



# OPERATIONS COMMITTEE Virtual Meeting

Thursday, August 27, 2020

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

Agenda + Meeting Packet will be available on the Commission's  
website at:

<http://hiv.lacounty.gov/Operation-Committee>

## REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/y599drvz>

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

## JOIN VIA WEBEX ON YOUR PHONE:

+1-415-655-0001

Access code: 145 329 4782

## PUBLIC COMMENTS

**Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box.** You may also provide written public comments or materials by email to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

For a brief tutorial on joining WebEx events, please check out:  
<https://help.webex.com/en-us/nrbgeodb/Join-a-Webex-Meeting>

Join the Commission on HIV Email Listserv, [Click Here](#)

Follow the Commission on HIV at  

Interested in becoming a Commissioner? [Click here for a Member Application.](#)



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

**THURSDAY, August 27, 10:00 AM – 12:00 PM**

To Join by Computer: <https://tinyurl.com/y599drvz>

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

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

Access code: 145 329 4782

Operations Committee Members:			
Joseph Green, <i>Co-Chair</i>	Juan Preciado, <i>Co-Chair</i>	Miguel Alvarez (Alternate)	Danielle Campbell, MPH
Michele Daniels	Carlos Moreno	Kayla Walker-Heltzel	
<b>QUORUM*:</b>	<b>4</b>		

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

AGENDA POSTED: August 24, 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](mailto: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](mailto: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 10:00 AM – 10:02 AM

**I. ADMINISTRATIVE MATTERS** 10:02 AM – 10:07 AM

1. Approval of Agenda **MOTION #1**
2. Approval of Meeting Minutes **MOTION #2**

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

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

**III. COMMITTEE NEW BUSINESS ITEMS** 10:11 AM – 10:15 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** 10:15 AM – 10:30 AM  
A. Meeting Management Policies and Practices
6. **Co-Chair’s Report** 10:30 AM – 10:40 AM  
A. Work Plan Review/Updates  
B. National Ryan White Conference  
C. Training Schedule  
D. Caucus Cross-Collaborations
7. **Membership Management Report** 10:40 AM – 10:55 AM  
A. 2020 Membership Renewal Slate | UPDATE  
B. New Member Applications:  
    (i) Paul Nash, CPsychol AFBPsS FHEA **MOTION #3**  
    (ii) Stephanie Cipres, MPH **MOTION #4**  
C. Seat Change: LaShonda Spencer, MD  
D. Membership Application Redesign Work Group | UPDATES

**V. DISCUSSIONS**

8. **Recruitment, Retention and Engagement** 10:55 AM – 11:30 AM  
A. Youth/Young Adult-Specific Outreach Strategies | DISCUSSION  
B. Outreach & Marketing Materials Review of Social Media Concepts  
C. Outreach Efforts & Strategies Amid a New Virtual Normal
9. **Mentorship Program Implementation** 11:30 AM – 11:50 AM  
A. Reassess Implementation Strategy in COVID-19 Environment  
B. Plan for Possible Pairing
10. **Black/African American Community (BAAC) Task Force Recommendations** 11:50 AM – 11:55 AM

**VI. NEXT STEPS**

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

**VII. ANNOUNCEMENTS**

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

**VIII. ADJOURNMENT**

14. Adjournment for the meeting of August 27, 2020.

11:55 AM – 11:58 AM

11:58 AM – 12:00 PM

12:00 PM



PROPOSED MOTIONS	
<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve the Operations Committee minutes, as presented or revised.
<b>MOTION #3:</b>	Approve New Member Applicant, Dr. Paul Nash, for HIV Stakeholder seat and elevate to Executive Committee for approval, as presented or revised.
<b>MOTION #4:</b>	Approve New Member Applicant, Stephanie Cipres, for Part D representative seat, and elevate to Executive Committee for approval, as presented or revised.



## LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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

### **CODE OF CONDUCT**

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

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

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

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



LOS ANGELES COUNTY  
COMMISSION ON HIV



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

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

**Draft**

**OPERATIONS  
COMMITTEE MEETING MINUTES**

July 23, 2020

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Joseph Green, <i>Co-Chair</i>	Michele Daniels	Alasdair Burton	Cheryl Barrit, MPIA
Juan Preciado, <i>Co-Chair</i>	Danielle Campbell, MPH	Frankie Darling-Palacios	Dawn McClendon
Miguel Alvarez ( <i>Alt.</i> )	Susan Forrest ( <i>Alt.</i> )	Kevin Donnelly	
Bridget Gordon	Kayla Walker-Heltzel, MPH ( <i>Alt.</i> )	Katja Nelson, MPP	
Carlos Moreno		Lieutenant Commander Jose Ortiz	
			<b>DHSP STAFF</b>
			None

**CONTENTS OF COMMITTEE PACKET**

- 1) **Agenda:** Operations Committee Meeting Agenda, 7/23/2020
- 2) **Code:** Code of Conduct, 4/11/2019
- 3) **Minutes:** Operations Committee Meeting Minutes, June 25, 2020
- 4) **Work Plan:** Draft 2020 Operations Committee Work Plan, July 23, 2020
- 5) **Recommendations:** Highlights of Black/African American Community (BAAC) Task Force Recommendations, 2/27/2020
- 6) **Roster:** 2020 Membership Roster, Updated 6/30/2020
- 7) **Roster:** Proposed 2020 Membership Roster, COH Appvd, 7/9/20
- 8) **Table:** Planning Council Reflectiveness, Updated 7/1/2020
- 9) **Membership Application:** Kevin Donnelly, 1/9/2020
- 10) **Fact Sheet:** Los Angeles County Fact Sheet, Commission on HIV, 2020 (English + Spanish)
- 11) **Fact Sheet:** Los Angeles County Commission on HIV, HIV/STD Services in Los Angeles County: At-A-Glance, 2020 (English + Spanish)
- 12) **Flyer:** Join us & make a difference in your community! WHO WE ARE, 2020 (English + Spanish)
- 13) **Flyer:** Make a Difference in Your Community! Join the Los Angeles County Commission on HIV, 2020 (English + Spanish)

**CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST:**

Joseph Green, Co-Chair, called the meeting to order at 10:06 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 6/23/20 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:** None.

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

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

- Include Voting Policies/Procedures, relevant Roberts Rules of Order guidance and/or other meeting management resources in the August 27, 2020 meeting packet for review in order to ensure practices are consistent, fair and adhered to.

## **IV. REPORTS**

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

#### **A. PIR Overview Refresher**

- C. Barrit, Executive Director, provided an overview of why Parity, Inclusion and Representation (PIR) and HRSA-mandated reflectiveness is important to and necessary for Ryan White Program (RWP) planning councils and provided context and background accordingly; see PIR PowerPoint presentation.
- Committee expressed the need, at some point but not during the current Administration, to review and discuss current Ryan White Program policies concerning demographic reflectiveness requirements which tend to provoke some of the challenges the Commission has and continues to experience relating to membership reflectiveness and representation.
- Committee requested a copy of the PIR PPT
- Public Policy Committee (PPC) Co-Chairs requested PIR PPT be agendaized at its next Committee meeting.
- Ms. Barrit also provided follow-up on the Committee's request at its last meeting to invite Dr. Raphael J. Landovitz to an upcoming meeting and/or present at a Virtual Lunch & Learn Series (VLL) session on COVID research studies:
  - Dr. Landovitz is not involved in COVID-related research studies as his efforts have been focused on the HPTN 083 long-acting HIV antiretroviral injectable investigation which has shown great efficacy versus the daily oral Pre-Exposure Prophylaxis (PrEP) pill.
  - A provider list of those working on COVID clinical trials was provided by Uyen Kao (CHIPTS) in response to Ms. Barrit's inquiry.
  - Ms. Barrit will coordinate a presentation with one or more of the providers provided by Ms. Kao at an upcoming meeting or VLL.

### **6. CO-CHAIR REPORT**

#### **A. Work Plan Review/Updates:**

- Committee recommended that other under-represented populations' recommendations such as the Trans-community via the Transgender Caucus be included in the work plan alongside the Black African American Community (BAAC) Task Force recommendations.
- The Committee adopted the work plan pursuant to the above referenced update

## 7. BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE RECOMMENDATIONS

- Mr. Green suggested that the BAAC Task Force collaborate with the Transgender Caucus -- another under-represented community – as a means to identify similar challenges and potentially consolidate efforts in working together.
- Mr. Green requested guidance from the BAAC Task Force in how their recommendations should be implemented pursuant to the Committee’s scope.
- Staff noted that the BAAC Task Force meeting is pending scheduling confirmation and that the Committee’s requests have been communicated appropriately; task force feedback would be presented at an upcoming Committee in response.

## 8. MEMBERSHIP MANAGEMENT REPORT

### A. 2020 Proposed Membership Slate Update

- D. McClendon noted that the renewal membership applications per the 2020 Proposed Membership Slate approved at the July 9, 2020 Commission on HIV meeting were submitted to the BOS for appointment; status updates to follow.

### B. New Member Applications

- Kevin Donnelly **MOTION #3**  
**MOTION #3: Approve the new membership application for Kevin Donnelly, as presented, and forward to Executive Committee for approval (*Passed by Consensus*).**

### C. Membership Application Redesign

- The Committee established a work group comprised of Carlos Moreno, Miguel Alvarez and Alasdair Burton, to assist with redeveloping the Membership Application for Committee review and approval.

## 9. MENTORSHIP PROGRAM

### A. Implementation and Follow Up

- Implementation will begin once the BOS has appointed all renewing members according to the 2020 Membership Slate approved by the COH on July 9, 2020.

## 10. RECRUITMENT, RETENTION, AND ENGAGEMENT

### A. Outreach and Marketing Materials Review

- Staff noted that the Commission Fact Sheet(s) is in compliance with the Board of Supervisors’ (BOS) standard template. Although the content can be edited to a degree, the overall template cannot.
- Staff reminded the Committee that HIV/STD Services in Los Angeles County: At-A-Glance was developed in response to consumer member feedback.
- Committee made the following suggestions/comments on the outreach/marketing materials:
  - Ensure embedded live links are accessible
  - Convert to an “Instagram’able” format, i.e. sliding images/graphics *\*Important to note that the Commission does not have an Instagram account.*
  - Distinguish “Call to Action” notices & information from standard meeting information & notices
  - Broadcast Commission meetings and events “live” via Facebook or Instagram
  - Follow providers and provider groups/networks on social media
  - Update materials to create a more aesthetic appeal
  - Reorganize Commission website to create a more user-friendly format & navigation
  - Continue to promote the COH’s social media and email listserv subscription accounts, and website
  - Post Commission meeting recordings on website



## 10. RECRUITMENT, RETENTION, AND ENGAGEMENT (cont'd)

### A. Outreach and Marketing Materials Review (cont'd)

- ➡ C. Moreno will forward to staff samples and ideas of graphics, images and formats of outreach/marketing materials that cater to a more community-based audience
- ➡ Staff to forward materials to BAAC Task Force for review and report back
- ➡ Committee pledged to actively participate in COH outreach and recruitment via their personal and social media networks
- ➡ Staff to research with County IT whether Instagram account is allowable and/or practical for Commission activities

### B. Outreach Efforts and Strategies Amid a New Virtual Normal

There was no additional discussion.

### C. Youth-Specific Outreach Strategies

- **COH Presentations to Youth-Centered CABs.** The Committee determined that it would first extend an invite to youth representatives to assist in its discussion on how to better engage the young adult community.
- **Invite C2PLA Coalition to Upcoming Meeting.** The Committee agreed to invite youth representatives to its next meeting; C. Moreno volunteered to provide a list of youth-centered agencies and programs to assist in that effort.
- ➡ C. Moreno to send a list of youth-centered agencies and programs to staff
- ➡ Staff will invite selected youth representatives to the August 27, 2020 Committee meeting according to list provided by C. Moreno.

## V. NEXT STEPS

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

### 12. AGENDA DEVELOPMENT FOR NEXT MEETING:

- ➡ Include standing and follow-up items as noted
- ➡ Allocate sufficient time to dedicate to a full discussion with community youth representatives on outreach and engagement.

## VI. ANNOUNCEMENTS

### 13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- CHIRP LA will be holding its monthly network meeting on July 31, 2020 at 12pm; see <http://www.chirpla.org/calendar?page=1>.

## VII. ADJOURNMENT

14. **ADJOURNMENT:** The meeting adjourned at 12:00pm.



# Rosenberg's Rules of Order

REVISED 2011

*Simple Rules of Parliamentary Procedure for the 21st Century*

*By Judge Dave Rosenberg*



## MISSION AND CORE BELIEFS

To expand and protect local control for cities through education and advocacy to enhance the quality of life for all Californians.

## VISION

To be recognized and respected as the leading advocate for the common interests of California's cities.

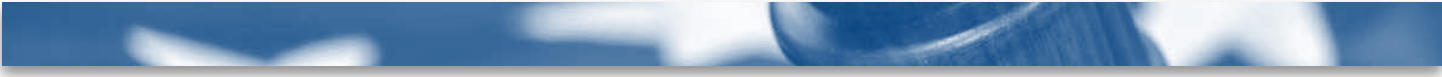
### **About the League of California Cities**

Established in 1898, the League of California Cities is a member organization that represents California's incorporated cities. The League strives to protect the local authority and autonomy of city government and help California's cities effectively serve their residents. In addition to advocating on cities' behalf at the state capitol, the League provides its members with professional development programs and information resources, conducts education conferences and research, and publishes Western City magazine.

*© 2011 League of California Cities. All rights reserved.*

### **ABOUT THE AUTHOR**

Dave Rosenberg is a Superior Court Judge in Yolo County. He has served as presiding judge of his court, and as presiding judge of the Superior Court Appellate Division. He also has served as chair of the Trial Court Presiding Judges Advisory Committee (the committee composed of all 58 California presiding judges) and as an advisory member of the California Judicial Council. Prior to his appointment to the bench, Rosenberg was member of the Yolo County Board of Supervisors, where he served two terms as chair. Rosenberg also served on the Davis City Council, including two terms as mayor. He has served on the senior staff of two governors, and worked for 19 years in private law practice. Rosenberg has served as a member and chair of numerous state, regional and local boards. Rosenberg chaired the California State Lottery Commission, the California Victim Compensation and Government Claims Board, the Yolo-Solano Air Quality Management District, the Yolo County Economic Development Commission, and the Yolo County Criminal Justice Cabinet. For many years, he has taught classes on parliamentary procedure and has served as parliamentarian for large and small bodies.



## TABLE OF CONTENTS

About the Author .....	ii
Introduction .....	2
Establishing a Quorum.....	2
The Role of the Chair.....	2
The Basic Format for an Agenda Item Discussion .....	2
Motions in General.....	3
The Three Basic Motions.....	3
Multiple Motions Before the Body.....	4
To Debate or Not to Debate.....	4
Majority and Super-Majority Votes .....	5
Counting Votes.....	5
The Motion to Reconsider.....	6
Courtesy and Decorum .....	7
Special Notes About Public Input .....	7

## INTRODUCTION

---

The rules of procedure at meetings should be simple enough for most people to understand. Unfortunately, that has not always been the case. Virtually all clubs, associations, boards, councils and bodies follow a set of rules — *Robert's Rules of Order* — which are embodied in a small, but complex, book. Virtually no one I know has actually read this book cover to cover. Worse yet, the book was written for another time and for another purpose. If one is chairing or running a parliament, then *Robert's Rules of Order* is a dandy and quite useful handbook for procedure in that complex setting. On the other hand, if one is running a meeting of say, a five-member body with a few members of the public in attendance, a simplified version of the rules of parliamentary procedure is in order.

Hence, the birth of *Rosenberg's Rules of Order*.

What follows is my version of the rules of parliamentary procedure, based on my decades of experience chairing meetings in state and local government. These rules have been simplified for the smaller bodies we chair or in which we participate, slimmed down for the 21st Century, yet retaining the basic tenets of order to which we have grown accustomed. Interestingly enough, *Rosenberg's Rules* has found a welcoming audience. Hundreds of cities, counties, special districts, committees, boards, commissions, neighborhood associations and private corporations and companies have adopted *Rosenberg's Rules* in lieu of *Robert's Rules* because they have found them practical, logical, simple, easy to learn and user friendly.

This treatise on modern parliamentary procedure is built on a foundation supported by the following four pillars:

1. **Rules should establish order.** The first purpose of rules of parliamentary procedure is to establish a framework for the orderly conduct of meetings.
2. **Rules should be clear.** Simple rules lead to wider understanding and participation. Complex rules create two classes: those who understand and participate; and those who do not fully understand and do not fully participate.
3. **Rules should be user friendly.** That is, the rules must be simple enough that the public is invited into the body and feels that it has participated in the process.
4. **Rules should enforce the will of the majority while protecting the rights of the minority.** The ultimate purpose of rules of procedure is to encourage discussion and to facilitate decision making by the body. In a democracy, majority rules. The rules must enable the majority to express itself and fashion a result, while permitting the minority to also express itself, but not dominate, while fully participating in the process.

### Establishing a Quorum

The starting point for a meeting is the establishment of a quorum. A quorum is defined as the minimum number of members of the body who must be present at a meeting for business to be legally transacted. The default rule is that a quorum is one more than half the body. For example, in a five-member body a quorum is three. When the body has three members present, it can legally transact business. If the body has less than a quorum of members present, it cannot legally transact business. And even if the body has a quorum to begin the meeting, the body can lose the quorum during the meeting when a member departs (or even when a member leaves the dais). When that occurs the body loses its ability to transact business until and unless a quorum is reestablished.

The default rule, identified above, however, gives way to a specific rule of the body that establishes a quorum. For example, the rules of a particular five-member body may indicate that a quorum is four members for that particular body. The body must follow the rules it has established for its quorum. In the absence of such a specific rule, the quorum is one more than half the members of the body.

### The Role of the Chair

While all members of the body should know and understand the rules of parliamentary procedure, it is the chair of the body who is charged with applying the rules of conduct of the meeting. The chair should be well versed in those rules. For all intents and purposes, the chair makes the final ruling on the rules every time the chair states an action. In fact, all decisions by the chair are final unless overruled by the body itself.

Since the chair runs the conduct of the meeting, it is usual courtesy for the chair to play a less active role in the debate and discussion than other members of the body. This does not mean that the chair should not participate in the debate or discussion. To the contrary, as a member of the body, the chair has the full right to participate in the debate, discussion and decision-making of the body. What the chair should do, however, is strive to be the last to speak at the discussion and debate stage. The chair should not make or second a motion unless the chair is convinced that no other member of the body will do so at that point in time.

### The Basic Format for an Agenda Item Discussion

Formal meetings normally have a written, often published agenda. Informal meetings may have only an oral or understood agenda. In either case, the meeting is governed by the agenda and the agenda constitutes the body's agreed-upon roadmap for the meeting. Each agenda item can be handled by the chair in the following basic format:





**First**, the chair should clearly announce the agenda item number and should clearly state what the agenda item subject is. The chair should then announce the format (which follows) that will be followed in considering the agenda item.

**Second**, following that agenda format, the chair should invite the appropriate person or persons to report on the item, including any recommendation that they might have. The appropriate person or persons may be the chair, a member of the body, a staff person, or a committee chair charged with providing input on the agenda item.

**Third**, the chair should ask members of the body if they have any technical questions of clarification. At this point, members of the body may ask clarifying questions to the person or persons who reported on the item, and that person or persons should be given time to respond.

**Fourth**, the chair should invite public comments, or if appropriate at a formal meeting, should open the public meeting for public input. If numerous members of the public indicate a desire to speak to the subject, the chair may limit the time of public speakers. At the conclusion of the public comments, the chair should announce that public input has concluded (or the public hearing, as the case may be, is closed).

**Fifth**, the chair should invite a motion. The chair should announce the name of the member of the body who makes the motion.

**Sixth**, the chair should determine if any member of the body wishes to second the motion. The chair should announce the name of the member of the body who seconds the motion. It is normally good practice for a motion to require a second before proceeding to ensure that it is not just one member of the body who is interested in a particular approach. However, a second is not an absolute requirement, and the chair can proceed with consideration and vote on a motion even when there is no second. This is a matter left to the discretion of the chair.

**Seventh**, if the motion is made and seconded, the chair should make sure everyone understands the motion.

This is done in one of three ways:

1. The chair can ask the maker of the motion to repeat it;
2. The chair can repeat the motion; or
3. The chair can ask the secretary or the clerk of the body to repeat the motion.

**Eighth**, the chair should now invite discussion of the motion by the body. If there is no desired discussion, or after the discussion has ended, the chair should announce that the body will vote on the motion. If there has been no discussion or very brief discussion, then the vote on the motion should proceed immediately and there is no need to repeat the motion. If there has been substantial discussion, then it is normally best to make sure everyone understands the motion by repeating it.

**Ninth**, the chair takes a vote. Simply asking for the “ayes” and then asking for the “nays” normally does this. If members of the body do not vote, then they “abstain.” Unless the rules of the body provide otherwise (or unless a super majority is required as delineated later in these rules), then a simple majority (as defined in law or the rules of the body as delineated later in these rules) determines whether the motion passes or is defeated.

**Tenth**, the chair should announce the result of the vote and what action (if any) the body has taken. In announcing the result, the chair should indicate the names of the members of the body, if any, who voted in the minority on the motion. This announcement might take the following form: “The motion passes by a vote of 3-2, with Smith and Jones dissenting. We have passed the motion requiring a 10-day notice for all future meetings of this body.”

## Motions in General

Motions are the vehicles for decision making by a body. It is usually best to have a motion before the body prior to commencing discussion of an agenda item. This helps the body focus.

Motions are made in a simple two-step process. First, the chair should recognize the member of the body. Second, the member of the body makes a motion by preceding the member’s desired approach with the words “I move . . .”

A typical motion might be: “I move that we give a 10-day notice in the future for all our meetings.”

The chair usually initiates the motion in one of three ways:

1. **Inviting the members of the body to make a motion**, for example, “A motion at this time would be in order.”
2. **Suggesting a motion to the members of the body**, “A motion would be in order that we give a 10-day notice in the future for all our meetings.”
3. **Making the motion**. As noted, the chair has every right as a member of the body to make a motion, but should normally do so only if the chair wishes to make a motion on an item but is convinced that no other member of the body is willing to step forward to do so at a particular time.

## The Three Basic Motions

There are three motions that are the most common and recur often at meetings:

**The basic motion.** The basic motion is the one that puts forward a decision for the body’s consideration. A basic motion might be: “I move that we create a five-member committee to plan and put on our annual fundraiser.”

**The motion to amend.** If a member wants to change a basic motion that is before the body, they would move to amend it. A motion to amend might be: “I move that we amend the motion to have a 10-member committee.” A motion to amend takes the basic motion that is before the body and seeks to change it in some way.

**The substitute motion.** If a member wants to completely do away with the basic motion that is before the body, and put a new motion before the body, they would move a substitute motion. A substitute motion might be: “I move a substitute motion that we cancel the annual fundraiser this year.”

“Motions to amend” and “substitute motions” are often confused, but they are quite different, and their effect (if passed) is quite different. A motion to amend seeks to retain the basic motion on the floor, but modify it in some way. A substitute motion seeks to throw out the basic motion on the floor, and substitute a new and different motion for it. The decision as to whether a motion is really a “motion to amend” or a “substitute motion” is left to the chair. So if a member makes what that member calls a “motion to amend,” but the chair determines that it is really a “substitute motion,” then the chair’s designation governs.

A “friendly amendment” is a practical parliamentary tool that is simple, informal, saves time and avoids bogging a meeting down with numerous formal motions. It works in the following way: In the discussion on a pending motion, it may appear that a change to the motion is desirable or may win support for the motion from some members. When that happens, a member who has the floor may simply say, “I want to suggest a friendly amendment to the motion.” The member suggests the friendly amendment, and if the maker and the person who seconded the motion pending on the floor accepts the friendly amendment, that now becomes the pending motion on the floor. If either the maker or the person who seconded rejects the proposed friendly amendment, then the proposer can formally move to amend.

### Multiple Motions Before the Body

There can be up to three motions on the floor at the same time. The chair can reject a fourth motion until the chair has dealt with the three that are on the floor and has resolved them. This rule has practical value. More than three motions on the floor at any given time is confusing and unwieldy for almost everyone, including the chair.

When there are two or three motions on the floor (after motions and seconds) at the same time, the vote should proceed *first* on the *last* motion that is made. For example, assume the first motion is a basic “motion to have a five-member committee to plan and put on our annual fundraiser.” During the discussion of this motion, a member might make a second motion to “amend the main motion to have a 10-member committee, not a five-member committee to plan and put on our annual fundraiser.” And perhaps, during that discussion, a member makes yet a third motion as a “substitute motion that we not have an annual fundraiser this year.” The proper procedure would be as follows:

**First**, the chair would deal with the *third* (the last) motion on the floor, the substitute motion. After discussion and debate, a vote would be taken first on the third motion. If the substitute motion *passed*, it would be a substitute for the basic motion and would eliminate it. The first motion would be moot, as would the second motion (which sought to amend the first motion), and the action on the agenda item would be completed on the passage by the body of the third motion (the substitute motion). No vote would be taken on the first or second motions.

**Second**, if the substitute motion *failed*, the chair would then deal with the second (now the last) motion on the floor, the motion to amend. The discussion and debate would focus strictly on the amendment (should the committee be five or 10 members). If the motion to amend *passed*, the chair would then move to consider the main motion (the first motion) as *amended*. If the motion to amend *failed*, the chair would then move to consider the main motion (the first motion) in its original format, not amended.

**Third**, the chair would now deal with the first motion that was placed on the floor. The original motion would either be in its original format (five-member committee), or if *amended*, would be in its amended format (10-member committee). The question on the floor for discussion and decision would be whether a committee should plan and put on the annual fundraiser.

### To Debate or Not to Debate

The basic rule of motions is that they are subject to discussion and debate. Accordingly, basic motions, motions to amend, and substitute motions are all eligible, each in their turn, for full discussion before and by the body. The debate can continue as long as members of the body wish to discuss an item, subject to the decision of the chair that it is time to move on and take action.

There are exceptions to the general rule of free and open debate on motions. The exceptions all apply when there is a desire of the body to move on. The following motions are not debatable (that is, when the following motions are made and seconded, the chair must immediately call for a vote of the body without debate on the motion):

**Motion to adjourn.** This motion, if passed, requires the body to immediately adjourn to its next regularly scheduled meeting. It requires a simple majority vote.

**Motion to recess.** This motion, if passed, requires the body to immediately take a recess. Normally, the chair determines the length of the recess which may be a few minutes or an hour. It requires a simple majority vote.

**Motion to fix the time to adjourn.** This motion, if passed, requires the body to adjourn the meeting at the specific time set in the motion. For example, the motion might be: “I move we adjourn this meeting at midnight.” It requires a simple majority vote.

**Motion to table.** This motion, if passed, requires discussion of the agenda item to be halted and the agenda item to be placed on “hold.” The motion can contain a specific time in which the item can come back to the body. “I move we table this item until our regular meeting in October.” Or the motion can contain no specific time for the return of the item, in which case a motion to take the item off the table and bring it back to the body will have to be taken at a future meeting. A motion to table an item (or to bring it back to the body) requires a simple majority vote.

**Motion to limit debate.** The most common form of this motion is to say, “I move the previous question” or “I move the question” or “I call the question” or sometimes someone simply shouts out “question.” As a practical matter, when a member calls out one of these phrases, the chair can expedite matters by treating it as a “request” rather than as a formal motion. The chair can simply inquire of the body, “any further discussion?” If no one wishes to have further discussion, then the chair can go right to the pending motion that is on the floor. However, if even one person wishes to discuss the pending motion further, then at that point, the chair should treat the call for the “question” as a formal motion, and proceed to it.

When a member of the body makes such a motion (“I move the previous question”), the member is really saying: “I’ve had enough debate. Let’s get on with the vote.” When such a motion is made, the chair should ask for a second, stop debate, and vote on the motion to limit debate. The motion to limit debate requires a two-thirds vote of the body.

**NOTE:** A motion to limit debate could include a time limit. For example: “I move we limit debate on this agenda item to 15 minutes.” Even in this format, the motion to limit debate requires a two-thirds vote of the body. A similar motion is a *motion to object to consideration of an item*. This motion is not debatable, and if passed, precludes the body from even considering an item on the agenda. It also requires a two-thirds vote.

## Majority and Super Majority Votes

In a democracy, a simple majority vote determines a question. A tie vote means the motion fails. So in a seven-member body, a vote of 4-3 passes the motion. A vote of 3-3 with one abstention means the motion fails. If one member is absent and the vote is 3-3, the motion still fails.

All motions require a simple majority, but there are a few exceptions. The exceptions come up when the body is taking an action which effectively cuts off the ability of a minority of the body to take an action or discuss an item. These extraordinary motions require a two-thirds majority (a super majority) to pass:

**Motion to limit debate.** Whether a member says, “I move the previous question,” or “I move the question,” or “I call the question,” or “I move to limit debate,” it all amounts to an attempt to cut off the ability of the minority to discuss an item, and it requires a two-thirds vote to pass.

**Motion to close nominations.** When choosing officers of the body (such as the chair), nominations are in order either from a nominating committee or from the floor of the body. A motion to close nominations effectively cuts off the right of the minority to nominate officers and it requires a two-thirds vote to pass.

**Motion to object to the consideration of a question.** Normally, such a motion is unnecessary since the objectionable item can be tabled or defeated straight up. However, when members of a body do not even want an item on the agenda to be considered, then such a motion is in order. It is not debatable, and it requires a two-thirds vote to pass.

**Motion to suspend the rules.** This motion is debatable, but requires a two-thirds vote to pass. If the body has its own rules of order, conduct or procedure, this motion allows the body to suspend the rules for a particular purpose. For example, the body (a private club) might have a rule prohibiting the attendance at meetings by non-club members. A motion to suspend the rules would be in order to allow a non-club member to attend a meeting of the club on a particular date or on a particular agenda item.

## Counting Votes

The matter of counting votes starts simple, but can become complicated.

Usually, it’s pretty easy to determine whether a particular motion passed or whether it was defeated. If a simple majority vote is needed to pass a motion, then one vote more than 50 percent of the body is required. For example, in a five-member body, if the vote is three in favor and two opposed, the motion passes. If it is two in favor and three opposed, the motion is defeated.

If a two-thirds majority vote is needed to pass a motion, then how many affirmative votes are required? The simple rule of thumb is to count the “no” votes and double that count to determine how many “yes” votes are needed to pass a particular motion. For example, in a seven-member body, if two members vote “no” then the “yes” vote of at least four members is required to achieve a two-thirds majority vote to pass the motion.

What about tie votes? In the event of a tie, the motion always fails since an affirmative vote is required to pass any motion. For example, in a five-member body, if the vote is two in favor and two opposed, with one member absent, the motion is defeated.

Vote counting starts to become complicated when members vote “abstain” or in the case of a written ballot, cast a blank (or unreadable) ballot. Do these votes count, and if so, how does one count them? The starting point is always to check the statutes.

In California, for example, for an action of a board of supervisors to be valid and binding, the action must be approved by a majority of the board. (California Government Code Section 25005.) Typically, this means three of the five members of the board must vote affirmatively in favor of the action. A vote of 2-1 would not be sufficient. A vote of 3-0 with two abstentions would be sufficient. In general law cities in

California, as another example, resolutions or orders for the payment of money and all ordinances require a recorded vote of the total members of the city council. (California Government Code Section 36936.) Cities with charters may prescribe their own vote requirements. Local elected officials are always well-advised to consult with their local agency counsel on how state law may affect the vote count.

After consulting state statutes, step number two is to check the rules of the body. If the rules of the body say that you count votes of “those present” then you treat abstentions one way. However, if the rules of the body say that you count the votes of those “present and voting,” then you treat abstentions a different way. And if the rules of the body are silent on the subject, then the general rule of thumb (and default rule) is that you count all votes that are “present and voting.”

Accordingly, under the “present and voting” system, you would **NOT** count abstention votes on the motion. Members who abstain are counted for purposes of determining quorum (they are “present”), but you treat the abstention votes on the motion as if they did not exist (they are not “voting”). On the other hand, if the rules of the body specifically say that you count votes of those “present” then you **DO** count abstention votes both in establishing the quorum and on the motion. In this event, the abstention votes act just like “no” votes.

*How does this work in practice?*

*Here are a few examples.*

Assume that a five-member city council is voting on a motion that requires a simple majority vote to pass, and assume further that the body has no specific rule on counting votes. Accordingly, the default rule kicks in and we count all votes of members that are “present and voting.” If the vote on the motion is 3-2, the motion passes. If the motion is 2-2 with one abstention, the motion fails.

Assume a five-member city council voting on a motion that requires a two-thirds majority vote to pass, and further assume that the body has no specific rule on counting votes. Again, the default rule applies. If the vote is 3-2, the motion fails for lack of a two-thirds majority. If the vote is 4-1, the motion passes with a clear two-thirds majority. A vote of three “yes,” one “no” and one “abstain” also results in passage of the motion. Once again, the abstention is counted only for the purpose of determining quorum, but on the actual vote on the motion, it is as if the abstention vote never existed — so an effective 3-1 vote is clearly a two-thirds majority vote.

Now, change the scenario slightly. Assume the same five-member city council voting on a motion that requires a two-thirds majority vote to pass, but now assume that the body **DOES** have a specific rule requiring a two-thirds vote of members “present.” Under this specific rule, we must count the members present not only for quorum but also for the motion. In this scenario, any abstention has the same force and effect as if it were a “no” vote. Accordingly, if the votes were three “yes,” one “no” and one “abstain,” then the motion fails. The abstention in this case is treated like a “no” vote and effective vote of 3-2 is not enough to pass two-thirds majority muster.

Now, exactly how does a member cast an “abstention” vote?

Any time a member votes “abstain” or says, “I abstain,” that is an abstention. However, if a member votes “present” that is also treated as an abstention (the member is essentially saying, “Count me for purposes of a quorum, but my vote on the issue is abstain.”) In fact, any manifestation of intention not to vote either “yes” or “no” on the pending motion may be treated by the chair as an abstention. If written ballots are cast, a blank or unreadable ballot is counted as an abstention as well.

Can a member vote “absent” or “count me as absent?” Interesting question. The ruling on this is up to the chair. The better approach is for the chair to count this as if the member had left his/her chair and is actually “absent.” That, of course, affects the quorum. However, the chair may also treat this as a vote to abstain, particularly if the person does not actually leave the dais.

## The Motion to Reconsider

There is a special and unique motion that requires a bit of explanation all by itself; the motion to reconsider. A tenet of parliamentary procedure is finality. After vigorous discussion, debate and a vote, there must be some closure to the issue. And so, after a vote is taken, the matter is deemed closed, subject only to reopening if a proper motion to consider is made and passed.

A motion to reconsider requires a majority vote to pass like other garden-variety motions, but there are two special rules that apply only to the motion to reconsider.

First, is the matter of timing. A motion to reconsider must be made at the meeting where the item was first voted upon. A motion to reconsider made at a later time is untimely. (The body, however, can always vote to suspend the rules and, by a two-thirds majority, allow a motion to reconsider to be made at another time.)

Second, a motion to reconsider may be made only by certain members of the body. Accordingly, a motion to reconsider may be made only by a member who voted in the majority on the original motion. If such a member has a change of heart, he or she may make the motion to reconsider (any other member of the body — including a member who voted in the minority on the original motion — may second the motion). If a member who voted in the minority seeks to make the motion to reconsider, it must be ruled out of order. The purpose of this rule is finality. If a member of minority could make a motion to reconsider, then the item could be brought back to the body again and again, which would defeat the purpose of finality.

If the motion to reconsider passes, then the original matter is back before the body, and a new original motion is in order. The matter may be discussed and debated as if it were on the floor for the first time.



## Courtesy and Decorum

The rules of order are meant to create an atmosphere where the members of the body and the members of the public can attend to business efficiently, fairly and with full participation. At the same time, it is up to the chair and the members of the body to maintain common courtesy and decorum. Unless the setting is very informal, it is always best for only one person at a time to have the floor, and it is always best for every speaker to be first recognized by the chair before proceeding to speak.

The chair should always ensure that debate and discussion of an agenda item focuses on the item and the policy in question, not the personalities of the members of the body. Debate on policy is healthy, debate on personalities is not. The chair has the right to cut off discussion that is too personal, is too loud, or is too crude.

Debate and discussion should be focused, but free and open. In the interest of time, the chair may, however, limit the time allotted to speakers, including members of the body.

Can a member of the body interrupt the speaker? The general rule is “no.” There are, however, exceptions. A speaker may be interrupted for the following reasons:

**Privilege.** The proper interruption would be, “point of privilege.” The chair would then ask the interrupter to “state your point.” Appropriate points of privilege relate to anything that would interfere with the normal comfort of the meeting. For example, the room may be too hot or too cold, or a blowing fan might interfere with a person’s ability to hear.

**Order.** The proper interruption would be, “point of order.” Again, the chair would ask the interrupter to “state your point.” Appropriate points of order relate to anything that would not be considered appropriate conduct of the meeting. For example, if the chair moved on to a vote on a motion that permits debate without allowing that discussion or debate.

**Appeal.** If the chair makes a ruling that a member of the body disagrees with, that member may appeal the ruling of the chair. If the motion is seconded, and after debate, if it passes by a simple majority vote, then the ruling of the chair is deemed reversed.

**Call for orders of the day.** This is simply another way of saying, “return to the agenda.” If a member believes that the body has drifted from the agreed-upon agenda, such a call may be made. It does not require a vote, and when the chair discovers that the agenda has not been followed, the chair simply reminds the body to return to the agenda item properly before them. If the chair fails to do so, the chair’s determination may be appealed.

**Withdraw a motion.** During debate and discussion of a motion, the maker of the motion on the floor, at any time, may interrupt a speaker to withdraw his or her motion from the floor. The motion is immediately deemed withdrawn, although the chair may ask the person who seconded the motion if he or she wishes to make the motion, and any other member may make the motion if properly recognized.

## Special Notes About Public Input

The rules outlined above will help make meetings very public-friendly. But in addition, and particularly for the chair, it is wise to remember three special rules that apply to each agenda item:

**Rule One:** Tell the public what the body will be doing.

**Rule Two:** Keep the public informed while the body is doing it.

**Rule Three:** When the body has acted, tell the public what the body did.





1400 K Street, Sacramento, CA 95814  
(916) 658-8200 | Fax (916) 658-8240  
[www.cacities.org](http://www.cacities.org)

To order additional copies of this publication, call (916) 658-8200.

\$10

© 2011 League of California Cities. All rights reserved.

Printed on recycled paper.

# Alternatives to Robert's Rules of Order

Robert's Rules of Order are a complex, formal system for group decision-making. They were developed by General Henry M. Robert, a U.S. Army Engineer who studied parliamentary procedure. He first published *Robert's Rules of Order* in 1876.

For some nonprofit organizations, Robert's Rules of Order are an appropriate way to manage the way meetings are conducted and especially to handle disagreements. For others, the use of Robert's Rules may be counterproductive to the goals of the organization, including the need for nurturing productive working relationships among the members.

Here are some web-based resources that offer alternatives to Robert's Rules. You may wish to consider these resources before deciding on the best method for conducting formal business and settling disputes. By offering these resources, the Office of Neighborhoods is not advocating one approach over another. Also, keep in mind that some approaches, such as consensus decision-making, may be too time-consuming or simply impossible under specific circumstances.

Consensus Decision-Making: A Virtual Learning Center

<http://consensusdecisionmaking.org/>

Democratic Rules of Order (this has to be purchased)

<http://democraticrules.com/>

Simplified Rules of Order

<https://www.counseling.org/docs/default-source/Branches/simplified-roberts-rules-of-order.pdf?sfvrsn=0>

Atwood's Rules

<http://robertsrules-team1.weebly.com/alternatives.html>

Comparison of Robert's Rules, Consensus Process and Dynamic Facilitation

<http://www.co-intelligence.org/l-comparisonRR-CC-DF.html>

Martha's Rules of Order

<https://third-bit.com/2019/06/13/marthas-rules.html>



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 agenda item of discussion. These 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 agenda items.
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:**



**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**

Adopted 7/21/2020

<b>Committee/Subgroup Name: Operations Committee</b>		<b>Co-Chairs: Juan Preciado &amp; Joe Green</b>		
<b>Committee Adoption Date: 7/21/20</b>		<b>Revision Dates: 2/26/20,6/18/20; 7/21/20</b>		
<p><b>Purpose of Work Plan:</b> To focus and prioritize key activities for COH Committees and subgroups for 2020.</p> <p><b>Prioritization Criteria:</b> 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.</p> <p><b>Legend:</b> H=high; M=medium; L=low</p>				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
H	<b>Black African American Community (BAAC) Task Force Recommendations</b>	<b>Incorporate BAAC Task Force recommendations in Operations Committee planning and activities</b>	Ongoing	<p>Committee selected four (4) recommendations to oversee and work towards incorporating in its planning activities; see BAAC highlights doc.</p> <p>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.</p>



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

## OPERATIONS COMMITTEE

Adopted 7/21/2020

<b>H</b>	<b>Consumer-Centered leadership development and training</b>	<p>Specific trainings requested by Consumer Caucus include:</p> <ul style="list-style-type: none"> <li>• Co-chair facilitation vs. leading discussions/conversations</li> <li>• <del>Public speaking training/elevator speeches/presentation skills</del></li> <li>• Structural change</li> <li>• <del>Purpose of consumer caucus</del></li> <li>• Reproductive justice (including bodily autonomy, sexual health, pronoun conversation)</li> <li>• Legal/HIV criminalization</li> <li>• <del>Trauma Informed Care: how to make sure people around the table are safe/not living in terror</del></li> <li>• <del>Health DATA Training</del></li> <li>• Quality Improvement Program</li> </ul>	Ongoing	<p>2020 Member Training Schedule released; see schedule</p> <p>See letter from Consumer Caucus re: leadership.</p>
<b>H</b>	<b>Outreach, Engagement and Recruitment Strategies, Specifically Youth and Unaffiliated Consumers</b>	<p>Develop/review outreach materials for community engagement; Determine strategies to engage and recruit community amid new virtual normal</p> <p>Develop strategies to engage youth and unaffiliated consumers.</p>	Ongoing	<p>Committee to review consultant-developed outreach flyers and other resource materials.</p> <p>Invite youth-centered program reps, i.e. C2PLA, to upcoming meeting to help develop strategies.</p>
<b>H</b>	<b>Review Policies/Procedures</b>	<p>Review and redevelop New Member Application to create a more community-friendly format</p>	July-October 2020	<p>Suggest creating a work group of 2-3 members to redevelop for Ops review the new member application.</p>
<b>H</b>	<b>PIR Data *Availability of PIR survey responses will determine whether PIR data provided is up-to-date.</b>	<p>Ensure reflectiveness and representation data is included in monthly meeting packet.</p> <p>Ensure parity among Co-Chairs/Leadership</p>	Monthly	<p>2018 prevalence &amp; incidence data provided by DHSP moving forward.</p>



**LOS ANGELES COUNTY COMMISSION ON HIV 2020 WORK PLAN (WP)**  
**OPERATIONS COMMITTEE**  
Adopted 7/21/2020

<b>H</b>	<b>Attendance Review</b>	Review Attendance Matrix Quarterly	January, April, September, December	
<b>M</b>	<b>Mentorship Program Implementation</b>	Discuss/formalize steps for implementation.	July-August 2020	Begin process once BOS appointments have been made.



# 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.

<p>September 2 @ 2pm to 3:30pm REGISTER HERE: <a href="https://tinyurl.com/y4rdbl6u">https://tinyurl.com/y4rdbl6u</a></p>	<p><b>Commission on HIV (COH) Overview</b>   Learn about the purpose of the COH, its ordinance and bylaws, and structure. Learn about integrated HIV prevention and care community planning.</p>
<p>September 14 @ 10am to 11:30am REGISTER HERE: <a href="https://tinyurl.com/yxnnleq5">https://tinyurl.com/yxnnleq5</a></p>	<p><b>Ryan White CARE Act Legislation Overview</b>   Learn about the landmark law that establishes lifesaving care for people living with HIV in the United States.</p>
<p>October 1 @ 10am to 11:30am REGISTER HERE: <a href="https://tinyurl.com/yyl8gu9r">https://tinyurl.com/yyl8gu9r</a></p>	<p><b>Membership Structure and Responsibilities</b>   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.</p>
<p>October 29 @ 10am to 11:30am REGISTER HERE: <a href="https://tinyurl.com/yyhgv8sb">https://tinyurl.com/yyhgv8sb</a></p>	<p><b>Priority Setting and Resource Allocation (PSRA) Process</b>   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).</p>
<p>November 5 @ 10am to 11:30am REGISTER HERE: <a href="https://tinyurl.com/y3c7f632">https://tinyurl.com/y3c7f632</a></p>	<p><b>Service Standards Development Process</b>   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.</p>
<p>November 19 @ 10am to 11:30am REGISTER HERE: <a href="https://tinyurl.com/yyh64om6">https://tinyurl.com/yyh64om6</a></p>	<p><b>Policy Priorities and Legislative Docket Development Process</b>   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.</p>



## 2020 MEMBERSHIP ROSTER | UPDATED 8/24/20

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2022	
3	City of Long Beach representative			<b>Vacant</b>		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	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2022	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	Charles Drew University	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			<b>Vacant</b>		July 1, 2018	June 30, 2022	
15	Provider representative #5			<b>Vacant</b>		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			<b>Vacant</b>		July 1, 2018	June 30, 2022	
21	Unaffiliated consumer, SPA 3			<b>Vacant</b>	Unaffiliated Consumer	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			<b>Vacant</b>		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			<b>Vacant</b>		July 1, 2019	June 30, 2021	Thomas Green (SBP)
26	Unaffiliated consumer, SPA 8			<b>Vacant</b>		July 1, 2018	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			<b>Vacant</b>		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			<b>Vacant</b>		July 1, 2018	June 30, 2022	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			<b>Vacant</b>		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			<b>Vacant</b>		July 1, 2018	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS	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			<b>Vacant</b>		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	Unaffiliated 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	PP	Lee Kochers	Unaffiliated Consumer	July 1, 2018	June 30, 2022	
43	Local health/hospital planning agency representative			<b>Vacant</b>		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			<b>Vacant</b>		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			<b>Vacant</b>		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	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			<b>Vacant</b>		July 1, 2018	June 30, 2022	Miguel Alvarez (OPS/SBP)
<b>TOTAL:</b>		<b>33</b>						

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

LOA: Leave of Absence

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](mailto: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: \_\_\_\_\_  
(Please print name as you would like it to appear in communications)
  2. Organization: \_\_\_\_\_  
(if applicable)
  3. Job Title: \_\_\_\_\_
  4. Mailing Address: \_\_\_\_\_
  5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  6. Provide address of office and where services are provided (if different from above):  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 
7. Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_
  8. Email: \_\_\_\_\_  
(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.

Signature: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ 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	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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:**     African- American/Black,not Hispanic     Hispanic  
(Check all that apply)  
 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?**

\_\_\_\_\_

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:

---

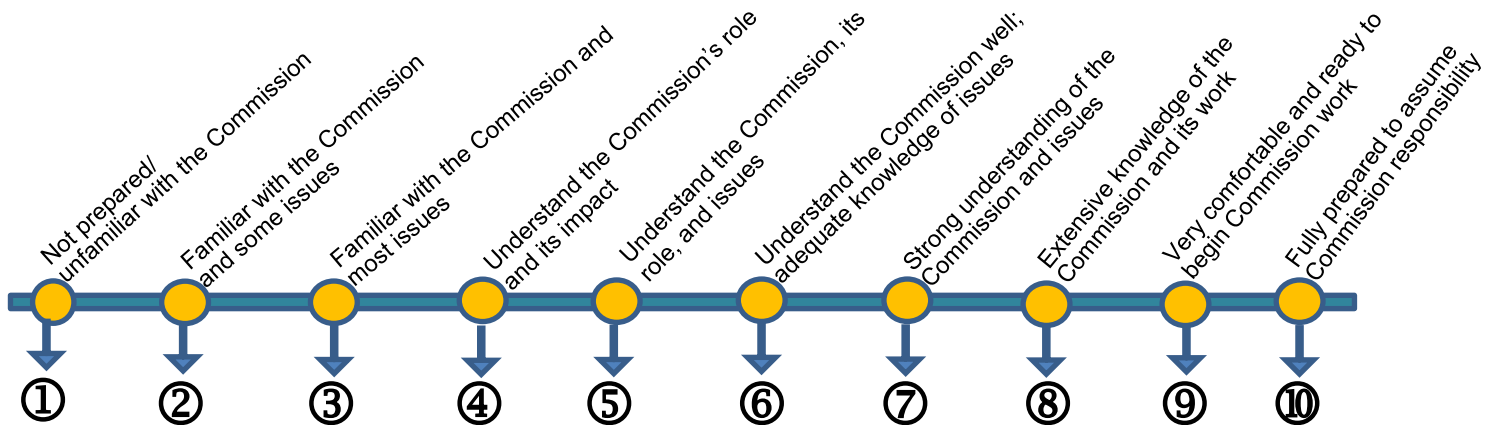
11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required—attach a new/updated resume. You may continue on an additional page, if necessary. As you feel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

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:

## 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.

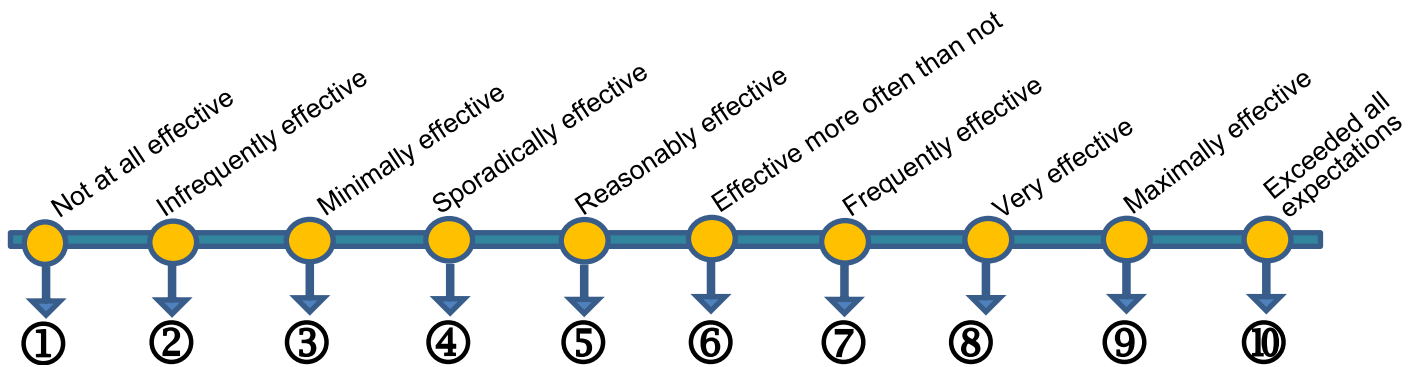
---

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.

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?**

## CURRICULUM VITAE

Paul Nash, PhD, CPsychol, AFBPsS FHEA

### Current Institution:

University of Southern California  
Leonard Davis School of Gerontology  
3715 McClintock Ave.  
Los Angeles, CA 90089

**Phone:** +1 (925)639-2123

**E-mail:** p.nash@usc.edu

### Education:

2011 PhD Psychology, University of Glamorgan, Pontypridd, UK  
2005 BSc (Honours, 2:1 classification) Psychology, University of Glamorgan,  
Pontypridd, UK

### Current Position:

2018 Associate Professor, Leonard Davis School of Gerontology, University of  
Southern California  
2008- Registered NVivo Trainer, QSR International

### Previous Positions Held:

2017-2018 Associate Professor and Postgraduate Programmes Director, Gerontology &  
Ageing Studies, Swansea University  
2012-2017 Senior Lecturer and Postgraduate Programmes Director, Gerontology & Ageing  
Studies, Swansea University  
2010-2012 Research Officer (Economic & Social Research Council [ESRC]-funded post),  
Swansea University, Swansea, UK  
2008-2010 Research Officer (Welsh Assembly Government-funded post), Swansea  
University, Swansea, UK  
2005-2010 Lecturer, Social Psychology & Research Methodology, University of Glamorgan,  
Pontypridd, UK  
2007-2008 Senior Survey Methodologist, Office for National Statistics, Newport, UK  
2004 Research Assistant (Part Time), University of Glamorgan, Pontypridd, UK

### Awards and Honours:

2019 Faculty Ally of the Year – LGBT Resource Center of USC  
2019 Peterson Faculty Teaching Award  
2019 Student Gerontology Association Professor of the Year  
2017 Fellow, Higher Education Academy  
2015 Associate Fellow, British Psychological Society



- 2011 Chartered Psychologist
- 2011 Welsh Livery Guild Travel Scholarship (£1,000 award)
- 2010 Stirling Prize for Postgraduate Research, British Psychological Society

**Service Activities – Swansea University:**

- 2016-2017 Education & Training Lead, Health & Wellbeing Academy, Swansea University
- 2016-2017 Panel Member, Programmes Approval Committee, Swansea University
- 2016-2017 Subject Specialist, Social Science Programme Development Team, Swansea University
- 2016-2017 Panel Member, Research Excellence Framework – UoA22
- 2015-2017 Panel Member, University Distance Learning Taskforce, Swansea University
- 2012-2017 Chair, Ethics committee, Human Sciences, Swansea University
- 2012-2017 Admissions Officer, Postgraduate Research, College of Human & Health Sciences, Swansea University
- 2012-2017 Chair, Postgraduate Research Progression Panel, Swansea University
- 2012-2017 Centre Representative, Learning & Teaching Committee, Swansea University

**Service Activities – University of Southern California:**

- 2019- Facilities & Estate committee
- 2019- Lead, Accreditation for Gerontology Education Council (AGEC) accreditation monitoring
- 2019 Chair, International Day of Older Persons planning committee
- 2019 Faculty Lead, Whats Hot in Ageing at USC Conference
- 2017- Co-Chair, Masters committee
- 2017-2019 Member at large, Curriculum and Academic Service committee
- 2017- Member at large, USC Age Friendly Initiative
- 2017 Representative, Facilities provision committee
- 2017 Co-Author, Masters program validation documentation
- 2017 Author, undergraduate program validation documentation

**Service Activities – Regional and National Board and Executive Positions:**

- 2017- Member, International Association of Gerontology & Geriatrics – Global Social Issues on Ageing Taskforce
- 2016-2017 Chair, BSG Conference Executive Committee
- 2016-2017 Chair of Trustees, Age Cymru Swansea Bay, Swansea, UK
- 2016-2017 Secretary, British Society of Gerontology
- 2014-2017 Member, British Society of Gerontology Executive Committee
- 2013-2017 Panel Member, International Longevity Centre, UK (ILC-UK)
- 2013-2017 Trustee, Age Cymru, Swansea Bay
- 2009-2011 Secretary, Emerging Researchers in Ageing, British Society of Gerontology
- 2010 Chair, IAGG European Social Region Conference Executive Committee

### **Service Activities – Other:**

- 2016-2017 Lead Trainer – Frailty & Care of the Older Adult, Abertawe Bro Morgannwg University Health Board, Swansea, UK
- 2016-2017 Dementia Champion, Alzheimer’s Society, UK
- 2015- Reviewer, Journal of Alzheimer’s Disease
- 2014- Reviewer, Journal of Gay & Lesbian Mental Health
- 2010- Reviewer, Ageing and Society
- 2005-2010 Post-Graduate Representative to the British Psychological Society (BPS), University of Glamorgan

### **Professional Memberships:**

British Society of Gerontology  
Gerontological Society of America  
Association of Gerontology in Higher Education  
British Psychological Society  
International Association of Applied Psychology

### **Active Research Areas:**

- Attitudes towards ageing; prejudice & discrimination; self-presentation of ageist attitudes
- Intergroup relations & group dynamics
- Elder abuse
- Sexual health of older adults
- HIV and ageing
- Minority group issues for older populations
- Loneliness, social isolation and social connectivity
- Housing and healthcare provision for older people
- Cognitive functioning in later life

### **Current and Recent Grants:**

- 2017-2020 Health and Care Research Wales: Welsh Government. *Centre for Ageing and Dementia Research (CADR) extension*. Role: Co-Investigator (£1,200,000.00)
- 2013-2016 UK-India Education and Research Initiative (UKIERI). *A Gerontology Research Centre for the Study of the Impact of Population Ageing, Migration, Environmental and Social Change on Older People and the Families in India*. Role: Co-PI (£12,520).
- 2013-2015 NISCHR Social Care Grant Scheme. *Older Peoples External Residential Assessment Tool (OPERAT)*. Role: Co-Investigator (£169,887).
- 2011-2014 National Institute of Social Care & Health Research (NISCHR) Social Care Grant Scheme. *Provision of Inclusive and Anti-Discriminatory Services to Older Lesbian,*

*Gay, Bisexual-Identifying (LGB) People in Residential Care Environments in Wales.*  
Role: Co-PI (£143,954).

- 2014 British Council Researcher Links Fellowship. *Knowledge Exchange & International Collaboration in Research.* Role: PI (£7,130).
- 2013 Higher Education Funding Council for Wales (HEFCW), Strategic Insight Programme. *Indian Partnership Development.* Role: PI (£5,000).
- 2012-2013 South East Wales Improvement Collaborative (SEWIC). *Establishing Whether Extracare Provides Savings or Cost Efficiency to Health and Social Care Funders.* Role: PI (£10,000).
- 2011 OPAN Cymru Research Development Call. *Older People's Use of and Attitudes Towards Nano-Technology.* Role: PI (£1,700).
- 2010 Older People & Ageing Research and Development Network (OPAN) Cymru Research Development Call. *Devolved Nations Research.* Role: PI (£1,700).
- 2010 OPAN Cymru Research Development Call. *Older LGBT Adults in Residential Care.* Role: PI (£1,700).

**Grants Under Review:**

Global East Equity Research & Support (GEERS) Center Proposal – USC Diversity

**Publications Under Review:**

Karpiak, S., Nguyen, A., Egbert, A. & Nash, P. (In Review). Upstate Rural New York State. Findings from Research on Older Adults with HIV. National Resource Center on HIV and Ageing. White Paper

### Peer-Reviewed Publications:

Officer, A., Amuthavalli, J., Schneider, M., Nash, P., & de la Fuente-Núñez, V. (2020). Ageism, Healthy Life Expectancy and Population Ageing: How Are They Related? *Int. J. Environ. Res. Public Health*, 17, 3159  
doi:10.3390/ijerph17093159

Cicero, C. & Nash, P. (2020). Out with the old: Coronavirus highlights why we need new names for aging. *The Conversation*.  
<https://theconversation.com/out-with-the-old-coronavirus-highlights-why-we-need-new-names-for-aging-131380>

Wilson, D.W., Nash, P., Buttar, H., Griffiths, K., Singh, R., De Meester, F., Horiuchi, R. & Takahashi, T. (2017). The Role of Food Antioxidants, Benefits of Functional Foods, and Influence of Feeding Habits on the Health of the Older Person: An Overview. *Antioxidants*. 6 (4), 81  
doi:10.3390/antiox6040081

Leland, N. E., Lepore, M., Wong, C., Chang, S. H., Freeman, L., Crum, K., Gillies, H., & Nash, P. (2017). Delivering high quality hip fracture rehabilitation: The perspective of occupational and physical therapy practitioners. *Disability and Rehabilitation*, Advance online publication.  
DOI:10.1080/09638288.2016.1273973

Officer, A., Schneiders, M., Wu, D., Nash, P., Thiyagarajan, J. & Beard, J. (2016). Valuing older people: time for a global campaign to combat ageism. *Bulletin of the World Health Organization*. 94:710-710A. DOI: <http://dx.doi.org/10.2471/BLT.16.184960>

Nash, P., Willis, P., Tales, A. & Cryer, T. (2015). Sexual health and sexual activity in later life. *Review in Clinical Gerontology*, 25(1), pp.22-30. DOI: 10.1017/S0959259815000015

Nash, P., Stuart-Hamilton, I. & Mayer, P. (2014). The continuation of prejudice: Addressing negative attitudes in nurse training and continuing professional education. *Educational Gerontology*, 40(1), pp.53-60. DOI:10.1080/03601277.2013.768084

Wu, Y., Nash, P., Barnes, L., Minett, T., Matthews, F., Jones, A. & Brayne, C. (2014). Assessing environmental features related to mental health: A reliability study of visual streetscape images. *BMC Public Health*, 14(1094), pp.1-10. DOI:10.1186/1471-2458-14-1094

Burholt, V., Nash, P. & Phillips, J. (2013). The impact of supported living environments on social resources and the experience of loneliness for older widows living in Wales: An exploratory mediation analysis. *Family Science*, 4(1), pp.121-132. DOI: 10.1080/19424620.2013.870811

Burholt, V. & Nash, P. (2011). Short Form 36 (SF36) Health Survey Questionnaire: Normative data for Wales. *Journal of Public Health*, 33(4), pp.587-603. DOI:10.1093/pubmed/fdr006

Burholt, V., Nash, P., Naylor, D. & Windle, G. (2010). Training older volunteers in gerontological

research in the United Kingdom: Moving towards an andragogical and emancipatory agenda. *Educational Gerontology*, 36(9), pp.753-780. DOI:10.1080/03601271003766270

Taylor, R. & Nash, P. (2006). Decision making during deceptive interactions: Sender and receiver interactions. *Psychological Correlates of Criminology*. IA-IP Publishing: London, pp.75-83.

### **Reports and Other Publications:**

Carney, G. & Nash, P. (2020). *Critical Questions for Ageing Societies*. Policy Press. Bristol. UK

Karpiak, S., Nguyen, A., Nash, P., Egbert, A. & Brennan-Ing, M. (2019). HIV & Aging in Alameda County Oakland California. Findings from Research on Older Adults with HIV. National Resource Center on HIV and Ageing. White Paper

Nash, P. (2016). Gerontology. In G. Ritzer (Ed.), *Wiley-Blackwell encyclopedia of sociology* (2nd ed.). London: Wiley-Blackwell.

Nash, P. (2016). Attitudes and self-perceptions of aging. In N. A. Pachana (Ed.), *Encyclopedia of geropsychology* (pp. 1-8). Singapore: Springer. DOI:10.1007/978-981-287-080-3\_8-1

Nash, P. (2015). Ageism. In World Health Organization (Ed.) *World report on ageing and health* (p. 11). Geneva: Author.

Nash, P., Farr, A. & Phillips, C. (2013). *A cost comparison of supported living in Wales: A Swansea case study*. Cardiff, UK: Welsh Government.

Willis, P., Nash, P. et al. (2013). *Provision of inclusive and anti-discriminatory services to older lesbian, gay, bisexual-identifying (LGB) people in residential care environments in Wales*. Cardiff, UK: National Institute for Social Care & Health Research.

Burholt, V., Nash, P., Phillips, J. & Doheny, S. (2011). *Extracare: Meeting the needs of fit and frail older people?* Cardiff, UK: Welsh Government.

**Keynote / Invited Presentations:**

- 2020 – State-wide Planning Group for HIV (CA): Social Consequence of Discrimination
- 2020 – City of LA Commission on HIV: Ageing with HIV in 2020
- 2020 – Sirius XM, Doctor Radio: Ageism in the Age of COVID-19
- 2020 – Blackstone Consulting, Seminar Series: Stress. Manifestations and Management
- 2020 – Hollywood, Health & Society; Writers Guild of America, Panel Discussion: OK Boomer. Fighting Ageism in the Entertainment Industry
- 2019 – International Association of Gerontology & Geriatrics European Region, Regional Congress. Masterclass. A personal guide to thinking about ageism: Exploring everyday ageism
- 2019 – AIDS Project Los Angeles (APLA Health) Annual Conference. Ageing with HIV: The challenges for a ‘new ageing’ population
- 2019 – HIV & Aging Statewide Planning Group (California). Ageing with HIV: The social consequences of discrimination
- 2017 – Queen’s University Belfast. Master in Social Policy Guest lectures. *Ageism in a Global Context.*
- 2016 – Abertawe Bro Morgannwg University Health Board. *Older People: Breaking the Stereotypes. Language used to describe older adults and ageing.*
- 2016 – Centre for Interdisciplinary Research on Ageing & Gerontology Annual Conference (India). *Unconscious ageism: The hidden prejudice affecting the health and care of older adults.*
- 2016 – Manchester Metropolitan University Seminar Series. *The future of gerontological education and the learning of older adults.*
- 2015 – The Open University. *Population ageing education and education for an ageing population.*
- 2014 – British Society of Gerontology: Emerging Researchers in Ageing. *Career trajectories in gerontology.*
- 2014 – University of Southern California: Chan School of Occupational Science & Occupational Therapy, post-doctoral and faculty presentation. *Care costing and staff attitudes research, implications and discussion.*
- 2012 – International Social Gerontology Research (India): 3 presentations given across Kerala. *Attitudes towards older people: The implications for care.*
- 2010 – Coastal Housing Group Executive. *Extracare: Innovative housing for older people? Evidence from Wales.*
- 2009 – Housing Care for Older People Research Group. *Are we meeting the needs of older people in Wales? : Comparative measures of frailty in three care settings.*



## **Conference Presentations:**

### 2019

Gerontological Society of America (Austin). Building Recognition Across Campus and Town for USC's Age-Friendly University Initiative. Nash, P. & Cicero, C.

### 2018

Gerontological Society of America (Boston). Ageism: A Truly Global Issue (Symposium). Nash, P., Officer, A., de la Fuente-Nunez, V. & Schneider, M. Global Trends in Ageist Disposition: Comparing low, middle and high income countries using the World Values Survey Wave 6.

Gerontological Society of America (Boston). Hyde, M., Nash, P. & Schneiders, M. Global Culture of Ageing: Attitudes to ageing around the world.

### 2017

International Association of Gerontology & Geriatrics (San Francisco). Nash, P., Schneiders, M., Officer, A. & Jotheeswaran A. *Respected Or A Burden? Global Attitudes Towards Older People Using The World Values Survey Wave 6*

### 2016

Centre for Interdisciplinary Research on Ageing & Gerontology Annual Conference (India). Nash, P. & Nash, K. *Translating research into practice: Active gerontology in front line nursing.*

British Society of Gerontology Annual Conference. Nash, P. & Leland, N. *Delivering high quality hip fracture rehabilitation: A practitioner perspective.*

British Society of Gerontology Annual Conference. Nash, P. *Cultural representations of ageing in the mainstream media and as submitted to the "Ageing: The Bigger Picture" competition.*

### 2015

British Society of Gerontology Annual Conference. Nash, P., Willis, P., Tales, A. & Cryer, T. *Unmasking the sexual health and activity of older adults in the UK.*

### 2014

British Society of Gerontology Annual Conference. Nash, P., Willis, P., Tales, A. & Cryer, T. *Sexual health, stigma and social care: A critical review.*

International Conference on Applied Psychology. Nash, P. & Stuart-Hamilton, P. *An international perspective on ageism and the effects on the older adult.*

### 2013

British Society of Gerontology Annual Conference. Nash, P., Phillips, C. & Farr, A. *Cost analysis of supported living environments and the subsequent utilisation of NHS services.*

Gerontological Society of America Annual Conference. Nash, P. *Prejudice: Ageism in the National Health Service, implications on care.*

International Association of Gerontology & Geriatrics World Congress. Nash, P. & Burholt, V. *Extracare, a home for life? : A resident's perspective.*

International Association of Gerontology & Geriatrics World Congress. Nash, P. & Stuart-Hamilton, I. *The pervasive nature of ageism: A meta-analysis.*

International Association of Gerontology & Geriatrics World Congress. Nash, P., Willis, P., Miles, P. & Maegusuku-Hewitt, T. *A study to explore how the sexual identities and relationships of older lesbian, gay, bisexual (LGB) residents are perceived and supported in residential care environments in Wales.*

### 2012

British Society of Gerontology Annual Conference. Nash, P. & Stuart-Hamilton, I. *Internalised ageism: The hidden prejudice.*

Gerontological Society of America Annual Conference. Nash, P. & Burholt, V. *Expectations of care in assisted living: A resident's perspective.*

Gerontological Society of America Annual Conference. Nash, P. & Stuart-Hamilton, I. *Ageism: A meta-analysis.*

### 2011

British Society of Gerontology Annual Conference. Nash, P. & Stuart-Hamilton, I. *The influences of education on expressed and implicit attitudes towards older people.*

Gerontological Society of America Annual Conference. Nash, P. & Stuart-Hamilton, I. *To care or not to care? : The effects of nurse training on implicit and explicit attitudes towards older people.*

International Association of Gerontology & Geriatrics European Conference. Nash, P. & Stuart-Hamilton, I. *The effects of higher level education on implicit and explicit attitudes towards older people.*

International Association of Gerontology & Geriatrics European Conference. Nash, P. & Burholt, V. *An assessment of the provision of care in Extracare supported living in Wales.*

### 2010

British Psychological Society Annual Conference (Social Section). Nash, P., Stuart-Hamilton, I. & Mayer, P. *The effects of age specific education on implicit and explicit attitudes towards ageing.*

British Society of Gerontology Annual Conference. Nash, P. & Burholt, V. *Who looks after whom? : A comparative study of frailty in supported living environments in Wales.*

### 2009

British Society of Gerontology Annual Conference. Nash, P. & Burholt, V. *Are we meeting the needs of older people in Wales, UK? : Comparative measures of frailty in three care settings.*

British Society of Gerontology Annual Conference. Nash, P., Stuart-Hamilton, I & Mayer, P. *The effects of age specific education on implicit and explicit attitudes towards ageing.*

Cymorth Cymru Annual Conference. Nash, P. & Burholt, V. *Extracare: Are we meeting the needs of fit and frail older people in Wales?*

International Association of Gerontology & Geriatrics World Congress. Nash, P. & Burholt, V.  
*Are we meeting the needs of older people in Wales, UK? : Comparative measures of frailty in three care settings.*

International Association of Gerontology & Geriatrics World Congress. Nash, P., Stuart-Hamilton, I. & Mayer, P. *The effects of specific education & direct experience on implicit & explicit measures of ageism.*

### **Current Teaching:**

GERO 320: Psychology of Adult Development (Undergraduate Level)  
GERO 508: The Mind Body Connection (Masters Level)  
GERO 520: Lifespan Developmental Psychology (Masters Level)  
GERO 530: Lifespan Developmental Sociology (Masters Level)  
GERO 593: Research Methodology (Masters Level)

### **Previous Teaching:**

ASPM01: Population Ageing and Policy (Masters Level)  
ASPM02: Perspectives on Ageing (Masters Level)  
ASPM05: Environments of Ageing (Masters Level)  
ASPM10: Psychology of Ageing (Masters Level)  
ASPM07: Research Dissertation (Masters Level)

### **Research Student Supervision:**

Ruth Hopkins: The Role of Information Communication Technology in the Harmonious Ageing of Older Adults  
Gordon Jones: The Experiences of Carers for Those Living with Early Onset Dementia  
Karen Charles: Transitions to Residential Care in Tamil Nadu, India  
Leeda Copley: Relationship Convoys and Wellbeing in Older Americans  
Shanette Nixon: Sexual Health & HIV in Island Communities

### **Taught Program Supervision:**

2016 – 18 Master Students  
2015 – 6 Masters Students  
2014 – 4 Masters Students  
2013 – 4 Masters Students  
2012 – 2 Masters Students

### **Invited Lectures (internal programmes):**

2016 – Osteopathy: Undergraduate  
Nursing: Undergraduate  
Psychology: Undergraduate  
2015 – Osteopathy: Undergraduate  
Nursing: Undergraduate

Psychology: Undergraduate & Postgraduate  
2014 – Nursing: Undergraduate  
Psychology: Undergraduate  
Social Policy: Undergraduate

**Previous Teaching (excluding above courses):**

Research Methods for Social Science (Undergraduate Level)  
Statistics for Psychology (Undergraduate Level)  
Social & Developmental Psychology (Undergraduate Level)  
Clinical & Abnormal Psychology (Undergraduate Level)  
Psychology & Identity (Undergraduate Level)  
Health & Ageing (Masters Level)  
Applied Practice for Osteopathy (Masters Level)



# **LOS ANGELES COUNTY COMMISSION ON HIV**

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010 · TEL. (213) 738-2816 · FAX (213) 637-4748  
Website: <http://hiv.lacounty.gov> Email: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

## **COMMISSION MEMBERSHIP APPLICATION**

### **TABLE OF CONTENTS**

#### **PART I : MEMBERSHIP APPLICATION INTRODUCTION**

#### **PART II : MEMBERSHIP APPLICATION FORM**

**Section 1: Contact Information**

**Section 2: Demographic Information**

**Section 3: Experience/Knowledge**

**Section 4 : Biographical Information**

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

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



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010 · TEL. (213) 738-2816 · FAX (213) 637-4748  
Website: <http://hiv.lacounty.gov> Email: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

## COMMISSION MEMBERSHIP APPLICATION

### PART I: MEMBERSHIP APPLICATION INTRODUCTION

#### BACKGROUND

Consistent with federal Ryan White legislation, guidance from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), and Los Angeles County Code, Title 3—Chapter 29 (Code 3.29), the Los Angeles County Commission on HIV advises LA County's Board of Supervisors (BOS) on a range of issues related to HIV and STDs and the delivery of HIV/STD services countywide. In accordance with legislative mandate, the Commission must prioritize various types of HIV and STD care, treatment and prevention services; allocate federal funding and recommend local funding for those purposes; evaluate service effectiveness; assess the administrative structure's ability to use and expedite the use of funding and other relevant system of care issues; develop, implement and monitor a countywide continuum of HIV/STD services and comprehensive HIV/STD plan; and many other responsibilities.

#### DESCRIPTION

This Commission Membership Application is divided into two parts, and is intended to be used for both "new member" and "renewal" membership applications:

- ▶ PART I: Membership Application Introduction—overview and background of the application and membership process/expectations; a roster of membership seats and accompanying seat-specific qualifications; and instructions for completing the application; and
- ▶ PART II: Membership Application Form—the actual, formal application sections that must be completed and submitted to the Commission by applicants for Commission membership.

#### COMMISSION MEMBERSHIP

There are 51 member seats on the Commission. Candidates must demonstrate that they are able to meet the qualifications of at least one seat in order to be eligible for membership. Members of the Commission represent the range and diversity of interests, opinions, knowledge and experiences of the HIV stakeholder community: from HIV care/prevention patients/clients ("consumers"), service and medical providers, government agencies, academia, and other stakeholders who contribute to and/or are affected by the County's overall HIV and STD service response. Guided by federal law and local policy, the membership is divided into four categories of representation: 17 "unaffiliated" consumers (someone with HIV who uses the services, but does not work for or is otherwise affiliated with any contracted agencies), providers (11), stakeholders (9), and institutional representatives (14). The Commission is also required to ensure that both its consumer and total membership reflect the gender and ethnic diversity of the local HIV epidemic.

#### TERMS of SERVICE

All member terms are two years long. Commission members are appointed to specific seats with terms of two years' duration. Membership terms are static, and are not determined nor shaped by the Commission member's appointment or its timing. Depending on when a member is appointed, s/he may be able to serve the full two years (if appointed before or as the term begins), or may serve in the seat for less than the full term if his/her service begins as the term is underway ("mid-term"). Appointments are renewable if the member is re-nominated—requiring members to apply for re-appointment in order to serve subsequent terms. Half of the membership terms expire in June of each year, the remainder the following year. There are no limits on the number of terms a Commission member may serve.



## **MEMBERSHIP EXPECTATIONS**

Once appointed, Commission members are expected to, at a minimum, attend and participate in:

- ① regular monthly and special Commission (usually half-day) meetings,
- ② the all-day Annual Meeting and the half-day “Annual Report to the BOS” (both in the Fall/Winter),
- ③ monthly and special meetings of the committee to which the member has been assigned (“primary”)
- ④ one-time only Commission and County commission orientations, in addition to other, periodic trainings.

Members may also be asked to assume—or volunteer for—additional assignments and/or work. Failure to attend a combination of six regular Commission meetings and/or meetings of the committee(s) to which the member has been assigned during a one-year period may be cause for removal or failure to be re-appointed.

## **MEMBER COMMITMENT**

Past experience indicates that members’ meeting attendance is a critical factor in their effectiveness on the Commission: regular meeting attendance exposes Commission members to an expansive array of HIV and STD issues and increases individual members’ comfort level and HIV/STD and health literacy and fluency. However, participation is also key: only with the active involvement and engagement from the entire spectrum of local, representative HIV voices can the Commission realize its full scope of responsibility and effectiveness, and can it ensure that it fully incorporates the collective wisdom of impacted stakeholders and communities in LA County’s HIV/STD community planning effort. Consistent with that purpose, members are expected to be prepared for and familiar with the information agenda and discussed at Commission, committee and other, related working group meetings. The amount of time members devote individually to study and preparation outside of meetings is difficult to estimate, but a consensus of members reports spending at least 5 -10 additional hours a month, on average, in content and meeting preparation, follow-up and/or travel to and from meetings and related activities.

## **OPEN NOMINATIONS PROCESS**

The Commission conducts an annual “Open Nominations Process” during which Commission members are recruited, nominated and appointed to fill vacant or soon-to-become vacant seats on the Commission. The Membership Drive generally runs from March through June—in time for the Board of Supervisors (BOS) to appoint (new or returning) members in July—when half of the membership terms expire. For the remainder of the year—outside of the Membership Drive months—the Commission’s Operations Committee manages membership recruitment, evaluation and nomination activities at its monthly meetings. During those months, any stakeholder who would like to serve on the Commission may submit an application to fill a vacant seat for which s/he thinks s/he is qualified.

The Commission welcomes all perspectives and encourages anyone who is considering Commission membership to submit an application. Multiple candidates for multiple membership seats best serve the Commission and the community by ensuring a diverse representation of thought, opinion, and viewpoints concerning HIV/STD and related issues, and by providing the Commission with increased opportunity to identify and configure a varied membership that most accurately reflects LA County and its HIV stakeholder community. Both new member and renewal candidates are encouraged to apply during the Membership Drive, because it offers applicants the greatest chance that their membership applications will be favorably recommended for nomination by the Operations Committee.

Parity, Inclusion, and Representation (PIR): these principles seek to ensure that all Commission members can participate equally, that the planning process actively includes a diversity of views, perspectives and stakeholder inclusion & that members represent the ethnicities, gender, backgrounds and other characteristics of people affected by HIV.

**GENERAL INFORMATION Part I** provides basic information about membership on the Commission (e.g., terms of service, seats, application process); summarizes the Commission’s membership requirements and the Commission’s expectations of its members; briefly describes the Commission’s Open Nominations Process; and instructs applicants how to complete and submit a membership

application. Beyond the introductory information these sections offer, the applicant does not need to submit them with the final application nor keep a record of them, but may want to keep copies of them in case later questions arise.

**APPLICATION FORM Part II** comprises the forms of the application that candidates must complete and submit in order to be considered for Commission membership. Unless otherwise indicated [for example, as “optional,” or only need be answered by certain applicants (e.g., unaffiliated consumers)], applicants are expected to complete all relevant sections and answer all questions. Staff is required to contact any applicant who has not or does not appear to have answered a question(s), so neglecting to respond in full may delay or could preclude review of the application.

### **COMPLETING THE APPLICATION**

Sections 1 - 4, along with Section 5 or 6 and any attachments, constitute the formal application that candidates must complete and submit in order to be considered for Commission membership.

- ▶ Sections 1 - 4 of the Application Form are those sections that every candidate—both “new member” and “renewal” applicants—must complete. These sections request contact, demographic, constituency/representative capacity, experience/ knowledge, and biographical information. Section 1 is used for internal organizational purposes only, and if an applicant is recommended for approval, it is omitted from the package.
- ▶ Section 5 or Section 6 should be completed by the applicant, consistent with the type of application s/he is submitting: as a “new member” (not a current Commission member) or a “renewal” (a current Commission member seeking a re-appointment to his/her seat) applicant. “Renewal” and “new member” applications are mutually exclusive; NO application can be labelled as both “new member” and “renewal,” so no applicant should complete both Sections 5 and 6. If an applicant is unclear if s/he should submit a renewal or new member application, s/he should contact the Commission office for clarification.

### **ATTACHMENTS**

- ▶ All applicants are invited to include their resumes or curricula vitae (CVs) with their applications, although neither resumes nor CVs are required.
- ▶ Additionally, certificates of completion or other proofs of training, if available, requested in response to Section 3, #9 a) - c) may be included.
- ▶ Questions in Sections 5 and 6 instruct the applicants to attach additional pages, if necessary, to complete their responses.
- ▶ Letter(s) of reference or support may be attached, although they, like resumes, are not required.

### **TRANSPARENCY and PUBLIC DOCUMENTS**

The Commission is a public entity that complies with the California’s transparency and public meeting laws and requirements. In particular, the Ralph M. Brown Act (“Brown Act”) dictates how public bodies, such as the Commission, must conduct themselves in prescribed ways to ensure openness, transparency and opportunities for public input. Since the Operations Committee and Commission meetings are open to the public, any information reviewed or provided during Commission or committee meetings is considered a “public document” (the public can see it, reference it, use it, and/or request copies). However, since applications are offered by individuals in their private capacity to become future member of the HIV Commission, the completed applications are not subject to the Brown Act.

However, if an applicant is recommended for approval, all sections of the application form excluding Section 4 will become a public document during the Open Nominations Process. Therefore, applicants are informed to not divulge any information on the application form that the applicant would not want to be known publicly.

### **APPLICATION SUBMISSION**

This membership application (and the application form herein) is available in print or electronically. Potential candidates may request applications by contacting the Commission office at (213) 738-2816,

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](mailto: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: \_\_\_\_\_  
(Please print name as you would like it to appear in communications)
  2. Organization: \_\_\_\_\_  
(if applicable)
  3. Job Title: \_\_\_\_\_
  4. Mailing Address: \_\_\_\_\_
  5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  6. Provide address of office and where services are provided (if different from above):  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 
7. Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_
  8. Email: \_\_\_\_\_  
(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.

Signature: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ 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	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

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:**     African- American/Black,not Hispanic     Hispanic  
(Check all that apply)  
 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?**

\_\_\_\_\_

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:

---

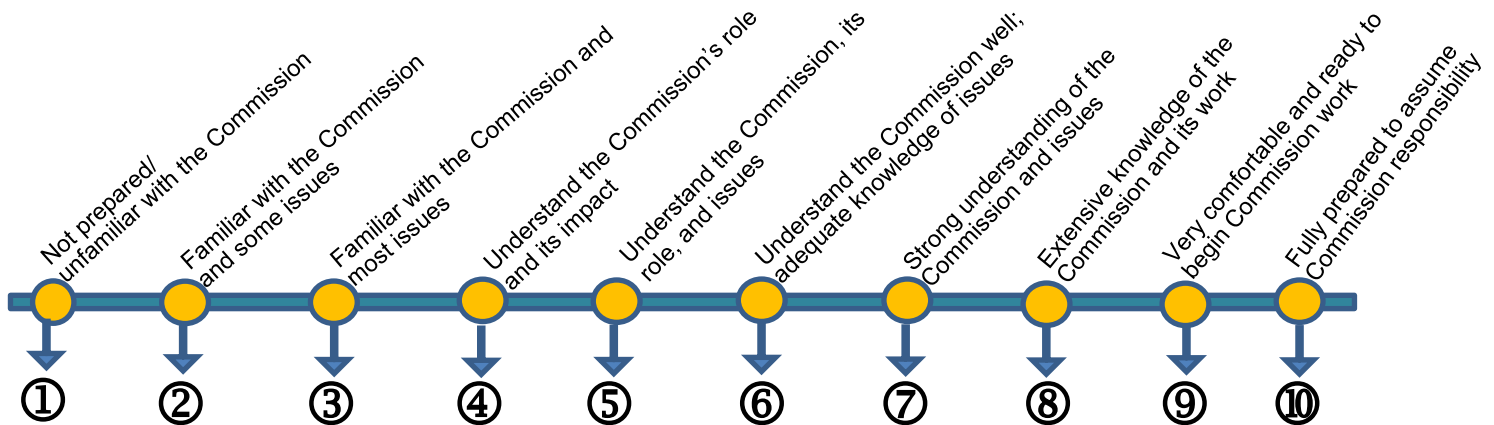
11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required—attach a new/updated resume. You may continue on an additional page, if necessary. As you feel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

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:

## 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.**

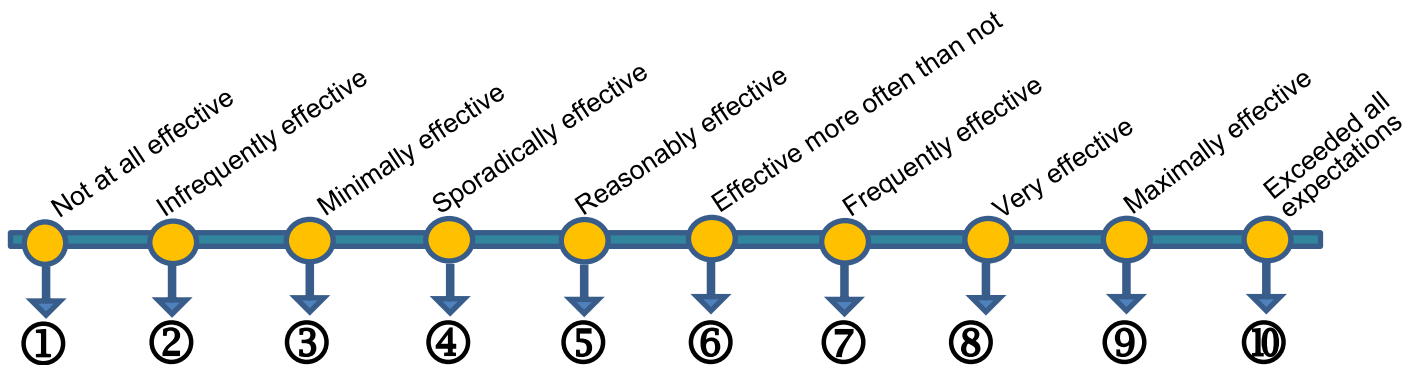
- 
16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

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.

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?**

Name: \_\_\_\_\_

Nominee for: \_\_\_\_\_

Nominated by: \_\_\_\_\_

**STATEMENT OF QUALIFICATIONS**

Please Type or Print

Name \_\_\_\_\_  Female  Male  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Former Business/Professional Experience  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organizational Affiliations (professional, business, homeowner, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you generally available for daytime or nighttime Commission meetings?  Yes  No  
If no, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you registered to vote in Los Angeles County?  Yes  No

Have you ever been convicted, fined, imprisoned, placed on probation, received a suspended sentence or forfeited bail for any offense (except non-moving traffic violations) by any court (including convictions dismissed under Penal Code Section 1203.4)?  Yes  No

If yes, what offense or offenses:

---

---

At the present time, do you hold any position with any public entity?  Yes  No

If yes, what public entity or entities and what position or positions?

---

---

A statement of duties and qualifications of the position for which you are being considered is attached. Please read the statement and write below why you are particularly suited to serve the people of the County of Los Angeles in this position. You may attach additional sheets of paper for your response (optional).

---

---

---

---

---

---

---

Please indicate the names, addresses, and telephone numbers of references  
(Optional):

---

---

---

---

**CONSENT AND CERTIFICATION**

I have reviewed the attached description of qualifications and duties for the position.

I am able to perform all duties. I am willing to serve.

I acknowledge that the County of Los Angeles may contact other entities or other persons to confirm information I have provided.

I certify that all statements and representations made in this Statement of Qualifications are true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Name: \_\_\_\_\_

Nominee for: \_\_\_\_\_

Nominated by: \_\_\_\_\_

**ACKNOWLEDGMENT OF CONFLICT OF INTEREST INFORMATION**

I acknowledge that I have been advised that Los Angeles County has made advance disclosure of potential Conflicts of Interest applicable to all members of commissions, committees and boards.

This means among other things, that I will disqualify myself from participation in any governmental matters in which I have an economic interest. If I have any questions regarding the propriety of my participation in such governmental matters, I will consult with the County Counsel.

I have also received a copy of applicable definitions and explanation of the requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LOS ANGELES COUNTY COMMISSIONERS**  
**COUNTY-RELATED FINANCIAL DISCLOSURE**  
**QUESTIONNAIRE**

The following questionnaire requests certain information with respect to the financial and other interests that may be connected with the County or with your duties as a commissioner, committee member, or board member. In the spirit of the purposes of such disclosure, your answers should be liberally construed to disclose any interests that might be reasonably expected to be particularly affected by commission/committee/board action or to be disclosed in the public interest. Before answering any of the questions, please read the definitions listed below carefully; they are intended to further your understanding of the types of information that should be disclosed.

**NOTE:** The information called for in the financial disclosure questionnaire relates only to income, real property, investments, or business interests which are the subject of business transactions with the County, or which are subject to the regulation, inspection, or enforcement authority of the County or of the commission, committee or board for which you are being considered for appointment. **YOU ARE NOT REQUIRED** to disclose this information if such is not the case.

When describing any investment of business interest, you need only describe it sufficiently to identify it. Thus, with respect to real property, the address or other precise identification of the location would be given. With respect to ownership interests in business entities the name of the business entity and a statement of the nature of your interest (e.g., common stock, partnership interest, director, trustee, etc.) is sufficient. With respect to disclosure of remuneration, the business entity that is the source should be described, but the nature of the income (e.g., dividends, salary, etc.) need not be described.

**DEFINITIONS**

"Interest in real property" includes any leasehold, beneficial or ownership interest or an option to acquire such an interest in real property if the fair market value of the interest is greater than two thousand dollars (\$2,000). Interests in real property of an individual include a pro rata share of interests in real property of any business entity or trust in which the individual or his immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.



"Investment" means any financial interest in or security issued by a business entity, including but not limited to common stock, preferred stock, rights, warrants, options, debt instruments and any partnership or other ownership interest, if the business entity or any parent, subsidiary or otherwise related business entity has an interest in real property in the County, or does business with the County, plans to do business with the County, or has done business with the County at any time during the last two years. No asset shall be deemed an investment unless its fair market value exceeds two thousand dollars (\$2,000). The term "investment" does not include a time or any insurance policy, interests in a diversified mutual fund registered with the Securities and Exchange Commission under the Investment Company Act of 1940 or a common trust fund which is created pursuant to Section 1564 of the Financial Code, or any bond or other debt instrument issued by any government or government agency.

Investments of an individual DO include a pro rata share of investments of any business entity or trust in which the individual or his immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

"Income" means income of any nature from any source including, but not limited to, any salary, wage, advance, payment, dividend, interest, rent, capital gain, or return of capital. Income of an individual also includes a pro rata share of any income of any business entity or trust in which the individual or his immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

Name: \_\_\_\_\_

Nominee for: \_\_\_\_\_

Nominated by: \_\_\_\_\_

**COUNTY-RELATED FINANCIAL DISCLOSURE QUESTIONNAIRE**

(For reappointments, list income since last questionnaire)

1. List all contracts entered into, bid on, or negotiated with the County or any County board, commission, or committee either as an individual or by any business in which you or your immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

---

---

---

2. List each source of income aggregating more than \$500 during the last 12 months derived from real property that you or your immediate family owns directly, indirectly or beneficially and is leased or rented by the County or is subject to regulation, inspection, or enforcement authority of the County or the board, commission, or committee for which you are being considered for appointment.

---

---

---

3. List any source of income (aggregating more than \$500 during the last 12 months) that has regular transactions with any County agency, board, committee or commission.

---

---

---

4. List all investments worth more than \$2,000 in entities in which you or your immediate family owns directly, indirectly or beneficially, a ten percent interest or greater, and provides or sells services or supplies utilized by the County or are subject to regulation, inspection, or enforcement authority of the County or of the board, commission, or committee for which you are being considered for appointment.

---

---

---

5. List the name of any business entity for which you were a director, officer, partner, trustee, or employee or for which you held any position of management that is the subject of any business transactions with the County or which is subject to regulation, inspection, or enforcement authority of any County agency or by the board, commission, or committee for which you are being considered for appointment.

---

---

---

# Stephanie Cipres

Los Angeles, CA 90062 | (323) 495-2012 | [cipres@usc.edu](mailto:cipres@usc.edu)

## *Education*

---

**CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE** Los Angeles, CA  
**Master of Public Health**, Urban Health Disparities May 2019

**UNIVERSITY OF SOUTHERN CALIFORNIA** Los Angeles, CA  
**Bachelor of Science**, Health Promotion and Disease Prevention December 2015

## *Professional Experience*

---

**USC KECK SCHOOL OF MEDICINE** Los Angeles, CA  
Study Coordinator/Project Specialist, Maternal Child & Adolescent Clinic October 2019-Present

- Participate in screening and assessing patient eligibility for HRSA Part C Capacity Development Program (AAPS Study).
- Coordinate and complete participant activities such as recruitment, enrollment, and participant follow-up.
- Perform the consent process in compliance with IRB, HIPAA, and institutional regulations/policies.
- Assist with organizing and scheduling study activities to meet and comply with grant and research objectives.
- Communicate with study team personnel including Principal Investigator to ensure study procedures and protocols are followed. Serve as primary contact for study participants/IRB.
- Collect, record, and enter all pertinent data for participants and study activities. Administer pre/post study surveys and review medical records as needed.
- Maintain accurate and timely record keeping including database, consent forms, protocol documents, and REDCap (Research Electronic Data Capture). Update database for reporting and compliance purposes.
- Coordinate purchasing and reimbursements of study incentives, supplies, and materials.
- Collaborate with investigators to prepare and organize reports submitted to the funding agency and university.
- Work jointly with the data manager to request reports/data related to the study.
- Assist investigators in developing research proposals as needed.

Patient Care Navigator/Project Specialist, Maternal Child & Adolescent Clinic March 2018-October 2019

- Screened clients to determine eligibility for HIV-Positive Women of Color (WoC) Intervention in HIV primary care study funded by AIDS United.
- Recruited and approached clients regarding study and enrollment, explained intervention activities as well as benefits.
- Provided intensive care coordination and outreach to retain HIV positive WoC in care.
- Supported clients to ensure optimal adherence, treatment, and retention in care through viral load suppression.
- Developed and implemented individualized care plans according to patient specific goals and barriers.
- Delivered a series of skill enhancing educational sessions on HIV diagnosis, care, and treatment in a culturally and linguistically appropriate manner.
- Collaborated with clinical care team and Los Angeles County Department of Public Health to ensure patient retention and linkage
- Attended weekly conferences with health care team to discuss research study progress/deadlines, patient cases, and implementation activities.
- Completed monthly monitoring reports, data cleaning reports, and acuity assessments as part of the study protocol.
- Documented time sensitive client encounters in multiple database systems while maintaining confidentiality.
- Assisted with development and revision of implementation manual created by AIDS United/Boston University School of Public Health.

**SOUTH CENTRAL FAMILY HEALTH CENTER** Los Angeles, CA  
Patient Care Navigator, Family Medicine February 2016-March 2018

- Managed a caseload of approximately 100 patients and assisted with care coordination, chronic disease management, and health coaching.
- Worked closely with patients, providers, specialists, and care team to ensure the medical needs of the client were met.

- Coordinated completion of pre-op medical clearance and post-op appointments.
- Processed internal mental health referrals and managed template/schedule for mental health clinician.
- Managed Annual Wellness Exams and Initial Health Assessments as required by health plans.
- Collaborated with Patient-Centered Medical Home (PCMH) team.
- Reviewed ER Discharge list and coordinated Post-Hospital follow-up appointments.
- Referred patients to social services, mental health, and community resources.
- Attended monthly workshops hosted by the Institute for High Quality Care at Cedars-Sinai Medical Center and presented methods and techniques learned to clinic staff as a member of Quality Improvement Committee

**USC HEALTHY MOTHERS & KIDS STUDY**

Los Angeles, CA

Research Assistant, Department of Preventive Medicine

January 2014-December 2015

- Conducted phone surveys to determine participant eligibility for a study with a focus on obesity among low income families in Los Angeles.
- Designed a questionnaire/moderator guide for the diabetes focus group/interviews.
- Assisted as the Spanish translator during the focus groups/interviews and transcribed/coded dialogue on ATLAS.ti
- Provided educational material regarding nutrition classes, healthy eating, diabetes, and fitness to the families participating in the study.
- Created literature tables to identify and organize common themes presented in the diabetes focus groups.

*Practicum Experience*

---

**SOUTH CENTRAL FAMILY HEALTH CENTER**

December 2018- June 2019

Patient Care Navigator, Housing Insecurity & Health Workshops

- Assisted with Housing Insecurity & Health Workshop grant project funded by Kaiser Permanente.
- Attended and facilitated meetings and communication between clinic grant project staff and collaborating non-profit organization Inquilinos Unidos.
- Established workshop dates based on project staff and patient availability.
- Created bilingual educational materials for project that was culturally and linguistically appropriate for target population.
- Designed print and digital promotional materials for the project.
- Developed pre/post survey questions to assess effectiveness of housing workshop.
- Completed outreach activities and extended invitation to patients eligible per grant criteria
- Managed logistical matters such as reserving clinic space, childcare, setup etc.

*Highlights*

---

**SKILLS:** Excellent in Microsoft Office: Word, Excel, PowerPoint, Adobe Acrobat.

Proficient in Nextgen EHR, i2i Tracks, ORCHID EMR by Cerner, ESRI ArcGIS.

Proficient design experience using Canva to create educational materials such as infographics as well as promotional materials.

**LANGUAGE:** Fluent in Spanish.



# LOS ANGELES COUNTY FACT SHEET COMMISSION ON HIV

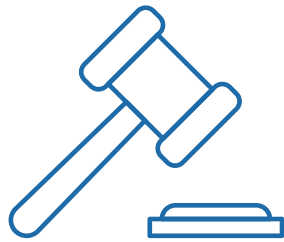
<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

The Commission on HIV (COH) serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD) services.



## APPOINTMENT

By Board  
of Supervisors.



## TERM OF OFFICE\*

**2 years**

Serve at the pleasure  
of the Board.



## MEMBERS

**51**

Nominated by the  
Commission on HIV.



## FORM 700

May be subject  
to file.



# LOS ANGELES COUNTY FACT SHEET COMMISSION ON HIV

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES



## QUALIFICATIONS\*

Recommended entities shall forward candidates to the Commission for membership consideration.

**Recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by HIV/ STDs.**





# LOS ANGELES COUNTY FACT SHEET COMMISSION ON HIV

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES



## DUTIES\*

The Commission on HIV is tasked with planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Disease(s) (STDs) services in Los Angeles County.

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





# LOS ANGELES COUNTY FACT SHEET COMMISSION ON HIV

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES



## INCENTIVES\*

Gift cards or stipends, and reimbursements for mileage, transportation, childcare are available only to unaffiliated consumers.

**No more than \$150 per month as determined by the Commission policy.**



# LOS ANGELES COUNTY FACT SHEET COMMISSION ON HIV

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES



## MEETINGS\*

At least ten (10) times per year, plus monthly  
Committee meetings.

**Additional time commitment may be required.**



# LOS ANGELES COUNTY FACT SHEET COMMISSION ON HIV

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

To view active members, vacancies and websites on Los Angeles County created commissions, please visit:

**[http://bos.lacounty.gov/ Services/Commission- Services/Membership- Roster](http://bos.lacounty.gov/Services/Commission- Services/Membership- Roster)**

**\*For more details view additional information on the following page(s).**





# HOJA DE DATOS DEL CONDADO DE LOS ÁNGELES

## COMISIÓN DEL VIH

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

La Comisión del VIH ejerce como el consejo local de planeamiento para la planificación, adjudicación, coordinación y entrega de los servicios de VIH/SIDA y Enfermedades de Transmisión Sexual (ETS).



### DESIGNACIÓN

Por la Junta de Supervisores.



### DURACIÓN DEL MANDATO\*

## 2 años

Se desempeñan sujetos a las directivas de la Junta de Supervisores.



### MIEMBROS

## 51

Nombrados por la Comisión del VIH.



### FORMULARIO 700

Puede estar sujeto a completar.



# HOJA DE DATOS DEL CONDADO DE LOS ÁNGELES COMISIÓN DEL VIH

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES



## CALIFICACIONES\*

Las entidades recomendantes enviarán candidatos a la Comisión para que sea considerada su membrecía.

**Se solicita a las entidades recomendantes y al conjunto de los que nombran, a que elijan candidatos que padecen VIH o a miembros de poblaciones afectadas desproporcionadamente por la epidemia.**





# HOJA DE DATOS DEL CONDADO DE LOS ÁNGELES COMISIÓN DEL VIH

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES



## FUNCIONES\*

La Comisión del VIH tiene la tarea de planificar, adjudicar, coordinar y proveer los servicios de VIH/SIDA y Enfermedades de Transmisión Sexual (ETS) en el Condado de Los Ángeles.

**Consistente con la Sección 2602(b)(4) (42 U.S.C. § 300ff-12) de la legislación Ryan White, la guía HRSA, y los requerimientos de la Guía de planeamiento de VIH de los CDC.**



# HOJA DE DATOS DEL CONDADO DE LOS ÁNGELES COMISIÓN DEL VIH

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES



## INCENTIVOS\*

Tarjetas de regalo o estipendios, y reembolsos por millaje, transporte, cuidado de niños están disponibles solo para los consumidores no afiliados.

**No más de \$150 por mes según determinación de las políticas de la Comisión.**





# HOJA DE DATOS DEL CONDADO DE LOS ÁNGELES COMISIÓN DEL VIH

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES



## ENCUENTROS\*

Al menos diez (10) veces por año, además de los encuentros de Comité mensuales.

**Puede ser requerido un tiempo adicional de compromiso.**





# HOJA DE DATOS DEL CONDADO DE LOS ÁNGELES COMISIÓN DEL VIH

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

Para ver los miembros activos, las vacantes y los sitios web de las comisiones creadas en el Condado de Los Ángeles, por favor visitar: [http://bos.lacounty.gov/ Services/Commission- Services/Membership- Roster](http://bos.lacounty.gov/Services/Commission-Services/Membership-Roster)

**\*Para más detalles, ver la información adicional en la(s) siguiente(s) página(s).**

*Trans is  
Beautiful*

*Spread the beauty and bravery.*

*Claim your seat at the table.*

*Join the Commission on HIV.*

**<http://hiv.lacounty.gov/>**



LOS ANGELES COUNTY  
**COMMISSION ON HIV**





**TRANSform** the HIV movement  
with **US.**

Join the Commission on HIV.

<http://hiv.lacounty.gov/>



LOS ANGELES COUNTY  
COMMISSION ON HIV





We cannot end HIV without  
women at the forefront of  
the movement.

Claim your seat at the  
table.

Join the Commission on HIV.

<http://hiv.lacounty.gov/>



LOS ANGELES COUNTY  
**COMMISSION ON HIV**





WHEN WOMEN LEAD, CHANGE HAPPENS.

END THE HIV EPIDEMIC WITH WOMEN  
AND GIRLS AT THE FOREFRONT OF THE  
MOVEMENT.

JOIN THE COMMISSION ON HIV.

<http://hiv.lacounty.gov/>



LOS ANGELES COUNTY  
COMMISSION ON HIV





# Mentorship Program Guide

---

*Los Angeles County Commission on HIV*



## CHECKLIST FOR MENTORS AND MENTEES

---

- § Read this entire Mentorship Program Guide
- § Complete "COH Knowledge" self-assessment on pages 6-7
- § Complete the "My Mentoring Skills" self-assessment on page 8
- § Attend COH Mentorship Program Orientation and Training



## Los Angeles County Commission on HIV Mentorship Program Guide (Final)

### Overview:

This guide explains the mentorship program developed by the Los Angeles County Commission on HIV. The Commission's Mentorship Program will be managed, reviewed, and evaluated by the Operations Committee. The Mentorship Program seeks to:

- cultivate mentorship and community spirit among Commissioners,
- provide supportive guidance for navigating the Commission's system and structure,
- deepen members' cross-cultural communication and trust,
- broaden understanding of the system of care and prevention, and
- transfer of knowledge

The desired outcomes of the mentoring program include:

- Nurture the leadership capacity among all Commission members through giving and receiving support in one-on-one mentoring.
- Develop skills for reflective/critical thinking and decision making around important Commission issues and functions such as planning, priority setting, resource allocations, policy development, and standards of care.
- Develop skills for understanding Commission processes.
- Increase the retention of new Commission members, in particular unaffiliated consumers.

### What are the Goals of the Mentorship Program?

The goal of the mentorship program is to nurture leadership by providing one-on-one support for each new Commissioner. Mentoring furthers the larger goal of the Commission on HIV which is to create a culture of understanding and decision making where each member appreciates their unique contribution to the group.

Successful mentoring ensures continuity of membership and enhanced participation. Mentoring teaches how to contribute by answering questions common to all new members about process, funding and other key issues.

### How does the Mentorship Program Function?

To address the potential confusions faced by new members, it was decided to set up a one-on-one match where longer serving members would volunteer to give advice and historical background to new members. The mentorship program formalizes knowledge transfer between established members and new arrivals. The Commission staff will provide the mentor and mentee a document describing the history of the Commission to initiate mutual learning and support.

Once the Operations Committee has determined the mentor-mentee pairing and the mentor agrees to the



match, it's up to the two members to coordinate their connection. The key agreement is that the mentor be available to explain Commission-related issues. They can visit over coffee, by email, over the phone, etc. Commission staff will initiate the introduction via an electronic message along with the COH history document, bylaws, Code of Conduct, and relevant duty statements. The Commission office is available for mentor-mentee meetings.

Mentors will be asked to sit with their mentees at Commission meetings for at least the first 3-4 meetings. Mentors are asked to write down questions they would like to defer to staff when they cannot answer a question or provide needed information.

Mentors agree to give Commission information to the new members. **A key part of delivering knowledge includes giving all members the freedom to vote with their own conscience.**

## **Operations Committee Process for Designating Mentor-Mentee Pairs:**

1. COH staff will suggest a list of mentor-mentee pairings for the Operations Committee to review and discuss. Mentors should be an established member with experience on the Commission. The Operations Committee then approves the mentor-mentee relationship.
2. The mentor relationship is administered by the COH staff. Prospective members are told about the mentorship program during their interviews. Once approved by the COH for membership, COH staff and the pool of available mentors complete the following steps:
3. COH staff explains the mentorship program and asks the new members and mentors to read this guide.
4. COH staff drafts a suggested list of mentor-mentee pairs for the Operations Committee to review.
5. Once the mentor-mentee pairs are approved by the Operations Committee, COH staff calls the requested mentor and asks if they will work with the new member. Commission staff will initiate the introduction via an electronic message along with the COH history document, bylaws, Code of Conduct, and relevant duty statements. The Commission office is available for mentor-mentee meetings.
6. The mentor and the new member build their relationship. It is suggested that they meet at least once or twice in person plus phone conversations and email check-ins during the new member's first three months on the Commission. They may set up a regular meeting time or meet on an as needed basis.
7. If a new member wishes to have a different mentor, that request should be made to COH staff.
8. The intention of the mentorship program is to support new members until they are sufficiently grounded in Commission activities.
9. The mentoring cycle is complete when a member feels sufficiently adept at Commission activities to become a mentor for new members.
10. COH staff will facilitate the first formal meeting and training with mentors and mentee by providing a 1.5 hour mentorship program overview. The overview will consist of 1) review program and participant roles and responsibilities; 2) ice-breaker/get to know you activity; 3) completion and discussion of self-assessments; and 4) identification of next steps and share commitments (i.e., how often to communicate and meet).

## **How will the Mentorship Program be Implemented?**

- **Operations Committee:** In conjunction with COH staff, the Operations Committee prepares, sends out and gathers results from the mentoring survey. This annual evaluation of the mentorship program solicits information about how the program is effective and what can be done to improve the program.
- **COH staff:** COH staff identifies mentors and negotiates the matches between mentors and new members and monitors the mentorship program.

## What is the Mentor Skill Set?

COH staff will recommend which members are ready to be mentors based on criteria that include:

- Mentors have been on the Commission long enough (at least 12 months, ideally 24 months) to have participated in a complete yearly Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) funding cycle. These cycles drive the allocation and prioritization efforts that are the Commission's main responsibility, and it is important that mentors understand these annual milestones that move the Commission forward.
- Mentors must have a good understanding of the COH purpose and responsibilities. Mentors must complete the "COH Knowledge" self-assessment form prior to initiating contact with the mentee. COH staff will work with the mentors to provide customized support and additional training based on the results of the self-assessment.
- Mentors will strive to model and practice effective mentoring skills outlined in the "My Mentoring Skills" assessment. Those mentoring skills are:

### **Shared Core Skills (shared between mentor and mentee)**

1. Listening actively
2. Building trust
3. Encouraging
4. Identifying goals and current reality

### **Mentor-Specific Skills**

1. Instructing/developing capabilities
2. Inspiring
3. Providing corrective feedback
4. Managing risks
5. Opening doors

### **Mentee-Specific Skills**

1. Acquiring mentors
2. Learning quickly
3. Showing initiative
4. Following through
5. Managing the relationship

- In the spirit of fostering mutual learning, both the mentor and mentee will complete the "COH Knowledge" and "My Mentoring Skills" self-assessments to help identify areas where more targeted coaching is needed. The results of the self-assessments will be discussed in the mentorship program overview training.

## The Mentoring Lifecycle

On a semi-annual basis, COH staff will review the currently active mentor relationships. COH staff checks in with both the mentor and the new member after the mentoring relationship has been active for a full year. In an email or phone call, COH staff asks if the mentoring relationship is still ongoing, or if the mentoring relationship can be dissolved.

The mentoring relationship may continue at the request of the participants. If the mentoring relationship is dissolved, the mentor may request another new member, or the mentor may request a break from mentoring.

\*\*\*\*\*

## Frequently Asked Questions

**Is it required to have a mentor?** Having a mentor is voluntary. No new member is required to be assigned to a mentor.

**How often should I meet with my mentor?** That will be determined by you and your mentor.

**Can I request a different mentor?** Yes, contact COH staff if you feel you need a new mentor.



**Commission on HIV (COH) Knowledge Self-Assessment**

**Please rate how well you currently understand each of the following topics:**

<b>I understand...</b>	<b>Very Well</b>	<b>Quite Well</b>	<b>Neutral</b>	<b>A Little</b>	<b>Not at All</b>
The role of planning councils and why they exist in the Ryan White Part A Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The purpose and structure of the Los Angeles County Commission on HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership requirements of the Commission on HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My role as a Board-appointed Commissioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV prevention, care, treatment, and support services funding in LA County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Resources Services Administration (HRSA) service categories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please rate how well you can currently perform each of the following skills or activities:**

<b>I can...</b>	<b>Very Well</b>	<b>Quite Well</b>	<b>Neutral</b>	<b>A Little</b>	<b>Not at All</b>
Understand needs assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Robert's Rules of Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage in public speaking/give presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve as a role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in a group setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Commission on HIV (COH) Knowledge Self-Assessment (continued)

1. What is the purpose of the Ryan White HIV/AIDS Program? *Select one:*

- Ⓐ To provide routine HIV testing in all health care settings
- Ⓑ To provide emergency and/or transitional housing for People Living with HIV/AIDS
- Ⓒ To provide HIV-related care, treatment, and support services for those who may not have sufficient resources to manage their HIV
- Ⓓ To lobby for new state and local legislation regarding HIV

2. What federal agency funds the Ryan White HIV/AIDS Program? *Select one:*

- Ⓐ The Centers for Disease Control and Prevention (CDC)
- Ⓑ The Health Resources and Services Administration (HRSA)
- Ⓒ The U.S. Department of Housing and Urban Development (HUD)
- Ⓓ Office of National HIV/AIDS Policy (ONAP)

3. What federal agency funds HIV prevention in states and cities? *Select one:*

- Ⓐ The Centers for Disease Control and Prevention (CDC)
- Ⓑ The Health Resources and Services Administration (HRSA)
- Ⓒ The U.S. Department of Housing and Urban Development (HUD)
- Ⓓ Office of National HIV/AIDS Policy (ONAP)

4. What describes part of the role of a Commissioner? *Select one:*

- Ⓐ Advocate for HIV services and funding
- Ⓑ Focus on personal needs
- Ⓒ Use data to make decisions
- Ⓓ All of the above

5. Which of the following lists Core Medical Services for HIV, as defined by HRSA? *Select one:*

- Ⓐ Food bank, medical case management, and legal services
- Ⓑ Oral health, transportation, and primary care
- Ⓒ Primary medical care, HIV medications, and medical case management

6. Which of these lists only Support Services for HIV, as defined by HRSA? *Select one:*

- Ⓐ Transportation, legal services, and food bank
- Ⓑ HIV medications, hospice care, and primary care
- Ⓒ Medical case management, substance abuse treatment, and transportation
- Ⓓ Food bank, oral health, and linguistic services

7. The role of the Commission on HIV is: *Select one:*

- Ⓐ Assess the needs of People Living with HIV/AIDS
- Ⓑ Establish service category priorities
- Ⓒ Allocate funds to service categories
- Ⓓ All of the above

8. Which of the following is an activity of the Commission on HIV? *Select one:*

- Ⓐ Assessing the needs of people living with HIV/AIDS
- Ⓑ Allocating Ryan White HIV/AIDS Program dollars
- Ⓒ Maintaining a comprehensive plan for HIV prevention and care services
- Ⓓ All of the above

9. In order to fill an Unaffiliated Consumer seat on the Commission on HIV, one must meet which of the following? *Select one:*

- Ⓐ Not employed by or a board member of a Part A Ryan White-funded provider
- Ⓑ A person living with HIV receiving a service funded under Ryan White Part A
- Ⓒ Be a resident of Los Angeles County
- Ⓓ All of the above

10. Who is the recipient in charge of managing the Ryan White Part A Program? *Select one:*

- Ⓐ Commission on HIV
- Ⓑ LA County Chief Executive Office (CEO)
- Ⓒ The Health Resources and Services Administration (HRSA)
- Ⓓ Division of HIV & STD Programs (DHSP)



## My Mentoring Skills Self-Assessment

**Directions:** Assess your potential to be a successful mentor and mentee by rating yourself on the following mentoring skills. For each skill, circle the appropriate number. Total the numbers for each part (I, II, and III), and read the interpretations.

Mentoring Skill	Quality of Skill			
	Excellent	Very Good	Adequate	Poor
<b>Part I. Shared Core Skills</b>				
1. Listening Actively	5	3	1	0
2. Building Trust	5	3	1	0
3. Encouraging	5	3	1	0
4. Identifying Goals and Current Reality	5	3	1	0
	Subtotal Core Skills			
<b>16-20</b>	Excellent core skills; you could coach others; concentrate improvement efforts on fine-tuning your style			
<b>11-15</b>	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentor or mentee			
<b>6-10</b>	Adequate core skills; work on your less-developed skills in order to have better relationships			
<b>5 or under</b>	You'll benefit from coaching and practice on core skills; acquire retraining or coaching, and observe others who have strong skills			
<b>Part II. Mentor-Specific Skills</b>				
1. Instructing/Developing Capabilities	5	3	1	0
2. Inspiring	5	3	1	0
3. Providing Corrective Feedback	5	3	1	0
4. Managing Risks	5	3	1	0
5. Opening Doors	5	3	1	0
	Subtotal Mentor Skills			
<b>20-25</b>	Excellent mentor skills; you could coach others; concentrate improvement efforts on fine-tuning your style with particular mentees			
<b>15-19</b>	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentor			
<b>10-14</b>	Adequate mentor skills; work on your less-developed skills in order to acquire strong mentees and have better relationships with them			
<b>9 or under</b>	You'll benefit from coaching and practice on mentor skills; acquire training or coaching, and observe others who have strong skills			
<b>Part III. Mentee-Specific Skills</b>				
1. Acquiring Mentors	5	3	1	0
2. Learning Quickly	5	3	1	0
3. Showing Initiative	5	3	1	0
4. Following Through	5	3	1	0
5. Managing the Relationship	5	3	1	0

- 20-25** Excellent mentee skills; you could coach other mentees; concentrate any improvement efforts on fine-tuning your style with particular mentors
- 15-19** Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentee
- 10-14** Adequate mentee skills; work on your less-developed skills in order to acquire strong mentors and have better relationships with them
- 9 or under** You'll benefit from coaching and practice on mentee skills; get training or coaching, and observe others who have strong skills

Subtotal Mentee Skills

DRAFT





# SKILLS FOR SUCCESSFUL MENTORING:

## Competencies of Outstanding Mentors and Mentees

by Linda Phillips-Jones, Ph.D.



# SKILLS FOR SUCCESSFUL MENTORING

© 2003 by Linda Phillips-Jones, Ph.D.

Author, *The New Mentors and Proteges*

**E**ffective mentoring requires more than common sense. Research indicates that mentors and mentees who develop and manage successful mentoring partnerships demonstrate a number of specific, identifiable *skills* that enable learning and change to take place. This strategy booklet describes these skills and provides a tool for you to assess yourself informally on each skill.

## The Identification of Mentoring Skills

For years, individuals assumed that the process of mentoring was somewhat mysterious. These relationships just happened, and “chemistry” had to be present. It was impossible (even somewhat sacrilegious) to analyze and describe the specifics of what was going on in these arrangements. Analyzing and putting names to behaviors would theoretically kill them.

Some people were able to find mentoring relationships, while many individuals were unaware of how to get started with mentoring and missed out on one of the most powerful development strategies ever devised.

Linda Phillips-Jones (1977) studied hundreds of mentor-mentee partnerships as well as individuals unable to identify any mentors in their lives. The conclusion: mentoring was much more examinable and yet more complex than first thought.

On the “demystifying” side, Phillips-Jones discovered that effective mentors and mentees use *specific processes and skills* throughout their relationships. Further, the skills and

processes can be *learned*, and relationships can be better—more enjoyable, productive, and even time-efficient—as a result.

Additional research by The Mentoring Group revealed that unless a fairly *structured process* and specific skills are applied, mediocre mentoring relationships occur. Not much happens, and participants become frustrated with their well-intended but haphazard efforts. Worse, disappointed participants become convinced that mentoring doesn’t work.

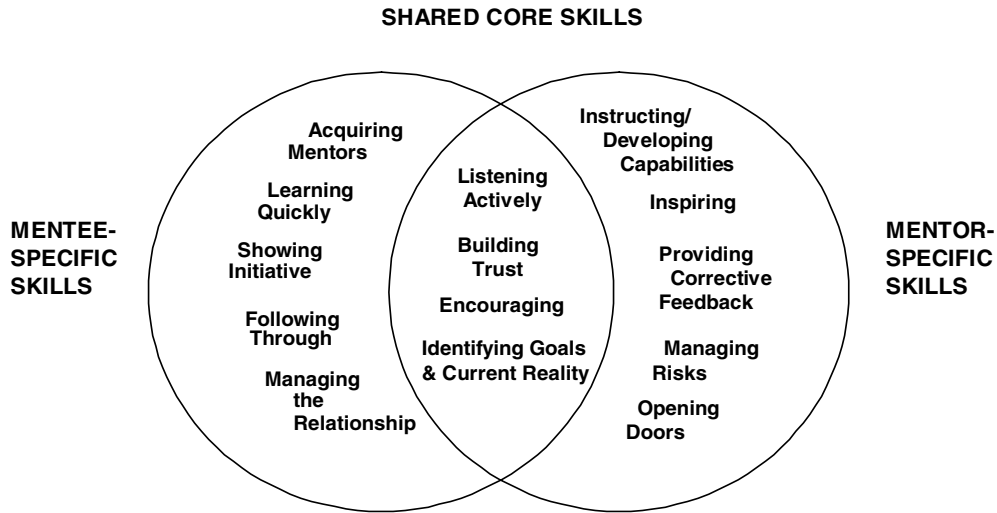
On the positive side, when individuals use these skills and add structure, important, satisfying changes take place in the lives of both mentees and mentors.

A skill is a learned, *observable behavior* you perform that indicates (to someone else) how well you can do something. The set of skills described here constitutes your overall ability to mentor and be mentored.

If you possess these skills to an adequate *quality level*—and if you use them as *frequently* as called for—your chances of having mutually satisfying and productive mentoring relationships will be greatly enhanced. The model on the next page illustrates the *shared* core skills used by both mentors and mentees and the *unique* skills needed by each group.

To help you be a more skilled mentor and mentee, look at the model, review the descriptions of these mentoring skills and the behaviors that make up each one, and start using the skills with the people in your life.

# THE MENTORING SKILLS MODEL



## Core Mentoring Skills

Both mentors and mentees should utilize the following *core* skills in their mentoring partnerships.

### 1. Listening Actively

Active listening is the most basic mentoring skill; the other skills build on—and require—it. When you listen well, you demonstrate to your mentors and mentees that their concerns have been heard and understood. As a result, they feel *accepted* by you, and trust builds. The way you indicate you’re listening intently is by performing several observable behaviors. For example, if you’re an excellent listener, you:

- appear genuinely interested by making encouraging responses such as “Hmmm . . .” and “Interesting . . .” or sometimes reflecting back (paraphrasing) certain comments to show you’ve grasped the meaning and feelings behind the message;

- use appropriate nonverbal language such as looking directly into people’s eyes, nodding your head, leaning slightly toward them, frowning, or smiling where appropriate;
- avoid interrupting mentors and mentees while they’re talking;
- remember and show interest in things they’ve said in the past (“*By the way, how did the meeting with your manager go?*”); and
- summarize the key elements of what each of you said.

Resist the impulse always to turn the conversation to *your* experiences and opinions and to find *immediate solutions* to problems you may be hearing. Listen carefully first; problem solve much later. If your mentors and mentees have a habit of immediate problem solving, see if you can help them be better listeners and problem explorers.

## 2. Building Trust

The more that your mentors and mentees trust you, the more committed they'll be to your partnerships with them, and the more effective you'll be. This trust develops over time—if your mentors and mentees observe certain appropriate behaviors on your part. To become trustable, you must:

- keep confidences shared by your mentors and mentees;
- spend appropriate time together;
- follow through on your promises to them;
- respect your mentors' and mentees' boundaries;
- admit your errors and take responsibility for correcting them; and
- tactfully tell your partners if and why you disagree or are dissatisfied with something so they'll know you're honest with them.

Particularly with cross-difference (e.g., gender, culture, style, age) mentoring, trust-building is crucial and has to be developed over time.

## 3. Encouraging

According to Phillips-Jones' research, the most valued mentoring skill is giving encouragement. This includes giving your mentoring partners recognition and sincere positive verbal feedback.

Mentors and mentees at several Fortune 500 companies revealed in interviews that positive verbal reinforcement—praise—was rare and even publicly discounted in their organizations. However, most admitted enjoying being recognized for accomplishments and abilities and receiving positive feedback—provided such attention was sincere and not overdone. Interviewees said they wished such behaviors were a greater part of their organizational cultures.

When was the last time you received too much praise? If never, you're not alone. Effective mentors encourage their mentees, which in turn helps increase the mentees' confidence and enables them to develop.

At the same time, successful mentees make a point of positively reinforcing their mentors, which serves to keep the mentors focused and motivated. Provide genuine, positive feedback to your mentors and mentees on a regular basis.

While there are many ways to encourage, and mentors and mentees can differ in the types and amounts of encouragement they like, you can:

- compliment your mentoring partners on accomplishments and actions;
- point out positive traits (such as perseverance and integrity) in addition to their performance and accomplishments;
- praise them privately, one-on-one;
- commend them in front of other people (being sensitive to any cultural and style preferences regarding public praise);
- express thanks and appreciation;
- write encouraging memos or e-mail and leave complimentary voice mail; and
- let them know how you use any help they give you.

Be certain that your praise and encouragement are sincere. In mentoring, err in the direction of *too much* praise, rather than too little. Some human development experts recommend a ratio of four or five praises for every corrective remark.

## 4. Identifying Goals and Current Reality

Whether you're a mentor or mentee, you should have a personal vision, specific goals, and a good grasp of current reality. As a mentor, be clear on and talk to your mentees about their visions, dreams, and career/life goals. They'll be interested in your current reality (your view of your strengths and limitations as well as the current reality of situations within your organization) and want help recognizing theirs as well.

As a mentee, you also need this skill. Before asking for help, you should know your tentative goals, strengths, what development you need, and the *specific* assistance you'd like. You should discuss these with your mentors. The more aware you are of these, and the more accurately you can convey them to potential helpers, the more likely they'll be to assist your next steps. To demonstrate this mentoring skill:

- know what's important to you, what you value and desire most;
- recognize areas in which you're able to perform well, very concrete examples of behaviors you can perform at the good-to-excellent level;
- identify specific weaknesses or growth areas observed in yourself and ones noted by others;
- set tentative one- to five-year goals to reach in your personal life and career; and
- describe accurately the reality of your abilities and situations.

Effective mentors and mentees are constantly fine-tuning this self-knowledge, incorporating new feedback and observations on a regular basis. Peter M. Senge, in *The Fifth Discipline*, mentions these skills as part of "personal mastery," which he calls a journey, not a destination.

One effective individual, a former engineer who was currently a division manager (and a mentee in two mentoring partnerships), demonstrated her skill of identifying goals and current reality by writing this:

*"My long-range goal is to be a general manager or vice president within ten years. My technical skills as an engineer and my skills (as an operations manager) are strong. I now manage 75 men and women. I'm weaker in sales and marketing."*

*"I expect to reach my goal by continuing to build our business, gaining some strong marketing and sales OJT in a temporary lateral assignment, getting coaching from my two—and probably future—mentors, providing formal mentoring to at least one promising individual a year, and hopefully, running one of our factories in about five years. My back-up goal is to leave and start my own company."*

Model this skill by continually working on your own goals. Show your mentors and mentees how to take a less than ideal current reality and *pull* that reality toward their goals.

## Critical Skills for Mentors

In addition to the core mentoring skills described above, mentors use several specific competencies in an attempt to help mentees develop.

### 1. Instructing/Developing Capabilities

Probably all mentors do some teaching or instructing as part of their mentoring. The skill is especially important in formal mentoring. This seldom means that you'll give formal speeches and lectures. Instead, your instructing will usually be more informal—from modeling specific behaviors to conveying ideas and processes one-on-one, in a tutoring mode. You'll:

- be a "learning broker" as you assist your mentees in finding resources such as people, books, software, websites, and other information sources;

- teach your mentees new knowledge, skills, and attitudes by explaining, giving effective examples, and asking thought-provoking questions;
- help your mentees gain broader perspectives of their organizations including history, values, culture, and politics;
- demonstrate or model effective behaviors, pointing out what you're trying to do; and
- help them monitor performance and refocus steps as needed.

A key part of your instruction is teaching *the mentoring process*. You can do this by making *process comments*—pointing out, naming, and otherwise getting your mentees to recognize which aspect of mentoring you're doing at the time—and why.

*Whoever cares to learn will always find a teacher.*

— German proverb

## 2. Inspiring

One skill that separates superb mentors from very good ones is an ability to inspire their mentees to greatness. By setting an example yourself and helping your mentees experience other inspirational people and situations, you can help them onto future paths that excite and motivate—even beyond their original dreams. Mentors vary in their ability to be inspiring. See if you can:

- do inspiring actions yourself which challenge your mentees to improve;
- help them observe others who are inspiring;
- arrange other inspirational experiences for them;
- challenge them to rise above the mundane and do important things in life; and

- help them recognize inspiring actions they took in the past and ways to excel again.

It's always tempting to tell mentees what to do and, in fact, to have them follow in your footsteps. Your challenge as a mentor is to ensure that your mentees identify and pursue *their own form of greatness, not necessarily yours*.

Some outstanding mentors **use language**—stories, metaphors, and powerful phrases—to inspire their mentees. Is this a mentoring behavior you could hone during the coming months?

## 3. Providing Corrective Feedback

In addition to giving frequent and sincere positive feedback, effective mentors should also be willing and able to give mentees *corrective feedback*.

When you observe your mentees making mistakes or performing in less than desirable ways, you should be direct with your mentees, letting them know what you perceive and providing some better ways for handling the situations. It will probably be better for them to hear it from you than from others. This is an aspect of the mentor's protection skill, *Managing Risks*, described later.

One of the *first things* you can discuss with your mentees is *if and how* they'd like to receive this feedback. People are more willing to hear corrective feedback if they've given permission and know in advance it's coming. At the same time, you'll be more likely to give feedback if you're invited to do so. Attempt to:

- use positive, non-derogatory, business-like words and tone of voice with mentees when their behaviors or products aren't satisfactory;
- give corrective feedback in private;
- give the feedback as soon as feasible after the performance;

- give specific (as opposed to vague) feedback on behaviors; and
- offer useful suggestions for them to try next time, offering to be a resource when that time occurs.

Use the Encouraging skill much more often than the skill of Providing Corrective Feedback.

#### 4. Managing Risks

Another distinguishing characteristic of effective mentors is their willingness and ability to protect their mentees from disasters. One of your tasks is to prevent your mentees from making *unnecessary* mistakes as they learn to take *appropriate* risks. This skill of Managing Risks builds closely on the core skill of Building Trust, identified earlier. Some refer to this risk-management process as helping mentees “step out on the branch, then fly when ready.” You’ll:

- help your mentees recognize the risks involved in actions and projects, including some risks (and mistakes) you’ve experienced;
- make suggestions to help them avoid major mistakes (business, career, financial, personal, and other) in judgment or action;
- help them learn to prepare well, get wise counsel, then trust their own decisions and actions; and
- if requested in difficult situations, intervene as your mentees’ advocate with others.

Mentees and mentors in many corporations have identified Managing Risks as an *increasingly important* mentoring skill.

#### Typical Risks

Your mentees probably face **business risks and career risks**, potential danger zones in which they could make large errors and possibly jeopardize their positions, careers, or organizations. Here are some examples:

#### Business Risks

Dealing incorrectly with customers  
Missing deadlines  
Underestimating project costs  
Doing something unethical  
Compromising on quality

#### Career Risks

Offending certain people  
Taking the wrong position  
Staying in a job too long  
Not being able to sell others on one’s own ideas  
Failing to learn and improve

Some of these risks your mentees will recognize, and others only you—with your wisdom and experience—recognize. Still other challenges will seem more risky to your mentees than they really are. Offer to help your mentees identify and determine how to handle these risks with *recognition, prevention, and recovery* strategies.

#### 5. Opening Doors

Mentors are usually in a position to provide visibility for their mentees. This means opening the right doors that allow them to meet people and to demonstrate to different audiences what they can do. *Research has shown that when mentors vouch for mentees in this way, their work is much more likely to be well received.* To open doors, you’ll:

- put in a good word to people who could help your mentees reach desired goals;
- personally introduce your mentees to appropriate contacts;
- make certain your mentees’ abilities are noticed by others;
- give your mentees assignments or opportunities that enable them to interact with important colleagues, suppliers, or customers; and



- suggest other resources for your mentees to pursue.

You'll probably open doors for your mentees only when you believe they're ready to go through them. Since your reputation may be affected by your doing this, you'll first want to see your mentees as capable and trustworthy. Explain this process to your mentees as part of the development effort.

One mentee raved about how his mentor opened numerous doors for him. The mentor took him to two key meetings, allowed him to co-author (with the mentor) several papers, set up an opportunity for the mentee to make a very visible oral presentation to a group of decision makers, and nominated him for a highly competitive leadership development program within the organization.

## Critical Skills for Mentees

In addition to the core skills described earlier, mentees need to be competent in several areas.

### 1. Acquiring Mentors

Becoming a successful mentee isn't a passive experience. In the spirit of career self-reliance, you should be very active in selecting and negotiating with *several* mentors who can help you succeed. Good mentors now have a wide choice of potential mentees, so you must skillfully handle the acquisition process. For example, be able to:

- identify a desirable pool of individuals who potentially can provide you with mentoring;
- actively search for several mentors;
- “sell” potential helpers on the idea of providing mentoring to you (in addition to—or as opposed to—others they might help);
- convey your specific needs and goals to prospective mentors; and

- negotiate the mentoring arrangements with your mentors, including agreements on goals, expectations, length of the relationships, confidentiality, feedback processes, and meeting schedules.

For detailed tips on acquiring appropriate mentors, see ***Strategies for Getting the Mentoring You Need***. For more ideas on career self-reliance, read the excellent book, ***We Are All Self-Employed***, by Cliff Hakim. (Both are listed in **Resources**.)

### 2. Learning Quickly

Mentors enjoy working with mentees who learn quickly and take seriously any efforts to teach them. Typically, your mentors want you to be a “quick study.” You should work hard at directly and indirectly learning *everything* you can as rapidly as possible. Try to:

- apply the knowledge and skills presented to you, and be ready to tell your mentors how you applied them;
- observe carefully and learn indirectly from the modeled actions of your mentors and others;
- study materials (those given by your mentors and materials you seek out) related to your development areas;
- integrate new things you learn into your own conceptual framework for problem solving; and
- receive feedback nondefensively. (You should ask for specifics and be appreciative of the feedback. If your mentors have misperceived a fact, diplomatically tell them.)

As your mentoring relationships proceed and mature, you'll probably have ample opportunities to debate and disagree with your mentors. In the beginning, you should display a strong learning attitude, be willing to consider new ideas, and show an openness to be proven wrong.

Unclear about how to become a “quick study”? Try what one dedicated mentee did. She earned a degree in education and English then decided to go back to college and enter pre-med. The math, physics, and chemistry were daunting—her weakest areas by far. Not wanting to fail, she spent at least eight hours every day reading chapters, re-reading and marking them with a yellow highlighter, typing outlines of the chapters, and studying them alone and with study partners. At least two additional hours each day she found an empty classroom and wrote and rewrote math, chemistry, and physics formulas on chalkboards until she could recite them in her sleep.

A quick study? No, a slow study at first. But eventually she got it—and her 4.0. How committed do you think her professor mentors were to her success?

### 3. Showing Initiative

The newest approach to mentoring encourages the mentees to manage the relationships and show considerable initiative (see the skill, *Managing the Relationship*, on the next page). Even with this new trend, some mentors will attempt to lead the relationships and expect you to follow. Others will expect you to drive the process from the beginning.

Either way, they’ll expect you to show the *right amount* of initiative. They’ll observe the things you do *on your own* to develop. At times, most mentors will expect some following from you, particularly when your activities could have ramifications for them (e.g., approaching one of their valued contacts). As an effective mentee, you:

- know when and when *not* to show initiative;
- ask appropriate questions to clarify and get more information;
- pursue useful resources on your own;

- take informed risks (stretch beyond your usual comfort level) in order to acquire new knowledge, skills, and attitudes; and
- go beyond what your mentors suggest; that is, take their ideas and show creative or ambitious ways of using them.

Mentors vary in the amounts and timing of initiative they like from their mentees. Discuss this early in your relationships to establish preferences and expectations and to negotiate arrangements that work for all.

### 4. Following Through

These days, it’s a mentors’ market. Mentees who don’t follow through on tasks and commitments are often dropped and replaced with mentees who do. To demonstrate this skill:

- keep all agreements made with your mentors;
- complete agreed-upon tasks on time;
- try out their suggestions and report back the results;
- explain in advance if you want to change or break an agreement; and
- persist with difficult tasks even when you’re discouraged.

An informal poll of mentors by Phillips-Jones revealed that several were frustrated with mentees who failed to follow through on agreed-upon tasks. Some mentors even refused to enter new mentoring partnerships. They concluded that they were working harder on their mentees’ lives than the mentees were doing for themselves!

## 5. Managing the Relationship

Even when your mentors try to take a strong lead, you're the one who should manage the relationships. It's *your* development, and you must take responsibility for its process and outcomes. To go through this journey, you can:

- describe the general process of being mentored—how it works and why it's powerful;
- stay up to date with each of your mentors on issues between you, goals to reach, satisfaction with your meeting schedules, etc.;
- analyze the current status of your mentoring partnerships, and determine where to go next with them;

- prepare for the end of your mentoring relationships; and
- leave the formal relationships on amicable terms, even if the relationships continue on an informal basis.

Carefully track your mentoring relationships, and make suggestions as needed.

### Final Thoughts

These are the critical skills needed by mentors and mentees for effective mentoring relationships. As a closing exercise to reinforce your learning, complete the mentoring skills self-assessment on the following page.

*There are countless ways of achieving greatness, but any road to achieving one's maximum potential must be built on a bedrock of respect for the individual, a commitment to excellence, and a rejection of mediocrity.*

— Buck Rodgers  
Manager, professional baseball

## MY MENTORING SKILLS

**Directions:** Assess your potential to be a successful mentor and mentee by rating yourself on the following mentoring skills. For each skill, circle the appropriate number. Total the numbers for each part (I, II, and III), and read the interpretations.

Mentoring Skill	Quality of Skill			
	Excellent	Very Good	Adequate	Poor
<b>Part I. Shared Core Skills</b>				
1. Listening Actively	5	3	1	0
2. Building Trust	5	3	1	0
3. Encouraging	5	3	1	0
4. Identifying Goals and Current Reality	5	3	1	0
	Subtotal Core Skills _____			
<b>16-20</b>	Excellent core skills; you could coach others; concentrate improvement efforts on fine-tuning your style			
<b>11-15</b>	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentor or mentee			
<b>6-10</b>	Adequate core skills; work on your less-developed skills in order to have better relationships			
<b>5 or under</b>	You'll benefit from coaching and practice on core skills; acquire training or coaching, and observe others who have strong skills			
<b>Part II. Mentor-Specific Skills</b>				
1. Instructing/Developing Capabilities	5	3	1	0
2. Inspiring	5	3	1	0
3. Providing Corrective Feedback	5	3	1	0
4. Managing Risks	5	3	1	0
5. Opening Doors	5	3	1	0
	Subtotal Mentor Skills _____			
<b>20-25</b>	Excellent mentor skills; you could coach others; concentrate improvement efforts on fine-tuning your style with particular mentees			
<b>15-19</b>	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentor			
<b>10-14</b>	Adequate mentor skills; work on your less-developed skills in order to acquire strong mentees and have better relationships with them			
<b>9 or under</b>	You'll benefit from coaching and practice on mentor skills; acquire training or coaching, and observe others who have strong skills			
<b>Part III. Mentee-Specific Skills</b>				
1. Acquiring Mentors	5	3	1	0
2. Learning Quickly	5	3	1	0
3. Showing Initiative	5	3	1	0
4. Following Through	5	3	1	0
5. Managing the Relationship	5	3	1	0
	Subtotal Mentee Skills _____			
<b>20-25</b>	Excellent mentee skills; you could coach other mentees; concentrate any improvement efforts on fine-tuning your style with particular mentors			
<b>15-19</b>	Very good skills; continue to polish those skills that will make you even more effective and desirable as a mentee			
<b>10-14</b>	Adequate mentee skills; work on your less-developed skills in order to acquire strong mentors and have better relationships with them			
<b>9 or under</b>	You'll benefit from coaching and practice on mentee skills; get training or coaching, and observe others who have strong skills			

## RESOURCES

1. Hakim, C. (1994) ***We Are All Self-Employed: The New Social Contract for Working in a Changed World.*** San Francisco: Berrett-Koehler.
2. Peterson, D. B. & Hicks, M. D. (1996) ***Leader as Coach.*** Minneapolis: Personnel Decisions International, 800.633.4410.
3. Peterson, D. B. & Hicks, M. D. (1995) ***Development FIRST.*** Minneapolis: Personnel Decisions International, 800.633.4410.
4. Phillips-Jones, L. (2003) ***The Mentee's Guide: How to Have a Successful Relationship with a Mentor.*** CCC/The Mentoring Group, 13560 Mesa Drive, Grass Valley, CA 95949, 530.268.1146.
5. Phillips-Jones, L. (2003) ***The Mentor's Guide: How to Be the Kind of Mentor You Once Had—Or Wish You'd Had.*** CCC/The Mentoring Group, 13560 Mesa Drive, Grass Valley, CA 95949, 530.268.1146
6. Phillips-Jones, L. (2003) ***Strategies for Getting the Mentoring You Need: A Look at Best Practices of Successful Mentees*** CCC/The Mentoring Group, 13560 Mesa Drive, Grass Valley, CA 95949, 530.268.1146.
7. Phillips-Jones, L. (2001 revision) ***The New Mentors and Proteges: How to Succeed with the New Mentoring Partnerships*** CCC/The Mentoring Group, 13560 Mesa Drive, Grass Valley, CA 95949, 530.268.1146.
8. Senge, P.M. (1990) ***The Fifth Discipline: The Art & Practice of the Learning Organization.*** New York: Doubleday.

## About the Author

Dr. Linda Phillips-Jones was a licensed psychologist, the author of various publications, and a consultant to a wide range of organizations. Dr. Phillips-Jones passed away in December of 2006 after a valiant six-year fight with four rounds of cancer. CCC/The Mentoring Group continues to promote Dr. Linda's mentoring vision through her publications and philosophy on mentoring.

This booklet appears as a chapter in ***The Mentoring Coordinator's Guide***, ***The Mentor's Guide***, and ***The Mentee's Guide***. For copies of any of these ***Guides***, contact CCC/The Mentoring Group, 13560 Mesa Drive, Grass Valley, CA 95949, [www.mentoringgroup.com](http://www.mentoringgroup.com).

For additional copies of this booklet, contact CCC/The Mentoring Group. Phone: 530.268.1146; fax: 530.268.3636; or e-mail: [info@mentoringgroup.com](mailto:info@mentoringgroup.com). Check Products at [www.mentoringgroup.com](http://www.mentoringgroup.com) for information on quantity discounts.





\$4.50

ISBN 1-890608-08-4



9 781890 608088





## Highlights of Black/African American Community Task Force (BACC) Recommendations

1. Page 3, #10
  - Proactively reach out to engage CBOs that are connected to the local Black/AA community
2. Page 3, Numbers 5 and 6: Increase awareness issues
  - #5: Support young people's right to the provision of confidential sexual health care services.
  - #6: Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach – specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.
3. Page 4, #3
  - Include Trans men in program decision making.
4. Page 5, #4
  - Include and prioritize Trans women in program decision making.

(Item numbers 3 and 4 speak to special populations)