



LOS ANGELES COUNTY  
COMMISSION ON HIV



**2024 CONSUMER CAUCUS “HYBRID” RETREAT**  
**TUESDAY, DECEMBER 17, 2024**  
**12:30PM-3:30PM**

510 S. Vermont Ave., 9th Floor, LA 90020 \* Validated Parking: 523 Shatto Pl  
Virtual Log-In:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?fMTID=mc87cb2b233a316a81bbbe0fa68facd7c>

**Lunch & Networking (12:30PM-1:00PM)**

**Welcome & Introductions (1:00PM-1:15PM)**

**Caucus Mission, Purpose & Scope (1:15PM-1:45PM)**

*How can we further empower and support consumers to take an active, leadership role in shaping our initiatives and work moving forward?*

**2024 Reflections (Group Discussion) (1:45PM-2:30PM)**

*In what ways did we overcome challenges as a group this year, and what strategies can we use to tackle future obstacles more effectively?*

*In what ways have you seen the caucus evolve or make progress this year?*

*What resources or support do we need moving forward to make 2025 even more impactful, and how can we advocate for these resources as a caucus?*

**2025 Planning (2:30PM-3:15PM)**

Workplan Development

Meeting Frequency, Schedule & Logistics

Consumer Resource Fair

2025 Co-Chair Open Nominations

**Recap, Call to Action & Adjournment (3:15PM-3:30PM)**





## CODE OF CONDUCT

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

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

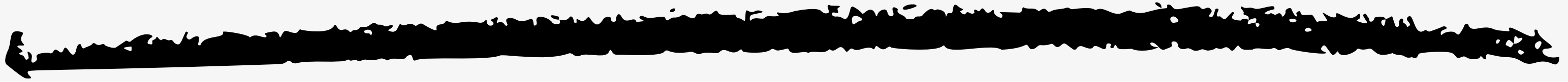
- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage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

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



# HOUSE RULES

## Consumer Caucus Meetings



- 1. Active Listening:** Practice active listening during discussions. Allow each member to express their thoughts without interruption and try to understand their perspective before responding.
- 2. Stay On Topic:** Keep discussions focused on the agenda and relevant issues. Avoid veering off into unrelated topics to make the most of everyone's time and energy.
- 3. One Person, One Voice:** Give everyone an opportunity to speak before allowing individuals to speak again. This ensures that multiple perspectives are considered and prevents domination of the conversation by a few individuals.
- 4. ELMO Principle:** A acronym for "Enough, Let's Move On." When a topic has been thoroughly discussed, respectfully say "ELMO", signaling the need to transition to the next agenda item.
- 5. "Vegas" Rule:** "What's discussed in the Caucus, stays in the Caucus." Respect the confidentiality of sensitive information shared within the Caucus unless there is explicit permission to share.
- 6. Respect Diversity & Use Inclusive Language:** Embrace diversity of opinions, backgrounds, and experiences. Be open to different viewpoints and avoid making assumptions about others based on their beliefs. Be mindful of the language you use and strive to be inclusive and respectful. Avoid offensive or discriminatory language.
- 7. Use Parking Lot:** Utilize the "parking lot" to capture ideas, questions, or discussions not directly related to the current agenda item to address later or offline with staff and/or leadership.





# Consumer Caucus: FAQ and Key Responsibilities

(December 2024)

## What is a Consumer Caucus?

A Consumer Caucus is a body associated with the Ryan White HIV/AIDS Program (RWHAP) that aims to elevate the voices of people with HIV (PWH) by providing input to planning councils and bodies. It serves as a bridge between the PWH community and the Planning Council/Body (Commission on HIV) ensuring that the community's needs and concerns are integrated into decision-making processes.

## Key Objectives of the Consumer Caucus:

- 1. Input:** Contribute to planning, needs assessments, and the development of service standards and directives.
- 2. Representation:** Act as a liaison between the Commission and the PWH community, advocating for consumer needs and perspectives.
- 3. Engagement:** Encourage participation from unaligned consumers (those not affiliated with Ryan White-funded providers) to meet legislative requirements for consumer involvement.
- 4. Capacity Building:** Provide leadership training and development opportunities to prepare consumers for active participation in the planning process.

## Who Can Participate?

- PWH receiving Ryan White services.
- Caregivers of minors with HIV.
- HIV-negative clients of prevention services.
- Both PC/PB members and community members may join.

## Roles and Responsibilities of the Consumer Caucus:

### 1. Support to the Planning Council/Body (Commission)

- Assist in developing needs assessment tools and surveys.
- Review and refine service standards for accessibility and relevance.
- Provide input on priority setting and resource allocation processes.

### 2. Advocacy and Representation

- Advocate for consumer perspectives in Commission planning, decisions & activities.
- Represent unaligned consumers and underserved populations.
- Promote equitable access to care and prevention services.



### **3. Community Engagement**

- Host community forums to gather input from PWH.
- Encourage participation in Commission activities.
- Provide presentations and educational sessions to the community.

### **4. Capacity Building and Leadership**

- Conduct leadership training sessions for consumers.
- Offer mentorship opportunities for new members.
- Prepare consumer members for effective participation in Commission activities.

### **5. Recruitment and Retention**

- Actively recruit unaligned consumers to participate in Commission activities.
- Support the retention of consumer members by fostering a safe and welcoming environment.

## **What are the Benefits of Participation?**

1. Gain leadership skills and advocacy experience.
2. Influence decisions that directly impact HIV services and care.
3. Connect with a network of peers and stakeholders committed to improving HIV services.

## **What Are the Expectations for the 2025 Workplan?**

1. Providing input into needs assessments and priority setting.
2. Advocating for underserved populations and equitable resource allocation.
3. Promoting representation in all Commission activities and decisions.
4. Strengthening community engagement efforts.



# Consumer Committees and Caucuses: Elevating Consumer Voices

This document addresses common questions about Consumer (or People with HIV) Committees and Caucuses as part of Ryan White HIV/AIDS Program (RWHAP) Part A Planning Councils/Planning Bodies (PC/PBs).

## **WHAT IS A CONSUMER OR PEOPLE WITH HIV (PWH) COMMITTEE OR CAUCUS?**

A Consumer or PWH Committee or Caucus is a body associated with a RWHAP Part A PC/PB that is designed to provide input from Part A consumers and other people with HIV (PWH) to all PC/PB activities, and to serve as a link between the PC/PB and the PWH community. A Consumer Committee or Caucus usually has flexible or open membership, including both members of the PC/PB and other consumers and PWH from the community and their caregivers. The focus is often on unaligned consumers, since the RWHAP legislation requires that at least 33% of voting members of a PC be individuals receiving RWHAP Part A services who are not affiliated with a Part A subrecipient as board members, employees, or paid consultants.<sup>1</sup> A Consumer or PWH Committee or Caucus typically provides information and training to members and the community, engages PWH including community residents in the work of the PC/PB, and creates a pool of potential PC/PB consumer members. As with other standing committees or PC/PB caucuses, the PC/PB may reimburse Consumer Committee or Caucus members' expenses for attending meetings, based on established policies.<sup>2</sup>

### **Why "Consumer" rather than "People with HIV"?**

PC/PBs have many names for these committees. Most avoid using "people with HIV" in the committee's name because of stigma – and many use terms like "community" instead of either "PWH" or "consumer." For example, a look at PC/PB Bylaws for 48 of the 52 PC/PBs shows that 35 – nearly three-fourths – have committees or caucuses of RWHAP consumers and other PWH.<sup>3</sup> Their names are extremely varied:

- 12 have "consumer" in their names – e.g., Consumer, Consumer Advocacy, Consumer Access, Consumer Involvement, Consumer Liaison.
- 13 have "community" in their name – e.g., Affected Communities, Community Access, Community Empowerment, Community Engagement, Community Involvement, Community Voices.
- 3 are called PLWH Committees.
- 7 have other names unique to them – e.g., Community Meetings, Empowerment, Our Voices, Client, + Plus, People Who Care, People's, Positive Voices.
- Town hall meetings can also be used to hear from service providers instead of or in addition to people with HIV.

## Who are the members of Consumer Committees and Caucuses?

Most of these committees and caucuses have members that include both unaligned RWHAP Part A consumers and other people with HIV, regardless of where they are receiving care, as well as their caregivers. Some committees have clearly defined membership eligibility – e.g., only unaligned consumers, or in a few cases, only PC/PB members who are consumers or other PWH – but many are open to anyone with HIV, and some are open to anyone from the community who wishes to attend. However, only consumers utilizing Ryan Whites services count toward the legislative expectation that 33% of PC/PB members are consumers.



*Consumers utilizing RWHAP services must represent 33% of a PC/PB's members*

## What is the difference between a Consumer Committee and a Consumer Caucus?

Sometimes the difference between a Consumer Committee and a Consumer/PWH Caucus is only the name. For example, five PCs have groups called caucuses. Three of these are listed in the Bylaws of their PC as standing committees, one is in the Bylaws as a named caucus, and one is not named in the Bylaws, but the Bylaws do provide specifically for the formation of caucuses of PWH or specific subpopulations. A few PC/PBs that are official boards or commissions sometimes prefer to call the group a caucus because using this term makes it easier for the group to have different membership requirements and procedures from other committees.

In cases where a caucus is not a standing committee, there are often other differences:

- **A Consumer Committee** is typically a standing committee of a RWHAP PC/PB, with its roles and membership described in the Bylaws. It typically ensures consumer input into the work of the PC/PB, both to the other committees and to the PC/PB as a whole. It also serves as the PC/PB's liaison to the community. As a standing committee, it can be the primary committee assignment for consumer members. A Consumer Committee generally has more flexible membership requirements and operational processes than other standing committees. Membership is often open to any person with HIV, though sometimes there are limitations on number or types of members, and sometimes voting rights require a certain level of attendance.
- **A Consumer Caucus** that is either included in the Bylaws as a caucus or not named in the Bylaws usually serves a similar function to a Consumer Committee: providing PWH input to the work of the PC/PB and enabling the PC/PB to serve as a link with the PWH community. However, it does not serve as a committee assignment for members of the PC/PB, and it may or may not be regularly asked for input by various committees as they do their work. A caucus may exist for a short period or be an ongoing body. The current caucuses all appear to have been established by the PC/PB, but some communities also have PWH caucuses that developed independently to serve as advocates for PWH and at some point established a formal relationship with the PC/PB.

## What benefits does a Consumer Committee or Caucus bring to a PC/PB?

A Consumer Committee or Caucus, with its ability to involve PWH who are both PC/PB members and non-members, has many benefits, for example:

- **Ensuring that the PC/PB and its committees receive regular input from consumers**
  - Assisting the committee responsible for needs assessment to develop survey questions and appropriate response categories
  - Helping with other PWH-focused needs assessment activities
  - Helping to review and update Service Standards, and ensure that they are both appropriate and written in language useful for consumers
  - Offering consumer input at data presentations and discussions
  - Providing a consumer perspective at roundtables and other discussions about services
- **Serving as a liaison between the PC/PB and the PWH community**
  - Making community presentations on behalf of the PC/PB
  - Encouraging consumers and other PWH to attend PC/PB events
  - Taking the lead on planning and managing town halls and other community meetings
- **Engaging consumers and recruiting consumer members for the PC/PB**
  - Helping to recruit unaligned consumers and other potential PC/PB members from the community, often with emphasis on disproportionately affected and underserved communities
  - Providing a place for consumers and other PWH to learn about available services and other topics of interest to them in a safe and comfortable setting
  - Offering unaligned consumers and other PWH an opportunity to become involved with the PC/PB and to learn about and contribute to its work, and perhaps decide to become members
  - Providing ongoing leadership training for consumers
- **Supporting retention of consumer members of the PC/PB, to maintain consumer membership at 33% or more**
  - Providing calendar-based training important to consumer members, on topics related to PC/PB responsibilities, such as Needs Assessment and Priority Setting and Resource Allocation
  - Offering sessions on how to review and use data, with a focus on data-based decision making
  - Reviewing key materials related to upcoming PC/PB agenda topics prior to meetings, so the consumer members feel fully prepared for active participation
  - Providing leadership training on such topics as planning and chairing meetings, developing committee work plans, and building high-performing teams
  - Providing leadership opportunities for consumer members by having an elected Chair and Vice Chair, with the Chair serving as a member of the Executive Committee and the Vice Chair gaining experience in committee leadership
  - Offering consumer members the opportunity to represent the PC/PB in the community, making presentations and informing the community about the work of the PC/PB
  - Enabling consumer members to serve as mentors for other committee/caucus members



## What do Bylaws typically say about a Consumer Committee or Caucus?

Here are several slightly edited samples of Bylaws provisions from Part A PC/PBs.

### **CONSUMER COMMITTEE THAT IS A STANDING COMMITTEE AND LIMITS MEMBERSHIP TO UNALIGNED CONSUMERS:**

#### **IV. Consumers Committee**

**Section 1. Duties.** The Consumers Committee is charged with the following duties:

- a. Oversee efforts to ensure meaningful and substantial involvement of people living with HIV/AIDS in all Planning Council activities.
- b. Collaborate with the Rules and Membership Committee in recruitment measures, such as outreach efforts, to secure appropriate consumer representation on the Planning Council.
- c. Collaborate with the Rules and Membership Committee in retention measures, including orientation, training, and mentoring, to help consumer members stay engaged and participate fully.
- d. Work with staff to see that issues of financial support for consumer involvement are addressed appropriately and follow local and federal guidelines.

**Section 2. Composition.** Membership is limited to no more than 30 in number. In composition, it must meet the following conditions:

- a. Committee membership includes Planning Council members who are unaligned consumers.
- b. The remainder are unaligned consumers who are not voting members of the Planning Council.



## CONSUMER COMMITTEE THAT IS A STANDING COMMITTEE AND HAS OPEN MEMBERSHIP:

These Bylaws provide information on roles, responsibilities, membership, leadership, and voting.

### Section 5.1 Standing Committees

#### (B) CONSUMER ADVOCACY COMMITTEE



**(i) Mission:** The mission of the Consumer Advocacy Committee is to recruit, advocate for, and empower people living with HIV/AIDS in the TGA for participation in Planning Council activities. This is done in conjunction with the Planning Council Support Staff by:

1. Creating a safe place for open discussion and education about the problems and possibilities facing the HIV/AIDS community;
2. Developing and providing leadership and training for the infected and affected community; and
3. Educating the community at large about the purpose of the Planning Council and its relationship with the continuum of HIV Care in the TGA.

The Consumer Advocacy Committee supports PLWHA involvement with the Planning Council by providing outreach to and serving as liaison with consumers. The Committee helps ensure ongoing consumer input to Planning Council activities, with special emphasis on needs assessment and the identification of individuals who know their HIV status but are not receiving regular primary medical care and/or case management. Providing the Planning Council with advice about issues affecting consumers is a major responsibility of this Committee.

**(ii) Duties:** The duties of the Consumer Advocacy Committee include but are not limited to:

1. Conducting PLWHA outreach and recruitment in collaboration with the Membership and Training Committee;
2. Ensuring PLWHA member and potential member orientation, training, and leadership development in collaboration with the Membership and Training Committee;
3. Providing input to needs assessment planning and reviewing needs assessment findings in collaboration with the Needs Assessment and Comprehensive Planning Committee;
4. Collaborating with Planning Council Support Staff to arrange and advertise consumer forums;
5. Providing input from the consumer perspective on the TGA's Standards of Care in collaboration with the Care Strategies Committee;
6. Providing input for Planning Council Directives to the Grantee on how to best meet service priorities in collaboration with the Priority Setting and Resource Allocation Committee and the Care Strategies Committee; and
7. Ensuring active PLWHA representation on all standing, special, and ad-hoc committees.

In addition, as all other Standing Committees could benefit from focused consumer input, the Consumer Advocacy Committee collaborates with all other Standing Committees to provide input from PLWHA.

**(iii) Composition:** The membership of the Consumer Advocacy Committee is open to anyone infected/affected by HIV disease, but must include at least one (1) Planning Council member who is a consumer.

**(iv) Co-Chairs:** The Consumer Advocacy Committee has two elected Co-Chairs, one of whom must be a Planning Council member. At least one Co-Chair must also be a PLWHA. Both Co-Chairs are expected to attend monthly Executive Committee meetings. Nominees for Co-Chair must have attended at least four Consumer Advocacy Committee meetings within the past 12 months to be eligible for election.

**(v) Voting:** All who attend may vote. Meetings are open to PLWHA and non-PLWHA (including the general public).

## CONSUMER CAUCUS THAT IS A STANDING COMMITTEE:

### ARTICLE VI - COMMITTEES

The Bylaws and the Council determine the work of committees. Committees develop recommendations which they present to the Executive Committee and full Council. The Council reviews and thoroughly discusses all committee recommendations. The full Council then either approves the recommendations or rejects them. If the recommendations are rejected, they are returned to the committee for modification, based on Planning Council feedback. The exception is for technical or copy-editing corrections. Each committee shall develop an annual work plan which will be reviewed, adjusted, and approved by the Executive Committee.

In rare circumstances, the normal flow of decision-making may be changed by both co-chairs in urgent situations.

Each committee shall have two co-chairs, with the Co-Chairs of the Council serving as the Executive Committee chairs. While having both chairs be Council members is preferable, the Standards of Care committee and +Caucus committee may each have one non-Council committee member serve in this role.

#### Standing Committees:

**E. +Caucus:** A committee comprised of HIV+ people including aligned and unaligned people, both Council members and non-Council members, will be responsible for:

- a. Increasing knowledge of issues brought before the Council;
- b. Training people living with HIV on leadership;
- c. Mentorship and education of people living with HIV in the TGA;
- d. Outreaching to other people living with HIV in the community.



## CONSUMER CAUCUS THAT IS NOT A STANDING COMMITTEE:

### ARTICLE VII. CAUCUSES

**SECTION 1. Authority:** The Chair may authorize the creation and define the power and duties of any Council Caucus which may be deemed appropriate to allow for the full and adequate representation of and participation by, certain communities in the EMA which have been particularly impacted by the HIV epidemic.

**SECTION 2. Membership:** Membership in any and all Caucuses shall not be limited to Members of the Planning Council, but shall be limited to the specific population for which the Caucus was established.

**SECTION 3. Consumer Caucus.** At a minimum, the Council shall have a Consumer Caucus made up of HIV-positive individuals who are consumers of Ryan White Part A-funded services. Consumers are defined as persons living with HIV disease who are recipients of Ryan White Part A-funded services.

**SECTION 4. Meetings.** The Caucuses shall meet when issues of interest have been brought to their attention and/or at regularly scheduled times.



## What other materials are available to help a PC/PB develop or strengthen a Consumer or PWH Committee or Caucus?

Hila Berl, EGM Consulting, LLC, Building a Strong Consumer Committee – Tips for Non-Consumers, May 2020. Available at <https://egmc-dc.com/planning-council-support-resource/planning-council-support-materials/>; click on Consumer and Consumer Engagement. Provides principles and procedures that PC/PBs can use to build strong and engaged consumer committees. Builds on work done with the St. Louis Consumer Advocacy Committee.

Planning CHATT, Elevating Consumer Voices (webinar), January 2020. Available at <https://targethiv.org/planning-chatt/webinars>. This webinar featured presenters from the Atlanta and San Francisco EMAs sharing their strategies for engaging and elevating consumers' voices. Presenters discussed training approaches to build consumers' capacity to participate in and lead PC/PB activities.

## REFERENCES

- 1 See Section 2602(b)(5)(C)(1).
- 2 The PC/PB should have policies and procedures that govern reimbursement of meeting-related expenses – primarily transportation but sometimes child care or other costs – for PC/PB members and for committee and caucus members, and those policies should be consistent with guidance from the HIV/AIDS Bureau.
- 3 All 35 are PCs; the 3 PBs do not appear to have such committees or caucuses.

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<b>POLICY/PROCEDURE #08.1102</b>	<b>Subordinate Commission Working Units</b>	<b>Page 1 of 12</b>
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**FINAL Revised  
Approved 8/11/16**

**SUBJECT:** The role(s), structures and governing rules of the Commission’s various types of subordinate committees and working groups.

**PURPOSE:** To describe the purpose, status, structure, rules, work and timeframes of various subordinate working groups that facilitate advancement, review and completion/fulfillment of Commission responsibilities, tasks, work and projects.

**BACKGROUND:**

- Federal Ryan White legislation is the largest source of non-entitlement funding for HIV care and treatment in the country. Part A funding is directed to the most impacted urban jurisdictions across the country. The Ryan White Treatment and Modernization Act of 2009 requires all Part A jurisdictions established before 2008 to create local HIV planning councils. The Health Resources and Services Administration (HRSA) in the US Department of Health and Human Services (DHHS) administers the Ryan White Program nationally.
- The Los Angeles County Commission on HIV serves as LA County’s Ryan White and Centers for Disease Control (CDC) prevention HIV planning council. The County has chartered the Commission in County Code, Ordinance 3.29. Both roles as the Ryan White HIV planning council and a County-chartered commission carry specific responsibilities and expectations. The Commission’s annual work plan is driven and governed by all of these sources (Ryan White legislation, HRSA and CDC guidance, and County directive/need), yielding an annual schedule of review, discussion, decision-making and work product.
- In order to fulfill its responsibilities and accomplish the work assigned to it, the Commission adopted a strategy in 2003 that relies almost entirely on its committees to perform initial analysis of, generate recommendations to and implement actions for the full Commission. Since then, the Commission’s committees have had an indispensable impact on the Commission’s capacity to fulfill its varied responsibilities and advance significant initiatives benefiting people with HIV/AIDS/STDs in LA County.



## **Policy #08.1102: Subordinate Commission Working Units**

Prepared: *November 4, 2010, Revised 7/25/16, Approved 8/11/16*

Page 2 of 12

- While the Commission generates, modifies and/or finalizes work and/or decisions, it rarely prepares the work directly as a full body. Rather, it relies on the standing committees and other working groups to forward recommended decisions or work for consideration by the full body. As a result, the Commission counts on the committees and related work units to complete more focused analysis. The committees, in turn, may rely on different types of working units to which they assign/delegate the work. This policy details the various working units the Commission and its committees can access to advance and expedite its decisions and work as needed.

### **POLICY:**

- 1) Policy/Procedure Description:** These policies and descriptions define and detail the organization, structure and governing rules/procedures of various working units the Los Angeles County Commission on HIV can engage to generate, develop and complete tasks and work necessary to fulfill its mission and purpose.
- 2) Committee-Driven Process:** The Commission is an HIV community planning body that regularly generates planning and implementation decisions and work product consistent with federal Ryan White legislative and Los Angeles County Charter requirements and guidance. Generally, the Commission's work flow and process is "committee-driven," meaning that recommended decisions, actions and work are typically proposed by the Commission's standing committees or other working units to the full Commission for review, consideration, and final decision-making. While the Commission generates, modifies and/or finalizes work and/or decisions, it rarely performs the work directly as a full body.
- 3) Standing Committees:** The Commission's primary working units are the five standing committees—the Executive, Public Policy (PP), Operations, Planning, Priorities and Allocations, (PP&A) and Standards and Best Practices (SBP). Each of the standing committees has specific responsibilities detailed in the Commission's By-Laws, which they, in turn, implement through ongoing analysis, study, discussion, debate, decision-making, work product, action and/or implementation.
- 4) Annual Work Planning:** The Executive Director in consultation with the Co-Chairs and Committee Co-Chairs will develop an Annual Work Plan at the beginning of the program year (March – February). The annual work plan will be aligned with the Comprehensive HIV Plan's Goals and Objectives Section.
- 5) Role of the Working Units:** The Commission, its Co-Chairs, the Executive Committee and the Commission's standing committees are entitled to establish caucuses, subcommittees, ad-hoc committees, task forces and various types of working groups to more thoroughly address responsibilities, decisions, work, tasks and projects in accordance with their and the Commission's work plan.

**Policy #08.1102: Subordinate Commission Working Units**

Prepared: *November 4, 2010, Revised 7/25/16, Approved 8/11/16*

Page 3 of 12

- 6) Openness and Transparency Requirements:** Like the Commission, the standing committees are covered by the Ralph M. Brown Act, comply with HRSA guidance and other “sunshine” law requirements regarding meeting transparency and related agendas, notices and preparations; meeting conduct, voting procedures and decision-making; public participation; and meeting record-keeping.
- 7) Caucus(es):** The Commission establishes caucuses, as needed, to provide a forum for Commission members of designated “special populations” to discuss their Commission-related experiences and to strengthen that population’s voice in Commission deliberations. Caucuses are not, by definition, Brown Act-covered bodies, and are not required to comply with open meeting, public participation and other, related “sunshine” requirements. With Commission consent, caucuses determine their membership, meeting conduct and timelines, work plans, and activities.
- 8) Ad-Hoc Committee(s):** The Commission, its Co-Chairs and/or the Executive Committee can create ad-hoc committees to address longer-term Commission special projects or initiatives that require more than one standing committee’s input, involvement and/or representation. Once the project has been completed, the ad-hoc committee automatically sunsets. The Commission Co-Chairs are responsible for assigning Commission members to the ad-hoc committees, and during their tenure, ad-hoc committees maintain the same stature and reporting expectations as other standing committees. Ad-hoc committees are required to comply with all of the same Brown Act and other transparency requirements as the Commission and its standing committees.
- 9) Subcommittee(s):** Standing Committees and/or their co-chairs may establish subcommittees to address and carry out work, tasks and activities to address one of the committee’s primary responsibilities. Consequently, subcommittees are not necessarily time-limited, but the committee can extend, suspend, amend and or conclude the subcommittee’s work at any time. The committee may delegate certain authorities to the subcommittee, and the subcommittee’s work plan is incorporated into the committee work plan. The committee’s co-chairs assign committee, and possibly other Commission, members to the subcommittee. Sub-committees are required to comply with all of the same Brown Act and other transparency requirements as their respective committees.
- 10) Task Forces(s):** Task Forces can be created by the Commission, its Co-Chairs and/or the Executive Committee, and are intended to address a significant Commission priority that may entail multiple levels of work or activity and are envisioned as longer-term in nature. Task forces are similar to ad-hoc committees, except that their membership is expected to include at least as many non-Commission members as Commission members. Task force decisions, work, activities and plans must be reported to and approved by the Executive Committee. While, technically, task forces do not have to comply with Brown Act and other

## Policy #08.1102: Subordinate Commission Working Units

Prepared: November 4, 2010, Revised 7/25/16, Approved 8/11/16

Page 4 of 12

transparency requirements, it is encouraged that they do so in the spirit of the law. Various community task forces are **not** formal Commission working units, unless recognized as such by the Commission; however, they are invited to report and recommend actions to the Commission.

- 11) Work Group(s):** Work groups are primarily created by the committees for work on a single, short-term project that the committee cannot as thoroughly address during its regular meetings. By definition, work groups—which can come in many different forms—are only operational for short, time-limited periods. Commission and non-Commission members may participate in a work group, but no more Commission members than the originating committee’s quorum. Work groups are not covered by the Brown Act and other transparency laws, and the final decisions/recommendations/work serve as a record of the work group’s deliberations and must be forwarded to the originating committee for review, consideration and modification/approval.
  
- 12) Organizational Purpose, Structure and Responsibilities:** The following procedures comprehensively describe the various types of subordinate Commission working units; their role(s) and purpose(s); the conditions under which they can be established; and what rules, governance, processes and expectations guide their activities. Each working unit description approximates the following organization:
  - Establishing authority
  - Definition, standing and reporting responsibilities
  - Role and purpose
  - Necessary conditions/provisions
  - Legal requirements
  - Organization, membership and leadership
  - Scope of responsibility and timeframe
  - Staff support, and
  - Other distinctions.

### PROCEDURE(S):

- 1. Work Plan Implementation:** The Commission develops an annual work plan for the federal Ryan White program year (March – February) detailing the tasks and work projects it expects to complete in the year and that serves as the Commission’s primary work outline. Each of the Commission’s standing committees and caucuses prepares an individual work plan, and the compilation of those work plans is modified/ approved by the Commission.
  - a. Commission decisions and work products are guided by federal Ryan White legislation, Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC) and County Ordinance requirements and guidance.
  - b. The work plan is a “living document” that may change as unanticipated pressing, urgent and/or time-sensitive issues need to be addressed during the course of the year.

**Policy #08.1102: Subordinate Commission Working Units**

Prepared: November 4, 2010, Revised 7/25/16, Approved 8/11/16

Page 5 of 12

- c. Various types of subordinate working units are created at the Commission to carry out and fulfill work and decision-making responsibilities in accordance with that workplan. The organization, structures, rules, work activities and timelines for each type of working group are defined in the following procedures.
- d. The group's work objectives and timeframe for completing them will dictate which type of working unit is necessary to carry out those responsibilities.

**2. Standing Committee(s):** The Commission's standing committees and their respective responsibilities are authorized by and defined in the Commission's By-Laws (*see Pol/Proc #06.1000: Commission By-Laws*). The standing committees:

- are continuing work units;
  - meet monthly or more frequently;
  - concurrently juggle multiple tasks and activities within their respective purviews; and
  - are the Commission's primary means of discharging its duties and responsibilities.
- a. All of the Commission's major function(s) and responsibilities are assigned to at least one of the standing committees. While the standing committees primarily generate recommendations and propose work products for the Commission's modification/ approval, they are authorized to make some limited final decisions—such as document revisions in the Operations and Standards and Best Practices (SBP) Committees, policy position modifications in the Public Policy (PP) Committee, and final appeals at the Planning, Priorities and Allocations (PP&A) Committee.
  - b. Standing committees forward reports, completed work and Committee-approved decisions/recommendations to the Executive Committee and the Commission, as appropriate, understanding agenda items at those meetings.
  - c. As the Commission's fundamental working units and in the spirit of transparent and open decision-making, the standing committees are subject to Ralph M. Brown Act, HRSA and other applicable sunshine law requirements. As such, the standing committees must adhere to the relevant rules governing:
    - meetings open to the public;
    - public participation and comment periods;
    - development, notification and posting of agendas;
    - quorums and voting procedures; and
    - meeting record-keeping, audio-recording, and minutes.
- 1) The Commission's standing committees perform their work, conduct their business, and discuss and deliberate in open, public settings and meetings (except for rare closed Committee sessions that are consistent with Brown Act provisions).
  - 2) Members of the public are encouraged to attend and participate in standing committee meetings.

**Policy #08.1102: Subordinate Commission Working Units**

Prepared: *November 4, 2010, Revised 7/25/16, Approved 8/11/16*

Page 6 of 12

- 3) Agendas detailing topics to be addressed are developed for all meetings, and meeting agendas are posted 72 hours in advance.
  - 4) A quorum must be present at any meeting in which votes are taken and only Board of Supervisor (BOS)-appointed Commission members are entitled to cast votes.
  - 5) All meetings are electronically recorded and minutes summarizing meeting discussions and actions are subsequently produced and approved.
- d. Standing committee voting privileges are only conferred on Board of Supervisors (BOS)-appointed Commission members who have been assigned to the Committee by the Commission's Co-Chairs, or designated OAPP representatives consistent with the By-Laws.
- 1) There is no limit to the number of Commission members who can be assigned to a standing committee.
  - 2) The standing committee quorum equals one member more than 50% of the assigned membership.
  - 3) A quorum is required before votes can be taken at a meeting. While all of the Commission's working groups aim for consensus, votes may be necessary to arrive at a decision or for record-keeping purposes.
  - 4) A motion is successful when more than half of the voting members at the meeting support it.
- e. Standing committees elect their committee co-chairs from among their designated membership.
- 1) Although a standing committee meeting can proceed without a quorum (however no voting allowed), it cannot proceed without at least one of the Committee or Commission Co-Chairs to lead the meeting.
  - 2) The Commission's Ordinance and By-Laws dictate that all standing committee co-chairs also serve on the Commission's Executive Committee.
- f. Standing committees determine their scope of responsibilities in accordance the standing committee's charge in the Commission By-Laws. The committee outlines how it intends to fulfill those responsibilities by detailing the projecting work tasks/activities and when they will be performed in its annual work plan.
- 1) Work priorities are determined by the committee and its co-chairs, shifted accordingly throughout the year due to unforeseen circumstances.
  - 2) The Commission, its Co-Chairs and/or Executive Committee may also shift standing committee work priorities in consideration of overall Commission priorities and/or existing resources to support the entirety and scheduling of the anticipated Commission workload.
- g. The Executive Director assigns each standing committee one lead and at least one support staff person from among the Commission Office staff.

**3. Caucus(es):** Only the Commission is authorized to create Commission caucuses. When establishing a caucus, the Commission must balance the number of existing caucuses, their

**Policy #08.1102: Subordinate Commission Working Units**

Prepared: *November 4, 2010, Revised 7/25/16, Approved 8/11/16*

Page 7 of 12

workloads and schedules, and determine that staff resources exist to provide adequate support to the roster of caucuses and committees.

- a. Only caucuses created by the Commission with BOS-appointed membership are formally recognized as formal working units of the Commission.
  - 1) Commission caucuses maintain the same stature as the Commission's standing committees, including monthly reporting responsibilities to the Commission.
  - 2) Consistent with the Commission's By-laws, caucuses do not maintain representative seats on the Executive Committee.
- b. The caucus was developed as a vehicle to provide a safe and judgement-free setting where the Commission's caucus members can easily and freely discuss their reactions and experiences, share their insights, and exchange perceptions of issues addressed by the Commission among other Commission members who are more likely to share/understand those perspectives. Second, the caucus was intended to develop a more organized voice to ensure that the caucus population's perspective is effectively heard when relevant issues are raised and discussed at the Commission. Thus, each caucus has four primary responsibilities:
  - 1) Facilitating a forum for a dialogue among the caucus members;
  - 2) Developing the caucus voice at the Commission and in the community;
  - 3) Providing the caucus perspective on various Commission issues; and
  - 4) Cultivating leadership in the caucus membership and population.
- c. When forming a caucus, the Commission must adhere to the following criteria:
  - 1) the population proposed to be represented by the caucus must be one of the Commission's designated "special populations" ;
  - 2) the Commission must conclude that the population's voice can be strengthened by caucus representation; and
  - 3) caucus membership must include more than five Commission members and fewer members than the Commission quorum.
- d. Since the caucus structurally does not comprise a quorum of the Commission or any of its standing committees, the Commission's caucuses are not governed by the Brown Act, HRSA, CDC or other rules and requirements that apply to the Commission's other committees. Consequently:
  - 1) the caucus is not required to adhere to quorum requirements;
  - 2) posted agendas are not required for the Caucuses; and
  - 3) caucus meetings are not open to Commission membership or the public, unless the caucus chooses to do so;
  - 4) caucus meetings are not audio recorded and meeting minutes are not produced, however the caucus may use meeting summaries to ensure operational efficiency.
- e. Decisions about the caucus organization, structure, membership, process and schedule are left to the caucus membership:



**Policy #08.1102: Subordinate Commission Working Units**

Prepared: November 4, 2010, Revised 7/25/16, Approved 8/11/16

Page 8 of 12

- 1) all Commission members of the designated population are considered members of the established caucus, whether or not they choose to participate;
  - 2) the caucus determines its leadership and leadership responsibilities;
  - 3) the caucus determines how and when to involve the broader Commission and community in its meetings and activities;
  - 4) the caucus determines its internal organization and meeting/activity schedule.
- f. The caucus determines what and how many issues it will address throughout the year by establishing its own scope of responsibility and identifying the work and type of activities in which it will engage. Among the activities it may use to advance its work are education and dialogue, mobilization and advocacy, written communications, presentations, member recruitment, improved representation, events, community involvement, and other options.
- 1) Like the standing committees, caucuses are expected to develop annual workplans, which, in turn, are included in the Commission's annual workplan.
  - 2) The Executive Committee's and Commission's modifications to caucus workplans and final approval of the annual Commission workplan constitute acceptance of the caucus' self-defined scope and timeframe of responsibility.
- g. The Executive Director is responsible for determining who among the Commission staff is the most suited to provide staff support to the caucus.
- 4. Subcommittee(s):** Standing committees create subcommittees, as needed, to carry out one or more of the standing committee's major areas of responsibility. The standing committee can "sunset" a subcommittee or continue, amend, suspend, extend and/or reclaim the work or responsibility or parts of it at will.
- a. The subcommittee's work priorities are established by its respective standing committee as the standing committee deems appropriate as it endeavors to fulfill its responsibilities and determines that it does not have the time to address the topic as specifically as needed in the context of its regular meetings.
  - b. Subcommittees must forward their decisions, recommendations and work products to their respective standing committees for consideration, review, modification and/or approval, unless the standing committee has instructed otherwise.
    - 1) Subcommittee reports are regularly agendaized for their respective standing committee meetings.
    - 2) The standing committee may delegate a portion of the committee's decision-making authority to the subcommittee or instruct the subcommittee to report its decisions/actions directly to the full Commission.
  - c. During its tenure, the subcommittee is considered a formal working unit of the Commission, and, as such, must comply with the same Brown Act, HRSA and other, related legal operational rules and requirements as standing committees (*see Procedure #2.c*).

**Policy #08.1102: Subordinate Commission Working Units**

Prepared: November 4, 2010, Revised 7/25/16, Approved 8/11/16

Page 9 of 12

- d. The standing committee co-chairs are entitled to assign members of their committee to any subcommittees the committee establishes, and to determine if they will accept other Commission members who volunteer for the designated subcommittee(s).
    - 1) Standing committee rules governing membership, voting privileges and meeting conduct also apply to subcommittees (*see Procedure #2.d*)
    - 2) Only Commission or standing committee members with voting privileges are entitled to membership on subcommittees—although the public are invited to attend and participate in subcommittee meetings.
    - 3) Like the standing committees, subcommittees elect their own co-chairs. At least one of the standing committee co-chairs should attend and lead the first subcommittee meeting in order for the subcommittee to choose its own leadership.
  - e. While the standing committee determines the subcommittee's scope and limits of responsibility, the subcommittee may elaborate on that topic, extend, revise or modify it, and design the appropriate work strategies to address it, with the standing committee's or its co-chairs' consent.
    - 1) The subcommittee's annual work plan is incorporated into the standing committee's annual work plan.
    - 2) That responsibility may be time-limited or assumed to be a long-term or permanent delegation of the standing committee's authority.
  - f. The respective standing committee staff support also staffs its subcommittees.
    - 1) With the Executive Director, the standing committee must balance the number of its subcommittees, its work-load and schedule to determine if staff resources are adequate to provide the necessary support to a subcommittee.
- 5. Ad-Hoc Committee(s):** The Commission, its Co-Chairs or the Executive Committee are entitled to create ad-hoc committees, as needed and appropriate.
- a. For the duration of an ad-hoc committee's work, the ad-hoc committee maintains the stature of Standing Committees, including regular inclusion on the agenda and reports to the Executive Committee and the Commission.
    - 1) Consistent with the Commission By-Laws, ad-hoc committees do not maintain representative seats on the Executive Committee.
  - b. Ad-hoc committees are "special project"-focused in nature, meaning they are assigned one significant project, versus limited-activity or short-term projects that can be addressed by other working units or as part of a standing committee's or subcommittee's more expansive agenda.
  - c. Ad-hoc committees are created for special projects that extend beyond a single standing committee's authority or purview and require membership from multiple committees.
    - 1) The Commission Co-Chairs determine who will serve on an ad-hoc committee by assigning members and/or accepting volunteers.

**Policy #08.1102: Subordinate Commission Working Units**

Prepared: *November 4, 2010, Revised 7/25/16, Approved 8/11/16*

Page 10 of 12

- d. The ad-hoc committee determines rules, activities and schedules regarding its organization, membership and leadership.
    - 1) Ad-hoc committees must comply with all of the same legal requirements and guidance governing meeting preparations and their conduct as standing committees and subcommittees.
  - e. Given its defined purpose to address a single, significant Commission special project, an ad-hoc committee is established for a distinct time period and automatically sunsets at the conclusion or completion of the project.
  - f. Executive Committee staff support provides staff support to ad-hoc committees, unless the Executive Director designates other staff support.
- 6. Task Force(s):** Task Forces can be created by the Commission, its Co-Chairs or the Executive Committee. Task forces are intended to address a topic that is broader and more expansive in nature, encompassing multiple activities and a continuing, longer-term time frame.
- a. Unlike ad-hoc committees or subcommittees with similar purposes, task forces are created to include Commission members and non-Commission members alike, generally at equal proportions, or with Commission members forming a minority of the task force membership.
  - b. Task forces report to the Executive Committee, to which they forward their recommendations and work. Since membership is not confined to solely Commission members, any recommendation or action from a Task Force must be approved by the Executive Committee before advancing it to the full Commission.
    - 1) The Commission's task forces are expected to provide periodic reports to the full body.
  - c. Technically—only unless the Task Force membership comprises a majority of Commission members from one of its working units—it does not have to comply with public noticing and other Brown Act rules; practicality, though, suggests compliance with those rules, even if not specifically mandated.
  - d. The task force membership is empowered to determine its own leadership, structure, and schedule.
  - e. The task force assumes its scope of responsibility and develops its work plan(s) in consultation with the Executive Committee and the Executive Director.
    - 1) The task force work plan, scheduling and timeline is incorporated into the Executive Committee's annual work plan.
  - f. Executive Committee staff support provides staff support to ad-hoc committees, unless the Executive Director designates other staff support.

**Policy #08.1102: Subordinate Commission Working Units**

Prepared: *November 4, 2010, Revised 7/25/16, Approved 8/11/16*

Page 11 of 12

- g. It is important to note that the HIV community has created a number of population- and service-centered task forces that are **not** Commission working units, unless formally recognized by the Commission.
  - 1) Community task forces are welcome, though, to report their recommendations or work to the Commission under the standing “Task Force” agenda item, as needed and appropriate.

**7. Work Groups:** The committees are primarily responsible for establishing work groups, the most informal of the Commission’s subordinate working units. Work groups are created to complete a specific short-term, single-focused task, resulting in a final work product that concludes the work group’s activities.

- a. Most frequently, work groups are established to work in more specific detail on a task that the committee does not have time to address in its regular meetings, or to finish a task that requires direct involvement and input from the work group members (e.g., such as developing plans, reviewing and generating documents and/or conducting studies, among other possible activities).
  - 1) All work group actions must be approved by the committee of origin, as work groups are only performing work on the committee’s behalf and request.
- b. Due to their short-term timeframe, specific work assignment and limited membership, work groups are not governed by the Brown Act or other sunshine law requirements.
- c. Work groups cannot include more members than the originating standing committee’s quorum, otherwise additional meeting preparation, membership, timeline and management requirements will be invoked.
  - 1) Work group meetings are not intended to be open to the public, or subject to transparency and public participation requirements.
  - 2) Work group meetings are, instead, intended to be working meetings that produce decisions, documents and/or other products that will be presented for open, public discussion, debate and/or consideration at the originating standing or other committee.
  - 3) Agendas and meeting minutes are not needed for work groups. Summaries may be provided, if needed, to capture information discussed at prior meetings or to ensure continuity and progress of meeting discussions.
  - 4) Generally, the final documentation and/or work product from the work group serves as a record of the work group meeting proceedings.
- d. Work groups can come in many forms: as a committee work group, an expert review panel, a focus group or in other formats.
- e. Non-Commission members can be included in the work group with the consent of the standing committee or the Executive Director, as needed.
  - 1) Due to the mix of Commission and non-Commission members on work groups, votes and voting procedures are not used at work group meetings.

**Policy #08.1102: Subordinate Commission Working Units**

Prepared: *November 4, 2010, Revised 7/25/16, Approved 8/11/16*

Page 12 of 12

- 2) Due to its short-term nature, work groups do not require formal leadership.
- f. The work group's scope of responsibility is defined by the originating committee, are short-term limited, and range from one to a dozen meetings in total.
  - 1) More frequently work groups meet only once or twice and finish their assigned projects within a month (for example, by the committee's next meeting).
- g. Work groups are staffed by one of the committee's support staff and the work is not intended to exceed six months, at the maximum.

**NOTED AND  
APPROVED:**



**EFFECTIVE  
DATE:**

December 9, 2010;  
8/11/16

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*Original Approval: 12/9/10*

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*Revision(s): 7/25/16*



<b>POLICY/PROCEDURE #08.3107</b>	<b>Consumer Definitions and Health Resources Administration and Services (HRSA) Related Rules and Requirements</b>	<b>Page 1 of 6</b>
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<b>Approved &amp; Adopted October 13, 2016</b>
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**SUBJECT:** The working definitions the Commission on HIV uses for “consumer” membership.

**PURPOSE:** To define consumer membership and the rules respective to consumer membership.

**POLICY:**

Following the updated ordinance of the Commission as an integrated HIV prevention and care planning body, a "Consumer" is defined as an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White-funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.

For the purposes of meeting planning membership requirements from the Health Resources Services Administration (HRSA), specific procedures and definitions are described in this policy. Recruitment and representation of individuals who are HIV positive and negative shall be attained by using the HIV/AIDS epidemiologic data in Los Angeles County.

**PROCEDURE(S):**

1. **HIV Status:** Both a member’s HIV and consumer status are defined solely by self-disclosure.
  - a. An individual who is HIV+ but chooses not to disclose his/her HIV status publicly cannot be considered an HIV+ or consumer member of the Commission, and is not eligible to fill one of the Commission’s consumer seats.
  - b. The Commission’s membership application does not ask for HIV status, but only asks if the applicant is willing to disclose his/her HIV+ status publicly. That disclosure designates whether the member is or is not an HIV+ member of the Commission.
  - c. While that disclosure alone qualifies the member to participate in the Commission’s consumer caucus, it does not automatically qualify him/her to fill one of the Commission’s consumer seats.
2. **Consumer Caucus Membership:** Consumer Caucus membership and participation is open to any HIV-positive and negative members of the Commission, regardless of the system from which they receive their care.



## **Policy #08.3107: Consumer Definitions and Related Rules and Requirements**

Prepared: April 18, 2011, Updated 9/26/16

Page 2 of 4

- a. The Consumer Caucus may open membership and/or invite the regular participation of other consumers beyond Commission membership at its discretion.
- 3. Commission Consumer Status: In order to fulfill HRSA requirements for planning council membership,** an HIV+ Commission applicant or member is only eligible to fill one of the Commission's consumer seats if he/she voluntarily discloses his/her consumer status.
  - a. An HIV+ member who does not disclose that he/she is a consumer of Ryan White Part A-funded services is not eligible to fill a consumer seat on the Commission.
  - b. In disclosing his/her consumer status, the applicant/member is not required to disclose which services he/she receives nor where he/she receives them.
  - c. Likewise, other Commission members are not entitled to request that information for Commission purposes from that individual.
- 4. Commission Consumer Membership:** The Commission designates one-third of its seats specifically for unaffiliated consumer members.
  - a. Those seats constitute the Commission's "consumer membership." While any Commission member may be HIV+ and a consumer, he/she is not designated as a consumer member unless filling one of those seats.
  - b. Those seats guarantee that the Commission meets HRSA requirements for consumer membership when all Commission seats are filled. At any time when there are vacancies in Commission membership, the consumer seats must be filled in at least a one-third proportion of all of the Commission's voting seats that are currently filled.
- 5. Consumer Members:** Commission consumer members must be consumers of Ryan White services and unaffiliated with Ryan White-funded providers/organizations.
  - a. To qualify for a Commission consumer seat, the applicant/member must disclose that he/she has received at least one Ryan White Part A-funded service within the last year. Those services may entail medical care, support services and/or testing and screening from a Ryan White Part A-funded agency or provider.
  - b. Additionally, the applicant/member must verify that he or she is not affiliated or aligned with a Ryan White Part A-funded organization, provider or agency.
  - c. Since Part A and Part B funds are intermingled in service procurement and contracting, the Ryan White Part A share of resources is significantly larger than the Part B share, and because the breakdown of those funds by service or agency is not provided to the Commission, and since consumer members are not required to detail the services they receive or where, it is assumed that a services or providers funded by Ryan White Parts A or B meet the threshold of "Ryan White Part A-funded" services.
  - d. Similarly, because Net County Costs (NCC) are used to supplement Ryan White funding and resources, because allocation of NCC resources may change at any time during the year, and, again, because consumer members are not required to supply service- or agency-level detail about their consumership, it is assumed that Division of HIV and STD Programs (DHSP)-contracted services funded by NCC also comply with the Ryan White Part A-funded service requirement.

## Policy #08.3107: Consumer Definitions and Related Rules and Requirements

Prepared: April 18, 2011, Updated 9/26/16

Page 3 of 4

6. **“Unaffiliated” or “Non-Aligned” Status:** “Unaffiliated” and “Non-Aligned” are terms designated for consumers who do not serve in a decision-making capacity at a Ryan White Part A-funded provider organization, such as a member of the Board of Directors, an employee and/or a consultant.
  - a. Volunteering for a Part A-funded organization does not automatically “affiliate” or “align” the consumer to the organization, unless that volunteer service is in a decision-making capacity.
  
7. **Disclosure:** For Commission purposes, an individual’s HIV or consumer status may only be disclosed by that individual or someone who the member has designated to disclose that information.
  - a. If the applicant/member discloses his/her HIV+ status on the membership application, it is implied that his/her HIV status is public information.
  - b. Similarly, if that applicant discloses that he/she is a consumer of Ryan White-funded services on the application, in the membership interview, and/or in public discussions, it is implied that information is publicly available.
  - c. A member may voluntarily disclose what services he/she receives and/or where he/she receives them, but under no circumstances for Commission business is that information required or necessary.
  - d. Only details of the member’s HIV service consumership that he/she has previously made public or that he/she deems appropriate should only be referenced in Commission discussions.
  
8. **Verification:** In accordance with HIPAA rules and requirements, only consumer members are entitled to disclose their HIV and consumer status eligibility for the Commission’s consumer seats.
  - a. No administrative partner, such as DHSP and/or a funded agency or provider, is allowed to provide the Commission with information that might entail undisclosed patient-level HIV or consumer information about a member of the Commission or public.
  - b. If queried by another member of the Commission or a member of the public about details of his/her HIV condition or consumer activities that he/she has not disclosed, a Commission member is entitled to decline to answer.
  
9. **Appropriate Behavior:** Under no circumstances does the Commission require information beyond an individual’s self-disclosed HIV and/or consumer status.
  - a. Members should exercise all due respect of their colleagues and members of the public, which prohibits seeking or querying additional information beyond the HIV and consumer information that an individual has previously disclosed.
  - b. Continued queries/pressure from a Commission member for additional information beyond what an individual has disclosed or if the individual has declined to answer will subject to discipline, as outlined in Procedure #11 below.

**Policy #08.3107: Consumer Definitions and Related Rules and Requirements**

Prepared: April 18, 2011, Updated 9/26/16

Page 4 of 4

- 10. Prohibitions:** Violations of these prohibitions will be considered violation of Commission policy and the Commission’s adherence to HIPAA rules and requirements.
  - a. Under no circumstances should any member of the Commission query another Commission member or a member of the public about his/her HIV status if that individual has not already disclosed that information publicly.
  - b. Under no circumstances may any member of the Commission query another Commission member or a member of the public about HIV care or services they received if that individual has not already divulged that information.
  - c. Under no circumstances may any member of the Commission provide details about the HIV status/condition and/or services he/she another Commission member or a member of the public receives beyond what that individual has already disclosed.
  
- 11. Discipline:** When a Commission member has violated any of the foregoing prohibitions, he/she is subject to any and all Commission disciplinary actions at the Executive Committee’s discretion.
  - a. Any Executive Committee discussion of Commission member discipline will be held in closed, Executive Session, in accordance with the Ralph M. Brown Act.
  - b. The Commission member whose behavior/actions that may have led to Executive Committee disciplinary consideration may or may not be invited to the Executive Session, at the Co-Chair’s discretion.
  - c. In accordance with County Ordinance 3.29 and the Commission By-Laws, discipline may include removal from office, committee and other working group re-assignment and/or recommendation for removal from the Commission to the Los Angeles County Board of Supervisors.

**NOTED AND APPROVED:**



**EFFECTIVE DATE:**

10/13/16

*Original Approval:*

*Revision(s):9/26/16*

## Consumer Caucus Workplan 2024

**PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Consumer Caucus will lead and advance throughout 2024.

**CRITERIA:** Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

**CAUCUS RESPONSIBILITIES:** 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/DUE DATE	STATUS/COMMENTS
1	<b>Create a safe environment for consumers</b> ( <i>people in need of HIV care and prevention services</i> )	Increase awareness of the caucus in the community. Create consumer-only spaces as part of meetings; address topics that are consumer-focused; provide educational and capacity building opportunities.	Ongoing	Increase participation in the Caucus is encouraged, emphasizing the significance of sharing opinions and feedback. Individual experiences can make a meaningful impact on others attending, fostering a sense of community support.
2	<b>Address topics important to consumers that improve quality of life</b>	Create a list of topics relevant to consumers' needs and concerns	Ongoing	Housing, EFA, mental health, RWP services, social engagement, advocacy, estate planning, general HIV education, stigma, SUD, 50+, exercise, support programs, i.e., buddy, animals, etc., service coordination <u>Proposed Meeting Schedule:</u> February=Housing; March=Housing, Mental Health; April=Housing, I'm+LA Website, RWP Services; May=Life Insurance, Estate Planning; June=Self Advocacy, Support Groups
3	<b>MIPA. Meaningful Involvement by People Living with HIV/AIDS.</b>	Ensure that the communities most affected by HIV are involved in decision-making, at every level of the response	Ongoing	Plan an all-consumer led event; cross collaborate w/ other Caucuses.
4	<b>Leadership and Capacity Building Training:</b> <i>Identify training opportunities that foster and nurture (PLWH &amp; HIV-neg) consumer leadership and empowerment in COH and community.</i>	Continue soliciting ideas from consumers for training topics	Ongoing	<a href="#">Refer to 2024 Training schedule.</a> Access DHSP provider trainings – TBD. Establish a Speaker Series.

5	<p><b>Consumer Recruitment &amp; Participation in COH:</b> <i>Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.</i></p>	<ul style="list-style-type: none"> <li>-Identify mechanism for retaining Caucus members</li> <li>-Recruit members that are not part of Ryan White contracted agencies or consumers of Ryan White services</li> <li>-Recruit members that need HIV care and prevention services</li> <li>-Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus</li> </ul>	Ongoing	<p><b>Question:</b></p> <ul style="list-style-type: none"> <li>-Why would anyone come to Caucus meetings?</li> <li>-Why won't providers recruit?</li> <li>-How can we get providers to encourage their clients/patients to attend?</li> <li>-What is the incentive for unaffiliated consumers to attend meetings?</li> </ul>
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## (Proposed) Consumer Caucus Workplan 2025

**PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Consumer Caucus will lead and advance throughout 2025.

**CRITERIA:** Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

**CAUCUS RESPONSIBILITIES:** 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	DESCRIPTION
1	<b>Consumer Resource Fair</b>	Plan a comprehensive resource fair for consumers of HIV prevention and services in Los Angeles County. This event will be a cross-collaborative effort involving all Caucuses to ensure it meets the diverse needs of our communities.	February 13, 2025	The theme for the event is “Love Begins with Me”, a nod to self-care=self-love, aligning with Valentine’s Day. Focus Areas: 1.Holistic Wellness: Addressing physical, mental, spiritual, and financial health (e.g., nutrition, lifestyle, financial literacy, tech/computer literacy, estate planning). 2.Empowerment & Advocacy: Providing skill-building opportunities to foster effective self-advocacy and empowerment. 3.Community Engagement: Encouraging broader involvement beyond HIV status to support overall community connection.
2	<b>Consumer Feedback on Key Topics to Enhance HIV Services and Programs Vital for Quality of Life</b>	Gather feedback through listening sessions, public comments, and focus groups. Priority topics include: <ul style="list-style-type: none"> <li>Dental Services</li> <li>Ryan White Program &amp; Medi-Cal/Medicaid Migration</li> </ul>	Ongoing	Align consumer reviews with the Standards & Best Practices (SBP) Committee service standards schedule and the Planning, Priorities & Allocations Committee (PP&A) needs assessments.
3	<b>Leadership &amp; Capacity Building.</b>	Coordinate consumer-specific trainings: <ul style="list-style-type: none"> <li>Digital Literacy</li> <li>Ryan White Program 101</li> <li>Self/Community Advocacy</li> </ul>	Ongoing	Continue to solicit training ideas from consumers. Refer to 2025 Commission training schedule for required HRSA Commissioner trainings.
4	<b>Consumer Recruitment &amp; Participation in COH</b>	Identify caucus-led activities to increase consumer participation: <ul style="list-style-type: none"> <li>“Bring a Friend” Campaign</li> <li>Consumer Participation Focus Groups</li> <li>Community Information Sessions</li> <li>Recognition and Celebration of Members</li> <li>Incentive Programs for Attendance</li> <li>Targeted Outreach Campaigns</li> </ul>	Ongoing	Increase consumer participation, especially from underserved communities (Black/African American, Latinx, youth, Indigenous). Questions to Consider: 1. What incentives encourage unaffiliated consumers to attend meetings? 2. How can providers encourage client participation?

SAVE THE DATE

# CONSUMER RESOURCE FAIR 2025

LOVE BEGINS WITH ME  
*Empowering Wellness, Advocacy, and  
Community Beyond HIV*

Thursday, February 13, 2025  
12:00PM - 5:00PM  
The California Endowment

Join us for the 2025 Consumer Resource Fair, a holistic event focused on supporting the whole person beyond HIV.

*Interested in participating as a vendor or service provider,  
hosting a workshop, tabling, or giving a presentation?*

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