



Aliso Canyon Disaster
Health Research Study
Scientific Oversight Committee
Charter



Table of Contents

DEFINITIONS..... 3

I. PURPOSE 4

II. COMMITTEE’S OFFICIAL DESIGNATION 4

III. COMPOSITION 4

IV. MEMBERSHIP AND DESIGNATION 4

 A. Terms 4

 B. Appointment 5

 C. Reappointment..... 5

 D. Resignation..... 5

 E. Grounds for Removal..... 5

V. ROLES, RESPONSIBILITIES, AND SCOPE OF ACTIVITIES 6

 B. SOC Coordinator 7

 C. SOC Communications Liaison 7

 D. Subcommittees..... 7

VI. OPERATING AND GUIDING PRINCIPLES..... 7

 A. Voting; Decision Making..... 7

 B. Guiding Principles 8

VII. MEETINGS 9

 A. Number and Frequency..... 9

 B. Public and Closed Meeting 9

 C. Quorum 9

 D. Agenda and Preparation Materials 9

 E. Meeting Summaries and Recordkeeping 9

VIII. CONFIDENTIAL AND PROPRIETARY INFORMATION.....10

IX. CONFLICT OF INTEREST10

X. COMMUNICATIONS & MEDIA.....10

 A. Communications with Media10

 B. Communications with the CAG11

 C. Communications with the Public and Others11

XI. SUPPORT & REIMBURSEMENT11

XII. AUTHORITY AND AMENDMENT12



DEFINITIONS

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.
Aliso Canyon Disaster Health Research Study (ACDHRS) Team	The ACDHRS Team consists of the Research Development Manager, the Community Engagement Specialist, and the Los Angeles County Department of Public Health Steering Committee.
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 is 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 the ACDHRS Team on community priorities, engagement, and recovery.
Community Engagement Specialist (CES)	The Community Engagement Specialist is a member of the ACDHRS Team who is responsible for community engagement and outreach.
Los Angeles County Department of Public Health (DPH)	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.
Los Angeles County Department of Public Health Steering Committee	The Los Angeles County Department of Public Health Steering Committee consists of DPH employees from various areas of the department.
Research Development Manager (RDM)	The Research Development Manager is a member of the ACDHRS Team who is responsible for managing the Health Study development and coordinating the SOC.
Scientific Oversight Committee (SOC)	The Scientific Oversight Committee is a body of scientific experts mandated by the Consent Decree.



I. PURPOSE

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

1. Provide guidance on the ACDHRS's focus and priorities;
2. Review research plans and evaluate progress; and
3. Provide scientific advice to the Los Angeles County Department of Public Health (DPH) and ACDHRS researchers.

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 DPH, 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, including a SOC Communications Liaison. The areas of expertise solicited shall reflect the concerns identified by community members, DPH, and other stakeholders 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. 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 DPH.



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 community or DPH identifying 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 DPH, the CAG, and the SOC for review; DPH will evaluate and determine the appointment of the nominee based on expertise in the topic areas listed in Section III of this Charter, the nominee's research accomplishments, and feedback from the SOC and CAG.

The process of appointing an independent expert to serve on the SOC will be as follows: DPH will identify existing alternates or solicit online nominations for member(s) to serve a four-year term. The SOC shall assist in identifying specialty areas or individuals for consideration. The nomination form provides two options: 1) self-nomination by independent experts; and 2) nomination recommendations by members of the public. DPH will evaluate the nomination form(s) using the pre-existing scoring tool developed by DPH in partnership with the CAG and community.

C. Reappointment

SOC members may express interest in serving another term by submitting a letter to DPH ninety (90) days before the end of their term. Reappointment of interested SOC members will then be determined by the DPH Steering Committee with feedback from the SOC and CAG.

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 DPH, 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 2/3 vote of the DPH Steering Committee 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 DPH Steering Committee 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 DPH Steering Committee.

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 by prioritizing research that is science-based, is valued by the community, and aids in community recovery.
- 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.

¹ Most pre-meeting materials will take less than one hour to review. The RDM and/or ACDHRS Team is available for clarification of materials and to answer questions.



- Working collaboratively and respectfully with SOC members, the ACDHRS Team, DPH Steering Committee members, CAG members, the Health Study researchers, and members of the public.
- Actively listening to all perspectives and treating them with respect and fairness.

B. SOC Coordinator

DPH has appointed a full-time Research Development Manager (RDM) for the SOC who will serve as the SOC Coordinator. The SOC Coordinator (and/or a professional facilitator) will facilitate and support meeting processes and may utilize DPH staff, consultants, or other experts to assist with his/her role, as needed. The SOC Coordinator (and/or a professional facilitator) is responsible for planning the SOC meetings with input from SOC members provided at the end of each SOC meeting and through SOC group emails with the SOC Coordinator, focusing the work of the SOC and keeping the process organized and on-track, providing meeting preparation materials and developing meeting summaries. 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. SOC Communications Liaison

The SOC Communications Liaison, who is a member of the SOC, shall be designated as the point of contact for correspondence from the CAG to the SOC and must also present the perspectives of the broader community to the SOC. The Communications Liaison will be appointed for a term of one year by the ACDHRS Team with a majority vote from the SOC.

The RDM and Community Engagement Specialist (CES) must be included on email correspondence between the SOC and CAG. The SOC Communications Liaison and/or other SOC members may request support from the RDM, CES and/or a DPH representative to assist with responding to CAG requests or questions.

D. Subcommittees

The SOC may form subcommittees with specific areas of expertise and/or focus with the purpose of providing oversight and recommendations to specialized components of the ACDHRS. Subcommittees may hold subcommittee meetings at which the RDM and/or an ACDHRS Team representative will attend, provide subcommittee support as needed, and 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.

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, DPH staff, ACDHRS staff, and CAG members 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 DPH staff, ACDHRS staff, CAG members, 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 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 DPH Steering Committee as per the procedure outlined in Section IV (E).

- *Efficiency*

DPH and the ACDHRS Team recognize the voluntary nature and significant time investment made by SOC members. Accordingly, during meetings, the RDM and/or 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, DPH, and the ACDHRS 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 DPH 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 third party researcher's prepublication, 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 science-based analysis of the Health Study as described in Section V (A); or
- (5) Matters that DPH 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

Draft meeting agendas will be developed in advance by the RDM with input from the SOC. Draft meeting agendas will be emailed to SOC members and other appropriate individuals (such as the meeting facilitator) 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.

E. Meeting Summaries and Recordkeeping

Meeting summaries will be prepared by the ACDHRS Team after each meeting and will be distributed to the SOC for their review and revisions. Meetings that are open to the public will



have meeting materials (agendas and summaries) published on DPH's dedicated ACDHRS 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 DPH records disposition schedules.

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 DPH 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 DPH 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 DPH. All actual or potential COIs must be immediately reported in full to DPH and the ACDHRS Team.

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 the ACDHRS Team (or other DPH designee) and 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, DPH, the CAG, the ACDHRS Team, or the Health Study researchers. In addition, they will not disclose to the media the names or positions of individuals involved in the Health Study, including DPH and County employees, ACDHRS Team members, SOC members, CAG 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 CAG

A single CAG representative will provide communications in the form of emails or letters on behalf of the entire CAG to the SOC Communications Liaison and/or to SOC members who choose to share their contact information with the CAG representative. The SOC Communications Liaison and/or SOC member must share communications from the CAG with the rest of the SOC and should blind copy SOC members on responses to the CAG. The RDM and the CES must be copied on all direct communications between the CAG and the SOC and can provide assistance with responding to CAG requests or questions.

C. 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 both the ACDHRS Team and the SOC. 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, DPH, the CAG, the ACDHRS Team, or the Health Study researchers. In addition, they will not disclose to the public the names or positions of individuals involved in the Health Study, including DPH and County employees, ACDHRS Team members, SOC members, CAG members, and Health Study researchers.

XI. SUPPORT & REIMBURSEMENT

DPH 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 2020 pursuant to the Consent Decree with SoCalGas. The SOC Charter may be amended as determined necessary by the SOC or DPH. Any member of the SOC or DPH may recommend changes to the Charter in an official meeting of the SOC. The Charter may be amended by a 2/3 vote of a quorum and at an official meeting of the SOC. DPH may overrule such amendment if the DPH Steering Committee 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