



Aliso Canyon Disaster
Health Research Study
Scientific Oversight Committee
Charter - Health Study Research and
Evaluation Phases

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DEFINITIONS AND ABBREVIATIONS

Aliso Canyon Disaster Health Research Study (ACDHRS or Health Study)	The Aliso Canyon Disaster Health Research Study is the 5 th Supplemental Environmental Project mandated by the Consent Decree.
Contract Monitoring Team	The Contract Monitoring Team consists of the Research Development Manager/Contract Monitor and Los Angeles County Department of Public Health staff from the Divisions of Environmental Health and Contract Monitoring.
Aliso Fund Committee	The three-person committee with the responsibilities set forth in Appendix D, Section 3.7(h) of the Consent Decree, comprised of one representative each from the Attorney General, Los Angeles City Attorney, and the Los Angeles County Counsel.
Community Advisory Group (CAG)	The Community Advisory Group was composed of residents of the communities impacted by the Aliso Canyon blowout. The group was created by the Los Angeles County Department of Public Health to advise on community priorities, engagement, and recovery.
Los Angeles County Department of Public Health (Public Health)	The Los Angeles County Department of Public Health is nationally accredited by the Public Health Accreditation Board and works to protect and improve health and well-being in the largest county in the U.S.
Research Development Manager (RDM)/Contract Monitor	The Research Development Manager/Contract Monitor is responsible for monitoring the Health Study contract and supporting the coordination of the SOC's activities.
Scientific Oversight Committee (SOC)	The Scientific Oversight Committee is a body of scientific experts mandated by the Consent Decree.
Research Team	The Regents of the University of California, Los Angeles (UCLA) was awarded a contract in November 2022 to conduct the Health Study. The Research Team includes researchers from UCLA and subrecipients from academic institutions and programs (including New York University, University of California Davis, Oregon State University, California State University Sacramento Consensus and Collaboration Program, Emory University School of Medicine and Clinical Biomarkers Laboratory), PSE Healthy Energy, and individual consultants.

I. PURPOSE

The purpose of the Aliso Canyon Disaster Health Research Study's (Health Study) Scientific Oversight Committee (SOC) is three-fold:

1. Provide guidance on the Health Study's focus and priorities;
2. Review the research plans for and provide technical assistance to the Research Team and evaluate progress of the Health Study; and
3. Provide scientific advice to the Los Angeles County Department of Public Health and the Research Team regarding the Health Study and any related research.

See Section V.A for additional details.

II. COMMITTEE'S OFFICIAL DESIGNATION

Scientific Oversight Committee (SOC)

III. COMPOSITION

Pursuant to *The People of the State of California v. Southern California Gas Company's* Consent Decree (Appendix D) approved by the Los Angeles Superior Court on February 25, 2019, the SOC must consist of an odd number of identified experts from the following government agencies: California Department of Public Health; California Office of Environmental and Health Hazard Assessment; South Coast Air Quality Management District; California Air Resources Board; United States Environmental Protection Agency; California Environmental Protection Agency; and/or the Los Angeles County Department of Public Health, as well as at least one academic experienced in conducting similar long-term health studies.

In addition to representatives from the above-mentioned agencies, and at the request of Community Advisory Group (CAG) and community members, the SOC shall be composed of majority independent experts. The areas of expertise solicited shall reflect the concerns identified by community members, Public Health, and the SOC which include: Environmental Epidemiology, Disaster Epidemiology, Toxicology, Community-Based Research, Exposure Assessment, Disaster Behavioral Health (including Mental Health), Environmental Science, and Air Modelling.

IV. MEMBERSHIP AND DESIGNATION

A. Terms

All members of the SOC shall be appointed for a four-year term with the opportunity for reappointment. The roles, responsibilities, and activities of SOC member(s) will terminate upon the completion of their term if the member(s) are not reappointed. SOC members were first appointed in December of 2019. Termination of roles, responsibilities, and activities of all SOC

members will occur when the final written report of the Health Study has been received by Public Health.

B. Appointment

Following the initial formation of the SOC, additional member(s) may be appointed for various reasons, including existing members withdrawing for personal or professional reasons and needing to be replaced; the identification of additional areas of expertise that are needed to progress the Health Study; or if solicitations for a specific area of expertise was unsuccessful.

The process of appointing a SOC member from an agency whose representation is mandated by the Consent Decree will be as follows: the agency will nominate a representative to serve on the SOC for a term of four years; the nominee's curriculum vitae will be shared with Public Health, and the SOC for review; Public Health will evaluate and determine the appointment of the nominee based on area of expertise in the topic areas listed in Section III of this Charter and identified by the SOC, the nominee's research accomplishments, and feedback from the SOC.

The process of appointing an independent expert to serve on the SOC will be as follows: Public Health will identify existing alternates or solicit online nominations for member(s) to serve a four-year term. The SOC may consult with the Research Team to identify additional areas of scientific expertise that may be needed on the SOC and notify Public Health of any areas of scientific expertise identified. The SOC may also assist in identifying individuals for consideration. The nomination form provides two options: 1) self-nomination by independent experts; and 2) nomination recommendations by the SOC or members of the public. Public Health will evaluate the nomination form(s) using the pre-existing scoring tool developed by Public Health in partnership with the CAG and community.

C. Reappointment

SOC members may express interest in serving another term by submitting a letter to Public Health ninety (90) days before the end of their term. Reappointment of interested SOC members will then be determined by the Public Health Contract Monitoring Team with feedback from the SOC.

D. Resignation

Members may resign at any time their personal circumstances change to prevent effective service. If members are absent without reasonable cause from three successive meetings, they will be considered as having resigned from their seat.

E. Grounds for Removal

If at any time during a member's term s/he is found to have a conflict of interest (COI) which was not fully and immediately disclosed to Public Health, the member must resign. All SOC members must follow the SOC COI Policy.

Any member who acts in a manner or makes statement that jeopardizes the integrity of the Health Study are grounds for removal from the SOC.

Any member may be removed by a 2/3 vote of the Public Health Contract Monitoring Team based on a decision that removal is in the best interests of the Health Study. Removal should not occur for disagreement with an official recommendation of the SOC.

SOC members may anonymously raise concerns regarding a SOC member if they have sufficient reason to believe that the SOC member in question is deviating from the roles, responsibilities, and scope of activities of the SOC (Section V), the operating and guiding principles of the SOC (Section VI), or other obligations and procedures outlined in the SOC Charter. The Public Health Contract Monitoring Team will review the concerns and determine the need for appropriate corrective action, up to and including request for resignation. Further, SOC members may anonymously recommend the removal of a SOC member if they have sufficient reason to believe or have witnessed the SOC member in question performing actions that jeopardize the integrity of the Health Study or exhibit behaviors that are considered harassment and prohibited conduct as defined by the [Los Angeles County Policy of Equity](#). The recommendation must outline clear examples of the actions and/or behaviors and will be reviewed by the Public Health Contract Monitoring Team.

V. ROLES, RESPONSIBILITIES, AND SCOPE OF ACTIVITIES

A. SOC

As a scientific and technical advisory committee, the SOC is responsible for providing scientific advice and technical oversight of the Health Study. Specifically, the SOC is purposed with:

- In advance of the Health Study, deciding the focus and specific goals of the Health Study, overseeing the development of key components of the Request for Proposals, and prioritizing research that is science-based, is valued by the community, and aids in community recovery.
- Oversee the Health Study's implementation and provide technical assistance to the Research Team for the length of the Health Study on all programmatic aspects of the Health Study including research plans, methods, analyses, and interpretation of findings; and providing feedback to the Research Team on materials that require the SOC's review within a reasonable amount of time, depending on the type and length of the materials to be reviewed.
- Conducting a science-based analysis of the Health Study at the conclusion of its third year to evaluate the merits of continuing the Health Study and estimating how many additional years are warranted by no later than 60 days into the fourth year of the Health Study. Following the third year, the SOC will conduct this analysis on an annual basis and make a formal determination whether to continue the Health Study, no later than 60 days into each new year of the Health Study, until the Health Study's completion.

Additional responsibilities include:

- Committing to participating on the SOC for a four-year term.
- Prioritizing attending scheduled meetings on time.
- Reviewing meeting preparation materials in advance.¹
- Maintaining no conflict of interest.
- Working collaboratively and respectfully with SOC members, the Contract Monitoring Team members, Public Health staff, Research Team members, community stakeholders, and members of the public.
- Actively listening to all perspectives and treating them with respect and fairness.

B. SOC Coordinator

Public Health appointed a full-time Research Development Manager (RDM) who will serve as the primary Health Study contract monitor. The RDM will also serve as the SOC Coordinator by providing administrative support to the SOC, as needed. The SOC Coordinator will assist with facilitating and supporting meeting processes and may collaborate with Public Health staff, consultants, a professional meeting facilitator, or other experts to assist in supporting SOC activities, as needed. The SOC Coordinator will provide assistance with planning SOC meetings, as needed, and will solicit input on meeting topics/content from SOC members during SOC meetings and/or through SOC group emails. Additionally, the SOC Coordinator will assist in focusing the work of the SOC, keeping the processes organized and on-track, preparing meeting materials and developing meeting summaries, as needed. The meeting facilitator is responsible for ensuring the goals of the meetings are met and that consensus-based decisions are made as needed to support the planning and implementation of a science-based Health Study. The SOC Coordinator is not a member of the SOC and does not have a vote.

C. Subcommittees

The SOC may form subcommittees with specific areas of expertise and/or focus with the purpose of providing oversight and recommendations to specific components of the Health Study. Subcommittees may hold subcommittee meetings at which the RDM/SOC Coordinator will attend and provide subcommittee support as needed. Subcommittees must ensure reporting of subcommittee recommendations to the SOC as a whole for full deliberation, discussion, and approval of the subcommittee recommendations. Subcommittees may nominate a chairperson for each subcommittee, but the subcommittee will have no authority to make recommendations or decisions on behalf of the SOC as a whole.

¹ Most pre-meeting materials will take less than one hour to review. The RDM shall provide clarification of materials and answer questions related to the materials, as needed.

VI. OPERATING AND GUIDING PRINCIPLES

A. Voting; Decision Making

Unless otherwise specified, any decision of the SOC shall be based on a majority vote of the members present that satisfy the quorum requirement as defined in Section VII (C) below. In advance of any decision, SOC members will strive to achieve consensus by using a group-decision making strategy (e.g., Nominal Group Technique), approved by the SOC. SOC members can request to move to a vote if the process of reaching consensus is not progressing. Any SOC member may provide a formal written dissent of any SOC decision and submit it to the RDM for recordkeeping.

B. Guiding Principles

- *Transparency*

SOC members and Public Health staff will share relevant information to facilitate productive discussion and progress toward mutual goals.

- *Shared Participation*

All participants will agree to provide one another the opportunity to engage in balanced dialogue and will minimize domination of discussion, allowing time for all speakers.

- *Respectful Engagement*

SOC members will show courtesy, honesty, professionalism, and respect for each other and for Public Health staff, Health Study researchers and members of the public during all communications, whether verbal or written. During meetings, it is understood that only one person may speak at a time, and that speakers must first be acknowledged by the RDM or meeting facilitator. Disrespectful conduct, harassment of any form, and prohibited conduct similar to those outlined in the [Los Angeles County Policy of Equity](#) may result in removal from a SOC meeting at the discretion of the RDM or meeting facilitator and/or removal from the SOC by the Public Health Contract Monitoring Team as per the procedure outlined in Section IV.

- *Efficiency*

Public Health recognizes the voluntary nature and significant time investment made by SOC members. Accordingly, during meetings, the RDM and/or meeting facilitator will adhere to the agreed-upon agenda, with off-topic ideas, issues and questions accommodated as time allows. In addition, communications from the RDM will be concise and limited in number.

- *Commitment to Learning*

Due to its diverse composition, it is expected that SOC members will have differences in opinions, ideas, and recommendations. SOC members shall respect these differences,

acknowledge each other's strengths, and commit to creating an environment that supports self and collective advancement.

Self-reflective practice is encouraged, and an annual evaluation practice may be implemented to identify areas of improvement for the SOC and Public Health Contract Monitoring Team.

VII. MEETINGS

A. Number and Frequency

The SOC will meet approximately 4-6 times per year on a monthly or bi-monthly basis. Additionally, there may be 3-5 optional subcommittee meetings per year as needed and approved by the RDM.

B. Public and Closed Meeting

SOC meetings will be open to public attendance and participation, unless Public Health and the SOC determines that a meeting or a portion of a meeting should be closed. Closed meetings will be utilized when the SOC meets to consider or discuss:

- (1) Matters related to solicitation of a third-party researcher to protect the integrity of the contracting process and in accordance with the County of Los Angeles Contracting Policies and Procedures and to avoid giving an unfair advantage to any potential vendor;
- (2) Matters related to the Research Team's prepublications, confidential scientific research or data, or any draft report or preliminary results;
- (3) Matters that are non-public, confidential information and data, or proprietary information and data;
- (4) Matters related to the technical oversight and review and science-based analysis of the Health Study as described in Section V (A); or
- (5) Matters that DPH or the SOC deem necessary to be in closed meeting to encourage frank discussion among experts.

C. Quorum

Two-thirds attendance by the SOC members will constitute a quorum.

D. Agenda and Preparation Materials

For meetings between SOC members, draft meeting agendas, based on input from the SOC, will be developed in advance by the RDM. Draft meeting agendas will be emailed to SOC members and other appropriate individuals (such as the meeting facilitator, if assigned) along with meeting preparation materials for review. SOC members will be given the opportunity to review and request the incorporation of additional agenda items and/or revisions.

For meetings between SOC members and the Research Team, the Research Team is required to develop meeting agendas.

E. Meeting Summaries and Recordkeeping

For meetings between SOC members, meeting summaries will be prepared by the RDM after each meeting and will be distributed to the SOC for their review and revisions before being finalized. Meetings that are open to the public will have meeting materials (such as agendas and summaries) made publicly available on Public Health's dedicated Health Study website.

Meetings that are closed to the public under Section VII (B) shall not be recorded and the content of the meeting shall be confidential, except to publicly report meeting agendas and any action and decision of the SOC if a majority of the SOC votes to report publicly.

The records of the SOC and subcommittees will be handled in accordance with approved Public Health records disposition schedules.

For meetings between SOC members and the Research Team, the Research Team is required to provide meeting minutes to the SOC that document specific items that need to be addressed.

VIII. CONFIDENTIAL AND PROPRIETARY INFORMATION

It is the obligation of SOC members to maintain the confidentiality of the information and data described in this Section VIII during and after their term(s) on the committee. Failure to uphold this obligation shall be considered grounds for removal. SOC members shall not disclose confidential and proprietary information and data including, but not limited to:

- (1) Matters considered or discussed during closed meeting as described in Section VII (B) (1-4), above; or
- (2) Any non-public, confidential information and data or proprietary information and data provided to or obtained by SOC members in connection with their duties on the SOC.

In addition, SOC members must agree to any confidentiality or non-disclosure agreement entered between Public Health and third-party researchers regarding any non-public, confidential information or proprietary information.

IX. CONFLICT OF INTEREST

Members of the SOC must disclose all possible COIs to Public Health before beginning their charge as a member of the SOC and must disclose and avoid any subsequent conflicts of interest, including but not limited to, those outlined in the SOC COI Policy after becoming a member of the SOC. Violation of the aforementioned policy will result in removal from the SOC as determined by Public Health. All actual or potential COIs must be immediately reported in full to Public Health.

X. COMMUNICATIONS & MEDIA

A. Communications with Media

The media will not be invited to, nor excluded from, SOC meetings that are open to the public. Members of the media present, if any, must identify themselves prior to the SOC meeting. While the SOC meeting is in session, SOC members may not address the media.

SOC members who choose to speak with the media must first provide advance written notice to both Public Health and the SOC. The notice should be provided three days in advance and must include information on the media outlet or organization and subject(s) of discussion. SOC members must identify that they are speaking on behalf of themselves only, and not a representative of, or speaking on behalf of, the SOC, the County of Los Angeles, Public Health, the Health Study researchers, or community stakeholders. In addition, they will not disclose to the media the names or positions of individuals involved in the Health Study, including Public Health and County employees, SOC members, and Health Study researchers. Media will not be permitted to attend closed SOC meetings. Any statement to the media that jeopardizes the integrity of the Health Study is grounds for removal from the SOC.

B. Communications with the Public and Others

SOC members who choose to speak about the Health Study to a public audience (e.g., social media posts, academic or non-academic presentations or conferences, town halls, neighborhood council meetings, and round-table discussions) must first provide advance written notice to Public Health, the SOC, and the Research Team. The notice should be provided three days in advance and must include information on the audience, type of communication (e.g., social media post, conference, town hall), and subject(s) of discussion. SOC members must identify that they are speaking on behalf of themselves only, and not a representative of, or speaking on behalf of, the SOC, the County of Los Angeles, Public Health, the Health Study researchers, or community stakeholders. In addition, they will not disclose to the public the names or positions of individuals involved in the Health Study, including Public Health and County employees, SOC members, and Health Study researchers.

XI. SUPPORT & REIMBURSEMENT

Public Health will be responsible for administrative support, including meeting logistics and document preparation.

Participation on the SOC is voluntary and not compensated or reimbursed. Travel is not anticipated given the current COVID-19 pandemic. However, if at some point in the future in-person meetings are resumed, reasonable travel expenses may be reimbursed.

XII. AUTHORITY AND AMENDMENT

The SOC was assembled in December 2019 pursuant to the Consent Decree with SoCalGas. The SOC Charter may be amended as determined necessary by the SOC and/or Public Health. Any member of the SOC or Public Health may recommend changes to the Charter to be reviewed and receive unanimous approval by the SOC. If unanimous agreement of a proposed amendment is not reached, the Charter may be amended by a 2/3 vote of a quorum and at an official meeting of the SOC. Public Health may overrule an amendment if Public Health determines that the amendment may jeopardize the integrity of the Health Study.

The SOC Charter shall not be interpreted or construed in a manner contrary to the requirements of the Consent Decree related to the Health Study. The SOC members must comply with the requirements of the Consent Decree and any directives of the Aliso Fund Committee, as defined in the Consent Decree.

I hereby acknowledge that I have read, understand, and agree to the terms, conditions, responsibilities, principles and procedures listed above in the Aliso Canyon Disaster Health Research Study Scientific Oversight Committee Charter.

Signature

Name

Date

Date filed with DPH