



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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<https://tinyurl.com/y83ynuzt>



# Operations Committee Meeting

Thursday, December 18, 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/r6f7910f0993b2b71505fdc4d814f16c3>

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

Password: OPERATIONS Access Code: 2534 487 7307



**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, December 18, 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:

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To Join by Telephone: 1-213-306-3065  
Password: OPERATIONS Access Code: 2534 487 7307

Operations Committee (OPS) Members:			
Miguel Alvarez <i>Co-Chair</i>	Vilma Mendoza <i>Co-Chair</i>	Jayda Arrington	Alasdair Burton (Executive, At-Large)
Joaquin Gutierrez <i>(Alternate)</i>	Ish Herrera	Leon Maultsby, DBH	Dechelle Richardson (Executive, At-Large) <b>(LOA)</b>
QUORUM: 4			

**AGENDA POSTED:** December 11, 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 a [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. COH Staff Report                                    |  | 10:15 AM – 10:25 AM |
| a. Operational Updates                                 |  |                     |
| b. COH Restructure   Update                            |  |                     |
| 8. Co-Chair’s Report                                   |  | 10:25 AM – 10:30 AM |
| a. 2025 Work Plan                                      |  |                     |
| 9. Membership Review Workgroup                         |  | 10:30 AM – 11:50 AM |
| a. Duty Statements and Membership Application   Review |  |                     |
| b. Sample Scoring Documents   Review                   |  |                     |
| 10. Membership Management Report                       |  | 11:50 AM - 11:55 AM |

**V. NEXT STEPS**

11:55 AM – 11:57 AM

- 12.Task/Assignments Recap
- 13. Agenda development for the next meeting

**VI. ANNOUNCEMENTS**

11:57 AM – 12:00 PM

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

**VII. ADJOURNMENT**

12:00 PM

- 15. Adjournment for the meeting December 18, 2025

<b>PROPOSED MOTIONS</b>	
<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.



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

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

**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	LabLine Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	
Service Category	Organization/Subcontractor
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>





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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

October 23, 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	P	Alasdair Burton (Executive At-Large)	P
Joaquin Gutierrez (Alternate)	EA	Ish Herrera	EA	Leon Maultsby, DBH	P
Vilma Mendoza	P	De’chelle Richardson (Executive At-Large)	EA	Danielle Campbell	P
Joe Green	MoP				
COMMISSION STAFF					
Sonja Wright, DACM					

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

#### 1. CALL TO ORDER-INTRODUCTIONS

Co-Chair Vilma Mendoza called the meeting to order at 10:12 AM.

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

V. Mendoza 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 9/25/25 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:

- No public comment.

### **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:**

- No New Committee Business.

### **IV. REPORTS**

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

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

Assistant Director Dawn McClendon reported the following:

##### **Annual Conference**

- The 2025 annual conference is scheduled for November 13th at St. Anne's Conference Center.
- A "save the date" has already been sent.
- Staff are working with co-chairs to confirm speakers and finalize the program.
- A final agenda will be distributed in the coming weeks.

##### **Committee Meetings - November and December**

- Traditionally, Operations and Executive Committees cancel their regular November and December meetings due to holidays.
- In past years, a combined meeting in early November or December has been held.
- Staff has reserved December 18<sup>th</sup> at the Vermont Corridor as a tentative date due to limited room availability.
- Committees must decide whether to meet on that date or select another, pending room availability.

##### **Bylaws Revision & Restructure**

- Timeline for bylaws revisions has been adjusted; the Executive Committee aims to complete its review today.
- Revised bylaws will be submitted for final approval at the December 11<sup>th</sup> full body Commission meeting.
- Members with availability are encouraged to stay for the Executive Committee meeting to contribute.

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

- The restructure is tied to proposed changes in the bylaws.
- In September, the Executive Committee paused to clarify the Commission's role in integrated prevention planning:
  - Should the Commission remain an integrated planning body?
  - Or function solely as a Ryan White Part A planning body?
- They sought guidance from the Health Resources and Services Administration (HRSA) Project Officer and scheduled pending discussions with the Division of HIV and STDs (DHSP).

- The pause was to ensure due diligence and resolve these questions before finalizing the bylaws. The bylaws review is now moving forward.

## 8. Co-Chair's Report

### a. 2025 Work Plan

- The Operations Committee has completed its 2025 work plan.

## 9. Membership Review Workgroup

### a. Interview Questions

1. What do you know, or have you heard about the Commission on HIV?

(No change)

2. Why do you want to be part of the Commission on HIV?

(No change)

3. What is your background in HIV—whether professional, community-based, or personal lived experience?

(Combined questions 2 & 3 → already incorporated)

4. What skills, attributes, or abilities do you feel you can bring to the Commission?

(No change)

5. Time Commitment Question (Revised)

Before (Draft):

Being a Commissioner on the LA County Commission on HIV requires 5–10 hours per month, which includes attending the full Commission meeting, one committee meeting, and trainings. At times, there are supplemental events. Are you willing to commit to this minimum time requirement?

After (Revised):

Being a Commissioner on the LA County Commission on HIV requires a minimum of 10 hours per month, which includes the full Commission meeting, committee meetings, caucus participation (if applicable), required trainings, and preparation time for all meetings. At times, there are supplemental events. Are you willing to commit to this minimum time requirement?

*(Interviewer note: Briefly reference the Commission's attendance policy here.)*

6.

Before (Draft):

What do you understand about the purpose of the Ryan White Part A planning council and how it relates to the Commission on HIV?

After:

Removed:

Reason: Redundant with Question 1; confusing; overly technical; better addressed through interviewer "level-setting" at the start of the interview.

7. What motivates you to engage in community planning or HIV-related work?

(No change)

8. How do you handle working in groups where people have different experiences or viewpoints?

(No change)

9. Can you describe a time you contributed to a collaborative project or advisory body?

(No change)

10. How do you envision contributing to the Commission during your first year?

(No change)

11. Are there specific committees or issues within the Commission's work that interest you?

(No change)

12. Are you willing to participate in trainings and capacity-building activities as needed?

(No change)

13. Is there anything else you would like us to know about your interest or readiness to serve?

(No change)

#### Summary of Redline Changes

- Question #6 removed entirely.
- Time commitment updated to a minimum of 10 hours/month, explicitly including preparation time and caucus participation when applicable.
- Added an interviewer note to reference the attendance policy.
- Removed overly technical language related to Ryan White service categories.
- Document is now clean, simplified, and aligned with committee consensus.

#### Scoring System Discussion

- Existing scoring uses the summary score sheet compiled by staff.
- Committee suggests a revised scoring rubric:
  - 0 = Did not answer or lacked clarity/knowledge
  - 5 = Partially answered / somewhat clear
  - 10 = Very clear and complete response
- Objective: reduce reviewer subjectivity and create a shared understanding of what each score means.
- Score sheets for each reviewer will feed into a summary score sheet showing totals and averages.
- Applicants who do not meet the minimum threshold score will not move forward (threshold exists on the summary sheet; 60% is needed).

## 10. Outreach & Recruitment Workgroup

The workgroup did not provide any updates.

## 11. Membership Management Report

### a. Attendance Review

The committee reviewed the attendance roster for members with three consecutive unexcused absences or six total across subcommittees and the full Commission meetings to determine whether to initiate the formal attendance process.

- Jeremy “Jet Finley” Mitchell
  - Previously had three consecutive unexcused absences, then returned.
  - Recent additional absences raise concern (“second round”); his attendance pattern may warrant a formal letter.
- Dechelle Richardson
  - Not three consecutive absences, but inconsistent attendance.
  - Staff reports she is having personal challenges; follow-up planned to determine whether she wishes to continue or request leave.

Sabel-Samone Loreca

- Attends full commission meetings but frequently misses subcommittee (SBP) meetings.
- Has reached the six-absence threshold.
- The Committee leaned toward co-chair outreach rather than a formal letter at this time, given strong full-commission attendance.

Jonathan Weedman

- Spotty subcommittee attendance but has increased participation recently.
- Possible upcoming committee reassignment; follow-up planned.

## 12. VI. NEXT STEPS

### 13. TASK/ASSIGNMENTS RECAP:

- Update Interview Questions
- Research Scoring Sheet options (using 0-5 and 0-10 scale)
- Research updated Summary Score Sheet

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

- ➡ Duty Statements and Membership Application Review
- ➡ Sample Scoring Documents

**VII. ANNOUNCEMENTS**

**15. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:**

- The Black Caucus successful presence at Taste of Soul, with over 300 community interactions. Surveys collected regarding HIV perceptions; data to be shared later. New potential outreach/education contacts identified.

**VIII. ADJOURNMENT**

**16. ADJOURNMENT:** The meeting adjourned at 12:04 PM.



## 2025 OPERATIONS COMMITTEE WORKPLAN

<b>Co-Chairs: Miguel Alvarez and Vilma Mendoza</b>				
<b>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, 9.17.25, 12.17</b>				
<p><b>PURPOSE OF THIS DOCUMENT:</b> To identify activities and priorities the Committee will lead and advance throughout 2025.</p> <p><b>CRITERIA:</b> 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.</p> <p><b>CORE COMMITTEE RESPONSIBILITIES:</b> 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 <a href="https://hiv.lacounty.gov/operations-committee">https://hiv.lacounty.gov/operations-committee</a>.</p>				
#	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>  <del>(4) July: Bylaws/ finalized</del></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.		<del>(1) Revise Commission and Committee-only membership applications</del> <del>(2) Revise membership application interview questions: July</del>
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	<del>(1) Focus on realistic areas for expediting contracts within the County system.</del> <del>(2) C. Barrit to present findings/draft report at March-April OPS meeting.</del>
5	<b>Recruitment, Engagement and Retention Strategies</b>	Development of engagement and retention strategies to align with CHP efforts	Ongoing	(1) Continue efforts in partnership with the Consumer Caucus to develop strategies to engage and retain consumer members. (2) Continue social media campaigns to bring awareness. (3) Refer to HealthHIV Planning Council assessment for recommendations.
6	<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, October</del>



# Commission on HIV Restructure & Bylaws Revision Process — FAQ

**\*\*Updated 12.8.25\*\***

## FAQ OVERVIEW

We're restructuring to strengthen how the Commission operates, improve efficiency, and stay aligned with federal and local requirements. Change brings questions, so here's what/why/how in one place.

### BYLAWS AND ORDINANCE IN THE RESTRUCTURE

*Q: What is an ordinance?*

An ordinance is a law passed by the Los Angeles County Board of Supervisors. It establishes the Commission, defines its authority, and sets its overall structure. Ordinances are the legal foundation for how the Commission operates. Our current Ordinance 3.029 can be found [HERE](#)

*Q: What are bylaws?*

Bylaws are the Commission's internal rules. They guide our day-to-day operations—such as membership categories, meeting procedures, and committee responsibilities. Our current Bylaws can be found [HERE](#)

*Q: How do ordinances and bylaws connect to the restructure?*

The Board of Supervisors must update the ordinance to legally change the Commission's size and structure. Simultaneously, the Commission is updating its bylaws to match the ordinance and provide the details for how the new structure will function in practice.

In short: Ordinances set the framework, bylaws fill in the details, and both need to be updated as part of the restructure.

# COMMISSION ON HIV RESTRUCTURE & BYLAWS REVISION PROCESS — FAQ



## WHY IS THE COMMISSION RESTRUCTURING?

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- County direction (Measure G). All commissions were asked to review operations for efficiency and sustainability. To learn more about Measure G, [CLICK HERE](#).
- Sustainability: Budget constraints and quorum challenges made the 51-member model unsustainable.
- HRSA findings: HRSA called for clearer conflict-of-interest processes, term limits, expanded community engagement, and stronger structural alignment.
- Community workgroups: In March 2025, commissioner and community workgroups recommended a streamlined model.

## WHAT ARE THE MAIN CHANGES BEING PROPOSED? \*SUBJECT TO UPDATES

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- Membership reduced from 51 to 32 seats
- Commission and committee meetings reduced from 10 to six annually.
- Term limits: Maximum 3 consecutive 2-year terms + 1-year break (effective Mar 2026).
- Committee co-chair terms extended to 2 years.
- Committees: Public Policy → Executive; Operations → Membership & Community Engagement
- Expanded committee-only membership to individuals with lived experience
- Consumer stipends proposed *up to \$500/month \*contingent upon available funding*
- Conflict-of-interest rules strengthened. Members must declare conflicts related to RWP-funded agencies/services and recuse from related funding discussion/votes.
- Updated Code of Conduct to cover public/vendors and inclusion of the Commission's Inter-Personal Grievance Policy.
- DHSP, Part B and Medicaid/Medi-Cal representatives will serve as a non-voting members and will not be counted toward quorum.

## HOW WAS COMMUNITY INPUT INCLUDED?

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The restructure process began with meetings between DHSP and the Commission in late 2024 and early 2025, followed by community workgroups in March 2025. Their input was compiled into a formal report reviewed and approved by the Executive Committee in May. A public comment period in June–July 2025 drew 51 responses on stipends, conflicts of interest, caucuses, membership size, quorum, Brown Act compliance, and meeting frequency, with additional input from County Counsel, DHSP, and HRSA.

# COMMISSION ON HIV RESTRUCTURE & BYLAWS REVISION PROCESS — FAQ



## WHAT HAPPENS TO CAUCUSES AND CONSUMER VOICE?

Caucuses remain vital spaces to lift community perspectives. They won't be on a fixed standing schedule; instead, they'll use the [PURGE](#) decision tool to meet. Unaffiliated consumer members must make up 33% of the membership. Consumer voice is lifted through 11 unaffiliated consumer seats, expanded committee-only membership, the Membership & Community Engagement Committee, and additional community engagement activities.

## WHAT ABOUT STIPENDS?

As part of the proposed changes to the bylaws, there is a proposal to raise the Unaffiliated Consumer Stipend Program limit to \$500/month (from \$150/month à la carte), contingent upon funding and approvals\*. Stipends must follow HRSA guidelines and County protocols.

Quick definition: A stipend is a fixed amount of financial support provided to help *offset* costs like transportation, meals, or participation expenses. It is not a salary or wage, and it is not considered compensation for employment and cannot include automatic cost-of-living increases.

\*This proposal must still be approved by the full Commission as part of the bylaw changes. Any increase will only be implemented if funding is available.

## WHAT IS THE TIMELINE – WHEN DOES THE NEW RESTRUCTURE TAKE EFFECT? \*SUBJECT TO CHANGE

- June 27-July 27, 2025 – Public Comment period for Proposed Changes to Bylaws
- August - November 2025 – Executive Committee continues review of Public Comments
- December 11, 2025 – Commission votes on final bylaws and submits ordinance to BOS for review and approval. *\*The proposed bylaw updates are contingent upon the Board of Supervisors' approval of the ordinance, which mirrors the changes outlined in the bylaws.*
- December 2025 – January 2026 – Outreach and membership application campaign launch. *\* All members must reapply.*
- January – February 2026 – Applications reviewed and BOS appointments.
- Mar 12, 2026 – First meeting of the restructured Commission.

# COMMISSION ON HIV RESTRUCTURE & BYLAWS REVISION PROCESS — FAQ



## HOW WILL CURRENT MEMBERS BE AFFECTED?

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Current members who wish to continue serving must reapply for membership. Committee assignments will change to match new structure. Takes effect once the new membership is seated in March 2026 (term limits not retroactive).

## HOW WILL CONFLICTS OF INTEREST BE MANAGED?

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All members must complete annual conflict-of-interest forms. Members with conflicts must recuse themselves from related votes and discussions. This addresses HRSA findings and ensures transparency.

## WHERE CAN I LEARN MORE OR GET INVOLVED?

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- [CLICK HERE](#): Restructure materials & proposed bylaws
- [CLICK HERE](#): April 2025 Bylaws Training *\*Current members will be required to view the training recording ahead of December 11th vote.*
- QUESTIONS: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



## Commission Restructure Transition & Timeline (Updated 10.23.25 – Subject to Change)

*Note: The Executive Committee (EC) will continue decision-making in keeping with this timeline if a COH meeting is cancelled.*

### Phase 1: Restructure Report & Recommendations

Task/Activity	Responsible Party	Timeline / Status
Present restructuring report and recommendations.	Consultants	May 8, 2025 – COH Meeting • Timeline walk-through provided • Full presentation at 5/22/25 EC meeting <span style="color: green;">✔</span> Completed
Present restructuring report and recommendations.	Consultants	May 22, 2025 – Executive Committee Meeting • Straw poll result: Exhibit B and reduced membership seats <span style="color: green;">✔</span> Completed

### Phase 2: Drafting & Review of Updated Bylaws

Task/Activity	Responsible Party	Timeline / Status
Present updated proposed bylaws (based on restructuring report, recommendations, and feedback). Begin 30-day public comment period. Send bylaws and ordinance to County Counsel (CoCo) for review.	Commission Staff, Consultants, COH Co-Chairs	June 26, 2025 – Executive Committee Meeting <span style="color: green;">✔</span> Completed
Present updated proposed bylaws; coordinate final layers of review (CoCo, EO) and prepare for BOS approval of ordinance. Cover letter to BOS to include timeline and March 1, 2026 start date (aligned with RW Program Year).	Commission Staff	July 10, 2025 – COH Meeting Public comment: June 27 – July 27, 2025 <span style="color: green;">✔</span> Completed in Part; <i>Cover Letter to BOS Pending Due to Changes in Timeline</i>



### Phase 3: Executive Committee & Final COH Actions

Task/Activity	Responsible Party	Timeline / Status
Executive Committee review of proposed bylaws changes (in lieu of cancelled COH meetings) to prepare for final COH vote.	Executive Committee	July – November 2025 ⚠ Ongoing
COH approve bylaws and submit ordinance to BOS for approval.	Commission Staff, Commissioners	December 11, 2025

### Phase 4: Membership Transition & Recruitment

Task/Activity	Responsible Party	Timeline / Status
Highlight proposed restructure COH at Annual Conference.	COH Co-Chairs	November 13, 2025
Disseminate transitional membership application and open nominations process to all stakeholder constituencies (including current Commissioners).	Commission Staff	December 12, 2025 – January 9, 2026
Organize and verify applications for completeness and accuracy.	Commission Staff	Application deadline: January 9, 2026

### Phase 5: Membership Interview & Selection Process

Task/Activity	Responsible Party	Timeline / Status
Conduct membership interviews. <i>Proposed Interview Panel includes academic partners, EO Commission Services representative, former Co-chairs/members not reapplying, 1–2 members from other neighboring planning councils, 1–2 consumers not reapplying, Collaborative Research / Next Level Consulting, COH staff.</i>	Interview Panel (5–6 members)	January 10–18, 2026 (includes weekend interviews due to short turnaround)



Select initial cohort of candidates to recommend for nomination.	Interview Panel	January 19, 2026
Executive Committee approves initial cohort.	Executive Committee	January 23, 2026
COH approves initial cohort.	Commissioners	February 12, 2026
Forward nominations to EO/BOS for appointment.	Commission Staff	February 12, 2026

### Phase 6: BOS Appointments & Launch

Task/Activity	Responsible Party	Timeline / Status
BOS appointment of first cohort of new members to restructured COH.	Board of Supervisors	February – Early March 2026
First meeting of newly restructured Commission on HIV.	—	March 12, 2026

# HAVE A SEAT AT THE TABLE.

Your voice, perspective, and experience matter here.



Commission Membership

The **Los Angeles County Commission on HIV** is seeking engaged individuals with **lived experience, community knowledge, or professional expertise** who are prepared to have a **seat at the table** and **actively participate** in shaping **HIV planning, policy, and funding decisions** across **Los Angeles County**.



## Open Seats Include:

- 15 HRSA Required Categories
- 11 Unaffiliated Consumer Members
- 5 Board of Supervisors Representatives
- 1 HIV Researcher / Scientist

## Support for Unaffiliated Consumer Members

- Stipends (up to \$500, contingent on funding availability)
- Childcare reimbursement
- Transportation reimbursement
- Supplies & participation support

## Interested in serving?

Apply by **January 9, 2026** to join the **first cohort for the 2026–2028 term.**

*\*Membership applications are accepted year-round until all seats are filled.*

**APPLY HERE**



[hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)  
<https://hiv.lacounty.gov>





# Membership Interview – Frequently Asked Questions (FAQ) & Preparation Guide

(Updated 12.15.25)

This document provides an overview of the membership interview process, expectations of Commissioners, and guidance for applicants interested in serving on the Los Angeles County Commission on HIV. Interviews are designed to be welcoming, conversational, and informative.

## Background

The Los Angeles County Commission on HIV is undergoing a major restructure to strengthen its role as the County's integrated HIV prevention and care planning body. This includes updating our bylaws and ordinance, reducing the size of the Commission for greater efficiency, aligning all functions with HRSA and CDC requirements, and ensuring membership reflects the communities most impacted by HIV in LA County.

As part of this transition, we are launching the **first cohort of the newly reconstituted 32-member Commission**, and all applicants will participate in a streamlined and transparent interview process designed to prioritize equity, reflectiveness, and community voice.

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## Membership Interview – Frequently Asked Questions (FAQ)

### Is an interview required?

Yes. All candidates who apply for membership on the Commission are required to participate in an interview.

### How long is the interview?

Interviews are approximately 30–45 minutes and will be held **virtually**. To ensure fairness for all applicants and to stay on schedule, panelists may guide the conversation to remain within the allotted time.



### Who will conduct the interview?

Interviews are conducted by a diverse panel of 3–5 stakeholders, which may include former Commissioners, Commission support staff, consumers and community members, community partners, and subject-matter experts. Panelists are not applying for membership and therefore have no conflicts of interest in the selection process.

### What is the purpose of the interview?

The interview helps us better understand your experience, lived expertise, planning perspective, and readiness to fulfill the duties of a Commissioner. Applicants are encouraged to review the Commissioner Duty Statement in advance.

### How are final selections made?

Panelists evaluate applications based on interview responses, written application materials, available seats, and Parity, Inclusion & Reflectiveness (PIR) principles. Recommended candidates are reviewed by the Operations Committee, Executive Committee, full Commission, and ultimately appointed by the Los Angeles County Board of Supervisors.

### How long does the process take?

For the first cohort under the newly restructured Commission, an expedited process is being used. The goal is to seat the new Commission by the March 12, 2026 meeting, aligning with the new Ryan White Program Year.

### How is the Commission governed?

The Commission is an integrated HIV prevention and care planning body and operates in accordance with County ordinance, state statute, and federal requirements from HRSA and the CDC.

### What is the Commission's role?

The Commission is a planning body—not an advocacy or activism body. Its role is to plan for all people in LA County living with, impacted by, or at risk for HIV to ensure equitable access to prevention and care services.

### How is the newly restructured Commission composed?

The Commission consists of 32 members: 15 HRSA-required seats (including three non-voting seats), 11 unaffiliated persons living with HIV, 5 Board of Supervisors representatives, and 1 HIV researcher/scientist.

### What does Parity, Inclusion & Reflectiveness (PIR) mean?

Parity ensures members are supported to participate fully; Inclusion ensures all voices have equitable opportunity; Reflectiveness ensures membership mirrors the demographics of the local HIV epidemic.



### What should I know about committees?

The Commission has four standing committees that meet monthly. All Commissioners must serve on at least one committee. Applicants are encouraged to attend committee meetings while their application is under review.

### What Makes a Strong Candidate?

Strong candidates bring lived experience and/or professional expertise, and a commitment to collaborative planning. You do not need to be an expert in HIV policy, but you should be ready to learn, engage, and participate consistently.

Strong candidates often demonstrate:

- Connection to communities impacted by HIV in LA County
- Experience on advisory boards, committees, or planning bodies
- Willingness to collaborate and listen
- Reliability and follow-through
- Understanding that Commission work is focused on planning, not advocacy

### Interview Preparation Guide

Before your interview, we encourage you to review the [Commissioner Duty Statement](#) or [Unaffiliated Consumer Duty Statement](#), revisit your application, and reflect on how your experience informs your planning perspective.

During the interview, expect a respectful and conversational discussion focused on your readiness to serve, your approach to collaboration, and your interest in equitable HIV planning.

*\*Membership applications are accepted year-round until all seats are filled.*



# Membership Interview Questions

(Revised by Operations Committee 10.23.25)

1. What have you heard or learned about the Los Angeles County Commission on HIV (COH)? (This helps us understand your current awareness of our mission and work.)
2. What inspires you to serve on the Commission on HIV? (Please share your motivation or interest in contributing to this work.)
3. What skills, perspectives, or experiences would you bring to the Commission? (We value diverse lived and professional experiences that strengthen our work.)
4. Serving as a Commissioner requires a minimum commitment of 10 hours per month — which includes attending the full Commission meeting, your assigned committee or caucus meeting, preparing for meetings, and participating in trainings. Occasionally, there are additional events and activities. Are you able to commit to this level of participation?
5. In what ways have you been involved in your community? (This can include volunteer work, advocacy, mentorship, leadership, or other forms of engagement.)
6. What do you hope to gain or learn from your participation on the Commission?



# COMMISSIONER

## DUTY STATEMENT

Candidates for membership on the Commission on HIV must complete a membership application and participate in the interview process. All applicants are evaluated and scored by the Commission's Operations Committee, consistent with Policy/Procedure #09.4205 (Commission Membership Evaluation and Nomination Process). Based on this evaluation, the Operations Committee recommends candidates to the full Commission. The Commission then nominates candidates to the Board of Supervisors by majority vote. Final appointments to the Commission are made by the Los Angeles County Board of Supervisors.

### DUTIES AND RESPONSIBILITIES:

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

#### 1. Representation and Accountability

- Possess knowledge of HIV/AIDS, STIs, impacted communities, and the organization or constituency the member represents.
- Provide consistent two-way communication between the Commission and the organization/constituency the member represents.
- Offer the perspective of the organization/constituency the member represents, while also sharing the Commission's positions with relevant partners.
- Participate in deliberations and cast votes based on what is best for the entire County, regardless of personal views or the preferences of the member's organization/constituency.

#### 2. Commitment and Participation

- Commit to serving a full two-year Commission term.
- Uphold the following expectations:
  - Respect the views of all members and stakeholders regardless of race, ethnicity, sexual orientation, gender identity, HIV status, or other factors.

- Comply with the Commission’s Code of Conduct, applicable HIPAA requirements, and all Commission policies, especially the Commission’s **Attendance Policy #08.3204**
- Adhere to the Ralph M. Brown Act and Robert’s Rules of Order.
- Approach deliberations with an open mind and consider the perspectives of others.
- Actively participate in ongoing decision-making processes.
- Support and communicate decisions made by the Commission when representing the Commission.
- Devote a minimum of **ten hours per month** to Commission and committee meetings, preparation, and related responsibilities.
- Commissioners are required to attend and actively participate in:
  - Commission orientations and ongoing trainings
  - County commission orientations (as applicable)
  - Monthly Commission meetings
  - Assigned standing committee meetings
  - All relevant priority- and allocation-setting (PSRA) meetings
  - Consumer or other caucus meetings (**required for unaffiliated consumer members**)
  - The Commission’s Annual Conference
- Participate in voluntary workgroups, task forces, and special meetings as needed for committee assignments or other Commission business.

**Failure to meet requirements may result in removal from the Commission.**

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### 3. Knowledge and Skill Development

Members are expected to commit to building and expanding their knowledge in the following areas:

- General information about HIV, STIs, and their impact on communities across Los Angeles County.
- The HIV/STI prevention and care continuum, low-income support services, and the broader health and human services delivery system.
- The Commission’s multi-year HIV service priorities, resource allocations, and planning activities.
- The Ryan White Program, Medicaid/Medi-Cal, and other funding streams and service systems that support people living with or at risk for HIV.



LOS ANGELES COUNTY  
COMMISSION ON HIV



## COMMISSIONER UNAFFILIATED CONSUMER MEMBER

Unaffiliated Consumer (UAC) members serve as critical voices on the Commission on HIV. They provide lived expertise on the Ryan White Program, represent the needs and experiences of people living with HIV, and help ensure that Commission priorities, strategies, and decisions remain grounded in community realities.

To be an effective UAC member, individuals must meet the following expectations:

### DUTIES AND RESPONSIBILITIES:

To be an effective UAC member, individuals must meet the following expectations:

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#### 1. Representation and Accountability

Unaffiliated Consumer members must:

- Have lived experience as a person diagnosed with HIV and be a current consumer of Ryan White Program services.
  - Not be affiliated with a Ryan White Part A–funded agency (i.e., not employed by, serving on its board, or consulting for any RWP Part A–funded organization).
  - Maintain knowledge of HIV, STIs, and the communities they represent.
  - Provide consistent two-way communication between the Commission and the consumer community.
  - Share a **data-informed**, experience-grounded perspective on issues before the Commission.
  - Cast votes based on what is best for people living with and affected by HIV across Los Angeles County—beyond personal opinions or individual program preferences.
-

## 2. Commitment and Participation

Unaffiliated Consumer members must:

- Commit to serving a full two-year Commission term.
- Uphold the following expectations:
  - Respect the views of all members and stakeholders regardless of race, ethnicity, sexual orientation, gender identity, HIV status, or other factors.
  - Comply with the Commission’s Code of Conduct, applicable HIPAA requirements, and all Commission policies.
  - Adhere to the Ralph M. Brown Act and Robert’s Rules of Order.
  - Approach deliberations with an open mind and consider the perspectives of others.
  - Actively participate in ongoing decision-making processes.
  - Support and communicate decisions made by the Commission when representing the Commission.
  - Devote a minimum of **ten hours per month** to Commission and committee meetings, preparation, and related responsibilities.
- UACs are required to attend and actively participate in:
  - Commission orientations and ongoing trainings
  - County commission orientations (as applicable)
  - Monthly Commission meetings
  - Assigned standing committee meetings
  - All relevant priority- and allocation-setting (PSRA) meetings
  - Consumer or other caucus meetings (**required for unaffiliated consumer members**)
  - The Commission’s Annual Conference
- Participate in voluntary workgroups, task forces, and special meetings as needed for committee assignments or other Commission business.

**Failure to meet requirements may result in removal from the Commission.**

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## 3. Knowledge and Skill Development

Unaffiliated Consumer members are expected to build and expand their understanding of:

- General information about HIV, STIs, and their impact on Los Angeles County communities.
- The HIV/STI prevention and care continuum and the broader health and human services landscape.
- The County’s Comprehensive HIV Plan and HIV Continuum.
- The Commission’s priority- and allocation-setting process.

- CDC HIV prevention guidelines, Ryan White Program requirements, and related funding systems that affect consumers.

UAC members are also expected to:

- Understand the needs, challenges, and interests of other consumers.
- Stay familiar with how HIV prevention, care, and treatment services are delivered across LA County.
- Identify community concerns, barriers, trends, and opportunities to improve services.
- Provide authentic consumer insight to inform planning, evaluation, and policy discussions.

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#### 4. Skills and Attributes

Unaffiliated Consumer members should demonstrate:

- Sensitivity to diverse communities and the ability to communicate across varied needs and experiences.
- A lived and/or professional commitment to HIV, STI, and health equity issues.
- Capacity to reflect principles of **Parity, Inclusion, and Reflectiveness (PIR)**.
- Ability to collaborate, problem-solve, and engage constructively.
- Comfort navigating conflict while striving for consensus where possible.
- Strong follow-through, reliability, and readiness to contribute to Commission operations.
- A focus on leadership development, mentorship, and supporting the engagement of other consumers.
- Awareness of personal and potential conflicts of interest, and willingness to disclose them appropriately.

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#### 5. Commitment and Accountability

Unaffiliated Consumer members must:

- Prioritize the best interests of the Commission and the HIV community over personal agenda or agency-related concerns.
  - Ensure the rights and voices of consumers and stakeholders are respected.
  - Advocate consistently on behalf of people living with and at risk for HIV.
  - Engage in transparent, regular, and active decision-making processes.
  - Always approach Commission work with openness, respect, and integrity.
-

## Sample Interview Scoring Criteria 0-5

### Interviewing

This scale can be used to evaluate candidate performance based on a set of questions or a specific task.

Score	Criteria Language
<b>5 (Excellent)</b>	The answer was outstanding and exceeded all expectations. It was highly insightful, well-structured, and demonstrated deep expertise.
<b>4 (Strong)</b>	The candidate's answer was strong, thoroughly addressing all aspects of the question and going beyond the basic requirements.
<b>3 (Adequate)</b>	The answer was acceptable and hit the key points of the question. It was sufficient but did not offer much extra value or insight.
<b>2 (Weak)</b>	The answer was incomplete or poor, missing some key points or containing significant flaws.
<b>1 (Inadequate)</b>	The answer was wholly inadequate or missed the point of the question entirely.
<b>0 (Unscorable)</b>	The candidate refused to answer, provided a completely off-topic response, or gave no answer at all.

### Criteria language for scores 0–5

#### Score definitions

- **0 (Not Applicable/No Answer):** The candidate did not answer the question or lacks relevant experience in this area.
- **1 (Unsatisfactory/Significant Gap):** The candidate's response is well below the required level. Their answer may be irrelevant or show a significant lack of skill.
- **2 (Below Requirements):** The candidate's response is below the standard needed for effective performance. It may include some relevant points, but key issues or examples are missing.

## Sample Interview Scoring Criteria 0-5

- **3 (Meets Requirements):** The candidate's performance is at a satisfactory and acceptable level. Their answer is relevant and addresses most points, but may not be exceptional.
- **4 (Exceeds Requirements/Very Good):** The candidate's performance is clearly above the required level. Their answer is relevant, well-supported with good examples, and shows a strong understanding.
- **5 (Exceptional/Far Exceeds Requirements):** The candidate's performance is at a superior or expert level. Their answer is perfect and exemplary, addressing all points in an extremely high-quality manner.

### Competency-specific examples

Here is how the 0–5 scale can be applied to specific competencies.

#### Communication skills

- **Score 5:** Articulates complex ideas clearly and concisely, with compelling and well-structured examples. An excellent listener.
- **Score 3:** Provides clear answers but struggles to elaborate or provide detailed examples. Responds appropriately but does not stand out.
- **Score 1:** Answers are disorganized or difficult to follow. The candidate struggles to express thoughts clearly.

#### Problem-solving skills

- **Score 5:** Synthesizes information quickly to find innovative and highly effective solutions. Clearly explains a proactive, data-driven approach to solving problems.
- **Score 3:** Describes a logical process for solving a problem but may be missing key details or show a less-structured approach.
- **Score 1:** Struggles to articulate a clear strategy for handling a difficult situation. Provides weak or irrelevant examples.

## Sample Interview Scoring Criteria 0-5

### Technical knowledge

- **Score 5:** Demonstrates extensive and exceptional knowledge of the required technical skills. Provides examples of complex projects that resulted in superior outcomes.
- **Score 3:** Has the standard technical knowledge required for the position. Provides acceptable examples of applying skills in past roles.
- **Score 1:** Shows a significant gap in the required technical skills and experience.

Consideration: scoring on a scale of 1-10 might not be best in most cases. Instead, consider scoring on a 1-4 or 1-5 basis. You might describe the values in a 1-4 scoring system as follows:

- 1: A poor answer that missed the key point of the question
- 2: An incomplete answer that had good elements but was significantly flawed
- 3: A convincing but flawed answer that falls short because of problems with either the content or breadth of the answer
- 4: An ideal answer that understood the question and answered it fully while indicating high competence

## Sample Interview Scoring Criteria 0-10

### Criteria language for scores 0–10

Using a well-defined rating scale is crucial for reducing bias and ensuring all interviewers evaluate candidates consistently. The following language provides a framework for how to interpret scores on a 10-point scale.

#### Category: No Response/Unacceptable (Score 0–2)

- **0: No Response.** The candidate could not answer the question or refused to respond.
- **1: Irrelevant or Disruptive Response.** The candidate's response was completely off-topic, evasive, or inappropriate. Their answer provided no meaningful insight into the competency being assessed.
- **2: Significant Gap.** The candidate attempted to answer but lacked the basic knowledge or experience required. Their response contained significant errors or gaps in logic and did not demonstrate the competency.

#### Category: Below Expectations (Score 3–4)

- **3: Limited Proficiency.** The candidate's response suggests a limited understanding of the topic or competency. They may have struggled to provide relevant examples or their answer was vague and lacked critical detail. Requires significant training or oversight.
- **4: Partially Meets Expectations.** The candidate's response contains some correct elements but is significantly flawed or incomplete. While they have some awareness of the competency, they require substantial coaching to perform effectively.

#### Category: Meets Expectations (Score 5–6)

- **5: Adequate/Average.** The candidate's response was acceptable, covering most of the key points but without significant depth or compelling examples. They have the baseline knowledge and skills but do not go above and beyond the standard expectation.
- **6: Fully Meets Expectations.** The candidate provided a solid, well-rounded response that met all of the question's core requirements. They

## Sample Interview Scoring Criteria 0-10

demonstrated a clear and consistent understanding of the competency, backed by relevant examples.

### **Category: Exceeds Expectations (Score 7–8)**

- **7: Strong Response.** The candidate provided a strong, clear, and logical response with good supporting examples. They not only met the requirements but also showed a deeper level of understanding or strategic thinking than the average candidate.
- **8: Highly Proficient.** The candidate's response was polished and articulate. They demonstrated a high level of expertise, providing detailed and compelling examples that clearly illustrated their mastery of the competency.

### **Category: Exceptional (Score 9–10)**

- **9: Outstanding.** The candidate's response was a perfect, comprehensive answer that went above and beyond what was asked. They provided exceptional insight and demonstrated expertise that would be a significant asset to the team. Their example was highly impressive and clearly differentiated them from other candidates.
- **10: Far Exceeds Requirements.** The candidate's response was a flawless example of the desired competency. They showcased a level of strategic thinking, innovation, and leadership that is rare to find. The answer and supporting examples were truly exceptional and inspiring, indicating they would be an immediate and highly impactful contributor

# COMMISSION MEMBER APPLICATION SUMMARY SCORING SHEET

(Updated 5/2/17)

Name of Applicant: _____		Date of Evaluation: _____	
<input type="checkbox"/> New Member <input type="checkbox"/> Renewal			
Applicant Status:	<input type="checkbox"/> Unaffiliated Consumer <input type="checkbox"/> Provider	SPA (LIVE WORK REC SERVICES)	District (LIVE WORK SERVICES)
Demographic Information:	RACE/ETHNICITY: <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native		
	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other/Not Specified		
	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown		
	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"/> Unknown		
Provider Information:	<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		

CRITERIA	Points Available	Interview Panelists			
<b>1. Commitment &amp; Communication:</b>					
Oral Communication	5				
Written Communication	5				
<b>Subtotal</b>	<b>10</b>				
<b>2. HIV/AIDS/STIs Knowledge:</b>					
Subtotal	15				
<b>Subtotal</b>	<b>15</b>				
<b>3. Prior Community Planning Experience:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>4. Collaboration:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>5. HIV Experience:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>6. Understanding of the Needs of Highly Impacted Populations:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>7. Effective Representation:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>8. Reliability:</b>					
Subtotal	10				
<b>Subtotal</b>	<b>10</b>				
<b>9. Interview:</b>					
Subtotal	15				
<b>Subtotal</b>	<b>15</b>				
<b>TOTAL</b>	<b>100</b>				

<b>Total of Scores:</b>		<b>Number of Scores:</b>		<b>Average Total:</b>	
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## INTERVIEW SCORING SHEET

	Applicant #1	Applicant #2	Applicant #3	Applicant #4	Applicant #5	Applicant #6	Scoring Instructions
Question #1	1	4	3	3	5	5	<b>Rating Answers:</b> Rank each answer 1-5 with 5 being the highest rank
Question #2	2	5	3	4	2	4	
Question #3	5	3	3	3	3	4	
Question #4	0	5	3	4	3	3	<b>The % Row:</b> This should be the total number of questions divided by the highest score. For Example with 10 questions and the highest scoring being 5, the total score will be row 10 (The sum of the score results) divided by the highest possible score (50).
Question #5	3	3	3	2	4	2	
Question #6	2	5	3	1	5	2	
Total Score: out of 30	13	25	18	17	22	20	
%	<b>43.33%</b>	<b>83.33%</b>	<b>60.00%</b>	<b>56.67%</b>	<b>73.33%</b>	<b>66.67%</b>	

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# 2025 MEMBERSHIP ROSTER | UPDATED 12.8.25

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			<b>Vacant</b>		July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1	1	OPS	Leon Maultsby, DBH, MHA	In The Meantime Men's Group, Inc	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	SBP	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	
20	Unaffiliated representative, SPA 2			<b>Vacant</b>		July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	Unaffiliated representative	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4	1	PP	Jeremy Mitchell (aka Jet Finley) (LOA)	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	EXC 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	
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) (LOA)
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			<b>Vacant</b>		July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	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 (LOA)	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	EXC OPS	Dechelle Richardson (LOA)	No affiliation	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS (LOA)	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>37</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: 42