LOS ANGELES COUNTY
COMMISSION ON HIV

WELCOME BACK, COMMISSIONERS!

Join us in-person for our next Operations Committee meeting.

Date: Thursday, March 23, 2023

Time: 10AM - 12PM

Address: 510 S Vermont Ave, Los Angeles, CA 90020
Terrace Level Conference Room - Accessible via public transportation (Wilshire/Vermont Station)

Parking: Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020

- **Please bring your smart devices!** Meeting materials will be accessible via Commission website and QR code. NO HARD COPIES of materials will be distributed in compliance with LA County's Recycle and Reuse Initiative.
- Members of the public may attend in person or virtually
- Opportunity to win raffle prizes

Questions? Contact us!

hivcomm@lachiv.org

(213) 738-2816

Operations Committee Meeting

Thursday, March 23, 2023
10:00am-12:00pm (PST)

510 S. Vermont Ave, Terrace Conference Room #
Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, LA 90020

**Meeting will be live streamed on Facebook @hivcommissionla*

Agenda and meeting materials will be posted on our website at https://hiv.lacounty.gov/operations-committee

Members of the Public may join virtually or in person.

For members of the public who wish to join virtually, please register here:

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=ma3bd71106eaf4ee7f8cb8df5f4d6ca70

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

Password: OPERATIONS Access Code: 2596 297 9775

For Apple IOS users, please check out WebEx updates:

https://help.webex.com/en-US/article/fsrg4w/Webex-Meetings-mobile-app-(iOS)-updates-overview

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

PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.

To submit Public Comment, if joining the meeting virtually, you may post your Public Comment in the Chat box. Otherwise, you may email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

All Public Comments will be made part of the official record.

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Apply to become a Commission Member at:

https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication

For application assistance call (213) 738-2816 or email hivcomm@lachiv.org

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EMAIL: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

OPERATIONS COMMITTEE

THURSDAY, MARCH 23, 2023 | 10:00 AM – 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK11
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=ma3bd71106eaf4ee7f8cb8df5f4d6ca70
To Join by Telephone: 1-213-306-3065
Password: OPERATIONS Access Code: 2596 297 9775

Operations Committee (OPS) Members:			
Everardo Alvizo, LCSW *Co-Chair*	Justin Valero, MA *Co-Chair*	Miguel Alvarez	Jayda Arrington
Danielle Campbell, MPH	Joe Green	Jose Magaña	
QUORUM: 4			
DHSP Staff: Michael Green, PhD			

AGENDA POSTED: March 17, 2023.

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

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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.

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

I. ADMINISTRATIVE MATTERS

1. Call to Order & Meeting Guidelines/Reminders		10:00 AM – 10:03 AM
2. Introductions, Roll Call, & Conflict of Interest Statements		10:03 AM – 10:05 AM
3. Assembly Bill 2449 Attendance Notification for "Emergency Circumstances"	**MOTION #1**	10:05 AM – 10:07 AM
4. Approval of Agenda	**MOTION #2**	10:07 AM – 10:08 AM
5. Approval of Meeting Minutes	**MOTION #3**	10:08 AM – 10:10 AM

II. PUBLIC COMMENT

10:10 AM – 10:15 AM

6. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

8. Executive Director/Staff Report — 10:15 AM – 10:25 AM
   a. Operational Updates
   b. HRSA Site Visit Follow Up
9. Co-Chair's Report — 10:25 AM – 10:35 AM
   a. "Getting To Know You" Exercise | Miguel Alvarez
   b. 2023 Work Plan
   c. 2023 Training Series & Schedule
   d. Meeting Schedule | Revisit

10. Membership Management Report 10:35 AM—10:40 AM
    a. Seat Change – Jose Magaña | Seat #11 Provider representative #1

MOTION #4

    b. Attendance Letters | Status – Eduardo Martinez
    c. Status on Pending/New Applications
    d. Parity, Inclusion and Reflectiveness (PIR)
    e. Mentorship Program | Review
11. Policies and Procedures 10:40 AM—11:45 AM
    a. Policy #08.1104 – Commission and Committee Co-Chair Elections and Terms

MOTION #5

    b. Code of Conduct | Review and Proposed Updates
    c. By-Laws Review Planning
13. Assessment of Administrative Mechanism (AAM)
14. Recruitment, Retention and Engagement 11:45 AM – 11:50 AM
    - Member Contributions/Participation | Report Out
      (Purpose: To provide an opportunity for Operations Committee members to report updates related to their community engagement, outreach, and recruitment efforts and activities in promoting the Commission)

V. NEXT STEPS 11:50 AM – 11:55 AM

15. Task/Assignments Recap
16. Agenda development for the next meeting

VI. ANNOUNCEMENTS 11:55 AM – 12:00 PM

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

VII. ADJOURNMENT 12:00 PM

18. Adjournment for the meeting of March 23, 2023

PROPOSED MOTIONS	
MOTION #1:	Approve remote attendance by members due to "emergency circumstances", per AB 2449.
MOTION #2	Approve the Agenda Order, as presented or revised.
MOTION #3	Approve the Operations Committee minutes, as presented or revised.
MOTION #4	Approve seat change for Jose Magaña, Seat #11 Provider representative #1, as presented or revised, and elevate to the Executive Committee.
MOTION #5	Approve Policy # 08.1104 – Commission and Committee Co-Chair Elections and Terms, as presented or revised, and elevate to the Executive Committee.

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 3.22.23)

☐ This meeting is a **Brown-Act meeting** and is being recorded.

- The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

☐ The **meeting packet** can be found on the Commission's website at https://hiv.lacounty.gov/meetings/ or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*

☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances**" must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/21/23

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**LUCKIE**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	**Leon**	Charles R. Drew University	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	**Andre**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	**Mallery**	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave. 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

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

OPERATIONS (OPS)
COMMITTEE MEETING MINUTES

February 23, 2023

COMMITTEE MEMBERS P = Present | A = Absent | EA = Excused Absence					
Everardo Alvizo, LCSW, *Co-Chair*	P	Miguel Alvarez	P	Joe Green	P
Justin Valero, MA, *Co-Chair*	EA	Jayda Arrington	P	Jose Magaña	P
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit, MPIA, Dawn McClendon, Sonja Wright, DACM, Jose Rangel-Garibay, MPH, Lizette Martinez, MPH, Catherine Lapointe, MPH					
DHSP STAFF					

**Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.*
**Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.*
**Meeting minutes may be corrected up to one year from the date of Commission approval.*
***LOA: Leave of absence*

Meeting agenda and materials can be found on the Commission's website at
https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/65a5cb21-97e9-4086-ba49-bad690e5001e/Pkt-OPS_2.23.23-updated.pdf

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS
The meeting was called to order at 10:00 am. Everardo Alvizo led introductions.

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 1/26/2023 OPS Committee meeting minutes, as presented ***(✓Passed by consensus).***

II. PUBLIC COMMENT

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

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:

- Commissioner J. Green asked what form the By-Laws review planning would take (ex: work group, Operations task, etc.). Executive Director, C. Barrit, addressed this topic under the ByLaws Review Planning.

- Commissioner J. Arrington expressed that she would continue to bring up the topic of Unaffiliated Consumer (UC) stipend increases.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

- The return of all Commission on HIV (COH) Brown Act in-person meetings will begin in March. C. Barrit sent out a memo via e-mail, included the document in the February 9th full Commission meeting packet, and called each commissioner as a reminder.
- Per AB 2449, "just cause" and "emergency circumstances" provisions can be invoked for a maximum of 2 times per year. When invoking "just cause" or "emergency circumstances", audio and cameras must be turned on for the entire duration of the meeting, and disclosure if a person over the age of 18 is present in the room
- Members of the public will still be able to join virtually and are encouraged to do so.
- J. Arrington inquired if the Committee would be open to changing the meeting start time to 9:00 AM once the in-person meetings resume. The Committee decided to revisit this discussion after the first in-person meeting.
    - ➲ Agendize meeting start time discussion.

b. 2023 Training Series | Update

- C. Barrit highlighted the updates to the 2023 training schedule as follows:
    - (1) The Priority Setting and Resource Allocation Process training was moved to an earlier date; it was switched with the Sexual Health and Wellness training, and (2) a resource attachment summarizing the Prevention Planning work group surveys and the Ryan White program information sheets have been added.

c. Digital Toolkit

- C. Barrit directed the Committee to the COH outreach and resource materials on the website under the "Resource (Member)" tab and accessible here

6. CO-CHAIR REPORT

a. "Getting To Know You" Exercise

- Commissioner J. Arrington introduced herself to the Committee, provided a few fun facts about herself, and took a few questions from the attendees.
- Commissioner M. Alvarez will participate in next month's "Getting To Know You" exercise.

b. 2023 Workplan Development

- Co-Chair E. Alvizo lead the review of the work plan.
- C. Barrit reminded the Committee that the Assessment of the Administrative Mechanism (AAM) was completed in November 2022 and the findings were presented to the Committee. The final report which includes DHSP's feedback will be presented at the next Committee meeting.
- The primary work plan discussion centered around putting more energy and effort into reinvigorating the Mentorship Program.
    - ➲ Agendize the Mentorship Program as a standing item.

c. 2023 Meeting Frequency & Schedule

- There was consensus among the Committee that the meeting frequency and schedule will remain as-is.

7. **Membership Management Report**
   a. **Attendance Letters | Status**
      - Attendance letters were sent to 3 commissioners: J. Gates, M. Robinson, and E. Martinez.
        - J. Gates acknowledged the attendance letter and provided explanations for some of the unexcused absences
        - M. Robinson acknowledged the attendance letter and has been attending meetings
        - E. Martinez has not acknowledged or responded to the attendance letter
      - Staff encountered an issue with one of the commissioners who received a letter in that they provided justification for their unexcused absences after receiving the attendance letter, prompting a discussion on whether a grace period should be allowed for a member to provide their justification for an absence after the fact
      - By consensus, the Committee indicated the grace period could be extended to 14 days from the meeting day.
        - ➲ D. McClendon will incorporate the 14-day grace period language into the Absence Policy and present the updated version at the next meeting.

   b. **Seat Change | Discussion**
      - The Committee recommended Commissioner J. Magaña to be moved into a full seat from the Alternate seat.

        J. Magaña accepted the recommendation.
        - ➲ Agendize J. Magaña's seat change on the March agenda
        - ➲ D. McClendon will send J. Magaña the Duty Statement for the Provider Representative seat.

   c. **Parity, Inclusion, and Reflectiveness (PIR) | Review**
      - Staff member, S. Wright, discussed the Parity, Inclusion and Reflectiveness (PIR) chart and its importance in reflecting that the COH body is representative of the disease burden in Los Angeles County (LAC) and the communities served.
      - Overall, the chart reflects more representation is needed in the following categories: (1) Latin-X, (2) males, and (3) individuals between the ages of 13-19, 20-29, and 50-59.
      - Increased UC representation is also needed as the Health Resources and Services Administration (HRSA) guidelines state that 33% of all Planning Councils (PCs) should be made up of UC's. The COH body is currently at 21%.
      - C. Barrit pointed out that staff also uses this chart at the committee-level to ensure equitable representation is reflected in each subcommittee.

   d. **Status on Pending/New Applications**
      - S. Wright provided an update on the membership applications received as follows:
        - From January 2022 to January 2023, a total of 40 applications were received
        - 10 of the 40 were no longer interested
        - 8 applicants were onboarded
        - 2 additional applicants are in the process of being onboarded
        - 10 submitted incomplete applications and S. Wright is working with them to submit completed applications
      - The rest of the applicants have been contacted and interviews are being scheduled

8. **Policies and Procedures**
   a. **Proposed Code of Conduct**
      - Item postponed to the next meeting.

b. By-Laws Review Planning

- D. McClendon shared that this item has been on the committee agenda for the past several months and that a guidance document has been included in the packet for the Committee's review and discussion. Given the extensiveness of this review, one of the recommendations provided in the guidance is to establish a cross-collaborative workgroup to garner participation from members representing all committees and the Consumer Caucus. The Committee agreed to establish a work group, which was subsequently upgraded to a taskforce to be established by the Executive Committee given the limitations of a workgroup per policy

c. Policy #08.1104 – Commission and Committee Co-Chair Elections and Terms Workgroup

- The Operations Committee did not discuss this item.

9. Retention, Recruitment and Engagement

- Member Contributions/Participation | Report Out
  (Purpose: To provide an opportunity for Operations Committee members to report updates related to their community engagement, outreach, and recruitment efforts and activities in promoting the Commission).
  - E. Alvizo shared he will begin promoting the COH within the HIV Care and Coordination (HCC) Clinic in Long Beach.

V. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP:

- E. Alvizo will attend the Executive Committee meeting and provide a summary report of the Operation's Committee meeting.

11. AGENDA DEVELOPMENT FOR NEXT MEETING:

- Proposed Code of Conduct
- Operations Committee meeting start time
- Seat change – J. Magaña
- Standing items

VI. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- J. Green announced that Being Alive was funded to start a pilot peer support program in Los Angeles.

VII. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 12:07 am.

LOS ANGELES COUNTY COMMISSION ON HIV

(DRAFT) 2023 OPERATIONS WORKPLAN
3.21.23

Co-Chairs: Everardo Alvizo, Justin Valero

Approval Date: **Updated:** 2.21.23, 3.21.23

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Committee will lead and advance throughout 2023.

CRITERIA: Select activities that 1) represent the core functions of the COH and Committee, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

CORE COMMITTEE RESPONSIBILITIES: 1) Developing, conducting and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission and HIV/AIDS service and related issues; 2) recommending, developing and implementing Commission policies and procedures; 3) coordinating on-going public awareness activities to educate and engage the public in the Commission and HIV services throughout the community; 4) conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; 5) recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission. Additional responsibilities can be found at https://hiv.lacounty.gov/operations-committee.

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	**2023 Training Plan**	Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities. **Additional training may be integrated at all COH subgroups as determined by members and staff*	2023	~~Refer to draft 2023 training plan to be presented at the January 26th OPS meeting~~.
2	**Bylaws Review**	Review Bylaws to update in accordance with changing HIV landscape, local, state and federal policies and procedures, and to meet the needs of the Commission and community.	2023	Initial planning to begin at the January 26th OPS meeting; refer to planning guidance.
3	**Policies & Procedures**	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.	2023	~~(1) Revisions to Policy #09.4205~~ (2) Revisions to Policy # 08.1104 (refer to workgroup for updates)

4	**Assessment of the Administrative Mechanism (AAM)**	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Health Resources Administration (HRSA) expects planning council to complete the AAM on an annual basis.	TBD	(1) Review recommendations from prior AAM/supplemental AAM to determine next steps; (2) Review summary and recommendations from HealthHIV Planning Council effectiveness assessment recommendations to address areas of improvement: a. Member Recruitment and Retention b. Community Engagement/ Representation c. Streamlining the LAC COH's Work
5	**Recruitment, Engagement and Retention Strategies**	Development of engagement and retention strategies to align with CHP efforts	Ongoing	(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members. (2) Continue social media campaigns to bring awareness. (3) Refer to HealthHIV Planning Council assessment for recommendations.
6	**Mentorship Program**	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Ongoing	Review & assess current Mentorship Program for improvements and effectiveness. Mentorship Program Guide can be found @ https://hiv.lacounty.gov/resources/member
7	**PIR (Parity, Inclusion and Reflectiveness) Review**	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly *~~January~~, April, August, December*	PIR Survey disseminated January 10, 2023; responses due January 20th.
8	**Attendance Review**	To ensure members follow the attendance policy.	Quarterly *~~January~~, April, August, December*	Review Attendance Matrix presented by staff.

LOS ANGELES COUNTY
COMMISSION ON HIV

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2023 Training Plan and Schedule

All learning offerings are open and available to members of the public.

Final 03.02.23

Objectives:

1. Fulfill federally required annual training for HIV Planning Councils
2. Fulfill training required by the County of Los Angeles for Commissioners
3. Offer a more flexible and self-directed learning schedule option for Commissioners
4. Enhance personal and professional growth with additional training aimed at building knowledge and skills to become effective community planners
5. Provide ongoing support, coaching and technical assistance through individual appointments where Commissioners can ask questions, seek clarification on training materials, roles and responsibilities, and meeting discussions
6. Provide ongoing learning opportunities for Commissioners by offering supplemental course offerings and third-party resources that strengthen leadership, communication, and collaborative skills.

I. Core Mandatory Training

a. **Format**: virtual live and available on-demand through WebEx recording on the Commission website
b. **Frequency:** Quarterly
c. **Topics:**

i. General Orientation
ii. Commission on HIV Overview
iii. Ryan White Care Act Legislative Overview
iv. Membership Structure and Responsibilities
v. Priority Setting and Resource Allocation Process
vi. Service Standards Development
vii. Policy Priorities and Legislative Docket Development Process

II. **Optional Sessions |** These educational sessions are aimed at increasing knowledge and skills useful for gaining a broader understanding of core functions of public health, community and individual health, and civic engagement.

1. Sexual Health and Wellness

a. Desired outcomes: increase one's comfort level in engaging in healing and empowering conversations about sexual health, wellness, consent and choice, common STIs and symptoms, and body positivity.

2. Public Health 101
    a. Desired outcomes: introduce learners to the mission of public health and key terms in the field. The session will cover historical developments in public health, the roles of different stakeholders, public health's core functions and essential services, determinants of health, the health impact pyramid, and recognize how individual determinants of health affect population health.

3. Understanding Data for Community Planning
    a. Desired outcomes: gain a basic understanding of key sources of HIV, STD, and relevant public health and social data and how to use data for HIV planning. The session will cover key concepts about HIV community planning and use case studies to practice skills and engage participants in collaborative exercises.

4. Health Literacy and Self-Advocacy
    a. Desired outcomes: gain a basic understanding of key HIV and STD medical terms and concepts and practical skills for navigating healthcare systems. The session will teach strategies to make the most out of your medical visits, questions to ask your doctor, and use health information to make health-related decisions.

5. Tips for Making Effective Written and Oral Public Comments
    a. Desired outcomes: gain an understanding of how the Los Angeles County Board of Supervisors (BOS) meetings operate and learn how to submit written and public comments to the BOS and other government entities.

III. **Supplemental Training Library –** these are highly recommended training and intended to enhance the knowledge and skills of Commissioners in order to serve as effective community planners.
    a. **Format:** combination of virtual live, WebEx recording, or library of resources on Commission website
    b. **Topics**

i. Commission on HIV History (Document)
ii. Health Resources Services Administration Ryan White Part A Planning Council Primer (Document)
iii. Executive Office of the Los Angeles County Board of Supervisors Commission Manual (Document)
iv. Overview of HIV Data Sources (PowerPoint slides; available on the website)
v. Prevention and Care Knowledge Enhancers (see attachment)
vi. Ending the HIV Epidemic Townhall Recording
vii. Data and Epidemiology 101 (PowerPoint slides; available on the website)
viii. Using Data for Decision Making (PowerPoint slides; available on the website)
ix. Effective Communication and Listening Skills (PowerPoint slides)
x. Running and Facilitating Meetings (PowerPoint slides)

xi. Co-Chair Roles and Responsibilities (Virtual live) (PowerPoint slides)
xii. HIV and STD Funding Streams (Handout)
xiii. TargetHIV https://targethiv.org/ – website link
xiv. Health Resources and Services Administration, HIV/AIDS Bureau – website link https://hab.hrsa.gov/
xv. Centers for Disease Control and Prevention HIV – website link Centers for Disease Control and Prevention STD Training – website link
xvi. Centers for Disease Control and Prevention STD Training – website link https://www.cdc.gov/std/training/default.htm
xvii. https://www.hiv.gov/ – website link

IV. **Quizzes for Prizes-** ~~ongoing~~ monthly quizzes to test and encourage ongoing learning for members.

Implementation Schedule ***(*subject to change to accommodate shifting needs and priorities*)***

#	Activity	Date
1	Present 2023 Training Plan and Schedule to Operations for feedback	January 26
2	Update and finalize 2023 Training Plan and Schedule	February 23
3	General Orientation Commission on HIV Overview	March 29 @ 3pm- 4:30pm
4	Priority Setting and Resource Allocation Process (PSRA) & Service Standards Development	April 12 @ 3pm-4:30pm
5	Tips for Making Effective Written and Oral Public Comments	May 24 @ 3pm-4pm
6	Ryan White Care Act Legislative Overview Membership Structure and Responsibilities	July 19 @ 3pm-4:30pm
7	Public Health 101	August 16 @ 3pm-4:30pm
8	Sexual Health and Wellness	September 20 @3pm-5:00pm
9	Health Literacy and Self-Advocacy	October 18 @ 3pm-4:30pm
10	Policy Priorities and Legislative Docket Development Process	November 15 @ 3pm-4:30pm
11	Co-Chair Roles and Responsibilities	Dec. 6 @ 4pm-5pm
12	***Additional training may be integrated at all Commission subgroups as determined by members in collaboration with staff.***	Year-round/ongoing

ATTACHMENT: Commissioner Onboarding Knowledge Enhancers Resources

Ryan White Program Info Sheets

- RWHAP for People with HIV: English | Spanish
- Ambulatory Outpatient Medical Services: English | Spanish
- Benefits Specialty Services: English | Spanish
- Home Based Case Management: English | Spanish
- Medical Care Coordination Services: English | Spanish
- Mental Health Services: English | Spanish
- Oral Health Services: English | Spanish
- Residential Care Facility for the Chronically Ill Services: English | Spanish
- Transitional Residential Care Facility Services: English | Spanish
- Transportation Services: English | Spanish

PrEP / PEP

- PEP Basics - English | Spanish
- (Oral) PrEP Basics - English | Spanish
- Long-acting Injectable PrEP – https://www.sfaf.org/collections/beta/what-you-need-to-know-about-injectable-prep-apretude/
- Where to find PrEP – http://getprepla.com/

STDs/STIs

- General Overview - English | Spanish
- Congenital Syphilis – English | Spanish
- How STDs Impact Women Differently from Men (CDC) - https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/STDs-Women.pdf
- Testing Resources – http://publichealth.lacounty.gov/dhsp/STDClinics.htm

Treatment is Prevention

- HIV Treatment is HIV Prevention – https://www.cdc.gov/hiv/pdf/library/consumer-info-sheets/cdc-hiv-consumer-info-sheet-treatment-can-prevent-sexual-transmission.pdf
- Undetectable equals Untransmittable (U = U) - https://www.health.state.mn.us/diseases/hiv/prevention/uu/uu.pdf
- U = U FAQs - https://preventionaccess.org/faq/

People Who Inject Drugs (PWID)

- HIV AND People Who Inject Drugs - https://www.cdc.gov/hiv/group/hiv-idu.html

Social Determinants of Health

- What are the Social Determinants of Health - https://nam.edu/programs/culture-of-health/young-leaders-visualize-health-equity/what-are-the-social-determinants-of-health/
- Pathways to Health Equity - https://webassets.nationalacademies.org/healthequity/

LOS ANGELES COUNTY
COMMISSION ON HIV

2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our website for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
General Orientation and Commission on HIV Overview *	March 29 3:00 - 4:30 PM
Priority Setting and Resource Allocation Process & Service Standards Development *	April 12 3:00 - 4:30 PM
Tips for Making Effective Written and Oral Public Comments	May 24 3:00 - 4:00 PM
Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *	July 19 3:00 - 4:30 PM
Public Health 101	August 16 3:00 - 4:30 PM
Sexual Health and Wellness	September 20 3:00 - 5:00 PM
Health Literacy and Self-Advocacy	October 18 3:00 - 4:30 PM
Policy Priorities and Legislative Docket Development Process *	November 15 3:00 - 4:30 PM
Co-Chair Roles and Responsibilities	December 6 4:00 - 5:00 PM

Mandatory core trainings for all commissioners.

LOS ANGELES COUNTY COMMISSION ON HIV

2023 MEMBERSHIP ROSTER| UPDATED 3.21.23

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	EXC|OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative			***Vacant***		July 1, 2022	June 30, 2024	
11	Provider representative #1			***Vacant***		July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5			***Vacant***		July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			***Vacant***		July 1, 2021	June 30, 2023	
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	EXC|OPS |PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
22	Unaffiliated consumer, SPA 4			***Vacant***		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2021	June 30, 2023	
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2021	June 30, 2023	Jose Magana (OPS)
32	Unaffiliated consumer, at-large #1			***Vacant***		July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			***Vacant***		July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3			***Vacant***		July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4			***Vacant***		July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC|PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC|OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC|OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
	TOTAL:	36						

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

LOA: Leave of Absence

Overall total: 39

LOS ANGELES COUNTY
COMMISSION ON HIV

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EMAIL: hivcomm@lachiv.org • **WEBSITE**: http://hiv.lacounty.gov

Sent Via Email:

February 3, 2023

Eduardo Martinez

Dear Mr. Martinez:

Thank you for your service to the Los Angeles County Commission on HIV (COH).
As an HIV Stakeholder on the COH, your participation in discussions around the needs of people living with and impacted by HIV/AIDS (PLWHA) is an important and valuable public service.

This letter serves to alert you of the absences incurred for the 2022 calendar year. The COH via the Operations Committee has a standing policy to track the attendance of members at Commission and Committee meetings. Policy/Procedure #08.3204 notes that:

> "Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused."
>
> A copy of the full policy is enclosed in this letter.

For calendar year 2022, our records indicate that you missed three (3) Commission and five (5) Public Policy (PP) Committee meetings.

In order to regain good standing as a Commissioner, please take the following actions no later than February 10, 2023:

1. Contact my office to confirm your service to the Commission on HIV via phone call or email.
2. Begin attending Commission and PP Committee meetings;
3. Read the attached Policy #08.3204/Excused Absences and notify me or any COH staff by email or phone if you will not attend a meeting due to personal sickness, personal emergency and/or family emergency; vacation; and/or out-of-town travel.

If my office does not receive a response regarding this letter by February 10, 2023, the Operations Committee will review your membership on the Commission and recommend that your seat be vacated at its next meeting on February 23, 2023.

The COH staff and Operations Committee are committed to supporting all Commissioners in their role as planners for the County. We understand that a full engagement on the COH may not be feasible at this time; hence, we encourage you to self-assess your commitment to the COH and consider resigning and reapply again once you determine a more appropriate timing for your participation on the COH.

I look forward to hearing from you. Please contact my office at 213.618.6164 or via email at cbarrit@lachiv.org.

Sincerely,

Cheryl A Barrit

Cheryl Barrit
Executive Director
Los Angeles County Commission on HIV

c: Operations Co-Chairs
COH Co-Chairs

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COMMISSION ON HIV

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POLICY/ PROCEDURES:	NO. #08.3204	Commission and Committee Meeting Absences

SUBJECT: **Commission and Committee Meeting Absences**

PURPOSE: To clarify how absences from a Commission or Committee meeting must be claimed, how it must be communicated, why it is important, and what purpose it serves.

POLICY: It is recommended that all Commissioners and Committee members regularly and faithfully inform staff of their intentions to be absent from either Commission and/or Committee meetings. Knowledge of member attendance/absences prior to meetings helps Commission Co-Chairs and staff ascertain quorums in advance.

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused. *Unaffiliated Consumer members experiencing hardship will be assessed on a case-by-case basis on their overall level of participation and record of attendance to determine appropriate next steps.*

COH bylaws dictate that excused absences can be claimed for the following reasons:

- personal sickness, personal emergency and/or family emergency
- vacation; a
- out-of-town travel; and/or
- unforeseen work schedule conflict(s)

In cases of an extended absence from the COH due to personal sickness, personal emergency and/or family emergency, members can take a leave of absence for up to three months. Should a member's leave of absence extend beyond three months, the Operations' Committee Co-Chairs and Executive Director will confer with the member and determine appropriate next steps, to include a voluntary resignation from the Commission with the understanding that they can reapply at a later time.

PROCEDURE:

To claim an excused absence for reasons of vacation and/or out-of-town business, members must notify the Commission Secretary or respective Committee support staff person two weeks prior to the meeting. For purposes of personal/family emergency or sickness, members have until two days after a meeting to notify the staff that they are claiming an excused absence.

For leaves of absence, members must notify the Executive Director immediately upon knowledge of the extended absence. It is the responsibility of the member to keep the Executive Director updated on their status and estimated return to the COH. If the Memberdoes not notify the Executive Director appropriately, the member's absence is therefore, deemed unexcused and the member is subject to suspension of voting privileges or removal from the Commission.

Notification must occur by e-mail or fax for documentation purposes (e-mail preferred). Receipt of the excused absence notification will be acknowledged within 48 hours through the same medium; an absence is not considered excused until receipt has been acknowledged. Notification must detail the member's name, meeting for which an excused absence is being claimed, and reason for the excused absence.

NOTED AND APPROVED:	Cheryl A Barnett	**EFFECTIVE DATE:**	07/11/2019
Original Approval: 11/24/2008	Revision(s): 05/23/16; 7/24/17; 7/11/2019; 6/24/21		

Planning Council/Planning Body Reflectiveness (Updated 3.21.23)

(Use HIV/AIDS Prevalence data as reported FY 2020 Application)

Race/Ethnicity	Living with HIV/AIDS in EMA/TGA*		Total Members of the PC/PB		Non- Aligned Consumers on PC/PB	
	Number	Percentage**	Number	Percentage**	Number	Percentage**
White, not Hispanic	13,965	27.50%	10	25.64%	4	50.00%
Black, not Hispanic	10,155	20.00%	11	28.21%	3	37.50%
Hispanic	22,766	44.84%	13	33.33%	1	12.50%
Asian/Pacific Islander	1,886	3.71%	5	12.82%	0	0.00%
American Indian/Alaska Native	300	0.59%	0	0.00%	0	0.00%
Multi-Race	1,705	3.36%	0	0.00%	0	0.00%
Other/Not Specified	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	39	100%	8	100%
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	28	71.79%	5	62.50%
Female	5,631	11.09%	9	23.08%	3	37.50%
Transgender	854	1.68%	2	5.13%	0	0.00%
Unknown	0	0.00%	0	0.00%	0	0.00%
Total	50,777	100%	39	100%	8	100%
Age	Number	Percentage**	Number	Percentage**	Number	Percentage**
13-19 years	122	0.24%	0	0.00%	0	0.00%
20-29 years	4,415	8.69%	1	2.56%	0	0.00%
30-39 years	9,943	19.58%	12	30.77%	0	0.00%
40-49 years	11,723	23.09%	11	28.21%	1	12.50%
50-59 years	15,601	30.72%	7	17.95%	4	50.00%
60+ years	8,973	17.67%	8	20.51%	3	37.50%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	39	100%	8	14.29%

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

Non-Aligned Consumers = 21% of total PC/PB

LOS ANGELES COUNTY
COMMISSION ON HIV

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POLICY/PROCEDURE #08.1104	**PROPOSED REVISIONS FOR 2/23/23 OPERATIONS COMMITTEE REVIEW/APPROVAL** Commission and Committee Co-Chair Elections and Terms	Page 1 of 8

SUBJECT: **The process and scheduling for Commission and Committee Co-Chair elections.**

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

BACKGROUND:

- Federal Ryan White legislation mandates that all Part A jurisdictions establish local HIV planning councils to develop a comprehensive HIV plan, rank priorities and determine allocations, create standards of care, and to carry out a number of other responsibilities. The Los Angeles County Commission on HIV serves as the local Ryan White Part A HIV planning council for the Los Angeles County.

- In accordance with Ryan White rules and Ordinance 3.29 of the Los Angeles County Charter, the Commission on HIV comprises 51 voting members, meets monthly, and fulfills its various responsibilities through an open, transparent meeting process. The meetings comply with appropriate provisions of California's Ralph M. Brown Act and are run according to Robert's Rules of Order.

- Elected leadership is necessary to represent the planning council, facilitate the meetings, and oversee planning council work, among other responsibilities. The Health Resources and Services Administration (HRSA), the federal agency responsible for administering the Ryan White Program, recommends that planning councils elect Co-Chairs for these functions. The Commission on HIV has adopted HRSA's guidance with two Co-Chairs elected by the membership.

- The Commission on HIV relies on a strong committee structure to discharge its work responsibilities. Consistent with the Commission's By-Laws, the Commission organizational structure comprises five standing committees: Executive, Public Policy (PP), Operations, Priorities, Planning, and Allocations (PP&A), and Standards and Best Practices (SBP). Except for the Executive Committee (where the Commission Co-Chairs serve as the Committee Co-Chairs), the standing committees are led by two Co-Chairs elected by the Committee membership.

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

POLICY: **I would make seprate sections of the Commission Chairs, The Committee Chairs, and the Exec. Comm.**

1. The Commission Co-Chairs are elected to two-year terms, and each Co-Chair seat expires in December of alternate years. Except for the Executive Committee, each of the standing committees annually elects two Committee Co-Chairs to one-year terms that expire in February. There are no limits to the number of terms to which a Commission or committee Co-Chair can be re-elected. Co-Chairs elected to fill mid-term vacancies are elected for the remaining duration of the term, until it expires.

2. The Commission Co-Chairs are considered members of all committees and serve as Executive Committee Co-Chairs. Committee Co-Chairs cannot serve as Co-Chair to more than one Committee at a time.

3. Nominations for the vacant Commission Co-Chair seat are normally opened in August, unless unexpected circumstances arise (meeting cancellations, absence of quorum, etc.) prevent it. Nominations for the Committee Co-Chair seats are usually opened in January, following election of the Commission Co-Chairs and final committee assignments, unless otherwise delayed. Members can nominate themselves or can be nominated by other stakeholders throughout the period in which the nominations are open.

4. Except for immediate vacancies in both Co-Chair seats, nominations must be open at the monthly meeting prior to the Co-Chair elections. Unless delayed or postponed, the Co-Chair elections are held at following month's regular meeting.

5. Commission Co-Chair candidates must have at least a year's service on the Commission. At least one of them must be HIV-positive and at least one of them must be a person of color. Only Commissioners can serve as the Co-Chairs. Only Commissioners serving in their primary committee assignment may serve as Committee Co-Chairs, but at least one of the Committee Co-Chair seats must be filled by a Commissioner. Unaffiliated HIV-positive consumers are highly encouraged to seek leadership roles and run for a Commission or Committee Co-Chair seat whenever possible.

6. ~~Co-Chairs are elected through a sequential voting process until there are only one or two candidates remaining, as need dictates. The Commission/committee must approve the final candidate(s) through a consent vote of approval or through individual roll call votes~~. (Redundant, covered by Robert's) All Co- Chairs must be elected by a majority of the voting membership. ~~A~~ IF no Co-Chair candidate's ~~failure to earn~~ receives a ~~a~~ majority vote after a number of reounds of voting equal to the number of candidates, further voting is postponed until the next regular meeting ~~disqualifies that member as a Co-Chair candidate for that term, closes the election for that meeting, extends the nominations period, and postpones the election to the subsequent meeting.~~

Commented [MD1]: For Committee Consideration:

Although not the purview of the workgroup, a suggestion was made to replace "stakeholders" with "members" given only members are eligible for nominations/election.

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

PROCEDURE(S):

1. **Terms of Office**: The Commission Co-Chairs are elected to office for staggered two-year terms. Aside from the Executive Committee, standing committee Co-Chairs are elected for two-year terms.
   a. Commission Co-Chair terms expire in alternate years to ensure leadership continuity. The Commission Co-Chairs also serve as Co-Chairs of the Executive Committee and serve in those roles for the duration of their tenure as Commission Co-Chairs.
   b. The four, remaining standing committees [Public Policy (PP), Operations, Priorities Planning and Allocations (PP&A) and Standards and Best Practices (SBP)] elect their Co-Chairs for one-year terms that expire concurrently.
   c. Commission Co-Chair terms expire in December of the calendar year, unless the November and/or December monthly Commission meeting(s) are cancelled, quorum is not achieved at the meeting at which the Co-Chair is scheduled to be elected, or by majority vote of the Commission to accommodate an extension of the Co-Chair election process.
   d. Committee Co-Chair terms expire in February of the calendar year, but may be extended, if needed, until new Co-Chairs are elected to fill the leadership positions.
   e. In the case of a mid-term vacancy in one of the Commission Co-Chair seats, the Commission Co-Chair is subsequently elected to fill the unfinished term resulting from the vacancy. Likewise, committee Co-Chairs elected to fill mid-term vacancies are elected for the respective unfinished terms.
   f. Commission Co-Chairs are considered voting members of all Committees and subcommittees but are not counted towards quorum unless present.
2. Co-Chair Nominations: ~~Outside the rare possibility of immediate vacancies in both Commission Co-Chair seats,~~ all Commission and Committee Co-Chair elections must follow a nominations period opened at the respective body's prior regular meeting. The nominations period is designed to give potential candidates the opportunity to consider standing for election and the responsibility of assuming a leadership position. Candidates may nominate themselves or participants may nominate other members. Any stakeholder may nominate Co-Chair candidates.

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

Commented [MD2]: Review for Accuracy/Consistency:

Inconsistent w/ current & past practices and with "Policy, Section 1" and "Procedures, Section 1(b)"

Commented [JS3R2]: This line makes no sense as the Comm Co Chairs are two years and the committee co-chairs are one. IF they are both going to be two years (wich I agree with) the line is unneeded.

Commented [MD4]: For Committee Consideration:

Although not the purview of the workgroup, a recommendation was made to require Committee Co-Chairs serve staggered two-year terms.)

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Upon being nominated, if the candidate was not present and/or did not accept or reject the nomination, staff shall notify the candidate via email and telephone within 72 hours (3 days) of the nomination. If the candidate does not acknowledge receipt of the email and/or does not accept or decline the nomination, staff shall notify current Co-Chairs at least 72 hours before the election so that the Co-Chair(s) may contact the candidate to secure their response. Should a candidate not accept or decline a nomination by the time the election is held, ~~a "no response" will be recorded, and the nomination will not move forward.~~ The members of the Commission shall be informed of the non-response or declination. ~~In the event a nomination is submitted less than one week from the date of the election, staff will notify the candidate via email and telephone., If a response is not received by the start of the election, the candidate must be present at the time the election is held to accept the nomination and be considered for election.~~

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

3. **Commission Co-Chair Election Process**: Normally—unless adjusted for unexpected circumstances—the Commission Co-Chair elections proceed according to the following schedule:
    a. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting **at least four months prior to the start date of their term**, after nominations periods opened at the prior regularly scheduled meeting.
    b. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
    c. The Co-Chairs delegate facilitation of the Co-Chair election to the Parliamentarian, Executive Director, or other designated staff, who will lead Commission voting to elect the new Commission Co-Chair
    d. Commission members who have been nominated, meet the qualifications, and who accept their nominations are presented for Commission vote.
    ~~e. The Parliamentarian (or Executive Director/staff) leads Commission voting to elect the new Commission Co-Chair.~~
    d. Following the new Co-Chair's election, the Commission Co-Chairs and the Executive Director must determine Commission members' final committee assignments by the end of December to open committee Co-Chair nominations the following month.

Commented [MD5]: Alternate language proposed: "... *may* not move forward."

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Commented [MD6]: For Committee Discussion:

Should a candidate be required to be present at the time the election is held if they have not acknowledged or provided a response accepting/declining their nomination. ***Seeking Parliamentarian review to ensure alignment w/ Robert's Rules of Order***

Alternate Consideration:

A list of all candidates and their nomination status will be read on the record prior to the start of the election, allowing nominees who have not yet acknowledged and/or accepted or declined their nomination to do so at that time. If a candidate does not accept or decline their nomination in writing or on the record by the start of the election, their nomination will not be considered for election.

Commented [JS7R6]: The suggested language does not comply with Robert's and violate the members rights.

Commented [MD8]: Entire section moved up from #5 to #2 for flow/organizational purposes.

Commented [JS9R8]: If there is a vacancy, a co-chair pro tem can be elected for a one or two meeting perod

Commented [MD10]: Added language from "e" for conciseness.

Commented [MD11]: Deleted & combined w/ "c" for conciseness

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

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

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

    The Commission does not impose eligibility or qualification requirements for Committee Co-Chairs, although it is strongly encouraged that nominees acquire at least one year's experience with the Committee before standing as a Co-Chair candidate.
    a. Any Committee member nominated as a Co-Chair candidate must be serving on that Committee in his/her primary Committee assignment.
    b. Only Commissioners may serve as Co-Chairs.
    c. Alternates, members serving on the Committee in secondary Committee assignments, and BOS-appointed non-Commission committee members may not serve as Co-Chairs.

Commented [MD12]: For Committee Consideration:

Although not the purview of the workgroup, a recommendation was made to update pronoun references to "they/their" for purposes of inclusivity. **Only one reference to "his/her" was found in this policy, however, recommendation applies across all policies**

6. **Co-Chair Election Voting Procedures**: Co-Chairs are elected by a majority vote:
    a. Roll call voting for elections requires each voting member to state the name of the candidate for whom he/she is voting, or to abstain, in each round of votes.

    b. If there are more than two candidates nominated for Commission Co-Chair, voting will proceed in sequential roll calls until a final candidate earns a majority of votes and is elected by a consent or roll call vote. If no candidates earn a majority of votes in a single round, the candidate earning the least number of votes will be eliminated from the subsequent round of roll call voting. The process continues until there is a majority vote for one candidate, or only one candidate remains, and the others have been eliminated. Once the final candidate has been selected, the Commission must approve that candidate for the Co-Chair seat in a consent or roll call vote.

    c. When there is only one Commission Co-Chair candidate, the vote serves as approval or rejection of the nominated candidate.
        i. A consent vote may be used to approve the final candidate(s) for the Co-Chair seat(s). A roll call vote is not necessary for a final candidate unless there are objections to the election of the candidate.

    d. If there are two Commission Co-Chair vacancies to fill, voting adheres to the process outlined above except that the final two candidates are identified as the final Co-Chair candidates. A consent vote may be used to approve both final candidates, but a subsequent roll call vote is necessary to identify which candidate will fill the longer term; the candidate earning more votes fills the seat with the longer term.
        i. A roll call vote to approve both candidates to fill the Co-Chair seats is not necessary unless there are objections to the election of one or both candidates.
        ii. When there are objections to the election of one or both candidates, each candidate must be approved by a majority through an individual roll call vote.

    e. If there are three or more candidates nominated for the two Committee Co-Chair seats, the same process described for Commission Co-Chair election voting (Procedure #4a) is followed. If there are only two Committee Co-Chair candidates, the Committee is entitled to unanimously accept the "slate of Co-Chair nominees"; otherwise, an individual roll call vote is necessary to approve the election of each candidate to a Co- Chair seat.

    f. In the case of a tie, the vote shall be retaken. ~~during the final vote, the members of the body can re-cast its their vote to accommodate changes in voting.~~ If the body cannot resolve the tie after ~~a new vote,~~ as many rounds of voting as there are candidates, the current Co- Chair(s) remain in office, voting is closed, nominations remain open until the subsequent meeting, and a new election is resumed at that meeting. The process will repeat monthly until a clear majority vote-earner is identified.

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Commented [MD13]: For Committee Consideration:

Although not under the purview of the workgroup, this is a recommendation for clarification purposes.

Commented [JS14R13]: There is no 'final' vote unless there is a stated number of rounds of voting. I suggest the number of candidates as the number of rounds

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~~g. If a majority of the voting members oppose a final candidate's/final candidates' nomination, the current Co-Chair(s) retain their seat until the subsequent meeting, nominations remain open, and a new election is held at the next meeting. The final candidates' whose nominations were opposed are no longer eligible to fill the seat in the current term. The process will repeat monthly until the body finds majority support for a final candidate(s).~~

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Commented [JS15]: As above, there is no final vote until someone is elected, or you set a limit on the number of rounds, the stated situation cannot happen

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7. **Co-Chair Election Contingencies**: A number of factors may impede the normal Co-Chair election timelines outlined in Procedures #2, #3 and #6. Following are potential challenges that can result in process delays, and how those challenges should be resolved:
   a. **Inadequate Number of Qualified Co-Chair Candidates**: The Co-Chair whose term has expired may continue in the seat with the term extended until a new Co-Chair is elected. If the Co-Chair does not choose to continue, or has resigned, a Commission or Committee Co-Chair may temporarily serve as a single Co-Chair until a second Co-Chair can be identified and elected. Co-Chair nominations will remain open indefinitely until qualified candidate(s) are identified and elected.
   b. **Cancelled Meeting(s) or Quorum(s) Not Realized**: Nominations can be opened at a subsequent meeting and/or extended to accommodate the cancelled meeting(s) or absence of quorum(s). If the meeting for which the election is scheduled is cancelled or a quorum is not present, nominations remain open an additional month and the election proceeds the following month.

NOTED AND APPROVED: Cheryl A Barrit

EFFECTIVE DATE: September 12, 2019

Original Approval:

**Revision(s):10/19/16; 7/24/17; 9/12/19; Proposed Revisions 01/17/23*

LOS ANGELES COUNTY
COMMISSION ON HIV

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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

Proposed Edits to the Commission on HIV "Code of Conduct" approved on 4/11/19 and updated on 3/2/22

Current Text	Proposed Text
We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings. All participants and stakeholders should adhere to the following 1) We strive for consensus and compassion in all our interactions. 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present. 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard. 4) We encourage all to bring forth ideas for discussion, community planning, and consensus. 5) We focus on the issue, not the person raising the issue. 6) We give and accept respectful and constructive feedback. 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations. 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, transphobia, ableism, and ageism). 9) We give ourselves permission to learn from our mistakes.	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 fight 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 other's time by starting and ending meetings on time, being punctual, and staying present 3) We listen with intent and empathy, 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) 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 racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism. 9) We give ourselves permission to learn from our mistakes

BYLAWS REVIEW PROPOSED FRAMEWORK

What is Our Goal?

Review the 2013 Bylaws to ensure relevancy and alignment with current federal, state and county policies, procedures, and practices. Moreover, to ensure the Bylaws continue to reflect the Commission's overall Vision and Mission and the needs of the community.

What are Bylaws & Why Are they Important?

The purpose of Bylaws is to define the structural, governance, operational and functional responsibilities, and requirements of the Los Angeles County Commission on HIV.

Bylaws are essentially an expansion of the Commission's Ordinance (Los Angeles County Code, Title 3—Chapter 29). They describe in detail the procedures and steps the Commission must follow to conduct business effectively and efficiently, and in accordance with our Vision and Mission.

What's the Difference Between an Ordinance, Bylaws and Policies?

Ordinance. An ordinance is an authoritative and legislative act by the County; it established the Commission and governs its activities and operations. Local ordinances carry the state's authority and have the same effect within the County's limits as a state statute. Once adopted according to statutory process, ordinances become legally enforceable local laws.

Bylaws. While policies pertain to the details, the bylaws are high-level. Bylaws take precedence over policies, and policies must be in harmony (not conflict) with the bylaws. Bylaws are essentially an expansion of the Ordinance. They describe in detail the procedures and steps the organization must follow to conduct business effectively and efficiently.

Policy. A policy is a course of action, guiding principle, procedure, or strategy that is adopted by a body. Policies are executive in nature and are oriented inwards to guide internal decision-making processes. Generally, policies apply to employees, town facilities or the public body itself. A policy is designed to influence and determine decisions while conducting certain municipal affairs.

What Should I Know About Our Current Bylaws?

The Bylaws, in conjunction with the Ordinance, were last updated July 11, 2013, due to the Commission's integration into a HIV prevention, care, and treatment planning body. The process involved extensive cross-collaboration from the Commission, DHSP, HRSA, the former Prevention Planning Committee (PPC), County Counsel, Executive Office of the Board, Board of Supervisors, and members of the public.

Key updates to the 2013 Bylaws included six (6) additional membership seats; HIV Stakeholder seat classification; CDC guidance, i.e., PIR; HIV prevention language, persons at risk for HIV as a membership qualifier, and Conflict of Interest language.

The Commission has the power to amend or revise Bylaws at any meeting so long as there is quorum, provided that written notice of the proposed change(s) is given at least ten days prior to the meeting. Equally important, Bylaws *cannot* conflict with the Commission's Ordinance, which establishes the Commission and governing its activities and operations, **or** with CDC, Ryan White, and HRSA requirements. (Bylaws, "XVI. Amendment", p.20)

Be mindful that the changes in the Bylaws may trigger an ordinance change. As a result, the review and approval process can be extensive as it involves a cross-collaborative review and/or approval process between the Commission, DHSP, HRSA, the Executive Office of the Board of Supervisors, County Counsel, and the Board of Supervisors.

What is our Legislative Duty When It Comes to Bylaws?

Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures): "The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation."

Health Resources and Services Administration (HRSA) Guidance: "Planning Councils must set up planning council operations to help the planning council to operate smoothly and fairly. This includes such features as bylaws, open meetings, grievance procedures, and conflict of interest standards." [Ryan White HIV/AIDS Program Part A Manual, VI (Planning Council Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council Operations].

Centers for Disease Control and Prevention (CDC) Guidance: "The HIV Planning Group (HPG) is the official HIV planning body that follows the HIV Planning Guidance to inform the development or update of the health department's Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction."

What Should I Consider When Reviewing the Bylaws for Updates?

As noted above, updating the Bylaws will require an extensive review and approval process. Review **and/or** approvals must be secured by HRSA, DHSP, County Counsel, Executive Office of the Board, Board of Supervisors, the Commission, and the public at large via a Public Comment period. This process can take up to or exceed one year.

Given the nature and extensiveness of this process, the Bylaws should be reviewed and updated it's in *entirety*, from a holistic lens versus through a "piecemeal" process to have a full scope perspective and to preserve the integrity of the document and process.

Per the Ryan White HIV/AIDS Program Part A Planning Council Primer, "Each planning council must have written rules, called bylaws, which explain how the planning council operates. Bylaws must be clear and exact. They should include at least the following:

- Mission of the planning council
- Member terms and how members are selected (open nominations process)
- Duties of members
- Officers and their duties
- How meetings are announced and run, including how decisions are made
- What committees the planning council has and how they operate
- Conflict of interest policy
- Grievance procedures
- Code of Conduct for members
- How the bylaws can be amended"

It will be important to understand the historical context of the current Bylaws as well as asking the following guiding questions:

1. What is the root cause or reason for the change; ask "why" at least five times until the group has reached the root cause(s) and reason(s) for the change.
2. What is the change attempting to address and why?
3. What are the short-term and long-term impacts of the change?
4. Describe the event or situation that prompted the change?
5. Are there other ways to solve or address the issue besides a change? If so, describe.

LOS ANGELES COUNTY
COMMISSION ON HIV

Where Should We Start?

1. Kick-off 2023 with primary focus on reviewing and updating the Bylaws by adding it as priority task for 2023-2024 workplan
2. Form a cross-collaborative Bylaws Review Workgroup or Task Force, inviting a member from each Committee and Consumer Caucus
3. Establish a timeline to include the following *required* review/approval:
    - Operations Review and Analysis of Bylaws Changes (3 to 4 months)
    - DHSP Buy-in Review (3 to 4 months)
    - HRSA Project Officer Review (1-2 months)
    - County Counsel (3 to 4 months)
    - Executive Office, Board of Supervisors (1-2 months)
    - Ops, Exec, and COH Approval (4-6 months)
    - 30 Day Public Comment Period
    - If applicable, incorporate appropriate feedback from members of the public and follow process for additional round of review/approvals. (1-2 months)
    - BOS Approval (1-3 months)

3/13/2023

Assessment of the Administrative Mechanism (AAM)

Ryan White Program Year 31
(March1, 2020-February 28, 2021

Final Draft

LOS ANGELES COUNTY
COMMISSION ON HIV

Assessment of the Administrative Mechanism
Ryan White Program Year 31
(March 1, 2020-February 28, 2021)

Table of Contents

I. Introduction and Purpose of Report

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV ("the Commission") is required by Health Resources and Services Administration (HRSA) to conduct a regular "Assessment of the Administrative Mechanism" (AAM). The AAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Operations Committee of the Commission led the development, implementation, and analysis of the AAM for Ryan White Program Year 31. The purpose of this report is to present the findings of this assessment. Outlined in the sections below is the assessment methodology, and findings.

II. Assessment Methodology

The AAM covers 2 areas: 1) an assessment of the Commissioners' understanding of the priority setting and resource allocation process and 2) harnessing feedback from contracted agencies on the efficiency of Los Angeles County's administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community. The Operations Committee used an anonymous questionnaire via SurveyMonkey to elicit responses from Commissioners and contracted agencies. The Operations Committee of the Commission led the AAM and utilized the same questionnaire used for the previous AAMs as they have been tested and used in previous studies.

Online Survey of Commissioners:

Commissioners were invited to respond to the survey between April 4 to May 2022. At that time, there were 35 members (1 was on a leave of absence) and 8 alternates (1 was on a leave of absence) for a total of 41 possible respondents. Several follow-up emails were sent to ensure a high response rate. Nineteen responses were recorded at close of survey, generating a response rate of 46%.

Online Survey Contracted Providers:

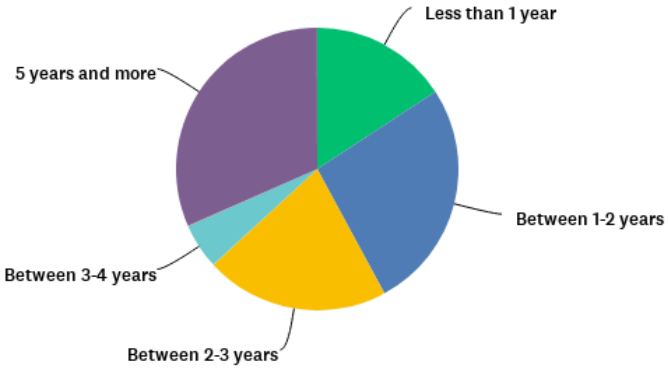
All 43 County-contracted HIV prevention and care providers were invited to participate in the AAM survey between August 18-September 15, 2022. 11 agencies completed the survey. Agencies were asked to provide one response per agency.

Limitations: The Operations Committee discussed and acknowledged the possibility of a low response rate for the Commissioner and provider surveys due to multiple local, statewide, and national surveys in circulation in 2022, including those related to the development of the federally required Integrated Plan. Another limitation of this AAM is the lag time between the program year cycle focus of the survey and the time of when the survey was released—this may have impacted memory recall of events and data presentations delivered to the Commission. Readers should not make broad interpretations with the results of the AAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

III. Assessment Responses

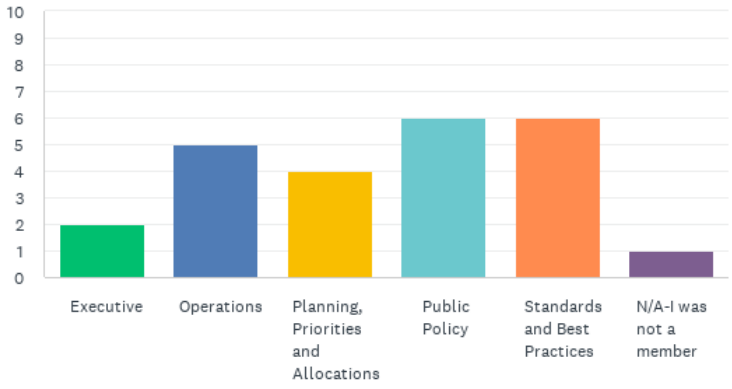
A. Survey of Los Angeles County Commission on HIV Commissioners[1]

Q1 For how long have you served as a Commissioner and/or Alternate on the Los Angeles County Commission on HIV?



Of the 19 individuals who responded to the survey, 3 indicated they have been a member of the Commission for less than a year; 5 between 1 to 2 years; 4 between 2 to 3 years; 1 between 3 to 4 years; and 6 for 5 years or more.

Q2 During the Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) priority setting and resource allocation process, which committee(s) were you a member of?

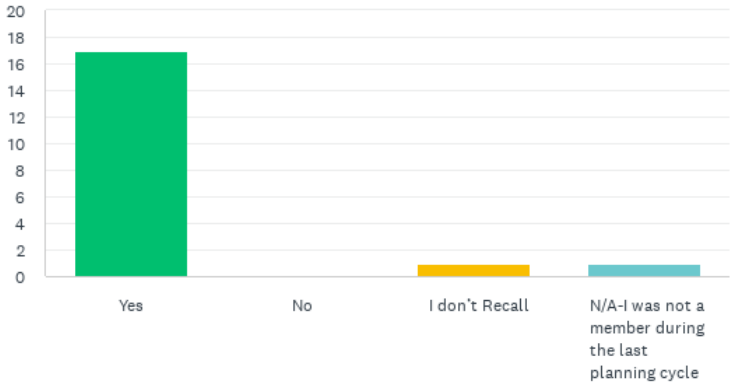


During the PY 30 priority setting and resource allocation (PSRA) process, 2 individuals indicated that they were assigned to the Executive Committee; 5 were members of Operations; 4 were members of the Planning, Priorities and Allocations; 6 were assigned to Public Policy; 6 were assigned to Standards and

[1] N=19

Best Practices; and 1 noted that they did not have a committee assignment at the time of the survey - this individual may have just been recently onboarded to the Commission and was awaiting confirmation of their committee assignment at the time that the survey was conducted.

Q3 During the Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) priority setting and resource allocation planning cycle, did the Commission on HIV review/study an appropriate amount and type of data on an ongoing basis to determine community needs?

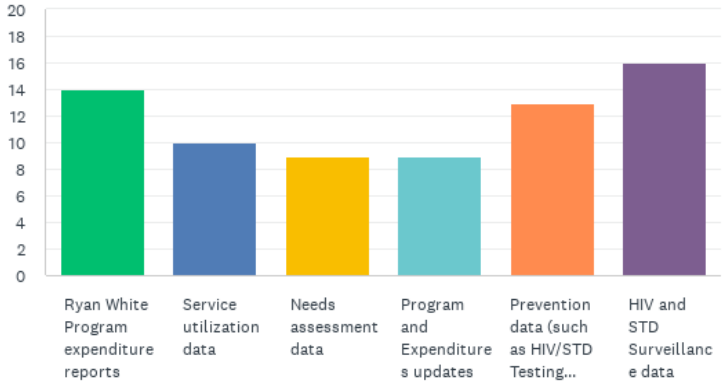


During the PY 30 PSRA planning cycle, 17 individuals who responded to the survey agreed that the Commission reviewed an appropriate amount and type of data on an ongoing basis to determine community needs; 1 indicated "I do not recall", and 1 responded that they were not a part of the planning cycle.

Comments:

- I think a greater amount of data/service resource and funding direct from the independent CA Health Jurisdictions in LA County.

Q4 During the Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) planning cycle, do you recall any of the following DHSP reports being provided as a part of the priority setting and resource allocation process?

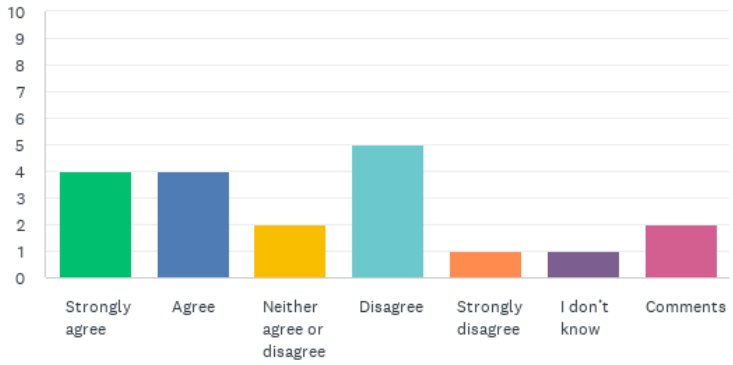


The data types most remembered by survey participants in ranked order were 1) HIV and STD surveillance (84.21%); 2) Ryan White Program expenditures report (73.68%); 3) prevention data (68.42%); 4) service utilization (52.63%); 5) needs assessment and program/expenditures updates (both at 47.37%). Prevention data included HIV/STD testing services; National HIV Behavioral Surveillance; LAC Apps-based survey; contracted biomedical services; contracted HIV education and risk reduction services; contracted vulnerable populations services).

Comments:

- Not sure on the one item. It may well have been done, I just don't remember.
- We could use more INTERSECTIONAL data on HIV HOUSING, HIV mental health, HIV SUBSTANCE USE INCLUDING HARM REDUCTION, especially related to methanol hatsmine (sp) use, AND a significant update on LGBTQI stigma/discrimination, and data that better shows the increasing needs of Seniors infected with HIV.
- I don't remember the specific reports. We were still receiving LACHAS reports and gearing up for the EHE. I don't remember a lack of data.
- Seen reports but not sure on time frame; also not sure how No 1 and 4 differ.

Q5 Please indicate the degree to which you agree with the following statement: There is adequate consumer participation and input in the planning, priority setting and resource allocation process.

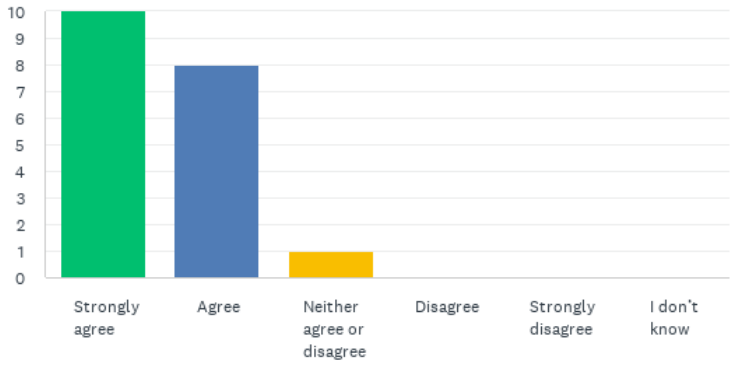


Regarding adequate consumer participation in the PSRA and planning process, 4 individuals "strongly agreed"; 4 "agreed"; 3 "neither agreed or disagreed"; 5 "disagreed"; 1 "strongly disagreed"; 1 replied "I don't know"; and 2 provided comments (listed below).

<u>Comments:</u>

- "Adequate" however is insufficient, and consumers need much more support to participate especially elderly and long-term survivors, and people of color – especially Native American Representatives
- Agree, but we could do more with consumer involvement.

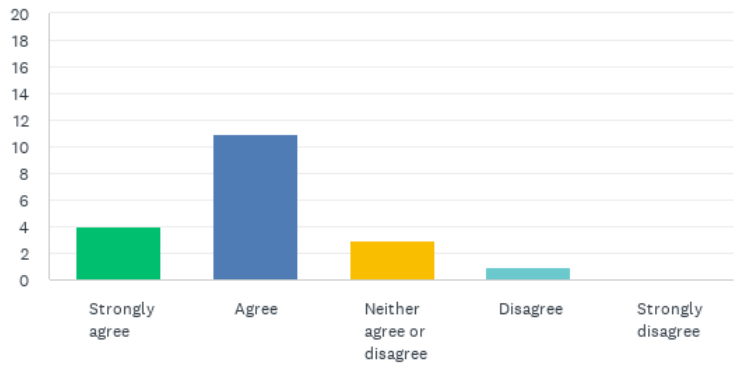
Q6 Please indicate the degree to which you agree with the following statement: During the last planning cycle, I was adequately notified of planning, priority setting and resource allocation activities and meetings.



When asked to rate their agreement/disagreement with the statement, "during the last planning cycle, I was adequately notified of planning, PSRSA activities and meetings", 10 individuals "strongly agreed"; 8 "agreed"; and 1 neither agreed or disagreed."

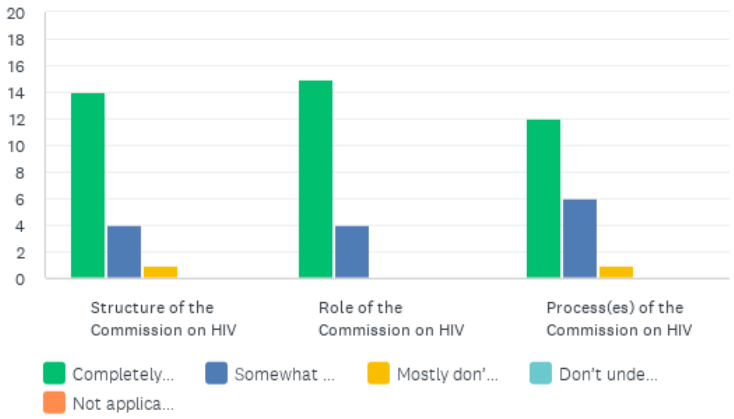
Comments: none

Q7 Please indicate the degree to which you agree with the following statement: In terms of structure and process, the Commission on HIV is effective as a planning body.



When asked to rate their agreement/disagreement with the statement, “in terms of structure and process, the Commission on HIV is effective as a planning body”, 4 individuals “strongly agreed”; 11 “agreed”; 3 “neither agreed or disagreed”; and 1 “disagreed”.

Q8 Please indicate the degree to which you understand the following:



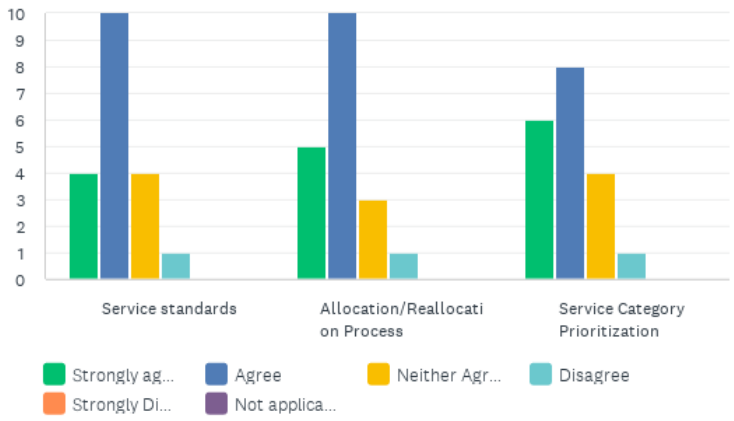
Regarding the Commissioners understanding of the structure, role and processes of the Commission, survey participants responded in the following manner:

- Structure of the Commission – 14 answered "completely understand"; 4 "somewhat understand"; and 1 "mostly don't understand"
- Role of the Commission – 15 answered completely understand" and 4 "somewhat understand";
- Process(es) of the Commission – 12 answered completely understand"; 6 "somewhat understand"; 1 "mostly don't understand"

Comments:

- We participate in creating plans. We don't lack for plans. Success in the metrics we use is incremental. We can't keep doing the same things and expect different results.
- The COH has done an excellent job helping me learn and understand my role as a commissioner.

Q9 Please indicate the degree to which you agree with the following statements: The Commission on HIV has prepared me to make decisions related to:



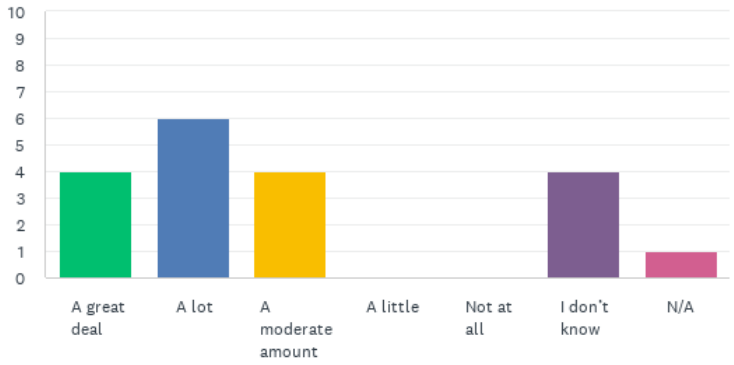
When asked to rate the degree to which the Commission has prepared members to make decisions related to service standards, PSRA and service category prioritization, survey participants responded in the following manner:

- Service standards – 4 "strongly agreed"; 10 "agreed"; 4 "neither agreed nor disagreed"; and 1 "disagreed"
- PSRA process – 5 "strongly agreed"; 10 "agreed"; 3 neither agreed nor disagreed"; and 1 "disagreed"
- Service category prioritization – 6 "strongly agreed"; 8 "agreed"; 4 neither agreed nor disagreed"; and 1 "disagreed"

<u>Comments:</u>

- As part of the Commission, I believe there is always room for improvement and increased knowledge.
- We have the knowledge and experience around the table. We need more direct consumer feedback and involvement.

Q10 Please indicate the degree to which you believe the priorities and allocations established by the Commission on HIV in the Ryan White Program Year 30 (March 1, 2020 – February 28, 2021) were followed by DHSP.



When queried to rate the degree to which the priorities and allocations established by the Commission for the Ryan White PY 30 were followed by the DHSP (the grantee), 4 responded "a great deal"; 6 " a lot"; 4 "a moderate amount; 4 "I don't know"; and 1 "N/A".

Comments: none

Observations and Recommendations

While this study has limitations such as low response rate and the likelihood of poor memory recall due to the lag in time frame from date of the priority setting meetings and the date of the study, the responses from the Commissioners offer insights on opportunities for improvement , training and learning. Key observations and recommendations are listed below:

Key Observations:

- There appears to be recognition and recall of the range of programmatic, fiscal, surveillance, service utilization and care continuum data provided to the Commission and its committees during PY 30. A participant noted that they would like to see more data that shows the intersection of HIV with morbidities such as mental, substance use, seniors and social conditions such as stigma and discrimination. More data sharing from the independent health jurisdictions (Long Beach and Pasadena) was also noted by a respondent.

- There is a need for a more robust, direct, and highly visible participation and engagement of consumers in the Commission's priority setting, resource allocation process and decision-making.

- Eighteen of the 19 respondents strongly agreed/agreed that they were "adequately notified of PSRA meetings and activities during the PY 30 planning cycle. The response may be due to the Commission's open meetings which allows for broad community participation. In addition, data presentations are disseminated in advance to the PP&A Committee and materials are posted on

the Commission's website.

- In terms of structure and process, 15 respondents indicated that they strongly agreed/agreed that the Commission is effective as a planning body; while 3 responded neither agreed or disagreed and 1 disagreed. The continues cycle of planning may also be factor in the desire to execute different approaches to community planning.

Key Recommendations:

- Facilitate a more structured collaboration process for the Operations Committee and Consumer Caucus to develop customized a training and coaching plan for consumers on how decisions are made on the Commission and make data presentations more accessible to consumers.

- In order to better prepare Commissioners with planning and decision making, the Commission should continue efforts around ongoing education and training on COH structure, role and processes. In addition, the Commission should consider periodic assessment/review of its structure, processes (such as service standards development, allocations/reallocations, and service category prioritization) and define desired outcomes and examples of what an "effective planning body" constitutes.

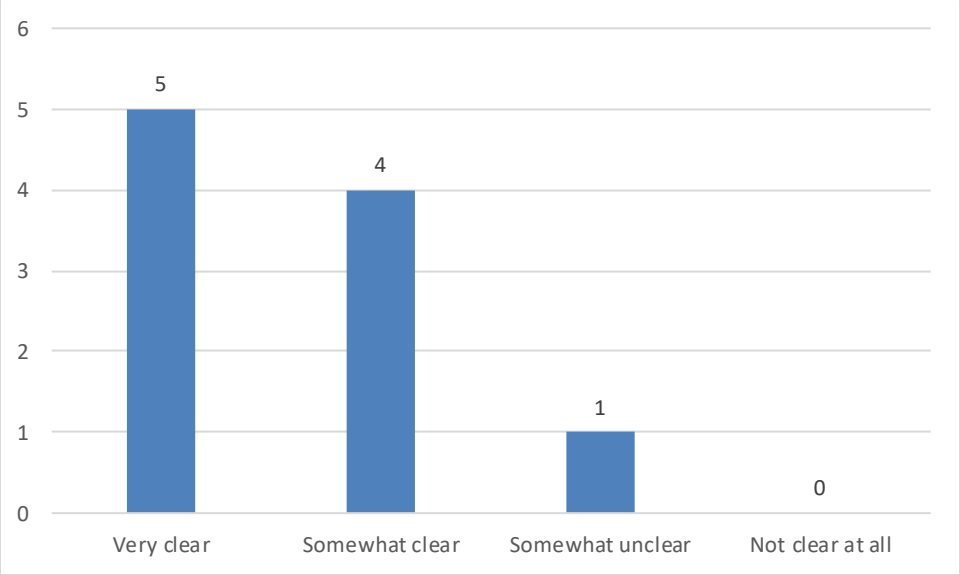
- Collaborate with the Consumer Caucus to identify strategies aimed at increasing ongoing participation of consumers in PP&A discussions, especially among consumers who identify as people of color, elderly, long-term survivors, Native Americans, and other communities disproportionately affected by HIV.

B. Assessment with Contracted Providers Responses[2]

Q1. Please describe the level of guidance you get from DHSP with respect to invoicing, budget development and budget modifications.

1. The process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome.
2. Ongoing oversight on all dimensions. Usually high level of guidance provided, medium level during the COVID Era.
3. We receive sufficient guidance regarding invoicing, budget development and budget modification.
4. We've received very good, clear guidance from DHSP on budget development and modifications. They are highly responsive regarding invoicing, so there has been some lack clarify around invoicing for PFP portion of contract.
5. Our DHSP Program Managers and Finance Managers have always been accessible and more than willing to assist our program when needed.
6. Our DHSP team is most prompt and helpful when needed.
7. My project officer has been very helpful with all bud mods and invoicing
8. DHSP program managers are always available to assist and provide guidance.
9. DHSP gives adequate guidance in this area when needed.
10. Minimal
11. Guidance is generally provided when something needs to be revised. Over the years the budget process has become more tedious compared with funds that come directly from a federal source (HRSA, CDC, SAMSHA).

Q2. With respect to the process of program monitoring, how clear are you on the expectations prior to the site visit and monitoring?



Comments:

1. No information regarding audit has been provided yet.
2. Usually preparation materials are sent in advance.
3. There could have been clearer outlining of expectations prior to the site visit. Additionally, the site visit did not occur until the beginning of year 3, which was problematic.
4. Program managers convey expectations clearly prior to monitoring.
5. It seems that things are always changing. One year you get a great audit score and the next its terrible.
6. Seems like each year the expectations change. Moreover, not clear why a program that is in compliance needs to be reviewed every year. Moreover, there is a constant change in Program Managers. This creates a disconnect with understanding how a program operates. Program Managers need to go out into the field and witness programs in action.

Q3. Does DHSP regularly provide feedback on your performance? If so, is the feedback helpful? What is helpful about the feedback?

1. Feedback is always helpful. The more specific it is, the better.
2. Yes, DHSP provides feedback on performance that is helpful.
3. There is not regular feedback on the performance.
4. Our DHSP Managers regularly provide feedback on our performance. The feedback has always been helpful to improve our program policies and procedures.
5. We get regular communication from our program monitor. Updates and questions from finance are asked as needed.
6. Yes. The quarterly report is very helpful
7. Yes, DHSP provides helpful feedback to improve in areas of less strength. Also, if there is any programmatic issue, the feedback allows us to get back on track to achieve contractual goals.
8. DHSP provides feedback and about performance, goals etc.
9. No, and I think it would be nice to have a working relationship with all the program managers.
10. Feedback is generally provided in written form following a program review or if a grievance was submitted to DHSP.

Q4. Do you get feedback or technical assistance from DHSP on barriers and challenges reported on progress reports? If so, is that feedback or TA helpful? Please elaborate.

1. Yes, DHSP has been providing feedback and assisting us when we have questions. In particular, DHSP invited us to an MCC meeting where most providers were present so we could discuss our services and the referral process.
2. Needs to be on an ongoing basis. During the COVID period staff were redeployed to address the COVID Pandemic.
3. I don't recall a specific incident. However, I do believe they have been supportive regarding barriers and challenges.
4. No feedback is given on any challenges or anything specific that's reported in the monthly reports.

5. Feedback from our monthly progress reports is usually discussed during our annual program reviews. DHSP Program Managers often give examples of what other community facility programs with similar barriers and challenges are experiencing and how they are improving.
6. Our program monitor is most supportive and helpful.
7. None
8. Yes, we get feedback. DHSP always offers TA when needed, especially after a programmatic review, to address any issues identified.
9. Yes, TA is provided when requested. It has proven to be helpful taking a deeper dive into the contract expectations and clarify areas where we may have questions.
10. no- no feedback or suggestions.
11. Despite repeated requests for TA, no. One particular program continues to be challenged with reporting on one of the domains, and although we have requested TA, there has been no follow up.

Q5. With respect to the development of your DHSP contract, how would you describe the level of technical assistance and support provided by your assigned program manager and fiscal representative? (Please reference which RFP or service category you are referring to).

1. As it pertains to the fiscal portion, the process involves a lot of back and forth and detail that is unusual, and the spreadsheets are cumbersome. In addition, we had a lot of back and forth with the prior program manager. The service category is HIV Legal Services.
2. Education and Prevention-High TCM-Medium
3. Both assigned program manager and fiscal representative have been helpful. RCFCI service category.
4. N/A Were not involved in the development of the contract
5. XXXX* currently has three DHSP contracts: Medical Care Coordination Services, Ambulatory Outpatient Medical Services and Transportation Services. The transportation services contract is fairly new and was implemented during the pandemic. Unfortunately, we experienced a lack of guidance and/or communication with DHSP when trying to set up individual contracts with Metro. At the time, we didn't know who our assigned Transportation Program Manager was and could not get any response from calls and emails. We later found out that several managers had been temporarily reassigned to work on COVID-19 projects and/or were working from home. We currently have an amazing, supportive Transportation Program Manager!
6. We have an HE/RR contract and have had that contract for many years. The level of technical assistance is beneficial when needed - especially around audits.
7. I appreciate the offer of TA
8. At the beginning of 2022, we submitted our proposal for the HIV Biomedical PrEP Prevention RFP. During the application process, DHSP provided TA through webinars, provided an email address to submit any questions related to the RFP, and then posted the answers. Those tools allowed us to have a better understanding of submitting our proposal.
9. Technical assistance has been provided surrounding Benefits Specialty Services and has been helpful for frontline staff in delivering services, as well as managing the contract.
10. XXXX*- non existent but ok during audit XXXX*- minimal PH003772- great XXXX*- current is great, past was non existent XXX*- great

11. Most contracts have been in place for a number of years. Program Managers adhere to a strict definition of the contract language, but no very little how a program actually operates.

    **XXXX = used to replace contract numbers to maintain anonymity.*

Q6. Do the RFPs provide clear instructions, directions, and/or guidance? If yes, how so? If no, in what ways are they unclear? What was your role in developing the application in response to the RFP? Please elaborate.

1. We did not reply to an RFP. We were asked to assume the delegation of duties from a current contract.
2. Multiple year funding, directions have been similar over the years. Was the lead on the application, and worked with staff on all stages of the submissions.
3. I do not recall. I was part of an in-house team that responded to the last RFP.
4. Did not develop the application. Were not employed with the organization at that time.
5. To my knowledge, the RFP instructions, directions and/or guidance seem to be clear. As the Program Manager, my role includes reporting, client numbers, etc.
6. N/A We have maintained the HE/RR contract for many years.
7. The administrative guidance and task are extremely cumbersome and take way too much time from our time
8. The RFP provided clear instructions regarding the staff required to implement and roll out the program and priority populations. However, it did not explain how the goals would be calculated. It was the program manager who explained that goals are calculated based on the assigned FTEs.
9. Yes, RFPs provide clear instructions. I have provided support in developing RFP application responses.
10. The RFPs are clear. The auditing is not consistent especially in BSS and MH. I was the main contact for the response.
11. As noted above, many contracts have been in place for many years. In my capacity at our organization, I wrote most of the applications. I have found the RFP's to be generally very clear.

Q7. Do you feel the county's process of awarding contracts for services is fair? Please explain.

1. Yes. It is transparent and provides due consideration of experience with the clients and area of service.
2. Yes. I believe there is an outside, independent County review panel.
3. Yes. In my experience for RCFCI services the RFP appeared fair.
4. Don't have sufficient information to answer this question.
5. I feel the process is fair. Contracts and funding are usually awarded to those areas and SPAs that need it.
6. Understanding what difficulty it must be to streamline processes and use pre-authorized agencies, it seems fair.
7. Yes. DHSP, in this last cycle has been fair.
8. I understand there is a review committee that evaluates each proposal. However, I am unaware

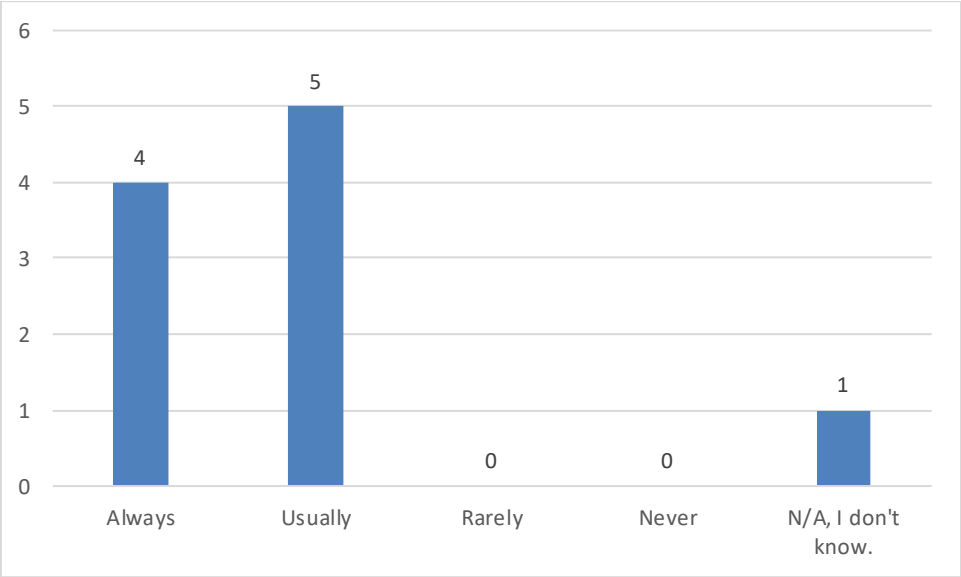
of how the review panel is chosen and how someone becomes part of it. I consider it should be more transparent to ensure there are no biases.

9. Yes, to my knowledge our agency has experienced fairness in awarding of contracts.
10. Yes
11. Yes; however, there continues to be some agencies funded that have a history of under-performing.

Q8. What are the most effective practices implemented by your agency to ensure that Ryan White program funds are spent efficiently? Please elaborate.

1. The team is established and is ready to receive referrals on trains, partners and the community.
2. Regular supervision meetings. Our award amount has remained basically the same for the past 14 years without a cost of living increase.
3. Ensuring that we have a full house and are able to bill for all available beds.
4. Internal controls on grant money spent provide a framework to ensure efficient use of program funds. These include internal approval processes, monthly financial reporting and accounts payable controls.
5. In-house audits.
6. The HE/RR contract is very specific. The guidelines are clear and reporting for both programming and financials are direct and easy to complete.
7. Targeting the right populations
8. Our agency has compliance tools that are reviewed quarterly to ensure all practices are followed, and funds are spent according to the contractual guidelines. Additionally, we submit our invoices and request feedback from the program manager or fiscal representative. If a discrepancy is identified, our accounting and program administrator correct the issue.
9. Continuous Quality Improvement efforts, through program monitoring, communication with DHSP, agency administration, management (finance, director etc) and frontline staff.
10. We have a dedicated fiscal manager. Programmatically we conduct internal audits.
11. Having finance and program administration staff who understand the contract, allowed expenses, and who work as a team to monitor expenses and respond in a timely manner with submitting budget mods.

Q9. DHSP issues payments within 30 days following submission of complete, accurate invoices, and submitted in a timely manner as stipulated by the DHSP contract.



Comments:

1. Payments are generally received in 45-60 days.
2. Much better than in the past.
3. However, it takes forever to receive an executed contract; often well-beyond the 90-days an agency is expected to "float" a program.

Q10. Are there other comments or feedback you would like to share about the County's procurement, contracting, and invoicing process? Please provide specific examples and suggestions for improvement.

1. No/None
2. Honor the agencies' individual Negotiated Indirect Cost Agreements (NICRAs). A 10% ceiling is too low.
3. N/A
4. I know that sometimes the payment takes longer than 30 days, regardless of submitting the invoice on time.
5. DHSP staff often inform an agency that they have 24-48 hours to respond to a request; however, it often takes DHSP many months to execute a contract or approve a budget modification. There have been occasions when a budget mod was approved after a contract ended. Agencies should be allowed to submit a final budget mod, with parameters, upon submission of a final invoice. DHSP staff need to go out into the field and gain an understanding of the programs they monitor. Most program staff at funded agencies returned to the office in 2021, yet DHSP staff continued to work at home. The optics of this was/is not great. This further demonstrates the disconnect with what happens in the field.

C. Key Themes

Sufficient to Very Good Guidance on Invoicing, Budget Development and Budget Modifications

With regard to the level of guidance received from DHSP around invoicing, budget development and budget modifications, comments ranged from "sufficient" to "very good" and "clear guidance." Some respondents also appreciated the accessibility and assistance from program and fiscal managers for questions and technical assistance.

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

While some of responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year. Some participants commented that frequent changes in program managers "create a disconnect on how a program operates."

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

In general, the majority of the comments, appear to show that DHSP regularly provides feedback on contractor performance and that the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals.

Some participants noted that the TA provided by DHSP has been helpful; an example was cited where an agency was able to interact with other providers to identify solutions to challenges and barriers.

A few participants indicated that they have not received TA or feedback on challenges they have reported in progress reports at the time when the survey was conducted.

Inconsistency with the Level of TA and Support Provided by Assigned Program Manager and Fiscal Representative

While many respondents described receiving helpful TA from their program/fiscal managers, some described inconsistencies with regard to guidance and communication. Some agencies with multiple service contracts are assigned different program managers.

Experience with the County's Request for Proposals (RFP) Process

Several participants noted that their contracts have been in place for several years and remarked that the County's RFP instructions appear to be clear, however, directions regarding auditing could be more uninformed across service categories and how service target goals are calculated for contracts could be better explained to agencies.

The County's Process for Awarding Contracts for Services is Fair

Overall, the participants noted that the County's process of awarding contracts is fair and transparent.

Agencies Have Established Internal Practices to Ensure that Ryan White Program (RWP) Funds are Spent Efficiently

Based on comments provided under question #8, it appears that contracted agencies have developed organizational and administrative practices to ensure that RWP funds are utilized efficiently. These practices include internal audits and compliance tools, continuous quality improvement efforts, regular supervision meetings, and targeting the right client populations.

Payments within 30 Days Have Improved

Respondents noted that DHSP issues payments in general, within 30 days, following submission of complete and accurate invoices; one comment indicated that the payment turnaround time has improved.

Suggestions for Improvement

The survey participants offered the following suggestions for improving the County's procurement, contracting and invoicing process:

- Continue to improve payment turnaround cycles within 30 days.
- Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
- Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies.
- Ensure timeliness and consistency of technical assistance provided to agencies regarding programmatic and fiscal challenges and questions.

The general comments collected from this AAM reflect the recurring themes from previous AAMs, such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and lengthy RFP process. It is important to note that the lengthy RFP process cited by some survey participants is a County-wide issue. The Los Angeles County Board of Supervisors (BOS) has charged the Quality and Productivity Commission, in consultation with the Small Business Commission, and Citizen's Economy and Efficiency Commission, to seek innovative ways to streamline the County's contracting process, assist businesses, and identify potential cost savings to County operations. As a short-term response, the County's *Doing Business* site was revamped to make it more community friendly and the County hosts quarterly technical assistance events for the public and vendors. In addition, DHSP has an ongoing collaboration with the Commission on HIV's Black Caucus to address and strengthen the organizational capacity of Black-led and Black-serving agencies so that they can be better prepared to successfully compete for and maintain HIV prevention and care contracts with DHSP. Despite the bureaucratic challenges associated with a

large municipal government the size of Los Angeles County, DHSP continues to improve various administrative mechanisms to ensure that life-saving services reach people living with HIV in a timely and efficient manner.

[2] n=11 providers