LOS ANGELES COUNTY
COMMISSION ON HIV

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SAVE THE DATE

OPERATIONS COMMITTEE
Virtual Meeting

Monday, November 30, 2020*
9:00AM – 11AM (PST)

***The regularly scheduled November and December meetings have been consolidated into one meeting on November 30 to accommodate holiday schedules. The meeting agenda and packet will be forthcoming and available on our website at www.hiv.lacounty.gov ***

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LOS ANGELES COUNTY
COMMISSION ON HIV

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

Monday, November 30, 9:00 AM – 11:00 AM

To Register + Join by Computer: https://tinyurl.com/y33wa5q9
**Link is for non-Committee members + members of the public*

To Join by Phone: +1-415-655-0001
Access code: 145 029 5989

Operations Committee Members:			
Joseph Green, *Co-Chair*	Juan Preciado, *Co-Chair*	Miguel Alvarez (Alternate)	Danielle Campbell, MPH
Michele Daniels (Exec, At Large)	Carlos Moreno	Kayla Walker-Heltzel	Justin Valero (Exec, At Large)
QUORUM*:	**5**		

Due to COVID-19, quorum requirements suspended for teleconference meetings per Governor Newsom's Executive Order N-25-20

AGENDA POSTED: November 23, 2020

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.

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 la oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á hivcomm@lachiv.org, por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order | Introductions | Statement - Conflict of Interest 09:00 AM – 09:02 AM

I. ADMINISTRATIVE MATTERS 09:02 AM – 09:07 AM

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 09:07 AM – 09:11 AM

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission

III. COMMITTEE NEW BUSINESS ITEMS 09:11 AM – 09:15 AM

4. 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

5. Executive Director/Staff Report 09:15 AM – 09:30 AM

A. Code of Conduct
B. HealthHIV Technical Assistance | HIV planning body effectiveness
C. CHATT RWHAP Part A Planning Councils Recruitment and Retention Learning Collaborative Opportunity
D. Commission and Committee Updates

6. Co-Chair's Report 09:30 AM – 09:40 AM

A. 2021 Committee Co-Chair Open Nomination
B. 2020 Work Plan Review/Update
C. Holiday Meeting Schedule

7. Membership Management Report 09:40 AM – 10:15 AM

A. Membership Management
- New Member Applicant Interviews | Updates
- New Member Application: Luckie Alexander | **MOTION #3**
- New Member Application: Ernest Walker | **MOTION #4**
- New Member Application: Guadalupe Velazquez | **MOTION #5**
- Resignation | Aaron Fox

B. Membership Roster Review – Alternates
C. Membership Application Redesign Work Group | Updates

V. DISCUSSIONS

8. Recruitment, Retention and Engagement 10:15 AM – 10:45 AM

A. Youth/Young Adult-Specific Outreach Strategies + Recommendations | Ongoing
- Member Participation on CABs and other Orgs | Updates

B. Outreach Efforts & Strategies Amid a New Virtual Normal

9. Mentorship aka Peer Collaborator/Buddy Program I 10:45 AM – 10:50 AM

A. Orientation | Updates

10. **2020 Virtual Training Series Summary** 10:50 AM – 10:55 AM

VI. NEXT STEPS 10:55 AM – 10:58 AM

11. Task/Assignments Recap
12. Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS 10:58 AM – 11:00 AM

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

VIII. ADJOURNMENT 11:00 AM

14. Adjournment for the meeting of November 30, 2020

PROPOSED MOTIONS	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Operations Committee minutes, as presented or revised.
MOTION #3:	Approve New Member Applicant, Luckie Alexander, and elevate to Executive Committee for approval.
MOTION #4:	Approve New Member Applicant, Ernest Walker, and elevate to Executive Committee for approval.
MOTION #5:	Approve New Member Applicant, Guadalupe Velazquez, and elevate to Executive Committee for approval.

LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

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

OPERATIONS COMMITTEE MEETING MINUTES

October 22, 2020

Draft

MEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC	COMM STAFF/ CONSULTANTS
Joseph Green, *Co-Chair*	Justin Valero, MA	Damontae Hack	Cheryl Barrit, MPIA
Juan Preciado, *Co-Chair*	Kayla Walker-Heltzel, MPH *(Alt.)*	LCDR Jose Antonio Ortiz, MPH	Dawn McClendon
Danielle Campbell, MPH			Carolyn Echols-Watson, MPA
Michele Daniels	**MEMBERS ABSENT**	**DHSP STAFF**	Jane Nachazel
Bridget Gordon	Miguel Alvarez *(Alt.)*	None	Sonja Wright, MS, Lac
Carlos Moreno			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

CONTENTS OF COMMITTEE PACKET

1) **Cover Page**: Operations Committee Virtual Meeting, *10/22/2020*
2) **Agenda**: Operations Committee Meeting Agenda, *10/22/2020*
3) **Minutes:** Operations Committee Meeting Minutes, *9/24/2020*
4) **Code**: Code of Conduct, *4/11/2019*
5) **Table**: Los Angeles County Commission on HIV 2020 Work Plan (WP), Operations Committee, *Draft for 10/22/2020 Meeting*
6) **Duty Statement**: Committee Co-Chair, Ap*proved 3/28/2017*
7) **Roster**: 2020 Membership Roster, *Updated 10/2/2020*
8) **Table**: Planning Council/Planning Body Reflectiveness, *Updated 9/27/2020*
9) **Membership Application**: Damontae Hack, *8/27/2020*
10) **Recommendations**: Los Angeles County Commission on HIV, Operations Committee, Youth/Young Adults Recommendations on Outreach, Engagement and Retention, *From 8/27/2020 Operations Committee Discussion*
11) **Schedule**: Virtual Training Schedule for Commissioners and Community Members, *2020*

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST: Mr. Preciado called the meeting to order at 10:07 am.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**
MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

2. **APPROVAL OF MEETING MINUTES**
MOTION #2: Approve the 9/24/2020 Operations Committee Meeting Minutes, as presented ***(Passed by Consensus)***.

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**: There were no comments.

III. COMMITTEE NEW BUSINESS ITEMS

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

- Mr. Moreno attended the 10/19-21/2020 United States Conference on HIV/AIDS (USCHA) and asked if the Commission presented in such venues. Ms. Barrit responded no presentations were scheduled for conferences at the moment, but staff can assist if Commission Members wish to submit an abstract on an aspect of Commission work.
- Meanwhile, Health Resources and Services Administration's (HRSA's) Planning CHATT asked Commission staff to participate in a 11/4/2020 webinar on service standards development. St. Louis Transitional Grant Area (TGA) staff will also present.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

- Ms. Barrit thanked Messrs. Preciado and Green for their work on the Operations Committee agenda; and thanked all the staff for their continued work as well as welcoming Ms. Wright back from her Disaster Services Worker (DSW) assignment.
- The next training will be on Priority Setting and Resource Allocation (PSRA) on 10/29/2020, 10:00 to 11:30 am. The Consumer Caucus has provided valuable insight into the design of the training to ensure it is consumer friendly.

A. Commission and Committee Updates

- *Planning, Priorities and Allocations (PP&A):* The City of Los Housing + Community Investment Department (HCID) presented on their Consolidated Plan for federal funding at the 10/20/2020 meeting. The information is important for PP&A as it should leverage Ryan White with other housing funds including funds for Housing Opportunities for Persons With AIDS (HOPWA) which is included in the Plan. In addition to HOPWA, some funds go to the Los Angeles Homeless Services Authority (LAHSA) which also serves PLWH. Public comment on the Plan remained open.
- DHSP provided an update on resource expenditures, especially for the two main Ending the HIV Epidemic (EHE) grants. The HRSA grant largely funds implementation and promotion of the new Emergency Financial Assistance (EFA) service which was a priority for the Commission. In response to that priority, the SBP Committee focused on development of an EFA Standards of Care (SOC). The service was expected to launch 11/1/2020. The Medical Care Coordination (MCC) learning collaborative was addressing EFA and DHSP will train teams in assessing clients for services.
- A large component of the Centers for Disease Control and Prevention (CDC) EHE grant is reflected in the Request For Proposals (RFP) for community engagement of under-represented voices in the HIV movement due for release shortly. Considering time to review RFP responses and initiate contracts, implementation was not expected until early 2021.
- The application for the longstanding HRSA Ryan White Part A funding was submitted in September. Ms. Barrit thanked consumers Joseph Green, Carlos Moreno, Kevin Stalter, and Al Ballesteros, MBA who accompanied Ms. Barrit to the DHSP offices last month to review the application. The Commission participates in a review and offers input each year prior to submission. The HRSA Notice Of Award was not expected until at least early next year.
- Mario Pérez, MPH, Director, DHSP, also reported COVID-19 had significantly impeded providers' ability to submit timely invoices to DHSP so reliable expenditure reports were not yet available. Mr. Pérez will report at the 11/12/2020 Annual Commission Meeting, but reliability may remain less than optimal. That is important to the Commission, and PP&A especially, as it impacts the ability to accurately re-allocate funds to maximize Ryan White Part A grant funds which cannot be carried over to the next year. For example, if it appears Oral Health (OH) is underspent and MCC overspent then funds might reasonably be re-allocated from OH to MCC, but inaccurate data would make that problematic.
- *Standards and Best Practices (SBP):* The Universal SOC was being updated to include telehealth as is the Patient's Bill of Rights. The Childcare SOC was largely done, but work was suspended pending input from focus groups hosted by DHSP.
- *Public Policy:* Richard Zaldivar, Founder and Executive Director, The Wall Las Memorias, will present at the 11/2/2020 meeting on community mobilization efforts to address methamphetamine and HIV. The Commission has been participating in the town hall meetings and Public Policy is addressing the issue from a policy perspective.
- *Aging Task Force:* Work continues to refine recommendations and develop programmatic suggestions for presentation to PP&A and the full Commission. The next meeting will be 10/26/2020 at 9:00 am. All are welcome.
- *Black African American Community (BAAC) Task Force:* Work continues to refine recommendations for the various Committees. The Public Policy Co-Chairs are working with the Task Force and Co-Chairs Danielle Campbell, MPH and Greg Wilson on strategies. The next meeting will be 10/26/2020, 1:00 to 3:00 pm. BAAC Diaspora members welcome.
- *Transgender Caucus:* Review of policy issues continues with a focus on violence especially in respect to Daniela Hernandez who was attacked 10/4/2020. The next meeting will be 10/27/2020, 10:00 am to 12:00 noon.

B. Commission Annual Meeting – 11/12/2020

- Ms. Barrit provided draft ideas to the Executive Committee and full Commission a few months ago. Feedback on topics highlighted: EHE - local, state, and federal levels; and, creating an inclusive and intergenerational movement in EHE.

- Key speakers will be: Harold Phillips, Chief Operating Officer (COO), federal EHE initiative; Mr. Pérez, DHSP, on the local EHE response; and, Naina Khanna, Executive Director, Positive Women's Network, on an inclusive movement.
- Ms. Barrit was working with Consumer Caucus Co-Chairs on a "community speakout." Consumer testimony on EHE can help ensure the movement is centered on PLWH and communities with a disproportionate burden of new diagnoses.
- Closing remarks will be offered by continuing Commission Co-Chair Bridget Gordon, incoming Co-Chair David P. Lee, MPH, LCSW, and Al Ballesteros, MBA, whose Co-Chair term ends 12/31/2020.

6. CO-CHAIR REPORT

A. Welcome Justin Valero, MA, Executive At-Large Member

- Mr. Preciado welcomed Mr. Valero to Operations. He was elected to a second Executive At-Large seat, joining Ms. Daniels, at the 10/8/2020 Commission Meeting. The total three seats jointly serve both Executive and Operations.
- Mr. Valero was surprised and humbled to be elected after just over one year on the Commission on SBP. His Commission experience has helped him decide to devote full time to work in HIV as his teaching career winds down. He looked forward to contributing to good work in the Committee and was grateful for the opportunity.

B. Work Plan Review/Updates

- The Work Plan was in the packet for review. Key ongoing activities were: BAAC recommendations implementation; consumer-centered leadership development; and, outreach, engagement, and recruitment strategies, specifically for youth and Unaffiliated Consumers (UCs).
- Routine activities were: policies/procedures review; attendance review; Parity, Inclusion, and Reflectiveness (PIR) review; Mentorship Program implementation; and, Assessment of the Administrative Mechanism (AAM).

C. 2021 Committee Co-Chair Open Nominations and Election Reminder

- Nominees need to have served one year on a Committee to be eligible to run for its Co-Chair.
- ➲ Nominations will open at the next meeting with elections at the following meeting.

D. Holiday Meeting Schedule

- Ms. McClendon noted regular dates for the November and December meetings, 11/26/2020 and 12/24/2020, conflict with holidays. Options include consolidating the meetings or cancelling them. Mr. Preciado preferred to consolidate since cancelling for two months would result in a backlog of work to address in 2021.
- ➲ Agreed to schedule one consolidated November/December meeting. Ms. McClendon will poll for a date.

7. MEMBERSHIP MANAGEMENT REPORT

A. Membership Management

(i) New Member Applicant Interviews - Updates

- Ms. McClendon complimented Operations recruitment work in moving some half a dozen people forward in the past three months. Recent interviews were with: Luckie Alexander, Guadalupe Velasquez, and Ernest Walker. As usual, the three were invited to attend meetings and trainings to both engage them and so they can demonstrate interest in and commitment to the Commission. The three will be on the next agenda assuming no issues.
- A panel was being formed to interview new candidate Rita Stevens.
- Meanwhile, the Commission approved Everardo Alvizo to occupy the City of Long Beach Representative seat at its 10/8/2020 meeting and has forwarded the nomination to the Board of Supervisors (Board) for appointment.

(ii) New Member Application: Damontae Hack

- *Damontae Hack* – He appreciated everyone's work. It is important to him, especially as he is newly diagnosed. As a Black, young, gay man, he wants to represent his peers with suggestions on many topics such as activities.
- Mr. Preciado felt Mr. Hack was a leader who represented a needed voice as a newly diagnosed young adult. He recently received his Bachelor of Arts in theater and arts, and is interested in providing peer services in the San Fernando Valley. An issue with the electronic form shifted his age to the 40-49 group, but he is actually 22.
- Ms. McClendon noted the application will be forwarded to the Executive Committee for consideration if approved by Operations. The Executive Committee may then approve it to go forward for Commission approval and, if approved at the Commission, to the Board for appointment.

MOTION #3: Approve New Member Applicant, Damontae Hack, for the Unaffiliated Consumer, SPA 2 seat, and elevate to Executive Committee for approval, as presented ***(Passed: Yes -*** Daniels, Moreno, Valero, Preciado***; No -*** none***; Abstentions -*** none***)***.

(iii) Danielle Campbell, MPH – Seat Change to Representative Board Office 2: There was no additional discussion.

(iv) Stephanie Cipres, MPH – Change in Membership

- Ms. McClendon recalled that Ms. Cipres was moved forward a couple of months ago to replace LaShonda Spencer, MD in the Part D provider seat because she had left the Maternal Child and Adolescent/Adult (MCA) Center to assume the position of Director, Drew Center for AIDS Research, Education, and Services (CARES). In her new position, Dr. Spencer was eligible to fill the Commission's Provider Representative #4 seat.
- As it happens, Ms. Cipres has now also left MCA and so is no longer eligible for the Part D seat. Her new position is with Los Angeles County (LAC) and does not meet eligibility requirements for any Commission seat. She has been offered the opportunity to serve in a Committee Member Only seat and is seeking permission from her employer.

B. Membership Application Redesign Work Group - Updates

- Mr. Moreno said the Work Group held its third meeting on 10/16/2020. It was reviewing the Application section by section to simplify language and reduce repetition. The goal is to complete paper and online revised iterations by year's end. Interview questions were also being reviewed to ensure they complement, but do not replicate, the application.
- Mr. Moreno solicited feedback from Mr. Hack as a recent applicant. Mr. Hack felt the application was long and seemed rather repetitive, but it also covered a lot of important information.
- The next Work Group meeting will be 10/30/2020, 10:00 to 11:00 am. All are welcome to participate so long as attendance of Operations Members does not meet or exceed Committee quorum.
- ➲ Ms. McClendon will add Ms. Wright to the Application Work Group list.

V. DISCUSSIONS

8. RECRUITMENT, RETENTION, AND ENGAGEMENT

A. Youth/Young Adult-Specific Outreach Strategies and Recommendations – ONGOING: Youth/Young Adult community members were especially invited to participate in the 8/27/2020 Operations Committee Meeting and provide feedback on outreach strategies and recommendations. Operations continued to review and incorporate their feedback into activities.

(i) Member Participation on Consumer Advisory Boards (CABs) and Other Organizations - Updates

- Operations is encouraging Commission Members to participate at CAB and other community organization meetings in order to foster deeper relationships in the community.
- One example is participation in Reach LA's Shop Talk meetings which include a variety of EHE resources.
- Ms. McClendon asked Commissioners interested in presenting on the Commission at organizations to coordinate with staff to ensure consistency and to obtain tailored resources like presentations and the social media toolkit.

B. Outreach and Marketing Materials Review of Social Media Concepts

(i) Commission Social Media Toolkit

- Ms. Barrit presented on the Commission's flexible toolkit. Staff can help select material tailored to the length of a planned presentation and the anticipated audience.
- The toolkit includes a standard fact sheet in English or Spanish used by all commissions under the Board. It provides the basics for the body including number of members, term of office, and duties and responsibilities.
- Several community PowerPoint presentations are also available, e.g., one was developed for Frankie Darling-Palacios to use for a brief CAB presentation. It is just seven slides long as the presentation will only be about 15 minutes, but includes highlights about the Commission, benefits of the Commission for community members, and how to find more information. A presentation for providers would have more information of interest to them.
- An EHE folder has materials on actions to end the epidemic in LAC and to promote the local EHE Plan. Ms. Barrit will work with Julie Tolentino, MPH from DHSP to develop a PowerPoint on LAC's EHE Plan once it is finalized. Meanwhile, the infographic from DHSP's September 2020 EHE Town Hall provides an overview including something of the local response for each of the four Diagnose, Prevent, Treat, and Respond pillars.
- HIV Connect promotional materials include handouts and camera-ready materials for virtual meetings. "Ryan White Funded Service Agencies" is a helpful handout available on HIV Connect developed last year. All DHSP funded agencies offer website links that are interactive in the virtual format. Grievance Line contacts are included.
- The Membership Application, as noted earlier, was being revised and will be uploaded once finalized.
- A standing outreach flyer in English and Spanish has been used for some time in the community and can be customized, if needed. The templates have also been used for promotion in print media, e.g., *Adelante*.

- The Commission has also been exploring social media options with materials available in English and Spanish on Facebook and Twitter. Some serve specific populations, e.g., youth, women, and the transgender community.
- ➲ Everyone was asked to follow the Commission on Facebook and Twitter at HIVCommissionLA.

C. Outreach Efforts and Strategies Amid a New Virtual Normal

- Mr. Preciado encouraged Commissioners to become influencers. Staff can help develop materials, but Commissioners are the main voices of the body. Ms. Barrit added some people have expressed interest in more dynamic contacts like short videos. The technology is available so long as people providing testimony give consent.
- Mr. Preciado also suggested brief Instagram or Facebook live conversations, e.g., two to five minutes. Ms. McClendon noted such conversations could be incorporated into trainings.
- Mr. Valero urged addressing communication and engagement with private health care providers especially regarding HIV, PrEP, and cultural competency. Many providers in the San Gabriel Valley suburbs are not well versed in HIV health so people often travel to access providers like AIDS Healthcare Foundation or have insufficient follow-up to achieve and maintain an undetectable viral load. It is a key issue for him and was the impetus for his service on the Commission.
- Mr. Moreno asked about the future of HIV specialists and their integration with primary care physicians. Ms. Barrit replied that is more a full body question on how the Commission can position itself to support development, e.g., promoting a legislative policy to the Board on state credentialing. It might also be a federal topic to raise with Mr. Phillips at the Annual Meeting. The Pacific AIDS Education and Training Centers are the main training resource.

9. PEER COLLABORATOR/BUDDY PROGRAM IMPLEMENTATION

A. Member Pairing – 11/19/2020 Orientation, 1:00 pm

- Pairings have been done and individuals were notified. All were aware of the scheduled orientation.
- Ms. McClendon noted that the Commission has had long-standing conversations on implementing a mentorship program to better engage and provide support for new Commissioners. It is now being rolled out.
- It became apparent in developing the program that new Commissioners also had valuable perspectives to offer the more experienced Commissioners so it transitioned into a peer collaboration, rather than mentorship, program.
- She surveyed Commissioners on their interest in participating in the new program and, if so, whether they would like to mentor or be mentored. Pairings were based on survey results.
- ➲ Ms. Barrit will send a reminder so Members who did not make a connection, but wish to, can do so before orientation.

10. 2020 VIRTUAL TRAINING SERIES: A flyer for remaining trainings was in the packet, as noted: 10/29/2020, PSRA; 11/5/2020, Service Standards; 11/19/2020, Policy Priorities and Legislative Docket Development. All will be 10:00 to 11:30 am.

VI. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP: There were no additional items.

12. AGENDA DEVELOPMENT FOR NEXT MEETING: Topics for the next meeting include: motions on Alexander, Velasquez, Walker applications; follow-up discussion on 11/12/2020 Annual Meeting especially as it relates to EHE; and revision of the application.

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 11:40 am.

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COMMISSION ON HIV

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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

HIV Planning Body Assessment Guide

A Resource for HIV Planning

October 2020

Developed by HealthHIV on behalf of the Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC)

TABLE OF CONTENTS

Overview of Resource

The **Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC)** developed an assessment guide to help jurisdictions review and evaluate the effectiveness of the structure, policies and procedures, membership, and stakeholder/consumer engagement of HIV prevention and care planning bodies, including integrated HIV planning groups. "Effectiveness" is defined by how well the planning body's structure, policies and procedures, consumer engagement and implementation supports its ability to carry out its mission and objectives. Through the comprehensive assessment, HIV planning bodies are able to identify areas for improvement in order to support the development of effective and efficient planning processes. The assessment process includes three phases, which are described in the sections that follow:

- Engagement
- Assessment
- Recommendations

Historically, people with HIV have used the phrase "nothing about us without us" to ensure a voice at the table for planning activities to address HIV/AIDS in their communities. HRSA/HAB has embraced this by requiring the participation of people with HIV in RWHAP Part A Planning Councils. It is important that this assessment include the voices of people with HIV.

Logistics and Responsibilities

The mixed-method assessment involves collecting and analyzing quantitative (online survey) and qualitative (key informant interviews [KIIs]) data from **key stakeholders** involved in the HIV planning process in a jurisdiction. The assessment should engage all HIV planning body members and also may include other key stakeholders such as non-voting, ex-officio, former members, state/local government representatives, etc.

HIV planning body leadership should facilitate the engagement of, and communication with, HIV planning body members and external stakeholders throughout the assessment process, which will culminate in a discussion of assessment findings and the development of recommendations and next steps.

Ideally, an unbiased third-party representative will administer the assessment tools and maintain the confidentiality of all assessment participants. The survey can be implemented via a web-based survey tool (e.g. SurveyMonkey) and the KII tool is designed to be implemented by phone, over video conferencing or in-person. All responses should be reported in aggregate to protect confidentiality of individual HIV planning group members.

Goal and Objectives

The goal of the assessment process is to review and enhance the HIV planning body's ability to carry out its mission by identifying key strengths and areas for improvement related to the

effectiveness of its operating structure, policies and procedures, membership, and stakeholder/consumer engagement. The key objectives to be achieved are:

- Conducting a mixed-method assessment of HIV planning group structure, policies/procedures, membership, and engagement;
- Reviewing the identified areas for improvement, key recommendations, and model practices that may be implemented; and,
- Presenting summarized data and its implications to HIV planning body members to determine priority areas, next steps, and adaptation and/or implementation of recommendations.

Recommended Timeline

The following chart outlines a timeline for the implementation of the assessment process spanning approximately 12-16 weeks.

HIV Planning Body Assessment Steps and Anticipated Timeline			
	Key Step	**Responsible Party**	**Timeline**
Phase 1 Engagement	Conduct kick-off call with planning leadership and key stakeholders to outline objectives and intended outcomes	Assessment lead and HIV planning body leadership	Weeks 1-2
	Review planning body's written documentation (orientation, bylaws, membership information)	Assessment lead	Weeks 2-3
	Identify a minimum of six contacts for key informant interviews (KIIs) and provide contact information	HIV planning body leadership	Weeks 2-3
Phase 2 Assessment	Adapt online survey and interview guide based on introductory call and written documentation	Assessment lead	Weeks 2-3
	Review and approve online survey and interview guide for implementation	HIV planning body leadership	Weeks 4-5
	Propose communication plan and strategies to engage and gain buy-in for assessment process	Assessment lead	Weeks 4-5
	Distribute anonymous online survey (via planning body listserv) and field for two-three weeks	Assessment lead	Weeks 6-8
	Conduct four to six 60-minute KIIs	Assessment lead	Weeks 6-8
	Analyze and summarize online survey results and KII data	Assessment lead	Weeks 8-10
Phase 3	Facilitate conference call to review initial findings with key stakeholders and leadership	Assessment lead and HIV planning body leadership	Week 11

Recommendation	Finalize assessment report with recommended areas for improvement	Assessment lead	Weeks 12-13
	Lead discussion (half-day, approx. 4 hours) with HIV planning body to present findings and facilitate identification/ prioritization of next steps for improvement	Assessment lead	Weeks 12-16
	Identify next steps for follow-up technical assistance and/or training	Assessment lead	Post training

Phase 1. Engagement and Information Gathering

If a third-party is implementing the assessment, it is essential for that individual or agency to have a comprehensive understanding of the HIV planning body and its culture, membership, and environment. The engagement and information gathering phase of the assessment process should include conversations with HIV planning body leadership to outline the objectives and intended outcomes of the assessment; list documentation requests; gain clarification on planning body structure, policies, and procedures; and ensure full cooperation and clear communication with HIV planning body members regarding the assessment activity.

Background documentation may include:

- Acronym guide/glossary of terms
- Executive Board and committee lists
- Conference and workshop attendance
- Confidentiality contract
- Conflict of interest disclosure form
- Meeting protocols, including minutes
- Membership application form
- Member contact information
- Membership years of service
- Planning body bylaws orientation and mentorship (includes list of orientation materials)
- Outreach events/activity form
- Taskforce/ad hoc meeting summary
- Timetable of tasks

Phase 2. Assessment

The planning body assessment is conducted through an online survey and individual key informant interviews (KIIs). The HIV planning body will implement the two assessment modalities concurrently: an anonymous online survey of the full planning body membership and phone interviews with a diverse group of six HIV planning stakeholders, including voting and non-voting members, government representatives, and facilitators/contractors.

Member/Stakeholder Survey

The purpose of the online survey is to provide the planning body with information for reflection, discussion, planning, and development to improve the group's practices, structure, and community engagement efforts. The anonymous survey data may show where planning members are in consensus, disagreement, or there are significant outliers. Survey participants are asked to provide thorough, thoughtful, and truthful answers. All answers to the survey must remain anonymous and be reported in aggregate to protect the confidentiality of respondents.

The survey instrument includes 29 adaptable closed- and open-ended questions related to: membership demographics and skills; planning body structure; the planning body's recruitment and orientation activities; relationship with external stakeholders; and key successes and areas for improvement.

Key Informant Interviews

KIIs will further the participation and voice of the planning body's members in the assessment process. A diverse group of at least six members, including at least one person with HIV, should be asked to participate. A diverse set of perspectives may include both new and seasoned members, both government and community representatives, consumers, representatives of focus populations, process-leaders within the planning group or committee leads, planning body contractors, or planning meeting facilitators. The qualitative information from KIIs must be de-identified and aggregated for the reporting process. The KII tool consists of 28 adaptable, open-ended questions, which can be completed within 60 minutes, and includes discussion of member background, current engagement and role within the planning group, the purpose of the planning group and ability to fulfill its role, group membership, and future aspirations/anticipated challenges.

Phase 3. Recommendations

Data from the anonymous survey and KIIs are summarized and reported in aggregate, highlighting key findings and areas for consideration/discussion. While the assessment aims to identify areas for improvement, it also is important to highlight the successes and effectiveness of the planning body and its HIV planning efforts. When the survey demonstrates consensus or disagreement among members in areas related to planning body effectiveness, the KIIs should be able to provide the context and details to clarify or contextualize survey responses. For example, the survey may indicate that 90% of members believe the new member orientation process is "effective" and 10% (two members) believe the process is "ineffective." Not only would it be important to gain context for this disagreement in the KIIs, but it also should be a point of discussion when the data are presented to the membership. Why do two members disagree strongly with others? Are they simply outliers or is there a communication or process issue?

Some areas for improvement may focus on planning body structure, membership engagement and/or recruitment, community/consumer engagement, and monitoring and tracking activities. By examining the areas of improvement, a planning body will be able to engage in a discussion including specific strategies or recommendations to address improvements.

Ultimately, the assessment and subsequent discussion among HIV planning body members will lead to a better understanding of how to ensure and improve the planning body's effectiveness in supporting state and local ending the HIV epidemic planning.

Appendix 1. Survey Guide

The following survey is part of a mixed-methods assessment of your current HIV planning practices, structure, and stakeholder engagement efforts. This process will help your planning body better understand how to ensure and improve its effectiveness and role in ending the HIV epidemic.

The below Survey guide and Key Informant Interview guide are meant to serve as a template; any questions can be added or removed based on site preference, and both tools will be edited and adapted to align with site needs.

Participation and transparency in this assessment process is essential. The anonymous, online survey will collect your feedback, which will be de-identified and reported in aggregate to ensure confidentiality of all respondents.

Member Information

1. Please indicate if you identify with any of the following demographic characteristics or groups (Check all that apply.)

- Person with HIV
- Person with viral hepatitis
- Person who injects or formerly injected drugs
- Heterosexual woman
- Heterosexual man
- Gay, bisexual, or same-gender-loving man
- Lesbian or bisexual woman
- Transgender
- Currently or formerly on PrEP
- Currently or formerly experiencing homelessness
- Person who has engaged in sex work (exchanged sex for money or drugs)
- Born outside the U.S.
- Baby Boomer (born 1945-1965)
- Youth (born 1995-2006)

2. Please indicate your racial identity (Check all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other, please specify: _____

3. Please indicate your gender identity (Check all that apply.)

- Female

- Male
- Gender non-conforming or non-binary
- Prefer not to say
- Prefer to self-describe: _____

4. Do you identify as transgender?

- Yes, male-to-female
- Yes, female-to-male
- No
- Prefer not to say

5. I am an employee or board member of the following organizations. (Check all that apply)

- AIDS service organization/community-based organization (ASO/CBO) serving priority populations
- Health department (state, local)
- Healthcare organization (e.g. hospital, health center, private practice)
- Other medical service provider
- Mental health/behavioral health provider
- Other government health entity (e.g. state Medicaid)
- Other non-governmental organization serving priority populations (e.g. charity, foundation, advocacy)
- Social service provider
- None of the above
- Other, please specify: _____

6. How would you describe the area you primarily live in?

- Urban
- Suburban
- Rural

7. What areas of expertise do you contribute to the [HIV planning body]? (Check all that apply)

	1= no knowledge / skills	2= basic knowledge / skills	3= intermediate knowledge/ skills	4= advanced knowledge/ skills	N/A
Adolescent or youth health					
Aging with HIV					
Behavioral or mental health					
Case management					
Corrections/law enforcement					
Epidemiology and data analysis					
Evaluation					
Faith-based communities					
Federal health policy					
Harm reduction					
Health finance					
Health insurance					
Health planning					

HIV care and treatment					
Housing and homelessness					
Indigenous/native population health					
LGBTQ+ health					
Outreach/community health					
Partner Services					
PEP (post-exposure prophylaxis)					
PrEP (pre-exposure prophylaxis)					
Primary health care					
Ryan White HIV/AIDS Program					
STI screening and treatment					
Social media and marketing					
Substance use treatment					
Viral hepatitis screening and/or treatment					

8. What other skills, not listed above, such as lived experience, do you bring to the [HIV planning body]?

_____

<u>[HIV planning body] Meetings</u>

<u>[Insert name in [HIV planning body] and adapt questions/selections based on existing structure]</u>

Please respond to the following questions with your honest opinion.

9. How many full [HIV planning body] meetings would you like to participate in annually?

- One
- Two
- Three
- Four or more
- Other, please specify: _____

10. Does each individual [HIV planning body] meeting have set objective(s) that are being met?

- Yes, we have set objectives for each meeting, and they are being met.
- Yes, we have set objectives for each meeting, but they are not being met.
- No, we do not have set objectives for each meeting.
- I don't know.

11. Are meetings run efficiently or is there significant time that could be better utilized?

- Yes, they are run efficiently.
- No, there is a lot of unclaimed time.
- I don't know.

12. Does <u>your participation</u> on the [HIV planning body] help to make an impact on HIV in your community?

- Yes
- No
- I don't know.

13. <u>While our country faces the COVID-19 pandemic</u>, rank which meeting format you are most willing and able to participate in. (1= most willing/able, 5= least willing/able)

- Online, web meeting <u>with</u> video conferencing
- Online, web meeting without video conferencing
- Conference call
- Other, please specify and rank: _____

14. In an ideal world (post-COVID), rank which meeting format you are most willing and able to participate in. (1= most willing/able, 5= least willing/able)

- In-person, altogether
- In-person, regional meetings
- Online, web meeting with video conferencing
- Online, web meeting without video conferencing
- Conference call
- Other, please specify and rank: _____

15. How satisfied are you with your ability to participate in [HIV planning body] meetings?

- Very dissatisfied
- Somewhat dissatisfied
- Neutral
- Somewhat satisfied
- Very satisfied

16. What barriers do you experience related to your participation? (Select all that apply.)

- Feeling as though members do not speak in inclusive ways (not defining acronyms, using overly-technical language, etc.)
- Feeling uncomfortable speaking as someone without seniority.
- Feeling uncomfortable speaking in front of the large group.
- Struggling to find a space in the conversation to speak up.
- Lacking confidence in understanding of how the Planning Body operates (how the planning body fits in with other planning activities in the area, my role in the group, our relationship with government entities, our goals, etc.).
- Feeling that some members condescend others.
- Feeling left out of the loop about planning body activities.
- I do not feel that there are barriers to my participation.
- Other: (please specify other barriers) _____

17. What would you change about the [HIV planning body] meetings? (e.g. format, agenda, culture)

_____

<u>[HIV planning body] Policies and Procedures</u>

<u>[Insert name in [HIV planning body] and adapt questions/selections based on existing structure]</u>

Please respond to the following questions with your honest opinion.

18. How well do the written bylaws, policies and procedures support the [HIV planning body] to achieve mission and objectives?

- Very poorly
- Somewhat poorly
- Neither poorly nor well
- Somewhat well
- Very well

19. How confident are you in <u>your ability</u> to explain the mission and objectives of the planning body to your community?

- Not at all confident
- Not very confident
- Neither confident or not
- Moderately confident
- Very confident

20. Do you feel that the committees effectively support the planning body's mission and objectives?

- Yes
- No
- Unsure

21. How satisfied do you feel with the current structure and function of the [HIV planning body]'s committees?

- Very dissatisfied
- Somewhat dissatisfied
- Neutral
- Somewhat satisfied
- Very satisfied

<u>[HIV planning body] Membership</u>

Please respond to the following questions with your honest opinion.

22. How did you initiate membership/engagement with the [HIV planning body]?

- I was referred/recommended by another planning body member
- I learned about the planning body through my state/jurisdiction's health department website
- I learned about the planning body through an outreach or testing event
- I learned about the planning body in person at the state/jurisdiction/CBO health center
- I learned about the planning body through my clinician or case worker
- I requested information about the planning body because of my personal/professional interests
- Other, please specify: _____

23. How long have you been a member of the [HIV planning body]?

____ Years or _____Months

24. How long do you intend to remain a member of the [HIV planning body]? *[Adjust question based term limits that may be listed in the bylaws.]*

- Planning to end term of service with planning body in less than a year
- 1-2 years
- 3-5 years
- 5-10 years
- 10+ years
- I Don't Know

25. If you are choosing a shorter term of service, why? _____

26. What other planning bodies/groups do you participate on? *[Adjust question based on the HIV planning body being surveyed.]*

- Ryan White Part A Planning Council
- Integrated HIV Prevention & Care Planning Group
- Ending the HIV Epidemic/Getting to Zero/Fast Track Cities planning group
- Viral hepatitis planning
- Other planning group(s), specify: _____
- None of the above

27. Does the planning body as a whole… (Select all that apply)

- Use data to support decisions
- Monitor local and state health department HIV/AIDS activities
- Advocate for self-interests
- Advocate for specific services
- Conduct routine needs assessments
- Evaluate effectiveness of HIV planning activities
- Ensure membership is reflective and inclusive of communities most affected by HIV and viral hepatitis
- None of the above

28. What types of skills or personal/professional experience are missing from the current [HIV planning body] membership? (Select up to three areas)

- Adolescent and youth health
- AIDS service organization operations
- Behavioral health
- Case management
- Corrections/law enforcement
- Aging with HIV
- Epidemiology and data analysis
- Faith-based communities
- Federal health policy
- Financial analysis
- Harm reduction
- Health insurance
- HIV care and treatment
- Outreach/community health
- Housing and homelessness
- Indigenous/native population health
- LGBT health

- Partner Services
- PEP
- Pharmacology/Pharmacy
- PrEP
- Primary health care
- Program evaluation
- Ryan White HIV/AIDS Program services and funding
- STD screening and treatment
- Social media and marketing
- Strategic planning
- Substance use treatment and services
- Viral hepatitis screening and treatment
- Undetectable = Untransmittable (U=U)
- **Other: _____**

29. How effective is the [HIV planning body] in recruiting new members that reflect the HIV epidemic and align with the membership criteria?

- Ineffective
- Somewhat Ineffective
- Neither Ineffective nor Effective
- Somewhat Effective
- Effective
- I don't know

30. How well does new member orientation prepare members to fully participate in planning body activities and understand their expected roles and responsibilities?

- Very Well
- Well
- Fair
- Poor
- I don't know

31. How effectively does the [HIV planning body] integrate new members into planning activities after orientation? (e.g. engagement in discussions or invitations to join committees)

- Ineffectively
- Somewhat Ineffectively
- Neither Ineffectively nor Effectively
- Somewhat Effectively
- Effectively

<u>[HIV Planning Body] Collaboration and Impact on the HIV Epidemic</u>

Please respond to the following questions with your honest opinion.

32. The [HIV planning body] could improve communication and collaboration with the following external stakeholder entities:

- State health department

- Local (city/county) health department
- Other planning bodies in the region
- Ryan White Administrator/Recipient
-
- The [HIV planning body] does not need to improve communication/collaboration with external stakeholders.

33. In what ways could the [HIV planning body] improve about its communication and collaboration with external stakeholders?

_____

34. How well does the [HIV planning body] incorporate community voices, specifically those affected by the HIV epidemic, in <u>developing HIV planning priorities and objectives</u>?

- Poorly
- Somewhat poorly
- Neither poorly nor well
- Somewhat well
- Well

Why? Has Covid-19 impacted this?_____

35. List three strategies that the [HIV planning body] <u>currently</u> uses to incorporate community voices in planning.

_____
_____
_____

36. How severely has the [HIV planning body] been impacted by COVID-19?

- Not at all
- To a small extent
- To some extent
- To a great extent
- To a very great extent

In what ways? _____

37. How effective has the [HIV planning body] been in planning for current and future impacts of COVID-19 on HIV planning?

- Ineffectively
- Somewhat Ineffectively
- Neither Ineffectively nor Effectively
- Somewhat Effectively
- Effectively

38. How effectively is the [HIV planning body] in integrating new issues and priorities impacting people with HIV overall into its activities (e.g. Black Lives Matter)?

- Ineffectively

- Somewhat Ineffectively
- Neither Ineffectively nor Effectively
- Somewhat Effectively
- Effectively

Why or why not? **_____**

39. How effectively does the [HIV planning body] translate meeting activities into tangible deliverables that impact community wellbeing, state and local coordination, etc.?

- Ineffectively
- Somewhat Ineffectively
- Neither Ineffectively nor Effectively
- Somewhat Effectively
- Effectively

40. What do you perceive to be the [HIV planning body]'s greatest ...

- Successes (List up to three.):
  _____
- Areas for Improvement (List up to three.):
  _____

41. List three primary ways the [HIV planning body] is helping to end the HIV epidemic.

_____
_____
_____

Appendix 2. Key Informant Interview Guide

**Note: The below KII guide is meant as a large template of questions. The number of questions will be trimmed down significantly in accordance with the needs/specifics of each planning body.*

The following key informant interview (KII) guide is part of a mixed-methods assessment of your current HIV planning practices, structure, and stakeholder engagement efforts. This process will help your HIV planning body better understand and improve its role in ending the HIV epidemic. Your participation and voice in this assessment process is essential. We will be conducting several key informant interviews and administering an anonymous, online survey to collect feedback.

You have been selected as a key informant interviewee. Please let me know when you are available for a 60-minute phone interview between the dates of _____ and _____. All information collected during your interview will be de-identified and reported in aggregate to ensure your confidentiality. We value your honesty and transparency in this process.

Demographics/Background:

- What is your current title/role?
- How many years have you worked in the HIV field?

Current Role/Engagement with [HIV planning body]:

- Why did you join the [HIV planning body]?
- How many years have you served on the [HIV planning body]?
- What committee(s) do you serve on? Do you serve in a leadership role?
- How long do you plan to stay on the [HIV planning body]?
    - Do you anticipate ending your term of service from the [HIV planning body] in the 1-2 years? (If so, why?)
- What do you see as your main purpose or contribution to the [HIV planning body]?
- What is the biggest obstacle(s) you've encountered to fully engaging with the [HIV planning body]?

HIV Planning Purpose/Effectiveness:

- What would you define as the state/local health department's key roles in HIV planning?
- *[Optional for Part As]* What would you define as the Ryan White HIV/AIDS Part A Program recipient's key roles in HIV planning?
- How would you describe the [HIV planning body]'s relationship with your health department and/or Ryan White HIV/AIDS Program Part A recipient?
- What would you define as the community member's key roles in HIV planning?
- How would you describe the [HIV planning body]'s relationship with the communities affected by the HIV epidemic?
- Do you believe that the [HIV planning body] (as a whole) is currently fulfilling its intended role? Why or why not?
- How does the [HIV planning body] currently measure effectiveness/success?
- What more could be done to ensure that the [HIV planning body] translates meeting activities into measurable, tangible actions?
- What impact has Covid-19 had on the activities and functions of the [HIV planning body?]
- How effectively has the [HIV planning body" integrated shifting priorities due to Covid-19 into its activities? What more should be done?
- Is there anything missing in the Statement of Needs that needs to be addressed
- Are there gaps in the community that aren't being filled?
- Are there sufficient support services being prioritized in the community?
- Does you PB have a formal structure in place to assess the quality of care and prevention services in the community?
- Do you feel that the PB sufficiently represents all its geographies?
- Are there any areas that are not getting sufficient attention?
- Is there an MOA between the contract administrator and the PB members—one that clearly outlines the objectives of the relationship, detailing data…
- What is the relationship between the PB and the contract admin and health department?
- Do you have access to relevant and current data to guide your planning efforts?

- Is this data distributed equally among the PB?
- i.e.program improvement includes supportive services linked to access and adherence to medical, applicable EIS prevention care; and demographic, clinical and utilization data are used to evaluate and address characteristics of the local epidemic
- Is your PB connected to all parts of the RWP system and is there open communication between groups?
- Are your equipment, facilities, IT, materials and supplies up to date and accessible?
- How do you measure assessment success? Are there timelines to your CQI/QA?
- Can you describe your QA process/structure? Do you have one?
- Alignment, adequate time, clear goals, congruence of resources and scope and an objective assessment of the likelihood of success
- How do you communicate out to your Community? Providers?
- Does your PB appropriately assess the extent to which HIV health services are consistent with the most recent Public Health Service, USPSTF guidelines for the treatment of HIV disease and related opportunistic infections; What about Prevention alignment?

[HIV planning body] Governance and Structure:

- Do you think the current structure of the [HIV planning body] is effective in helping the [HIV planning body] reach its goals? How could it be more effective?
- Do you think the current bylaws are effective in helping the [HIV planning body] reach its goals? How could they be more effective?
- Do you think bylaws/policies are representative of the current governance and role of the [HIV planning body]?
- Do you think the planning body is structured in a way that encourages participation from all members?
    - If not, how could it be structured to be more inclusive and welcoming to more voices?

HIV Planning Engagement/Membership:

- Do you believe the [HIV planning body] effectively incorporates community and stakeholder voices into its planning? Why or why not?
- What do you perceive as an obstacle to engagement and/or recruitment of [HIV planning body] members?
- What do you see as the ideal (most effective) skill set for a member of the [HIV planning body]?

Integrated Planning and Ending the HIV Epidemic Planning:

- How has the CDC/HRSA integrated planning guidance affected the [HIV planning body]'s functions?
- How have you been engaged in the development and implementation of [your state/jurisdiction's] Integrated HIV Prevention and Care Plan?
- How do you anticipate the development of [your state/jurisdiction's] Ending the HIV Epidemic, Getting to Zero, and/or Fast Track Cities Plan(s) will affect the membership, engagement, or role of the HIV planning body?

- How will the [HIV planning body] contribute to the development of [your state/jurisdiction's] Ending the HIV Epidemic, Getting to Zero, and/or Fast Track Cities Plan(s)?
- Are [HIV planning body] members serving on a separate Ending the HIV Epidemic, Getting to Zero, and/or Fast Track Cities planning council/group(s)?

Looking Toward the Future:

- How do you feel the [HIV planning body] should move forward to operate more effectively or improve the group overall?
  - What will be the biggest roadblocks/challenges to making this happen?
- What additional information, resources, and expertise could <u>you</u> contribute?
- What type(s) of training/technical assistance do you think [HIV planning body] members (or the health department) need to operate more effectively as a group?

Planning Body Assessment Steps/ Anticipated Timeline

HealthHIV IHAP-TAC 2020-2021

Key Activity	Anticipated Start Date	Anticipated End Date
Kick-off call with planning group leadership and other key stakeholders identified by point-of-contact to outline objectives and intended outcomes	11/16/20	12/18/20
Request/review documentation (e.g. Orientation & Mentorship materials, bylaws)	12/1/20	12/21/20
Identify individuals for key informant interviews (4-6 ppl)	1/4/21	1/12/21
Adapt online survey and interview guide for jurisdiction	1/4/21	1/29/21
Develop communication plan/strategy to engage membership (gain buy-in)	1/4/21	1/12/21
Distribute the online survey (via key points of contacts)	2/1/21	3/1/21
Conduct KIIs	2/1/21	3/1/21
Analysis of survey and KII findings	3/1/21	3/29/21
Review initial findings with key stakeholders/leadership	3/29/21	4/16/21
Finalize report	4/19/21	4/30/21
Hold meeting with planning group members to present findings and prioritize next steps	5/3/21	5/28/21
Finalize report with strategies discussed at group meeting	5/31/21	6/28/21

Data Decisions Delivery

Directing Comprehensive TA:
From Systems to Sustainability

North Dakota Community Planning Group Assessment

Technical Assistance for HIV Planning

February 2019

Developed by HealthHIV on behalf of the North Dakota Department of Health

TABLE OF CONTENTS

BACKGROUND

In Fall 2018, the North Dakota Department of Health (NDDoH) and North Dakota Community Planning Group (NDCPG) leadership requested HealthHIV to provide technical assistance (TA) to evaluate and review effectiveness of the integrated HIV prevention, care, and viral hepatitis planning group's structure, bylaws, responsibilities and function. The TA delivery will include a comprehensive assessment, a formal presentation at NDCPG bi-annual meeting in February 2019, and recommendations for revisions and upgrades of planning group expectations and responsibilities, including the membership, structure, and policies/procedures.

Logistics & Responsibilities

HealthHIV, a TA provider funded by the Centers for Disease Control and Prevention (CDC), assists state/local health departments, HIV planning groups, ASOs/CBOs, and healthcare organizations in areas such as community engagement, organizational development, program integration, healthcare reform planning, high-impact prevention, clinical integration in prevention, public-private partnerships, and much more.

HealthHIV, based in Washington, DC, developed and implemented a mixed method assessment involving collecting and analyzing quantitative (e.g., online survey) and qualitative (e.g., key informant interviews) data from key stakeholders involved in HIV planning in North Dakota. NDDoH and the NDCPG leadership facilitated engagement and communication with CPG members and external stakeholders throughout the three-week assessment process.

Objectives

The goal of the TA is to provide an external assessment of the North Dakota Community Planning Group to determine the effectiveness of the planning body structure, bylaws, policies, and procedures. The key objectives that will be achieved are:

- Review criteria to assess effectiveness of NDCPG, including structure, membership, community engagement, and monitoring/tracking impact.
- Discuss model practices and key recommendations regarding NDCPG operations.
- Present implications and findings from assessment with full NDCPG membership to encourage consideration, adaptation and/or implementation of recommendations.

DOCUMENT SCOPE

The following document provides a summary and analysis of the information gathering and assessment process, recommendations for NDCPG structure and process improvement, and recommendations for future TA activities. *Note that although HealthHIV identified areas for TA/CBA delivery, this particular effort does not include implementation of recommendations or follow-up TA/CBA at this time.*

INFORMATION GATHERING

Information-gathering activities were implemented among key NDCPG sources, including the state appointed co-chair, community co-chair, and membership committee lead. HealthHIV conducted numerous calls with NDCPG co-chairs to discuss: the scope of TA activities; outline objectives and intended outcomes; review requests for documentation; gain clarification on CPG structure, policies, and procedures; and, ensure full cooperation and clear communication with NDCPG member regarding the TA activity.

Information was collected via email, and included the following NDCPG documentation:

- Acronym Guide
- Executive Board & Committee Listing
- Conference Application Form
- Conferences & Workshops
- Conflict of Interest
- Confidentiality Contract
- Conflict of Interest Disclosure Form
- Glossary of Terms
- Meeting Protocol
- Membership Application Form
- Member Contact Information 2019
- Member Recognition
- Membership Years of Service
- NDCPG Bylaws
- Orientation & Mentorship (including list of orientation materials)
- Outreach Activity Form
- Outreach Events
- Regional Taskforces
- Regional Taskforce Map
- Reimbursement
- Taskforce Meeting Summary
- Timetable of Tasks

NDCPG SURVEY AND KEY INFORMANT INTERVIEWS

The formal assessment of NDCPG was conducted through online surveys and individual phone interviews. HealthHIV implemented two assessment modalities concurrently in January 2019, which included an anonymous online survey of the full NDCPG membership and phone interviews with a diverse group of members, including voting and non-voting members. Ultimately, the assessment and discussion at NDCPG's in-person meeting will lead to a better understanding of how to ensure and improve NDCPG's effectiveness and role in ending the HIV and viral hepatitis epidemics.

Overview of NDCPG Member Survey

The purpose of the online survey instrument was to provide NDCPG with information for reflection, discussion, planning, and development to improve the group's practices, structure, and community engagement efforts. HealthHIV asked survey participants to provide thorough, thoughtful, and truthful answers. All answers to the survey were anonymized and reported in the aggregate to protect confidentiality of NDCPG members.

The survey included 24 questions (17 quantitative and 7 qualitative/open-ended) related to: membership demographics and skills; effectiveness of NDCPG structure; NDCPG recruitment

and orientation activities, relationship with external stakeholders, and key successes and areas for improvement.

HealthHIV and NDCPG leadership reached out to 17 members and a total of 14 individuals responded to the survey. Of those 14 respondents, 36% (5) were affiliated with the state or local health department, 29% (4) with an ASO/CBO, 21% (3) with a healthcare organization, and 14% (2) not affiliated with a specific organization type.

Overview of NDCPG Key Informant Interviews

HealthHIV conducted key informant interviews to further the participation and voice of NDCPG members in the assessment process. A diverse group of perspectives (five members) were asked to participate; new and seasoned members, government and community, as well as process-holders and committee leads. All qualitative information from the interviews was de-identified and aggregated. The interview tool consisted of 26 open-ended questions, which could be completed within 60 minutes, and included discussion of: member background; current engagement an role with NDCPG; HIV planning purpose and effectiveness; NDCPG membership; and, future aspirations/anticipated challenges.

Summary of Findings

Findings from the complete assessment were shared at the NDCPG's February 2019 meeting. The following is a narrative summary of the survey and key informant interview data.

Member Demographics

A majority of the members reside in urban areas (50%) followed by rural (36%) and suburban (14%). A majority of members identify as White/Caucasian (86%), male (57%), and LGBT (50%, including 43% MSM). There is moderate representation of persons living with HIV (21%), currently/formerly homeless (21%), current/former injection drug user (21%), currently/former sex worker (14%), and baby boomer (14%).

None, or very few, of the members that responded to the online survey self-identify as members of the following high-risk demographic populations:

- Black/African American
- Hispanic or Latino
- Foreign Born/New American
- Youth (1995-2004)
- Transgender/Gender non-conforming
- Person living with viral hepatitis

Self-reported Skills of Current Members

The listing of member skill levels below is based on respondents' self-report of expertise in the following public health and HIV/viral hepatitis-related subject areas.

Most Skilled (Intermediate to Advanced)	Basic Skills	Least Skilled (No Skills)
• Biomedical HIV prevention advances (50%) • Advocacy (43%) • HIV outreach and community health (43%) • Community organizing (38%) • LGBT health (36%) • Social media and marketing (36%) • Epidemiology and data analysis (36%) • Housing and homelessness (36%)	• Primary health care (64%) • HIV care and treatment (64%) • Substance use and addictions treatment (64%) • Indigenous/native population health (64%)	• Corrections/law enforcement (50%) • Federal health policy (46%) • Faith-based communities (36%) • Minority-focused services (29%) • Behavioral or social sciences (29%) • Research and evaluation (29%)

Other reported skills included: real-world experience related to living with HIV and stigma; viral hepatitis; community volunteering; tribal health education; STD screenings.

Skills Most Important for Members

HealthHIV asked which skills sets, values, or perspectives are most important for members to have to meaningfully engage on the NDCPG. Responses are summarized in the chart below:

• Personal experience, personal engagement and willingness to be active as a member, personal investment	• Be able to be a voice of your community – be comfortable speaking on your community and reflective reason as to why you are there
• Medical provider (to field medical-centered questions and provide input from that perspective)	• Involved, engaged, active participation in meetings and as a representative of NDCPG at outreach and testing events
• Strong communication skills	• Not selected just because they work for a specific agency
• Willingness to collaborate and work with a diverse group of people	• Someone who wants to help their community or someone who is a searching for community
• Baseline knowledge of the HIV epidemic and current guidelines (moving beyond condom distribution to PrEP, U=U, etc.)	• Someone who is engaging in learning and educating themselves on HIV (thirst for knowledge)

NDCPG Structure

HealthHIV explored several areas of the current NDCPG structure through review of documentation, the online survey, key informant interviews, and conversations with the NDCPG co-chairs.

Health Department of Community Member Roles & Responsibilities in HIV Planning

HealthHIV asked members to share their perspectives on the roles and responsibilities of the health department and community representatives in the HIV planning process. Many noted that expectations of members have changed, and there should be more clarification of roles and needed investments of the membership. Interviewees seemed better able to articulate and specific activities and responsibilities of the health department, but shared a broader and more vague description of the community role in planning.

Health Department Role	Community Member Role
• Should have less of a role than community on the planning group – not overshadowing community • Provide updates on data and epidemiology trends • Share information on resource allocation and moves funding • Promotes events and community engagement opportunities • Explores opportunities to decrease stigma • Write IPCP and objectives • With minimal involvement from the community the HD is asked to do a lot • Provides medical services • Ensures buy-in, collaboration, participation, and communication with key government agencies	• Has evolved to ASO/direct service provider role – carrying out activities of IPCP • Advisory role for most of IPCP development and implementation • Share community voice to inform where HD should focus efforts • Ensure health department does not lose the human touch • Assist HD in being voice OF and TO the community by engaging in awareness events

Regional Taskforces

Overall, the NDCPG members agreed that the Regional Taskforces have not been effective (scoring average of 4 out of 10). The majority of respondents (71%) scored the regional taskforce structure ineffective based on the Likert scale. Rational for its effectiveness and ineffectiveness are:

Ineffective	Effective
• Under-resourced • Either government-based or community-based • Expectations and engagement of members • Accountability for participation • Communication between task forces • Meeting inconsistently	• Loyalty & commitment • Helps keep health department updated on local/regional HIV health issues • Helps educate the communities • Discussions are productive and follow-up is effective

• Central Region and Northern Region lack participation • Some more active than others	

Key informant interviews support the need to adapt or dissolve the regional structure due to lack of direction, engagement, and diversity/representation within regions. Few activities are being accomplished at a regional level beyond sharing of information, resources, and events. If the regional structure were to continue, a clearly outlined purpose and expectations needs to be developed to ensure the process is contributing to HIV planning. At this time, few members are able to articulate the expectations, activities, or rationale for the regional groups.

Committees

Data from the survey indicates that members would consider, and possibly preference, changes in the NDCPG committees. In response to which committees might be most effective, the members recommended: *Community Engagement & Education* (86%); Community Services/Needs Assessment Committee (50%); Executive Committee (36%); Membership Committee (27%); Evaluation Committee (21%); and, Ad Hoc Committee (21%). Two of the committees selected are existing committees, and none of the respondents wrote in additional recommendations.

Meetings

Data also suggested that the majority of members (36%) support the current bi-annual meeting schedule, however, 43% (6) would participate in three or four meetings annually and 21% (3) would participate in ten meetings. The preferred format for meetings is in-person, and 71% would participate via web meeting with video conferencing and fewer than half (43%) would participate via web meeting without video conferencing.

Bylaws, Policies & Procedures

A majority of members (57%) feel that the current bylaws, policies, and procedures are at least somewhat effective (scoring average of 7 out of 10), however 43% of respondents had a neutral opinion of the effectiveness of written NDCPG policies. Members agree that the group operates according to written policies and procedures, and note that written bylaws have been effective for new members. It also was noted that the bylaws are clear and easy to understand.

The bylaws will constantly need to evolve in order to remain relevant, and the newest iteration (2017) is moving them towards that. The suggested updates to be made are in: taskforce groups, expectations of a CPG member, and involvement of the HD in the CPG. One member felt that the recent bylaws/policies/procedures change might have caused the group to lose members.

NDCPG Membership

Overall, respondents noted that the NDCPG membership may be agency-heavy and lacking complete involvement from the community. Diversity on the group needs to be addressed to

include broader stakeholders addressing social determinants of health, other geographic areas, and populations most impacted by HIV and viral hepatitis and the providers serving them.

Recruitment

The majority of NDCPG members became members through a referral or recommendation from a current member (61%). Two respondents learned about NDCPG through the NDDoH/CBO/health center, two requested information due to personal and professional interests, and one individual learned of NDCPG online. None of the members were recruited at outreach events, which may be a missed opportunity for recruitment in the future. Key informant interviews supported the survey data, indicating that a NDCPG member, friend, colleague, or case worker/NDDoH representative recruited most of the current members.

The primary reasons for current members joining NDCPG:
• Personally affected and/or member of target population (MSM, PLWH)
• Previous experience with serving on boards for HIV prevention and equality
• Desire educate and engage the community, including the LGBT, immigrant, and/or indigenous populations
• Need to serve those affected in the community who were not getting assistance or education
• Bring forward concerns of PLWH in the state (first-hand concerns and challenges)
• Seeking to reduce stigma in community
• Passionate about mission and work
• Requirement or benefit professionally – take conversations and information back to organization

Respondents did not highly rate the current recruitment efforts of the NDCPG (average 4 of 10). Although a majority (71%) rated recruitment ineffective, the responses varied. Three respondents rated the recruitment efforts highly and several were somewhat positive about how NDCPG currently recruits members.

Observed challenges to new member recruitment include:

- NDCPG taking a passive, rather than active, approach to recruiting new members
- Missing opportunities to discuss NDCPG and recruit members at outreach and testing events and in non-traditional settings (e.g. adult bookstore)
- Identifying and engaging someone who has access to individuals out in rural communities and native populations
- Need for new voices and perspectives to move beyond status-quo
- Stigma within target populations (New American, Native/Indigenous)

Retention & Engagement

The majority of current members (43%) intend to stay on the NDCPG for 10 or more years, demonstrating a strong commitment to the group and HIV planning process. Only one member

plans to retire in one to two years. However, several members indicated they "don't know" what their long-term plans are for engagement with the NDCPG, which should be explored further. The key informant interviews indicated this uncertainty could be due to individuals being unsure about the longevity of their current professional position, which impacts NDCPG membership.

Members noted that some individual members have exceeded expectations for engagement and others are less engaged, and possibly less interested, invested, or burnt out. Some members offered their hope to be more meaningfully engaged by NDCPG in the future, such as through more outreach events and walks, and webinars and online learning opportunities.

Perception also exists that there are not enough members to complete tasks, which creates burden on some members. Some members do not seem engaged year-round in activities, e.g. unresponsive to communications. It is noted the limited distribution of tasks and responsibilities – in part due to lack of engagement—requiring the NDDoH to take on most of the work.

There were varied responses to NDCPG engagement with the state Integrated HIV Prevention and Care Plan (IPCP). Many report great involvement in the development of the most recent IPCP and advisory role on how the state will meet objectives. However, members also report lack of discussion on how to move activities forward on a regional level, and there is limited follow-up or discussion of realistic annual goals and objectives.

Orientation

Respondents rated the current member orientation of the NDCPG as average (average 5 of 10). Although a majority (64%) rated member orientation ineffective or neutral, the responses varied. Three respondents rated the member orientation efforts highly and two were somewhat positive about how NDCPG currently conducts orientation with new members. Several individuals indicated that new members would benefit from a more comprehensive and interactive orientation process prior to their first in-person meeting to ensure new member is fully briefed to be able to engage meaningfully and voted informed.

Respondents reported the following strengths and weaknesses in NDCPG's current member recruitment, orientation, and retention activities:

Strengths	Weakness
• Welcoming/very open to new members • Long tenure of members • Currently have bylaws and a policies and procedures manual • NDCPG orientation is very thorough and reviews rules and regulations for the CPG members	• Diversity of members, including those impacted by the epidemic such as individuals impacted by HIV/AIDS • Members aren't representative of the epidemic currently and more work to recruit these persons are needed

• Lots of people interested in becoming members • Outreach by members for recruitment • Flexibility of group helps with retention • Small group, so you can get up to speed with the process quickly • Succession • Training	• Recruiting individuals that are geared towards our mission • Lack of community willingness to be involved • Hard to find people willing to devote the time and volunteer hours needed • Difficult recruiting members from more rural parts of the state • Member orientation and selection • Promotion efforts

Community Engagement/Representation

The majority of respondents (64%) rated how the NDCPG incorporates and involves community voices unfavorably and ineffectively, however, the ratings varied significantly from zero to ten. Two respondents rated community engagement highly effective. Key informant interviews pointed to lack of engagement of specific target populations, many of whom are reportedly very private and they do not like to share their status for fear of being isolated from their own community. One member noted that without engagement from the NDCPG or NDDoH, many of these PLWH would be feeling alone in the community with no one is reaching out to engage them. The key community voices that respondents think are missing from NDCPG are:

Key Perspectives/Backgrounds	Key Skills /Professional Experience
• New American (Foreign Born), including African Migrants (Eastern Africa, Western Africa, Somalia) • Minorities • African American • Indigenous/Native American/ American Indian • Transgender Community • People living with HIV • People living with viral hepatitis • "Voices of Addiction"/Substance Users • Injection Drug Users • Personal and vested interest	• Healthcare Providers in HIV/HCV (physician, RN) • Substance Use Treatment Providers • Mental Health Provider • Housing Provider • Community Service Organizations • Media • Marketing • Development • *Note: they do not need to be affiliated with a specific organization*

NDCPG Relationships

Respondents rated NDCPG's relationship with the NDDoH very favorably (average 7 out of 10). Only three respondents rated the relationship less the neutral. However, the NDCPG's relationship with external stakeholders/partners in HIV and viral hepatitis was very average (average 5 of 10)—responses varied significantly from 2 to 10.

Suggestions provided by survey and key informant interview participants of which additional external stakeholders should be engaged in HIV planning include:

▪ Mental health and substance abuse organizations	▪ Financial assistance agencies, e.g. Community Action
▪ State Medicaid	▪ Human services organizations
▪ Housing agencies	▪ Primary care/Family Practice sites

Monitoring and Tracking Effectiveness & Outcomes

NDCPG Contribution to Ending the Epidemics

The majority of members believe that the NDCPG is tracking on the right path to impact the HIV and viral hepatitis epidemics. Citing this past year's HIV Awareness Walk that was well-attended, members would like to see activities like that move around the state to its four major cities. However, they do not have any specific metrics or measurements that are outlined to accomplish in order to move things forward. The NDCPG does try to collect data and review the number of testing events, the number of outreach activities, and tries to expand on the activities each year (e.g. make testing more available, make PrEP more available).

As an advisory group and voice of the community, the NDCPG members recognize they need to push for better HIV care services and HIV care engagement in the planning process in order to end the HIV epidemic. It also is noted that NDCPG will be challenged to contribution to ending the epidemics without the right community engagement, communication/messaging strategy, and advocacy and education within the conservative state government. The key strategies that NDCPG must move forward are to educate and reduce stigma in the community around HIV.

- Example: One goal for 2020 is to increase PrEP awareness and uptake, however there are few or no materials or communications to disseminate. Physicians in primary care/family practice settings must be engaged and educated (i.e. academic detailing), so they can identify individuals at high risk for HIV and prescribe PrEP.

Improvements and Future Trends

NDCPG's Overall Success and Challenges

The listing of key successes and challenges of the NDCPG is based on both survey and key informant interview responses.

Successes	Areas for Improvement
• First HIV/AIDS Walk** • Revision of bylaws • Unification of the group • Increased awareness of all infectious diseases • Increased HIV testing • Continued outreach in community • Community engagement	• HIV services review • Member recruitment, selection, and development** • More representative and diverse voices and partnerships, i.e. recruiting the "right" members* • Involvement of community • Increase awareness events, such as HIV walks, conference, health fair, etc.

• Community involvement and input • Involvement in Pride events • Group is committed to making change • Continuity • Successful media campaigns focused on sexual health • Engagement in development of integrated planning strategies • Representation of state government and PLWH on the group • Sharing of ideas that can be implemented in different parts of the state • Freely able to express opinions	• More testing options/events* • Stakeholder and specialist input • Meeting in-person • Spread out across the state impacts development of statewide initiatives • Lack of engagement and voice from HIV care providers • Perceived lack of time/commitment o additional tasks • Innovation in identifying new activities or outreach venues ("tunnel vision: on "mundane") • Engage people "where they are at" • Increase testing/outreach at NEX, harm reduction sites, for IDUs

Suggestions provided by survey and key informant interview participants to improve the effectiveness of NDCPG include:

▪ Review its roles and responsibilities, and set a purpose/outcome statement at the start of the meeting	▪ Get new members involved to help carry the load and relieve the stress of commitment
▪ Advocate to NDDoH for more engagement of HIV care staff at outreach activities to offering resources to PLWH	▪ Acknowledge key challenges (political and financial), and seek work-arounds
▪ Make assignments, hold them responsible so that everyone is engaged, and follow-up on tasks	▪ Re-strategize and innovate to improve reach to those most at risk during testing events
▪ Ensure strong leadership and clear direction for all aspects of NDCPG operation (from facilitation to structure)	▪ More consistent and structured communication (all around)
▪ Must engage physicians providing HIV care – the group may not necessarily have to recruit providers as members but could instead invite them to sit-in on meetings or present	▪ Encourage a time for sharing successes and opportunities for improvement/ next level
▪ More focus on national HIV and viral hepatitis testing days and HIV awareness days	▪ Seek assistance with developing educational materials, that can be distributed on PrEP, media campaigns and awareness activities

ASSESSMENT CONCLUSIONS

Findings from the review of documentation, online survey, and key informant interviews point to several areas for improvement, as well as highlight the success and effectiveness of NDCPG and its HIV and viral hepatitis planning efforts. For the purposes of this initial assessment report, conclusions will focus on areas for improvement, including NDCPG structure, membership, community engagement, and monitoring and tracking effectiveness. Specific

recommendations will be detailed and discussed following the February 2019 in-person meeting.

1. ***Adapt NDCPG Structure to Current Environment and HIV Planning Needs***:

Opportunities
➢ Task assignment, monitoring, and task shifting
➢ Review committees and consider relevance, current needs, and member interest
➢ Adaptation of regional taskforces for a community engagement model

2. ***Ensure Diversity, Inclusion, and Knowledge Transfer among NDCPG Membership***:
It is important to note the impacted populations not represented, or under-represented, in NDCPG membership include: Native American/indigenous; Black/African American; youth; transgender/gender non-confirming; person living with viral hepatitis; and, foreign born.

Opportunities
➢ Succession planning, alternates and non-voting members
➢ Targeted, diversified recruitment strategies
➢ Review selection criteria and skills matrix
➢ Training/professional development opportunities

3. ***Promote Community Engagement in HIV and Viral Hepatitis Planning***:

Opportunities
➢ Utilize regional model for engaging hard-to-reach populations
➢ Consider scope of resource shifting to support community engagement

4. ***Implement Activities to Monitor and Track Effectiveness of NDCPG***:

Opportunities
➢ Annual Satisfaction survey of members and NDCPG effectiveness
➢ Develop metrics and tracking mechanism for bi-annual meetings
➢ Create system for sharing IPCP updates and next steps with NDCPG

RECOMMENDATIONS

HealthHIV and the NDCPG leadership convened a half-day meeting of the NDCPG on Friday, February 8, 2019. The objective of HealthHIV's in-person engagement was to present findings and possible implications from the assessment to NDCPG membership in order to discuss and consider implementation of recommendations. HealthHIV provided the written report (above)

and reviewed key findings from both the online survey and key informant interviews. During the presentation of findings, HealthHIV facilitated a discussion among members to gauge reactions and gain/assess consensus regarding areas for improvement. Guided by HealthHIV facilitators, the NDCPG members agreed to identify areas for improvement regarding: NDCPG structure; Membership Diversity; Community Engagement; and, Monitoring and Evaluation of Effectiveness. Below is a complete listing of the strategy recommendations identified and written by NDCPG members during the group brainstorming activity. Following the brainstorm, HealthHIV facilitators asked NDCPG to use up to five (5) votes each to indicate which strategies should be prioritized. The list below notes the "votes" with an asterix (*) and the priority activities in **bold**.

1. Ensure NDCPG Structure is Relevant to Current Environment and HIV Planning Needs

Strategy 1: Increase member accountability ******

- Outline process in bylaws to assign specific tasks to members and include report back
  - Each member should have a task to complete for the following bi-annual meeting
  - Considerations: How do you ensure accountability to tasks? Ramification/consequence in bylaws? How are tasks assigned to ensure relevance to integrated plan?

Strategy 2: Provide clear written expectations to members

- Create and implement member commitment form

Strategy 3: Re-define role, responsibility, and relevance of regional taskforces (fix or replace)

- Focus taskforce activities on community engagement
- Replace taskforce meetings with statewide video meeting(s) that are a maximum of two hours long

Strategy 4: Implement one statewide CPG meeting to be held via video conference perhaps in between the two in-person

Strategy 5: Current committees could be more active (meet more either by phone/video/in-person)

Strategy 6: Keep all members engaged and informed between bi-annual meetings

- **Utilize Facebook messenger feeds for communication and information-sharing between members ****
- Bi-monthly (every other month) newsletter/communication *
  - Members report on upcoming events and/or progress on activities

Strategy 7: Facilitator should have a vote

2. Ensure Diversity, Inclusion, and Knowledge Transfer among NDCPG Membership

- **Strategy 1: Increase CPG participation in events or groups that reach diverse audiences/populations that can contribute to understanding of cultures and needs**

Empower members to attend events or require members to attend events *

Create calendar to track member attendance

Where? Consider focus groups at SSPs*, engagement of Somali, Transgender, American Indian, cultural events, faith-based events*, health care providers

- Strategy 2: Develop talking points for members to use at outside events
- **Strategy 3: Create membership/skills matrix ****
- **Strategy 4: Develop postcard/palm card with information about CPG members ****
- Strategy 5: Actively invite public and/or stakeholder groups to attend and provide input without being members *

  Letter to all PLWH with CPG info and how to participate

3. Promote Community Engagement in HIV and Viral Hepatitis Planning

- **Strategy 1: Enhance Facebook presence to improve engagement of outside stakeholders *****

  Linking to Facebook/Twitter/Instagram where needed

  Add Ryan White, hepatitis C, STDs, and other events (e.g. pictures of the walks)

  Fix website
- Strategy 2: Develop billboard/promo campaign for awareness day(s), testing day(s), HIV/health facts *
- Strategy 3: Use CPG members to education attendees during testing events ("the more you know")
- Strategy 4: Increase involvement with other social groups *

  College 10% Societies
- **Strategy 5: Utilize annual events to engage community (e.g. annual walk, masquerade ball, dance that engages youth) *****
- **Strategy 6: Implement focus groups with parents, high school students or engage at school events (e.g. "can we talk", tell it to me straight) *****

  Meet with and educate school nurses
- **Strategy 7: Increase advocacy at legislative level on behalf of CPG (e.g. decriminalization) *****
- Strategy 8: Disseminate/engage around PrEP education/materials
- Strategy 9: Focus regional taskforce activities on community events

4. Implement Activities to Monitor and Track Effectiveness of NDCPG

- Strategy 1: Develop and implement annual member satisfaction (consider meeting evaluations differently)
- Strategy 2: Provide local and state date in a more exciting and more timely way (i.e. data visualization) *
- Strategy 3: Add CPG as a responsible party to more activities on the integrated plan

- Strategy 4: Seek training and/or feedback on how to assess and measure stigma (e.g. utilize focus groups of PLWH and American Indian) *
- Strategy 5: Track CPG engagement per member or taskforce group (e.g. number of events hosted or attended) *

  Take accountability and take credit for work
- Strategy 6: Find a way to measure the use of PrEP and its impact (seek data from state Medicaid, insurance, IHS, other national groups) *

FOLLOW-UP/NEXT STEPS

HealthHIV conducted a follow-up call with NDCPG one month after the assessment to determine next steps and any progress the NDCPG had made on the listing of recommendations. At that time, the NDCPH had begun documenting (in writing) more detail on member roles/responsibilities, further discussed transitioning Regional Taskforces to a community engagement model, and had identified four (4) key activities for the Executive Committee to accomplish by March 15, 2019. In addition, they NDCPG added a third meeting for the year (May 20th) to allow an opportunity to check-in on progress. HealthHIV provided some additional guidance by phone and email, including a list of possible private sector grants/ scholarships to attend national conferences. Since the NDCPG engagement, HealthHIV also engaged the NDCPG co-chair as a presenter at HealthHIV's 2019 SYNChronicity National Conference and is utilizing the NDCPG assessment tools to pilot a CPG assessment with three additional jurisdictions.

Planning CHATT
Recruitment and Retention Learning Collaborative 2021
APPLICATION

The Planning Community HIV/AIDS Technical Assistance and Training (Planning CHATT) project builds the capacity of Ryan White HIV/AIDS Program (RWHAP) Part A planning councils and planning bodies (PC/PB) across the U.S. to fulfill their legislative responsibilities, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning**.** Planning CHATT is now offering learning collaborative TA opportunities that will provide virtual group learning sessions to facilitate knowledge exchange and collaboration among up to ten PC/PBs.

Recruitment and retention of PC/PB consumer members is an ongoing challenge. The Ryan White HIV/AIDS Treatment Modernization Act requires that "not less than 33 percent of Ryan White HIV/AIDS Program (RWHAP) Part A planning councils shall be individuals who are receiving HIV-related services [under RWHAP Part A], are not officers, employees, or consultants" of funded RWHAP Part A providers, and "reflect the demographics of the population of individuals with HIV/AIDS" in the service area*****. To support PC/PBs in this endeavor, Planning CHATT's first learning collaborative will focus on PC/PB member recruitment and retention. The learning collaborative will support PC/PBs in their efforts to develop a recruitment and retention strategy that prioritizes consumers and people of color. Participants will take part in monthly 90-minute virtual learning sessions and will complete post- session assignments. The learning collaborative will take place from January 2021 - June 2021.

***** Section 2602(b)(5)(C)(i)

Who Should Apply

Any PC/PB who would like to strengthen their recruitment and retention strategy may apply. Participation will be limited to 10 PC/PBs, ideally representing a range of geographies and populations served. Selection into this learning collaborative will require a commitment to participate in all activities, including virtual learning sessions and assignments. In addition, each participating PC/PB will be expected to create an Implementation Team to support the development and invention of the recruitment and retention strategy. We recommend that the Implementation Team be 3 - 5 persons and include:

- At least one person who serves in a planning council leadership role (e.g. PC/PB Co-Chairs, Membership Committee members, other committee chairs)
- At least one unaligned consumer member
- One representative from the PC/PB Support (PCS) staff

Commitment and Expectations

Learning collaborative participants are expected to:

- Actively participate in five (5) virtual 90-minute learning sessions and complete related assignments
- Assess their PC/PB's current recruitment and retention efforts
- Share progress toward goals and challenges faced over the 6-month LC period
- Develop or revise a recruitment and retention strategy that includes specific goals and timelines
- Meet as an Implementation Team at least once a month outside of the virtual session to work on assignments related to the recruitment and retention strategy development.

PC/PBs who have full involvement in their teams are likely to see the greatest impact from learning collaborative participation.

Instructions and Key Dates

If you are interested in applying, **please complete the following application in full**, **including the declaration of commitment section** to be attested to by your PC/PB leadership. **Applications must be submitted by December 2nd, 2020 at 5 PM Eastern.**

If you have questions, please email chanel_richmond@jsi.com in advance of the due date.

Application

Please read the application carefully before completing the form.

- Applications may be completed by any Planning Council/Planning Body member who will serve as the Implementation Team lead. However, the application must be attested to by the PC/PB leadership.
- Completed applications should be submitted by **December 2nd.** Applications will be reviewed by Planning CHATT and HRSA.
- Applicants will be notified of their selection into the learning collaborative by **December 11th.**

1. **PC/PB name: _____**
2. **PC/PB city/county and state: _____**
3. **Name of Person completing the application: _____**
   - Length of time on PC/PB
   - Email address
   - Which of the following apply to you? (Check all that apply)
     - Executive Committee
     - Membership Committee
     - Unaligned Consumer
     - PC/PB Support Staff
     - Other:_____

4. **Implementation Team Members (3- 5 members)**
   - Name
   - Length of time on PC/PB
   - Email address
   - Which of the following apply to this Implementation Team member? (check all that apply)
     - Executive Committee
     - Membership Committee
     - Unaligned Consumer
     - PC/PB Support Staff
     - Other:_____
5. **Attendance at monthly virtual learning sessions is important to a successful learning collaborative experience. You will need to commit to attend the sessions on the following dates:**
   - February 25, 2021
   - March 25, 2021
   - April 22, 2021
   - May 27, 2021
   - June 17, 2021

   5a. Which time of day would your team be available for the virtual learning sessions? (Check all that apply)**.**

   - Midday (12pm - 3pm ET)
   - Evenings (4pm - 6pm ET)

6. Please identify one recruitment goal and one retention goal your PC/PB has for their participation in this learning collaborative. (Open answers)

- Recruitment Goal:
- Retention Goal:

7. Does your PC/PB currently have a written recruitment and retention plan?

- Yes
- No
- In progress

8. Are there any specific populations that are challenging for your PC/PB to recruit/retain (e.g. unaligned consumers, people of color, youth/young adults, etc.)? If so, please describe.

9. Does your Planning Council/Body have an online presence (e.g. website, Facebook, Instagram, etc.)?

- Yes
- No

- In progress
- If yes, please describe: ____

10. Does your PC/PB have any leadership development and/or mentorship initiatives in place?

- Yes
- No
- In progress

11. Please express your commitment to participate by indicating yes or no to the following statements:

- All participants understand that participation in the learning collaborative requires active participation in five (5) monthly 90-minute virtual learning sessions. __YES ___NO
- All participants understand that participation in the learning collaborative will require the completion of individual and team assignments that will be shared during the virtual learning sessions. ___YES ___NO
- PC/PB leadership will attend every session. ___YES ___NO

LOS ANGELES COUNTY
COMMISSION ON HIV

DUTY STATEMENT

COMMITTEE CO-CHAIR

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, Committee Co-Chairs must meet the following demands of their office, representation and leadership:

COMMITTEE LEADERSHIP:

① Serves as Co-Chair of a standing Commission Committee, and leads those monthly meetings
② Leads Committee decision-making processes, as needed
③ Meets monthly with Executive Director, or his/her designee, to prepare the Committee meeting agendas, course of action and assists Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate
④ Assigns and delegates work to Subcommittees, task forces and work groups
⑤ Serves as a member of the Commission's **Executive Committee**

MEETING MANAGEMENT:

① Serves as the Presiding Officer at the Committee meetings
② In consultation with other Co-Chair and senior Commission staff member(s), leads the Committee meetings,
- conducting business in accordance with Commission actions/interests
- recognizing speakers, stakeholders and the public for comment at the appropriate times
- controlling decorum during discussion and debate and at all times in the meeting;
- imposing meeting rules, requirements and limitations
- calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed
- determining consensus, objections, votes, and announcing roll call vote results
- ensuring fluid and smooth meeting logistics and progress
- finding resolution when other alternatives are not apparent
- ruling on issues requiring settlement and/or conclusion

③ Ability to put aside personal advocacy interests, when needed, in deference to role as the Committee's Presiding Officer.

REPRESENTATION:

In consultation with the Executive Director, Committee Co-Chairs:

① May ONLY serve as Committee spokesperson at various events/gatherings, in the public, with public officials and to the media if approved by the Commission Co-Chairs and Executive Director
② Take action on behalf of the Committee, when necessary

③ Generates, signs and submits official documentation and communication on behalf of the Committee
③ Present Committee findings, reports and other information to the full Commission, Executive Committee, and, as appropriate, other entities
⑤ Represent the Committee to the Commission, on the Executive Committee, and to other entities
⑥ Support and promote decisions resolved and made by the Committee when representing it, regardless of personal views

KNOWLEDGE:
① CDC HIV Prevention Program, Ryan White Program (RWP), and HIV/AIDS and STI policy and information
② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
③ LA County's HIV/AIDS and STI, and other service delivery systems
④ County policies, practices and stakeholders
⑤ Ryan White Program legislation, State Brown Act, applicable conflict of interest laws
⑥ County Ordinance and practices, and Commission Bylaws
⑦ Topical and subject area of Committee's purview
⑧ **Minimum of one year active Committee membership prior to Co-Chair role**

SKILLS/ATTITUDES:
① Sensitivity to the diversity of audiences and able to address varying needs at their levels
② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues
③ Ability to demonstrate parity, inclusion and representation
④ Take-charge, "doer", action-oriented; ability to recruit involvement and interest
⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
⑥ Firm, decisive and fair decision-making practices

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

POLICY/PROCEDURE #08.2301	(Revised) Voting Procedures	Page 1 of 3

FINAL: APPROVED BY COH: 9/12/2019

SUBJECT: The process for formally supporting or opposing Commission, committee or subcommittee actions.

PURPOSE: To describe the procedures for formally determining specific actions proposed at formal Commission or committee meetings.

BACKGROUND:

- Article V *(Meetings),* Section 8 *(Robert's Rules of Order)* of Policy/Procedure #06.1000 *(Bylaws of the Los Angeles County Commission on HIV)* states the following: "All meetings of the Commission shall be conducted according to the current edition of 'Robert's Rules of Order, Newly Revised', except where superseded by the Commission's Bylaws, policies/procedures, and/or applicable laws."

- All Commission member voting is subject to the conditions and provisions of state and federal conflict of interest requirements as detailed in Article VII *(Policies and Procedures),* Section 5 *(Conflict of Interest Procedures)* of Policy/Procedure #06.1000 *(Bylaws of the Los Angeles County Commission on HIV)* and Policies/Procedures #08.3108 *(Adherence to State Conflict of/Interest Rules and Requirements).*

POLICY:

1) Specific actions by the Commission or a committee can be taken as a result of co-chair instruction or following a successful motion by a quorum of a voting body in attendance.
   a. In accordance with Commission Bylaws, and/or Robert's Rules of Order, certain votes are required of the body in spite of broad agreement.
   b. All allocation decisions require motions and roll call votes.

2) All Commissioners (or their alternates in their absence) who are appointed by the Board of Supervisors may vote on matters before the Commission, unless they have recused themselves. All members assigned to or appointed to committees (or their alternates in their absence) may vote on motions before those committees, unless they have recused themselves.
   a. "Recusal" is dictated by Policies/Procedures#08.3108 (*Adherence to State Conflict of Interest Rules and Requirements).*

3) The Commission or its committee may vote on a motion in one of two ways:
   a. Unanimous voice vote (with abstentions as noted), commonly called "consensus," or
   b. Roll call vote
   c. While they do not count as votes, nor count in the vote tally, abstentions will be recorded and noted in meeting and motion summaries and minutes.

PROCEDURES:

1. **Co-Chairs' Prerogative**: If all in attendance are in agreement, and there is no motion on the floor, it is the co-chairs' prerogative to direct that an action be taken without a specific vote.
2. **Content of Motions:** Motions are made by members of the body and must be acted on for one of three reasons:
   a. They are "procedural" in nature: required by law or rule, such as the Ralph M. Brown Act or Robert's Rules of Order (e.g., approving the agenda, minutes);
   b. They are "Action" in nature: either to lend credibility and/or formality to an action already agreed upon by the body; or to determine an action in a way about which there may be varied opinion/disagreement among the members and/or those in attendance.
3. **Submission of Motions:** In accordance with Policy/Procedure #08.1102 *(Subordinate Commission Working Units*), motions are made and acted on in several ways, subject to Robert's Rules of Order:
   a. They can be included on the agenda in advance of the meeting by a formal subunit of the body (e.g., committee, subcommittee or task force). Motions on the agenda are deemed "moved" by adoption of the agenda, and do not require a second, for a vote.
   b. They can be made at the meeting in response to a specific agendized item of discussion. There motions require an individual to "move" the action, and a "second" from a person who agrees that the motion should be placed "before the body".
   c. They can be moved to the agenda by action at a previous meeting and treated appropriately as agendized.
4. **Voting Privileges:** Motions can only be voted when there is a quorum of the members of the body with voting privileges present:
   a. All Commissioners (or their Alternates when they are not present) appointed by the Board of Supervisors have voting privileges at Commission meetings;
   b. All Commission members assigned or appointed to a committee, or their Alternates when they are not present, have voting privileges at the respective committee meetings;
   c. All members with voting privileges at the Commission or committee meetings who have not recused themselves may vote on any motion "before the body";
   d. In accordance with Policies/Procedures #08.3108 *(Adherence to State Conflict of Interest Rules and Requirements)*, members must recuse themselves when they have an appropriate conflict of interest.

5. **Action Following a Motion**: Once a motion is made, any discussion may follow, unless prohibited by Robert's Rules of Order. The motion can be amended, postponed or referred, etc., by vote, in accordance with Robert's Rules of Order.
6. **Consensus on a Motion**: When the body is ready to vote on a motion, it is the Co-Chairs' responsibility to poll the body by voice, and ask if there is any objection. If there is objection from at least one member of the body, a roll call must be taken (*see Procedure #7*).
    a. After the co-chair determines if there are no objections, the co-chair will call for abstentions.
    b. Abstentions are not considered objections, do not count in the final vote, and, thus, do not affect the decision of whether or not the vote is considered unanimous or if a roll call vote must be taken. Abstentions will be noted in the public record.
    c. If there are no objections, the motion is considered "passed by consensus".
7. **Roll Call Votes:** A roll call vote is taken by a staff member of non-voting member reading the members' names aloud who are present and entitled to vote, and recording the members' votes for the public record.
    a. The roll call can be taken in alphabetical or reverse alphabetical order.
    b. Co-Chairs' votes are taken at the end of the roll call vote; Co-Chairs are not required to vote unless there is a tie in voting ("Co-Chair Prerogative").
8. **Motion Pass or Fail**: At the end of the roll call, the Parliamentarian or reader tallies the supporting and opposing votes cast and gives the number to the Co-Chair to announce whether the motion has passed or failed according to which vote has the greater number.
    a. A motion passes if there are a greater number of supporting votes than opposing votes.
    b. A motion fails if there are a greater number of opposing votes than supporting votes, or if there is a tie between opposing and supporting votes.
9. **Final Decision:** All votes and abstention notes are final when a Co-Chair announces the decision.

NOTED AND APPROVED: Cheryl A Barnett **EFFECTIVE DATE:** 9/12/2019

Original Approval: 7/13/2006	Revision(s): 3/14/2012; Updated: 01/20/17; 9/12/2019

LOS ANGELES COUNTY COMMISSION ON HIV 2020 WORK PLAN (WP)
OPERATIONS COMMITTEE

DRAFT FOR 10.22.00 OPS MEETING: UPDATES IN YELLOW HIGHLIGHTS

Committee/Subgroup Name: Operations Committee	**Co-Chairs: Juan Preciado & Joe Green**
Committee Adoption Date: 7/21/20	**Revision Dates: 2/26/20,6/18/20; 7/21/20; 10/22/20**

Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2020.
Prioritization Criteria: Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy; and 3) align with COH staff and member capacities and time commitment.
Legend: H=high; M=medium; L=low

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
H	**Black African American Community (BAAC) Task Force Recommendations**	**Incorporate BAAC Task Force recommendations in Operations Committee planning and activities**	Ongoing	Committee selected four (4) recommendations to oversee and work towards incorporating in its planning activities; see BAAC highlights doc. Committee, at its June 2020 meeting, requested that the BAAC TF provide guidelines in how the recommendations should be integrated or addressed from an Operations Committee lens; pending BAAC TF response. BAAC TF is in receipt of the Committee's request for instructions/guidance and next steps will be forthcoming by the task force.

LOS ANGELES COUNTY COMMISSION ON HIV 2020 WORK PLAN (WP)
OPERATIONS COMMITTEE

DRAFT FOR 10.22.00 OPS MEETING: UPDATES IN YELLOW HIGHLIGHTS

H	**Consumer-Centered leadership development and training**	Specific trainings requested by Consumer Caucus include: • Co-chair facilitation vs. leading discussions/conversations • ~~Public speaking training/elevator speeches/presentation skills~~ • Structural change • ~~Purpose of consumer caucus~~ • ~~Reproductive justice (including bodily autonomy, sexual health, pronoun conversation)~~ • Legal/HIV criminalization • ~~Trauma-Informed Care: how to make sure people around the table are safe/not living in terror~~ • ~~Health DATA Training~~ • ~~Quality Improvement Program~~	Ongoing	2020 Member Training Schedule released; see schedule See letter from Consumer Caucus re: leadership.
H	**Outreach, Engagement and Recruitment Strategies, Specifically Youth and Unaffiliated Consumers**	Develop/review outreach materials for community engagement; Determine strategies to engage and recruit community amid new virtual normal Develop strategies to engage youth and unaffiliated consumers.	Ongoing	Committee to review consultant-developed outreach flyers and other resource materials. Invite youth-centered program reps, i.e. C2PLA, to upcoming meeting to help develop strategies. Youth/young adult community members participated in 8.27.20 Ops meeting discuss and provided recommendations on how to best engage their community. The Committee is currently reviewing recommendations and actively incorporating into its planning activities.
H	**Review Policies/Procedures**	Review and redevelop New Member Application to create a more community-friendly format	July-October 2020	Membership App Redevelopment Workgroup formed at 8.27.20 Ops meeting and is comprised of Carlos Moreno, Alasdair Burton and Miguel Alvarez. Will provide ongoing updates w/ tentative deadline for completion Dec 2020.

LOS ANGELES COUNTY COMMISSION ON HIV 2020 WORK PLAN (WP)
OPERATIONS COMMITTEE
DRAFT FOR 10.22.00 OPS MEETING: UPDATES IN YELLOW HIGHLIGHTS

H	**Attendance Review**	Review Attendance Matrix Quarterly	January, April, September, December	The Committee determined at its September meeting to offer a reprieve to those members with excessive absences until the end of year. Committee members and staff will continue to reach out and offer support to missing members to help re-engage. Will reassess attendance in first quarter of 2021.
H	**PIR Data** ***Availability of PIR survey responses will determine whether PIR up to date**	Ensure reflectiveness and representation data is included in monthly meeting packet. Ensure parity among Co-Chairs/Leadership	Monthly	PIR updated by DHSP; now includes 2019 data.
M	**Mentorship Program Implementation**	Discuss/formalize steps for implementation.	July-August 2020	Membership program title has been changed to "Peer Collaborator/Buddy Program". Pairing has been completed w/ a virtual orientation set for all participants on November 19 at 1pm
M	**Assessment of the Administrative Mechanism (AAM)**	Review quarterly and request updates from DHSP on status of recommendations	Quarterly	Per request by Committee, requesting ongoing updates by DHSP on status of recommendations.

LOS ANGELES COUNTY
COMMISSION ON HIV

2020 MEMBERSHIP ROSTER| UPDATED 11.19.20

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2022	
3	City of Long Beach representative	1	PP&A	Everardo Alviso	Long Beach Health & Human Services	July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC|PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2022	
8	Part C representative			***Vacant***		July 1, 2018	June 30, 2022	
9	Part D representative			***Vacant***		July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2018	June 30, 2022	
15	Provider representative #5			***Vacant***		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2022	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2022	
19	Unaffiliated consumer, SPA 1	1	EXC|OPS	Michele Daniels	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2018	June 30, 2022	
21	Unaffiliated consumer, SPA 3			***Vacant***		July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2018	June 30, 2022	
23	Unaffiliated consumer, SPA 5			***Vacant***		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	*Unaffiliated Consumer*	July 1, 2018	June 30, 2022	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2019	June 30, 2021	Thomas Green (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2018	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			***Vacant***		July 1, 2018	June 30, 2022	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	*Unaffilated Consumer*	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2018	June 30, 2022	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			***Vacant***		July 1, 2018	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS|PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2018	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC|PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2022	
37	Representative, Board Office 2	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC|PP|SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2022	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	Unaffilated Consumer	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A|EXC	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2018	June 30, 2022	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC|OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2022	
47	HIV stakeholder representative #4			***Vacant***		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5			***Vacant***		July 1, 2018	June 30, 2022	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2022	
51	HIV stakeholder representative #8			***Vacant***		July 1, 2018	June 30, 2022	Miguel Alvarez (OPS/SBP)
	TOTAL:	**35**						

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

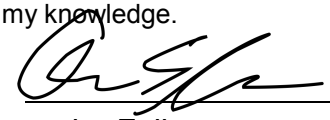
and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at http://hiv.lacounty.gov. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.
Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM
Section 1: Contact Information

1. Name: Luckie Alexander Fuller
   (Please print name as you would like it to appear in communications)
2. Organization: (if applicable) Invisible Men
3. Job Title: Founder
4. Mailing Address: 3501 S La Brea Ave #108
5. City: Los Angeles State: CA Zip Code: 90016
6. Provide address of office and where services are provided (if different from above):
   Mailing Address:
   City: State: Zip Code:

7. Tel.: (213) 528-0482 Fax:
8. Email: luckiealexander@invisibletmen.com
   (Most Commission communications are conducted through email)
9. Mobile Phone #: (optional): (213) 528-0482

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.

Signature: 

09/28/2020
Date

Luckie Alexander Fuller
Print Name

Section 2: Demographic Information

1. **Can you commit to the Commission's minimum expectations of active participation, regular attendance and sustained involvement?** ☐ **Yes** ☐ **No**

2. **In which Supervisorial District and SPA do you work?** Check all that apply.

District 1 ❑	SPA 1 ❑	SPA 5 ❑
District 2 ■	SPA 2 ❑	SPA 6 ■
District 3 ❑	SPA 3 ❑	SPA 7 ❑
District 4 ❑	SPA 4 ❑	SPA 8 ❑
District 5 ❑		

3. **In which Supervisorial District and SPA do you live?**

District 1 ❑	SPA 1 ❑	SPA 5 ❑
District 2 ■	SPA 2 ❑	SPA 6 ■
District 3 ❑	SPA 3 ❑	SPA 7 ❑
District 4 ❑	SPA 4 ❑	SPA 8 ❑
District 5 ❑		

4. **In which Supervisorial District and SPA do you receive HIV (care or prevention) services?** Check all that apply.

District 1 ❑	SPA 1 ❑	SPA 5 ❑
District 2 ❑	SPA 2 ❑	SPA 6 ■
District 3 ❑	SPA 3 ❑	SPA 7 ❑
District 4 ❑	SPA 4 ❑	SPA 8 ❑
District 5 ❑		

5. **Demographic Reflectiveness and Representation:**
Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

5a. **Gender:** ❑ Male ❑ Female ❑ Trans (Male to Female) ❑ Trans (Female to Male) ❑ Unknown

5b. **Race/Ethnicity:** (Check all that apply)

❑ African- American/Black,not Hispanic	❑ Hispanic
❑ American Indian/Alaska Native	❑ Multi-Race
❑ Anglo/White, not Hispanic	❑ Other :_____
❑ Asian/ Pacific Islander	❑ Decline to State/Not Specified

5c. **Are you a parent/guardian/direct caregiver to a child with HIV under 19?** ❑ Yes ❑ No

6. **FOR APPLICANTS LIVING WITH HIV:**

6a. **Are you willing to publicly disclose your HIV status?** ❑ Yes* ❑ No
***DO NOT CHECK YES HERE if you do not want your HIV status known publicly. There is NO requirement that someone with HIV must disclose his/her status to the Commission or publicly.**

6b. **Age:**

❑ 13 – 19 years old	❑ 20 – 29 years old	
❑ 30 – 39 years old	❑ 40 – 49 years old	❑ 50-59 years old
❑ 60+ years old	❑ Unknown	

6c. **Are you a "consumer" (patient/client) of Ryan White Part A services?** ❑ Yes ❑ No

6d. **Are you "affiliated" with a Ryan White Part A-funded agency?** ❑ Yes ❑ No

By indicating "affiliated," you are a: ❑ board member, ❑ employee, or ❑ consultant at the agency. A volunteer at an agency is considered an unaffiliated consumer.

Section 3: Experience/Knowledge

7. **Recommending Entities/Constituency(ies):** "Recommending Entities" are the individuals/ organizations who may have suggested or asked you to represent them on the Commission.

7a. **What organization/Who, if any/anyone, recommended you to the Commission?**

Commission on HIV

7b. **If recommended, what seat, if any, did he/she/they recommend you fill?**

8. **Please check all of the boxes that apply to you:**

1 ■ I am willing to publicly disclose that I have Hepatitis B or C.
2 ■ I am an HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
3 ❑ I am a member of a federally-recognized American Indian tribe or Native Alaskan village.
4 ❑ I am a behavioral or social scientist who is active in research from my respective field.
5 ■ I am involved in HIV-related research in the following capacity(ies) (Check all that apply):
❑ scientist, lead researcher or PI, ❑ staff member, ■ study participant, or ❑ IRB member.
6 ❑ A health or hospital planning agency has recommended that I fill that seat on the Commission.
7 ❑ I am an HIV specialty physician or an Infectious Disease (ID) doctor with HIV- positive patients.
8 ❑ The agency where I am employed provides mental health services.
9 ❑ The agency where I am employed provides substance abuse services.
10 ❑ The agency where I am employed is a provider of HIV care/treatment services.
11 ■ The agency where I am employed is a provider of HIV prevention services.
12 ❑ The agency where I am employed is provider of ❑ housing and/or ❑ homeless services.
13 ❑ The agency where I am employed has HIV programs funded by Federal sources (other than Ryan White).
14 ❑ I work for or am otherwise affiliated with a health care provider that is a Federally Qualified Health Center (FQHC) or a Community Health Clinic (CHC).
15 ❑ As someone who is employed as an advocate for incarcerated PWLH and/or as a PWLH who has been incarcerated in the past three years, I can represent the interests of incarcerated PWLH.
16 ❑ I am able to represent the interests of Ryan White Part C grantees.
17 ❑ I am able to represent the interests of Ryan White Part D grantees.
18 ❑ I am able to represent the interests of Ryan White Part F grantees given my affiliation with:
❑ one of LA County's AETC grantees/sub-grantees ❑ a HRSA SPNS grantee
❑ Part F dental reimbursement provider ❑ HRSA-contracted TA vendor
19 ■ As an HIV community stakeholder, I have experience and knowledge given my affiliation with: (Check all that apply)

❑ union or labor interests
❑ provider of employment or training services
❑ faith-based entity providing HIV services
■ organization providing harm reduction services
■ an organization engaged in HIV-related research
❑ the business community
❑ local elementary-/secondary-level education agency
❑ youth-serving agency, or as a youth.

9. **Training Requirements:** The Commission requires all members to complete the following trainings, which can be fulfilled if the trainings were provided by other institutions. Applicants will not be penalized for no prior training, but must take it once appointed.

9a. **Have you completed an "Introduction to HIV/STI,""HIV/STI 101," or a related basic informational HIV/STI training before? (If so, include Certificate of Completion; if not, the Commission provides the training)** ❑ Yes ❑ No

9b. **Have you completed a Health Insurance Portability and Accountability Act (HIPAA) training before?** (If so, please include Certificate of Completion; if not, the Commission will provide the training) ❑ Yes ❑ No

9c. **Have you completed a "Protection of Human Research Subjects" training before?** (If so, please include Certificate of Completion; if not, the Commission will provide the training) ❑ Yes ❑ No

Section 4: Biographical Information

10. **Personal Statement:** The "personal statement" is a snapshot of your goals of your Commission participation, against which you can measure your effectiveness as a Commission member. This statement may be included on the Commission's website in the member section. Provide a short (50-word maximum) statement expressing why you want to be a Commission member:

I am committed to ending the epidemic in any way I can. The HIV / AIDS has touched me in a way that I want to dc everything possible to be apart of the solution and I want to see my family and Community that has been impacted by the virus to live longer and thrive as well as my community that needs to be educated and aware of prevention methods.

11. **Biography/Resume**: If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required —attach a new/updated resume. You may continue on an additional page, if necessary. As you feel appropriate, please provide a short biography detailing your background, and how it has prepared you for service on the Commission:

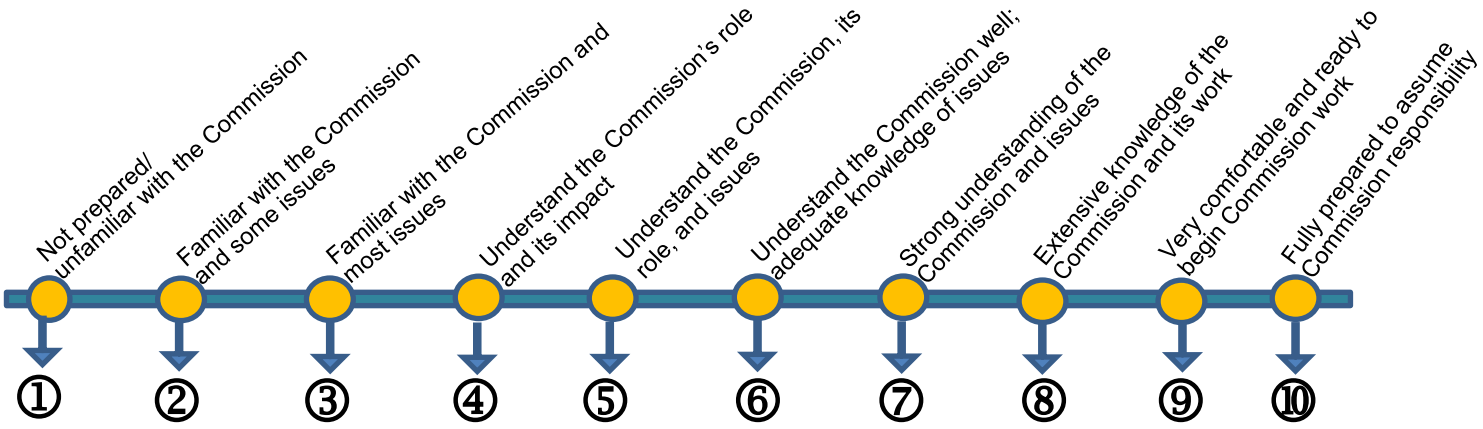
Resume Attached

12. **Additional Information**: In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with "N/A". Your additional information may continue on an additional page, if necessary:

NA

Section 5: New Member Applicant (Only to be completed by new member applicant)

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?** A candidate's "preparedness" for Commission service is assessed—for this response—according to the 10-point scale located on the next page, which indicates that those who are the "least" prepared ("1" on the scale) are "not familiar" with the Commission and the issues that it reviews. The more prepared a candidate is—as indicated on the scale (moving towards "10" from "1")—s/he should demonstrate increased familiarity with the Commission and its content, evolving into "understanding" and "comfort" with the role of the Commission and its practices, and "limited" to "extensive" knowledge about the topics it addresses. Mark the circle that represents where you feel you fall on this scale of "preparedness" ("1" is "not prepared" ➡ "10," "fully prepared")



14. **Describe any personal/professional experience that you believe has prepared you to perform effectively as a member of the Commission. Continue on an additional page if necessary.**

15. **What do you anticipate your greatest hurdles will be acclimating to your new role on the Commission? How do you think you will overcome them? Continue on an additional page if necessary.**

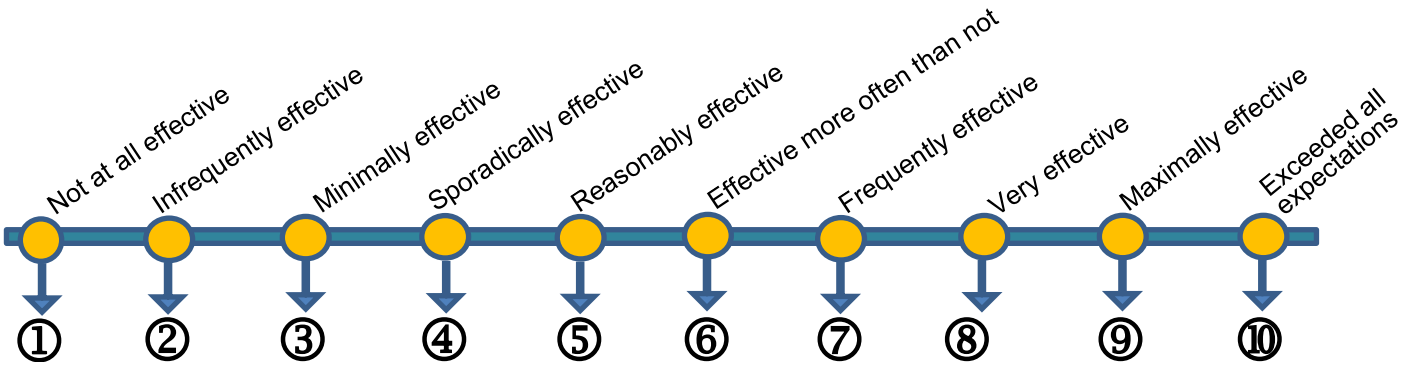
16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

17. **Which of your strengths do you feel will enhance your Commission performance? What skills will you need to develop further for optimal Commission performance? Continue on an additional page if necessary.**

18. **Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity?** ❑ Yes ❑ No

Section 6: Renewal Applicant (Only to be completed by renewal applicant)

19. **How effective do you feel you were during your most recent term on the Commission?** Mark the circle that you feel is the best assessment of your Commission participation and engagement in the last term (1 is least effective ➡ 10 is most effective)



20. **Explain why you rated yourself the way you did in Question #16. Continue on an additional page, if necessary.**

I feel while in my previous position on the Commission was effective I didn't have as much time on Commission due to a personal and legal situation with another past Commissioner.

21. **In your last term, what would you have done differently and what would you have improved, if anything (e.g., quality, communication skills, participation)?** Continue on an additional page, if necessary..

I would definitely communicate with my mentor more often. I will also be alot more engaged and asking more questions.

22. **In your last term, what, if any, barriers and/or obstacles prevented you from fully carrying out your Commission responsibilities as you would have liked?** Continue on an additional page, if necessary.

The only thing that kept me from fully engaging was the legal and personal situation with a pas Commissioner who has since moved back to Mississippi.

23. **What can the Commission do to help improve your effectiveness and/or level of contribution/accomplishment in your next term?** Continue on an additional page, if necessary.

Provide me as much information as possible for me absorb and learn.

24. **Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity?**

Yes

CLICK HERE TO PRINT FORM

CLICK HERE TO CLEAR FORM

ALEXANDER E. L. FULLER

(213) 528.0482 / LuckieAlexander@InvisibleTMen.com

Qualifications

- *Project Planning and Implementation*
- *Public Speaking & Facilitation*
- *Network Creation & Resolution*
- *Hardware Repair & Upgrade*
- *Technical Resolution & Support*
- *Leadership Training*
- *Community Outreach*
- *Volunteer Recruitment & Training*
- *Special Events Management*
- *Social & Gender Justice Advocate*
- *HIV/AIDS Advocate*

Education

Community College So. NV High School
High School Diploma GPA 3.8
AA Degree: Culinary Arts
Clearfield Job Corps. Center
Certificate: Level II Technician
Certificate: Jr. Welder
L.A. Trade Technical Comm. College
AS Degree: Computer Information Systems
AS: Degree Mathematics
Certificate: Web Design & MicroComputer Technician
Member: Alpha Omega Nu Fraternity / Brown Boi Project Historian

PERSONAL COMPUTER SKILLS

Microsoft Word | Microsoft Excel | Microsoft Access
Microsoft PowerPoint | Microsoft Publisher | Microsoft Outlook
Adobe Suite CS5.5 | Facebook | Network+

PROFILE

DYNAMIC, GOAL-ORIENTED MANAGEMENT PROFESSIONAL committed to quality and excellence in administrative, executive, and technical support. Strong contributions in managing a full scope of support operations in high-profile settings. Exceptional organizational skills highlight the ability to prioritize and process multiple projects and tasks concurrently; using focused detail monitoring, problem solving and follow-through procedures. Proficient arranging of all meeting logistics; taking into consideration strategic need in terms of selective requirements. Possess superb written communication, interpersonal and presentation skills. Utilize excellent computer skills involving website design, creating and maintaining spreadsheets, graphic design, hardware repair, upgrade and maintenance.

SELECTED ACCOMPLISHMENTS

- Led the creation of a Drug and Alcohol Free youth program on the campus of Clearfield Job Corps. Center
- Demonstrated leadership skills as a Captain in the Ranger Program, supervising and managing up to 75+ individuals on security detail during the Special Olympics in Salt Lake City, Utah
- Community advocacy within L. A. County with various organizations also currently doing policy and HIV work around Trans and GNC communities.
- Performed volunteer coordination and security detail at the 2013 Tuskegee Airmen Convention in St. Louis, Missouri
- Recognized by the Library of Congress for the creation of the National Trans Visibility March website
- Created inclusive “All Black Lives Matter” Mural on Hollywood Blvd

ALEXANDER E. L. FULLER

SKILLS & EXPERIENCE

IT Technician

・ Repaired, upgraded and maintained company computers and equipment on and off-site as well gave technical support via phone and remote connection

・ Setup and networked multiple workstations locally (LANs) and throughout company locations (WANs), monitored network connections for efficiency, resolve network connectivity issues

Management

・ Participated in monthly organization conference calls then transmitted updated organization information and statistics to the executive team via secondary meetings, correspondence and spreadsheets that fostered a well-informed, cohesive and collaborative group.

Communication

・ Avoided time issue rectifications and / or missed fix opportunities by performing as a conduit to the leadership team by instituting method of real time communication utilizing technological aspects of text messaging, and Microsoft Outlook email when immediate notification is necessary.

・ Orchestrated the creation of a streamlined process to monitor and classify incoming information gleaned from thorough research for the creation of agendas which resulted in elimination of overwhelming and redundant actions allowing timely distribution.

Strategic Planning

・ Cultivated and created a step-by-step process and confirmation protocol while coordinating multiple people; travel, ground transportation, accommodations arrangements and meal requirements to prevent last minute negative incidents which enhanced my reputation for efficiency and clarity.

Community Outreach

・ Utilized outstanding and exceptional personable skills and event planning knowledge to recruit community members to participate in fundraising efforts to aid various demographic groups
Completed HIV & AIDS education & Facilitating training with APAIT
Assisted with the strategy and execution of the 1st annual Trans Visibility March

■ Work History

Workforce Development Director - Trans Can Work, Los Angeles, Ca (2018 -2020)
Asst. Strategy Director - Nat'l Trans Visibility March, National / Washington DC (2018 -2019)
Cultural Humility Trainer - Community Partners, Los Angeles, CA (2017 - Current)
Founder – Invisible Men, Los Angeles, CA (2018 - Current)
Event Producer/ Volunteer Coordinator – Xtravaganza Upscale Event Planners & Consultants, Las Vegas, NV (1997 – 2013)
Homeless Housing Manager/Program Director – SSG, CMB, Los Angeles, Ca (2007-2013)

■ PROFESSIONAL AFFILIATIONS

- LGBTQ Peer Mentor / Counselor, Las Vegas LGBTQ Center (2002 - 2005)
- Production Coordinator , "Women of Entertainment, Fashion, Music and Media". (2002 - 2013)
- Anchor Member & Historian – Brown Boi Project (2010 - Present)
- Los Angeles County HIV Commissioner (2018 - 2019)
- Los Angeles City Trans Advisory Council Member (2017 - Present)
- CAB Member - UCLA CHIPTS (2018 - Present)

MITCH O'FARRELL
Councilmember
13th District

September 23, 2020

To Whom It May Concern:

I am writing to strongly recommend Luckie Alexander as an appointee to the Los Angeles County Commission on HIV. Since 2017, I have had the pleasure of working with Luckie in his role as Chair of the Los Angeles Transgender Advisory Council (TAC)'s Employment and Job Readiness Committee. As TAC Chair, he has worked with my office and various organizations in a number of ways, including producing the successful "Avenues to Success" job readiness fairs, which provide informational workshops and vital resources to the transgender and nonbinary communities. This dedication to the communities under the transgender umbrella shows Luckie's thoughtfulness and desire to collaborate effectively.

Earlier this year, as the country grappled with both a pandemic and the immediate aftermath of Goerge Floyd's murder, our City's queer communites also suffered the additional loss with the cancellation of the LA Pride Festival. Luckie, as a member of Black LGBTQ+ Activists for Change, met the moment and rose to the occasion to produce the "All Black Lives Matter" March, in which tens of thousands rallied for all queer Black lives in a peaceful protest on Hollywood Boulevard.

Leading up to this historic event, Luckie collaborated with my office and various City departments and local businesses to create a temporary two-block wide decorative street design with the message "All Black Lives Matter. Noting that erasure of the transgender community is very real, Luckie further collaborated with me to create a permanant decorative street design and the City's first ever street sign dedicated to transgender people of color.

Through these collaborations, Luckie has consistently shown his motivation toward achieving excellence while being respectful and perceptive of other points of view. This speaks to the trust that Luckie has built with the City, his colleagues on the TAC, and the queer and transgender communities at large. It has been my personal honor to witness the positive impacts that Luckie has made on his City and the communities that make it their home.

With his inherent sense of engagement, Luckie is a pleasure to work with. His passion and perspective, and his catalogue of knowledge and unique insight as a transmasculine Black man, have been an imperative ingredient in our common goal of providing unity in our City during uncertain and challenging times. I can say without reservation that I strongly recommend Luckie Alexander for as an appointee to the Los Angeles County Commission on HIV. Should you have any questions, please do not hesitate to contact me at Mitch.OFarrell@lacity.org or at (213) 473-7013.

Sincerely,

MITCH O'FARRELL

CITY HALL 200 N. Spring Street Room 480 Los Angeles CA 90012 OFFICE: 213.473.7013 FAX: 213.473.7734
DISTRICT OFFICE 1722 Sunset Boulevard Los Angeles, CA 90026 OFFICE: 213.207.3015 FAX: 213.207.3031
cd13.com

and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at http://hiv.lacounty.gov. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.
Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM
Section 1: Contact Information

1. Name: Ernest Walker
   (Please print name as you would like it to appear in communications)
2. Organization: (if applicable) Men's Health Foundation
3. Job Title: Director of SoCal Club
4. Mailing Address: 8601 S. Broadway
5. City: Los Angeles State: CA Zip Code: 90003
6. Provide address of office and where services are provided (if different from above):
   Mailing Address: _____
   City: _____ State: _____ Zip Code: _____

7. Tel.: (310) 550-1010 Fax: _____
8. Email: ernest.walker@menshealthfound.org
   (Most Commission communications are conducted through email)
9. Mobile Phone #: (optional): (404) 798-3357

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.

Signature: _____ 06/29/2020
Date

Ernest Walker
Print Name

Section 2: Demographic Information

1. **Can you commit to the Commission's minimum expectations of active participation, regular attendance and sustained involvement?** ☐ Yes ☐ No

2. **In which Supervisorial District and SPA do you work?** Check all that apply.

District 1	☐	SPA 1	☐	SPA 5	☐
District 2	☐	SPA 2	☐	SPA 6	■
District 3	☐	SPA 3	☐	SPA 7	☐
District 4	☐	SPA 4	☐	SPA 8	☐
District 5	☐				

3. **In which Supervisorial District and SPA do you live?**

District 1	☐	SPA 1	☐	SPA 5	☐
District 2	☐	SPA 2	☐	SPA 6	■
District 3	☐	SPA 3	☐	SPA 7	☐
District 4	☐	SPA 4	☐	SPA 8	☐
District 5	☐				

4. **In which Supervisorial District and SPA do you receive HIV (care or prevention) services?** Check all that apply.

District 1	☐	SPA 1	☐	SPA 5	☐
District 2	☐	SPA 2	☐	SPA 6	■
District 3	☐	SPA 3	☐	SPA 7	☐
District 4	☐	SPA 4	☐	SPA 8	☐
District 5	☐				

5. **Demographic Reflectiveness and Representation:**
Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

5a. **Gender:** ■ Male ☐ Female ☐ Trans (Male to Female) ☐ Trans (Female to Male) ☐ Unknown

5b. **Race/Ethnicity:** (Check all that apply)

■	African- American/Black,not Hispanic	☐	Hispanic
☐	American Indian/Alaska Native	☐	Multi-Race
☐	Anglo/White, not Hispanic	☐	Other :_____
☐	Asian/ Pacific Islander	☐	Decline to State/Not Specified

5c. **Are you a parent/guardian/direct caregiver to a child with HIV under 19?** ☐ Yes ■ No

6. **FOR APPLICANTS LIVING WITH HIV:**

6a. **Are you willing to publicly disclose your HIV status?** ■ Yes* ☐ No
***DO NOT CHECK YES HERE if you do not want your HIV status known publicly. There is NO requirement that someone with HIV must disclose his/her status to the Commission or publicly.**

6b. **Age:**

☐ 13 – 19 years old	☐ 20 – 29 years old	
☐ 30 – 39 years old	■ 40 – 49 years old	☐ 50-59 years old
☐ 60+ years old	☐ Unknown	

6c. **Are you a "consumer" (patient/client) of Ryan White Part A services?** ☐ Yes ■ No

6d. **Are you "affiliated" with a Ryan White Part A-funded agency?** ■ Yes ☐ No

By indicating "affiliated," you are a: ☐ board member, ■ employee, or ☐ consultant at the agency. A volunteer at an agency is considered an unaffiliated consumer.

Section 3: Experience/Knowledge

7. **Recommending Entities/Constituency(ies):** "Recommending Entities" are the individuals/ organizations who may have suggested or asked you to represent them on the Commission.

7a. **What organization/Who, if any/anyone, recommended you to the Commission?** Men's Health Foundation / Dr. Tony Mills

7b. **If recommended, what seat, if any, did he/she/they recommend you fill?**

8. **Please check all of the boxes that apply to you:**

1 ☐ I am willing to publicly disclose that I have Hepatitis B or C.
2 ☐ I am an HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
3 ☐ I am a member of a federally-recognized American Indian tribe or Native Alaskan village.
4 ☐ I am a behavioral or social scientist who is active in research from my respective field.
5 ☐ I am involved in HIV-related research in the following capacity(ies) (Check all that apply):
☐ scientist, lead researcher or PI, ☐ staff member, ☐ study participant, or ☐ IRB member.
6 ☐ A health or hospital planning agency has recommended that I fill that seat on the Commission.
7 ☐ I am an HIV specialty physician or an Infectious Disease (ID) doctor with HIV- positive patients.
8 ☐ The agency where I am employed provides mental health services.
9 ☐ The agency where I am employed provides substance abuse services.
10 ■ The agency where I am employed is a provider of HIV care/treatment services.
11 ■ The agency where I am employed is a provider of HIV prevention services.
12 ☐ The agency where I am employed is provider of ☐ housing and/or ☐ homeless services.
13 ■ The agency where I am employed has HIV programs funded by Federal sources (other than Ryan White).
14 ☐ I work for or am otherwise affiliated with a health care provider that is a Federally Qualified Health Center (FQHC) or a Community Health Clinic (CHC).
15 ☐ As someone who is employed as an advocate for incarcerated PWLH and/or as a PWLH who has been incarcerated in the past three years, I can represent the interests of incarcerated PWLH.
16 ☐ I am able to represent the interests of Ryan White Part C grantees.
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☐ one of LA County's AETC grantees/sub-grantees ☐ a HRSA SPNS grantee
☐ Part F dental reimbursement provider ☐ HRSA-contracted TA vendor
19 ☐ As an HIV community stakeholder, I have experience and knowledge given my affiliation with: (Check all that apply)

☐ union or labor interests
☐ provider of employment or training services
☐ faith-based entity providing HIV services
■ organization providing harm reduction services
■ an organization engaged in HIV-related research
☐ the business community
☐ local elementary-/secondary-level education agency
■ youth-serving agency, or as a youth.

9. **Training Requirements:** The Commission requires all members to complete the following trainings, which can be fulfilled if the trainings were provided by other institutions. Applicants will not be penalized for no prior training, but must take it once appointed.

9a. **Have you completed an "Introduction to HIV/STI,""HIV/STI 101," or a related basic informational HIV/STI training before? (If so, include Certificate of Completion; if not, the Commission provides the training)** ☐ Yes ■ No

9b. **Have you completed a Health Insurance Portability and Accountability Act (HIPAA) training before?** (If so, please include Certificate of Completion; if not, the Commission will provide the training) ■ Yes ☐ No

9c. **Have you completed a "Protection of Human Research Subjects" training before?** (If so, please include Certificate of Completion; if not, the Commission will provide the training) ☐ Yes ☐ No

Section 4: Biographical Information

10. **Personal Statement:** The "personal statement" is a snapshot of your goals of your Commission participation, against which you can measure your effectiveness as a Commission member. This statement may be included on the Commission's website in the member section. Provide a short (50-word maximum) statement expressing why you want to be a Commission member:

Having provided over 25 years of HIV Prevention and Ryan White services and have sat on the HIV Prevention and the Ryan White council in Washington DC and in Atlanta GA. I believe I have the experience and the knowledge to help support and drive the agenda that is set forth of the Commission. To provide meaningful prevention and supportive services to LA county.

11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required —attach a new/updated resume. You may continue on an additional page, if necessary. As you feel appropriate, please provide a short biography detailing your background, and how it has prepared you for service on the Commission:

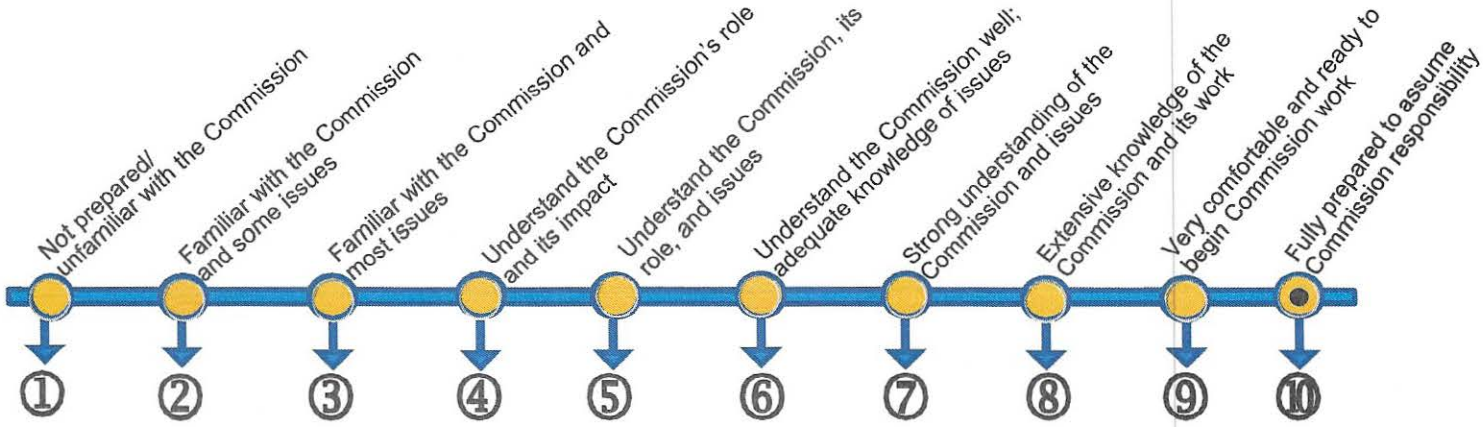
See Resume attached

12. **Additional Information**: In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with "N/A". Your additional information may continue on an additional page, if necessary:

N/A

Section 5: New Member Applicant (Only to be completed by new member applicant)

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?** A candidate's "preparedness" for Commission service is assessed—for this response—according to the 10-point scale located on the next page, which indicates that those who are the "least" prepared ("1" on the scale) are "not familiar" with the Commission and the issues that it reviews. The more prepared a candidate is—as indicated on the scale (moving towards "10" from "1")—s/he should demonstrate increased familiarity with the Commission and its content, evolving into "understanding" and "comfort" with the role of the Commission and its practices, and "limited" to "extensive" knowledge about the topics it addresses. Mark the circle that represents where you feel you fall on this scale of "preparedness" ("1" is "not prepared" ➡ "10," "fully prepared")



14. **Describe any personal/professional experience that you believe has prepared you to perform effectively as a member of the Commission. Continue on an additional page if necessary.**

I have been a co-chair of the DC HIV Prevention Planning Council and was a voting member of DC Ryan White Planning. I served on both of these councils for over 10 years. I understand and can help write policies and procedures. I have experience in understanding and explaining epi data. I also ran a couple of nonprofits and understand budgeting and audits.

15. **What do you anticipate your greatest hurdles will be acclimating to your new role on the Commission? How do you think you will overcome them? Continue on an additional page if necessary.**

I believe my greatest challenge would be is coming onto the commission as an outsider and the clashing of ideas that individuals who have strong personalities that dismiss new ideas and new or different thought processes.

I would over come by listening first and formost and find the common denominator and work from there. However, when it is all said and done the end result will always be about the consumers needs. We can agree to disagree and I will always work for the consumers needs to be met to the best of our ability as a commission member.

16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

I started my work in HIV/STD managing outreach and community engagement. Listeing to the community needs, attending community events and supporting community partnerships. I bring a fresh mind and innovative ideas that could help in the commissions agenda to help address the community disparities. HIV Prevention and Treament has been my life work for over 20 years.

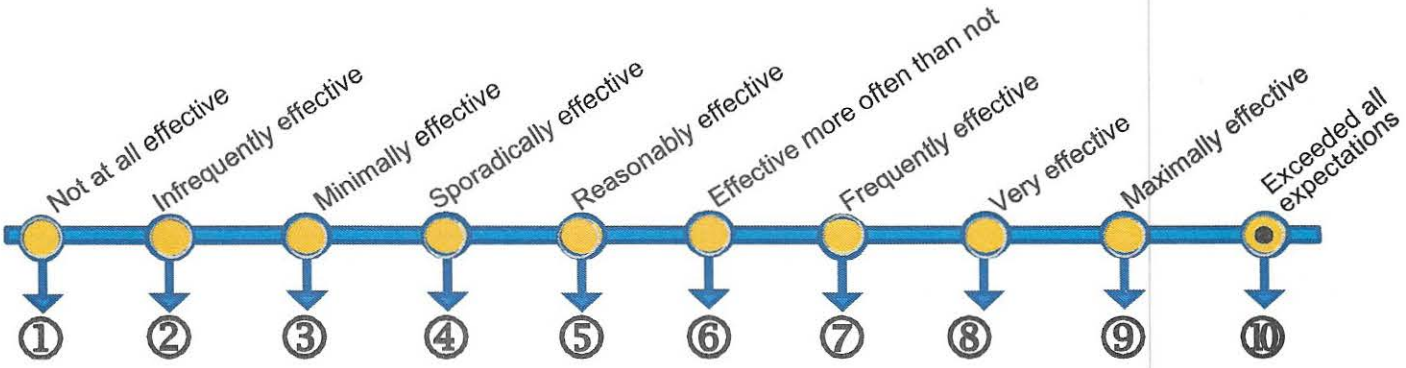
17. **Which of your strengths do you feel will enhance your Commission performance? What skills will you need to develop further for optimal Commission performance? Continue on an additional page if necessary.**

I believe I have the skills needed to be a thriving member of the commission.

18. **Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity?** ■ Yes ☐ No

Section 6: Renewal Applicant (Only to be completed by renewal applicant)

19. **How effective do you feel you were during your most recent term on the Commission?** Mark the circle that you feel is the best assessment of your Commission participation and engagement in the last term (1 is least effective ➡ 10 is most effective)



20. **Explain why you rated yourself the way you did in Question #16. Continue on an additional page, if necessary.**

I have over 10 years of being on planning councils and have chaired many committees. I have a MPH. I know how to trouble shoot and execute approved plans. I am a motivater , a leader and a team player. I know how to facilitate community engagement and assign duties and tasks.

21. **In your last term, what would you have done differently and what would you have improved, if anything (e.g., quality, communication skills, participation)?** Continue on an additional page, if necessary..

22. **In your last term, what, if any, barriers and/or obstacles prevented you from fully carrying out your Commission responsibilities as you would have liked?** Continue on an additional page, if necessary.

23. **What can the Commission do to help improve your effectiveness and/or level of contribution/accomplishment in your next term?** Continue on an additional page, if necessary.

24. **Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity?**

Ernest.Walk3r@gmail.com
404.798.3357

ERNEST WALKER

SENIOR EXECUTIVE SUMMARY

An accomplished senior-level executive with a 15-year track record in progressive policy development, financial and program management, advocacy and coalition building. A professional journey from community health advocate to an executive officer has offered a unique and passionate understanding of community needs and disparities and makes a valuable asset to your mission-driven, health and human services organization. Core competencies include:

- Vision, mission & strategic planning
- Policy & procedure development
- Government relations/grant writing/contract negotiation
- Team building expertise

AREAS OF EXPERTISE

- Team Building & Leadership
- Multilateral Institutions & Strategic Planning
- Inter-agency Collaboration and Organizational experience
- Strategic Messaging and Management of Budgets (Planning and Grants)
- Development and Fundraising
- Program Development and Management
- Communication/Public Engagement
- Public Relations Coalition-Building/Issue Campaigns

PROFESSIONAL EXPERIENCE

CO-EXECUTIVE DIRECTOR
❖ LOST-N-FOUND YOUTH
November 2018 – Present

One half of a two prong leadership that I share in running the day to day operations of the entire agency and report directly to the board of directors. Key responsibilities include design and implementation of all agency programs, as well as outreach and recruitment. A focus on the visibility and sustainability of the agency, with an additional responsibility for overseeing the day-to-day program operations. Responsible for raising revenue to support two core programs at the Drop-n-Center and the transitional housing program.

- Raised $250,000 in the first 6 months to increase programs at the Drop-n-Center

- Developed and implemented new policies and procedures for the center and the transitional housing program

EXECUTIVE DIRECTOR (INTERIM)
❖ NAESM, INC.
March 2018 – September 2018

Served as interim ED with a focus on assessing the complex challenges around service delivery in the Atlanta metropolitan area given the transportation, housing, stigma, geographic/cultural issues, organizational trauma impacting the priority population. Delivered key recommendations to Board of Directors for successfully building and rebuilding partnerships and relationships with funders as well as establishing and growing new alignments with community and service boundary partners to help mitigate these complex and far reaching challenges. Responsible for overseeing all day to day operations of HIV/AIDS service organization that supports around 2,500 youth per year focusing on providing education, prevention, treatment, and supportive services for individuals impacted or at risk for HIV and other STIs. Key responsibilities included managing all staff, policies, procedures, and programs across 3 facilities.

- Managed a budget of 1.5 million, which includes $700,000 revenue directly raised within the 6th month position for program and agency expansion
- Successfully implemented new updated organizational policies and procedures
- Created and implemented agency-wide evaluation tool to assess staff on knowledge, performance, and service delivery at each job level
- Created and delivered strategy for strengthening the agency's brand and customer experience across technology platforms and points of service delivery
- Established a successful community engagement program to increase visibility and active participation among the community
- Secured sponsorship for agency national conference

CHIEF OPERATING OFFICER
❖ US HELPING US, PEOPLE INTO LIVING, INC.

Critically responsible for development and updating of the strategic plan as well as overall management of the agency, ensuring the agency remained adherent to the strategic plan. Advised the Chief Executive Officer and senior management on programmatic and financial planning, budgeting, cash flow and policy matters. Served as liaison between the Board of Directors and agency. Represented agency as both member and co-chair of Ryan White Planning Council where I was tasked to know and

September 2014 – November 2017

explain funding prioritizations, supporting data, and budgets along with the need for continued RW funding to the full Ryan White council including the Mayor and public audiences at the numerous community forums. Used local and national epidemiology data to inform and to make informed decisions for program activities. Identified programs based on evidence-based interventions. Performed evaluations on activities, programs, and departments that improve policies and strengthen performance outcomes.

- Oversaw an operating budget of $3.1 million
- Successfully implemented evidenced based programming that garnered recognition as a leading peer organization; began supporting peer agency capacity building.
- Requested by the Mayor to conduct community health assessment and to create a plan to reduce the spread of HIV in DC by 2020 in accordance with the "90/90/90/50 plan".
- Promoted a culture of high performance and continuous improvement that values learning and commitment to quality
- Ensured staff members receive timely and appropriate training and development

DIRECTOR OF PROGRAMS

❖ US HELPING US, PEOPLE INTO LIVING, INC.

November 2012 - September 2015

Responsible for the oversight of all prevention and clinical programs as well as creation and implementation of new programs. Responsible for planning and execution of agency fundraising events. Managed HIV prevention and support program staff along with specific projects consultants, including group level, community, outreach and HIV/STI counseling and testing programs. Represented agency as both member and co-chair of Ryan White Planning Council where I was tasked to know and explain funding prioritizations, supporting data, and budgets along with the need for continued RW funding to the full Ryan White council including the Mayor and public audiences at the numerous community forums.

- Completed UCLA/Johnson & Johnson Healthcare Executive Program for senior level staff from Non-profits, clinics and federal qualified health centers in 2014; certification focused on using data to inform partners and stakeholders on the state of the HIV epidemic and some potential solutions from an agency perspective.
- Secured a 5 year CDC grant totaling 1.5 Million dollars
- Managed SAMSA grant of $650,000 for substance abuse and mental health services

- Maintained attention to deliverables, deadlines and monthly report to CEO, funders and the board
- Ensured compliance with all federal and government regulations

MANAGER, OUTREACH/ VOLUNTEER SERVICES
❖ US HELPING US, PEOPLE INTO LIVING, INC.

January 2003 – November 2012

Managed calendars, scheduling meetings and assisting with budgets for agency program staff and program consultants. Assisted agency with office operations, to include administrative and technical duties. Responsible for design and development of training material and supporting resources based on identified needs. Developed training curriculum, agendas and resource material for outreach and volunteers. Maintained attention to deliverables, deadlines and submitting monthly reports.

- Completed the CDC, University of Las Vegas and University of South Carolina HIV Prevention Leadership Institute in 2007, learning to interpret epi data, complete needs assessment, program design and implementation, determining and locating community stakeholders and how to disseminate information back to community.
- Created a volunteer program for 850 volunteer's curriculum and training materials
- Key contributor to grant writing team that secured a 5 year CDC High Impact Prevention grant totaling $1.7 million dollars for a drop in center for youth

MANAGER, PREVENTION PROGRAMS
❖ MINORITY AIDS PROJECT

January 2000 – December 2002

Managed HIV prevention/support program staff and specific projects consultants, including group level, community, outreach and HIV/STI counseling and testing with an operating budget of $2 million. Maintained attention to deliverables, quality assurance, deadlines and monthly reporting for federal, local and private grantors including the Center for Disease Control, HIV AIDS Administration (Prevention and Ryan White), Washington AIDS Partnership, and Public Welfare Foundation. Represented agency at external venues; including the local community planning group, providing informational presentations to various agencies, organizations and conferences.

Responsible for staff training and development. Designated as lead agent in the absence of President/CEO. Provide direct services, as needed, including group facilitation, HIV testing/counseling and outreach coordination. Update Executive Board on progress towards programmatic goals and objections on quarterly basis. Member of local HIV prevention planning group (HPPG).

Ernest.Walk3r@gmail.com
404.798.3357

PROGRAM COORDINATOR
❖ PEOPLE OF COLOR AGAINST AIDS NETWORK

February 1997 – December 1999

Managed calendars, scheduling meetings and assist with budgets for agency program staff and program consultants. Assisted the agency with office operations, which includes answering phones, sorting mail, and monthly calendar. Responsible for design and development of training material and supporting resources based on identified needs. Developed training curriculum, agendas and resource material for outreach. Maintain attention to deliverables, deadlines and submitting monthly reports.

PROFESSIONAL ACCOMPLISHMENTS

- CDC Leadership Institute – Atlanta, Georgia – Completed 2007
- Master Trainer Certification for CDC on Evidence Based Interventions – Completed 2009
- UCLA/Johnson & Johnson Executive Leadership Program – Los Angeles California – Completed 2014

KEY PRESENTATIONS

- Presentation: Workshop on "HIV in Black America" at 2010 Congressional Black Conference
- Presentation: "PrEP the blue pills" at the 2015 United States Conference on AIDS

AFFILIATIONS / MEMBERSHIPS

Board Chair of Brother to Brother in Seattle Washington 1998 - 2000

District of Columbia HIV Prevention Planning Group 2003 – 2008

District of Columbia Ryan White Planning Council 2012 – 2016

District of Columbia Ryan White Planning Council Co-chair 2014 - 2016

Current Board member of Southern AIDS Coalition since November 2016

Current Board member of ReJoyce Academy since January 2017

EDUCATION

Garfield High School —Seattle, Washington - 1989

University of Washington – Seattle, Washington – BS- CIVIL ENGINEERING -1995

Catholic University – Washington, District of Columbia – MPH - 2012

and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at http://hiv.lacounty.gov. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.
Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM
Section 1: Contact Information

1. Name: GUADALUPE VELAZQUEZ
   (Please print name as you would like it to appear in communications)
2. Organization: (if applicable) MATERNAL, CHILD, AND ADOLESCENT CENTEI
3. Job Title: CAB MEMBER
4. Mailing Address: "ON FILE"
5. City: LOS ANGELES State: CA Zip Code: _____
6. Provide address of office and where services are provided (if different from above):
   Mailing Address: "ON FILE"
   City: LOS ANGELES State: CA Zip Code: _____

7. Tel.: "ON FILE" Fax: _____
8. Email: velazquezguadalupe588@gmail.com
   (Most Commission communications are conducted through email)
9. Mobile Phone #: (optional): _____

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.

08/27/2020
Date

Signature: _____

Guadalupe Velazquez
Print Name

Section 2: Demographic Information

1. **Can you commit to the Commission's minimum expectations of active participation, regular attendance and sustained involvement?** ■ **Yes** ☐ **No**

2. **In which Supervisorial District and SPA do you work?** Check all that apply.

District 1 ❑	SPA 1 ❑	SPA 5 ❑
District 2 ❑	SPA 2 ❑	SPA 6 ❑
District 3 ❑	SPA 3 ❑	SPA 7 ❑
District 4 ❑	SPA 4 ❑	SPA 8 ❑
District 5 ❑		

3. **In which Supervisorial District and SPA do you live?**

District 1 ❑	SPA 1 ❑	SPA 5 ❑
District 2 ❑	SPA 2 ❑	SPA 6 ❑
District 3 ❑	SPA 3 ❑	SPA 7 ❑
District 4 ❑	SPA 4 ❑	SPA 8 ❑
District 5 ❑		

4. **In which Supervisorial District and SPA do you receive HIV (care or prevention) services?** Check all that apply.

District 1 ❑	SPA 1 ❑	SPA 5 ❑
District 2 ❑	SPA 2 ❑	SPA 6 ❑
District 3 ❑	SPA 3 ❑	SPA 7 ❑
District 4 ❑	SPA 4 ❑	SPA 8 ❑
District 5 ❑		

5. **Demographic Reflectiveness and Representation:**
Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

5a. **Gender:** ❑ Male ■ Female ❑ Trans (Male to Female) ❑ Trans (Female to Male) ❑ Unknown

5b. **Race/Ethnicity:** (Check all that apply)

❑ African- American/Black,not Hispanic	❑ Hispanic
❑ American Indian/Alaska Native	❑ Multi-Race
■ Anglo/White, not Hispanic	❑ Other :_____
❑ Asian/ Pacific Islander	❑ Decline to State/Not Specified

5c. **Are you a parent/guardian/direct caregiver to a child with HIV under 19?** ❑ Yes ■ No

6. **FOR APPLICANTS LIVING WITH HIV:**

6a. **Are you willing to publicly disclose your HIV status?** ■ Yes* ❑ No
***DO NOT CHECK YES HERE if you do not want your HIV status known publicly. There is NO requirement that someone with HIV must disclose his/her status to the Commission or publicly.**

6b. **Age:**

❑ 13 – 19 years old	❑ 20 – 29 years old	
❑ 30 – 39 years old	❑ 40 – 49 years old	❑ 50-59 years old
❑ 60+ years old	■ Unknown	

6c. **Are you a "consumer" (patient/client) of Ryan White Part A services?** ❑ Yes ❑ No

6d. **Are you "affiliated" with a Ryan White Part A-funded agency?** ■ Yes ■ No

By indicating "affiliated," you are a: ❑ board member, ❑ employee, or ❑ consultant at the agency. A volunteer at an agency is considered an unaffiliated consumer.

Section 3: Experience/Knowledge

7. **Recommending Entities/Constituency(ies):** "Recommending Entities" are the individuals/ organizations who may have suggested or asked you to represent them on the Commission.

7a. **What organization/Who, if any/anyone, recommended you to the Commission?**

MATERNAL, CHILD, AND ADOLESCENT/ADULT CENTER (MCA)

7b. **If recommended, what seat, if any, did he/she/they recommend you fill?**

8. **Please check all of the boxes that apply to you:**

1 ■ I am willing to publicly disclose that I have Hepatitis B or C.
2 ❑ I am an HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
3 ❑ I am a member of a federally-recognized American Indian tribe or Native Alaskan village.
4 ❑ I am a behavioral or social scientist who is active in research from my respective field.
5 ❑ I am involved in HIV-related research in the following capacity(ies) (Check all that apply):
❑ scientist, lead researcher or PI, ❑ staff member, ❑ study participant, or ❑ IRB member.
6 ■ A health or hospital planning agency has recommended that I fill that seat on the Commission.
7 ❑ I am an HIV specialty physician or an Infectious Disease (ID) doctor with HIV- positive patients.
8 ❑ The agency where I am employed provides mental health services.
9 ❑ The agency where I am employed provides substance abuse services.
10 ❑ The agency where I am employed is a provider of HIV care/treatment services.
11 ❑ The agency where I am employed is a provider of HIV prevention services.
12 ❑ The agency where I am employed is provider of ❑ housing and/or ❑ homeless services.
13 ❑ The agency where I am employed has HIV programs funded by Federal sources (other than Ryan White).
14 ❑ I work for or am otherwise affiliated with a health care provider that is a Federally Qualified Health Center (FQHC) or a Community Health Clinic (CHC).
15 ❑ As someone who is employed as an advocate for incarcerated PWLH and/or as a PWLH who has been incarcerated in the past three years, I can represent the interests of incarcerated PWLH.
16 ❑ I am able to represent the interests of Ryan White Part C grantees.
17 ■ I am able to represent the interests of Ryan White Part D grantees.
18 ❑ I am able to represent the interests of Ryan White Part F grantees given my affiliation with:
❑ one of LA County's AETC grantees/sub-grantees ❑ a HRSA SPNS grantee
❑ Part F dental reimbursement provider ❑ HRSA-contracted TA vendor
19 ❑ As an HIV community stakeholder, I have experience and knowledge given my affiliation with: (Check all that apply)
❑ union or labor interests
❑ provider of employment or training services
❑ faith-based entity providing HIV services
❑ organization providing harm reduction services
■ an organization engaged in HIV-related research
❑ the business community
❑ local elementary-/secondary-level education agency
❑ youth-serving agency, or as a youth.

9. **Training Requirements:** The Commission requires all members to complete the following trainings, which can be fulfilled if the trainings were provided by other institutions. Applicants will not be penalized for no prior training, but must take it once appointed.

9a. **Have you completed an "Introduction to HIV/STI,""HIV/STI 101," or a related basic informational HIV/STI training before? (If so, include Certificate of Completion; if not, the Commission provides the training)** ☐ Yes ■ No

9b. **Have you completed a Health Insurance Portability and Accountability Act (HIPAA) training before?** (If so, please include Certificate of Completion; if not, the Commission will provide the training) ☐ Yes ■ No

9c. **Have you completed a "Protection of Human Research Subjects" training before?** (If so, please include Certificate of Completion; if not, the Commission will provide the training) ☐ Yes ■ No

Section 4: Biographical Information

10. **Personal Statement:** The "personal statement" is a snapshot of your goals of your Commission participation, against which you can measure your effectiveness as a Commission member. This statement may be included on the Commission's website in the member section. Provide a short (50-word maximum) statement expressing why you want to be a Commission member:

As a person living with HIV, I ' m concern about Hispanic women who are monolingual or bilingual speakers. It is very important to send a message to those women who get the diagnoses for first time and as a consequence they become depressed and anxious because the unknown HIV status information.

11. **Biography/Resume**: If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required —attach a new/updated resume. You may continue on an additional page, if necessary. As you feel appropriate, please provide a short biography detailing your background, and how it has prepared you for service on the Commission:

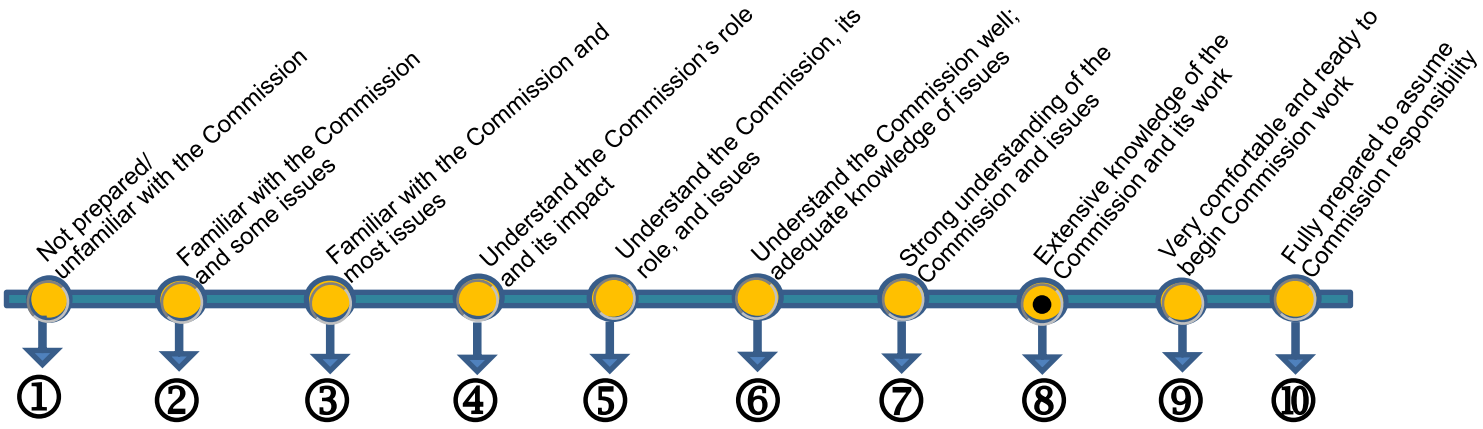
My name is Guadalupe Velazquez, I was born in Mexico. I was raised in El Paso, Tx. I ' ve residing in Los Angeles, CA for 44 years. On April 24th, 1991, I took a test of HIV. It was a voluntary action. I took it for the fact that I was an IV user. I continue to be a survivor of HIV for 29 years. Currently, I ' m a member of the Community Advisory Board of the Child, and Adolescent/ Adult Clinic of the University of Southern California.

12. **Additional Information**: In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with "N/A". Your additional information may continue on an additional page, if necessary:

N/A

Section 5: New Member Applicant (Only to be completed by new member applicant)

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?** A candidate's "preparedness" for Commission service is assessed—for this response—according to the 10-point scale located on the next page, which indicates that those who are the "least" prepared ("1" on the scale) are "not familiar" with the Commission and the issues that it reviews. The more prepared a candidate is—as indicated on the scale (moving towards "10" from "1")—s/he should demonstrate increased familiarity with the Commission and its content, evolving into "understanding" and "comfort" with the role of the Commission and its practices, and "limited" to "extensive" knowledge about the topics it addresses. Mark the circle that represents where you feel you fall on this scale of "preparedness" ("1" is "not prepared" ➡ "10," "fully prepared")



14. **Describe any personal/professional experience that you believe has prepared you to perform effectively as a member of the Commission. Continue on an additional page if necessary.**

As a Hispanic women, I would like to work for those women that are newly diagnosed because it is important that they break the cycle of the stigma so they can learn and understand the status of HIV and its consequences if they don ' t apply to the treatment. Additionally, we can let them know that they are not alone, they are not the only one with this virus.

15. **What do you anticipate your greatest hurdles will be acclimating to your new role on the Commission? How do you think you will overcome them? Continue on an additional page if necessary.**

My greatest hurdle will be as an open person that somebody could perceive my information in the wrong way. My plan is to work on this issue with my therapist to get training in how to better speak to people.

16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

As part of the CAB group, I ' m in direct contact with consumers and I can hear their direct complains about services and personal issues. Also, I can be a bridge between consumers and the HIV Commission regarding to HIV/STDs and other related topics.

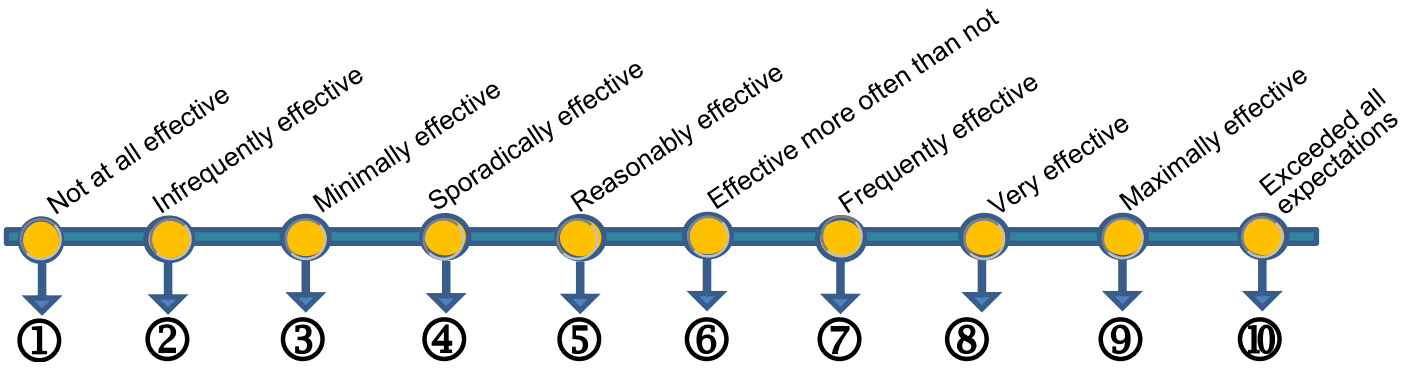
17. **Which of your strengths do you feel will enhance your Commission performance? What skills will you need to develop further for optimal Commission performance? Continue on an additional page if necessary.**

As a survivor of HIV, I have developed several skills to help myself to understand the impact of the HIV in our lives. Thanks to these skills, I understood that HIV patients need help and support from others to recognize and comprehend the impact that this illness can have on their lives.

18. **Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity?** ■ Yes ❑ No

Section 6: Renewal Applicant (Only to be completed by renewal applicant)

19. **How effective do you feel you were during your most recent term on the Commission?** Mark the circle that you feel is the best assessment of your Commission participation and engagement in the last term (1 is least effective ➡ 10 is most effective)



20. **Explain why you rated yourself the way you did in Question #16. Continue on an additional page, if necessary.**

21. **In your last term, what would you have done differently and what would you have improved, if anything (e.g., quality, communication skills, participation)?** Continue on an additional page, if necessary..

22. **In your last term, what, if any, barriers and/or obstacles prevented you from fully carrying out your Commission responsibilities as you would have liked?** Continue on an additional page, if necessary.

23. **What can the Commission do to help improve your effectiveness and/or level of contribution/accomplishment in your next term?** Continue on an additional page, if necessary.

24. **Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity?**

CLICK HERE TO PRINT FORM

CLICK HERE TO CLEAR FORM

LOS ANGELES COUNTY COMMISSION ON HIV
OPERATIONS COMMITTEE

Youth/Young Adults Recommendation on Outreach, Engagement + Retention
From 8/27/20 Ops Committee Discussion

GENERAL QUESTIONS:

1. Why do you do what you do and what keeps you doing it?
2. What is/are the most successful ways to bring you on board?
3. How do we overcome the challenges that we are facing for you to participate?
4. How do we bring Youth/Young Adults on board and involved in planning activities?
5. How do we make the Commission more rich, engaging, alive, appealing, and accessible to Youth/Young Adults?

RECOMMENDATIONS:

- Incorporate a more inclusive recruitment messaging inviting community members, i.e. testers, support group facilitators, peer advocates, who are not managers and senior level staff to participate in and apply to the Commission.
- Attend and actively participate in Youth/Young Adult consumer advisory boards and other community events to share the important work the Commission is doing; this displays an authentic engagement in the community
- Provide leadership and professional career development as an incentive to better engage and recruit the community
- Create a peer-to-peer mentorship program to engage and recruit the community
- Use "collaborative partner/ship" instead of mentorship
- Initiate a conversation with DHSP on revising provider contracts to allow broader use of social media. Restrictions are a barrier to program recruitment and retention as 80% to 90% of Youth/Young Adults connect through social media.
- Conduct Commission-related meetings at less formal venues to attract community involvement
- Attentiveness to "tone" in how the Commission communicates to and with the community 18-29; treat this community as adults and not kids
- Provide monetary incentives
- Allow youth/young adults lead in outreach and messaging.
- Prioritize youth/young adult new members applications
- Don't forget middle to high school aged youth. The California Healthy Youth Act requires they receive information so collaboration with the Los Angeles Unified School District (LAUSD) Student Board could link the Commission with already engaged students who might be interested in other types of work. The Department of Public Health (DPH) also has a Youth Advisory Council with representatives from each Service Planning (SPA). These offer opportunities to empower youth and encourage them towards public health careers and leadership.

LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org

Virtual Training Schedule for Commissioners and Community Members

These trainings are **highly recommended.** The Ryan White HIV/AIDS Program Part A Manual stipulates the provision of a thorough orientation to new and returning planning council members and ongoing formal training to attain skills necessary to perform their duties.

September 2 @ 2pm to 3:30pm REGISTER HERE: https://tinyurl.com/y4rdbl6u	**Commission on HIV (COH) Overview** | Learn about the purpose of the COH, its ordinance and bylaws, and structure. Learn about integrated HIV prevention and care community planning.
September 14 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yxnnleq5	**Ryan White CARE Act Legislation Overview** | Learn about the landmark law that establishes lifesaving care for people living with HIV in the United States.
October 1 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yyl8gu9r	**Membership Structure and Responsibilities |** Learn about the duties of a Commissioner, the 51 seats on the body, and the functions of the Operations Committee. Learn how different member perspectives help facilitate a sound integrated HIV/STD prevention and care planning process. Understand the concepts of Parity, Inclusion, Reflectiveness, and Representation.
October 29 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yyhgv8sb	**Priority Setting and Resource Allocation (PSRA) Process |** Ryan White HIV/AIDS Program resources are limited and need is severe. Learn about the responsibility of planning councils to use sound information and a rational decision-making process when deciding which services and other program categories are priorities (priority setting) and how much to fund them (resource allocation).
November 5 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/y3c7f632	**Service Standards Development Process** | Learn why the COH develops service standards for HIV services, the functions of the Standards and Best Practices Committee, and how community members help shape standards of care in Los Angeles County.
November 19 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yyh64om6	**Policy Priorities and Legislative Docket Development Process** | Learn about the functions of the Public Policy Committee and how the COH's policy priorities and legislative positions are developed. Learn about the Board of Supervisors guidance for Commissions on taking positions on legislative bills.