

COMMISSION ON HIV

NUMBER OF MEMBERS*

Fifty-one (51) voting members nominated by the Commission and appointed by the Board of Supervisors, consistent with the open nominations process.

QUALIFICATIONS*

The following recommending entities shall forward candidates to the Commission for membership consideration:

- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and Sexually Transmitted Disease(s) (STDs):
 1. Medi-Cal, State of California;
 2. The city of Pasadena;
 3. The city of Long Beach;
 4. The city of Los Angeles;
 5. The city of West Hollywood.
- B. The Director of the Division of HIV and STD Programs (DHSP), representing the Part A grantee, Department of Public Health (DPH);
- C. Four (4) members who are recommended by Ryan White grantees as specified below or representative groups of Ryan White grant recipients in the County, one from each of the following:
 1. Part B (State Office of Acquired Immune Deficiency Syndrome (AIDS));
 2. Part C (Part C grantees);
 3. Part D (Part D grantees);DPH
 4. Part F (grantees serving the County, such as the AIDS Education and Training Centers (AETCs) or local providers receiving Part F dental reimbursements).
- D. Eight (8) representatives who are recommended by the following types of organizations, in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic:
 1. An Human Immunodeficiency Virus (HIV) specialty physician from an HIV medical provider;

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

10. HIV-negative individuals from identified high-risk or special populations.

In all the above membership categories where not specifically required, recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by the epidemic. Members are expected to report to and represent their recommending entities and constituencies. Members may, at times, represent multiple constituencies.

In accordance with Ryan White and Centers for Disease Control and Prevention (CDC) requirements, the Commission shall ensure that its full membership and its subset of unaffiliated consumer members shall proportionately reflect the ethnic, racial and gender proportions of HIV disease prevalence in the Eligible Metropolitan Area (EMA). In accordance with Ryan White requirements, at least one (1) unaffiliated consumer must be co-infected with Hepatitis B or C, and at least one (1) unaffiliated consumer must be recently incarcerated or an advocate for the recently incarcerated.

In forwarding nominations for appointment by the Board of Supervisors, the Commission shall ensure that its membership fully conforms to Ryan White Part A HIV Health Services Planning Council (planning council) requirements on representation, reflectiveness and consumer membership, and CDC HIV Planning Group (HPG) requirements on Parity, Inclusion and Representation.

One alternate may be nominated by the Commission for appointment by the Board of Supervisors for each member who has disclosed that he/she is living with HIV disease. An alternate shall attend meetings of the Commission and vote in the absence of the person for whom he/she is designated as an alternate. Nominations of alternates shall be made from the pool of candidates recommended for membership. The Commission shall ensure that the composition of alternate members conforms to any Part A planning council requirements which apply to alternates.

APPOINTMENT*

Members shall be nominated by the Commission and appointed by the Board of Supervisors.

TERM OF OFFICE*

Two years. All members and alternates of the Commission shall serve at the pleasure of the Board of Supervisors.

Any member whose employment, status, or other factors no longer fulfill the requirements of the membership seat to which he/she was appointed shall be

removed from the Commission as determined by the Board of Supervisors.

No Commission member may serve more than two consecutive two-year terms except that the Board may, by order, extend the length of service or waive the limit for individuals or the Commission as a whole. In addition to their Commission service, members are required to serve on at least one (1) of the Commission's standing committees.

During the course of a year, absence from any combination of six (6) regularly scheduled Commission meetings and/or regularly scheduled meetings of the Committee to which the member has been assigned may result in the Board of Supervisors removing the member from the Commission. An Alternate's attendance in a member's place is considered attendance by the member at that meeting.

As needed by committees and appropriate for added professional expertise, as a means of further engaging community participation in the planning process, and/or necessary to meet the requirements of the CDC HIV Planning Guidance, the Commission is empowered to nominate candidates who are not Commission members for appointment by the Board of Supervisors as members of the Commission's established standing committees. The term of each such member shall be two (2) years.

COMPENSATION*

When required to travel outside the County in the performance of Commission duties, members may be reimbursed from Ryan White or other funds for necessary traveling expenses, including transportation, meals and lodging. To be reimbursable, such travel must receive prior written approval from the Commission Executive Director or his/her designee.

Corresponding with Ryan White legislation and Health Resources and Services Administration (HRSA) and CDC guidelines, members of the Commission may also be reimbursed for local travel and mileage, meals associated with Commission business, child care during Commission activities, and computer-related expenses if those costs are incurred in the performance of Commission-related duties. The Commission may, in addition to reimbursing those expenses, also provide these services directly to members and/or pay monthly stipends to unaffiliated consumer members of Ryan White Part A services or HIV-negative individuals from identified high-risk or special populations who, if positive, would be eligible for Ryan White services, provided that the stipends are not paid with Ryan White funds. Eligible members must maintain a required level of participation and other performance requirements, as defined in Commission policy.

The Commission will establish and the Executive Director will implement

procedures for eligibility and utilization of the foregoing described reimbursements, member services and/or stipends, including stipend amounts of at least \$25 and no more than \$150 per month as determined by the Commission policy and reported to the Board.

MEETINGS*

At least ten (10) times per year. In addition to the executive and operations committees, the Commission may establish other standing committees in its bylaws in order to carry out its mission and responsibilities. The Commission may also create other working groups, as allowed by its policies and procedures.

DUTIES*

Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance, the Commission is authorized to:

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with DHSP to update the plan on a regular basis;
- B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;
- C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how best to meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;
- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local EMA's delivery of HIV services;
- E. Plan and develop HIV and public health service responses to address the

frequency of HIV infection concurrent with STDs and other co-morbidities; deploy those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;

- F. Study, advise and recommend to the Board of Supervisors, the grantee and other departments' policies and other actions/decisions on matters related to HIV;
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the general public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment; and actively engage individuals and entities concerned about HIV;
- H. Provide a report to the Board of Supervisors annually, no later than June 30th, describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents, with indicators determined by the Commission in collaboration with DHSP; make other reports as necessary to the Board of Supervisors, the grantee and other departments on HIV-related matters referred for review by the Board of Supervisors, grantee or other departments;
- I. Act as the planning body for all HIV programs in DPH or funded by the County;
- J. Make recommendations to the Board of Supervisors, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

OATH

Not required.

SUNSET REVIEW DATE

None.

AUTHORITY*

- Chapter 3.29 of the Los Angeles County Code; Board Order No. 40 of February 14, 1995, Ordinance No. 95-0010;
- Board Order No. 10 of January 27, 1998, Ordinance No. 98-0002;

- Board Order No. 91 of April 3, 2001;
- Board Order No. 63 of April 10, 2001, Ordinance No. 2001-0039 (extension of sunset review date);
- Board Order No. 53 of January 21, 2003;
- Board Order No. 13 of January 28, 2003, Ordinance No. 2003-0010 (Membership);
- Board Order No. 14 of November 30, 2004;
- Board Order No. 48 of December 7, 2004, Ordinance No. 2004-0070 (extension of sunset review date);
- Board Order No. 25 of June 7, 2005; Board Order No. 61 of June 7, 2005;
- Board Order No. 73 of June 14, 2005, Ordinance No. 2005-0044 (Also name change);
- Board Order Nos. 13 and 49 of September 12, 2006;
- Board Order No. 62 of September 19, 2006, Ordinance No. 2006-0071 (extension of sunset review date); Article II (Members), and Article VII (Standing Committees) of the Los Angeles County Commission on HIV as revised on April 9, 2009;
- Board Order No. 19 of November 22, 2011;
- Board Order No. 69 of November 29, 2011, Ordinance No. 2011-0065;
- Board Order No. 55 of June 11, 2013.

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