

VIRTUAL TRAINING SERIES

Membership Structure and Responsibilities

October 1, 2020

10:00am to 11:30am

Via Cisco WebEx

Presented by COH Operations Committee Co-Chairs, Joseph Green &
Juan Preciado



LOS ANGELES COUNTY
COMMISSION ON HIV



A Few Requests

- The training will be recorded and posted on the Commission on HIV website.
- Please hold all questions and comments at the end of the presentation.
- You may type your questions and comments in the Chat.
- If we are not able to answer all the questions during the allotted time for this virtual training, staff will post answers on the website.

Learning Objectives

<http://hiv.lacounty.gov/About-Us>

Learn about the duties of a Commissioner, the 51 seats on the body, and the functions of the Operations Committee.

Learn how different member perspectives help facilitate a sound integrated HIV/STD prevention and care planning process.

Understand the concepts of Parity, Inclusion, Reflectiveness, and Representation.



LOS ANGELES COUNTY COMMISSION ON HIV

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

The Commission on HIV (COH) serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD)



MEMBERS

51

Nominated by the
Commission on HIV.



APPOINTMENT

By Board
of Supervisors.



TERM OF OFFICE*

2 years

Serve at the pleasure
of the Board.



FORM 700

May be subject
to file.



QUALIFICATIONS*

Recommended entities shall forward candidates to the Commission for membership consideration.

Recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by HIV/ STDs.



INCENTIVES*

Gift cards or stipends, and reimbursements for mileage, transportation, childcare are available only to unaffiliated consumers.

No more than \$150 per month as determined by the Commission policy.



DUTIES*

The Commission on HIV is tasked with planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Disease(s) (STDs) services in Los Angeles County.

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.

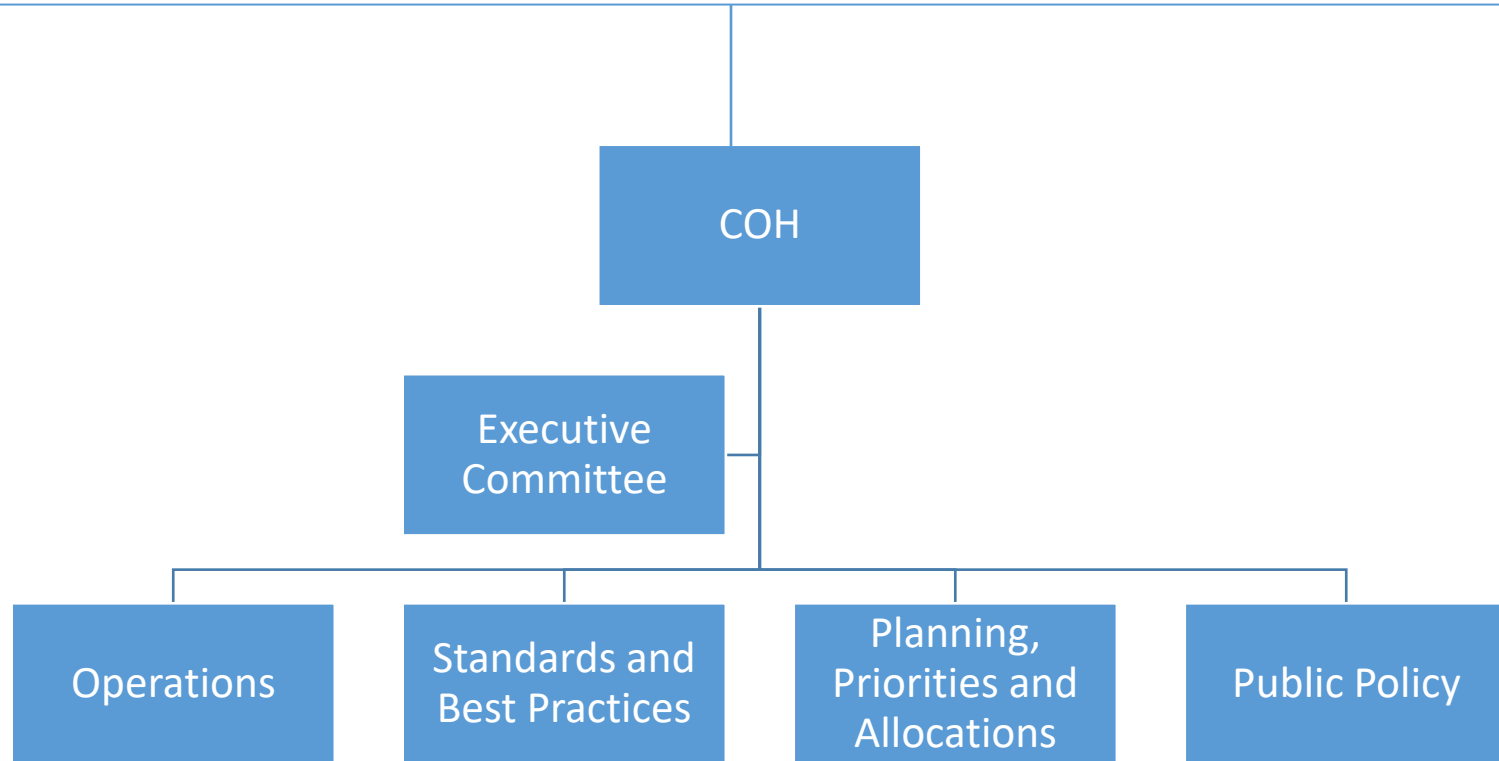


MEETINGS*

At least ten (10) times per year, plus monthly Committee meetings.

Additional time commitment may be required.

Board of Supervisors



Workgroups, Caucuses, Task Forces
Women's Caucus, Consumer Caucus, Transgender
Caucus, Black/African American Community Task Force,
Aging Task Force

51 Seats

- 5 Governmental Representatives
- 1 DHSP Director/Part A
- 4 Ryan White Parts
- 8 Provider Representatives
- 17 Unaffiliated Consumers
- 5 Board Office Representatives
- 1 HOPWA
- 1 Health or Hospital Planning Agency
- 1 Behavioral or Social Scientist
- 8 HIV Stakeholders

Definitions

Consumer: an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.

Unaffiliated consumer: an HIV-positive user of Ryan White-funded HIV services who does not serve in a decision-making capacity (including but not limited to an employee, consultant and/or board of directors member) at any Part A funded organization or agency.

Members

- **Commissioner (Member):** appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission
- **Alternates:** appointed by the BOS to substitute for HIV-positive Commissioners when those Commissioners cannot fulfill their respective Commission duties and responsibilities
- **Committee-only Member:** professional expertise, as a means of further engaging community participation in the planning process.

Committees and Working Units

- The Commission completes a majority of its work through a strong committee and working unit structure.

Decision-Making Process

Committee

Executive
Committee

Commission



A Commissioner's Calendar

Attendance requirements:

1. All regularly scheduled Commission meetings
2. Monthly Committee meetings
3. Priority allocation setting meetings
4. Orientation and training meetings
5. Annual Meeting (November)

Operations Committee

- Membership recruitment, retention, outreach, and engagement
- Leadership development and mentorship
- Bylaws, policies, and procedures
- Ensure parity, inclusion and representation
- Promote HIV services
- Assessment of Administrative Mechanism (AAM)
- Training

Assessment of the Efficiency of the Administrative Mechanism(AAM)

- **COH responsibility**
- **Legislation requires PC to** “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area”
- Should be done annually – directly or through a consultant
- Involves assessing how efficiently DHSP does procurement, disburses funds, supports the COH’s planning process, and adheres to COH priorities and allocations
- Written report goes to DHSP, which indicates what action it will take to address any identified problem areas

DHSP and COH Roles and Responsibilities

- DHSP and COH = two independent entities, both with legislative authority and roles
- Some roles belong to one entity and some are shared
- Effectiveness requires clear understanding of the roles and responsibilities of each entity, *plus*:
 - Communications, information sharing, and collaboration between the recipient, COH, and COH support staff
 - Ongoing consumer and community involvement

COH, DHSP, Roles & Responsibilities

Task	Committee	DHSP	COH
Carry Out Needs Assessment	PP&A	X	X
Do Comprehensive Planning	PP&A	X	X
Set Priorities*	PP&A		X
Allocate Resources*	PP&A		X
Manage Procurement		X	
Monitor Contracts		X	
Evaluate Effectiveness of Planning Activities	PP&A	X	X
Evaluate Effectiveness of Care Strategies	SBP	X	X
Do Quality Management	SBP	X	[Care Standards & Committee Involvement]
Assess the Efficiency of the Administrative Mechanism*	Operations		X
Member Recruitment, Retention and Training	Operations		X

* Sole responsibility of RWHAP Part A Planning Councils

Parity, Inclusion and Representation (PIR)

Los Angeles County Commission on HIV (COH)

From the COH Ordinance

"Parity, Inclusion and Representation (PIR)" is the CDC principle to ensure that all HIV planning council members can:

1. participate equally (parity),
2. that the planning process actively includes a diversity of views, perspectives and stakeholders (inclusion), and that
3. members should represent the range of ethnicities, gender, backgrounds and other characteristics of people affected by HIV (representation).

**Ryan White
Legislation:
“Reflectiveness”**

- Planning Council (PC) “shall reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations” [Section 2602(b)(1)]

HRSA Expectations: “Reflectiveness”

- “Reflectiveness is the extent to which the demographics of the planning council’s membership look like the epidemic of HIV/AIDS in the EMA/TGA.”
- Must include “at least the following: race/ethnicity, gender, and age at diagnosis.”
- Reflectiveness required for both the whole planning council membership and the consumer membership.
- PLWH should be selected “without regard to the individual’s stage of disease.”
- “Reflectiveness does not mean that membership must identically mirror local HIV/AIDS demographics.” [p 111]
- “The composition of the PC or planning body must reflect the demographics of the HIV/AIDS epidemic in the EMA/TGA.” [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 22]
- The required PC/B letter that accompanies the RWHAP Part A application must indicate “that representation is reflective of the epidemic in the EMA/TGA” or, if it is not, “Note variations between the demographics of the non-aligned consumers and the HIV disease prevalence of the EMA/TGA and “provide a plan and timetable for addressing each vacancy.” [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 24]

Planning Council Reflectiveness

(updated 6/18/20)

Race/Ethnicity	Newly Diagnosed PLWH (2018)		Living with HIV/AIDS in EMA/TGA (2018/2019)		Total Members of the Planning Council		Non- Aligned Consumers on Planning Council	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White, not Hispanic	323	19.5%	14186	27.3%	7	20.00%	3	25.00%
Black, not Hispanic	379	22.8%	10446	20.1%	9	25.71%	4	33.33%
Hispanic	817	49.2%	23351	44.9%	14	40.00%	4	33.33%
Asian/Pacific Islander	88	5.3%	1958	3.8%	3	8.57%	0	0.00%
American Indian/Alaska Native	10	0.6%	303	0.6%	0	0%	0	0.00%
Multi-Race/Not Specified	43	2.6%	1736	3.3%	2	5.71%	1	8.33%
Total	1660	100%	51980	100%	35	100%	12	100%
Gender	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Male	1445	87.1%	45313	87.2%	23	65.71%	9	75.00%
Female	180	10.8%	5777	11.1%	10	28.57%	3	25.00%
Transgender	35	2.1%	890	1.7%	1	2.86%	0	0.0%
Unknown/Other	0	0.0%	0	0.0%	1	2.86%	0	0.0%
Total	1660	100%	51980	100%	35	100%	12	100%
Age	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
13-19 years	64	3.9%	105	0.2%	0	0.0%	0	0.0%
20-29 years	637	38.4%	4056	7.8%	3	8.57%	1	8.33%
30-39 years	485	29.2%	10082	19.4%	13	37.14%	3	25.00%
40-49 years	257	15.5%	11506	22.1%	7	20.00%	3	25.00%
50-59 years	140	8.4%	15989	30.8%	10	28.57%	4	33.33%
60+ years	77	4.6%	10242	19.7%	2	5.71%	1	8.33%
Other/Unknown	0	0.0%	0	0.00%	0	0.0%	0	0.0%
Total	1660	100.0%	51980	100.00%	35	100%	12	100%

- This reflectiveness table is reported to HRSA.
- Compliance with meeting 1/3 unaffiliated consumers on the PC is a priority for HRSA.
- “Unaffiliated consumer" (non-aligned) means:
 1. an HIV-positive user of Ryan White-funded Part A HIV services **AND**
 2. who does not serve in a decision-making capacity (including but not limited to an employee, consultant and/or board of directors member) at any Part A funded organization or agency.”

The PC Reflectiveness table does NOT address “Parity” or “Inclusion”.

Roe, Kathleen & Montes, Henry & Roe, Kevin. (2008). Parity, inclusion, and representation: Lessons from a decade of HIV prevention community planning for the movement to eliminate health disparities.


- Parity refers to true equity in decision-making regardless of education, status, employment, language, or other hierarchical constructs.
- Inclusion requires that all process elements respect, reflect, and engage the diversity of participants and perspectives, at all times and without fail
- Representation means that all relevant perspectives are present and that those representing a perspective are authentically connected to that community or experience. (Representation not the same as Reflectiveness)

Los Angeles County Policy of Equity

- <https://ceop.lacounty.gov/policy-of-equity/>
- **SCOPE OF COVERAGE**
 - The Policy applies to all employees, including board members, supervisors, managers, commissioners, applicants, interns, outside vendors, and volunteers.

Protected Status

- age (40 and over)
- ancestry
- color
- ethnicity
- religious creed (including religious dress and grooming practices)
- denial of family and medical care leave
- disability (including mental and physical disability)
- marital status
- medical condition (cancer and genetic characteristics)
- genetic information
- military and veteran status
- national origin (including language use restrictions)
- race
- sex (including pregnancy, childbirth, breastfeeding, and medical conditions related to pregnancy, childbirth or breastfeeding)
- gender
- gender identity
- gender expression
- sexual orientation
- any other characteristic protected by state or federal law



Public Statements by Commissioners to Media and Other Organizations

- Only Executive Director and Co-Chairs are authorized to speak on behalf of the Commission
- When speaking to the media, Commissioners should not imply they are speaking on behalf of the Commission.
- Proactively clarify with reporters that they do not speak on behalf of the Commission and are only commenting as an individual affiliated with an outside organization.
- Commissioners comments (verbal or written) as a private citizen solely reflect your personal position and not as a representative of the Commission.

Q & A



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HIVCommissionLA



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