox"/> Healthcare <input type="checkbox"/> Social Service <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health		
	<input type="checkbox"/> Prevention <input type="checkbox"/> CBO <input type="checkbox"/> Other Federal <input type="checkbox"/> Healthcare Planning <input type="checkbox"/> Public Health		
Has Attended at Least One Commission Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CRITERIA	Points Available	Interview Panelists		
		Dechelle Richardson	Miguel Alvarez	Justin Valero
<b>1. Commitment &amp; Communication:</b>				
Oral Communication	5	5	5	5
Written Communication	5	5	5	5
<b>Subtotal</b>	<b>10</b>	10	10	10
<b>2. HIV/AIDS/STIs Knowledge:</b>				
Subtotal	15			
<b>Subtotal</b>	<b>15</b>	15	15	15
<b>3. Prior Community Planning Experience:</b>				
Subtotal	10			
<b>Subtotal</b>	<b>10</b>	10	10	10
<b>4. Collaboration:</b>				
Subtotal	10			
<b>Subtotal</b>	<b>10</b>	10	10	10
<b>5. HIV Experience:</b>				
Subtotal	10			
<b>Subtotal</b>	<b>10</b>	10	10	10
<b>6. Understanding of the Needs of Highly Impacted Populations:</b>				
Subtotal	10			
<b>Subtotal</b>	<b>10</b>	10	10	10
<b>7. Effective Representation:</b>				
Subtotal	10			
<b>Subtotal</b>	<b>10</b>	10	10	10
<b>8. Reliability:</b>				
Subtotal	10			
<b>Subtotal</b>	<b>10</b>	10	10	10
<b>9. Interview:</b>				
Subtotal	15			
<b>Subtotal</b>	<b>15</b>	15	15	15
<b>TOTAL</b>	<b>100</b>	100	100	100
<b>Total of Scores:</b>	<b>300</b>	<b>Number of Scores:</b>		<b>3</b>
			<b>Average Total:</b>	<b>100</b>



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# Joaquin Gutierrez

Application on file at Commission office

# COMMISSION MEMBER APPLICATION SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: <u>Joaquin Gutierrez</u>		Date of Evaluation: <u>10,17,24</u>	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Status:	<input type="checkbox"/> Unaffiliated Consumer <input type="checkbox"/> Provider	SPA (LIVE WORK REC SERVICES)	District (LIVE WORK SERVICES)
Demographic Information:	RACE/ETHNICITY: <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native		
	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other/Not Specified		
	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
	AGE: <input type="checkbox"/> 13-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+ <input type="checkbox"/> Unknown		
Provider Information:	<input type="checkbox"/> Incarcerated <input type="checkbox"/> Healthcare <input type="checkbox"/> Social Service <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health		
	<input type="checkbox"/> Prevention <input type="checkbox"/> CBO <input type="checkbox"/> Other Federal <input type="checkbox"/> Healthcare Planning <input type="checkbox"/> Public Health		
Has Attended at Least One Commission Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CRITERIA	Points Available	Interview Panelists		
		Justin Valero	Miguel Alvarez	Leon Maultsby
<b>1. Commitment &amp; Communication:</b>				
Oral Communication	5	5	5	5
Written Communication	5	5	5	5
<b>Subtotal</b>	<b>10</b>	10	10	10
<b>2. HIV/AIDS/STIs Knowledge:</b>				
Subtotal	15			
	15	15	15	15
<b>3. Prior Community Planning Experience:</b>				
Subtotal	10			
	10	10	10	10
<b>4. Collaboration:</b>				
Subtotal	10			
	10	10	10	10
<b>5. HIV Experience:</b>				
Subtotal	10			
	10	10	10	10
<b>6. Understanding of the Needs of Highly Impacted Populations:</b>				
Subtotal	10			
	10	10	10	10
<b>7. Effective Representation:</b>				
Subtotal	10			
	10	10	10	10
<b>8. Reliability:</b>				
Subtotal	10			
	10	10	10	10
<b>9. Interview:</b>				
Subtotal	15			
	15	15	15	15
<b>TOTAL</b>	<b>100</b>	100	100	100

<b>Total of Scores:</b>	300	<b>Number of Scores:</b>	3	<b>Average Total:</b>	100
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# Caitlin Dolan

Application on file at Commission office



# Olga (OM) Davis

Application on file at Commission office



# 2024 MEMBERSHIP ROSTER | UPDATED 9.30.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative			<b>Vacant</b>	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			<b>Vacant</b>		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette (LOA)	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC OPS	Dechelle Richardson	AMAAD Institute	July 1, 2024	June 30, 2026	
17	Provider representative #7			<b>Vacant</b>		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			<b>Vacant</b>		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	Unaffiliated representative	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	Unaffiliated representative	July 1, 2023	June 30, 2025	
22	Unaffiliated representative, SPA 4			<b>Vacant</b>		July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated representative	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	Unaffiliated representative	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Wilma Mendoza	Unaffiliated representative	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated representative	July 1, 2024	June 30, 2026	
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated representative	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated representative, Supervisorial District 2	1	EXC OPS	Bridget Gordon	Unaffiliated representative	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Ariene Frames	Unaffiliated representative	July 1, 2023	June 30, 2025	
30	Unaffiliated representative, Supervisorial District 4			<b>Vacant</b>		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated representative	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilith Conolly	Unaffiliated representative	July 1, 2024	June 30, 2026	
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	Unaffiliated representative	July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	PP&A	Daryl Russell, M.Ed	Unaffiliated representative	July 1, 2024	June 30, 2026	David Hardy (SBP)
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	Unaffiliated representative	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman (LOA)	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA	1	PP&A	Matthew Muhonen (LOA)	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA (LOA)	Unaffiliated representative	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			<b>Vacant</b>		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC OPS   PP	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, Cpsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	SBP	Felipe Findley, PA-C, MPAS, AAHIVS (LOA)	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
<b>TOTAL:</b>		<b>43</b>						

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





# Assessment of the Efficiency of the Administrative Mechanism

**Los Angeles Commission on HIV**  
**Los Angeles EMA**

**Vision: Healthy Communities, Healthy People**



# Objectives

- Describe the shared responsibility of the PC/PB and recipients in establishing, maintaining, and improving the local system of care
- Explain the legislative requirement for the assessment of the efficiency of the administrative mechanism (AEAM)
- Identify at least 4 components and 2 common challenges of conducting an AEAM
- Describe typical steps in the AEAM process
- Describe how PC/PB helps improve local system of care

# Centrality of the System of Care

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- RWHAP exists to support a system of comprehensive, appropriate core medical and support services for people living with HIV that have limited financial resources
- In its early years, RWHAP helped to establish a continuum or system of HIV care
- Current focus is on maintaining, assessing, and improving the system of care to reflect changes in the epidemic, prevention, treatment, and the broader health care system—and integrating prevention and care
- PC/PB and recipient share responsibility for improving the system of care



# Legislative Language

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Part A funds must support:

- *“core medical services that are needed in the eligible area for individuals with HIV/AIDS” including services related to “co-occurring conditions”*  
— [§2604(c)(1)]
- Support services *“that are needed for individuals with HIV/AIDS to achieve their medical outcomes”*  
— [§2604(d)(1)]



# HRSA HAB Expectations for a Comprehensive System of Care

- System of care is not limited to services paid for through RWHAP funds
- The annual Part A application asks for a *“description of the comprehensive system of care in the entire EMA/TGA, including the available core medical and support services funded by RWHAP Part A and by other sources, where services are located, and how clients access those services, including services for disproportionately impacted subpopulation(s) supported by MAI funds.”*

*[FY 2021 Notice of Funding Opportunity HRSA-22-018, p 12]*



# HRSA HAB Expectations for a Comprehensive System of Care (cont.)

RWHAP *“requires services to be provided in a coordinated, cost-effective manner”* and be *“coordinated with all other public funding for HIV/AIDS”* in order to:

- Ensure that RWHAP is the *“payor of last resort”*
- *“Maximize the number and accessibility of services available”*
- *“Reduce any duplication” – Part A Manual, pp 15-16*



# HRSA HAB Expectations for a Comprehensive System of Care (cont.)

The system of care should:

- *“address the service needs of newly affected and underserved populations – including disproportionately impacted communities of color and emerging populations”*
- *“be consistent with HSRA’s goals of increasing access to services and decreasing HIV/AIDS health disparities...”*
- *“be designed to address the needs of PWH across all life stages” from being unaware of their “HIV status, through HIV counseling and testing, early intervention and linkage to care, to retention in care and treatment adherence”*  
– Part A Manual, pp 15-16





# Desired Characteristics of a Comprehensive System of Care

- **Availability** of both core medical and support services
- **Accessible** services – in terms of location, public transportation, and service hours
- **Appropriate** services for diverse PWH populations based on such characteristics as race/ethnicity, sexual orientation, gender/gender identity, age, and risk factor – provider staff speak needed languages and are culturally competent, with appropriate training and skills
- **Effective** services that meet performance standards and contribute to viral suppression and other positive medical outcomes



# Shared Responsibility for the System of Care

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## The PC/PB:

- Assesses service needs and gaps, which requires reviewing the existing system of care – including RWHAP-funded and other core medical and support services
- Establishes service priorities and allocates Part A and Part A Minority AIDS Initiative (MAI) funds to specific service categories
- Provides guidance and models for meeting service needs overall and for particular PWH subpopulations, through use of tools like directives and service standards



# Shared Responsibility for the System of Care

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## The Recipient:

- Contracts with providers to deliver services
- Specifies service requirements in RFPs and subrecipient agreements
- Monitors subrecipients to ensure service quality
- Manages a CQM program with subrecipients that:
  - Measures performance and medical outcomes
  - Implements quality improvement efforts
- Coordinates with other RWHAP Parts and other public and private funders and services



# Quick Scenario A:

## Describing the Local System of Care

Suppose you meet a person with HIV who receives HIV care through RWHAP in another city but is thinking of moving to your EMA/TGA. That person asks you to “tell me about the system of HIV care, and how I can get access to both medical and support services.”

1. What would you say if the question came from:
  - A young MSM of color?
  - A transgender woman?
  - A long-time HIV survivor aged 60+?
2. How prepared are you to answer this question?



# Assessment of the Efficiency of the Administrative Mechanism (AEAM) Legislative Requirement

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Planning Council must “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area”

—§2602(b)(4)(E)



# Assessment of the Efficiency of the Administrative Mechanism (AEAM)

- A review of how quickly and well the Part A recipient carries out the processes to contract with and pay providers (subrecipients) for delivering HIV-related services
- Helps ensure that the needs of PWH throughout the Part A service area are met – with emphasis on those with the greatest need for RWHAP services
- The only PC/PB task that involves looking at procurement and contracting, which are recipient responsibilities



# AEAM and the System of Care

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AEAM can help strengthen the system of care by calling attention to issues such as the following:

- Need for outreach to new potential providers, which may improve service access and ability to serve emerging target populations
- Importance of ensuring that subrecipients are paid promptly – necessary for participation of smaller community-based providers that may have special skills in serving disproportionately affected subpopulations



# HRSA HAB Expectations for AEAM

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## PC/PB expected to:

- Conduct an AEAM annually
- Provide a written report to the recipient with conclusions and recommendations

## Recipient expected to:

- Provide needed data to the PC/PB for the AEAM
- Provide a written response to recommendations in the AEAM report
- Include a summary of the AEAM in the annual RWHAP Part A application as requested by HRSA HAB





# AEAM Language from FY 2021 RWHAP

## Part A Notice of Funding Opportunity

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### *“Letter of Assurance from Planning Council Chair(s) or Letter of Concurrence from Planning Body*

*Provide a letter of assurance signed by the PC chair(s) or a letter of concurrence signed by PB leadership as Attachment 6. The letter must address the following:...*

#### *d) Assessment of Administrative Mechanism:*

- i. Assessment of grant recipient activities ensured timely allocation/contracting of funds and payments to contractors”*

*[FY 2021 Notice of Funding Opportunity HRSA-22-018, p 20]*



# Typical Scope of the AEAM

- **The procurement process** – including outreach to potential new service providers, applications received and funded, the review process, and subrecipient selection criteria
- **Contracting** – including the length of time between Notice of Grant Award (NoA) to the recipient and completion of fully executed subcontracts with subrecipients
- **Reimbursement of subrecipients** – including time required for payments following receipt of monthly reports and invoices
- **Use of funds** – whether contracting and expenditure of Part A funds are consistent with the allocations made by the PC/PB, and the proportion of formula and supplemental Part A funds that are expended by the end of the program year



# Optional Component of the AEAM

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## 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 and meet legislative requirements
- PC/PB access to data needed for sound decision making
- If there is an MOU between the PC/PB and recipient, the extent to which both parties met their commitments

# Challenges

- **Limiting the Scope of the AEAM:**
  - The AEAM should *NOT* address subrecipient monitoring or other aspects of recipient management: *“The planning council should not be involved in how the administrative agency monitors providers” [Part A Manual, p 102]*
  - The AEAM should include necessary data but is not meant to be an evaluation of the recipient or of individual subrecipients
- **Subrecipient data:** The PC/PB will need data from or about individual subrecipients, but members should not receive or review data with agency names attached



# Typical Steps in the AEAM Process

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1. Assign responsibility for the AEAM to a PC/PB committee
2. Agree on the process, tools, and data needs early in the program year
3. Work with the recipient to agree what questions will be answered and what data will be provided, in what format, on what schedule
  - Specify data needs for the AAM in your MOU, if you have one
  - Early agreement allows the recipient to collect data throughout the year and provide it promptly



# Typical Steps in AEAM (cont.)

4. Obtain summary data from the recipient about agreed-upon topics—for example:
  - Procurement: Number of providers receiving the Request for Proposals for Part A services, number responding, number of new applicants, independent review process
  - Contracting: Percent of contracts fully executed within 30, 60, and 90 days after Notice of Grant Award
  - Payments: Average time required for the recipient to issue checks to subrecipients based on accurate invoices
  - Allocations and Expenditures: Amount and percent of Part A funds allocated by the PC/PB to each service category versus the amount and percent contracted and spent



# Typical Steps in AEAM (cont.)

5. Survey subrecipients to learn about their experiences related to procurement, contracting, and reimbursement (optional):
  - Usually an online survey
  - Response rate highest if survey is short and most questions require only check-offs or ratings
  - PC/PB support staff or a consultant typically receive, aggregate, and summarize results for PC/PB review – so members do not see individual subrecipient responses

# Typical Steps in AEAM (cont.)

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6. Review data to answer key questions and prepare a concise written report including recommendations for any needed changes to address areas of concern around procurement, contracting, reimbursement, and/or use of funds consistent with PC/PB allocations
7. Meet with the recipient to present and discuss findings
8. Obtain a written response and plan from the recipient on how any problem areas will be addressed
9. Debrief and refine the AEAM process for next year
10. Follow up on recipient implementation of action plan



# Discussion: Implementing the AEAM

The AEAM process in your EMA/TGA has been challenging in recent years. A special task force appointed by the Executive Committee is established each year to plan the process, specify data needs, obtain data from the recipient and from subrecipients, and prepare the report. Membership varies, and the recipient says the constant changes in process and data requests creates a burden.

1. What might the PC/PB do to address these issues?



# How the PC/PB Helps Improve the System of Care

**PC/PB members must understand the system of care, including its strengths and weaknesses and how it serves particular PWH subpopulations:**

1. Be sure your needs assessment includes a resource inventory and a profile of provider capacity and capability – the components focusing on the current system of care
2. Work with your recipient to ensure regular access to program data about the system of care and about service utilization and client outcomes – overall and by subpopulation
3. Continually learn about the system of care, asking for needed data and analyses, reviewing new information carefully, and asking questions – become thoroughly familiar with the current system of care, including service needs and gaps by location and subpopulation



# How the PC/PB Helps Improve the System of Care (cont.)

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## Use available tools to improve the system of care:

1. Make sure conversations about the system of care always include consideration of service access and utilization by specific subpopulations
2. Assign a specific committee or other entity within the PC/PB ongoing responsibility for addressing system of care issues
3. Explore promising service models that can strengthen services, overall or for particular PWH populations

# How the PC/PB Helps Improve the System of Care (cont.)

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4. Use directives to test new service models or strategies
5. Use service standards to ensure service quality and consistency
6. Ensure that Minority AIDS Initiative (MAI) funds provide population-appropriate service models
7. Play an active role in coordination of services
8. Use evaluation of service quality and outcomes in decision making about the system of care



# Questions?



## RECIPIENT SURVEY

1. How many proposals were received for GY32 Ryan White Part A funds?
  - 1a. Of the proposals for GY32, how many were from New Service Providers\*?
  - 1b. Of these proposals, how many Service Providers were awarded contracts for Ryan White Part A funds?
2. Please describe the process used to review proposals requesting GY32 Ryan White Part A funds
  - 2a. Please describe the composition of the external review panel (number of reviewers, demographics of reviewers - age, race/ethnicity, gender identity, geography, professional background, HIV status).
3. During GY32, what work was undertaken by the Recipient to encourage new providers to apply for Ryan White Part A funds; such as outreach to potential new service providers

### **CONTRACTING: Executing Service Agreements with Service Providers**

HRSA issued the Notice of Award (NOA) for GY32 in April 2022 (or thereabout). This section will examine the contracting process, specifically the length of time between NOA to the recipient and completion of fully executed service agreements with service providers.

In the section below please indicate the number of service agreements adopted and fully executed in GY32 between the date of receipt of the NOA April ?, 2022 and the date of full execution of service agreement

4. How many service agreements were fully executed in GY32:
  - 4a. How many service agreements were fully executed between February 4, 2022 and February 28, 2022?
  - 4b. Between February 4, 2022 and March 28, 2022?
  - 4c. Between February 4, 2022 and April 26, 2022?
  - 4d. Between February 4, 2022 and May 28, 2022?
  - 4e. Between February 4, 2022 and June 28, 2022?
  - 4f. Between February 4, 2022 and July 28, 2022?
  - 4g. Between February 4, 2022 and August 28, 2022?
  - 4h. Between February 4, 2022 and September 28, 2022?

5. For service agreements executed >90 days, please describe factors that contributed to service agreements not being fully executed within 90 days.

### **REIMBURSEMENT: Service Provider Reporting and Invoicing Process**

6. Please describe the monthly reporting and invoicing process.

7. Did the Recipient change reimbursement/payment systems?

7a. How did these changes impact the reimbursement for services?

7b. Did this impact the distribution of funds to Service Providers?

8. During GY32, what has been the average amount of time in days between receipt of a complete monthly report and accurate invoice from a Service Provider and the issuance of a reimbursement payment?

8a. List/describe any factors contributing to the delay in reimbursements to Service Providers.

### **USE OF FUNDS: Priorities, Resource Allocations, Directives and Reprogramming**

9. Please describe your experience in receiving timely and clear input from COHAH regarding priorities, resource allocations, and directives.

10. Please describe your experience in COHAH's process for reviewing and approving reprogramming requests in a timely manner.

11. Please download and complete the following chart to examine whether allocations and expenditures of the recipient are consistent with allocations made by the COHAH

[Attachment: "GY32\_AEAM Recipient Survey Question 11.xlsx"]

11a. Please upload your completed allocation chart

12. Please describe in detail ALL COHAH approved reprogramming requests submitted by the Recipient.



## Default Question Block

Please complete the survey below.

**Purpose:** The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) mandates the Washington, DC Regional Planning Commission on Health and HIV (COHAH) to conduct an annual Assessment of the Efficiency of the Administrative Mechanism (AEAM). This assessment is a review of how quickly and well the Ryan White HIV/AIDS Program Part A recipient, the DC Department of Health HIV/AIDS Hepatitis, STD and TB Administration (HAHSTA), carries out the process to contract with and pay providers in a timely manner for delivering HIV-related services so that the needs of people living with HIV (PLWH) throughout our EMA are met. Your responses will be kept private and confidential. All responses will be summarized in aggregate; no individual responses will be reported to HAHSTA. Therefore, please be open and honest in your responses. The completion of the survey is a federal mandate and your cooperation is greatly appreciated.

**Instructions:** Please complete all sections and provide responses based on Grant Year 32 (GY32) (March 1, 2022 - February 28, 2023). It should take 15-20 minutes to complete. If you have any questions, please contact Lamont Clark, Government Co-Chair, Washington, DC Regional Planning Commission on Health and HIV (COHAH), via phone at 202-741-0893 or email at lamont.clark@dc.gov.



We would like to receive your completed survey by Friday, September 8, 2023.

Thank you!

Q1. First and Last Name

Q2. Name of Provider Agency

Q3. Position in Agency

RFP Process and Selection of Service Providers

Q4. Which response best describes the amount of time provided by the sponsor for your agency to prepare and submit your Ryan White Part A application?

- Not enough time/too little time
- Enough time
- Plenty of time

N/A (Please leave additional comments below.)

Notice of Grant Award from Recipient & Placement of Service Agreement with Service Provider

Q5. Please select the grant years (GY) your agency has received Ryan White Part A funding during the past 3 years (GY 30 - GY 32).

- GY 30
- GY 31
- GY 32

Q6. Please select the Ryan White Part A service categories that your agency received funding for in GY 32.

- Outpatient/Ambulatory Health Services (OAHS)
- Oral Health Care (OHC)

- Medical Case Management (MCM)
- Mental Health Services (MHS)
- Substance Abuse Outpatient Care (SAO)
- Medical Nutrition Therapy (MNT)
- Early Intervention Services (EIS)
- Health Insurance Prem & Cost-Sharing Asst. (HIPCA)
- Home & Community-Based Health Services
- Emergency Financial Assistance (EFA)
- Medical Transportation
- Food Bank/Home Delivered Meals
- Non-Medical Case Management Services (NMCMS)
- Housing Services
- Outreach Services
- Linguistic Services
- Psychosocial Support Services
- Health Education/Risk Reduction (HE/RR)
- Other Professional Services

Q7. When was your service agreement/contract fully executed for GY 32? (March 1, 2022 - February 28, 2023)

Q8. Did you have any issues and/or challenges with executing the Service Agreement

and/or receiving funds?

- Yes
- No

Q9. Describe issues and/or challenges with executing the Service Agreement and/or receiving funds.

Q10. Have any of these issues and/or challenges affected your ability to deliver of services to clients?

- Yes
- No

Q11. Please describe how these challenges were handled.



Q12. How did you communicate these challenges to clients, if at all?



### Service Provider Reimbursement

Q13. During GY 32, what is the average time between approval of an invoice submission and the receipt of a reimbursement check?

- 5 - 10 days
- 10 - 20 days
- 20 - 30 days
- > 30 days

Q14. Please describe any factors contributing to the delay in reimbursements.

Financing Process

Q15. Please check the response time for purchase order/invoicing questions from your Grants Management Specialist.

- 1 - 4 days
- 5 - 10 days
- 10 - 20 days
- 20 - 30 days
- > 30 days

Q16. Please rate the response of your Grants Management Specialist.

- Excellent
- Good
- Fair
- Poor

Very Poor

Q17. Please select the response time for programmatic questions (design/implementation/monitoring) from your Program Officer.

- 1 - 4 days
- 5 - 10 days
- 10 - 20 days
- 20 - 30 days
- > 30 days

Q18. Please select the response time for reprogramming request from your Grant Monitor/Program Officer.

- 1 - 4 days
- 5 - 10 days
- 10 - 20 days
- 20 - 30 days
- > 30 days

Q19. Please rate the response of your Grant Monitor/Program Officer.

- Excellent
- Good

- Fair
- Poor
- Very Poor

Additional Comments

Q20. Please provide any comments overall on the procurement, contracting and reimbursement process areas that were not addressed in previous questions.

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TOGETHER AGAINST HIV

# Practice Script Guide for Commissioners



together.

WE CAN END HIV IN OUR  
COMMUNITIES ONCE & FOR ALL



**INTRODUCTION.** Hi, I'm [Your Name] from the Los Angeles County Commission on HIV. I represent [Member Seat/Jurisdiction].

**WHO WE ARE.** We are a planning body that seeks community input from diverse stakeholders to ensure everyone in Los Angeles County has access to the best possible care and services for HIV and STIs.

**WHAT WE DO.** Our goal is simple: to improve HIV prevention, care, and treatment services for everyone in our communities. Our planning body identifies what's working, what needs improvement, and how we can better support our communities, especially those most disproportionately impacted. We listen to the needs of those directly affected by HIV and STIs and use this information to guide and inform our planning efforts. We also determine how funding should be allocated to achieve the greatest impact. Our members include people living with HIV and individuals from communities hardest hit by HIV and STIs, ensuring we represent those we serve. Monthly stipends and reimbursement for childcare, transportation and meals are provided to eligible members with lived experience.

**COMMUNITY ENGAGEMENT.** As part of the Commission's outreach and recruitment efforts, we aim to inform and educate our communities about the impact and outcomes of our planning efforts to improve services and build healthier communities in LA County.

**CALL TO ACTION.** We can't do it alone, so we welcome your support and involvement. We invite you to attend one of our monthly standing meetings to learn more about our work. For more information, please visit the Commission on HIV's website or reach out to our staff. Together, we can end HIV in our communities once and for all.

<https://hiv.lacounty.gov>