ANALYSIS

This ordinance amends Title 3 – Advisory Commissions and Committees of the Los Angeles County Code, Chapter 29, relating to the Commission on HIV (Human Immunodeficiency Virus).

The purposes of the amendments are to correct, update and clarify the language of Title 3, Chapter 29 of the Los Angeles County Code to reflect current usage; to unify the Commission on HIV with the Prevention Planning Committee for more efficient planning for the delivery of services; to adapt the Commission's policies and procedures to address HIV and STD prevention, care and treatment; to adjust membership seats, membership requirements and to add six voting members, to accommodate the unification, in compliance with federal law and guidelines; and to authorize stipends for the Commission's unaffiliated consumer members.

JOHN F. KRATTLI
County Counsel

By Diane C. Reagan by SA
DIANE C. REAGAN
Principal Deputy County Counsel
Health Services Division

DCR:vn

Requested: 03/12/13
Revised: 05/14/13

ORDINANCE NO. 2013-0017

An ordinance amending Title 3 – Advisory Commissions and Committees of the Los Angeles County Code, Chapter 29, relating to the Commission on HIV (Human Immunodeficiency Virus).

The Board of Supervisors of the County of Los Angeles ordains as follows:

SECTION 1. Section 3.29.010 is hereby amended to read as follows:

3.29.010 Definitions.

A. "Administrative agency" indicates the Division of HIV and STD Programs (DHSP), Department of Public Health (DPH) and the County of Los Angeles.

B. "Administrative mechanism" refers collectively to the partnership of the Board of Supervisors, the Commission, grantee and administrative agency, and other participants in the Ryan White-funded service delivery system.

C. "AIDS" means Acquired Immune Deficiency Syndrome~~.~~, and is a diagnosis of late-stage HIV disease.

D. "Allocations" are the funds to be expended for HIV services and related purposes to be determined by the Commission.

E. "Candidate" refers to a person who has submitted a completed membership application and is seeking appointment to the Commission.

F. "Centers for Disease Control and Prevention (CDC)" is the federal agency that manages HIV and STD prevention programs, surveillance and related communicable disease and co-morbidity activities.

G. "Community Health Center (CHC)" or "Federally Qualified Health Center (FQHC)" is a public or community-based medical clinic that provides primary care

services to low-income populations through Section 330 of the Public Health Service Act.

H~~F~~. "Consumer" is 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.

I~~G~~. "Continuum of HIV Services~~care~~" is the local operational strategy for providing high-quality HIV prevention, counseling and testing, linkage, and care and treatment services in response to ~~HIV consumer~~the needs of those living with HIV and/or at risk of exposure to HIV.

J. "Division of HIV and STD Programs (DHSP)" is the administrative agency within DPH to whom DPH delegates authority for the administration of HIV and STD programs and surveillance.

K~~H~~. "Eligible Metropolitan Area (EMA)" is a jurisdiction eligible to receive Ryan White Part A funds; the County of Los Angeles is the local EMA.

L~~I~~. "Executive director" is the executive staff member of the Commission.

M~~J~~. "Grantee" indicates the Department of Public Health (DPH), County of Los Angeles, which receives federal, state and county funding for HIV services.

N~~K~~. "Health Resources and Services Administration (HRSA)" is the federal agency that manages and administers the Ryan White program nationally, including the use of Ryan White funds.

O~~L~~. "HIV" means Human Immunodeficiency Virus.

P~~M~~. "HIV disease" is the~~means~~ disease caused by~~due to~~ HIV infection~~, including AIDS~~.

Q. "HIV Health Services Planning Council (Planning Council)" is the term used in Ryan White legislation that refers to the local community planning body for HIV care and treatment services.

R. "HIV Planning Group (HPG)" is the term used in CDC HIV Planning Guidance that refers to the local community planning body for HIV prevention services.

S. "HIV Planning Guidance" details CDC's planning and prevention service delivery requirements and expectations for HPGs and local health departments.

T~~N~~. "Nominating body" refers to the Commission in its role of designating candidates as nominees for appointment to the Commission by the Board of Supervisors.

U~~O~~. "Open nominations" refers to the process, requirements and guidelines developed by HRSA, and consistent with the CDC's HIV Planning Guidance, governing how Part A planning councils identify, select and nominate their members.

V~~P~~. "Organization" refers to service agencies and/or groups or coalitions of people affected by HIV.

W. "Parity, Inclusion and Representation (PIR)" is the CDC principle to ensure that all HPG members can participate equally (parity), that the planning process actively includes a diversity of views, perspectives and stakeholders (inclusion), and that HPG members should represent the range of ethnicities, gender, backgrounds and other characteristics of people affected by HIV (representation).

X~~Q~~. "Part A" refers to the Ryan White grant funds awarded to EMAs from which the County of Los Angeles directly receives its largest share of Ryan White resources.

YR. "Part B" refers to the Ryan White grant funds awarded to states, most of which support the statewide AIDS Drug Assistance Program (ADAP), and a portion of which the State of California disburses to the County of Los Angeles.

~~S. "Planning council" refers to the Commission in its role as the local HIV community planning organization mandated by Ryan White legislation for EMAs.~~

ZT. "Priorities" are service categories, ranked in order of consumer need and importance that guide ~~to which~~ the Commission in the allocation of financial ~~may allocate~~ resources.

AAU. "Provider" is an agency/organization that provides HIV care, treatment and/or prevention services in the EMA, and may or may not be supported by Ryan White, CDC, state, county or other funding.

BBV. "Recommending entity" is an organization, agency, institution, entity or person entitled to propose candidates for consideration as nominees for appointment to the Commission pursuant to 3.29.030.

CC. "Representation and Reflectiveness" are Ryan White legislative requirements for a planning council's membership to include members who represent specific interests identified in the legislation (representation), and that the planning council membership and its subset of unaffiliated consumer members reflect the ethnic, racial and gender proportions of local HIV prevalence (reflectiveness).

DDW. "Ryan White" is the program providing the largest non-entitlement source of federal funding for HIV care and treatment services, as authorized by the Ryan White Treatment Extension Act of 2009.

EE~~X~~. "Service Planning Area (SPA)" is one (1) of eight (8) subdivided areas of the County intended to facilitate and improve local service and healthcare planning.

FF. "Sexually Transmitted Disease(s) (STDs)" are an assortment of communicable infections and diseases that are primarily transmitted through sexual relations or contact.

GG~~Y~~. "Stakeholder" is any party receiving or providing HIV services or affected by HIV.

HH~~Z~~. "Unaffiliated consumer" means a HIV-positive user ~~consumer~~ of Ryan White-funded HIV~~/AIDS~~ 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.

SECTION 2. Section 3.29.030 is hereby amended to read as follows:

3.29.030 Membership.

All members of the Commission shall serve at the pleasure of the Board of Supervisors. The Commission shall consist of fifty-one (51)~~forty-five (45)~~ voting members nominated by the Commission and appointed by the Board of Supervisors. Consistent with the~~HRSA's~~ open nominations process, the following recommending entities shall forward candidates to the Commission for membership consideration:

A. Five (5)~~Six (6)~~ members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:

1. Medi-Cal, state of California~~,~~;

~~2. The Office of AIDS, state of California,~~;

2~~3~~. The city of Pasadena~~,~~;

3~~4~~. The city of Long Beach~~,~~;

4~~5~~. The city of Los Angeles~~,~~;

5~~6~~. The city of West Hollywood.

B. The Director of DHSP, representing the Part A grantee (DPH);

C~~B~~. Four (4)~~Five (5)~~ members who are recommended by Ryan White grantees as specified below or representative groups of ~~direct~~ Ryan White grant recipients in the County,~~EMA~~ one from each of the following~~the five parts of the Ryan White program~~:

~~1. Part A (DPH),~~;

1~~2~~. Part B (State Office of AIDS~~DPH)~~,;

2~~3~~. Part C (Part C grantees)~~,~~;

3~~4~~. Part D (Part D grantees)~~,~~;

4~~5~~. Part F [grantees serving the County~~local medical schools~~, such as the AIDS Education and Training Centers (AETCs) ~~programs and/~~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 HIV specialty physician from an HIV medical provider;

2. A CHC/FQHC representative;

3. A mental health provider;

4. A substance abuse treatment provider;

5. A housing provider;

6. A provider of homeless services;

7. A representative of an AIDS Services Organization (ASO) offering federally funded HIV prevention services;

8. A representative of an ASO offering HIV care and treatment services.

E. Seventeen (17) unaffiliated consumers of Part A services, to include:

1~~C~~. Eight (8)~~ unaffiliated~~ consumers, each~~one (1)~~ representing a different Service Planning Area~~each of the eight (8)~~ (SPAs~~)~~, and who are recommended by consumers and/or organizations in the SPA;

2~~D~~. Five (5)~~ unaffiliated~~ consumers, each~~one (1)~~ representing a~~each of the five (5)~~ supervisorial district~~s~~, who are recommended~~nominated from those recommended~~ by consumers and/or organizations in the district;

3~~E~~. Four (4)~~One (1) unaffiliated~~ consumers serving~~ representing consumer interests~~ in an at-large capacity, ~~regardless of SPA or district origin, to be nominated from those~~ who are recommended by consumers and/or organizations in the County~~to or who have applied for a seat on the Commission~~;

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~~F~~. Eight (8) ~~provider~~ representatives of HIV stakeholder communities~~, one (1) representing each of the eight (8) SPAs nominated from those recommended by providers in the SPA~~, 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~~Among the provider representatives appointed to the Commission, at least one (1) representative must come from~~:

1. Faith-based entities engaged in HIV prevention and care~~An AIDS service organization (ASO),~~;

2. Local education agencies at the elementary or secondary level~~A social service provider,~~;

3. The business community~~A mental health provider,~~;

4. Union and/or labor,~~A substance abuse provider, and~~

5. Youth or youth-serving agencies;

6~~5~~. ~~An organization offering o~~Other federally-funded HIV programs, ~~including HIV prevention 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.

~~G. Five (5) representatives, one (1) recommended by each of the five (5) supervisorial offices;~~

~~H. One (1) HIV specialty physician from an HIV medical provider;~~

~~I. One (1) representative from another health care system serving people with HIV~~;

~~J. One (1) representative from the Prevention Planning Committee (PPC);~~

~~K. One (1) representative from the Division of HIV and STD Programs;~~

~~L. One (1) representative from the Department of Health Services, County of Los Angeles;~~

~~M. One (1) representative from the County' s HIV surveillance program;~~

~~N. One (1) representative from another County department or office that provides HIV-related services and that is not already represented by one (1) of the seats designated for representatives from specific County departments or offices.~~

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~~/AIDS~~ 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 ~~Part A planning council~~ and 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 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 ~~further~~ ensure that its membership fully conforms to Ryan White Part A planning council requirements~~, as detailed in HRSA' s policies and guidance~~ on representation, reflectiveness and consumer membership, and CDC HPG requirements on Parity, Inclusion and Representation.

SECTION 3. Section 3.29.040 is hereby amended to read as follows:

3.29.040 Alternate members.

One (1) 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~~/AIDS~~ 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 the 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.

SECTION 4. Section 3.29.045 is hereby amended to read as follows:

3.29.045 Nominations.

Nominations for membership shall be conducted through an open process and candidates selected based on delineated and publicized criteria which include a conflict of interest standard as set out in Section 3.29.046. The Commission shall maintain~~form~~

a standing operations committee which shall review the composition of the Commission, and conduct broad-based recruitment and initial screening of applicants on an ongoing basis. The operations committee is responsible for the following: processing membership applications; selecting the candidates based on their qualifications to meet general membership and specific seat requirements and in order to help the Commission meet other membership mandates and requirements; and forwarding its membership recommendations to the Commission for nomination. Upon approval by the Commission, candidate nominations are sent to the Board of Supervisors for its consideration for appointment to the Commission. This process will be conducted prior to expiration of membership terms and during the year in the event of mid-term vacancies.

SECTION 5. Section 3.29.046 is hereby amended to read as follows:

3.29.046 Conflict of interest.

A. Ryan White legislation requires certain~~specified~~ constituencies and entities to be represented on the Commission. Ryan White legislation also requires the Commission to establish priorities and allocate funds within the EMA. Therefore, Commission members, regardless of their private affiliations, may participate in the process to determine funding priorities and to allocate~~ions of~~ Ryan White Part A and B and HIV prevention fund~~sing~~ in percentage and/or dollar amounts to various service categories or other types of activities, with the following limitations: as specified in Section 2602(b)(5) (42 U.S.C. § 300ff-12) of Ryan White legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of Ryan White, CDC or other funds and shall not designate or otherwise be involved in the

selection of particular entities as recipients of those grant funds.

B. All members and alternates of the Commission and participants in the Commission's community planning process shall act in accordance with the Commission's adopted code of conduct, which includes adherence to conflict of interest rules and requirements.

SECTION 6. Section 3.29.050 is hereby amended to read as follows:

3.29.050 Term of service.

A. All members and alternates 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.

B. At the first meeting of the HIV Commission in 2013, after this ordinance is effective, the terms of the current members of the Commission on HIV and the Prevention Planning Committee (PPC) shall expire. When the ordinance unifying the Commission on HIV and the Prevention Planning Committee becomes effective, the new members appointed by the Board of Supervisors will be seated. The Commission shall classify its members by lot so that twenty-five (25) members' terms will expire after one (1) year and twenty-six (26) will expire after two (2) years. Thereafter, each membership term shall be two (2) years~~The term of each member shall be two (2) years~~.

C. No member may serve on the Commission for more than two (2) full consecutive terms, unless such limitation is waived by the Board of Supervisors.

D. All members shall complete and submit renewal applications prior to the

expiration of their respective terms. However, a member may continue serving in the seat, beyond term expiration, until such time as the member has resigned, is replaced, or the seat is vacated by the executive director in consultation with the co-chairs and the operations committee.

E~~D~~. In addition to their Commission service, members are required to serve on at least one (1) of the Commission's standing committees.

F~~E~~. 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. Reinstatement or replacement may occur with subsequent nomination from the Commission and appointment by the Board of Supervisors. An alternate's attendance in a member's place is considered attendance by the member at the meeting.

SECTION 7. Section 3.29.060 is hereby amended to read as follows:

3.29.060 Meetings and committees.

A. The Commission shall meet at least ten (10) times a year.

B. The Commission shall establish an executive committee to set agendas for meetings, and conduct business between Commission meetings. The executive committee shall include the Director of DHSP or his/her permanent designee~~Director of the Los Angeles County Division of HIV and STD Programs~~, the co-chairs of the Commission~~,~~ and three (3) at-large members elected by the Commission~~, and the chairs of the standing committees that the Commission establishes~~. For purposes of this subsection, the authority of the executive committee to conduct business shall

include acting on behalf of the Commission in time-sensitive circumstances, which action(s) shall be ratified by the Commission at its next regularly scheduled meeting.

C. 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.

D~~C~~. On a semi-annual basis, the Board of Supervisors shall be notified of member attendance at Commission meetings and meetings of standing committees.

E~~D~~. As needed by committees and appropriate for added professional expertise, ~~and/or~~ as a means of further engaging community participation in the planning process, and/or as 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.

F. Commission meetings shall be chaired by the Commission's two (2) co-chairs, with the support of the executive director and staff. The co-chairs shall be elected by the Commission and have staggered two (2) year terms.

SECTION 8. Section 3.29.080 is hereby amended to read as follows:

3.29.080 Compensation.

When required to travel outside the county in performance of commission duties, members may be reimbursed from Ryan White or other funds for necessary travel

expenses, including transportation, meals and lodging. To be reimbursable, such travel must receive prior written approval from the executive director or his/her designee.

Corresponding with Ryan White legislation and 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 were incurred in the performance of commission-related duties. The Commission may, in addition to reimbursing ~~rather than reimburse for~~ 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. ~~make arrangements to provide those services directly to members or obtain alternate funding for member stipends.~~

The Commission will establish and the executive director will ~~establish and~~ 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 Commission policy and reported to the board.

SECTION 9. Section 3.29.090 is hereby amended to read as follows:

3.29.090 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, ~~T~~the Commission is authorized to:

A. Develop a comprehensive HIV plan, that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with DHSP to update the plan on a regular basis;~~a continuum of care, and standards of care for the organization and delivery of HIV care, treatment and prevention services, consistent with Section 2604 (42 U.S.C. § 300ff-12) of Ryan White legislation and HRSA guidance;~~

B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;

C~~B~~. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services ~~categories~~; 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 ~~care~~HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best 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 ~~care~~HIV plan;

D~~C~~. Evaluate service effectiveness and assess the efficiency of the

administrative mechanism~~, in accordance with Part A and HRSA grant requirements,~~ 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~~D~~. Study, advise and recommend to the Board of Supervisors, the grantee and other departments' policies and other actions/decisions on matters related to HIV~~/AIDS~~;

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~~E~~. 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; ~~M~~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, the grantee or other departments;

I~~F~~. Act as the planning body for all HIV~~/AIDS~~ programs in the Department of Public Health or funded by the County; and

J~~G~~. 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~~/AIDS~~ related services.

SECTION 10. Section 3.29.095 is hereby amended to read as follows:

3.29.095 Grievance procedure.

The Commission shall have procedures approved by the Board of Supervisors and contained in its by-laws to address grievances with respect to Ryan White and CDC funding. The grievance procedure shall be limited as follows:

A. Providers eligible to receive Ryan White or CDC funding, consumers, consumer groups and people ~~persons~~ living with HIV~~/AIDS~~ coalitions, and other stakeholders and caucuses may grieve.

B. Grievances shall be limited to the Commission's, administrative agency's or grantee's failure to follow the Commission's established, written and published procedures for priority-setting, resource allocation or subsequent changes to priorities or allocations, or compliance with comprehensive care plan provisions or implementation strategies. Grievances may not involve funding allocations to individual service providers, procurement of specific services, individual patient interactions with service providers and agencies, or disagreement with the outcome of the priority- and allocation-setting process.

C. All settlements and rulings resulting from grievances shall not retroactively change priorities or allocations and shall be limited to future actions of the Commission.

D. The grievance process shall include a procedure to submit grievances that cannot be resolved through mediation to binding arbitration.

SECTION 11. Section 3.29.100 is hereby deleted in its entirety:

~~**3.29.100 Commencement date.**~~

~~The Commission's tenure shall continue on July 1, 2011.~~

[329010DRCC]

SECTION 12. This ordinance shall be published in The Daily Commerce a newspaper printed and published in the County of Los Angeles.

Mark Ridley-Thomas
Chairman

ATTEST:

Sachi A. Hamai
Executive Officer -
Clerk of the Board of Supervisors
County of Los Angeles

I hereby certify that at its meeting of June 11, 2013 the foregoing ordinance was adopted by the Board of Supervisors of said County of Los Angeles by the following vote, to wit:

	Ayes		Noes
Supervisors	Gloria Molina	Supervisors	None
	Mark Ridley-Thomas		
	Zev Yaroslavsky		
	Don Knabe		
	Michael D. Antonovich		

Effective Date: July 11, 2013

~~Operative Date:~~

Sachi A. Hamai
Executive Officer -
Clerk of the Board of Supervisors
County of Los Angeles

I hereby certify that pursuant to Section 25103 of the Government Code, delivery of this document has been made.

SACHI A. HAMAI
Executive Officer
Clerk of the Board of Supervisors

By _____
Deputy

APPROVED AS TO FORM:
JOHN F. KRATTLI
County Counsel

By _____
Richard D. Weiss
Chief Deputy County Counsel

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