



LOS ANGELES COUNTY
COMMISSION ON HIV



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COMMISSION ON HIV Meeting

Thursday, April 11, 2024

9:00am-2:00pm (PST) *extended

**MLK Behavioral Health Center, Conference Room #1511
12021 S. Wilmington Ave, Los Angeles, CA 90059**

Click [HERE](#) for map/directions

Parking: Lot B (located off Wilmington Road)

**Visitors must enter through the gate adjacent to the main building entrance. Security personnel will be stationed there to provide guidance and assistance in directing guests to the appropriate conference room.*

****A light breakfast and opportunity for networking will be available 8:15AM-9AM in the courtyard. Food will not be allowed in the meeting room per building management so please arrive early****

Members of the Public May Join in Person or Virtually.

For Members of the Public Who Wish to Join Virtually, Register Here:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rb33fa9ed64581ef5deb6b751b1c7aa26>

Notice of Teleconferencing Sites:

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535



Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. *If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org



510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: <https://hiv.lacounty.gov>

AGENDA FOR THE **REGULAR** MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV (COH)

Thursday, April 11, 2024 | 9:00 AM – 2:00 PM*extended meeting

MLK Behavioral Health Center, Conference Room #1511

12021 S. Wilmington Ave, Los Angeles, CA 90059

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Notice of Teleconferencing Sites

California Department of Public Health, Office of AIDS

1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center

43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rb33fa9ed64581ef5deb6b751b1c7aa26>

AGENDA POSTED: April 5, 2024

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, email your Public Comment to hivcomm@lachiv.org or submit electronically [HERE](#). All Public Comments will be made part of the official record.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.



ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

BREAKFAST & NETWORKING 8:15 AM – 9:00 AM

A light breakfast and opportunity for networking will be available during this time in the courtyard. Kindly refrain from consuming food inside the meeting room as per the regulations set forth by building management. Please take advantage of this opportunity to connect with one another and fuel up for the important discussions ahead.

1. ADMINISTRATIVE MATTERS

- | | | |
|--|------------------|-------------------|
| A. Call to Order, Roll Call/COI & Meeting Guidelines/Reminders | | 9:00 AM – 9:03 AM |
| B. County Land Acknowledgment | | 9:03 AM – 9:05 AM |
| C. Approval of Agenda | MOTION #1 | 9:05 AM – 9:07 AM |
| D. Approval of Meeting Minutes | MOTION #2 | 9:07 AM – 9:09 AM |
| E. Consent Calendar | MOTION #3 | 9:09 AM – 9:12 AM |

2. PUBLIC & COMMISSIONER COMMENTS

- | | | |
|---|--|-------------------|
| A. Public Comment (Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE , or by emailing hivcomm@lachiv.org . <i>If providing oral public comments, comments may not exceed 2 minutes per person.</i>) | | 9:12 AM – 9:20 AM |
| B. Commissioner Comment (Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. <i>Comments may not exceed 2 minutes per member.</i>) | | 9:20 AM – 9:25 AM |

3. HOUSING EXPERT PANEL DISCUSSION 9:25 AM to 12:00 PM

As part of the housing focused conversations, housing experts and stakeholders will address offer resources, solutions to housing challenges, and best practices for coordinated planning and service delivery and resource sharing. Facilitated by Commission Co-Chairs, Danielle M. Campbell, PhDC, MPH, and Joseph Green, this panel aims to foster collaboration among housing stakeholders and the community and identify actionable steps to address housing needs for those living with HIV.

4. BREAK 12:00 PM – 12:15 PM

5. STANDING COMMITTEE REPORTS – I 12:15 PM – 12:45 PM

A. Operations Committee

- (1) Membership Management
 - a. 2024 Renewal Membership Drive | REMINDER
 - b. New Membership Applications
 - Matthew Muhonen | Representative, HOPWA **MOTION #4**



5. **STANDING COMMITTEE REPORTS – I (cont'd)**

12:15 PM – 12:45 PM

B. Operations Committee (cont'd)

- Michael Euring | Unaffiliated Consumer, SPA 4 **MOTION #5**
 - c. Seat Changes
 - Dechelle Richardson | Alternate to Provider Rep #6 **MOTION #6**
 - Erica Robinson | Alternate to HIV Stakeholder #3 **MOTION #7**
 - Ronnie Osorio | Alternate to HIV Stakeholder #4 **MOTION #8**
 - d. Seat Vacate: Juan Solis **MOTION #9**
 - c. Mentorship Volunteer Recruitment
- (2) Policy & Procedures
- Proposed Bylaws Updates
- (3) Assessment of the Administrative Mechanism | UPDATES
- (4) [2024 Training Schedule](#)
- (5) Recruitment, Retention and Engagement

C. Standards and Best Practices (SBP) Committee

- (1) Prevention Service Standards **MOTION #10**

D. Planning, Priorities and Allocations (PP&A) Committee

- (1) Priority Setting & Resource Allocation (PSRA) Overview & Policy
- (2) Status Neutral Planning

E. Public Policy Committee (PPC)

- (1) County, State and Federal Policy, Legislation, and Budget Updates & Reports
- a. 2024 Legislative Docket
 - b. 2024 Policies Priorities
 - c. State/Federal Budget
 - d. County Coordinated STD Response

F. Caucus, Task Force and Work Group Reports

12:45 PM – 1:00 PM

- (1) Aging Caucus | June 4, 2024 @ 1-3PM *Virtual
- (2) Black/African American Caucus | April 18, 2024 @ 4-5PM *Virtual
- (3) Consumer Caucus | April 11, 2024 @ 2:00-3:30PM * In-Person @ MLK BHC
- (4) Transgender Caucus | April 22, 2024 @ 10AM-11:30AM *Virtual
- (5) Women's Caucus | April 15, 2024 @ 2-4PM *Virtual

6. **MANAGEMENT/ADMINISTRATIVE REPORTS – I**

A. Executive Director/Staff Report

1:00 PM – 1:05 PM

- (1) 2024 COH Meeting Schedule
- (2) HRSA Site Visit: May 21-23, 2024



6. MANAGEMENT/ADMINISTRATIVE REPORTS – I (cont'd)

B. Co-Chairs' Report

1:05 PM – 1:20 PM

- (1) March 14, 2024 COH Meeting | FOLLOW-UP & FEEDBACK
- (2) Executive Committee Member At-Large | OPEN NOMINATIONS & ELECTIONS **MOTION #11**
- (3) Conferences, Meetings & Trainings
 - a. [NMAC Biomedical HIV Prevention Summit](#) (April 19-20, 2024)
 - b. [2024 International AIDS Conference](#) (July 22-24, 2024)
 - c. [National Ryan White Conference](#) (August 20-23, 2024)
 - d. [United States Conference on HIV/AIDS](#) (September 12-15, 2024)
- (4) Member Vacancies & Recruitment
- (5) [Acknowledgement of National HIV Awareness Days](#)

C. LA County Department of Public Health Report

1:20 PM – 1:35 PM

- (1) Division of HIV/STD Programs (DHSP) Updates (Part A Representative)
 - a. Programmatic and Fiscal Updates
 - b. Mpox Briefing
 - c. Ending the HIV Epidemic (EHE) | UPDATES

(2) California Office of AIDS (OA) Report (Part B Representative)

1:35 PM – 1:40 PM

- a. [OAVoice Newsletter Highlights](#)
- b. California Planning Group (CPG)

D. Ryan White Program Parts C, D, and F Report

1:40 PM – 1:45 PM

E. Cities, Health Districts, Service Planning Area (SPA) Reports

1:45 PM – 1:50 PM

7. MISCELLANEOUS

A. Public Comment

1:50 PM – 1:55 PM

(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)

B. Commission New Business Items

1:55 PM – 1:57 PM

(Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda.)



7. MISCELLANEOUS (cont'd)

C. Announcements

1:57 PM – 2:00 PM

(Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.)

D. Adjournment and Roll Call

2:00 PM

Adjournment for the meeting of April 11, 2024.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
CONSENT CALENDAR	
MOTION #4	Approve new member application for Matthew Muhonen, HOPWA Representative (Seat #41), as presented or revised and forward to the Board of Supervisors for appointment.
MOTION #5	Approve new member application for Michael Euring, Unaffiliated Consumer SPA 4 (Seat #22), as presented or revised and forward to the Board of Supervisors for appointment.
MOTION #6	Approve seat change for Alternate Dechelle Richardson to Provider Seat #6 (Seat #16), as presented or revised and forward to Board of Supervisors for reappointment.
MOTION #7	Approve seat change for Alternate Erica Robinson to HIV Stakeholder Representative #3 (Seat #46), as presented or revised and forward to the Board of Supervisors for reappointment.
MOTION #8	Approve seat change for Alternate Ronnie Osorio to HIV Stakeholder Representative #4 (Seat #47), as presented or revised and forward to the Board of Supervisors for reappointment.
MOTION #9	Approve to vacate Juan Solis, Alternate, as presented or revised, and forward to the Board of Supervisors for final vacate.
MOTION #10	Approve Prevention Service Standards, as presented or revised, and forward to DHSP for implementation.
MOTION #11	Approve Executive Committee At-Large member(s), as elected.



COMMISSION ON HIV MEMBERS

<i>Danielle Campbell, PhDc, MPH, Co-Chair</i>	<i>Luckie Fuller, Co-Chair (LOA)</i>	Joseph Green, Co-Chair Pro Tem	Miguel Alvarez
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Mikhaela Cielo, MD
Lilieth Conolly	Sandra Cuevas	Mary Cummings	Erika Davies
Kevin Donnelly	Kerry Ferguson (*Alternate)	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames
Felipe Gonzalez	Bridget Gordon	Karl Halfman, MA	Dr. David Hardy (**Alternate)
Ismael Herrera	William King, MD, JD, AAHIVS	Lee Kochems, MA	Leon Maultsby, MHA
Vilma Mendoza	Andre Moléte	Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA
Katja Nelson, MPP	Ronnie Osorio (**Alternate)	Byron Patel, RN	Mario J. Pérez, MPH
Dechelle Richardson (**Alternate)	Erica Robinson (*Alternate)	Leonardo Martinez-Real	Ricky Rosales
Daryl Russell	Harold Glenn San Agustin, MD	Martin Sattah, MD	Juan Solis (*Alternate)
LaShonda Spencer, MD	Kevin Stalter	Lambert Talley (*Alternate)	Justin Valero, MPA
Jonathan Weedman	Russell Ybarra		

MEMBERS: 46

QUORUM: 24

LEGEND:

- LoA = Leave of Absence; not counted towards quorum
- Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum
- Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at-risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)



OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

AS ADOPTED BY THE BOARD OF SUPERVISORS ON NOVEMBER 1, 2022

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants—past, present, and emerging—as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the:

- Fernandeno Tataviam Band of Mission Indians
- Gabrielino Tongva Indians of California Tribal Council
- Gabrieleno/Tongva San Gabriel Band of Mission Indians
- Gabrieleño Band of Mission Indians – Kizh Nation
- San Manuel Band of Mission Indians
- San Fernando Band of Mission Indians

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at anaic.lacounty.gov.

WHAT IS A LAND ACKNOWLEDGMENT?

A land acknowledgment is a statement that recognizes an area's original inhabitants who have been forcibly dispossessed of their homelands and is a step toward recognizing the negative impacts these communities have endured and continue to endure, as a result.

"THIS IS A FIRST STEP IN THE COUNTY OF LOS ANGELES ACKNOWLEDGING PAST HARM TOWARDS THE DESCENDANTS OF OUR VILLAGES KNOWN TODAY AS LOS ANGELES...THIS BRINGS AWARENESS TO STATE OUR PRESENCE, E'QUA'SHEM, WE ARE HERE."

—Anthony Morales, Tribal Chairman of the Gabrieleno/Tongva San Gabriel Band of Mission Indians

HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

JUNE 23, 2020

The Board of Supervisors (Board) approves a motion, authored by LA County Supervisor Hilda L. Solis, to adopt the Countywide Cultural Policy.

JULY 13, 2021

The Board supports a motion to acknowledge and apologize for the historical mistreatment of California Native Americans by Los Angeles County.

OCTOBER 5, 2021

The Board directs the LA County Department of Arts and Culture (Arts and Culture) and the LA City/County Native American Indian Commission (LANAIC) to facilitate meetings with leaders from local Tribes to develop a formal land acknowledgment for the County.

"THE SPIRIT OF OUR ANCESTORS LIVES WITHIN US. THE TRUE DESCENDANTS OF THIS LAND HAVE BECOME THE TIP OF THE SPEAR AND WILL CONTINUE TO SEEK RESPECT, HONOR, AND DIGNITY, ALL OF WHICH WERE STRIPPED FROM OUR ANCESTORS. IT IS OUR MOST SINCERE GOAL TO WORK TOGETHER AS WE BEGIN TO CREATE THE PATH FORWARD TOWARD ACKNOWLEDGMENT, RESTORATION, AND HEALING."

—Donna Yocum, Chairwoman of the San Fernando Band of Mission Indians

NOVEMBER 2021 – MARCH 2022

With help from an outside consultant, Arts and Culture and LANAIC conduct extensive outreach to 22 tribal governments, with generally 5 tribal affiliations, that have ties to the LA County region, as identified by the California Native American Heritage Commission. Five Tribes agree to participate on a working group.

MARCH 30 – SEPTEMBER 30, 2022

Over five facilitated sessions, the working group contributes recommendations, guidance, and historic and cultural information that informs the development of the County's land acknowledgment.

OCTOBER 18, 2022

LANAIC Commissioners approve a recommendation for the Board to adopt the Countywide Land Acknowledgment.

NOVEMBER 1, 2022

The Board adopts the Countywide Land Acknowledgment.

DECEMBER 1, 2022

The Countywide Land Acknowledgment begins to be verbally announced and displayed visually at the opening of all Board meetings.

"TRUTH IS THE FIRST STEP TO THE RECOVERY OF OUR STOLEN LAND AND BROKEN PROMISES...WE ARE STILL HERE."

—Robert Dorame, Tribal Chair of the Gabrielino Tongva Indians of California



POLICY/PROCEDURE #08.2107	Consent Calendar	Page 1 of 3
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**NO PROPOSED CHANGES,
4/10/2008**

ADOPTED, 1/10/2008

SUBJECT: "Consent Calendar" procedures at Commission and other meetings.

PURPOSE: To provide instructions for the "Consent Calendar" procedures at the Los Angeles County Commission on HIV and other, related Commission meetings.

BACKGROUND:

- The Commission regularly takes action on multiple items at its monthly meetings. As a result, the Commission is pressured to give complex actions adequate consideration and due diligence, but must rush through motions in order to conclude the meetings on time.
- At the November 2, 2007 Commission meeting, members suggested using a Consent Calendar to expedite the motions that have unanimous support and do not necessitate discussion or debate. The Executive Committee formally endorsed the Consent Calendar practice at its December 3, 2007 meeting.

POLICY:

- 1) The "Consent Calendar" is a procedural mechanism to expedite Commission business by allowing the body to approve all motions on the consent calendar collectively without debate or dialogue.
- 2) Commission members or members of the public may set aside (or "pull") an item from the Consent Calendar for any reason in order for the body to discuss and/or vote on it at its appointed time on the agenda. Reasons for setting aside an item include an accompanying presentation, a desire to discuss, address and/or review the item, to register a contrary or opposing vote, and/or to propose an amendment to the motion.
- 3) Any item that would generate an opposing vote must be removed from the Consent Calendar and returned to its normal place on the agenda.
- 4) Those items that remain on the Consent Calendar (that have not been "pulled") will be approved collectively in the single Consent Calendar motion. The Consent Calendar motion must be approved unanimously by quorum of the voting membership that is present.

Policy/Procedure #08.2107: Consent Calendar

Last Revised: *January 10, 2008*

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- 5) The motions that have been set aside will be addressed according to their order on the agenda. Removing an item from the Consent Calendar does not preclude a later vote on that item, nor its approval at a later point on the agenda.
- 6) Voting members are allowed to register their abstentions from individual items on the Consent Calendar during the Consent Calendar vote.

PROCEDURE(S):

1. **Consent Calendar:** All “action” motions on the Commission’s (or other meetings’) agendas are automatically placed on the Consent Calendar. “Procedural” motions (e.g., approval of the agenda, approval of the minutes) are not part of the Consent Calendar.
2. **Setting Aside Consent Calendar Items:** An item may be “pulled” from the Consent Calendar by any Commission member, member of the public, or staff member for any reason. The most common reasons for setting aside a Consent Calendar item are:
 - a) There is a presentation that accompanies the item.
 - b) The member has a question or would like information about the item.
 - c) The member would like to see to discuss the item or see it discussed.
 - d) The member would like to amend/substitute the motion.
 - e) There is an opposing vote.
3. **Items Removed from the Consent Calendar:** “Pulling” an item from the Consent Calendar does not preclude that motion from being considered at a later point on the agenda:
 - a) Setting aside a Consent Calendar item returns that item to its regular place on the agenda, where it is addressed at its appointed time.
 - b) That motion will be voted on, in agenda order, unless the body chooses to postpone, amend or substitute it when it is considered.
4. **Approving the Consent Calendar:** The Consent Calendar approval vote must be unanimous.
 - a) There is no discussion about the Consent Calendar approval, except to pull specific items.
 - b) As with all Commission motions, a quorum must be present to vote on it.
 - c) As a vote without objections, the Consent Calendar motion does not necessitate a roll call.
 - d) Items that generate an opposing vote for the Consent Calendar approval must be removed from the Consent Calendar for later consideration on the agenda.
 - e) Voting members may register “abstentions” for individual items on the Consent Calendar.

Policy/Procedure #08.2107: Consent Calendar

Last Revised: *January 10, 2008*

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DEFINITIONS:

- **Abstain/Abstention:** when a voting member acknowledges his/her presence, but declines to vote “aye” or “no” on a motion.
- **“Action” Item/Motion:** a motion that leads to action by the Commission. In the context of this policy, “action” motions are placed on the Consent Calendar.
- **Consent Calendar:** a procedural vehicle for a public voting body to collectively approve all of its “action” motions that do not require discussion or debate.
- **Motion:** the proposed decision or action that the Commission formally moves and votes on.
- **“Procedural” Item/Motion:** a motion necessary for meeting procedural requirements (approving the agenda or minutes). In the context of this policy, “procedural” motions are not placed on the Consent Calendar.
- **“Pull” (an Item/Motion):** removing or setting aside an item/motion from the Consent Calendar and returning it to its original place on the agenda for discussion/consideration.

**NOTED AND
APPROVED:**



Original Approval: 1/10/2008

**EFFECTIVE
DATE:**

January 10, 2008

Revision(s):



2024 MEMBERSHIP ROSTER | UPDATED 3.21.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative			Vacant	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1			Vacant		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6			Vacant		July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller (LOA)	Invisible Men	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7	1	OPS	Vilma Mendoza	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Ronnie Osorio (PP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Dechelle Richardson (PP&A)
28	Unaffiliated consumer, Supervisorial District 2	1	PP	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilith Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			Vacant		July 1, 2023	June 30, 2025	Erica Robinson (OPS)
34	Unaffiliated consumer, at-large #3	1	PP&A	Daryl Russell, M.Ed	Unaffiliated Consumer	July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXC	Joseph Green	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA			Vacant	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3			Vacant	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4			Vacant	No affiliation	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
TOTAL:		39						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Overall total: 46



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/27/24

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts. ***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.**

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FERGUSON	Kerry	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	Invisible Men	No Ryan White or prevention contracts
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	Leonardo	Unaffiliated consumer	No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	Vilma	Unaffiliated consumer	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	Andre	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
OSORIO	Ronnie	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated consumer	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SOLIS *	Juan	UCLA Labor Center	See attached subcontractor's list
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

Division of HIV and STDs Contracted Community Services

The following list and addendum present the conflicts of interest for Commission members who represent agencies with Part A/B and/or CDC HIV Prevention-funded service contracts and/or subcontracts with the County of Los Angeles. For a list of County-contracted agencies and subcontractors, please defer to Conflict of Interest & Affiliation Disclosure Form.

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
Case Management Home-Based	Libertana Home Health Caring Choice The Wright Home Care Cambrian Care Connection Envoy
Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store Foothill AIDS Project JWCH Project Angel
Oral Health	Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
STD-Ex.C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy Caring Choice Health Talent Strategies Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA SJW
HTS - Storefront	LabLinc Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	
AOM	
Vulnerable Populations (YMSM)	APAIT AMAAD
HTS - Storefront	Center for Health Justice Sunrise Community Counseling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN Spanish Telehealth Mental Health Services Translation/Transcription Services Public Health Detailing HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD Program Evaluation Services Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar CHLA The Walls Las Memorias Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups Translatin@ Coalition CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy Cambrian Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	



COMMITTEE ASSIGNMENTS

Updated: April 1, 2024
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 12 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Danielle Campbell, PhDc, MPH	Co-Chair, Comm./Exec.*	Commissioner
Luckie Fuller (LOA)	Co-Chair, Comm/Exec*	Commissioner
Joseph Green (Pro tem)	Co-Chair, Comm./Exec.*	Commissioner
Miguel Alvarez	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Felipe Gonzalez	Co-Chair, PP&A	Commissioner
Lee Kochems, MA	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 6 Number of Quorum= 4		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
<i>Vacant</i>	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Miguel Alvarez	At Large	Commissioner
Jayda Arrington	*	Commissioner
Leon Maultsby, MHA	*	Commissioner
Vilma Mendoza	*	Commissioner
Erica Robinson	*	Alternate

Committee Assignment List

Updated: April 1, 2024

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEERegular meeting day: 3rd Tuesday of the Month

Regular meeting time: 1:00-3:00 PM

Number of Voting Members= 14 | Number of Quorum= 8

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Donnelly	Committee Co-Chair*	Commissioner
Felipe Gonzalez	Committee Co-Chair*	Commissioner
Al Ballesteros, MBA	*	Commissioner
Lilieth Conolly	*	Commissioner
Ish Herrera	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Derek Murray	*	Commissioner
Dèchelle Richardson	*	Alternate
Daryl Russell, M.Ed	*	Commissioner
Harold Glenn San Agustin, MD	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEERegular meeting day: 1st Monday of the Month

Regular meeting time: 1:00-3:00 PM

Number of Voting Members= 10 | Number of Quorum= 6

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Commissioner
Mary Cummings	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Bridget Gordon	*	Commissioner
Leonardo Martinez-Real	*	Commissioner
Paul Nash, CPsychol AFBPs FHEA	*	Commissioner
Ronnie Osorio	*	Commissioner
Ricky Rosales	*	Commissioner

Committee Assignment List

Updated: April 1, 2024

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 14 Number of Quorum = 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Sandra Cuevas	*	Commissioner
Kerry Ferguson	*	Alternate
Arlene Frames	*	Commissioner
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Juan Solis	*	Alternate
Russell Ybarra	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS
Regular meeting day/time: 2 nd Thursday of Each Month; Immediately Following Commission Meeting Co-Chairs: Damone Thomas, Lilieth Conolly & Ismael (Ish) Herrera <i>*Open membership to consumers of HIV prevention and care services*</i>

AGING CAUCUS
Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm Co-Chairs: Kevin Donnelly & Paul Nash <i>*Open membership*</i>

TRANSGENDER CAUCUS
Regular meeting day/time: 4 th Tuesday of Every Other Month @ 10am-12pm Co-Chairs: Xelestíal Moreno-Luz & Jade Ali <i>*Open membership*</i>

WOMEN'S CAUCUS
Regular meeting day/time: Virtual - 3 rd Monday of Each Quarter @ 2-4:00pm The Women's Caucus Reserves the Option of Meeting In-Person Annually Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo <i>*Open membership*</i>



510 S. Vermont Avenue, 14th Floor, Los Angeles CA 90020 • TEL (213) 738-2816
EMAIL: hivcomm@lachiv.org • WEBSITE: <http://hiv.lacounty.gov>

Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission’s website and may be corrected up to one year after approval. Meeting recordings are available upon request.

**COMMISSION ON HIV (COH)
MARCH 14, 2024 MEETING MINUTES**

MLK Behavioral Health Center, Conference Room #1511
12021 S. Wilmington Ave, Los Angeles, CA 90059
Parking: Lot B (located off Wilmington Road)

CLICK [HERE](#) FOR MEETING PACKET

TELECONFERENCE SITES:

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

COMMISSION MEMBERS									
P=Present VP=Virtually Present A=Unexcused Absence EA=Excused Absence									
Miguel Alvarez	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton	P	Danielle Campbell, PhDc, MPH	P
Mikhaela Cielo, MD	P	Lilieth Conolly	P	Sandra Cuevas	EA	Mary Cummings	P	Erika Davies	P
Kevin Donnelly	P	Kerry Ferguson	P	Felipe Findley	P	Arlene Frames	P	Luckie Fuller	EA
Felipe Gonzalez	EA	Bridget Gordon	P	Joseph Green	P	Karl Halfman, MS	EA	Dr. David Hardy	P
Ismael Herrera	EA	Dr. William King, JD	EA	Lee Kochems	P	Leon Maultsby, MHA	EA	Vilma Mendoza	P
Andre Molette	P	Derek Murray	P	Dr. Paul Nash	EA	Katja Nelson	EA	Ronnie Osorio	A
Byron Patel	EA	Mario J. Peréz, MPH	P	Leonardo Martinez-Real	P	De’chelle Richardson	P	Erica Robinson	EA
Ricky Rosales	EA	Daryl Russell	P	Dr. H. Glenn San Augustin	EA	Dr. Martin Sattah	P	Juan Solis	A

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Dr. LaShonda Spencer	P	Kevin Stalter	A	Lambert Talley	P	Justin Valero	P	Jonathan Weedman	P
Russell Ybarra	P								
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Sonja Wright, DACM; Jose Rangel-Garibay, MPH; and Jim Stewart									

1. ADMINISTRATIVE MATTERS

A. **CALL TO ORDER, ROLL CALL/COI & MEETING GUIDELINES/REMINDERS**

Joseph Green, COH Co-Chair Pro-Tem, called the meeting to order at 9:11 AM and reviewed meeting guidelines and reminders; see meeting packet. Jim Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, M. Cummings, K. Donnelly, F. Findley, A. Frames, D. Hardy, L. Kochems, V. Mendoza, A. Molette, D. Murray, M. Pérez, L. Martinez-Real, D. Richardson, D. Russell, M. Sattah, L. Spencer, L. Talley, J. Valero, J. Weedman, R. Ybarra, D. Campbell, and J. Green.

B. **COUNTY LAND ACKNOWLEDGEMENT**

J. Green read the County's Land Acknowledgement to recognize the land originally and still inhabited and cared for by the Tongva, Tataviam, Kizh, and Chumash Peoples; see meeting packet for full statement.

C. **APPROVAL OF AGENDA**

MOTION #1: Approve meeting agenda, as presented or revised. ✓ *Passed by Consensus*

D. **APPROVAL OF MEETING MINUTES**

MOTION #2: Approve meeting minutes, as presented or revised. ✓ *Passed by Consensus*

E. **CONSENT CALENDAR**

MOTION #3: Approve consent calendar, as presented or revised. ✓ *Passed by Consensus*

2. PUBLIC & COMMISSIONER COMMENTS

A. **Public Comment**

Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org.

Commission on HIV Meeting Minutes

March 14, 2024

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- No public comment.

B. Commissioner Comment

Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission.

- Derek Murray announced that April 15th is the deadline to apply for space at West Hollywood PRIDE. The event is the first weekend of June, from 12pm-8pm, and free for organizations or government agencies who would like to set up a booth. The registration link is <https://www.wehopride.com/>.

3. PRESENTATIONS

National Women & Girls HIV/AIDS Awareness Day (NWGHAAD) Presentation | Women's Caucus

National Women and Girls HIV/AIDS Awareness Day is commemorated each year on March 10th. The Women's Caucus, led by Co-chairs Dr. Mikhaela Cielo and Shary Alonzo, hosted a panel discussion to raise awareness about the impact of HIV on women and to show support for women and girls with HIV. Panelists included Marilynn Ramos, peer navigator at Los Angeles Family AIDS Network, and Robin Barkins, founder and Executive Director of TRUST to Restore, Unite, Support, and Transform.

Panelists discussed various issues and circumstances surrounding their diagnosis as follows: (1) finding out during pregnancy was a traumatic experience compounded by the loss of a loved one at the same time, (2) not having a support network, (3) the immediate changes experienced on a human-level causing a feelings of hopelessness, (4) being diagnosed early in their teens with much mis-information/education and stigma circulating at the time, (5) drug usage and addiction, and sex-based work, (5) researching learning how to navigate the housing system and self-advocate, and finding caseworkers who assisted with homeless housing, (6) the sense of community and knowing that there are other women living through and experiencing the same thing and being part of the Confesiones: Mujeres VIH+ podcast has helped them on a personal level, (7) and implementing a needs assessment and research studies specifically targeting women to find where the gaps are. Overall, the consensus among the panel was that in finally the accepting their diagnosis and getting linked to care, staying in care through the support of a medical team, therapy, and engaging in social work, were they able to find their place and new meaning in life.

- Mario Perez, Director, Division of HIV and STDs (DHSP) asked the panel to share their thoughts regarding accessing services and what the panelists see from the provider community.

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- Robin Barkins shared that when resources and funding are limited there seems to be a lack in hiring staff that are well-versed in HIV-care and in having the mindset of helping people.
- Two public comments suggested: (1) stigma training should be provided to all healthcare providers and (2) suicide prevention should be implemented for those diagnosed with HIV.
- A meeting participant suggested conducting research to determine if women more likely to be diagnosed in their teen years.
- There was overwhelming appreciation from the audience for the panelists sharing their experiences.
- Drs. LaShonda Spencer and Mikhaela Cielo were recognized, celebrated, and presented with flowers for their work in and dedication to serving women, specifically those living with HIV, and children.

4. REPORTS - I

(1) Operations Committee.

Co-Chair J. Valero provided the report.

(1) Membership Management

- a. **2024 Renewal Membership Drive.** The 2024 Membership Renewal Drive launched Thursday, February 1st. Commissioners whose seats are set to expire June 30, 2024, received an email from COH staff, Sonja Wright. The deadline for application submission is Friday, March 29, 2024 @ 12PM.
- b. **Renewal Membership Applications**
 - Bridget Gordon | Unaffiliated Consumer, Supervisorial District 2 (Seat #28) **MOTION #4** (Approved via Consent Calendar)
 - Alasdair Burton | HIV Stakeholder #1 (Seat #44) **MOTION #5** (Approved via Consent Calendar)
 - Alexander Luckie Fuller | Provider Representative #7 **MOTION #6** (Approved via Consent Calendar)
- c. **Mentorship Volunteer Recruitment.** The Committee is actively seeking volunteers to participate in the Mentorship Program, aiding new members in navigating the Commission. If you're interested in mentoring or being assigned a mentor, please contact the staff.

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(2) Policy & Procedures

- a. **Proposed Bylaws Updates | Open Public Comment: February 12, 2024 – March 13, 2024.** The public comment period has ended. All comments will be forwarded to the BRT for review and discussion.

(3) Assessment of the Administrative Mechanism (AAM) | UPDATES. Collaborative Research will serve as consultants for the AAM. The Collaborative Research (CR) team attended the February Operations Committee meeting, introduced themselves, provided a brief background regarding their experience, and clarified their role in leading the AAM efforts as consultants.

(4) [2024 Training Schedule](#). The training series kicked off with the Co-Chair Roles and Responsibilities training on February 13th. The training has been uploaded to the COH website. The next training, General Orientation and Commission on HIV Overview, will be held on March 26th, from 3-4:30pm, and is a mandatory training. All trainings are virtual and open to the public.

(5) Recruitment, Retention and Engagement. The Committee continues to identify opportunities to support members in participating in outreach, recruitment, and engagement activities to promote the Commission and its work. Commission promotional materials are accessible via its Digital Toolkit on the website under the [Resource tab header](#). Additionally, hard copies of promotional materials can be requested from staff for distribution at community engagement and outreach events/activities.

The next Operations Committee meeting will be held in-person on March 28, 2024 @ 10AM-12PM.

B. Planning, Priorities and Allocations (PP&A) Committee. Kevin Donnelly, PP&A Co-Chair, summarized key discussions from the February 20th meeting.

(1) Priority Setting & Resource Allocations (PSRA) Overview

C. Barrit provided a refresher on the role of the PP&A Committee and a brief overview of the priority setting and allocations process.

Key highlight - The PP&A Committee will convene a combined meeting with the Consumer Caucus to ensure consumers provide input on the PSRA process and increase knowledge/skills around using data and understanding the RWP and CDC funded programs.

(2) Status Neutral Planning

The Committee began reviewing the draft Status Neutral Priority Setting and Resource Allocation (PSRA) Framework. The framework was revised to include a status neutral approach

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and address findings around conflict of interest management from the February 2023 HRSA site visit.

(3) Program Year (PY) 33 DHSP Expenditure Report

V. Scott provided a review of the Ryan White Program Year 33 Expenditures to date. Current estimated Minority AIDS Initiative (MAI) carryover into PY 34 is approximately \$467,000 and DHSP is continuing to identify opportunities to maximize award funds. DHSP will request a reallocation at an upcoming PP&A meeting.

The next PP&A Committee meeting will be Tuesday, March 19th from 1-3pm at the Vermont Corridor.

C. Standards and Best Practices (SBP) Committee. Jose Rangel-Garibay, COH staff, reported that the SBP Committee last met on March 5, 2024 and discussed their 2024 workplan, meeting calendar, and schedule for revising/updating the Service Standards. The Committee decided to prioritize reviews for the Emergency Financial Assistance, Ambulatory Outpatient Medical, and Transitional Case Management service standards. The Transitional Case Management service standards will include sections that address the needs of specific sub-groups.

(1) Prevention Service Standards | UPDATES. The Committee approved the Prevention Services standards and elevated it to the Executive Committee for review at their March 28, 2024 meeting. A copy of the Prevention Service standards was included in the meeting packet accessible [HERE](#). J. Rangel-Garibay requested for the document to be reviewed and offer edits/recommendations to the SBP Committee.

The Committee's next meeting will be in-person on Tuesday, April 2, 2024, from 10AM-12PM at the Vermont Corridor.

D. Public Policy Committee (PPC). Lee Kochems, PPC Co-Chair, briefly summarized key discussions and highlights from its March 4th meeting.

(1) County, State and Federal Policy, Legislation, and Budget Updates & Reports

a. 2024 Legislative Docket. Commission staff have updated the docket with any status changes to bills introduced in 2023 and added bills introduced through March 20th, 2024. The Committee will review the recommendations and hold their deliberations at their April 1st, 2024 meeting, which will be an extended 3-hour meeting.

b. 2024 Policies Priorities. The Committee began revising their Policy Priorities document and identified Sexual health, Housing, and Substance Abuse as key priorities for the Committee to focus on in 2024. The Committee will continue their review at their April 1st, 2024 meeting.

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c. State/Federal Budget. The Committee is closely monitoring any updates related to the Federal budget as the deadline for the current Continuing Resolution approaches.

d. County Coordinated STD Response. Commission staff developed a document that includes a summary of key messages for communicating HIV-related funding and legislative priorities to the Board of Supervisors (BOS). The document is included in the meeting packet and will be shared with PPC members to assist Commissioners with making public comments at BOS meetings.

The next Committee meeting will be on April 1, 2024 from 1pm-4pm at the Vermont Corridor.

E. Caucus, Task Force and Work Group Reports

(1) Aging Caucus. K. Donnelly, Caucus Co-Chair, reported that the Caucus met in-person on December 5, 2023, and reflected on 2023 successes, challenges, and opportunities for improvement. The Sexual Health and Older Adults educational event for providers was noted as a key accomplishment.

The Caucus also discussed ideas for the 2024 Work Plan and Priorities. Key examples are noted as follows: (1) conduct education and HIV/STD testing at senior assisted living facilities and retirement centers, (2) continue community education activities for providers and consumers on sexual health and testing, (3) hold DHSP more accountable to the Aging Caucus recommendations, (4) follow-through on aging-related activities on the Comprehensive HIV Plan and focus on the CHP goals for the workplan, and (5) address lack of affordable housing and prevent people from becoming homeless.

The February 6, 2024 meeting focused on developing the 2024 Aging Caucus work plan to include the following key activities: (1) improve mental health and wellness and address social isolation among older adults living with HIV, (2) work with the Standards and Best Practices Committee to review home-based case management, transitional case management and benefits specialty from an aging lens, (3) align strategies with other Commission Committees and Caucuses, (4) work with DHSP to get updates on the status of their internal workgroups and Aging Caucus recommendations, (5) continue to monitor new research on HIV and aging, (6) continue to address workforce capacity and education via summits, forums, and presentations via collaboration with key partners, and (7) identify strategies to reduce paper work and service navigation burdens for clients and providers.

The next Aging Caucus meeting will be held virtually on April 2, from 1pm-2:30pm.

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(2) Black/African American Caucus. Danielle Campbell, Caucus Co-Chair, reported that the Caucus met on February 15th and debriefed on its successful National Black HIV/AIDS Awareness Day (NBHAAD) presentation at the February 8th COH meeting. The Caucus also discussed the following:

- their recently released a flyer detailing information for the first session of the community listening session series, “Bridging Faith and Sexual Health in the Fight Against HIV”. This session is tailored for faith-based leaders of the Black community in Los Angeles and will be held Friday, April 26 @ 6-8PM; the flyer is in the meeting packet and the COH’s website under the Events tab for details.
- the DHSP and Equity Impact & Solutions (EIS) team presented needs assessments updates. The project will terminate at the end of February, however, given the low response rates, efforts are being discussed on conducting an in-person focus group to engage those organizations who were selected but did not participate in the needs assessment.
- The next meeting will be held virtually on March 21st, from 4pm-5pm.

(3) Bylaws Review Taskforce (BRT). Alasdair Burton, BRT Co-chair, reported that the BRT was put on pause during the Public Comment period. The comments received will be reviewed by the BRT for consideration. C. Barrit added that staff met with the HRSA Project Officer, and they indicated they will provide feedback on the proposed Bylaws changes.

(4) Consumer Caucus. Lilieth Conolly, Caucus Co-Chair, reported that once HOPWA housing data and housing presentations at the COH meetings are completed, the Caucus will put together a housing work group to provide concrete resolutions to housing issues. L. Conolly also informed everyone that the Caucus will be meeting after the Commission meeting, and someone will be available to direct them to the meeting location.

(5) Transgender Caucus. Jade Ali, Caucus Co-Chair, reported that the Caucus met on February 27, 2024 and reviewed their 2024 workplan with the aim of aligning the Caucus’s activities with the charge of the Commission. The Caucus adopted their 2024 workplan.

C. Barrit provided an overview of the PSRA process and encouraged the Caucus to draft recommendations to share with the PP&A Committee to consider during their deliberations for the upcoming PSRA cycle. The Caucus Co-Chairs led a brief brainstorming session prompting attendees to share ideas to include in a memo to the PP&A Committee. The memo will outline their recommendations.

The Caucus Co-Chairs shared updates regarding the Harm Reduction Institute event scheduled for April 29, 2024 at the Vermont Corridor. The event will feature a presentation

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by REACH LA staff on the results from their Harm Reduction Survey, followed by a panel discussion with the Health Equity Action Liaisons (HEAL). There will be presentations from the UCLA and CHLA research study opportunities, and the event will conclude with a Naloxone training and a self-defense training; these activities will take place concurrently.

The Caucus will focus on brainstorming ideas for the memo outlining their recommendations to the PP&A Committee and share updates regarding the Harm Reduction Institute event at their next meeting on Tuesday, March 26, 2024 from 10am-12pm.

(6) Women's Caucus. Shary Alonzo, Caucus Co-Chair, reported the Caucus met on January 22, 2024 and discussed their 2024 workplan and identified several potential lunch and learn topics for the year. Co-chairs are working with Commission staff to develop the first lunch and learn event in late April/early May.

The next Caucus meeting will focus on reviewing DHSP's Breastfeeding Educational Materials and APLA's Women's HIV Resource Directory, and will be held on April 15th, from 2pm-4pm.

5. PRESENTATION - II

Part 2: Data | Housing Opportunities for People Living with AIDS (HOPWA) Presentation Series Addressing Critical Issues Facing People Living with HIV and Housing

Matthew Muhonen, Lorena Sanchez, and Maisha Hunter, HOPWA staff answered questions from the February meeting. Is there permanent housing placement (PHP) for our population other than Ryan White Program to help with security deposits for subsidized housing?

- Outside of the HOPWA program, there is a grant available through the Housing Authority to assist with the security deposit.
- Are vouchers still available in the Long Beach area?
 - Vouchers are still available but in lieu of going through the Housing Authority, it is recommended to go through the regional office in Long Beach, which is the Alliance for Housing and Healing.
- Are contracted legal services only available for those who have vouchers in Los Angeles city and county?
 - Legal services are available to anyone who qualifies for the Housing Opportunity Through Modernization Act (HOTMA) program. The city will no longer be overseeing the program as it is transitioning to Los Angeles County (LAC), and legal services will be funded by Ryan White.

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- Are there programs to help with animal advocacy for clients in emergency, transitional, or treatment program housing?
 - There are no programs specific to that type of housing but there are animal advocacy programs available for those who qualify.
- Will the money cap be increasing for animal advocacy?
 - There have been no discussions around putting a cap on this matter.
- What is the annual budget for DHSP?
 - M. Perez provided the answer of \$120 million in Federal, State, and local resources.
- How can the Commission increase funding to fight the crisis?
 - M. Perez stated that the HIV epidemic is not going to end on a dollar amount, what is needed is a health system transformation inclusive of getting people screened, diagnosed, and treated and overcoming stigma and medical mistrust. M. Perez also mentioned Doxy-PEP being directly marketed to consumers.

After addressing outstanding questions, M. Muhonen presented on HOPWA funding and client demographics. Further details are available in the meeting packet.

Notable highlights from the presentation included:

- For fiscal year 2024, there is an ask of \$600 million as 1 in 4 PLWH have unmet housing needs.
- The HOPWA program is a federal program designed to provide housing assistance and related supportive services for low-income PLWH and their families.
- The HOPWA program is administered by the U.S. Department of Housing and Urban Development (HUD) – Office of HIV/AIDS Housing.
- For the past 3 years, the average annual allocation has been approximately \$22, 000, 000.
- A slide was presented showcasing the amount of dollars received from 2020 – 2023, and currently, approximately \$25,000,000 which allows for allows for 18 – 20 contracts with different providers.
- Briefly mentioned HOPWA programs: Scattered Site Master Leasing, Tenant Based Rental Assistance, Residential Service Coordination, Legal Services, Animal Advocacy, Housing Information and Referral, Housing Specialist/Crisis Housing, and Short-Term Financial Assistance. These programs were covered in detail and the previous Commission meeting.
- It was mentioned that PLWH who are homeless or are in imminent danger of becoming homeless are not currently supported by HOPWA.
- The total number of HOPWA-eligible individuals served with HOPWA assistance in fiscal year 23-23 were 3,443 persons.

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- Pages 71-72 of the packet, highlights the contractor, program type, budget, and expenditure to date.
 - Alliance for Housing and Healing/APLA is the largest service provider for the area.
- Contractors must use an electronic database to record and track client information, including intake/assessment, housing plans, placements, follow-ups, applications, retention, and other services. They agree to utilize the system developed by the Los Angeles Housing Department (LAHD) for this purpose and generate necessary reports upon request.
- These administrative data systems capture a wide range of data elements. This includes information on the types of services delivered, the number of clients served, demographics of clients, outcomes achieved, and other relevant metrics.
- The Summary of findings Demographics Reports 21-22 can be found on pages 101-103 of the packet. The demographics are categorized by age group distribution, race and ethnicity, gender distribution, and services provided.

In response to the HOPWA presentation, Commission members and members of the public asked the following questions and highlighted the following points:

- Is HOPWA projected to maximize the \$24 million in revenue?
 - Last year was the first year that all funding was completely exhausted, and it is anticipated that the funding will be used this year.
- Does HOPWA distribute the money to organizations and then the organizations find housing units?
 - The City of Los Angeles has contracts with each of the agencies, HOPWA distributes funds to them and the agencies invoice HOPWA monthly for the expenses they incur. HOPWA pays the agencies based on their month-to-month expenditures.
- What measures are in place to prevent grants from not being processed?
 - HOPWA works with agencies every year to project their budget to avoid grant funds from running out.
- Are there funds available to assist with moving expenses such as hiring movers?
- HOPWA funds cannot be used to pay for movers. M. Perez from DHSP indicated that RWP Emergency Financial Assistance (EFA) may be used to pay for movers.
- Why is HOPWA being defunded?
 - HOPWA is not being defunded. The funding has not yet been received from Congress, but the trend has been that funding has increased year-to-year.
- Does HOPWA have a customer support line synonymous to DHSP's customer support line?
 - Customer support can be accessed via the LAHD website. If a client is already in the system, the best way to receive customer support is through their housing specialist.

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- The best way to stay updated on housing availability and vacancies is through the [CHIRPLA](#) website. CHIRPLA has housing navigators and staff that stay in contact with the Housing Authority.
- A meeting participant stated the importance of making clear to the community the income eligibility requirements for HOPWA in simple terms. This information needs to be easily accessible on websites.
- If a person is not able to qualify for HOPWA, qualification may be available under Los Angeles Homeless Services Authority (LAHSA) Program. The LAHSA is a separate program which has housing based on income and provides wraparound services.
- How are services navigated?
 - Housing navigator or case manager can assist clients with navigation.
- How does the HOPWA budget increases compare to cost of living increases?
 - The funding increases versus cost-of-living increases does not compare. The needs increase happens at a higher rate than the funding increases.
- Which groups are included in the multi-racial category?
 - There is not a distinct clarification of who falls into the multi-racial group, it is based on what the client says.
 - M. Perez suggested collaborating with DHSP to further stratify data to get a clearer picture or definition of the make-up of the multi-racial category.
- M. Perez encouraged the Commission to advocate for 10% versus a 3% administrative cap for HOPWA to assist the administrative infrastructure. He underscored the necessity for increased administrative funding allocation to adequately manage the escalating demands.
- Is there an integrity check for partners/contractors to ensure they are doing what they are supposed to?
 - Each year, onsite monitoring consisting of reviewing files, expenditures, policies and procedures is implemented for each of the contracts listed.
- How are some Section 8 people able to receive vouchers and others are told they do not qualify?
 - Anyone who is currently housed in subsidized housing cannot receive additional grants or permanent housing support, as the Federal government considers it a duplication of services. HOPWA can provide supportive services such as benefits specialists, counseling, and legal assistance, if they fall under the 80% area median income threshold.
- Are young people and vulnerable populations being serviced to prevent homelessness, and what are the timelines that services can be presented to young people?

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- There are not any hub programs specifically for young people, however services are available for special youth populations such as transitional age youth (TAY)
- Why are undocumented PLWH losing their Section 8?
 - Section 8 is not HOPWA funded. Section 8 is not part of HOPWA. Section 8 does not allow those who are undocumented to participate in the program. HOPWA does not have that limitation and does not ask for Social Security numbers or immigration status.

Comments and questions in the chat:

- EFA is an Emergency Financial Assistance program funded under the Ryan White Program that helps with moving expenses.
- DHSP will take over legal services starting March 1, 2024
- For information on available programs and affordable housing, contact the Comprehensive Housing Information & Referral Agency at www.chirpla.org or at (877) 724-4775.
- HOPWA contracted agencies that service Los Angeles County: Antelope Valley/San Fernando Valley – Tarzana Treatment Center (888) 777-8565, San Gabriel Valley/East Los Angeles – Foothill AIDS Project (909) 482-2066, Metro/Downtown Los Angeles – JWCH (213) 486-4062, West Los Angeles – APLA Health & Wellness (323) 656-1107, South Los Angeles – APLA Health & Wellness (323) 329-9900, South Bay/Harbor – APLA Health & Wellness (562) 294-5500
- The Pets Are Wonderful Support, Los Angeles (PAWS/LA) program provides valuable resources to pet-owning low-income seniors, veterans, and people living with HIV/AIDS (PLWH) <https://www.pawsla.org/>.
- Alliance’s HOPWA Central Coordinating Agency (CCA) currently works with pre-approved housing specialists from local, predesignated community-based organizations serving impoverished PLWH to obtain housing-related financial assistance for their eligible clients. The HOPWA Central Coordinating agency, located at the Eagle Rock Office, coordinates and processes applications on a county-wide basis for Permanent Housing Placement (PHP), Short-Term Rental, Mortgage and Utility Assistance (STRMU), Permanent Supportive Housing (PSH) and Tenant-Based Rental Assistance (TBRA) grants.
- A member of the public asked, "Taking into account that there are some PLWH with balance issues, weakness and other hardships that present challenges, are there funds available to assist a person with moving expenses of a physical nature like hiring movers?"
 - M. Perez responded that the Los Angeles County Department of Public Health, Division of HIV and STD Programs’ (DHSP) Emergency Financial Assistance provides limited one-time or short-term financial assistance to PLWH who are experiencing a financial hardship. Eligible clients may access up to \$5,000 in assistance in a twelve (12) month period and can access it all at once or in increments. You can reach out to APLA County DHSP to apply for the program if you are eligible.

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6. REPORTS - II

F. Executive Director/Staff Report

(1) 2023 Draft Annual Report | FINAL. Cheryl Barrit, MPIA, Executive Director, thanked everyone for being responsive to and providing feedback regarding the Commission's key accomplishments for the 2023 Annual Report; a copy of the report is in the meeting packet and on the Commission's website. The report was submitted to the Board and Executive Office on February 28th.

- C. Barrit reported that staff is in the process of securing a panel comprised of housing experts and decision-makers for the April Commission meeting.
- C. Barrit reminded everyone that April's Commission meeting will be held at MLK Behavioral Health Center.
- C. Barrit acknowledged former Commission Co-Chair, Carla Bailey, in attendance.

G. Co-Chairs' Report. D. Campbell led the report as follows:

(1) February 8, 2024 COH Meeting | FOLLOW-UP & FEEDBACK. No follow-up or feedback was given.

(2) Executive Committee Member At-Large | OPEN NOMINATIONS & ELECTIONS MOTION #8
The nominees were Alasdair Burton, Bridget Gordon, Miguel Alvarez, and Felipe Findley. The nominees introduced themselves and provided background in support of their nomination.

- The motion was tabled until the April Commission meeting due to loss of quorum.

(3) Letter to Board of Supervisors (BOS) re: Threats to HIV Funding. As discussed at the February 8 meeting, the Executive Committee sent a letter to the Board of Supervisors urging them to help protect HIV funding at the federal level. A copy of that letter was included in the packet. Meetings with the Supervisors and Health Deputies are being scheduled to reinforce our message of protecting HIV funding. A copy of the key messages was in the packet.

(4) Conferences, Meetings & Trainings

- a. [Conference on Retroviruses and Opportunistic Infections \(CROI\) \(March 3-6, 2024\)](#) .

Highlights from commissioners who attended CROI are as follows:

- Dr. Martin Sattah highlighted: (1) long-lasting injectables in terms of treatment and prevention, might roll over into other areas and how synthetics plays into the care of patients, specifically those with hepatitis B and C, (2) longer lasting daily medicines in the form of pills, (3) providing more options and tools to suppress the virus and its transmission, and (4) Doxy-PEP was a major discussion during the conference

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- Dr. Hardy highlighted: (1) the future of HIV therapy is going to be long-acting with injectables expected to last approximately 6 months, (2) current medication will be delivered less frequently than they are now for both treatment and prevention, (3) oral medication being delivered once a week, once every 2 weeks, or even once a month, (4) unfortunately, there were no announcements regarding a person being cured like in past CROI conferences, (5) there was information about how we can move closer to a cure but it is still in the laboratory animal research stage, and (6) there was a study in Africa, regarding injectable medication that the United States is told not to use but worked in Africa among patients who showed resistance.
 - Other mentions were the discussion on Doxy-PEP and how it may delay or make it harder to diagnose syphilis because it slows down the response to tests used to diagnose syphilis and a warning to watch out for antibiotic-resistant situations.
 - The American Academy of Medicine is funding 10 HIV prevention clinical fellowships per year for healthcare providers who want to learn more about delivering PrEP. The fellowship is named in honor of Dr. Dawn K. Smith who advocated for prevention and spearheaded the first PrEP guidelines in the U.S. in 2014.
 - D. Campbell highlighted: (1) the lecture by Dr. Jeanne Marrazzo on the future of HIV, (2) mobilization to increase community presence at CROI conferences, (3) the enormous amount of research, proposals, and oral presentations, (4) Dr. Frank Mugisha, human rights advocate from Uganda, discussing the intersection of research, human rights, and health equity, and (5) an international study involving 7,000 PLWH showed that PLWH with suppressed viral loads are at an increased risk for cardiovascular disease, and at risk of having strokes and heart attacks at an earlier age; the study recommended cholesterol-lowering medications to be given at earlier stages in their lives.
 - K. Donnelly mentioned that a few commissioners were able to attend the UCLA Center for AIDS Prevention and Research CAB member conference which highlighted the community voice in research.
- b. [NMAC Biomedical HIV Prevention Summit \(April 19-20, 2024\)](#). The NMAC HIV Biomedical Prevention Summit will be held in Seattle, WA on April 19-20. A pre-summit will be hosted focused on building a Black HIV prevention clinical research agenda.
- c. [2024 International AIDS Conference \(July 22-24, 2024\)](#). Several unaffiliated consumers submitted applications for virtual attendance scholarships and will be notified in early April.
- d. [National Ryan White Conference \(August 20-23, 2024\)](#) . *No updates.*
- e. [United States Conference on HIV/AIDS \(September 12-15, 2024\)](#) . *No updates.*

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(5) Member Vacancies & Recruitment. For members whose terms are ending on June 30, 2024, please respond to the email from COH staff Sonja Wright inquiring if you are renewing along with your completed renewal application. We will need to process your applications for timely re-appointments.

We are making progress in filling our unaffiliated consumer seats, and we appreciate everyone's efforts in recruiting applicants. COH staff have been collaborating with the City of Long to identify a representative from their jurisdiction. Additionally, we've reached out to local health plans and the State for potential candidates. We encourage everyone to continue promoting the Commission and to reach out to staff for assistance with membership applications. Applying as an alternate is a valuable way to get involved in the Commission's work. We are still in need of unaffiliated consumers from:

- Service Planning Area 1 (Antelope Valley)
- Service Planning Area 4 (Metro LA)
- Supervisorial District 4 (Supervisor Janice Hahn's District)
- 1 At Large Seat
- *We have 1 application for unaffiliated consumer in the queue.*
- Unaffiliated consumers must meet the following criteria set by our federal funders: 1) a person living with HIV; and 2) a Ryan White program client; and 3) NOT employed by an agency receiving funding for Part A Ryan White program.
- Please continue to help us promote the Commission and contact staff for assistance with membership applications.
- Applying as an alternate is a great way to get involved on the Commission.
- Please refer to the Membership Roster in the packet to see the vacant seats on the Commission.

(6) Acknowledgement of National HIV Awareness Days. Members were encouraged to peruse the HIV.Gov website and check out the website periodically for updated information and social media tool kits from our federal partners on HIV awareness days. HIV awareness days provides an opportunity for the COH to uplift and highlight communities who bear the disproportionate impact of HIV throughout the country.

H. LA County Department of Public Health Report (Part A Representative)

(1) Division of HIV/STD Programs (DHSP) Updates

a. Programmatic and Fiscal Updates. Mario J. Peréz, MPH, Director of DHSP, stated that DHSP is waiting to see what happens with the Federal budget. The deadline for Congress to approve the budget is March 22nd, and the importance lies in the HHS and Labor spending

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bill that funds Ryan White programs, the EHE initiative, and supports line items with Centers for Disease Control and Prevention (CDC), including the domestic programs appropriation. The CDC has not confirmed DHSP's 5-months of funding from January through May 2024 to support the HIV-prevention portfolio. M. Pérez thanked Karl Halfman for including information about the ADAP Rebate Program loans to balance the State Budget.

b. Mpox Briefing. Zero Mpox cases reported last week, although there has been a slight uptick in in the last 4-5 weeks. Vaccination rates are still at 26-27% range among PLWH and slightly higher for groups at elevated risks. DHSP will invest in more resources to promote vaccination awareness. M. Pérez highlighted the urgency for vaccination, especially among high-risk groups. Visit the [DHSP website](#) for more information.

c. Ending the HIV Epidemic (EHE) | UPDATES. M. Pérez reported that DHSP is holding a Workforce Summit at the Convention Center to address stress and burnout among frontline HIV-service staff. Speakers will promote balance and wellness among the workforce. DHSP launched the [I'mHIV+LA website](#), aimed at promoting Ryan White services in the County. The Magnificent Campaign was introduced to enhance PrEP awareness within the Black community, with a specific focus on MSM, transgender individuals, and women. More information is available at <https://getprepla.com/>. DHSP recently awarded 39 contracts under the EHE portfolio, including the continuation of women-centered podcasts and the "Chasing" educational video series.

Questions:

- Is the County considering expanding the iCARE program?
 - M. Pérez explained that the program is a pilot program for people ages 18-29 with HIV encouraging them to stay in care and get virally suppressed. Incentives are offered, however enrollment in the program has been slow. If the program proves successful, DHSP will expand the program.
- A question was asked about Alaska pox.
 - M. Pérez stated he does not know enough about it to address the question.
- M. Pérez was asked to provide a Casewatch update.
 - DHSP is still using Casewatch to collect Ryan White program data. A vendor has been hired to work on replacing the Casewatch system, but it is in the infancy stage.

Commission on HIV Meeting Minutes

March 14, 2024

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(2) California Office of AIDS (OA) Report (Part B Representative)

- [OAVoice Newsletter Highlights](#). Karl Halfman, Chief of the HIV Care Branch, was not available to provide the report. Staff directed attention to the newsletter in the packet.

b. California Planning Group (CPG). D. Campbell reported that the CPG Women's Committee is working on a letter to the Department of Public Health (DPH) and the California Department of Public Health to address the new guidance released addressing transgender women but nothing to address cisgender women. The Committee is requesting that the CA Department of Public Health revises its guidance to align with that of the CDC and to bring to the forefront cisgender women who were not included in the recommendations. The hope is to use this as an opportunity to engage cisgender women in PrEP and Doxy-PEP, although the research has not demonstrated that Doxy PEP is efficacious among cisgender women.

(I) Ryan White Program Parts C, D, and F Report. *No reports.*

(J) Cities, Health Districts, Service Planning Area (SPA) Reports. D. Murray reminded everyone that he mentioned the West Hollywood PRIDE earlier in the public comments and wanted to add that the deadline for vendors to apply is April 15th. The L.A County Coroner's Office reported 32 overdose deaths; 9 of the overdose deaths included fentanyl and methamphetamine. To address the overdose crisis, the City of West Hollywood is organizing a harm reduction outreach event on April 10th, from 1-5pm, located on the southeast corner of LaBrea and Santa Monica Blvd. Agency partners, such as Being Alive, will be onsite distributing harm reduction kits and providing health-related services such as health screenings, HIV testing, and syringe exchange.

7. MISCELLANEOUS

A. Public Comment. *(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)*

- Arburtha Franklin, anti-hate case manager for the TransLatin@ Coalition, stated she has applied to become a commissioner and had no idea how much is involved with being a member of the Commission. A. Franklin expressed gratitude and appreciation for all that was learned.

B. Commission New Business Items *(Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized*

Commission on HIV Meeting Minutes

March 14, 2024

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matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda.)

- D. Russell announced that at the last Consumer Caucus meeting, the Caucus discussed receiving help with learning how to navigate the housing system and how to advocate for increased funding for housing.
- L. Conolly reported that the Consumer Caucus discussed cross collaboration with other Committees in the hope of boosting consumer participation. The Caucus's primary focus is housing and providing concrete solutions to the housing crisis.

7. MISCELLANEOUS (cont'd)

C. Announcements (Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.)

- Deisa Walker, LGBT Center (South), announced the Men of Color Healthier Alliance (MOCHA), is hosting an event on March 29th, from 2-5pm at its South LA location in honor of NWGHAAD. There will be a panel discussion, free food, and self-care activities.
- Devlin Diaz reported CHLA is hosting a Dress for Success event on April 6th, from 11am-4pm, at the Curtis Tucker Health Center in Inglewood. The purpose of the event is workforce development for youth, with this year's focus on Black youth. CHLA is asking for clothes and hygiene product donations.
- Jaylin Herbert, health and wellness manager, has an incentive program for PLWH encouraging people to use their services to stay in care.
- R. Ybarra announced that Capitol Drugs is having their annual health fair on March 23 providing free health screenings, and COVID, flu, and Mpox vaccinations. There will be approximately 100 vendors participating and an abundance of resources available. If there are organizations who would like to participate, please contact R. Ybarra directly at rybarra@capitoldrugs.com.
- A. Molette highlighted two Men's Health Foundation events: Barbershop Talk, every 2nd Thursday of the month, to provide a space for de-stigmatizing conversations about sexual health and the SoCal Club is hosting a LatinX conference (more information to come).
- Dr. L. Spencer announced the HIV Grand Rounds will be held on Tuesday, March 19th and 20th; Dr. Joseph Matovu from Uganda slated to speak about the sexual network-based program in Uganda. MLK will host a dinner for Dr. Matovu today at 5pm; he will speak on the anti-LGBT legislation in Uganda.
- M. Pérez announced that as part of Public Health Awareness week, DHSP partners with the Board Offices to host events in various parts of the County. On April 5th, DHSP will

Commission on HIV Meeting Minutes

March 14, 2024

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host a Trans Day of Visibility event, in collaboration with the LA LGBT Center. The event will include a job resource fair and possibly have Supervisor Horvath as a speaker.

D. Adjournment and Roll Call: Adjournment for the meeting of March 14, 2024.

The meeting was adjourned at 12:24PM in memory of Hydeia Broadbent and Nex Benedict. Jim Stewart conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, A. Burton, M. Cielo, L. Conolly, M. Cummings, K. Donnelly, F. Findley, A. Frames, D. Hardy, L. Kochems, V. Mendoza, A. Molette, D. Murray, M. Pérez, L. Martinez-Real, D. Richardson, D. Russell, M. Sattah, L. Spencer, L. Talley, J. Weedman, R. Ybarra, D. Campbell, and J. Green.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 2: Approve the February 8, 2024, Commission on HIV meeting minutes, as presented.	Passed by Consensus.	MOTION PASSED
MOTION 3: Approve Consent Calendar, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 4: Approve Renewal Membership Application for Bridget Gordon, Unaffiliated Consumer, Supervisorial District 2 (Seat #28), as presented or revised.	Passed by Consent Calendar.	MOTION PASSED
MOTION 5: Approve Renewal Membership Application for Alasdair Burton, HIV Stakeholder #1 (Seat #17), as presented or revised.	Passed by Consent Calendar.	MOTION PASSED
MOTION 6: Approve Renewal Membership Application for Alexander Luckie Fuller, Provider Representative #7 (Seat #17), as presented or revised.	Passed by Consent Calendar.	MOTION PASSED
MOTION 7: Approve Executive Committee At-Large Members, as elected.	Quorum Lost. Deferred to April 11, 2024 meeting.	



Division of HIV and STD Program

Housing Services

Paulina Zamudio, MPA
Chief, Contracted Community Services

Thursday April 8, 2024



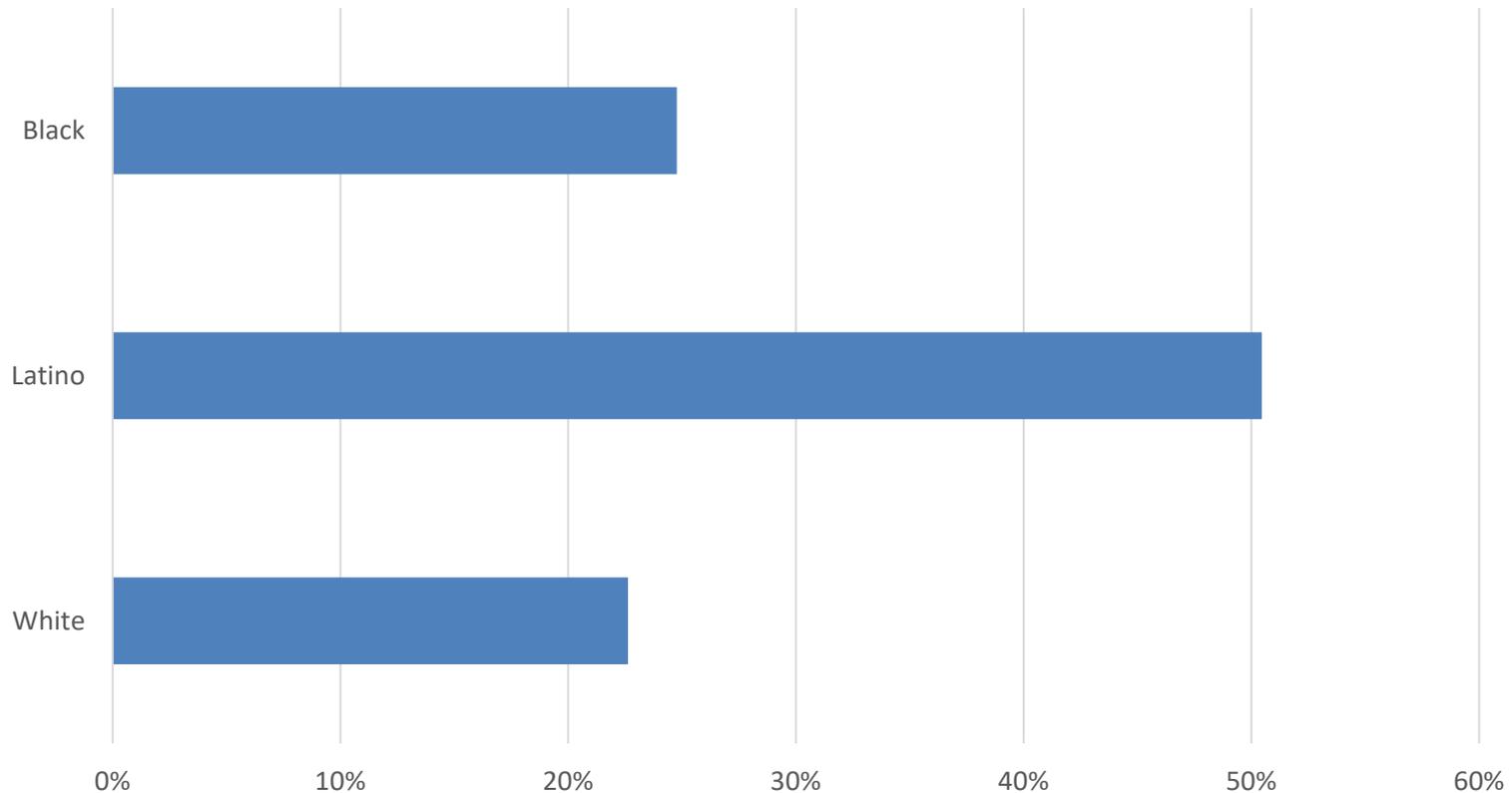


DHSP-Funded Housing Programs

- Residential Care Facilities for The Chronically Ill (RCFCI)
- Transitional Residential Care Facility (TRCF)
- Substance Use/Abuse Transitional Residential Care Facility for People with (SUDTH)
- Scattered Permanent Housing
- Emergency Financial Assistance (EFA)



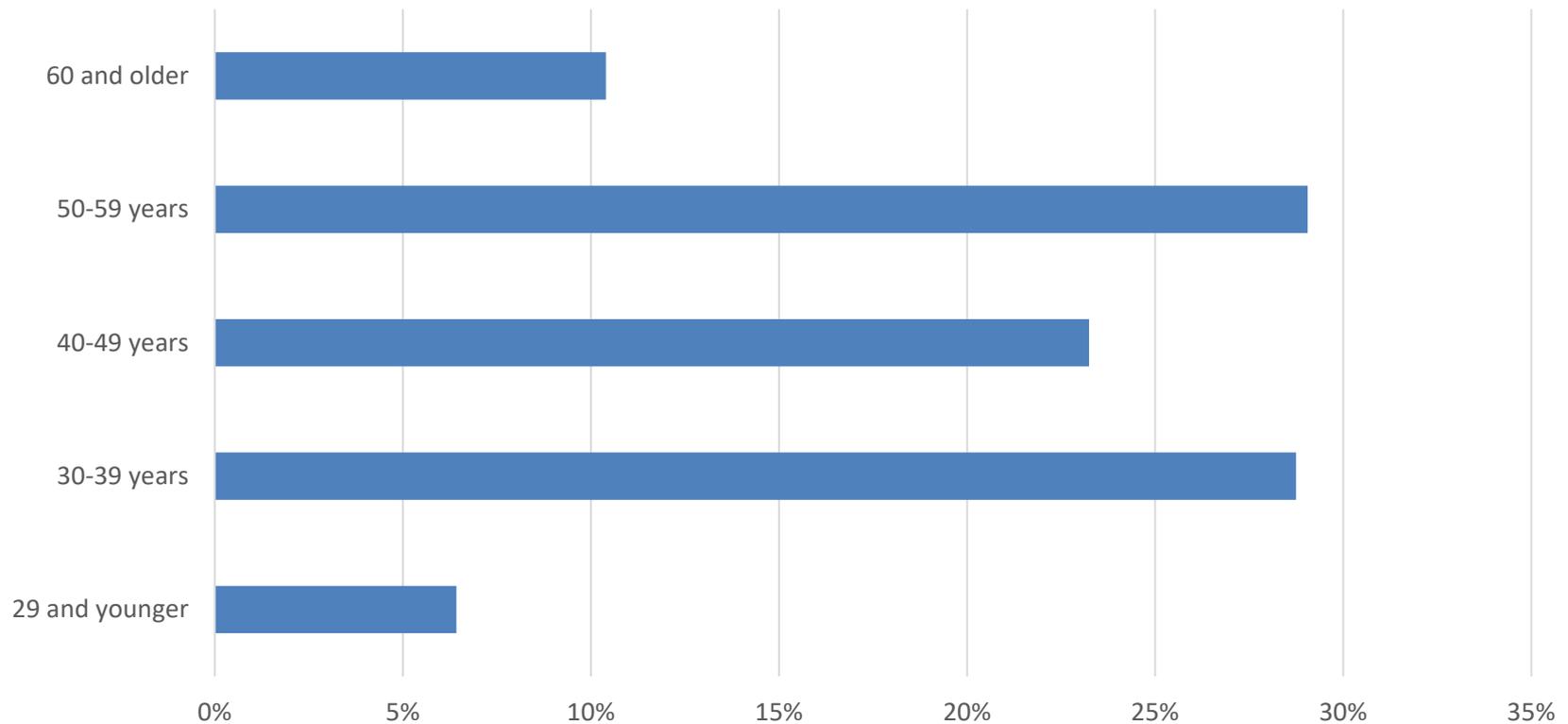
HIV-Positive* (Unduplicated) Clients Receiving FUNDED Housing Services in Ryan White Year 32 (03/01/2022 - 02/28/2023), Los Angeles, CA - Ethnicity



Total client = 327



HIV-Positive* (Unduplicated) Clients Receiving FUNDED Housing Services in Ryan White Year 32 (03/01/2022 - 02/28/2023), Los Angeles, CA - Age



Total client = 327



DHSP-Funded Housing Programs - RCFCI

- 3 Contracts with 49 beds for a total of \$4,122,818
(\$136,420 for mental health provider)
 - Alliance for Housing and Healing/APLA
 - One site (Long Beach)
 - EFA (\$2,058,027)
 - Project New Hope
 - Three sites (LA, Van Nuys, Long Beach)
 - The Salvation Army
 - One site (LA) - Families



DHSP-Funded Housing Programs - RCFCI

- **What is Residential Care Facility for the Chronically Ill (RCFCI)?**
 - RCFCIs are licensed to provide services in a non-institutional, homelike environment which is maintained and operated to provide 24-hour care and supervision to the following people living with HIV (PLWH):
Adults 18 years of age or older, emancipated minors, unable to work
- **What are the goals of the RCFCI program?**
 - The goal of the RCFCI program is to improve the health status of PLWH who need to receive care, support, and supervision in a stable living environment to improve their health status.



DHSP-Funded Housing Programs - TRCF

- 1 Contract with 20 beds for a total of \$923,347
(\$60,528 for mental health provider)
 - Project New Hope
 - Three sites (Lawndale and LA)

What is a Transitional Residential Care Facility (TRCF)?

- Interim housing with ongoing supervision and assistance with independent living skills for people living with HIV (PLWH) who may be at risk for becoming homeless. TRCFs are 24-hour, secure home-like facilities that are clean, safe, comfortable, and alcohol/drug free. The goal of TRCFs is to help clients be safely housed while a permanent, stable housing situation is identified.



DHSP-Funded Housing Programs - SUTH

- 1 Contract with 46 beds for a total of \$1,259,250
 - Tarzana Treatment Centers
 - Eight sites (6 in Reseda and 2 in Lancaster)

What is SUTH?

- Interim housing with ongoing supervision and assistance with independent living skills for people living with HIV (PLWH) who may be at risk for becoming homeless and are in recovery. TRCFs are 24-hour, secure home-like facilities that are clean, safe, comfortable, and alcohol/drug free. The goal of TRCFs is to help clients be safely housed while a permanent, stable housing situation is identified.



DHSP-Funded Housing Programs – Scattered Permanent Housing

- 1 Contract - 150 clients for a total of \$6,556,794
Housing for Health
 - Rampart Mint
 - Sites throughout Los Angeles County



Contact:

Paulina Zamudio

(213) 351-8059, pzamudio@ph.lacounty.gov

Customer Support Line - **(800) 260-8787**

By Email:

dhspsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>

ANIMAL SUPPORT & ADVOCACY

Our programs are designed to mitigate the physical, financial and housing accommodation challenges for People Living With HIV/AIDS with a service/support animal.

Annual HOPWA Funding: \$222,425



Emotional Support Animal Information

- 1) Educational information — “Support Animals in Housing: A Guide for Tenants with Disabilities”
- 2) Templates for “Request for Accommodation” letter and Medical Provider prescription for ESA
- 3) Access to licensed mental health provider to assess clients and prescribe support animal
- 4) Referrals to legal services

Animal Support (non-HOPWA funded services)

- 1) Subsidized veterinary care
- 2) Pet food pantry & supplies
- 3) Services for homebound clients: pet food delivery, dog walking; pet transport
- 4) Referrals to other low-cost animal-related services and providers

Eligibility

- Los Angeles County resident
- HIV/AIDS diagnosis
- Low-income
- Service animal is spayed/neutered

ASSISTING PLWH/A WITH EMOTIONAL SUPPORT ANIMALS



ANIMAL SUPPORT & ADVOCACY

2023 PROGRAM SUCCESSES

- Individual clients receiving service: 395
- Individuals receiving Housing Advocacy information (in-person/website): 723
- Veterinary services provided: 707
- Pet Food Bank distributions: 1,758
- Clients receiving in-home animal care assistance: 53
- Referrals to other services: 4,163



CLIENT SURVEY

- 96% of PAWS/LA clients say our services give them peace of mind because their animal is cared for.
- 88% of PAWS/LA clients report that our services aid in maintaining their permanent housing.

COMPREHENSIVE INFORMATION AND REFERRALS FOR PLWH/A

Information clearinghouse that provides resources and referrals for accessing affordable, appropriate housing options and supportive services throughout Los Angeles County.

Annual HOPWA Funding: \$492,767



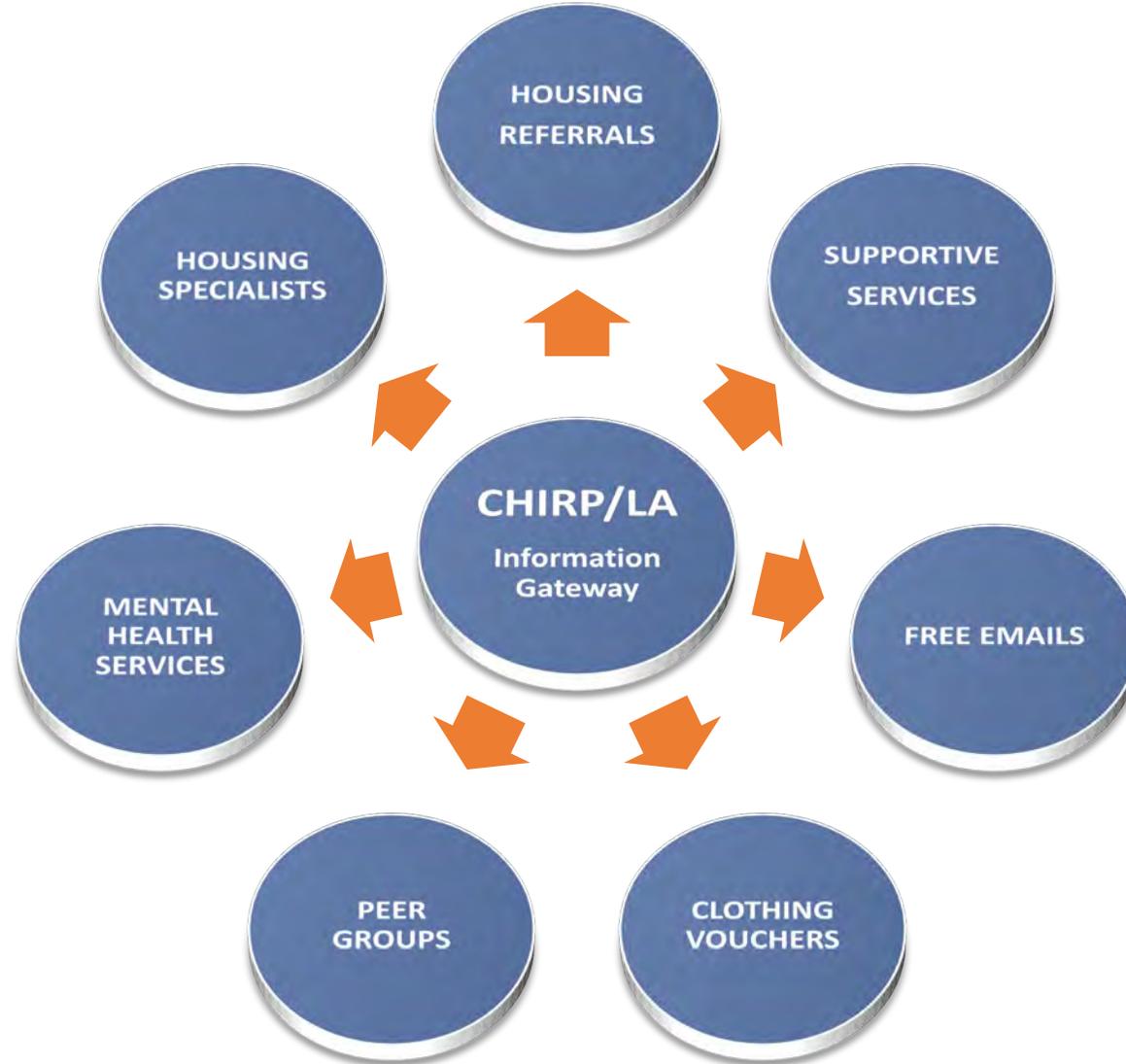
Housing Information & Referrals:

- Housing case management
- Crisis/emergency shelters
- Transitional
- Section 8 Housing
- Affordable Market Rate units
- Shared Housing
- Supportive Housing (Domestic Violence Shelters, Re-entry programs, Sober Living)
- Re-Entry programs for formerly incarcerated

Supportive Services & Referrals

- Animal support and advocacy
- Food banks
- Financial support services
- Credit counseling
- Free emails
- Mental health services
- Medical and dental care
- Legal services
- Free Transportation
- Vocational services
- Support Groups

CONNECTING PLWH/A TO HOUSING AND SUPPORTIVE SERVICES



HOUSING INFORMATION SERVICES

2023 PROGRAM SUCCESSES



- Robust website (chirpla.org) with centralized countywide housing database categorized according to housing type (permanent, transitional or emergency/crisis), geographic location, cost, length of stay (shelters and transitional housing), subsidy programs, special populations served and services offered.
- Accurate real-time listings of available, affordable and appropriate housing from crisis/emergency shelter to Section 8 and other independent affordable housing options
- Up-to-date HOPWA Regional Center Guide
- Up-to-date Resource Guides for various supportive services: Medical/Dental; Food Pantries; HIV Support Groups; Re-Entry Guide; Peer Support Groups; etc.
- Monthly resource/network meetings for HOPWA-funded agencies and other community-based AIDS service organizations, focusing on housing opportunity and housing-related supportive services

HOUSING INFORMATION SERVICES

2023 PROGRAM SUCCESSES

- Annual Housing Resource Fair for the community featuring 136 housing-related agencies, landlords and property managers; and 283 attendees.
- Installation of CHIRP/LA informational kiosks at six (6) HOPWA Regional Centers
- Weekly housing-related emails sent to more than 1,000 HOPWA Housing Specialists and other housing providers featuring upcoming available Section 8 units and other affordable housing to be shared with clients.
- 3-5 weekly Facebook/Instagram posts featuring available units and other resources beneficial to community.
- Weekly emails sent to approximately 500 clients featuring available affordable housing units.

ELIGIBILITY

CHIRP/LA services are available at no cost to all PLWH/A needing assistance.



HOUSING INFORMATION SERVICES

2023 PROGRAM NUMBERS

- Website visits: 156,775
- Direct client services provided: 2,117
- Monthly Network Meetings: 10 Meetings / 489 attendees
- Community Housing Resource Fair -283 attendees / 136 providers.
- Community collaborations: City of Compton/Dollarhide Center; Shelter Partnership; Thomas & Saffron (property managers); Jon Stewart (property managers).



CONTACT US



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Instagram: paws_la

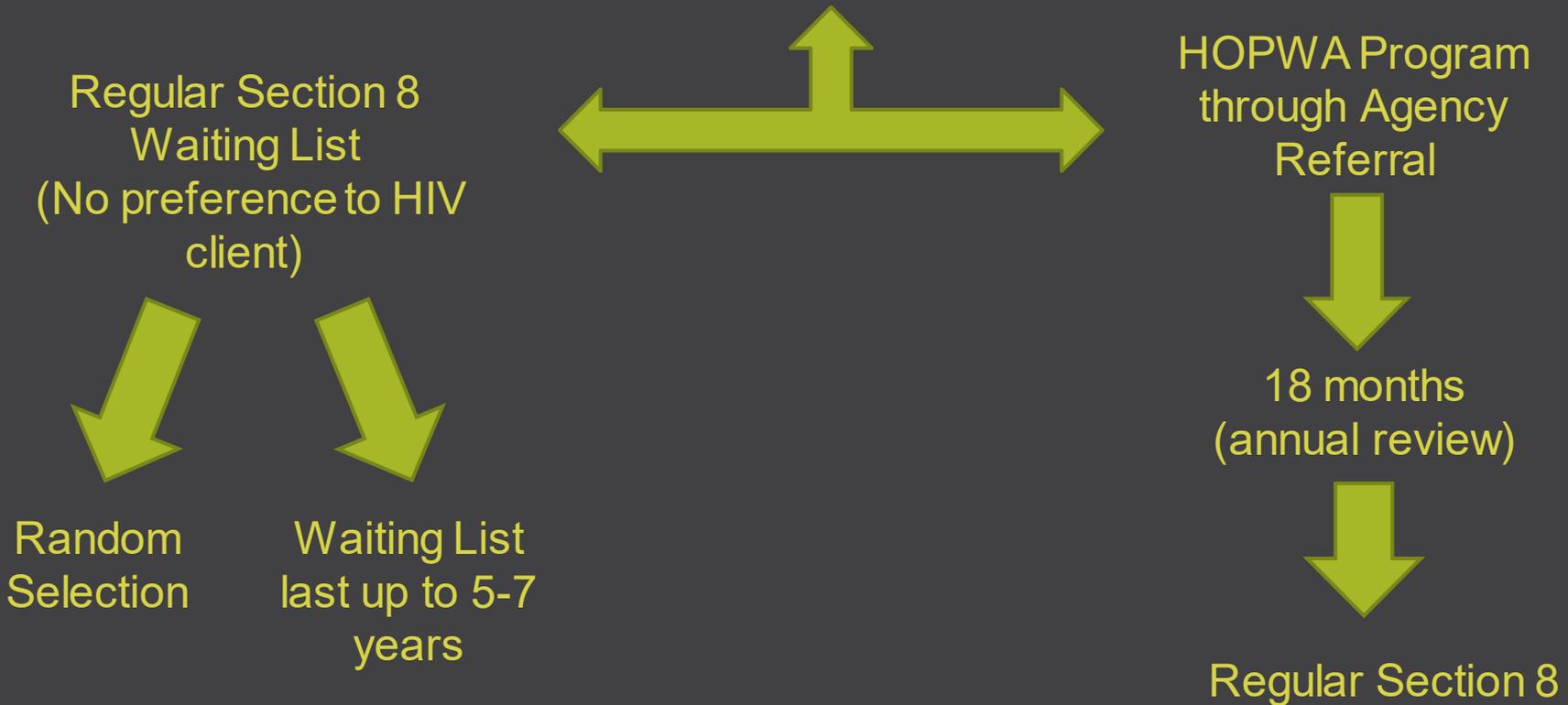
LOS ANGELES COUNTY

COMMISSION ON HIV

Wednesday, April 11th, 2023

Housing Opportunities for Persons With AIDS (HOPWA)

HIV Client



HOPWA Family Definition

- The term family means a household composed of two or more related persons.
- Non-related individuals residing with the person with HIV/AIDS if those individuals are found to be important to that persons are of well being, as defined in the federal regulations. (e.g. – Same Sex Marriage).
- Based on the HUD definition a “co-head” is an individual in the household who is equally responsible for the lease with the head of household.



- Must be completed by the client's treating physician.
- All requested information on this form must be provided to include the organizational stamp.
- The medical information provided must be within 6 months of the HACLA interview date.

Income Limits

HOPWA Connections applicants must meet the Extremely Low Income – 30% of Median Income as defined by HUD.

In calculating income HACLA takes the entire household income into account.

HOPWA CONNECTIONS	
Extremely low income	
1 PERSON	\$26,500
2 PERSONS	\$30,300
3 PERSONS	\$34,100
4 PERSONS	\$37,850
5 PERSONS	\$40,900
6 PERSONS	\$43,950
7 PERSONS	\$46,950
8 PERSONS	\$50,560

Housing Clearance Record

- Eligibility interviewers will review any prior housing records for programs administered by HACLA where the applicant received a rent subsidy as a program participant.
- No Record = Good Record
- Negative Record = Applicant will be withdrawn
 - Debt owed
 - Noncompliance
 - Eviction/Skipped
 - Fraud
 - Terminations

Criminal Background Check

- Will include but is not limited to:
- Required to register as a sex offender
- Conviction for
 - Manufacture or production of methamphetamine
 - Serious felony
 - Offense that involves controlled substances or alcohol
 - Drug related criminal activity
 - Domestic violence

Certification of Citizenship

- All HOPWA applicants and each household member must either be a United States citizen or have eligible immigration status. All adult members of the household will be required to provide government identification and minors must provide a birth certification.

Agency Responsibility

- The contracted agency is the point of contact for client inquiries about participation in the HOPWA program.
- The referring agency will assist the client with completing the application packet including medical, income and asset verification.
- The agency will refer this client to HACLA when HOPWA program opens (usually every 4-5 months).

HOPWA Approval

- Approved applicants will be scheduled for a housing HOPWA certificate issuance.
- It is the client and agency responsibility to locate housing.
- This program will usually provide a tenant rental subsidy for a maximum of 18 months.



Transition to the Housing Choice Voucher program

- Participants shall transition into The Housing Choice Voucher Program (Section 8) within 18 months of receiving rental assistance under this project.
- Participants and owners will be advised of this process within the first annual review verification or soon after.



HACLA Contacts

Lula Eskander – Senior Manager Lula.Eskander@hacla.org

Silvia Young – Assistant Housing Manager Silvia.Young@hacla.org

Shahane Grigoryan – Section 8 Advisor Shahane.Grigoryan@hacla.org

Xochitl Ramirez-Romero – Eligibility Interviewer Xochitl.RamirezRomero@hacla.org

Kimberly Santos – Eligibility Interviewer Kimerly.Santos@hacla.org

HOPWA Contracts

<u>Referring Agency</u>	<u>Agent Contact</u>	<u>Title</u>	<u>Email</u>
Alliance SPA 8	Yesenia Akers	Program Manager II	yakers@alliancehh.org
Alliance SPA 8	Angie Rubio	Program Manager	arubio@alliancehh.org
APLA SPA 4	Jessie Castillo	Program Manager	JCastillo@alliancehh.org
APLA SPA 4/6	Bil Brown	Program Manager II	bbrown@apla.org
APLA SPA 6	Branson Owens	Program Manager	bowens@alliancehh.org
Foothill	Irene Ramirez	Manger of Programs	irene@fapinfo.org
Tarzana	Danielle Barron	Senior Supervisor Community Serv. & Programs	dbarron@Tarzanatc.org
JWCH	Aisha Ferguson	Program Manager	aferguson@jwch.org

HOUSING FOR HEALTH

*Caring for people experiencing homelessness,
One person at a time*

Continuum of Services
April 11, 2024

Presented by: **Leepi Shimkhada**
Deputy Director, DHS Housing For Health

HFH Background

- Implemented in 2012, Housing for Health (HFH) is a division under the Department of Health Services that serves people experiencing homelessness and combines housing and clinical supports to do whatever it takes to stabilize and support those with complex health, mental health and substance use issues.
 - HFH funds programs that work on the streets, in encampments, in shelters, or in permanent housing programs. Health care, clinical services, case management, benefits advocacy and income supports are offered by these programs.
- 

Housing For Health Programs

BENEFITS ADVOCACY

MOBILE CLINIC



Housing For Health's Funding Sources

Largest Funding Source

Measure H

Other Major Funding Sources

ARPA

Cal-AIM

Mental Health Services Act via DMH

Office of Diversion & Reentry

Other State Grants



Street Based Engagement

Quick look:

Implemented in 2017

17,308 individuals served over the last year

115+ multidisciplinary teams including health, mental health, substance use, case management services, provide outreach and engagement to unsheltered on the streets throughout LA County. The goal of these teams is to gain trust, meet immediate needs and to link individuals to housing and services as quickly as possible.



ntreras, right, staff of Homeless Outreach Program Integrated Care System (HOPICS), visits Berta Rojas, left, along S Gran
es on Wednesday, Oct. 11, 2017. (Photo by Ed Crisostomo, Los Angeles Daily News/SCNG)



Interim Housing

Quick look:

Implemented in 2012

5,300 individuals served over the last year

- Stabilization housing provides support for individuals with complex health and behavioral health issues with the goal of securing permanent housing.
- Recuperative Care provides short-term care and medical oversight to unhoused who are recovering from an acute illness or injury or have conditions that would be exacerbated by living on the street or in shelters.





Flexible Housing Subsidy Pool (FHSP)

Quick look:

Implemented in 2013

Over 6,000 people housed

900+ ERC participants served

600+ HPU participants served

Using FHSP to deliver Housing Deposits funded by CalAIM

- Flexible Housing Subsidy Pool

- Flexible funds created to house people in various housing settings and to provide tenancy support services
- Also used to flexibly allow people to achieve success through housing deposit assistance, payments issued for essential services such as, paying for storage units, car repairs, airline tickets to permanently reunite with family, funeral costs, etc.
- The FHSP jumpstarted housing development in LA County
- Currently funded at over \$350 million with investments from Departments of Health Services, Mental Health, Public Health, LA Care (Medi-Caid managed care plan), Measure H (1/4 cent sales tax), philanthropy, etc.



Permanent Supportive Housing

Quick look:

Implemented in 2012

22,000 enrolled

Approx 18,000 housed

92% retention rate (12 mos); 85% retention rate (24 mos)

-
- Intensive case management services (ICMS) paired with rental subsidies for unhoused people who have complex health, mental health, and/or substance use disorders.
 - Departments of Mental Health and Public Health provide specialty mental health services and substance use disorder service linkage to work with ICMS.
 - Additional services in PSH includes:
 - In Home Care Giving and linkage to In Home Supportive Services
 - Housing Deposits for people moving into PSH
 - Clinical supports - nursing and OT support

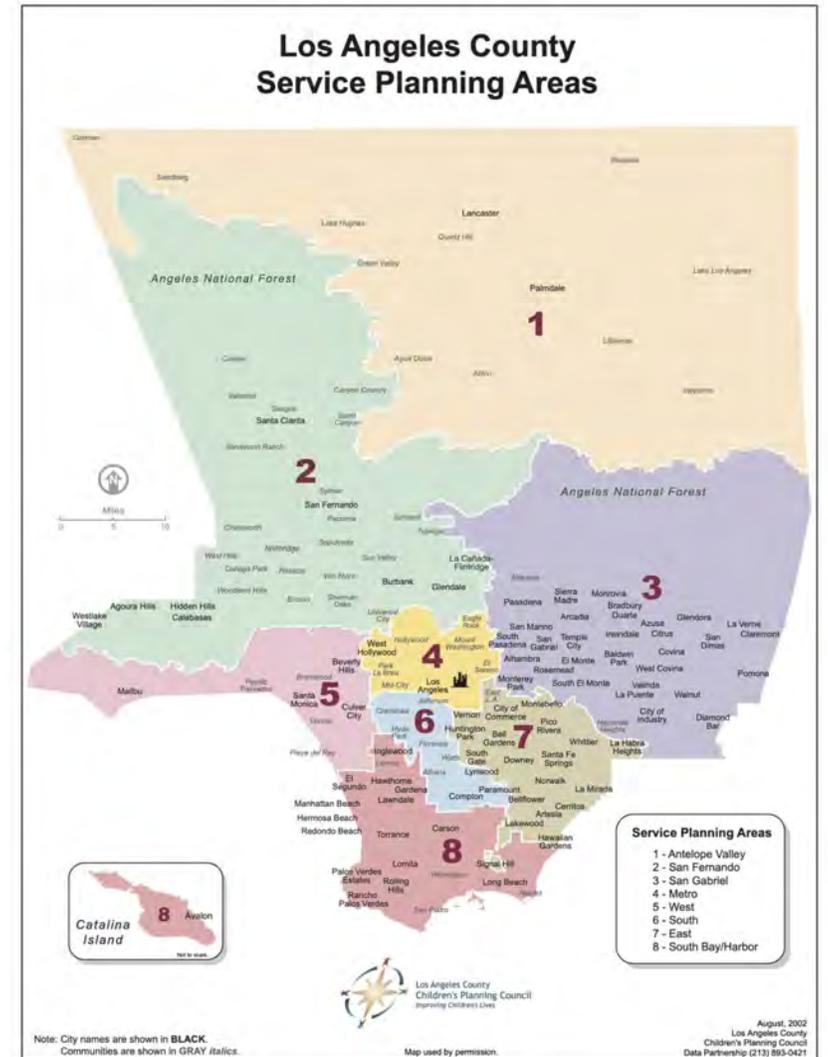


A Critical Component in the LA Continuum of Care

ICMS is one of the Measure H strategies with the **widest reach**

Federal voucher holders matched through CES and living **throughout the County** receive ICMS

ICMS is a **critical component** in the success of the PSH program and for housing retention



Enriched Residential Care

Quick look:

Implemented in 2016

1,200 Slots

1,400 individuals served over the last year

- Unhoused individuals who require 24/7 monitoring and/or assistance with activities of daily living are placed in Adult Residential Facilities or Residential Facilities for the Elderly.
- HFH must cover the costs of these placements beyond the SSI rate.



Community Benefits Establishment Services Team (CBEST)

Quick look:

Implemented in 2017

Serving 10,000

89% approval rate

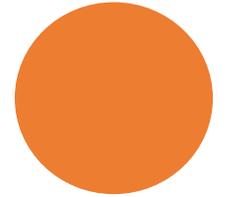
Benefits advocacy, clinicians, and contracted legal partners work together to assist PEH to apply for the following disability benefits programs:

- Supplemental Security Income
- Social Security Disability Insurance (SSDI)
- Cash Assistance Program for Immigrants
- Early/Full Retirement
- Survivor's Benefits
- Reconsiderations, Hearings, Continuing Disability Reviews, Overpayments, Benefits Reinstatements Post Incarceration, Appeals



Clinical Programs

- Skid Row Star Clinic is a low barrier health clinic that provides primary care for individuals (implemented 2013).
- Four mobile medical vans provide primary and episodic care to unsheltered homeless throughout LA County (implemented 2020) .
- Interim Housing Outreach Program (IHOP) provides teams of nurses and occupational therapists who support interim housing participants who require assistance with Activities of Daily Living (implemented 2023).
- In-Home Care Giving offers caregiving, home health services, and complex care management to help maintain in interim or permanent housing (implemented 2014).
- Client wellness services for formerly homeless individuals who live in assisting living facilities and who are served in the HFH ERC program (implemented 2018).



Quelaine Ramirez, a member of the Venice Family Clinic street medicine team, takes blood pressure of a patient (left), and Dr. Coley King inside the clinic's mobile unit in Santa Monica. (Brian van der E...

Homeless Prevention Unit (HPU)

Implemented in July 2021, HPU is a Partnership with UCLA's California Policy Lab, Department of Health Services (DHS) and Department of Mental Health (DMH)

Serving 400 participants at any given time

Predictive analytics to identify individuals / families who are most at risk of losing their housing within the next 12 months

- Key features:
 - Proactive
 - Data-driven
 - Client-centered



Special Initiatives

CalAIM

- Access to a full array of Medi-Cal benefits including Housing Navigation, Tenancy Support Services, Personal Care and Homemaker Services, Housing Deposits and Recuperative Care. Implemented in 2022.

Skid Row Action Plan

- Partnered with the Skid Row community to develop and implement the Skid Row Action Plan, a roadmap for creating a healthy and safe community. Implemented in 2022.

LA Metro Transportation Authority Partnership

- Partner with Metro to fund community-based organizations to deploy multidisciplinary teams to engage and provide access to housing and services for unsheltered on Metro system. Implemented in 2017.

Capital Improvement Intermediary Program (CIIP)

- The CIIP manages all aspects of facility construction that expand housing and services for people experiencing homelessness. Implemented in 2017.



Chief
Executive
Office.



County of Los Angeles
Homeless
Initiative

Homeless Initiative

Homelessness Prevention

April 11, 2024

Ashlee Oh

CEO Homeless Initiative and Affordable Housing



AGENDA

1. About the Homeless Initiative
2. Homeless Initiative Framework
3. Declaration of Homeless Emergency
4. County-Administered Prevention Programs
5. County Mainstream Services
6. Affordable housing
7. Community Listening Sessions

About the Homeless Initiative



The Homeless Initiative is the central coordinating body for Los Angeles County's effort to expand and enhance services for people experiencing or at risk of homelessness.

- Created by the Board of Supervisors in August 2015.
- Part of the County's Chief Executive Office (CEO).
- Administers funding to address housing and homelessness, including Measure H and state Homeless Housing, Assistance and Prevention funds.
- Catalyze and braid County resources and programs with HI administered funding aiding system optimization.
- Operationalize the new framework to promote system flow toward permanent housing.
- Lead the overall coordination of the emergency response and coordinate efforts with County departments, cities, unincorporated areas, and other stakeholders.

Homeless Initiative Framework – Five Pillars

All Hands-On Deck Approach Focused on:



- **Preventing** inflows into homelessness
- Increasing **permanent housing** placements
- Improving flow through the rehousing system, more effectively **moving people from street to housing**
- Serving **people with complex challenges** who face barriers exiting homelessness
- Expanding collaborative partnerships with **cities and Councils of Governments**

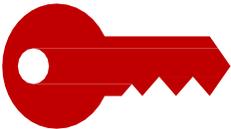
DECLARATION OF HOMELESS EMERGENCY

Proclaimed January 10, 2023

Under the State of Emergency, the County allows for:

- Faster, more streamlined housing creation
- Expanded services
- More effective and efficient use of funds
- Expedited contracting and procurement and accelerated hiring
- Coordinated efforts with cities, Councils of Governments, unincorporated areas, and state and federal governments

FOUR MISSIONS



**ENCAMPMENT
RESOLUTION**

1



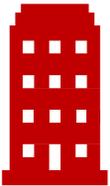
HOUSING

2



**MENTAL HEALTH
AND
SUBSTANCE USE
DISORDER
SERVICES**

3



**EVICTION
PREVENTION**

**(ADDED IN
OCT. 2023)**

4

SYSTEMWIDE IMPACT - *Encampment Resolution* (as of 2/16/24)

Pathway Home launched in Aug. 2023 targeting 87 Cities and Unincorporated Areas



In addition, supported LA City's Inside Safe initiative:

- 40 encampment resolution operations were completed, bringing more than 1,800 individuals safely inside
- Approximately 75% of clients received County services
- Approximately 600 clients were served through 11 Pathway Home Service Connection Events

SYSTEMWIDE IMPACT - Housing *(Calendar Year 2023)*

48,924 people served in interim housing (includes 37,505 new placements – 15% increase from 2022)

58,834 people served in permanent housing (includes 23,664 new placements - 18% increase from 2022)

LA County Development Authority (LACDA) Vouchers and Public Housing

- 6,228 individuals (2,868 households) experiencing or at risk of homelessness were housed in Public Housing including 105 new admissions
- 3,449 formerly homeless individuals were permanently housed with tenant and project-based rental vouchers*, a 32% increase over the previous year (2,615)
- Unit Acquisition - 1,647 units secured and 365 in the pipeline

Affordable Housing Development

- LACDA funded 2,013 new units of affordable and permanent supportive housing (PSH) – a 67% increase from 2022. Of those, 1,387 units were PSH - a 50% increase from 2022
- As of the end of 2023, LACDA had an additional 4,587 units of affordable and PSH in construction/pipeline
- In 2023, LA County was awarded nearly \$172 million in Project Homekey awards. Seven properties acquired for conversion into interim and permanent housing, totaling more than 562 units

*Excludes Emergency Housing Vouchers

SYSTEMWIDE IMPACT

Health, Mental Health and Substance Use Disorder

- Increase from **26** to **42** DHS Multidisciplinary Teams (MDT), a **62%** increase
- Increase from **9** to **18** DMH Homeless Outreach and Mobile Engagement (HOME) teams, including two new specialty teams, a **100%** increase
- Launched DMH/DHS/DPH Interim Housing Outreach Program (iHOP) teams
- Launched DHS Caregiving Services in Interim Housing (partnership with LA Care and HealthNet)
- **921** new DMH Mental Health and DPH Substance Use Disorder Beds
- **133** new DHS Enriched Residential Care Beds
- Launched DHS Occupational Therapy program in Interim Housing, Permanent Housing, and Enriched Residential Care

County-Administered Prevention Programs

- 1. Problem Solving** - Provides short-term intervention to help maintain current housing or identify an immediate and safe housing alternative within their own network of supports or within the homeless system.
- 2. Financial Assistance and Case Management** - provide one time or short-term financial assistance to stay in current housing or transition to another permanent housing.
- 3. Eviction Prevention Services** - include outreach, education, full scope legal representation, limited scope legal services, landlord mediation, and short-term rental assistance.
- 4. Other Legal and Advocacy Services** - Criminal record expungement to help remove barriers to housing, employment, and government benefits; credit resolution advocacy; drivers' license reinstatement; and immigration.



LOS ANGELES COUNTY
**CONSUMER &
BUSINESS AFFAIRS**

Housing & Tenant Protections Bureau



Responsible
for:



Enforcing the County's
Rent Stabilization
ordinances



Implementation of the
County's COVID- 19
Tenant Protections
Resolution during the
pandemic

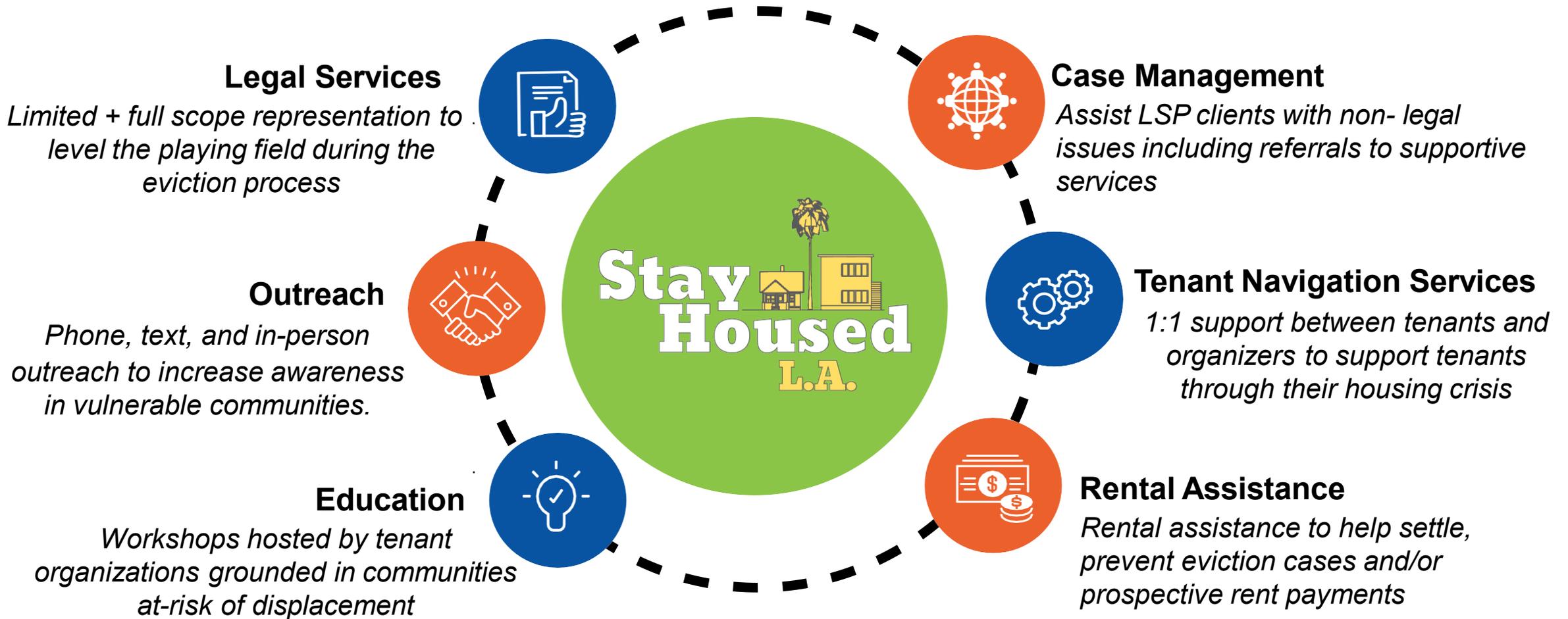


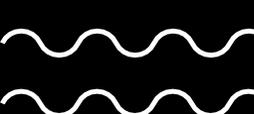
Administering
Stay Housed L.A.



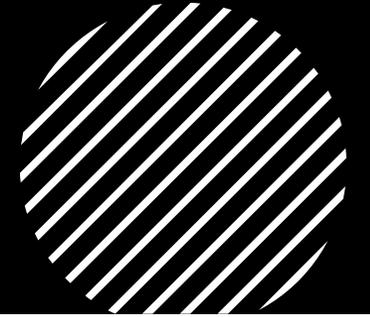
Administering the LA
County Rent Relief
Program

What Does Stay Housed L.A. Do?





Stay Housed L.A. Impact (Sept. 2020 – Feb. 2024)



Provided legal services to nearly 22,000 tenant households

Provided short-term rental assistance to nearly 300 tenant households, totaling \$3.1 million in disbursed funds

Connected with over 750,000 tenants through in-person and remote outreach & education efforts



Next Steps



**Right to
Counsel
Ordinance**

**(Expected May
2024)**



**Universal
Access to Legal
Representation**

**(Phase-in
implementation
through 2030)**



**Resources for
“mom and pop”
landlords**

**(Led by Dept. of
Economic
Opportunity)**



**Identify
Permanent
Funding Sources**

**(in collaboration
with CEO)**

County Mainstream Services

Publicly-funded programs providing essential housing and income supports to stabilize households and prevent homelessness in coordination with prevention programs.

- 1. Health, Mental Health, and Substance Use Disorder Services** - Available to Medi-Cal beneficiaries
- 2. Benefits Advocacy programs** - assist individuals in applying for Supplemental Security Income, Social Security Disability Insurance, Cash Assistance Program for Immigrants, and VA benefits
- 3. Income Supports** - such as CalWORKs, Refugee Cash Assistance, and General Relief
- 4. Employment and training services** - to help individuals obtain training, education, and job opportunities
- 5. In-Home Care** - In-Home Supportive Services to enable people remain safely in their homes
- 6. Food Security** - such as CalFresh, Elderly Nutrition, Emergency Basic Support Services for Transitional Age Youth, and Bureau of Disease Control Incentive/Enabler Project

Affordable Housing

- 1. Production and preservation** of affordable housing for low-income and special need populations
 - Capital development – County invests \$100 million annually
- 2. Los Angeles County Affordable Housing Solutions Agency** (LACAHS, SB679)
 - A regional organization created to increase affordable housing in Los Angeles County through renter protections, preservation of affordable housing, and production of new housing units

Impact (July 1, 2017- December 31, 2023)



108,969

people placed into permanent housing

148,740

people placed into interim housing

34,265

people avoided becoming homeless

SYSTEMWIDE IMPACT: Vision for Prevention

Moving forward, **HI aims to strengthen and align mainstream programs and homeless prevention programs, and community/city partnerships** to increase housing capacity and stability and reduce the inflow into homelessness

- **Guide County residents** to mainstream services/benefits for which they are eligible
- **Increase access and scale up** homeless prevention resources
- Continue to **increase affordable housing**

Multi-sectoral and jurisdictional partnerships are key to preventing homelessness. **Everyone has a role to play**

SYSTEMWIDE IMPACT: Vision for Prevention

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- **Guide County residents** to mainstream services/benefits for which they are eligible
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Community Listening Session: Insights

Stakeholder-Identified Needs (High-Level)

- Increase the availability of and preserve affordable housing
 - › Includes legal and financial assistance to prevent loss of affordable housing
- Prioritize economic development and mobility/poverty alleviation
- Improve alignment and coordination of existing resources across systems, sectors, and jurisdictions to identify and support vulnerable residents upstream
 - › Includes streamlining, consolidating, and eliminating duplicative and ineffective efforts
 - › Investing in and expanding the strategies that work
- Develop multi-faceted access points for a “no wrong door approach”
 - › Includes cross-departmental data sharing, comprehensive information and referral system, leveraging technology, CBOs, trusted community partners, etc.
- Use County levers of power – ***internal capacity to reform and local, state, and federal policy advocacy*** - to address barriers to preventive and promotive resources and opportunities



Overview of Homeless Response

Miguel Fernandez, Associate Director of Interim Housing

Thursday, June 29th, 2023

What is LAHSA?

Los Angeles Homeless Services Authority (LAHSA) administers services, funding, system policies, and shapes best practices in partnership with providers to place our homeless neighbors into temporary and permanent housing through outreach, shelter, and housing placements.




WHERE WE ARE



CALIFORNIA

About **161,500** are in California, which equals **1 in 4**



About **580,500*** people are experiencing homelessness nationwide

*National Alliance to End Homelessness, "State of Homelessness in America 2022 Edition"
**2022 Great Los Angeles Homeless Count





HOW WE GOT HERE

Why is homelessness so complicated?

- Post-Public Housing America severed the relationship between housing units and housing subsidies
- During the 1980s the federal government reduced federal funding for housing by 78%
- The federal government made the major housing production program an IRS tax credit

UCLA

HOW WE GOT HERE

The US rise in homelessness is a result of decades of policy choices.

Five major federal and state policy choices have exacerbated the rise in homelessness, and the systematic over-representation of Black people in homelessness:

- Stagnant incomes, rising prices.** LA renters need 2.8 times minimum wage to afford average rent of \$2,382.
- Declining investment in affordable housing.** Since 2011, CA cut redevelopment from \$1 billion to zero.
- Under investment in mental health.** Lanterman Petris Short Act ended a system that wasn't replaced.
- Lack of tenant protections and discriminatory land use.** Redlining, Ellis Act, Costa-Hawkins Act.
- Mass incarceration and a punitive criminal justice system.** 60% of LA's homeless have been cycled through the system.

UCLA

HOW WE GOT HERE

Constricted housing supply drives inflow and blocks exits from homelessness

Year	Ratio (%)
1986	~30
1996	~35
2006	~38
2016	46.7

- Homelessness rises when median rents in a region exceed 22% of median income and rises even more sharply at 32%.
- In LA, the median rent is 46.7%--nearly half--of median income.
- This is largely because Los Angeles is 499,430 units short of meeting our current need for affordable housing.

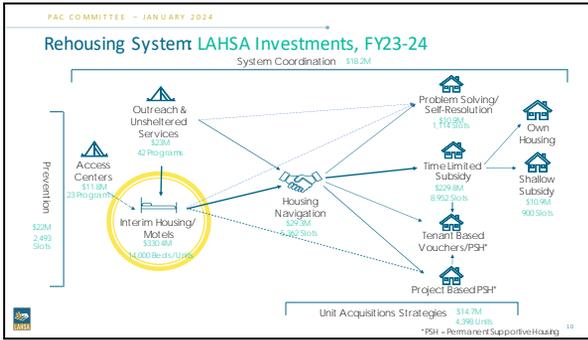
Source: Chris Osoy and Alexander Cole, "Housing in the State: Shattered Dreams, a Road to Nowhere," 2016, December 11, 2018. <https://www.housingpolicyinstitute.org/wordpress/wp-content/uploads/2018/12/2018-12-11-Housing-in-the-State-Shattered-Dreams-a-Road-to-Nowhere.pdf>. (Source: Minsky, 2011) and California Housing Partnership, "Los Angeles County 2016 Affordable Housing Needs Report," <https://www.lahsa.org/sites/default/files/2016-09/2016-Affordable-Housing-Needs-Report.pdf>. (Retrieved November 1, 2023).

How regions successfully address homelessness

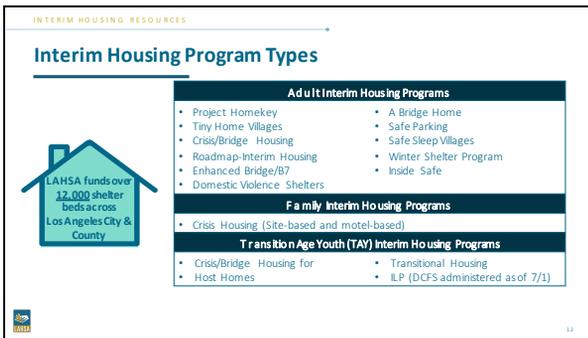
HOW REGIONS SUCCESSFULLY ADDRESS HOMELESSNESS

There are 3 components of how regions successfully address homelessness.

- Prevention** requires preserving affordable housing stock and addressing income insecurity, anti-discrimination efforts, and the mainstream social safety net through policy and legislation. Overseen by LAHSA's government partners.
- Housing Supply** is the acquisition of shelter, housing for all income levels, and investing in permanent supportive housing. Overseen by LAHSA's government partners.
- Rehousing System** is the end-to-end system that focuses on placing people experiencing homelessness into temporary and permanent housing through several programs LAHSA administers through its service providers.







INTERIM HOUSING RESOURCES

Basic Eligibility for Interim Housing

Eligible Populations*:

- **Adult IH:** Individuals who are 18 or older
- **Family IH:** Families with minor child(ren)
- **Transition Age Youth IH:** Adults between the ages of 18-24

Housing Status: Must be currently experiencing homelessness or fleeing a domestic violence situation (HUD Categories 1 or 4)

Length of Stay*: Dependent on individual need; goal is to link participants to housing within 90 days, but extensions can be granted if additional time is needed.

*Certain components may require additional eligibility requirements or allow for additional lengths of stay.



INTERIM HOUSING RESOURCES

Services Available in Interim Housing

- Twenty-four (24) hour bed availability
- Case Management
- Document Collection
- Problem-Solving
- Connection to LA County's Mainstream Benefits/Services
- Connection to Employment Development/Placement Programs
- Harm Reduction Services
- Residential Supervision
- Crisis Intervention & Conflict De-escalation
- Restrooms & Showers
- Meals

Note: Some IH programs may offer additional services



INTERIM HOUSING RESOURCES

Required Documentation for Interim Housing

Interim Housing Providers are required to obtain copies of certain documents as part of their efforts to support participants with obtaining permanent housing.

- Providers are not allowed to screen out participants who are missing or do not have any of the documents listed below.
- Providers are expected to provide ongoing support to participants once they're enrolled in the IH program with obtaining any missing documentation (as applicable).

Required Documents:

- Government-Issued Identification
- Social Security Card (if applicable)
- Proof of Negative TB Test
- Homeless Verification Form
- Proof of Income (if applicable)



INTERIM HOUSING RESOURCES

Accessing Matched-Based Interim Housing for Adults

A process managed by LAHSA staff to identify and assign referrals for participants to interim housing programs across Los Angeles City and County based on eligibility for those specific programs.

IH Referrals are completed and submitted by service providers either within HMIS or by using the DHS/DMH/LAHSA Interim Housing Referral Form.

LAHSA staff coordinate with both the interim housing providers and referring agency to arrange intakes for participants.

The following program types or components are currently matched through LAHSA: Project HomeKey, Roadmap IH, A Bridge Home, Tiny Home Villages, Safe Sleep Villages, Enhanced Bridge Housing, B7 Bridge Housing



Programs that are not matched-based receive direct referrals from various locations including walk-ins

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INTERIM HOUSING RESOURCES

Accessing Family Interim Housing Resources

Family Crisis Housing

- All Family Crisis Housing programs work directly with Family Solutions Centers (FSC) in each SPATO to identify and refer families to available CH units.
- Family Crisis Housing (leads) also serve families in motels. Lead agencies with site-based units at capacity can place families in a motel until a site-based unit is available.
- FSC's screen families for other service linkage in addition to engaging families around problem solving
- FSC's also receive Family IH referrals from 211



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INTERIM HOUSING RESOURCES

Collaboration on Emergency Response



- Red Cross
 - Prevention
 - Problem-Solving
- Emergency Response Team
 - Safe Parking
 - Safe Sleep
 - RV Safe Parking
 - Winter Shelter Program
 - DV/IPV Programs
 - Interim Housing Bed Availability

18

INTERIM HOUSING RESOURCES

Youth Programs



Transitional Housing Program (Ages 18-24)

- Matched
- Unmatched

19

INTERIM HOUSING RESOURCES

Useful LAHSA Interim Housing Links

List of Interim Housing Resources by SPA
<https://www.lahsa.org/documents?id=2196-lahsa-interim-housing-list-english-.pdf>

Interim Housing Referral Form for Matched-based Programs
<https://www.lahsa.org/documents?id=2182-form-2182-interim-housing-referral-form.pdf>

List of Access Centers by Population (e.g. Adults, Families, Youth)
<https://www.lahsa.org/documents?id=2760-ces-access-point-directory.pdf>

Referral Form for Family Solution Centers
<https://www.lahsa.org/documents?id=1166-form-1166-referral-to-family-solutions-centers.pdf>

20

INTERIM HOUSING RESOURCES

Interim Housing Department: Manager Point of Contacts



Adult County IH – Alfredo Diaz Madrid, adiazmadrid@lahsa.org
 Adult City IH (Congregate) – Daniel Xavier, dxavier@lahsa.org
 Adult City IH (non-Congregate) – Sun Kim, skim@lahsa.org
 Youth (TAY) IH & Family IH – Betty Villarreal, bvillarreal@lahsa.org
 Emergency Response IH – Francesca Lovelady, flovelady@lahsa.org

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Program Name, Description, and Purpose

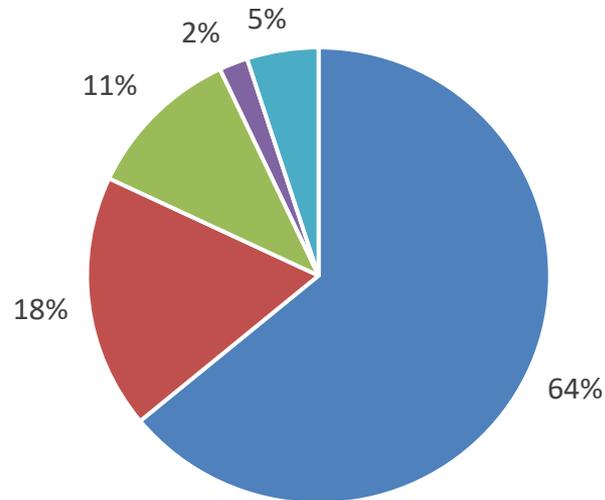
Alliance for Housing and Healing (Alliance), a division of APLA Health & Wellness, provides essential housing and supportive services to low-income persons living with HIV/AIDS or other challenging health conditions in Los Angeles County.

Our overarching goal is an HIV-free generation by combining housing and healthcare.



Funding Level and Sources

Housing Budget: \$14,808,737*

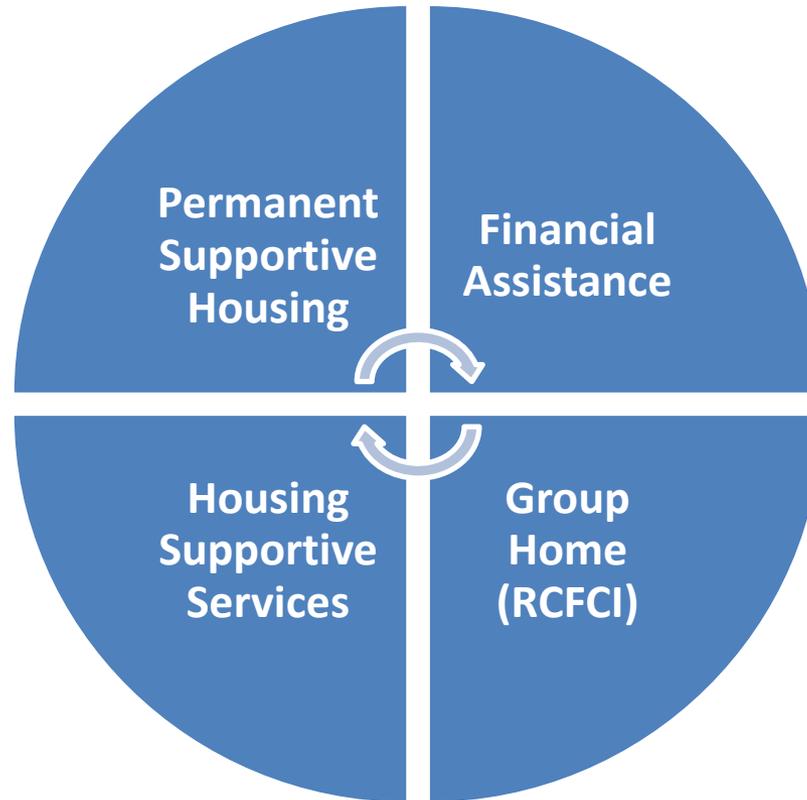


- Los Angeles Housing Dept./HOPWA
- Division of HIV and STD Programs
- Los Angeles Homeless Service Authority
- West Hollywood
- Department of Health Services

* 2023 Financial Audit



Housing Services



Please note that the following information will provide just an overview of services and will not contain all program information.



Permanent Supportive Housing

Community Housing Options at Independent Supportive Sites (CHOISS)

- Services Provided: Clients are placed in apartments located throughout LA County, pay no more than 30% of their income on rent, and receive in-home support from their assigned supportive service coordinator at a minimum of once per month.
- Eligibility: 1) HIV+; 2) Homeless; 3) LA County resident; and 4) HUD 50% median income (\$48,550/individual).



Permanent Supportive Housing Cont.

Intensive Case Management Service (ICMS)

- Services Provided: Services are provided most often in the client's home and include intensive coordination and evaluation of the client's needs, abilities, and progress stabilizing housing and increasing access to medical and mental health services, as well as other benefits. Clients pay 30% of their income on rent.
- DHS Program Eligibility Criteria:
 - 1) Homeless; 2) High Utilizers of LA County healthcare system; 3) and chronic health condition.
- DHSP Program Eligibility Criteria:
 - 1) HIV+; 2) Homeless; 3) Resident of Los Angeles County; 4) High Utilizers of LA County healthcare system; 5) one chronic health condition; and 6) Federal Poverty Level 500% median income (\$75,300/individual).



Financial Assistance Programs

Emergency Financial Assistance (EFA)

- Services Provided: Direct financial assistance to provide for urgent or emergency need for housing, food, utility assistance, or other essential services/items to improve health outcomes. Max \$5,000 per year.
- Eligibility: 1) HIV+; 2) LA County resident; and 3) Federal Poverty Level 500% median income (\$75,300/individual).



Financial Assistance Programs Cont.

HOPWA Short Term Rent, Mortgage and Utility (STRMU) and Permanent Housing Placement (PHP) grants

- Services Provided: STRMU pays for rent, mortgage and utility assistance (Max. \$13,330/individual per year) and PHP grants pay for move-in costs that includes first month's rent, security deposit, and utility turn-on (Max. \$5,350/individual per year).
- Eligibility: 1) HIV+; 2) LA County resident; and 3) HUD 80% median income (\$77,700/individual).



Financial Assistance Programs Cont.

West Hollywood Financial Assistance Program (FAP) and Aging in Place

- Services Provided: Financial assistance for rent and utilities. \$1,250 max. per year for FAP, and \$2,000 max. per year for Aging in Place.
- FAP Eligibility: 1) HIV+; 2) HUD 50% median income (\$48,500/individual) ; 3) West Hollywood resident.
- Aging in Place Eligibility: 1) Age 55+; 2) Rent burden of 50% or more; 3) HUD 50% median income (\$48,500/individual) ; 4) West Hollywood resident.



Group Home

(Residential Care Facility for Chronically III)

- Services Provided: Licensed group home under the CA Code of Regulations, Title 22, to provide services in a non-institutional, homelike environment, which operates to provide 24-hour care and supervision.
- Eligibility: 1) HIV+; 2) LA County resident; 3) 500% Federal Poverty Level (\$75,300/individual); 4) 18+ years; 5) Karnofsky score of 70 or lower; 6) Currently experiencing an unstable living situation; 7) Must be able to transfer in and out of bed independently; 8) Must be clean and sober for at minimum of 6 months; 9) COVID-19 vaccinated; and 10) TB clearance.



Housing Support Services

- Services Provided: Our Housing Support Services program addresses the needs of people living with HIV/AIDS who face homelessness, the threat of homelessness, or who may need assistance to maintain or obtain their current housing. Services include housing case management, crisis beds, assistance applying for rental assistance and Section 8 programs, linkages to other services (medical, food, benefits, etc.), and locating affordable housing. Our services are primarily focused in SPAs 4, 5, 6, and 8.
- Eligibility: 1) HIV+; 2) LA County resident; and 3) HUD 80% median income (\$77,700/individual).



Success and Challenge

- Success: Over the past 12 months (March 2023 through February 2024) we assisted 894 clients with direct financial assistance in the total amount of \$4,419,729.
- Challenge: Lack of affordable housing.



Website and Contact Information to Access Services

Website: aplahealth.org

Phone: (213) 201-1637



LA HOPWA

February 8, 2024

HIV Commission Meeting

Presented by Matthew Muhonen, HOPWA Program Monitor

Housing Opportunities for Persons with AIDS (HOPWA)

- Established through the National Affordable Housing Act of 1990, authorized by the AIDS Housing Opportunity Act of 1992, and is currently administered by the U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing
- Objectives are to increase housing stability, expand access to care, and reduce the risk of homelessness among low-income PLWHA
- City of LA HOPWA funds cover all of Los Angeles County

Housing Opportunity Through Modernization Act (HOTMA),

Enacted in July 2016, the Housing Opportunity Through Modernization Act (HOTMA), Public Law 114-201, changed how HOPWA formula programs are allocated funds. Because of HOTMA, the formula for determining the amount of funding a HOPWA jurisdiction receives is now based on HIV/AIDS cases, Fair Market Rents (FMRs), and poverty rates in a jurisdiction. This formula change was phased in with a stop-loss provision in place from FY 17 to FY 21, with full implementation occurring in FY 22. During the stop-loss period, no grantee gained more than 10% or lost more than 5% of their prior year share of the appropriation.

With full implementation of HOTMA and the modernized HOPWA allocation formula in FY 22, the stop-loss provision will end, which may bring significant changes to the amount of funding a jurisdiction will receive. Moving forward, HOPWA formula allocations will be determined by (1) the amount appropriated to the HOPWA program, (2) the inclusion or exclusion of a formula jurisdiction, and (3) the modernized formula.

Los Angeles County HOPWA Program

Housing Information and Referral – Locates vacant units within the County of Los Angeles and maintains a user-friendly website that includes rental listings, housing resources, and additional community resources. This service category is intended for individuals and families of low to very low income that are currently not in HOPWA supported housing that are living with HIV/AIDS and are homeless or in imminent danger of becoming homeless. The program assists in acquiring financing options and maintaining housing.

Housing Specialist/Crisis Housing – Performs comprehensive assessments and housing plan to address barriers to finding and sustain stable housing. Emergency and transitional housing for clients homeless or at-risk of homelessness.

Short Term Financial Assistance –Short-Term Rent, Mortgage, and Utility (STRMU) program provide short term financial assistance to maintain housing and Permanent Housing Placement (PHP) provides move-in grant to help households with first month's rent, security deposits and utility switch on fees.

- **Scattered Site Master Leasing** – Households living in units leased by a non-profit agency scattered throughout multiple buildings and receive supportive services.
-
- **Tenant Based Rental Assistance (TBRA)** – A rental subsidy program used to help low-income households obtain permanent housing in the private rental housing market that meets housing quality standards and is rent reasonable. Funded through four housing authorities, operates similarly to a Section-8 voucher program. Households who remain eligible after 12 months may convert to the Section-8 program.
 - **Residential Service Coordination** – Households living in affordable permanent housing (PH) receive supportive services and linkages to other community resources.
 - **Legal Services** – The services include fair housing, and tenants rights counseling for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap/disability. Services may also include legal assistance for eviction issues, mediation, adoption, acquiring social security benefits and other public benefits, and wrongful discharge. **Note: this program will transition to Ryan White in March or April 2024.**
 - **Animal Advocacy** – Teaches tenants’ rights regarding service animals for emotional support as well as supportive services for animals.

CARES Act funding for HOPWA was “HOPWA-CV” and assisted PLWHA affected by COVID-19

- City of LA was awarded \$2,883,240 in ONE-TIME, HOPWA-CV funding
- 6% was used for grant administration by City of LA and 10% of the remaining will be used for service provider administration
- HOPWA-CV was used for the Short-Term Rental, Mortgage, and Utility (STRMU) Assistance Program
- City of LA was also awarded \$167,434 in a ONE-TIME competitive HOPWA-CV grant funds; this provided 200 eligible PLWHA and their families with transportation services for access to food and nutrition

How to Get Connected?

HOUSING SPECIALIST, CRISIS HOUSING OR FINANCIAL ASSISTANCE

Antelope Valley (SPA 1) – Tarzana Treatment Center (661) 948-8559

San Fernando Valley (SPA 2) – Tarzana Treatment Center (818) 342-5897

San Gabriel Valley/Pasadena (SPA 3) – Foothill AIDS Project (909) 482-2066

Hollywood/ Metro/Westside (SPA 4/5) – Alliance for Housing and Healing (323) 656-1107

Downtown Los Angeles (SPA 4) – JWCH Institute Inc. (Wesley Health Centers) (213) 285-4260

South Los Angeles Area (SPA 6) – APLA Health (213) 201-1637

East LA/Great Whittier Area (SPA 7)– Foothill AIDS Project (909) 482-2066

Greater Long Beach area (SPA 8) – Alliance for Housing and Healing (562) 294-5500

LEGAL SERVICES

Inner City Law Center (213) 891-2880

ANIMAL ADVOCACY & SUPPORT

PAWS/LA (213) 741-1950

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For More Information

CHIRPLA at **(877) 724-4775** or visit their website at www.chirpla.org.

You may also contact the **HOPWA Hotline** at **(213) 808-8805** or via e-mail at lahd.hopwa@lacity.org

Or email chuy.orozco@lacity.org (213) 808-8668

For Homeless Services and other non -HOPWA assistance please reach out to LAHSA:
<https://www.lahsa.org/get-help>

Questions?





LA Law Library Community Connections

Connecting You to the Resources You Need

Our law librarians and volunteer lawyers do a fantastic job of addressing our patrons' legal needs. But LA Law Library recognizes that our patrons often have other service needs as well. We invite you to meet with our Community Resource Specialist who will help you access services, benefits and support. Make an appointment today!

**“We hear you.
We can help!”**

IF YOU NEED HELP WITH:

- Emergency Services: Shelter/Food/Clothing • Government Benefits
- Housing • Health Care • Veterans Services • Employment
- Elder Care • Mental Health Services • Citizenship

How to reach our Community Resource Specialist:

- Call us at 213-785-2585. If we don't answer right away, please leave a message. We will get back to you as soon as possible.
 - Email us at communityconnections@lalawlibrary.org
- Come in to the Library and ask for our Community Resource Specialist.

@LALawLibrary

www.lalawlibrary.org



LA Law Library Conexiones Comunitarias

Conectándote con los recursos que necesitas

Nuestro bibliotecario legal y abogados voluntarios hacen un trabajo fantástico al abordar las necesidades legales de nuestros usuarios. Pero LA Law Library reconoce que nuestros usuarios también tienen otras necesidades de servicios. Lo invitamos a reunirse con nuestro especialista en recursos comunitarios, quien lo ayudará a obtener los servicios, los beneficios y el apoyo. ¡Haga una cita hoy!

**“Te escuchamos.
¡Podemos ayudar!”**

SI NECESITA AYUDA CON:

- Servicios de Emergencia: Refugio/Alimentos/Ropa
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- Servicios para veteranos • Empleo • Cuidado de los ancianos
- Salud mental • Ciudadanía

Cómo comunicarse con nuestro especialista en recursos comunitarios:

- Llámenos al 213-785-2585; si no respondemos de inmediato, deje un mensaje, nos pondremos en contacto con usted lo antes posible.
- Envíenos un correo electrónico a communityconnections@lalawlibrary.org
- Venga a la biblioteca y pregunte por nuestro especialista en recursos comunitarios.

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LA Law Library

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IN-PERSON: Eviction Defense: Help Using Tenant Power Toolkit to Answer Eviction Complaints

Friday, January 5, 12, 19, 26, 2024
Friday, February 2, 9, 16, 23, 2024
Friday, March 1, 8, 15, 22, 29, 2024
9:30 a.m. – 12:30 p.m.

Have you been served with eviction paperwork (a Summons and a Complaint-Unlawful Detainer)? You may only have five days to respond! At this clinic, attendees seeking assistance with answering an unlawful detainer (eviction) complaint will be guided through the Tenant Power Toolkit (www.tenantpowertoolkit.org) to complete the necessary court forms.

Participants must bring their Summons and Complaint-Unlawful Detainer to the workshop.

This workshop covers:

- How to use the Tenant Power Toolkit
- How to identify defenses against the eviction and complete responsive pleadings
- How to request a fee waiver
- How to use the Tenant Power Toolkit to find legal support

The Eviction Answer Tool will work for tenants who live anywhere in California who have been served a Summons and Complaint-Unlawful Detainer. Tenants in LA County (if they qualify for a fee waiver and are within their filing deadline) will get the option to have their documents be filed electronically with the court. All other tenants will have to file the documents the Toolkit creates in person, at the courthouse listed on your Summons and Complaint.

To Register: Online registration available at www.lalawlibrary.org. Walk-ins will be seen on a first-come, first-served basis.

Check-in begins at 9:15 a.m.

Contact the Tenant Power Toolkit at 323-207-5854 or email tenantpower@debtcollective.org with questions.

Presented by: Tenant Power Toolkit (<https://tenantpowertoolkit.org/>)

Registration fee: FREE

LA Law Library does not provide legal advice:

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For more information or to register, visit: www.lalawlibrary.org/CLASSES
or call: 213.785.2516 | 301 W. 1st Street, Los Angeles, CA 90012

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EN PERSONA: Defensa contra el desalojo: ayuda para utilizar Tenant Power Toolkit para responder quejas de desalojo

Viernes, 05, 12, 19, 26 de enero, 2024
Viernes, 02, 09, 16, 23 de febrero, 2024
Viernes, 01, 08, 15, 22, 29, de marzo, 2024
9:30 a.m. – 12:30 p.m.

¿Le han entregado la documentación de desalojo (una citación y una demanda por apropiación ilegal)? ¿Es posible que solo tengas cinco días para responder! En esta clínica, los asistentes que busquen ayuda para responder una queja por retención ilegal (desalojo) serán guiados a través del Tenant Power Toolkit (www.tenantpowertoolkit.org) para completar los formularios judiciales necesarios.

Los participantes deben traer su Citación y Denuncia-Retención lícita al taller.

Este taller cubre:

- Cómo utilizar el Tenant Power Toolkit para inquilinos
- Cómo identificar defensas contra el desalojo y completar alegatos de respuesta
- Cómo solicitar una exención de tarifas
- Cómo utilizar Tenant Power Toolkit para encontrar apoyo legal

La herramienta de respuesta a desalojos funcionará para inquilinos que viven en cualquier lugar de California a quienes se les haya entregado una citación y una demanda por retención ilegal. Los inquilinos del condado de Los Angeles (si califican para una exención de tarifas y están dentro de la fecha límite de presentación) tendrán la opción de que sus documentos se presenten electrónicamente ante la corte. Todos los demás inquilinos tendrán que presentar los documentos que crea el Toolkit en persona, en el juzgado que figura en su citación y demanda.

Para registrarse: Registro en línea disponible en bit.ly/answerworkshop. Las personas sin cita previa se atenderán por orden de llegada.

El check-in comienza a las 9:15 a.m.

Comuníquese con Tenant Power Toolkit al 323-207-5854 o envíe un correo electrónico a tenantpower@debtcollective.org si tiene preguntas.

Presentado por: Tenant Power Toolkit (<https://tenantpowertoolkit.org/>)

Cuota de inscripción: GRATIS

La biblioteca jurídica de Los Ángeles no brinda asesoría legal. La biblioteca jurídica de Los Ángeles brinda acceso a recursos legales y ayuda con investigación legal. La biblioteca jurídica de Los Ángeles no brinda asesoramiento legal. Para consejo legal, debería consultar un abogado.



For more information or to register, visit: www.lalawlibrary.org/CLASSES
or call: 213.785.2529 | 301 W. 1st Street, Los Angeles, CA 90012

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LA Law Library

What's Happening February 2024

OPEN TO THE PUBLIC

PUBLIC CLASSES

IN PERSON: Small Claims: Where You Begin
Friday, February 2 12:00 pm - 1:30 pm

LIVE ZOOM: Introduction to Thomson Reuters Westlaw
Thursday, February 8 12:30 pm - 2:00 pm

LIVE ZOOM: Custody & Child Support: Where You Begin
Friday, February 16 12:00 pm - 1:00 pm

LIVE ZOOM: Introduction to Lexis Advance
Thursday, February 22 12:30 pm - 2:00 pm

CIVIL LAWSUIT BASICS

LIVE ZOOM: How to Make and Oppose Motions
Thursday, February 1 12:00 pm - 1:30 pm

IN PERSON: Subpoenas and RFPs: Getting Documents to Prove Your Case
Thursday, February 15 12:00 pm - 1:30 pm

LIVE ZOOM: Interrogatories and RFAs: Getting Another Party to Answer Questions in Writing
Thursday, February 29 12:00 pm - 1:30 pm

BOOK DISCUSSION

LIVE ZOOM: A History of America in Ten Strikes, by Erik Loomis
Tuesday, February 27 6:30 pm - 8:00 pm

Labor historian Erik Loomis recounts ten critical workers' strikes in American labor history with a discussion of the specifics of each strike followed by a section of context about the broader issues in American society underlying the unrest that led to the strike.

HOLIDAY CLOSURES

Lincoln's Birthday - Monday 2/12/24
President's Day - Monday 2/19/24

WORKSHOPS & ONE-ON-ONE HELP

IN-PERSON: Eviction Defense: Help Using Tenant Power Toolkit to Answer Eviction Complaints
Friday, February 2, 9, 16, 23 9:30 am - 12:30 pm
Register here: bit.ly/answerworkshop

LIVE ZOOM & IN PERSON: California Probate Conservatorships & Alternatives
Friday, February 9 12:00 pm - 12:00 pm
*English Only
Friday, February 23 10:00 am - 12:00 pm
*In-Person & Spanish Only

LIVE ZOOM: Adult Name Change Workshop
Wednesday, February 14 12:00 pm - 1:30 pm

IN-PERSON: Eviction Defense: Help Answering Unlawful Detainer Complaints
Thursday, February 15 12:00 pm - 3:00 pm
By appointment only. To register, call: 213-896-6537

LIVE ZOOM: Ask a Lawyer: Landlord-Tenant Law & Evictions
Thursday, February 15 5:00 pm - 6:00 pm

Lawyers in the Library
IN PERSON: Friday, February 16 1:00 pm - 4:00 pm
Free 10-20 minute consultations with volunteer attorneys.
By appointment only.
To register, please visit www.lalawlibrary.org/ITL

LIVE ZOOM: Ask a Lawyer: How Property Transfers After Death and How to Plan Ahead
Thursday, February 22 5:00 pm - 6:00 pm

FOR CLASSES HELD VIA ZOOM, ZOOM INFORMATION WILL BE EMAILED TO REGISTRANTS PRIOR TO CLASS START TIME

For more information or to register, visit: www.lalawlibrary.org/CLASSES or call: 213.785.2529 | 301 W. 1st Street, Los Angeles, CA 90012

Los Angeles County Residents

Did you know CalFresh benefits offer **EMPLOYMENT & TRAINING** opportunities?

In partnership with Goodwill SoCal, if you sign up for CalFresh, or currently receive CalFresh benefits, you may be eligible for the following employment services at **NO COST**:

- Case Management Services
- Job Readiness Services
- Supportive Services
- Gas Reimbursement
- Interview Clothing

AND MORE!

Scan qr code to register



For more information email skillupla@goodwillsoocal.org or call 323.223.1211 x 2330



Funding provided by the United States Department of Agriculture (USDA), USDA is an Equal Opportunity Provider, Employer, and Lender.



Legal Resources and Information for Individuals Experiencing Homelessness



- **Los Angeles County Homeless Court Program - HEART:**

- **Infraction Tickets:** 213-978-1937, att_heart@lacity.org, lahomelesscourt.org

The Office of the Los Angeles City Attorney administers the Program. Participants may resolve eligible traffic and pedestrian infraction citations by engaging in services.



- **Additional Record Clearing Resources:**

- **Criminal:** LA Public Defender, Criminal Record Clearing Unit, 213-351-8248
- **Parking Tickets:** LA Dept. of Transportation, 213-978-4400, Ladot.capp@lacity.org

- **Legal Resources:**

- **Legal Aid Foundation of LA,** 800-399-4529
- **Neighborhood Legal Services LA,** 800-433-6251
- **Union Rescue Mission – Pepperdine Law School,** 213-673-4831
- **Public Counsel,** 213-385-2977

- **Shelter & Housing:**

- **Resources throughout LA County:** 211, <https://www.211la.org/>

Community Outreach Court

Thursday, February 15, 2024
9 a.m. to noon
at

The ReFresh Spot

544 Towne Avenue
Los Angeles, CA 90013

Participate to get your misdemeanor warrants recalled and cases handled.

Defense attorneys will be available to assist you.

Record expungement services will be available.

In Partnership With

LA Mayor's Office of Community Safety
Los Angeles County Public Defender's Office
Los Angeles County Alternate Public Defender's Office
Los Angeles City Attorney's Office



Corte Comunitaria de Extensión de Servicios

jueves, 15 de febrero de 2024
9 a.m. a mediodía
en

The ReFresh Spot
544 Towne Avenue
Los Angeles, CA 90013

**Participe y obtenga que sus órdenes
judiciales por delitos menores sean
retiradas y el manejo de sus casos.**

Los abogados defensores estarán
disponibles para ayudarle.

**Habrán servicios disponibles para la
eliminación de antecedentes penales.**

en asociación con:

Oficina de Seguridad Comunitaria de la Alcaldesa de Los Angeles
Oficina de Defensores Públicos del Condado de Los Angeles
Oficina Alternativa de Defensores Públicos del Condado de Los Angeles
Procuraduría de la Ciudad de Los Angeles



How Does The Homeless Court Referral Program Work?

1. Ask your case manager if they can enroll you in Homeless Court or refer you to an upcoming clinic.
2. Your case manager can submit an intake online or call our direct line to begin enrollment.
3. Your case manager will go over the participant agreement with you and verify eligibility.
4. Your case manager will submit the intake form and participation agreement to HEART.
5. HEART will review your file and identify eligible infractions.
6. HEART will run a background check to ensure there are no open misdemeanor or felony cases.
7. HEART will file a motion with the Los Angeles Superior Court, requesting a dismissal, and/or suspension of fines, and recall of associated warrants.
8. HEART will send updates by email to you or your case manager.

**Criminal Record Clearing Project:
Los Angeles County Homeless Court Program**



For events and status updates:

Email: att.heart@lacity.org

Call: 213-978-1937

For more information:

lahomelesscourt.org



**Criminal Record Clearing Project:
Los Angeles County Homeless Court Program**



Staffed by
**Los Angeles City Attorney's
Homeless Engagement and
Response Team
H.E.A.R.T.**

How Does The Homeless Court Referral Program Work?

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**Criminal Record Clearing Project:
Los Angeles County Homeless Court Program**



For events and status updates:

Email: att.heart@lacity.org

Call: 213-978-1937

For more information:

lahomelesscourt.org



**Criminal Record Clearing Project:
*Los Angeles County Homeless Court Program***



Staffed by
**Los Angeles City Attorney's
Homeless Engagement and
Response Team
H.E.A.R.T.**



STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKAWAYS | April 11, 2024

1. Operations

- Link to the March 28, 2024 meeting packet [HERE](#).
- **Key outcomes/results from the meeting:**
 - Approved membership applications for HOPWA representative and Unaffiliated Consumer Seat, SPA 4.
 - Approved seat changes for some Alternates.
 - Discussed technical assistance requests to HRSA around membership recruitment, retention and training.
 - Collaborative Research (CR) met with DHSP staff to go over their suggestions for the Assessment of Administrative Mechanism (AAM). CR is currently developing the survey instrument for the AAM.
 - The April 25 Committee meeting will be dedicated to reviewing the proposed changes to the Bylaws and public comments received.
- **Action needed from the full body:**
 - Register for mandatory training for Commissioners. Click [HERE](#).
 - Review proposed updates to the Bylaws. Click [HERE](#).

2. Executive

- Link to the March 28, 2024 meeting packet [HERE](#).
- **Key outcomes/results from the meeting:**
 - Staff reported of the upcoming in-person technical assistance (TA) site visit from HRSA on May 21-23. Agenda will be forthcoming. TA requests submitted to HRSA include feedback on the proposed changes to the bylaws; feedback on the status neutral priority setting and resource allocations framework and process; conflict of interest management; membership term limits and rotation best practices; and membership recruitment, retention and training.
 - Approved membership seat changes, set vacates, and new applications.
 - Approved Prevention Services standards.
 - Discussed free/cost effective ways to participate in Pride events such as partnering with DPH/DHSP.
- **Action needed from the full body.**
 - Complete mandatory training.
 - Submit membership renewal applications on time.

3. Planning, Priorities and Allocations (PP&A)

- Link to the March 19, 2024 meeting packet [HERE](#).
- **Key outcomes/results from the meeting:**
 - DHSP staff, Victor Scott, provided a brief overview of the new [CDC High-Impact HIV Prevention and Surveillance Programs for Health Departments](#) notice of funding announcement. The new grant will combine HIV surveillance, HIV prevention and



Ending the HIV Epidemic activities into one funding opportunity (with three separate pots of money). Non-biomedical prevention approaches, such as health education, will no longer be supported under the new grant despite CDC recommendations to continue to use these types of interventions.

- The Committee began its discussion around prevention planning with an overview of existing prevention data. See meeting packet for details. The Committee will continue its discussion at the next PP&A meeting on April 16th (1pm-3pm) and will identify priority prevention strategies.
- **Action needed from the full body:**
 - Commissioners should review the [CDC High-Impact HIV Prevention and Surveillance Programs for Health Departments](#) notice of funding announcement to familiarize themselves with the grant requirements.

4. Standards and Best Practices (SBP)

- Link to April 2, 2024 meeting packet [HERE](#).
- **Key outcomes/results from the meeting:**
 - Commission staff provided a refresher mini training on the Service Standards development process, the duties, and responsibilities of the SBP Committee. Refer to the packet for a copy of the training materials.
 - The SBP Committee reviewed their 2024 workplan and identified the following services standards for review: Ambulatory Outpatient Medical (AOM), Emergency Financial Assistance (EFA), and Transitional Case Management (TCM).
 - The SBP Committee began their initial discussion of the Ambulatory Outpatient Medical (AOM) service standards. Division on HIV and STD Programs (DHSP) staff provided an overview of the AOM service utilization report and the flyer for AOM services which includes a description of the services and contact information for contracted providers. The Committee will continue their review at their May 7 meeting. Refer to the packet for a copy of the materials.
- **Action needed from the full body:**
 - Prepare to provide feedback on standards once they are available for public comments.
 - Attend the SBP meetings to provide feedback on standards.

5. Public Policy (PP)

- Link to the April 1, 2024 meeting packet [HERE](#).
- **Key outcomes/results from the meeting:**
 - The PPC discussed a draft statement on Gaza calling for a ceasefire; the statement was submitted by Committee member Felipe Findley. The PPC also discussed whether or not the statement is outside the purview of the COH. Commission staff have advised the PP that this matter is outside of the purview of the PP and COH. Refer to the meeting packet for a copy of the draft/proposed statement.
- The PPC discussed the 2024 Policy Priorities document and reviewed edits to the document.
- **Action needed from the full body:**
 - Submit any policy/bill recommendations to include in the 2024 Legislative Docket and invites all stakeholders to attend the May PPC meeting on 5/6/24 and participate in the deliberations and review of the docket.



- Attend and provide public comment at health deputy meetings and Board of Supervisor (BOS) meetings. Contact COH staff for more information.

6. Aging Caucus (AC)

- Link to the April 2, 2024 meeting packet [HERE](#).
- Key outcomes/results from the meeting:**
 - Jaime Baker, Executive Director of Being Alive, shared findings from their survey of older adults living with HIV and their health and wellness needs.
 - Dr. David Hardy, Commissioner Alternate, provided key highlights from CROI 2024 on key research related to HIV and aging: REPRIEVE study, INSTI switch during menopause, and pharmacokinetics of long-acting Cabotegravir and Rilpivirine in elderly people with HIV.
 - Updated 2024 workplan to reflect additional activities.
 - DHSP provide updates on the Buddy Program which is aimed at promoting connectedness among PLWH. Currently there are 19 mentors and 25 mentees. DHSP is currently developing an RFP for ambulatory/outpatient medical and medical care coordination.
- Action needed from the full body:**
 - Continue to provide ideas on solutions to improve services for older adults living with HIV.
 - Engage non-HIV agencies in the HIV and aging conversations and service delivery/improvements.
 - Promote the Buddy Program and sign-up to be a mentor or mentee.

7. Black Caucus (BC)

- Link to the March 21, 2024 meeting packet [HERE](#).
- Key outcomes/results from the meeting:**
 - Members made commitments to share and recruit Black faith-based leaders for the community listening sessions to address sexual health and HIV within the Black interfaith community. Members discussed working with Supervisor Holly Mitchell's office to recruit Black faith-based leaders for the listening session.
 - Discussed the organizational capacity needs assessment for Black-led and Black-serving organizations and its primary goal of implementing a Technical Assistance (TA) program to increase the capacity of these organizations to compete for County contracts. Members discussed the importance of offering incentives to increase responses and community participation.
- Action needed from the full body:**
 - Bring ideas and suggestions for what to incorporate in the letter to Supervisor Mitchell.

8. Consumer Caucus (CC)

- Link to the March 14, 2024 meeting packet [HERE](#)
- Key outcomes/results from the meeting:**
 - Discussed forming a Housing Task Force centered around service improvements from a consumer lens. Possible desired outcomes are to ensure that people living with HIV



have access not only to permanent housing but stable, affordable, safe, and healthy housing that is properly maintained, which include but are not limited to: (1) adequate housing for 50+, (2) disabled-friendly, and (3) identifying/accessing buildings that already exist and ensuring that new buildings set aside units for PLWH. Consider writing a specific report from CC articulating specific solutions and gaps in housing needs for PLWH.

- Members discussed a letter writing campaign to Congressional representatives to bring attention to the needs of PLWHA and housing; advocate for increased funding.
- PP&A Co-Chair, K. Donnelly, provided a brief overview of the priority setting and resource allocation (PSRA) process and timeline and encouraged CC to participate in PP&A and PSRA.
- ☐ **Action needed from the full body:**
 - Work with service providers to provide accurate and complete information on housing and other service referrals for PLWH.
 - Promote the CC and encourage clients to attend CC meetings.

9. Transgender Caucus (TC)

- ☐ Link to the March 26, 2024 meeting packet [HERE](#).
- ☐ **Key outcomes/results from the meeting:**
 - Commission staff provided an overview of the Service Standards development process, the Standards and Best Practices Committee, and the mechanism for Caucus members to submit public comment and offer recommendations for the service standards under review. Refer to meeting packet for presentation materials.
 - The Caucus co-chairs shared an updated draft agenda for the Harm Reduction Institute event that will take place on April 29, 2024 from 9am-3pm at the Vermont Corridor. The event will focus on the impact of substance use within LGBTQ+ communities.
- ☐ **Action needed from the full body:**
 - Share the Harm Reduction Institute event flyer with interested parties; A copy of the flyer is included in the COH April 11 meeting packet.

10. Women's Caucus (WC)

- ☐ Link to the January 22, 2024 meeting packet: Click [HERE](#).
- ☐ **Key outcomes/results from the meeting:**
 - The Caucus last met on January 22, 2024. Co-chairs are working with Commission staff to develop the first lunch and learn event in May. The two-part event will focus on how to read medical labs, medication adherence and the importance of peer support to achieve optimal health. More details to follow. The next Women's Caucus virtual meeting will be Monday, April 15th from 2-4pm and will include a review of DHSP's Breastfeeding Educational Materials and APLA's Women's HIV Resource Directory.
- ☐ **Action needed from the full body:**
 - Commissioners are asked to share meeting details within their networks.
 - Promote community attendance at WC meetings.



HIV/STI PREVENTION SERVICE STANDARDS



Draft for COH review as of 4/8/24.

INTRODUCTION

Service standards outline the elements and expectations a service provider follows when implementing a specific service category. Service standards set the minimum level of care agencies should offer to clients. The Standards are intended to help agencies meet the needs of their clients. Providers are encouraged to exceed these standards. The Los Angeles County Commission on HIV (COH) developed the Prevention Service Standards to reflect current guidelines from federal and national agencies on HIV and Sexually Transmitted Infection (STI) prevention, and to establish the minimum standards of service delivery necessary to achieve optimal health among people with increased risk of HIV and STIs, regardless of where services are received in the County. Since there are many different types of organizations that may provide prevention services, not every category of prevention standards described herein will be applicable to all agencies. For example, an agency that provides HIV/STI testing only, will not necessarily be expected to provide adherence services for clients who are accessing pre-exposure prophylaxis (PrEP).

The development of the Standards includes guidance from service providers, the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), and members of the Los Angeles County COH, Standards and Best Practices Committee and the COH Prevention Planning Workgroup (2022-2023).

SERVICE DESCRIPTION

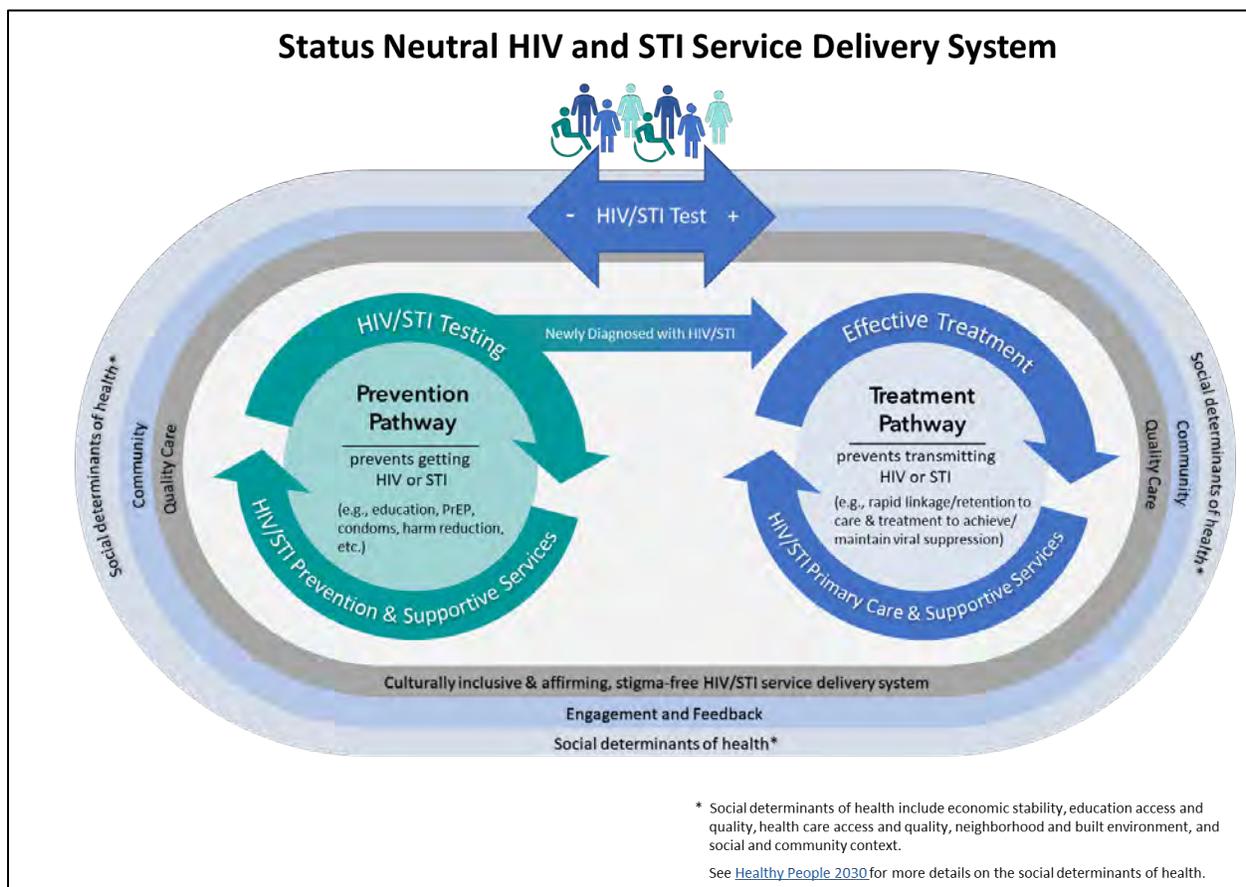
Prevention Services are those services used alone or in combination to prevent the transmission of HIV and STIs. The early diagnosis and treatment of STIs is vital to interrupting transmission of STIs as well as HIV. Prevention Services include HIV and STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, harm reduction, and medical interventions.

The Los Angeles County COH's *Status Neutral HIV and STI Service Delivery System Framework*, depicted in Figure 1 below, was used to guide the development of the Prevention Service Standards. The *Status Neutral HIV and STI Service Delivery System Framework* was developed in 2023 and adapted from the Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care framework. This framework functions to provide an overview of the comprehensive support and care critical to addressing the social determinants of health that create disparities, especially as they relate to HIV and STIs. Continuous preventive, medical care and supportive services are highlighted as part of an ongoing effort by patient and provider to maintain engagement in clinical preventive care or treatment. A status-neutral approach to HIV care and prevention means that all people, regardless of HIV status, are treated in the same way. Engagement in the status neutral HIV and STI service delivery system starts with an HIV and/or STI test. Any result, positive or negative, initiates further engagement with the service delivery system leading to a common goal where HIV and STIs are neither acquired nor transmitted. The result is a dynamic trajectory into and through the continuum depending on test results. The figure emphasizes the continuous return of HIV negative persons to HIV/STI testing and linkage and engagement in care of persons diagnosed with HIV or STIs. When done

effectively, rapidly linking newly diagnosed persons to HIV/STI treatment and those who test negative to ongoing prevention services will result in the decrease of new HIV and STI infections. It will also support people with diagnosed HIV (PLWH) to thrive with and beyond HIV, and for those with diagnosed STIs to receive treatment and access to prevention strategies.

Figure 1 - Status Neutral HIV and STI Service Delivery System Framework

(Framework adapted from the [Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care framework](#))



The status neutral framework reaches beyond established HIV and STI prevention & care systems and works to create pathways to vital medical and supportive services that meet the needs of clients regardless of their HIV or STI status and is not centered solely around meeting disease-specific needs. The benefits of a status neutral approach include a reduction in institutionalized stigma for people with HIV (PWH), a reduction in stigma associated with STIs, increased efficiencies that improves resource utilization, and gained knowledge/insight from various service deliveries.

BACKGROUND

PURPOSE: Prevention Service Standards outline the essential elements of service delivery a provider agency must adhere to when implementing HIV and STI prevention services. The purpose of the service standards is to ensure consistent high-quality service delivery throughout Los Angeles County. Service standards establish the minimal level of service delivery. Providers are encouraged to exceed this minimal level if able to, given their capacity and scope.

A multitude of factors at the structural-, environmental-, interpersonal-, and individual-level impact the risk of HIV and STI infection. Therefore, a multitude of strategies (e.g., housing, employment, social marketing, counseling, condom distribution, etc.) may also serve to prevent the acquisition of HIV and STIs. Since it is not feasible to create standards for every potential prevention service, the HIV and STI Prevention Service Standards described in this document focus on ensuring that every individual at risk of acquiring or transmitting HIV infection and/or STIs is successfully connected to and retained in the prevention service(s) that are appropriate for them at any given point in time. Additionally, given there are many different types of organizations that may provide prevention services, not every category of prevention standards described herein will be applicable to all agencies. For example, an agency that provides HIV/STI testing only, will not necessarily be expected to provide adherence services for clients who are accessing PrEP or Doxy PEP.

DEFINITION OF HIV AND STI PREVENTION SERVICES: HIV and STI Prevention Services are those services used alone or in combination to prevent the transmission of HIV and STIs. Prevention services may include:

- **Biomedical** HIV prevention refers to HIV prevention methods that use antiretroviral treatment (ART) to decrease the risk of HIV transmission by reducing the viral load of people living with HIV (PLWH) and/or by reducing the susceptibility of HIV infection among HIV-negative individuals (via PrEP and PEP). Additionally, biomedical STI prevention refers to prevention methods that use antibiotics (DoxyPEP) and vaccination to decrease the risk of STIs.
- **Non-biomedical** HIV and STI prevention refers to strategies that aim to alter behaviors that make individuals more vulnerable to HIV and/or STI acquisition.
- **Harm Reduction** refers to a set of strategies that reduce the harms associated with substance use. These strategies can reduce behaviors resulting in elevated risk of HIV infection among injecting and non-injecting drug users.

SUMMARY OF CORE PREVENTION SERVICE COMPONENTS: The HIV and STI Prevention Service Standards seek to ensure the provision of a core set of integrated HIV and STI prevention services aimed at preventing the acquisition and transmission of HIV and STIs. The Core Prevention Service Components are Screening and Assessments, Biomedical Prevention, Harm Reduction (drugs, alcohol use and sexual activity), and Non-biomedical/Behavioral Prevention. These Core Prevention Service Components are complementary and should be used collectively to maximize prevention efforts.

UNIVERSAL STANDARDS FOR HIV AND STI PREVENTION SERVICES

UNIVERSAL STANDARDS FOR HIV AND STI PREVENTION SERVICES: In order to achieve the goal of reducing new HIV and STI infections, prevention services in Los Angeles County must include the following universal standards:

- Staff members meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role and the communities served. If a position requires licensed staff, staff must maintain licensure to provide services.
- Staff participation in trainings appropriate to their job description and program including, but not limited to partnering with LGBTQ+/Transgender community, HIV Navigation Services (HNS), STI transmission and treatment, trauma-informed care, Narcan/naloxone use, fentanyl testing, cultural competence, and implicit bias.
- Provide services that are accessible and non-discriminatory to all people with a focus on highly impacted populations.
- Educate staff and clients on the importance of screening, biomedical prevention, non-biomedical prevention, and harm reduction to reduce the risk of HIV and STI transmission.
- Protect client rights and ensure quality of services.
- Provide client-centered, gender-affirming, age appropriate, culturally, and linguistically competent service delivery.
- Provide high quality services through experienced and trained staff.
- Meet federal, state, and county requirements regarding safety, sanitation, access, and public health.
- Guarantee client confidentiality and protect the right of client autonomy.
- Prevent information technology security risks and protect patient information and records.
- Inform clients of services and collect information through an intake process.
- Effectively assess client needs and encourage informed and active participation.
- Address client needs through coordination of care and referrals to needed services.
- Ensure that the quality of service and materials given to patients during telehealth encounter is similar with in-person visits.
- Attend to clients' overall physical health, mental health, and spiritual health, as guided by each individual client.
- Address the social determinants of health such as economic and social conditions that influence the health of individuals and communities.
- Use a strength-based approach to service design and seek to understand and develop clients' strengths and capabilities that can lead to improved health and quality of life.
- Ensure a sex positive environment and interaction with clients.
- Adopt trauma-informed approaches to interacting with patients.

Screening and Assessments

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Intake	Initiate a client record at first clinic visit or client interaction.	Intake tool in client file to include (at minimum): <ul style="list-style-type: none"> • Documentation of HIV/STI status (if applicable) • Proof of LA County residency or Affidavit of Homelessness • Verification of program and financial eligibility (if applicable) • Date of intake • Client name (lived name if applicable), pronouns, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number • Signed and dated Release of Information, Limits of Confidentiality, Consent, Client Rights and Responsibilities
Assessment	Comprehensive assessments are completed in a cooperative process between staff and the client during first visit/appointment. Alternatively, clients may complete online assessments prior to their first visit. Comprehensive assessment is conducted to determine the: <ul style="list-style-type: none"> • Client’s needs for prevention and medical services, and support services including housing and food needs • Client’s current capacity to meet those 	Comprehensive assessment on file in client chart to include: <ul style="list-style-type: none"> • Date of assessment • Signature and title of staff person conducting assessment • Completed assessment form Client strengths, needs and available resources in the following areas: <ul style="list-style-type: none"> • Medical/physical healthcare • Medications and Adherence issues

	<p>needs/identify barriers that address needs</p> <ul style="list-style-type: none"> • Client’s medical home • Ability of the client’s social support network to help meet client needs • Extent to which other agencies are involved in client’s care 	<ul style="list-style-type: none"> • Mental health • Substance use and/or substance use • HCV/HIV dual diagnosis, if applicable • Nutrition/food • Housing and living situation • Family and dependent care issues • Gender Affirming Care including access to hormone replacement therapy, gender affirming surgical procedures, name change/gender change clinics and other related services. • Transportation • Language/literacy skills • Religious/spiritual support • Social support system • Relationship history • Domestic violence/Intimate Partner Violence (DV/IPV) • History of physical or emotional trauma • Financial resources • Employment and Education • Legal issues/incarceration history • Knowledge/beliefs about HIV/STIs/Hepatitis • Agencies that serve the client and/or household
	<p>Staff will conduct reassessments with the client as needed.</p>	<ul style="list-style-type: none"> • Date of reassessment • Signature and title of staff person conducting reassessment

		<ul style="list-style-type: none"> Completed reassessment form
HIV Testing	Staff will conduct appropriate HIV and/or STI tests based on sexual health history or client request.	Documentation of HIV/STI testing in client file and data management system.
	HIV/STI testing must be voluntary and free from coercion. Patients/clients must not be tested without their knowledge/written consent.	Documentation of patient consent as required or appropriate.
	Provide immediate and, if necessary, repeated, linkage services to persons with a preliminary positive HIV test result or a confirmed HIV diagnosis.	Documentation of linkage to care.
Testing and Treatment of STIs	Assess patients risk for STI acquisition.	STI risk assessments on file.
	Provide or partner with agencies that provide treatment for patients to test positive for an STI	Documentation of STI treatment plan and medication prescriptions. If referring to other agency, Memorandum of Understanding (MOU) on file.
	Ensure client is linked to services that cover the cost of treatment.	Documentation of linkage to services.
	Conduct follow up testing 3 months after positive test to ensure STI has been treated appropriately.	Documentation of follow-up.
	Provide or partner with agencies that provide vaccination for HPV and Hepatitis B, as recommended.	Vaccination record.

BIOMEDICAL PREVENTION

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Treatment as Prevention (for PLWH)	Provide antiretroviral treatment (ART) to persons with diagnosed HIV within 3 days of diagnosis.	Documentation of treatment and prescription orders on file.
	For patients who choose to postpone treatment, periodically reoffer ART after informing them of the benefits and risk of currently recommended regimens.	Documentation of care follow-up and timeline.
	Enroll patients in health insurance or medical assistance programs that provide HIV care or cover costs of care.	Documentation of referrals or appointments with benefits specialists.
	Offer navigation assistance and support to encourage active participation in care.	Documentation of navigation assistance and/or referral.
	Establish procedures to identify patients at risk for lapses in care or services that support their continued care.	Documentation of chart reviews and internal procedures for maintaining engagement in care.
PrEP/PEP	Assess a client's risk of HIV acquisition.	Risk assessments on file.
	Provide clients with a PrEP/PEP Navigator/Navigation Services	Documentation of service in client files.
	Provide PrEP prescription that addresses the specific needs of the client.	Documentation of service in client files.
DoxyPEP	Assess a client's risk of STI acquisition.	STI risk assessments on file.
	Provide DoxyPEP prescription to clients at risk of STI acquisition.	Documentation of STI treatment plan and medication prescriptions.
Partner Services	Identify client's recent sexual and/or injection drug use partner(s).	Documentation of partner services offer.
	Notify partner(s) of potential exposure to HIV and/or STI.	Documentation of partner notification.
	Offer appropriate HIV and/or STI treatment and care plan to partner(s).	Documentation of treatment provided to partners.
	Conduct follow up to ensure partner(s) adherence to treatment/care.	Documentation of follow-up.

	Refer clients to expedited partner services, as needed.	Documentation of referral.
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HARM REDUCTION (drugs, alcohol use and sexual activity)

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Narcan/Naloxone	Partner with agencies/organizations to provide training to clients on how to use nasal Narcan and/or injectable naloxone.	Documentation of training.
	Partner with agencies/organizations to provide free or low-cost Narcan and/or naloxone to clients.	Documentation of Narcan/naloxone distributed.
Fentanyl Test Strips and Other Substance Testing Kits	Partner with agencies/organizations to provide training to clients on how to use fentanyl test strips, and other substance testing kits.	Documentation of training.
	Partner with agencies/organizations to provide free or low-cost fentanyl test strips and other substance testing kits.	Documentation of test strips distributed.
Syringe Services Programs	Partner with agencies/organizations to provide syringe services that include: <ul style="list-style-type: none"> • Needle exchange • Safe disposal • Nasal spray Narcan • Injectable naloxone • Condoms • Wound care kit • Safer smoking supplies (e.g. pipes, mouthpieces, cleaning supplies) 	Documentation of items collected and/or distributed.
Peer Support	Provide referrals and assist with linkage to peer support as related to substance use disorder.	Documentation of referral.
Contingency Management	Provide referrals and assist with linkage to Contingency Management programs for stimulant use disorder.	Documentation of referral.
Mobile/Street Medicine	Provide mobile and/or street medicine to clients, where feasible.	Documentation of schedules, services provided/used, etc.

Medication Assisted Treatment (MAT)	Provide MAT for clients identified with substance use disorder, as appropriate per provider assessments.	Documentation of treatment provided.
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NON-BIOMEDICAL/BEHAVIORAL PREVENTION

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Education/Counseling	Provide HIV and STI education. Sessions will focus on Health Education/Risk Reduction Prevention, Behavior Change Skills Building and increasing knowledge of access to care services based on the client’s risk assessment. Sessions can be provided on a one-to-one basis or group setting depending on the client’s preference, need and/or environment. Sessions can be conducted on an ongoing basis, depending on need, and can be from 1 to 3 weekly or semi-monthly sessions.	Documentation of program manuals and curricula.
	Provide PrEP/PEP education and counseling for clients at risk of HIV acquisition.	Documentation of program manuals and curricula.
	Provide DoxyPEP education and counseling for clients at risk of STI acquisition.	Documentation of program manuals and curricula.
	Provide education for PLWH on the importance of maintaining an undetectable viral load, the importance of adhering to care, and increase their capacity to engage their own care.	Documentation of program manuals and curricula.
	Offer free or low cost internal and external condoms and dental dams.	Documentation of safer sex supplies provided client.
Supportive Services	Assess the client’s need for supportive services.	Completed assessment on file.
	Provide referrals and assist with linkage to supportive services. Services may include:	Documentation of referrals.

	<ul style="list-style-type: none"> • syringe exchange • housing services • mental health services • substance abuse services • food and nutrition support • employment services • unemployment financial assistance • drug assistance programs • health insurance navigation • childcare • legal assistance • other services, as identified and needed • health literacy education • peer support <p>Referrals should be to local facilities, clinics, and service providers in the area of the client minimizing transportation barriers.</p>	
Social Marketing and Outreach	Outreach to potential clients/families and providers.	Outreach plan on file.
	Collaborate with community partners and health care providers to promote services.	Documentation of partnerships.
Navigation Services	Provide navigation assistance for linkage to supportive services.	Documentation of services offered.
	Health Navigators will canvas the target areas to identify and document all available service providers that can be used as referral sources for clients.	Activity logs on file.
	Health Navigators will become familiar with the access, referral, and intake process to educate clients of this process when providing referral for services.	Training or resources identified by staff on file.
	Follow up session should be conducted to reassess clients' current situation and need for additional services.	Documentation of reassessment.

LOS ANGELES COUNTY COMMISSION ON HIV
BLACK CAUCUS PRESENTS

BRIDGING FAITH AND SEXUAL HEALTH IN THE FIGHT AGAINST HIV: EMPOWERING OUR BLACK COMMUNITIES

COMMUNITY LISTENING SESSION*

Join us for a candid conversation
addressing sexual health and HIV
within the Black interfaith
communities of Los Angeles
County.

Discussion Topics Include:

- Explore root causes of stigma and shame
- Historical relationship between the church and the LGBTQ+ and gender diverse communities
- Role of the church in promoting sexual health

*Invitation open to faith leaders of Los Angeles
County*

Friday, April 26, 2024

6:00PM-8:00PM

Los Angeles, CA

- Location will be shared upon RSVP
- RSVP via QR Code or <https://LACCOHBlackCaucus.eventbrite.com>
- Honorarium, refreshments & resource materials provided



**The listening sessions are a part of a multi-series community conversation among key populations of the Black community within Los Angeles County to address HIV and sexual health.*



LOS ANGELES COUNTY
COMMISSION ON HIV



Harm Reduction Institute



Analyzing the changing landscape
of LGBTQIA+ substance use in
Los Angeles County



April 29, 2024
9 AM - 3 PM

510 S. Vermont Avenue, 14th Floor
Los Angeles, CA 90010



Partnering organizations will present on resources & LGBTQ+ affirming training:



REACH LA



LOS ANGELES COUNTY
COMMISSION ON HIV



**INLAND EMPIRE
HARM REDUCTION**



LOS ANGELES COUNTY
COMMISSION ON HIV



WOMEN'S CAUCUS

Join us for our quarterly virtual meetings where we dive deep into topics that impact, empower, and uplift women living with HIV in Los Angeles County!

MEETING DATES & TIME

- January 22, 2024 @ 2pm-4pm
- April 15, 2024 @ 2pm-4pm
- July 15, 2024 @ 2pm-4pm
- October 21, 2024 @ 2pm-4pm

All meetings are held virtually via Webex.

For more information visit: <https://hiv.lacounty.gov/meetings>



**Los Angeles County Commission on HIV (COH)
Meeting Schedule and Topics - Commission Meetings**

Versions: 01.18.24; 01.26.24; 02.12.24; 03.03.24; 040724

FOR DISCUSSION /PLANNING PURPOSES ONLY

- **Bylaws:** Section 5. Regular meetings. In accordance with Los Angeles County Code 3.29.060 (Meetings and committees), the Commission shall meet at least ten (10) times per year. Commission meetings are monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee. The Commission’s Annual Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.

Meeting Schedule and Topics - Commission Meetings		
	Month	Community Discussion Topic
HOUSING	2/8/24 @ St. Anne’s Conference Center	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program and Service Overview (Part 1)
	3/14/24 @ MLK BHC	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program Client Demographics and Service Data (Part 2)
	4/11/24 @ MLK BHC	Housing Funders Roundtable and Community Problem-Solving Discussion: Discuss key program successes, challenges and best practices for coordinated planning and resource sharing. HOPWA, DHSP, LAHSA, County CEO’s Homeless Initiative, Los Angeles County DHS Housing for Health, City of Los Angeles Housing Department, Los Angeles County Development Authority, Housing Authority of the City of Los Angeles
	5/9/24 @ Vermont Corridor	<ul style="list-style-type: none"> • DHSP presentation on the Linkage and Re-engagement Program (LRP) • Partner Spotlight: Part F presentation by Tom Donohoe and Sandra Cuevas
STI	6/13/24 @ Vermont Corridor	Mobilizing County-wide STI Response Key Partners Roundtable DHSP, DHS, Community Clinics, Health Plans, ETE Coalition
	7/11/24 @ Vermont Corridor	

MH + SA	8/8/24 @ TBD	Leveraging Mental Health and Substance Use Programs and Partnerships DMH, SAPC
	9/12/24 @ TBD	HIV and Aging (Collaborative panel/presentation with Aging and Women’s Caucus)
	10/10/24 @ TBD	CANCEL
	11/14/24 @ TBD	ANNUAL CONFERENCE
	12/12/24 @ TBD	CANCEL

Potential Topics/Wish List: Could be components of the Annual Conference

1. Planning Council Community Review – Aligning Expectations, Duties, and Improving Overall Effectiveness/Impact (Part of Annual Conference?)
2. AMAAD Institute’s HIV.E Community Engagement Program (August?)
3. Aging and Isolation (presentation from Dr. Nash; Sept?)
4. Housing (ongoing)
5. National HIV Awareness Days-Related Presentations
6. Comprehensive HIV Plan Temperature Check
7. ~~Linkage and Retention Program (LRP) Service Utilization Report (May)~~
8. City representatives presentations (July?)
9. EHE- How are we doing with meeting our goals?
10. Bylaws update (integrated in agenda)
11. Indigenous communities and HIV

April 1, 2024

Mario J. Perez
Director, Division of HIV and STD Programs (DHSP)
Los Angeles County Department of Public Health
600 S. Commonwealth Avenue, Fl. 9
Los Angeles, CA 90005
mjperez@ph.lacounty.gov

Re: Grant # H89HA00016

Dear Mario Perez,

This letter officially informs you of the upcoming Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Metropolitan HIV/AIDS Programs (DMHAP) Technical Assistance (TA) Site Visit with the Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council at the Los Angeles County Department of Public Health from May 21st through May 23rd, 2024.

The following HRSA staff will participate with me on this visit:

- Veronyca Washington, Senior Project Officer, Planning Councils & Planning Bodies (PCs/PBs)
- Monique Hitch, Deputy Director, DMHAP

Planning Council/Planning Body (PC/PB) Technical Assistance Site Visit

DMHAP's PC/PB Technical Assistance Site Visit Team will provide resources to the **Los Angeles County Commission on HIV (COH)** to ensure compliance with all statutory and programmatic requirements and to strengthen capacity to plan for and coordinate the delivery of HIV services in the jurisdiction. The team will focus on areas for operational and administrative performance improvement. As discussed during previous monthly monitoring calls, please submit any topic(s) you would like technical assistance on that are relevant to the administration and implementation of planning council/body activities. Please refer to the National Monitoring Standards (NMS) and the Ryan White Part A Manual for the federal requirements of the RWHAP Part A Program that will be reviewed during the site visit.

Pre- Site Visit Conference Call

In preparation for your visit, DMHAP will hold a Pre-Site Visit conference call to include pertinent recipient staff, PC/PB support staff, PC/PB co-chairs/leadership, and HRSA's SV team. The call will be conducted using Microsoft Teams.

During the call, we will discuss expectations of the session, documents needed and related logistics, such as meeting space and audio/visual requirements. We will also discuss a detailed agenda and identify who from your organization will participate in the site visit and the day/time of their participation. PC/PB Support Staff participation is mandatory, PC/PB Leadership is highly recommended, and CEO/Recipient staff are welcome. We will need email addresses for all SV participants three weeks prior to the site visit.

Preparing for the Site Visit

To help you prepare for the upcoming SV, please refer to the attached National Monitoring Standards, Part A Manual, and the PC/PB TA SV Document List.

All documents noted in the PC/PB TA SV Document List need to be provided at least three (3) weeks prior to the start of the site visit. The email address to submit those documents will be provided at a later date.

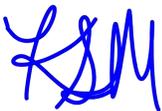
Optimal Training Space Requests

To provide a conducive atmosphere for interactive TA delivery, we are requesting a training space that fits 10-15 people with the following characteristics:

- Classroom/training room style with writing/desk space for each participant, room to move around for planned activities, and wall space to post flip chart paper. We will bring or ship large flip chart paper.
- Projector with large screen or large TV monitor(s), both with HDMI port access. We will bring our own laptops for PowerPoint and website viewing.
- Wi-Fi access for participants.
- Dry Erase Board with Markers.

If you have any questions or concerns, please contact me at KMorse@hrsa.gov or 301-945-3404.

Sincerely,



Ka'leef Stanton Morse, MHS, MBA, CLSSGB

Senior Project Officer, Planning Councils & Planning Bodies (PCs/PBs)

Division of Metropolitan HIV/AIDS Programs (DMHAP)

cc: Dr. Michael Green, Chief – Planning Division mgreen@ph.lacounty.gov
Cheryl Barrit, Executive Director, LA COH cbarrit@lachiv.org

Chrissy Abrahms Woodland, Director, DMHAP CAbrahmsWoodland@hrsa.gov

Monique Hitch, Deputy Director, DMHAP MHitch@hrsa.gov

Veronyca Washington, Senior Project Officer PCs/PBs, DMHAP VWashington@hrsa.gov

Krystal Hilton, Project Officer – Western Branch, DMHAP KHilton@hrsa.gov

Karen Gooden, Chief - Western Branch, DMHAP KGooden@hrsa.gov

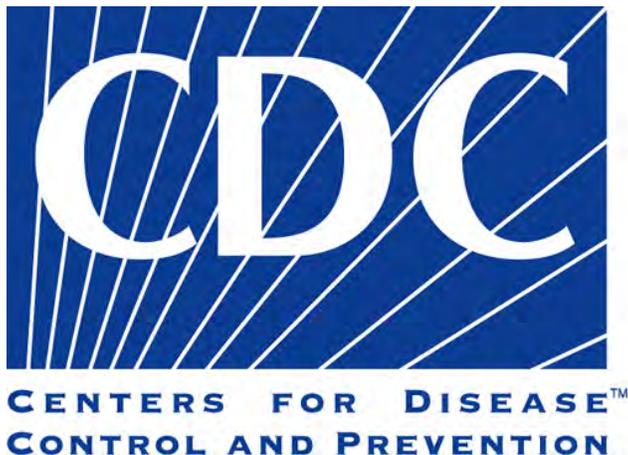
PC/PB TA Site Visit Document List**Planning Council (PC)/ Planning Body (PB) Documents:**

Last Comprehensive Site Visit Report and Corrective Action Plan *provided by Project Officer*

-
- Copies of all presentations made to the HRSA SV Team

 - PC/PB By-Laws and any amendments
 - PC/PB and Office of Support policies/procedures
 - PC/PB Office of Support Staffing List and Organization Chart
 - PC/PB and Recipient/MOU (if applicable)
 - PC's/PB's Current Organization Chart
 - Current Membership Rosters with affiliations/reflectiveness
 - PC/PB Workplan
 - PC/PB Member Recruitment Plan
 - PC/PB Membership Application
 - PC/PB Membership Interview Questions
 - Signed Confidentiality Statements for Members
 - Signed Conflict of Interest Statements for Members
 - PC/PB appointment letters signed by the jurisdiction's CEO
 - Orientation/Training Materials for PC/PB Members
 - PC/PB Meeting Schedule
 - PC/PB Meeting Minutes for past 12 months
 - PC/PB Current Committee Rosters
 - Committee Minutes (as applicable) from:
 - Quality Management Committee and Quality Indicator Task Force Meetings Minutes
 - Service Standards (Standards of Care) Committee Minutes
 - Finance Committee Meeting Minutes
 - Executive Committee Meeting Minutes
 - Membership and Nominations Committee Meeting Minutes
 - Comprehensive Planning or PSRA Committee Meeting Minutes
 - PC/PB Grievance Procedures
 - PC/PB Quality Management Plan
 - Priority Setting and Resource Allocation Plan (PSRA) with Directives
 - Reallocation and rapid reallocation policy/procedure
 - Tool/Questionnaire for Evaluating the Efficiency of the Administrative Mechanism; Reports and Responses (previous year)
 - Client Feedback Tools used by PC/PB

Link to the full grant: <https://www.grants.gov/search-results-detail/351042>



Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STD AND TB PREVENTION

High-Impact HIV Prevention and Surveillance Programs for Health Departments

CDC-RFA-PS-24-0047

04/29/2024

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Strategy 1. Diagnose – Ensure all people with HIV receive a diagnosis as early as possible			<ul style="list-style-type: none"> • Reduced new HIV infections • Improved health outcomes for PWH, including sustained viral suppression • Reduced HIV-related health disparities
1A. Implement HIV testing in health care settings, including routine opt-out HIV screening 1B. Implement HIV testing in non-health care community settings, including HIV-self testing 1C. Support integrated screening of HIV in conjunction with STIs, TB, viral hepatitis, and mpox	<ul style="list-style-type: none"> • Increased routine opt-out HIV screenings in health care settings • Increased availability of and accessibility to HIV testing in health care and non-health care settings, including HIV self-testing • Increased identification of people with new HIV diagnoses and people with HIV who are not in care or not virally suppressed • Increased integrated screening of HIV with other STIs, TB, viral hepatitis, and mpox 	<ul style="list-style-type: none"> • Increased knowledge of HIV status • Reduced late HIV diagnoses 	
Strategy 2. Treat – Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and reach viral suppression			

<p>2A. Link to HIV medical care within 30 days all people who test positive for HIV, provide HIV partner services, and refer to or provide prevention and essential support services to support improved quality of life</p> <p>2B. Support people with diagnosed HIV infection to receive rapid and effective treatment</p>	<ul style="list-style-type: none"> • Increased rapid linkage to HIV medical care • Increased receipt of HIV partner services • Increased engagement in HIV prevention, medical care, and treatment services for PWH who are not in care or not virally suppressed • Increased early initiation of ART • Increased receipt of essential support services to improve quality of life 	<ul style="list-style-type: none"> • Increased receipt of HIV medical care • Increased retention in HIV medical care • Increased HIV viral suppression 	
<p>Strategy 3. Prevent – Reduce new HIV transmission by increasing PrEP and PEP services and supporting HIV prevention, including, condom distribution, perinatal transmission prevention and harm reduction services</p>			
<p>3A. Support and promote awareness and access to PrEP/PEP services</p> <p>3B. Conduct condom distribution</p>	<ul style="list-style-type: none"> • Increased linkage to PrEP services • Increased linkage to PEP services • Increased availability of condoms 	<ul style="list-style-type: none"> • Increased PrEP prescriptions and use • Increased PEP prescriptions and use • Increased use of SSPs 	

<p>3C. Support harm reduction services, including syringe services programs (SSPs)</p> <p>3D. Support and promote social marketing campaigns and other communication efforts</p> <p>3E. Conduct perinatal, maternal, and infant health prevention and surveillance activities</p>	<ul style="list-style-type: none"> • Increased availability of harm reduction services, including SSPs • Increased awareness of PrEP/PEP and other prevention approaches • Improved completeness, timeliness, and accuracy of perinatal HIV surveillance data • Improved provision and coordination of perinatal HIV services 	<ul style="list-style-type: none"> • Increased knowledge of evidence based SSPs • Reduced perinatally acquired HIV infection 	
<p>Strategy 4. Respond – Identify and quickly respond to HIV clusters and outbreaks to address gaps and inequities in services for communities who need them</p>			
<p>4A. Develop and maintain a cluster detection and response (CDR) leadership and coordination group</p> <p>4B. Communicate and</p>	<ul style="list-style-type: none"> • Improved plans and policies to respond to HIV clusters and outbreaks • Increased health department and community engagement for CDR • Improved early identification and investigation of 	<ul style="list-style-type: none"> • Improved response to HIV clusters and outbreaks at individual, network, and system levels 	

<p>collaborate about CDR</p> <p>4C. Detect and prioritize clusters</p> <p>4D. Respond to prioritized clusters and outbreaks to identify and address gaps and inequities in services</p>	<p>HIV clusters and outbreaks</p> <ul style="list-style-type: none"> • Improved completeness and timeliness of data about clusters and response to clusters 		
<p>Strategy 5. Conduct HIV Surveillance activities</p>			
<p>5A. Conduct data collection and reporting</p> <p>5B. Maintain data systems and conduct data management activities</p> <p>5C. Conduct data analysis, dissemination, and evaluation</p> <p>5D. Support data for action and special considerations</p>	<ul style="list-style-type: none"> • Improved completeness, timeliness, and accuracy of HIV surveillance data for public health action • Improved monitoring of trends in HIV infection • Improved data security, confidentiality, and protections for data sharing 	<ul style="list-style-type: none"> • Improved use of HIV surveillance data to identify populations affected by relevant syndemics • Improved electronic data exchange capacity • Improved visualization of HIV surveillance data for public health action 	

Strategy 6. Support community engagement and HIV planning		
6A. Conduct strategic community engagement	<ul style="list-style-type: none"> • Increased collaborations and engagement with local partners, people with HIV, and communities • Increased coordination, availability, and access to comprehensive HIV prevention, treatment, and support services 	<ul style="list-style-type: none"> • Sustained community partnerships to inform strategic planning and implementation
6B. Establish and maintain an HIV planning group		
6C. Conduct and facilitate the HIV planning process and the development of integrated HIV prevention and care plan		

i. Purpose

The purpose of this NOFO is to implement a comprehensive, person-centered HIV prevention and surveillance program to prevent new HIV infections and improve the health of people with HIV. Additionally, the NOFO aligns with DHP’s strategic focus areas to bolster community engagement, health equity, and focus on whole-person approaches to HIV prevention. Applicants will have the opportunity to build their proposed HIV prevention and surveillance program by identifying and implementing activities within the jurisdiction, based on need and resources, to reach the stated goal(s) for each strategy.

ii. Outcomes

The programs supported by this NOFO are expected to demonstrate measurable progress toward addressing the short-term and intermediate outcomes that appear in bold in the NOFO logic model. Indicators that quantify these outcomes are described in the section entitled CDC Evaluation and Performance Measurement Strategy. Please note that EHE-specific program

INSIDE:

- **Spotlight**
- **Awareness**
- **Updates**
- **Strategic Plan**
- **Health Access for All**
- **Mental Health & Substance Use**
- **Racial Equity**

This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

STAFF HIGHLIGHT

Please join us in congratulating **Angelique (Angie) Skinner** on her promotion to a Health Program Specialist II position, in Division. She will serve as the Division Policy and Health Compliance, Fiscal Specialist.

Angie started with OA January 2019, as an Associate Governmental Program Analyst (AGPA). During that time, she participated on high priority work groups to assist Division Chief Marisa Ramos. She functioned as a liaison with multi-disciplinary OA staff and Branch Chiefs and was tasked with coordinating and scheduling a variety of meetings for Division, various OA programs, and was a member of the Office of yAy, All Staff Planning committee.

In November 2020, she promoted to a Health Program Specialist I. In addition to her AGPA duties, she assisted in the development of the grant application for CDC Notice of Funding Opportunity PS20-2010. She worked closely with the six Phase I Ending the HIV Epidemic (EHE) jurisdictions with their annual budgets, invoices, and provided guidance to ensure programmatic goals were met. Working on the EHE Project expanded her skillset to include procurement and contract development. She developed scopes of work, budgets, and managed 7 additional contracts totaling over \$10 million as part of the EHE Project. In her new role, she will continue to work with the EHE jurisdictions and other



contracts providing fiscal assistance, supporting all aspects of grant management, and ensuring grantees comply with state and federal funding regulations. In addition, Angie will support Julie Criddle, with legislative and regulatory activities for OA with state and federal HIV/AIDS public health policies.

Outside of work, Angie enjoys spending time with friends, Max (her best 4-legged friend), watching NBA basketball, and supporting Tilted Mash, her favorite local brewery. She's slowly getting back into running after a knee injury but marathon running days are over!

COMMUNITY PARTNER SPOTLIGHT

➤ PrEP Support Project: Alameda County

The EHE counties of Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego are working with UCLA to implement a variety of social marketing strategies to connect EHE priority populations to integrated testing and PrEP services in their communities. Each county is doing work to address the specific needs of their communities.



During the months of March and April, **Alameda County** chose to focus their efforts on communities not predominantly reached through gay dating apps by featuring Trans and Cis-gender Black and Latinx community leaders on bus shelter

advertisements to promote testing and PrEP services.

OA applauds the efforts of all counties and stakeholders who are helping California achieve the goal of reaching 50% of eligible adults with PrEP. Please let us know how you are promoting PrEP; especially to the priority populations in our *Integrated Strategic Plan* so we can feature your work too.

HIV AWARENESS

April 10th is National Youth HIV/AIDS Awareness Day (NYHAAD). HIV stigma

continues to discourage young people from getting tested, access to prevention methods, and disclosing their HIV status. HIV education is paramount to responsiveness and prevention. NYHAAD is meant to raise awareness and promote discussions about the impact of HIV on young people. Engaging in such conversations provides increased knowledge of HIV prevention methods, helps to develop and maintain safe practices and helps young people realize they have the power to change the course of the HIV epidemic.

CDPH is committed to ensuring its youth have access to information, prevention, and treatment services. For more information, refer to our [Youth Community Health webpage](#).

April 18th is the National Transgender HIV Testing Day (NTHTD). NTHTD is observed to recognize the importance of routine HIV testing among transgender and non-binary people. Transgender women of color, especially Black/African American and Latinx women experience disproportionately high rates of HIV. NTHTD encourages transgender individuals to know their status and to focus on HIV prevention, care, and treatment efforts among their community.

CDPH is committed to ensuring its Transgender and non-binary people have access to information, prevention, and treatment services. For more information, refer to our [Transgender Community Health webpage](#).

GENERAL UPDATES

➤ COVID-19

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](#) to stay informed.

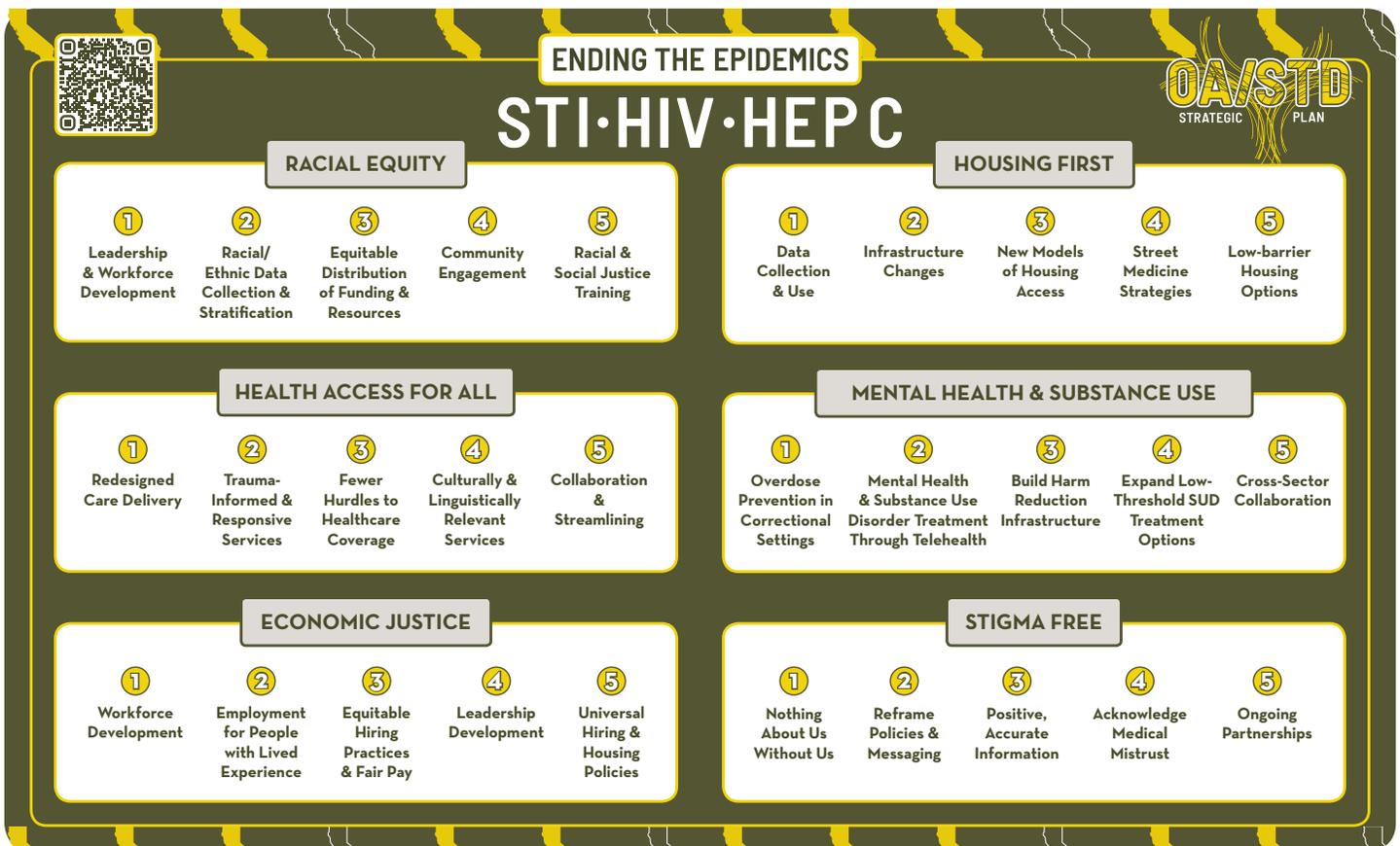
> Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the [DCDC website](#) to stay informed.

Mpox digital assets are available for LHJs and CBOs on DCDC's [Campaign Toolkit](#) website.

> HIV/STD/HCV Integration

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are re-initiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!



The **visual above** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

CDPH OA and STD Control Branch would like you to continue to use and share the [Strategic Plan](#) and the [Implementation Blueprint](#). These

documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

OA and STD Control Branch, in partnership with [Facente Consulting](#), finished Session Three of a four-part series aimed at helping communities understand and use the *Strategic Plan* and the

Implementation Blueprint.

On March 25th, CDPH held a webinar on Asset-Based Community Mapping. Public health work is often based in deficits. CDPH believes that in order to make the most progress in addressing the sydemic of HIV, HCV, and STIs, we need to start with individual and community strengths. Please read the *Strategic Plan* and the *Implementation Blueprint* to get the best suggestion of community and lived-experience experts on how to do this work.

If you were unable to attend Session One through Session Three, you can access the recordings at the links provided below. **Note:** You can still register for Session Four linked below.

Session One: [Customizing the Blueprint and Aligning Local Plans Including Ending the HIV Epidemic \(EHE\)](https://youtu.be/Qqpa980zjsk), is available at <https://youtu.be/Qqpa980zjsk>

Session Two: [Prioritization and Feasibility Exercises](https://youtu.be/gzBGf0CiiWQ), is available at <https://youtu.be/gzBGf0CiiWQ>

Session Three: [Community Mapping Model for Collaborating](https://youtu.be/7j2T4SZam30), is available at <https://youtu.be/7j2T4SZam30>

Session Four: [Communicating the Blueprint and Other Community Engagement Activities](https://us06web.zoom.us/j/71rROTHM8ox8yN) will take place on **May 6th at 2 pm** at <https://us06web.zoom.us/j/71rROTHM8ox8yN>

We look forward to seeing you on May 6th!

**HEALTH ACCESS
FOR ALL**

➤ Strategy 1: Redesigned Care Delivery

OA continues to implement its BHOC-TMH self-testing program to allow for rapid OraQuick

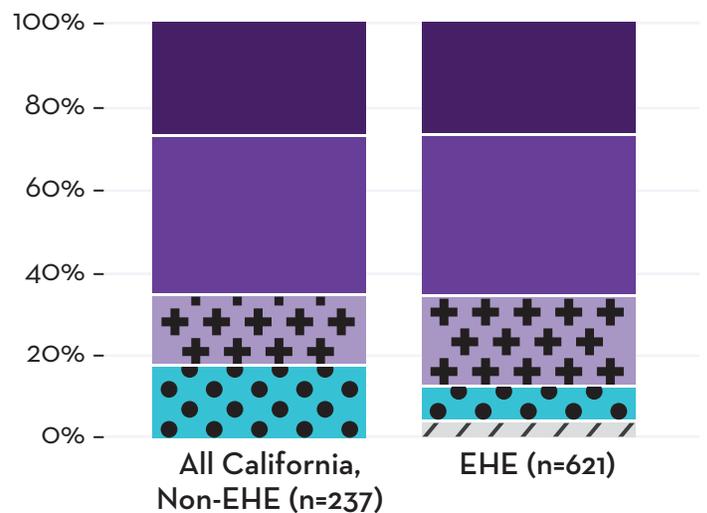
test orders in all jurisdictions in California. The program, [TakeMeHome](https://takemehome.org/)[®], (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In February, 237 individuals in 38 counties ordered self-test kits, with 145 (61.2%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 42 months, between September 1, 2020, and February 29, 2024, 10,082 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 344 (55.4%) of the 621 total tests distributed in EHE counties. Of those ordering rapid tests, 181 (65.3%) ordered 2 tests.

TAKEMEHOME



HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Feb. 2024



0-3 Months 7-12 Months Never
4-6 Months Over a Year

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	53.4%	55.4%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	37.7%	45.2%
Were 17-29 years old	48.8%	49.4%
Of those sharing their number of sex partners, reported 3 or more in the past year	44.0%	45.6%

Since September 2020, 1,128 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 396 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.5%	95.0%
Identify as a man who has sex with other men	55.1%	59.1%
Reported having been diagnosed with an STI in the past year	8.6%	9.3%

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of March 29, 2024, there are 201 PrEP-AP enrollment sites and 198 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 6 of this newsletter.

As of March 29, 2024, the [number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program](#) are shown in the table on the top of page 7.

MENTAL HEALTH & SUBSTANCE USE

➤ Strategy 3: Build Harm Reduction Infrastructure

OPPORTUNITY: Fentanyl Test Strips now available for free through the DHCS Naloxone Distribution Project

DHCS created the Naloxone Distribution Project (NDP) to combat opioid overdose-related deaths throughout California. The NDP aims to address the overdose crisis by reducing opioid overdose deaths through the provision of free naloxone. Last month, the NDP included fentanyl test strips as an item available for free for community distribution.

The all-in-one kits streamline the process of testing a drug for the presence of fentanyl, a powerful opioid that can be added to illicit pills and lead to a life-threatening or fatal overdose event. The kits package together a measuring scoop, the fentanyl test strip, a water pouch, and test instructions. When used correctly, fentanyl test strips can keep people safer along with

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	367	10%	---	---	---	---	24	1%	391	10%
25 - 34	1,268	34%	1	0%	---	---	174	5%	1,443	39%
35 - 44	934	25%	---	---	3	0%	155	4%	1,092	29%
45 - 64	434	12%	---	---	17	0%	109	3%	560	15%
65+	29	1%	---	---	218	6%	9	0%	256	7%
TOTAL	3,032	81%	1	0%	238	6%	471	13%	3,742	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	221	6%	1	0%	42	1%	18	0%	2	0%	66	2%	2	0%	39	1%	391	10%
25 - 34	842	23%	2	0%	138	4%	85	2%	8	0%	265	7%	9	0%	94	3%	1,443	39%
35 - 44	641	17%	5	0%	101	3%	55	1%	6	0%	220	6%	7	0%	57	2%	1,092	29%
45 - 64	314	8%	---	---	56	1%	17	0%	3	0%	136	4%	2	0%	32	1%	560	15%
65+	26	1%	---	---	3	0%	6	0%	---	---	210	6%	---	---	11	0%	256	7%
TOTAL	2,044	55%	8	0%	340	9%	181	5%	19	1%	897	24%	20	1%	233	6%	3,742	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	63	2%	---	---	8	0%	9	0%	1	0%	21	1%	---	---	8	0%	110	3%
Male	1,823	49%	7	0%	307	8%	163	4%	18	0%	848	23%	20	1%	202	5%	3,388	91%
Trans	129	3%	---	---	19	1%	7	0%	---	---	12	0%	---	---	8	0%	175	5%
Unknown	29	1%	1	0%	6	0%	2	0%	---	---	16	0%	---	---	15	0%	69	2%
TOTAL	2,044	55%	8	0%	340	9%	181	5%	19	1%	897	24%	20	1%	233	6%	3,742	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 03/31/2024 at 12:01:39 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from February
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	524	+ 1.55%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,642	- 0.58%
Medicare Part D Premium Payment (MDPP) Program	2,067	- 0.52%
Total	8,233	- 0.43%

Source: ADAP Enrollment System

time-tested harm reduction strategies such as carrying naloxone and never using alone.

To apply for fentanyl testing strips for community distribution, visit the NDP website at <https://californiaopioidresponse.org/matproject/naloxone-distribution-project/>

RESOURCE: Harm Reduction Laws in the United States

The Harm Reduction Legal Project, Network for Public Health Law, hosted a webinar last month detailing how state laws can impact health and legal risks and describing the current relevant legal landscape of the United States and how it has changed over time. There is great variation in the presence and specifics of laws regarding drug paraphernalia, naloxone access, and protections for people who call for help in an overdose, and these laws have changed over time. This can create confusion among both people who use drugs and individuals and organizations working to ensure that they have the resources and support they need to protect themselves and others.

To view the webinar, visit the Network for Public Health Law website at <https://www.networkforphl.org/resources/harm-reduction-laws-in-the-united-states-2024-update/>

RACIAL EQUITY

➤ **Strategy 5: Racial and Social Justice Training**

The Local Capacity Building and Program Development Unit has developed a new, fillable form to be used for all capacity building assistance (CBA) requests. The CDC offers free CBA through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV preventions related topics, including enhancing cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so much more!

If you are interested in accessing this free resource, please reach out to us with a brief description of your request at CBA@cdph.ca.gov. We look forward to hearing from you soon!

For questions regarding The OA Voice, please send an e-mail to angelique.skinner@cdph.ca.gov.



We're Listening

share your concerns with us.

HIV + STD Services
Customer Support Line

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhpsupport@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Estamos Escuchando



Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>

