LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov

Get in touch: hivcomm@lachiv.org

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EXECUTIVE COMMITTEE MEETING

Thursday, April 24, 2025
1:00PM – 3:00PM (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020
**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

Agenda and meeting materials will be posted on our website at https://hiv.lacounty.gov/executive-committee

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r733ba80711adf4077c2a05b01421b518
To Join by Telephone: 1-213-306-3065
Password: EXECUTIVE Access Code: 2531 391 9045

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.

Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back 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

LOS ANGELES COUNTY COMMISSION ON HIV
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

EXECUTIVE COMMITTEE

Thursday, April 24, 2025 | 1:00PM-3:00PM

510 S. Vermont Ave, Terrace Level Conference, Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020
**As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held.*

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/r733ba80711adf4077c2a05b01421b518
To Join by Telephone: 1-213-306-3065
Password: EXECUTIVE Access Code: 2531 391 9045

EXECUTIVE COMMITTEE MEMBERS			
Danielle Campbell, PhDc, MPH, Co-Chair	*Joseph Green, Co-Chair*	Erica Robinson (OPS Committee)	Alasdair Burton (Executive At-Large)
Erika Davies (SBP Committee)	Kevin Donnelly (PP&A Committee)	Bridget Gordon (Executive At-Large)	Arburtha Franklin) (Public Policy Committee)
Katja Nelson, MPP (Public Policy Committee)	Mario J. Peréz, MPH (DHSP)	Dechelle Richardson (Executive At-Large)	Daryl Russel (PP&A Committee)
Arlene Frames (SBP Committee)	Justin Valero, MPA (OPS Committee)		
QUORUM: 7			

AGENDA POSTED: April 18, 2025

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, you may submit in person, email 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 á 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.

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2.	Introductions, Roll Call, & Conflict of Interest Statements		1:03 PM – 1:05 PM
3.	Approval of Agenda	**MOTION #1**	1:05 PM – 1:07 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:07 PM – 1:10 PM

II. PUBLIC COMMENT 1:10 PM – 1:13 PM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS 1:13 PM – 1:15 PM

6. 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 situation, or where the need to take action arose subsequent to the posting of the agenda.

7. Standing Committee Report 1:15 PM – 1:45 PM

A. Planning, Priorities and Allocations (PP&A) Committee
   (1) RWP PY 35 Contingency Planning Updates
   (2) PY33 Utilization Report – Core Services

B. Operations Committee
   (1) Membership Management
   - SEAT CHANGE: Dechelle Richardson, Provider Representative (Seat #16) to HIV Stakeholder Representative #6 (Seat #49) **MOTION #3**
   - SEAT CHANGE: Jeremy Mitchell (aka Jet Finley) Alternate (Seat #33), to Unaffiliated, Representative, SPA 4 (Seat #22) **MOTION #4**

   (2) 2025 Training Schedule
   (3) Administration of the Effectiveness of the Administrative Mechanism (AEAM) | UPDATES
   (4) Recruitment, Retention & Engagement

C. Standards and Best Practices (SBP) Committee
   (1) Transitional Case Management Service Standards Review Updates
   (2) Service Standards Schedule

D. Public Policy Committee (PPC)

8. Caucus, Task Force, and Work Group Reports: 1:45 PM – 2:00 PM

A. Aging Caucus
B. Black/AA Caucus
C. Consumer Caucus
D. Transgender Caucus
E. Women's Caucus
F. Housing Task Force

IV. REPORTS

9. Executive Director/Staff Report 2:00 PM – 2:15 PM

A. Commission (COH)/County Operational Updates
   (1) Updated 2025 COH Workplan & Meeting Schedule
   (2) PY 35 Operational Budget Updates

10. Co-Chair Report 2:15 PM – 2:35 PM

A. COH Effectiveness Review & Restructuring Project
   - Feedback and Next Steps

B. April 10, 2025, 2025 COH Meeting Feedback
C. May 8, 2025 COH Meeting Agenda Development
   (1) Meeting Venue TBD
   (2) RWP PY35 Contingency Planning
   (3) COH Effectiveness Review & Restructuring Project
   (4) Executive Committee At-Large Membership Seats Opening Nominations & Elections

D. Conferences, Meetings & Trainings (*An opportunity for members to share information and resources material to the COH's core functions, with the goal of advancing the Commission's mission*)

11. Division of HIV and STD Programs (DHSP) Report 2:35 PM – 2:50 PM

A. Fiscal, Programmatic and Procurement Updates

(1) Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE)

(2) Fiscal

(3) Other Updates

V. NEXT STEPS 2:50 PM – 2:55 PM

12. Task/Assignments Recap

13. Agenda development for the next meeting

VI. ANNOUNCEMENTS 2:55 AM – 3:00 PM

14. Opportunity for members of the public and the committee to make announcements.

VII. ADJOURNMENT 3:00 PM

15. Adjournment of the regular meeting on April 24, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the meeting minutes, as presented or revised.
MOTION #3	Approve the Seat Change for Dechelle Richardson, Provider Representative (Seat #16) to HIV Stakeholder Representative #6 (Seat #49), as presented or revised.
MOTION #4	Approve the Seat Change for Jeremy Mitchell (aka Jet Finley) Alternate (Seat #33), to Unaffiliated, Representative, SPA 4 (Seat #22), as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

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.)

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

☐ This meeting is a **Brown-Act meeting** and is being recorded.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

☐ The **meeting packet** can be found on the Commission's website at https://hiv.lacounty.gov/meetings/ or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet.

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances**" must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial HERE or contact Commission staff at hivcomm@lachiv.org.

Updated 1/7/25

Meeting Schedule

LOS ANGELES COUNTY COMMISSION ON HIV

- All Commission and Committee meetings are held monthly, open to the public and conducted in-person at 510 S. Vermont Avenue, Terrace Conference Room, Los Angeles, CA 90020 (unless otherwise specified). Validated parking is conveniently located at 523 Shatto Place, Los Angeles, CA 90020.
- A virtual attendance option via WebEx is available for members of the public. To learn how to use WebEx, please click here for a brief tutorial.
- Subscribe to the Commission's email listserv for meeting notifications and updates by clicking here. **Meeting dates/times are subject to change.*

January - December 2025

2nd Thursday (9AM-1PM)	**Commission (full body)**	Vermont Corridor *subject to change
4th Thursday (1PM-3PM)	**Executive Committee**	Vermont Corridor *subject to change
4th Thursday (10AM-12PM)	**Operations Committee**	Vermont Corridor *subject to change
3rd Tuesday (1PM-3PM)	**Planning, Priorities & Allocations (PP&A) Committee**	Vermont Corridor *subject to change
1st Monday (1PM-3PM)	**Public Policy Committee (PPC)**	Vermont Corridor *subject to change
1st Tuesday (10AM-12PM)	**Standards & Best Practices (SBP) Committee**	Vermont Corridor *subject to change

The Commission on HIV (COH) convenes several caucuses and other subgroups to harness broader community input in shaping the work of the Commission around priority setting, resource allocations, service standards, improving access to services, and strengthening PLWH voices in HIV community planning. **The following COH subgroups meet virtually unless otherwise announced.*

Aging Caucus	Black Caucus	Consumer Caucus	Transgender Caucus	Women's Caucus	Housing Taskforce
1PM-3PM	4PM-5PM	1-3PM	10AM-11:30AM	2PM-3PM	9AM-10AM
**2nd Tuesday every other month*	**3rd Thursday monthly*	**2nd Thursday monthly, following COH meeting*	**3rd Thursday quarterly*	**3rd Monday bi-monthly*	**4th Friday monthly*

LOS ANGELES COUNTY COMMISSION ON HIV

2025 MEMBERSHIP ROSTER| UPDATED 4.8.25

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, 2024	June 30, 2026	
3	City of Long Beach representative	1	PP&A	Ismael Salamanca	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	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, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, DBH, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
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, 2024	June 30, 2026	
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, 2024	June 30, 2026	
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, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC|OPS	Dechelle Richardson	No affiliation	July 1, 2024	June 30, 2026	
17	Provider representative #7	1	SBP	David Hardy	LAC-USC Rand Schrader Clinic	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, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4			***Vacant***		July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Vilma Mendoza	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	Carlos Vega-Matos (PP&A)
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
28	Unaffiliated representative, Supervisorial District 2	1	EXC|OPS	Bridget Gordon	*Unaffiliated representative*	July 1, 2024	June 30, 2026	Aaron Raines (OPS)
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames ***(LOA)***	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Sabel Samone-Loreca (SBP)
30	Unaffiliated representative, Supervisorial District 4			***Vacant***		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilieth Conolly ***(LOA)***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	Gerald Green (PP&A)
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Jeremey Mitchell (Jet Finley) (PPC)
34	Unaffiliated representative, at-large #3	1	EXC|PP&A	Daryl Russell, M.Ed	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhDC, 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, 2024	June 30, 2026	
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, 2024	June 30, 2026	
41	Representative, HOPWA			***Vacant***		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA ***(LOA)***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC|OPS | PP	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
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	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Arburtha Franklin	Translatin@ Coalition	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6			***Vacant***		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, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
	TOTAL:	**43**						

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: 52

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/28/25

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
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & Linked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care 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)
			Biomedical HIV Prevention
			Transportation Services
CIELO	**Mikhaela**	Los Angeles General Hospital	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	Community Engagement/EHE

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DAVIS (PPC Member)	**OM**	Asian American Drug Abuse Program (AADAP)	High Impact HIV Prevention
			HIV Testing and Viral Hepatitis Services in Los Angeles County
DOLAN (SBP Member)	**Caitlyn**	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
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	ViiV Healthcare	No Ryan White or prevention contracts
FINLEY	**Jet**	Unaffiliated representative	No Ryan White or prevention contracts
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA	**Rita**	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			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
			Intensive Case Management
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	**Gerald**	Minority AIDS Project	Benefits Specialty
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	**Joaquin**	Connect To Protect LA/CHLA	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
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 representative	No Ryan White or prevention contracts
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
LESTER (PP&A Member)	**Rob**	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
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 representative	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 representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
			Oral Healthcare Services
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Community Engagement/EHE
			Oral Healthcare Services
NELSON	**Katja**	APLA Health & Wellness	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			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
			Case Management

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			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
RAINES	**Aaron**	No Affiliation	No Ryan White or prevention contracts
RICHARDSON	**Dechelle**	No Affiliation	No Ryan White or prevention contracts
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated representative	No Ryan White or prevention contracts
SALAMANCA	**Ismael**	City of Long Beach	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			HIV Testing & Sexual Networks
SAMONE-LORECA	**Sabel**	Minority AIDS Project	Benefits Specialty
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
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
SAUNDERS	**Dee**	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	**Lambert**	Grace Center for Health & Healing	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
VEGA-MATOS	**Carlos**	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
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)	

Service Category	Organization/Subcontractor
AOM	
Vulnerable Populations (YMSM)	APAIT
	AMAAD
HTS - Storefront	Center for Health Justice
	Sunrise Community Counceling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service forr 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 Poplulations (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	

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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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.

EXECUTIVE COMMITTEE MEETING MINUTES

Thursday, March 27, 2025

COMMITTEE MEMBERS P = Present | A = Absent | EA=Excused Absence | AB2449=Virtual | Public: Virtual *Not eligible for AB2449 | LOA=LeaveofAbsence			
Danielle Campbell, MPH, PhDc, Co-Chair	P	Arlene Frames	P
Joseph Green, Co-Chair	P	Katja Nelson	P
Alasdair Burton (EXEC At-Large)	P	Mario J. Perez	EA
Erika Davies	EA	Dechelle Richardson	A
Kevin Donnelly	P	Erica Robinson	AB2449
Bridget Gordon	EA	Darrell Russell	P
		Justin Valero	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Jose Rangel-Garibay, MPH; and Sonja D. Wright, DACM			

Meeting agenda and materials can be found on the Commission's website HERE

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Joseph Green, Co-Chair, commenced the Executive Committee meeting at approximately 1:00 PM and welcomed attendees.

2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS

Joseph Green initiated introductions. Cheryl Barrit, MPIA, Executive Director, led roll call.

3. ROLL CALL (PRESENT): Alasdair Burton, Kevin Donnelly, Arlene Frames, Katja Nelson, Erica Robinson (AB2449), Daryl Russell, Danielle Campbell and Joseph Green

3. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented or revised. *(MOTION #1: vApproved by Consensus.)*

4. **APPROVAL OF MEETING MINUTES**

   MOTION #2: Approve the Executive Committee minutes, as presented or revised. *(MOTION #2: √Approved by Consensus.)*

II. PUBLIC COMMENT

5. **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.**

   No public comment.

III. COMMITTEE NEW BUSINESS ITEMS

6. **OPPORTUNITY FOR COMMITTEE 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 TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.**

   Joseph Green noted U.S. Department of Health and Human Services (HHS) reorganization plans and potential CDC HIV prevention branch cuts, encouraging the appropriate Committees to prepare to address these potential changes.

IV. REPORTS

7. **Standing Committee Reports**

   A. **Planning, Priorities & Allocations (PP&A) Committee** Kevin Donnelly, PP&A Co-Chair, reported that the committee last met on March 18th and addressed the following:

   (1) Program Year (PY) 34 Expenditure. The Committee reviewed Program Year (PY) 34 expenditures, noting an overage.

   (2) Program Year 33 (PY33) Utilization Report Recap. The PY33 Utilization Report will be given at the April 10th meeting.

   (3) Contingency Planning. The Committee continued its work on contingency planning in response to potential funding reductions. Historical documents from 2011 were reviewed to inform current planning efforts. Two plans were deliberated: one assuming no cuts and the other addressing possible reductions. The Committee discussed a $13 million contingency scenario—clarifying that while a $20 million figure had been previously mentioned, $13 million is the working amount. Members expressed concern about early-year spending at an unsustainable rate. Final decisions on the contingency plan are expected at the April 10 Commission meeting.

Dr. Michael Green (DHSP) updated the Committee on the federal reorganization, including: transition to the "Make America Healthy Again" division, significant HHS staff layoffs, CDC's renewed focus on epidemic response, consolidation or elimination of existing HHS divisions, closure of regional offices, and establishment of a new Administration for a Healthy America, which will encompass OASH, HRSA, SAMA, ATSDR, and NYOSH, with HIV/AIDS programs incorporated under this new entity.

B. Operations Committee Erica Robinson, Operations Committee Co-Chair, reported that the Committee met this morning and addressed the following:

(1) Efficiency and Improvement Roundtable Discussion The Committee discussed exploring alternative meeting options, including reducing the frequency of committee meetings in light of limited resources and preparation for the Commission restructuring outcomes. The Committee agreed that one way to facilitate the best use of time, positive meeting outcomes, and make informed decisions is for commissioners to take personal responsibility to read the meeting materials prior to meetings. By consensus, the Committee agreed to continue meeting monthly for now, with plans to revisit meeting frequency in coordination with the Executive Committee, as both meet on the same day.

(2) Membership Management. The Committee is maintaining a temporary hold on accepting new applications; however, select seats remain open and eligible applicants are still under consideration.

(3) 2025 Training Schedule. The 2025 training schedule is in the packet, with the next training on the Ryan White Legislative Care Overview on April 2nd online Click HERE for the schedule and to register.

(4) Assessment of the Effectiveness of the Administrative Mechanism (AEAM). Updates on the AEAM provider and consumer survey results were discussed, noting the feedback was generally positive. The next iteration of the report will consist of a report with narrative and analysis.

(5) Recruitment, Retention & Engagement. The Committee discussed interest for participating in upcoming PRIDE events. Staff will poll Commissioners if there is interest in hosting a resource table and participating in the West Hollywood (WeHo) parade.

C. Standards and Best Practices (SBP) Committee José Rangel-Garibay, COH Staff, reported on behalf of the SBP Co-Chairs, stating the Committee last met on February 4, 2025, and addressed the following:

(1) Housing Service Standards Review. The Housing Service Standards have undergone review by the committee and providers.
MOTION #3: √Approved by Roll Call Vote: Alasdair Burton, Kevin Donnelly, Arlene Frames, Katja Nelson, Erica Robinson, Daryl Russell, Danielle Campbell and Joseph Green.

(2) Transitional Case Management Services Standards. The Committee will begin reviewing transitional case management service standards at their April 1st meeting.

(3) Service Standards Schedule. *No updates; refer to schedule in meeting packet.*

D. Public Policy Committee (PPC) *No updates.*

8. Caucus, Task Force, and Work Group Reports

A. Aging Caucus. KDonnelly reported that the Caucus has begun planning for a September 19th cross-caucus collaborative event for National HIV and Aging Awareness Day. The next virtual meeting will be held on May 13th.

B. Black/AA Caucus. CBarrit reported that Dechelle Richardson was elected as the second Co-Chair, joining Dr. Leon Maultsby. The Caucus reviewed DHSP's organizational needs assessment results, which echoed phase one findings around the needs of Black-led and Black-serving organizations. The group is now exploring next steps to support DHSP and these organizations in moving capacity-building strategies forward. The next virtual meeting is scheduled for April 17, 2025.

C. Consumer Caucus. CBarrit reported that the new 2025 Co-Chairs have been elected: Vilma Mendoza, Ish Herrera, and Alasdair Burton. A planning meeting has been scheduled to discuss 2025 Caucus activities. Additionally, the Dental Services Listening Session is set for April 10, 2025 - flyer available HERE.

***D.* Transgender Caucus.** JRangel-Garibay reported that the caucus met on Tuesday, focusing on edits to the solidarity statement in response to a comment from Commissioner Dr. William King. The statement condemns hate and violence against the transgender, gender-expansive, intersex, and two-spirit community. A suggestion was made to change "misogyny" to "sexism" for broad application. The goal is for the statement to be approved by the Executive Committee and the full Commission, and then presented to the LGBTQ+ Commission for potential co-signing. The next virtual meeting is April 22nd.

MOTION #4: √Approved by Roll Call Vote: Alasdair Burton, Kevin Donnelly, Arlene Frames, Katja Nelson, Erica Robinson, Daryl Russell, Danielle Campbell and Joseph Green.

E. Women's Caucus. Lizette Martinez reported that the Caucus met on March 17th and continued planning listening sessions, reviewing discussion prompts and identifying potential partners. They have solidified a partnership with Dr. Spencer and forwarded questions to the Transgender Caucus. Targeted dates for listening sessions are May and June, with the next virtual meeting scheduled for May 19th.

F. Housing Taskforce (HTF). KNelson reported that the Task Force will meet tomorrow morning to continue developing its work plan and needs assessment. Health Matters Inc. will present on healthcare access in Skid Row, and discussions around a proposed housing provider summit will continue. Due to time constraints, presenting feedback at the April meeting may be delayed. Concerns were also raised about potential cuts to housing-related expenditures.

G. Latino Caucus Interest. CBarrit shared that there is renewed interest in establishing a Latino Caucus, despite earlier polling that showed limited engagement. Vilma Mendoza remains committed to moving this forward. Since the Executive Committee authorizes the formation of caucuses—and given that past caucuses often began as task forces—it was suggested that this be added as a discussion item on the April meeting agenda.

V. REPORTS

9. EXECUTIVE DIRECTOR/STAFF REPORT Cheryl Barrit, MPIA, Executive Director, reported:

A. Commission (COH)/County Operational Updates

(1) Commission (COH)/County Operational Updates

a. Updated 2025 COH Workplan & Meeting Schedule. CBarrit noted the updated 2025 meeting schedule and proposed shifting the April 10 meeting focus to scenario planning for budget cuts, moving the discussion from PP&A to the full Commission. Provider participation was strongly encouraged, and Dr. Michael Green (DHSP) confirmed the data is ready for presentation.

b. COH Team Building Activities. DRussell expressed concern about the lack of connection among commissioners outside of meetings and proposed team-building activities, suggesting a one-day conference to get to know each other and understand why people are on the commission. Brainstorming for low-cost effective ideas was encouraged. CBarrit cautioned that any retreat of a quorum would need to be public and agenda-noticed due to Brown Act requirements. Virtual team-building ideas were also mentioned.

B. CO-CHAIR REPORT JGreen, Co-chair, reported:

(1) COH Effectiveness Review & Restructuring Project

Feedback and Next Steps. JGreen shared key themes from the workgroup sessions, highlighting fears (complex prevention data, inconsistent services, lack of lived experience), hopes (active new commissioners, better integration of prevention and care, measurable progress), and meeting observations (more consumer voices, fewer providers present). Recommendations included recruiting younger members, presenting data in more meaningful ways, evaluating prevention strategies, and conducting a needs assessment for newly diagnosed individuals. Additional virtual

engagement dates are forthcoming. A formal report on the outcomes of the COH restructuring workgroups will be included in the April 10 COH packet.

(2) **March 10, 2025 COH Meeting Feedback.** It was noted that the March 13 meeting revealed gaps in commissioner understanding, particularly around voting procedures. Concerns were raised about the need for commissioners to come prepared and review meeting materials in advance. Staff emphasized that staying informed is a shared responsibility and supported the idea of implementing a procedural pause before votes to ensure clarity and understanding.

(2) **April 10, 2025 COH Meeting Agenda Development.** The Committee agreed to prioritize contingency planning for April 10 COH meeting. Dr. Green will use the slides DHSP presented at the HIV provider meeting held on March 25 with additional Ryan White service utilization data to help the COH with their deliberations. The remaining Ryan White service utilization data and unmet needs presentations will be delivered instead at the upcoming Planning, Priorities and Allocations (PP&A) Committee meetings.

(3) **Conferences, Meetings & Trainings** ***(An opportunity for members to share information and resources material to the COH's core functions, with the goal of advancing the Commission's mission)*** KNelson shared her attendance at the United for Solutions: Conference on the Opioids and Meth Crisis hosted by The Wall Las Memorias. It was reported that Mario J. Pérez also presented at the summit on the intersection of meth use and HIV.

10. **Division of HIV and STD Programs (DHSP) Report.** Dr. Michael Green reported that an HIV service provider meeting on the uncertainty of Ryan White and CDC funding for HIV services was convened on March 25. DHSP leadership is lining up meetings with the Board and DPH leadership to appeal for full funding to fill the gap in HIV resources. DHSP is also meeting with the Substance Abuse Prevention and Control (SAPC) to explore if they have resources that may be shifted to support HIV services. Additionally, DHSP leadership have also met with the County Homeless Initiative (HI) Executive Director to explore the possibility of shifting HIV-related housing costs/services to HI. Based on the conversation with HI Executive Director, it was reported that DHSP should be able to reasonably support transitioning RCFCI, TRCF, and SUD transitional housing clients to other beds and facilities administered by the HI program.

V. NEXT STEPS

11. Task/Assignments Recap

- ✓ The April 10th meeting will focus on emergency allocation planning.
- ✓ The legislative docket and housing standards presentation will be deferred.
- ✓ Discussion on forming a Latino Caucus will be on the next committee agenda

12. Agenda development for the next meeting. *Refer to minutes.*

VI. ANNOUNCEMENTS

13. Opportunity for members of the public and the committee to make announcements.

VII. ADJOURNMENT

Adjournment for the regular Executive Committee meeting of March 27, 2025.

LOS ANGELES COUNTY
COMMISSION ON HIV

Ryan White Program Year (PY) 35 Service Rankings and Allocations - Scenario #3

20% reduction - Part A ($30,398,680) and Minority AIDS Initiative (MAI) ($2,644,286) = $33,042,966[1]

			Proposed Allocations [2]	
Service Type	**Service Ranking**	**Service Category**	**Part A %**	**MAI %[3]**
Core	**6**	Medical Case Management (Medical Care Coordination)	**26.00%**	**0.00%**
Core	**8**	Oral Health	**19.00%**	**0.00%**
Core	**20**	Outpatient/Ambulatory Medical Health Services (Ambulatory Outpatient Medical)	**17.11%**	**0.00%**
Core	**11**	Early Intervention Services (Testing Services)	**0.00%**	**0.00%**
Core	**17**	Home and Community-Based Health Services	**6.50%**	**0.00%**
Support	**2**	Emergency Financial Assistance	**7.00%**	**0.00%**
Support	**7**	Nutrition Support (Food Bank/Home-delivered Meals)	**7.79%**	**0.00%**
Support	**5**	Non-Medical Case Management		
		Patient Support Services	**5.00%**	**0.00%**
		Benefits Specialty Services	**3.95%**	**0.00%**
		Transitional Case Management - Jails	**0.00%**	**0.00%**
Support	**10**	Medical Transportation	**1.84%**	**0.00%**
Support	**23**	Legal Services	**2.00%**	**0.00%**
Support	**1**	Housing		
		Housing Services RCFCI/TRCF (Home-Based Case Management)	**0.91%**	**0.00%**
		Housing for Health	**0.00%**	**100.00%**
Core	**3**	Mental Health Services	**0.02%**	**0.00%**
Core	**9**	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%
Core	**22**	Local AIDS Pharmaceutical Assistance Program (LPAP)	0.00%	0.00%
Core	**15**	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%
Core	**16**	Home Health Care	0.00%	0.00%
Core	**28**	Hospice Services	0.00%	0.00%
Core	**26**	Medical Nutritional Therapy	0.00%	0.00%
Core	**12**	Substance Abuse Services Outpatient	0.00%	0.00%
Support	**18**	Child Care Services	0.00%	0.00%
Support	**13**	Health Education/Risk Reduction	0.00%	0.00%
Support	**27**	Linguistic Services (Language Services)	0.00%	0.00%
Support	**14**	Outreach Services (LRP)	0.00%	0.00%
Support	**4**	Psychosocial Support Services	0.00%	0.00%
Support	**24**	Referral	0.00%	0.00%
Support	**25**	Rehabilitation	0.00%	0.00%
Support	**21**	Respite Care	0.00%	0.00%
Support	**19**	Substance Abuse Residential	0.00%	0.00%
		Overall Total	**97.12%**	**100.00%**

Footnotes:

(1) Twenty percent reduction based grant amount available for Part A and Minority AIDS Initiative (MAI) direct service totals reported in the March 18, 2025 DHSP Expenditure Report.

(2) PP&A Committee has not completed it's reallocations and will continue deliberations at the next PP&A meeting on May 1, 2025.

(3) MAI allocations not yet reviewed.

Ryan White Program Utilization Summary, Year 33: Core Services (March 1, 2023-February 2024)

Sona Oksuzyan, Supervising Epidemiologist
Janet Cuanas, Research Analyst III
Monitoring and Evaluation Unit
Division of HIV and STD Programs

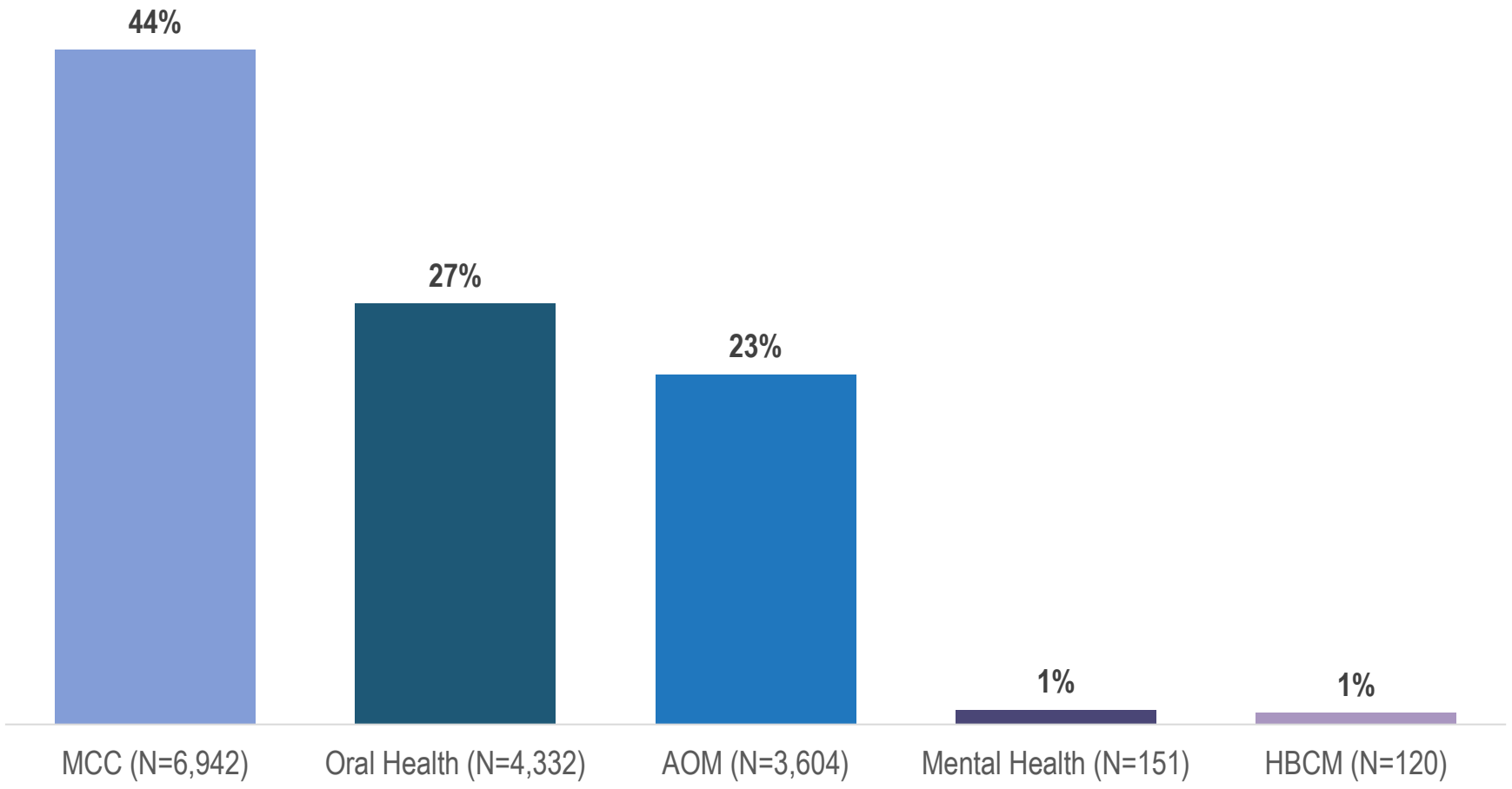
April 15, 2025

RWP Core Services

- Ambulatory Medical Outpatient (AOM)
- Medical Care Coordination (MCC)
- Oral Health
- Home-Based Care Management (HBCM)
- Mental Health

County of Los Angeles Public Health

MCC, Oral Health, and AOM were the most highly used core services in Year 33.



Ambulatory Medical Outpatient (AOM)

Provides primary medical care, HIV medication management, laboratory testing, counseling, nutrition education, case management, support groups, and access to specialized HIV treatment options at 18 contracted sites.

- A total of **3,604 unique clients** received AOM services (Year 32 at 3,478, Year 31 at 5,351)
- AOM clients represented almost a quarter (**23%) of RWP clients**

County of Los Angeles Public Health

Utilization of AOM clients, Year 33

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
AOM	**3,604**	**Visits**	**9,733**	**3**	***$7,479,143***	***$2,075***
Medical Outpatient	3,604	Visits	9,733	3	*$4,510,048*	*$1,251*
Supplemental AOM Procedures	3,211	Procedures	64,156	20	*$2,526,186*	*$787*
Medical Subspecialty*					*$442,909*	

Funding Source:

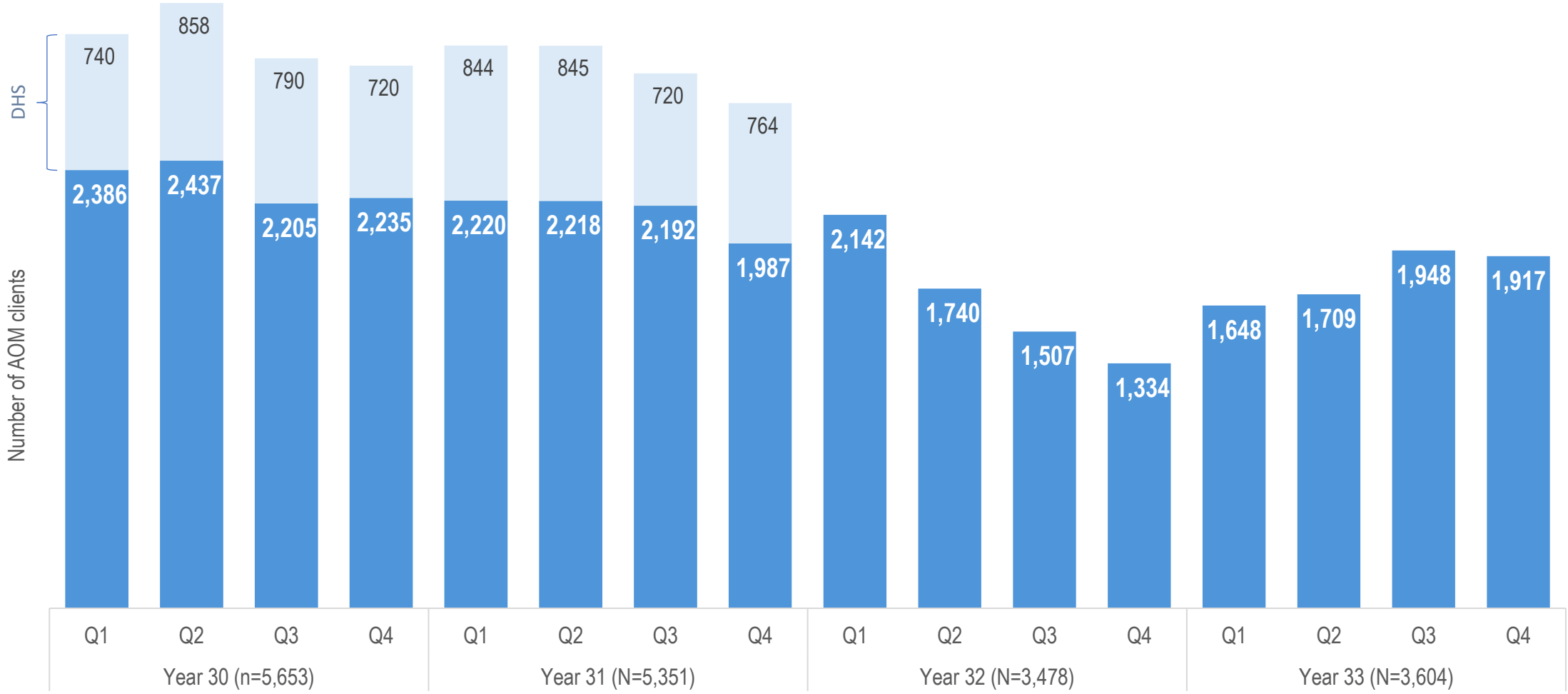
- *Part A - $6,564,101*
- *HIV NCC - $915,042*

*No data in CaseWatch

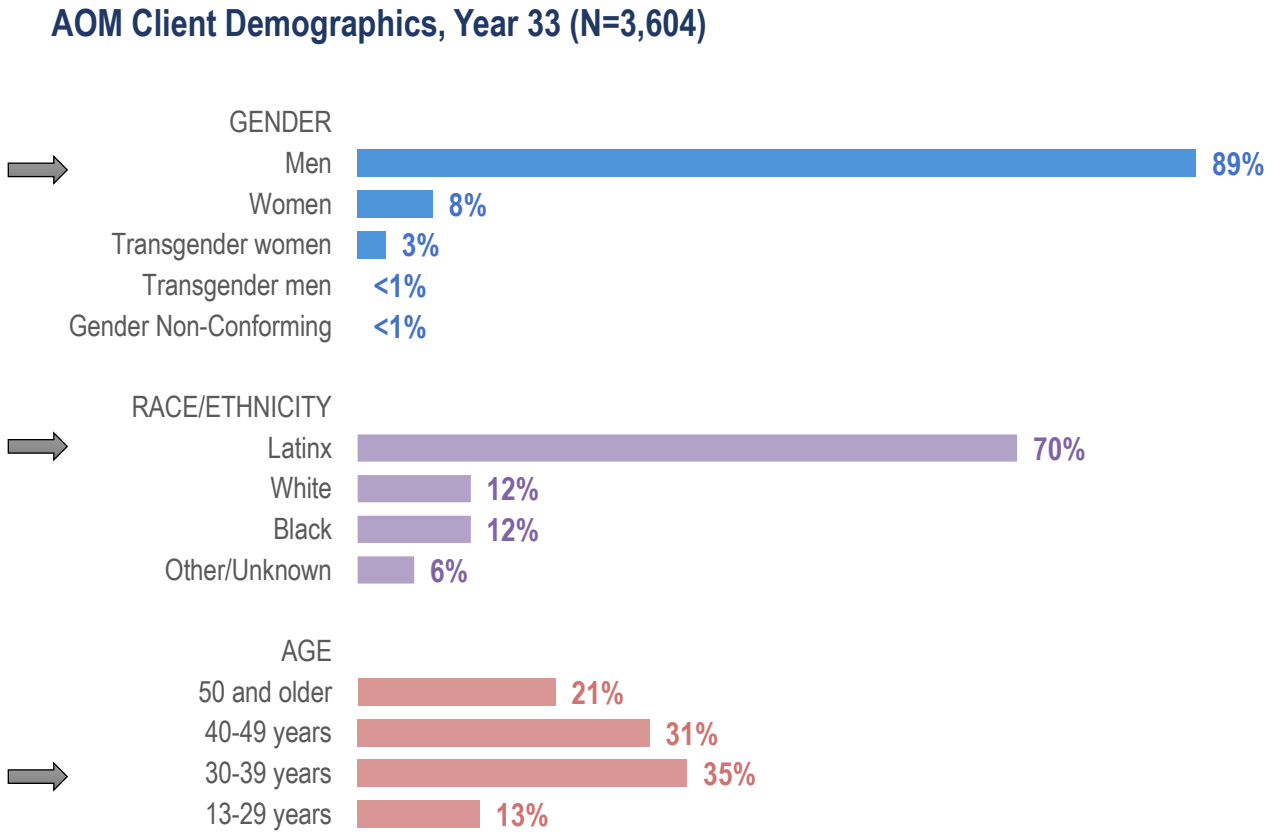
AOM utilization decreased over three years (Medi-Cal expansion) with the lowest in Year 32 but went slightly up in Year 33.

County of Los Angeles Public Health

Quarterly AOM Utilization at Department of Health Services (DHS) and non-DHS Agencies, Years 30-33

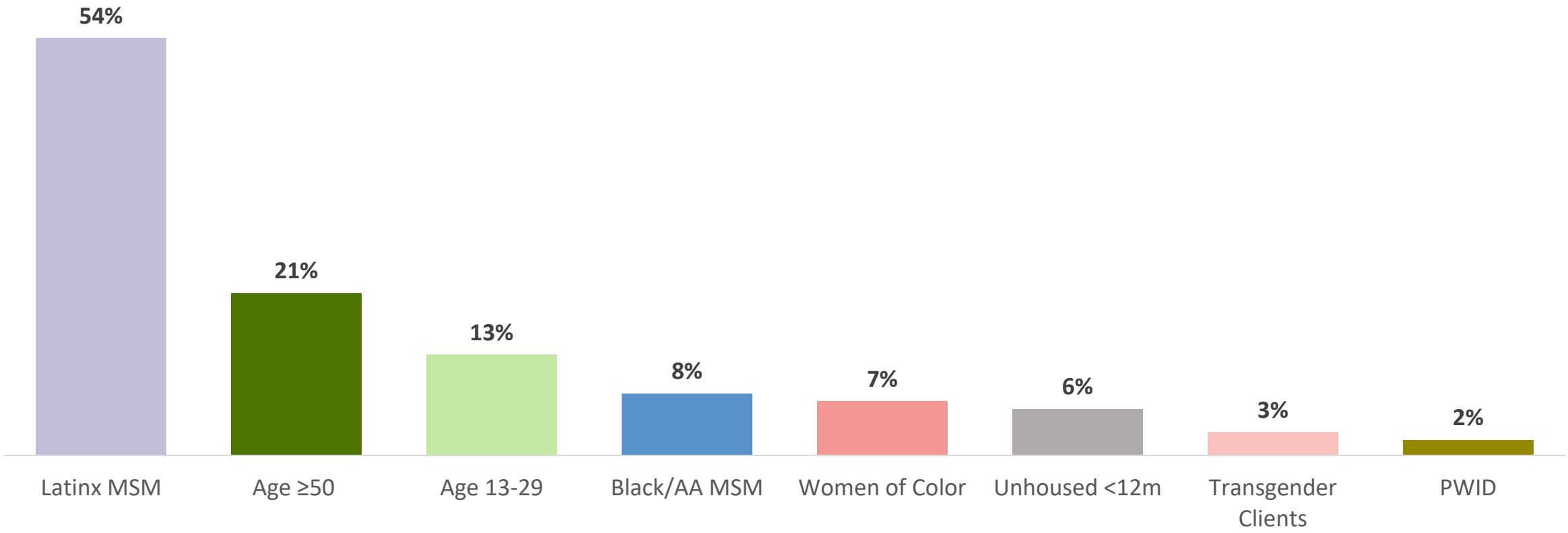


AOM Demographics



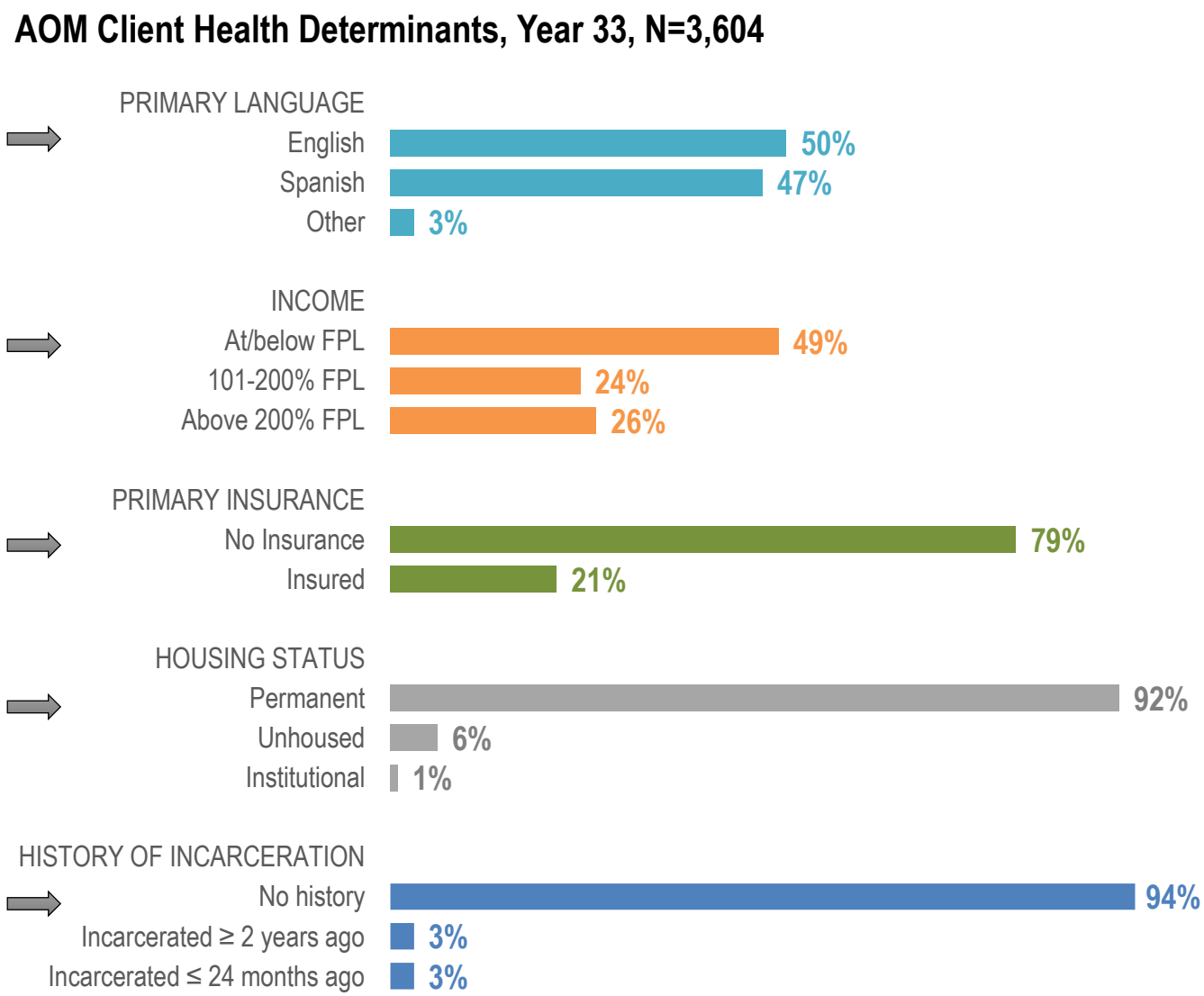
AOM services are reaching clients in LAC priority populations*, Year 33

- **Latinx MSM** clients represented the largest percentage of AOM clients
- Clients **age ≥ 50** and **13-29 years** represented a third of AOM clients (34%)



*Priority population groups are not mutually exclusive, they overlap.

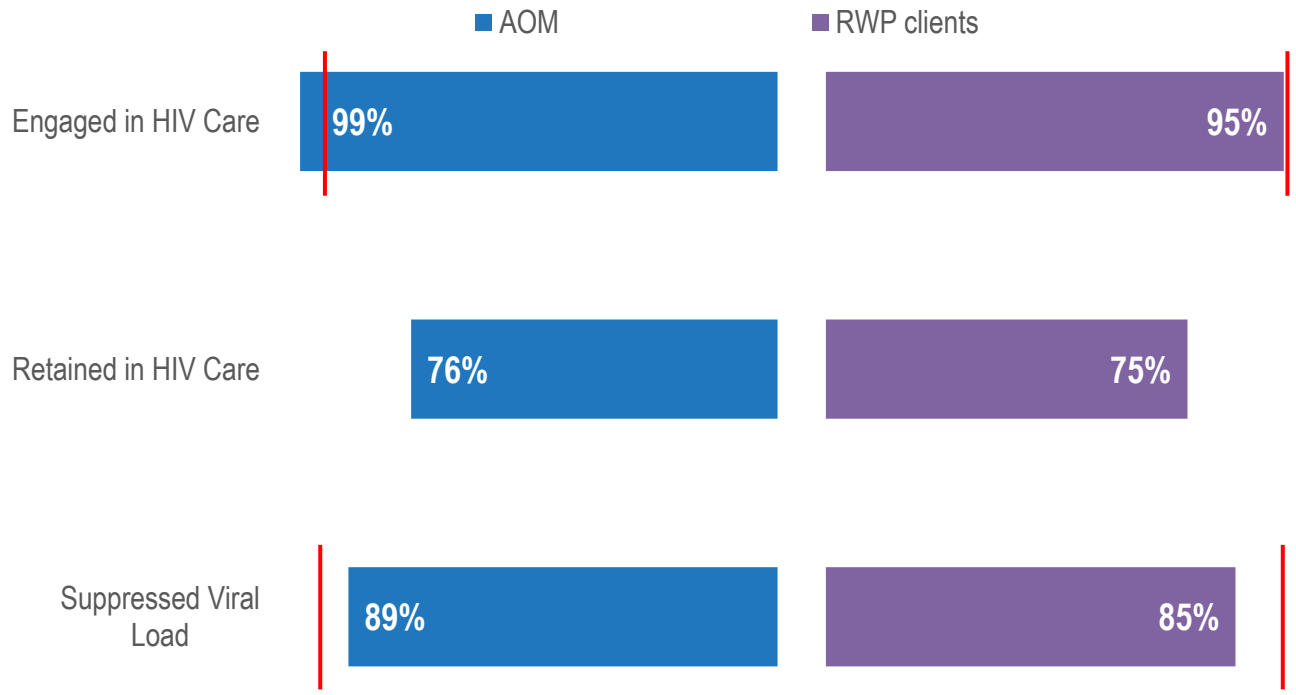
Half of AOM clients spoke English; half lived ≤ FPL; most had no insurance; most were permanently housed; most had no history of incarceration.



HIV Care Continuum in AOM clients, Year 33 (N=3,604)

- Engagement, retention in care, and viral load suppression percentages were higher for AOM clients compared to RWP clients overall, Year 33.

- AOM clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/2/2024

Medical Care Coordination (MCC)

An integrated service model to respond to patients' unmet medical and non-medical needs through coordinated case management activities to support continuous engagement in care and adherence to ART offered at 18 contracted sites.

A total of **6,942 unique clients** received MCC services, which is a decline from Year 31 at 8,244 and Year 32 at 7,036.

MCC clients represented **44% of RWP clients** in Year 33.

Utilization of MCC clients, Year 33

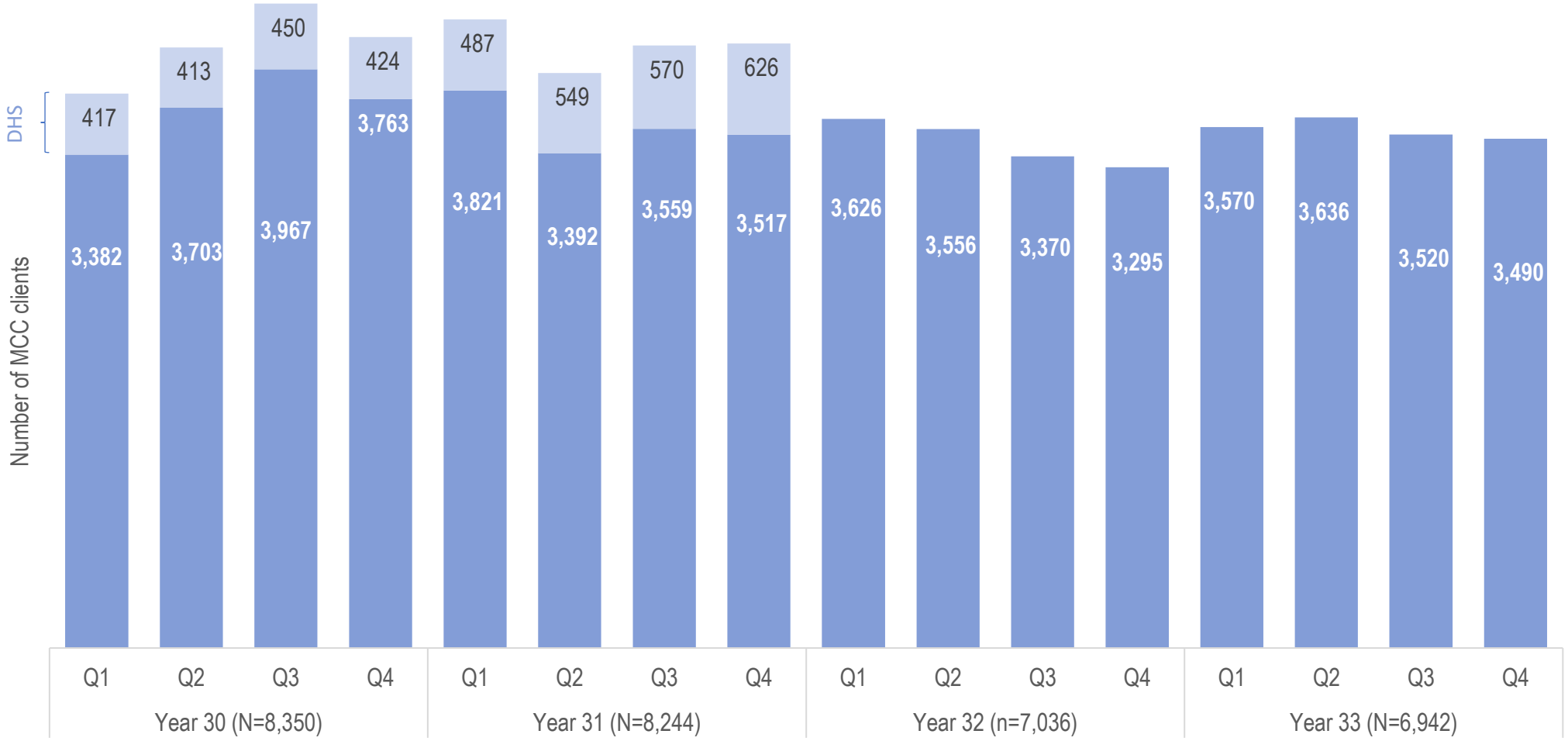
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
MCC	**6,942**	**Hours**	**97,771**	**14**	***$10,687,814***	***$1,540***

Funding Source:

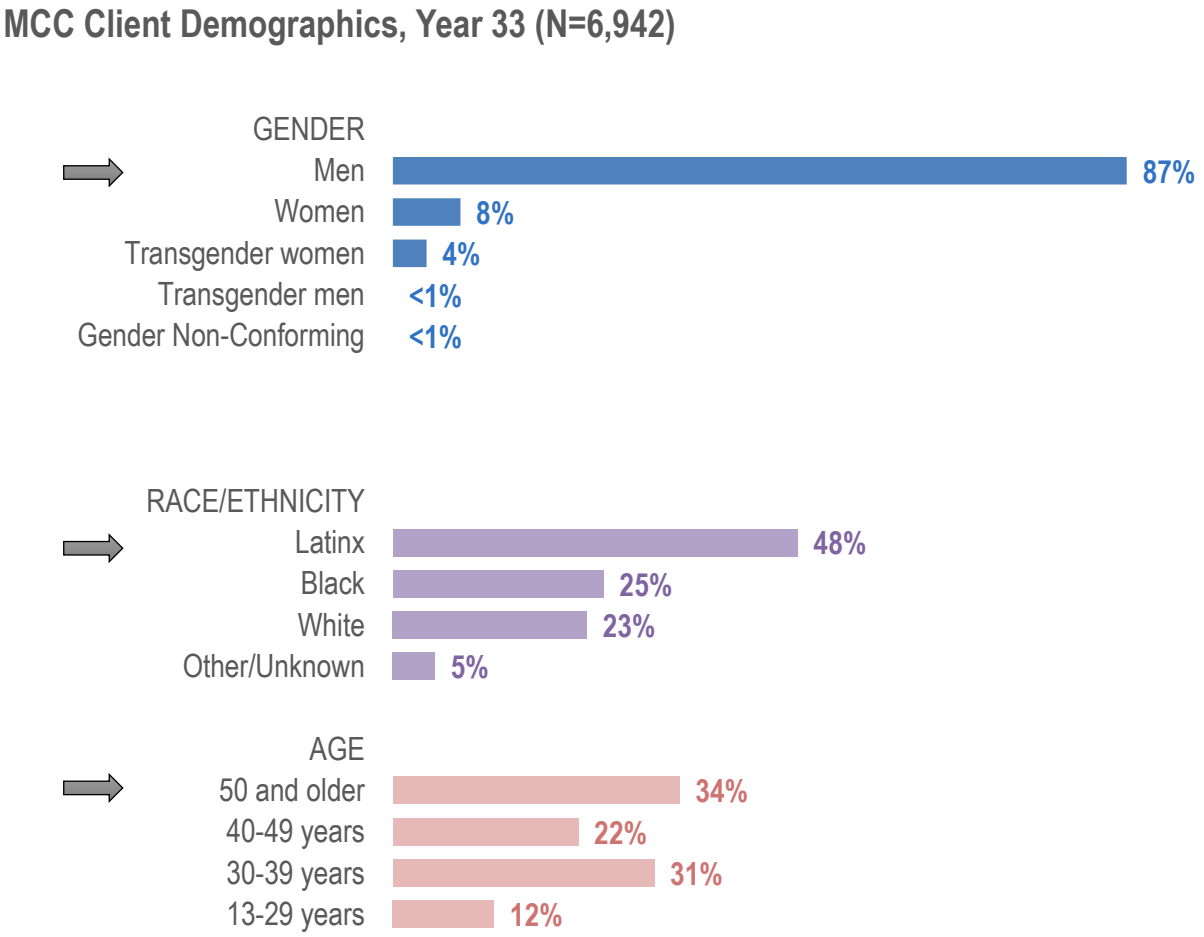
- *Part A - $9,064,884*
- *HRSA EHE - $722,354*
- *HIV NCC - $900,576*

Number of clients declined over the four years from Year 30 to Year 33. However, MCC utilization continued to be stable over four years.

Quarterly MCC Utilization at DHS and non-DHS Agencies, Years 30-33

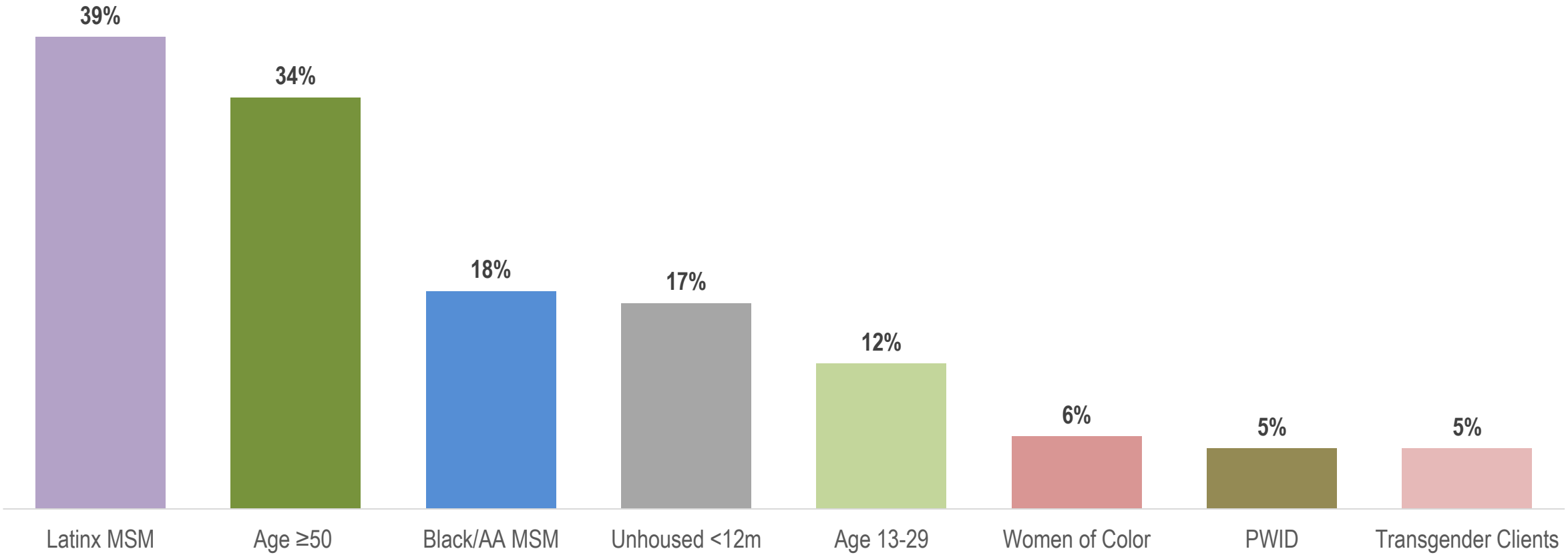


MCC Client Demographics



LAC Priority Populations Accessing the MCC Services*, Year 33

- **Latinx MSM** clients represented the largest percentage
- **Clients age ≥ 50** represented one third of all MCC clients

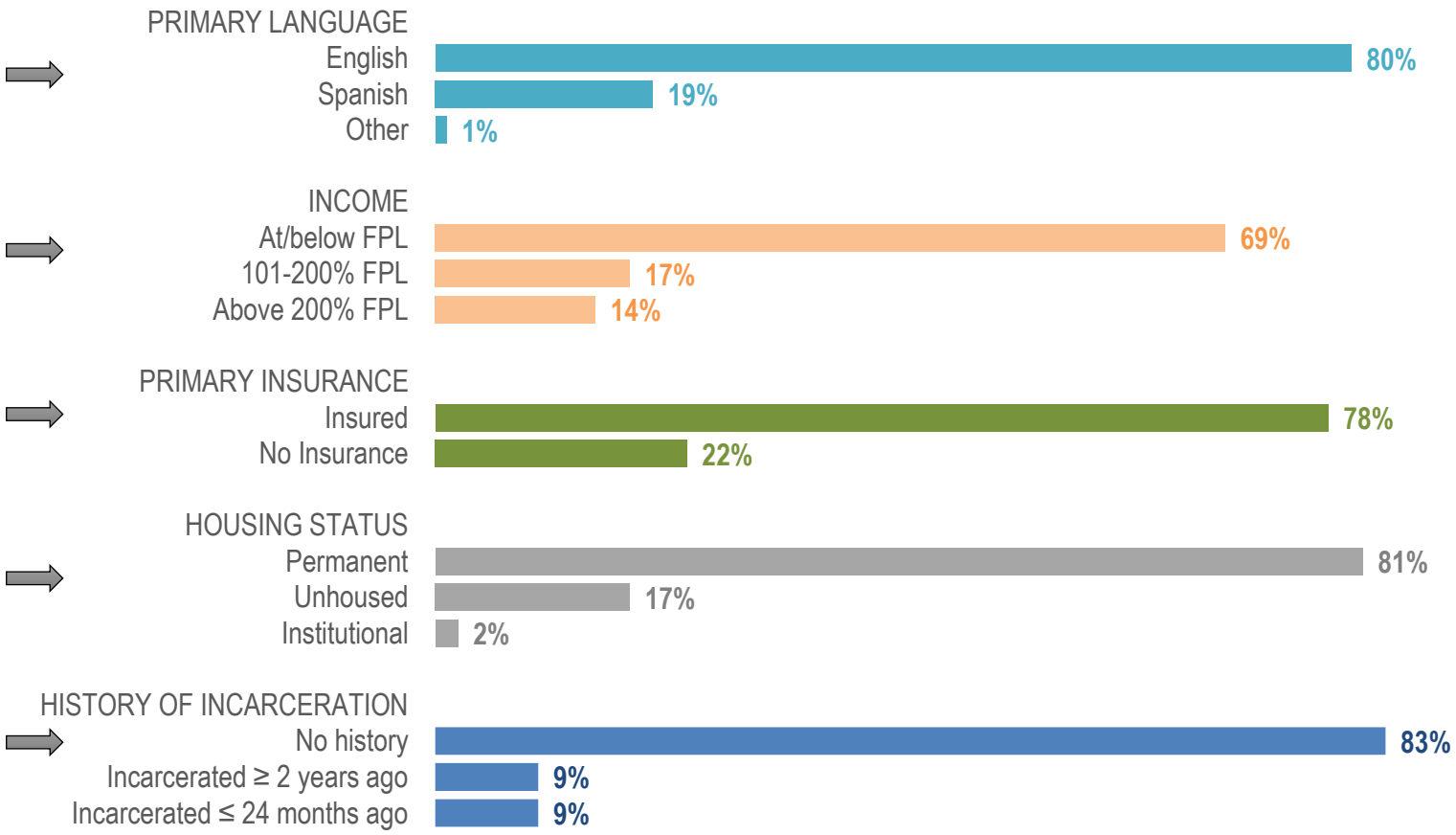


*Priority population groups are not mutually exclusive, they overlap.

Most of MCC clients spoke English; most lived ≤ FPL; most were insured; most were permanently housed; most had no history of incarceration.

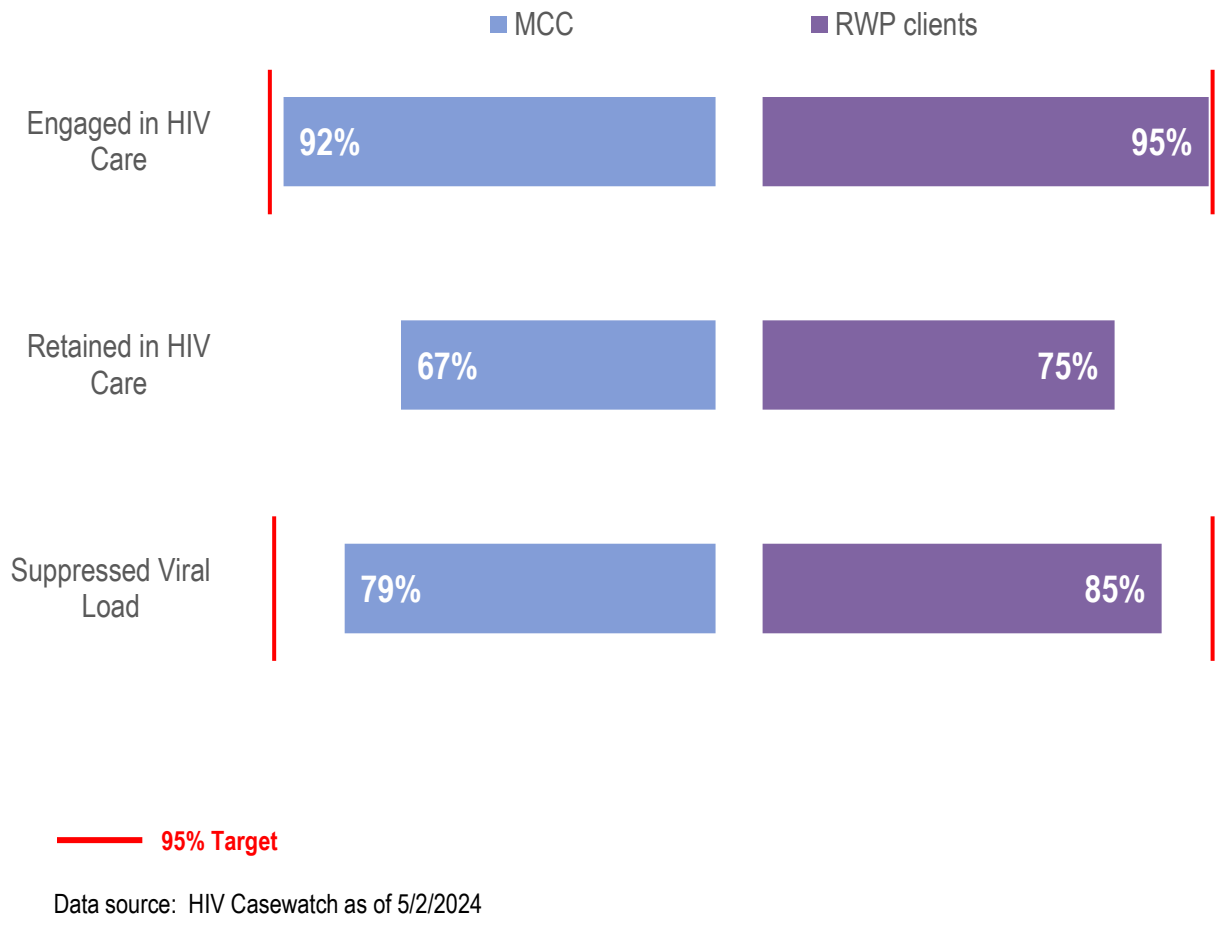
County of Los Angeles Public Health

MCC Client Health Determinants, Year 33, N=6,942



HIV Care Continuum in MCC clients, Year 33, N=6,942

- Engagement, retention, and viral load suppression percentages were lower for MCC clients compared to RWP clients overall, Year 33.
- MCC clients did not meet the EHE targets.



Data source: HIV Casewatch as of 5/2/2024

Oral Health Care (OH)

Provides routine, comprehensive oral health care, including prevention, treatment, counseling, and education at 12 contracted sites.

A total of **4,332 unique clients** received **Oral Health Care** services, which is a steady increase from Year 31 at 4,145 and Year 32 at 4,270.

- *General Oral Health* services were provided to **4,064** clients.
- *Specialty Oral Health* services were provided to **999** clients.

Oral Health Care clients represented **27% of RWP clients.**

County of Los Angeles Public Health

Utilization of Oral Health clients, Year 33

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Oral Health	**4,332**	**Procedures**	**47,235**	**11**	***$7,805,232***	***$1,802***
General	4,064	Procedures	42,309	10	$5,752,477	$1415 $136 per procedure
Specialty	999	Procedures	4,926	5	$2,052,755	$2,055 $417 per procedure

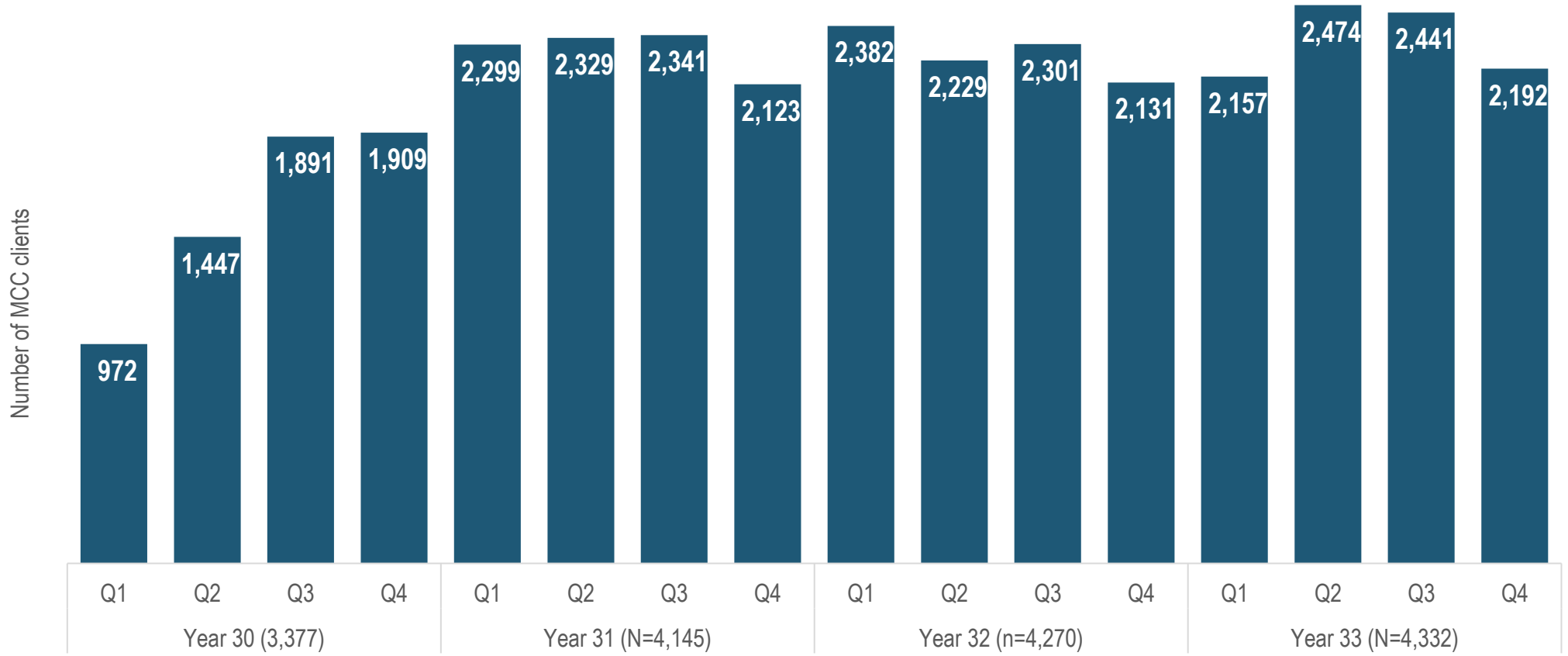
Funding Source:

- *Part A - $7,188,736*
- *HIV NCC - $616,496*

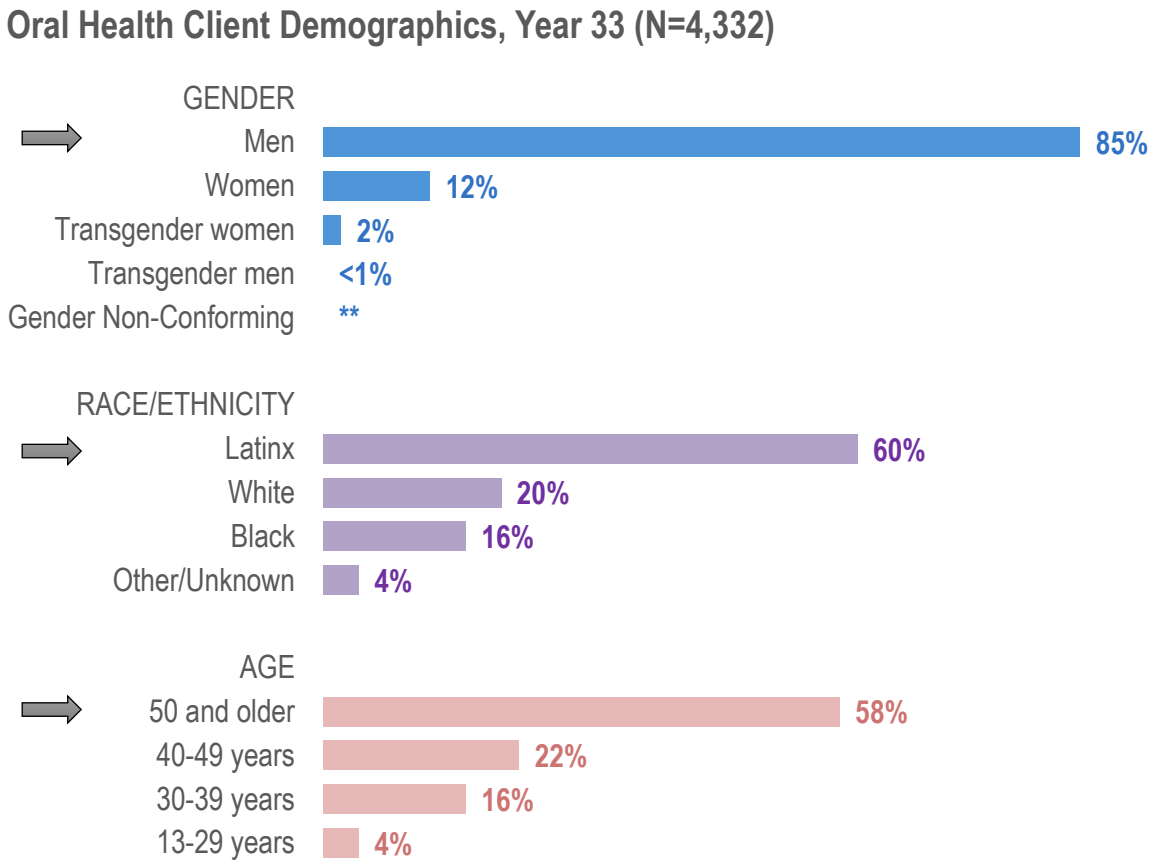
After a drop in the number of Oral Health Care clients due to COVID-19 pandemic, utilization of OHC services gradually increased, reaching the highest numbers in Year 33, Q2 and Q3 in particular.

County of Los Angeles Public Health

Quarterly Oral Health Care Utilization, Years 30-33

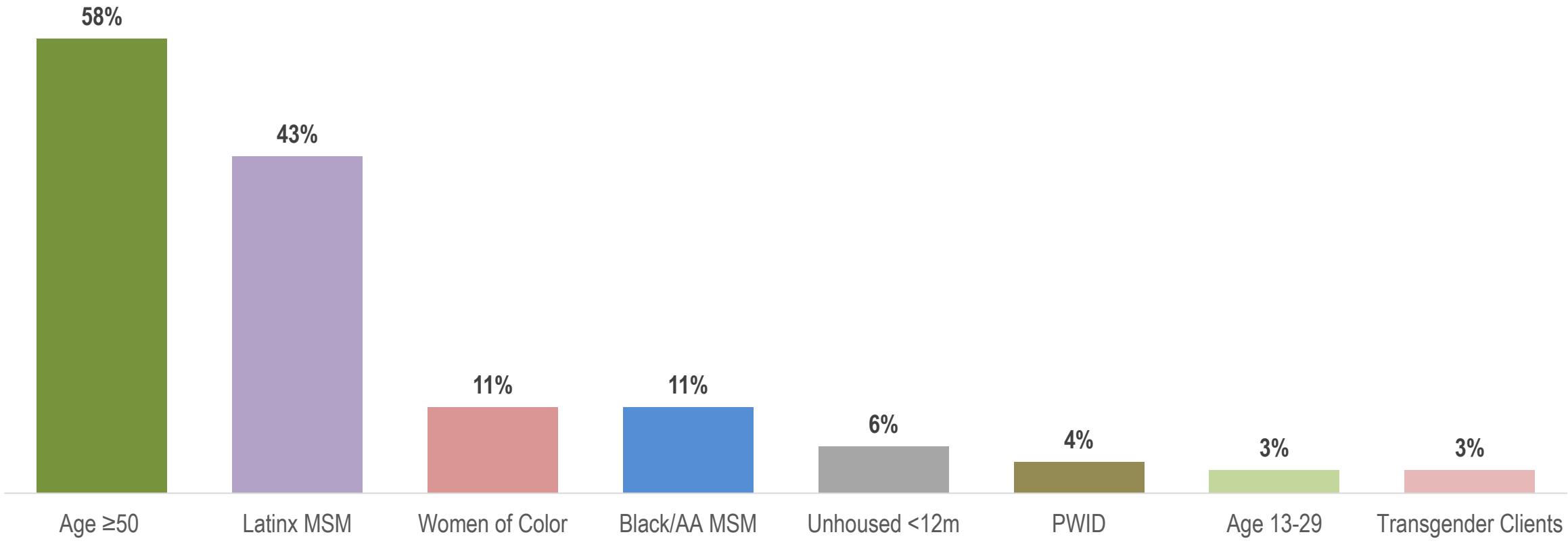


Oral Health Care Client Demographics



LAC Priority Populations Accessing the Oral Health Services*, Year 33

- **Clients aged ≥ 50** represented the largest percentage of Oral Health clients
- **Latinx MSM clients** were the next highest served by Oral Health
- Percentages for General and Specialty Oral Care look similar

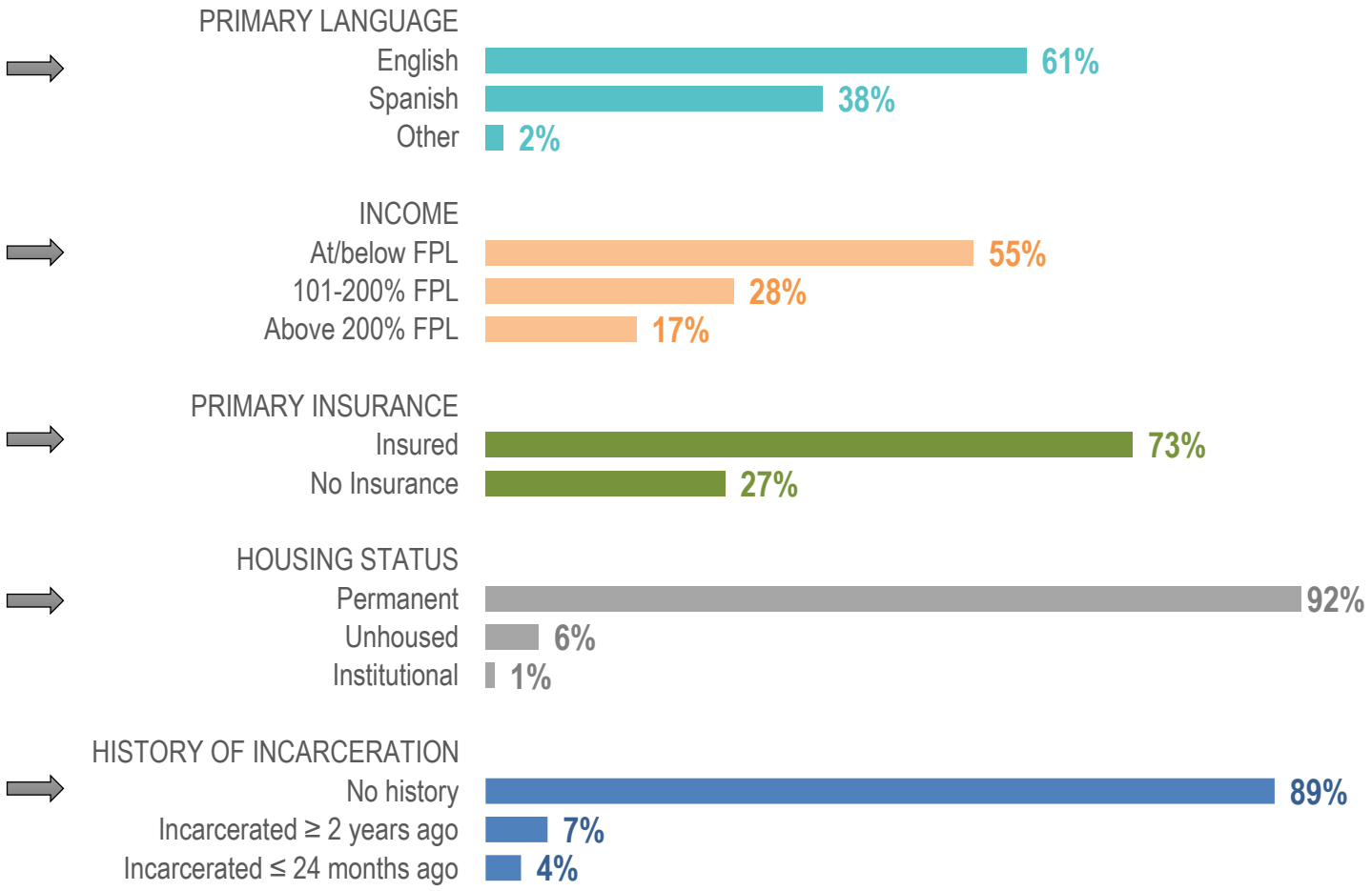


*Priority population groups are not mutually exclusive, they overlap.

Most Oral Health Care clients were English-speakers; most lived ≤ FPL, most were insured; most were permanently housed; most had no history of incarceration.

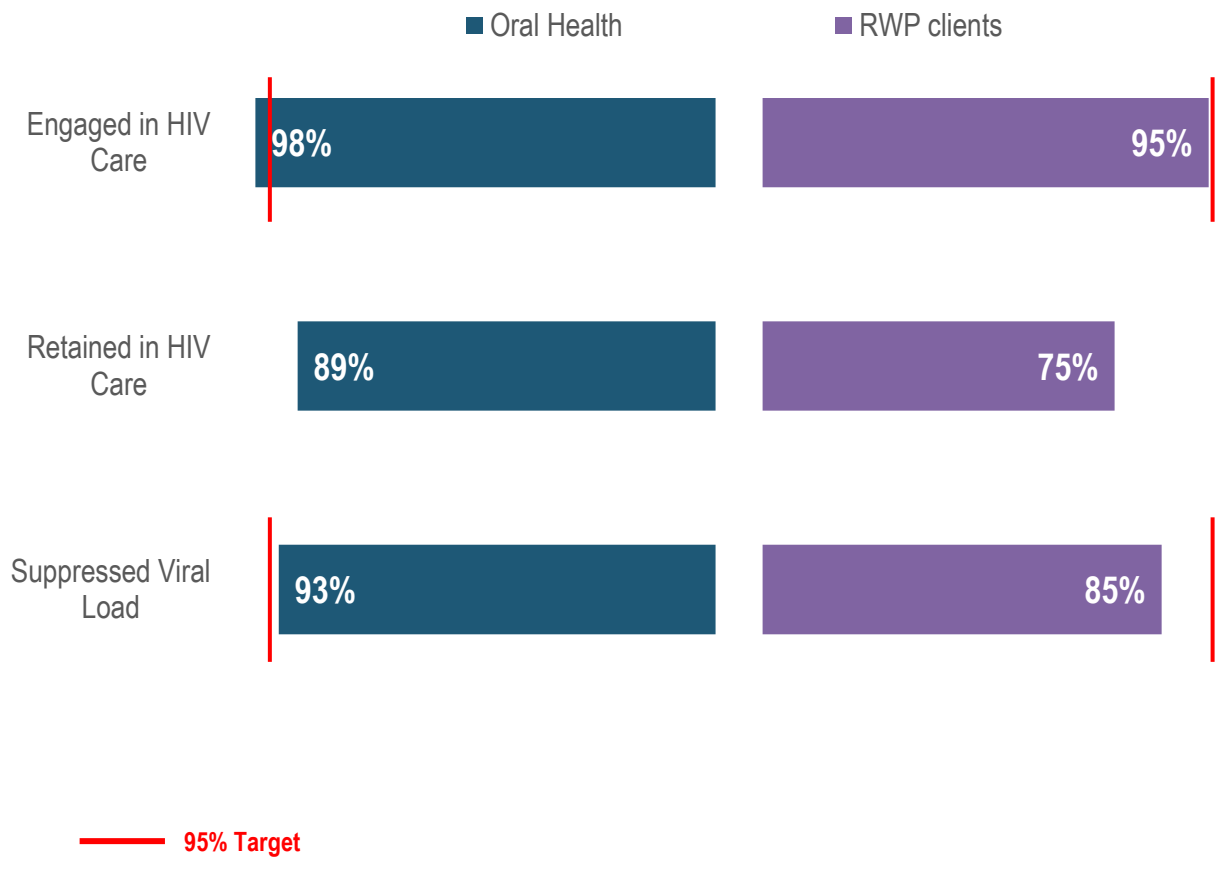
County of Los Angeles Public Health

Oral Health Care Client Health Determinants, Year 33, N=4,332



HIV Care Continuum in Oral Health clients, Year 33, N=4,332

- Engagement, retention, and viral load suppression percentages were higher for Oral Health clients compared to RWP clients overall, Year 33.
- Oral Health clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/2/2024

Home-Based Case Management (HBCM)

Provides client-centered case management and social work activities, focusing on care for PLWH who are functionally impaired and require intensive home and/or community-based care offered at 5 contracted sites.

A total of **120 unique clients** received **HBCM** services, a decline from Year 31 at 151 and Year 32 at 138.

- Attendant Care – 9 clients
- Case Management – 120 clients
- Equipment – 4 clients
- Homemaker services – 69 clients
- Nutrition services – 34 clients
- Psychotherapy – 36 clients

HBCM clients represented **<1% of RWP clients.**

County of Los Angeles Public Health

Utilization of HBCM clients, Year 33

- Homemaker subservice had the highest total units served and the highest units per client
- Case management had the highest total and per client expenditures

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
HBCM	**120**	**Various**	**43,840**	**365**	***$2,866,908***	***$23,891***
Attendant Care	9	*Hours*	3,305	367	*$92,976*	*$10,331*
Case Management	120	*Hours*	6,925	58	*$1,620,056*	*$13,500*
Durable Medical Equipment	4	*Medical Equipment*	7	2	*$546*	*$137*
Homemaker	69	*Hours*	25,871	375	*$813,621*	*$11,792*
Nutrition	34	*Nutritional Supplements*	6,811	200	*$9,451*	*$278*
Psychotherapy CM	36	*Hours*	920	26	*$97,251*	*$2,701*
Administrative costs*	120				*$233,007*	*$1,942*

Funding Source:

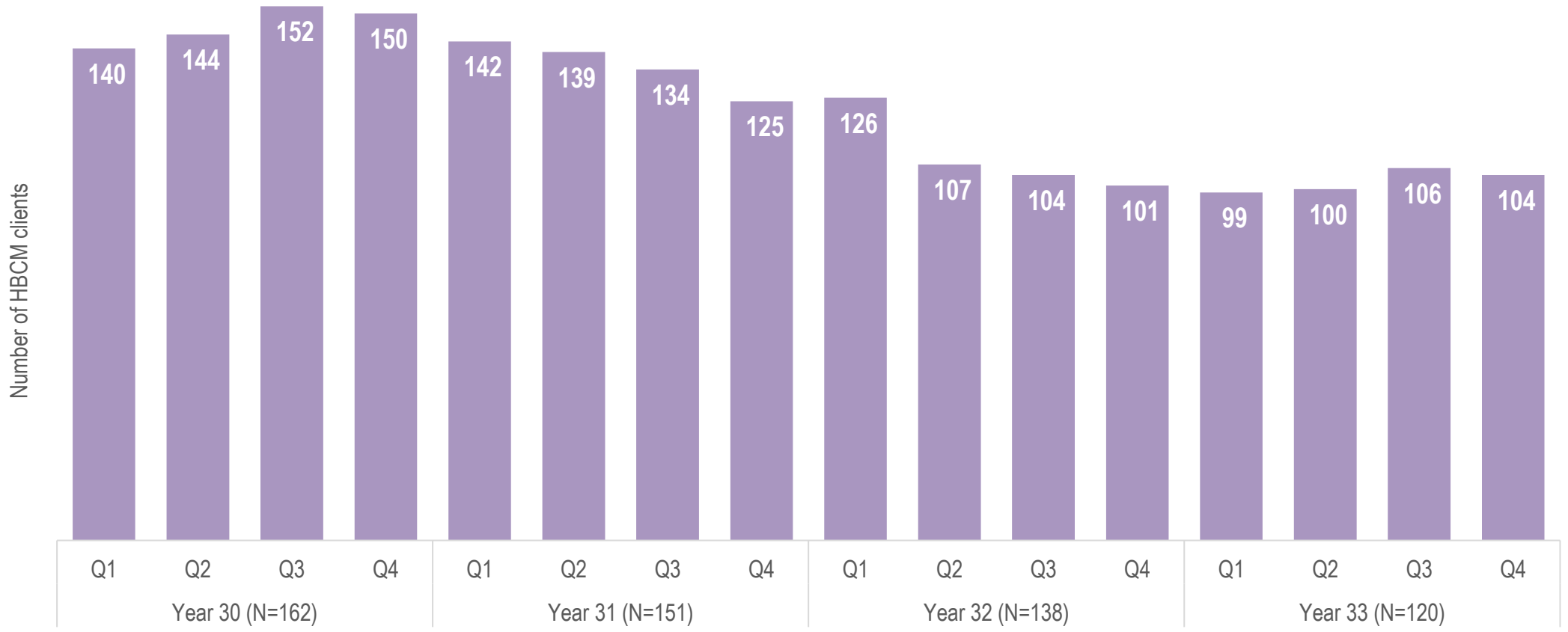
- *Part A - $2,614,732*
- *HIV NCC - $252,176*

* No information in CaseWatch; we distributed Administrative costs to all HBCM clients

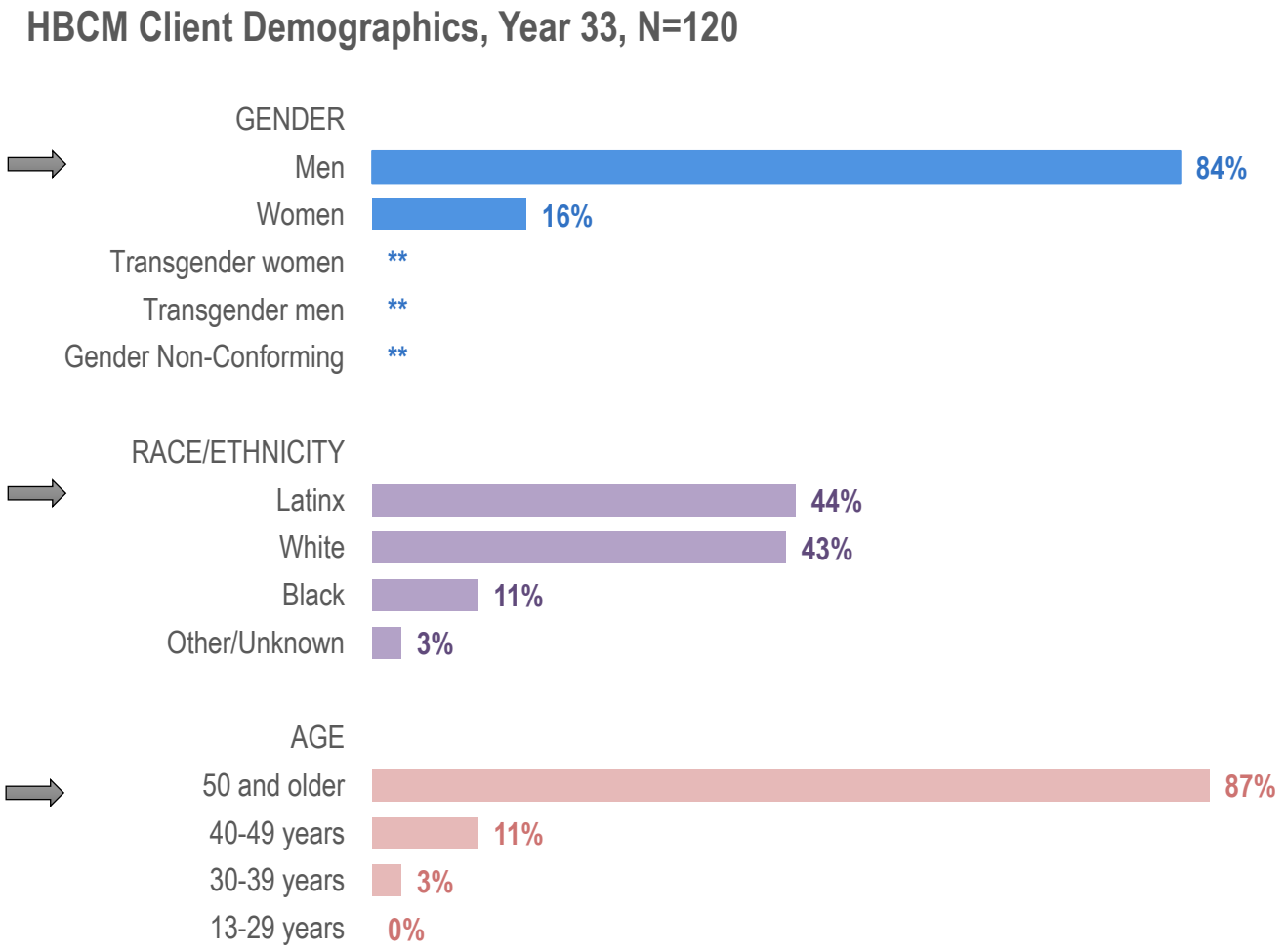
Utilization of HBCM services decreased over 4 years, reaching the lowest in Year 33.

County of Los Angeles Public Health

Quarterly HBCM Utilization, Years 30-33

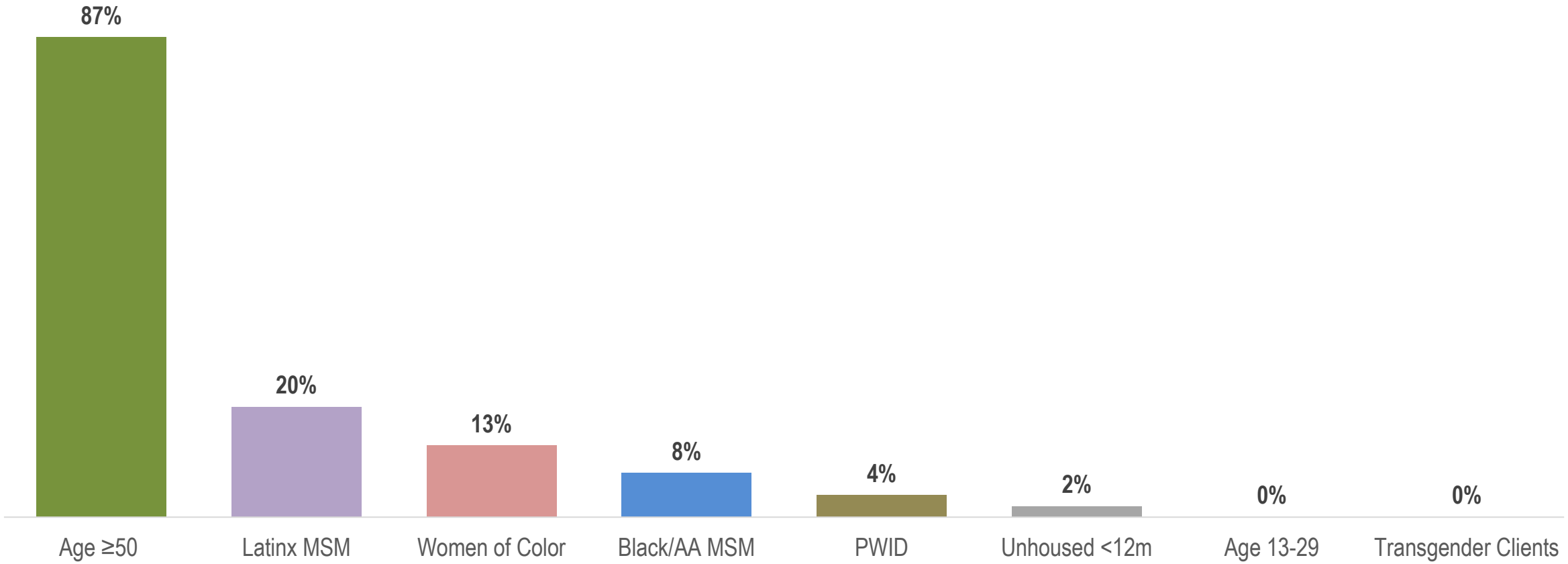


HBCM Client Demographics



LAC Priority Populations Accessing HBCM Services*, Year 33

- **Clients age ≥ 50** represented the majority of HBCM clients
- **Latinx MSM clients** were the next highest served by HBCM

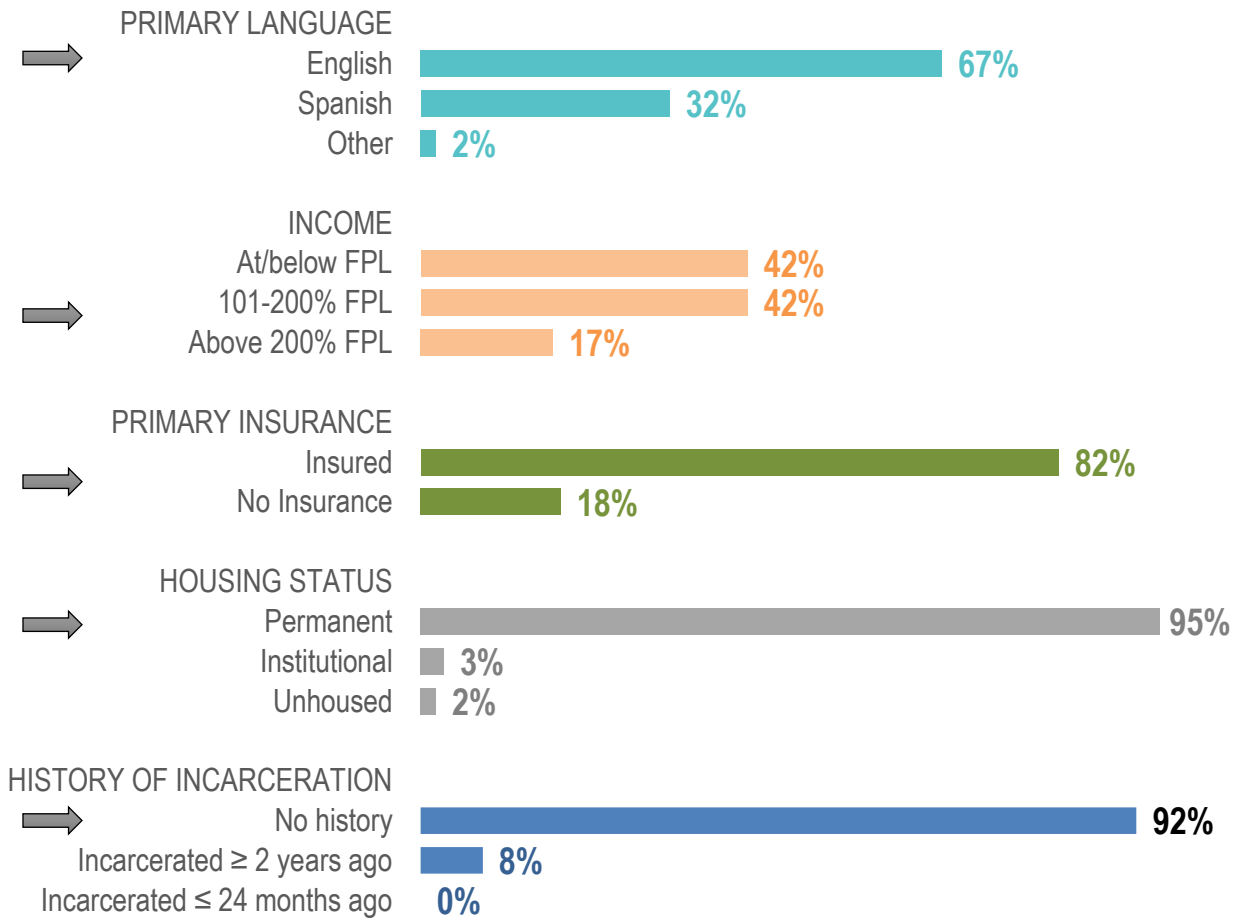


*Priority population groups are not mutually exclusive, they overlap.

Most HBCM Client were English-speakers; most lived above FPL; most were insured; most had permanent housing; most had no history of incarceration.

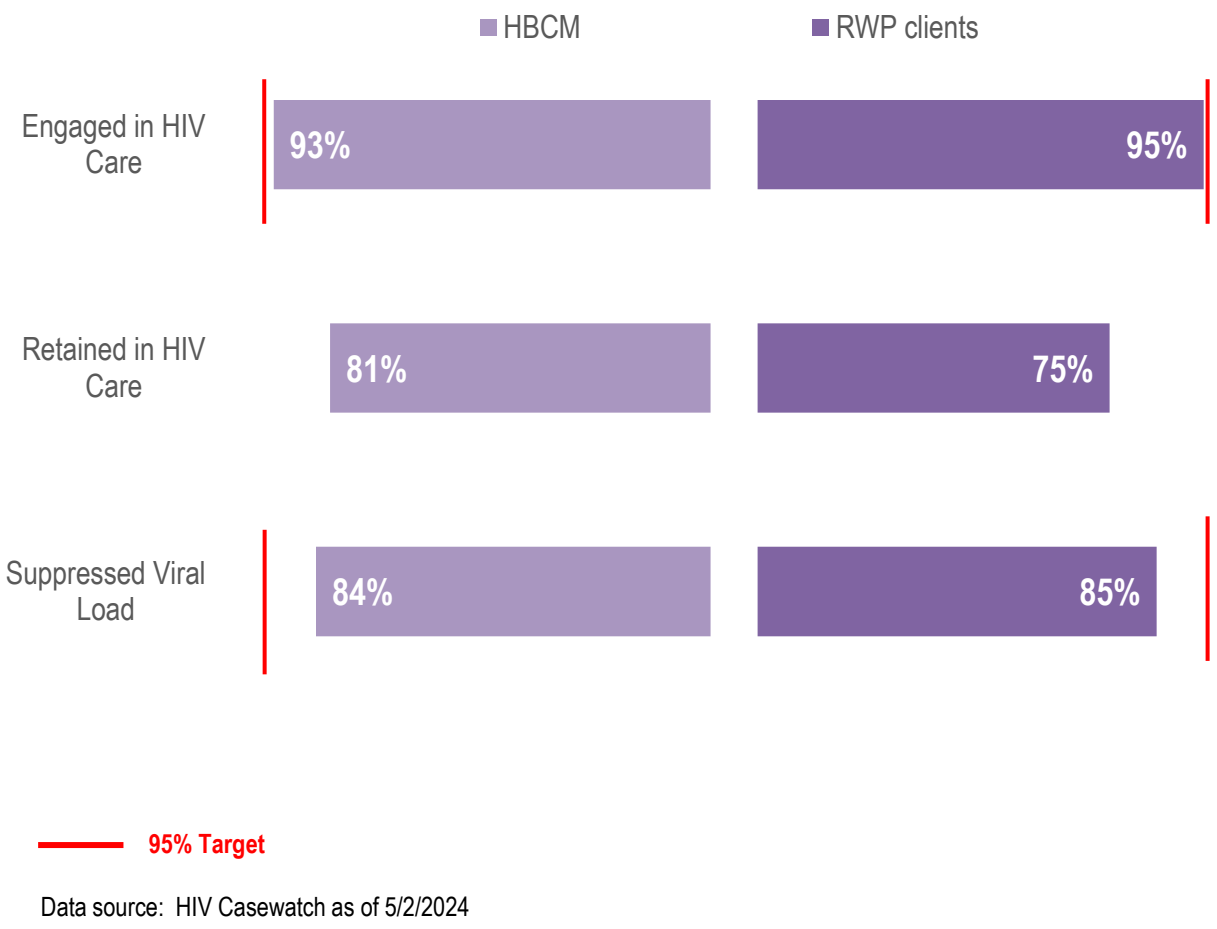
County of Los Angeles Public Health

HBCM Client Health Determinants, Year 33, N=120



HIV Care Continuum in HBCM clients, Year 33 (N=120)

- Engagement and viral load suppression percentages were lower for HBCM clients compared to RWP clients overall, Year 33.
- Retention in care was higher among HBCM clients than RWP clients overall in Year 33.
- HBCM clients did not meet the EHE targets for any of the HCC measures.



Data source: HIV Casewatch as of 5/2/2024

Mental Health (MH) Services

Provides mental health (MH) assessment, treatment planning and provision at 7 contracted sites.

A total of **151 unique clients** received **Mental Health** services, a decline from Year 31 at 331 and Year 32 at 224 .

MH service clients represented **<1% of RWP clients.**

County of Los Angeles Public Health

Utilization of Mental Health clients, Year 33

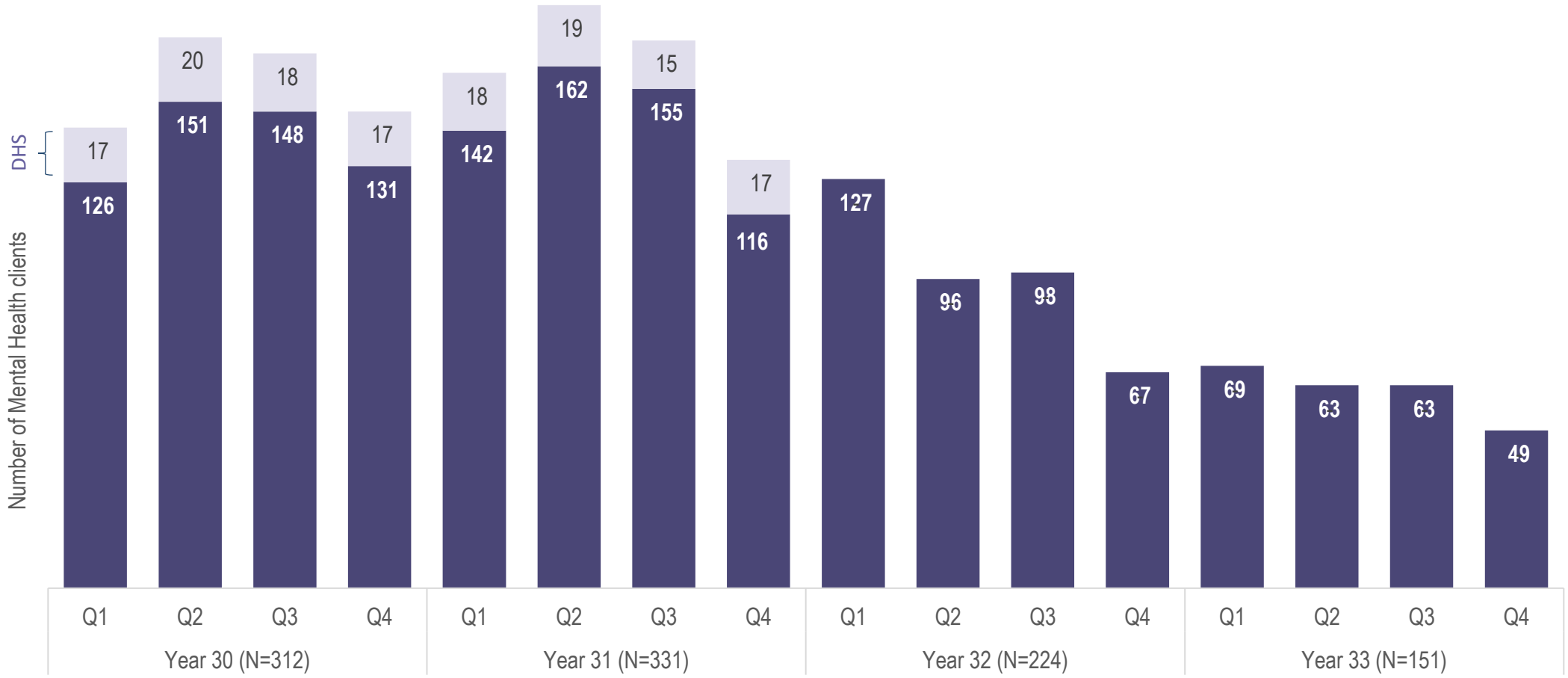
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Mental Health	**151**	**Sessions**	**766**	**5**	***$109,422***	***$725***

Funding Source:

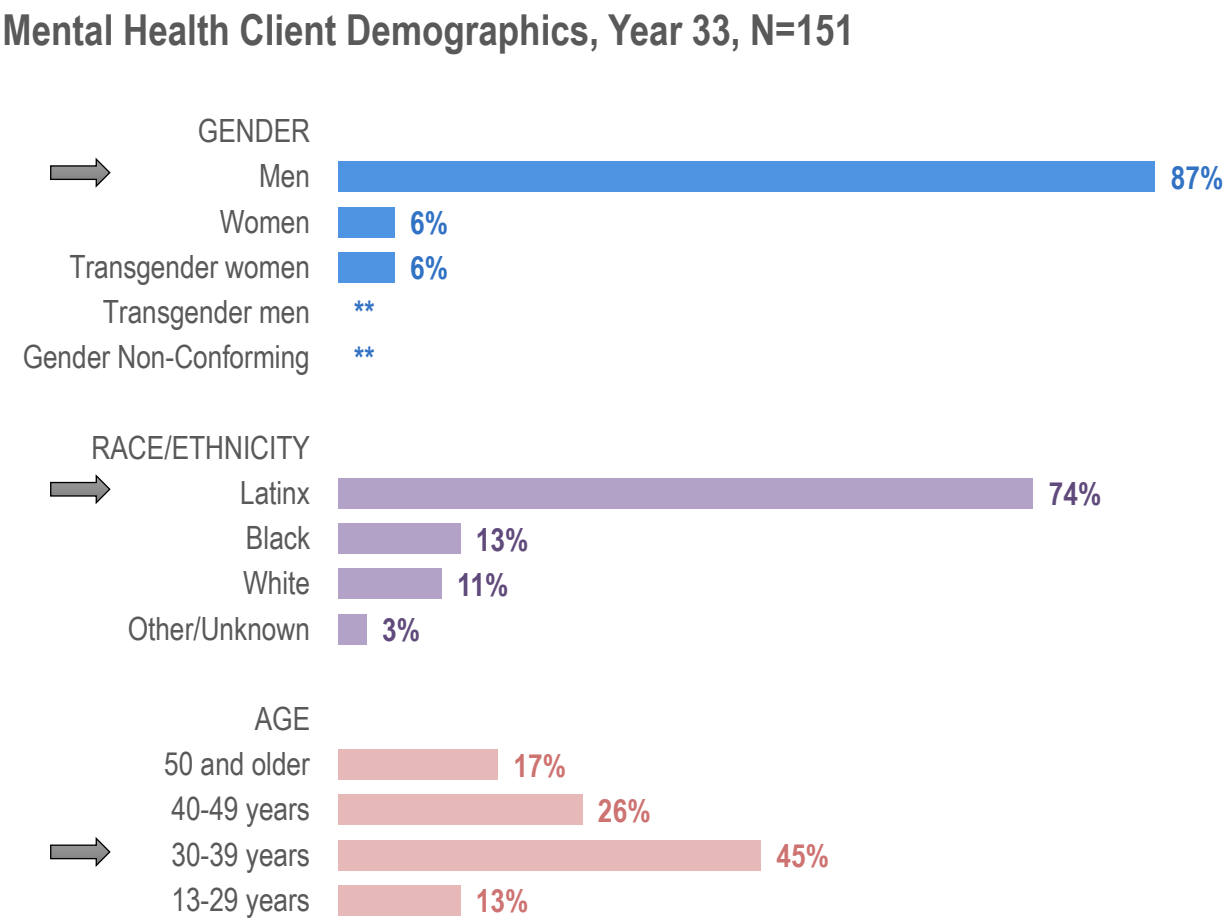
- *Part A - $109,422*

Utilization of MH services decreased over 4 years, reaching the lowest in Year 33.

Quarterly MH Serices Utilization at DHS and non-DHS Agencies, Year 30-33

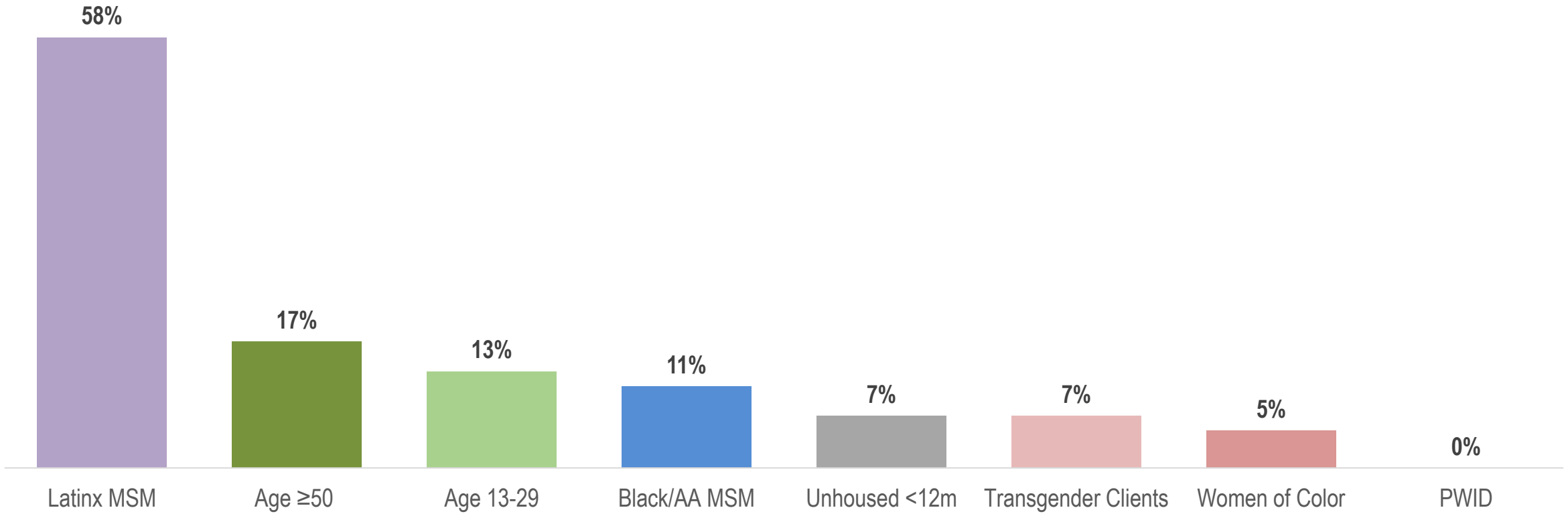


Mental Health Client Demographics



LAC Priority Populations Accessing Mental Health Services*, Year 33

- **Latinx MSM clients** represented the majority of Mental Health clients
- **Clients age ≥ 50** were the next highest served by Mental Health

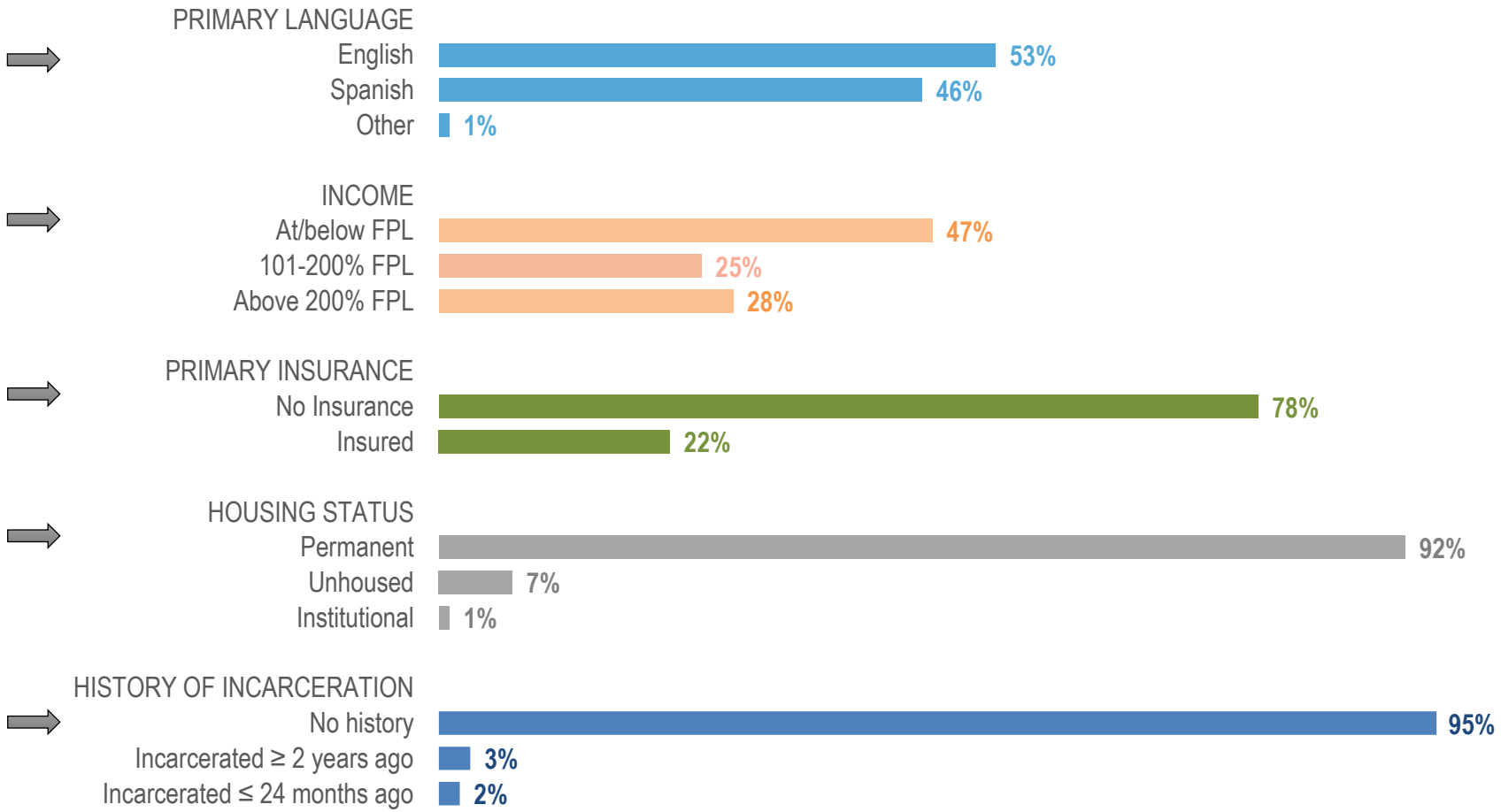


*Priority population groups are not mutually exclusive, they overlap.

Most Mental Health clients were English speakers; most lived above FPL; most were uninsured; most were permanently housed; most had no history of incarceration.

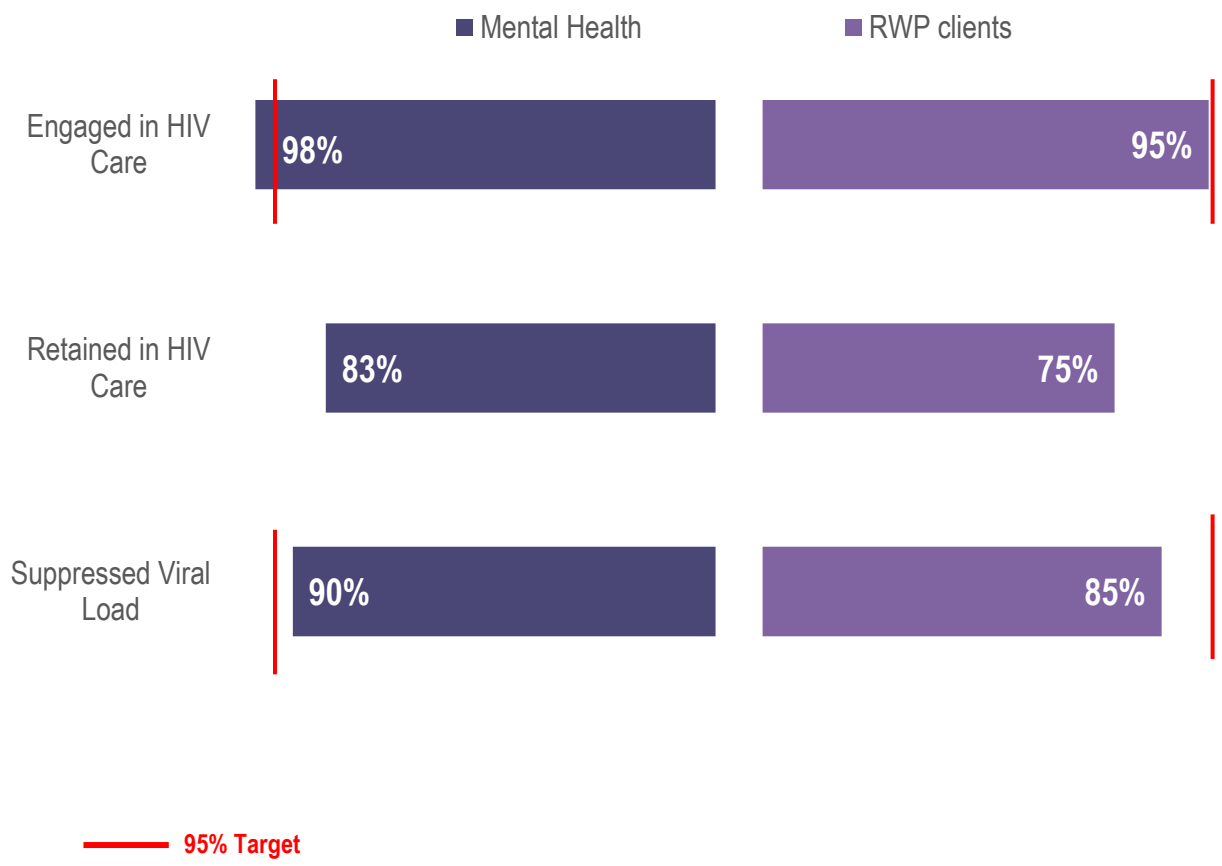
County of Los Angeles Public Health

Mental Health Client Health Determinants, Year 33, N=151



HIV Care Continuum in Mental Health clients, Year 33 (N=151)

- Engagement, retention, and viral load suppression percentages were higher for Mental Health clients compared to RWP clients overall, Year 33.
- Mental Health clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/2/2024

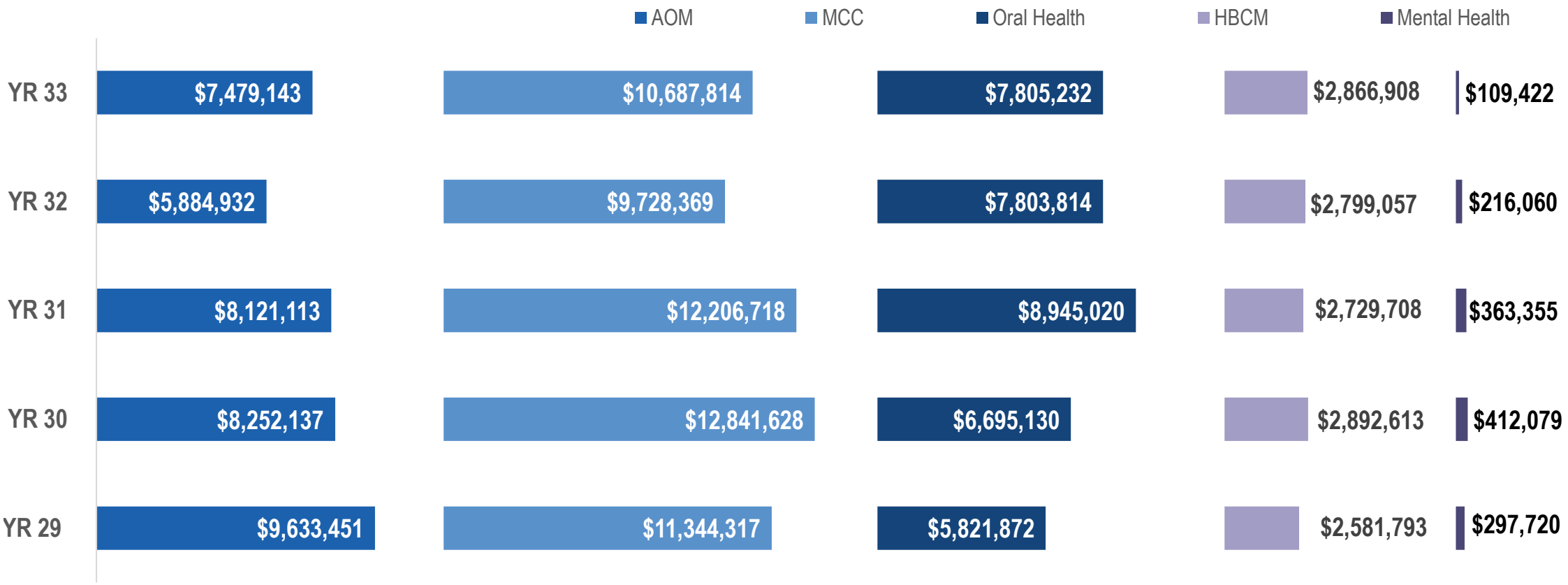
Expenditures for Core RWP Services

AOM	*$7,479,143*
MCC	*$10,687,814*
Oral Health	*$7,805,232*
HBCM	*$2,866,908*
Mental Health	*$109,422*

County of Los Angeles Public Health

Expenditures by Core Service Category, Years 29-33

AOM, MCC and Mental Health services expenditures generally decreased since Year 29; MH funding was the lowest in Year 33. Expenditures for Oral Health Care services and HBCM gradually increased over five years since Year 29.



Expenditures per Client for Support RWP Services, Year 33

- The **highest expenditures** **per client** were spent **for Housing**, followed by **LRP** services.
- The **lowest expenditures** **per client** were spent for **NMCM**, followed by **Nutrition** services.

Service Category	Number of clients	% of RWP clients	Expenditures	% of expenditures	Expenditures per client
MCC	6,942	44%	*$10,687,814*	*21%*	*$1,540*
Oral Health	4,332	27%	*$7,805,232*	*15%*	*$1,802*
AOM	3,604	23%	*$7,479,143*	*14%*	*$2,075*
HBCM	120	1%	*$2,866,908*	*6%*	*$23,891*
Mental Health	151	1%	*$109,422*	*<1%*	*$725*

Key Takeaways

- MCC services were utilized by **the highest number of RWP clients in Year 33.** The number of clients dropped in Year 32 due to departure of DHS agencies from RWP. However, MCC **remains the most consistently utilized service** across years.

- Utilization of HBCM **and** Mental Health **decreased** over the course of the past three years starting from Year 31. HBCM services were utilized by **the lowest number of RWP clients**. Mental Health utilization decrease is likely due to lack of MH providers within RWP.

- Utilization of AOM **decreased** over the course of the past three years starting from Year 31; however, it increased slightly in Year 33. Decrease in Year 32 was largely due to departure of DHS agencies from RWP and partially due to expansion of Medi-Cal.

- Utilization of Oral Health Care **services increased** in the past three years after a drop in Year 30 due to COVID-19 pandemic.

Key Takeaways – Priority Populations

- **The RWP is reaching and serving LAC priority populations**
- **The top five RWP services utilized by priority populations** were **MCC**, **Oral Health**, **AOM**, **Benefit Specialty** and **Nutrition Support**.
- **Core services utilization among LAC priority population was consistent relative to their size (larger population — higher utilization):**
  - **Latinx MSM and people aged ≥ 50 and older** were the **highest utilizers** of RWP Core services
    - RWP client aged 50 and older were the highest utilizers of Oral Health and HBCM services
    - Latinx MSM were the highest utilizers of AOM, MCC and MH services
  - **Lowest utilization** of RWP Core services was among **transgender people**, **PWID and youth aged 13-29**, the smallest priority populations.

Key Takeaways - Expenditures

- **AOM**, **MCC** **and** **Mental Health** services expenditures **decreased** since Year 29
- Expenditures for **Oral Health Care** **services and for** **HBCM** **gradually increased** since Year 29 along with the number of clients served.
- **HBCM** had the **highest expenditures per client, followed by** **AOM** likely due to decreased number of clients but some increase in expenditures in the Year 33.
- **Mental Health** had the **lowest expenditures per client, followed by** **MCC** likely due to significant decrease in the number of clients served by MH services and some decrease in the number of MCC clients along with decreased expenditures.

Next Steps

- Present to SMT and COH on the second of two major service clusters
  - Support Services (EFA, Housing, NMCM, Nutrition Support, LRP, Substance Use Residential)
- Examine detailed utilization of RWP services within each LAC priority populations
- Examine RWP by priority population over time

Questions/Discussion

Thank you!

- Acknowledgements
  - Monitoring and Evaluation – Wendy Garland, Siri Chirumamilla
  - Surveillance – Virginia Hu, Kathleen Poortinga
  - PDR – Victor Scott, Michael Green
  - CCS – Paulina Zamudio and the RWP program managers
  - RWP agencies and providers
  - RWP clients

(Draft)

Assessment of the Efficiency of the Administrative Mechanism (AEAM)

Ryan White Program Year 33 & 34
(March 1, 2023-February 28, 2024 and
March 1, 2024- February 28, 2025)

Final Approved by COH XXX

LOS ANGELES COUNTY
COMMISSION ON HIV

Assessment of the Administrative Mechanism Ryan White Program Year 33 & 34 (March 1, 2023-February 29, 2024 and March 1, 2024-February 28, 2025)

Add Table of Contents

I. Introduction and Purpose of Report

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV ("the Commission") is required by Health Resources and Services Administration (HRSA) to conduct an "Assessment of the Efficiency of the Administrative Mechanism" (AEAM) annually. The AEAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Operations Committee of the Commission led the development, implementation, and analysis of the AEAM for Ryan White Program Years 33 (March 1, 2023-February 28, 2024) and 34 (March 1, 2024-February 28, 2025). The purpose of this report is to present the findings of this assessment.

II. Assessment Methodology

The AEAM covers 1) feedback from contracted agencies on the efficiency of Los Angeles County's administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community; and 2) survey and key informant interviews with key recipient staff to integrate their insights regarding the County's solicitations, contracting, and invoicing processes.

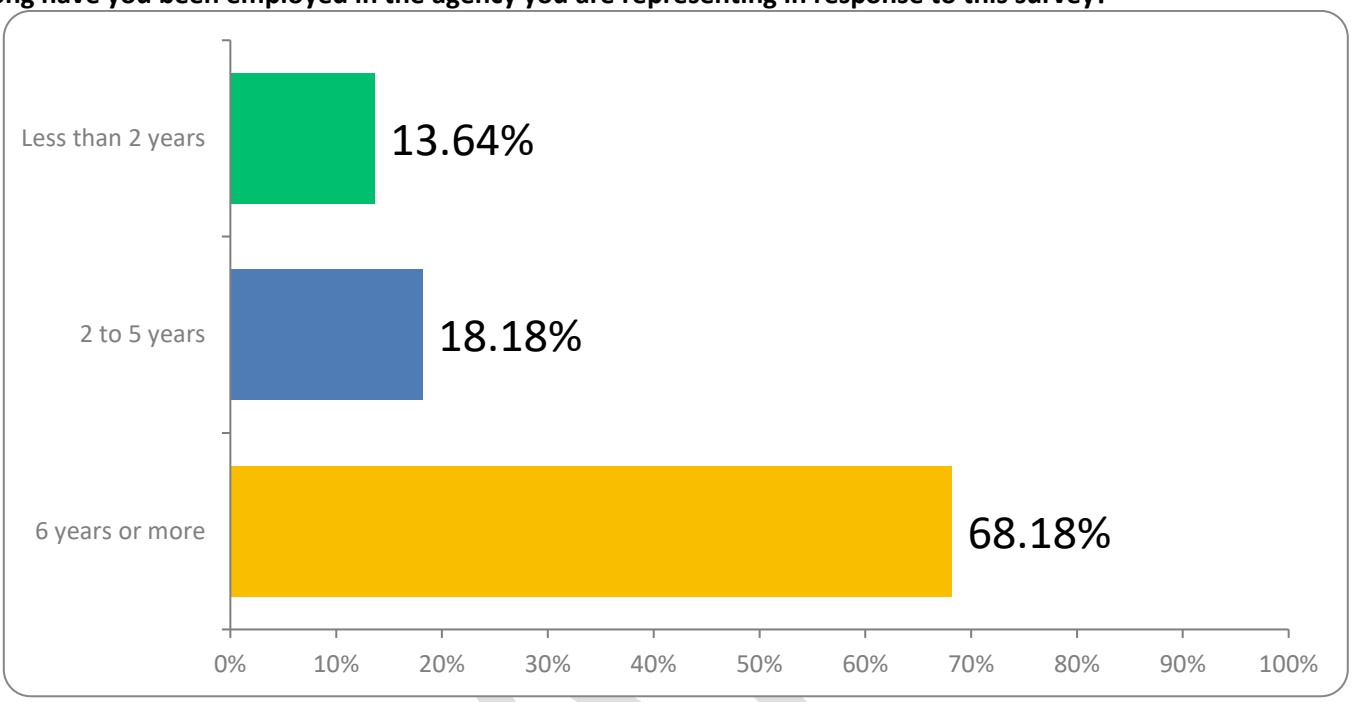
Online Survey Contracted Providers:

All 31 County-contracted HIV care providers were invited to participate in the AEAM survey between January 22 to February 28, 2025. 20 agencies completed the survey. Agencies were asked to provide one response per agency.

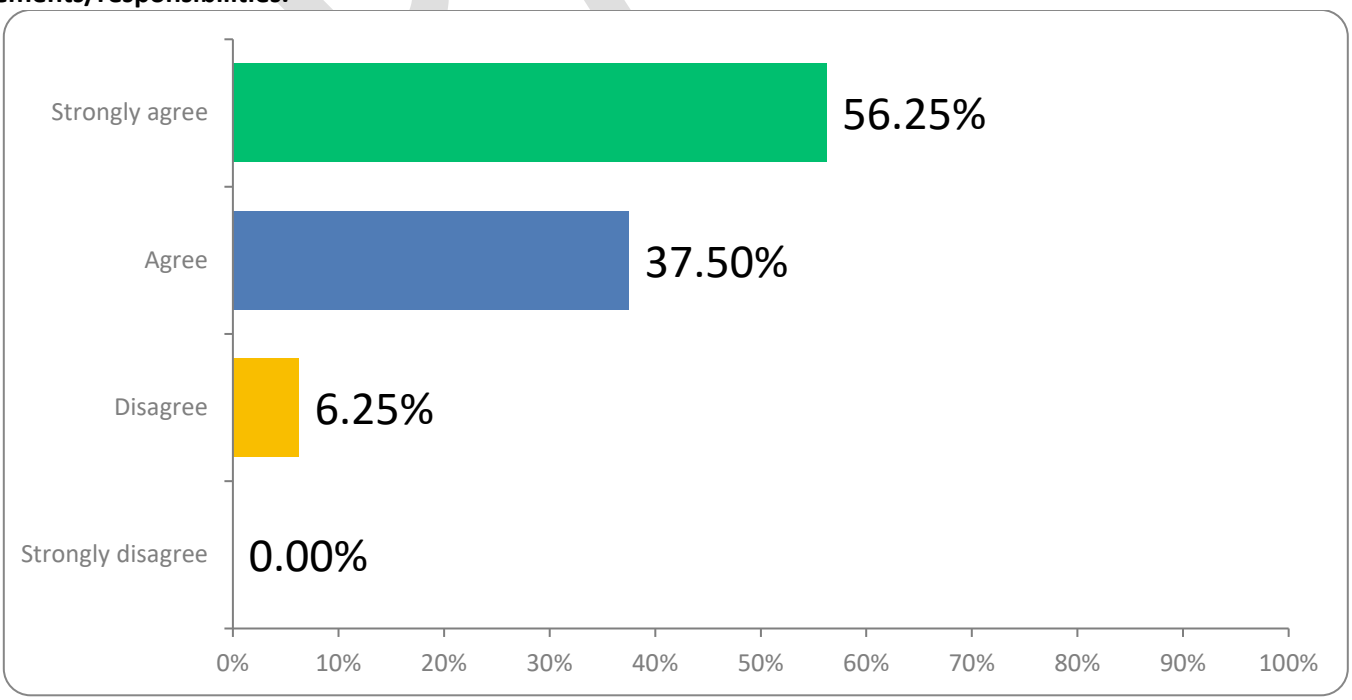
Limitations: Readers should not make broad interpretations with the results of the AEAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

Contracted Providers Responses

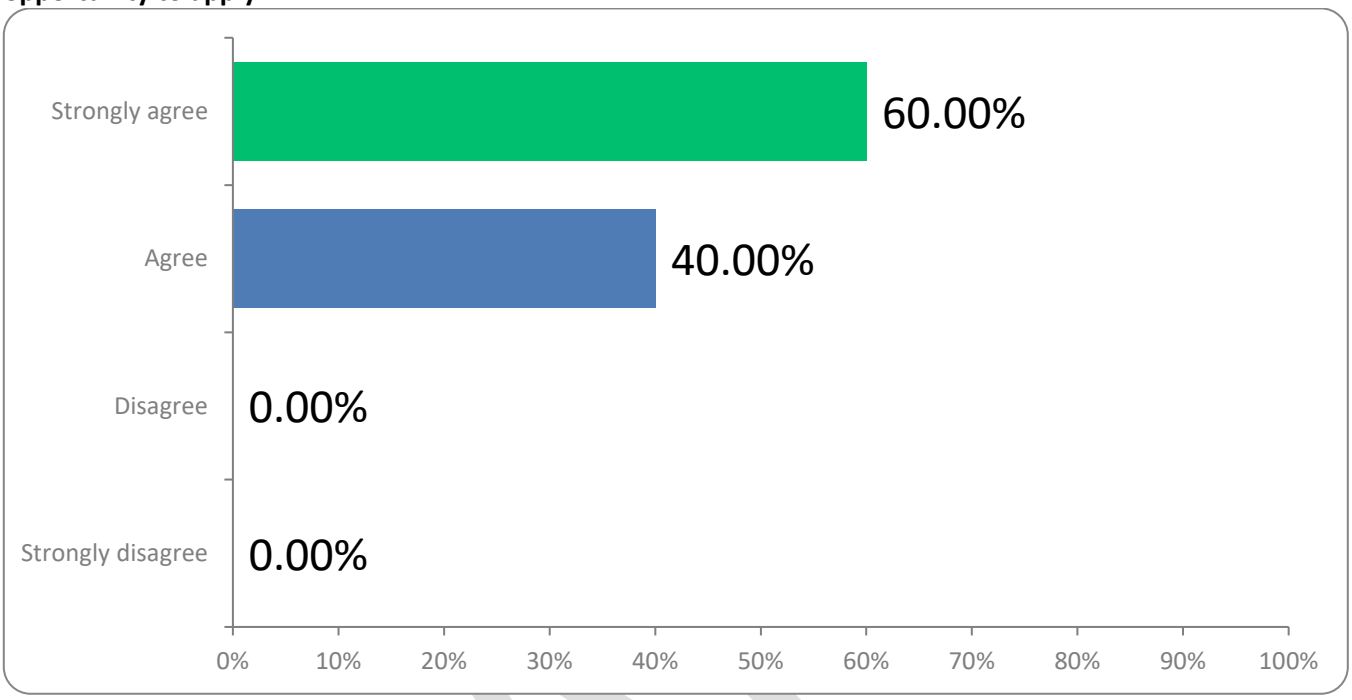
How long have you been employed in the agency you are representing in response to this survey?



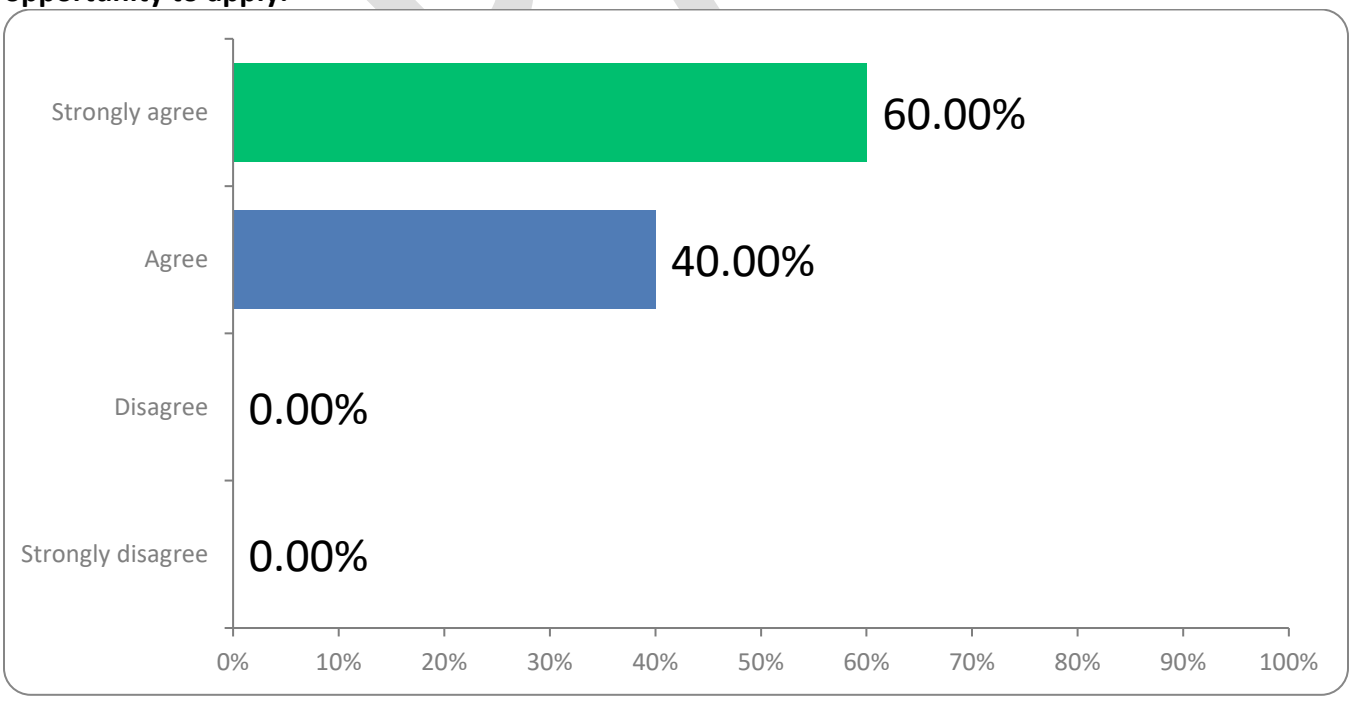
Please state the degree to which you agree with the following statement: The DHSP RFP provided clear instructions, outlined all policies and procedures of the procurement process, and expectations of work requirements/responsibilities.



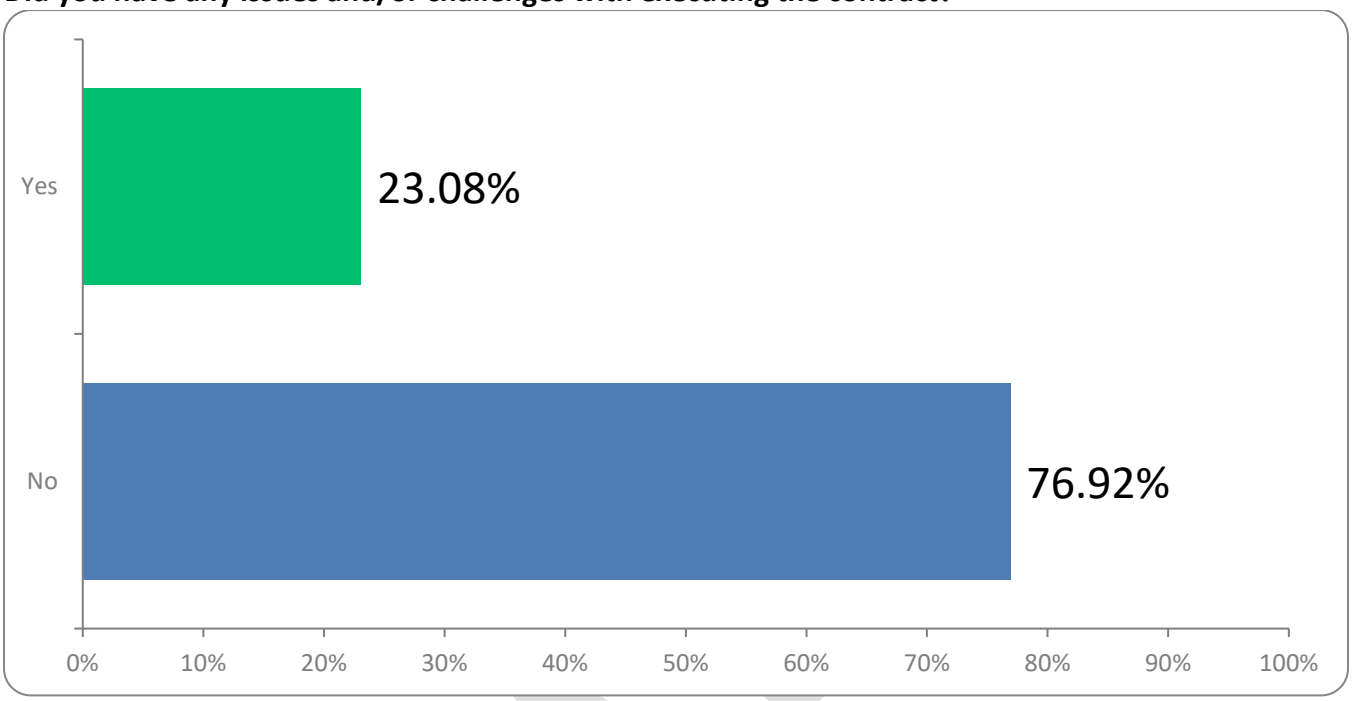
Please state the degree to which you agree with the following statement: The DHSP competitive RFP procurement process is fair and all potential service providers are given a fair and equitable opportunity to apply.



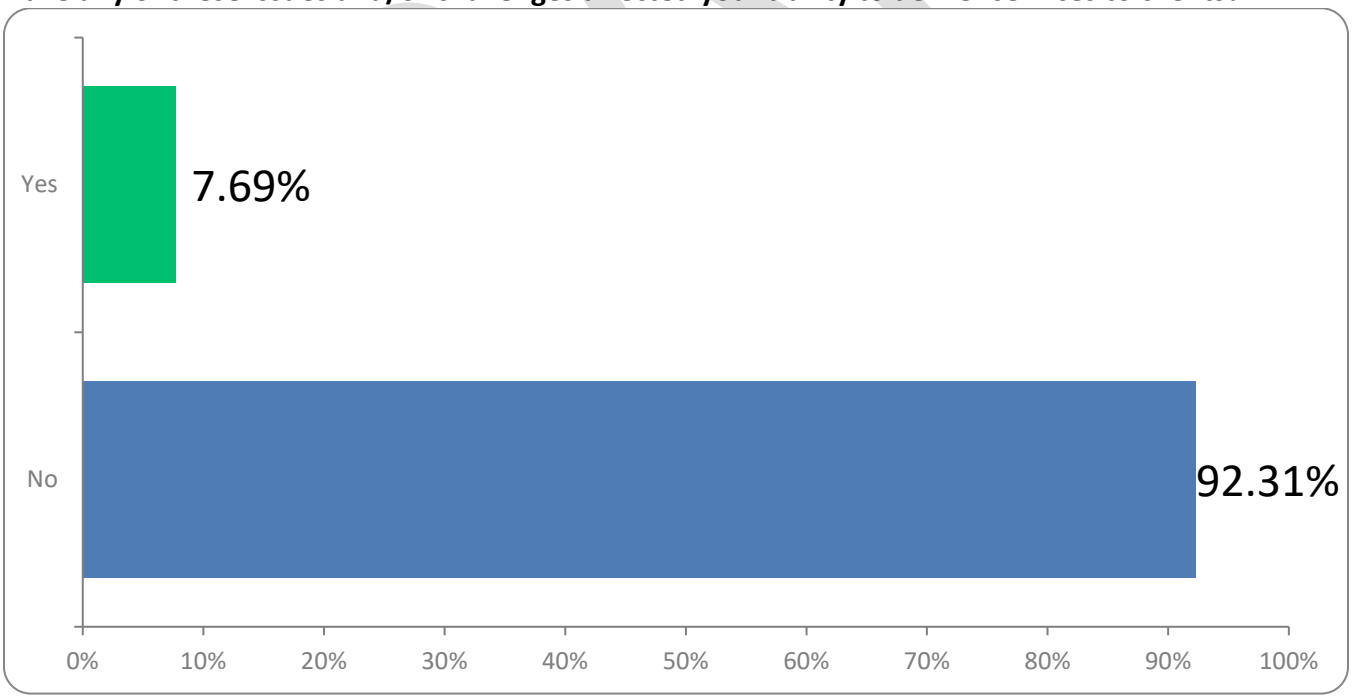
Please state the degree to which you agree with the following statement: The DHSP competitive RFP procurement process is fair and all potential service providers are given a fair and equitable opportunity to apply.



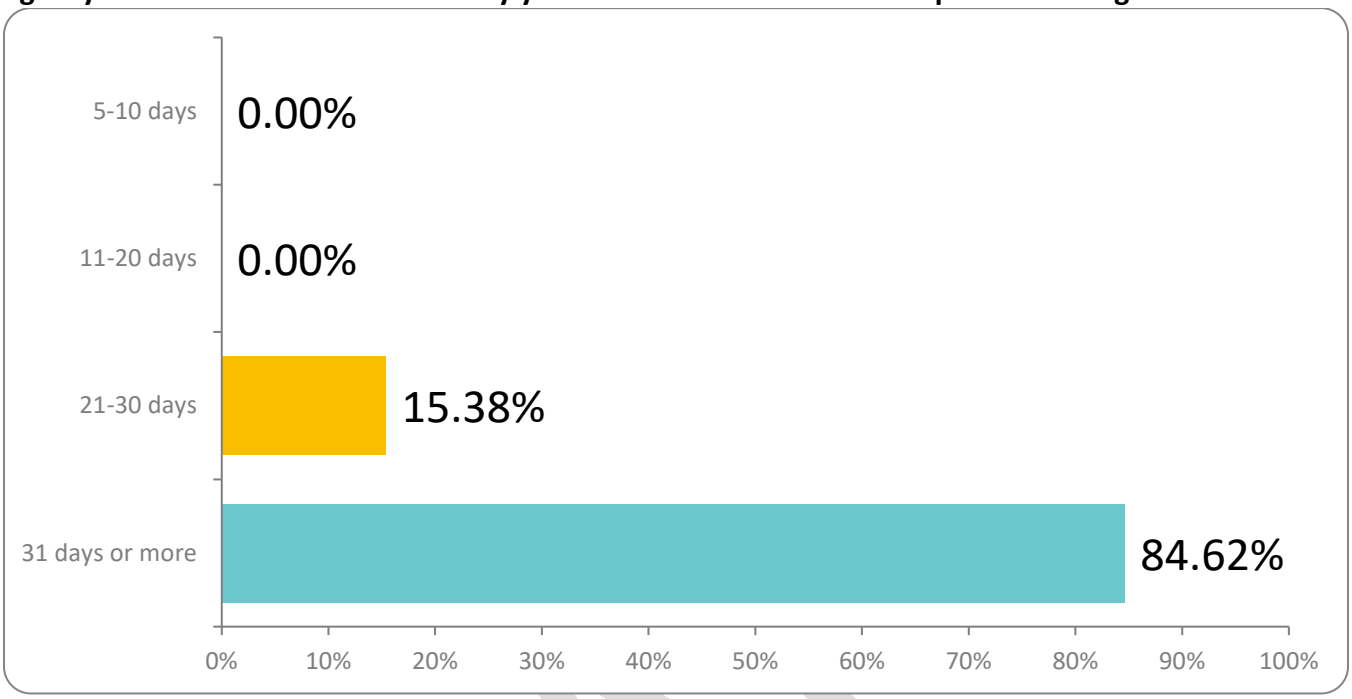
Did you have any issues and/or challenges with executing the contract?



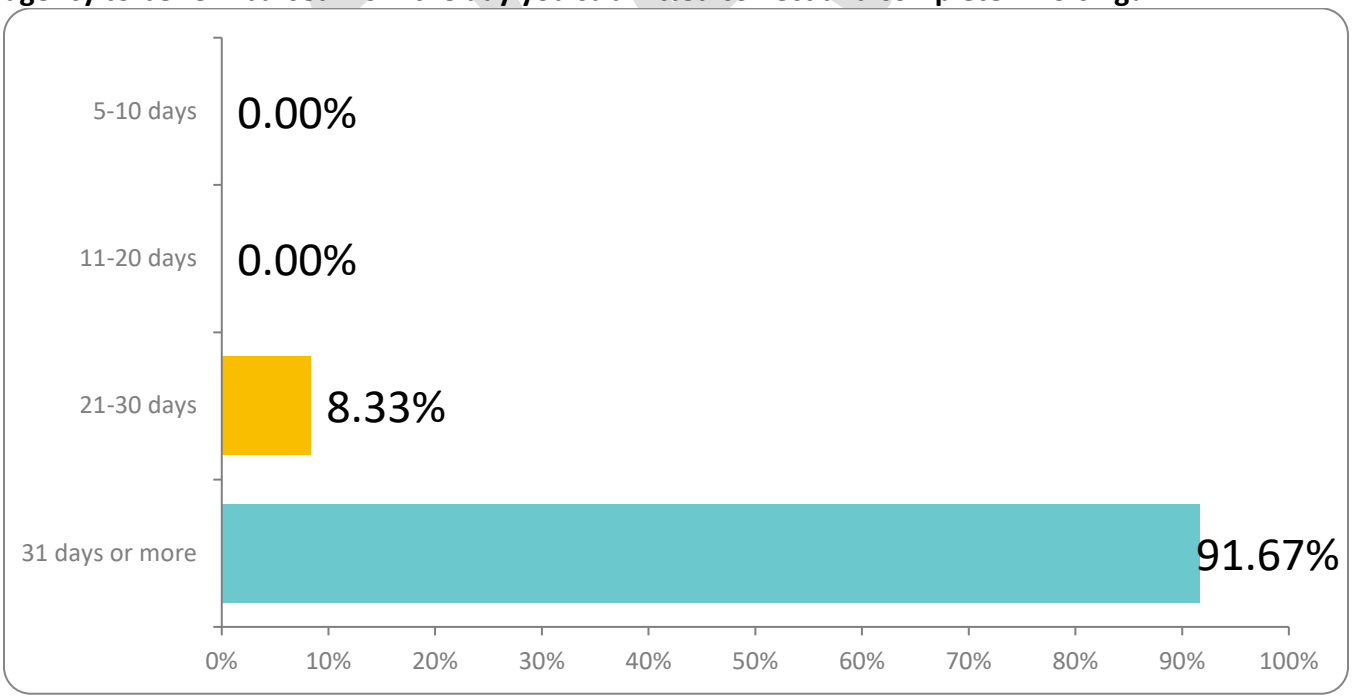
Have any of these issues and/or challenges affected your ability to deliver services to clients?



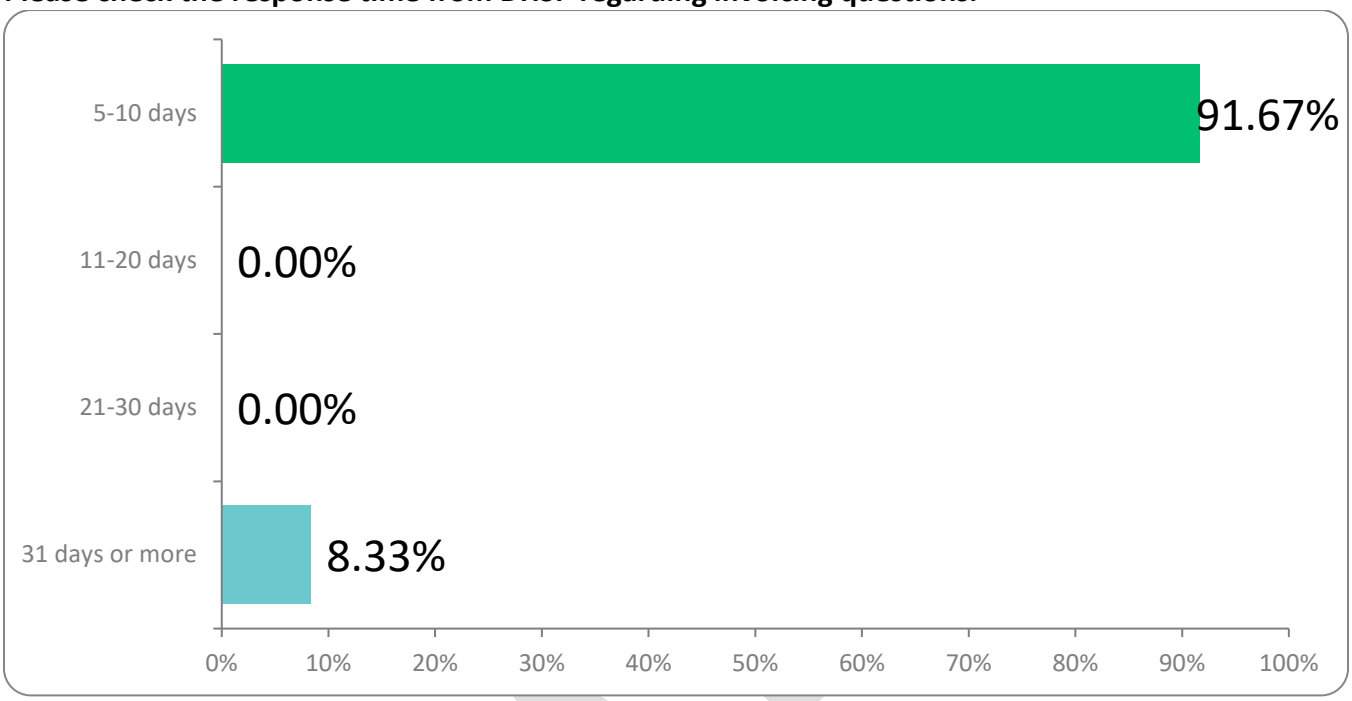
During PY 33 (March 1, 2023 - February 29, 2024), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



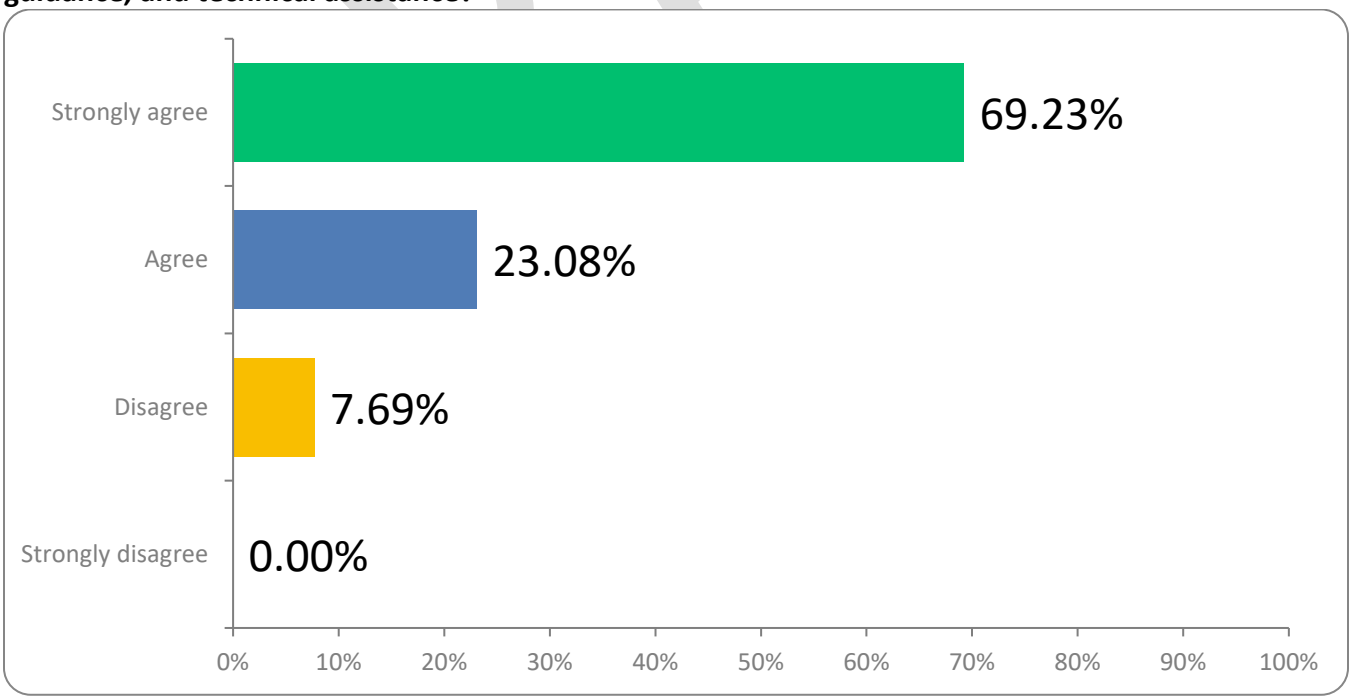
During PY 34 (March 1, 2024 – February 28, 2025), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



Please check the response time from DHSP regarding invoicing questions.

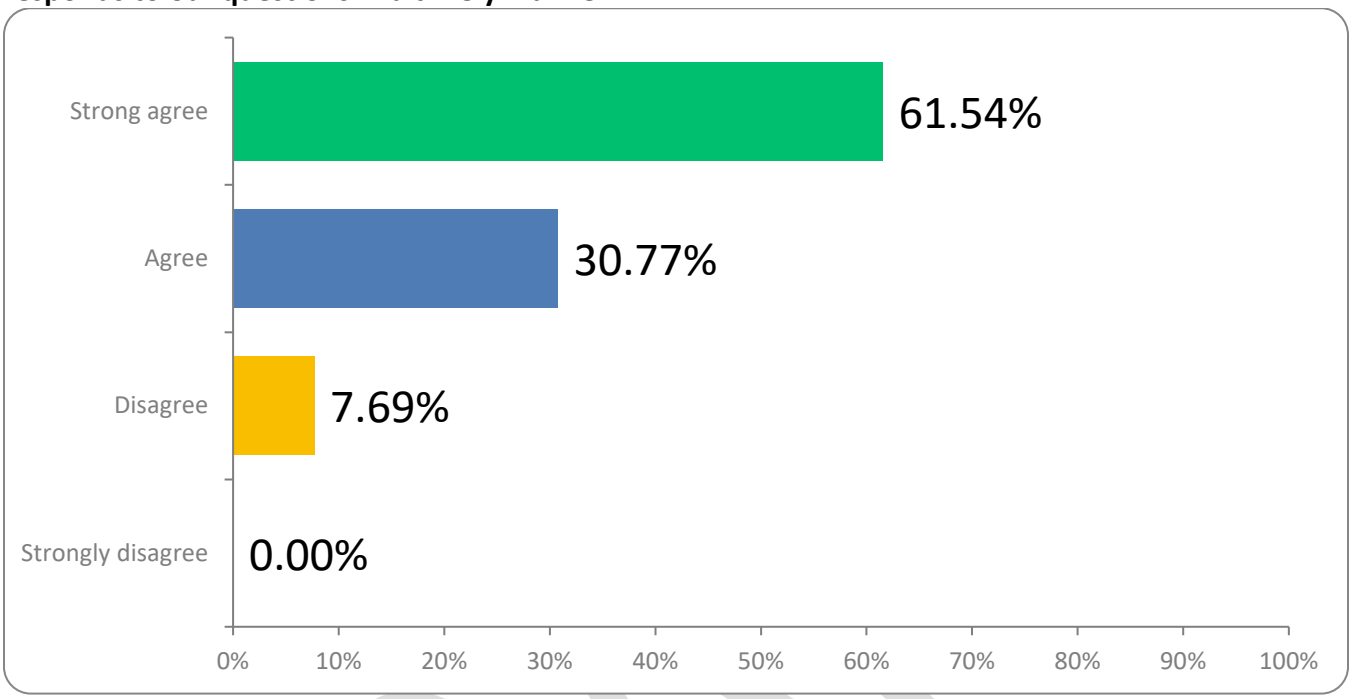


Please state the degree to which you agree with the following statement: Our Contract Monitor provides clear and consistent responses to our questions and request for information, programmatic guidance, and technical assistance?

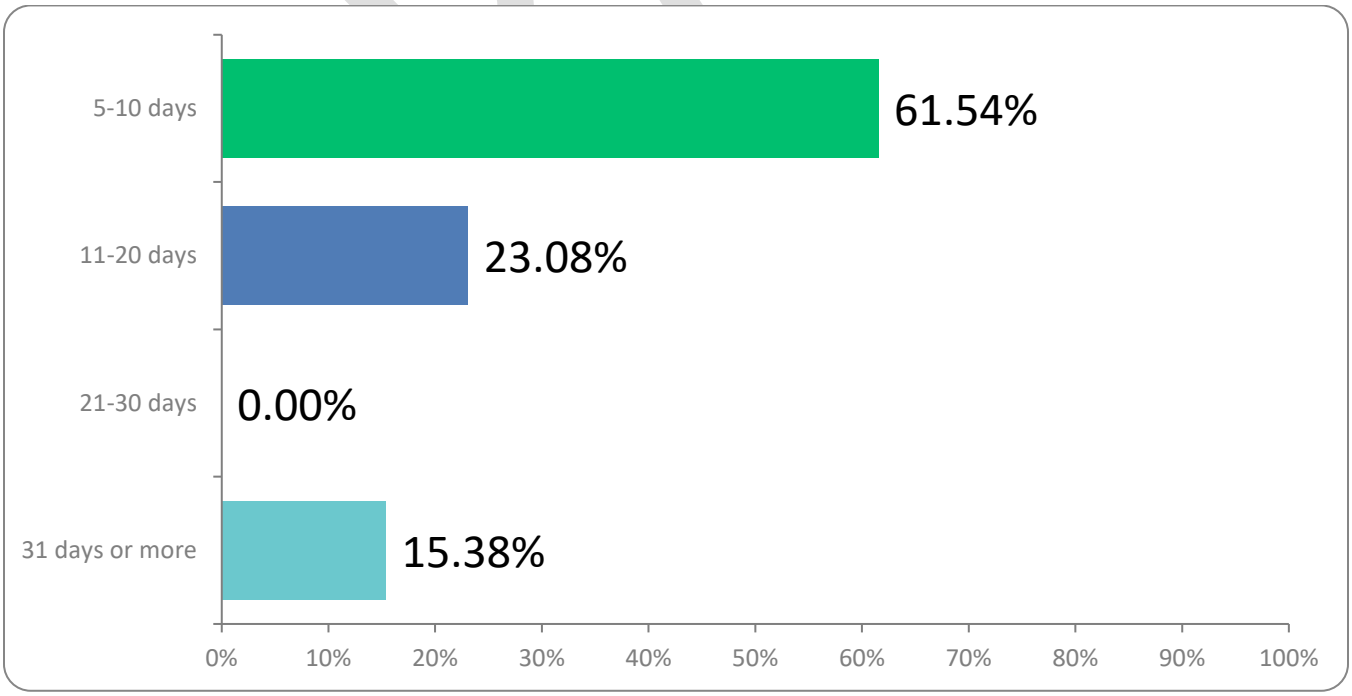


Other: Guidance is heavily dependent on the program manager.

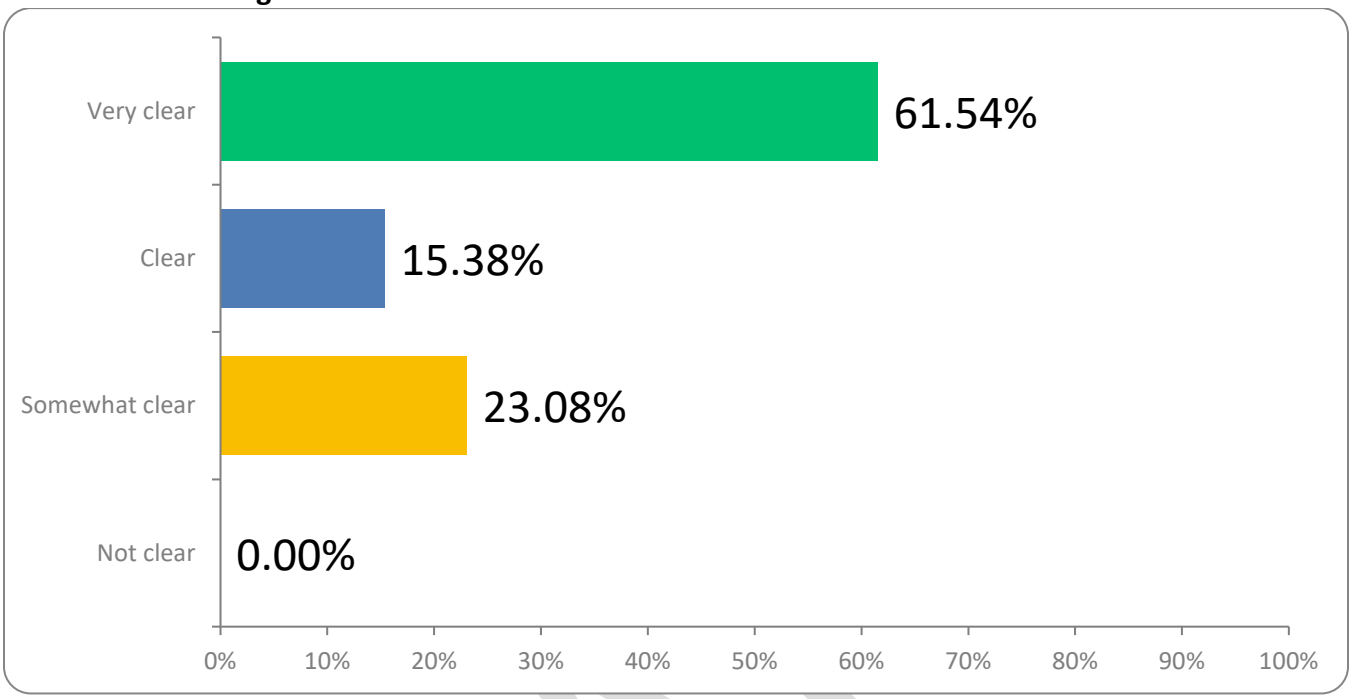
Please state the degree to which you agree with the following statement: Our Contract Monitor responds to our questions in a timely manner.



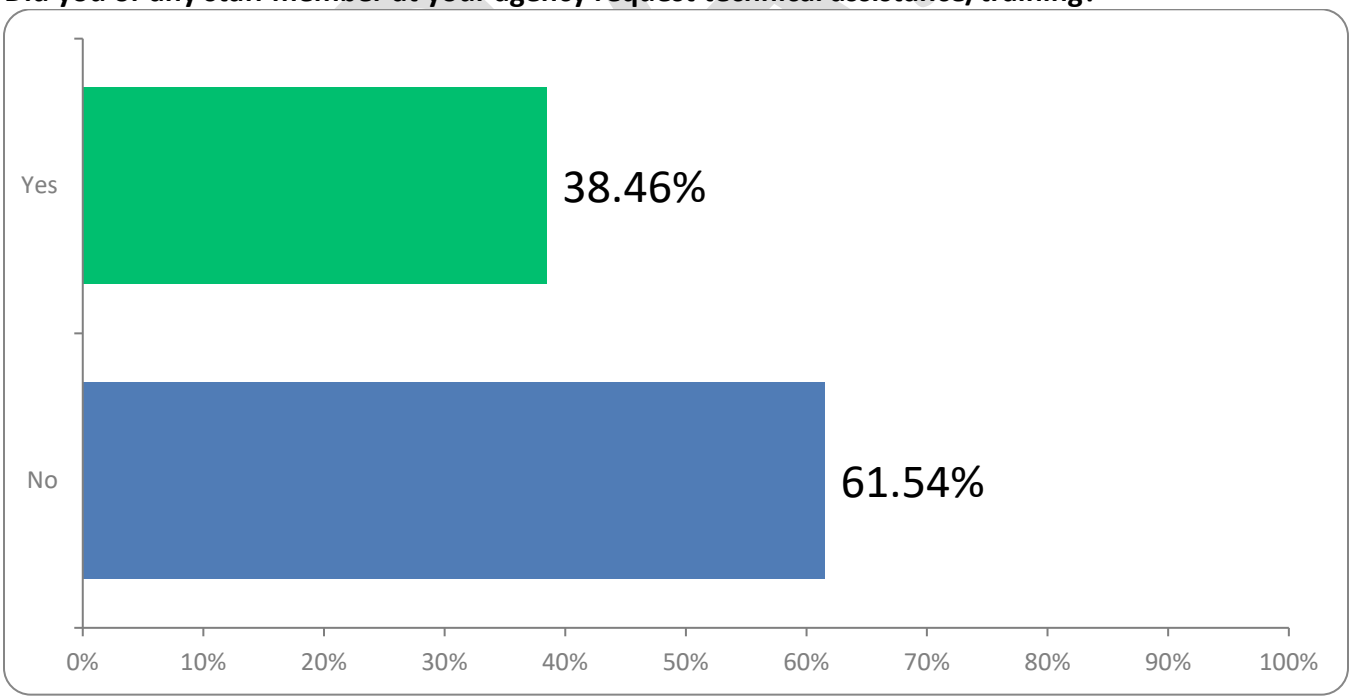
Please select the average response time for reprogramming/budget modifications request from your Contract Monitor.



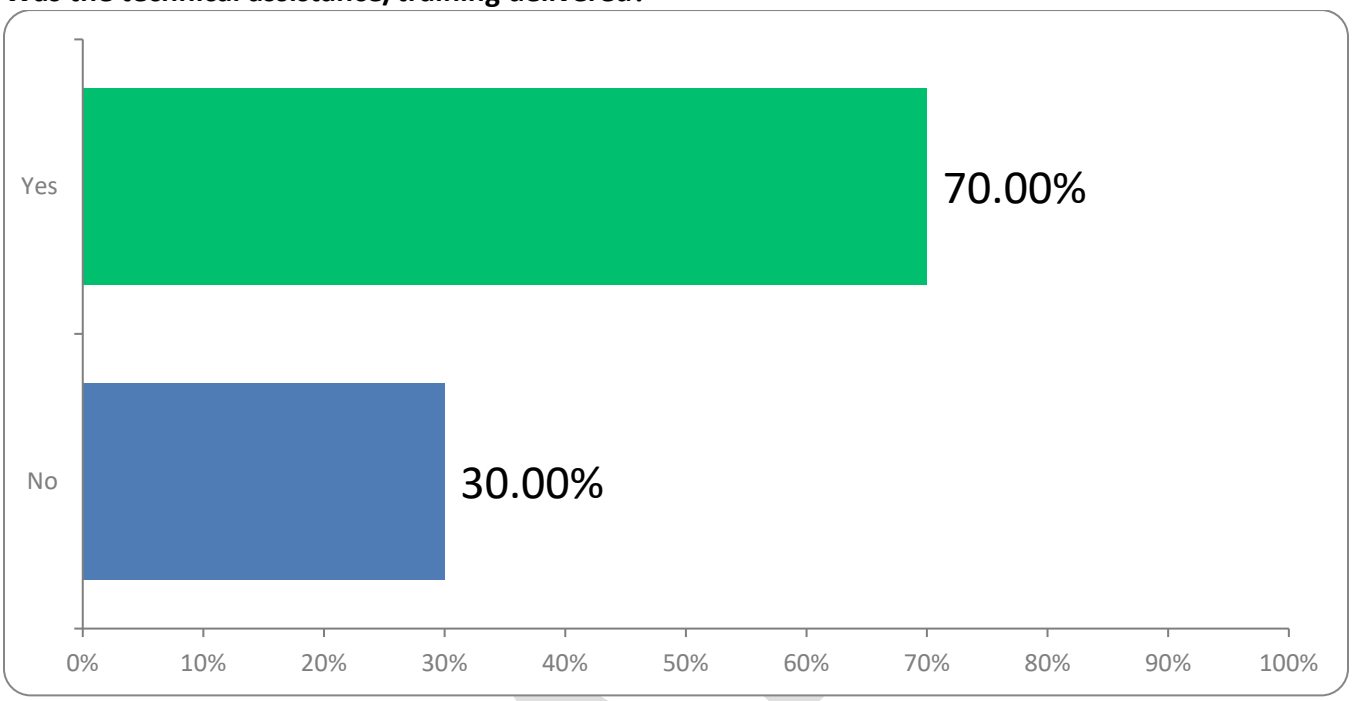
In terms of the process for program monitoring, are you clear on the expectations prior to the site visit and monitoring?



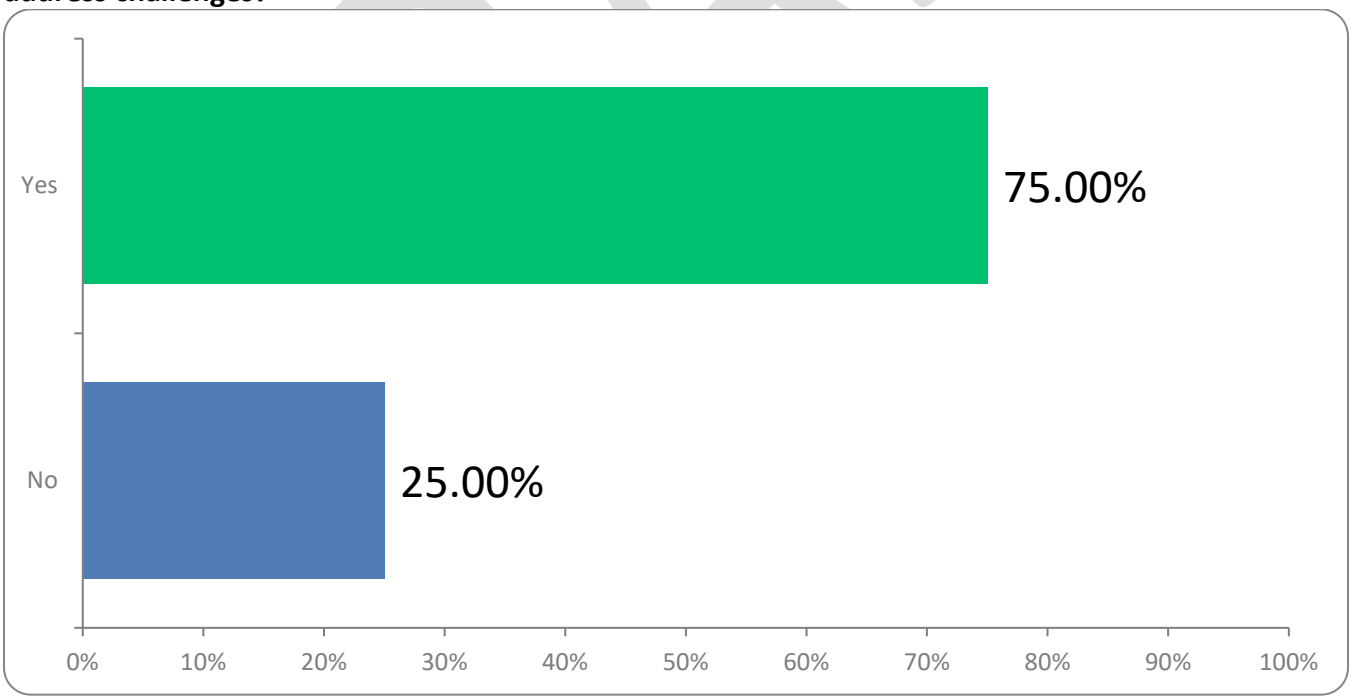
Did you or any staff member at your agency request technical assistance/training?



Was the technical assistance/training delivered?



Did the technical assistance/training meet your needs in helping you (or your agency) effectively address challenges?



Summary of Responses to Open-Ended Questions:

List the most recent Request for Proposals (RFPs) from DHSP that your agency applied for? Please specific RFP number, service category and submission date.

• RFP NO. 2024 – 014: Comprehensive HIV and STD Prevention Services in Los Angeles County o Date Submitted: 1/24/2025 o Service Categories: § Category 2: Non-Clinic-Based Prevention Services § Category 3: High Impact Prevention Programs (HIPP) • RFP NO. 2024 – 010: Transportation Services for Eligible Ryan White Program Clients in Los Angeles County. o Submitted: 10/28/2024 o Service Category:

Core HIV Medical Services RFP 2024-00, Submitted 10/15/24 Comprehensive HIV and STD Prevention Services RFP 2024-014, Category 1 and Category 3, Submitted 1/27/25

Core HIV Medical Services for Persons Living with HIV RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024

Core HIV Medical Services (RFP #2024-008), Transportation Services RFA #2024-010, Comprehensive HIV AND STD Prevention Services in LA County RFP NO. 2024-014

Comprehensive HIV and STD Prevention Services (RFP 2024-014)

MCC/PSS: RFP 2024-008 due 10/15/24 HIV Testing/HIPP: RFP 2024-014 due 1/27/25

RFP NO. 2024-008

Our most recent contract is an amendment/continuation of an existing contract. The FAIN identifier is H8900016. We obtained the original contract through taking over an existing contract with a collaborative partner who was unable to provide services.

Core HIV Medical Services for Persons Living with HIV, RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024 Transportation Services for Eligible Ryan White Program Clients in Los Angeles County, RFA# 2024-010; submitted 10/29/2024

10/15/2024 - RFP #2024-008 - Core HIV Medical Services for Persons Living with HIV 10/28/2024 - RFA #2024-010 - Transportation Services for Eligible RWP Clients in LAC

COMPREHENSIVE HIV AND STD PREVENTION SERVICES IN LOS ANGELES COUNTY RFP NO. 2024-014

None

2024-008 AOM, MCC, PSS, 10/15/24 2024-014, Category 1 and 3, 1/27/25

Transportation Services for Eligible RW Program Clients in LA County #2024-010, 10/25/2025

RFP NO. 2024-008. CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV, SUBMITTED ON OCTOBER 11, 2024

When was your contract fully executed for PY 33 (March 1, 2023 - February 29, 2024)?

03/01/2023

12/28/2023

04/05/2024

03/01/2023

03/26/2023

07/19/2019

07/11/2023

01/16/2024

05/10/2023

03/08/2023
04/24/2024

When was your contract fully executed for PY 34 (March 1, 2024 – February 28, 2025)?

01/01/2024
07/15/2024
07/18/2024
03/01/2024
08/12/2024
06/05/2024
08/06/2024
01/17/2024
08/08/2024
07/17/2024

Describe issues and/or challenges with executing the contracts, including factors within your respective agency.

NA
Different requirements needed based on the Program Manager
N/A
We are waiting for the contract. Budgets have been submitted and we are waiting on approvals.
The budgeting process.
N/A
There is typically a long wait time until our agency receives contracts from DHSP after budget/contract negotiations are submitted. Once a contract is received, it takes about 2-4 weeks for our agency to route for signatures, as there is a multi-layer review process internally.
getting the budget approved was the biggest hurdle.
CHLA barriers
The internal process within the city is lengthy and time consuming, as are DHSP processes.
NA

Please describe how these challenges were handled. (any issues and/or challenges with executing the contract)

NA
Different requirements needed based on the Program Manager
N/A
We are waiting for the contract. Budgets have been submitted and we are waiting on approvals.
The budgeting process.
N/A
There is typically a long wait time until our agency receives contracts from DHSP after budget/contract negotiations are submitted. Once a contract is received, it takes about 2-4 weeks for our agency to route for signatures, as there is a multi-layer review process internally.
getting the budget approved was the biggest hurdle.
CHLA barriers

The internal process within the city is lengthy and time consuming, as are DHSP processes.
NA

Please describe how these challenges were handled. (issues and/or challenges affected your ability to deliver services to clients?)

NA
N/A
We are not going to stop services because of a missing contract.
Hard work and communication with county program staff.
N/A
Increased communication frequency.
N/A

Please describe any factors contributing to the delay in reimbursements, including factors within your respective agency.

Delay in reimbursement was due to delay in contract execution.
We don't know why there is a delay.
Slow processing time
Our budget modification approval took more than 3 months.
No factors within our agency that contribute to the delay in reimbursements. Once invoices are submitted, it typically takes 30 or more days to receive reimbursements.
n/a
CHLA internal issues related to delays in submission of invoicing
Staffing shortages and recruiting delays.
NONE

Please share any other comments you have below:

It is not consistent program to program. There are also discrepancies between fiscal monitoring by the county and what is allowed in the budgets.
For most aspects of our contract, we receive timely responses. However, the budget modification process generally takes 31 or more days, and we have to reach out repeatedly to receive a response.
Regarding monitoring and site visits, we have four separate monitoring visits that could be done at once but are conducted by separate DHSP departments that do not communicate with each other. This is ultimately inefficient and more time consuming.
Often the monitoring report does not match the comments made during the monitoring close out.
DHSP program advisors are consistently responding in a timely manner.
DHSP DETAILED AUDIT TOOL SHOULD BE PROVIDED TO AGENCIES EVERY YEAR.
We developed an online portal to increase efficiency in client services. The process for DHSP to approve this portal took a significant amount of time, which interfered with our ability to serve clients in a timely manner.
Both HTS and Biomedical RedCap had system issues throughout 2024. HTS Prevention RedCap reporting and access for staff are still an issue. In addition, due to changes in setting up reporting functions in RedCap, our site was unable to run internal reports to enter correct data into the monthly narrative report.
NA

in a timely and efficient manner.

Summary of Responses from DHSP (Recipient):

The local Recipient of Ryan White Part A funding in Los Angeles County is the Division of HIV and STD Programs (DHSP), Department of Public Health. As part of the AEAM, two senior managers in charge of managing the RFP and contracting processes from DHSP participated in key informant interviews. In addition, the Commission developed a survey specifically for DHSP, to provide a comprehensive review and understanding of the recipient's processes regarding solicitations, contracts execution, and payments to subrecipients. The Recipient's responses are summarized below:

#	Question	Recipient Response
PART 1: REQUEST FOR PROPOSALS/SOLICITATIONS:		
1	**How many Requests for Proposals (RFPs) were released for the PY 33 Ryan White Program (March 1, 2023 to February 29, 2024)?**	2
2	**If RFPs were released in PY 33 (March 1, 2023 to February 29, 2024), select the service categories.**	Home-based Case Management WOS (Case management- Home Based Services via Supportive and/or Housing Services Master Agreement (SHSMA)) Childcare Services for Ryan White Program Eligible Clients in LAC (RFA)
3	**How many proposals were received for each of the service category selected in Question #2.**	Case management- Home Based – 7 proposals received. Childcare Services – 1 proposal received, but did not pass Minimum Mandatory Requirements (MMR) Review.

4	**Of the proposals received in PY 33 (March 1, 2023 to February 29, 2024), how many were new service providers?**	4 Please note that the ALL 4 new service providers mentioned above in question 4 were NOT funded/awarded contracts. *These 3 providers indicated prior contracts with DHS, and regional centers, but were new to DPH/DHSP.*
5	**Of these proposals, how many service providers were awarded contracts for Ryan White program funds?**	4
6	**How many Requests for Proposals (RFPs) were released for the PY 34 (March 1, 2024 to February 28, 2025) Ryan White Program?**	4
7	**If RFPs were released in PY 34 (March 1, 2024 to February 28, 2025), select the service categories.**	Ambulatory Outpatient Medical (AOM) Medical Specialty Services Transportation Other (please specify) Patient Support Services (PSS)
8	**How many proposals were received for each of the service category selected in Question #7.**	Core HIV Medical Services comprised of AOM, MCC, and PSS. A total of 20 proposals were submitted for the Core HIV Medical Services RFP, with 18 submissions in each respective category. Ambulatory Outpatient Medical (AOM) – 18 proposals received. Medical Specialty Services

		(Same as Medical Care Coordination) MCC – 18 proposals received. Patient Support Services (PSS) – 18 proposals received. Transportation services – 21 applications received.
9	**Of the proposals received in PY 34 (March 1, 2024 to February 28, 2025), how many were new service providers?**	2 There were 2 new service providers to DHSP. <u>Transportation Services:</u> There were 2 new service providers who applied for Transportation services, but did not pass MMR Review.
10	**Of these proposals, how many service providers were awarded contracts for Ryan White program funds?**	39 service providers were awarded. Core HIV Medical Services – 20 (all proposals) were awarded contracts. Transportation Services – 19 out of the 21 applications received were awarded contracts.
PART II: EXECUTING CONTRACTS WITH SERVICE PROVIDERS:		
11	**How many contracts were fully executed in PY33 (March 1, 2023 to February 29, 2024)?**	A total of 64 *(renewal amendments to extend the term of the contracts with the same contract period (BSS, MSS, Residential, MCC, SUDTH, TCM, Data Mgmt.,*

		Legal, & transportation)
12	**How many contracts were fully executed in PY34 (March 1, 2024 to February 28, 2025)?**	Total of 75 (renewal amendments to extend the term of contracts with same contract period (Mental health, AOM, MCC, Oral, Legal, Data mgmt., BSS, Residential SUDTH, and MSS)
13	**In general, what is the average timeframe for executing service agreements?**	46-60 days (this depends greatly upon the point determined to be the start of the process)
	PART III PAYMENT: Service Provider Reporting and Invoicing Process	
14	**During PY 33 (March 1, 2023 to February 29, 2024), what was the average amount of time in days between receipt of a complete monthly report and invoice from a service provider and the issuance of a payment?**	15-30 days
15	**During PY 34 (March 1, 2024 to February 28, 2025), what has been the average amount of time in days between receipt of a complete monthly report and invoice from a service provider and the issuance of a payment?****	15-30 days It varies from agency to agency. Some agencies submit their invoices and monthly reports on time, aligning with their contract amount and approved budget. Some don't even submit their invoices in a timely manner and require extensive follow-up by finance staff and the Program Manager. However, DHSP agencies have 30 days to bill, and DHSP finance has 30 days to process once it receives the

		invoice and monthly report. It would be safe to assume that about 15 – 30 days.

OVERVIEW OF THE SOLICITATIONS/REQUEST FOR PROPOSALS PROCESS AT DPH/DHSP

Based on key informant interviews with 2 DHSP senior staff and review of Request for Proposals (RFP) documents publicly available on the DPH Contracts and Grants Division, below is a summary of the key elements and process related to the solicitations and contracting procedures at the DHSP/DPH.

SOLICITATIONS PROCESS:

- The solicitations process is designed to ensure County programs do not enter into contractual agreements without a full, unbiased review and that community-based organizations (CBOs) receiving contracts meet requirements and are fully accountable to the County and federal grant requirements.
- DHSP staff begins planning and developing RFPs at least 12 months in advance to ensure continuity of care and to avoid service interruptions. There is extensive review from County Counsel to ensure that RFPs and contract documents meet the County's legal review and requirements.
- Proposal evaluation is in phases: first, to ensure they meet mandatory minimum requirements; second, and review panel convened by Contracts and Grants (C&G), DPH; third, final funding recommendations; fourth, departmental reviews; fifth, contracts go to the Board for approval. Once approved, contract negotiations occur with the CBOs, then a Board Letter is submitted for contract approval. Once approved, the CBOs sign the contracts and then they can be executed.
- DPH C&G is charged with overseeing the contracting process and solicitations for DPH overall but, for DHSP, C&G manages solicitation while DHSP manages programmatic content, contract negotiations, and contract monitoring.
- C&G's role includes responding to questions on a solicitation and releases an addendum that may clarify or change some solicitation language and answer specific questions. C&G, in collaboration with DHSP, will host a proposer's conference.
- Proposers must meet the County's minimum mandatory requirements (MMRs) as well as appear to be able to sustain services for 90 days without County funds to demonstrate financial stability. Proposers passing those tests go on to further evaluation.
- RFP reviewers are typically subject matter experts and resource partners within the County. DHSP is responsible for identifying unbiased, non-conflicted evaluators for review panels. Identifying external reviewers outside of the County is challenging due to several factors. For instance, serving on review panels requires significant time for no pay and evaluators must sign a statement of no conflict of interest so local providers are often ineligible. In addition, external reviewers may not be fully aware of the complexity of the needs and service landscape of Los Angeles County.
- Application reviewers/evaluators receive an orientation prior to receiving the proposals. The orientation entails a review of how to use a common evaluation tool, their roles and responsibilities,

the purpose and aim of the RFP. The evaluators conduct their individual reviews followed by a group discussion of their ratings and feedback. An average score for each proposal is derived from the discussions.

- Contractors are selected and funding recommendations are developed based on evaluation scores as well as funding requirements, geographic distribution of services and targeted populations defined in the solicitation, and availability of funding. Funding amount requested typically exceed available resources. Proposers may request a debriefing after the recommendations to review their proposals. They may appeal decisions.

OVERVIEW OF THE CONTRACTS EXECUTION PROCESS AT DPH/DHSP

- Once an agency has been identified as a successful bidder, they receive a letter from C&G notifying them of their selection and that a meeting with DHSP to initiate contract negotiations would be forthcoming within 2-3 days.
- DHSP provides instructions on how and where to submit budgets and scopes of work and other documents required to complete the contract. A dedicated email address is used to facilitate the submission of required contractual documents. Contractors are given at least a month to complete and submit all required documents. DHSP strives to accommodate requests for extensions from agencies which impacts the timeline for executing the contract.
- Once all contractual documents are received, DHSP reviews the documents for completeness and alignment of budgets with the scope of work and the goals and objectives of the RFP. The review process entails 3 levels of review involving the program manager, supervisor, and the Chief of Contracted Community Services (CCS). Follow-up meetings are then scheduled with the agency to secure additional documents, as needed, and discuss budget requests to ensure accuracy and optimal use of grant funds to meet service delivery requirements and standards. Agencies are given about a week to respond to questions and submit additional information as directed by DHSP.
- Once all documents are received by DHSP, their finance team will conduct additional review. The thorough programmatic and fiscal review seeks to ensure that budgets and scopes of work contain appropriate funding, staffing and service delivery mechanisms.
- The final stage of the contracting process involves securing authorized signatures from the agency and DHSP. The length of time varies depending on the agency's approval process, as some agencies may need to secure approval from their Board of Directors and City Councils. Academic institutions tend to have a longer process internal their approval procedures and chain of command. On average, most contracts are signed and executed within a month. Depending on if the agency requested extensions or was delayed in submitting required documentations, the process may take up to 4 months. In the case of academic institutions, the process has taken up to 1 year in the past.

Efforts by DHP to Encourage Providers to Apply for Ryan White Part A Funds

- The DPH C&G Division disseminates announcements for RFPs on behalf of the entire Department. C&G maintains a listserv of agencies registered to receive notices on funding

opportunities for DPH. In addition, funding notices are also released via the County's Internal Services Department (ISD) which maintains a database of agencies that have registered to declare their interest in doing business with the County. RFPs are posted on the DHSP website with a corresponding link to the C&G website for the full details about the RFP. Combined, these distribution listings reach a broad array of agencies and organizations of varying sizes and service areas of focus or expertise.

Key Factors that Contribute to Delays in Executing Agreements

- As described in the contract execution process earlier, delays in the process typically involve time needed by agencies to submit accurate documents and information required by the County and DHSP and the processes internal to the agencies related to securing authorized signatures for the contracts.
- The recipient noted that some agencies are able to return a signed within the same day which helps with expediting the execution of the contract.

Contract Terminations

- DHSP key informants indicated that no contracts were terminated during PY 33 and 34. One agency, a language service provider, elected to end their contract with the County due low utilization from service providers and clients.

Monthly Report Review and Invoice Payment Process

- The monthly invoicing instructions and forms are available on the DHSP website. Monthly invoices are due no later than 30 days after the end of each month. Invoices must be accompanied by all required program (narrative) reports and data in order for DHSP to process payment. DHSP staff will reach to contractors if required forms are missing, inaccurate, or incomplete. Once DHSP receives an accurate invoice along with the monthly narrative program report, DHSP's timeframe is to pay the agency within 30 days.

Factors that may Contribute to the Delay in Payments to Service Providers

- DHSP key informants noted that the common factor that affects timely payments is failure to submit accurate invoices and narrative reports on time. Agencies are instructed to correct invoices if DHSP finds discrepancies between the approved budget and allowed expenses, which affects the 30-day turnaround time for payment. Budget modification requests pending DHSP approval may also affect the timely submission of invoices to DHSP. With regard to budget modification requests, DHSP strives to approve the request within a month, however, it may take up to 3 months depending on the review and questions from DHSP.

Technical Assistance or Training Provided to Service Providers Aimed at Improving Knowledge and Skills Related to Invoicing and Monthly Reporting Requirements

- DHSP covers these areas of administrative activities during the successful bidders conference. DHSP provides ongoing technical assistance to agencies on an individual basis and as a collective. Additional trainings are provided when new staff are onboarded to ensure that scopes of work, approved budget and contractual requirements are understood and followed by the agency. DHSP routinely receives and responds to questions and request for guidance on

how to develop a budget, budget modification and invoicing.
- Other types of training and technical assistance provided by DHSP include how to use CaseWatch, or other systems for data collection and HIV educational and skills building.

Improvements or Successes Related to Administrative Mechanisms:

- DHSP's effort to contract with a third-party administrator (TPA) has been a significant improvement in their ability to expedite contracts for smaller grants under the Ending the HIV Epidemic initiative. The TPA model may be used for some Ryan White categories, perhaps those with smaller contractual amounts, but not for larger service categories with more complex service and contractual requirements. TPAs would be fiscally challenged to float the cost of paying RW contractors for larger service categories. DHSP is seeking to identify another qualified TPA to enhance their administrative capacity to expedite contracts.
- The County's emergency declaration to address homelessness has been useful for utilizing the sole source contracting mechanism to expedite service agreements specifically tied to the homelessness crisis.
- DHSP developed a more streamlined internal process to review contracts and invoices, decreasing the amount and frequency of back-and-forth communication between DHSP and agencies. Additionally, DHSP has established a more efficient internal communication and coordination process with the finance unit to understand programmatic requirements and minimize separate and often repetitive layers of review between finance and programmatic staff.
- The DPH C&G unit provides enhanced infrastructure and capacity support for DHSP to release and manage several RFPs in a single year.

Key Themes:

- DHSP and DPH uses a broad distribution list to disseminate RFPs and funding announcements, reaching a wide variety of agencies of diverse size, organizational capacity, and service area expertise.
- DHSP continues to make positive improvements managing solicitations, executing contracts, and processing payments to agencies through improved internal processes, communications with agencies, and ongoing general and customized training for agency staff.
- DHSP has a well-established process, infrastructure and partnership with DPH C&G and County Counsel that help to facilitate the solicitations process.
- DHSP seeks provider input regarding service needs and ideas for improving programs to help develop RFPs.

Attachments:

Add document review (include brief description in narrative)
Add solicitations and contracts graphic
Add relevant sections from Commissioner survey in narrative

Los Angeles County Commission on HIV

REVISED 2025 TRAINING SCHEDULE

***SUBJECT TO CHANGE**

- All training topics listed below are mandatory for Commissioners and Alternates.
- All trainings are open to the public.
- Click on the training topic to register.
- Certificates of Completion will be provided.
- All trainings are virtual via Webex.
- For questions or assistance, contact: hivcomm@lachiv.org

Commission on HIV Overview	February 26, 2025 @ 12pm to 1:00pm
Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities	~~March 26, 2025~~ @ 12pm to 1:00pm April 2, 2025
Priority Setting and Resource Allocations Process	April 23, 2025 @ 12pm to 1:00pm
Service Standards Development	May 21, 2025 @ 12pm to 1:00pm
Policy Priorities and Legislative Docket Development Process	June 25, 2025 @ 12pm to 1:00pm
Bylaws Review	July 23, 2025 @ 12pm to 1:00pm

LOS ANGELES COUNTY COMMISSION ON HIV

SERVICE STANDARDS REVISION DATE TRACKER FOR PLANNING PURPOSES

*** SERVICES IN BLUE ARE CURRENTLY FUNDED ***

Last updated: 04/21/25

KEYWORDS AND ACRONYMS	
HRSA: Health Resources and Services Administration	**COH:** Commission on HIV
RWHAP: Ryan White HIV/AIDS Program	**DHSP:** Division on HIV and STD Programs
HAB PCN 16-02: HIV/AIDS Bureau Policy Clarification Notice 16-02 RWHAP: Eligible Individuals & Allowable Uses of Funds	**SBP Committee:** Standards and Best Practices Committee
	PLWH: People Living With HIV

HRSA Service Category	COH Standard Title	DHSP Service	Description	Notes
N/A	AIDS Drug Assistance Program (ADAP) Enrollment	N/A	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS.
Child Care Services	Child Care Services	Child Care Services	Childcare services for the children of clients living with HIV, provided intermittently, only while the client attends in person, telehealth, or other appointments and/or RWHAP related meetings, groups, or training sessions.	**Last approved by COH: 7/8/2021**
Early Intervention Services	Early Intervention Program Services	Testing Services	Identify and support people who are newly identified as HIV-positive or are entering treatment through a team approach.	**Last approved by COH: 5/2/217**
Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Emergency Financial Assistance	Pay assistance for rent, utilities, and food and transportation for PLWH experiencing emergency circumstances.	**Last approved by COH: 2/13/2025**
Food Bank/Home Delivered Meals	Nutrition Support Services	Nutrition Support Services	Home-delivered meals and food bank/pantry services programs.	**Last approved by COH: 8/10/2023**
N/A	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	**Last approved by COH: 4/11/2024** *Not a program- Standards apply to prevention services.*

*** SERVICES IN BLUE ARE CURRENTLY FUNDED ***

Home and Community-Based Health Services	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	**Last approved by COH: 9/9/2022**
Hospice	Hospice Services	Hospice Services	Helping terminally ill clients approach death with dignity and comfort.	**Last approved by COH: 5/2/2017**
Housing	Housing Services: Permanent Supportive	Housing For Health	Supportive housing rental subsidy program of LA County Department of Health Services.	**Last approved by COH: 4/10/2025**
Housing	Housing Services: Residential Care Facility for Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF)	Housing Services RCFCI/TRCF	RCFCI: Home-like housing that provides 24-hour care. TRCF: Short-term housing that provides 24-hour assistance to clients with independent living skills.	**Last approved by COH: 4/10/2025**
Legal Services	Legal Services	Legal Services	Legal information, representation, advice, and services.	**Last approved by COH: 7/12/2018**
Linguistic Services	Language Interpretation Services	Language Services	Interpretation (oral and written) and translation assistance to assist communication between clients and their healthcare providers.	**Last approved by COH: 5/2/2017**
Medical Case Management	Medical Care Coordination (MCC)	Medical Care Coordination	HIV care coordination through a team of health providers to improve quality of life.	**Last approved by COH: 1/11/2024**
Medical Nutrition Therapy	Medical Nutrition Therapy Services	Medical Nutrition Therapy	Nutrition assessment and screening, and appropriate inventions and treatments to maintain and optimize nutrition status and self-management skills to help treat HIV disease.	**Last approved by COH: 5/2/2017**
Medical Transportation	Transportation Services	Medical Transportation	Ride services to medical and social services appointments.	**Last approved by COH: 2/13/2025**
Mental Health Services	Mental Health Services	Mental Health Services	Psychiatry, psychotherapy, and counseling services.	**Last approved by COH: 5/2/2017** *Currently under review. SBP will begin review in June 2025.*

*** SERVICES IN BLUE ARE CURRENTLY FUNDED ***

Non-Medical Case Management	Benefits Specialty Services (BSS)	Benefits Specialty Services	Assistance navigating public and/or private benefits and programs.	**Last approved by COH: 9/8/2022**
	Patient Support Services (PSS)	Patient Support Services	Provide interventions that target behavioral, emotional, social, or environmental factors that negatively affect health outcomes with the aim of improving an individual's health functioning and overall well-being.	*New service standard currently under development. SBP will begin review on 5/6/2025.*
	Transitional Case Management: Justice-Involved Individuals	Transitional Case Management- Jails	Support for post-release linkage and engagement in HIV care.	**Last approved by COH: 12/8/2022** *Currently under review*
	Transitional Case Management: Youth	Transitional Case Management- Youth	Coordinates services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and supportive services.	**Last approved by COH: 12/8/2022** *Currently under review*
	Transitional Case Management: Older Adults 50+	N/A	Coordinate transition between systems of care for older adults 50+ living with HIV/AIDS.	**Last approved by COH: 12/8/2022** *New service standard currently under development.*
Oral Health Care	Oral Health Care Services	Oral Health Services	General and specialty dental care services.	**Last approved by COH: 4/13/2023**
Outpatient/Ambulatory Health Services	Ambulatory Outpatient Medical (AOM)	Ambulatory Outpatient Medical	HIV medical care accessed through a medical provider.	**Last approved by COH: 2/13/2025**
Outreach Services	Outreach Services	Linkage and Retention Program	Promote access to and engagement in appropriate services for people newly diagnosed or identified as living with HIV and those lost or returning to treatment.	**Last approved by COH: 5/2/2017**
Permanency Planning	Permanency Planning	Permanency Planning	Provision of legal counsel and assistance regarding the preparation of custody options for legal dependents or minor children or PLWH including guardianship, joint custody, joint guardianship and adoption.	**Last approved by COH: 5/2/2017**

*** SERVICES IN BLUE ARE CURRENTLY FUNDED ***

Psychosocial Support Services	Psychosocial Support Services	Psychosocial Support Services	Help PLWH cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	**Last approved by COH: 9/10/2020**
Referral for Health Care and Support Services	Referral Services	Referral	Developing referral directories and coordinating public awareness about referral directories and available referral services.	**Last approved by COH: 5/2/2017**
Substance Abuse Services (residential) Substance Abuse Outpatient Care	Substance Use Disorder and Residential Treatment Services	Substance Use Disorder Transitional Housing	Temporary residential housing that includes screening, assessment, diagnosis, and treatment of drug or alcohol use disorders.	**Last approved by COH: 1/13/2022**
N/A	Universal Standards and Client Bill of Rights and Responsibilities	N/A	Establishes the minimum standards of care necessary to achieve optimal health among PLWH, regardless of where services are received in the County. These standards apply to all services.	**Last approved by COH: 1/11/2024** *Not a program—SBP committee will review this document on a bi-annual basis or as necessary per community stakeholder, contracted agency, or COH request.*

Los Angeles County Commission on HIV (COH)
2025 Meeting Schedule and Topics - Commission Meetings

FOR DISCUSSION /PLANNING PURPOSES ONLY
12.04.24; 12.30.24; 01.06.25; 2.19.25; 03.09.25; 03.24.25; 03.30.25

- **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.

2025 Meeting Schedule and Topics - Commission Meetings	
Month	**Key Discussion Topics/Presentations**
~~1/9/25 @ The California Endowment~~ Cancelled due to Day of Mourning for former President Jimmy Carter	Commission on HIV Restructure ***facilitated by Next Level Consulting and Collaborative Research*** ~~Brown Act Refresher (County Counsel)~~ Replaced with training hosted by EO on Jan. 30.
~~2/13/25 @ The California Endowment~~ ~~*Consumer Resource Fair will be held from 12 noon to 5pm~~	~~Commission on HIV Restructure ***facilitated by Next Level Consulting and Collaborative Research***~~
~~3/13/25 @ The California Endowment~~	• ~~Year 33 Utilization Report for All RWP Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ • ~~COH Restructuring Report Out~~
~~4/10/25 @ St. Anne's Conference Center~~	• ~~Contingency Planning RWP PY 35 Allocations~~ • ~~Year 33 Utilization Report for RW Core Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ ~~(Move to PP&A 4/15/25 meeting)~~

5/8/25 @ St. Anne's Conference Center	• ~~Year 33 Utilization Report for RW Support Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ (Move to PP&A 5/1/25 meeting) • ~~Unmet Needs Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ (Move to PP&A meeting, date TBD) • Approve 20% RWP funding scenario allocations • COH Restructuring Workgroups Report and Discussion • Housing Task Force Report of Housing and Legal Services Provider Consultations
6/12/25 @ NO ROOM AVAILABILITY	• Consider cancelling; pending Executive Committee discussion
7/10/25 @ Vermont Corridor	• COH Restructuring/Bylaws Updates • Medical Monitoring Project (Dr. Ekow Sey, DHSP) • PURPOSE Study (Requested by Suzanne Molino, PharmD, Gilead Sciences, Inc.) *Anchor presentation as part of prevention-focused conversation and planning
8/14/25 @ Location TBD	TBD
9/11/25 @ Location TBD	TBD
10/9/25 @ Location TBD	Consider cancelling; pending Executive Committee discussion
11/14/24 @ Location TBD	ANNUAL CONFERENCE
12/12/24 @ Location TBD	Consider cancelling; pending Executive Committee discussion

***Consider future or some of the presentation requests as a special stand-alone virtual offerings outside of the monthly COH meetings.**

America's HIV Epidemic Analysis Dashboard (AHEAD) - Host a virtual educational session on 9/11/25

WORKGROUP OUTCOMES

LOS ANGELES COMMISSION ON HIV COMPREHENSIVE EFFECTIVENESS REVIEW AND RESTRUCTURING PROJECT

MARCH 19-21, 2025

COLLABORATIVE RESEARCH

LOS ANGELES COUNTY COMMISSION ON HIV

NL NEXT-LEVEL CONSULTING

Commission on HIV – Workgroup Report: Restructuring

Introduction

The Los Angeles County Commission on HIV (COH) convened community workgroup sessions from March 19th to 21st, 2025, to address the current challenges facing the Commission. In light of the Board of Supervisors' request for all commissions to review operations and the ongoing budget constraints, directives for the COH are to review its operations in relation to sustainability, enhance operational efficiency, and achieve its federal and local obligations. This report outlines the discussions, findings, and recommendations focusing on restructuring the COH's committees and membership to better align with the available budget and improve its overall impact and effectiveness.

Directive and Overview

The core directive presented to the workgroups was clear: the COH's existing structure is no longer sustainable due to current budget constraints and other factors, and significant changes are necessary to continue its mission. Workgroups were tasked with identifying ways to streamline operations, reduce costs, and maintain the commission's capacity to address HIV-related issues in Los Angeles County. The overarching goal is to ensure that the COH remains reflective of the epidemic while staying efficient and impactful despite reduced resources.

Overarching Themes and Considerations

The workgroups identified several key themes and considerations for restructuring:

- **Purposeful Restructuring**: A shift towards a more focused and intentional structure, with clear functional priorities.
- **Functional Focus**: Ensuring that the COH prioritizes essential functions that align with its mission and responsibilities.
- **Reflecting the Epidemic**: The COH must remain attuned to the evolving nature of the HIV epidemic and adapt its structure and information to drive decision making accordingly.
- **Quorum Issues**: Reducing the number of commissioners to address the ongoing challenge of not meeting quorum, which has hindered the commission's ability to effectively conduct its business.
- **Budget Constraints**: Aligning the COH structure to accommodate financial limitations while ensuring that the COH can still fulfill its duties.

Additionally, several considerations were proposed to optimize the functioning of the COH:

- **Reducing Membership Size**: A smaller membership would help alleviate quorum issues and streamline decision-making processes.

- **Reorganizing Committees**: Merging and refocusing committees where possible to maximize efficiency.
- **Meeting Frequency and Duration**: Reducing the frequency and adjusting the length of meetings to minimize costs and time commitment.
- **Education and Communication**: Providing enhanced training for COH members to better understand their roles and educating providers about the COH's mission.

Committee Restructuring Discussion

The restructuring of COH committees was a major focus of discussion. The workgroups explored ways to consolidate, reorganize, and streamline the committee structure to better align with current needs and budget constraints.

- **Public Policy**: One workgroup suggested maintaining the Public Policy Committee (PPC) as is. However, the most frequent recommendation was to elevate the Public Policy workgroup to the Executive Committee, allowing it to have a broader, more strategic role while streamlining the number of committees. Other suggestions included eliminating the PPC entirely, given that the Chief Executive Office under the direction of the Board of Supervisors has a designated office and staff with policy expertise for this function. A final proposal was to have all committees handle policy-related work.
- **Operations**: A popular suggestion was to rename the Operations Committee to "Membership and Community Engagement," consolidating various non-required city members to be members of this committee; and incorporate faith-based leaders, caucuses and task forces into this committee's work for better alignment and coordination. There was extensive discussion about increased youth representation on the COH. This area of concern should be developed by youth for youth to determine an appropriate path forward with greater representation on the Commission. The Assessment of the Efficiency of the Administrative Mechanism (AEAM) and bylaws could be moved out of this committee work, potentially as well to align workloads.
  One workgroup discussed eliminating the Operations Committee, redistributing its responsibilities to the Executive Committee (Bylaws, Recruitment, Community Outreach) and the Planning, Priorities, and Allocations (PP&A) Committee.
- **Standards and Best Practices**: The committee could absorb additional work to better align with standard development and reduce workload on PP&A. The frequency of meetings could also be reduced, and subject matter experts could be consulted on an as-needed basis.
- **Planning, Priorities, and Allocations (PP&A)**: The PP&A Committee could transfer certain duties (e.g., PSRA) to the full Commission and focus solely on planning responsibilities. This could improve the overall engagement of the full COH. The committee could focus on integrated prevention and care planning efforts.
- **Executive Committee**: This committee could absorb additional functions from the Operations and Public Policy Committees, such as policy review, bylaws and AEAM.

Committee Restructuring Recommendations:
The primary goal of the committee restructuring is to reduce costs while maintaining the effectiveness of the COH's operations. Key recommendations include minimizing the number of meetings, consolidating overlapping functions, and reducing the overall size of the COH membership. Taskforces and caucuses, while valuable, may need to be reevaluated as non-federally required functions under current budget constraints.

Membership Restructuring Discussion

The workgroups also reviewed the current membership structure and identified ways to reduce its size while still ensuring diverse representation and compliance with federal requirements. The key findings are outlined below:

Quorum Challenges: A consistent issue raised by workgroups was the difficulty in meeting quorum due to the large membership size, which hampers the COH's ability to conduct business effectively.

Through the workgroup discussion, there were two scenarios recommended as a potential outcome:

- **Option 1 – Status Quo**: One workgroup preferred maintaining the current structure with 51 members, arguing that Los Angeles County's size necessitates a larger membership to represent diverse communities. However, this option does not address quorum issues, nor does it offer a potential reduction in operational costs.
- **Option 2 – Reduced Membership**: A majority of workgroups (four out of five) favored reducing the membership size by removing non-RWA-required positions, except for the five Board of Supervisors' representatives which is a local requirement. This option proposes the creation of a new "Membership and Community Engagement" committee (formerly Operations) to include cities with separate Health Departments and integrate Part F into the Standards and Best Practices or local AIDS Education and Training Center (AETC) work. Academics/Behavioral social scientists could be included as a required position, reducing the overall membership to 28 COH members. The COH members should be reviewed during the application period for epidemic reflectiveness to include youth representation as a priority since it continues to be a challenge.

Membership Recommendation:
Option 2 is strongly recommended, as it would reduce costs, address quorum challenges, and streamline decision-making. This approach ensures that the COH can meet federal obligations while remaining responsive to the needs of the community.

Conclusion

The workgroup sessions held from March 19th to 21st, 2025, have laid a foundation for a more efficient and sustainable COH. By restructuring committees, reducing membership, and aligning operations with budget constraints, the COH can continue to fulfill its vital mission to address HIV in Los Angeles County. The proposed changes will not only ensure the COH's continued effectiveness, but will also allow it to operate within the fiscal realities currently facing the organization.

The consensus of the workgroups was that the COH needed to restructure with a purpose, while reducing membership to improve the ability to accomplish the business of the COH. The discussion resulted in two potential restructuring recommendations: see Exhibit A and Exhibit B.

Membership of the COH should be scaled down to address the quorum issue of the committees and commission meetings and reduce budget costs. The recommendation is to have a 28-member COH with the following positions: fifteen federally mandated positions, five local required positions, one representing Academia, and 7 non-affiliated reflective members.

Moving forward, it will be crucial to continue monitoring the implementation of these changes and adjust as needed to maintain a balance between operational efficiency and the COH's public health objectives.

Exhibit A

Restructure Recommendation 1

Commission of HIV

- Clearing House of all operations duties of the Commission
- Priority Setting and Resource Allocation
- Monitor Prevention and Care Funds

Executive Committee

- Oversee administrative and operational activities
- Serve as the clearing house to review and forward items for discussion, approval and action to the Commission and its various working groups/units
- Act on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission;
- Approve the agendas for the Commission's regular, Annual & special meetings;
- Address matters related to Commission office staffing, personnel and operations, when needed;
- Develop and adopt the Commission's annual operational budget
- Overseeing and monitoring Commission expenditures and fiscal activities; and
- Carry out other duties and responsibilities, as assigned by the BOS or the Commission.
- Provide Public Policy recommendations on areas that impact STD/HIV
- Bylaws and policy reviews and updates

Integrated Planning

- Needs assessments
- Comprehensive HIV Plan
- Monitoring prevention and care funds
- Monitoring service needs and systems improvements
- Service utilization review
- AEAM
- Service Standards
- QM data activities

Membership and Community Outreach

- Membership, recruitment, retention, leadership development and training
- Community Outreach and Engagement
- Community report out
- Caucus reports
- Taskforce Reports

Frequency: 6 times a year with Priority Setting & Resource Allocation in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.

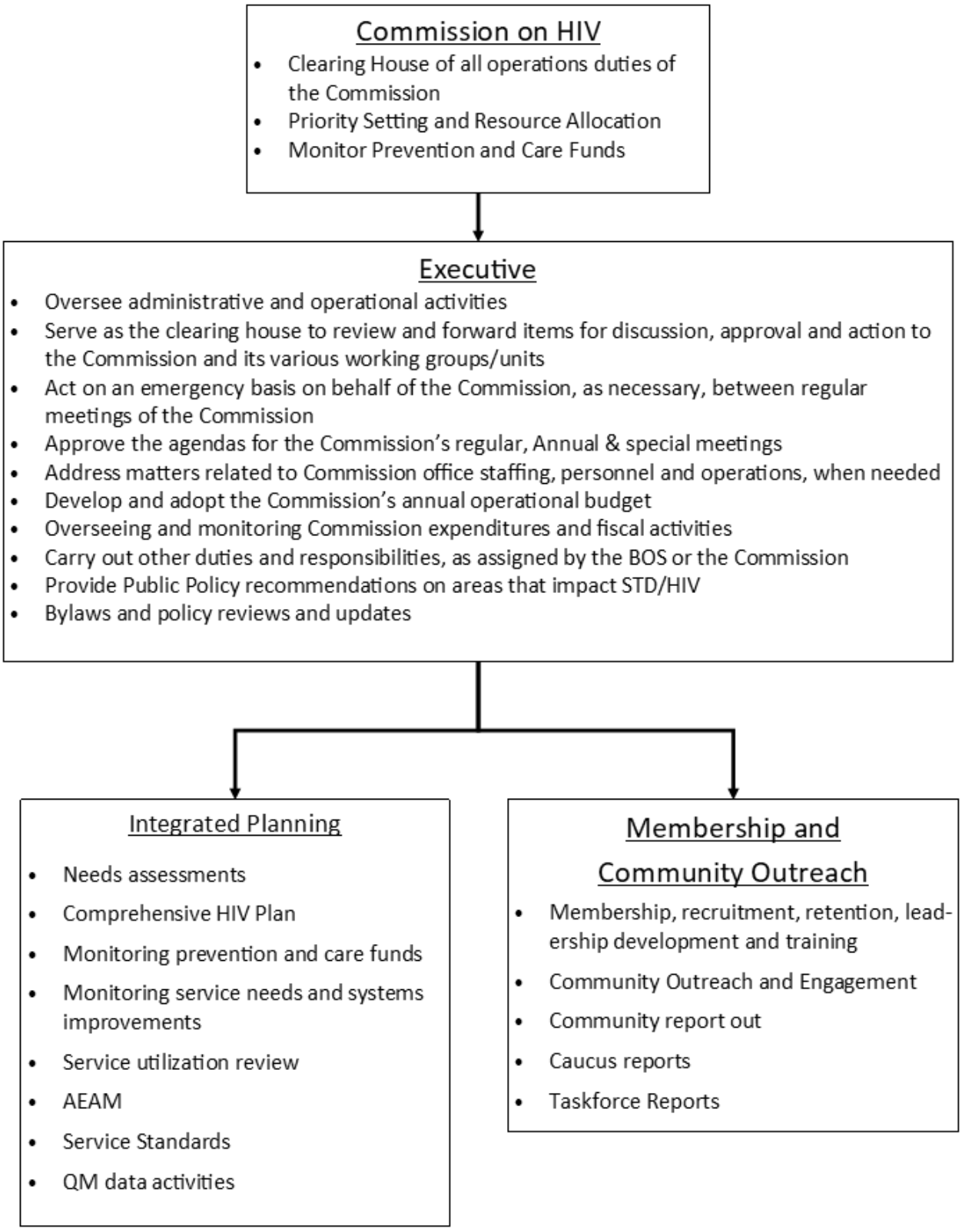


Figure 1 Exhibit A - Frequency is 6 times a year with P&R in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.

Exhibit B

Restructure Recommendation 2

Commission of HIV

- Clearing House of all operations duties of the Commission

Executive Committee

- Oversee administrative and operational activities
- Serve as the clearing house to review and forward items for discussion, approval and action to the Commission and its various working groups/units
- Act on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission;
- Approve the agendas for the Commission's regular, Annual & special meetings;
- Address matters related to Commission office staffing, personnel and operations, when needed;
- Develop and adopt the Commission's annual operational budget
- Overseeing and monitoring Commission expenditures and fiscal activities; and
- Carry out other duties and responsibilities, as assigned by the BOS or the Commission.
- Provide Public Policy recommendations on areas that impact STD/HIV
- Bylaws and policy reviews and updates

Planning, Priorities and Allocations

- Priority Setting and Resource Allocation
- Monitor Prevention and Care Funds
- Needs assessments
- Comprehensive HIV Plan
- Monitoring prevention and care funds
- Monitoring service needs and systems improvements
- Service utilization review

Standards and Best Practices

- Service Standards
- Best practice recommendations
- QM data activities
- AEAM

Membership and Community Outreach

- Membership, recruitment, retention, leadership development and training
- Community Outreach and Engagement
- City reports
- Caucus reports
- Taskforce Reports

Frequency - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.

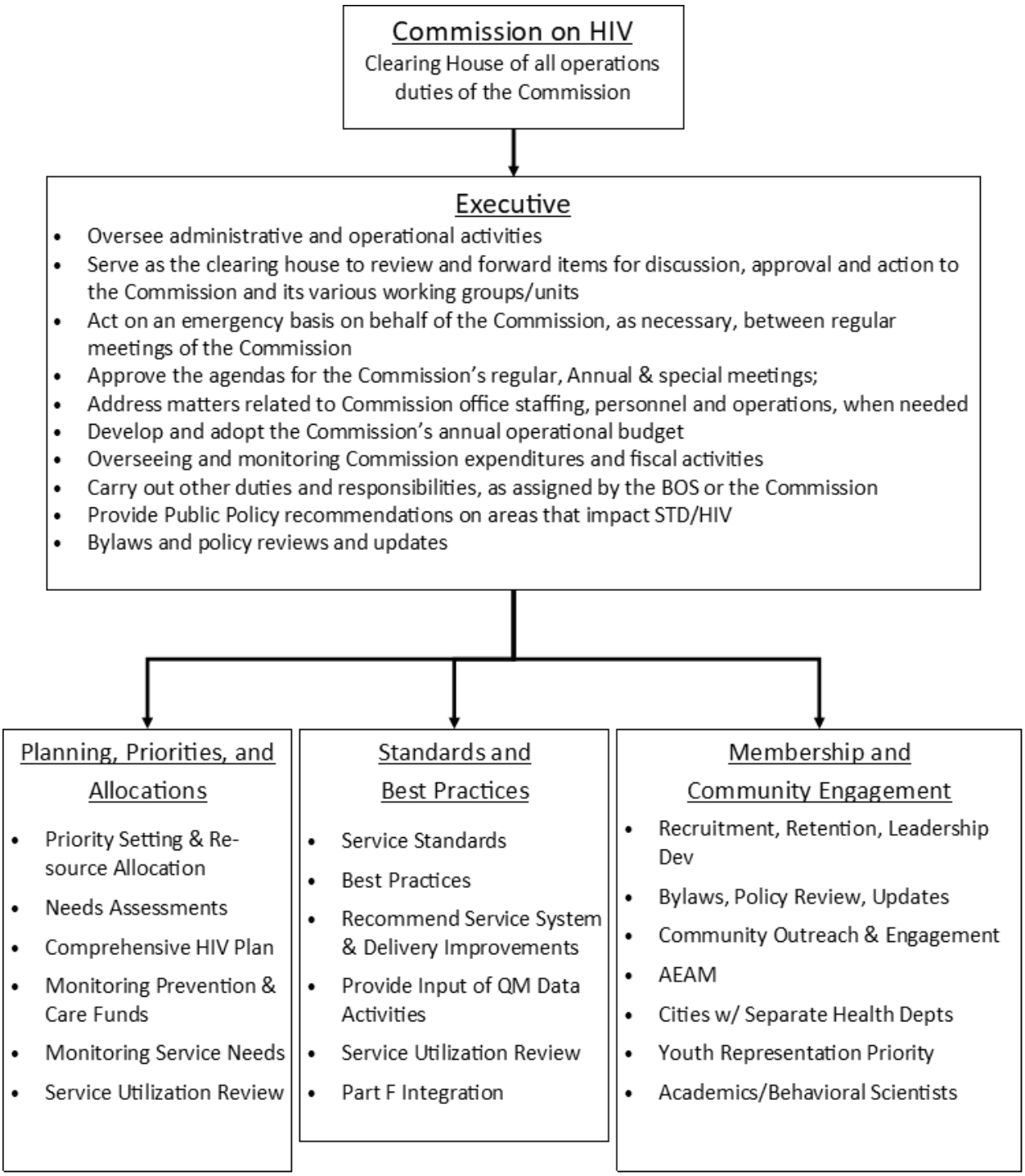


Figure 2 Exhibit B - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.

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:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs

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 electronico:
dhspsupport@ph.lacounty.gov

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

County of Los Angeles
Public Health
Division of HIV and STD Programs