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Operations Committee Meeting

Thursday, October 23, 2025 10:00am-12:00pm (PST)

Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, LA 90020

As a building security protocol, attendees entering from the first-floor lobby **must**notify security personnel that they are attending the Commission on HIV meeting
in order to access the Terrace Conference Room (gth floor) when our
meetings are held.

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

Members of the Public May Join in Person or Virtually. For Members of the Public Who Wish to Join Virtually, Register Here:

https://lacountyboardofsupervisors.webex.com/weblink/register/r02dc544cbb206d185824cbfd3c4a517e

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

Password: OPERATIONS Access Code: 2534 347 0026



Notice of Teleconferencing Sites:

None

together.

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https://www.surveymonkey.com/r/COHMembershipApp
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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 MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV OPERATIONS COMMITTEE

Thursday, October 23, 2025 | 10:00 AM - 12:00 PM

510 S. Vermont Ave
Terrace Level Conference Room TK02
Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

https://lacountyboardofsupervisors.webex.com/weblink/register/r02dc544cbb206d185824cbfd3c4a517e

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

Password: OPERATIONS Access Code: 2534 347 0026

	Operations Commi	ttee (OPS) Members:	
Miguel Alvarez	Vilma Mendoza	Jayda Arrington	Alasdair Burton
Co-Chair	Co-Chair		(Executive, At-Large)
Joaquin Gutierrez	Ish Herrera	Leon Maultsby, DBH	Dechelle Richardson
(Alternate)	(LOA)		(Executive, At-Large
	QUO	RUM: 4	

AGENDA POSTED: October 16, 2025

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

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

ATTENTION: Any person who seeks support or endorsement from the Commission on any official

action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

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

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 hlvcomm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

10:10 AM - 10:15 AM

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

7. COH Staff Report	10:15 AM – 10:25 AM
a. Operational Updates	
b. COH Restructure Update	
8. Co-Chair's Report	10:25 AM – 10:30 AM
a. 2025 Work Plan	
9. Membership Review Workgroup	10:30 AM - 11:40 AM
a. Interview Questions	
10. Outreach & Recruitment Workgroup	11:40 AM - 11:50 AM
11. Membership Management Report	11:50 AM - 11:55 AM
a. Attendance Review	

<u>V. NEXT STEPS</u> 11:55 AM – 11:57 AM

15.Task/Assignments Recap

16. Agenda development for the next meeting

VI. ANNOUNCEMENTS

11:57 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 October 23, 2025

	PROPOSED MOTIONS
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Operations Committee minutes, as presented or revised.

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748 HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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





- All Commission and Committee meetings are held monthly, open to the public and conducted in-person at 510 S. Vermont Avenue, Terrace Conference Room, Los Angeles, CA 90020 (unless otherwise specified). Validated parking is conveniently located at 523 Shatto Place, Los Angeles, CA 90020.
- A virtual attendance option via WebEx is available for members of the public. To learn how to use WebEx, please click <u>here</u> for a brief tutorial.

• Subscribe to the Commission's email listserv for meeting notifications and updates by clicking <u>here.</u> *Meeting dates/times are subject to change.

January - December 2025

2nd Thursday (9AM-1PM)	Commission (full body)	Vermont Corridor *subject to change
4th Thursday (1PM-3PM)	Executive Committee	Vermont Corridor *subject to change
4th Thursday (10AM-12PM)	Operations Committee	Vermont Corridor *subject to change
3rd Tuesday (1PM-3PM) Pla	ınning, Priorities & Allocations (PP&A) Committee	Vermont Corridor *subject to change
1st Monday (1PM-3PM)	Public Policy Committee (PPC)	Vermont Corridor *subject to change
lst Tuesday (10AM-12PM)	Standards & Best Practices (SBP) Committee	Vermont Corridor *subject to change

The Commission on HIV (COH) convenes several caucuses and other subgroups to harness broader community input in shaping the work of the Commission around priority setting, resource allocations, service standards, improving access to services, and strengthening PLWH voices in HIV community planning. Currently, the Commission convenes the Aging Caucus, Black Caucus, Consumer Caucus, Transgender Caucus and the Women's Caucus. Caucuses meet virtually unless otherwise announced. For meeting dates and times, contact COH staff directly or email hivcomm@lachiv.org.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/2/25

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

COMMISSION MEI	MBERS	ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	Dahlia	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated representative	No Ryan White or prevention contracts
			Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
BALLESTEROS	Al	JWCH, INC.	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
BALLESTEROS	Ai	JWCH, INC.	HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
			Medical Transportation Services
BLEA	Leroy	California Department of Public Health, Office of AIDS	Part B Grantee
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	THE Clinia Inc	Core HIV Medical Services - AOM; MCC & PSS
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Medical Transportation Services
CIELO	Mikhaela	Los Angeles General Hospital	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEN	/IBERS	ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	No Ryan White or prevention contracts
DAVIS (PPC Member)	ОМ	Aviva Pharmacy	No Ryan White or prevention contracts
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
DOLAN (SBP Member)	Caitlyn	Men's Health Foundation	Vulnerable Poplulations (YMSM)
DOLAN (SBP Welliber)	Caltiyii	Well's realth Foundation	Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
DONNELLY	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	Kerry	No Affiliation	No Ryan White or prevention contracts
FINLEY	Jet	Unaffiliated representative	No Ryan White or prevention contracts
FRAMES	Arlene	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	Arburtha	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically III (RCFCI)
GONZALEZ	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	Gerald	Minority AIDS Project	Benefits Specialty
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEN	IBERS	ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	Joaquin	Unaffiliated representative	No Ryan White or prevention contracts
HARDY	David	University of Southern California	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts
JONES	Terrance	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated representative	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
LESTED (DDS A Mambar)	Rob	Men's Health Foundation	Vulnerable Poplulations (YMSM)
LESTER (PP&A Member)	KOD	ivien's nealth Foundation	Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
			Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	HTS - Storefront
o			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ-REAL	Leonardo	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	Leon	In the Meantime Men's Group	Promoting Healthcare Engagement Among Vulnerable Populations
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	No Ryan White or prevention contracts

COMMISSION MEN	MBERS	ORGANIZATION	SERVICE CATEGORIES
			Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
NELSON	Katja	APLA Health & Wellness	STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically III (RCFCI)
			Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
PATEL	Byron	Los Angeles LGBT Center	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
		2007 (1190100 2001 001101	HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	No Affiliation	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated representative	No Ryan White or prevention contracts
			Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
SALAMANCA	Ismael	City of Long Beach	Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services

COMMISSION MEN	MBERS	ORGANIZATION	SERVICE CATEGORIES
SAMONE-LORECA	Sabel	Minority AIDS Project	Benefits Specialty
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
			Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
SAN AGUSTIN	Harold	JWCH, INC.	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
SAN AGOSTIN	Haroid	SWOTT, INC.	HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
			Medical Transportation Services
SAUNDERS	Dee	City of West Hollywood	No Ryan White or prevention contracts
			Core HIV Medical Services - PSS
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	HTS - Storefront
			HTS - Social and Sexual Networks
TALLEY	Lambert	Grace Center for Health & Healing	No Ryan White or prevention contracts
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
VEGA-MATOS	Carlos	Men's Health Foundation	Vulnerable Poplulations (YMSM)
VEGA-WATOS	Carios	Men's Health Foundation	Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
VACEDINIAIA	Jonathan	viacate confindinty neath	Core HIV Medical Services - AOM & MCC
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

Division of HIV and STDs Contracted Community Services

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

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
	Libertana Home Health
	Caring Choice
Case Management Home-Based	The Wright Home Care
Cast Management Home-based	Cambrian
	Care Connection Envoy
	AIDS Food Store
Nutrition Support (Food Bank/Pantry Service)	Foothill AIDS Project
Nutrition Support (1 oou Bank 2 antry Service)	JWCH
Oral Health	Project Angel Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	Dosai Laboratores
STD-Ex,C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy
	Caring Choice Health Talent Strategies
	Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA
·	SJW
HTS - Storefront	LabLinc Mobile Testing Unit
113 - Stotelium	Contract
Vulnerable Populations (YMSM)	
Service Category	Organization/Subcontractor
AOM	
Vulnerable Populations (YMSM)	APAIT
	AMAAD
HTS - Storefront	Center for Health Justice
	Sunrise Community Counceling Center
STD Prevention	
31D TECCHOOL	
HERR	

AOM	
STD Infertility Prevention and District 2	
	EHE Mini Grants (MHF; Kavich-Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN
Linkage to Care Service forr Persons Living with HIV	Spanish Telehealth Mental Health Services
	Translation/Transcription
	Services Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
, , ,	
	Program Evaluation Services
	Program Evaluation Services Community Partner Agencies
Housing Assistance Services	
Housing Assistance Services	Community Partner Agencies
Housing Assistance Services	Community Partner Agencies
	Community Partner Agencies Heluna Health
АОМ	Community Partner Agencies Heluna Health Barton & Associates
	Community Partner Agencies Heluna Health Barton & Associates Bienestar
АОМ	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA
АОМ	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups
AOM Vulnerable Populations (YMSM)	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups Translatin@ Coalition
AOM Vulnerable Populations (YMSM)	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups
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AOM Vulnerable Populations (YMSM) Vulnerable Populations (Trans)	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups Translatin@ Coalition CHLA
AOM Vulnerable Populations (YMSM) Vulnerable Populations (Trans)	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups Translatin@ Coalition CHLA
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AOM Vulnerable Populations (YMSM) Vulnerable Populations (Trans) AOM Biomedical HIV Prevention Services	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups Translatin@ Coalition CHLA
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AOM Vulnerable Populations (YMSM) Vulnerable Populations (Trans) AOM Biomedical HIV Prevention Services Vulnerable Populations (YMSM)	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups Translatin@ Coalition CHLA AMMD (Medical Services)
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AOM Vulnerable Populations (YMSM) Vulnerable Populations (Trans) AOM Biomedical HIV Prevention Services Vulnerable Populations (YMSM) Sexual Health Express Clinics (SHEx-C)	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups Translatin@ Coalition CHLA AMMD (Medical Services) AMMD - Contracted Medical Services
AOM Vulnerable Populations (YMSM) Vulnerable Populations (Trans) AOM Biomedical HIV Prevention Services Vulnerable Populations (YMSM) Sexual Health Express Clinics (SHEx-C) Case Management Home-Based	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups Translatin@ Coalition CHLA AMMD (Medical Services) AMMD - Contracted Medical Services Caring Choice
AOM Vulnerable Populations (YMSM) Vulnerable Populations (Trans) AOM Biomedical HIV Prevention Services Vulnerable Populations (YMSM) Sexual Health Express Clinics (SHEx-C) Case Management Home-Based	Community Partner Agencies Heluna Health Barton & Associates Bienestar CHLA The Walls Las Memorias Black AIDS Institute Special Services for Groups Translatin@ Coalition CHLA AMMD (Medical Services) AMMD - Contracted Medical Services Caring Choice
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Service Category	Organization/Subcontractor
Residential Facility For the Chronically III (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy Cambrian Caring Choice
Oral Health	Dental Laboratory
АОМ	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	



Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico: dhspsupport@ph.lacounty.gov

En el sitio web:

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











Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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Si.

Por correo electronico: dhspsupport@ph.lacounty.gov

En el sitio web:

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











WORKGROUP OUTCOMES

LOS ANGELES COMMISSION ON HIV COMPREHENSIVE EFFECTIVENESS REVIEW AND RESTRUCTURING PROJECT

MARCH 19-21, 2025







Commission on HIV - Workgroup Report: Restructuring

Introduction

The Los Angeles County Commission on HIV (COH) convened community workgroup sessions from March 19th to 21st, 2025, to address the current challenges facing the Commission. In light of the Board of Supervisors' request for all commissions to review operations and the ongoing budget constraints, directives for the COH are to review its operations in relation to sustainability, enhance operational efficiency, and achieve its federal and local obligations. This report outlines the discussions, findings, and recommendations focusing on restructuring the COH's committees and membership to better align with the available budget and improve its overall impact and effectiveness.

Directive and Overview

The core directive presented to the workgroups was clear: the COH's existing structure is no longer sustainable due to current budget constraints and other factors, and significant changes are necessary to continue its mission. Workgroups were tasked with identifying ways to streamline operations, reduce costs, and maintain the commission's capacity to address HIV-related issues in Los Angeles County. The overarching goal is to ensure that the COH remains reflective of the epidemic while staying efficient and impactful despite reduced resources.

Overarching Themes and Considerations

The workgroups identified several key themes and considerations for restructuring:

- **Purposeful Restructuring**: A shift towards a more focused and intentional structure, with clear functional priorities.
- **Functional Focus**: Ensuring that the COH prioritizes essential functions that align with its mission and responsibilities.
- Reflecting the Epidemic: The COH must remain attuned to the evolving nature of the HIV epidemic and adapt its structure and information to drive decision making accordingly.
- Quorum Issues: Reducing the number of commissioners to address the ongoing challenge of not meeting quorum, which has hindered the commission's ability to effectively conduct its business.
- Budget Constraints: Aligning the COH structure to accommodate financial limitations while ensuring that the COH can still fulfill its duties.

Additionally, several considerations were proposed to optimize the functioning of the COH:

• **Reducing Membership Size**: A smaller membership would help alleviate quorum issues and streamline decision-making processes.

- **Reorganizing Committees**: Merging and refocusing committees where possible to maximize efficiency.
- Meeting Frequency and Duration: Reducing the frequency and adjusting the length of meetings to minimize costs and time commitment.
- **Education and Communication**: Providing enhanced training for COH members to better understand their roles and educating providers about the COH's mission.

Committee Restructuring Discussion

The restructuring of COH committees was a major focus of discussion. The workgroups explored ways to consolidate, reorganize, and streamline the committee structure to better align with current needs and budget constraints.

- Public Policy: One workgroup suggested maintaining the Public Policy Committee
 (PPC) as is. However, the most frequent recommendation was to elevate the Public
 Policy workgroup to the Executive Committee, allowing it to have a broader, more
 strategic role while streamlining the number of committees. Other suggestions
 included eliminating the PPC entirely, given that the Chief Executive Office under
 the direction of the Board of Supervisors has a designated office and staff with
 policy expertise for this function. A final proposal was to have all committees handle
 policy-related work.
- Operations: A popular suggestion was to rename the Operations Committee to
 "Membership and Community Engagement," consolidating various non-required city
 members to be members of this committee; and incorporate faith-based leaders,
 caucuses and task forces into this committee's work for better alignment and
 coordination. There was extensive discussion about increased youth representation
 on the COH. This area of concern should be developed by youth for youth to
 determine an appropriate path forward with greater representation on the
 Commission. The Assessment of the Efficiency of the Administrative Mechanism
 (AEAM) and bylaws could be moved out of this committee work, potentially as well
 to align workloads.

One workgroup discussed eliminating the Operations Committee, redistributing its responsibilities to the Executive Committee (Bylaws, Recruitment, Community Outreach) and the Planning, Priorities, and Allocations (PP&A) Committee.

- Standards and Best Practices: The committee could absorb additional work to better align with standard development and reduce workload on PP&A. The frequency of meetings could also be reduced, and subject matter experts could be consulted on an as-needed basis.
- Planning, Priorities, and Allocations (PP&A): The PP&A Committee could transfer certain duties (e.g., PSRA) to the full Commission and focus solely on planning responsibilities. This could improve the overall engagement of the full COH. The committee could focus on integrated prevention and care planning efforts.
- **Executive Committee**: This committee could absorb additional functions from the Operations and Public Policy Committees, such as policy review, bylaws and AEAM.

Committee Restructuring Recommendations:

The primary goal of the committee restructuring is to reduce costs while maintaining the effectiveness of the COH's operations. Key recommendations include minimizing the number of meetings, consolidating overlapping functions, and reducing the overall size of the COH membership. Taskforces and caucuses, while valuable, may need to be reevaluated as non-federally required functions under current budget constraints.

Membership Restructuring Discussion

The workgroups also reviewed the current membership structure and identified ways to reduce its size while still ensuring diverse representation and compliance with federal requirements. The key findings are outlined below:

Quorum Challenges: A consistent issue raised by workgroups was the difficulty in meeting quorum due to the large membership size, which hampers the COH's ability to conduct business effectively.

Through the workgroup discussion, there were two scenarios recommended as a potential outcome:

- **Option 1 Status Quo**: One workgroup preferred maintaining the current structure with 51 members, arguing that Los Angeles County's size necessitates a larger membership to represent diverse communities. However, this option does not address quorum issues, nor does it offer a potential reduction in operational costs.
- Option 2 Reduced Membership: A majority of workgroups (four out of five) favored reducing the membership size by removing non-RWA-required positions, except for the five Board of Supervisors' representatives which is a local requirement. This option proposes the creation of a new "Membership and Community Engagement" committee (formerly Operations) to include cities with separate Health Departments and integrate Part F into the Standards and Best Practices or local AIDS Education and Training Center (AETC) work.

 Academics/Behavioral social scientists could be included as a required position, reducing the overall membership to 28 COH members. The COH members should be reviewed during the application period for epidemic reflectiveness to include youth representation as a priority since it continues to be a challenge.

Membership Recommendation:

Option 2 is strongly recommended, as it would reduce costs, address quorum challenges, and streamline decision-making. This approach ensures that the COH can meet federal obligations while remaining responsive to the needs of the community.

Conclusion

The workgroup sessions held from March 19th to 21st, 2025, have laid a foundation for a more efficient and sustainable COH. By restructuring committees, reducing membership, and aligning operations with budget constraints, the COH can continue to fulfill its vital mission to address HIV in Los Angeles County. The proposed changes will not only ensure the COH's continued effectiveness, but will also allow it to operate within the fiscal realities currently facing the organization.

The consensus of the workgroups was that the COH needed to restructure with a purpose, while reducing membership to improve the ability to accomplish the business of the COH. The discussion resulted in two potential restructuring recommendations: see Exhibit A and Exhibit B.

Membership of the COH should be scaled down to address the quorum issue of the committees and commission meetings and reduce budget costs. The recommendation is to have a 28-member COH with the following positions: fifteen federally mandated positions, five local required positions, one representing Academia, and 7 non-affiliated reflective members.

Moving forward, it will be crucial to continue monitoring the implementation of these changes and adjust as needed to maintain a balance between operational efficiency and the COH's public health objectives.

*Two Virtual Listening sessions were conducted after the in-person focus group meetings to ensure all Commissioners and Community Partners could provide input. This input was incorporated into the report without any significant changes from the in-person meetings.

Exhibit A

Restructure Recommendation 1

Commission of HIV

- Clearing House of all operations duties of the Commission
- Priority Setting and Resource Allocation
- Monitor Prevention and Care Funds

Executive Committee

- Oversee administrative and operational activities
- Serve as the clearing house to review and forward items for discussion, approval and action to the Commission and its various working groups/units
- Act on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission;
- Approve the agendas for the Commission's regular, Annual & special meetings;
- Address matters related to Commission office staffing, personnel and operations, when needed;
- Develop and adopt the Commission's annual operational budget
- Overseeing and monitoring Commission expenditures and fiscal activities; and
- Carry out other duties and responsibilities, as assigned by the BOS or the Commission.
- Provide Public Policy recommendations on areas that impact STD/HIV
- Bylaws and policy reviews and updates

Integrated Planning

- Needs assessments
- Comprehensive HIV Plan
- Monitoring prevention and care funds
- Monitoring service needs and systems improvements
- Service utilization review
- AEAM
- Service Standards
- QM data activities

Membership and Community Outreach

- Membership, recruitment, retention, leadership development and training
- Community Outreach and Engagement
- Community report out
- Caucus reports
- Taskforce Reports

Frequency: 6 times a year with Priority Setting & Resource Allocation in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.



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Figure 1 Exhibit A - Frequency is 6 times a year with P&R in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.

Exhibit B

Restructure Recommendation 2

Commission of HIV

• Clearing House of all operations duties of the Commission

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- Carry out other duties and responsibilities, as assigned by the BOS or the Commission.
- Provide Public Policy recommendations on areas that impact STD/HIV
- Bylaws and policy reviews and updates

Planning, Priorities and Allocations

- Priority Setting and Resource Allocation
- Monitor Prevention and Care Funds
- Needs assessments
- Comprehensive HIV Plan
- Monitoring prevention and care funds
- Monitoring service needs and systems improvements
- Service utilization review

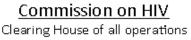
Standards and Best Practices

- Service Standards
- Best practice recommendations
- QM data activities
- AEAM

Membership and Community Outreach

- Membership, recruitment, retention, leadership development and training
- Community Outreach and Engagement _Ensure Reflection of Epidemic Youth
- City reports
- Caucus reports
- Taskforce Reports

Frequency - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.



duties of the Commission

Executive

- Oversee administrative and operational activities
- Serve as the clearing house to review and forward items for discussion, approval and action to the Commission and its various working groups/units
- Act on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission
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- Develop and adopt the Commission's annual operational budget
- Overseeing and monitoring Commission expenditures and fiscal activities
- Carry out other duties and responsibilities, as assigned by the BOS or the Commission
- Provide Public Policy recommendations on areas that impact STD/HIV
- Bylaws and policy reviews and updates

Planning, Priorities, and Allocations

- Priority Setting & Resource Allocation
- Needs Assessments
- Comprehensive HIV Plan
- Monitoring Prevention & Care Funds
- Monitoring Service Needs
- Service Utilization Review

Standards and Best Practices

- Service Standards
- Best Practices
- Recommend Service System & Delivery Improvements
- Provide Input of QM Data Activities
- **AEAM**
- Integration SME-Part F

Membership and **Community Engagement**

- Recruitment, Retention, Leadership
- Bylaws, Policy Review, Updates
- Community Outreach & Engagement
- Cities w/ Separate Health Depts
- Ensure Representation—Youth Representation Priority
- Caucus reports
- Taskforce reports

Figure 2 Exhibit B - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.



COMMISSION RESTRUCTURE TRANSITION AND TIMELINE (5.05.25; 05.12.25; 06.04.25; SUBJECT TO CHANGE)

*The Executive Committee (EC) will keep decisions moving in keeping with the timeline if the COH meeting is cancelled. **

Task(s)/Activities	Responsibility	Timeline/ Completion
Present restructuring report and recommendations.	Consultants	May 8, 2025 COH meeting;
		Updates: Timeline walk through provided at 5/8/25 meeting; full presentation at
		5/22/26 EC meeting.
Present restructuring report and recommendations.	Consultants	Presentation provided at May 22, 2025 EC meeting. Straw poll result: Exhibit B and reduced membership seats.
Present updated bylaws (based on restructuring report, recommendations and feedback). Concurrent CoCo reviews of bylaws and ordinance.	Commission staff, consultants, COH Co-Chairs	June 26, 2025 Executive Committee meeting
Present updated bylaws; start 30-day public comment period on bylaws. Line up final layers of review from CoCo, EO, and prepare for BOS approval of the ordinance. Cover letter to the BOS to include timeline and start date for the members March 1, 2026; align with RW Program Year March 1-Feb. 28)	Commission staff—Consultants	July 10, 2025 COH meeting
COH approve bylaws. Submit ordinance to BOS for approval.	Commission staff Commissioners	October 9, 2025

Transitional membership application and Open Nominations Process description disseminated to all accessible stakeholder constituencies, including current Commissioners. All interested members must apply/re-apply by completing and submitting their membership applications by published deadline. Newly restructured COH highlighted at the Annual Conference.	Commission staff	October - November Nov. 13, 2025
Organize and verify applications for completeness and accuracy.	Commission staff	Deadline to submit application November 14, 2025
All candidates for membership must sit for membership interviews.	 Proposed interview panel: Academic partners EO Commission Services representative Former Co-chairs and members not applying to serve on COH. 1-2 people from other neighboring planning councils 1-2 consumers not applying Collaborative Research/Next Level Consulting COH staff 5 to 6 members 	November 17-21, 2025
Select initial cohort of candidates to recommend for membership nomination to the Commission and BOS.	Interview panel	November 21, 2025
COH approve initial cohort of members.	Commissioners	December 11, 2025
First cohort of membership nominations forwarded to the EO BOS for appointments. BOS appointment of first cohort of new members to	Commission staff BOS	December 11-12, 2025 January-February
the new COH. First meeting of newly restructured COH.		2026 March 12, 2026



New Member Applicant Interview FAQs

Thank you for your interest in becoming a member of the Los Angeles County Commission on HIV (Commission). The following information is provided to assist in preparing for your interview:

- All candidates for Commission membership are expected to sit for an interview with the Operations Committee and to attend at least one full Commission meeting and one standing committee meeting.
- Your interview will be conducted by panel of 2-3 Commission members who will engage in a series of questions to assess your breadth of knowledge, experience, and commitment to fulfilling the duties of a member of the Commission. This is intended to be an interactive process.
- 3. The Commission is a planning body governed not only by statute but also by regulations from HRSA and the CDC.
- 4. It is important to understand that we are community planners NOT activists. We plan for ALL those at risk for and affected by HIV in Los Angeles County to ensure that they get full access to quality care and prevention services.
- The Commission is comprised of 51 members, of which 1/3 must be HIV positive consumers of Ryan White services.
- The entire membership of the Commission should meet Parity, Inclusion and Reflectiveness of HIV
 - Parity As a body, we have done everything possible to provide members the tools, skills and training to be effective planners;
 - b. Inclusion Everyone has an opportunity to weigh in and contribute to the debate and are actively involved;
 - c. Reflectiveness (Representation) The full membership and the subset of Unaffiliated Consumer members proportionally reflect the ethnic, racial, and gender characteristics of HIV disease prevalence in the County
- 7. After the interviews are complete, the Operations Committee weighs your application and interview against other applicants, open seats, and the principals of Parity, Inclusiveness & Reflectiveness described above.
- 8. Those who are moved forward are sent to the Executive Committee and the full Commission and are then moved to the Board of Supervisors for the final approval. The process can take 2-3 months. We can also hold your application for up to a year to possibly fill future vacancies.
- 9. There are 4 standing committees (Operations, Standards and Best Practices, Public Policy, <u>Executive Executive</u> and Planning, Priorities & Allocations) of the Commission, and, while your application is under review, we strongly recommend you attend at least one meeting of each of the four Committees which meet monthly. Commission members are required to sit on one of these 4 Committees, and it is in these smaller groups where most of the "work" of the Commission is done. See attached Committee Description and Preference form.
- 10. The following is a link to the Commission's Glossary of Terms: https://tinyurl.com/4fajyys9

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New Member Application Evaluation and Scoring Form

We have about 25-30 minutes to complete your interview. We ask you to help us be mindful of the time and recognize we may move you along in order to complete our work and give all applicants equitable time and attention.

Please review membership application and any attached professional qualifications of nominee before completing evaluation and scoring sheet. See below for definition of HIV Workforce Service Provider, Returning Commissioner or those with Planning Council Experience, and Consumers/Unaffiliated Stakeholders. Guidance questions are provided to encourage nominees to communicate their breadth of knowledge, experience, and commitment to fulfilling the duties of a member of the Los Angeles County Commission on HIV. Applicants for Commission membership must meet a minimum score of 60 points to be deemed qualified for appointment.

Name of Nominee		
Evaluated/Scored by		
Date of Evaluation/Interview		
□ Unaffiliated Consumer	□ Provider	

Definition of terms

- HIV Workforce/ Service Provider Representatives: Professional currently employed with a minimum of 2 years of employment with an organization that provides HIV care, prevention, or STI related services.
- 2. **Returning Commissioners or those with Planning Council Experience:** Previously appointed Commissioner seeking to retain membership. These candidates are subject to all eligibility guidelines as established by ordinance or compliance with COH policy/procedures.
- 3. Consumers/Unaffiliated Individuals: Applicant has no current affiliation with an HIV care, prevention, or STI related provider. This category includes members of the public.

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New Member Application Evaluation and Scoring Form	ı			
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New Member Application Evaluation and Scoring Form	

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Scor	ing Criteria		Points Available	Points Earned
	nication: Individuals who have express sary to fulfill the duties of a Commission			
HIV Workforce/Service Provider Representatives: Why do you want to be on	Renewing/Returning Commissioners or those with Planning Council Experience:	_	onsumers/Unividuals: Que HIV+ and Ne	estions UA
the COH? What do you hope to accomplish by your membership in the COH?	 How has your commission membership been beneficial for you? What are you hoping to accomplish by continuing your membership? What are your priorities as a commissioner? 	• W ac m	/hy do you wa le COH? /hat do you ho ccomplish by lembership in	ope to your the COH? to participate
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Commitment & Communication	Sub-total (10)		10	

Scoring	Criteria	Points Available	Points Earned
HIV/AIDS and related issu			
HIV Workforce/Service Provider Representatives: How knowledgeable are you about LA County's STI/HIV epidemiological profile and service delivery network? What have you learned from your work or community service experience on how to improve health outcomes for PLWHA?	Renewing/Returning Commissioners or those with Planning Council Experience: What areas of the County's STD/HIV epidemiological profile and service delivery network are underrepresented in the COH's discussions? What have you learned from your experience with the Commission on how to improve health outcomes? What type of additional support will you need to increase your capacity?	Individuals: 0 HIV+ and What is it the about HIV/S Angeles Cou	TIs in Los
HIV/AIDS KNOWLEDGE Sub-to	tal (15)	15	

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III. PRIOR COMMUNITY PLANNING EXPERIENCE: Planning experience can be measured by work performed with the commission or other, similar body(ies) or community groups, effective participation at the committee level and/or work groups. Candidate should demonstrate data-driven critical thinking across broad issues affecting multiple target populations, good judgement, consensus building skills and experience, respect for colleagues, and a track record for substantively contributing to a group work and effectiveness.

HIV Workforce/Service Provider Representatives:

- What qualities are essential to being an effective planner?
- What other planning experience have you had within this field or the community.
- What do you hope to learn professionally/personally from being a member of the COH?

Renewing/Returning Commissioners or those with Planning Council Experience:

- (Returning/Renewing)
 What challenges have you experienced in your time on the Commission? If those challenges arise again, how do you plan to overcome them?
- In what ways have you become a more effective collaborative planner?

Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives

- Have you been a part of any group related to HIV or healthcare? If so, tell us about those experiences.
- Would you like to tell us about any times where you had to consider opinions different than your own?

PRIOR PLANNING EXPERIENCE Sub-total (10)

V. COLLABORATION: Ability to create unique partnerships with fellow Commissioners, organizations, bodies, and / or the public that improve community health.

HIV Workforce/Service Provider Representatives:

 Provide some examples of how you have collaborated with other agencies and individuals to meet the needs of your clients?

Renewing/Returning Commissioners or those with Planning Council Experience:

- How have you used your COH membership to demonstrate or advance community-based collaborations?
- What steps have you taken to encourage others to collaborate?
- (Returning) What conflicts, if any, have you had with other commissioners? Have those conflicts been resolved?

Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives

10

- Would you like to tell us what you would like to work on as a member of the Commission on HIV?
- What are some times that you worked with a team?

COLLABORATION Sub-total (10)

10

	Criteria	Points Points Available Earned
	ork/volunteer experience in HIV/AID lic policy, or legislative fields.	OS service delivery (practical
HIV Workforce/Service Provider Representatives: What skills and abilities have you developed because of your past/current work in the HIV/STI field? How will you use those skills as a potential new member? What are one or two goals you have to improve health outcomes for people living with HIV?	Renewing/Returning Commissioners or those with Planning Council Experience: How have you grown personally or professionally from your Commission membership? What areas of professional or personal development do you feel would make you a more efficient member of the Commission?	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives What experience or knowledge do you have around HIV to be an effective member of the Commission on HIV? How can we help you to develop skills or experience to help you become a more effective member of the Commission on HIV?
be measured by examples of pas responsibility towards understand	NEEDS OF HIGHLY IMPACTED P st and current activities that promote ding the needs of highly impacted p	e awareness and personal opulations. Populations are
with HIV/AIDS (PLWHA). Examp	les of activities include, but not limit	
with HIV/AIDS (PLWHA). Examp tackling HIV and racism, cultural populations, and ability to unders section. HIV Workforce/Service	les of activities include, but not limit and linguistic sensitivity, knowledge tand and interpret data accurately. Renewing/Returning	ted to, participation in training of the needs of diverse *Please do not skip this Consumers/Unaffiliated
with HIV/AIDS (PLWHA). Examp tackling HIV and racism, cultural populations, and ability to unders section.	les of activities include, but not limit and linguistic sensitivity, knowledge tand and interpret data accurately.	ted to, participation in training e of the needs of diverse *Please do not skip this

Scoring	Criteria	Points Points
Ccomig	- Criteria	Available Earned
matter expert and use the represented in the COH b whole planning body and	TATION: The candidate's demonst ir expertise to represent their const y respectfully communicating need to present opportunities for the Cor ship requires and provides ongoing IV and STIs.	ituency and other perspectives s, interests and concerns of the mmission to meet those needs.
HIV Workforce/Service Provider Representatives: Which populations do you work with? What is your understanding of equity versus equality? Why do you feel it's important?	Renewing/Returning Commissioners or those with Planning Council Experience: As a Commissioner, how have you sought out education to gain an understanding of HIV and STIs in those populations you have the least experience with? From your perspective, what other population(s) are underserved in Los Angeles County?	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives What specific population(s) are you familiar with? Can you think of an example of how the Commission might help you understand unfamiliar populations?
EFFECTIVE REPRESENTATION		10
	o use and apply unique abilities and	
	es and in the overall improvement	
membership responsibilitie decision-making. HIV Workforce/Service Provider Representatives: How does reliability play a role in achieving your goals in your professional/personal life? How would you use your reliability in the Commission?		
decision-making. HIV Workforce/Service Provider Representatives: How does reliability play a role in achieving your goals in your professional/personal life? How would you use your reliability in the	Renewing/Returning Commissioners or those with Planning Council Experience: Beyond your Commission membership, how have you demonstrated reliability in your community? What type of help would you need to	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives What does reliability mean
decision-making. HIV Workforce/Service Provider Representatives: How does reliability play a role in achieving your goals in your professional/personal life? How would you use your reliability in the Commission? RELIABILITY Sub-total (10) X. Are any questions you want	Renewing/Returning Commissioners or those with Planning Council Experience: Beyond your Commission membership, how have you demonstrated reliability in your community? What type of help would you need to continue your efforts?	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives What does reliability mean to you?
decision-making. HIV Workforce/Service Provider Representatives: How does reliability play a role in achieving your goals in your professional/personal life? How would you use your reliability in the Commission? RELIABILITY Sub-total (10) X. Are any questions you want Are there any questions tha	Renewing/Returning Commissioners or those with Planning Council Experience: Beyond your Commission membership, how have you demonstrated reliability in your community? What type of help would you need to continue your efforts? It to ask us? It you came prepared to answer to set the interviewee's opportunity	Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives What does reliability mean to you?

lember Application Evaluation and Scoring Form	
INTERVIEWER NOTES:	

DRAFT- Interview Questions for New Members on the HIV Commission.

Interview Questions for New Members on the HIV Commission

This interview will be scored on a scale of 1-4 .1) sufficient, 2) good, 3) excellent, 4) exceed expectations. Please make comments on each questions as to why you scored the number you did.

- 1) Why do you want to be on the commission for HIV?
- 2) What is your background in HIV, whether is professional or community based?
- 3) What is your personal lived experience related to HIV?
- 4) What skills and abilities do you bring to add value to the commission?
- 5) This position requires a lot of your time per month, are you will to committee to attend at least 3 meeting per month maybe more, trainings and other necessary events related to HIV in Los Angeles County if necessary?
- 6) Can you please describe in your opinion what is the purpose of a Ryan White planning council is?
- 7) In what way or ways have you been involved in your district or spa?
- 8) In which Supervisorial District and what SPA do you live and/or work?
- 9) Within those areas, what has been your lived experience related to HIV, if any?
- 10) What do you hope to gain from your participation on the HIV Commission?

These are the questions that we have developed in response to the edits we have done on the documents that was supplied by Sonja.

Alasdair suggest that these are the first 10 questions and maybe more to be added.



2025 MEMBERSHIP ROSTER | UPDATED 10.7.25

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative	1	PP&A	Ismael Salamanca	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1		Leroy Blea	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative			Vacant		July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1	1	OPS	Leon Maultsby, DBH, MHA (pending)	In The Meantime Men's Group, Inc	July 1, 2023	June 30, 2025	
12	Provider representative #2			Vacant		July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6			Vacant	y	July 1, 2024	June 30, 2026	
17	Provider representative #7	1		David Hardy ,MD	University of Southern California	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1		32.	Vacant	Traina official official official controls	July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2				Unaffiliated representative	July 1, 2024	June 30, 2026)g (-=- /
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera (LOA)	Unaffiliated representative	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4	1	PP	Jeremy Mitchell (aka Jet Finley)	Unaffiliated representative	July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5			Vacant	Unaffiliated representative	July 1, 2023	June 30, 2025	Lambert Failey (FF GA)
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	Unaffiliated representative	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	EXCIOPS	Vilma Mendoza	Unaffiliated representative	July 1, 2024	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXCIPP&A	Kevin Donnelly	Unaffiliated representative	July 1, 2024	June 30, 2026	Carlos Vega-Matos (PP&A)
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated representative	July 1, 2023	June 30, 2025	Carlos Vega-Matos (FF &A)
28	Unaffiliated representative, Supervisorial District 2	'		Vacant	Unaffiliated representative	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated representative	July 1, 2024	June 30, 2025	Sabel Samone-Loreca (SBP)
30	Unaffiliated representative, Supervisorial District 4	1	SBF	Vacant	Orianniated representative	July 1, 2024	June 30, 2026	Sabel Sallione-Loreca (SBF)
30	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated representative	July 1, 2024	June 30, 2025	
32	Unaffiliated representative, supervisorial district s	1	FFQA	Vacant	Unaffiliated representative	July 1, 2024	June 30, 2026	Reverend Gerald Green (PP&A)
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	Unaffiliated representative	July 1, 2024	June 30, 2025	Reverend Gerald Green (FF&A)
34	Unaffiliated representative, at-large #2 Unaffiliated representative, at-large #3	1	EXC PP&A	Darvi Russell. M.Ed	Unaffiliated representative	July 1, 2023 July 1, 2024	June 30, 2025	
35		1	EXC	Joseph Green	Unaffiliated representative	July 1, 2024 July 1, 2023	June 30, 2025	
	Unaffiliated representative, at-large #4	1	PP&A		,		,	
36	Representative, Board Office 1			Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC EXCIPP	Danielle Campbell, PhDC, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025 June 30, 2026	
38	Representative, Board Office 3	1	EXCIPP	Katja Nelson, MPP	APLA	July 1, 2024		
39	Representative, Board Office 4			Vacant	N. O. O. W. H. W.	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1		Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA	-	EVOIDD	Vacant	LL - I''' - L - L	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA	Unaffiliated representative	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXCIOPS	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3			Vacant		July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Arburtha Franklin	Translatin@ Coalition	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	EXCIOPS	Dechelle Richardson	No affiliation	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
	TOTAL:	37						

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

LOA: Leave of Absence Overall total: 44