



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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COMMISSION ON HIV Meeting

Thursday, February 8, 2024
9:00am-1:30pm (PST)

St. Anne's Conference Center
155 N. Occidental Blvd., LA 90026

**** Complimentary On-Site Valet Parking Available ****

Kindly inform Valet you are attending the Commission meeting

Agenda and meeting materials will be posted on our website
at <http://hiv.lacounty.gov/Meetings>

****JOIN US FOR A 3 -PART HOPWA PRESENTATION SERIES ADDRESSING CRITICAL ISSUES FACING PEOPLE LIVING WITH HIV AND HOUSING****



Members of the Public May Join in Person or Virtually. For Members of the Public Who Wish to Join Virtually, Register Here:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r64401985a27ef3cfde9ce1f48aec68ae>

Notice of Teleconferencing Sites:

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

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

LIKE WHAT WE DO?

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>

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

Thursday, February 8, 2024 | 9:00 AM – 1:30 PM

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/r64401985a27ef3cfde9ce1f48aec68ae>

AGENDA POSTED: February 1, 2024

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

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

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

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



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

1. ADMINISTRATIVE MATTERS

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

2. PUBLIC & COMMISSIONER COMMENTS

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

3. PRESENTATION - I

9:25 AM – 10:10 AM

Elevating Voices, Igniting Change through Community Listening Sessions | Black Caucus Presentation in Commemoration of National Black HIV/AIDS Awareness Day (NBHAAD)

4. REPORTS – I

10:10 AM – 10:45 AM

A. Operations Committee

(1) Membership Management

- a. 2024 Renewal Membership Drive
- b. New Membership Applications
 - Vilma Mendoza | Unaffiliated Consumer, SPA 7 **MOTION #4**
 - Leonardo Martinez-Real | Unaffiliated Consumer, Supervisorial District 1 **MOTION #5**
 - Kerry Ferguson | Alternate **MOTION #6**
 - Seat Vacate | Redeem Robinson **MOTION #7**
- c. Mentorship Volunteer Recruitment



A. Operations Committee (cont'd)

10:10 AM – 10:45 AM

(2) Policy & Procedures

- a. Proposed Updates to Policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process Re: “2 Person/Per Agency” Waiver **MOTION #8**
- b. Proposed Bylaws Updates | Open Public Comment: February 12, 2024 – March 13, 2024

(3) Assessment of the Administrative Mechanism | UPDATES

(4) [2024 Training Schedule](#)

(5) Recruitment, Retention and Engagement

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

(1) Los Angeles County HIV &STI Status Neutral Service Delivery Framework **MOTION #9**

(2) Draft Status Neutral Priority Setting and Resource Allocation (PSRA) Framework, Current Allocations and Priorities, and Prevention Planning Workgroup Recommendations

(3) Fiscal Year 2023 RWP/MAI Expenditures and Utilization Reports | UPDATES

(4) Los Angeles Housing Service Authority (LAHSA) Data Analysis

C. Standards and Best Practices (SBP) Committee

(1) Universal Service Standards | UPDATES

(2) Medical Care Coordination (MCC) Service Standards | UPDATES

(3) Prevention Service Standards | UPDATES

D. Public Policy Committee (PPC)

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

- a. 2024 Legislative Docket
- b. 2023-2024 Policies Priorities
 - a. State/Federal Budget
 - b. County Coordinated STD Response

E. Caucus, Task Force and Work Group Reports

10:45 AM – 11:00 AM

(1) Aging Caucus | April 2, 2024 @ 1-3PM *Virtual

(2) Black/African American Caucus | February 15, 2024 @ 4-5PM *Virtual

(3) Bylaws Review Taskforce (BRT) | TBD

(4) Consumer Caucus | February 8, 2024 @ 2:15-3:45PM * Virtual & In-Person @ St. Anne’s

(5) Transgender Caucus | February 27, 2024 @ 10AM-11:30AM *Virtual

(6) Women’s Caucus | April 15, 2024 @ 2-4PM *Virtual

BREAK

11:00 AM – 11:15 AM

5. PRESENTATION - II

11:15 AM – 12:15 PM

Part 1: Program Overview | Housing Opportunities for People Living with AIDS (HOPWA) 3- Part Series Addressing Critical Issues Facing People Living with HIV and Housing



6. REPORTS - II

- F. Executive Director/Staff Report 12:15 PM – 12:20 PM
 - (1) 2023 Draft Annual Report
- G. Co-Chairs’ Report 12:20 PM – 12:35 PM
 - (1) January 11, 2024 COH Meeting | FOLLOW-UP & FEEDBACK
 - (2) Executive Committee Member At-Large | OPEN NOMINATIONS
 - (3) Conferences, Meetings & Trainings
 - a. 2024 International AIDS Conference (July 22-24, 2024)
 - b. NMAC Biomedical HIV Prevention Summit (April 19-20, 2024)
 - (4) 2024 Committee Co-Chairs
 - (5) Member Vacancies & Recruitment
 - (6) [Acknowledgement of National HIV Awareness Days](#)
- H. LA County Department of Public Health Report (Part A Representative) 12:35 PM – 12:50 PM
 - (1) Division of HIV/STD Programs (DHSP) Updates
 - c. Programmatic and Fiscal Updates
 - d. Mpox Briefing
 - e. Ending the HIV Epidemic (EHE) | UPDATES
 - (2) California Office of AIDS (OA) Report (Part B Representative) 12:50 PM – 1:00 PM
 - a. [OAVoice Newsletter Highlights](#)
 - b. California Planning Group (CPG)
- I. Ryan White Program Parts C, D, and F Report 1:00 PM – 1:05 PM
- J. Cities, Health Districts, Service Planning Area (SPA) Reports 1:05 PM – 1:15 PM

7. MISCELLANEOUS

- A. Public Comment 1:15 PM – 1:20 PM

(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)
- B. Commission New Business Items 1:20 PM – 1:25 PM

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



7. MISCELLANEOUS (cont'd)

C. Announcements

1:25 PM – 1:30 PM

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

D. Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of February 8, 2024.

| PROPOSED MOTION(S)/ACTION(S) | |
|------------------------------|---|
| MOTION #1 | Approve meeting agenda, as presented or revised. |
| MOTION #2 | Approve meeting minutes, as presented or revised. |
| MOTION #3 | Approve Consent Calendar, as presented or revised. |
| CONSENT CALENDAR | |
| MOTION #4 | Approve new member application for Vilma Mendoza to occupy Unaffiliated Consumer, SPA 7 seat, as presented or revised, and forward to Board of Supervisors for appointment. |
| MOTION #5 | Approve new member application for Leonardo Martinez-Real to occupy Unaffiliated Consumer, Supervisorial District 1 seat, as presented or revised, and forward to Board of Supervisors for |
| MOTION #6 | Approve new member application for Kerry Ferguson to occupy Alternate seat, as presented or revised, and forward to Board of Supervisors for appointment. |
| MOTION #7 | Approve seat vacate for Redeem Robinson, as presented or revised. |
| MOTION #8 | Approve proposed updates to Policy # 09.4205, incorporating the following waiver language: "A two-person-per-agency waiver is applicable to individuals affiliated with an entity or organization otherwise represented on the COH. This waiver is granted if the individual's salary is not supported by the represented organization and they do not receive payment directly funded by dollars from a DHSP contract or in any consulting capacity by DHSP contractual funds", as presented or revised. |
| MOTION #9 | Approve updated Los Angeles County HIV & STI Status Neutral Service Delivery Framework, as presented or revised. |



COMMISSION ON HIV MEMBERS

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

MEMBERS: 45

QUORUM: 24

LEGEND:

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



LOS ANGELES COUNTY COMMISSION ON HIV



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HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

VISION

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

MISSION

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



CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

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

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

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

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

WHAT IS A LAND ACKNOWLEDGMENT?

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

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

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

HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

JUNE 23, 2020

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

JULY 13, 2021

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

OCTOBER 5, 2021

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

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

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

NOVEMBER 2021 – MARCH 2022

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

MARCH 30 – SEPTEMBER 30, 2022

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

OCTOBER 18, 2022

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

NOVEMBER 1, 2022

The Board adopts the Countywide Land Acknowledgment.

DECEMBER 1, 2022

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

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

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



2024 MEMBERSHIP ROSTER | UPDATED 2.7.24

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



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TEL. (213) 738-2816
WEBSITE: hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

COMMITTEE ASSIGNMENTS

Updated: February 5, 2024
Assignment(s) Subject to Change

| EXECUTIVE COMMITTEE | | |
|--|-------------------------|--------------|
| Regular meeting day: 4 th Thursday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 12 Number of Quorum= 7 | | |
| COMMITTEE MEMBER | MEMBER CATEGORY | AFFILIATION |
| Danielle Campbell, PhDc, MPH | Co-Chair, Comm./Exec.* | Commissioner |
| Luckie Fuller (LOA) | Co-Chair, Comm/Exec* | Commissioner |
| Joseph Green (Pro tem) | Co-Chair, Comm./Exec.* | Commissioner |
| Miguel Alvarez | At-Large | Commissioner |
| Erika Davies | Co-Chair, SBP | Commissioner |
| Kevin Donnelly | Co-Chair, PP&A | Commissioner |
| Felipe Gonzalez | Co-Chair, PP&A | Commissioner |
| Lee Kochems, MA | Co-Chair, Public Policy | Commissioner |
| Jose Magana | Co-Chair, Operations | Commissioner |
| Katja Nelson, MPP | Co-Chair, Public Policy | Commissioner |
| Kevin Stalter | Co-Chair, SBP | Commissioner |
| Justin Valero, MA | Co-Chair, Operations | Commissioner |
| Mario Pérez, MPH | DHSP Director | Commissioner |

| OPERATIONS COMMITTEE | | |
|--|---------------------|--------------|
| Regular meeting day: 4 th Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 6 Number of Quorum= 4 | | |
| COMMITTEE MEMBER | MEMBER CATEGORY | AFFILIATION |
| Jose Magana | Committee Co-Chair* | Commissioner |
| Justin Valero | Committee Co-Chair* | Commissioner |
| Miguel Alvarez | At Large | Commissioner |
| Jayda Arrington | * | Commissioner |
| Leon Maultsby, MHA | * | Commissioner |
| Erica Robinson | * | Alternate |

Committee Assignment List

Updated: February 5, 2024

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| PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE | | |
|--|------------------------|--------------------|
| Regular meeting day: 3 rd Tuesday of the Month | | |
| Regular meeting time: 1:00-3:00 PM | | |
| Number of Voting Members= 14 Number of Quorum= 8 | | |
| COMMITTEE MEMBER | MEMBER CATEGORY | AFFILIATION |
| Kevin Donnelly | Committee Co-Chair* | Commissioner |
| Felipe Gonzalez | Committee Co-Chair* | Commissioner |
| Al Ballesteros, MBA | * | Commissioner |
| Lilieth Conolly | * | Commissioner |
| Ish Herrera | * | Commissioner |
| William D. King, MD, JD, AAHIVS | * | Commissioner |
| Miguel Martinez, MPH | ** | Committee Member |
| Derek Murray | * | Commissioner |
| Dèchelle Richardson | * | Alternate |
| Redeem Robinson | * | Commissioner |
| Harold Glenn San Agustin, MD | * | Commissioner |
| LaShonda Spencer, MD | * | Commissioner |
| Lambert Talley | * | Commissioner |
| Jonathan Weedman | * | Commissioner |
| Michael Green, PhD | DHSP staff | DHSP |

| PUBLIC POLICY (PP) COMMITTEE | | |
|--|------------------------|--------------------|
| Regular meeting day: 1 st Monday of the Month | | |
| Regular meeting time: 1:00-3:00 PM | | |
| Number of Voting Members= 11 Number of Quorum= 7 | | |
| COMMITTEE MEMBER | MEMBER CATEGORY | AFFILIATION |
| Lee Kochems, MA | Committee Co-Chair* | Commissioner |
| Katja Nelson, MPP | Committee Co-Chair* | Commissioner |
| Alasdair Burton | * | Commissioner |
| Sandra Cuevas | * | Commissioner |
| Mary Cummings | * | Commissioner |
| Pearl Doan | * | Commissioner |
| Felipe Findley, MPAS, PA-C, AAHIVS | * | Commissioner |
| Bridget Gordon | * | Commissioner |
| Paul Nash, CPsychol AFBPsS FHEA | * | Commissioner |
| Ronnie Osorio | * | Commissioner |
| Ricky Rosales | * | Commissioner |

Committee Assignment List

Updated: February 5, 2024

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| STANDARDS AND BEST PRACTICES (SBP) COMMITTEE | | |
|---|------------------------|--------------------|
| Regular meeting day: 1 st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 12 Number of Quorum = 7 | | |
| COMMITTEE MEMBER | MEMBER CATEGORY | AFFILIATION |
| Kevin Stalter | Committee Co-Chair* | Commissioner |
| Erika Davies | Committee Co-Chair* | Commissioner |
| Mikhaela Cielo, MD | * | Commissioner |
| Arlene Frames | * | Commissioner |
| Lauren Gersh | * | Committee Member |
| David Hardy, MD | * | Commissioner |
| Mark Mintline, DDS | * | Committee Member |
| Andre Molette | * | Commissioner |
| Byron Patel, RN, ACRN | * | Commissioner |
| Martin Sattah, MD | * | Commissioner |
| Juan Solis | * | Alternate |
| Russell Ybarra | * | Commissioner |
| Wendy Garland, MPH | DHSP staff | DHSP |

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

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

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

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 2/7/24

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

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|-------------------------|----------|---|---|
| ALVAREZ | Miguel | No Affiliation | No Ryan White or prevention contracts |
| ARRINGTON | Jayda | Unaffiliated consumer | No Ryan White or prevention contracts |
| BALLESTEROS | AI | JWCH, INC. | HIV Testing Storefront |
| | | | HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV) |
| | | | STD Screening, Diagnosis, and Treatment |
| | | | Health Education/Risk Reduction (HERR) |
| | | | Mental Health |
| | | | Oral Healthcare Services |
| | | | Transitional Case Management |
| | | | Ambulatory Outpatient Medical (AOM) |
| | | | Benefits Specialty |
| | | | Biomedical HIV Prevention |
| | | | Medical Care Coordination (MCC) |
| Transportation Services | | | |
| BURTON | Alasdair | No Affiliation | No Ryan White or prevention contracts |
| CAMPBELL * | Danielle | T.H.E. Clinic, Inc. | See attached subcontractor's list |
| CIELO | Mikhaela | LAC & USC MCA Clinic | Biomedical HIV Prevention |
| CUEVAS | Sandra | Pacific AIDS Education and Training - Los Angeles | No Ryan White or prevention contracts |
| CUMMINGS | Mary | Bartz-Altadonna Community Health Center | No Ryan White or prevention contracts |
| DAVIES | Erika | City of Pasadena | HIV Testing Storefront |
| | | | HIV Testing & Sexual Networks |
| DOAN | Pearl | No Affiliation | No Ryan White or prevention contracts |
| DONNELLY | Kevin | Unaffiliated consumer | No Ryan White or prevention contracts |

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|------------------------|--------------|--|--|
| FINDLEY | Felipe | Watts Healthcare Corporation | Transportation Services |
| | | | Ambulatory Outpatient Medical (AOM) |
| | | | Medical Care Coordination (MCC) |
| | | | Oral Health Care Services |
| | | | Biomedical HIV Prevention |
| | | | STD Screening, Diagnosis and Treatment |
| FRAMES | Arlene | Unaffiliated consumer | No Ryan White or prevention contracts |
| FULLER | Luckie | Invisible Men | No Ryan White or prevention contracts |
| GONZALEZ | Felipe | Unaffiliated consumer | No Ryan White or Prevention Contracts |
| GORDON | Bridget | Unaffiliated consumer | No Ryan White or prevention contracts |
| GREEN | Joseph | Unaffiliated consumer | No Ryan White or prevention contracts |
| HALFMAN | Karl | California Department of Public Health, Office of AIDS | Part B Grantee |
| HARDY | David | LAC-USC Rand Schrader Clinic | No Ryan White or prevention contracts |
| HERRERA | Ismael "Ish" | Unaffiliated consumer | No Ryan White or prevention contracts |
| KOCHEMS | Lee | Unaffiliated consumer | No Ryan White or prevention contracts |
| KING | William | W. King Health Care Group | No Ryan White or prevention contracts |
| MAGANA | Jose | The Wall Las Memorias, Inc. | HIV Testing Storefront |
| | | | HIV Testing Social & Sexual Networks |
| 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 |
| MAULTSBY | Leon | Charles R. Drew University | Biomedical HIV Prevention |
| | | | HIV Testing Storefront |
| | | | HIV Testing Social & Sexual Networks |
| MINTLINE (SBP Member) | Mark | Western University of Health Sciences (No Affiliation) | No Ryan White or prevention contracts |
| MURRAY | Derek | City of West Hollywood | No Ryan White or prevention contracts |
| NASH | Paul | University of Southern California | Biomedical HIV Prevention |

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

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|--------------------|--------|---|---------------------------------------|
| SATTAH | Martin | Rand Schrader Clinic LA County Department of Health Services | No Ryan White or prevention contracts |

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

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.

| Division of HIV and STD Programs Contracted Community Services | | |
|---|--|--|
| ORGANIZATION | SERVICE CATEGORY | SUBCONTRACTOR |
| AIDS Healthcare Foundation (AHF) | Mental Health | |
| | Medical Specialty | |
| | Oral Health | |
| APLA Health & Wellness (AHW) | Ambulatory Outpatient Medical (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 | |
| AltaMed Health Services | Case Management Home-Based | Envoy, Caring Choice, Health Talent Strategies, Hope International |
| | Mental Health | |
| | Vulnerable Populations (YMSM) | TWLMP |
| Bienestar Human Services (BEN) | Nutrition Support (Food Bank/Pantry Service) | |
| | Vulnerable Populations (Trans) | CHLA, SJW |
| Black AIDS Institute | HTS - Storefront | LabLinc Mobile Testing Unit Contract |
| Center for Health Justice (CHJ) | Transitional Case Management (Jails) | |
| | Vulnerable Populations (YMSM) | |
| Childrens Hospital Los Angeles (CHL) | AOM | |
| | Vulnerable Populations (YMSM) | APAIT |
| | HTS - Storefront | AMAAD, Center for Health Justice, Sunrise Community Counseling Center |
| Coachman Moore and Associates | STD Prevention | |
| East Los Angeles Womens Center | HERR | |
| East Valley Community Health Center (EVC) | AOM | |
| Essential Access Health (formerly California Family Health Council) | STD Infertility Prevention and District 2 | |
| Friends Research Institute | HERR | |
| Greater Los Angeles Agency on Deafness, Inc. (GLAD) | HERR | LIFESIGNS, Inc., Sign Language Interpreter Services |
| Heluna Health | Linkage to Care Service for Persons Living with HIV | EHE Mini Grants (MHF; Kavich-Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC; EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN; Spanish Telehealth Mental Health Services; Translation/Transcription Services; Public Health Detailing; HIV Workforce Development |
| In the Meantime Men's Group | Vulnerable Populations (YMSM) | Resilient Solutions Agency |
| JWCH Institute, Inc. (JWCH) | Mental Health | Bienestar |
| | Oral Health | USC School of Dentistry |
| | Biomedical HIV Prevention Services | |
| | Community Engagement and Related Services | AMAAD, Program Evaluation Services, Community Partner Agencies |
| LAC-DHS Housing for Health (DHS) | Housing Assistance Services | Heluna Health |
| Los Angeles LGBT Center (LGBT) | 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, Friends |

| | | |
|---|--|--|
| Men's Health Foundation (Anthony Martin Mills, MD) | AOM | AMMD (Medical Services) |
| | Biomedical HIV Prevention Services | |
| | Vulnerable Populations (YMSM) | |
| | Sexual Health Express Clinics (SHEX-C) | AMMD - Contracted Medical Services |
| Minority AIDS Project (MAP) | Case Management Home-Based | Caring Choice, Envoy |
| Northeast Valley Health Corporation (NEV) | AOM | |
| | Mental Health | |
| | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) | |
| Project New Hope (PNH) | Residential Facility For the Chronically Ill (RCFCI) | |
| Public Health Foundation Enterprises (PHF) | Transitional Case Management (Jails) | |
| St. John's Well Child and Family Center (SJW) | HTS - Social and Sexual Networks | Black AIDS Institute |
| St. Mary Medical Center (SMM) | AOM | |
| | Case Management Home-Based | Envoy, Cambrian, Caring Choice |
| | Oral Health | Dental Laboratory |
| T.H.E. Clinic, Inc. (THE) | AOM | |
| The Wall Las Memorias Project | HTS - Storefront | |
| | HTS - Social and Sexual Networks | |
| Tarzana Treatment Center (TTC) | AOM | New Health Consultant |
| | Case Management Home-Based | Always Right Home, Envoy |
| | Mental Health | |
| The Regents of the University of California (UCLA) | Oral Health-Endo | |
| | Oral Health-Gen. | |
| University of Southern California School of Dentistry (USC-Ostrow) | Oral Health-Endo | Patient Lab - Burbank Dental Lab, DenTech; Biopsies - Pacific Oral Pathology |
| | Oral Health-Gen. | Patient Lab Services |
| Venice Family Clinic (VFC) | AOM | UCLA |
| | Benefit Specialty | UCLA |
| | Medical Care Coordination | UCLA |
| Watts Healthcare Corporation (WHC) | Oral Health | |



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

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

**COMMISSION ON HIV (COH)
JANUARY 11, 2024 MEETING MINUTES**

St. Anne’s Conference Center

155 N. Occidental Blvd., LA 90026

****Complimentary onsite valet parking available****

Kindly inform valet you are attending the Commission meeting

CLICK [HERE](#) FOR MEETING PACKET

TELECONFERENCE SITES:

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

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

| COMMISSION MEMBERS | | | | | | | | | |
|--|---|----------------------|----|---------------------|---|------------------|----|------------------------|----|
| P=Present VP=Virtually Present A=Unexcused Absence EA=Excused Absence | | | | | | | | | |
| Miguel Alvarez | P | Jayda Arrington | P | Al Ballesteros, MBA | A | Alasdair Burton | P | Danielle Campbell, MPH | P |
| Mikhaela Cielo, MD | P | Lilieth Conolly | P | Sandra Cuevas | P | Mary Cummings | VP | Erika Davies | EA |
| Pearl Doan | A | Kevin Donnelly | P | Felipe Findley | P | Arlene Frames | P | Luckie Fuller | EA |
| Felipe Gonzalez | P | Bridget Gordon | EA | Joseph Green | P | Karl Halfman, MS | P | Dr. David Hardy | P |
| Ismael Herrera | P | Dr. William King, JD | P | Lee Kochems | P | Jose Magaña | A | Leon Maultsby, MHA | P |
| Andre Molette | P | Derek Murray | EA | Dr. Paul Nash | A | Katja Nelson | P | J. Chuy Orozco | P |

Commission on HIV Meeting Minutes

January 11, 2024

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| | | | | | | | | | |
|--|----|---------------|----|--------------------------|---|----------------------|----|------------------|---|
| Ronnie Osorio | EA | Byron Patel | P | Mario J. Pérez, MPH | P | De’chelle Richardson | P | Erica Robinson | P |
| Redeem Robinson | A | Ricky Rosales | P | Dr. H. Glenn San Agustin | P | Dr. Martin Sattah | P | Juan Solis | P |
| Dr. LaShonda Spencer | EA | Kevin Stalter | EA | Lambert Talley | P | Justin Valero | EA | Jonathan Weedman | P |
| Russell Ybarra | P | | | | | | | | |
| COMMISSION STAFF & CONSULTANTS | | | | | | | | | |
| Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc McLendon; Jose Rangel-Garibay, MPH | | | | | | | | | |
| DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF | | | | | | | | | |
| Julie Tolentino, MPH | | | | | | | | | |

1. ADMINISTRATIVE MATTERS

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

COH Co-Chair, Danielle Campbell called the meeting to order at 9:15 AM and reviewed meeting guidelines and reminders; see meeting packet.

Jim Stewart, Commission on HIV Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, K. Donnelly, F. Findley, A. Frames, F. Gonzalez, J. Green, D. Hardy, I. Herrera, W. King, L. Kochems, L. Maultsby, A. Molette, K. Nelson, C. Orozco, B. Patel, M. Perez, D. Richardson, E. Robinson, R. Rosales, G. San Agustin, M. Sattah, J. Solis, L. Talley, J. Weedman, R. Ybarra, D. Campbell, L. Fuller.

B. COUNTY LAND ACKNOWLEDGEMENT

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

C. CEREMONIAL OATH OF OFFICE

Executive Office Commission Services staff, Therese Yopez, led Commissioners through the 2024 Ceremonial Oath of Office. Commissioners were asked to stand, raise their right hand, and repeat the oath.

Commission on HIV Meeting Minutes

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D. APPROVAL OF AGENDA

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

E. APPROVAL OF MEETING MINUTES

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

F. CONSENT CALENDAR

MOTION #3: Approve consent calendar, as presented or revised. ✓ *Passed by Consensus; item #6 and item #9 pulled for further review/discussion.*

2. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment

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

There was no public comment.

B. Commissioner Comment

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

- L. Maultsby thanked those who attended the World AIDS Day event at Charles Drew University that was held in collaboration with the Black/African American Caucus and 2nd District Supervisor Holly Michelle's office. He noted it was well received and attendees would like to see something bigger next year.
- F. Gonzalez commented that there were a few building management/access incidents with a handful of Commissioners at the Vermont Corridor last year that need to be corrected moving forward so that they do not happen again. He also noted that issues with the lack of access to services and lack of response from providers continue to be raised and that the COH must work to resolve these issues.
- J. Green elaborated on F. Gonzalez's comment stating that there were some security issues with some of the consumers and that they felt they were being harassed. He noted building management met with consumers during the December Consumer Caucus Retreat and that they have started to address the issue.

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- J. Weedman thanked Commission staff for assisting with the World AIDS Day event for the Fifth Supervisorial District (Supervisor Kathryn Barger) at the Los Angeles County Arboretum. He noted it was well attended and attracted many community leaders and community members. He noted more events where the COH acts as a convener of community are needed.
- M. Perez offered some reflections on the 2023 year and highlighted some items to focus on as a county for 2024:
 - Reflection and revision of current planning apparatus – Current landscape around HIV is very complex/multidimensional and demands a broader set of context and perspectives with higher level of frequency, dialogue and actionable items from the planning body
 - Need to evolve beyond HIV lens - noting poverty, homelessness, mental health, substance use disorder, syphilis, and congenital syphilis are all associated with outcomes the Ryan White Program (RWP) is intending to achieve
 - Careful consideration of what the planning process looks like to produce more actionable items
 - Planning mechanism needs a more intentional understanding of burdens on agencies/providers who are taxed and stretched thin
 - Allocation of funding/resources is not enough
 - Agencies are struggling to hire staff to do the work
 - System is not prepared to build the infrastructure needed to deliver responsive services that are expected
 - Little to no response from agencies to several RFPs that were released
 - RWP program planning is more manageable since moving to a multi-year cycle
 - More HIV and STD prevention planning and testing is needed to learn how consumers want to consume healthcare; noting it does not align with how the system is currently structured
 - Need improvement on housing planning County-wide. DHSP is currently working with HOPWA to establish a framework between LA City and LA County to meet the increasing demands of the homelessness crisis as more and more people experiencing homelessness are being diagnosed

Commission on HIV Meeting Minutes

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- Goal of reframing and restructuring the planning body to focus on Ryan White Program planning, prevention, screening, disease control planning and housing planning
- R. Ybarra commented that more resources are needed to address homelessness. Focus need to be on placing individuals into housing and finding ways to address yearly rental increases particularly for those with fixed incomes. He added that many people lack access to the internet or are not tech savvy and miss out on needed resources. He will be working with the Consumer Caucus on ways to address housing issues and keep people housed.
- F. Findley agreed with M. Perez's and R. Ybarra's comments. He noted that he has observed gaps in resource availability and resource connection but recognized there is a large amount of nuance hand holding that is hard to quantify and that the workforce needs training around housing. He noted caseworker salaries are too low and encouraged an activism approach to COH work and engaging with the Board of Supervisors (BOS) to advocate for change and funding priorities/redirection.
- A. Burton commented that there has been a lack of consumer participation/attendance at COH meetings and would like to increase participation. He added there is a need to bring valuable information/resources to uninvolved consumers that would help encourage further engagement with the COH. He recommended health education and systems navigation education.

3. PRESENTATIONS

A. Ralph M. Brown "Brown Act" Overview

Emily Issa, Senior Deputy County Counsel, provided a presentation on the Ralph M. Brown Act; see meeting packet for PowerPoint (PPT) slides.

- W. King asked for clarification around social media around liking a COH social media post or a post from another Commissioner and possible penalties incurred for any violations.
 - E. Issa noted Commissioners are allowed to like informational posts however, any response with thoughts/feelings may not be allowed, including emojis. She will review further and provide a response.
- C. Orozco commented that, as a Los Angeles City employee, the Los Angeles City Attorney has trained employees that a majority of Commissioners resulting in quorum cannot comment on a Facebook post, for example. Reaching quorum would be considered an official meeting.

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- C. Barrit noted that COH staff actively monitor COH social media posts and limit the ability of people to post or comment and/or review comments before they are posted.
- L. Fuller asked if there continues to be a requirement for Commissioners who are attending a meeting virtual to disclose their location/address. He noted Commissioners may belong to identities that are in jeopardy and sharing their location may be dangerous.
 - E. Issa commented that the requirement to disclose the location was under the traditional rule. New rules state that a person can only teleconference for just cause or an emergency, and, if attending remotely for just cause or emergency, there is no longer a requirement to disclose the location.
- I. Herrera asked where the delineation is for consumers who comment on social media, noting that as consumers, they are the experts navigating HIV systems and issues and sharing their stories would be informational for others.
 - E. Issa noted she would look into this further and provide more clarity at a later date.
- L. Conolly asked if a guide can be created to help Commissioners navigate what is appropriate and not appropriate for commissioners to share/post on social media.
 - E. Issa stated she would create a resource and share with the COH.

B. Parliamentary Procedures Overview

Jim Stewart, COH Parliamentarian, provided a brief overview of parliamentary procedures, Robert's Rules of Order. The main purpose of Robert's Rules of Order is to ensure all members of a deliberative body, such as the COH, are treated equally and that nobody gets favored as well as providing order for the meeting to make it run effectively. The following key messages were highlighted:

- Consent agenda – if a commissioner does not explicitly state “I object” to the consent agenda then they are approving the motion. He noted silence is consent.
 - To amend a motion to either remove or add language, you must present the actual language to add or remove. It cannot be a general concept and must be specific words.
- Roll call vote – no commentary is allowed during a roll call vote. Must either be aye (yes), no or abstain.
- Motion to end debate – is a motion to end a debate and requires a second accompanied by two thirds vote.
- Comment time limits – there are a two-minute limit and three-minute limit for public and Commissioner comments.
 - If a Commissioner wishes to speak, they must place their nameplate sideways until they are acknowledged and return the nameplate to its original position when done.

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C. Statement of Economic Interest Form 700 Overview

Executive Office Commission Services staff, Therese Yepez, provided an overview on the Los Angeles County Statement of Economic Interest Form 700; see meeting packet for PowerPoint slides.

4. REPORTS - I

A. Executive Director/Staff Report

Cheryl Barrit, Executive Director, COH, provided the following County/COH operational updates:

1. 2023 Draft Annual Report Updates

A draft of the 2023 Annual Report will be presented to the Executive Committee on January 25th for review and feedback. The report will be presented to the full Commission on February 8th. Once final comments are incorporated, the report will be submitted to the BOS and posted on the COH website.

2. 2024 COH Workplan and Activities

The Executive Committee is working with the other committees and caucuses to refine and align 2024 workplans.

a. Bylaws Proposed Changes Summary

The Bylaws Review Taskforce has completed their review of the bylaws and proposed changes. As a reminder, proposed changes were based on feedback and findings from the Health Services and Resources Administration (HRSA). See meeting packet for a summary of proposed changes. The proposed changes will come before the full body after the Operations and Executive Committees have reviewed and approved changes. There will also be a 30-day public comment period.

3. County/Operational Updates

a. HIVConnect Online Resource Directory | Sunset Effective January 15, 2024

The HIVConnect website is set to sunset on January 15, 2024, and is being replaced by the I'M+LA website developed and managed by DHSP, focusing on resources for people diagnosed with HIV. It is a companion component to the Get Protected LA website that focuses on HIV and STI prevention. The COH will continue to promote the new website in meetings and through social media. A special thank you goes out to the Consumer Caucus who provided feedback on the website and continues to offer feedback on ways we can improve our resources and services to the community.

B. Co-Chairs' Report

D. Campbell, Commission Co-chair, provided the following reports:

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1. 2023 Reflections & Vision for 2024

D. Campbell asked Commissioners to share brief reflections for 2023 and visions for 2024 to continue to support the work of the Commission on HIV (COH).

- I. Herrera noted that there was increased communication and transparency towards the end of the year and hopes that it will continue into the new year. His goal for 2024 is to continue to fill vacant consumer seats.
- M. Sattah commented that he values being part of the COH and encouraged everyone to continue to have an open mind and be receptive to other people's perspectives noting it was important for all to speak freely without fear of judgment. He reminded the group that they are all working together to accomplish a big task.
- K. Donnelly commented that the COH is facing challenges on how to expend Ryan White Program (RWP) funding as the State of California continues to expand care to its citizens through Medi-Cal. He noted the Planning, Priorities, and Allocations (PP&A) Committee will be focusing on the three-year grant proposal this year.
- D. Richardson commented that her first year as a commissioner has been amazing and she values her seat at the table. She would like to see more direct linkage to resources within the community. She noted websites and QR codes are helpful, but challenges remain in accessing needed resources.
- L. Maultsby commented that he would like to see more community involvement at COH and Committee meetings so that they can vocalize their experiences and ask questions firsthand. He encouraged members who work at HIV-serving agencies (HSAs) to encourage their consumers to participate in meetings.
- L. Talley commented that more needs to be done to connect and partner with faith-based organizations (FBOs). He noted faith leaders between the ages of 30-40 years of age are very concerned about HIV.

2. November 9, 2023 Annual Conference | FOLLOW-UP & FEEDBACK

D. Campbell noted that, overall, the annual conference was well received and there was positive feedback on the content and format of the conference. See meeting packet for evaluation reports. Call to action items on how to improve HIV and STI treatment and prevention services have been compiled and are also included in the meeting packet. She invited Commissioners to review the action items and encouraged the use of the action items to help inform 2024 committee and caucus workplans. See meeting packet for more details.

3. Advocacy via Public Comments

D. Campbell took a moment to recognize and thank Commissioners who have attended BOS and/or BOS Health Deputy meetings to provide public comment on the HIV and STI crises during the past year. She requested Commissioners to continue to provide

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support and sign-up to participate in public comment on key issues for the 2024 year. Interested Commissioners can contact COH staff to sign up for public comments and suggested talking points. Staff will develop a schedule of public comment volunteers.

4. Conferences, Meetings & Trainings | OPEN FEEDBACK

D. Campbell opened to the floor to Commissioners to share information on upcoming or past conferences, meetings, and trainings:

- L. Maultsby shared that UCLA and Charles Drew University (CDU) will be hosting an LA County HIV Care and Prevention Community Advisory Board conference on February 26th from 9:30am to 3:30pm at the Magic Johnson Recreation Center. The event is in the planning stage and any interested partners who would like to participate can contact Andrea Jones at andrea.jones@cdrewu.edu. He also announced that National Black HIV/AIDS Awareness Day on February 6th and that In the Meantime will be hosting an event.

a. 2024 International AIDS Conference (July 22-24, 2024)

D. Campbell noted that this year's International AIDS Conference will be held on July 22-24. Unaffiliated consumers are encouraged to apply for the scholarship to attend the conference virtually. The application deadline is January 23rd and reminders have been sent out. D. Campbell noted that the application can be challenging and offered assistance in completing the application, if needed. If awarded an IAS virtual conference scholarship, the COH can help support the remaining costs to attend the conference.

- J. Green announced that the Conference on Retrovirus and Opportunistic Infections (CROI) is also coming up. He noted it was highly scientific but that individuals may benefit from attending. J. Green added that he would be meeting with a few consumers after the Consumer Caucus meeting today to help them fill out the scholarship applications to the International AIDS Conference and invited others to participate, if needed.

5. Member Vacancies & Recruitment

D. Campbell commented that there has been progress on filling vacant unaffiliated consumer seats and thanks those who assisted with recruitment efforts. She noted there are still gaps and recruitment needs to continue to fill vacant unaffiliated consumer seats and encouraged commissioners to continue to recruit. COH staff has reached out to the City of Long Beach, local health plans, and the state to help identify potential representatives to these jurisdictions.

6. 2024 Committee Co-Chairs Open Nomination & Elections Preparation

D. Campbell commented that 2024 committee co-chair nominations and elections are underway. Elections should conclude by the end of January. Co-chair training will be

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held virtually on Feb. 13th from 4pm-5pm and is also open to caucus co-chairs. The 2024 training schedule is posted on the COH under [events](#).

7. Acknowledgement of National HIV Awareness Days

D. Campbell commented that the list of National HIV Awareness Days is included in the meeting packet with links to information and social media toolkits from federal partners. See meeting packet for more details.

8. (add space)

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

1. Division of HIV/STD programs (DHSP) Updates

a. Programmatic and Fiscal Updates

Mario Perez, DHSP Director, gave the following updates:

- DHSP will be taking the similar approach of addressing the STD crisis in LA County as the four-pillar system used by the Ending the HIV Epidemic (EHE).
- The Centers for Disease Control and Prevention (CDC) is expected to release the 2022 STD Surveillance Report soon and is expected to show increases in syphilis, congenital syphilis and potentially chlamydia but will also show a decrease in gonorrhea. He noted a one-year drop is not enough to suggest a trend downward and that efforts to combat the STD crisis remain vigilant.
- Additionally, DHSP is anticipated to release the 2022 STD Surveillance Report for LA County in the next month or two.
- There continues to be a Bicillin shortage in the United States, but the FDA announced that it is going to allow for the importation of Bicillin to help address the shortfall.
- DHSP is working on three data to care contracts (known as Dare2Care) by partnering with community providers to use a variety of databases to identify the number of people living with HIV but who are out of care and get them back into care. More details to come.
- DHSP is tracking progress of approval of the federal budget noting that DHSP has received letters extending the term of several grants, but final funding awards have not been received. He noted the Republican proposal included significant cuts to the RWP and the elimination of the EHE grant.
 - S. Cuevas added that potential cuts also include the elimination of Ryan White Part F and a fifty percent cut to the Minority AIDS Initiative funds.
- Harold Philips, Director for the White House Office of National AIDS Policy, has resigned. DHSP, is advocating for a strong leader who will advocate for the needs around the domestic HIV response.

b. Mpox Briefing

- New Mpox cases continue to remain low in LA County but Mpox vaccinations among people living with HIV also continue to remain low.

c. Ending the HIV Epidemic (EHE) | Updates

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- Julie Tolentino, DHSP staff, provided a report on the World AIDS Day events including a Department of Public Health (DPH) press release, local landmarks lit up in red throughout the County, and the Social Media Influencer Project highlighting social media posts by local influencers on World AIDS Day on the Trans in LA Instagram account. See meeting packet for more details.
- DHSP released two Request for Proposals (RFPs) on January 9th for street medicine activities and for a pharmacy PrEP Centers of Excellence program (that aligns with SB159, furnish PrEP without a provider prescription). There are two other funding opportunities including Innovation Awards for \$250,000 per year and mini-grants for \$50,000 per year. Links to the RFP announcements are posted on the Heluna Health [website](#) and will also be shared via EHE newsletter. Applications are due February 9th.

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

Karl Halfman, California OA Representative delivered the following updates:

a. [OAVoice Newsletter](#) Highlights

The AIDS Drug Assistance Program (ADAP) is seeking at least two more committee members living with HIV for their Medical Advisory Committee. The committee reviews the ADAP formulary and evaluates HIV-related drugs and provides recommendations for changes to the formulary. See OAVoice January newsletter for more information on the application process.

- K. Nelson asked how the proposed 2024 budget strategy of borrowing \$500 million dollar from the ADAP rebate funds into the General Fund would be repaid.
- K. Halfman was not aware of the details of the budget plans but will look into it further.
- M. Perez asked for follow-up on the disposition of the loan taken from ADAP last year, noting the proposed budget would include two consecutive loans and any potential impacts on the programs and services that the RWP supports.

b. California Planning Group (CPG)

There was no report.

D. Housing Opportunities for People Living with AIDS (HOPWA) Report

C. Orozco provided a HOPWA report covering the following information:

- HOPWA is working to create some sort of forum to gather information from consumers on their experiences and gather feedback on ways to better prioritize housing.
- HOPWA is forgoing legal services and will make direct referrals to RWP-funded legal services to avoid duplication of services. These funds will be diverted to strengthening HOPWA's housing portfolio to address the lack of housing.

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- HOPWA's Consolidated Annual Performance Evaluation Report (CAPER) showed a 23% increase in housing assistance, serving 1,005 individuals with housing assistance and 2,704 individuals receiving supportive services.
- Funds for short-term rent/mortgage/utility (STRMU) assistance have been exhausted but a HOPWA is submitting a request to city council to double this year's allocation. If approved, funding will begin in April and a request to increase funding the following year will also be made.
- Measure ULA funds did not receive anticipated amounts due to individuals selling their homes prior to the deadline and not generating as much tax dollars as previously anticipated. Anticipating more funding this year as the deadline has already passed. HOPWA will announce when application period opens again.
- Emergency Rental Assistance Program – open to anyone that is low income and can be used in conjunction with the short-term rent/mortgage and utility assistance program.
- Currently, individuals seeking rental assistance are being referred to APLA for the Ryan White Emergency Financial Assistance (EFA) program in lieu of the HOPWA STRMU as a stop gap to continue to aid until increased funding for the STRMU can begin in April.
- Data migration to new data management system continues. Once migration is complete HOPWA will be able to provide more data and share with the Commission and RWP/DHSP.
- HOPWA is currently selecting contracts for RFPs released during summer. They do not anticipate a transition period and continuity of services should remain seamless.
- HOPWA is looking to increase permanent housing programs next year. For example, a new private tenant-based rentals program where subsidies are attached to the tenant and not a specific location.
- STRMU program budget will be doubled next year to avoid expending funds halfway through the program year.
 - Previously, there was a lack of applications for STRMU likely due to rental protections. But COVID protections have now been sunset and is a huge need.
- F. Gonzalez asked if it was possible to refine and simplify the RFP process to make it easier for agencies to apply. He also asked what is being done to ensure women, particularly women with children are given priority for housing.
 - C. Orozco noted that the scattered-site master lease program encourages contractors to help families, especially women with children.
- R. Ybarra asked if anything is being done for long-term rental assistance or if there are specific plans to assist individuals on fixed incomes especially as rent increased 3% annually.
 - C. Orozco noted that the long-term rental assistance program is also expanding and often targets seniors. He noted many units are rent stabilized

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and if they do increase, HOPWA accounts for the increase in their budgets to accommodate and subsidize the increases.

- F. Findley requested future reports to include a more robust presentation with slides and statistics including the number of eligible individuals, not just the number of people served to get a better understanding of the scope of need. He also suggested including sharing challenges to identify ways to strategize around them. He noted challenges getting patients housed, deteriorating conditions at existing units and the inability of individuals to find housing even after receiving a Section 8 voucher.
 - C. Orozco noted that the planned dashboard will help provide better visuals and that HOPWA is communicating with other housing providers to help address needs. He noted HUD has a handy worker program that will assist in funding maintenance costs as well as the scattered site master lease program.
- L. Fuller commented that there is a lack of data around transmen and can translate to lack of resources for this population because they are not included in the data.
 - C. Orozco commented that HOPWA is working on a data dashboard to share at future meetings that will include demographic information and identifying trends to help contractors better engage certain demographic groups.
- K. Donnelly asked what is being done for people who are currently stably housed and not in the system but may be at risk of becoming unhoused.
 - C. Orozco noted increased funding for the STRMU program.
- Public comment from “S” stated that she applied for rental assistance and was approved but the approval was withdrawn due to lack of funds. She noted she was a single mother of two boys with special needs and must be out of her apartment by February 5th and does not know what she is going to do.
 - C. Orozco recommended reaching out to the City of LA housing department to see if they can provide legal or mediation services to keep application on file. They can provide a letter stating that they will pay rears of up to \$17,000 once increased funding is approved.
- M. Perez noted there was an administrative shift to have APLA process EFA applications stating that Housing for Health (H4H) was no longer processing the applications due to delays that were unacceptable.
 - HOPWA is also looking into training housing specialists to process EFA applications as well.
- I. Herrera asked if there will be an increase in service planning areas (SPAs) that lack housing resources, specifically SPA 3, noting he has been seeking housing help for some time and communities that lack resources are still struggling.
- L. Conolly noted her apartment management is not sensitive to people living with HIV and noted the building has been deteriorating and constantly has maintenance delays.
- F. Findley requested creating a group or taskforce to strategize around housing.

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- C. Barrit added that COH staff met with the HOPWA team over the holidays to discuss issues around housing, coordinated planning around housing and the possible creating of a housing taskforce. More information will be shared as discussions continue. She noted the February COH meeting will have a housing specific discussion and how the RWP can complement HOPWA services noting that these two programs and what they do are often confused with one another.

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

- M. Cielo provided the following Part D updates:
 - UCLA is partnering with San Diego-based Christie's Place to provide peer support training on January 25th to women living with HIV. Contact Natalie Sanchez for more details.
 - The Confessions podcast has reached 1,000 downloads and a second season featuring Black/African American women is set to launch in March to coincide with National Women and Girls HIV/AIDS Awareness Day.
 - Maternal, Child and Adolescent Health (MCAH) currently has approximately 500 active clients and will be starting a new CQI, quality improvement project around vaccine hesitancy, noting increases in hesitancy since the COVID pandemic.
- L. Maultsby provided the following updates for Part C:
 - Reports are being revamped to include feedback for patients.
 - The Oasis Clinic Community Advisory Board (CAB) loved the World AIDS Day event and would like to participate in planning next years event. The CAB also participated in a separate event on the CDU campus to engage students and bring awareness around HIV.
- S. Cuevas provided the following updates for Part F:
 - The Pacific AIDS Education Training Center (PAETC) will be providing three training events for providers:
 - Online training on Contingency Management on Wed. January 24th. Registration is currently open.
 - In-person full day training on the social determinants of health at the California Endowment on Thurs. February 8th. Registration is currently open.
 - Online training on Gender Affirming Care on January 31st. Registration will be open next week.
 - Additionally, the 9-week interprofessional education program will begin next month with Dr. San Agustin.

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

R. Rosales delivered the following updates for the City of Los Angeles:

- HIV and Harm Reduction contracts are ending in June and the City is preparing for the next RFP cycle. The RFP will only be available on the city procurement website at

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rampla.org. Interested parties must sign up on the website to be notified when the RFP is released.

1. City of Long Beach HIV Surveillance Dashboard

K. Donnelly reported that the Long Beach Comprehensive planning group is working on their HIV/STI Syndemic Strategy 5-year plan. The group has also developed a new HIV dashboard (found [here](#)) that will be updated quarterly.

5. REPORTS - II

A. Operations Committee

No report provided; Deferred to February.

1. Membership Management

- a. Standards & Best Practices (SBP) Committee-Only Membership Renewal Application | Dr. Mark Mintline **MOTION #4 ✓ Passed by Consent Calendar**
- b. New Membership Application | Daryl Russel, Unaffiliated Consumer, At-Large #3 **MOTION #5 ✓ Passed by Consent Calendar**
- c. Mentorship Volunteer Recruitment

2. Policy & Procedures

- a. "2 Person/Per Agency" Waiver Re: Policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process **MOTION #6 Pulled from Consent Calendar, No vote held; Voted Deferred to February**

3. Recruitment, Retention and Engagement

B. Standards and Best Practices (SBP) Committee

No report provided. Deferred to February.

1. Universal Service Standards **MOTION #7 ✓ Passed by Consent Calendar**
2. Medical Care Coordination (MCC) Service Standards **MOTION #8 ✓ Passed by Consent Calendar**
3. Prevention Service Standards | Public Comment Period: 12/15/2023 – 1/31/2024

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

No report provided. Deferred to February.

- a. Los Angeles County HIV & STI Status Neutral Service Delivery Framework **MOTION #9 Pulled from Consent Calendar, No vote held; Voted Deferred to February**
2. Los Angeles Housing Service Authority (LAHSA) Data Analysis
3. Fiscal Year 2023 RWP/MAI Expenditures and Utilization Report | UPDATES

D. Public Policy Committee (PPC)

No report provided. Deferred to February.

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1. **County, State and Federal Policy, Legislation, and Budget Updates & Reports**
 - a. 2023 -2024 Legislative Docket
 - b. 2023-2024 Policies Priorities
 - c. State/Federal Budget
 - d. County Coordinated STD Response

E. Caucus, Task Force and Work Group Reports

1. **Aging Caucus | February 6, 2024 @ 1-3PM *Virtual**
No report provided. Deferred to February.
2. **Black/African American Caucus | January 18, 2024 @ 4-5PM *Virtual**
No report provided. Deferred to February.
3. **Bylaws Review Taskforce (BRT) | TBD**
No report provided. Deferred to February.
4. **Consumer Caucus | January 11, 2024 @ 1:30-3PM *Virtual & In-Person @ St. Anne's**
No report provided. Deferred to February.
5. **Transgender Caucus | January 23, 2024 @10-11:30AM *Virtual**
No report provided. Deferred to February.
6. **Women's Caucus | January 22, 2024 @ 2-4pm *Virtual**
No report provided. Deferred to February.

6. MISCELLANEOUS

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

There was no public comment.

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

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agenda.

There were no commission new business items.

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

There were no announcements.

- D. ADJOURNMENT AND ROLL CALL: Adjournment for the meeting of January 11, 2024**

The meeting was adjourned at 1:00pm. C. Barrit conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, K. Donnelly, F. Findley, A. Frames, F. Gonzalez, D. Hardy, I. Herrera, W. King, L. Kochems, L. Maultsby, A. Molette, K. Nelson, B. Patel, M. Perez, D. Richardson, E. Robinson, R. Rosales, G. San Agustin, M. Sattah, L. Talley, R. Ybarra, L. Fuller, ,D. Campbell, and J. Green.

| MOTION AND VOTING SUMMARY | | |
|---|--|----------------------|
| MOTION 1: Approve meeting agenda, as presented or revised. | Passed by Consensus. | MOTION PASSED |
| MOTION 2: Approve the November 9, 2023, Commission on HIV meeting minutes, as presented. | Passed by Consensus. | MOTION PASSED |
| MOTION 3: Approve Consent Calendar, as presented or revised. | Passed by Consensus with Motion 6 and Motion 9 held for further review/discussion. | MOTION PASSED |
| MOTION 4: Approve Standards & Best Practices (SBP) Committee-Only Membership Renewal Application for Dr. Mark Mintline, as presented or revised. | Passed by Consent Calendar. | MOTION PASSED |
| MOTION 5: Approve New Membership Application for Daryl Russell to occupy Unaffiliated Consumer, At-Large #3 Seat, as presented or revised. | Passed by Consent Calendar. | MOTION PASSED |

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| MOTION AND VOTING SUMMARY | | |
|--|-----------------------------|----------------------|
| MOTION 6: Approve revisions to Policy # 09.4205 to incorporate waiver language which states, "A two-person per-agency waiver is applicable to individuals affiliated with an entity or organization otherwise represented on the COH. This waiver is granted if the individual's salary is not supported by the represented organization and they do not receive payment directly funded by dollars from a DHSP contract or in any consulting capacity by DHSP contractual funds", as presented or revised. | No vote held. | NO VOTE HELD |
| MOTION 7: Approve revisions to the Universal Service Standards, as presented or revised. | Passed by Consent Calendar. | MOTION PASSED |
| MOTION 8: Approve revisions to the Medical Care Coordination Service Standards (MCC), as presented or revised. | Passed by Consent Calendar. | MOTION PASSED |
| MOTION 9: Approve updated Los Angeles County HIV & STI Status Neutral Service Delivery Framework, as presented or revised. | No vote held. | NO VOTE HELD |



| | | |
|--------------------------------------|-------------------------|--------------------|
| POLICY/PROCEDURE #08.2107 | Consent Calendar | Page 1 of 3 |
|--------------------------------------|-------------------------|--------------------|

**NO PROPOSED CHANGES,
4/10/2008**

ADOPTED, 1/10/2008

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

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

BACKGROUND:

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

POLICY:

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

Policy/Procedure #08.2107: Consent Calendar

Last Revised: *January 10, 2008*

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

PROCEDURE(S):

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

Policy/Procedure #08.2107: Consent Calendar

Last Revised: *January 10, 2008*

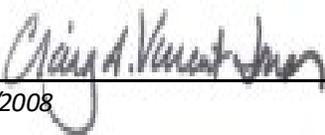
Page 3 of 3

DEFINITIONS:

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

**NOTED AND
APPROVED:**

Original Approval: 1/10/2008



**EFFECTIVE
DATE:**

January 10, 2008

Revision(s):

From: [Pina, Alberto \(HHS/OASH\)](#)
Cc: [Sandoval-Rosario, Michelle \(HHS/OASH/OSG\)](#)
Subject: RE: February 7: National Black HIV/AIDS Awareness Day (NBHAAD)
Date: Wednesday, February 7, 2024 12:41:34 PM
Importance: High

CAUTION: External Email. Proceed Responsibly.

Dear Partners,

February 7: National Black HIV/AIDS Awareness Day (NBHAAD) This year's theme is "*Engage, Educate, Empower: Uniting to End HIV/AIDS in Black Communities*". **Read more about this year's theme [here](#)**

Today, there are more than 1.2 million people with HIV in the U.S., and approximately 40% are African American or Black. CDC. [Estimated HIV incidence and prevalence in the United States, 2017-2021: National Profile](#), HIV Surveillance Supplemental Report 2023; 28(3). In 2021, Black people represented only 13% of the U.S. population but accounted for nearly 40% of new HIV diagnoses. CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2021](#). HIV Surveillance Report 2023;34. Approximately half of all new HIV diagnoses were in the South in 2021, and while Black people aged 13 and older made up 19% of the population in the South, they accounted for 49% of HIV diagnoses in this region. CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2021](#). HIV Surveillance Report 2023;34.

The **National HIV/AIDS Strategy (NHAS)** is working to reduce HIV-related disparities in the African American community. The NHAS designates ***Black MSM, gay and bisexual men, and Black women among its five priority populations, underscoring the disproportionate impact of HIV among these communities*** so that federal agencies and nonfederal stakeholders can focus efforts and resources to achieve the most significant impact. <https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf>, page 25-26 ***Black transgender women*** are also disproportionately impacted by HIV. The Strategy includes transgender women as one of the priority populations.

Through the ***Ending the HIV Epidemic in the U.S.*** (EHE) initiative, HHS agencies and offices are funding and supporting innovative, locally tailored plans in the 57 jurisdictions where HIV transmission occurs most frequently. Each jurisdiction is adapting, expanding, and/or initiating HIV awareness, testing, prevention, and care and treatment services to better reach the populations most impacted in their community, including Black MSM, gay and bisexual men, Black women, and Black transgender women.

Recent interviews and reflections from Office of Infectious Disease and HIV/AIDS Policy (OIDP) leadership and Presidential Advisory Council on HIV/AIDS (PACHA) member:

We want to share our colleagues in the [Office of Infectious Disease and HIV/AIDS Policy \(OIDP\) Director Kaye Hayes, MPA, Dr. Timothy Harrison, OIDP's Principal Deputy Director, and LCDR Neelam "Nelly" Gazarian, PharmD, MS, AAHIVP, Policy Analyst, OIDP](#), had the recent honor of visiting a national historic site, in southeast Washington, D.C., which preserves the legacy of a leading voice in the abolitionist movement—the Frederick Douglass House. They were privileged and moved to stand in front of his desk to talk about the importance of NBHAAD. **Read more and listen here** → [National Black HIV/AIDS Awareness Day Message - Frederick Douglass House](#).

Lastly, listen to a recent conversation on Regional Speaking/Lakeshore Media with [Director Kaye Hayes and Alicia Diggs, Presidential Advisory Council on HIV/AIDS \(PACHA\) member on NBHAAD](#), **click here** → [Regionally Speaking: HHS representatives on National Black HIV/AIDS Awareness Day \(lakeshorepublicmedia.org\)](#)

NBHAAD Call to Action:

- Learn about NBHAAD events by visiting [HIV.gov NBHAAD Events](#).
- For social media, visit the CDC's [digital toolkit](#) and use the #NBHAAD and #StopHIVTogether hashtags.
- Promote NBHAAD by downloading and sharing [resources](#) from CDC's [Let's Stop HIV Together](#) campaign, the national campaign of both the [Ending the HIV Epidemic in the U.S.](#) initiative and the [National HIV/AIDS Strategy](#). *Let's Stop HIV Together* is an evidence-based campaign created in English and Spanish that aims to empower communities, partners, and healthcare providers to reduce HIV [stigma](#) and promote HIV [testing](#), [prevention](#), and [treatment](#).

V/r

Alberto Pina, MPH

LT, U.S. Public Health Service
OIDP Region 9 Public Health Analyst

Email: Alberto.Pina@hhs.gov

Mobile: (202) 674-5947

www.hiv.gov



Elevating Voices, Igniting
Change through Community
Listening Sessions



Join the **Black Caucus** in unveiling planning for its 2024 **community listening sessions**, addressing critical issues surrounding **sexual health and HIV** in the Black community, focusing on **faith-based empowerment**.

 **Thursday, February 8, 2024 @ 9AM**

 **St. Anne's Conference Center**
155 N. Occidental Blvd., LA 90026

**complimentary valet parking provided*



#2024NBHAAD

Elevating Voices, Igniting Change through Community Listening Sessions

To Join Virtually, Register Here:

Danielle M. Campbell, PhDc, MPH | COH
Co-Chair, Black Caucus Co-Chair

Leon Maultsby, MHA | Black Caucus Co-
Chair

Lilieth Conolly | Consumer Caucus Co-
Chair, Black Caucus Member

Damone Thomas | Consumer Caucus Co-
Chair, Black Caucus Member

Lambert Talley | Black Caucus Member

Gerald Garth, MBA | Black Caucus
Member (formerly Black Caucus Co-
Chair)

Pastor Sammie Haynes, Senior Pastor,
Vision Church LA

PRESENTERS

BLACK CAUCUS

- The Black Caucus is a dynamic community collaborative working collectively to address the complex issues surrounding sexual health and HIV, advocating for change and equality.
- The Black Caucus, formerly the Black/African American Community Task Force (BAAC), emerged from the Commission on HIV's directive after a critical National Black HIV/AIDS Awareness Day panel discussion on February 14, 2019. The Caucus was established to urgently address the disproportionate impact of HIV/AIDS in Black/African American communities in Los Angeles County.
- The BAAC crafted recommendations with the sole aim of formulating an immediate action plan, to address the sexual health disparities faced by the Black community. The BAAC recommendations can be found on the Commission's website at <http://tinyurl.com/yc7yptea>.

2024 COMMUNITY LISTENING SESSIONS (CLS)

Women

Same Gender Loving Men (MSM)

Justice-Involved

Youth/Young Adults

Non-US Born Immigrant/Caribbean

Non-HIV Traditional Provider

**Faith-Based *SAVE THE DATE: Friday, April 26, 2024 @
6-8PM; location TBD***

2024 COMMUNITY LISTENING SESSIONS (cont'd)

Objective: Quantify the sexual health needs of our Black communities in LA County to improve HIV prevention and care service delivery in a culturally responsive manner for Black people.

Goal: Enhance the HIV prevention and care service delivery system, ensuring it is culturally responsive to the unique needs of Black communities.

Data Collection for Framework Development: Information gathered from these sessions will be instrumental in developing a comprehensive framework, responsive to the BAAC's recommendations. This framework will serve as a roadmap to either create new or enhance existing service delivery systems, effectively meeting the sexual health needs of our Black communities throughout LA County.

Interactive and Engaging: The sessions are designed not only to be informative but also interactive and engaging. We want to foster open dialogues to gain valuable insights directly from the community.

Focus on Key Populations: The discussions will specifically focus on key populations outlined in the BAAC recommendations. This inclusive approach ensures a comprehensive understanding of diverse needs within our community.

Honoring Dr. Wilbert Jordan



- **Dr. Jordan's Vision**

We pay tribute to the visionary Dr. Wilbert Jordan, whose recommendation has fueled our commitment to convene candid conversations via CLS'.

- **Focus Areas**

Driven by his insights, our sessions aim to tackle stigma and other social determinants of health, the core drivers of the HIV epidemic within the Black community.

- **Prioritizing Faith-Based Community**

Dr. Jordan's emphasis on the faith-based community reflects an acknowledgment of its historical and complex relationship with sexual health in the Black community.

SNEAKPEEK: FAITH-BASED CLS

A Conversation with Community Faith Leaders

Speakers:

Gerald Garth, Damone Thomas, Lilieth Conolly, and Pastor Sammie Haynes.

Discussion Topics:

Explore stigma and shame, delve into the historical relationship between the church and the LGBTQ+ and gender diverse communities, and discover the role of the church in promoting sexual health.

Save the Date:

Be sure to mark your calendar for the Faith-Based Community Listening Session on April 26, 2024, from 6-8 PM. The location will be announced soon!



CALL TO ACTION

Participate:

Your involvement is crucial! Participate in our Community Listening Sessions and be a part of the positive change we are striving for.

Support:

Support our initiatives to amplify voices, eradicate stigma, and foster a healthier, more inclusive community.

Contact Us:

For more information and to get involved, visit the COH's website or contact us directly. Together, let's make a lasting impact!



(REVISED) Black/African American Community (BAAC) Task Force
Recommendations
October 30, 2019

Introduction

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

The Black Caucus is a community-based collective with the unique and specific focus of addressing HIV needs of Black and African-American individuals and communities across Los Angeles County.

The Black Caucus is always excited to welcome those committed to the fight to stop the spread of HIV and increase HIV access and education for the Black communities of LA.



2500 Wilshire Boulevard, Suite 2300 • Los Angeles, CA 90030 • TEL (213) 756-2818 • FAX (213) 657-4745
HIV.COM@LACounty.gov • www.lacounty.gov

TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. "Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy." (Racial Justice Initiative [RJI].)

Racism is a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whose health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address social determinants of health such as: implicit bias; access to care; education; social stigma, i.e. homophobia, transphobia and misogyny; housing; mental health; substance abuse; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmad Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

"Justice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly." - Martin Luther King, Jr.

2023 WORLD AIDS DAY 35TH ANNIVERSARY COMMEMORATIVE EVENT

WORLD AIDS DAY 35
REMEMBERING THE JOURNEY TO HERE:
CELEBRATING THE EXPERIENCES OF BLACK PEOPLE IN THE HIV MOVEMENT

Join Supervisorial District 2, the Los Angeles County Commission on HIV Black Caucus, Charles R. Drew University (CDU) and CDU DrewCARES for a poignant and inspiring World AIDS Day event as we reflect on the progress made, honor the resilience of our Black community, and look toward a future where HIV is no longer a barrier to health and equality.

CHARLES R. DREW UNIVERSITY
LSRNE FOYER
1731 E. 120TH ST., LOS ANGELES 90059
PARKING IS AVAILABLE AT LOT LOCATED ON EAST 118TH STREET

9:00AM-11:00AM (PROGRAM)
11:00AM-1:00PM (RESOURCE FAIR)
DECEMBER 6, 2023

FOOD* RAFFLES* RESOURCES* ARTISTIC EXPRESSION* COMMUNITY BUILDING* FREE HIV TESTING *WELLNESS SWAG BAGS* FREE HAIRCUTS/BRAID SERVICES

****FREE EVENT****
NO REGISTRATION REQUIRED | OPEN TO THE COMMUNITY



LOS ANGELES COUNTY COMMISSION ON HIV

PURPOSE
Bringing awareness to end calling for community participation to joining the efforts of the Los Angeles County Commission on HIV, Black African American Community (BAAC) Task Force in addressing HIV racial justice to improve HIV-related health outcomes for our Black/African American communities in Los Angeles County.

SOCIAL MEDIA TOOL KIT

CALL TO ACTION
Please join us in mobilizing our efforts and share this Social Media Tool Kit far and wide in your communities. #nothingaboutuswithoutus

Click links below to access resources

COMMITMENT STATEMENT
STATEMENT OF SOLIDARITY
RECOMMENDATIONS
SOCIAL MEDIA POSTS
Sacrolite #1
Sacrolite #2
Sacrolite #3
Sacrolite #4
Sacrolite #5

HASHTAGS
#nothingaboutuswithoutus
#BAAC
#BAACNBHAAD
INTEREST FORM

*Should you encounter challenges accessing the resources in the Social Media Tool Kit, please contact Dawn McClelland at dawnmcclelland@lacounty.gov.





LOS ANGELES COUNTY
COMMISSION ON HIV



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

Vilma Mendoza

Application on file at Commission office

Interview Panel: J. Arrington, J. Magana, J. Green
Seat #25 Unaffiliated consumer, SPA 7 MOTION #4



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Leonardo Martinez-Real

Application on file at Commission office

Interview Panel: J. Arrington, J. Magana, J. Valero

Seat #27 Unaffiliated consumer, Supervisorial District 1 MOTION #5



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Kerry Ferguson

Application on file at Commission office

Interview Panel: J. Magana, L. Maultsby, and J. Valero
Seat #19, Alternate MOTION #6



| | | |
|--------------------------------------|--|--------------------|
| POLICY/PROCEDURE #09.4205 | Commission Membership Evaluation, Nomination and Approval Process | Page 1 of 8 |
|--------------------------------------|--|--------------------|

SUBJECT: The submission, evaluation, scoring, selection, and nomination of applications/ candidates for seats on the Los Angeles County Commission on HIV.

PURPOSE: To outline consistent method for evaluating, scoring and selecting candidates to fill Commission seats, and for appropriate communication with those applicants before and after evaluation of the application.

PROCEDURE(S):

- 1. Membership Applications:** There are two Commission membership application forms:
 - a) New/Renewal Member Application:** for first-time applicants for Commission membership and renewing members, refer to electronic Membership Application found at <https://www.surveymonkey.com/r/COHMembershipApp> .
 - b) Non-Commission Committee Member Application(s):** for applicants who are applying for membership on one of the Commission's standing committees, but not for the Commission, see Policy/Procedure #09.1007 (Non-Commission Committee Membership) for details regarding the process for evaluating and nominating non-Commission Committee member candidates.

- 2. Application Submission:** All candidates for Commission or Committee membership must complete and submit a Commission or Committee-only membership application. Once the application is submitted and received by staff:
 - a) Staff will review the application for member eligibility, completeness, and accuracy, and will verify with the candidate, via telephone and email, to ensure all eligibility requirements are met and/or to seek clarification on incomplete sections or confirm information not understandable/ accurate. Additionally, staff will review with the applicant the Commission's requirements, commitment expectations, and onboarding process for membership.
 - b) Once the application has been completed and verified by staff, staff will coordinate interview and/or next steps with the Operations Co Chairs.

- 3. Application Evaluation Timeline:** Provided all conditions for a Commission membership application are met, the Operations Committee, via a designated interview panel, will evaluate and score the application within 60 days of its receipt. Necessary conditions include, but are not limited to:
- a)
 - b) All sections of the application are complete,
 - c) Original or electronic signatures have been provided,
 - d) The applicant is willing and available to sit for an interview when appropriate.
 - e) Current Commissioners or Alternates who are seeking to continue their membership on the Commission are required to complete an application prior to the expiration of their membership terms. The renewal application focuses on the member's past performance, strengths and weaknesses, and methods for improving any gaps in service and/or participation.
 - f) Candidates for institutional seats will not be required to sit for an interview but may be assessed for strengths and skill sets for training opportunities and placement in the appropriate committee, task force, caucus, or workgroup.
 - g) Candidates who are employed by organizations who receive Ryan White Program Part A funding through the Division of HIV and STD Programs (DHSP) must provide a written letter of support from their employer and provide to staff prior to interview. This requirement ensures that the employer is not only aware of their staff's participation on the Commission but confirms their support given the nature of the Commission's work and member expectation.
- 4. Candidate Interviews:** All new member candidates must sit for an interview with a panel composed of at least two Commission members or alternates in good standing with at least one member assigned to the Operations Committee. To maintain transparency and integrity of the nomination process, should an interview panelist be assigned to an interview of an applicant with which the panelist has a personal relationship, working relationship while employed by same employer, used as reference by the applicant, and/or other conflict of interest as identified by the Operations Co-Chairs and Executive Director, the panelist will be removed from the interview panel and a qualified Commission member will be selected in their stead.
- The Operations Committee, in consultation with the Commission Co-Chairs, may request an interview with a member seeking to renew his/her Commission membership. Likewise, a renewal membership candidate may request an interview with the Operations Committee. .
- 5. Interview/Scoring Sequence:** Applications are always evaluated and scored following the interview. At its discretion, the interview panel may request a second interview after it has scored an application, and re-score the application following the interview to incorporate any new information learned at subsequently and/or at the interview. Point scores may or may not change when an application is re-scored following an interview.

- 6. Score(ing):** The interview panel evaluates the applicant according to the appropriate “Los Angeles County Commission on HIV New Member Application Evaluation & Scoring.”
- Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
 - All interview panel members’ scores are totaled and averaged. The final point value is the applicant’s final score.
- 7. Scoring Forms:** The Commission’s Operations Committee is responsible for the development and revision of the Membership Candidate Evaluation/Scoring Forms. The Committee develops separate scoring forms for new member candidates and renewal candidates:
- Scoring criteria is based on essential skills and abilities, qualities and characteristics, experience, and past performance (for renewal candidates) that the Committee determines is necessary for effective Commission member participation.
 - The Operations Committee determines those factors and their relative importance through annual membership assessments.
 - The Operations Committee is authorized to revise the scoring form as needed. To the degree that revisions are substantial, or criteria are altered, the revised scoring form must be approved by the Commission.
- 8. Qualification Status:** By virtue of their application scores, candidates’ application will be determined to be “Qualified” or “Not Qualified” for nomination to a Commission membership seat. A minimum of 60 points qualifies the candidate for nomination consideration (“Qualified”); a score of less than 60 indicates that a candidate is “Not Qualified”.
- If the applicant earns a “Not Qualified” score, the Operations Co-Chairs will inform the applicant accordingly and suggest opportunities of other HIV/AIDS planning or volunteer involvement as further preparation for future Commission service.
- 9. New Member Candidate Eligibility:** New member candidates must also be “eligible” for Commission membership nomination. New member candidates are considered eligible if they meet the following conditions:
- The application score qualifies (“Qualified”) the candidate for Commission membership.
 - There is not purposefully misleading, untruthful, or inaccurate information on the application.
 - The applicant has fully participated in the evaluation/scoring process, as appropriate.
 - The applicant does not violate the Commission’s “two persons per agency” rule. To avoid potential influence and to preserve the integrity of the Commission’s decision-making and planning process, the Commission’s membership cannot consist of more than two agency representatives from the same agency, except in cases where a waiver is granted. A two-person/per agency waiver is applicable to individuals affiliated with an entity or organization otherwise represented on the Commission. This waiver is granted if the individual's salary is not supported by the represented organization and they do

not receive payment directly funded by dollars from a DHSP contract or in any consulting capacity by DHSP contractual funds.

- 10. Renewal Candidate Eligibility:** Current Commissioners seeking re-appointment to the Commission must be “eligible” for continued Commission membership. Renewal candidates are considered eligible if they meet the following conditions:
- a) There is not purposefully misleading, untruthful or inaccurate information on the application.
 - d) The applicant does not violate the Commission’s “two persons per agency” rule.
 - e) The candidate has fulfilled Commission member requirements in his/her prior term of service, including, but not limited to:
 - **Commission Meeting Attendance:** unless the reason for the absence falls within Policy #08.3204 Excused Absences, members cannot miss three sequential, regularly scheduled Commission or primary assignment committee meetings in a year, or six of either type of meeting in a single year. Policy 08.3204 dictate that excused absences can be claimed for the following reasons:
 - personal sickness, personal emergency and/or family emergency;
 - vacation; and/or
 - out-of-town travel
 - **Primary Committee Assignment:** members have actively participated in the committee to which they have been assigned, including compliance with meeting attendance requirements.
 - **Training Requirements:** members are required to participate in designated trainings as a condition of their memberships.
 - **Plan of Corrective Action (PCA):** the member must fulfill the terms of any PCA required of him/her by the Operations and/or Executive Committee(s).
- 11. Nominations Matrix:** If the applicant is eligible for Commission membership, the Operations Committee will place the candidate among those that can be nominated for available and appropriate seats on the Commission on its upcoming agenda for Committee approval. The candidate’s name is entered on the “Nominations Matrix” which lists candidates in order of scores, alongside available Commission seats and vacancies.
- 12. Seat Determination:** At the recommendation of the interview panel, the Committee will then determine the individual seats, if any, that are most appropriate for the available qualified candidates—based on the seats the candidates indicated in their applications, and any other seat(s) identified by Committee members that the candidate(s) are qualified to fill.
- a) Duty Statements for each seat dictate requirements for each membership seat on the Commission.

- 13. Multiple Application Requirement:** In accordance with HRSA guidance, there should be multiple candidates for membership seats when possible. All consumer and provider representative seats, along with other seats designated by the Operations Committee, require two or more applications. The Operations Committee may exempt a seat previously designated to require multiple applications from that requirement under the following circumstances:
- a) There has been a vacancy in the seat for six or more months,
 - b) The pool of available, possible candidates is limited, and
 - c) The Committee is convinced that every effort has been made and exhausted by the appropriate stakeholders to identify additional membership candidates.
- 14. “Representation” Requirement:** Ryan White legislation and HRSA guidance require the Part A planning council membership to include specific categories of representation. The Commission’s membership seats have been structured to fulfill that requirement. As specified in the COH Bylaws (Policy/Procedure #06.1000), Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence. The Commission endeavors to ensure those categories are always represented by planning council membership.
- 15. “Unaffiliated Consumer” Requirement:** Ryan White legislation and HRSA guidance require one-third or 33% of the voting membership of the Ryan White Part A planning council to be “unaffiliated” or “non-aligned” consumers. “Unaffiliated” consumers are patients/clients who use Ryan White Part A-funded services **and** who are not employees or contractors of a Ryan White Part A-funded agency **and** do not have a decision-making role at any Ryan White Part A-funded agency. (Policy/Procedure #08.3107 contains information on Consumer Definitions and Related Rules and Requirements). In addition, the Commission defines “Unaffiliated Consumer” as someone using Ryan White Part A-funded services within the last year and who is “unaffiliated” or “non-aligned,” consistent with Ryan White legislative and HRSA definitions.

Following the updated ordinance of the Commission as an integrated HIV prevention and care planning body, a “Consumer” is defined as an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White-funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.

- 16. “Reflectiveness” Requirement:** Ryan White legislation and HRSA guidance require both the entire Commission membership and the subset of unaffiliated consumer members to “reflect” the gender and ethnic/racial distribution of the local HIV epidemic. The Commission endeavors to always reflect the gender and ethnic/racial demographic distribution of Los Angeles County’s HIV epidemic among its membership and consumer members. Furthermore, the CDC HIV Planning Guidance notes that planning bodies place special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations.

- 17. Committee Nominations:** All factors being equal among two or more applications that meet the requirements of a particular open seat, the Committee will forward the candidate with the highest application score to the Commission for nomination to the Board of Supervisors for appointment to the Commission.
- 18. Special Considerations:** There are several “special considerations” that may preclude the Committee from nominating the candidate with the highest score, resulting in the nomination of a candidate with a lower score to a seat. Those factors may include, but are not limited to:
- a) the necessity of maintaining “reflectiveness”,
 - b) an adequate proportion of consumer members,
 - c) the need to fill certain “representative” categories,
 - d) Board of Supervisors interest or feedback,
 - e) over-representation of a particular stakeholder/constituency, otherwise known as the “two persons per agency” rule.
 - f) potential appointment challenges.
 - g) candidate would violate the COH’s two person/per agency rule
- 19. Conditional Nomination(s):** The Operations Committee may nominate candidates “conditionally.” Conditional nominations require candidates to fulfill certain obligations from the Executive and/or Operations Committee prior to or following the nomination. Conditions are detailed in a “Plan of Corrective Action (PCA)” imposed to correct past Commission performance issues or to enhance certain skills and abilities of the candidate/member.
- a) The PCA is written with expected timelines and objectives, and must be agreed to and signed by the candidate, the Executive Director and an Executive or Operations Committee co-chair, as appropriate.
 - b) The candidate must agree to the PCA by the subsequent regularly scheduled committee meeting following the development of the PCA. A candidate’s refusal to accept a PCA may render his/her application ineligible.
 - c) If the PCA obligates the candidate to certain conditions prior to nomination, the nomination will not proceed until the candidate has fulfilled those obligations.
 - d) If the candidate/member has not fulfilled the conditions of the PCA, he/she will not be eligible for future re-nomination to the Commission.
 - e) Terms of the PCA may be modified at any time upon agreement from all three parties (candidate/member, Executive Director, committee).
 - f) The Operations Committee is responsible for monitoring a candidate’s progress and fulfillment of any PCA obligations and requirements.
- 20. Candidate Communication:** At the conclusion of a candidate’s evaluation (interview, scoring, qualification and eligibility designation, seat determination, nomination), the Committee shall notify the candidate in written communication of the results of the evaluation and scoring process. The notification will detail one of the three possible results:
- a) The Committee has nominated the candidate for a particular Commission seat;

- b) The Committee has judged that there are no specific seats available concurrent with the candidate's qualifications, but the Committee will keep the candidate's application and evaluation scores for ongoing consideration for up to a year from the date of application submission; or
- c) The candidate's application and/or evaluation has been placed on hold temporarily.

21. Temporary Hold: A candidate's application may be held temporarily for up to a year under certain conditions that preclude an otherwise eligible nomination to proceed, including but not limited to:

- a) Multiple candidates have not applied for a seat that requires multiple applications,
- b) Appointment of the candidate to a seat would interfere with the Commission's capacity to meet representation, consumer and/or reflectiveness requirements, and/or
- c) The Committee intends to nominate the candidate to a seat that is expected to be vacated soon.

The Operations Committee will provide the reason(s) for a temporary hold when it notifies the candidate of his/her application status. Once a candidate's application has been released from the hold, the candidate must agree to the nomination before it proceeds. If the hold is not released within the year, the candidate must submit a new application for Commission membership.

22. Withdrawal/Declination: At any time after a candidate has submitted an application up until the appointment is approved by the Board of Supervisors, a candidate is entitled to withdraw his/her application and/or decline a proposed nomination.

23. Training Requirements: Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings. Failure to fulfill training requirements as a Commission member may render the member's subsequent renewal applications ineligible.

24. Nomination and Approval: Once the Operations Committee has nominated a candidate for Commission membership, the Committee forwards the nomination(s) to the Commission for approval at its next scheduled meeting. When a candidate's nomination has been approved by the Commission, the candidate's Statement of Qualifications shall be forwarded within two weeks to the Executive Office of the Board of Supervisors.

- a) Candidates are advised to attend the Commission meeting at which their nomination will be considered.
- b) Upon Commission approval, the candidate is encouraged to attend all committees to learn how they operate and assess the best fit for a committee assignment.
- c) Upon Commission approval, the candidate is asked to select its preferred primary Committee assignment. In most instances, the candidate will be asked to review the Committee Description and select their preferred committee in advance of approval to

allow staff to review committee membership assignments to ensure parity, inclusion and reflectiveness.

25. Appointment: The Executive Office of the Board of Supervisors places the nomination on a subsequent Board of Supervisors agenda for appointment. Upon Board of Supervisors approval, the candidate is appointed to the Commission.

- a) Candidates are not required to appear before the Board of Supervisors, although they may attend the designated meeting if so desired.
- b) Candidates will be notified in writing when their nomination will appear before the Board of Supervisors and following appointment.
- c) A newly appointed Commission member is expected to begin his/her service on the Commission at the next scheduled Commission meeting following Board appointment.
- d) Each Commission seat has a pre-designated term of office in which the Commission member will serve until the term expires or he/she resigns from the seat. Should a member's seat change during their membership which prompts a change in their term of office, an updated signed SOQ must be resubmitted to the Executive Office to place the member on the BOS agenda for reappointment to formalize the change in term of office.

**NOTED AND
APPROVED:**

Cheryl A. Barritt

**EFFECTIVE
DATE:**

5/10/18

Original Approval: 9/6/2004

Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17; 9/14/17; 05/10/18; 2/9/23; Proposed Updates 1/9/24

LOS ANGELES COUNTY COMMISSION ON HIV (COH)

SUMMARY OF PROPOSED BYLAWS CHANGES

February 8, 2024



LOS ANGELES COUNTY
COMMISSION ON HIV



BACKGROUND

- To align with Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations [letter](#), rectify areas of improvement and findings identified during the 2023 HRSA administrative site visit, and clarify certain sections.
- The Bylaws Review Task Force was convened by the Executive Committee to review and propose changes
- Collaboration with the Operations Committee
- Review conducted by the Bylaws Review Task Force (BRT) from April-September 2023
- Prioritized responding to HRSA site visit findings and Planning Council Expectations Letter

PROPOSED KEY CHANGES

Composition:

- a. Change DHSP (Recipient/Part A Grantee) as non-voting member; does not count towards quorum (full Commission and DHSP staff assigned to standing Committees).
- b. 50 voting members

Term of Office (Commissioners and Alternates) :

- a. 2-year staggered terms
- b. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.

PROPOSED KEY CHANGES

DHSP Role and Responsibility: “Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.”



LOS ANGELES COUNTY
COMMISSION ON HIV



PROPOSED KEY CHANGES

Conflict of Interest (COI): Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion **and/or voting** concerning that area of conflict, or funding for those services and/or to those agencies.

Planning, Priorities and Allocations (PP&A) Committee in process of reviewing its priority setting and resource allocations procedures to align with COI management.

Code of Conduct:

- a. Applies to Commissioners and members of the public
- b. Included reference to Intra-Commission Grievance and Sanctions Procedures

NEXT STEPS

- Public Comment period: February 12, 2024-March 13, 2024
- Present revised version with public comments received to the Operations and Executive Committee (March 28)
- Align changes with ordinance
- Secure approval from Operations and Executive Committees in April
- Secure approval from the full council in June
- Secure ordinance approval July
- *Concurrent review from County Counsel throughout the process*



LOS ANGELES COUNTY
COMMISSION ON HIV





LOS ANGELES COUNTY
COMMISSION ON HIV



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GUIDING QUESTIONS FOR PUBLIC COMMENTS ON THE PROPOSED CHANGES TO THE COMMISSION ON HIV BYLAWS

Background:

The Los Angeles County Commission on HIV (COH) invites public comments on the proposed changes to its bylaws to align with Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations [letter](#), rectify areas of improvement and findings identified during the 2023 HRSA administrative site visit, and clarify certain sections.

Please email public comments to: HIVCOMM@LACHIV.ORG

The public comment period: February 12, 2024 – March 13, 2024

When providing public comments, consider responding to the following:

1. Are there sections in the document that are confusing or unclear? Please provide specific suggestions to clarify or improve language in the proposed bylaws revisions.
2. What suggestions do you have for making the Commission more effective as a planning body in terms of:
 - a. the proposed bylaws changes;
 - b. it's size and composition;
 - c. frequency of meetings (full council, committees, and subgroups); and
 - d. capacity to undertake syndemic planning.
3. Do you believe the COH, as defined in the proposed bylaws, is fulfilling its intended role? Why or why not? What changes in the bylaws and overall structure of the body do you suggest?
4. Provide any additional comments/recommendations not discussed above.

Thank you for your feedback.

2/8/24 COH REVIEW

PUBLIC COMMENT PERIOD
 2/12/24 – 3/13/24



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|----------------------------------|---|---------------------|
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|----------------------------------|---|---------------------|

SUBJECT: The Bylaws of the Los Angeles County Commission on HIV.

PURPOSE: To define the governance, structural, operational, and functional responsibilities and requirements of the Los Angeles County Commission on HIV.

BACKGROUND:

- **Health Resources and Services Administration (HRSA) Guidance:** “Planning Councils must set up planning council operations to help the planning council to operate smoothly and fairly. This includes such features as bylaws, open meetings, grievance procedures, and conflict of interest standards.” [Ryan White HIV/AIDS Program Part A Manual, VI (Planning Council Operations), 1. Planning Council Duties, C. Fulfilling Planning Council Duties, Planning Council Operations].
- **Centers for Disease Control and Prevention (CDC) Guidance:** “The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department’s Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction.”
- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures):** “The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation.”

POLICY:

- 1) **Consistency with the Los Angeles County Code:** The Commission’s Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 (“Ordinance”), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission’s administrative, operational, and functional rules and requirements.

- 2) Commission Bylaws Review and Approval:** The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.
- A. Prior to approval by its members, the Commission will request that the Ryan White HIV/AIDS Program (RWHAP) Part A project officer review the draft Bylaws to ensure compliance and alignment with HRSA requirements.
 - B. Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.
 - C. Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

Section 1. Name. The name of this Commission is the Los Angeles County Commission on HIV.

Section 2. Created. This Commission was created by an act of the Los Angeles County Board of Supervisors (“BOS”), codified in sections 3.29.010 – 3.29.120, Title 3— Chapter 29 of the Los Angeles County Code.

Section 3. Organizational Structure. The Commission on HIV is housed as an independent commission within the Executive Office of the BOS in the organizational structure of the County of Los Angeles.

Section 4. Duties and Responsibilities. As defined in Los Angeles County Code 3.29.090 (*Duties*), and consistent with Section 2602(b)(4) (42 U.S.C § 300ff-12) of the RWHAP legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance, the Commission is charged with and authorized to:

- A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the RWHAP grantee, the Division of HIV and STD Programs (“DHSP”)/Department of Public Health (“DPH”) to update the plan on a regular basis.
- B. Develop standards of care for the organization and delivery of HIV care, treatment, and prevention services.

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- C. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations, and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan.
- D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV services.
- E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response.
- F. Study, advise, and recommend to the BOS, DHSP, and other departments policies and other actions/decisions on matters related to HIV.
- G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV.
- H. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP, and other departments on HIV-related matters referred for review by the BOS, the grantee, or other departments.
- I. Act as the planning body for all HIV programs in DPH or funded by the County; and

- J. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

Section 5. Federal and Local Compliance. These Bylaws ensure that the Commission meets all RWHAP, HRSA, and CDC requirements and adheres to the Commission’s governing Los Angeles County Code, Title 3—Chapter 29.

Section 6. Service Area. In accordance with Los Angeles County Code and funding designations from HRSA and the CDC, the Commission executes its duties and responsibilities for the entire County.

- A. The geographic boundaries of Los Angeles County match the funding designations from both the CDC and HRSA, which calls the Part A funding area an EMA.

II. MEMBERS:

Section 1. Definition. A member of this Commission is any person who has been duly appointed by the BOS as a Commissioner, Alternate or a Committee-only member.

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.
- B. Alternates are appointed by the BOS to serve in place of a full seated unaffiliated consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities.
- C. Committee-only members are appointed by the BOS to serve as voting members on the Commission’s standing committees, according to the committees’ processes for selecting Committee-only members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*), all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of fifty (50) voting members and one (1) non-voting member. Members are nominated by the Commission and appointed by the BOS.

Consistent with the Open Nominations Process, the following recommending entities shall forward candidates to the Commission for membership consideration:

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- A. Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:
 - 1. Medi-Cal, State of California,
 - 2. City of Pasadena,
 - 3. City of Long Beach,
 - 4. City of Los Angeles,
 - 5. City of West Hollywood
- B. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWHAP Recipient/Part A Grantee.
- C. Four (4) members who are recommended by RWHAP grant recipients as specified below or by representative groups of RWHAP grant recipients in the County, one from each of the following:
 - 1. Part B (State Office of AIDS),
 - 2. Part C (Part C grantees),
 - 3. Part D (Part D grantees),
 - 4. Part F [Part F grantees serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].
- D. Eight (8) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:
 - 1. An HIV specialty physician from an HIV medical provider,
 - 2. A Community Health Center/Federally Qualified Health Center ("CHC"/"FQHC") representative,
 - 3. A mental health provider,
 - 4. A substance abuse treatment provider,
 - 5. A housing provider,
 - 6. A provider of homeless services,
 - 7. A representative of an AIDS Services Organization ("ASO") offering federally funded HIV prevention services,
 - 8. A representative of an ASO offering HIV care and treatment services.
- E. Seventeen (17) unaffiliated consumers of Part A services, to include:
 - 1. Eight (8) consumers, each representing a different Service Planning Area ("SPA") and who are recommended by consumers and/or organizations in the SPA,

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2. Five (5) consumers, each representing a supervisorial district, who are recommended by consumers and/or organizations in the district,
 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County.
- F. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.
- G. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Housing Department.
- H. One (1) representative of a health or hospital planning agency.
- I. One (1) behavioral or social scientist who promotes and presents behavioral research regarding HIV/AIDS and STDs and the people it impacts/affects.
- J. Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:
1. Faith-based entities engaged in HIV prevention and care,
 2. Local education agencies at the elementary or secondary level,
 3. The business community,
 4. Union and/or labor,
 5. Youth or youth-serving agencies,
 6. Other federally funded HIV programs,
 7. Organizations or individuals engaged in HIV-related research,
 8. Organizations providing harm reduction services,
 9. Providers of employment and training services, and
 10. HIV-negative individuals from identified high-risk or special populations.
 11. Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years and had HIV as of the date on which the individuals were so released,
 12. Individuals co-infected with hepatitis B or C.

Section 3. Term of Office. Consistent with the Los Angeles County Code 3.29.050 (*Term of Service*):

- A. Commissioners may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- B. Alternate members may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- C. Committee-Only members serve one-year terms; term begins with the date of appointment.
- D. . Members (Full and Alternate) may serve a maximum of three consecutive two-year terms (6 years total) and can reapply after a one-year break. Term limits are calculated from the approval date of these Bylaws.

Section 4. Unaffiliated Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(2): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members.

Section 5. Reflectiveness. In accordance with RWHAP Part A legislative requirements [Section 2602(b)(1)], the Commission shall ensure that its full membership and the subset of unaffiliated consumer members proportionately reflect the demographical characteristics of HIV prevalence in the EMA.

Section 6. Representation. In accordance with RWHAP Part A legislative requirements [Section 2602(b)(2)], the Commission shall ensure that all appropriate specific membership categories designated in the legislation are represented among the membership of Commission.

Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence.

Section 7. Parity, Inclusion, and Representation (PIR). In accordance with CDC's *HIV Planning Guidance*, the planning process must ensure the parity and inclusion of the members.

- A. “‘Parity’ is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities.”
- B. “‘Inclusion’ is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.”
- C. “‘Representation’ means that ‘members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.’”

Section 8. HIV and Target Population Inclusion. In all categories when not specifically required, recommending entities and the Commission are strongly encouraged to nominate candidates living with HIV and individuals who are members of populations at disproportionate risk for HIV.

Section 9. Accountability. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times, represent multiple constituencies.

Section 10. Alternates. In accordance with Los Angeles County Code 3.29.040 (*Alternate members*), any Commission member who has disclosed that they are living with HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

Alternates Alternate members undergo the identical Open Nomination and Evaluation process as Commissioner candidates, submitting the same application and undergoing the same evaluation and scoring procedures.

Section 11. Committee-Only Membership. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission’s standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting representative, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

III. MEMBER REQUIREMENTS:

Section 1. Attendance. Commissioners and/or their Alternates are expected to attend all regularly scheduled Commission meetings, primary committee meetings, priority- and allocation-setting meetings, orientation, and training meetings, and the Annual Conference.

A. In accordance with Los Angeles County Code 3.29.060 (*Meetings and committees*), the BOS shall be notified of member attendance on a semi-annual basis.

Section 2. Committee Assignments. Commissioners are required to be a member of at least one standing committee, known as the member’s “primary committee assignment,” and adhere to attendance requirements of that committee.

A. Commissioners who live and work outside of Los Angeles County as necessary to meet expectations of their specific seats on the Commission are exempted from the requirement of a primary committee assignment, i.e., State Office of AIDS/Part B Representative and State Medi-Cal Representative.

- B. Commissioners and Alternates are allowed to voluntarily request or accept “secondary committee assignments” upon agreement of the Co-Chairs.

Section 3. Conflict of Interest. Consistent with the Los Angeles County Code 3.29.046 (*Conflict of Interest*), Commission members are required to abide by the Conflict of Interest and Disclosure requirements of the Commission, the County of Los Angeles, the State of California (including Government Code Sections 87100, 87103, and 1090, et seq.), the RWHAP, as outlined in HRSA and relevant CDC guidance.

- A. As specified in Section 2602(b)(5) (42 U.S.C § 300ff-12) of the RWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.
- B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWHAP funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.
- C. Further, in accordance with HRSA guidance, Commission Policy #08.3105: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

Section 4. Code of Conduct. All Commission members and members of the public are expected to adhere to the Commission’s approved Code of Conduct at Commission and sponsored meetings and events. Those in violation of the Code of Conduct will be subject to the Commission’s Policy #08.3302 Intra-Commission Grievance and Sanctions Procedures.

Section 5. Comprehensive Training. Commissioners and Alternates are required to fulfill all mandatory County and Commission training requirements.

Section 6. Removal/Replacement. A Commissioner or Alternate may be removed or replaced by the BOS for failing to meet attendance requirements, and/or other reasons determined by the BOS.

- A. The Commission, via its Operations and Executive Committees, may recommend vacating a member's seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

Section 1. Open Nominations Process. Application, evaluation, nomination and appointment of Commission members shall follow "...an open process (in which candidates shall be selected based on locally delineated and publicized criteria," as described in Section 2602(b)(1) of the RWHAP legislation and "develop and apply criteria for selecting HPG members, placing special emphasis on identifying representatives of at-risk, persons living with HIV/AIDS, and socio-economically marginalized populations," as required by the CDC *HIV Planning Guidance*.

- A. The Commission's Open Nominations Process is defined in Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nominations Process*) and related policies and procedures.
- B. Nomination of candidates that are forwarded to the BOS for appointment shall be made according to the policy and criteria adopted by the Commission.

Section 2. Application. Application for Commission membership shall be made on forms as approved by the Commission.

- A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee. Renewing members must complete an application and may be subject to an interview as determined by the Operations Committee.
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the Operations Committee.

Section 3. Appointments. All Commission members (Commissioners, Alternates and Committee-only members) must be appointed by the BOS.

V. MEETINGS:

Section 1. Public Meetings. The Commission adheres to federal open meeting regulations outlined in Section 2602(b)(7)(B) of the RWHAP legislation, accompanying HRSA guidance, and California's Ralph M. Brown Act (Brown Act).

- A. According to the RWHAP legislation, Council meetings must be open to the public with adequate notice. HRSA guidance extends these rules to Commission and committee meetings.
- B. The Brown Act mandates that any meeting involving a quorum of the Commission or committee must be publicly open and noticed.
- C. Specific public meeting requirements for Commission working units are detailed in Commission Policy #08.1102: Subordinate Commission Working Units.

Section 2. Public Noticing. Advance public notice of meetings shall comply with HRSA's open meeting and Brown Act public noticing requirements, and all other applicable laws and regulations.

Section 3. Meeting Minutes/Summaries. Meeting summaries and minutes are produced in accordance with HRSA's open meeting requirements, the Brown Act, Commission policies and procedures, and all other applicable laws and regulations. Meeting minutes are posted to the Commission's website at <https://hiv.lacounty.gov/> following their approval by the respective body.

Section 4. Public Comment. In accordance with Brown Act requirements, public comment on agenda items and non-agenda items are allowed at all Commission meetings open to the public. The Commission is allowed to limit the time of public comment consistent with Los Angeles County rules and regulations and must adhere to all other County and Brown Act rules and requirements regarding public comment.

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 held monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee.

The Commission's Annual Conference will replace one of the regularly scheduled monthly meetings.

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Section 6. Special Meetings. In accordance with the Brown Act, special meetings may be called as necessary by the Co-Chairs, the Executive Committee, or a majority of the members of the Commission.

Section 7. Executive Sessions. In accordance with the Brown Act, the Commission or its committees may convene executive sessions closed to the public to address pending litigation or personnel issues. An executive session will be posted as such.

Section 8. Robert's Rules of Order. All meetings of the Commission shall be conducted according to the current edition of "*Robert's Rules of Order, Newly Revised*," except where superseded by the Commission's Bylaws, policies/procedures, and/or applicable laws.

Section 9. Quorum. In accordance with Los Angeles County Code 3.29.070 (*Procedures*), the quorum for any regular or special Commission or committee meeting shall be a majority of voting, seated Commission or committee members.

A quorum for any committee meeting shall be a majority of BOS-appointed, voting members or their Alternates assigned to the committee.

VI. RESOURCES:

Section 1. Fiscal Year. The Commission's Fiscal Year (FY) and programmatic year coincide with the County's fiscal year, from July 1 through June 30 of any given year.

Section 2. Operational Budgeting and Support. Operational support for the Commission is principally derived from RWHAP Part A and CDC prevention funds, and Net County Costs ("NCC")—all from grant and County funding managed by DHSP. Additional support may be obtained from alternate sources, as needed and available, for specific Commission activities.

- A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.
- B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and

conditions of the award/funding.

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- C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
- D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

Section 3. Other Support. Activities beyond the scope of RWHAP Part A planning councils and CDC HPGs, as defined by HRSA and CDC guidance, are supported by other sources, including NCC, as appropriate.

Section 4. Additional Revenues. The Commission may receive other grants and/or revenues for projects/activities within the scope of its duties and responsibilities, as defined in these Bylaws Article I, Section 4. The Commission will follow County-approved procedures for allocating project-/activity-related costs and resources in the execution of those grants and/or fulfillment of revenue requirements.

Section 5. Commission Member Compensation. In accordance with Los Angeles County Code 3.29.080 (*Compensation*), RWHAP Part A planning council requirements, CDC guidance, and/or other relevant grant restrictions, Commission members, or designated subsets of Commission members, may be compensated for their service on the Commission contingent upon the establishment of policies and procedures governing Commission member compensation practices.

Section 6. Staffing. The Executive Director serves as the Commission's lead staff person and manages all personnel, budgetary and operational activities of the Commission.

- A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.
- B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or their delegated representative serves as the supervising authority of the Executive Director.

VII. POLICIES AND PROCEDURES:

Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with RWHAP, HRSA, and CDC requirements, Los Angeles County Code, Title 3—Chapter 29, these Bylaws, and other relevant governing rules and requirements to operationalize Commission functions, work, and activities. The policy/procedure index and accompanying adopted policies/procedures are incorporated by reference into these Bylaws.

Section 2. HRSA Approval(s). DMHAP/HAB at HRSA requires RWHAP Part A planning councils to submit their grievance and conflict of interest policies for review by the RWHAP Part A project officer.

Although it is not required, it is the Commission's practice to submit proposed drafts of its Bylaws for review to the RWHAP Part A project office to ensure compliance with HRSA requirements.

Section 3. Grievance Procedures. The Commission's *Grievance Process* is incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with RWHAP, HRSA, CDC, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly.

Section 4. Complaints Procedures. Complaints related to internal Commission matters such as alleged violations of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Commission's Policy #08.3302: Intra-Commission Grievance and Sanctions Procedure.

Section 5. Conflict of Interest Procedures. The Commission's conflict of interest procedures must comply with the RWHAP legislation, HRSA guidance, CDC, State of California, and Los Angeles County requirements, and will be amended from time to time, as needed, accordingly. These policies/procedures are incorporated by reference into these Bylaws.

VIII. LEADERSHIP:

Section 1. Commission Co-Chairs. The officers of the Commission shall be two (2) Commission Co-Chairs ("Co-Chairs").

- A. One of the Co-Chairs must be a person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

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- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.
- C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
- D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
 - 1. Assign the members of the Commission to committees.
 - 2. Approve committee co-chairs, in consultation with the Executive Committee.
 - 3. Represent the Commission at functions, events, and other public activities, as necessary.
 - 4. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
 - 5. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
 - 6. Conduct the performance evaluation of the Executive Director, in consultation with the Executive Committee and the Executive Office of the BOS.
 - 7. Chair or co-chair committee meetings in the absence of both committee co-chairs.
 - 8. Serve as voting members on all committees when attending those meetings.
 - 9. Are empowered to act on behalf of the Commission or Executive Committee on emergency matters; and
 - 10. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

Section 2. Committee Co-Chairs: Each committee shall have two co-chairs.

- A. Committee co-chairs' terms of office are for one year and may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.

- B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, following the open nomination period at the prior regularly scheduled meetings of the committees. As detailed in the Commission Co-Chair Duty Statement, one or both co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:
1. Serve as members of the Executive Committee.
 2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission.
 3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
 4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

IX. COMMISSION WORK STRUCTURES:

Section 1. Committees and Working Units. The Commission completes much of its work through a strong committee and working unit structure outlined in Commission Policy #08.1102: Subordinate Commission Working Units.

Section 2. Commission Decision-Making. Committee work and decisions are forwarded to the full Commission for further consideration and approval through the Executive Committee, unless that work, or decision has been specifically delegated to a committee. All final decisions and work presented to the Commission must be approved by at least a majority of the quorum of the Commission.

Section 3. Standing Committees. The Commission has established five standing committees: Executive; Operations; Planning, Priorities and Allocations (PP&A); Public Policy (PPC); and Standards and Best Practices (SBP).

Section 4. Committee Membership. Only Commissioners or Alternates assigned to the committees by the Commission Co-Chairs, the Commission Co-Chairs themselves, and Committee-Only members nominated by the committee and appointed by the BOS shall serve as voting members of the committees.

Section 5. Meetings. All committee meetings are open to the public, and the public is welcome to attend and participate, but without voting privileges.

Section 6. Other Working Units. The Commission and its committees may create other working units such as subcommittees, ad-hoc committees, caucuses, task forces, or work groups, as they deem necessary and appropriate.

- A. The Commission is empowered to create caucuses of subsets of Commission members who are members of “key or priority populations” or “populations of interest” as identified in the comprehensive HIV plan, such as consumers. Caucuses are ongoing for as long as they are needed.
- B. Task forces are established to address a specific issue or need and may be ongoing or time limited.

X. EXECUTIVE COMMITTEE:

Section 1. Membership. The voting membership of the Executive Committee shall comprise of the Commission Co-Chairs, the Committee Co-Chairs, three (3) Executive Committee At-Large members who are elected by the Commission, and DHSP, as a non-voting member.

Section 2. Co-Chairs. The Commission Co-Chairs shall serve as the co-chairs of the Executive Committee, and one or both shall preside over its meetings.

Section 3. Responsibilities. The Executive Committee is charged with the following responsibilities:

- A. Overseeing all Commission and planning council operational and administrative activities.
- B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units.
- C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission.
- D. Approving the agendas for the Commission’s regular, Annual, and special meetings.
- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units.
- F. Conducting strategic planning activities for the Commission.
- G. Adopting a Memorandum of Understanding (“MOU”) with DHSP, if needed, and monitoring ongoing compliance with the MOU.
- H. Resolving potential grievances or internal complaints informally when possible and standing as a hearing committee for grievances and internal complaints.

- I. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
- J. Developing and adopting the Commission's annual operational budget.
- K. Overseeing and monitoring Commission expenditures and fiscal activities; and
- L. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

Section 4. At-Large Member Duties. As reflected in *Executive Committee At-Large Members Duty Statement*, the At-Large members shall serve as members of both the Executive and Operations Committees.

XI. OPERATIONS COMMITTEE:

Section 1. Voting Membership. The voting membership of the Operations Committee shall comprise of the Executive Committee At-Large members, elected by the Commission membership, members assigned by the Commission Co-Chairs, and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The Operations Committee is charged with the following responsibilities:

- A. Ensuring that the Commission membership adheres to RWHAP reflective-ness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.
- B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission's established Open Nominations Process.
- C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.
- D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.
- E. Developing and revising, as necessary, Commission member duty statements (job descriptions).
- F. Recommending and nominating, as appropriate, candidates for committee, task force and other work group membership to the Commission.
- G. Recommending amendments, as needed, to the Ordinance, which governs Commission operations.

- H. Recommending amendments or revisions to the Bylaws consistent with Ordinance amendments and/or to reflect current and future goals, requirements and/or objectives.
- I. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.
- J. Coordinating on-going public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.
- K. Working with local stakeholders to ensure their representation and involvement in the Commission and in its activities.
- L. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.
- M. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations; and
- N. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XII. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE:

Section 1. Voting Membership. The voting membership of the PP&A Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The PP&A Committee is charged with the following responsibilities:

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.
- B. Overseeing development and updating of the comprehensive HIV plan and monitoring implementation of the plan.
- C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding.
- D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system.

- E. Monitoring the use of funds to ensure they are consistent with the Commission's allocations.
- F. Recommending revised allocations for Commission approval, as necessary.
- G. Coordinating planning, funding, and service delivery to ensure funds are used to fill gaps and do not duplicate services provided by other funding sources and/or health care delivery systems.
- H. Developing strategies to identify, document, and address "unmet need" and to identify people living with HIV who are unaware of their status, make HIV testing available, and bring them into care.
- I. Collaborating with DHSP to ensure the effective integration and implementation of the continuum of HIV services.
- J. Reviewing monthly fiscal reporting data for HIV and STD expenditures by funding source, service category, service utilization and/or type of activity.
- K. Monitoring, reporting, and making recommendations about unspent funds.
- L. Identifying, accessing, and expanding other financial resources to meet Los Angeles County's HIV service needs; and
- M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XIII. PUBLIC POLICY COMMITTEE (PPC):

Section 1. Voting Membership. The voting membership of the PPC shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

Section 2. Resources. Since some PPC activities may be construed as outside the purview of the RWHAP Part A or CDC planning bodies, resources other than federal funds will be used to cover staff costs or other expenses necessary to carry out activities.

Section 3. Responsibilities. The PPC is charged with the following responsibilities:

- A. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan.
- B. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests.

- C. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.
- D. Facilitating communication between government and legislative officials and the Commission.
- E. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate.
- F. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate.
- G. Researching and implementing public policy activities in accordance with the County's adopted legislative agendas.
- H. Advancing specific Commission initiatives related to its work into the public policy arena; and
- I. Carrying out other duties and responsibilities as assigned by the Commission or the BOS.

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall comprise of members assigned by the Commission Co-Chairs, Committee-Only members as nominated by the committee and appointed by the BOS, and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The SBP Committee is charged with the following responsibilities:

- A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.
- B. Identifying, reviewing, developing, disseminating, and evaluating standards of care for HIV and STD services.
- C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".
- D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.
- E. Developing and defining directives for implementation of services and service models.

- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.
- G. Identifying and recommending solutions for service gaps.
- H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.
- I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.
- J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity, and best practices.
- K. Verifying system compliance with standards by reviewing contract and RFP templates; and
- L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

Section 1. Representation/Misrepresentation. No officer or member of the Commission shall commit any act or make any statement or communication under circumstances that might reasonably give rise to an inference that they are representing the Commission, including, but not limited to communications upon Commission stationery; public acts; statements; or communications in which they are identified as a member of the Commission, except only in the following:

- A. Actions or communications that are clearly within the policies of the Commission and have been authorized in advance by the Commission.
- B. Actions or communications by the officers that are necessary for and/or incidental to the discharge of duties imposed upon them by these Bylaws, policies/procedures and/or resolutions/decisions of the Commission.
- C. Communications addressed to other members of the Commission or to its staff, within Brown Act rules and requirements.

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XVI. AMENDMENTS: The Commission shall have the power to amend or revise these Bylaws at any meeting at which a quorum is present, providing that written notice of the proposed change(s) is given at least ten days prior to such meeting. In no event shall these Bylaws be changed in such a manner as to conflict with Los Angeles County Code, Title 3—Chapter 29 establishing the Commission and governing its activities and operations, or with CDC, RWHAP, and HRSA requirements.

**NOTED AND
APPROVED:**



**EFFECTIVE
DATE:**

July 11, 2013

Originally Adopted: 3/15/1995

Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005, 9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 2/8/24

DRAFT

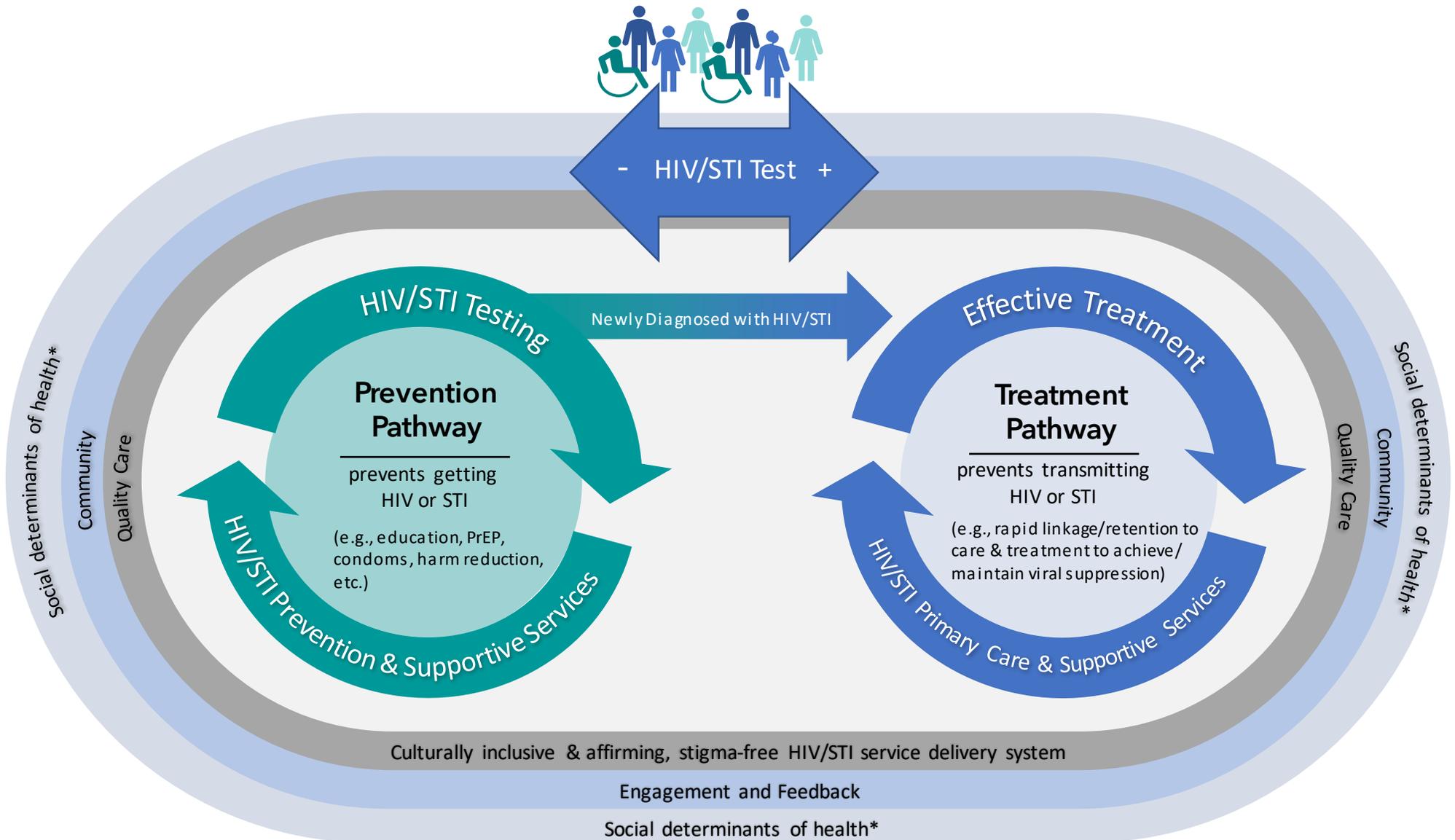
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| REVISION HISTORY | |
|--------------------------|--|
| COH Approval Date | Justification/Reason for Updates |
| 3.15.1995 | Original Adoption |
| 1.27.1998 | Standard Review |
| 10.14.1999 | Standard Review |
| 8.28.2002 | Standard Review |
| 9.8.2005 | Standard Review |
| 9.14.2006 | Standard Review |
| 7.1.2009 | Standard Review |
| 2.9.2012 | Standard Review |
| 5.2.2013 | Integration of Prevention Planning Committee & COH |
| 7.11.2013 | Integration of Prevention Planning Committee & COH |
| 12.12.23 | First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT). |
| 2.8.24 | Review by COH. |
| 2.12.24 | Open Public Comment Period: 2/12/24-3/14/24 |

Status Neutral HIV and STI Service Delivery System



Revised 10/18/23

* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

See [Healthy People 2030](#) for more details on the social determinants of health.

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A, MAI YR 33 AND PART B YR 33 EXPENDITURES BY RWP SERVICE CATEGORIES
Expenditures reported by December 5, 2023

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|--|-------------------------------------|--|--|---|---|--|--|--|
| SERVICE CATEGORY | YEAR TO DATE EXPENDITURES PART A | YEAR TO DATE EXPENDITURES MAI | TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI (Total Columns 2+3) | FULL YEAR ESTIMATED EXPENDITURES PART A | FULL YEAR ESTIMATED EXPENDITURES MAI | FULL YEAR ESTIMATED EXPENDITURES PART A + MAI (Total Columns 5+6) | YEAR TO DATE EXPENDITURES PART B | FULL YEAR ESTIMATED EXPENDITURES PART B | TOTAL YEAR TO DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+9) |
| OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM) | \$ 3,258,491 | \$ - | \$ 3,258,491 | \$ 5,879,947 | \$ - | \$ 5,879,947 | \$ - | \$ - | \$ 3,258,491 |
| MEDICAL CASE MGMT (Medical Care Coordination) | \$ 5,545,556 | \$ - | \$ 5,545,556 | \$ 10,060,657 | \$ - | \$ 10,060,657 | \$ - | \$ - | \$ 5,545,556 |
| ORAL HEALTH CARE | \$ 4,192,938 | \$ - | \$ 4,192,938 | \$ 7,421,917 | \$ - | \$ 7,421,917 | \$ - | \$ - | \$ 4,192,938 |
| MENTAL HEALTH | \$ 73,645 | \$ - | \$ 73,645 | \$ 208,964 | \$ - | \$ 208,964 | \$ - | \$ - | \$ 73,645 |
| EARLY INTERVENTION SERVICES | \$ 2,259,753 | \$ - | \$ 2,259,753 | \$ 2,752,478 | \$ - | \$ 2,752,478 | \$ - | \$ - | \$ 2,752,478 |
| HOME AND COMMUNITY BASED HEALTH SERVICES | \$ 1,479,038 | \$ - | \$ 1,479,038 | \$ 2,697,882 | \$ - | \$ 2,697,882 | \$ - | \$ - | \$ 1,479,038 |
| CHILD CARE SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services | \$ 909,768 | \$ - | \$ 909,768 | \$ 1,425,340 | \$ - | \$ 1,425,340 | \$ - | \$ - | \$ 909,768 |
| NON-MEDICAL CASE MANAGEMENT-Transitional Case Management | \$ - | \$ 276,839 | \$ 276,839 | \$ - | \$ 276,839 | \$ 276,839 | \$ - | \$ - | \$ 276,839 |
| HOUSING-RCFCI, TRCF | \$ 336,381 | \$ - | \$ 336,381 | \$ 360,299 | \$ - | \$ 360,299 | \$ 2,129,907 | \$ 4,239,220 | \$ 2,466,288 |
| HOUSING-Temporary and Permanent Supportive with Case Management | \$ - | \$ 1,765,535 | \$ 1,765,535 | \$ - | \$ 2,855,147 | \$ 2,855,147 | \$ - | \$ - | \$ 1,765,535 |
| SUBSTANCE ABUSE TREATMENT - RESIDENTIAL | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 456,225 | \$ 670,000 | \$ 456,225 |
| MEDICAL TRANSPORTATION | \$ 299,713 | \$ - | \$ 299,713 | \$ 460,470 | \$ - | \$ 460,470 | \$ - | \$ - | \$ 299,713 |
| LANGUAGE SERVICES | \$ 3,300 | \$ - | \$ 3,300 | \$ 5,198 | \$ - | \$ 5,198 | \$ - | \$ - | \$ 3,300 |
| FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT | \$ 1,801,956 | \$ - | \$ 1,801,956 | \$ 3,741,136 | \$ - | \$ 3,741,136 | \$ - | \$ - | \$ 1,801,956 |

[□ > News & Announcements > Out-of-control STI Epidemic Continues to Put Lives at Risk](#)

POLICY STATEMENT, PRESS RELEASE

OUT-OF-CONTROL STI EPIDEMIC CONTINUES TO PUT LIVES AT RISK

CDC Data Highlights Need for Federal Funds to Curb Rapidly Growing STI Crisis

RELEASE DATE

January 30, 2024



Out-of-control STI Epidemic Continues to Put Lives at Risk

CDC Data Highlights Need for Federal Funds to Curb Rapidly Growing STI Crisis

Immediate Release: January 30, 2024

Contact: Elizabeth Finley, efinley@ncsddc.org, 919-749-7309

Washington, D.C. — Today, the Centers for Disease Control and Prevention (CDC) released its 2022 STD Surveillance Report showing that syphilis and chlamydia numbers have climbed to record highs and that the nation continues to struggle to gain control of the epidemics of sexually transmitted infections (STIs). The data show an 80% increase in syphilis over five years, as well as an alarming 3,755 congenital syphilis cases. Today's reported STI numbers are from 2022 and do not reflect the impact of the shortage of congenital syphilis treatment drug Bicillin L-A, which started last spring, or last summer's STI workforce cuts in the debt ceiling deal. The National Coalition of STD Directors (NCSD) issued the following statement in response to the newly released data:

“The CDC’s latest STI data shows that our nation is facing a rapidly deteriorating public health crisis with real lives at stake. STIs – especially syphilis – will continue to spiral out of control until the administration and Congress provide communities with the funding they need to provide the most basic screening, treatment, and prevention services.”

“The 2022 surveillance data shows millions of people were impacted by entirely preventable infections. Increasingly, though, women and babies have been forced to bear the most devastating consequences of the nation’s STI epidemic as syphilis and congenital syphilis continue to rage with treatment shortages, workforce cuts, and attacks on women’s healthcare only adding to the fire. The newly announced federal syphilis task force and the limited import of Extencilline are steps in the right direction, but the nation needs a response that fully meets the moment: one that pairs the new attention from HHS with the resources communities need to restore last year’s public health workforce cuts and implement the basic

screening and treatment services HHS recommends”

“The 2022 data shows hundreds of lives lost and millions of infections, but it doesn’t yet reflect the workforce cuts and drug shortages states have experienced in the time since – the reality is that the 2023 data will be worse. The Biden administration deserves praise for putting the spotlight on the most severe consequence of the nation’s STI epidemic – congenital syphilis – but we know all too well that federal leadership will prove hollow if communities don’t have the funding they need to get the job done.”

[View the Data](#)

Read this next:

POLICY STATEMENT PRESS RELEASE

Out-of-control STI Epidemic Continues to Put Lives at Risk

January 30, 2024



POLICY STATEMENT PRESS RELEASE

NCSD Applauds FDA's Temporary Approval to Import Crucial Congenital Syphilis Drug Amid National Shortage

January 10, 2024

POLICY STATEMENT POLICY UPDATE



This Week In Congress – December 22, 2023

December 22, 2023

LA HOPWA

February 8, 2024

HIV Commission Meeting

Presented by Matthew Muhonen, HOPWA Program Monitor

Housing Opportunities for Persons with AIDS (HOPWA)

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

Housing Opportunity Through Modernization Act (HOTMA),

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

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

Los Angeles County HOPWA Program

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

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

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

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

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

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

How to Get Connected?

HOUSING SPECIALIST, CRISIS HOUSING OR FINANCIAL ASSISTANCE

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

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

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

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

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

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

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

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

LEGAL SERVICES

Inner City Law Center (213) 891-2880

ANIMAL ADVOCACY & SUPPORT

PAWS/LA (213) 741-1950

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For More Information

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

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

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

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

Questions?





LA Law Library Community Connections

Connecting You to the Resources You Need

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

“We hear you.
We can help!”

IF YOU NEED HELP WITH:

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

How to reach our Community Resource Specialist:

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

@LALawLibrary

www.lalawlibrary.org



LA Law Library Conexiones Comunitarias

Conectándote con los recursos que necesitas

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

“Te escuchamos.
¡Podemos ayudar!”

SI NECESITA AYUDA CON:

Servicios de Emergencia: Refugio/Alimentos/Ropa
Administración electrónica • Alojamiento • Cuidado de la salud
Servicios para veteranos • Empleo • Cuidado de los ancianos
Salud mental • Ciudadanía

Cómo comunicarse con nuestro especialista en recursos comunitarios:

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

@LALawLibrary

www.lalawlibrary.org



LA Law Library

OPEN
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PUBLIC

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

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

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

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

This workshop covers:

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

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

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

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

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

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

Registration fee: FREE

LA Law Library does not provide legal advice:

LA Law Library does not provide legal advice. LA Law Library provides legal resources and assistance with legal research as an educational service. The Law Library is pleased to offer our patrons the opportunity to obtain assistance from third party legal service providers at this and other events within the Library. However, the Library does not control and is not responsible for the content or scope of any assistance given by those providers.



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

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LA Law Library

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

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

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

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

Este taller cubre:

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

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

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

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

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

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

Cuota de inscripción: GRATIS

La biblioteca jurídica de Los Ángeles no brinda asesoría legal:

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



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

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LA Law Library

What's Happening February 2024

OPEN TO THE PUBLIC

PUBLIC CLASSES

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

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

LIVE ZOOM: Custody & Child Support: Where You Begin
Friday, February 16 12:00 pm - 1:30 pm

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

CIVIL LAWSUIT BASICS

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

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

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

BOOK DISCUSSION

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

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

HOLIDAY CLOSURES

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

WORKSHOPS & ONE-ON-ONE HELP

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

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

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

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

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

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

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

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

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

Los Angeles County Residents

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

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

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

AND MORE!

Scan qr code to register



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



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



Legal Resources and Information for Individuals Experiencing Homelessness



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

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

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



- **Additional Record Clearing Resources:**

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

- **Legal Resources:**

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

- **Shelter & Housing:**

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

Community Outreach Court

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

The ReFresh Spot

544 Towne Avenue
Los Angeles, CA 90013

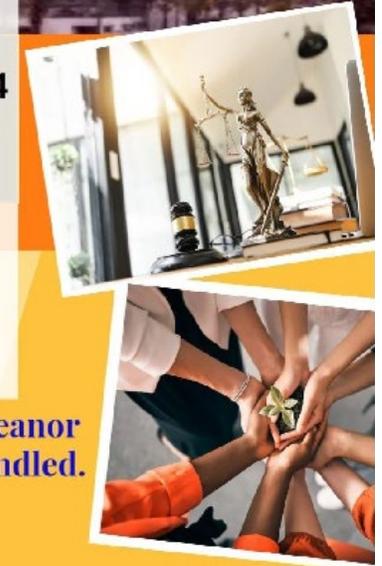
Participate to get your misdemeanor warrants recalled and cases handled.

Defense attorneys will be available to assist you.

Record expungement services will be available.

In Partnership With

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



Corte Comunitaria de Extensión de Servicios

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

The ReFresh Spot
544 Towne Avenue
Los Angeles, CA 90013

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

Los abogados defensores estarán
disponibles para ayudarle.

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

en asociación con:

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



How Does The Homeless Court Referral Program Work?

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

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



For events and status updates:

Email: att.heart@lacity.org

Call: 213-978-1937

For more information:

lahomelesscourt.org



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



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

How Does The Homeless Court Referral Program Work?

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



For events and status updates:

Email: att.heart@lacity.org

Call: 213-978-1937

For more information:

lahomelesscourt.org



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



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

together.

WE CAN END HIV IN OUR
COMMUNITIES ONCE & FOR ALL



LOS ANGELES COUNTY
COMMISSION ON HIV



2023 ANNUAL REPORT



REMEMBER AND COMMIT

End HIV, Once and For All

VISION

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

MISSION

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



In 2022 in Los Angeles County, there are approximately 53,599 persons living with diagnosed HIV. There are approximately 1,400 new HIV transmissions a year in Los Angeles County. This disease continues to be a serious health epidemic necessitating continued local, state, and federal legislation, policies, planning, and service delivery efforts.

The Commission serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Infections (STI) services.

The Commission is composed of 51 members appointed by the Board of Supervisors (BOS) and represents a broad and diverse group of providers, consumers, and stakeholders. Thirty-three percent of the members are people living with HIV/AIDS (PLWH) who are consumers of the federally- funded Ryan White Program.

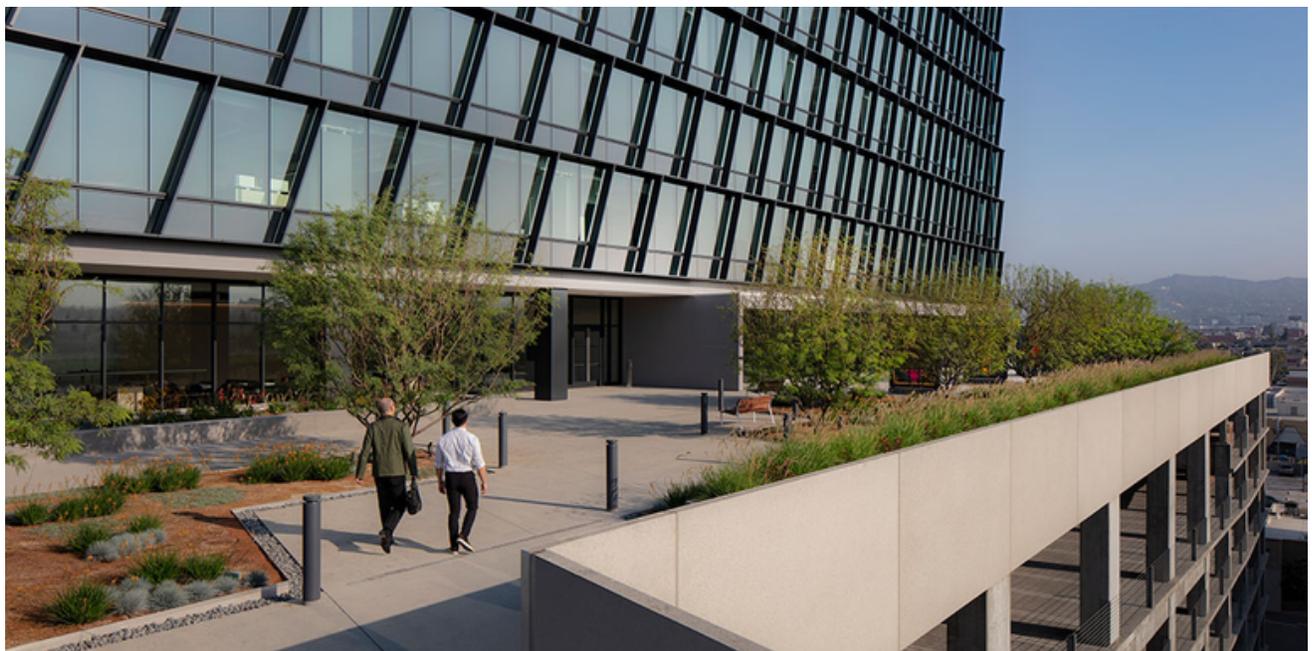
As an integrated planning body for HIV/STI prevention and care services in Los Angeles County, through its five standing committees (Executive, Operations, Planning, Priorities and Allocations (PP&A), Public Policy, and Standards & Best Practices (SBP), the Commission is responsible for:

- Setting care/treatment priorities/allocations
 - Developing a comprehensive prevention and care plan
 - Assessing the administrative mechanism of service delivery
 - Evaluating service system effectiveness
 - Service coordination
 - Conducting needs assessments
 - Setting minimum service standards/outcomes
 - Defining ways to best meet the needs of PLWH and communities at highest risk of infection
 - Resolving service system grievances
 - Promoting the availability of services
 - Evaluating other streams of funding
 - Advising the BOS on all County HIV and STI funding
 - Policy development and advocacy work
 - Advising the Board on other HIV and STI-related matters
-

YEAR IN REVIEW

KEY ACCOMPLISHMENTS

2023 marked the resumption of in-person meetings, re-sparking community and personal connections that sustain and energize HIV movement. While the COVID-19 pandemic and the Mpox outbreak brought challenges that tested the service delivery capacity of the local HIV prevention and care network, the people behind the HIV movement – led by people living with HIV, stakeholders, community-based organizations, and partners- coalesced and mobilized together to respond to the shifting health and social needs of the community. 2023 underscored the continuing need to center the Commission’s planning, outreach, and educational efforts around communities that shoulder the disproportionate impact of HIV, and key intersecting health issues such as STIs, mental health, substance use, housing and poverty, and racism.



The Commission resumed in-person meetings at the Vermont Corridor in March 2023.

YEAR IN REVIEW

KEY ACCOMPLISHMENTS

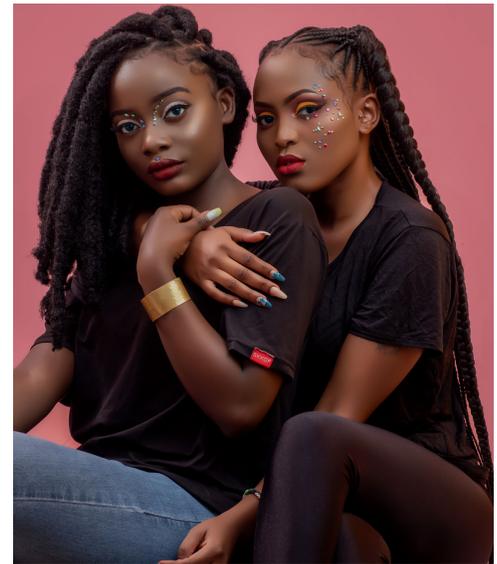
Given the nearly 3 years of virtual meetings due to the COVID-19 pandemic, 2023 provided an opportunity to re-engage with the community and take stock of the profound challenges that hinder the pace and scale of action required to end HIV. The affordable housing and homelessness crisis and rising cost of living put in danger the ability of PLWH to engage and remain in care and maintain viral suppression. Economic instability also heightens the risk for acquiring HIV and STIs for marginalized communities. Systemic barriers to accessing care such as insufficient insurance coverage; healthcare and public health staffing shortages; stigma and bias in the medical community; transportation and work-related barriers; and patient language barriers, continue to test the capacity of the Commission as a local HIV planning council to respond effectively to these challenges. Despite the enormity of these systemic barriers, they offer opportunities for improvement and efficiencies for the Commission. As such, the Commission's 2023 Annual Report highlights key accomplishments that demonstrate our commitment to keeping HIV/STI visible in the eyes and minds of the community and decision-makers and elevating the voices of PLWH and consumers as leaders of the HIV movement.



In commemoration of National Black HIV/AIDS Awareness Day (NBHAAD), the Black Caucus led a panel presentation titled, “Mobilizing Momentum: Building and Maintaining Movement of Black Communities Using the Principles of Kujichagulia (Self-Determination)” on February 9, 2023. Danielle Campbell and Gerald Garth, Black Caucus Co-Chairs, facilitated a robust panel discussion centered on mobilizing momentum and building and maintaining movement within Black communities. The panel was convened against the background of public health ills that affect the Black community. The purpose of the conversation was to further discuss how to continue to mobilize and change the negative health outcomes that are a result of historical systems of oppression. Panelists included Leisha McKinley-Beach, MPH, HIV expert, community mobilization trainer, and strategic planner for state HIV prevention programs; Abraham Johnson, MPH, “Urban Intellect;” and DaShawn Usher, an award-winning advocate, published researcher, and celebrated leader within the LGBT and HIV prevention field. The presentation was given in commemoration of NBHAAD and Black History Month.



The Black Caucus continued its commitment to implementing the recommendations the group developed in 2019 to address the disproportionate impact of HIV/AIDS in the Black/African American communities of Los Angeles County. The Black Caucus collaborated with DHSP to develop a needs assessment aimed at understanding how to increase the number of Black-led agencies funded by the Division of HIV and STD Programs (DHSP) to advance efforts to end HIV in LA County. In LA County, Black people represent 21.3% of new HIV diagnoses despite comprising 8% of the total population. The Caucus helped design a needs assessment aimed at understanding the organizational capacity of Black-led and Black-serving agencies. The Black Caucus recommended agencies to interview for the assessment and provided input on the survey questions. The findings from the needs assessment are slated to be released by March 2024 and will outline specific ideas on tailored capacity-building activities to strengthen Black-led agencies in LA County and ways public health funders can improve upon their procurement processes to advance equity among its grantees.





The Black Caucus also collaborated with DHSP to promote PrEP services in the Black community and provided feedback on social marketing messages, collateral material designs, and outreach strategies that appeal to Black communities across diverse perspectives.



Additionally, the Black Caucus has further activated stakeholders in the Black community by planning a series of community listening sessions aimed at harnessing community-rooted and driven ideas on how to improve the prevention and care service delivery system to specifically address the sexual health needs of the Black community. The group has identified the following groups within the Black community as the focus of the listening sessions: interfaith community leaders; same gender loving men; youth; justice involved individuals; non-traditional providers; and non-U.S. born/Caribbean immigrants. The first round of listening session on the interfaith community leaders is anticipated to occur in March/April 2024.



The U.S. People Living with HIV Caucus states that MIPA is about ensuring that the communities affected by HIV are involved in decision-making at every level of response. The Consumer Caucus of the Commission serves as the primary mechanism for consumers of HIV/STI prevention and care services to weigh in on service, policy, funding, and programmatic matters in Los Angeles County. In 2023, members of the Consumer Caucus amplified their voices by attending Health Deputies and Board meetings to provide public comments regarding matters that impact their health and provided feedback to DHSP on how to improve services around DHSP’s customer support program, medical care coordination, emergency financial assistance, housing, and other services. The group also provided important feedback that helped shape the development of “I’M + LA”, a website promoting free or low-cost services funded under the Ryan White Program. The website features program fact sheets, eligibility and paperwork requirements, and contact information for enrollment. To further spur consumer leadership, the Consumer Caucus hosted its first community retreat to reflect on key successes and challenges for 2023 and outline how the group can support consumer education and empowerment for 2024 and beyond.



The Health Resources and Services Administration (HRSA), the federal agency with oversight of the Ryan White HIV/AIDS Program, conducted an administrative site visit of Los Angeles County’s Ryan White program in February 2023. The Consumer Caucus advocated for and successfully secured a closed session meeting with federal officials which provided an opportunity for consumers to share their concerns and ideas for service delivery and planning council improvement directly with HRSA staff. While the meeting with HRSA officials was a listen only format, federal staff were impressed with the level of leadership, knowledge, and engagement of consumers in local HIV planning. The HRSA site visit team provided feedback to the Commission on measures to improve its operations and procedures to ensure compliance with the Ryan White Care Act. To that end, the Commission reviewed and updated its bylaws in response to HRSA’s review. A public comment period and the full body’s approval of the bylaws is slated for the first half of 2024.

The Commission is committed to supporting MIPA through leadership development and sponsorship of consumers to attend and represent the Commission at local, regional, state and national conferences. In 2023, consumer members of the Commission attended the virtual portion of the International AIDS Conference, Biomedical HIV Prevention Summit, US Conference on HIV/AIDS (USCHA), and the California Collaboration in Care Conference on Improving HIV and Aging Services. The theme of the 2023 USCHA Conference was “A Love Letter to Black Women” and celebrated the contributions of Black women to the fight against HIV. Commissioner Lilieth Conolly received a full scholarship to attend the USCHA conference and was part of the 50+ scholars for 2023.



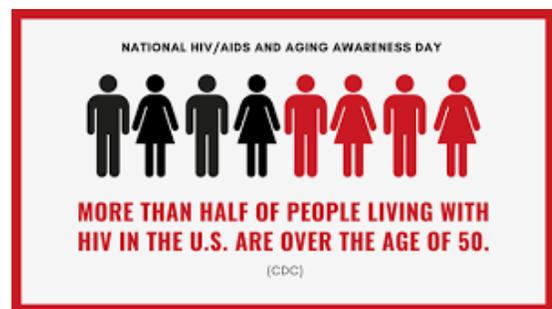
Recognizing the importance of providing quality supportive services for women to remain engaged in care and achieve viral suppression, the Women's Caucus provided critical feedback to DHSP to help shape psychosocial support programs that are responsive to the health needs of women. The Caucus appealed for peer-based support groups with content that address mental health, coping with family and caretaking responsibilities, and HIV-related stigma. After many years of advocating for childcare services to be included in the menu of services funded under the Ryan White Program, the Women's Caucus provided input that helped shape the release of a request for proposals for childcare services. While the Caucus shares DHSP's disappointment that no proposals were received, the group remains hopeful that qualified agencies will apply and that more creative mechanisms for funding and operationalizing childcare services might emerge in the future.



Members of the Women's Caucus attending a special lecture at UCLA on harnessing Black girls' strength.

In keeping with the Aging Caucus' commitment to understanding and addressing the evolving experiences of long-term survivors, the group developed an additional set of recommendations that recognized the spectrum and onset of HIV-related health issues that occur at different ages. The Aging Caucus' additional recommendations aim to be inclusive of long-term survivors (LTS) under 50 years old and those who acquired HIV perinatally (also referred to as vertical transmission). These recommendations were derived from speaker presentations, scientific articles, and feedback from Commissioners and the community-at-large.

The Aging Caucus' leadership in convening the Sexual Health in Older Adults Educational event held on September 22, 2023, demonstrated the Commission's commitment to ensuring that providers receive training on recognizing the health needs of older adults, including sexual health, mental health, and developing age-friendly, gender-inclusive and affirming care.



The Commission onboarded 15 new members, including alternates in 2023, making the demographic composition of the planning council more reflective of the diversity and the epidemiology of HIV in the County. To support members in fulfilling their duties, trainings were provided on the core functions of the Commission as the local HIV planning council for the County; health literacy and advocacy; sexual health and wellness; Public Health 101; oral and written public comments; Brown Act; and parliamentary procedures.

WEBSITE IMPROVEMENTS

In collaboration with the Executive Office’s Information Resource Management Team, the Commission launched its updated website with a more appealing look and greater content functionality. Staff continue to refine and improve the Commission’s website functionality, organization, and ease of use as the primary source and repository of information about the Commission.



Commission on HIV website

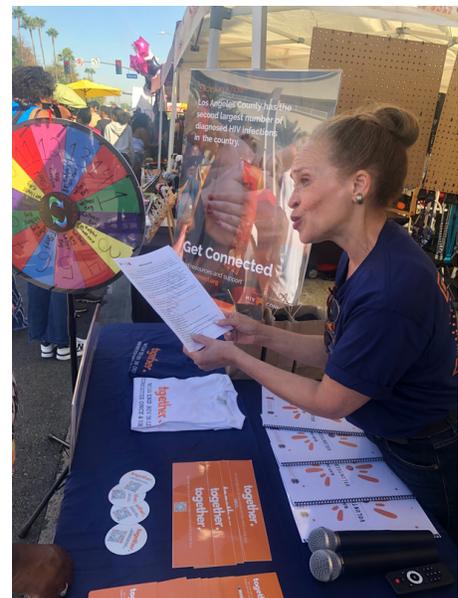
The Commission continued to engage the community in harnessing broad support and attention to the STI crisis. During the Board's 2023-2024 budget hearings, the Commission Co-Chairs, Bridget Gordon and Luckie Alexander Fuller wrote a letter to the Board which called for sustained investments in STI-related public health infrastructure and comprehensive sexual and reproductive health services. The Co-Chairs, on behalf of the Commission, expressed strong support for DPH's appeal for \$19.25 million to close the gap in unmet funding needed to respond to the County's STI crisis. Some members of the Commission provided ongoing written and oral public comments at Health Deputies' and Board meetings to keep the STI crisis conversation at the forefront of policy-making efforts.

SERVICE PRIORITIZATION AND FUNDING ALLOCATIONS

The Planning, Priorities and Allocations (PP&A) Committee leads the multi-year priority and allocation setting process for the Commission. The PP&A Committee moved to a multi-year (3 years) service rankings and funds allocations by percentages in 2019 which facilitated a smooth preparation for HRSA's multi-year Part A application and non-competing continuing progress report process and cycles.

For FY 2023, the Commission ranked the following as the top ten Ryan White Part A service categories: 1) housing; 2) non-medical case management; 3) ambulatory outpatient medical services; 4) emergency financial assistance; 5) psychosocial support; 6) medical care coordination; 7) mental health; 8) outreach; 9) substance abuse outpatient; and 10) early intervention. The FY 2023 service rankings were determined under the following key realities: 1) lack of affordable housing and increased risk for homelessness will remain a significant crisis for PLWH; 2) financial instability will persist due to inflation and unlivable wages; and 3) ongoing demand for culturally competent medical and mental health services. Furthermore, the ongoing methamphetamine crisis in Los Angeles will likely compound substance use conditions.

Under the leadership of the Black Caucus, the Commission made its inaugural participation in the 2023 Taste of Soul LA Family Festival, where Commissioners hosted a booth featuring HIV/STI prevention education, resources, testing, and opportunities to serve on the Commission, and become part of the movement to end HIV. The Black Caucus’ strong presence at the Taste of Soul and community engagement activities, sought to normalize conversations about HIV and STIs, educate the community about the importance of testing and getting linked to care, and promote health wellness in the Black community.





LOS ANGELES COUNTY COMMISSION ON HIV

JOIN THE BLACK CAUCUS AT THE 17TH ANNUAL TASTE OF SOUL!

<https://www.tasteofsoulla.com/>

DATE: October 21 **TIME:** 10 AM - 7 PM

BOOTH: P20 (Locate us with the QR code at the event)

LOCATION: Historic Crenshaw Blvd, between Barack Obama Blvd & Stocker Ave

THE BLACK CAUCUS IS EXCITED TO BE PART OF THIS INCREDIBLE COMMUNITY EVENT. COME MEET US AT BOOTH P20 TO **WIN COOL RAFFLE PRIZES** **GRAB SOME AWESOME SWAG** **GET YOUR PASSPORT STAMPED AS YOU EMBARK ON A MISSION TO LEARN MORE ABOUT US** **TEST YOUR LUCK WITH THE SPIN-THE-WHEEL GAME** **CHALLENGE YOUR WITS WITH OUR SUPER FUN TRIVIA GAME SHOW** ALL WHILE LEARNING MORE ABOUT OUR MISSION & THE WORK WE DO.

#COH_2023TOS #2023TOS_COH #2023TOS












**Images reflect actual members of the Black Caucus*

THE BLACK CAUCUS FOCUSES ON ADDRESSING THE UNIQUE HIV NEEDS OF BLACK AND AFRICAN-AMERICAN INDIVIDUALS AND COMMUNITIES ACROSS LA COUNTY. WE WELCOME ANYONE COMMITTED TO THE FIGHT AGAINST HIV, WORKING TO STOP ITS SPREAD, AND INCREASING ACCESS AND EDUCATION FOR LA'S BLACK COMMUNITIES.



The Commission held its successful annual conference on November 9, 2023 with over 110 individuals attending in-person and virtually. The conference featured presentations and community conversations on the County's response to the intersection of HIV and substance use, harm-reduction and related services; strategies for increasing access and utilization of PrEP, PEP, DoxyPEP among priority populations; HIV and housing; and enhancing access to mental health services for people living with HIV. The Division of HIV and STD Programs (DHSP) provided an update on progress and activities completed under the Ending the HIV (EHE) epidemic and shared the latest information on HIV and STI surveillance. A key feature of the annual conference was a facilitated community discussion on intergenerational perspectives on community building and resilience. Participants provided call to action ideas for each of the topics which will be used by the Commission to shape their 2024 workplans, drive the continued implementation of the Comprehensive HIV Plan, and inform their decision-making around service funding allocations.



LET'S TALK ABOUT SEX | AN EDUCATIONAL EVENT FOR SERVICE PROVIDERS TO PROMOTE SEXUAL HEALTH IN OLDER ADULTS

Under the leadership of the Aging Caucus, the Commission, and in collaboration with the Aging and Disabilities Department, APLA Health, and the Los Angeles LGBT Center, hosted a successful educational event focusing on sexual health and older adults. The event received high marks from attendees and featured expert speakers on STI and HIV prevention and a panel on initiating and navigating conversations about sexual health with doctors and older patients. Panelists and speakers shared inspirational messages about sex positivity and local policy efforts to bring attention to the issues of HIV and aging. A key component of the event featured a sex doula who led an engaging, fun, and honest discussion about confronting anxieties about aging and sexual health. The event underscored the demand and need for focused conversations about sex in older adults to mitigate risks and exposure to diseases, abuse, and isolation.



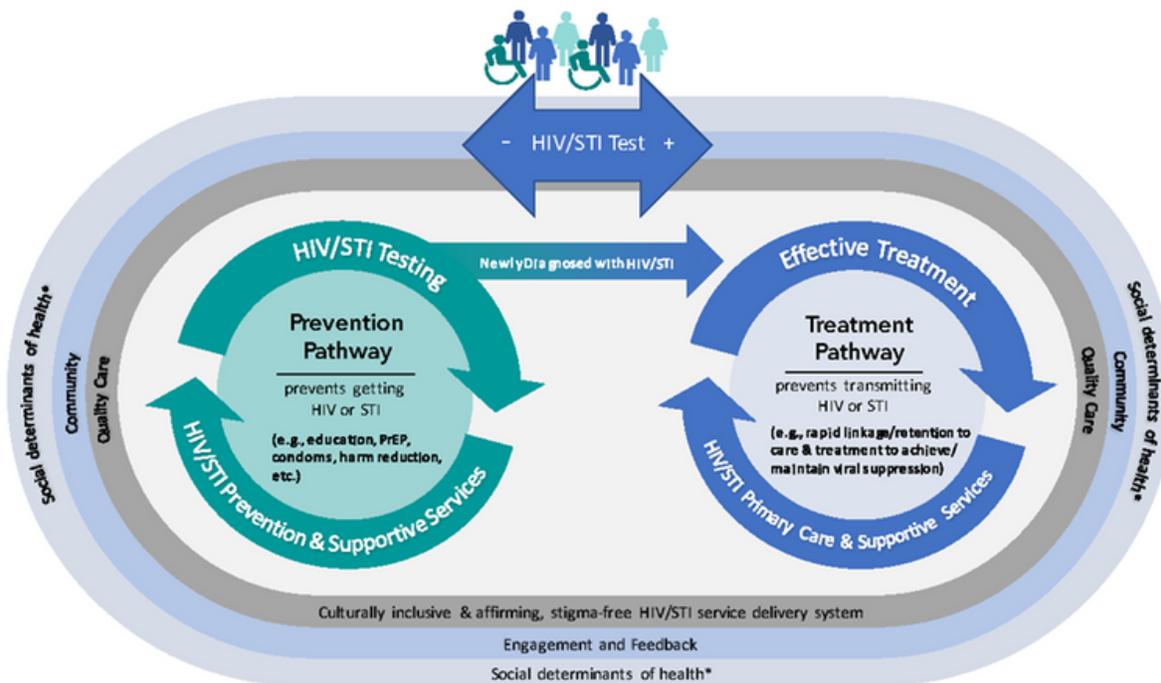
Under the leadership of the Transgender Caucus, the Commission, REACH LA, LA LGBT Center, and USC Keck School of Medicine, hosted the TGI Health Summit on November 2, 2023 where over 150 individuals participated in workshops on community and self-empowerment, health, and wellness, media representation and activism, transgender history, and advocacy. The summit also featured a panel on trans youth where speakers spoke of their journeys and the importance of supporting trans youth with leadership and employment opportunities.



LOSS, GRIEF AND HEALING | A WOMAN-CENTERED EDUCATIONAL FORUM

The Women’s Caucus convened a 2-part virtual workshop on Loss, Grief and Healing on June 21 and 28, 2023. Part I featured a panel discussion of women with lived experience who shared their personal stories of overcoming loss and their healing journey. The panelists spoke about different manifestations of loss due to life events, including but not limited to HIV, death, and coping strategies to navigate grief and healing. Part II was led by Gabrielle Elise Jimenez, Founder and Owner of The Hospice Heart, who provided tips and tools preparing for end-of-life conversations, remembering and honoring loved ones, self-care and extending grace to oneself, and seeking support from others to embark on a path to healing. Over 60 individuals attended the session and many expressed deep appreciation for holding space for such an important and often ignored topic for women living with HIV.

Under the leadership of the Prevention Planning Workgroup (PPW), the *Status Neutral HIV and STI Service Delivery System Framework* was developed in 2023 which will serve as a guiding tool for the Commission in informing its planning process and formulating recommendations for improved services across prevention and care.



* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. See [Healthy People 2030](#) for more details on the social determinants of health.

This framework functions to provide an overview of the comprehensive support and care critical to addressing the social determinants of health that create disparities, especially as they relate to HIV and STIs. The status neutral framework reaches beyond established HIV and STI prevention & care systems and works to create pathways to vital medical and supportive services that meet the needs of individuals regardless of their HIV or STI status and is not centered solely around meeting disease specific needs. The benefits of a status neutral approach include: a reduction in institutionalized stigma for PLWH, a reduction in stigma associated with STIs, increased efficiencies that improves resource utilization, and gained knowledge/insight from various service deliveries.

As part of its ongoing commitment to ensure that HIV care services are responsive to clients' needs, the Commission engaged consumers, providers, and public health partners in revising the following service standards: oral healthcare, nutrition support, medical care coordination, and universal service standards. The Prevention Planning Workgroup led the revisions to the Prevention Services standards, which were modernized to reflect the most up-to-date scientific evidence and clinical practices for rapid treatment, harm reduction, PrEP, PEP, and DoxyPEP, and comprehensive assessments and intake procedures that mirror the pathways described in the Status Neutral HIV and STI Service Delivery Framework.

RECOMMENDATIONS FOR INTEGRATED PREVENTION AND CARE PLANNING

In addition to developing the Status Neutral Framework to help strengthen the Commission's integrated prevention and care planning infrastructure and capacity, the PPW developed additional operational measures to fully integrate prevention in the Commission's planning, priority setting, and resource allocation process, namely:

- Focus on the service delivery system, rather than individual or siloed services.
- Expand service allocation discussions beyond HIV to include STIs, such as HIV and STI testing, treatment and prevention services and biomedical and non-biomedical strategies.
- Put greater emphasis on a person-first, not a disease-first approach to planning discussions and analysis; this effort entails making intentional steps towards shifting away from disease-specific needs and towards a whole-person wellness and well-being approach.

- Ensure that supportive services are provided regardless of HIV status. These services include resources such as housing, mental health, and substance use/harm reduction to name a few, to support individuals at elevated risk for HIV/STIs. Furthermore, supportive services should address the social determinants of health such as economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community contexts.
- Focus on priority populations identified in the Comprehensive HIV Plan: Latinx men who have sex with men (MSM), Black/African American MSM, transgender persons, cisgender women of color, people who inject drugs (PWID), people under 30, and people living with HIV who are 50 years of age or older.
- Strive to fully realize a culturally affirming, stigma-free HIV and STI delivery system – one that goes beyond training around cultural competency and biases, but embraces and operates from an organizational culture and value of diversity, inclusion, and authentic acceptance of people not despite of, but because of their differences.
- Engage in creative planning and thinking by using and braiding multiple funding streams to develop and fund a seamless menu of services that do not have disease-specific eligibility requirements.
- Recruit the active participation and contributions of diverse partners, including partners outside of the traditional HIV/STI spheres.
- Restructure the Planning, Priorities and Allocations (PP&A) Committee meetings to:
 - Intentionally include prevention service reviews and discussions
 - Use the Status Neutral Framework in all Commission discussions
 - Assess prevention funding and services within the County to help inform priority-setting and resource-allocation decisions
 - Update the prevention service standards to incorporate the Status Neutral Framework (completed)
 - Identify opportunities to increase prevention efforts within existing programs in the Division of HIV and STD Programs (DHSP)
 - Identify opportunities to increase prevention efforts within substance use disorder strategies and interventions

In collaboration with Fifth District Supervisor Kathryn Barger, the Commission hosted a community breakfast at The Arboretum on December 1, 2023 to honor those we have lost to AIDS and encourage community members to commit to working together to end HIV. The event featured special remarks from Supervisor Kathryn Barger, Mr. Paul Edmonds, who is one of only five people in the world to achieve full remission of HIV, and a panel of experts and people with lived experiences who shared their inspirational stories to raise awareness about HIV prevention and treatment, reduce HIV-related stigma, and enlist new partners to end HIV. Close to 100 community members attended and joined together to remember those we have lost to AIDS, celebrate the resilience of survivors, and to re-affirm our commitment to ending HIV. The event was a collaborative effort involving Via Care, City of Pasadena, APLA Health, AMAAD Institute, and other organizations dedicated to building a committed coalition of partners to accelerate our collective efforts to end HIV.



LOS ANGELES COUNTY SECOND DISTRICT
WORLD AIDS DAY 35 | REMEMBERING THE
JOURNEY TO HERE – CELEBRATING THE
EXPERIENCE OF BLACK PEOPLE IN THE HIV
MOVEMENT



In collaboration with Second District Supervisor Holly Mitchell and Charles Drew University, the Commission, under the leadership of the Black Caucus, hosted a special World AIDS Day that celebrated the contributions of Black leaders in the HIV movement, lifted the voices of PLWH, and featured community resources to prevent and treat HIV. The program featured a special message from Supervisor Holly Mitchell, artistic performances from local Black artists, and speeches from PLWH, faith leaders, and medical providers. Special Champions of Change Awards were given to Dr. William King and Dr. Wilbert C. Jordan (in memoriam) in recognition of their significant contributions to the HIV movement, both locally and nationally. The keynote speaker was local living legend, Phil Wilson, who challenged the community to be relentless and tireless in the fight to end HIV and to focus on the disproportionate impact of the HIV burden in the Black community. Over 100 individuals joined forces on December 6, 2023, to bring attention to Black leadership and excellence in the HIV movement.

The Commission staff provided programmatic, administrative, and technical support to the Commission’s monthly meetings for (5) standing committees, (5) caucuses, and the full council. In addition, staff hosted 8 pieces of training sessions for Commissioners and members of the public to nurture the knowledge and skills necessary to be a successful HIV planning council member. As the backbone organization for the Commission, the staff team strives for cohesion and teamwork. Commission staff developed “Team Agreements” to guide and reinforce commitments for accountability, open and honest communication, and courageous conversations about implicit biases in the workplace. The Commission staff team is committed to learning by doing and volunteered at Project Angel Food on May 30, 2023 for its annual community service day.



LOOKING AHEAD TO 2024

Reflecting on what's on the horizon for 2024 with the national movement to end HIV, there is general concurrence that while progress continues to be made in ending HIV, several factors are affecting our ability to reach the national goals of reducing new HIV infections in the United States by 75% by 2025 and by 90% by 2030:

- The shift in resources to the COVID-19 response slowed the pace of scaling up the wide-scale implementation of prevention and treatment services and innovations across the country. Disruptions in HIV testing and diagnosis from the COVID-19 pandemic social distancing and other disease control measures led to sharp declines in HIV testing and other services between 2019 and 2020. (<https://www.cdc.gov/mmwr/volumes/71/wr/mm7125a2.htm>)
- Stigma, poverty, and racism continue to drive new HIV infections and disparities in access and utilization of biomedical interventions and HIV care continuum outcomes. Key social determinants of health (SDOH) including housing status, poverty, and recent incarceration, increase the risk of HIV acquisition and transmission. To coordinate federal resources toward addressing the social drivers of health inequities, the White House released the “U.S. Playbook to Address Social Determinants of Health” in November 2023. The Playbook sets the stage for agencies and organizations to re-imagine new policies and actions around SDOH, both inside and outside of government. The Playbook offers a strategizing framework for local communities to leverage, maximize, and braid resources and partnerships to employ an integrated approach to ending HIV.

- Affordable and safe housing remains the greatest unmet need for PLWH and communities most at risk for HIV/STI exposure and acquisition. As one of the strongest predictors of health outcomes, housing stability plays an important role in both HIV prevention and care. According to NASTAD, among individuals who are homeless or marginally housed, the rates of HIV infection are up to 16 times higher than those stably housed. Additionally, the homeless men who have sex with men (MSM) population is 15 times more likely to delay HIV testing than stably housed MSM. At any time, three to ten percent of all homeless persons are HIV-positive. Across the U.S., upwards of 70% of all PLWHA report experiencing homelessness or housing instability. This impacts entrance into care, as homelessness can delay this crucial step for an average of six months.
- The national political landscape continues to be hostile towards the HIV movement, people of color, LGBTQ communities, and women, as evidenced by the continuous onslaught of funding cut threats and legislative bills at all levels of government attacking access to healthcare, reproductive rights, access to HIV PrEP/PEP and other lifesaving medications, to name a few. The never-ending fight for equality adds to the HIV movement's collective trauma, physical and mental health toll, and fatigue – an unfortunate situation when all energies and passion should be directed to implementing the remarkable tools we now have in our arsenal to truly end HIV. Examples of promising and exciting tools to end HIV include newer generation HIV tests; self/at-home test kits; PrEP and PEP; integrated HIV and STI testing approaches; DoxyPEP; long-acting injectables; rapid anti-retroviral treatment; contingency management; harm reduction and safe consumption sites; and street medicine, to name a few. Given that the HIV movement is rooted in activism, stakeholders and leaders will remain vigilant in protecting civil rights and funding for HIV/STD and public health.

COMMISSIONERS (JANUARY – DECEMBER 2023)

- ***Bridget Gordon, Co-Chair, Unaffiliated Consumer, Supervisorial District 2***
- ***Alexander Luckie Fuller, Co-Chair, Provider Representative***
- Miguel Alvarez, HIV Stakeholder Representative
- Everardo Alvizo, MSW, City of Long Beach Representative (*Resigned October 2023*)
- Jayda Arrington, Unaffiliated Consumer, Service Planning Area 6
- Alvaro Ballesteros, MBA, Supervisorial Board Office 1 Representative
- Alasdair Burton, HIV Stakeholder Representative
- Danielle Campbell, MPH, Supervisorial Board Office 2 Representative
- Mikhaela Cielo, MD, Ryan White Part D Representative
- Lilieth Conolly, Unaffiliated Consumer, At-Large
- Sandra Cuevas, Ryan White Part F Representative
- Mary Cummings, HIV Stakeholder Representative
- Shontae Daniels, Unaffiliated Consumer, At-Large (*In Memoriam*)
- Erika Davies, City of Pasadena Representative
- Pearl Doan, HIV Stakeholder
- Kevin Donnelly, Unaffiliated Consumer, Service Planning Area 8
- Felipe Findley, PA-C, MPAS, AAHIVS, HIV Stakeholder Representative
- Arlene Frames, Unaffiliated Consumer, Supervisorial District 3
- Jerry D. Gates, PhD, Ryan White Part F Representative (*Resigned March 2023*)
- Felipe Gonzalez, Unaffiliated Consumer, Supervisorial District 5
- Joseph Green, Unaffiliated Consumer, At-Large
- Thomas Green, Alternate (*In Memoriam, Resigned January 2023*)
- Karl Halfman, MA, Ryan White Part B Representative
- David Hardy, MD, Alternate

COMMISSIONERS (JANUARY – DECEMBER 2023)

- Ismael Herrera, Unaffiliated Consumer, Service Planning Area 3
- William King, MD, JD, AAHIVS, HIV Stakeholder Representative
- Lee Kochems, MA, Behavioral/Social Scientist Representative
- Jose Magana, Provider Representative
- Eduardo Martinez, Alternate (*Seat vacated March 2023*)
- Leon Maultsby, Part C Representative
- Andre Molette, Provider Representative
- Anthony Mills, MD, Provider Representative
- Carlos Moreno, Provider Representative (*Resigned February 2023*)
- Derek Murray, City of West Hollywood Representative
- Paul Nash, PhD, HIV Stakeholder Representative
- Katja Nelson, MPP, Supervisorial Board Office 3 Representative
- Byron Patel, RN, Provider Representative
- Ronnie Osorio, Alternate
- Jesus “Chuy” Orozco, Housing Opportunities for People with AIDS (HOPWA) Representative
- Mario Pérez, MPH, Ryan White Part A Representative
- De’chelle Richardson, Alternate
- Erica Robinson, Alternate
- Mallery Robinson, Alternate (*Resigned August 2023*)
- Redeem Robinson, HIV Stakeholder
- Ricky Rosales, City of Los Angeles Representative
- Harold Glenn San Agustin, MD, Provider Representative
- Martin Sattah, MD, Provider Representative
- Juan Solis, Alternate
- LaShonda Spencer, MD, Provider Representative

COMMISSIONERS (JANUARY – DECEMBER 2023)

- Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4
- Lambert Talley, Alternate
- Justin Valero, Supervisorial Board Office 4 Representative
- Jonathan Weedman, Supervisorial Board Office 5 Representative
- Russell Ybarra, Unaffiliated Consumer, Service Planning Area 2

STAFF

- Cheryl A. Barrit, MPIA, Executive Director
- Dawn P. McClendon, Assistant Director
- Lizette Martinez, MPH, Health Program Analyst
- Jose Rangel-Garibay, MPH, Health Program Analyst
- Sonja Wright, DACM, Senior Board Specialist

The Commission extends its deepest gratitude to Rainbow Sounds for audio-visual support and James Stewart for parliamentary services at monthly Commission meetings. We also thank Catherine Lapointe, a former COH staff, who moved on to greener pastures in April 2023. Ms. Lapointe was instrumental in significantly improving the COH's social media content, reach, and creativity.



LOS ANGELES COUNTY
COMMISSION ON HIV





DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, there are three At-Large members of the Executive Committee, elected annually by the body, to provide the following representation, leadership and contributions:

COMMITTEE PARTICIPATION:

- ① Serve as a member of the Commission's Executive and Operations Committees, and participates, as necessary, in Committee meetings, work groups and other activities.
- ② As a standing member of the Executive Committee, fill a critical leadership role for the Commission; participation on the Executive Committee requires involvement in key Commission decision-making:
 - Setting the agenda for Commission regular and special meetings;
 - Advocating Commission's interests at public events and activities;
 - Voting and determining urgent action between Commission meetings;
 - Forwarding and referring matters of substance to and from other Committees and to and from the Commission;
 - Arbitrating final decisions on Commission-level grievances and complaints;
 - Discussing and dialoguing on a wide range of issues of concern to the HIV/AIDS community, related to Commission and County procedure, and involving federal, state and municipal laws, regulations and practices.

REPRESENTATION:

- ① Understand and voice issues of concern and interest to a wide array of HIV/AIDS and STI-impacted populations and communities
- ② Dialogue with diverse range perspectives from all Commission members, regardless of their role, including consumers, providers, government representatives and the public
- ③ Contribute to complex analysis of the issues from multiple perspectives, many of which the incumbent with which may not personally agree or concur
- ④ Continue to be responsible and accountable to the constituency, parties and stakeholders represented by the seat the member is holding
- ⑤ As a more experienced member, with a wider array of exposure to issues, voluntarily mentor newer and less experienced Commission members
- ⑥ Actively assist the Commission and Committee co-chairs in facilitating and leading Commission discussions and dialogue
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

Duty Statement: Executive Committee At-Large Member

Page 2 of 2

KNOWLEDGE/BACKGROUND:

- ① CDC HIV Prevention Program, Ryan White Program (RWP), and other general HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS and other service delivery systems
- ④ County policies, practices and stakeholders
- ⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
- ⑥ County Ordinance and practices, and Commission Bylaws
- ⑦ **Minimum of one year's active Commission membership prior to At-Large role**

SKILLS/ATTITUDES:

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels
- ② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues
- ③ Ability to demonstrate parity, inclusion and representation
- ④ Multi-tasker, take-charge, "doer", action-oriented
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- ⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side
- ⑦ Strong focus on mentoring, leadership development and guidance
- ⑧ Firm, decisive and fair decision-making practices
- ⑨ Attuned to and understanding personal and others' potential conflicts of interest

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged
- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

INSIDE:

- Strategic Plan
- Awareness
- Updates
- Strategy A
- Strategy B
- Strategy G
- Strategy J
- Strategy K
- Strategy M
- Strategy N

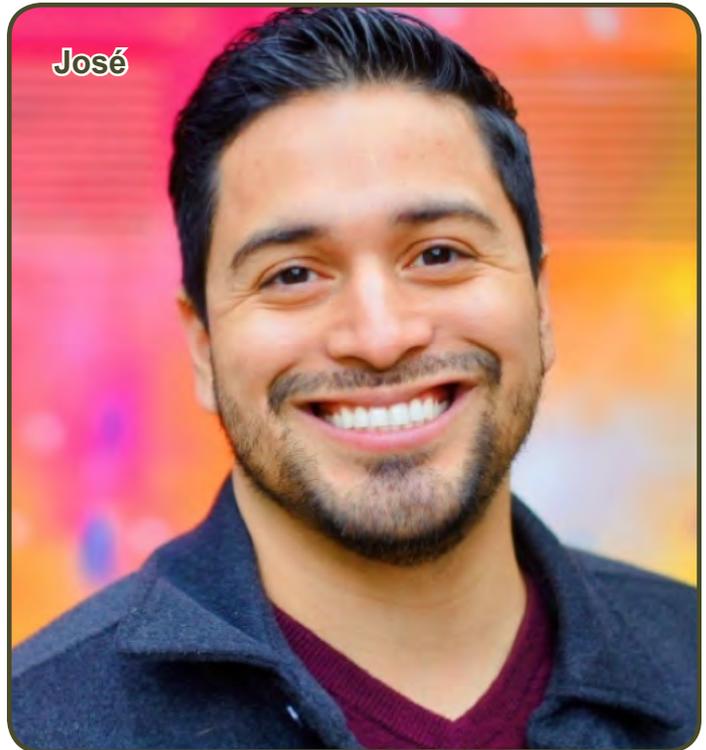
This newsletter is currently organized to align with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The [Integrated Plan](#) is available on the Office of AIDS' (OA) website.

STAFF HIGHLIGHT

OA would like to welcome **José Emmanuel Vega** (He, Him) to the OA Prevention Branch, where he will provide both fiscal and programmatic support to the Harm Reduction Unit. Jose will be the lead for the Harm Reduction Supply Clearinghouse, which provides a baseline level of supplies to the 72 syringe services programs in CA. And he'll be our contracts expert, guiding us through the process of developing scopes of work and budgets for our many projects.

José is a dedicated health educator, ACE's advocate, and administrative professional with a passion for public health, LGBTQ+ issues, harm reduction, and community development. José is passionate about the inclusion of diversity, health equity, eliminating homophobia / transphobia, and sexual health education. Holding a degree in health administration with a minor in communications, José motivates and inspires others to become involved and improve their community's health by amplifying voices and sharing his network with marginalized communities.

José and his team in Oklahoma helped open and start Tulsa's first walk-in PrEP clinic, followed by his assistance in California in opening South Sacramento's first community HIV, STD, and PrEP resource testing center. There, he added Covid testing and vaccines in the midst of the 2020 Covid Pandemic, along with launching



at-home HIV testing and rapid PrEP virtual navigation. At the start of the Mpox pandemic in the summer of 2022, José assisted the Oklahoma Health Department in Tulsa's rapid response vaccine center in partnership with the Dennis R. Neill Equality Center. Together they managed to vaccinate 400 patients in two months, educating the community and physicians about the virus, thereby helping reduce the spread of Mpox in Tulsa County.

José continues his work in public health as a disease intervention trainer, volunteering as a contributor for the Pornhub Sexual Wellness Center website, and providing education on HIV,

STD, PrEP, and Doxy-PEP. In his free time, Jose enjoys the Cinema experience - you can find him at the movies every weekend, hiking when weather is amazing, cuddling with his chihuahua (Pebbles), and eating Thai food – his favorite.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

Implementation of the *Ending the Epidemics Strategic Plan*, which replaces our *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan), is on-going.

The *Strategic Plan* has 30 strategies organized over 6 social determinants of health and its accompanying *Implementation Blueprint* helps us drill-down into these strategies. Please continue to use and share these documents. The California Department of Public Health (CDPH) has made technical assistance available to counties that want to customize this blueprint for their communities. Please check out [Facente Consulting's webpage](#) to get more information about our ongoing community engagement and available technical assistance.

HIV AWARENESS

February 7th is National Black HIV/AIDS Awareness Day (NBHAAD). NBHAAD was established in 1999 as a grassroots-education effort to raise awareness about HIV/AIDS prevention, care and treatment in the Black/African American community. NBHAAD is celebrated to promote HIV education, testing, and community involvement among Black communities. The theme this year is “Engage, Educate, Empower: Uniting to End HIV/AIDS in Black Communities”.

Although black communities have made progress in reducing HIV, they are significantly

impacted by social and structural determinants of health such as racism and medical mistrust. These and other factors affect whether Black people seek, receive HIV treatment or are aware of life saving measures such as Pre-exposure Prophylaxis (PrEP).

According to CDPH HIV Surveillance data, in 2020 Black/African Americans make up approximately 6% of California's population however, they account for 17% of living HIV cases and 17% of newly diagnosed cases. A [factsheet depicting demographics and health outcomes](#) for this community has been made available.

In honor of NBHAAD, engage, become empowered and get tested.

GENERAL UPDATES

> COVID-19

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

> Mpox

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

[Mpox digital assets](#) are available for LHJs and CBOs.

OA is thrilled to announce the **Mpox Vaccine Incentives Program** – a new patient benefit available for a limited time. Rates of mpox

infections in California have declined but not gone away. As people with HIV have been more susceptible to severe mpox infections, now is the time to improve protection in the community with the highly effective mpox vaccine. This program allows clinics to request a vaccine incentive gift card for people with HIV who are receiving their first or second dose of JYNNEOS. The program is open to clinics that provide HIV care and is expected to run until June 30, 2024.

If your clinic would like to learn more about the **Mpox Vaccine Incentives Program**, [please contact rw.partbcqm@cdph.ca.gov](mailto:rw.partbcqm@cdph.ca.gov).

➤ **Racial Justice and Health Equity**

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the CDPH and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

➤ **HIV/STD/HCV Integration**

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

➤ **Ending the HIV Epidemic**

Reminder: We have expanded our OraQuick HIV self-testing program to all counties in California through the [Building Healthy Online](#)

Communities: Take Me Home program (BHOC-TMH). This is a collaboration between BHOC-TMH, CDPH, and local health departments. The program puts an effective, free HIV screening tool directly into the hands of Californians who request it via the [TMH website](#). Outreach for this program is automated mostly through advertising on dating apps and websites.

There are plenty of resources allocated in this program through June 2025. Please help market it through your own social media using these [tools in English](#) and [in Spanish](#). They can be used as part of your organization's social media or printed out with your information to co-brand the program.

Also, a special thank you to the California Planning Group (CPG) and other Planning Councils, Commissions, and Groups across California who have been integral partners in the review, improvement, and implementation of our Ending the HIV Epidemic work and the [Ending the Epidemics Integrated Statewide Strategic Plan](#).

If you'd like to become involved in an HIV planning group in your area, contact your local health department. Listed below are the websites of the planning councils and or commissions for all eight EHE counties in California. Please connect to their important work:

- [Alameda County](#)
- [Orange County](#)
- [Sacramento County](#)
- [San Bernardino/Riverside County](#)
- [San Diego County](#)
- [San Francisco County](#)
- [Los Angeles County](#)

For more information about the [California EHE Initiative](#), visit our OA webpage.

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of January 31, 2024, there are 200 PrEP-AP enrollment sites and 191 clinical provider sites that currently make up the PrEP-AP Provider network.

Data on active PrEP-AP clients can be found in the three tables displayed on page 5 of this newsletter.

STRATEGY B

Increase and Improve HIV Testing:

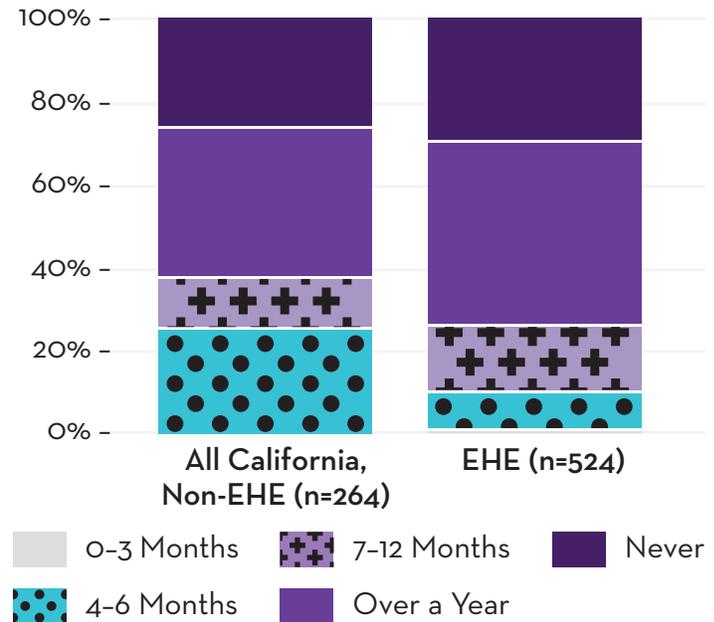
As we mentioned previously, OA continues to implement its BHOC-TMH self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, TakeMeHome®, (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In December, 264 individuals in 37 counties ordered self-test kits, with 184 (69.7%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 40 months, between September 1, 2020, and December 31, 2023, 8896 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 290 (55.3%) of the 524 total tests distributed in EHE counties. Of those ordering rapid tests, 142 (60.7%) ordered 2 tests.

TAKEMEHOME



HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Dec. 2023



| Additional Key Characteristics | EHE | All California, Non-EHE |
|--|-------|-------------------------|
| Of those sharing their gender, were cisgender men | 50.9% | 59.1% |
| Of those sharing their race or ethnicity, identify as Hispanic or Latinx | 36.2% | 38.9% |
| Were 17-29 years old | 54.0% | 43.9% |
| Of those sharing their number of sex partners, reported 3 or more in the past year | 46.3% | 46.0% |

(continued on page 6)

Active PrEP-AP Clients by Age and Insurance Coverage:

| Current Age | PrEP-AP Only | | PrEP-AP With Medi-Cal | | PrEP-AP With Medicare | | PrEP-AP With Private Insurance | | TOTAL | |
|--------------|--------------|------------|-----------------------|-----------|-----------------------|-----------|--------------------------------|------------|--------------|-------------|
| | N | % | N | % | N | % | N | % | N | % |
| 18 - 24 | 336 | 9% | --- | --- | --- | --- | 21 | 1% | 357 | 10% |
| 25 - 34 | 1,271 | 34% | 2 | 0% | 1 | 0% | 185 | 5% | 1,459 | 39% |
| 35 - 44 | 956 | 25% | --- | --- | 4 | 0% | 160 | 4% | 1,120 | 30% |
| 45 - 64 | 444 | 12% | --- | --- | 19 | 1% | 108 | 3% | 571 | 15% |
| 65+ | 25 | 1% | 1 | 0% | 210 | 6% | 9 | 0% | 245 | 7% |
| TOTAL | 3,032 | 81% | 3 | 0% | 234 | 6% | 483 | 13% | 3,752 | 100% |

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

| Current Age | Latinx | | American Indian or Alaskan Native | | Asian | | Black or African American | | Native Hawaiian/ Pacific Islander | | White | | More Than One Race Reported | | Decline to Provide | | TOTAL | |
|--------------|--------------|------------|-----------------------------------|-----------|------------|-----------|---------------------------|-----------|-----------------------------------|-----------|------------|------------|-----------------------------|-----------|--------------------|-----------|--------------|-------------|
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| 18 - 24 | 194 | 5% | --- | --- | 40 | 1% | 14 | 0% | 2 | 0% | 63 | 2% | 3 | 0% | 41 | 1% | 357 | 10% |
| 25 - 34 | 866 | 23% | 1 | 0% | 135 | 4% | 76 | 2% | 8 | 0% | 266 | 7% | 9 | 0% | 98 | 3% | 1,459 | 39% |
| 35 - 44 | 662 | 18% | 4 | 0% | 105 | 3% | 54 | 1% | 6 | 0% | 219 | 6% | 10 | 0% | 60 | 2% | 1,120 | 30% |
| 45 - 64 | 333 | 9% | --- | --- | 54 | 1% | 18 | 0% | 3 | 0% | 132 | 4% | 2 | 0% | 29 | 1% | 571 | 15% |
| 65+ | 23 | 1% | --- | --- | 3 | 0% | 5 | 0% | --- | --- | 205 | 5% | --- | --- | 9 | 0% | 245 | 7% |
| TOTAL | 2,078 | 55% | 5 | 0% | 337 | 9% | 167 | 4% | 19 | 1% | 885 | 24% | 24 | 1% | 237 | 6% | 3,752 | 100% |

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

| Gender | Latinx | | American Indian or Alaskan Native | | Asian | | Black or African American | | Native Hawaiian/ Pacific Islander | | White | | More Than One Race Reported | | Decline to Provide | | TOTAL | |
|--------------|--------------|------------|-----------------------------------|-----------|------------|-----------|---------------------------|-----------|-----------------------------------|-----------|------------|------------|-----------------------------|-----------|--------------------|-----------|--------------|-------------|
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % | N | % |
| Female | 77 | 2% | --- | --- | 8 | 0% | 8 | 0% | 1 | 0% | 15 | 0% | 1 | 0% | 10 | 0% | 120 | 3% |
| Male | 1,815 | 48% | 4 | 0% | 303 | 8% | 151 | 4% | 18 | 0% | 841 | 22% | 22 | 1% | 194 | 5% | 3,348 | 89% |
| Trans | 157 | 4% | --- | --- | 20 | 1% | 6 | 0% | --- | --- | 14 | 0% | --- | --- | 8 | 0% | 205 | 5% |
| Unknown | 29 | 1% | 1 | 0% | 6 | 0% | 2 | 0% | --- | --- | 15 | 0% | 1 | 0% | 25 | 1% | 79 | 2% |
| TOTAL | 2,078 | 55% | 5 | 0% | 337 | 9% | 167 | 4% | 19 | 1% | 885 | 24% | 24 | 1% | 237 | 6% | 3,752 | 100% |

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 01/31/2024 at 12:01:47 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Since September 2020, 999 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 354 responses from the California expansion since January 2023. Highlights from the survey results include:

| | EHE | All California, Non-EHE |
|---|-------|-------------------------|
| Would recommend TakeMeHome to a friend | 94.2% | 94.4% |
| Identify as a man who has sex with other men | 57.4% | 60.5% |
| Reported having been diagnosed with an STI in the past year | 8.8% | 9.3% |

STRATEGY G

Improve Availability of HIV Care:

OA's HIV Care Branch is looking for a new Housing Opportunities for Persons with AIDS (HOPWA) Program provider for Solano County. [Request for Application \(RFA\) #24-10015](#) was released on February 2, 2024, and posted on our website.

HOPWA provides housing assistance and supportive services to prevent or reduce homelessness for persons living with HIV (PLWH). Local government entities (e.g., health departments, housing authorities, or community development agencies) and non-profit community-based organizations may apply. The award amount for Solano County is approximately \$416,343 per year.

OA will host a [technical assistance webinar](#) through MS Teams on February 12, 2024 (11

AM to 12 PM). If you are interested in applying, submit an e-mail of intent to HOPWARFA@cdph.ca.gov by February 26, 2024, and you will be sent the application materials. Applications are due March 11, 2024.

STRATEGY J

Increase Rates of Insurance/ Benefits Coverage for PLWH or on PrEP:

As of January 31, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [chart at the top of page 7](#).

STRATEGY K

Increase and Improve HIV Prevention and Support Services for People Who Use Drugs:

➤ RESEARCH: Health Risks Associated with Smoking Versus Injecting Fentanyl

The Journal Drug and Alcohol Dependence published a study conducted by RTI International that suggests that people who injected fentanyl were at higher risk for overdose and skin and soft tissue infections than people who only smoked fentanyl. It is the first study to report associations between different methods of fentanyl administration and health care outcomes in the U.S. Findings suggest that distribution of safe smoking supplies may facilitate transitions from injecting to smoking fentanyl, thereby reducing health risks associated with fentanyl use.

Full Study: [“Health risks associated with smoking versus injecting fentanyl among people who use drugs in California - ScienceDirect”](#)

| ADAP Insurance Assistance Program | Number of Clients Enrolled | Percentage Change from December |
|---|----------------------------|---------------------------------|
| Employer Based Health Insurance Premium Payment (EB-HIPP) Program | 501 | - 0.59% |
| Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program | 5,529 | + 5.29% |
| Medicare Part D Premium Payment (MDPP) Program | 2,004 | - 4.06% |
| Total | 8,034 | + 2.42% |

Source: ADAP Enrollment System

➤ **RESOURCE: Maintaining Connection: Strategies to Manage a Virtual Harm Reduction Workplace**

The National Council for Mental Wellbeing published a guide that aims to support harm reduction organizations operating in virtual environments and summarizes some of the strategies that harm reduction organizations have developed and found to be effective at maintaining connection while doing harm reduction work virtually.

Full Resource Guide: [“Maintaining Connection: Strategies to Manage a Virtual Harm Reduction Workplace”](#)

STRATEGY M

Improve Usability of Collected Data:

We have published our comprehensive report, [Epidemiology of HIV in California, 2017-2021](#). The report contains the content from our usual publications like population reports, disparities report, and continuum data as well as trends and a new section on social determinants of health.

Thanks to the many staff who contributed to this effort. We are working now to finalize 2022 data

which will be published in our annual surveillance report in the next month or two.

STRATEGY N

Enhance Collaborations and Community Involvement:

➤ **University of California San Francisco (UCSF)**

On January 8, 2024, California launched its first [online statewide survey](#) documenting the needs and priorities of mid-life and older LGBTQIA+ residents, funded by the California Department of Aging (CDA). Openhouse, a team responsible for coordinating a statewide coalition of organizations to serve LGBTQIA+ older adults, partnered with the CDA, the Sexual and Gender Minority Health Equity Lab at UCSF, which designed and deployed the survey with the help of an Advisory Committee; the Center for the Advanced Study of Aging Services at the University of California Berkeley; and the Center for Information



Technology Research in the Interest of Society, at UC Berkeley. [This survey](#) covers a range of topics to include but not limited to:

- Living arrangements and relationship status;
- Service needs and access;
- Advanced care planning;
- Behavioral health and addiction;
- Disability status;
- Individual and community safety; and
- Discrimination.

Findings will provide current and comprehensive data which will help policy makers and

community partners develop services and programs to meet the needs of this LGBTQIA+ population. Please click on the link below to participate and make your voice heard. The survey concludes on March 31, 2024.

If you have any [questions about the survey](#), please e-mail LGBTQIA_Study@ucsf.edu.

For [questions regarding this issue of *The OA Voice*](#), please send an e-mail to angelique.skinner@cdph.ca.gov.



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

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





Estamos Escuchando



Comparta sus inquietudes con nosotros.

**Servicios de VIH + ETS
Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
[http://publichealth.lacounty.gov/
dhsp/QuestionServices.htm](http://publichealth.lacounty.gov/dhsp/QuestionServices.htm)

