



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



Visit us online: <http://hiv.lacounty.gov>

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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# Operations Committee Meeting

Thursday, August 28, 2025

10:00am-12:00pm (PST)

**510 S. Vermont Ave, Terrace Conference Room TK02  
Los Angeles, CA 90020**

**\*\*Validated Parking: 523 Shatto Place, LA 90020\*\***

*As a building security protocol, attendees entering from the first-floor lobby **must** notify security personnel that they are attending the Commission on HIV meeting in order to access the Terrace Conference Room (9<sup>th</sup> floor) when our meetings are held.*

Agenda and meeting materials will be posted on our website at

<https://hiv.lacounty.gov/operations-committee>

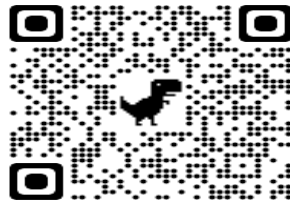
**Members of the Public May Join in Person or Virtually.**

**For Members of the Public Who Wish to Join Virtually, Register Here:**

<https://lacountyboardofsupervisors.webex.com/weblink/register/r95af8f061dfaedce51303f803ce5ed0e>

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

Password: OPERATIONS Access Code: 2535 413 3000



**Notice of Teleconferencing Sites:**

None

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



510 S. Vermont Ave., 14<sup>th</sup> Floor, Los Angeles, CA 90020  
MAIN: 213.738.2816 EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <https://hiv.lacounty.gov>

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

Thursday, August 28, 2025 | 10:00 AM – 12:00 PM

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

### MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r95af8f061dfaedce51303f803ce5ed0e>

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

Password: OPERATIONS Access Code: 2535 413 3000

Operations Committee (OPS) Members:			
Miguel Alvarez (Executive, At-Large)	Jayda Arrington	Alasdair Burton (Executive, At-Large)	Joaquin Gutierrez (Alternate)
Ish Herrera (LOA)	Leon Maultsby, DBH	Vilma Mendoza	Aaron Raines (Alternate)
Dechelle Richardson (Executive, At-Large)	Justin Valero, MA (LOA)		
QUORUM: 5			

**AGENDA POSTED:** August 21, 2025

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

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Committee’s consideration of the item, that is within the subject matter jurisdiction of the Committee. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically [here](#). All

Public Comments will be made part of the official record.

**ATTENTION:** Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

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

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

**I. ADMINISTRATIVE MATTERS**

- |  |                  |                     |
|--|------------------|---------------------|
| 1. Call to Order & Meeting Guidelines/Reminders                |                  | 10:00 AM – 10:03 AM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements |                  | 10:03 AM – 10:05 AM |
| 3. Approval of Agenda  | <b>MOTION #1</b> | 10:05 AM – 10:08 AM |
| 4. Approval of Meeting Minutes                                 | <b>MOTION #2</b> | 10:08 AM – 10:10 AM |

**II. PUBLIC COMMENT**

10:10 AM – 10:15 AM

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

**III. COMMITTEE NEW BUSINESS ITEMS**

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

**IV. REPORTS**

- |  |                  |                     |
|--|------------------|---------------------|
| 7. Executive Director/Staff Report                             |                  | 10:15 AM – 10:25 AM |
| a. Operational Updates   |                  |                     |
| b. COH Restructure   Update                                    |                  |                     |
| 8. Co-Chair's Report   |                  | 10:25 AM – 10:30 AM |
| a. 2025 Work Plan  |                  |                     |
| 9. Operations Committee Co-Chairs Open Nominations & Elections |                  | 10:30 AM – 10:35 AM |
|  | <b>MOTION #3</b> |                     |

- 10. Policies and Procedures 10:35 AM -10:40 AM
  - a. Amended Stipend Policy **MOTION #4**
- 11. Membership Review Workgroup 10:40 AM – 11:10 AM
  - a. Duty Statement
  - b. Membership Application
  - c. Interview Questions
- 12. Outreach & Recruitment Workgroup 11:10 AM – 11:40 AM
- 13. Membership Management Report 11:40 AM - 11:45 AM
  - a. Seat Vacate | Aaron Raines **MOTION #5**
- 14. Code of Conduct | Review 11:45 AM – 11:55 AM
- V. NEXT STEPS** 11:55 AM – 11:57 AM
- 15. Task/Assignments Recap
- 16. Agenda development for the next meeting

**VI. ANNOUNCEMENTS**

11:57 AM – 12:00 PM

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

**VII. ADJOURNMENT**

12:00 PM

- 18. Adjournment for the meeting August 28, 2025

PROPOSED MOTIONS	
<b>MOTION #1</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2</b>	Approve the Operations Committee minutes, as presented or revised.
<b>MOTION #3</b>	Approve the Amended Stipend Policy, as presented or revised, and forward to the Executive Committee meeting.
<b>MOTION #4</b>	Approve Operations Committee Co-chairs as elected.
<b>MOTION #5</b>	Approve seat vacate for Aaron Raines, as presented or revised, and forward to the Executive Committee meeting for recommendation to the Board of Supervisors.



## CODE OF CONDUCT

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

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

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

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

# Meeting Schedule

- All Commission and Committee meetings are held monthly, open to the public and conducted in-person at 510 S. Vermont Avenue, Terrace Conference Room, Los Angeles, CA 90020 (unless otherwise specified). Validated parking is conveniently located at 523 Shatto Place, Los Angeles, CA 90020.
- A virtual attendance option via WebEx is available for members of the public. To learn how to use WebEx, please click [here](#) for a brief tutorial.
- Subscribe to the Commission’s email listserv for meeting notifications and updates by clicking [here](#). *\*Meeting dates/times are subject to change.*

**January - December 2025**

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

The Commission on HIV (COH) convenes several caucuses and other subgroups to harness broader community input in shaping the work of the Commission around priority setting, resource allocations, service standards, improving access to services, and strengthening PLWH voices in HIV community planning. *\*The following COH subgroups meet virtually unless otherwise announced.*

<b>Aging Caucus</b> 1PM-3PM <i>*2nd Tuesday every other month</i>	<b>Black Caucus</b> 4PM-5PM <i>*3rd Thursday monthly</i>	<b>Consumer Caucus</b> 1-3PM <i>*2nd Thursday monthly, following COH meeting</i>	<b>Transgender Caucus</b> 10AM-11:30AM <i>*3rd Thursday quarterly</i>	<b>Women’s Caucus</b> 2PM-3PM <i>*3rd Monday bi-monthly</i>	<b>Housing Taskforce</b> 9AM-10AM <i>*4th Friday monthly</i>
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## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/22/25

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

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

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



COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	Joaquin	Unaffiliated representative	No Ryan White or prevention contracts
HARDY	David	University of Southern California	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts
JONES	Terrance	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated representative	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LESTER (PP&A Member)	Rob	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Biomedical HIV Prevention Services
MARTINEZ-REAL	Leonardo	Unaffiliated representative	Medical Transportation Services
MAULTSBY	Leon	Charles R. Drew University	No Ryan White or prevention contracts
			Core HIV Medical Services - PSS
			HTS - Storefront
MENDOZA	Vilma	Unaffiliated representative	HTS - Social and Sexual Networks
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	No Ryan White or prevention contracts

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

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

**Division of HIV and STDs Contracted Community Services**

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

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

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN Spanish Telehealth Mental Health Services Translation/Transcription Services Public Health Detailing HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
<b>Service Category</b>	<b>Organization/Subcontractor</b>
Community Engagement and Related Services	AMAAD Program Evaluation Services Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar CHLA The Walls Las Memorias Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups Translatin@ Coalition CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEX-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy Cambrian Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	



# We're Listening

*share your concerns with us.*

**HIV + STD Services  
Customer Support Line**

**(800) 260-8787**

## **Why should I call?**

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

## **Will I be denied services for reporting a problem?**

No. You will not be denied services. Your name and personal information can be kept confidential.

## **Can I call anonymously?**

Yes.

## **Can I contact you through other ways?**

Yes.

By Email:

[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

On the web:

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





# Estamos Escuchando



*Comparta sus inquietudes con nosotros.*

**Servicios de VIH + ETS  
Línea de Atención al Cliente**

**(800) 260-8787**

## ¿Por qué debería llamar?

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

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

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

## ¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:  
[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

En el sitio web:  
[http://publichealth.lacounty.gov/  
dhsp/QuestionServices.htm](http://publichealth.lacounty.gov/dhsp/QuestionServices.htm)







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

*Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission’s website and may be corrected up to one year after approval. Meeting recordings are available upon request.*

## OPERATIONS (OPS) COMMITTEE MEETING MINUTES

July 24, 2025

### COMMITTEE MEMBERS

P = Present | A = Absent | EA = Excused Absence | MoP=Attended as Member of the Public | AB2449=Virtual Attendance

Miguel Alvarez	P	Jayda Arrington	AB2449	Alasdair Burton (Executive At-Large)	P
Joaquin Gutierrez (Alternate)	P	Ish Herrera	EA	Leon Maultsby	P
Vilma Mendoza	P	Aaron Raines (Alternate)	A	De’chelle Richardson (Executive At-Large)	A
Erica Robinson,	A	Justin Valero, MA,	EA	Danielle Campbell	P
Joe Green	P				

### COMMISSION STAFF

Cheryl Barrit, MPIA, Dawn McClendon, Sonja Wright, DACM (online), Jose Rangel-Garibay (online), and Lizette Martinez (online)

Meeting agenda and materials can be found on the Commission’s website: [HERE](#).

#### 1. CALL TO ORDER-INTRODUCTIONS

Co-Chair Joe Green called the meeting to order at 10:03 AM.

#### 2. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS

J. Green led introductions and Committee members stated their conflicts.

#### I. ADMINISTRATIVE MATTERS

#### 3. APPROVAL OF AGENDA

**MOTION #1:** Approve the agenda order, as presented (*✓Passed by consensus*).

#### 4. APPROVAL OF MEETING MINUTES

**MOTION #2:** Approve the 5/22/25 and 06/26/25 OPS Committee meeting minutes, as presented (*✓Passed by consensus*).

#### II. PUBLIC COMMENT

#### 5. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION

**JURISDICTION:** There were no public comments.

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

#### **6. 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:**

- New Committee Business was proposed to allow space on the agenda to discuss the situation that occurred at the July 10<sup>th</sup> Commission on HIV (COH) meeting. The purpose was to give people an opportunity to reflect, empathize, and strategize on ways to move forward and to revisit the COH's mission as a cohesive unit of planners. A request was made to revisit the previous version of the Code of Conduct.

### **IV. REPORTS**

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

##### **a. Operational Updates**

Executive Director Cheryl Barrit reported the following:

- Full Commission meetings are canceled for August and September; committee meetings will continue as scheduled. Commissioners were encouraged to verify meeting details as needed.
- Budget negotiations with the Division of HIV and STD Programs (DHSP) for the COH operational budget continues., C. Barrit acknowledged the complexity of financial decisions, including limitations on food and room accommodations, and assured the Committee that efforts are underway to secure convenient and accessible meeting locations despite limited availability.
  - The initial funding starting point from DHSP was set at \$500,000. However, COH staff, in collaboration with the Executive Office of the Board are developing funding requests at a level that would be realistic to sustain the core functions of the COHC. Barrit highlighted that there are two guiding principles: (1) ensuring essential funding to fulfill legislative functions and (2) preparing contingency planning for worst-case budget outcomes.
  - Budget figures remain provisional pending further analysis and feedback.

##### **b. COH Restructure | Update**

The public comment period for the proposed Bylaws changes remains open through July 27<sup>th</sup>. The document is available online, and comments are still being collected. A summary grid of public comments received thus far will be presented during the Executive Committee meeting later today. Feedback will also be solicited from the Health Resources and Services Administration's (HRSA) Project Officer. The Committee shared that the Bylaws review training was well-received, and attendees were able to ask clarifying questions. The Committee expressed that the training helped to improve understanding of procedural documentation and committed to submitting comments.

#### **8. Co-Chair's Report**

##### **a. 2025 Work Plan**

The Committee briefly reviewed the work plan. The Committee was reminded that the Bylaws Review training held on July 23<sup>rd</sup> was the last mandatory commissioner training for the year. All training materials can be accessed on the Commission's website.

#### **9. Operations Committee Co-Chair Open Nominations**

- C. Barrit informed the Committee that the time of service for the newly elected co-chairs will be for the remainder of the year through March 2026, to align with the restructuring timeline. Additionally, the co-chairs' time of service will be adjusted to align with the 2-year service term outlined in the Bylaws.

- The following Operations Committee members were nominated: Miguel Alvarez (undecided), Leon Maultsby (declined), and Vilma Mendoza (accepted). The Committee will hold elections in August.

## 10. COH Restructuring | Redevelopment of Documents

The Committee was directed to the membership application, interview questions, and duty statements provided in the meeting packet. The Committee held a discussion resulting in the formation of the Membership Materials Review Workgroup and the Outreach & Recruitment Workgroup (see notes under Recruitment, Retention and Engagement).

- The Membership Materials Review Workgroup’s objective is to review and update membership materials to improve clarity, accessibility, and alignment with the revised membership structure. The goal is to better inform prospective members about the Commission’s roles, responsibilities, and expectations, and to better support members with the tools they need to actively and confidently engage in the Commission’s work by integrating the following:
  - Align roles, responsibilities, and expectations with proposed restructure
  - Incorporate accountability mechanisms
  - Seek opportunities to improve accessibility, inclusivity, and clarity within the application and interview process
  - Condense and streamline the Duty Statement to clearly communicate Commissioner roles and responsibilities. It was mentioned that the current version is too long and should retain only essential details.
  - Incorporate a brief assessment of candidates’ understanding of the Duty Statement as part of the interview process
  - Include a signature line on the Duty Statement for acknowledgment and accountability
  - Only include expectations and requirements that are enforceable
  - Include a reporting mechanism that requires all members to share regular updates from the communities or constituencies they represent.
  - The language used in Commission documents should be rephrased to encourage participation rather than use of the word “demand” as stated in the Duty Statement.
  - Include clickable links in documents for important information and regulations (e.g., Robert's Rules of Order, Brown Act, HIPAA) to provide easy access to summaries and full texts.
  - Explore the possibility of creating a lexicon of terms to simplify complex language in documents. It was noted that the Commission already has a [Glossary of Terms](#) on its website that may need updating.
  - Reminder that the interview is 45 minutes long (i.e., 30 minutes for the actual interview followed by 15 minutes of debrief by the interview panel).
  - Update Duty Statement to state “Possess an understanding of HIV/STI/STDs . . .”; the current language is too strong and may exclude community members.

### Timeline

- ➡ August 24, 2025: Submit draft updates to staff for review to ensure alignment with County and HRSA guidance.

- ➡ August 28, 2025: Present first draft to Operations Committee and Executive Committee for feedback
- ➡ Now through October 2025: Review and update existing materials.
- ➡ November 2025: Launch of the Commission membership application period

## 11. Membership Management Report

### a. Seat Vacate | Kevin Stalter

Vacate Seat | Kevin Stalter

#### MOTION #3

**MOTION #3** *Approve seat vacate for Kevin Stalter, as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.*

(✓ Passed by Majority, Roll Call: M. Alvarez (Yes), J. Arrington (Yes), A. Burton (Yes), J. Gutierrez (Yes), V. Mendoza (Yes), L. Maulsby (Yes), J. Green (Yes), D Campbell (Yes).

### b. Seat Vacate | Erica Robinson

#### MOTION #4

**MOTION #4** *Approve seat vacate for Erica Robinson, as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors.*

(✓ Passed by Majority, Roll Call: M. Alvarez (Yes), J. Arrington (Yes), A. Burton (Yes), J. Gutierrez (Yes), V. Mendoza (Yes), L. Maulsby (Yes), J. Green (Yes), D Campbell (Yes).

### c. Attendance Letter Update

- The Committee previously agreed to send attendance letters to Jet Finley and Aaron Raines, contingent upon their attendance at July's Commission meeting.
- J. Finley attended the meeting in person and expressed his readiness to be fully engaged in upcoming Commission activities. No attendance letter was sent.
- A. Raines did not attend the July Commission meeting. An attendance letter was issued with the response deadline set for July 31<sup>st</sup>.

### d. Reflectiveness Review

Staff member S. Wright provided a detailed review of the Reflectiveness table and highlighted: (1) the size of the Commission body decreased from 43 full members in March to 40 in July, (2) the decrease affected percentage calculations across demographic categories, and (3) Unaffiliated Consumers (UC) now make up 35% of the body which exceeds HRSA's requirement of 33% (one-third) of the Planning Council (PC).

## 12. Recruitment, Retention and Engagement

The Committee decided that the Outreach & Recruitment Workgroup's objective is to develop a community-centered outreach and recruitment campaign strategy that informs, inspires, and invites all interested individuals, especially those from underrepresented communities, to apply for Commission membership. The aim is to build a diverse, inclusive, and well-informed Commission that reflects the needs and strengths of the communities served by incorporating the following:

- Outreach and recruitment strategies: (1) Create a simple outreach plan with clear steps (e.g., building awareness before the application opens, helping folks through the application process, and sending reminders once it is live), (2) develop easy-to-use materials for our community partners (e.g., flyers, sample social media posts, and answers to commonly asked questions) so they can help spread the word, and (3) encourage current Commissioners to share this with their networks to reach more people.
- Understand the new membership structure: Review the proposed Commission membership structure to ensure that messaging is tailored appropriately.

- Community-friendly messaging: (1) Use plain, culturally appropriate, and reflective language, (2) avoid bureaucratic or overly clinical terms, (3) field-test messaging with a sample of community members to ensure clarity and resonance, and (4) include visuals and testimonials to humanize the Commission and make the invitation feel personal.
- Useful info in one place: Make it easy for people to find important information and include direct links (or QR codes) to items (e.g., duty statements, a 1-pager on what the Commission does, a simple FAQ sheet).

The Committee was reminded that the following tools are available to assist the workgroups:

- 2024 Annual Conference recordings for promotion purposes
- COH Fact Sheet [English](#) and [Spanish](#)
- [COH Promotional & Outreach Materials](#) (All materials are in English and Spanish: flyer, brochure, postcard, and Elevator Pitch - for commission members)
- [Glossary of Terms](#)
- [Promo Social Media Outlets](#) (Materials for each community are in English and Spanish: youth, women, and transgender)

Timeline

- ➡ August 24, 2025: Submit campaign proposal to staff for review to ensure feasibility and within County and HRSA scope.
- ➡ August 28, 2025: Present first draft to Operations Committee and Executive Committee for feedback
- ➡ Now–October 2025: Strategy development, materials design, and outreach planning
- ➡ November 2025: Launch of the Commission membership application period

## **VI. NEXT STEPS**

### **13. TASK/ASSIGNMENTS RECAP:**

- Staff will send a follow-up email asking members to select a work group.
- Present concrete deliverables at the August meeting.
- Agendize seat vacate for Aaron Raines contingent upon attendance letter response.

### **14. AGENDA DEVELOPMENT FOR NEXT MEETING:**

- ➡ Commission Restructuring | Redevelopment of Documents
- ➡ Operations Co-Chair Open Nominations and Elections
- ➡ Attendance Update | Aaron Raines
- ➡ Revisit previous Code of Conduct

## **VII. ANNOUNCEMENTS**

**15. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no announcements.

## **VIII. ADJOURNMENT**

**16. ADJOURNMENT:** The meeting adjourned at 12:11 PM.



## 2025 OPERATIONS COMMITTEE WORKPLAN

**Co-Chairs: Erica Robinson and Justin Valero**

**Approval Date: 1.23.25    Revision Dates: 3.24.25, 4.15.25, 5.13.25, 6.16.25, 7.17.25, 8.11.25**

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

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

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

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	<b>2025 Training</b>	<p>Coordinate member-facilitated virtual trainings and discussions for ongoing learning and capacity building opportunities.</p> <p><i>*Additional training may be integrated at all COH subgroups as determined by members and staff</i></p>	2025	<p><del>COH Overview 2.26.25 @ 12-1pm, RW Care Act Legislative Overview and Membership Structure &amp; Responsibilities 4.2.25 @ 12-1pm, Priority Setting &amp; Resource Allocations Process 4.23.25 @ 12-1pm, Service Standards Development 5.21.23 @ 12-1pm, Policy Priorities &amp; Legislative Docket Development Process 6.25.25 @ 12-1pm, Bylaws Review 7.23.25 @ 12-1pm.</del></p>
2	<b>Bylaws Review</b>	<p>Update Bylaws to comply with HRSA requirements and 2023 site visit findings &amp; restructuring efforts.</p> <ul style="list-style-type: none"> <li>• Keep restructuring conversation as a standing item on the Commission agenda</li> <li>• Assign the Executive Committee as lead for the restructuring process/outcome</li> <li>• Follow-up w/additional surveys to members</li> <li>• Update Bylaws and ordinance</li> <li>• Review proposed bylaws/ordinance changes and conduct 30-day public comment period</li> <li>• Update bylaws ordinance</li> <li>• Secure Commission approval on changes</li> </ul>		<p><del>(1) February: Setting the stage</del>  <del>(2) March: Obtain feedback from stakeholders</del>  <del>(3) May: Review draft of Bylaws &amp; new structure</del>            (4) July: Bylaws/ finalized</p>

## 2025 OPERATIONS COMMITTEE WORKPLAN

3	<b>Policies &amp; Procedures</b>	Annual review of policies & procedures to ensure language is up to date with changing landscape, local, state & federal policies & protocol, and meet the needs of the members and community.		<ul style="list-style-type: none"> <li>(1) Revise Commission and Committee-only membership applications</li> <li>(2) Revise membership application interview questions: July</li> </ul>
4	<b>Assessment of the Efficiency of the Administrative Mechanism (AEAM)</b>	Evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County.	July 2025	<ul style="list-style-type: none"> <li>(1) Focus on realistic areas for expediting contracts within the County system.</li> <li>(2) C. Barrit to present findings/draft report at March-April OPS meeting.</li> </ul>
5	<b>Recruitment, Engagement and Retention Strategies</b>	Development of engagement and retention strategies to align with CHP efforts	Ongoing	<ul style="list-style-type: none"> <li>(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members.</li> <li>(2) Continue social media campaigns to bring awareness.</li> <li>(3) Refer to HealthHIV Planning Council assessment for recommendations.</li> </ul>
6	<b>Mentorship Program</b>	Implement a peer-based mentorship program to nurture leadership by providing one-on-one support for each new Commissioner	Revisit after COH restructuring	Review and assess current Mentorship Program and <a href="#">Mentorship Program Guide</a> for improvements and effectiveness.
7	<b>PIR (Parity, Inclusion and Reflectiveness) Review</b>	To ensure PIR is reflected throughout the membership as required by HRSA and CDC	Quarterly	<del>February, July</del>
8	<b>Attendance Review</b>	To ensure members follow the attendance policy.	Quarterly	<del>January, April</del>



# WORKGROUP OUTCOMES

LOS ANGELES COMMISSION ON HIV COMPREHENSIVE EFFECTIVENESS  
REVIEW AND RESTRUCTURING PROJECT

MARCH 19-21, 2025





## Commission on HIV – Workgroup Report: Restructuring

### Introduction

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

### Directive and Overview

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

### Overarching Themes and Considerations

The workgroups identified several key themes and considerations for restructuring:

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

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

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

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

## Committee Restructuring Discussion

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

- **Public Policy:** One workgroup suggested maintaining the Public Policy Committee (PPC) as is. However, the most frequent recommendation was to elevate the Public Policy workgroup to the Executive Committee, allowing it to have a broader, more strategic role while streamlining the number of committees. Other suggestions included eliminating the PPC entirely, given that the Chief Executive Office under the direction of the Board of Supervisors has a designated office and staff with policy expertise for this function. A final proposal was to have all committees handle policy-related work.
- **Operations:** A popular suggestion was to rename the Operations Committee to "Membership and Community Engagement," consolidating various non-required city members to be members of this committee; and incorporate faith-based leaders, caucuses and task forces into this committee's work for better alignment and coordination. There was extensive discussion about increased youth representation on the COH. This area of concern should be developed by youth for youth to determine an appropriate path forward with greater representation on the Commission. The Assessment of the Efficiency of the Administrative Mechanism (AEAM) and bylaws could be moved out of this committee work, potentially as well to align workloads.  
One workgroup discussed eliminating the Operations Committee, redistributing its responsibilities to the Executive Committee (Bylaws, Recruitment, Community Outreach) and the Planning, Priorities, and Allocations (PP&A) Committee.
- **Standards and Best Practices:** The committee could absorb additional work to better align with standard development and reduce workload on PP&A. The frequency of meetings could also be reduced, and subject matter experts could be consulted on an as-needed basis.
- **Planning, Priorities, and Allocations (PP&A):** The PP&A Committee could transfer certain duties (e.g., PSRA) to the full Commission and focus solely on planning responsibilities. This could improve the overall engagement of the full COH. The committee could focus on integrated prevention and care planning efforts.
- **Executive Committee:** This committee could absorb additional functions from the Operations and Public Policy Committees, such as policy review, bylaws and AEAM.

### **Committee Restructuring Recommendations:**

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

### **Membership Restructuring Discussion**

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

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

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

- **Option 1 – Status Quo:** One workgroup preferred maintaining the current structure with 51 members, arguing that Los Angeles County's size necessitates a larger membership to represent diverse communities. However, this option does not address quorum issues, nor does it offer a potential reduction in operational costs.
- **Option 2 – Reduced Membership:** A majority of workgroups (four out of five) favored reducing the membership size by removing non-RWA-required positions, except for the five Board of Supervisors' representatives which is a local requirement. This option proposes the creation of a new "Membership and Community Engagement" committee (formerly Operations) to include cities with separate Health Departments and integrate Part F into the Standards and Best Practices or local AIDS Education and Training Center (AETC) work. Academics/Behavioral social scientists could be included as a required position, reducing the overall membership to 28 COH members. The COH members should be reviewed during the application period for epidemic reflectiveness to include youth representation as a priority since it continues to be a challenge.

### **Membership Recommendation:**

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

## **Conclusion**

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

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

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

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

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

## **Exhibit A**

### **Restructure Recommendation 1**

#### **Commission of HIV**

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

#### **Executive Committee**

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

#### **Integrated Planning**

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

#### **Membership and Community Outreach**

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

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

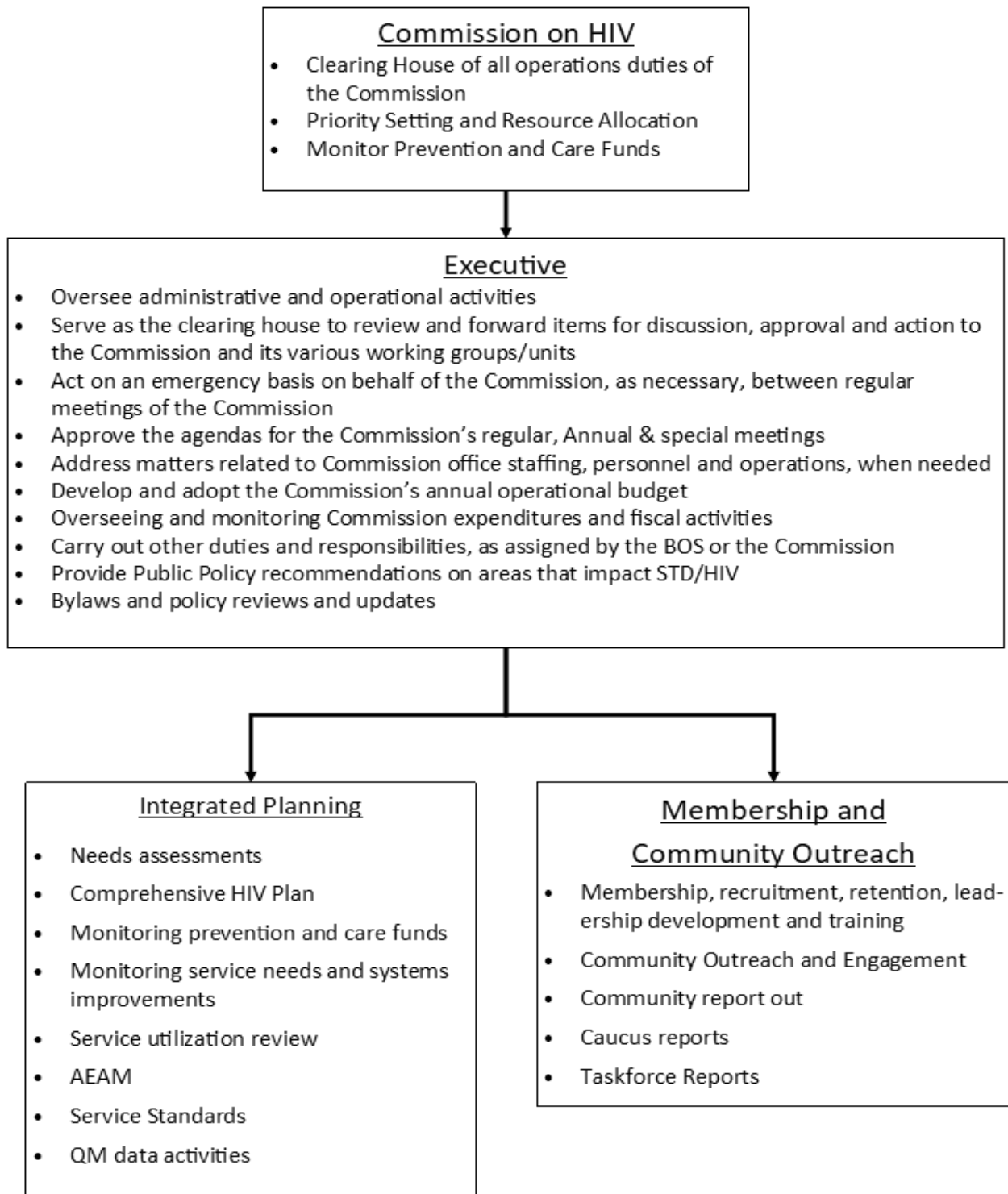


Figure 1 Exhibit A - Frequency is 6 times a year with P&R in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.

## **Exhibit B**

### Restructure Recommendation 2

#### Commission of HIV

- Clearing House of all operations duties of the Commission

#### Executive Committee

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

#### Planning, Priorities and Allocations

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

#### Standards and Best Practices

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

#### Membership and Community Outreach

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

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

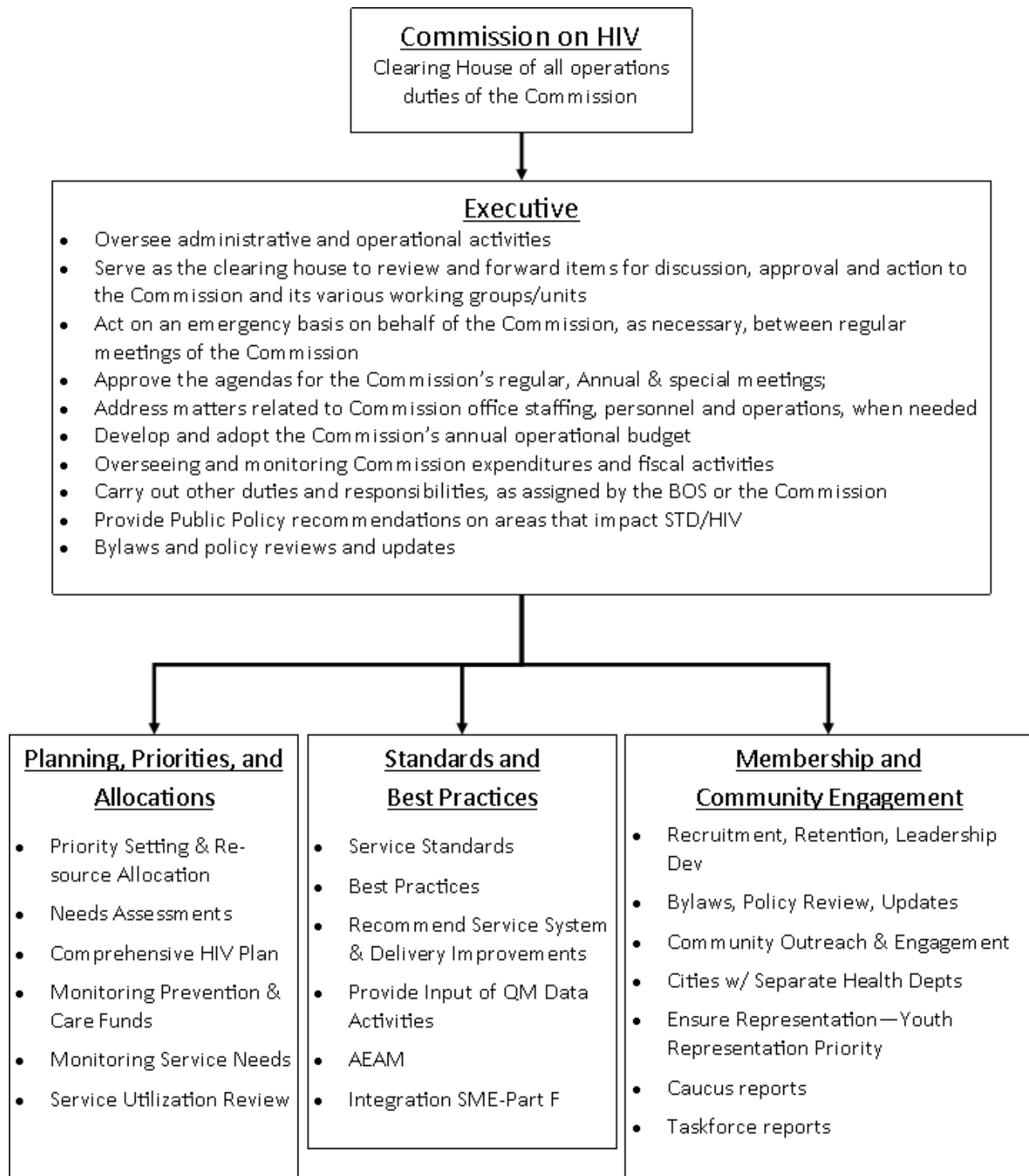


Figure 2 Exhibit B - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.





LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

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

Transitional membership application and Open Nominations Process description disseminated to all accessible stakeholder constituencies, including current Commissioners. All interested members must apply/re-apply by completing and submitting their membership applications by published deadline.	Commission staff	October - November
Newly restructured COH highlighted at the Annual Conference.		Nov. 13, 2025
Organize and verify applications for completeness and accuracy.	Commission staff	Deadline to submit application November 14, 2025
All candidates for membership must sit for membership interviews.	Proposed interview panel: <ul style="list-style-type: none"> <li>• Academic partners</li> <li>• EO Commission Services representative</li> <li>• Former Co-chairs and members not applying to serve on COH.</li> <li>• 1-2 people from other neighboring planning councils</li> <li>• 1-2 consumers not applying</li> <li>• Collaborative Research/Next Level Consulting</li> <li>• COH staff</li> <li>• 5 to 6 members</li> </ul>	November 17-21, 2025
Select initial cohort of candidates to recommend for membership nomination to the Commission and BOS.	Interview panel	November 21, 2025
COH approve initial cohort of members.	Commissioners	December 11, 2025
First cohort of membership nominations forwarded to the EO BOS for appointments.	Commission staff	December 11-12, 2025
BOS appointment of first cohort of new members to the new COH.	BOS	January-February 2026
First meeting of newly restructured COH.		March 12, 2026



## DUTY STATEMENT COMMISSIONER

Candidates for membership on the Commission on HIV must complete a membership application and are evaluated/scored by the Commission's Operations Committee, consistent with Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nomination Process*). The Operations Committee recommends candidates for membership to the Commission, which, in turn nominates them to the Board of Supervisors by a majority vote. The Board of Supervisors is responsible for appointing members to the Commission.

### **DUTIES AND RESPONSIBILITIES:**

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership:

#### **1. Representation and Accountability:**

- Possess a thorough knowledge of HIV/AIDS/STI issues and affected communities, and the organization or constituency the member represents;
- Continually and consistently convey two-way information and communication between the organization/constituency the member represents and the Commission;
- Provide the perspective of the organization/constituency the member represents and the Commission to other, relevant organizations regardless of the member's personal viewpoint;
- Participate and cast votes in a manner that is best for the entire County, regardless of the personal opinions of the member personal or the interests/opinions of the organization/constituency the member represents.

## 2. Commitment/Participation:

- Commitment to fill a full two-year Commission term.
- A pledge to:
  - respect the views of other members and stakeholders, regardless of race, ethnicity, sexual orientation, HIV status or other factors;
  - comply with "Robert's Rules of Order, Newly Revised", the Ralph M. Brown Act, the Commission's Code of Conduct and applicable HIPAA rules and requirements;
  - consider the views of others with an open mind;
  - actively and regularly participate in the ongoing decision-making processes; and
  - support and promote decisions resolved and made by the Commission when representing the Commission.
  - A commitment to devote a minimum of ten hours per month to
  - Commission/committee attendance, preparation and other work as required by your Commission membership.
- Each year of the two-year term, the Commissioner is expected to attend\* and participate in, at a minimum, these activities:
  - Two all-day Commission orientation meetings (*first year only*) and assorted orientations and trainings of shorter length throughout the year;
  - One to two half-day County commission orientations (*alternate years*);
  - One half- to full-day Commission meeting monthly;
  - One two- to three-hour committee meeting once a month;
  - All relevant priority- and allocation-setting meetings;
  - One all-day Commission Annual Meeting in the Fall;
- Assorted voluntary workgroups, task forces and special meetings as required due to committee assignment and for other Commission business.

*\*Stipulation: Failure to attend the required meetings may result in a Commissioner's removal from the body.*

## 3. Knowledge/Skills:

- A commitment to constantly develop, build, enhance and expand knowledge about the following topics:
  - general information about HIV/STIs and its impact on the local community;
  - a comprehensive HIV/STI continuum of care/prevention services, low-income support services, and health and human service delivery;
  - the Commission's annual HIV service priorities, allocations and plans;
  - the Ryan White Program, County health service and Medicaid information and other information related to funding and service support.



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# **DUTY STATEMENT**

## **UNAFFILIATED CONSUMER, SERVICE PROVIDER AREA (SPA) REPRESENTATIVE**

(APPROVED 3-28-17)

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership and constituency representation:

### **RESPONSIBILITY/ACCOUNTABILITY:**

#### **General:**

- ① Knowledge of the particular HIV/AIDS and STI community, constituency and/or body that you are representing;
- ② A commitment to continually and consistently inform those bodies you represent of Commission and Commission-related activities and information;
- ③ Provide a data-driven perspective on matters before the Commission regardless of your personal viewpoint;
- ④ Cast your vote in a manner that is best for Los Angeles County regardless of your entity or your personal opinion.

#### **Specific:**

- Must be diagnosed with HIV/AIDS, a Ryan White Program service consumer, and not be affiliated (on the board, employed by, consulting with) with a Ryan White Program (RWP) Part A-funded agency
- Report regularly to the SPA's Consumer Advisory Board (CAB) on Commission activities, decisions and ongoing discourse.
- Represent the CAB and SPA-based consumers and its providers at regular Commission, committee and work group meetings.
- Serve as the liaison between the CAB and the Commission, making reports to the Commission regarding particular CAB interests and organizing Commission reports/ dialogues at community-based meetings.
- Identify and encourage other providers from the CAB to attend and participate in SPA and Commission activities.
- Regularly update and report about populations and service trends issues germane to the SPA.
- Exchange information between the CAB and Commission about core systemic, service coordination issues and client needs to better inform the Commission and its planning partners about the practical application, delivery and responsiveness of services.

## **Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page 2 of 4

### **PARTICIPATION:**

#### **General:**

- ① Willingness to fill a full two-year Commission term.
- ② Each year of the two-year term, the Commissioner is expected to attend and participate in, at a minimum, these activities:
  - Commission orientation and assorted trainings throughout the year;
  - Board of Supervisors Executive Office orientation;
  - Monthly Commission meetings;
  - Assigned Committee meetings;
  - One priority- and allocation-setting meeting;
  - Annual Commission meeting; and
  - Assorted voluntary workgroups, task forces and special meetings as required due to Committee assignment and for other Commission business.
- ③ A commitment to devote a minimum of ten hours per month to Commission/Committee attendance, preparation and other work as required by your membership on the body.
- ④ A pledge to:
  - respect the view of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors;
  - abide by Robert's Rules of Order, the Ralph M. Brown Act, and the Commission's Code of Conduct;
  - consider the view of others with an open mind;
  - actively and regularly participate in the ongoing decision-making process; and
  - support and promote decisions resolved and made by the Commission when representing the Commission.
  - adhere to the Commission's Attendance Policy #08.3204

#### **Specific:**

- Helps coordinate SPA and CAB participation in the Commission's needs assessment, service effectiveness and priority- and allocation-setting activities.
- Help identify consumers from the SPA who can lend expertise and provide critical feedback to Commission activities, such as standards development, assessment, evaluation and planning activities.
- Provide input and feedback regarding HIV/AIDS and STI prevention and care, needs and barriers, and provider challenges and best practices, particular to the SPA.
- Offers specific SPA- and population-specific feedback to policy, planning and other Commission-driven initiatives.
- Represents CAB initiatives, ideas or topics or interest to the Commission and its committees and workgroups.
- Coordinate the feedback and assessment of available Ryan White Program (RWP) and non-RWP-funded resources in the SPA.
- Organize CAB planning activities to coincide with the Commission's annual comprehensive HIV planning, strategic planning and priority- and allocation-setting activities.

## **Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page 3 of 4

- Occasionally convene and coordinate CAB-related focus groups to address timely substance issues and/or to gauge community feedback on particular topical interest to the Commission.
- Actively engage in service coordination efforts at the SPA and Commission level.

### **KNOWLEDGE:**

#### **General:**

- ① A commitment to constantly develop, build and enhance knowledge about the following topics:
  - General information about HIV/AIDS and STIs and its impact on the local community;
  - LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
  - Commission's annual priority and allocation process; and
  - CDC HIV Prevention and RWP information and other information related to funding and service support.

#### **Specific:**

- Nominated and recommended by the CAB as an appropriate representative of consumer interests in the SPA
- Comprehension of other consumers' interest, needs and challenges
- Familiarity with and understanding of the general HIV/AIDS/STIs prevention, care, and treatment service delivery system
- Familiarity with the County's Comprehensive HIV Continuum and Comprehensive HIV Plan
- Knowledge of SPA-specific issues, trends, concerns and priorities
- Ability to strategize with others in assessing the needs of the HIV/AIDS/STIs community and how to best serve those needs through provider innovation

### **SKILLS/ATTRIBUTES:**

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels
- ② Life and professional background reflecting a commitment to HIV/AIDS/STIs-related issues
- ③ Ability to demonstrate parity, inclusion and representation
- ④ Multi-tasker, take-charge, "doer", action-oriented
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- ⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side
- ⑦ Strong focus on mentoring, leadership development and guidance
- ⑧ Firm, decisive and fair decision-making practices
- ⑨ Attuned to and understanding personal and others' potential conflicts of interest

### **COMMITMENT AND ACCOUNTABILITY TO THE OFFICE:**

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged

**Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

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- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors





# DUTY STATEMENT

## ALTERNATE

(APPROVED 3-28-17)

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership and constituency representation:

### **RESPONSIBILITY/ACCOUNTABILITY:**

#### **General:**

- ① Knowledge of the particular HIV/AIDS and STI community, constituency and/or body that you are representing;
- ② A commitment to continually and consistently inform those bodies you represent of Commission and Commission-related activities and information.
- ③ Provide data-driven perspective of your entity on matters before the Commission regardless of your personal viewpoint.
- ④ Cast your vote in a manner that is best for Los Angeles County regardless of your entity or your personal opinion.

#### **Specific:**

- Fulfill all the roles and responsibilities of the full member in his/her absence.
- Attend Commission meetings and meetings of the Commissioner's primary committee assignment at least quarterly regardless of the Commissioners' attendance.
- Communicate and dialogue with the Commissioner on a regular basis.
- Attend, represent the Commission, and serve as a liaison at various organizational, consumer, provider, district and Service Planning Area (SPA) meetings, as appropriate.
- Advocate on behalf of people living with and at risk of HIV/AIDS and the organizations serving them in the district.

### **PARTICIPATION:**

#### **General:**

- ① Willingness to fill a full two-year Commission term.
- ② Each year of the two-year term, the Alternate is expected to fulfill the Commissioner's responsibilities in his/her absence, which includes, at a minimum, participation in:
  - Monthly Commission meetings;
  - One assigned Committee meeting per month;
  - One priority- and allocation-setting meeting;
  - Assorted voluntary workgroups, task forces and special meetings as required due to Committee assignment and for other Commission business.

## Duty Statement: Alternate

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- ③ In addition, the Alternate is expected to attend the following meetings, regardless of the Commissioner's attendance:
  - Commission orientation and assorted trainings throughout the year;
  - Board of Supervisors Executive Office orientation;
  - Commission annual meeting;
- ④ A pledge to:
  - respect the views of others regardless of their race, ethnicity, sexual orientation, HIV status or other factors;
  - abide by Robert's Rules of Order, the Ralph M. Brown Act, and the Commission's Code of Conduct;
  - consider the view of others with an open mind;
  - actively and regularly participate in the ongoing decision-making process; and
  - support and promote decisions resolved and made by the Commission when representing the Commission.
  - adhere to the Commission's Attendance Policy #08.3204

### KNOWLEDGE:

#### General:

- ① A commitment to constantly develop, build and enhance knowledge about the following topics:
  - general information about HIV/AIDS and STIs, and its impact on the local community;
  - LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
  - Commission's annual priorities and allocations;
  - CDC HIV Prevention and Ryan White Program information and other information related to funding and service support.
- ② In addition, the Alternate is expected to demonstrate:
  - problem-solving skills;
  - a commitment to fulfill all of the Commissioner's responsibilities and obligations when needed;
  - an ability to collaborate and partner with the Commission on an intermittent basis.

### SKILLS/ATTRIBUTES:

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels
- ② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues
- ③ Ability to demonstrate parity, inclusion and representation
- ④ Multi-tasker, take-charge, "doer", action-oriented
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- ⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side
- ⑦ Strong focus on mentoring, leadership development and guidance
- ⑧ Firm, decisive and fair decision-making practices
- ⑨ Attuned to and understanding personal and others' potential conflicts of interest

## **Duty Statement: Alternate**

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### **COMMITMENT AND ACCOUNTABILITY TO THE OFFICE:**

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged
- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

# Expectations for Planning Council Support Staff\*

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## Primary Responsibility of PC Support (PCS) Staff

Assist the PC/B to carry out its legislative responsibilities and to operate effectively as an independent planning body that works in partnership with the recipient.

## Planning Council Support Function

The *Ryan White HIV/AIDS Program (RWHAP) Part A Manual* describes the PCS function:

“The planning council needs funding to carry out its responsibilities. HAB/DMHAP refers to these funds as ‘planning council support.’ Planning Council Support funds are part of the 10 percent administrative funds available to the grantee for managing the [RWHAP] Part A program. The planning council must negotiate the size of the planning council support budget with the grantee and is then responsible for developing and managing that budget within the grantee’s grants management structure.

“Planning council support funds may be used for such purposes as hiring staff, developing and carrying out needs assessments and estimating unmet need, sometimes with the help of consultants, conducting planning activities, holding meetings, and assuring PLWHA participation. [p 104]

“Planning council staff may be employed through the grantee’s payroll system, but measures must be taken to ensure that the planning council, not the grantee, directs the work of the planning council’s staff.”[p 105]

## PCS Staff Responsibilities

The PCS staff can be hired through the municipal system or through a contractor but are responsible to the PC/B. PC/B leadership (usually the Chair/Co-Chairs and/or Executive Committee) sets priorities for staff, and should have a role in hiring and evaluating the performance of the PCS Manager. Other PCS staff (if any) report to the Manager.

Following is a summary of roles DMHAP expects PCS staff will play, though individual PC/Bs may establish additional or different responsibilities. In TGAs that have advisory planning bodies rather than planning councils, the recipient may play a larger role in determining planning body support staff roles and priorities.

### 1. *Staff committees and PC/B meetings:*

- Attend and provide assistance at every PC/B committee meeting unless the Committee decides it does not want staff support
- Work with Committee Chairs to ensure that committees have annual work plans with schedules, and that each meeting has an agenda, needed resource materials, and minutes documenting attendance, discussion, decisions, and recommendations to the full PC/B

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\* Prepared for DMHAP, April 2017, under Task Order 003111 through MSCG/Ryan White TAC

- Work with PC/B leadership to set agendas, arrange presentations, prepare meeting “packets,” and otherwise plan and coordinate PC/B meetings (including logistics such as meeting space, food, and transportation)
  - Ensure that all open meeting requirements (federal, state, and local) are met
  - Take notes and prepare minutes of PC/B meetings, and provide draft minutes to PC/B leadership for review and for eventual adoption at the next PC/B meeting
2. *Support the PC/B in implementing legislated tasks:*
- Facilitate and coordinate on-time completion of legislatively required and locally determined activities
  - Provide technical advice and support to specific committees in such tasks as needs assessment design, preparations for data presentations, and PSRA session planning
  - Assist in the development of PC/B policies and Standard Operating Procedures
  - Carry out direct planning activities when directed by the PC/B, such as design of needs assessment instruments, or aggregation of provider survey data for the assessment of the efficiency of the administrative mechanism (since PC/B members must not see individual provider responses)
  - Work with the PC/B to obtain external assistance where necessary to complete legislative tasks
  - Manage PC/B communications
  - Carry out other support as directed by the PC/B leadership (Chair/Co-Chairs and/or Executive Committee)
3. *Provide expert advice on Ryan White legislative requirements and HRSA/HAB regulations and expectations, and explain and interpret the PC/B’s Bylaws, policies, and procedures:*
- Have in-depth knowledge and understanding of RWHAP legislation, Policy Notices and Letters, Policy Clarification Notices (PCNs), the *RWHAP Part A Manual*, and other documents that provide guidance related to the work of PC/Bs, and be prepared to present and clarify relevant information as needed during a meeting – to ensure that the PC/B meets requirements, and to provide guidance when members are uncertain about HRSA/HAB requirements or expectations
  - Understand and ensure that the PC/B follows municipal requirements affecting boards and commissions or planning bodies
  - Keep updated on changes in policy that may affect the work of the PC/B
4. *Oversee a training program for members*
- Work with the assigned committee (often Membership) to ensure that new PC/B members receive a thorough orientation at the start of their service as members, including copies of key documents
  - Ensure that there is, at a minimum, annual training for members, and ideally, ongoing training to help the PC/B successfully carry out its responsibilities
  - Develop training specifically for PC/B leadership (Chairs of PC/B and committees)
  - Work with PC/B leaders in designing and delivering training directly, with members, or with external training assistance

- Obtain training materials from DMAHP and other RWHAP Part A programs that can help address PC/B training needs
  - Provide interactive training and facilitation that reflects sound practices and engages participants
5. *Encourage member involvement and retention, with special focus on consumers*
- Support the open nominations process, and assist the appropriate committee in disseminating information about opportunities for membership
  - Help the PC/B identify and resolve barriers to participation, especially by consumers and other PLWH
  - Assist with outreach and other efforts to engage consumers as committee or PC/B members
  - Be available to assist individual PC/B members with problems they encounter and to ensure they receiving needed mentoring and support, especially during their first year of membership
  - Support PLWH member expense reimbursement procedures, helping to ensure that they are understood and followed and that reimbursement is provided promptly
6. *Serve as liaison with the recipient, community, and sometimes the Chief Elected Official (CEO):*
- Help maintain a collaborative partnership between PC/B and recipient
  - Work with the recipient and PC/B to develop and/or implement an MOU between the PC/B and the recipient
  - Arrange recipient staff participation in committee meetings, to provide information and technical expertise
  - Communicate PC/B information/data and other requests for assistance to the recipient
  - Ensure that materials that should be shared with the recipient are provided promptly and the recipient is kept informed of PC/B activities and issues
  - Arrange/coordinate assistance to the recipient on behalf of the PC/B, such as preparation of PC/B sections of the annual RWHAP Part A application and provision of materials needed to meet Conditions of Grant Award related to the PC/B
  - Request recipient staff participation in training or other PC/B events as needed
  - Work with the recipient to request training and technical assistance from HRSA/HAB as needed
  - Serve as a liaison between the PC/B and the community, and support PC/B leadership outreach to the community
  - In some jurisdictions, maintain direct/official contact with the CEO and provide updates to the CEO's office on PC/B progress and concerns
7. *Help the PC manage its budget*
- Participate in annual negotiations between the PC/B and recipient concerning the amount of administrative funding that will be provided for PC support
  - Assist the PC/B in developing its budget, to ensure that support needs are met and all proposed expenditures meet both HRSA/HAB and municipal requirements
  - Provide the PC/B budget to the recipient in the agreed-upon format

- Manage and monitor expenditure of funds for the PC/B, following municipal requirements
- Receive a monthly report on PC/B expenditures from the recipient, and work with appropriate PC/B committee to review and where needed revise it
- Work with the recipient on any necessary contracting for PC support services such as consultants, ensuring a scope of work from the PC/B and PC/B involvement in selection of contractors, consistent with municipal requirements

## PCS Qualifications

DMHAP has identified the following as desired qualifications for a PCS manager:

- Strong knowledge of planning and data
- Expertise in legislative mandates of a RWHAP Part A planning body
- Understanding of HRSA expectations for the planning process
- Ability and time to work with committees
- Ability to work with People Living with HIV/AIDS and diverse stakeholders
- Ability to facilitate a partnership between planning body and recipient

In addition, the following are very helpful:

- Strong oral and written communications skills, including use of clear, concise language
- Experience in facilitation and training, especially interactive training
- Group process skills such as team building, leadership development, and problem solving
- Experience in resolving conflicts
- Commitment to community planning and consumer engagement
- Knowledge of budgeting and expenditure monitoring

## COMMISSION ON HIV MEMBER APPLICATION

### Introduction

**Thank you for your interest in becoming a member on the Commission on HIV. Please complete this Membership Application (Application) in its entirety and submit electronically where prompted. *This Application will take approximately 10-12 minutes to complete.* For questions or assistance in completing this Application, please contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or at 213.738.2816.**

**Once the Application is submitted, Commission staff will review the Application for completeness and will notify you regarding next steps.**

**A paper version of this Application is available by printing the Application where prompted or by contacting Commission staff to have an Application sent to you.**

**Again, If you would like assistance in completing the Application or have questions concerning the membership application process, please contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or at 213.738.2816. For more information regarding the Commission, please visit our website at <https://hiv.lacounty.gov>.**

***\*Questions requiring responses are preceded by an asterisk.***

\* 1. Are you applying as a NEW or RETURNING member?

NEW

RETURNING



\* 2. Contact Information

**Name and Pronoun**  
(For example: "John  
Smith, he/him/his")

**Do you work for an  
agency/organization**  
? *If yes, please state  
agency/org name  
and if not, please  
indicate "N/A" for  
not applicable.*

**Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Primary Email  
Address**

**Primary Phone  
Number**

\* 3. Were you recommended by an individual or organization? If so, please state the name of the recommending entity. *\*\*Not required; suggested for applicants representing agencies/organizations\*\**

Yes

No

Recommending individual/organization:

## COMMISSION ON HIV MEMBER APPLICATION

### Demographic Information

**This information will be used to determine membership eligibility, seat assignment, and to ensure federally mandated reflectiveness and representation requirements are met.**

\* 4. HIV Status *\*\*There is NO requirement to disclose your status. Responses will be kept confidential. \*\**

- Positive
- Negative
- Prefer not to specify
- Unknown

\* 5. Are you a parent, guardian or direct caregiver of a child with HIV under 19?

- Yes
- No

\* 6. Do you use or receive Ryan White Part A HIV services in Los Angeles County? *\*\*Click [here](#) to view list of Ryan White Part A services\*\**

- Yes, I use and/or receive Ryan White Program Part A services in Los Angeles County
- No, I do not use or receive Ryan White Program Part A services in Los Angeles County
- I'm not sure; need assistance to determine

\* 7. Do you use or receive HIV prevention services in Los Angeles County? *\*\*Services can include HIV testing and linkage to care, health education/risk reduction, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), condoms and sterile syringes\*\**

- Yes, I use and/or receive HIV Prevention services in Los Angeles County
- No, I do not use or receive HIV prevention services in Los Angeles County
- I'm not sure; need assistance to determine

\* 8. Are you affiliated with a Ryan White Program-funded agency? *\*\*Affiliated is defined as one who is either a board member, employee, or a consultant of an agency who receives Ryan White Program funding through the Los Angeles County Division of STD and HIV Programs (DHSP). Volunteers are considered unaffiliated. Click [here](#) for a list of Ryan White Program-funded agencies; subject to change\*\**

- Yes
- No
- I'm not sure; need assistance to determine

**\* 9. Age**

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="radio"/> 13-19 | <input type="radio"/> 40-49 |
| <input type="radio"/> 20-29 | <input type="radio"/> 50-59 |
| <input type="radio"/> 30-39 | <input type="radio"/> 60+   |

**\* 10. Gender Identification**

- |  |                              |
|--|------------------------------|
| <input type="radio"/> Non-Binary/Gender Non-Conforming   | <input type="radio"/> Female |
| <input type="radio"/> Transgender: Female to Male  | <input type="radio"/> Male   |
| <input type="radio"/> Transgender: Male to Female  |                              |
| <input type="radio"/> If your gender identity is not listed above, please use this space to share how you self-identify: |                              |

**\* 11. Race/Ethnicity *\*\*Please select all that apply\*\****

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native <i>**Specify Nation in Comment Box below**</i>  | <input type="checkbox"/> Multi-Race                                |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> White or Caucasian                        |
| <input type="checkbox"/> Hispanic or LatinX   |  |
| <input type="checkbox"/> If your Race/Ethnicity is not listed above, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native |  |

\* 12. Please indicate which Supervisorial District and Service Provider Area (SPA) you work, live and/or receive HIV prevention, care and/or treatment services. *\*\*Please select all that apply\*\**

To determine your Supervisorial District and SPA, click here:

<https://www.lavote.net/apps/precinctsmaps>

- Supervisorial District 1
- Supervisorial District 2
- Supervisorial District 3
- Supervisorial District 4
- Supervisorial District 5
- SPA 1
- SPA 2
- SPA 3
- SPA 4
- SPA 5
- SPA 6
- SPA 7
- SPA 8
- I don't know; need assistance to determine

## COMMISSION ON HIV MEMBER APPLICATION

### Representation

**The Commission is composed of 51 members appointed by the Board of Supervisors and represent a broad and diverse group of providers, consumers, and stakeholders.**

***\*\*Please select all that apply\*\****

13. I have been recommended to represent one of the following health and social service institutions, among whom are individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs. ***\*\*Please select N/A (not applicable) if this does not apply to you\*\****

- |   |   |
|---|---|
| <input type="radio"/> Medi-Cal, State of California | <input type="radio"/> City of Los Angeles |
| <input type="radio"/> City of Pasadena              | <input type="radio"/> City of Long Beach  |
| <input type="radio"/> City of West Hollywood        | <input type="radio"/> N/A                 |

14. I have been recommended to represent one of the following Ryan White grantees below. ***\*\*Please select "N/A" (not applicable) if this does not apply to you\*\****

- |  |   |
|--|---|
| <input type="radio"/> Part B (California State Office of AIDS) | <input type="radio"/> Part F (AIDS Education and Training Centers [AETCs], or local providers receiving Part F dental reimbursements) |
| <input type="radio"/> Part C                                   |   |
| <input type="radio"/> Part D                                   | <input type="radio"/> N/A <i>*Not Applicable</i>  |

15. I represent one or more of the following stakeholder groups in Los Angeles County **\*\*Please select all that apply\*\***

- A person living with HIV or AIDS
- A person living with Hepatitis B or C
- A HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
- An HIV specialty physician from an HIV medical provider
- A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative
- A mental health provider
- A substance abuse treatment provider
- A housing provider
- A provider of homeless services
- An AIDS Services Organization ("ASO") offering federally funded HIV prevention services
- An ASO offering HIV care and treatment services
- A provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles
- Health or hospital planning agency who is recommended by health plans in Covered California
- Behavioral or social scientist who is recommended from among the respective professional communities
- Faith-based entities engaged in HIV prevention and care
- Local education agencies at the elementary or secondary level
- The business community
- Union and/or labor
- Youth or youth-serving agencies
- Other federally-funded HIV programs
- Organizations or individuals engaged in HIV-related research
- Organizations or individuals performing harm-reduction services
- Employed as an advocate for incarcerated people living with HIV and/or I am a person living with HIV who was incarcerated in the past three years and can represent the interests of incarcerated people living with HIV.

16. I am a member of a a federally-recognized American Indian nation or Native Alaskan village.

- Yes\*
- No
- \*If yes, please specify Nation:

## COMMISSION ON HIV MEMBER APPLICATION

### Biographical Information

**Please provide detailed information so that we may assess your interest in, knowledge of, and commitment to the Commission.**

\* 17. For new members, briefly state why you would like to become a member of the Commission. For renewing members, please share why you would like to continue your membership.

\* 18. What skills, abilities, and/or experience do you have that can be helpful to the Commission?

19. If you have a resume or other documents (i.e. certificates, awards, letters of recommendation, biosketch, curriculum vitae) that will support your membership application, please upload here. ***\*\*This is optional and not required to be considered for membership\*\****

Choose File

Choose File

No file chosen

20. Please select any of the following trainings already taken. ***\*\*These trainings are not required to be considered for membership\*\****

- Introduction to HIV/STI, HIV/STI 101, or a relate basic Informational HIV/STI training
- Health Insurance Portability and Accountability Act (HIPAA) training
- Protection of Human Research Subjects
- Other related trainings, please specify:

\* 21. How prepared are you to serve on the Commission?

Not yet prepared;  
unfamiliar with the  
work of the Commission  
and eager to learn

Somewhat prepared;  
familiar with the work  
of the Commission and  
eager to learn more

Fully prepared; well  
informed of the  
Commission's work

\* 22. How can we support you so that you are able to fully participate and be effective on the Commission? Do you need special accommodations, i.e. translation or interpretation services, etc?

\* 23. Would you consider being appointed as an Alternate? **\*\*An Alternate attends Commission and assigned Committee meetings and serves in the absence of a unaffiliated consumer member with voting privileges in that capacity only. However, occupying an Alternate seat is a great way to learn the Commission and build capacity without the pressures of being a full member.\*\***

- Yes  
 No

24. Would you be interested in assuming a leadership role on the Commission? **\*\*Members are eligible to serve as co-chairs on the Commission after one year of active service. Additional leadership opportunities are also available.\*\***

- Yes  
 No

25. Each appointed member will be assigned to one of the Commission's four standing Committees: Operations (OPS); Public Policy (PP); Planning, Priorities & Allocations (PP&A); and Standards & Best Practices (SBP). Please click [here](#) to review the roles & responsibilities of each Committee and select below, in order of priority, which Committee(s) you would be interested in participating on. **\*A second Committee assignment is an option, contingent upon approval.**

- Operations (OPS) Committee
- Planning, Priorities & Allocations (PP&A) Committee
- Public Policy (SBP) Committee
- Standards and Best Practices (SBP) Committee



## COMMISSION ON HIV MEMBER APPLICATION

### Statement of Qualifications

**The Board of Supervisors requires that all Commission member appointees complete a Statement of Qualifications (SOQ) before they can be appointed.**

**Please click [here](#) to access the SOQ. Please be sure to complete all questions, indicate "N/A" if not applicable, and sign where prompted.**

26. Please save and upload your completed/signed SOQ here or email to Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). For additional information, please contact Commission staff.

Choose File

Choose File

No file chosen

## COMMISSION ON HIV MEMBER APPLICATION

### Application Submission

**Upon submitting the Application, I commit to the following:**

- **Participate in Commission and assigned committee meetings from beginning to adjournment.**
- **Prepare for each meeting by carefully reading all pre-distributed materials.**
- **Provide information regarding needs and priorities.**
- **Make recommendations considering the community needs and data not my special interests or personal perspectives.**
- **Follow the Commission's Bylaws, Code of Conduct, Conflicts of Interest requirements, and comply with the Commission's expectations, rules and regulations, the Health Insurance Portability and Accountability Act (HIPAA) and all other relevant policies and procedures.**

**I certify that all statements and representations made in this Application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information and personal health information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.**

\* 27. Please be sure to check the appropriate box below affirming your commitment and certifying all information is true and accurate.

Yes

No



## New Member Applicant Interview FAQs

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

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

New Member Application Evaluation and Scoring Form

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

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

Name of Nominee \_\_\_\_\_

Evaluated/Scored by \_\_\_\_\_

Date of Evaluation/Interview \_\_\_\_\_

Unaffiliated Consumer

Provider

**Definition of terms**

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

New Member Application Evaluation and Scoring Form

To determine Supervisorial Districts and SPAs, click here: <https://www.lavote.net/apps/precinctsmaps>

<b>In which Supervisorial District and SPA do you work? Check all that apply.</b>					
District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				
<b>In which Supervisorial District and SPA do you live?</b>					
District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				
<b>In which Supervisorial District and SPA do you receive HIV (care or prevention) services? Check all that apply.</b>					
District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

New Member Application Evaluation and Scoring Form

DEMOGRAPHIC INFORMATION						
<b>RACE/ETHNICITY ** Please select all that apply.**</b>						
<input type="checkbox"/> American Indian or Alaska Native <b>**Please specify Nation in Comment Box below**</b>	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or LatinX	<input type="checkbox"/> Multi-Race		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White or Caucasian	If your RACE/ETHNICITY is not listed, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native:				
GENDER IDENTITY						
<input type="checkbox"/> Non-Binary/ Gender Non-Conforming	<input type="checkbox"/> Transgender: Female to Male	<input type="checkbox"/> Transgender: Male to Female	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
If your gender identity is not listed above, please use this space to share how you self-identify						
AGE						
<input type="checkbox"/> 13-19	<input type="checkbox"/> 20-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60+	<input type="checkbox"/> Prefer not to state
PROVIDER INFORMATION: Check all that apply.						
<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Social Service	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Mental Health		
<input type="checkbox"/> Prevention	<input type="checkbox"/> CBO	<input type="checkbox"/> Other Federal	<input type="checkbox"/> Healthcare Planning	<input type="checkbox"/> Public Health		
Has attended at least one Commission meeting			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>INTERVIEW:</b> All candidates for Commission membership are expected to sit for an interview with the Operations Committee and to attend at least one full Commission meeting and one standing committee meeting. The interview is intended to help the Committee better familiarize themselves with the candidate, and for the candidate to better determine their expectations of, interest in, and plans for Commission membership.						
INTRODUCTORY QUESTIONS (all applicants)						
1. Tell us a little bit about yourself and how you see yourself fitting into the Commission?						
2. What do you think about the meetings you attended?						
<input type="checkbox"/> Yes Meetings/Dates: Click or tap here to enter text.						
3. <b>Returning Commissioners:</b> Can you detail the reason(s) why you left the Commission and why you want to return?						

Scoring Criteria		Points Available	Points Earned
<b>I. Commitment &amp; Communication:</b> Individuals who have expressed a desire to commit and demonstrated support necessary to fulfill the duties of a Commissioner as described in the membership application form.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>Why do you want to be on the COH?</li> <li>What do you hope to accomplish by your membership in the COH?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>How has your commission membership been beneficial for you?</li> <li>What are you hoping to accomplish by continuing your membership?</li> <li>What are your priorities as a commissioner?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>Why do you want to be on the COH?</li> <li>What do you hope to accomplish by your membership in the COH?</li> <li>Are you willing to participate in further trainings?</li> </ul>	
Oral Communication		5	
Written Communication: (based on application and other material)		5	
<b>Commitment &amp; Communication Sub-total (10)</b>		<b>10</b>	

Scoring Criteria		Points Available	Points Earned
<b>II. HIV/AIDS/STIs Knowledge:</b> Professional, personal, and/or academic knowledge about HIV/AIDS and related issues including STIs.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>How knowledgeable are you about LA County's STI/HIV epidemiological profile and service delivery network?</li> <li>What have you learned from your work or community service experience on how to improve health outcomes for PLWHA?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>What areas of the County's STD/HIV epidemiological profile and service delivery network are underrepresented in the COH's discussions?</li> <li>What have you learned from your experience with the Commission on how to improve health outcomes?</li> <li>What type of additional support will you need to increase your capacity?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What is it that you know about HIV/STIs in Los Angeles County?</li> <li>What challenges are you aware of?</li> </ul>	
<b>HIV/AIDS KNOWLEDGE Sub-total (15)</b>		<b>15</b>	

<p><b>III. PRIOR COMMUNITY PLANNING EXPERIENCE:</b> Planning experience can be measured by work performed with the commission or other, similar body(ies) or community groups, effective participation at the committee level and/or work groups. Candidate should demonstrate data-driven critical thinking across broad issues affecting multiple target populations, good judgement, consensus building skills and experience, respect for colleagues, and a track record for substantively contributing to a group work and effectiveness.</p>		
<p><b>HIV Workforce/Service Provider Representatives:</b></p> <ul style="list-style-type: none"> <li>• What qualities are essential to being an effective planner?</li> <li>• What other planning experience have you had within this field or the community.</li> <li>• What do you hope to learn professionally/personally from being a member of the COH?</li> </ul>	<p><b>Renewing/Returning Commissioners or those with Planning Council Experience:</b></p> <ul style="list-style-type: none"> <li>• <b>(Returning/Renewing)</b> What challenges have you experienced in your time on the Commission? If those challenges arise again, how do you plan to overcome them?</li> <li>• In what ways have you become a more effective collaborative planner?</li> </ul>	<p><b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b></p> <ul style="list-style-type: none"> <li>• Have you been a part of any group related to HIV or healthcare? If so, tell us about those experiences.</li> <li>• Would you like to tell us about any times where you had to consider opinions different than your own?</li> </ul>
<b>PRIOR PLANNING EXPERIENCE Sub-total (10)</b>		<b>10</b>
<p><b>IV. COLLABORATION:</b> Ability to create unique partnerships with fellow Commissioners, organizations, bodies, and / or the public that improve community health.</p>		
<p><b>HIV Workforce/Service Provider Representatives:</b></p> <ul style="list-style-type: none"> <li>• Provide some examples of how you have collaborated with other agencies and individuals to meet the needs of your clients?</li> </ul>	<p><b>Renewing/Returning Commissioners or those with Planning Council Experience:</b></p> <ul style="list-style-type: none"> <li>• How have you used your COH membership to demonstrate or advance community-based collaborations?</li> <li>• What steps have you taken to encourage others to collaborate?</li> <li>• <b>(Returning)</b> What conflicts, if any, have you had with other commissioners? Have those conflicts been resolved?</li> </ul>	<p><b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b></p> <ul style="list-style-type: none"> <li>• Would you like to tell us what you would like to work on as a member of the Commission on HIV?</li> <li>• What are some times that you worked with a team?</li> </ul>
<b>COLLABORATION Sub-total (10)</b>		<b>10</b>



Scoring Criteria		Points Available	Points Earned
<b>V. HIV Experience:</b> Prior work/volunteer experience in HIV/AIDS service delivery (practical experience) and/or in public policy, or legislative fields.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>What skills and abilities have you developed because of your past/current work in the HIV/STI field?</li> <li>How will you use those skills as a potential new member?</li> <li>What are one or two goals you have to improve health outcomes for people living with HIV?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>How have you grown personally or professionally from your Commission membership?</li> <li>What areas of professional or personal development do you feel would make you a more efficient member of the Commission?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What experience or knowledge do you have around HIV to be an effective member of the Commission on HIV?</li> <li>How can we help you to develop skills or experience to help you become a more effective member of the Commission on HIV?</li> </ul>	
<b>HIV Experience Sub-total (10)</b>		<b>10</b>	
<b>VI. UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS:</b> This domain can be measured by examples of past and current activities that promote awareness and personal responsibility towards understanding the needs of highly impacted populations. Populations are defined as different genders, races, ethnicities, youth, Unaffiliated Consumers (UA), and people with HIV/AIDS (PLWHA). Examples of activities include, but not limited to, participation in training tackling HIV and racism, cultural and linguistic sensitivity, knowledge of the needs of diverse populations, and ability to understand and interpret data accurately. <b>*Please do not skip this section.</b>			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>What issues of concern to impacted populations (“populations” defined above) would you like to bring to the Commission’s discussions?</li> <li>How can the Commission help you to gain a better understanding of impacted populations you are unfamiliar with?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>What populations have you learned about in your time on the COH?</li> <li>What are some populations you are still unfamiliar with?</li> <li>What types of info or resources do you need to support your education with these populations?</li> <li>How would you use existing resources and information to respectfully engage with those populations?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What do you feel is being missed in HIV/STI care and prevention in Los Angeles County?</li> </ul>	
<b>UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS Sub-total (10)</b>		<b>10</b>	

Scoring Criteria		Points Available	Points Earned
<b>VII. EFFECTIVE REPRESENTATION:</b> The candidate’s demonstrated ability to act as a subject matter expert and use their expertise to represent their constituency and other perspectives represented in the COH by respectfully communicating needs, interests and concerns of the whole planning body and to present opportunities for the Commission to meet those needs. The Commission membership requires and provides ongoing training on the needs of all populations affected by HIV and STIs.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>Which populations do you work with?</li> <li>What is your understanding of equity versus equality? Why do you feel it’s important?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>As a Commissioner, how have you sought out education to gain an understanding of HIV and STIs in those populations you have the least experience with?</li> <li>From your perspective, what other population(s) are underserved in Los Angeles County?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What specific population(s) are you familiar with?</li> <li>Can you think of an example of how the Commission might help you understand unfamiliar populations?</li> </ul>	
<b>EFFECTIVE REPRESENTATION Sub-total (10)</b>		<b>10</b>	
<b>VIII. RELIABILITY:</b> Capacity to use and apply unique abilities and proficiencies to fulfill membership responsibilities and in the overall improvement of Commission work quality and decision-making.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>How does reliability play a role in achieving your goals in your professional/personal life?</li> <li>How would you use your reliability in the Commission?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>Beyond your Commission membership, how have you demonstrated reliability in your community? What type of help would you need to continue your efforts?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What does reliability mean to you?</li> </ul>	
<b>RELIABILITY Sub-total (10)</b>		<b>10</b>	
<b>X.</b> <ul style="list-style-type: none"> <li>Are any questions you want to ask us?</li> <li>Are there any questions that you came prepared to answer that we did not ask you?</li> </ul>			
<b>INTERVIEW FEEDBACK: This is the interviewee’s opportunity to give us feedback. Sub-total (15)</b>		<b>15</b>	
<b>TOTAL</b>		<b>100 pts. Max</b>	

**INTERVIEWER NOTES:**

A large, empty rectangular box with a black border, intended for the interviewer to write notes during the interview process.



LOS ANGELES COUNTY  
COMMISSION ON HIV



## DUTY STATEMENT

### COMMISSIONER

**Commented [1]:** This is ready to send to all three of us for final consideration

Candidates for membership on the Commission on HIV must complete a membership application and are evaluated/scored by the Commission's Operations Committee, consistent with Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nomination Process*). The Operations Committee recommends candidates for membership to the Commission, which, in turn nominates them to the Board of Supervisors by a majority vote. The Board of Supervisors is responsible for appointing members to the Commission.

#### DUTIES AND RESPONSIBILITIES:

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership:

##### 1. Representation and Accountability:

- Possess ~~a thorough~~ knowledge of HIV/AIDS/STI issues and affected communities, and the organization or constituency the member represents;
- Continually and consistently convey two-way information and communication between the organization/constituency the member represents and the Commission;
- Provide the perspective of the organization/constituency the member represents and the Commission to other, relevant organizations regardless of the member's personal viewpoint;
- Participate and cast votes in a manner that is best for the entire County, regardless of the personal opinions of the member ~~personal~~ or the interests/opinions of the organization/constituency the member represents.

## 2. Commitment/Participation:

- Commitment to fill a full two-year Commission term.
- A pledge to:
  - respect the views of other members and stakeholders, regardless of race, ethnicity, sexual orientation, HIV status or other factors;
  - comply with "Robert's Rules of Order, Newly Revised", the Ralph M. Brown Act, the Commission's Code of Conduct and applicable HIPAA rules and requirements;
  - consider the views of others with an open mind;
  - actively and regularly participate in the ongoing decision-making processes; ~~and~~
  - support and promote decisions resolved and made by the Commission when representing the Commission.
  - A commitment to devote a minimum of ten hours per month to Commission/committee attendance, preparation and other work as required by your Commission membership.
- Each year of the two-year term, the Commissioner is expected to attend\* and participate in, at a minimum, these activities:
  - Two all-day Commission orientation meetings (*first year only*) and assorted orientations and trainings of shorter length throughout the year;
  - One to two half-day County commission orientations (*alternate years*);
  - One half- to full-day Commission meeting monthly;
  - One two- to three-hour committee meeting once a month;
  - All relevant priority- and allocation-setting meetings;
  - Consumer and selected caucuses;
  - One all-day Commission Annual Meeting in the Fall;
- Assorted voluntary workgroups, task forces, and special meetings as required due to committee assignment and for other Commission business.

\*Stipulation: Failure to attend the required meetings may result in a Commissioner's removal from the body.

## 3. Knowledge/Skills:

- A commitment to develop, build, enhance, and expand knowledge about the following topics:
  - general information about HIV/STIs and its impact on all Los Angeles County the local communities;
  - ~~a~~-comprehensive HIV/STI continuum of care/prevention services, low-income support services, and health and human services delivery;
  - the Commission's annual HIV service priorities, allocations, and plans;
  - the Ryan White Program ~~unty~~ services, and Medicaid information and other information related to funding and service support.

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LOS ANGELES COUNTY  
COMMISSION ON HIV



**DUTY STATEMENT**

**UNAFFILIATED CONSUMER,**

**SERVICE PROVIDER AREA (SPA) REPRESENTATIVE**

(APPROVED 3-28-17)

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership and constituency representation:

**RESPONSIBILITY/ACCOUNTABILITY:**

**General:**

- ① Knowledge of the particular HIV/AIDS ~~and~~ STI communities, constituency, and/or body that you are representing;
- A commitment to continually and consistently inform those bodies you represent of Commission and Commission-related activities and information;
- Provide a data-driven perspective on matters before the Commission regardless of your personal viewpoint;
- Cast your vote in a manner that is best for Los Angeles County communities regardless of your entity or your personal opinion.

**Specific for Unaffiliated Consumer:**

- Must be diagnosed with HIV/AIDS, a Ryan White Program service consumer, and not be affiliated (on the board, employed by, consulting with) with a Ryan White Program (RWP) Part A-funded agency

**Specific for Service Provider Area (SPA) Representative :**

- Report regularly to the SPA's Consumer Advisory Board (CAB) on Commission activities, decisions and ongoing discourse.
- Represent the CAB and SPA-based consumers and its providers at regular Commission, committee and work group meetings.
- Serve as the liaison between the CAB and the Commission, making reports to the Commission regarding particular CAB interests and organizing Commission reports/dialogues at community-based meetings.
- Identify and encourage other providers from the CAB to attend and participate in SPA and Commission activities.

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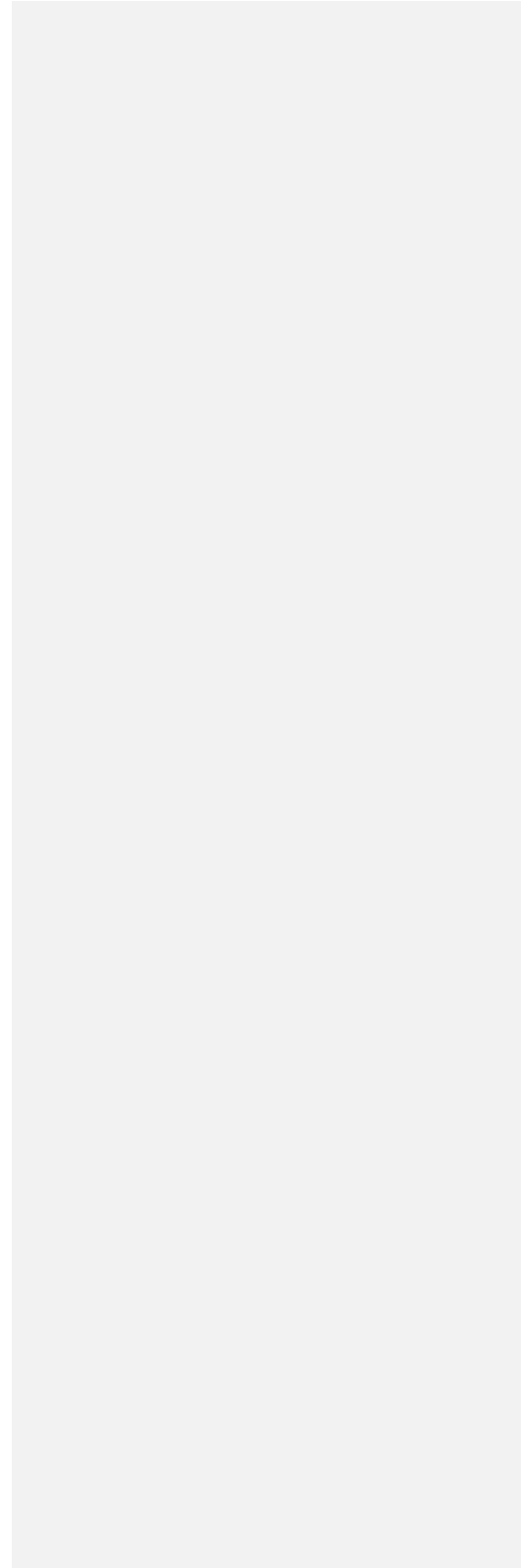
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- Regularly update and report about populations and service trends issues germane to the SPA.
- Exchange information between the CAB and Commission about core systemic, service coordination issues and client needs to better inform the Commission and its planning partners about the practical application, delivery and responsiveness of services.



**Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page PAGE 2 of NUMPAGES 4

**PARTICIPATION:**

**General:**

- Willingness to fill a full two-year Commission term.
- Each year of the two-year term, the Commissioner is expected to attend and participate in, at a minimum, these activities:
  - Commission orientation and assorted trainings throughout the year;
  - Board of Supervisors Executive Office orientation;
  - Monthly Commission meetings;
  - Assigned Committee meetings;
  - One priority- and allocation-setting meeting;
  - Annual Commission meeting; and
  - Assorted voluntary workgroups, task forces and special meetings as required due to Committee assignment and for other Commission business.
- A commitment to devote a minimum of ten hours per month to Commission/Committee attendance, preparation and other work as required by your membership on the body.
- A pledge to:
  - respect the view of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors;
  - abide by Robert's Rules of Order, the Ralph M. Brown Act, and the Commission's Code of Conduct;
  - consider the view of others with an open mind;
  - actively and regularly participate in the ongoing decision-making process; and
  - support and promote decisions resolved and made by the Commission when representing the Commission.
  - adhere to the Commission's Attendance Policy #08.3204

**Commented [3]:** Daryl/Danielle would like this removed; Alasdair believes it should stay

**Commented [4]:** Can these become live links to the relevant documents, please?

**Commented [5]:** Is this still the correct policy ?

**Commented [6R5]:** Can this become a live link to the appropriate policy, please ?

**Specific for SPA Representative:**

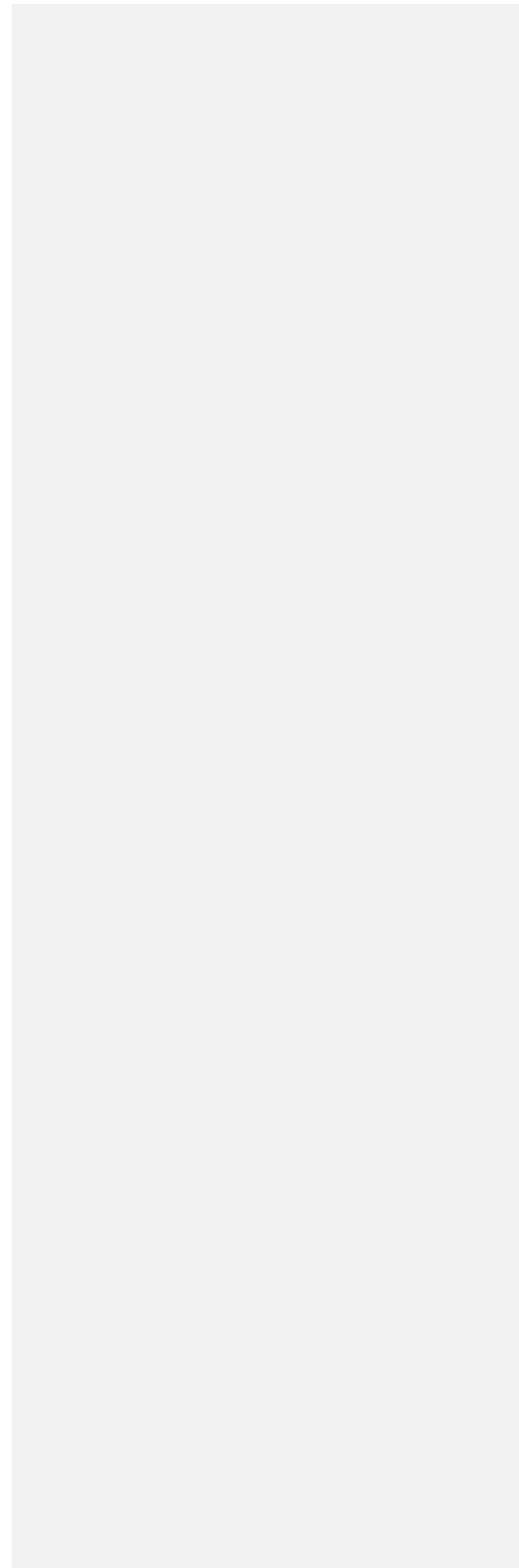
- Helps coordinate SPA and CAB participation in the Commission's needs assessment, service effectiveness and priority- and allocation-setting activities.
- Help identify consumers from the SPA who can lend expertise and provide critical feedback to Commission activities, such as standards development, assessment, evaluation and planning activities.
- Provide input and feedback regarding HIV/AIDS and STI prevention and care, needs and barriers, and provider challenges and best practices, particular to the SPA.
- Offers specific SPA- and population-specific feedback to policy, planning and other Commission-driven initiatives.
- Represents CAB initiatives, ideas or topics or interest to the Commission and its committees and workgroups.



**Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page PAGE 2 of NUMPAGES 4

- Coordinate the feedback and assessment of available Ryan White Program (RWP) and non- RWP-funded resources in the SPA.
- Organize CAB planning activities to coincide with the Commission's annual comprehensive HIV planning, strategic planning and priority- and allocation-setting activities.



**Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page PAGE 2 of NUMPAGES 4

- Occasionally convene and coordinate CAB-related focus groups to address timely substance issues and/or to gauge community feedback on particular topical interest to the Commission.
- Actively engage in service coordination efforts at the SPA and Commission level.

**KNOWLEDGE:**

**General:**

- A commitment to ~~constantly~~ develop, build, and enhance knowledge about the following topics:
  - General information about HIV/AIDS/~~and~~ STIs and its impact on the local community;
  - LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
  - Commission’s annual priority and allocation process; and
  - CDC HIV Prevention and RWP information and other information related to funding and service support.

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**Specific:**

- Nominated and recommended by the CAB as an appropriate representative of consumer interests in the SPA
- Comprehension of other consumers’ interest, needs and challenges
- Familiarity with and understanding of the general HIV/AIDS/STIs prevention, care, and treatment service delivery system
- Familiarity with the County’s Comprehensive HIV Continuum and Comprehensive HIV Plan
- Knowledge of SPA-specific issues, trends, concerns and priorities
- Ability to strategize with others in assessing the needs of the HIV/AIDS/STIs community and how to best serve those needs through provider innovation

**Commented [7]:** This is a mix of Consumer and SPA - how should we resolve ?  
Part for SPA, rest for both ?

**SKILLS/ATTRIBUTES:**

- Sensitivity to the diversity of audiences and able to address varying needs at their levels
- Life and professional background reflecting a commitment to HIV/AIDS/STIs-related issues
- Ability to demonstrate parity, inclusion, and representation
- Multi-tasker, take-charge, “doer”, action-oriented
- Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- Capacity to attend to the Commission’s business and operational side, as well as the policy and advocacy side
- Strong focus on mentoring, leadership development, and guidance

**Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page PAGE 2 of NUMPAGES 4

- Firm, decisive, and fair decision-making practices
- Attuned to and understanding personal and others' potential conflicts of interest

**COMMITMENT AND ACCOUNTABILITY TO THE OFFICE:**

- Put personal agenda aside and advocate for what's in the best interest of the Commission  
and PLWH in Los Angeles County
- Devote adequate time and availability to the Commission and its business
- EnAssure that members' and stakeholders' rights are not abridged

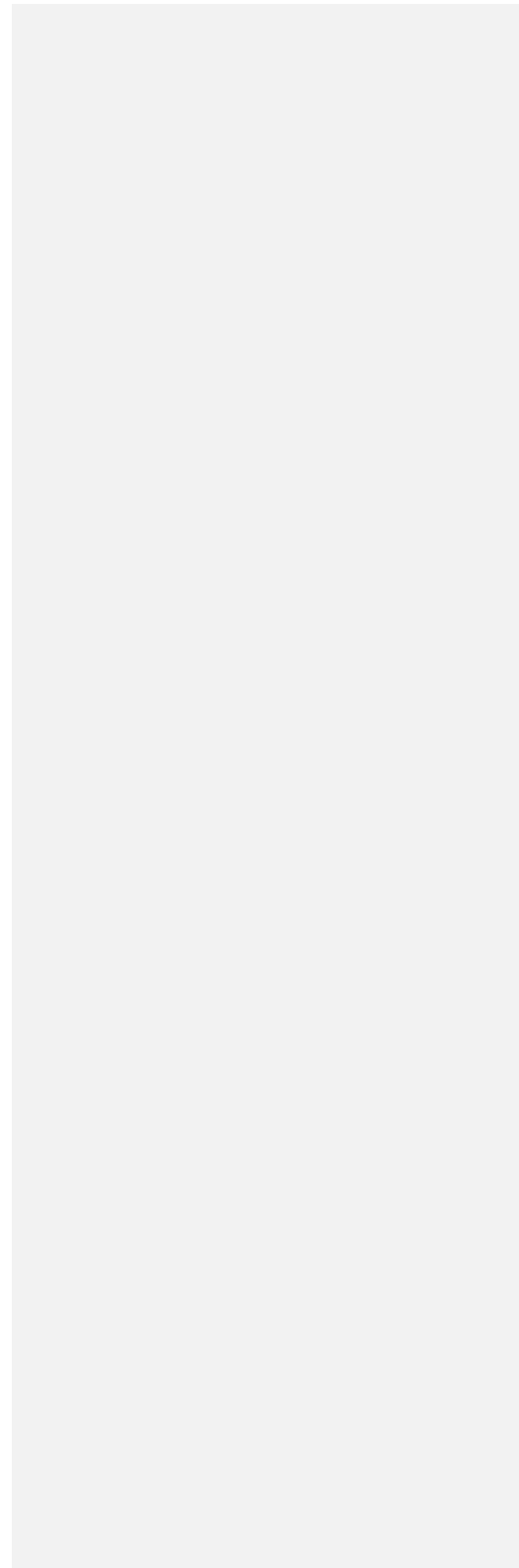
**Commented [8]:** Is the bureaucracy more important ; or is planning to help people with HIV more important ?

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**Duty Statement: Unaffiliated Consumer, Service Provider Area (SPA)**

Page PAGE 2 of NUMPAGES 4

- Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- Always consider the views of others with an open mind
- Actively and regularly participate in and lead ongoing, transparent decision-making processes
- Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status, or other factors



## COMMISSION ON HIV MEMBER APPLICATION

### Introduction

Thank you for your interest in becoming a member ~~of the~~ Commission on HIV. Please complete this Membership Application (Application) in its entirety and submit electronically where prompted. *This Application will take approximately 10-12 minutes to complete.* For questions or assistance in completing this Application, please contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or at 213.738.2816.

Once the Application is submitted, Commission staff will review the Application for completeness and will notify you regarding next steps.

A paper version of this Application is available by printing the Application where prompted or by contacting Commission staff to have an Application sent to you.

Again, If you would like assistance in completing the Application or have questions concerning the membership application process, please contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or at 213.738.2816. For more information regarding the Commission, please visit our website at <https://hiv.lacounty.gov>.

**Commented [1]:** Please note and correct potential formatting issues throughout the document.

**Commented [2]:** This is the almost-final version for the three of us

**\*Questions requiring responses are preceded by an asterisk.**

\* 1. Are you applying as a  NEW or  RETURNING member?

NEW  RETURNING

**Commented [3]:** DO we take out "NEW" since everyone this first time through will be new ? Or do we leave it in, since that will allow the changes to no require any more changes when we will have both NEW and RETURNING ?

**Commented [4R3]:** I recommend that we leave both options in, because that allows our changes to apply both to this initial round, and still be applicable to subsequent rounds of applications, thanks

**Commented [5]:** These boxes need to be aligned, and I do not know how to do that ...

\* 2. Contact Information

Name and Pronoun (For example: "John Smith, he/him/his")

Do you work for an agency/organization? *If yes, please state agency/org name and if not, please indicate "N/A" for not applicable.*

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Primary Email

Address

Primary Phone Number

\* 3. Were you recommended by an individual or organization? If so, please state the name of the recommending entity. *\*\*Not required; suggested for applicants representing agencies/organizations\*\**

Yes

No

Recommending individual/organization:

COMMISSION ON HIV MEMBER APPLICATION

Demographic Information

This information will be used to determine membership eligibility, seat assignment, and to ensure federally mandated reflectiveness and representation requirements are met.

\* 4. HIV Status *\*\*There is NO requirement to disclose your status. Responses will be kept confidential. \*\**

Positive

Negative

Prefer not to specify

Unknown

Commented [6]: Aligning boxes

\* 5. Are you a parent, guardian or direct caregiver of a child with HIV under 19?

Yes

No

Commented [7]: This needs to be consistently aligned, please

Commented [8]: Oxford comma

Commented [9]: Why is this question needed?

\* 6. Do you use or receive Ryan White Part A HIV services in Los Angeles County? *\*\*Click [here to view](#) list of Ryan White Part A services\*\**

Yes, I use and/or receive Ryan White Program Part A services in Los Angeles County

No, I do not use or receive Ryan White Program Part A services in Los Angeles County

I'm not sure; need assistance to determine

Commented [10]: Ensure proper formatting

Commented [11]: These and similar entries/explanations need to be in Bold, please

Commented [12]: Aligning

\* 7. Do you use or receive HIV prevention services in Los Angeles County? *\*\*Services can include HIV testing and linkage to care, health education/risk reduction, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), condoms and sterile syringes\*\**

Yes, I use and/or receive HIV Prevention services in Los Angeles County

No, I do not use or receive HIV prevention services in Los Angeles County

I'm not sure; need assistance to determine

Commented [13]: Flagging this question given recent discussions around the role of COH and prevention; ensure proper formatting.

Commented [14]: Aligning

Commented [15]: Aligning

\* 8. Are you affiliated with a Ryan White Program-funded agency? *\*\*Affiliated is defined as one who is either a board member, employee, or a consultant of an agency who receives Ryan White Program funding through the Los Angeles County*

Division of STD and HIV Programs (DHSP). Volunteers are considered unaffiliated. [Click](#) for a list of Ryan White Program- funded agencies; subject to change\*\*

Yes

No

I'm not sure, need assistance to determine

**Commented [16]:** This needs to be aligned - I'm not able to do this myself



\* 9. Age

- 13-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60+

**Commented [17]:** These need to be aligned, with a circle for the 60+ option

\* 10. Gender Identification

- Non-Binary/Gender Non-Conforming
- Transgender: Female to Male
- Transgender: Male to Female
- Female
- Male

**Commented [18]:** Recommend updated PFL to include gender expansive/diverse

If your gender identity is not listed above, please use this space to share how you self-identify: )

**Commented [19]:** These options need to be aligned

\* 11. Race/Ethnicity **\*\*Please select all that apply\*\***

- American Indian or Alaska Native **\*\*Specify Nation in Comment Box below\*\***
- Asian
- Black or African American Hispanic or LatinX
- Multi-Race
- Native Hawaiian or Other Pacific Islander White or Caucasian

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If your Race/Ethnicity is not listed above, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native

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\* 12. Please indicate which Supervisorial District and Service Provider Area (SPA) you work, live and/or receive HIV prevention, care and/or treatment services. **\*\*Please select all that apply\*\***

To determine your Supervisorial District and SPA, click here:

<https://www.lavote.net/apps/precinctsmaps>

- Supervisorial District 1
- Supervisorial District 2
- Supervisorial District 3
- Supervisorial District 4
- Supervisorial District 5
- SPA 1
- SPA 2
- SPA 3
- SPA 4
- SPA 5
- SPA 6
- SPA 7
- SPA 8
- I don't know; need assistance to determine

COMMISSION ON HIV MEMBER APPLICATION

Representation

The Commission is composed of 51 members appointed by the Board of Supervisors and represent a broad and diverse group of providers, consumers, and stakeholders.

**\*\*Please select all that apply\*\***

13. I have been recommended to represent one of the following health and social service institutions, among whom are individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs.

**\*\*Please select N/A (not applicable) if this does not apply to you\*\***

- Medi-Cal, State of California
- City of Pasadena
- City of Los Angeles
- City of West Hollywood
- Angeles
- City of Long Beach
- N/A

14. I have been recommended to represent one of the following Ryan White grantees below. **\*\*Please select "N/A" (not applicable) if this does not apply to you\*\***

- Part B (California State Office of AIDS)
- Part C
- Part F (AIDS Education and Training Centers [AETCs], or local providers receiving Part F dental reimbursements)
- Part D
- N/A *\*Not Applicable\**

**Commented [22]:** Need to update to reflect new number of seated commissioners. Expected to be 33.

**Commented [23]:** Circles and texts need to be aligned

**Commented [24]:** Circles and texts need to be aligned

15. I represent one or more of the following stakeholder groups in **Los Angeles County** *\*\*Please select all that apply\*\**

- A person living with HIV or AIDS
- A person living with Hepatitis B or C
- A HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
- An HIV specialty physician from an HIV medical provider
- A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative  A mental health provider
- A substance abuse treatment provider  A housing provider
- A provider of homeless services
- An AIDS Services Organization ("ASO") offering federally funded HIV prevention services  An ASO offering HIV care and treatment services
- A provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles
- Health or hospital planning agency who is recommended by health plans in Covered California
- Behavioral or social scientist who is recommended from among the respective professional communities  Faith-based entities engaged in HIV prevention and care
- Local education agencies at the elementary or secondary level  The business community
- Union and/or labor
- Youth or youth-serving agencies
- Other federally-funded HIV programs
- Organizations or individuals engaged in HIV-related research
- Organizations or individuals performing harm-reduction services
- Employed as an advocate for incarcerated people living with HIV and/or I am a person living with HIV who was incarcerated in the past three years and can represent the interests of incarcerated people living with HIV

**Commented [25]:** Add an additional box for consideration of stakeholders who may not be represented in the list below.

16. I am a member of a federally-recognized American Indian nation or Native Alaskan village.

**Commented [26]:** As Danielle suggests, we need a last option box for Other in case we missed anything, please

**Commented [27]:** PFL please revise.

**Commented [28R27]:** I don't know what the appropriate PFL is for this and some of the other language - please help !

Yes\*

No

\*If yes, please specify Nation:

**Commented [29]:** I'm not sure why this has two circles

COMMISSION ON HIV MEMBER APPLICATION

Biographical Information

Please provide detailed information so that we may assess your interest in, knowledge of, and commitment to the Commission.

\* 17. For new members, briefly state why you would like to become a member of the Commission. For renewing members, please share why you would like to continue your membership)

Empty text box for question 17.

\* 18. What skills, abilities, and/or experience do you have that can be helpful to the Commission?

Empty text box for question 18.

19. If you have a resume or other documents (i.e. certificates, awards, letters of recommendation, biosketch, curriculum vitae) that will support your membership application, please upload here. *This is optional and not required to be considered for membership*

File upload buttons: Choose File, Choose File, No file chosen

20. Please select any of the following trainings already taken. *These trainings are not required to be considered for membership*

Form with checkboxes for: Introduction to HIV/STI, HIV/STI 101, or a related basic Informational HIV/STI training; Health; Insurance Portability and Accountability Act (HIPAA) training; Protection of Human Research Subjects; Other; and a text box for related trainings, please specify.

\* 21. How prepared are you to serve on the Commission?

Form with a sliding scale and radio button for question 21. Labels include: Not yet prepared; unfamiliar with the work of the Commission and eager to learn; Somewhat prepared; familiar with the work of the Commission and eager to learn more; Fully prepared; well informed of the Commission's work.

Commented [30]: I recommend leaving both options here - that allows out changes to apply both for the first round of new applications, and for the subsequent rounds of applications thereafter

Commented [31]: Recommend to strikethrough as all applying members in the first cycle will be "new."

Commented [32]: Can we please bold this text?

Commented [33]: Can we consider expanding the list to include the current offering?

Commented [34]: Can we please bold this text?

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Commented [35]: The boxes and texts need to be aligned

Commented [36]: I believe that this is a sliding scale, in which case it should not need to be changed - the strange alignment may be an artefact of editing using Google Docs

\* 22. How can we support you so that you are able to fully participate and be effective on the Commission? Do you need special accommodations, i.e. translation or interpretation services, etc?

\* 23. Would you consider being appointed as an Alternate? ***\*\*An Alternate attends Commission and assigned Committee meetings and serves in the absence of a unaffiliated consumer member with voting privileges in that capacity only. However, occupying an Alternate seat is a great way to learn the Commission and build capacity ~~with the~~ of being a full member.\*\****

Yes

No

**Commented [37]:** Can we please bold this text?

24. Would you be interested in assuming a leadership role on the Commission? ***\*\*Members are eligible to serve as co-chairs on the Commission after one year of active service. Additional leadership opportunities are also available.\*\****

Yes

No

**Commented [38]:** Can we please consider bolding this text?

25. Each appointed member will be assigned to one of the Commission's ~~four standing Committees~~ Operations (OPS); Public Policy (PP); Planning, Priorities & Allocations (PP&A); and Standards & Best Practices (SBP). Please click [here](#) to review the roles & responsibilities of each Committee and select below, in order of priority, which Committee(s) you would be interested in participating on. *\*A second Committee assignment is an option, contingent upon approval.*

**Commented [39]:** This will need to be changed to apply with the new structures for the changed Commission structure, as will the text which follows

**Commented [40]:** Change in the interest of updated bylaws.

- Operations (OPS) Committee
- Planning, Priorities & Allocations (PP&A) Committee Public
- Policy (SBP) Committee
- Standards and Best Practices (SBP) Committee

COMMISSION ON HIV MEMBER APPLICATION

Statement of Qualifications

**The Board of Supervisors requires that all Commission member appointees complete a Statement of Qualifications (SOQ) before they can be appointed.**

**Please click [here](#) to access the SOQ. Please be sure to complete all questions, indicate "N/A" if not applicable, and sign where prompted.**

26. Please save and upload your completed/signed SOQ here or email to Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). For additional information, please contact Commission staff.

Choose File

Choose File

No file chosen



COMMISSION ON HIV MEMBER APPLICATION

Application Submission

Upon submitting the Application, I commit to the following:

- Participate in Commission and assigned committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Follow the Commission's Bylaws, Code of Conduct, Conflicts of Interest requirements, and comply with the Commission's expectations, rules and regulations, the Health Insurance Portability and Accountability Act (HIPAA) and all other relevant policies and procedures.

I certify that all statements and representations made in this Application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information and personal health information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

\* 27. Please be sure to check the appropriate box below affirming your commitment and certifying all information is true and accurate.

Yes

No

Commented [41]: These boxes and texts need to be aligned



**Commented [1]:** This is ready to go to all three - for final consideration by us three

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

1. All candidates for Commission membership are expected to sit for an interview with the Operations Committee and to attend at least one full Commission meeting and one standing committee meeting.
2. Your interview will be conducted by panel of 2-3 Commission members who will engage in a series of questions to assess your breadth of knowledge, experience, and commitment to fulfilling the duties of a member of the Commission. This is intended to be an interactive process.
3. The Commission is a planning body governed not only by statute but also by regulations from HRSA and the CDC.
4. It is important to understand that we are community planners NOT activists. We plan for ALL those at risk for and affected by HIV in Los Angeles County to ensure that they get full access to quality care and prevention services.
5. The Commission is comprised of 51 members, of which 1/3 must be HIV positive consumers of Ryan White services.
6. The entire membership of the Commission should meet Parity, Inclusion and Reflectiveness of HIV
  - a. Parity – As a body, we have done everything possible to provide members the tools, skills and training to be effective planners;
  - b. Inclusion – Everyone has an opportunity to weigh in and contribute to the debate and are actively involved;
  - c. Reflectiveness (Representation) – The full membership and the subset of Unaffiliated Consumer members proportionally reflect the ethnic, racial, and gender characteristics of HIV disease prevalence in the County
7. After the interviews are complete, the Operations Committee weighs your application and interview against other applicants, open seats, and the principals of Parity, Inclusiveness & Reflectiveness described above.
8. Those who are moved forward are sent to the Executive Committee and the full Commission and are then moved to the Board of Supervisors for the final approval. The process can take 2-3 months. We can also hold your application for up to a year to possibly fill future vacancies.
9. There are 4 standing committees (Operations, Standards and Best Practices, Public Policy, Executive and Planning, Priorities & Allocations) of the Commission, and, while your application is under review, we strongly recommend you attend at least one meeting of each of the four Committees which meet monthly. Commission members are required to sit on one of these 4 Committees, and it is in these smaller groups where most of the “work” of the Commission is done. See attached Committee Description and Preference form.
10. The following is a link to the Commission’s Glossary of Terms: <https://tinyurl.com/4fajvys9>

**Commented [2]:** delete add comma and comma after CDC and Board of Supervisors

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**Commented [3]:** This will need to be updated to 33, or to however many Commissioners are decided upon

**Commented [4]:** Oxford comma, for disambiguation

**Commented [5]:** For consistency

**Commented [6]:** Membership Committee ?

**Commented [7R6]:** Or is perhaps an Interim Interview body of people who aren't applying for a new Commission Seat ?

**Commented [8]:** principles

**Commented [9]:** Oxford comma

**Commented [10]:** What is this - the little flag says "Daryl Russell" ? Daryl doesn't recognise it ...

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**Commented [11]:** It will be three Standing Committees, but no-one can attend these Committees until the new Commissioners have been selected/seated ? How should we handle this ?

**Commented [12]:** delete stated already

**Commented [13R12]:** This should be kept to help potential Commissioners

New Member Application Evaluation and Scoring Form

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

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

Name of Nominee \_\_\_\_\_

Evaluated/Scored by \_\_\_\_\_

Date of Evaluation/Interview \_\_\_\_\_

Unaffiliated Consumer       Provider

Definition of terms
<ol style="list-style-type: none"><li><b>HIV Workforce/ Service Provider Representatives:</b> Professional currently employed with a minimum of 2 years of employment with an organization that provides HIV care, prevention, or STI related services.</li><li><b>Returning Commissioners or those with Planning Council Experience:</b> Previously appointed Commissioner seeking to retain membership. These candidates are subject to all eligibility guidelines as established by ordinance or compliance with COH policy/procedures.</li><li><b>Consumers/Unaffiliated Individuals:</b> Applicant has no current affiliation with an HIV care, prevention, or STI related provider. This category includes members of the public.</li></ol>

New Member Application Evaluation and Scoring Form

To determine Supervisorial Districts and SPAs, click here: <https://www.lavote.net/apps/precinctsmaps>

<b>In which Supervisorial District and SPA do you work? Check all that apply.</b>		
District 1 <input type="checkbox"/>	SPA 1 <input type="checkbox"/>	SPA 5 <input type="checkbox"/>
District 2 <input type="checkbox"/>	SPA 2 <input type="checkbox"/>	SPA 6 <input type="checkbox"/>
District 3 <input type="checkbox"/>	SPA 3 <input type="checkbox"/>	SPA 7 <input type="checkbox"/>
District 4 <input type="checkbox"/>	SPA 4 <input type="checkbox"/>	SPA 8 <input type="checkbox"/>
District 5 <input type="checkbox"/>		<input type="checkbox"/>
<b>In which Supervisorial District and SPA do you live?</b>		
District 1 <input type="checkbox"/>	SPA 1 <input type="checkbox"/>	SPA 5 <input type="checkbox"/>
District 2 <input type="checkbox"/>	SPA 2 <input type="checkbox"/>	SPA 6 <input type="checkbox"/>
District 3 <input type="checkbox"/>	SPA 3 <input type="checkbox"/>	SPA 7 <input type="checkbox"/>
District 4 <input type="checkbox"/>	SPA 4 <input type="checkbox"/>	SPA 8 <input type="checkbox"/>
District 5 <input type="checkbox"/>		<input type="checkbox"/>
<b>In which Supervisorial District and SPA do you receive HIV (care or prevention) services? Check all that apply.</b>		
District 1 <input type="checkbox"/>	SPA 1 <input type="checkbox"/>	SPA 5 <input type="checkbox"/>
District 2 <input type="checkbox"/>	SPA 2 <input type="checkbox"/>	SPA 6 <input type="checkbox"/>
District 3 <input type="checkbox"/>	SPA 3 <input type="checkbox"/>	SPA 7 <input type="checkbox"/>
District 4 <input type="checkbox"/>	SPA 4 <input type="checkbox"/>	SPA 8 <input type="checkbox"/>
District 5 <input type="checkbox"/>		<input type="checkbox"/>

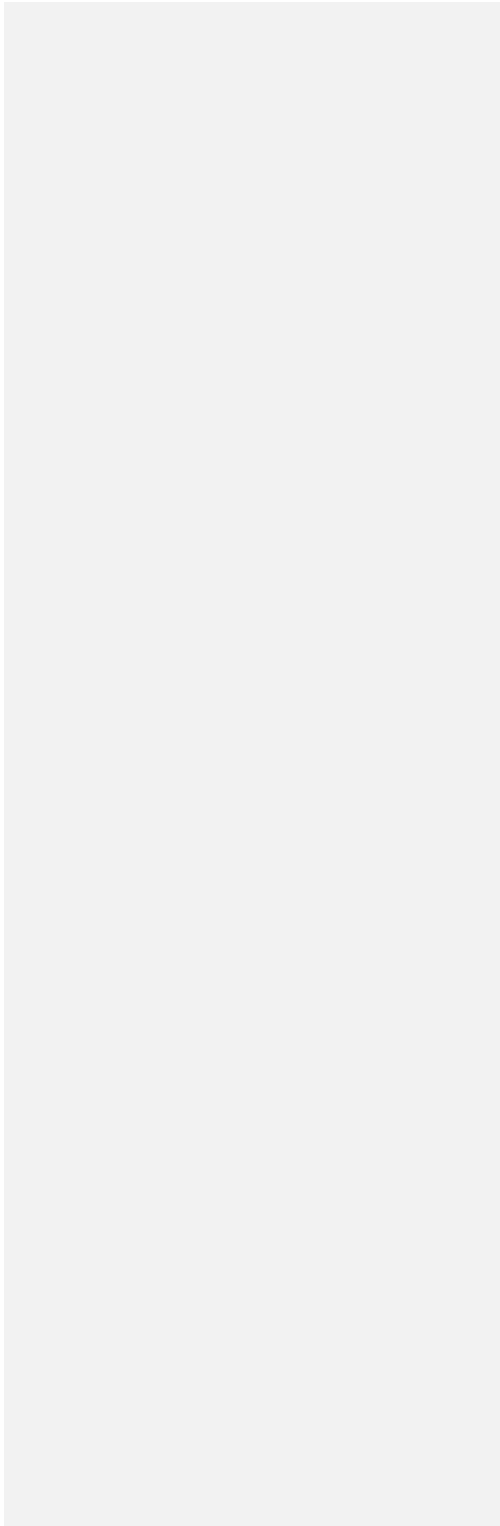
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Commented [15]: Alignment

Commented [16]: Alignment

New Member Application Evaluation and Scoring Form

<input type="checkbox"/>
--------------------------



New Member Application Evaluation and Scoring Form

DEMOGRAPHIC INFORMATION				
<b>RACE/ETHNICITY</b> <i>** Please select all that apply. **</i>				
<input type="checkbox"/> American Indian or Alaska Native <i>**Please specify Nation in Comment Box below**</i>	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or LatinX	<input type="checkbox"/> Multi-Race
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White or Caucasian	If your RACE/ETHNICITY is not listed, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native:		
GENDER IDENTITY				
<input type="checkbox"/> Non-Binary/ Gender Non-Conforming	<input type="checkbox"/> Transgender: Female to Male	<input type="checkbox"/> Transgender: Male to Female	<input type="checkbox"/> Female	<input type="checkbox"/> Male
If your gender identity is not listed above, please use this space to share how you self-identify				
AGE				
<input type="checkbox"/> 13-19	<input type="checkbox"/> 20-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59
				<input type="checkbox"/> 60+ <input type="checkbox"/> Prefer not to state
PROVIDER INFORMATION: Check all that apply.				
<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Social Service	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Prevention	<input type="checkbox"/> CBO	<input type="checkbox"/> Other Federal	<input type="checkbox"/> Healthcare Planning	<input type="checkbox"/> Public Health
Has attended at least one Commission meeting		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>INTERVIEW:</b> All candidates for Commission membership are expected to sit for an interview with the Operations Committee and to attend at least one full Commission meeting and one standing committee meeting. The interview is intended to help the Committee better familiarize themselves with the candidate, and for the candidate to better determine their expectations of, interest in, and plans for Commission membership.				
INTRODUCTORY QUESTIONS (all applicants)				
1. Tell us a little bit about yourself and how you see yourself fitting into the Commission?				
2. What do you think about the meetings you attended? <input type="checkbox"/> Yes Meetings/Dates: <a href="#">Click or tap here to enter text.</a>				
3. <b>Returning Commissioners:</b> Can you detail the reason(s) why you left the Commission and why you want to return?				

**Commented [17]:** Alignment correction for this form ...  
- I don't know how to do it, myself

**Commented [18]:** This should be left in, to apply to new commissioners the first round, and to possible returning members thereafter, if any

**Commented [19R18]:** Daryl would prefer that this be removed

New Member Application Evaluation and Scoring Form

Scoring Criteria		Points Available	Points Earned
<b>I. Commitment &amp; Communication:</b> Individuals who have expressed a desire to commit and demonstrated support necessary to fulfill the duties of a Commissioner as described in the membership application form.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>Why do you want to be on the COH?</li> <li>What do you hope to accomplish by your membership in the COH?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>How has your commission membership been beneficial for you?</li> <li>What are you hoping to accomplish by continuing your membership?</li> <li>What are your priorities as a commissioner?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>Why do you want to be on the COH?</li> <li>What do you hope to accomplish by your membership in the COH?</li> <li>Are you willing to participate in further trainings?</li> </ul>	
Oral Communication		5	
Written Communication: (based on application and other material)		5	
<b>Commitment &amp; Communication Sub-total (10)</b>		<b>10</b>	

**Commented [20]:** Daryl is asking if this is where current or past Commissioners can bring up their Planning Council experience during this new interview process going forward ?

Scoring Criteria		Points Available	Points Earned
<b>II. HIV/AIDS/STIs Knowledge:</b> Professional, personal, and/or academic knowledge about HIV/AIDS and related issues including STIs.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>How knowledgeable are you about LA County's STI/HIV epidemiological profile and service delivery network?</li> <li>What have you learned from your work or community service experience on how to improve health outcomes for PLWHA?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>What areas of the County's STD/HIV epidemiological profile and service delivery network are underrepresented in the COH's discussions?</li> <li>What have you learned from your experience with the Commission on how to improve health outcomes?</li> <li>What type of additional support will you need to increase your capacity?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What is it that you know about HIV/STIs in Los Angeles County?</li> <li>What challenges are you aware of?</li> </ul>	
<b>HIV/AIDS KNOWLEDGE Sub-total (15)</b>		<b>15</b>	

New Member Application Evaluation and Scoring Form

<p><b>III. PRIOR COMMUNITY PLANNING EXPERIENCE:</b> Planning experience can be measured by work performed with the commission or other, similar body(ies) or community groups, effective participation at the committee level and/or work groups. Candidate should demonstrate data-driven critical thinking across broad issues affecting multiple target populations, good judgement, consensus building skills and experience, respect for colleagues, and a track record for substantively contributing to a group work and effectiveness.</p>		
<p><b>HIV Workforce/Service Provider Representatives:</b></p> <ul style="list-style-type: none"> <li>• What qualities are essential to being an effective planner?</li> <li>• What other planning experience have you had within this field or the community.</li> <li>• What do you hope to learn professionally/personally from being a member of the COH?</li> </ul>	<p><b>Renewing/Returning Commissioners or those with Planning Council Experience:</b></p> <ul style="list-style-type: none"> <li>• <b>(Returning/Renewing)</b> What challenges have you experienced in your time on the Commission? If those challenges arise again, how do you plan to overcome them?</li> <li>• In what ways have you become a more effective collaborative planner?</li> </ul>	<p><b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b></p> <ul style="list-style-type: none"> <li>• Have you been a part of any group related to HIV or healthcare? If so, tell us about those experiences.</li> <li>• Would you like to tell us about any times where you had to consider opinions different than your own?</li> </ul>
<p><b>PRIOR PLANNING EXPERIENCE Sub-total (10)</b></p>		<p><b>10</b></p>
<p><b>IV. COLLABORATION:</b> Ability to create unique partnerships with fellow Commissioners, organizations, bodies, and / or the public that improve community health.</p>		
<p><b>HIV Workforce/Service Provider Representatives:</b></p> <ul style="list-style-type: none"> <li>• Provide some examples of how you have collaborated with other agencies and individuals to meet the needs of your clients?</li> </ul>	<p><b>Renewing/Returning Commissioners or those with Planning Council Experience:</b></p> <ul style="list-style-type: none"> <li>• How have you used your COH membership to demonstrate or advance community-based collaborations?</li> <li>• What steps have you taken to encourage others to collaborate?</li> <li>• <b>(Returning)</b> What conflicts, if any, have you had with other commissioners? Have those conflicts been resolved?</li> </ul>	<p><b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b></p> <ul style="list-style-type: none"> <li>• Would you like to tell us what you would like to work on as a member of the Commission on HIV?</li> <li>• What are some times that you worked with a team?</li> </ul>
<p><b>COLLABORATION Sub-total (10)</b></p>		<p><b>10</b></p>



New Member Application Evaluation and Scoring Form

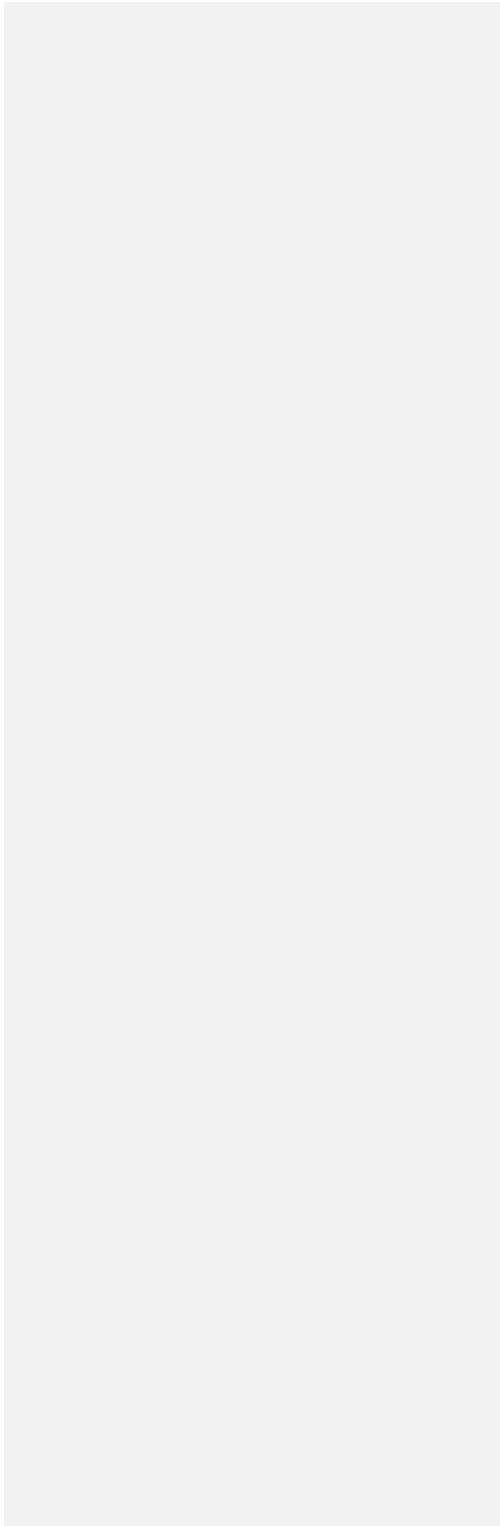
Scoring Criteria		Points Available	Points Earned
<b>V. HIV Experience:</b> Prior work/volunteer experience in HIV/AIDS service delivery (practical experience) and/or in public policy, or legislative fields.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>What skills and abilities have you developed because of your past/current work in the HIV/STI field?</li> <li>How will you use those skills as a potential new member?</li> <li>What are one or two goals you have to improve health outcomes for people living with HIV?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>How have you grown personally or professionally from your Commission membership?</li> <li>What areas of professional or personal development do you feel would make you a more efficient member of the Commission?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What experience or knowledge do you have around HIV to be an effective member of the Commission on HIV?</li> <li>How can we help you to develop skills or experience to help you become a more effective member of the Commission on HIV?</li> </ul>	
<b>HIV Experience Sub-total (10)</b>		<b>10</b>	
<b>VI. UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS:</b> This domain can be measured by examples of past and current activities that promote awareness and personal responsibility towards understanding the needs of highly impacted populations. Populations are defined as different genders, races, ethnicities, youth, Unaffiliated Consumers (UA), and people with HIV/AIDS (PLWHA). Examples of activities include, but not limited to, participation in training tackling HIV and racism, cultural and linguistic sensitivity, knowledge of the needs of diverse populations, and ability to understand and interpret data accurately. <b>*Please do not skip this section.</b>			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>What issues of concern to impacted populations ("populations" defined above) would you like to bring to the Commission's discussions?</li> <li>How can the Commission help you to gain a better understanding of impacted populations you are unfamiliar with?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>What populations have you learned about in your time on the COH?</li> <li>What are some populations you are still unfamiliar with?</li> <li>What types of info or resources do you need to support your education with these populations?</li> <li>How would you use existing resources and information to respectfully engage with those populations?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What do you feel is being missed in HIV/STI care and prevention in Los Angeles County?</li> </ul>	
<b>UNDERSTANDING OF THE NEEDS OF HIGHLY IMPACTED POPULATIONS Sub-total (10)</b>		<b>10</b>	

New Member Application Evaluation and Scoring Form

Scoring Criteria		Points Available	Points Earned
<b>VII. EFFECTIVE REPRESENTATION:</b> The candidate's demonstrated ability to act as a subject matter expert and use their expertise to represent their constituency and other perspectives represented in the COH by respectfully communicating needs, interests and concerns of the whole planning body and to present opportunities for the Commission to meet those needs. The Commission membership requires and provides ongoing training on the needs of all populations affected by HIV and STIs.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>Which populations do you work with?</li> <li>What is your understanding of equity versus equality? Why do you feel it's important?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>As a Commissioner, how have you sought out education to gain an understanding of HIV and STIs in those populations you have the least experience with?</li> <li>From your perspective, what other population(s) are underserved in Los Angeles County?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What specific population(s) are you familiar with?</li> <li>Can you think of an example of how the Commission might help you understand unfamiliar populations?</li> </ul>	
<b>EFFECTIVE REPRESENTATION Sub-total (10)</b>		<b>10</b>	
<b>VIII. RELIABILITY:</b> Capacity to use and apply unique abilities and proficiencies to fulfill membership responsibilities and in the overall improvement of Commission work quality and decision-making.			
<b>HIV Workforce/Service Provider Representatives:</b> <ul style="list-style-type: none"> <li>How does reliability play a role in achieving your goals in your professional/personal life?</li> <li>How would you use your reliability in the Commission?</li> </ul>	<b>Renewing/Returning Commissioners or those with Planning Council Experience:</b> <ul style="list-style-type: none"> <li>Beyond your Commission membership, how have you demonstrated reliability in your community? What type of help would you need to continue your efforts?</li> </ul>	<b>Consumers/Unaffiliated Individuals: Questions UA HIV+ and Negatives</b> <ul style="list-style-type: none"> <li>What does reliability mean to you?</li> </ul>	
<b>RELIABILITY Sub-total (10)</b>		<b>10</b>	
<b>X.</b> <ul style="list-style-type: none"> <li>Are any questions you want to ask us?</li> <li>Are there any questions that you came prepared to answer that we did not ask you?</li> </ul>			
<b>INTERVIEW FEEDBACK: This is the interviewee's opportunity to give us feedback. Sub-total (15)</b>		<b>15</b>	
<b>TOTAL</b>		<b>100 pts. Max</b>	

New Member Application Evaluation and Scoring Form

**INTERVIEWER NOTES:**





**\*\*FOR 8/28/25 OPERATIONS COMMITTEE & EXECUTIVE COMMITTEE APPROVAL\*\***

**\*Refer to highlights for proposed revisions**

<b>POLICY/PROCEDURE #09.7201</b>	<b>Compensation for Unaffiliated Consumer Commission Members</b>	<b>Page 1 of 6</b>
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**ADOPTED 4/12/12**

*Updated 10.8.20*

**SUBJECT:** Payment of compensation and reimbursements to the Commission's unaffiliated consumer members.

**PURPOSE:** To stipulate the requirements, processes and procedures for providing stipends and reimbursements to the Commission's unaffiliated consumer members.

**BACKGROUND:**

- Active, full and engaged membership on the Commission requires a commitment of time, energy and resources. Ryan White legislation requires that no fewer than 33% of the members of a Ryan White Part A planning council (the Commission is Los Angeles County's Ryan White Part A planning council) must be "unaligned (unaffiliated) consumers."
- Both Ryan White legislation and guidance from the Health Resources and Services Administration (HRSA) acknowledge that planning council membership can be particularly challenging for unaffiliated consumers: "One of the greatest obstacles to PLWHA involvement in planning councils is the financial cost of participation. Costs of attending planning council meetings may involve transportation, child or partner care, and meals. Additional expenses may include sending and receiving faxes, making telephone calls, preparing materials, and accessing the Internet. These expenses can present a problem for PLWHA on disability or with very limited incomes, and for PLWHA who do not have jobs that provide them access to office equipment and supplies." (*Ryan White HIV/AIDS Program Part A Manual, VI. Planning Council Operations, 4. PLWHA/Consumer Participation, C. Ensuring PLWHA Participation, Maintenance of PLWHA Involvement, Financial Support*)
- HRSA guidance indicates that "Financial support for PLWHA involvement needs to be addressed with respect to several different categories of issues:
  - ⇒ What kinds of Ryan White or other funds are available for use in providing financial support for activities related to PLWHA involvement?
  - ⇒ What kinds of expenses can be covered for PLWHA within legislative requirements regarding 'reasonable costs?' and
  - ⇒ What allowable expenses need to be covered in order to ensure strong PLWHA participation in the planning council?" (*Ibid.*)

## Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

Adopted: April 12, 2012; Updated 10.8.20; Proposed Rev 8.28.25

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- HRSA guidance further stipulates that “Under Part A grants, funds are available not only for administrative costs but also for Planning Council Support. Ryan White funds can be used to cover actual expenses for PLWHA such as child care, transportation, or other meeting- related costs. Ryan White funds cannot be used to provide cash payments such as stipends or honoraria.” (*Ibid.*)
- Los Angeles County Code 3.29.080 (Compensation) includes the following provisions: “Corresponding with Ryan White legislation and HRSA guidelines, members of the Commission may also be reimburse for local travel and mileage, meals associated with Commission business, child care during Commission activities, and computer-related expenses if those costs were incurred in the performance of commission-related duties. The Commission may, rather than reimburse for those expenses, make arrangements to provide services directly to members or obtain alternate funding for member stipends. . . . The Commission and the executive director will establish and implement procedures for eligibility and utilization of the foregoing described requirements.”
- Section 5 (Commission Member Compensation) in Article VI (Resources) of the Commission’s Bylaws (*Policy/Procedure #06.1000: Bylaws of the Los Angeles County Commission on HIV*) states “In accordance with Los Angeles County Code 3.29.080 (Compensation), Ryan White Part A planning council requirements, and/or other relevant grant restrictions, Commission members may be compensated for travel or other allowable expenses contingent upon the development policies and procedures governing Commission member compensation practices.”

### POLICY:

- 1) **Compensation:** Commission member compensation comes in two forms—stipends and reimbursements. Stipends are intended to compensate eligible members for the work they do as a member of the Los Angeles County Commission on HIV and to defray intangible costs incurred in the performance of that role. Reimbursements are intended to re-pay members for expenses they have incurred fulfilling their responsibilities as members of the Commission on HIV.
- 2) **Stipends:** Payment of stipends is limited to “unaffiliated” consumer members who are serving as the Commission’s 17 designated unaffiliated consumer members, and their alternates, or for unaffiliated consumer members who are serving as Commission members/alternates in other membership seats/capacities by consent of the Co-Chairs and the Executive Director.
  - a. Community members of the Commission are not entitled to stipends, nor are
  - b. other Commission members who are not unaffiliated consumers.

## Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

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- 3) **Stipend Requirements:** Eligible stipend recipients must meet attendance requirements, as detailed in Procedures #4 and #5, and must fulfill training requirements and member expectations, as detailed in Procedure #6. Eligible stipend recipients must complete a monthly "Stipend Claim Form," which must be subsequently approved by the Executive Director. Stipend payments are made quarterly.
- 4) **Reimbursements:** In accordance with Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), reimbursements are allowable re-payment of personal funds that Commission members have expended in the course of performing or fulfilling Commission responsibilities. The Commission's unaffiliated consumer members are entitled to claim all types of allowable reimbursements.
- 5) **Payment Sources:** Stipends and certain reimbursements are funded by Los Angeles County Net County Costs (NCC) or other non-Ryan White funds, as appropriate. Ryan White funds can be used for most reimbursements, unless not allowable by Ryan White legislation or HRSA guidance.

### PROCEDURE(S):

1. **Monthly Stipends:** Eligible recipients of stipends may receive them monthly if they fulfill the respective stipend requirements as outlined in Procedures #4 - #6. Eligible stipend recipients may decline their stipends at any time for any period.
2. **Stipend Eligibility:** Commissioners and alternates who are unaffiliated consumer members are eligible to receive stipends. Commissioners and alternates who are not unaffiliated consumers and community members of the Commission are not eligible for stipends.
  - a) Commissioners and alternates in the 17 designated unaffiliated consumer seats are automatically entitled to earn stipends.
  - b) The Co-Chairs and the Executive Director must approve the payment of stipends to unaffiliated consumers who serve as Commission members in other membership seats that are not designated for unaffiliated consumers.
3. **Stipend Rates:** Eligible Commissioners may earn a \$150.00 stipend every month that they fulfill their respective stipend requirements. Eligible Alternates may earn a \$100.00 monthly stipend if they fulfill the stipend requirements. Alternates who fill a Commissioner's role and meet the requirements for any month in which the Commissioner is incapacitated, or for a seat in a month in which there is no sitting Commissioner, may earn a \$150.00 monthly stipend.
  - a) Unaffiliated consumer members may receive \$50 per eligible meeting attended, up to \$150.00 per month. This amendment allows for more flexibility and ensures that members can receive a stipend even if they're only able to attend one or two meetings in each month.<sup>1</sup>

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<sup>1</sup> On July 10, 2025, the Consumer Caucus voted to amend the current stipend policy to introduce an à la carte model. Under this new model, unaffiliated consumer members will receive \$50 per eligible meeting attended, up to \$150.00 monthly.

## **Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members**

Adopted: April 12, 2012; Updated 10.8.20; Proposed Rev 8.28.25

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- 4. Commissioner Stipend Requirements:** In order to qualify for a monthly stipend, a Commissioner must attend 70% of the regularly scheduled meetings in which they are responsible for participating, including the Commission meeting, any committees to which they have been assigned, and the Consumer Caucus. Attendance for more than 75% of the meeting is necessary to qualify it as attendance.
- 5. Alternate Stipend Requirements:** In order to qualify for a monthly stipend, an Alternate must attend 70% of the regularly scheduled meetings in which they are responsible for participating, including any committees in which the Alternate has taken a secondary assignment, the Consumer Caucus and any Commission/committee meetings that the Commissioner for whom they are serving as an Alternate cannot attend. Attendance for more than 75% of the meeting is necessary to qualify it as attendance.
- 6. Additional Stipend Requirements:** In addition to the attendance requirements outlined in Procedures #4 and #5, Commissioners and Alternates must fulfill all respective training requirements, and must fulfill their duties as outlined in Policies/Procedures #07.3002, #07.3003, #07.1002 (*Duty Statements for the unaffiliated seats and Alternate*) or any other respective duty statement. Commissioners and Alternates must also comply with membership requirements, as outlined in relevant Policies/Procedures #08.3000 (*Membership*).
- 7. Stipend Claim Form:** All stipend recipients must complete the “Stipend Claim Form” (Attachment A) for each month in which the recipient expects to earn a stipend. Stipend Claim Forms submitted more than three months after the month(s) for which they are claimed will not be approved, unless previously authorized by the Executive Director.
- 8. Executive Director Approval:** All Stipend Claim Forms must be approved by the Executive Director before the payment of the stipend. The Executive Director determines the resolution of any discrepancies between the recipient’s claim and the stipend requirements.

  - a) The Committee Assignment List included in the monthly Commission meeting materials is the final determinant of committee assignments, unless changes have been made and noted in the interim between Commission meetings.
  - b) If a submitted Stipend Claim Form is not approved by the Executive Director, the Executive Director must indicate in writing on the form why it has not been approved, and a copy of the form is returned to the Commission member.
  - c) If a form is not approved by the Executive Director for non-attendance reasons, those issues will be forwarded to the Operations Committee for follow-up review and action.
- 9. Stipend Payments:** Stipends will be paid to eligible Commissioners/Alternates in aggregate quarterly amounts on calendar quarters. Stipends are paid in accordance with relevant Los Angeles County rules, requirements and procedures.

  - a) Stipends can be paid in the form of currency or store vouchers, at the choice of the recipient.

## Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members

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11. **Reimbursements:** Reimbursements are allowable re-payment of funds expended in the course of performing or fulfilling duties as a member of the Commission. In accordance with Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), the Commission's unaffiliated consumer members are eligible for all available reimbursements.
  - a) Unaffiliated consumers are eligible for all types of reimbursements without prior consent from the Executive Director, unless the procedure specifically requires prior authorization from the Executive Director.
  - b) Reimbursement claims are still subject to the Executive Director's approval to ensure they were incurred in the conduct of Commission business, are necessary and are reasonable.
12. **Payment Sources:** As detailed in Policy/Procedure #08.3303 (*Reimbursable Commission Expenses*), Ryan White funds can be used for reimbursement for some allowable expenditures, but cannot be used for stipends (*"Ryan White funds cannot be used to provide cash payments such as stipends..."*). Stipends and reimbursements that are not allowed by the Ryan White Program are funded by Los Angeles County Net County Costs (NCC) or other non-Ryan White funds, as appropriate.

### DEFINITIONS:

- **Approve/Approval:** in the context of this policy/procedure, when the Executive Director agrees to the payment of a reimbursement.
- **Authorize/Authorization:** in the context of this policy/procedure, the Executive Director's prior consent that an expenditure is eligible for reimbursement, provided it complies with the conditions as outlined in the foregoing procedures.
- **Bylaws:** Policy/Procedure #06.1000 (*Bylaws of the Los Angeles County Commission on HIV*), the Commission's governing operational procedures and practices.
- **Commission Members:** The term used to refer to all stakeholders formally affiliated with the Commission: Commissioners, Alternates, community representatives, approved representatives and staff. In the context of this policy, "Commission members" does not refer to staff.
- **"Eligible":** in the context of this policy/procedure, when a Commission member qualifies for a particular type of reimbursement, or when an expenditure can be claimed for reimbursement.
- **Executive Director:** The Commission's lead staff member, who manages Commission staff and operations.
- **Health Resources and Services Administration (HRSA):** Health Resources and Services Administration, the federal agency that administers and governs the Ryan White Program nationally.
- **Los Angeles County Code (3.29):** the legal provisions establishing the Commission and governing its operations.



**Policy/Procedure #09.7201: Compensation for Unaffiliated Consumer Commission Members**

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- **Net County Costs (NCC):** Los Angeles County general funds, not federally supported.
- **Planning Council:** In Ryan White Part A-funded jurisdictions, the planning council is responsible for various planning and evaluation functions of the local Ryan White Part A system of care; the Commission on HIV is the local Ryan White Part A planning council for Los Angeles County.
- **“PLWHA”:** People Living with HIV/AIDS.
- **Unaffiliated Consumers:** same as “unaligned consumer”; see below.
- **Unaligned Consumers:** by HRSA definition and consistent with Commission Policy/Procedure #08.3107 (*Consumer Definitions and Related Rules and Requirements*), a Commission member is unaligned if he/she receives services from a Part A-funded provider and is not affiliated as an “officer, employee or consultant” of any Part A-funded agency.

**NOTED AND  
APPROVED:**

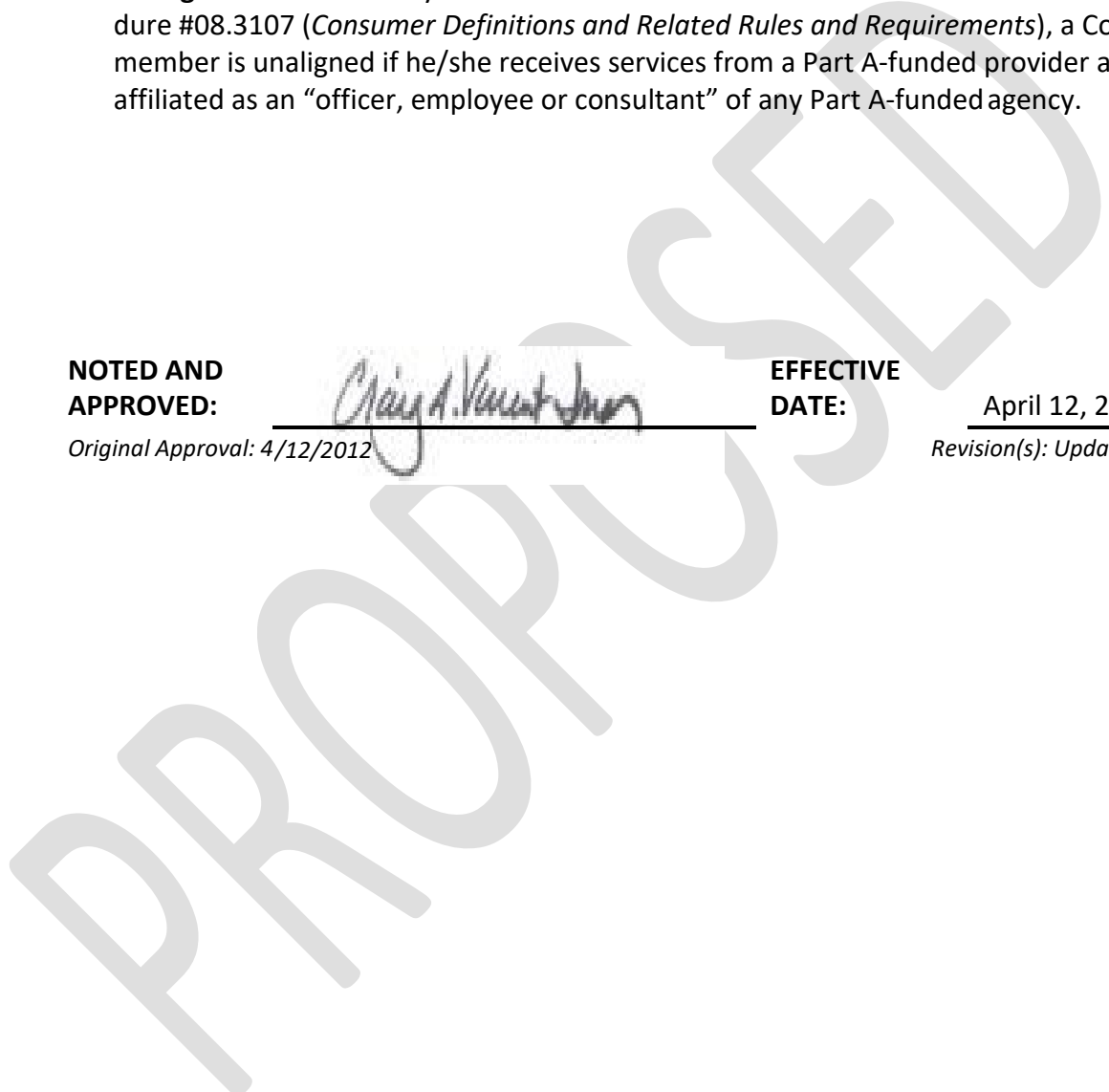
  
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*Original Approval: 4/12/2012*

**EFFECTIVE  
DATE:**

April 12, 2012

*Revision(s): Updated 10.8.20*





# Successful Strategies to Recruit Planning Council Members



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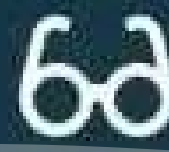
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R



T



SPECIFIC

MEASURABLE

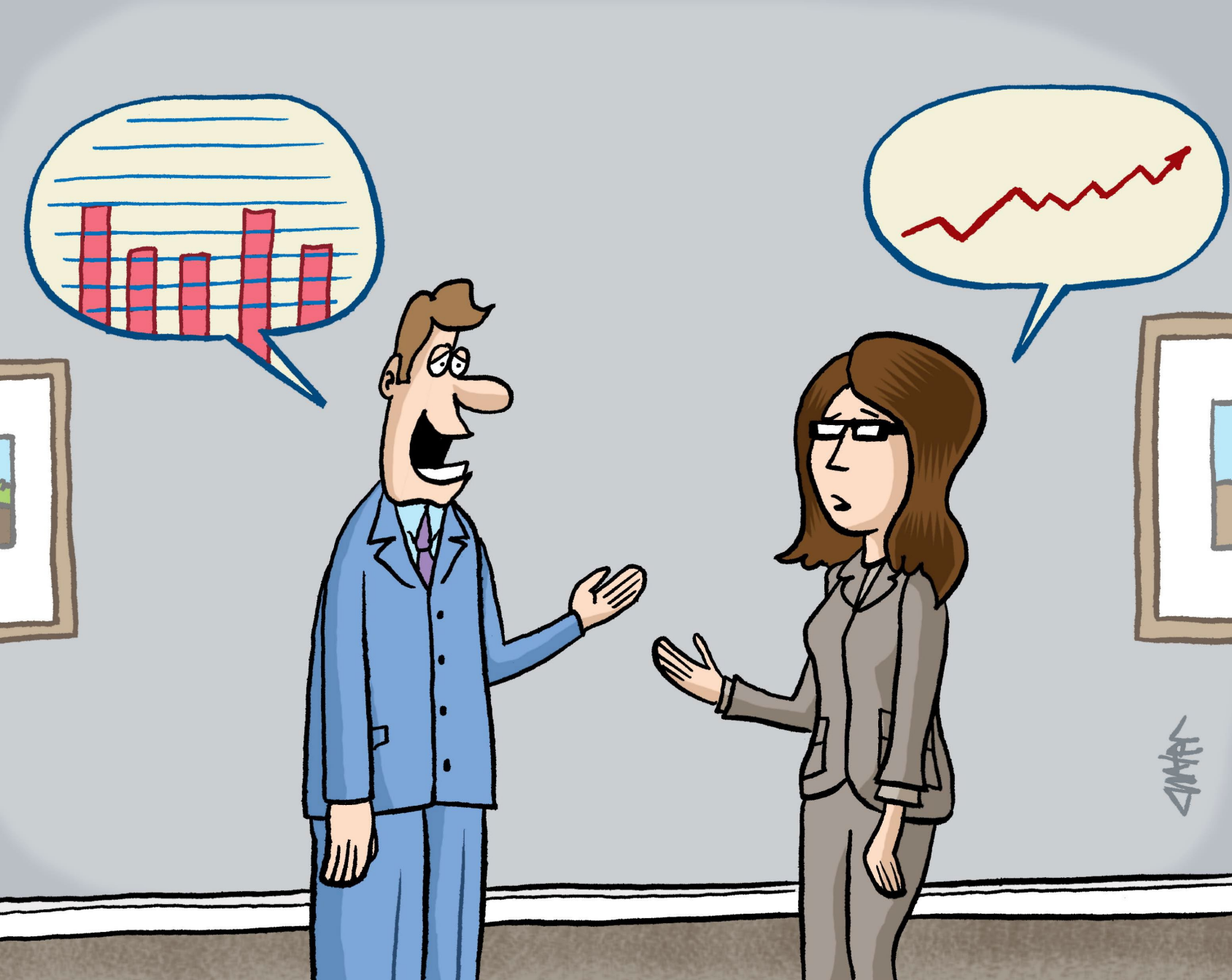
ACTIONABLE

REALISTIC

TIMEBOUND

## Recruitment Strategy

- Set clear recruitment goals (e.g., written recruitment plan)
  - Active, intentional, and ongoing
- Define audience and tailor objectives
  - Demographics and characteristics (e.g., trans Latinx youth that is HIV+)
- Use the SMART objective for each target audience you want to recruit



# Recruitment Messaging

- The 7 C's of Effective Communication
  - Complete
  - Concise
  - Considerate
  - Clear
  - Concrete
  - Courteous
  - Correct



Questions?



# 2025 MEMBERSHIP ROSTER | UPDATED 7.29.25

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

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

LOA: Leave of Absence

Overall total: 46



## LOS ANGELES COUNTY COMMISSION ON HIV



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

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

### CODE OF CONDUCT

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

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

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

I, \_\_\_\_\_ certify that I have read and fully understand the Los Angeles County Commission on HIV's Code of Conduct. I further understand that failure to adhere to the Commission's Code of Conduct may be cause for disciplinary action.

\_\_\_\_\_  
Commission Member Signature

\_\_\_\_\_  
Date

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

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## LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave 14<sup>th</sup> Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

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- 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)**





## CODE OF CONDUCT

**APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

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

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

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

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



<b>POLICY/ PROCEDURE:</b>	<b>NO. 08.3302</b>	<b>Intra-Commission Grievance and Sanctions Procedures</b>	<b>Page 1 of 4</b>
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**APPROVED 02/13/20**

**SUBJECT:** Grievance Procedures

**PURPOSE:** Outline a formal mechanism for resolution of disputes/grievances between members of the Commission on HIV

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

**POLICY:** From time to time, disputes may arise between individual Commission members. The Commission invests its Executive Committee with the authority to direct and determine the resolution of these grievances.

An action is considered a grievance when it is submitted, in writing, by the Commission member to the Commission Co-Chairs (Co-Chairs) and Executive Director (ED). It is the Executive Committee and ED’s responsibility to determine the disposition of the matter. The Committee and ED can decide to take no action, can choose to investigate the matter further before taking action and/or seek Los Angeles County Counsel advice/input before proceeding.

Reasons for a grievance include, but are not limited to, the following:

1. Threats, threatening behavior, and/or acts of violence against Commissioners and County staff. Examples of such behavior include, but are not limited, to:
  - a. verbal and/or written threats;
  - b. psychological violence such as: verbal and/or written threats against any property of the person, bullying, and/or punishing others by constant, unmerited criticism;
  - c. off-duty harassment, such as phone calls, stalking or any of the other, above-defined behavior that could reasonably be construed as threatening, intimidating and/or possibly affecting safety; and
  - d. physical actions that could cause harm.



2. Misrepresentation of the Commission (see Commission Bylaw Article XV, Official Communications and Representations);
3. Blatant and/or purposeful disregard of the Commission's Code of Conduct, By-laws, and/or policies and procedures;
4. Fraud and/or deliberate and unwillful distortion of facts for malevolent purposes;
5. Malicious intent to put the Commission and its members, at legal, financial and/or physical risk and/or jeopardy (including purposeful failure to acknowledge conflict-of-interest rules);
6. Any alleged action that might be construed as felonious in nature.

Sanctions may be imposed on Commission members in response to an actionable grievance and the failure of either party to actively participate in the resolution of the grievance.

There are two levels of sanctions:

- Censure. Censure may be invoked by a majority vote of a majority of the Commission. Censure constitutes a "vote of no confidence" and serves as a warning to the Commission member to comply with the recommended Corrective Action Plan (CAP) activities.
- Recommendation of removal from the Commission and/or its Committees to the Los Angeles County Board of Supervisors (BOS). Recommendation of removal may be imposed by a two-thirds vote of a majority of the Commission when the Commission member continues to disregard compliance with the CAP activities. The Commission can remove a Committee member from its Committee without going to the Board of Supervisors.

**PROCEDURE:**

- All Commission members are required to certify their compliance with the Intra-Commission Grievance Policy and Code of Conduct by signing a written acknowledgement and understanding of the policy.
- Commission members alleging a grievable offense against another Commission member must submit written notification of dispute to Commission Co-Chairs and ED, along with a written description of the events involved in the grievance.



- Other Commission members or parties who may have been witness to the events leading to the grievance may be required by the Executive Committee to submit their version of the events to the Co-Chairs.
- Co-Chairs and ED will review the grievance with the Executive Committee at the subsequent Executive Committee meeting.
  - The Co-Chairs must share the grievance with the party alleged with the grievable offense prior to the Executive Committee meeting where it is reviewed.
  - The Ralph M. Brown Act precludes the Executive Committee from discussing disputes involving public officials in executive or other closed session.
- The Executive Committee is required to render a decision regarding all grievances within 60 days from the filing of the initial complaint. The Committee can decide to:
  - 1) take no action;
  - 2) recommend a Corrective Action Plan (CAP) to appropriate party(ies);
  - 3) postpone the matter for further investigation so long as a decision is made within 60 days of the initial complaint; and/or
  4. defer matter to the Los Angeles County Counsel for further handling.
- Refusal to participate in the Executive Committee's CAP by any or all parties may result in further actions being taken to resolve the grievance up to and including sanctions by the Commission.
- Sanctions may be imposed for either party who fails to meet the recommended standards of participation of the CAP.
  - At this time, the Co-Chairs are entitled to share with the full Commission recommendations of the CAP with which the party has not complied.
  - The first level of sanction is "censure". Censure may be invoked by a majority vote of a majority of the Commission. Censure constitutes a "vote of no confidence" and serves as a warning to the Commission member to comply with the recommended CAP activities.



- The second, and final, level of sanction is recommendation Commission to the Board of Supervisors. Recommendation of removal may be imposed by a two-thirds vote of a majority of the Commission when the Commission member continues to disregard compliance with corrective action plan activities,
  - or can be due to an Executive Committee conclusion on the authenticity of the alleged grievance when part(ies) refuse to participate in recommended corrective action plan activities.
  - Committee members may be removed directly from Committee involvement by the Commission without BOS intervention.
  - the Commission may recommend removal of a Commission member as early as two months (at least one subsequent meeting) following a vote of no confidence.
  
- Nominating bodies and the Los Angeles County Board of Supervisors Executive Offices are notified by letter when their representative has been sanctioned.
  
- These policies and procedures do not apply to members of the public.

**NOTED AND  
APPROVED:**

*Cheryl Barrett*

\_\_\_\_\_  
*Original Approval:*

**EFFECTIVE  
DATE:**

2/13/20

\_\_\_\_\_  
*Revision(s):*