



OPERATIONS COMMITTEE Virtual Meeting

Thursday, May 26, 2022

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

*Meeting Agenda + Packet will be available on our website at:
<http://hiv.lacounty.gov/Operation-Committee>

REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/53c5x7jt>

**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 2594 193 8856

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

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, 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 via https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

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

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

Thursday, May 26, 2022 10:00 AM – 12:00 PM

To Register + Join by Computer:

<https://tinyurl.com/53c5x7jt>

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

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

Access code: 2594 193 8856

Operations Committee Members:			
Alexander Fuller, <i>Co-Chair</i>	Justin Valero, MA <i>Co-Chair</i>	Miguel Alvarez	Everardo Alvizo
Jayshawnda Arrington	Michele Daniels (Alternate) - LOA	Gerald Garth (Exec, At Large)	Joe Green
Jose Magaña	Carlos Moreno	Juan Preciado	Damone Thomas, MS (Alternate)(Exec, At Large)
QUORUM*:	6		

AGENDA POSTED: May 19, 2022

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/5a71641f-af76-43c8-b7f8-0a592a1ed9d7/Calendar%202022_Ongoing01-19-22.pdf

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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 hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

Los servicios de interpretación para personas con problemas de audición y los servicios de traducción para otros idiomas además del inglés están disponibles sin cargo con al menos 72 horas de anticipación antes de la fecha de la reunión. Para coordinar estos servicios, comuníquese con la oficina de la Comisión en hivcomm@lachiv.org o deje un mensaje de voz al 213.738.2816.

SUPPORTING DOCUMENTATION can be obtained via the Commission’s website at <http://hiv.lacounty.gov> or at the Commission office located at 510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020. Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission’s standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs’ discretion, during the course of the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

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

Call to Order | Introductions | Statement - Conflict of Interest 10:00 AM – 10:02 AM

I. ADMINISTRATIVE MATTERS

- | | | |
|--------------------------------|------------------|---------------------|
| 1. Approval of Agenda | MOTION #1 | 10:02 AM – 10:07 AM |
| 2. Approval of Meeting Minutes | MOTION #2 | |

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

3. Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment, you may do so in-person, virtually by registering via WebEx or submit in writing at hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS 10:11 AM – 10:15 AM

4. *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

- 5. Executive Director/Staff Report** 10:15 AM – 10:40 AM
 - A. Operational Updates
 - B. Comprehensive HIV Plan (CHP) 2022-2026
 - C. COH Budget Review

- 6. Co-Chair’s Report** 10:40 AM – 11:00 AM
 - A. 2022 Work Plan | Review
 - B. Planning CHATT Learning Collaborative Participation| Update

- 7. Policies and Procedures** 11:00AM – 11:05AM
 - A. Code of Conduct | Review
 - B. Changes to Bylaws | Discussion

- 8. Membership Management Report** 11:05 AM – 11:30AM
 - A. Involuntary Leave of Absence (LOA) – Ernest Walker
 - B. Attendance Acknowledgement Award | Discussion
 - C. Revising Interview Questions Work Group | Update
 - (1) Attending Committee Meetings Requirement | Discussion

V. DISCUSSION

- 9. Recruitment, Retention and Engagement** 11:30 AM – 11:45 AM
 - A. Outreach Efforts & Strategies

VI. NEXT STEPS

- 10. Task/Assignments Recap** 11:45 AM – 11:55 AM
- 11. Agenda Development for the Next Meeting**

VII. ANNOUNCEMENTS

- 12. Opportunity for members of the public and the committee to make announcements** 11:55 AM – 12:00 PM

VIII. ADJOURNMENT

- 13. Adjournment for the meeting of May 26, 2022** 12:00 PM

PROPOSED MOTION(s)/ACTION(s):

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



LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont, 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.

DRAFT
OPERATIONS VIRTUAL MEETING MINUTES
April 28, 2022

OPERATIONS MEMBERS									
P=Present A=Absent									
Alexander Fuller <i>Co-Chair</i>	P	Justin Valero <i>Co-Chair</i>	P	Miguel Alvarez	P	Everardo Alvizo	P	Michele Daniels (Alt)	EA
Gerald Garth	EA	Joe Green	P	Carlos Moreno	EA	Juan Preciado	EA	Damone Thomas	P
COMMISSION STAFF & CONSULTANTS									
		Cheryl Barrit, MPIA		Jose Rangel-Garibay, MPH		Dr. Sonja Wright, DACM			

*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 approval

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/c3ffbb81-3bf9-4ad9-90be-74a22b6c6a79/Pkt-OPs_4.28.22-updated_4.28.22.pdf

CALL TO ORDER – INTRODUCTIONS – CONFLICTS OF INTEREST: Operations Co-Chairs called the meeting to order at 10:00 am. Committee Members introduced themselves and identified care and/or prevention conflicts of interest.

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: March 28, 2022, minutes (*Passed by Consensus*).

II. PUBLIC COMMENT

3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:

None.

III. COMMITTEE NEW BUSINESS ITEMS

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

None.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Operational and Staffing Updates

- Executive Director C. Barrit reported that she is working to have the vacant positions of retired staff members C. Echols-Watson and J. Nachazel filled.
- On April 26, 2022, the Board of Supervisors (BOS) under Assembly Bill 361 (AB 361) voted to extend virtual meetings for an additional 30 days; the next vote will take place May 24, 2022.
- As part of the Executive Director's report at the April 14, 2022, Commission meeting, C. Barrit shared slides containing pictures of and information about the Vermont Corridor building (ex: where to park and how to access the building) for when in-person meetings resume. St. Anne's conference room will still be available as a backup. C. Barrit extended an opportunity for a walk through of the building, however no one attended on April 20th and only 2 people attended on April 27th.
- C. Barrit emailed reminders to all commissioners to register for the National Ryan White Conference, it is free and will be held virtually. Even if commissioners cannot attend every session, it will provide good exposure and a better understanding of how Ryan White impacts commissioners' roles and responsibilities.
- C. Barrit reported the first training which provided an overview of the Commission was held on March 29th of which 12 attended; this included one alternate and two members of the public. In addition, three commissioners participated in the Bylaws quiz and were able to enter the \$50 gift certificate raffle of which commissioner L. Alexander won.

B. Brown Act Basics

- C. Barrit explained the Brown Act, also known as Sunshine Laws, as a set of governmental transparency laws which allows the public to have access to public meetings and elected officials or representatives. Although commissioners are not elected officials, they are *appointed* by elected officials and as such part of the charge is to ensure a robust community engagement process in public policies and debates that impact the lives of people in Los Angeles County (LAC). Key components of the Brown Act are: (1) agendas must be posted at least 72 hours before meetings; staff also tries to include packet materials; however, the legal requirement is posting of the agenda, (2) the Brown Act allows members of the public an opportunity to provide public comment, and (3) members of the public have access to commissioners at meetings. Due to Assembly Bill 361 which allows for virtual meetings as a result of the COVID-19 pandemic, commissioner addresses do not have to be listed on the agendas when joining remotely at this time.

C. Teleconference Policy Review

- The Teleconference policy outlines the process for joining meetings remotely once AB 361 sunsets and the Commission is back to operating under the Brown Act rules. If commissioners would like to join remotely, staff must be notified at least two weeks in advance and commissioners are responsible for ensuring the procedures for public meetings are met (ex: posting a copy of the agenda in front of the meeting location, informing attendees at the location that you are a commissioner attending the meeting, and compliance with the Americans With Disabilities Act, etc.)

6. CO-CHAIR'S REPORT

A. 2022 Work Plan | Review

- The Operations work plan focuses on: (1) developing and providing planning priorities for inclusion in the Comprehensive HIV Plan (CHP), (2) Assessment of the Administrative Mechanism (AAM) survey, (3) implementation of the HealthHIV Planning Council effectiveness assessment recommendations, (4) implementation of the 2022 work plan, (5) ensuring the development of engagement and retention strategies align with CHP efforts (ex: COH social media campaign), (6) updating the application interview questions, (7) reviewing membership to ensure Parity, Inclusion, and Reflectiveness (PIR)- i.e., ensuring the COH body is reflective of the disease burden in Los Angeles County, and (8) quarterly attendance reviews. The items with strikethroughs have been completed.

- Co-Chair J. Valero reminded the Operations Committee that the next training is scheduled for July 21, 2022 and will cover the Ryan White Care Act Legislation and Membership Structure and Responsibility.
- B. CHATT Planning Learning Collaborative Participation**
 - The last meeting was April 21, 2022 and the training focused on new member engagement, orientation, and training. Staff member S. Wright shared slides from the training with the Operations Committee and stressed the main takeaway from this session was new commissioners feel like outsiders who are less knowledgeable than the rest of the body and as such we should focus on supporting active participation and encouraging new perspectives while valuing diverse community voices. The slides presented can be accessed in the packet via the link above. The next Planning CHATT meeting is scheduled for Thursday, May 19th and will discuss leadership development and mentorship.

7. POLICY AND PROCEDURES

A. Code of Conduct | Review

- The Operations Committee reviewed the Code of Conduct and determined no changes were needed at this time but requested to leave the document as a standing item.
 - Agendize Code of Conduct as a standing item.

8. MEMBERSHIP MANAGEMENT REPORT

A. New Member Applications

- Dr. Michael Cao introduced himself and provided insight into why he would like to join the Commission.
- Concerns were expressed regarding Dr. Cao's lack of knowledge about the Commission, availability considering he is a cardiologist, and his non-attendance of meetings prior to his application going through the process. C. Barrit reminded the Committee that the applicant is a Board appointee and members of the Committee expressed that most commissioners need help and guidance when first onboarding. A recommendation was made that in the future, we should obtain a statement from the Board regarding why they are choosing a specific applicant for their seat. Also, the Operations Committee felt there is a need to discuss and define a procedural process for mandatory meeting requirements prior to an application moving forward.
 - Michael Cao – Motion #3

MOTION #3 *Approve New Membership Application for Michael Cao, as presented or revised, and forward to the Executive Committee for approval. (✓ Passed by Majority, Roll Call: M. Alvarez (Yes), A. Fuller (Yes), J. Green (Yes), J. Valero (Yes), E. Alviso (Yes), D. Thomas (Abstain).*

- Agendize committee meeting requirements.

B. Attendance

The Operations Committee reviewed the quarterly attendance. Overall, there were no red flags and as such the Committee will discuss ways to acknowledge perfect attendance at its May meeting.

- Agendize attendance acknowledgment award.

C. Revising Interview Questions Work Group | Update

The workgroup met Thursday, May 5th and has almost completed the HIV Workforce/Service Provider Representatives section of the questions; there are only two sections left to review/revise. The next workgroup meeting is May 19th, from 9am-11am, and the group will finish the last two sections and review/reflect on the overall document.

V. DISCUSSIONS

8. RECRUITMENT, RETENTION, AND ENGAGEMENT:

- Co-Chair L. Alexander read the social media engagement updates in the packet provided by staff member C. Lapointe: (1) HIV awareness day posted, (2) commissioner testimonials are the best performing posts based on “likes”, and (3) highlights have been added to the Instagram page including the HIV connect page.
- C. Barrit has sent out recruitment emails requesting more volunteers to participate in the testimonials.
- The Operations Committee was encouraged to subscribe, like, and share.

VI. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP:

- Agendize Commission budget review
- Agendize Code of Conduct as a standing item.
- Agendize interview questions work group update.
- Agendize attendance acknowledgment award.
- Agendize attending committee meetings requirement.

12. AGENDA DEVELOPMENT FOR NEXT MEETING : There was no additional items.

VII. ANNOUNCEMENTS : None.

VIII. ADJOURNMENT

12. ADJOURNMENT: The meeting adjourned at 11:58 am.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/5/22

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
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	Jayshawnda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	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	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			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			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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) Transitional Case Management - Youth Promoting Healthcare Engagement Among Vulnerable Populations
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 Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
ROBINSON	Mallery	We Can Stop STDs LA	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	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	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
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)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
THOMAS	Damone	T.H.E Clinic, JWCH, Inc. and AHF	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
			Sexual Health Express Clinics (SHEx-C)(AHF)
			Medical Subspecialty(AHF)
HIV Prevention Services-Long Beach (AHF)			
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	No Affiliation	No Ryan White or prevention contracts

Operational Budget Overview





KEY GOVERNING DOCUMENTS

1. Ryan White Care Act Legislation
2. Health Resources and Services Administration (HRSA) Part A Manual
3. Commission on HIV Ordinance
4. Commission on HIV Bylaws
5. Planning Council Primer

Section 2. Operational Budgeting and Support. Operational support for the Commission is principally derived from Ryan White Part A and CDC prevention funds, and Net County Costs (“NCC”)—all from grant and County funding managed by DHSP. Additional support may be obtained from alternate sources, as needed and available, for specific Commission activities.

- A. The total amount of each year’s operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission’s Executive Committee.
- B. Projected Commission operational expenditures are allocated from Ryan White Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of those funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and conditions of the award/funding.
- C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission’s fiscal and administrative agent.
- D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission’s annual budget according to their respective budget cycles and the Commission’s/County’s fiscal year.



FUNDING SOURCES

All these funding sources are under DHSP.

1. Ryan White Part A administrative budget
 1. Capped at 10% of total award
 2. Used also by the Division of HIV and STD Programs (DHSP) to support their administrative functions
 3. Cannot be used for stipends to planning council members
2. Centers for Disease and Control HIV prevention
3. Net County Cost (NCC)



BUDGET DEVELOPMENT PROCESS

1. Cost containment and stewardship are budgeting values upheld by the County
2. COH staff drafts a budget based on past expenditures and anticipated expenses for the upcoming year.
3. Several drafts are generated based on initial questions and feedback from DHSP staff.
4. COH submits the proposed operating budget to DHSP Feb-March of each year.
5. DHSP approval timeframe is unknown.
6. For Ryan White Program Year (PY 32), COH staff submitted the budget to DHSP on Feb. 3, 2022, and still waiting for final approval.
7. Ryan White Program Year runs from March 1 to February 27.
8. Executive Office sends monthly invoices to DHSP. Final Cost Report submitted to close out the Program Year.
9. Budget revisions may be submitted during the PY.
10. Monthly expenses are monitored and tracked by the Executive Office for compliance with County rules.



HISTORICAL SNAPSHOT | STORIES BEHIND EACH YEAR

A	B	C	D	E
Expenditure Description	PY 25 ⁽¹⁾	PY 26 ⁽²⁾	PY 27 ⁽³⁾	PY 28 ⁽⁴⁾
Personnel	489,191	740,743	822,131	1,081,738
Travel	3,433	8,692	6,589	16,903
Supplies	6,841	14,839	9,860	11,357
Other	208,799	283,313	253,101	205,368
Consultant/Contractual	39,405	160,657	124,354	55,333
Sub-Totals				
Indirect rate 15%	134,580	111,112	123,319	162,266
Grand Totals	882,249	1,319,356	1,339,354	1,532,963



LOS ANGELES COUNTY COMMISSION ON HIV 2022 OPERATIONS WORKPLAN

Co-Chairs: Luckie Fuller, Justin Valero				
Approval Date: 2.24.22 Updated: 2.24.22, 4.21.22, 5.17.22				
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2022.				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Develop the Comprehensive HIV Plan (CHP) 2022-2026	The Committee will gather, discuss, develop, and provide planning priorities for inclusion in the plan.	10/2022	
2	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.	June-July 2022	Survey sent to all commissioners. Survey will be sent to providers mid-June.
3	Implement HealthHIV - Planning Council effectiveness assessment recommendations	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment: (1) Member Recruitment and Retention; (2) Community Engagement/Representation; and (3) Streamlining the LAC COH's Work	Ongoing	See summary and recommendations
4	Implement 2022 Training Plan	Implement member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.	Feb-Dec 2022	Training Plan appvd 2.24.22. General orientation 3.29.21, virtual study hour 4.12.22



LOS ANGELES COUNTY COMMISSION ON HIV 2022 OPERATIONS WORKPLAN

		*Additional training may be integrated at all COH subgroups as determined by members and staff		
5	Consumer Engagement and Retention Strategies	Development of engagement and retention strategies to align with CHP efforts: COH social media campaign	Ongoing	<ul style="list-style-type: none"> • January 27th: New Social Media initiative: Presentation/discussion led by C. LaPointe • Selected members will be participating in the CHATT PLANNING Learning Collaborative co-hort to develop a formal recruitment and retention plan. Updates to follow.
6	Membership Application Process: Update Application Interview Questions	Update application interview questions to a more condensed and community friendly format; strategize ways to streamline the interview process	April-May/2022	Updates/status provided: January, February, March, April-May
7	Review Membership to Ensure PIR	Review membership to ensure PIR is reflected throughout the membership, to include Alternate seat review, seat changes, attendance	Quarterly	PIR reviewed in January.
8	Attendance Review	Review Attendance Matrix Quarterly	Quarterly	Attendance reviewed in January, April

Mentorship



Mentorship

A relationship between two people where an individual with experience, knowledge, and connections is able to pass along what they have learned to a new PC/PB member and contribute to their growth, inclusion and engagement.

Mentorship Best Practices

- Develop mentor selection criteria
- Match committee membership
- Consider experience, interests, and style when matching
- Written expectations or job description for mentors and mentees (new members)
- Provide a brief training session for mentors
- Request mentors attend orientation with their new members and sit with new members for the first 3-4 meetings
- Provide mentors materials needed to assist their new member
- Review and assess your mentoring program annually

Los Angeles County Commission on HIV (COH)

- Operations Committee pairs mentors and new members
- Facilitate an initial discussion: a coffee or a lunch conversation
- Mentor sits next to the new member for a series of meetings
- More than one mentor may be needed to accommodate new member schedule

Qualities of a Leader

- Commitment to inspire
- Team lead
- Strategic thinker
- Change agent
- Team developer
- Self-aware



Session Five Review

- Formalize PC/PB mentorship initiatives
 - Develop mentor selection criteria
 - Consider committee, experience, interests, and style when matching
 - Train mentors and establish expectations
 - Assess your mentoring program annually

- Consider offering comprehensive leadership development training
 - Identify local leadership development initiatives opportunities for PC members
 - Adapt existing PC/PB leadership development training models

Using Social Media for Recruitment



Why Use Social Media

Unlike traditional media, social media readers often sift through large volumes of information, skim headlines, and browse sites quickly to determine where to focus their attention. Because of these differences, social media content also must be created and structured differently.

Social Media Best Practices

- Find your voice
- Agree on a tone
- Be authentic
- Be visual
- Balance consistency and quality
- Give your followers useful, interesting, and shareable content

Social Media Do's and Don'ts

Do

- Be warm - we want the audience to feel like they are engaging with a person
- Express friendliness - give the audience a reason to follow you by being conversational
- Be knowledgeable - your content should always be fact-filled
- Invite - invite your audience to engage with us through comments, messages, replies, etc.
- Be clear - give the message in a way that the audience understands

Do NOT

- Be generic - your voice should always be expressive
- Preach a sermon - we can be educational without condemning
- Always ask - audience burn out comes if all of your content asks something of our audience
- Be expected - we want to show our audience we are always staying up-to-date

Content: Documentation Not Creation

Type of Post	General Effect = Objective/Purpose
Announce PC/PB Meeting	Increase engagement in council meetings
Participation opportunities for non-members	Building a pipeline
Awareness days	General awareness raising
HIV related events	Partnership building
Data spotlights	Create urgency for the issue
PC/PB meeting recap from executive committee member	Information sharing and intentional positive branding
PC/PB accomplishments	Intentional positive branding; Trust building
Member spotlights	Intentional positive branding; Trust building

What Can I Do?

Places to Post

- Newsfeed
- Timeline
- Stories
- Spaces
- Reels
- Shorts

Types of Content

- Takeovers
- Behind the Scenes
- Member Testimonials
- Community Events
- Voiceovers
- Partner Content

PC/PB Social Media Roles

PCS Staff Role

- Manage editorial calendar
- Collect and edit content
- Find evergreen "filler" content
- Provide PC members with metrics

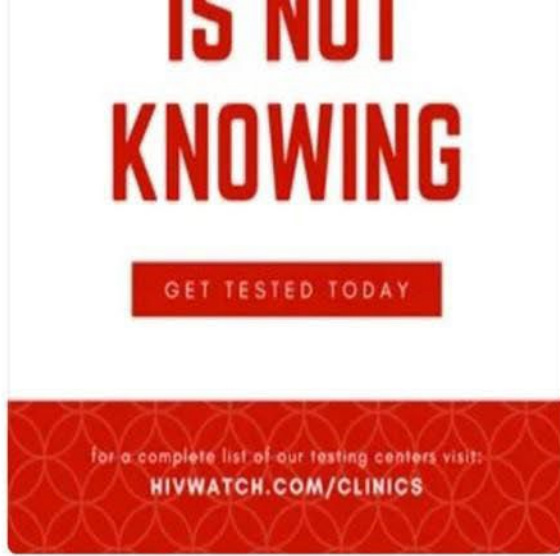
PC/PB Member Role

- Provide information on how audiences are using social media
- Connect PCS with large accounts that might have the potential audience
- Tell your story in videos (1-3 minutes)
- Provide quotes
- Report on conversations that you've had in the community



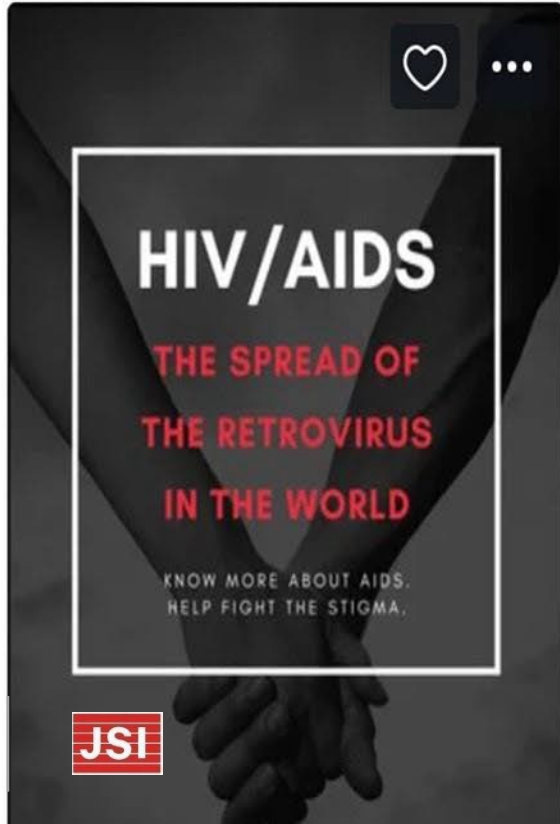
Content Partnership

- ❑ Identify other social media accounts (both people and organizations) that reach potential PC/PB members
- ❑ Monitor their account to determine their level of engagement
- ❑ Send a message to start a relationship where they share content you provide
- ❑ Share their trusted content to decrease the need of original content



Graphic Design Resources

- Canva
- Pexels
- Unsplash
- PicsArt
- Gratisography
- Picography



How to manage social media in 1 hour per week

WEEKLY

- Reviewing metrics from previous week (10 minutes)
- Creating content (30 minutes)
- Scheduling content (10 minutes)

DAILY (5 min)

- Respond to comments
- Engage with follower content (share, comment)



Social Media Policy

- Oversight
- Guidelines
- Identity
- Transparency
- Responsibility
- Judgment and common sense
- Dos and don'ts for personal use

Metrics

- Likes/Reactions
- Views
- Link Clicks
- Shares/Retweets
- Comments



Thank You!





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 misogyny, 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; 3/3/22)**



DRAFT
For Discussion Purposes Only

**Operations Committee Guiding Questions
for COH By-Law, Policy and/or Procedural Changes**

1. What is the root cause or reason for the change; ask the **5 whys**?
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.



POLICY/PROCEDURE #09.4205	Commission Membership Evaluation and Nomination Process	Page 1 of 8
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REVISIONS APPROVED 5/10/18

SUBJECT: The submission, evaluation, scoring, selection and nomination of applications/candidates for seats on the Los Angeles County Commission on HIV.

PURPOSE: To outline consistent method for evaluating, scoring and selecting candidates to fill Commission seats, and for appropriate communication with those applicants before and after evaluation of the application.

PROCEDURE(S):

- 1. Membership Applications:** There are two Commission membership application forms:
 - a) New/Renewal Member Applications:** for first-time applicants for Commission membership and renewing members see Membership Application.
 - b) Community Member Application(s):** for applicants who are applying for membership on one of the Commission's standing committees, but not for the Commission, see Policy/Procedure #09.1007 (Community Membership) for details regarding the process for evaluating and nominating community member candidates.
- 2. Application Submission:** All candidates for Commission or Committee membership must complete and submit one of the two forms of membership application. Upon receipt of a completed application:
 - a) Staff will initially review the application for completeness and accuracy, and will notify the candidate if there are incomplete sections or if information is not understandable/accurate.
 - b) Staff will coordinate interview and/or next steps with the Operations Co Chairs.
- 3. Application Evaluation Timeline:** Provided all conditions for a Commission membership application are met, the Operations Committee will evaluate and score the application at the next available Operations Committee meeting or within 60 days of its receipt. Necessary conditions include, but are not limited to:
 - a) All sections of the application are complete,
 - b) Original signatures have been provided,
 - c) The applicant is willing and available to sit for an interview when appropriate.
 - d) Current Commissioners or Alternates who are seeking to continue their membership on the Commission are required to complete an application prior to the expiration of their membership terms. The renewal application focuses on the member's past

performance, strengths and weaknesses, and methods for improving any gaps in service and/or participation.

- e) Candidates for institutional seats will be not be required to sit for an interview but will be assessed for strengths and skill sets for training opportunities and placement in the appropriate committee, task force, caucus or workgroup.

- 4. Candidate Interviews:** All new member candidates must sit for an interview with a panel composed of at least two Commission members or alternates in good standing with at least one member assigned to the Operations Committee. To maintain transparency and integrity of the nomination process, should an interview panelist be assigned to an interview of an applicant with which the panelist has a personal relationship, working relationship while employed by same employer, used as reference by the applicant, and/or other conflict of interest as identified by the Operations Co-Chairs and Executive Director, the panelist will be removed from the interview panel and a qualified Commission member will be selected in their stead.

The Operations Committee, in consultation with the Commission Co-Chairs, may request an interview with a member seeking to renew his/her Commission membership. Likewise, a renewal membership candidate may request an interview with the Operations Committee. For renewing members occupying institutional seats, i.e., City/Health Districts, Medi-Cal, etc., the interview is waived in lieu of a completed self-assessment, unless Operations co-chairs or renewing member requests interview.

- a) Special meetings for interviews can be scheduled at the discretion of the Committee, in accordance with Brown Act requirements.

- 5. Interview/Scoring Sequence:** Applications are always evaluated and scored following the interview. At its discretion, the interview panel may request an interview after it has scored an application, and re-score the application following the interview to incorporate any new information learned at subsequently and/or at the interview. Point scores may or may not change when an application is re-scored following an interview.

- 6. Score(ing):** The interview panel evaluates the applicant according to the appropriate “Los Angeles County Commission on HIV New Member Application Evaluation & Scoring Sheet (Final 4.24.17).”

- a) Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
- b) All interview panel members’ scores are totaled and averaged. The final point value is the applicant’s final score.

- 7. Scoring Forms:** The Commission's Operations Committee is responsible for the development and revision of the Membership Candidate Evaluation/Scoring Forms. The Committee develops separate scoring forms for new member candidates and renewal candidates:

 - a) Scoring criteria is based on essential skills and abilities, qualities and characteristics, experience, and past performance (for renewal candidates) that the Committee determines is necessary for effective Commission member participation.
 - b) The Operations Committee determines those factors and their relative importance through annual membership assessments.
 - c) The Operations Committee is authorized to revise the scoring form as needed. To the degree that revisions are substantial or criteria are altered, the revised scoring form must be approved by the Commission.

- 8. Qualification Status:** By virtue of their application scores, candidates' application will be determined to be "Qualified" or "Not Qualified" for nomination to a Commission membership seat. A minimum of 60 points qualifies the candidate for nomination consideration ("Qualified"); a score of less than 60 indicates that a candidate is "Not Qualified".

 - a) If the applicant earns a "Not Qualified" score, the Operations Co-Chairs will inform the applicant accordingly and suggest opportunities of other HIV/AIDS planning or volunteer involvement as further preparation for future Commission service.

- 9. New Member Candidate Eligibility:** New member candidates must also be "eligible" for Commission membership nomination. New member candidates are considered eligible if they meet the following conditions:

 - a) The application score qualifies ("Qualified") the candidate for Commission membership.
 - b) There is no purposefully misleading, untruthful or inaccurate information on the application.
 - c) The applicant has fully participated in the evaluation/scoring process, as appropriate.
 - d) The applicant does not violate the Commission's "two persons per agency" rule.
To avoid potential influence and to preserve the integrity of the Commission's decision-making and planning process, the Commission's membership cannot consist of more than two agency representatives from the same agency.

- 10. Renewal Candidate Eligibility:** Current Commissioners seeking re-appointment to the Commission must be "eligible" for continued Commission membership. Renewal candidates are considered eligible if they meet the following conditions:

 - a) The application score qualifies ("Qualified") the candidate for Commission membership.
 - b) There is no purposefully misleading, untruthful or inaccurate information on the application.
 - c) The applicant has fully participated in the evaluation/scoring process, including an interview if requested, as appropriate.
 - d) The applicant does not violate the Commission's "two persons per agency" rule.

- e) The candidate has fulfilled Commission member requirements in his/her prior term of service, including, but not limited to:
- **Commission Meeting Attendance:** unless the reason for the absence falls within Policy #08.3204 Excused Absences, members cannot miss three sequential, regularly scheduled Commission or primary assignment committee meetings in a year, or six of either type of meeting in a single year. Policy 08.3204 dictate that excused absences can be claimed for the following reasons:
 - personal sickness, personal emergency and/or family emergency;
 - vacation; and/or
 - out-of-town travel
 - **Primary Committee Assignment:** members have actively participated in the committee to which they have been assigned, including compliance with meeting attendance requirements.
 - **Training Requirements:** members are required to participate in designated trainings as a condition of their memberships.
 - **Plan of Corrective Action (PCA):** the member must fulfill the terms of any PCA required of him/her by the Operations and/or Executive Committee(s).
- 11. Nominations Matrix:** If the applicant is eligible for Commission membership, the Operations Committee will place the candidacy among those that can be nominated for available and appropriate seats on the Commission. The candidate's name is entered on the "Nominations Matrix" which lists candidates in order of scores, alongside available Commission seats and vacancies.
- 12. Seat Determination:** The Committee will then determine the individual seats, if any, that are most appropriate for the available qualified candidates—based on the seats the candidates indicated in their applications, and any other seat(s) identified by Committee members that the candidate(s) are qualified to fill.
- a) Duty Statements for each seat (Policy/Procedures #07.0000) dictate requirements for each membership seat on the Commission.
- 13. Multiple Application Requirement:** In accordance with HRSA guidance, there should be multiple candidates for membership seats when possible. All consumer and provider representative seats, along with other seats designated by the Operations Committee, require two or more applications. The Operations Committee may exempt a seat previously designated to require multiple applications from that requirement under the following circumstances:
- a) There has been a vacancy in the seat for six or more months,
 - b) The pool of available, possible candidates is limited, and
 - c) The Committee is convinced that every effort has been made and exhausted by the appropriate stakeholders to identify additional membership candidates.

- 14. “Representation” Requirement:** Ryan White legislation and HRSA guidance require the Part A planning council membership to include specific categories of representation. The Commission’s membership seats have been structured to fulfill that requirement. As specified in the COH Bylaws (Policy/Procedure #06.1000), Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence. The Commission endeavors to ensure those categories are always represented by planning council membership.
- 15. “Unaffiliated Consumer” Requirement:** Ryan White legislation and HRSA guidance require one-third of the voting membership of the Ryan White Part A planning council to be “unaffiliated” or “non-aligned” consumers. “Unaffiliated” consumers are patients/clients who use Ryan White Part A-funded services and who are not employees or contractors of a Ryan White Part A-funded agency and do not have a decision-making role at any Ryan White Part A-funded agency. Policy/Procedure #08.3107 contains information on Consumer Definitions and Related Rules and Requirements). In addition, the Commission defines “consumer” as someone using Ryan White Part A-funded services within the last year and who is “unaffiliated” or “non-aligned,” consistent with Ryan White legislative and HRSA definitions.

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

- 16. “Reflectiveness” Requirement:** Ryan White legislation and HRSA guidance require both the entire Commission membership and the subset of unaffiliated consumer members to “reflect” the gender and ethnic/racial distribution of the local HIV epidemic. The Commission endeavors to reflect the gender and ethnic/racial demographic distribution of Los Angeles County’s HIV epidemic among its membership and consumer members at all times. Furthermore, the CDC HIV Planning Guidance notes that planning bodies place special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations.
- 17. Committee Nominations:** All factors being equal among two or more applications that meet the requirements of a particular open seat, the Committee will forward the candidate with the highest application score to the Commission for nomination to the Board of Supervisors for appointment to the Commission.

- 18. Special Considerations:** There are a number of “special considerations” may preclude the Committee from nominating the candidate with the highest score, resulting in the nomination of a candidate with a lower score to a seat. Those factors may include, but are not limited to:
- a) the necessity of maintaining “reflectiveness”,
 - b) an adequate proportion of consumer members,
 - c) the need to fill certain “representative” categories,
 - d) Board of Supervisors interest or feedback,
 - e) over-representation of a particular stakeholder/constituency, otherwise known as the “two persons per agency” rule.
 - f) potential appointment challenges.
- 19. Conditional Nomination(s):** The Operations Committee may nominate candidates “conditionally.” Conditional nominations require candidates to fulfill certain obligations from the Executive and/or Operations Committee prior to or following the nomination. Conditions are detailed in a “Plan of Corrective Action (PCA)” imposed to correct past Commission performance issues or to enhance certain skills and abilities of the candidate/member.
- a) The PCA is written with expected timelines and objectives, and must be agreed to and signed by the candidate, the Executive Director and an Executive or Operations Committee co-chair, as appropriate.
 - b) The candidate must agree to the PCA by the subsequent regularly scheduled committee meeting following the development of the PCA. A candidate’s refusal to accept a PCA may render his/her application ineligible.
 - c) If the PCA obligates the candidate to certain conditions prior to nomination, the nomination will not proceed until the candidate has fulfilled those obligations.
 - d) If the candidate/member has not fulfilled the conditions of the PCA, he/she will not be eligible for future re-nomination to the Commission.
 - e) Terms of the PCA may be modified at any time upon agreement from all three parties (candidate/member, Executive Director, committee).
 - f) The Operations Committee is responsible for monitoring a candidate’s progress and fulfillment of any PCA obligations and requirements.
- 20. Candidate Communication:** At the conclusion of a candidate’s evaluation (interview, scoring, qualification and eligibility designation, seat determination, nomination), the Committee shall notify the candidate in written communication of the results of the evaluation and scoring process. The notification will detail one of the three possible results:
- a) The Committee has nominated the candidate for a particular Commission seat;
 - b) The Committee has judged that there are no specific seats available concurrent with the candidate’s qualifications, but the Committee will keep the candidate’s application and evaluation scores for ongoing consideration for up to a year from the date of application submission; or
 - c) The candidate’s application and/or evaluation has been placed on hold temporarily.

- 21. Temporary Hold:** A candidate's application may be held temporarily for up to a year under certain conditions that preclude an otherwise eligible nomination to proceed, including but not limited to:
- a) Multiple candidates have not applied for a seat that requires multiple applications,
 - b) Appointment of the candidate to a seat would interfere with the Commission's capacity to meet representation, consumer and/or reflectiveness requirements, and/or
 - c) The Committee intends to nominate the candidate to a seat that is expected to be vacated in the near future.

The Operations Committee will provide the reason(s) for a temporary hold when it notifies the candidate of his/her application status. Once a candidate's application has been released from the hold, the candidate must agree to the nomination before it proceeds. If the hold is not released within the year, the candidate must submit a new application for Commission membership.

- 22. Withdrawal/Declination:** At any time after a candidate has submitted an application up until the appointment is approved by the Board of Supervisors, a candidate is entitled to withdraw his/her application and/or decline a proposed nomination.
- 23. Training Requirements:** Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.
- a) A candidate's nomination will not be forwarded to the Commission until he/she has completed requisite training activities prior to his/her nomination/appointment.
 - b) Failure to fulfill training requirements as a Commission member may render the member's subsequent renewal applications ineligible.
- 24. Nomination and Approval:** Once the Operations Committee has nominated a candidate for Commission membership, the Committee forwards the nomination(s) to the Commission for approval at its next scheduled meeting. If and when a candidate's nomination has been approved by the Commission, the candidate's Statement of Qualifications shall be forwarded within two weeks to the Executive Office of the Board of Supervisors.
- a) Candidates are advised to attend the Commission meeting at which their nomination will be considered.
 - b) Upon Commission approval, the candidate is encouraged to attend all committees to learn how they operate and assess the best fit for a committee assignment.
 - c) Upon Commission approval, the candidate is asked to complete a "Committee Preference Form" indicating his/her various committee assignment interests.

- 25. Appointment:** The Executive Office of the Board of Supervisors places the nomination on a subsequent Board of Supervisors agenda for appointment. Upon Board of Supervisors approval, the candidate is appointed to the Commission.
- a) Candidates are not required to appear before the Board of Supervisors, although they may attend the designated meeting if so desired.
 - b) Candidates will be notified in writing when their nomination will appear before the Board of Supervisors, and following appointment.
 - c) A newly appointed Commission member is expected to begin his/her service on the Commission at the next scheduled Commission meeting following Board appointment.
 - d) Each Commission seat has a pre-designated term of office in which the Commission member will serve until the term expires or he/she resigns from the seat.

**NOTED AND
APPROVED:**



**EFFECTIVE
DATE:**

5/10/18

Original Approval: 9/6/2004

Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17; 9/14/17; 05/10/18



LOS ANGELES COUNTY COMMISSION ON HIV

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**POLICY/PROCEDURE
#06.1000**

**Bylaws of the Los Angeles
County Commission on HIV**

Page 1 of 20

ADOPTED, 7/11/2013

SUBJECT: The Bylaws of the Los Angeles County Commission on HIV.

PURPOSE: To define the governance, structural, operational and functional responsibilities and requirements of the Los Angeles County Commission on HIV.

BACKGROUND:

- **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.”
- **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.”

POLICY:

- 1) **Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational and functional rules and requirements.
- 2) **Ryan White Program Review:** The Commission’s activities and actions in execution of its role as Los Angeles County’s Ryan White Part A planning council and funded by Ryan White

Policy/Procedure #06.1000: Commission Bylaws

Adopted: July 11, 2013

Page 2 of 20

Part A administrative funds are subject to the conditions of the Ryan White Program, as managed by the Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (“DMHAP/HAB”), Health Resources and Services Administration (“HRSA”), US Department of Health and Human Services (DHHS). Prior to approval by its members, the Commission must submit the Bylaws for review to the Ryan White Part A project officer, and re-submit the final version following their approval by the Commission.

- 3) Commission Bylaws Approval:** The Commission’s Bylaws must be amended accordingly following amendments to the Ordinance. Amendments or revisions to these Bylaws must be approved by a two-thirds vote of the Commission members present at the meeting, but must be noticed for consideration and review at least ten days prior to such meeting (*see Article XVI*).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

Section 1. Name. The name of this Commission is the Los Angeles County Commission on HIV.

Section 2. Created. This Commission was created by an act of the Los Angeles County Board of Supervisors (“BOS”), codified in sections 3.29.010 – 3.29.120, Title 3— Chapter 29 of the Los Angeles County Code.

Section 3. Organizational Structure. The Commission on HIV is housed as an independent commission within the Executive Office of the BOS in the organizational structure of the County of Los Angeles.

Section 4. Duties and Responsibilities. As defined in Los Angeles County Code 3.29.090 (*Duties*), and consistent with Section 2602(b)(4) (42 U.S.C § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance, the Commission is charged with and authorized to:

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis;
- B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;
- C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee’s allocation and expenditure of these funds by service category or type of activity for consistency with the Commission’s established priorities, allocations and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee

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on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;

- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV;
- E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;
- F. Study, advise, and recommend to the BOS, the grantee and other departments policies and other actions/decisions on matters related to HIV;
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the general public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV;
- H. Provide a report to the BOS annually, no later than June 30th, describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, the grantee, and other departments on HIV-related matters referred for review by the BOS, the grantee or other departments;
- I. Act as the planning body for all HIV programs in DPH or funded by the County; and
- J. Make recommendations to the BOS, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

Section 5. Federal and Local Compliance. These Bylaws ensure that the Commission meets all Ryan White, HRSA, and CDC requirements and adheres to the Commission's governing Los Angeles County Code, Title 3—Chapter 29.

Section 6. Service Area. In accordance with Los Angeles County Code and funding designations from HRSA and the CDC, the Commission executes its duties and respon-

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sibilities for the entire County.

- A. The geographic boundaries of Los Angeles County match the funding designations from both the CDC and HRSA, which calls the Part A funding area an Eligible Metropolitan Area ("EMA").

II. MEMBERS:

Section 1. Definition. A member of this Commission is any person who has been duly appointed by the BOS as a Commissioner, Alternate or a Community Member.

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission;
- B. Alternates are appointed by the BOS to substitute for HIV-positive Commissioners when those Commissioners cannot fulfill their respective Commission duties and responsibilities;
- C. Community Members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Community Members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty-one (51) voting members. Voting members are nominated by the Commission and appointed by the BOS. Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
 1. Medi-Cal, State of California,
 2. City of Pasadena,
 3. City of Long Beach,
 4. City of Los Angeles,
 5. City of West Hollywood;
- B. The Director of DHSP, representing the Part A grantee (DPH);
- C. Four (4) members who are recommended by Ryan White grantees as specified below or by representative groups of Ryan White grant recipients in the County, one from each of the following:
 1. Part B (State Office of AIDS),
 2. Part C (Part C grantees),
 3. Part D (Part D grantees),
 4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements];

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- D. Eight (8) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:
 - 1. An HIV specialty physician from an HIV medical provider,
 - 2. A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative,
 - 3. A mental health provider,
 - 4. A substance abuse treatment provider,
 - 5. A housing provider,
 - 6. A provider of homeless services,
 - 7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,
 - 8. A representative of an ASO offering HIV care and treatment services;
- E. Seventeen (17) unaffiliated consumers of Part A services, to include:
 - 1. Eight (8) consumers, each representing a different Service Planning Area ("SPA") and who are recommended by consumers and/or organizations in the SPA,
 - 2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
 - 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County;
- F. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices;
- G. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Department of Housing;
- H. One (1) representative of a health or hospital planning agency who is recommended by health plans in Covered California;
- I. One (1) behavioral or social scientist who is recommended from among the respective professional communities;
- J. Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:
 - 1. Faith-based entities engaged in HIV prevention and care,
 - 2. Local education agencies at the elementary or secondary level,
 - 3. The business community,
 - 4. Union and/or labor,
 - 5. Youth or youth-serving agencies,
 - 6. Other federally funded HIV programs,
 - 7. Organizations or individuals engaged in HIV-related research,
 - 8. Organizations providing harm reduction services,

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9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (*Term of Service*), all members serve two-year terms.

- A. Commissioner and Alternate members serve two-year staggered terms.
- B. A Community Member's term begins with the date of appointment.
- C. Members are limited to two consecutive terms in the same seat, unless waived by vote of the BOS.

Section 4. Unaffiliated Consumer Membership. In accordance with Ryan White Part A legislative requirements outlined in Section 2602(b)(5)(C) and consistent with Policy/Procedure #08.3107 (*Consumer Definitions and Related Rules and Requirements*), the Commission shall ensure that 33% of its members are consumers of Ryan White Part A services who are not aligned or affiliated with Ryan White Part A-funded providers as employees, consultants, or Board members.

- A. At least two (2) of the Commission's unaffiliated consumer members are expected to fill two (2) of the membership categories requiring representation, as defined in Ryan White legislation:
 1. At least one (1) unaffiliated consumer member must be co-infected with Hepatitis B or C; and
 2. At least one (1) unaffiliated consumer member must be a person who was incarcerated in a Federal, state or local facility within the past three (3) years and who has a HIV diagnosis as of the date of release, or is a representative of the recently incarcerated described as such.

Section 5. Reflectiveness. In accordance with Ryan White Part A legislative requirements [Section 2602(b)(1)], the Commission shall ensure that its full membership and the subset of unaffiliated consumer members proportionately reflect the ethnic, racial and gender characteristics of HIV disease prevalence in the EMA.

Section 6. Representation. In accordance with Ryan White Part A legislative requirements [Section 2602(b)(2)], the Commission shall ensure that all appropriate specific membership categories designated in the legislation are represented among the membership of Commission.

- A. Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence.

Section 7. Parity, Inclusion, and Representation (PIR). In accordance with CDC's *HIV Planning Guidance*, the planning process must ensure the parity and inclusion of the members.

- A. "'Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation

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and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities.”

- B. “‘Inclusion’ is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.”
- C. “Representation” means that “members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.”

Section 8. HIV and Target Population Inclusion. In all categories when not specifically required, recommending entities and the Commission are strongly encouraged to nominate candidates living with HIV and individuals who are members of populations at disproportionate risk for HIV.

Section 9. Accountability. Members are expected to report to and represent their recommending entities and constituencies. Members may, at times, represent multiple constituencies.

Section 10. Alternates. In accordance with Los Angeles County Code 3.29.040 (*Alternate members*), any Commission member who has disclosed that s/he is living with HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

- A. Alternates submit the same application and are evaluated and scored by the same nomination process as Commissioner candidates.

Section 11. Community Members. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission’s standing committees may elect to nominate Community Members for appointment by the BOS to serve as voting members on the respective committees.

- A. As outlined in Policy/Procedure #09.1007 (*Community Member Appointments*), Community Members are invited to submit an application by the appropriate committee and are nominated according to that committee’s specific criteria for Community Membership.

III. MEMBER REQUIREMENTS:

Section 1. Attendance. Commissioners and/or their Alternates are expected to attend all regularly scheduled Commission meetings, priority- and allocation-setting meetings, orientation and training meetings, and the Annual Meeting.

- A. In accordance with Los Angeles County Code 3.29.060 (*Meetings and committees*), the BOS shall be notified of member attendance on a semi-annual basis.

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Section 2. Committee Assignments. Commissioners are required to be a member of at least one standing committee, the member's "primary committee assignment," and adhere to attendance requirements of that committee.

- A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment.
- B. Commissioners and Alternates are allowed to voluntarily request or accept "secondary committee assignments" upon agreement of the Co-Chairs.

Section 3. Conflict of Interest. Consistent with the Los Angeles County Code 3.29.046 (*Conflict of Interest*), Commission members are required to abide by the Conflict of Interest and Disclosure requirements of the Commission, the County of Los Angeles, the State of California (including Government Code Sections 87100, 87103, and 1090, et seq.), the Ryan White Program, as outlined in HRSA and relevant CDC guidance.

- A. As specified in Section 2602(b)(5) (42 U.S.C § 300ff-12) of the Ryan White legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of Ryan White funds, and shall not designate or otherwise be involved in the selection of particular entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.
- B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local Ryan White funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.
- C. Further, in accordance with HRSA guidance, Commission Policy/Procedure #08.3105 (*Ryan White Conflict of Interest Requirements*) dictates that all members must declare conflicts of interest involving Ryan White-funded agencies and their services, and the member is required to recuse him/herself from discussion concerning that area of conflict, or funding for those services and/or to those agencies.

Section 4. Code of Conduct. All Commission members are expected to adhere to the Commission's approved code of conduct at Commission and related meetings and in the private conduct of Commission business.

Section 5. Comprehensive Training. Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings.

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Section 6. Removal/Replacement. A Commissioner or Alternate may be removed or replaced by the BOS for failing to meet attendance requirements, and/or other reasons determined by the BOS.

- A. The Executive Director may vacate a seat after six months of consecutive absences if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

Section 1. Open Nominations Process. Application, evaluation, nomination and appointment of Commission members shall follow "...an open process (in which) candidates shall be selected based on locally delineated and publicized criteria," as described in Section 2602(b)(1) of the Ryan White legislation and "develop and apply criteria for selecting HPG members, placing special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socio-economically marginalized populations," as required by the CDC *HIV Planning Guidance*.

- A. The Commission's Open Nominations Process is defined in Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nominations Process*) and related policies and procedures.
- B. Nomination of candidates that are forwarded to the BOS for appointment shall be made according to the policy and criteria adopted by the Commission.

Section 2. Application. Application for Commission membership shall be made on forms as approved by the Commission and detailed in Policy/Procedure #09.4203 (*Commission Membership Applications*).

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee in accordance with Policy/Procedure #09.4204 (*Commission Candidate Interviews*).
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing appropriate Commission-approved application materials and being evaluated and scored by the Operations Committee.

Section 3. Appointments. All Commission members (Commissioners, Alternates and Community Members) must be appointed by the BOS.

V. MEETINGS:

Section 1. Public Meetings. The Commission complies with federal open meeting requirements in Section 2602(b)(7)(B) of the Ryan White legislation and accompanying HRSA guidance, and with California's Ralph M. Brown Act ("Brown Act") governing open, public meetings and deliberations.

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- A. Ryan White legislation states that “meeting of the (planning) council shall be open to the public and shall be held only after adequate notice to the public.” HRSA guidance stipulates that those rules apply to the Commission meetings and meetings of its committees.
- B. The Brown Act instructs that any meeting involving a quorum of the Commission or a committee must be open to the public and noticed publicly.
- C. Public meeting requirements of the Commission’s working units are outlined in the Commission’s Policy/Procedure #08.1102 (*Subordinate Commission Working Units*).

Section 2. Public Noticing. Advance public notice of meetings shall comply with HRSA’s open meeting and Brown Act public noticing requirements, and all other applicable laws and regulations.

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA’s open meeting requirements, the Brown Act, Commission Policy/Procedure #08.1102 (*Subordinate Commission Working Units*), and all other applicable laws and regulations.

- A. Minutes and summaries are posted to the Commission’s website at www.hivcommission-la.info following their approval by the respective body.

Section 4. Public Comment. In accordance with Brown Act requirements, public comment on agenda items and non-agenda items is allowed at all Commission meetings open to the public. The Commission is allowed to limit the time of public comment consistent with Los Angeles County rules and regulations, and must adhere to all other County and Brown Act rules and requirements regarding public comment.

Section 5. Regular meetings. In accordance with Los Angeles County Code 3.29.060 (*Meetings and committees*), the Commission shall meet at least ten (10) times per year. Commission meetings are monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee.

- A. The Commission’s Annual Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.

Section 6. Special Meetings. Special meetings may be called as necessary by the Co-Chairs, the Executive Committee, or a majority of the members of the Commission.

- A. The members of the Commission requesting a special meeting shall do so in writing to the Executive Director, with original signatures, who is obliged to call the meeting, in consultation with the Co-Chairs, within ten (10) days upon receipt of the written request.

Section 7. Executive Sessions. In accordance with the Brown Act, the Commission or its committees may convene executive sessions closed to the public to address pending litigation or personnel issues. An executive session will be posted as such.

Section 8. Robert’s Rules of Order. All meetings of the Commission shall be conducted ac-

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ording to the current edition of “*Robert’s Rules of Order, Newly Revised,*” except where superseded by the Commission’s Bylaws, policies/procedures, and/or applicable laws.

Section 9. Quorum. In accordance with Los Angeles County Code 3.29.070 (*Procedures*), the quorum for any regular or special Commission or committee meeting shall be a majority of the voting, seated Commission or committee members.

A. A quorum for any committee meeting shall be a majority of Board-appointed, voting members or their Alternates assigned to the committee.

VI. RESOURCES:

Section 1. Fiscal Year. The Commission’s Fiscal Year (FY) and programmatic year coincide with the County’s fiscal year, from July 1 through June 30 of any given year.

Section 2. Operational Budgeting and Support. Operational support for the Commission is principally derived from Ryan White Part A and CDC prevention funds, and Net County Costs (“NCC”)—all from grant and County funding managed by DHSP. Additional support may be obtained from alternate sources, as needed and available, for specific Commission activities.

A. The total amount of each year’s operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission’s Executive Committee.

B. Projected Commission operational expenditures are allocated from Ryan White Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of those funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and conditions of the award/funding.

C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission’s fiscal and administrative agent.

D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission’s annual budget according to their respective budget cycles and the Commission’s/County’s fiscal year.

Section 3. Other Support. Activities beyond the scope of Ryan White Part A planning councils and CDC HPGs, as defined by HRSA and CDC guidance, are supported by other sources, including NCC, as appropriate.

Section 4. Additional Revenues. The Commission may receive other grants and/or revenues for projects/activities within the scope of its duties and responsibilities, as defined in these Bylaws Article I, Section 4. The Commission will follow County-approved procedures for allocating project-/activity-related costs and resources

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in the execution of those grants and/or fulfillment of revenue requirements.

Section 5. Commission Member Compensation. In accordance with Los Angeles County Code 3.29.080 (*Compensation*), Ryan White Part A planning council requirements, CDC guidance, and/or other relevant grant restrictions, Commission members, or designated subsets of Commission members, may be compensated for their service on the Commission contingent upon the establishment of policies and procedures governing Commission member compensation practices.

Section 6. Staffing. The Executive Director serves as the Commission's lead staff person and manages all personnel, budgetary and operational activities of the Commission.

- A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.
- B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or his/her delegated representative serve as the supervising authority of the Executive Director.

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with Ryan White, HRSA, and CDC requirements, Los Angeles County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws and are maintained electronically on the Commission's website (www.hivcommission-la.info) and manually in the Commission's offices.

Section 2. HRSA Approval(s). DMHAP/HAB at HRSA requires Ryan White Part A planning councils to submit their bylaws, grievance and conflict of interest policies for approval by the Ryan White Part A project officer.

- A. Project officer approval is necessary before the Bylaws, the grievance procedures and the Ryan White conflict of interest procedures are amended, and/or the Bylaws and those procedures must be amended to abide by HRSA requirements, as instructed by the project officer.

Section 3. Grievance Procedures. The Commission's Policy/ Procedure #05.8001 (*Commission on HIV Grievance Process*) are incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with Ryan White, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to

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time, as needed, accordingly.

Section 4. Complaints Procedures. Complaints related to internal Commission matters such as alleged violations of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302 (*Internal Complaints*).

Section 5. Conflict of Interest Procedures. Specific member conflict of interest requirements are detailed in Policy/Procedure #08.3105 (*Ryan White Conflict of Interest Requirements*) and Policy/Procedure #08.3108 (*State Conflict of Interest Requirements*). The Commission's conflict of interest procedures must comply with Ryan White, HRSA, CDC, State of California and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.

VIII. LEADERSHIP:

Section 1. Commission Co-Chairs. The officers of the Commission shall be two (2) Commission Co-Chairs ("Co-Chairs").

- A. One of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.
- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.
- C. 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. 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.
- D. As reflected in Policy/Procedure #07.2001 (*Duty Statement, Commission Co-Chair*), one or both of the Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
 1. Assign the members of the Commission to committees;
 2. Approve committee co-chairs, in consultation with the Executive Committee;
 3. Represent the Commission at functions, events and other public activities, as necessary;
 4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties;
 5. Consult with and advise the Executive Director regularly, and the Ryan White Part A and CDC project officers, as needed;
 6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS;

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7. Chair or co-chair committee meetings in the absence of both committee co-chairs;
8. Serve as voting members on all committees when attending those meetings;
9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

Section 2. Committee Co-Chairs: Each committee shall have two co-chairs of equal status.

- A. Committee co-chairs' terms of office are one year, but they may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.
- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, after nominations periods opened at the prior regularly scheduled meetings of the committees. Once elected, the committee co-chairs' names shall be submitted to the Commission Co-Chairs and the Executive Committee for approval.
- C. As detailed in Policy/Procedure #07.2003 (*Duty Statement, Commission Co-Chair*), one or both of the co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
 1. Serve as members of the Executive Committee;
 2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission;
 3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
 4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

IX. COMMISSION WORK STRUCTURES:

Section 1. Committees and Working Units. The Commission completes a majority of its work through a strong committee and working unit structure outlined in Policy/Procedure #08.1102 (*Subordinate Commission Working Units*).

Section 2. Commission Decision-Making. Committee work and decisions are forwarded to the full Commission for further consideration and approval through the Executive Committee, unless that work or decision has been specifically delegated to a committee. All final decisions and work presented to the Commission must be

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approved by at least a majority of the quorum of the Commission.

Section 3. Standing Committees. The Commission has established five standing committees: Executive; Operations; Planning, Priorities and Allocations (PP&A); Public Policy (PP); and Standards and Best Practices (SBP).

Section 4. Committee Membership. Only Commissioners or Alternates assigned to the committees by the Co-Chairs, the Co-Chairs themselves, Community Members nominated by the committee and appointed by the BOS, and designated representatives of DHSP shall serve as voting members of the committees.

Section 5. Meetings. All committee meetings are open to the public, and the public is welcome to attend and participate, but without voting privileges.

Section 6. Other Working Units. The Commission and its committees may create other working units such as subcommittees, ad-hoc committees, caucuses, task forces, or work groups, as they deem necessary and appropriate.

- A. The Commission is empowered to create caucuses of subsets of Commission members who are members of “key or priority populations” or “populations of interest” as identified in the comprehensive HIV plan, such as consumers. Caucuses are ongoing for as long as they are needed.
- B. Task forces are established to address a specific issue or need and may be ongoing, such as the Community Engagement Task Force, or time-limited.

X. EXECUTIVE COMMITTEE:

Section 1. Voting Membership. The voting membership of the Executive Committee shall comprise the Commission Co-Chairs, the committee co-chairs, the Director of DHSP or his/her permanent designee, and three (3) At-Large members who may be elected by the Commission.

Section 2. Co-Chairs. The Commission Co-Chairs shall serve as the co-chairs of the Executive Committee, and one or both shall preside over its meetings.

Section 3. Responsibilities. The Executive Committee is charged with the following responsibilities:

- A. Overseeing all Commission and planning council operational and administrative activities;
- B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units;
- C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission;
- D. Approving the agendas for the Commission’s regular, Annual and special meetings;

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- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units;
- F. Conducting strategic planning activities for the Commission;
- G. Adopting a Memorandum Of Understanding (“MOU”) with DHSP, if needed, and monitoring ongoing compliance with the MOU;
- H. Resolving potential grievances or internal complaints informally when possible, and standing as a hearing committee for grievances and internal complaints;
- I. Approving the election of committee co-chairs;
- J. Addressing matters related to Commission office staffing, personnel and operations, when needed;
- K. Developing and adopting the Commission’s annual operational budget;
- L. Overseeing and monitoring Commission expenditures and fiscal activities; and
- M. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

Section 4. At-Large Member Duties. As reflected in Policy/Procedure #07.2002 (*Duty Statement, Executive Committee At-Large Members*), the At-Large members shall serve as members of both the Executive and Operations Committees.

XI. OPERATIONS COMMITTEE:

Section 1. Voting Membership. The voting membership of the Operations Committee shall comprise the Executive Committee At-Large members elected by the Commission membership, other members assigned by the Co-Chairs, and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The Operations Committee is charged with the following responsibilities:

- A. Ensuring that the Commission membership adheres to Ryan White reflectiveness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements;
- B. Recruiting, screening, scoring and evaluating applications for Commission membership and recommending nominations to the Commission in accordance with the Commission’s established Open Nominations Process;
- C. 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, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth;

- D. Conducting regular orientation meetings for new Commission members and

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- interested members of the public to acquaint them with the Commission's role, processes and functions;
- E. Developing and revising, as necessary, Commission member duty statements (job descriptions);
 - F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission;
 - G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations;
 - H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives;
 - I. Recommending, developing and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual;
 - J. Coordinating on-going public awareness and information referral activities in collaboration with the Community Engagement Task Force to educate and engage the public about the Commission and promote the availability of HIV services;
 - K. Working with local task forces to ensure their representation and involvement in the Commission and in its activities;
 - L. Identifying, accessing and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs;
 - M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
 - N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XII. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE:

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise members of the Commission assigned by the Commission Co-Chairs, a DHSP representative, and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The PP&A Committee is charged with the following responsibilities:

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps and priorities;
- B. Overseeing development and updating of the comprehensive HIV plan, and monitoring implementation of the plan;
- C. Recommending to the Commission annual priority rankings among service

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- categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding;
- D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system;
 - E. Monitoring the use of funds to ensure they are consistent with the Commission's allocations;
 - F. Recommending revised allocations for Commission approval, as necessary;
 - G. Coordinating planning, funding, and service delivery to ensure funds are used to fill gaps and do not duplicate services provided by other funding sources and/or health care delivery systems;
 - H. Developing strategies to identify, document, and address "unmet need" and to identify people living with HIV who are unaware of their status, make HIV testing available, and bring them into care;
 - I. Collaborating with DHSP to ensure the effective integration and implementation of the continuum of HIV services;
 - J. Reviewing monthly fiscal reporting data for HIV and STD expenditures by funding source, service category, service utilization and/or type of activity;
 - K. Monitoring, reporting and making recommendations about unspent funds;
 - L. Identifying, accessing, and expanding other financial resources to meet Los Angeles County's HIV service needs; and
 - M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XIII. PUBLIC POLICY (PP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the PP Committee shall comprise members of the Commission assigned by the Commission Co-Chairs, a DHSP representative, additional community members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

Section 2. Resources. Since some PP Committee activities may be construed as outside the purview of the Ryan White Part A or CDC planning bodies, resources other than federal funds cover staff costs or other expenses used to carry out PP Committee activities.

Section 3. Responsibilities. The PP Committee is charged with the following responsibilities:

- A. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan;
- B. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests;
- C. Providing education and access to public policy arenas for the Commission

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members, consumers, providers, and the public;

- D. Facilitating communication between government and legislative officials and the Commission;
- E. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate;
- F. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate;
- G. Researching and implementing public policy activities in accordance with the County's adopted legislative agendas;
- H. Advancing specific Commission initiatives related to its work into the public policy arena; and
- I. Carrying out other duties and responsibilities as assigned by the Commission or the BOS.

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise members of the Commission assigned by the Commission Co-Chairs, a DHSP representative, additional Community Members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The SBP Committee is charged with the following responsibilities:

- A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization;
- B. Identifying, reviewing, developing, disseminating and evaluating standards of care for HIV and STD services;
- C. Reducing the transmission of HIV and other STDs, improving health outcomes and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices";
- D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met;
- E. Developing and defining directives for implementation of services and service models;
- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed;
- G. Identifying and recommending solutions for service gaps;
- H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation and use of outcome measures;

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- I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate;
- J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity and best practices;
- K. Verifying system compliance with standards by reviewing contract and RFP templates; and
- L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

Section 1. Representation/Misrepresentation. No officer or member of the Commission shall commit any act or make any statement or communication under circumstances that might reasonably give rise to an inference that he/she is representing the Commission, including, but not limited to: communications upon Commission stationery; public acts; statements; or communications in which he/she is identified as a member of the Commission, except only in the following:

- A. Actions or communications that are clearly within the policies of the Commission and have been authorized in advance by the Commission;
- B. Actions or communications by the officers that are necessary for and/or incidental to the discharge of duties imposed upon them by these Bylaws, policies/procedures and/or resolutions/decisions of the Commission;
- C. Communications addressed to other members of the Commission or to its staff, within Brown Act rules and requirements.

XVI. AMENDMENTS: The Commission shall have the power to amend or revise these Bylaws at any meeting at which a quorum is present, providing that written notice of the proposed change(s) is given at least ten days prior to such meeting. In no event shall these Bylaws be changed in such a manner as to conflict with Los Angeles County Code, Title 3—Chapter 29 establishing the Commission and governing its activities and operations, or with CDC, Ryan White, and HRSA requirements.

**NOTED AND
APPROVED:**



EFFECTIVE

DATE: July 11, 2013

Originally Adopted: 3/15/1995

Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005, 9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013



2022 MEMBERSHIP ROSTER | UPDATED 5.17.22

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, 2020	June 30, 2022	
3	City of Long Beach representative	1	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, 2020	June 30, 2022	
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 PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	PP&A	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
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	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2			Vacant		July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	EXC OPS	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2021	June 30, 2023	Damone Thomas (EXC OPS)
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2021	June 30, 2023	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2020	June 30, 2022	
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
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	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2021	June 30, 2023	Michele Daniels (OPS) (LOA)
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2020	June 30, 2022	Reba Stevens (SBP)
29	Unaffiliated consumer, Supervisorial District 3			Vacant		July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			Vacant		July 1, 2021	June 30, 2023	Jose Magana (OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2020	June 30, 2022	
33	Unaffiliated consumer, at-large #2	1	OPS PP&A	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2	1	EXC	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, 2020	June 30, 2022	
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	SBP	Michael Cao	Golden Heart Medical	July 1, 2020	June 30, 2022	
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	<i>Unaffiliated Consumer</i>	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1			Vacant		July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPs FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	EXC OPS	Gerald Garth, MS	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
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: 44

Planning Council/Planning Body Reflectiveness (Updated 5.9.22)

(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%	11	25.58%	4	9.30%
Black, not Hispanic	10,155	20.00%	12	27.91%	2	4.65%
Hispanic	22,766	44.84%	16	37.21%	1	2.33%
Asian/Pacific Islander	1,886	3.71%	4	9.30%	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%	43	100%	7	16.28%
Gender						
Gender	Number	Percentage**	Number	Percentage**	Number	Percentage**
Male	44,292	87.23%	30	69.76%	5	11.63%
Female	5,631	11.09%	9	20.93%	2	4.65%
Transgender	854	1.68%	3	6.98%	0	0.00%
Unknown	0	0.00%	1	2.33%	0	0.00%
Total	50,777	100%	43	100%	7	16.28%
Age						
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%	0	0.00%	0	0.00%
30-39 years	9,943	19.58%	16	37.21%	0	0.00%
40-49 years	11,723	23.09%	12	27.91%	2	4.65%
50-59 years	15,601	30.72%	8	18.60%	4	9.30%
60+ years	8,973	17.67%	7	16.28%	1	2.33%
Other	0	0.00%	0	0.00%	0	0.00%
Total	50,777	99.99%	43	100%	7	16.28%

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