



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

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EXECUTIVE COMMITTEE MEETING

Thursday, May 22, 2025
1:00PM – 3:00PM (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020

Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/rd92f5d4156be6c93af3973430689796d>

To Join by Telephone: 1-213-306-3065

Password: EXECUTIVE Access Code: 2532 456 3962

Public Comments

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

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

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

Accommodations

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



Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: <https://www.surveymonkey.com/r/COHMembershipApp>

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



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
EXECUTIVE COMMITTEE**

Thursday, May 22, 2025 | 1:00PM-3:00PM

510 S. Vermont Ave, Terrace Level Conference, Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, Los Angeles 90020

**As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held.*

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/rd92f5d4156be6c93af3973430689796d>

To Join by Telephone: 1-213-306-3065

Password: EXECUTIVE Access Code: 2532 456 3962

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

AGENDA POSTED: May 19, 2025

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

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

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

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

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

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

1:10 PM – 1:13 PM

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

III. COMMITTEE NEW BUSINESS ITEMS

1:13 PM – 1:15 PM

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

IV. REPORTS

- 7. Executive Director/Staff Report** 1:15 PM – 1:30 PM
- A. Commission (COH)/County Operational Updates
- (1) Updated 2025 COH Workplan & Meeting Schedule
 - (2) HRSA Administrative Reverse Site Visit Updates
 - (3) PY 35 Operational Budget Updates
 - (4) Planning Council Support Staff Role, Responsibilities & Expectations
(An open discussion on the roles, responsibilities and expectations of COH staff.)
- 8. Co-Chair Report** 1:30 PM – 2:15 PM
- A. COH Effectiveness Review & Restructuring Project
- (1) Review Restructure Scenarios *(This discussion will be led by consultants from Collaborative Research LLC and Next-Level Consulting Inc.)*
 - (2) Executive At-Large Member Seats: Review of Effectiveness and Reassessment of Purpose
(Evaluate the role and impact of the At-Large seats, including their contributions to leadership, representation, and alignment. [Duty Statement](#))
 - (3) COH & DHSP Memorandum of Understanding (MOU) Development Updates
- B. May 10, 2025 COH Meeting Feedback
- C. Conferences, Meetings & Trainings *(An opportunity for members to share information and resources material to the COH's core functions, with the goal of advancing the Commission's mission)*
- (1) [June 2, 2025 Coping with Hope: From Surviving to Thriving: Honoring the Past, Innovating for the Future in HIV Care](#)
- 9. Division of HIV and STD Programs (DHSP) Report** 2:15 PM – 2:30 PM
- A. Fiscal, Programmatic and Procurement Updates
- (1) Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE)
 - (2) Fiscal
 - (3) Other Updates
- 10. Standing Committee Report** 2:30 PM – 2:45 PM
- A. Planning, Priorities and Allocations (PP&A) Committee
- (1) RWP PY 35 Contingency Planning Updates
 - (2) FY 2025 HIV Prevention Services Programming
 - a. Recommended HIV Prevention Services Priorities **MOTION #3**
- B. Operations Committee
- (1) Membership Management
 - (2) [2025 Training Schedule](#)
 - (3) Administration of the Effectiveness of the Administrative Mechanism (AEAM) | UPDATES
 - (4) Recruitment, Retention & Engagement
- C. Standards and Best Practices (SBP) Committee
- (1) Transitional Case Management Service Standards Review Updates
 - (2) Patient Support Services (PSS) Service Standards Review Updates
 - (3) Service Standards Schedule
- D. Public Policy Committee (PPC)

- 11. Caucus, Task Force, and Work Group Reports:** 2:45 PM – 2:50 PM
- A. Aging Caucus
 - B. Black/AA Caucus
 - C. Consumer Caucus
 - D. Transgender Caucus
 - E. Women’s Caucus
 - F. Housing Task Force

- V. NEXT STEPS** 2:50 PM – 2:55 PM
- 12. Task/Assignments Recap
 - 13. Agenda development for the next meeting

- VI. ANNOUNCEMENTS** 2:55 AM – 3:00 PM
- 14. Opportunity for members of the public and the committee to make announcements.

- VII. ADJOURNMENT** 3:00 PM
- 15. Adjournment of the regular meeting on May 22, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the meeting minutes, as presented or revised.
MOTION #3	Approve the outlined HIV prevention service priorities for Fiscal Year 2025, as presented or revised, to guide the implementation of effective and equitable HIV prevention strategies in Los Angeles County, with the understanding that, should funding be limited, the top three priorities Surveillance, HIV/STI Testing with Linkage to Care, and Biomedical Prevention (PREP/PEP/DoxyPEP) will be preserved and prioritized in implementation.



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.)

Meeting Schedule

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

January - December 2025

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

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

Aging Caucus 1PM-3PM <i>*2nd Tuesday every other month</i>	Black Caucus 4PM-5PM <i>*3rd Thursday monthly</i>	Consumer Caucus 1-3PM <i>*2nd Thursday monthly, following COH meeting</i>	Transgender Caucus 10AM-11:30AM <i>*3rd Thursday quarterly</i>	Women’s Caucus 2PM-3PM <i>*3rd Monday bi-monthly</i>	Housing Taskforce 9AM-10AM <i>*4th Friday monthly</i>
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2025 MEMBERSHIP ROSTER | UPDATED 5.13.25

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative	1	PP&A	Ismael Salamanca	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, DBH, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			Vacant		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6			Vacant		July 1, 2024	June 30, 2026	
17	Provider representative #7	1	SBP	David Hardy	LAC-USC Rand Schrader Clinic	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			Vacant		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	Unaffiliated representative	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	Unaffiliated representative	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4	1	PP	Jeremy Mitchell (aka Jet Finley) (pending)	Unaffiliated representative	July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated representative	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	Unaffiliated representative	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Wilma Mendoza	Unaffiliated representative	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated representative	July 1, 2024	June 30, 2026	Carlos Vega-Matos (PP&A)
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated representative	July 1, 2023	June 30, 2025	
28	Unaffiliated representative, Supervisorial District 2	1	OPS	Bridget Gordon	Unaffiliated representative	July 1, 2024	June 30, 2026	Aaron Raines (OPS)
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Ariene Frames (LOA)	Unaffiliated representative	July 1, 2023	June 30, 2025	Sabel Samone-Loreca (SBP)
30	Unaffiliated representative, Supervisorial District 4			Vacant		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated representative	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilith Conolly (LOA)	Unaffiliated representative	July 1, 2024	June 30, 2026	Gerald Green (PP&A)
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	Unaffiliated representative	July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	EXC PP&A	Daryl Russell, M.Ed	Unaffiliated representative	July 1, 2024	June 30, 2026	
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	Unaffiliated representative	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1		Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA			Vacant		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA (LOA)	Unaffiliated representative	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			Vacant		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC OPS	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, Cpsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Arburtha Franklin	Translatin@ Coalition	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	EXC OPS	Dechelle Richardson (pending)	No affiliation	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
TOTAL:		44						

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

LOA: Leave of Absence

Overall total: 52



510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
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WEBSITE: hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

COMMITTEE ASSIGNMENTS

Updated: April 28, 2025
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= 14 Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Danielle Campbell, PhDc, MPH	Co-Chair, Comm./Exec.*	Commissioner
Joseph Green	Co-Chair, Comm./Exec.*	Commissioner
Alasdair Burton	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Arlene Frames (LOA)	Co-Chair, SBP	Commissioner
Bridget Gordon	At-Large	Commissioner
Arburtha Franklin	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Dèchelle Richardson	At-Large	Commissioner
Erica Robinson	Co-Chair, Operations	Commissioner
Darryl Russell	Co-Chair, PP&A	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= 10 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Erica Robinson	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Jayda Arrington	*	Commissioner
Miguel Alvarez	*	Commissioner
Alasdair Burton	At-Large	Commissioner
Bridget Gordon	At-Large	Commissioner
Joaquin Gutierrez (alternate to Ish Herrera)	*	Alternate
Ismael Herrera	*	Commissioner
Leon Maultsby, DBH, MHA	*	Commissioner
Vilma Mendoza	*	Commissioner
Aaron Raines (alternate to Bridget Gordon)	*	Alternate
Dèchelle Richardson	At-Large	Commissioner

Committee Assignment List

Updated: April 28, 2025

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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
Daryl Russell, M.Ed	Committee Co-Chair*	Commissioner
Al Ballesteros, MBA	*	Commissioner
Lilieth Conolly (LOA)	*	Commissioner
Rita Garcia (alternate to Felipe Gonzalez)	*	Alternate
Felipe Gonzalez	*	Commissioner
Reverend Gerald Green (alternate to Lilieth Conolly)	*	Alternate
William D. King, MD, JD, AAHIVS	*	Commissioner
Rob Lester	*	Committee Member
Miguel Martinez, MPH	*	Committee Member
Harold Glenn San Agustin, MD	*	Commissioner
Ismael Salamanca	*	Commissioner
Dee Saunders	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Carlos Vega-Matos (alternate to Kevin Donnelly)	*	Alternate
Michael Green, PhD	DHSP staff	DHSP

Committee Assignment List

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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= 9 Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION

Arburtha Franklin	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Mary Cummings	*	Commissioner
Jet Finley (<i>alternate to Terrance Jones</i>)	*	Alternate
OM Davis	*	Committee Member
Terrance Jones	*	Commissioner
Lee Kochems (<i>LOA</i>)	*	Commissioner
Leonardo Martinez-Real	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	Commissioner

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 = 15 Number of Quorum = 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Arlene Frames (<i>LOA</i>)	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Dahlia Alè-Ferlito	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Sandra Cuevas	*	Commissioner
Caitlyn Dolan	*	Committee Member
Kerry Ferguson	*	Alternate
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Sabel Samone-Loreca (<i>alternate to Arlene Frames</i>)	*	Alternate
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Kevin Stalter	*	Commissioner
Russell Ybarra	*	Commissioner

Committee Assignment List

Updated: April 28, 2025

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AGING CAUCUS

Regular meeting day/time: 2nd Tuesday Every Other Month @ 1pm-3pm

Co-Chairs: Kevin Donnelly & Paul Nash

Open membership

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting

Co-Chairs: Damone Thomas, Lilieth Conolly & Ismael (Ish) Herrera

Open membership to consumers of HIV prevention and care services

BLACK CAUCUS

Regular meeting day/time: 3rd Thursday of Each Month @ 4PM-5PM (Virtual)

Co-Chairs: Leon Maultsby & Dechelle Richardson

Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 3rd Thursday Quarterly @ 10AM-11:30 AM

Co-Chairs: Rita Garcia, Chi Chi Navarro & Diamond Paulk

Open membership

WOMEN'S CAUCUS

Regular meeting day/time: Virtual - 3rd Monday Bi-monthly @ 2-3:00pm

The Women's Caucus Reserves the Option of Meeting In-Person Annually

Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo

Open membership

HOUSING TASKFORCE

Regular meeting day/time: Virtual – 4th Friday of Each Month @ 9AM – 10AM

Co-Chairs: Katja Nelson & Dr. David Hardy

Open membership



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 4/21/25

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	Dahlia	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & Linked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
Data to Care Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Biomedical HIV Prevention
			Transportation Services
CIELO	Mikhaela	Los Angeles General Hospital	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	Community Engagement/EHE

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	HIV Testing Storefront HIV Testing & Sexual Networks
DAVIS (PPC Member)	OM	No Affiliation	No Ryan White or prevention contracts
DOLAN (SBP Member)	Caitlyn	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Data to Care Services
DONNELLY	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	Kerry	ViiV Healthcare	No Ryan White or prevention contracts
FINLEY	Jet	Unaffiliated representative	No Ryan White or prevention contracts
FRAMES	Arlene	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	Arburtha	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA	Rita	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	Lauren	APLA Health & Wellness	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Intensive Case Management
GONZALEZ	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	Gerald	Minority AIDS Project	Benefits Specialty
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts
			Ambulatory Outpatient Medical (AOM)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	Joaquin	Connect To Protect LA/CHLA	HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts
JONES	Terrance	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated representative	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LESTER (PP&A Member)	Rob	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Data to Care Services
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	Leonardo	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MOLETTE	Andre	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Oral Healthcare Services
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Community Engagement/EHE
			Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Case Management			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RAINES	Aaron	No Affiliation	No Ryan White or prevention contracts
RICHARDSON	Dechelle	No Affiliation	No Ryan White or prevention contracts
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated representative	No Ryan White or prevention contracts
SALAMANCA	Ismael	City of Long Beach	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
SAMONE-LORECA	Sabel	Minority AIDS Project	HIV Testing & Sexual Networks
			Benefits Specialty
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
SAUNDERS	Dee	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
VEGA-MATOS	Carlos	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

Division of HIV and STDs Contracted Community Services

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

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

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

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



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

EXECUTIVE COMMITTEE MEETING MINUTES Thursday, April 24, 2025

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

Meeting agenda and materials can be found on the Commission’s website [HERE](#)

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Joseph Green, Co-Chair, commenced the Executive Committee meeting at approximately 1:09 PM and welcomed attendees.

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

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

3. ROLL CALL (PRESENT): Alasdair Burton, Kevin Donnelly (AB2449), Vilma Mendoza, Katja Nelson, Daryl Russell, Danielle Campbell and Joseph Green

3. APPROVAL OF AGENDA

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

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4. APPROVAL OF MEETING MINUTES

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

II. PUBLIC COMMENT

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

No public comment.

III. COMMITTEE NEW BUSINESS ITEMS

6. OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.

IV. REPORTS

7. Standing Committee Reports

A. Planning, Priorities & Allocations (PP&A) Committee Daryl Russell, PP&A Co-Chair, reported that the committee last met on April 16, 2025, and addressed the following:

(1) RWP PY 35 Contingency Planning Updates. The Committee continued its contingency planning efforts, focusing on a 20% funding reduction scenario. An emergency meeting was scheduled for May 1, 2025, to continue the deliberations. Members emphasized the importance of data-driven decision-making, expressing concern about the influence of impassioned pleas.

(2) RWP PY32 Utilization Service Data – Core Services. Members emphasized the need for clear communication regarding funding allocations and utilization data. Confusion arose over balancing contracts and actual service needs in budget discussions.

B. Operations Committee Justin Valero, Operations Committee Co-Chair, reported that the Committee meeting was cancelled within 10 minutes of its start time, due to lack of quorum. Motions on the agenda are elevated to the Executive Committee for approval as follows:

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MOTION #3: SEAT CHANGE: Dechelle Richardson, Provider Representative (Seat #16) to HIV Stakeholder Representative #6 (Seat #49)

(Approved via Roll Call Vote: ABurton, KNelson, DRussell, JValero, DCampbell and JGreen.)

MOTION #4: Jeremy Mitchell (aka Jet Finley) Alternate (Seat #33), to Unaffiliated, Representative, SPA 4 (Seat #22)

(Approved via Roll Call Vote: ABurton, KNelson, DRussell, JValero, DCampbell and JGreen.)

Additionally, on behalf of the Operations Committee—whose meeting was canceled—the Executive Committee, in alignment with established attendance procedures, directed COH staff to issue warning letters to members with excessive absences, including Bridget Gordon, Erika Davies, and Rita Garcia. A conditional warning will be prepared for Kevin Stalter, pending his attendance at next month's meetings.

Updates for the Assessment of the Effectiveness of the Administrative Mechanism (AEAM) will be provided next month.

Lastly, the Committee was reminded of the COH's required trainings; refer to training schedule [HERE](#).

- C. Standards and Best Practices (SBP) Committee** José Rangel-Garibay, COH Staff, reported on behalf of the SBP Co-Chairs, stating the Committee last met on April 1, 2025, and addressed the following:

- (1) Transitional Case Management Services Standards.** The Committee continued revising the Transitional Case Management (TCM) standards, focusing on service components and incorporating guidance for youth, justice-involved individuals, and adults aged 50+. Subject matter experts will be invited to the next meeting to support this work.
- (2) Service Standards Schedule.** The SBP Committee reviewed their service standard revision tracker and selected Mental Health, Legal Services, and Patient Support Services for upcoming review.

The next SBP meeting is scheduled for Tuesday, May 6, 2025, from 10:00 AM–12:00 PM at the Vermont Corridor.

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D. Public Policy Committee (PPC) Katja Nelson, PPC Committee Co-Chair, reported that the Committee did not meet in April. However, updates were shared regarding ongoing policy and funding concerns:

- A leaked version of the President’s proposed federal budget suggests complete elimination of Minority AIDS Initiative (MAI) and Ending the HIV Epidemic (EHE) funding, with uncertain impacts on Ryan White Part A.
- The proposed restructuring includes consolidation of federal HIV/AIDS funding under a new “HIV/AIDS Branch” within the Health Resources and Services Administration (HRSA), with \$2.34 billion allocated—excluding Parts F and EHE.
- The budget consolidates HIV, STI, Hepatitis, and TB prevention into a single block grant, raising concerns about the future of dedicated HIV prevention funding.
- A proposed \$60 million backfill request to the California Department of Public Health (CDPH) was submitted by the End the Epidemics coalition to address federal prevention funding losses. The proposed split includes \$15M each for Los Angeles and San Francisco, \$15M to other jurisdictions, and \$15M for CDPH operations.

Additional concerns shared included:

- Medicaid cuts and changes to Federal Medical Assistance Percentage (FMAP) could impact service delivery.
- The *Braidwood v. Becerra* case before the Supreme Court threatens coverage of PrEP and other preventive services under the Affordable Care Act.
- California is working to codify preventive service protections at the state level, though gaps remain.
- LA County has already lost \$45M in core public health infrastructure funding, with additional local program cuts anticipated (e.g., up to 40% for the City of Los Angeles Department of Disability).

8. Caucus, Task Force, and Work Group Reports

A. Aging Caucus. The Aging Caucus did not meet in April. The next meeting is scheduled for May 13, 2025, from 1:00–3:00 PM and will be held virtually. Co-Chairs Kevin Donnelly and Dr. Nash have been meeting with other Caucus co-chairs to support planning for the upcoming September event. Community members and stakeholders are encouraged to attend and assist with planning efforts.

B. Black/AA Caucus. Dawn Mc Clendon, COH Staff, reported that members shared concerns over potential losses in housing, food access, and HIV services, and explored advocacy strategies, including social media campaigns, public statements, letter-writing,

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and engagement with key stakeholders. A virtual focus group for Black-led/serving organizations not included in the initial assessment is scheduled for April 30, 2025, from 12:00–1:00 PM. Upcoming community listening sessions will focus on: Non-Traditional HIV Providers (May 13 @ 5-7PM), Transgender Individuals (July 9 @ 5-7PM), Youth, Justice-Involved Persons, and Heterosexual Men and Men Who Do Not Identify as MSM. Some sessions may be held virtually due to budget constraints. Additionally, the Caucus is also exploring a Juneteenth Community Picnic to celebrate Black joy, promote sexual health, and launch a community needs assessment. Volunteers are welcome to support planning efforts.

- C. Consumer Caucus.** Vilma Mendoza, Consumer Caucus Co-Chair, reported that the Caucus held its RWP Dental Services Listening Session at its April 10, 2025 meeting; draft listening session summary can be found [HERE](#). VMendoza shared that the session was successful but noted a desire for greater participation from line staff who work directly with clients. The Caucus will debrief and determine next steps at its next meeting on May 10, 2025.
- D. Transgender Caucus.** JRangel-Garibay reported that the Caucus met on April 22, 2025, and elected Diamond Paul of the AMAAD Institute as their third Co-Chair. The Caucus is collaborating with the Black Caucus to host a community listening session for Black transgender individuals in July, and with the Women’s Caucus on a June listening session. To support planning efforts, the group reinstated their previously canceled May meeting. The next meeting is scheduled for May 27, 2025, from 10:00–11:30 AM via Webex.
- E. Women’s Caucus.** Lizette Martinez, COH staff, reported that the Caucus did not meet this month but continued planning for upcoming community listening sessions. Planned sessions include a collaboration with the Transgender Caucus in June, and additional sessions at Charles Drew University (CDU) and East LA Women’s Center, with dates pending final confirmation. Flyers with registration details will be shared soon. The next Women’s Caucus meeting is scheduled for Monday, May 19, 2025, via Webex.
- F. Housing Taskforce (HTF).** KNelson reported that the Housing Task Force will meet virtually on April 23, 2025, featuring a presentation from Brett Feldman of the USC Street Medicine Program. Members will also begin reviewing a draft Housing Needs Assessment Survey, which is included in the meeting packet. Feedback is requested by May 1, 2025. The Task Force aims to finalize the survey over the coming months, with plans to distribute it later this year and host a housing-focused town hall by year-end. A summary of the Task Force’s work to date will be presented at the May Commission meeting.

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V. REPORTS

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

A. Commission (COH)/County Operational Updates

(1) Commission (COH)/County Operational Updates

a. **Updated 2025 COH Workplan & Meeting Schedule.** CBarrit reviewed the updated 2025 meeting schedule, noting that the May 8 COH meeting will focus on approving a 20% reduction allocation contingency plan and reviewing the restructuring workgroup summary. In line with ongoing discussions around meeting frequency and efficiency, a motion was introduced to cancel the June, August, and September meetings. The Executive Committee will act on behalf of the Commission on HIV during months when full Commission meetings are canceled.

MOTION: Cancel the June, August and September COH meetings.

(Approved via Roll Call: YES: KNelson, JValero, DCampbell and JGreen; NO: ABurton and DRussell; ABSTAIN: MPerez)

B. PY 35 COH Operational Budget. CBarrit reported that three budget scenarios, including options with significant cuts—potentially impacting staffing—have been submitted to the Executive Office for review considering the current fiscal climate. Updates will be provided once feedback is received.

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

(1) COH Effectiveness Review & Restructuring Project

Feedback and Next Steps. CBarrit reported that a draft timeline for the restructuring process has been developed and will be presented at the May 8, 2025 COH meeting, along with two modeling proposals for Commission seat allocation. The restructuring workgroup continues to meet weekly, and the report summarizing discussions to date was included in the April 10 COH meeting packet and again in the current materials. The timeline will clarify the application process and the anticipated start of terms for the newly structured body.

(2) April 10, 2025 COH Meeting Feedback. *None reported.*

(3) May 10, 2025 COH Meeting Agenda Development. The Committee reviewed the proposed meeting agenda and confirmed that the primary focus will be on contingency planning and restructuring updates. Additionally, the Executive At-Large seats will be decided, with the following nominees: Miguel Alvarez, Alasdair Burton, Dechelle Richardson, and Lambert Talley.

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(4) Conferences, Meetings & Trainings *(An opportunity for members to share information and resources material to the COH's core functions, with the goal of advancing the Commission's mission)* No updates; refer to COH training series – see training schedule [HERE](#).

(5) Division of HIV and STD Programs (DHSP) Report. DHSP Director Mario J. Perez reported:

- Cautioned that existing HIV-prevention funds cover services only through May 31, 2025. No resources are yet identified for June or for new prevention RFPs starting July 1.
- DHSP has requested bridge funding from the County and is preparing to trim its prevention portfolio if funds do not materialize.
- Advocates are urging the State to repay nearly \$900 million owed to the ADAP rebate fund and leverage 340B pharmacy program funds, to alleviate local shortfalls.
- Federal cuts to HRSA EHE, MAI, SAMHSA, Ryan White Part F, AETC, and SPNS threaten core HIV programs. The Governor's May 15 budget revision should clarify HIV prevention surveillance funding, to include possible block grant opportunities. National organizations (AIDS United, NMAC, NCSD, others) are forming a coalition to protect funding, and the Commission will amplify these efforts.
- DHSP still expects the full Ryan White Part A award for Program Year 35, but greater advocacy is needed. A suggestion was made to explore how local Part C providers use their roughly \$11 million in grants to identify leverage points.
- Community members will be invited to submit video or audio testimonials to support statewide and federal advocacy; COH staff will distribute the request.

V. NEXT STEPS

11. Task/Assignments Recap

- ✓ All motions will be elevated to the May 8 COH meeting for action.
- ✓ Members are to review contingency planning materials and come prepared to discuss at the May 8 COH meeting.
- ✓ Members are to review the restructuring workgroup summary report in advance of the May 8 COH meeting.
- ✓ COH staff will issue a cancellation notice for the June, August, and September COH meetings.

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

VI. ANNOUNCEMENTS

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

VII. ADJOURNMENT

Adjournment for the regular Executive Committee meeting of April 24, 2025.

DRAFT

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

FOR DISCUSSION /PLANNING PURPOSES ONLY

12.04.24; 12.30.24; 01.06.25; 2.19.25; 03.09.25; 03.24.25; 03.30.25; 4.19.25; 4.28.25

June, August and September Cancellations approved by the Executive Committee on 4/24/25

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

2025 Meeting Schedule and Topics - Commission Meetings	
Month	Key Discussion Topics/Presentations
1/9/25 @ The California Endowment Cancelled due to Day of Mourning for former President Jimmy Carter	Commission on HIV Restructure <i>**facilitated by Next Level Consulting and Collaborative Research**</i> Brown Act Refresher (County Counsel) —Replaced with training hosted by EO on Jan. 30.
2/13/25 @ The California Endowment *Consumer Resource Fair will be held from 12 noon to 5pm	Commission on HIV Restructure <i>**facilitated by Next Level Consulting and Collaborative Research**</i>
3/13/25 @ The California Endowment	<ul style="list-style-type: none"> • Year 33 Utilization Report for All RWP Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH) • COH Restructuring Report Out
4/10/25 @ St. Anne’s Conference Center	<ul style="list-style-type: none"> • Contingency Planning RWP PY 35 Allocations • Year 33 Utilization Report for RW Core Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH) (Move to PP&A 4/15/25 meeting)

5/8/25 @ St. Anne's Conference Center	<ul style="list-style-type: none"> • Year 33 Utilization Report for RW Support Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH) (Move to PP&A 5/1/25 meeting) • Unmet Needs Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH) (Move to PP&A meeting, date TBD) • Approve 20% RWP funding scenario allocations • COH Restructuring Workgroups Report and Discussion • Housing Task Force Report of Housing and Legal Services Provider Consultations
6/12/25	<ul style="list-style-type: none"> • CANCELLED
7/10/25 @ Vermont Corridor	<ul style="list-style-type: none"> • COH Restructuring/Bylaws Updates • Medical Monitoring Project (Dr. Ekow Sey, DHSP) CONFIRMED • PURPOSE Study (Requested by Suzanne Molino, PharmD, Gilead Sciences, Inc.); CONFIRMED
8/14/25	CANCELLED
9/11/25	CANCELLED
10/9/25 @ Location TBD	TBD
11/14/24 @ Location TBD	ANNUAL CONFERENCE
12/12/24 @ Location TBD	TBD

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

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



2025 COMMISSION ON HIV WORKPLAN
Ongoing 12-26-24

#	DUTY/ROLE	LEAD (S)	NOTES/TIMELINE
1	Conduct ongoing needs assessments	PP&A Shared task with DHSP	<ul style="list-style-type: none"> Review, analyze and hold data presentations (Feb-August COH meetings)
2	Integrated/Comprehensive Planning Comprehensive HIV Plan Development	PP&A Shared task with DHSP	<ul style="list-style-type: none"> Review CDC/HRSA guidance Develop project timeline based on CDC/HRSA guidance CHP Due June 2026 Plan dedicated status-neutral and/or prevention-focused planning summit in collaboration with DHSP.
3	Priority setting	PP&A	<ul style="list-style-type: none"> July-September
4	Resource allocations/reallocations	PP&A	<ul style="list-style-type: none"> July-September Receive and review expenditure data – quarterly
5	Directives	PP&A	<ul style="list-style-type: none"> Complete by February 2025; secure COH approval by March 2025
6	Development of service standards	SBP Shared task with DHSP	<ul style="list-style-type: none"> Housing services Transitional case management
7	Assessment of the Efficiency of the Administrative Mechanism	Operations	<ul style="list-style-type: none"> PY 33 & PY 34 AEAM recipient and subrecipient surveys will be disseminated in January/February 2025. Reports completed by April 2025. Adopted by July 2025.
8	Planning Council Operations and Support	Operations	<ul style="list-style-type: none"> Membership training Membership recruitment and retention Fill vacancies Mentorship program Bylaws and policies update



9	Complete restructuring framework and key principles and align with bylaws/ordinance updates.	Executive and Operations	<ul style="list-style-type: none"> January- April 2025
10	MOU with DHSP	Co-Chairs and Executive Committee	<ul style="list-style-type: none"> Complete by March 2025 (awaiting DHSP feedback)
11	Ongoing community engagement and non-member involvement of PLWH	Consumer Caucus and Operations	

Engage all caucuses, committees and subgroups in all functions.

Bylaws of the Los Angeles County
Commission on HIV
**Click Link to Open*

Expectations for Planning Council Support Staff*

Primary Responsibility of PC Support (PCS) Staff

Assist the PC/B to carry out its legislative responsibilities and to operate effectively as an independent planning body that works in partnership with the recipient.

Planning Council Support Function

The *Ryan White HIV/AIDS Program (RWHAP) Part A Manual* describes the PCS function:

“The planning council needs funding to carry out its responsibilities. HAB/DMHAP refers to these funds as ‘planning council support.’ Planning Council Support funds are part of the 10 percent administrative funds available to the grantee for managing the [RWHAP] Part A program. The planning council must negotiate the size of the planning council support budget with the grantee and is then responsible for developing and managing that budget within the grantee’s grants management structure.

“Planning council support funds may be used for such purposes as hiring staff, developing and carrying out needs assessments and estimating unmet need, sometimes with the help of consultants, conducting planning activities, holding meetings, and assuring PLWHA participation. [p 104]

“Planning council staff may be employed through the grantee’s payroll system, but measures must be taken to ensure that the planning council, not the grantee, directs the work of the planning council’s staff.”[p 105]

PCS Staff Responsibilities

The PCS staff can be hired through the municipal system or through a contractor but are responsible to the PC/B. PC/B leadership (usually the Chair/Co-Chairs and/or Executive Committee) sets priorities for staff, and should have a role in hiring and evaluating the performance of the PCS Manager. Other PCS staff (if any) report to the Manager.

Following is a summary of roles DMHAP expects PCS staff will play, though individual PC/Bs may establish additional or different responsibilities. In TGAs that have advisory planning bodies rather than planning councils, the recipient may play a larger role in determining planning body support staff roles and priorities.

1. *Staff committees and PC/B meetings:*

- Attend and provide assistance at every PC/B committee meeting unless the Committee decides it does not want staff support
- Work with Committee Chairs to ensure that committees have annual work plans with schedules, and that each meeting has an agenda, needed resource materials, and minutes documenting attendance, discussion, decisions, and recommendations to the full PC/B

* Prepared for DMHAP, April 2017, under Task Order 003111 through MSCG/Ryan White TAC

- Work with PC/B leadership to set agendas, arrange presentations, prepare meeting “packets,” and otherwise plan and coordinate PC/B meetings (including logistics such as meeting space, food, and transportation)
 - Ensure that all open meeting requirements (federal, state, and local) are met
 - Take notes and prepare minutes of PC/B meetings, and provide draft minutes to PC/B leadership for review and for eventual adoption at the next PC/B meeting
2. *Support the PC/B in implementing legislated tasks:*
- Facilitate and coordinate on-time completion of legislatively required and locally determined activities
 - Provide technical advice and support to specific committees in such tasks as needs assessment design, preparations for data presentations, and PSRA session planning
 - Assist in the development of PC/B policies and Standard Operating Procedures
 - Carry out direct planning activities when directed by the PC/B, such as design of needs assessment instruments, or aggregation of provider survey data for the assessment of the efficiency of the administrative mechanism (since PC/B members must not see individual provider responses)
 - Work with the PC/B to obtain external assistance where necessary to complete legislative tasks
 - Manage PC/B communications
 - Carry out other support as directed by the PC/B leadership (Chair/Co-Chairs and/or Executive Committee)
3. *Provide expert advice on Ryan White legislative requirements and HRSA/HAB regulations and expectations, and explain and interpret the PC/B’s Bylaws, policies, and procedures:*
- Have in-depth knowledge and understanding of RWHAP legislation, Policy Notices and Letters, Policy Clarification Notices (PCNs), the *RWHAP Part A Manual*, and other documents that provide guidance related to the work of PC/Bs, and be prepared to present and clarify relevant information as needed during a meeting – to ensure that the PC/B meets requirements, and to provide guidance when members are uncertain about HRSA/HAB requirements or expectations
 - Understand and ensure that the PC/B follows municipal requirements affecting boards and commissions or planning bodies
 - Keep updated on changes in policy that may affect the work of the PC/B
4. *Oversee a training program for members*
- Work with the assigned committee (often Membership) to ensure that new PC/B members receive a thorough orientation at the start of their service as members, including copies of key documents
 - Ensure that there is, at a minimum, annual training for members, and ideally, ongoing training to help the PC/B successfully carry out its responsibilities
 - Develop training specifically for PC/B leadership (Chairs of PC/B and committees)
 - Work with PC/B leaders in designing and delivering training directly, with members, or with external training assistance

- Obtain training materials from DMAHP and other RWHAP Part A programs that can help address PC/B training needs
 - Provide interactive training and facilitation that reflects sound practices and engages participants
5. *Encourage member involvement and retention, with special focus on consumers*
- Support the open nominations process, and assist the appropriate committee in disseminating information about opportunities for membership
 - Help the PC/B identify and resolve barriers to participation, especially by consumers and other PLWH
 - Assist with outreach and other efforts to engage consumers as committee or PC/B members
 - Be available to assist individual PC/B members with problems they encounter and to ensure they receiving needed mentoring and support, especially during their first year of membership
 - Support PLWH member expense reimbursement procedures, helping to ensure that they are understood and followed and that reimbursement is provided promptly
6. *Serve as liaison with the recipient, community, and sometimes the Chief Elected Official (CEO):*
- Help maintain a collaborative partnership between PC/B and recipient
 - Work with the recipient and PC/B to develop and/or implement an MOU between the PC/B and the recipient
 - Arrange recipient staff participation in committee meetings, to provide information and technical expertise
 - Communicate PC/B information/data and other requests for assistance to the recipient
 - Ensure that materials that should be shared with the recipient are provided promptly and the recipient is kept informed of PC/B activities and issues
 - Arrange/coordinate assistance to the recipient on behalf of the PC/B, such as preparation of PC/B sections of the annual RWHAP Part A application and provision of materials needed to meet Conditions of Grant Award related to the PC/B
 - Request recipient staff participation in training or other PC/B events as needed
 - Work with the recipient to request training and technical assistance from HRSA/HAB as needed
 - Serve as a liaison between the PC/B and the community, and support PC/B leadership outreach to the community
 - In some jurisdictions, maintain direct/official contact with the CEO and provide updates to the CEO's office on PC/B progress and concerns
7. *Help the PC manage its budget*
- Participate in annual negotiations between the PC/B and recipient concerning the amount of administrative funding that will be provided for PC support
 - Assist the PC/B in developing its budget, to ensure that support needs are met and all proposed expenditures meet both HRSA/HAB and municipal requirements
 - Provide the PC/B budget to the recipient in the agreed-upon format

- Manage and monitor expenditure of funds for the PC/B, following municipal requirements
- Receive a monthly report on PC/B expenditures from the recipient, and work with appropriate PC/B committee to review and where needed revise it
- Work with the recipient on any necessary contracting for PC support services such as consultants, ensuring a scope of work from the PC/B and PC/B involvement in selection of contractors, consistent with municipal requirements

PCS Qualifications

DMHAP has identified the following as desired qualifications for a PCS manager:

- Strong knowledge of planning and data
- Expertise in legislative mandates of a RWHAP Part A planning body
- Understanding of HRSA expectations for the planning process
- Ability and time to work with committees
- Ability to work with People Living with HIV/AIDS and diverse stakeholders
- Ability to facilitate a partnership between planning body and recipient

In addition, the following are very helpful:

- Strong oral and written communications skills, including use of clear, concise language
- Experience in facilitation and training, especially interactive training
- Group process skills such as team building, leadership development, and problem solving
- Experience in resolving conflicts
- Commitment to community planning and consumer engagement
- Knowledge of budgeting and expenditure monitoring



WORKGROUP OUTCOMES

LOS ANGELES COMMISSION ON HIV COMPREHENSIVE EFFECTIVENESS
REVIEW AND RESTRUCTURING PROJECT

MARCH 19-21, 2025



Commission on HIV – Workgroup Report: Restructuring

Introduction

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

Directive and Overview

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

Overarching Themes and Considerations

The workgroups identified several key themes and considerations for restructuring:

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

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

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

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

Committee Restructuring Discussion

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

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

Committee Restructuring Recommendations:

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

Membership Restructuring Discussion

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

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

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

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

Membership Recommendation:

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

Conclusion

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

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

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

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

*Two Virtual Listening sessions were conducted after the in-person focus group meetings to ensure all Commissioners and Community Partners could provide input. This input was incorporated into the report without any significant changes from the in-person meetings.

Exhibit A

Restructure Recommendation 1

Commission of HIV

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

Executive Committee

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

Integrated Planning

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

Membership and Community Outreach

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

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

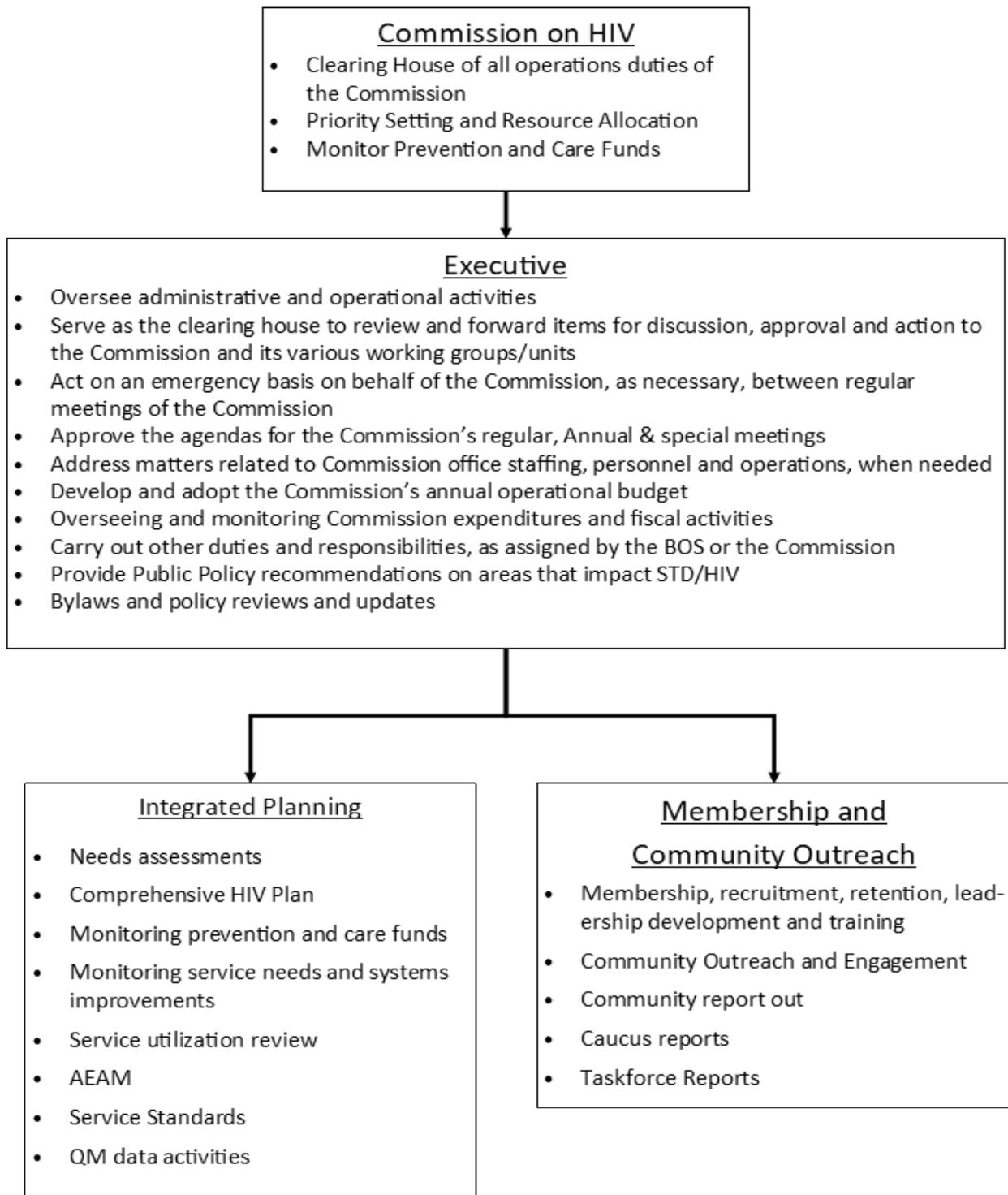


Figure 1 Exhibit A - Frequency is 6 times a year with P&R in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.

Exhibit B

Restructure Recommendation 2

Commission of HIV

- Clearing House of all operations duties of the Commission

Executive Committee

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

Planning, Priorities and Allocations

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

Standards and Best Practices

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

Membership and Community Outreach

- Membership, recruitment, retention, leadership development and training
- Community Outreach and Engagement _Ensure Reflection of Epidemic - Youth
- City reports
- Caucus reports
- Taskforce Reports

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

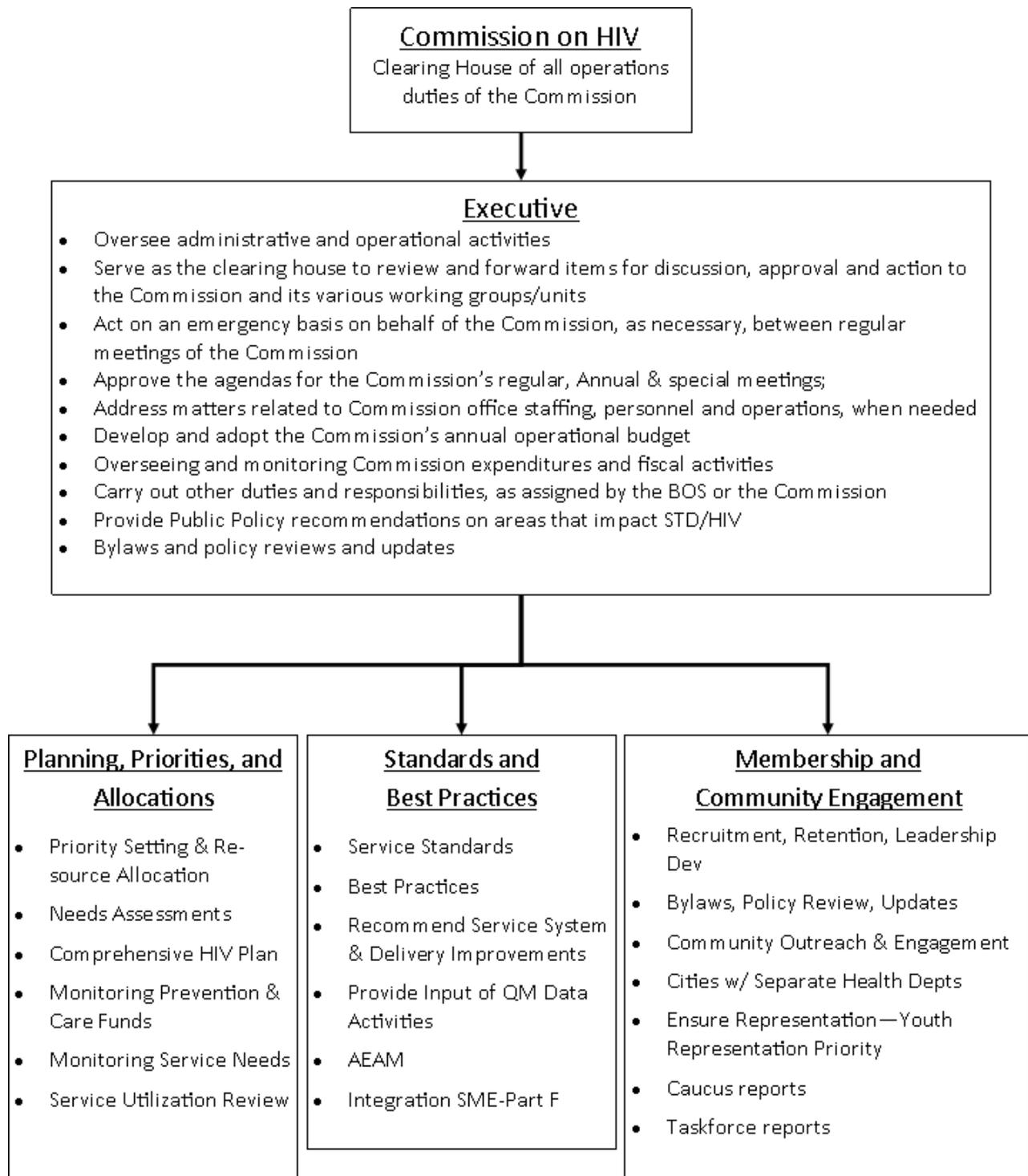


Figure 2 Exhibit B - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.



Commission on HIV Restructuring for Enhanced Performance and Increased Impact

May 22, 2025



Initial Issues

Driving the Restructure

2023 HRSA administrative site visit findings

2024 HRSA technical assistance site visit findings

Advancement in medical interventions (Care and Prevention) requiring additional stakeholders in health strategy development

Changes in LA County's HIV Incidence

Integrated prevention planning efforts

Members' capacity, knowledge and skill sets

Concerns about process vs impact – meeting quorum

Evolving Issues

Driving the Restructure

Current composition is unsustainable and needs to evolve with the demands of the HIV epidemic – Strained resources, time and competing priorities.

Measure G implementation: Board-directed review of commissions to determine continued relevancy and/or potential cost savings and efficiencies that may be gained with County commissions.

Focus Groups: Process & Content

Focus Group Sessions

- 5 In-Person Sessions
- 2 Virtual Sessions
- 36



Two Components Discussed:

1. **Committee Structure:**
Samples from other areas
2. **Membership Structure:**
HRSA guidance document

Focus Group Results: Themes

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

Focus Group Results: Recommendations

Based on Participant Feedback

- Two Recommendations on Committee Structure
- These examples were direct results of the conversation from the participants at the focus groups.
- Two Recommendations on Membership Structure
- Direct results from the focus groups.

EXHIBIT A

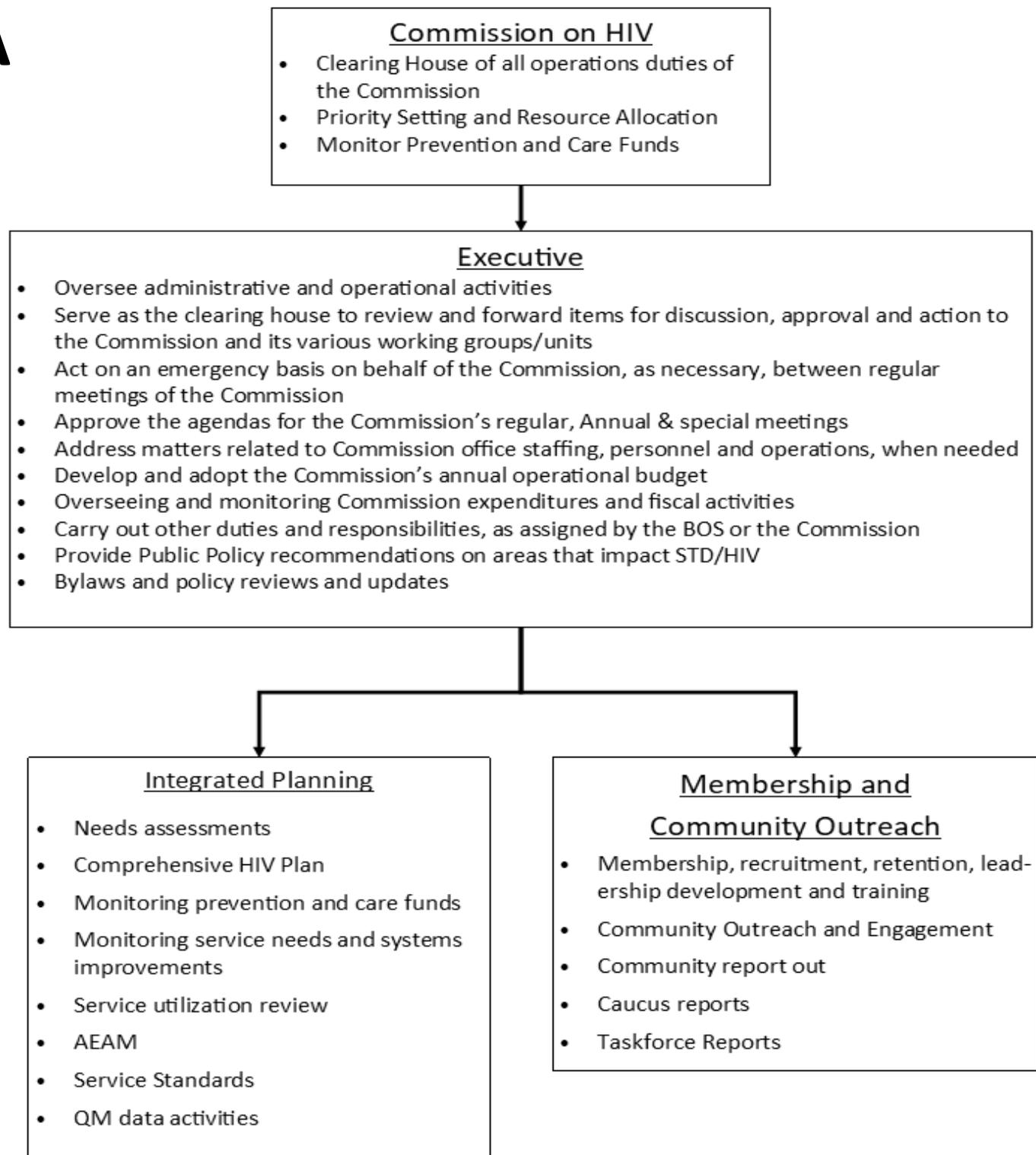
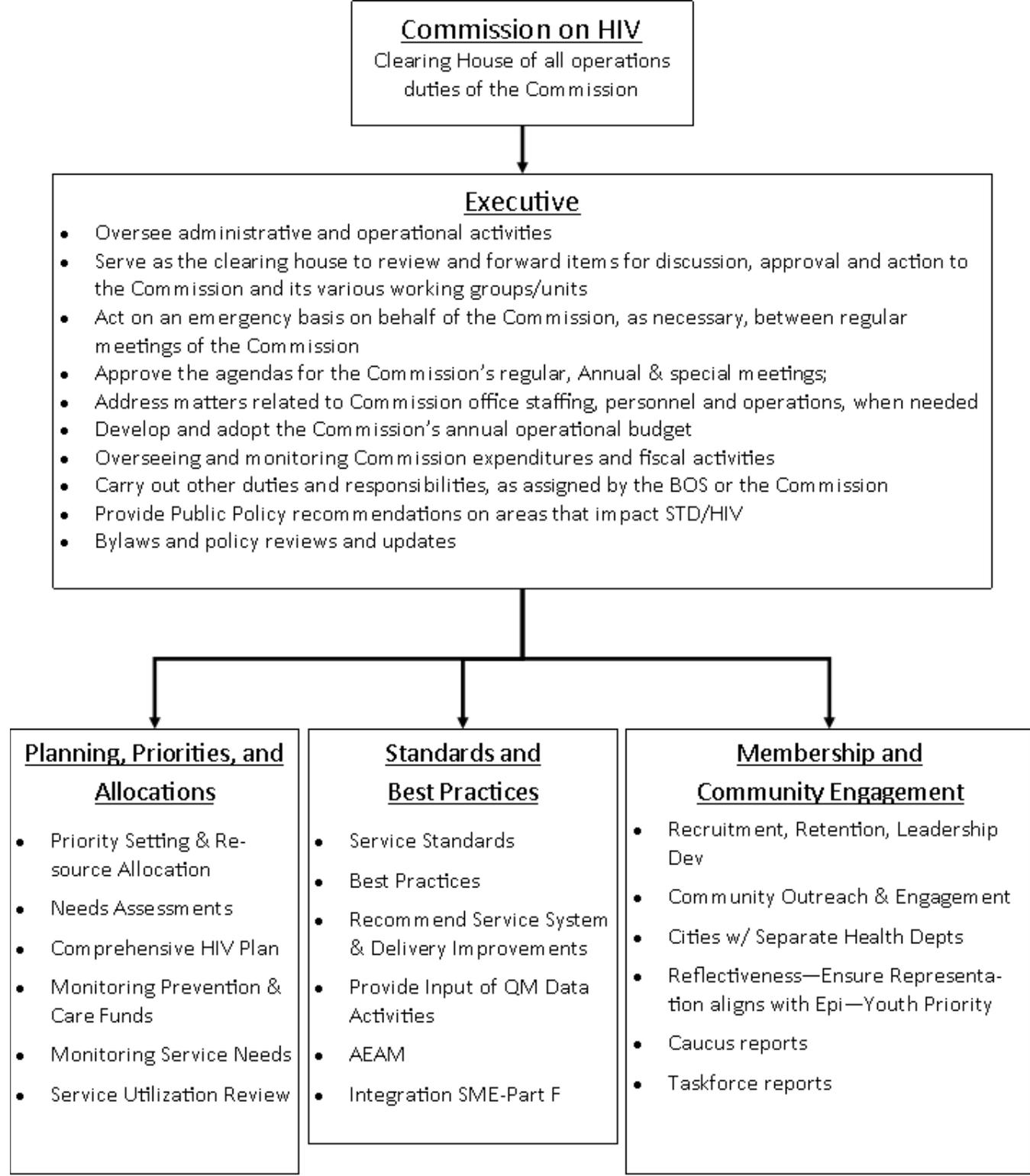


EXHIBIT B



COH Membership Discussion

- Mandates Roles
 - Federal and Local requirements
- Current Membership Reviewed



Membership Recommendations

1. Remain with the same membership - 51
2. Reduce in size to:

HRSA Legislative requirements (15)

+ Required County representation (5)

+ Academia (data focus) (1)

+ Unaffiliated Consumers (9)

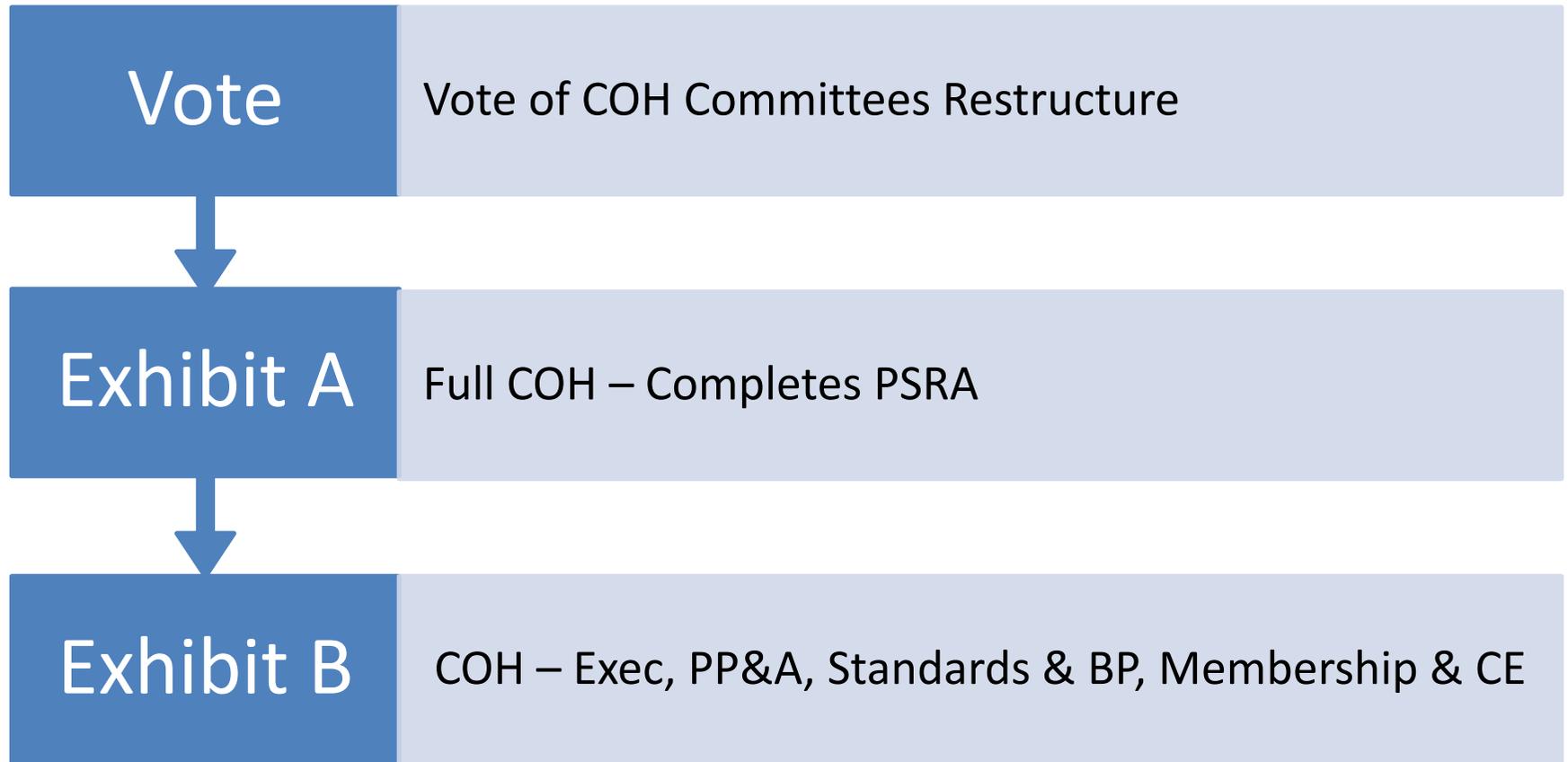
= 30

(4 out of 5) = Option 2

STRAW POLLS



COH RESTRUCTURE STRAW P



COH RESTRUCTURE STRAW P

Vote

Vote of COH Membership Restructure

Option 1

Status Quo – 51 members

Option 2

Reduced Membership –
HRSA Required + Local Required + Academia/Data
Focused + 1/3 Consumers = At least 30

Wrap-up

- Next steps!
 - Bylaw revisions to reflect the vote outcomes
- Thank you for coming!



Supporting Guidance Documents

- The supporting documents included below were used during the focus group discussions as a guide to ensure compliance.

HRSA Planning Council Membership Categories-- RWHAP Part A Planning Council Primer

Required Planning Council Membership Categories



PEOPLE LIVING WITH HIV & COMMUNITY

- Members of affected communities*
- Non-elected community leaders
- Representatives of recently incarcerated people living with HIV
- Unaffiliated consumers



HEALTH & SOCIAL SERVICE PROVIDERS

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers



PUBLIC HEALTH & HEALTH PLANNING

- Public health agencies
- Healthcare planning agencies
- State agencies**



FEDERAL HIV PROGRAMS

- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients†
- Recipients under other federal HIV programs‡

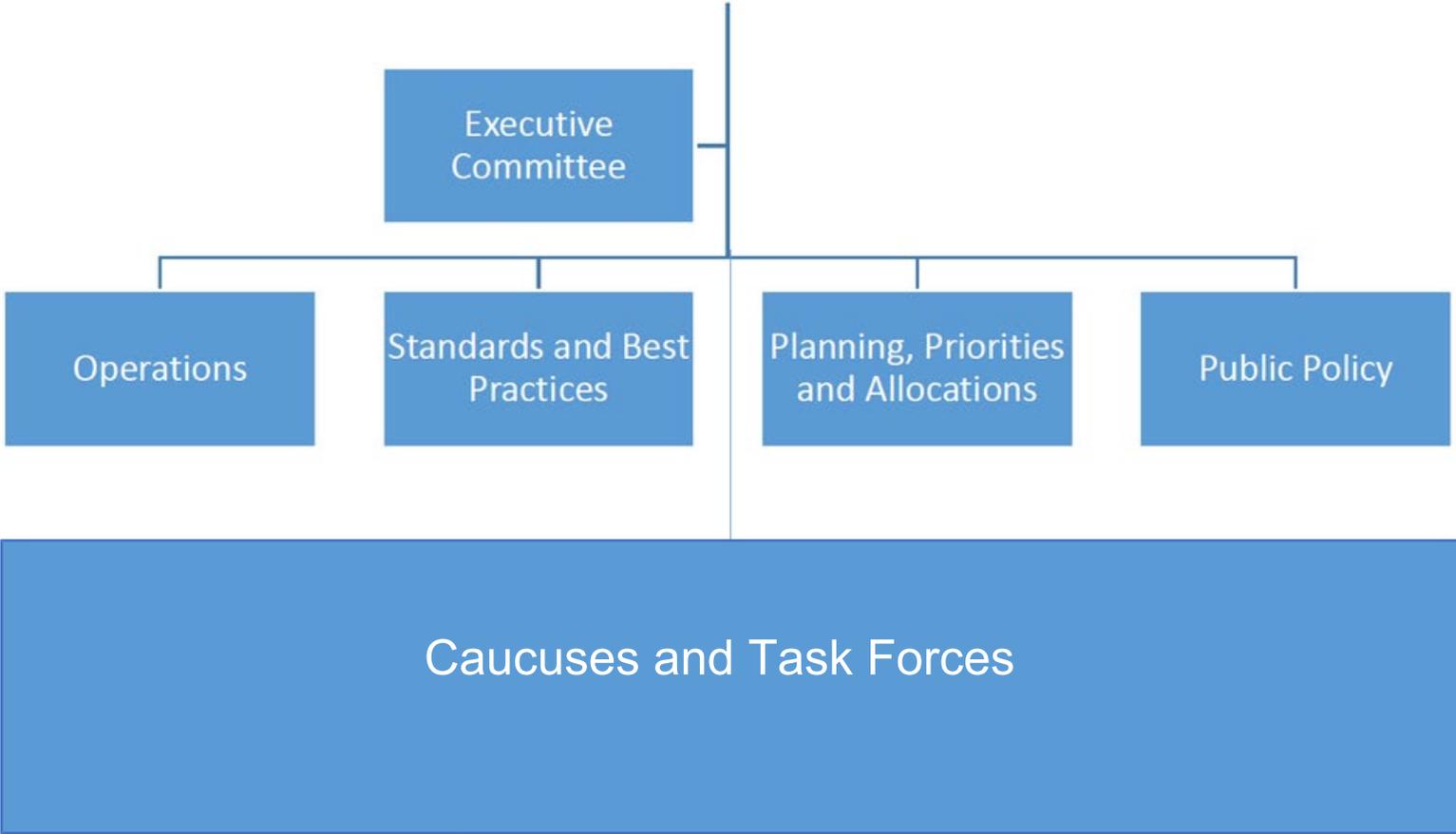
* Including people living with HIV, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and "historically underserved" groups and subpopulations

**Including state Medicaid agency and agency administering the RWHAP Part B program

† If there is no RWHAP Part D recipient in the EMA or TGA, representatives of organizations with a history of serving children, youth, and families living with HIV

‡ Including HIV prevention services

Los Angeles County Board of Supervisors, Executive Office

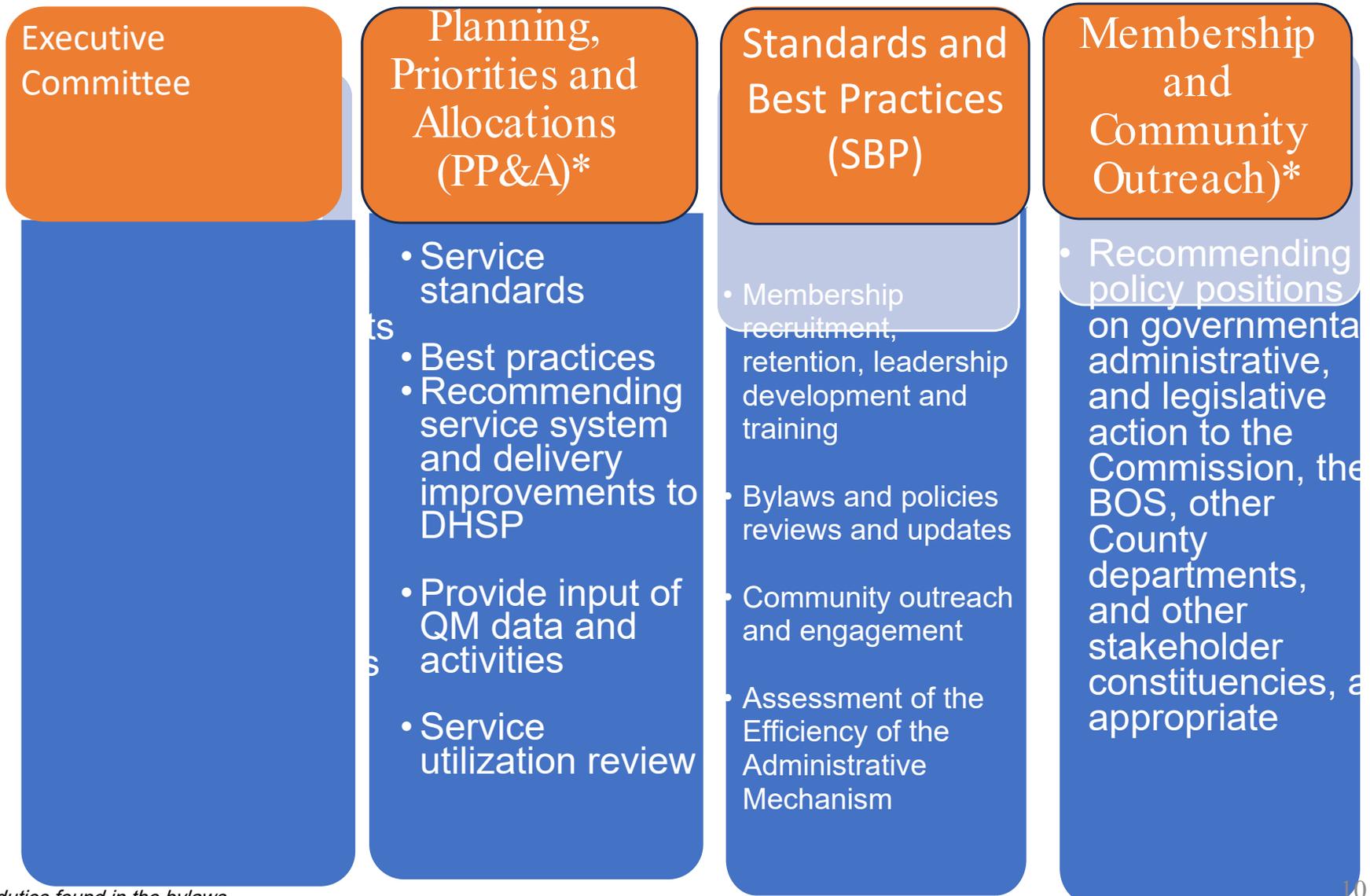


Executive Committee

Comprised of COH Co-chairs, Committee Co-chairs, 3 At-Large Members, and DHSP Director or Designee

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

CURRENT Committee Structure



*Additional duties found in the bylaws

**Since some PP Committee activities may be construed as outside the purview of the Ryan White Part A or CDC planning bodies, resources other than federal funds cover staff costs or other expenses used to carry out PP Committee activities.

RWHAP Part A Planning Council Primer

Roles/Duties of the CEO, Recipient, and Planning Council

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	<i>Optional</i>
Development of Service Standards		✓	✓
Clinical Quality Management		✓	<i>Contributes but not responsible</i>
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

COH, DHSP, Roles & Responsibilities

Task	Committee	DHSP	COH
Carry Out Needs Assessment	PP&A	X	X
Do Comprehensive Planning	PP&A	X	X
Set Priorities*	PP&A		X
Allocate Resources*	PP&A		X
Manage Procurement		X	
Monitor Contracts		X	
Evaluate Effectiveness of Planning Activities	PP&A	X	X
Evaluate Effectiveness of Care Strategies	SBP	X	X
Do Quality Management		X	[Standards Committee Involvement]
Assess the Efficiency of the Administrative Mechanism*	Operations		X
Member Recruitment, Retention and Training	Operations		X

* Sole responsibility of RWHAP Part A Planning Councils



COMMISSION RESTRUCTURE TRANSITION AND TIMELINE (5.05.25; SUBJECT TO CHANGE)

The Executive Committee (EC) will keep decisions moving in keeping with the timeline if the COH meeting is cancelled. *

Task(s)/Activities	Responsibility	Timeline/Completion
Present restructuring report and recommendations.	Consultants	May 8, 2025 COH meeting; Updates: Timeline walk through provided at 5/8/25 meeting; full presentation at 5/23/26 EC meeting.
Present restructuring report and recommendations.	Consultants	May 23, 2025 EC meeting
Present updated bylaws (based on restructuring report, recommendations and feedback). Concurrent CoCo reviews of bylaws and ordinance.	Commission staff, consultants, COH Co-Chairs	June 26, 2025 Executive Committee meeting
Present updated bylaws; start 30-day public comment period on bylaws. Line up final layers of review from CoCo, EO, and prepare for BOS approval of the ordinance. Cover letter to the BOS to include timeline and start date for the members March 1, 2026; align with RW Program Year March 1-Feb. 28)	Commission staff-Consultants	July 10, 2025 COH meeting
COH approve bylaws. Submit ordinance to BOS for approval.	Commission staff Commissioners	August
Transitional membership application and Open Nominations Process description disseminated to all accessible stakeholder constituencies.	Commission staff	August-September-
All interested members must apply/re-apply by completing and submitting their membership applications by published deadline.	Commission staff	Deadline to submit application September 12,

		2025
All candidates for membership must sit for membership interviews.	Proposed interview panel: <ul style="list-style-type: none"> • Academic partners • EO Commission Services representative • Former Co-chairs and members not applying to serve on COH. • 1-2 people from other neighboring planning councils • 1-2 consumers not applying • Collaborative Research/Next Level Consulting • COH staff • 5 to 6 members 	Sept. 15-19 2025
Select initial cohort of candidates to recommend for membership nomination to the Commission and BOS.	Interview panel	Sept. 19, 2025
COH approve initial cohort of members.	Commissioners	October 9, 2025
First cohort of membership nominations forwarded to the EO BOS for appointments.	Commission staff	October 10-13, 2026
BOS appointment of first cohort of new members to the new COH.	BOS	October-December 2025
Newly restructured COH highlighted at the Annual Conference		Nov. 13, 2026
First meeting of newly restructured COH.		March 12, 2026



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



Recommended Prevention Services Priorities

MOTION #3: Approve the outlined HIV prevention service priorities for Fiscal Year 2025, as presented or revised, to guide the implementation of effective and equitable HIV prevention strategies in Los Angeles County, with the understanding that, should funding be limited, the top three priorities Surveillance, HIV/STI Testing with Linkage to Care, and Biomedical Prevention (PREP/PEP/DoxyPEP) will be preserved and prioritized in implementation.

1. Surveillance - to identify undiagnosed infections and inform prevention efforts.
2. Testing (HIV/STI) with linkage to care - providing comprehensive testing services for HIV and sexually transmitted infections (STIs), ensuring individuals who test positive are promptly linked to appropriate care and treatment services.
3. Biomedical prevention (PREP/PEP/DoxyPEP) - promoting the use of pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and doxycycline post-exposure prophylaxis (DoxyPEP) as effective biomedical interventions to prevent HIV acquisition, particularly among high-risk populations.
4. Vulnerable populations - targeting interventions to populations disproportionately affected by HIV.
5. Health education and risk reduction - implementing comprehensive education campaigns to raise awareness about HIV prevention methods, reduce stigma, and promote safer behaviors within communities.



Cornerstones of HIV Prevention Services in Los Angeles County

Michael Green, PhD, MHSA
Chief, Planning, Development and Research
Division of HIV and STD Programs
Los Angeles County Department of Public Health

May 20, 2025
PP&A Meeting



HIV Prevention contract terminations are being rescinded; a letter is forthcoming.

This action allows us to do the following:

1. The current contracts will revert to the original contract end date; in most cases, the contract end dates subsequently will be extended until December 31, 2025 under separate action, with minimal additional resources, in order to keep the contracts active. There are still no funds to support June expenses.
2. If HIV prevention resources become available, funds can be added to these existing contracts, rather than starting a new contract award process.
3. Rescinding the contract terminations will mean that agencies that relied on these contracts to demonstrate eligibility for 340B drug pricing will still be eligible.

Update to FY 2025-2026 DHSP Funding Awards (as of May 19, 2025)

Federal

State



Part A/MAI (\$21.2M)
EHE (\$3.7M)

HIHPS including
EHE

Part B¹

\$24.9M

\$0

\$7.1M¹

HIHPS=High Impact HIV Prevention and Surveillance Services

¹. One time increase. In 2026-2027 Part B will go back to \$5.8M

Current Contract Funding through June 2025
Approximate Amount \$20M

HERR

\$2.8M

VP

\$4.8M

Biomedical

\$1.37M

HTS and STD
Testing/Screening

\$10.9M

Ending the HIV Epidemic Indicators



Indicator	LAC current	EHE Targets for 2025
Number of new transmissions ¹	1,400 [900 – 1,900] (2021)	380
Number of new HIV diagnoses ²	1,641 (2022)	**
Knowledge of HIV-status among PLWH ¹	89% [85%-91%] (2021)	95%
Linkage to HIV care among PLWDH ²	76% (2022)	95%
Viral Suppression among PLWDH ²	64% (2023)	95%
Percentage of persons in priority populations prescribed PrEP³ <ul style="list-style-type: none"> • Latinx MSM 50% Cisgender Women 17% • Black MSM 32% Transgender Persons 12% 	35% (2021)	50%

PLWH= People living with HIV (includes those unaware of HIV infection); PLWDH= People living with diagnosed HIV

1. Using Los Angeles County HIV surveillance data in the CDC Enhanced HIV/AIDS Reporting system (eHARS).

2. Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.

3. Using Los Angeles County data from the National HIV Behavioral Surveillance system, STD clinic data, online Apps survey, COE program data, and AHEAD dashboard.

93,000 DHSP-funded HIV Tests

330 New HIV Diagnoses

- 0.35% New Positivity
- 82% LTC within 30 days

700 Prior HIV Diagnoses:

- 93% LTC within 30 days





DHSP Biomedical and Risk Reduction Programs





Client Eligibility

- LA County resident
- Income \leq 500% FPL



Service Availability

- Medical for uninsured/underinsured clients
- Non-Medical Services for all clients, regardless of insurance status

Services (provided or referred)

- Prevention education
- Risk reduction counseling
- HIV/STI testing
- STI treatment
- Linkage to HIV care
- Biomedical prevention (PrEP/PEP/DoxyPEP)
- Benefits navigation for PrEP/PEP
- Medication assistance programs
- Adherence support for PrEP/PEP or HIV treatment medication
- Mental health counseling and/or referral
- Substance use treatment provision and/or referral

Health Education Risk Reduction

- Prevention for Positives
- Promotores
- Evidence Based Interventions (including interventions for substance users)

Vulnerable Populations

- YMSM, YMSM of Color
- Transgender Persons



DHSP HIV & STD Testing Modalities



- Storefront Locations
- Social Network Programs
- Commercial Sex Venues
- Integrated HIV Testing and STD Screening and Treatment Programs
- Sexual Health Express Clinics
- STD Screening, Diagnosis and Treatment Programs
- Mobile Testing Units

- Field-based Settings
- Shelters and Transitional Housing Programs
- Substance Use Programs
- Incarcerated Settings
- Mandated Court Testing
- Testing Events Targeting Specific Populations
- Outreach Events



Public Health Clinic Testing-

- Testing at sexual health clinics in 10 LAC public health clinics

At Home and Self-Testing- distribution through:

- Online Ordering Platforms
- Event-Based Testing
- Risk Reduction contracts
- Community Distribution Programs

- ★ Black and Latinx MSM
- ★ Women of color
- ★ Persons of trans experience

- ★ Persons under 30 years
- ★ Persons with substance use disorders

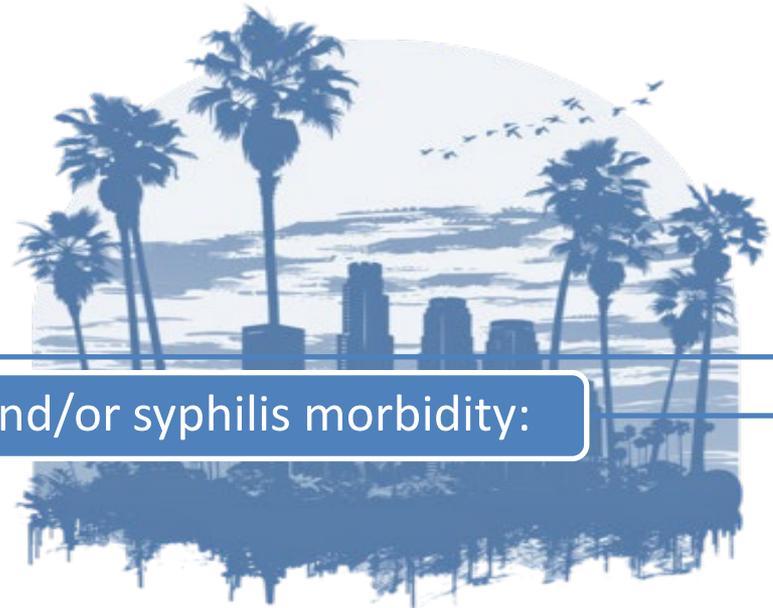


Additional Priority Populations

- Persons 50 years or older
- Persons experiencing homelessness

Tier 1 - HDs experiencing high HIV and/or syphilis morbidity:

- Hollywood/Wilshire (HD 34)
- Central (HD 9)
- Southeast (HD 72)
- South (HD 69)
- Southwest (HD 75)



Tier 2 - HDs experiencing high HIV and/or syphilis morbidity:

- Northeast (HD 47)
- Inglewood (HD 37)
- East Valley (HD 19)

Estimated Number and Cost of Additional New HIV Infections due to Loss of HIV Prevention Funding



4.43-10.75 Million
Additional
New HIV Infections
2025-2030

?

75,289-143,486
Additional
New HIV Infections
2025-2030

\$31.6B - \$60.3B

2,500-3,250
Additional
New HIV Infections
2025-2030

\$1B - \$1.4B

CDC PS22-2203: HIV Prevention for YMSM of Color and Young TG Persons of Color

- 4 Programs/Awards in Los Angeles County
- \$400,000 per program in 2025-2026
- 2 programs are for Latinx YMSM

CDC PS21-2102: Comprehensive High-Impact HIV Prevention programs for CBOs (Pending)

- 6 Programs/ 2025 Awards are pending (June 2025?)

A photograph of a gravel path in a forest. The path starts as a single path in the foreground and splits into two paths that lead into a dense forest of tall trees. The ground is covered with fallen leaves and gravel.

What is our path forward?



LOS ANGELES COUNTY
COMMISSION ON HIV



Los Angeles County Commission on HIV

REVISED 2025 TRAINING SCHEDULE

**SUBJECT TO CHANGE*

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

[Commission on HIV Overview](#)

February 26, 2025 @ 12pm to 1:00pm

[Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities](#)

~~March 26, 2025~~ @ 12pm to 1:00pm
April 2, 2025

[Priority Setting and Resource Allocations Process](#)

April 23, 2025 @ 12pm to 1:00pm

[Service Standards Development](#)

May 21, 2025 @ 12pm to 1:00pm

[Policy Priorities and Legislative Docket Development Process](#)

June 25, 2025 @ 12pm to 1:00pm

[Bylaws Review](#)

July 23, 2025 @ 12pm to 1:00pm

(Draft)

Assessment of the Efficiency of the Administrative Mechanism (AEAM)

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

Final Approved by COH XXX



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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I. Introduction and Purpose of Report

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV (“the Commission”) is required by Health Resources and Services Administration (HRSA) to conduct an “Assessment of the Efficiency of the Administrative Mechanism” (AEAM) annually. The AEAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Operations Committee of the Commission led the development, implementation, and analysis of the AEAM for Ryan White Program Years 33 (March 1, 2023-February 29, 2024) and 34 (March 1, 2024-February 28, 2025). The purpose of this report is to present the findings of this assessment.

II. Assessment Methodology

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

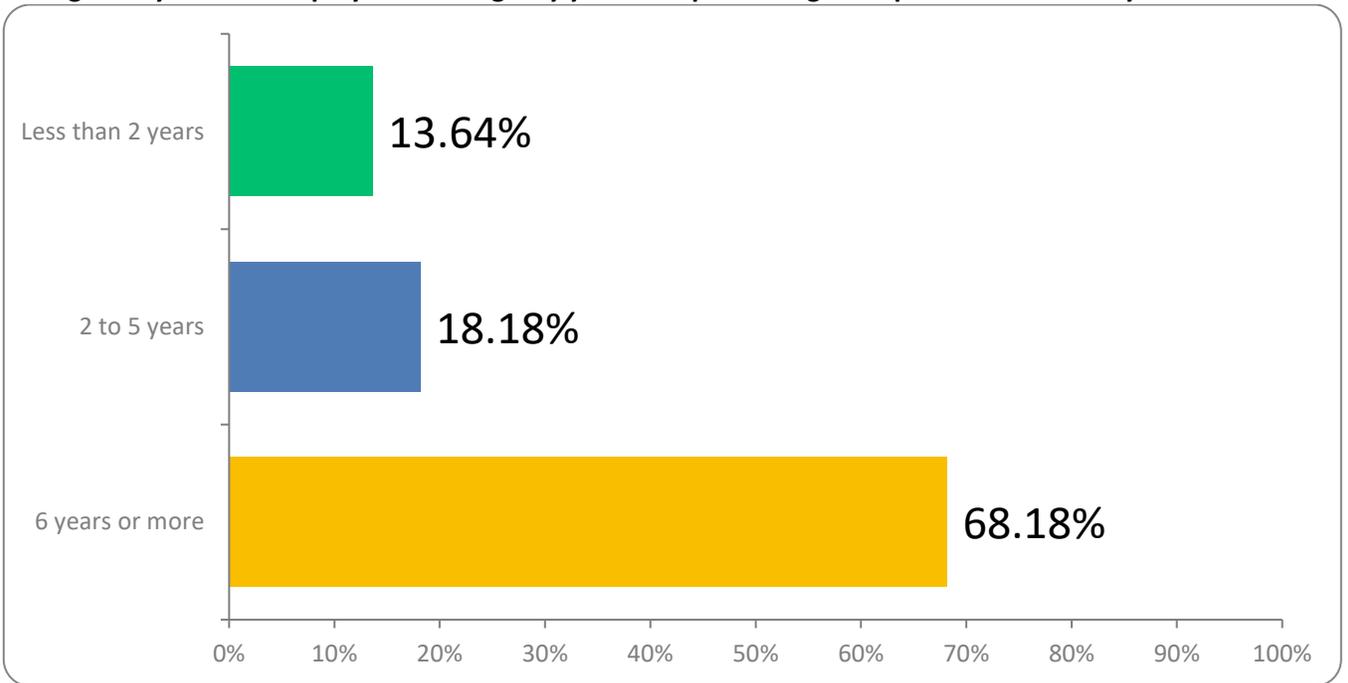
Online Survey for Contracted Providers:

Twenty-eight County-contracted HIV care providers were invited to participate in the AEAM survey between January 22 to February 28, 2025. Twenty agencies completed the survey. Agencies were asked to provide one response per agency. A raffle for a \$100 gift card was used to incentivize provider responses.

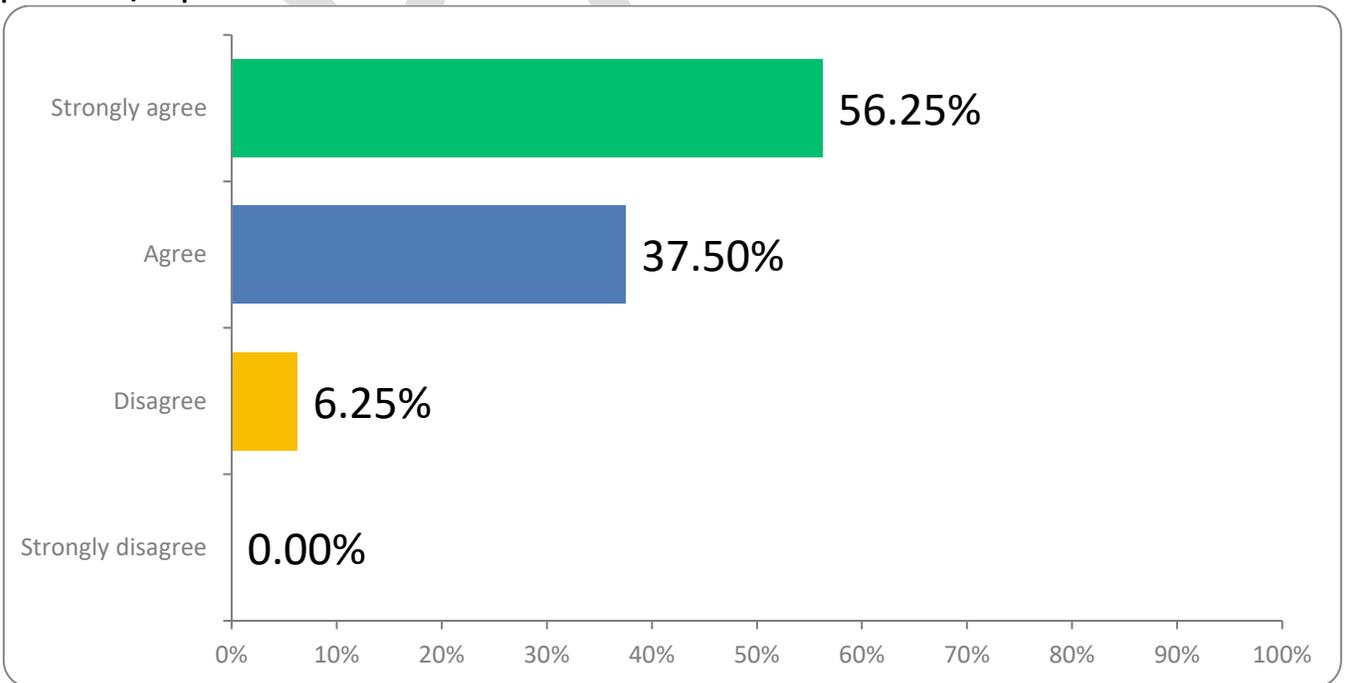
Limitations: Readers should not make broad interpretations with the results of the AEAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

III. Contracted Providers Responses

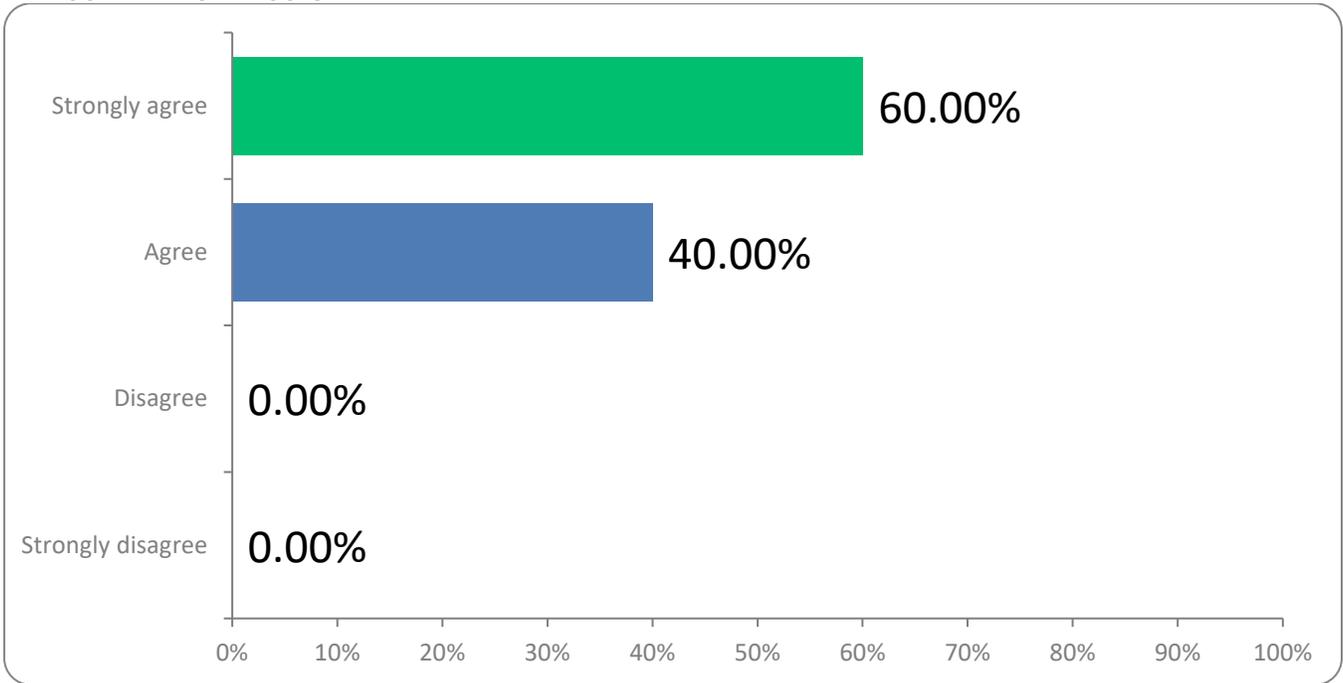
1. How long have you been employed in the agency you are representing in response to this survey?



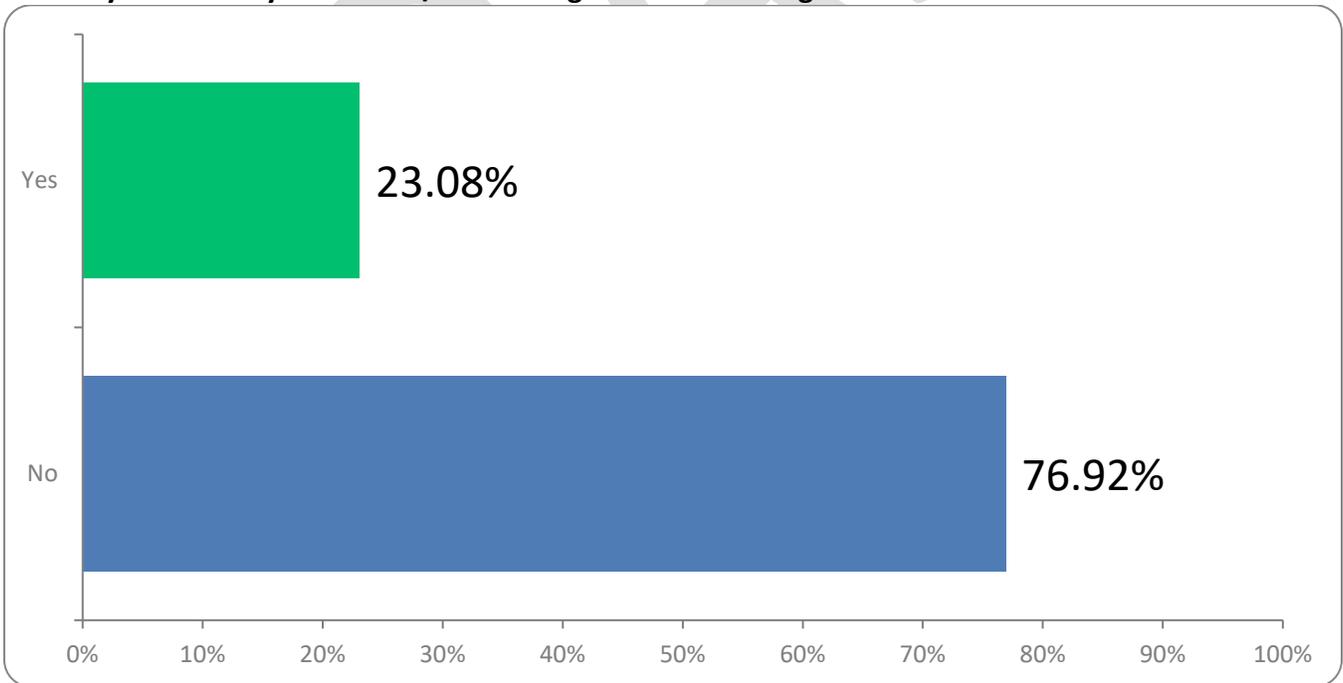
2. Please state the degree to which you agree with the following statement: The DHSP RFP provided clear instructions, outlined all policies and procedures of the procurement process, and expectations of work requirements/responsibilities.



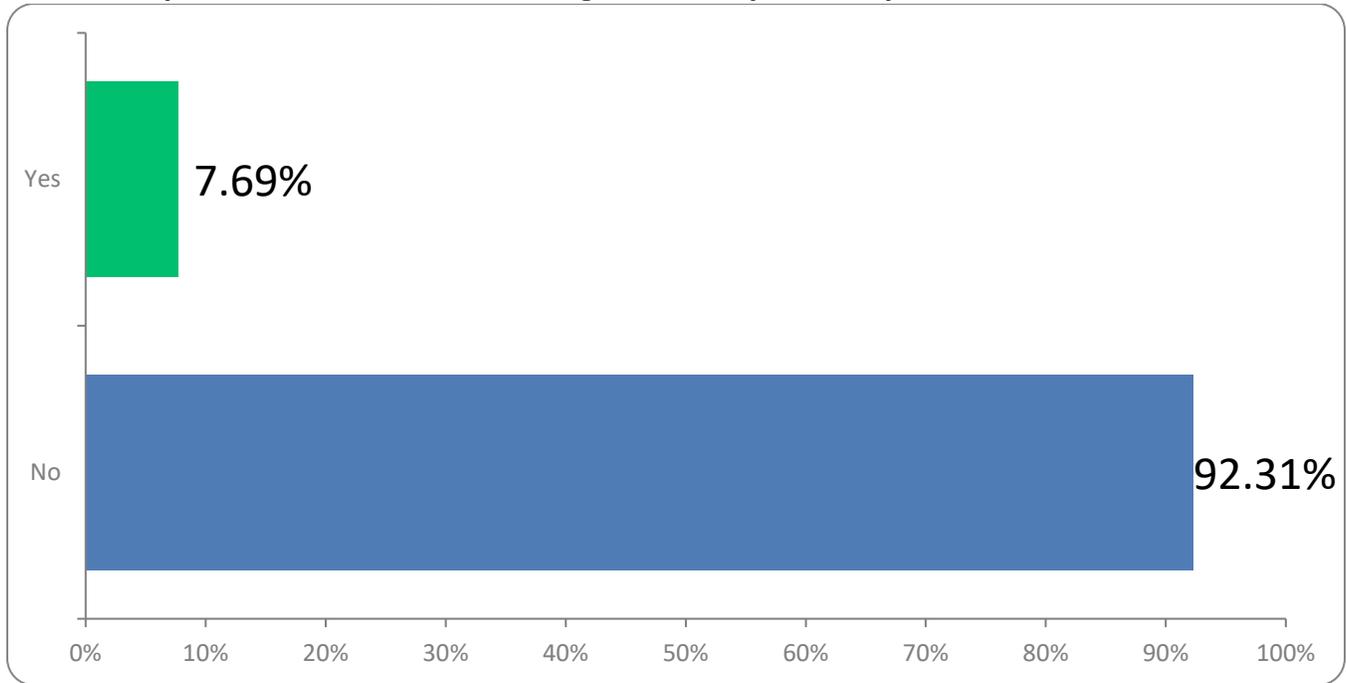
3. Please state the degree to which you agree with the following statement: The DHSP competitive RFP procurement process is fair and all potential service providers are given a fair and equitable opportunity to apply.



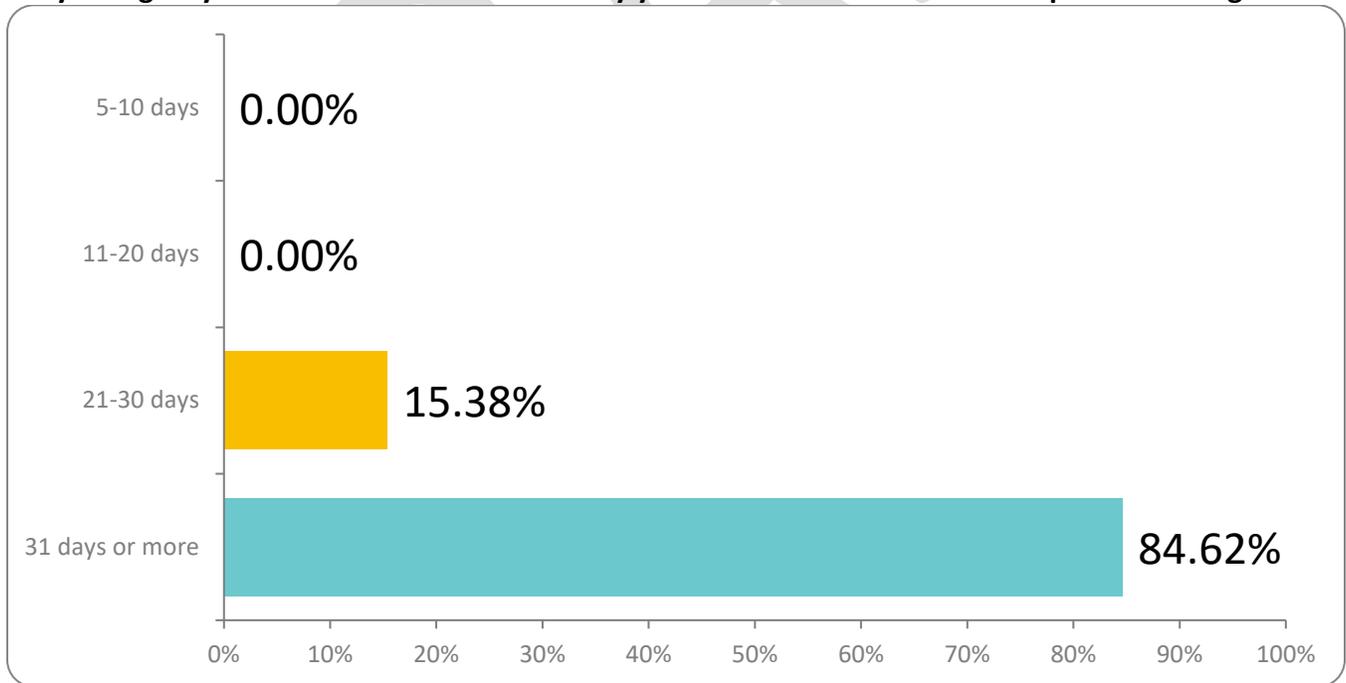
4. Did you have any issues and/or challenges with executing the contract?



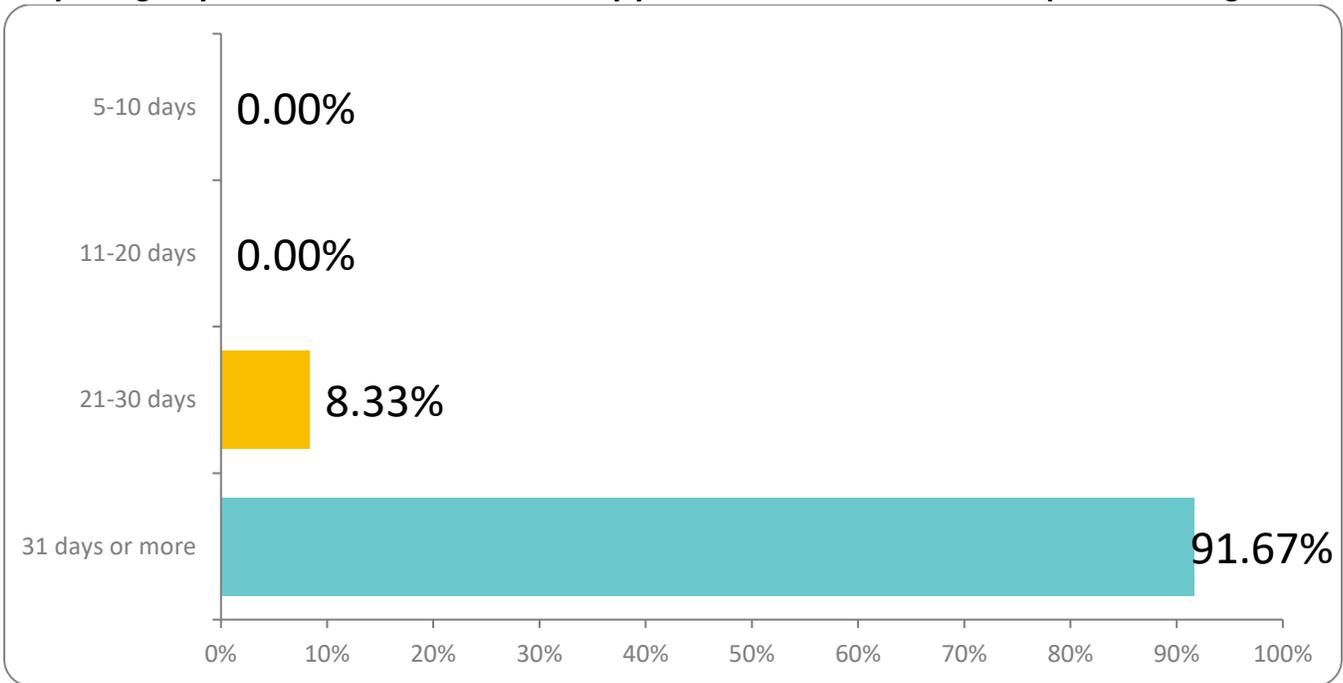
5. Have any of these issues and/or challenges affected your ability to deliver services to clients?



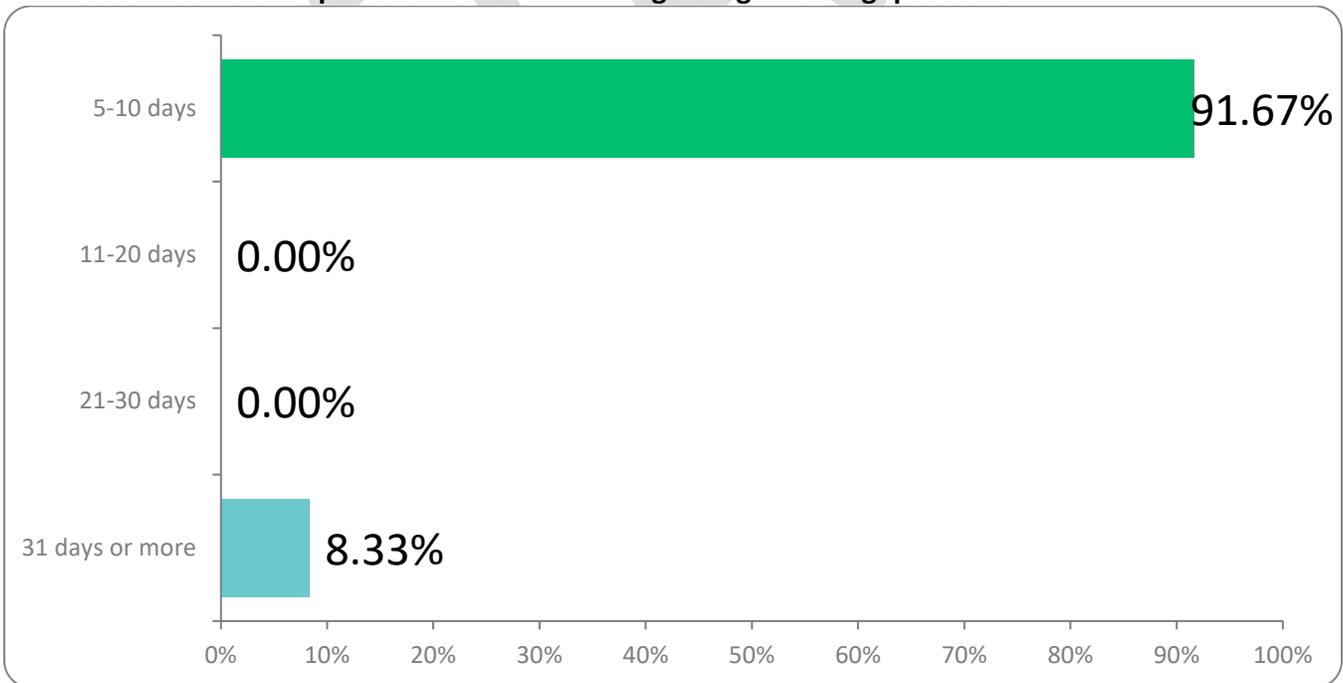
6. During PY 33 (March 1, 2023 - February 29, 2024), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



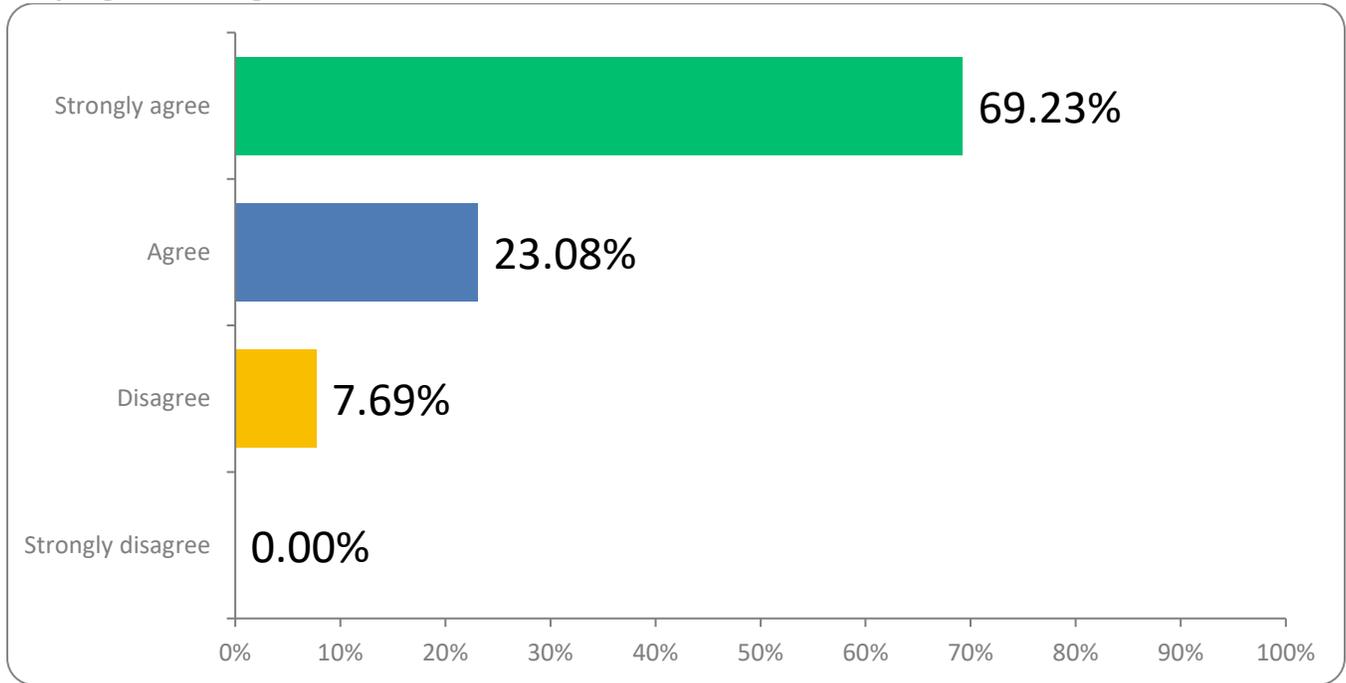
7. During PY 34 (March 1, 2024 – February 28, 2025), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



8. Please check the response time from DHSP regarding invoicing questions.

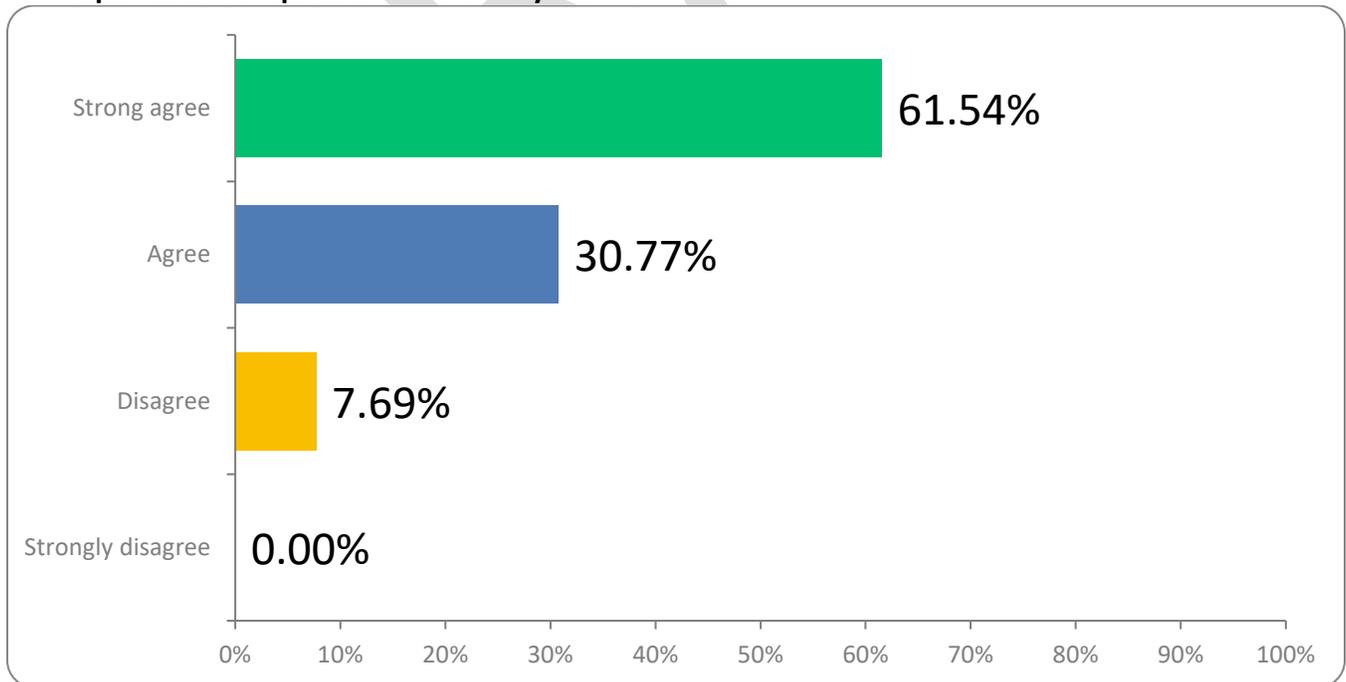


9. Please state the degree to which you agree with the following statement: **Our Contract Monitor provides clear and consistent responses to our questions and request for information, programmatic guidance, and technical assistance?**

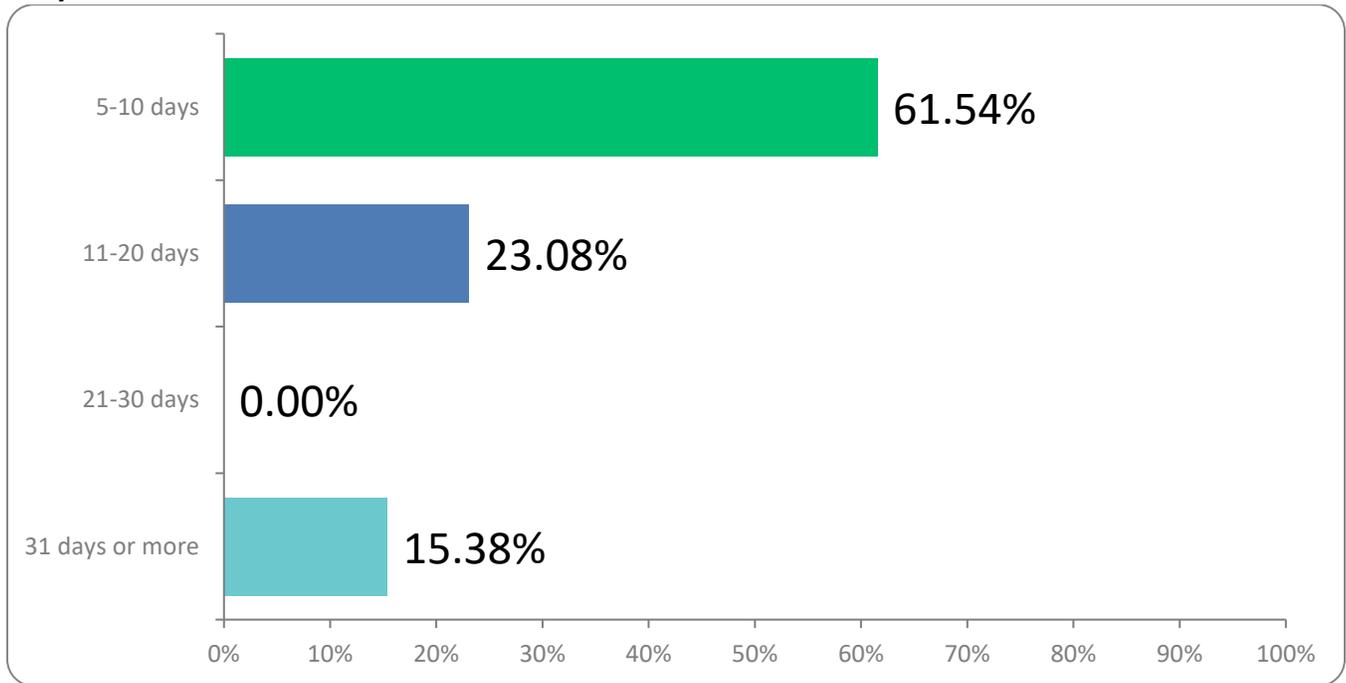


Other: Guidance is heavily dependent on the program manager.

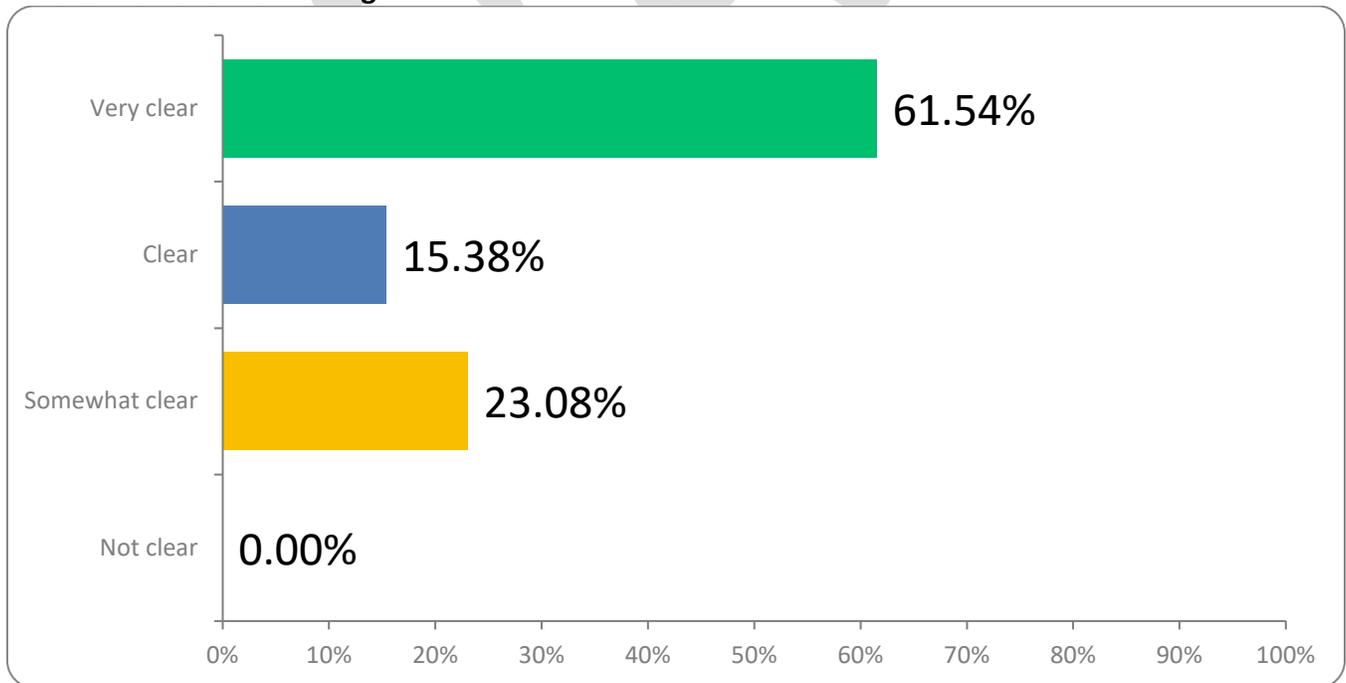
10. Please state the degree to which you agree with the following statement: **Our Contract Monitor responds to our questions in a timely manner.**



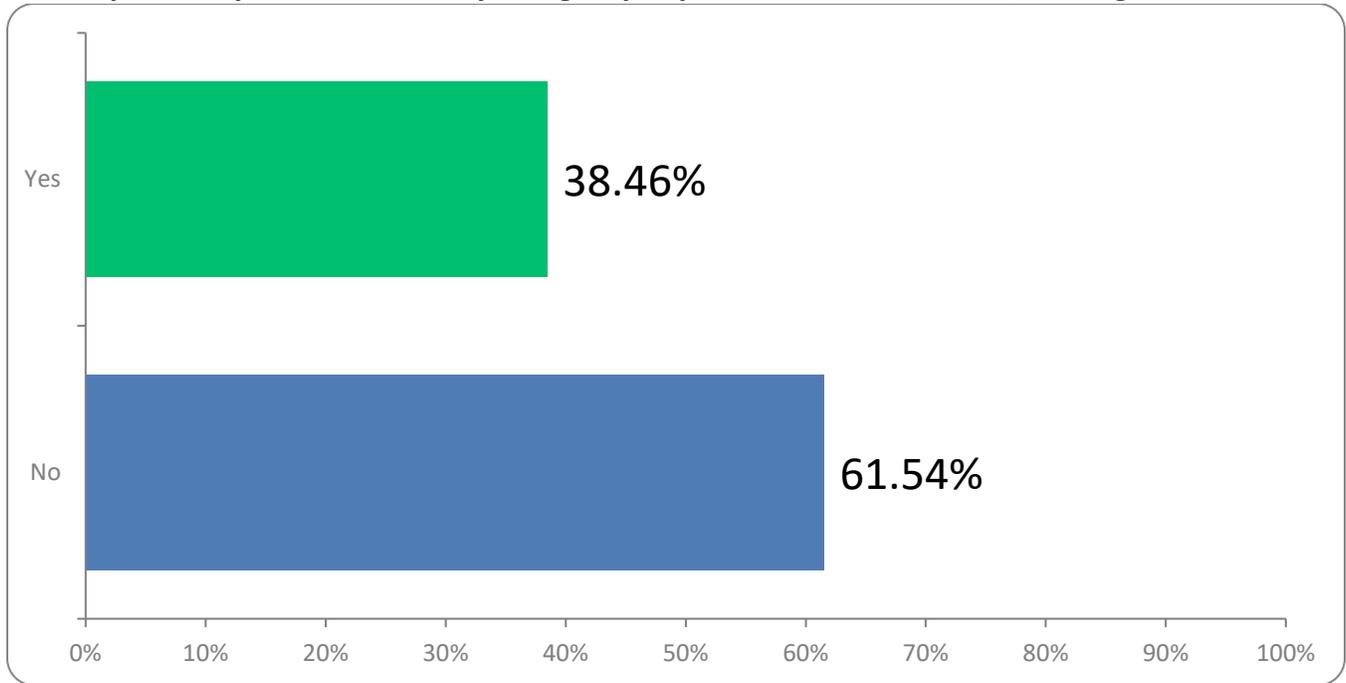
11. Please select the average response time for reprogramming/budget modifications request from your Contract Monitor.



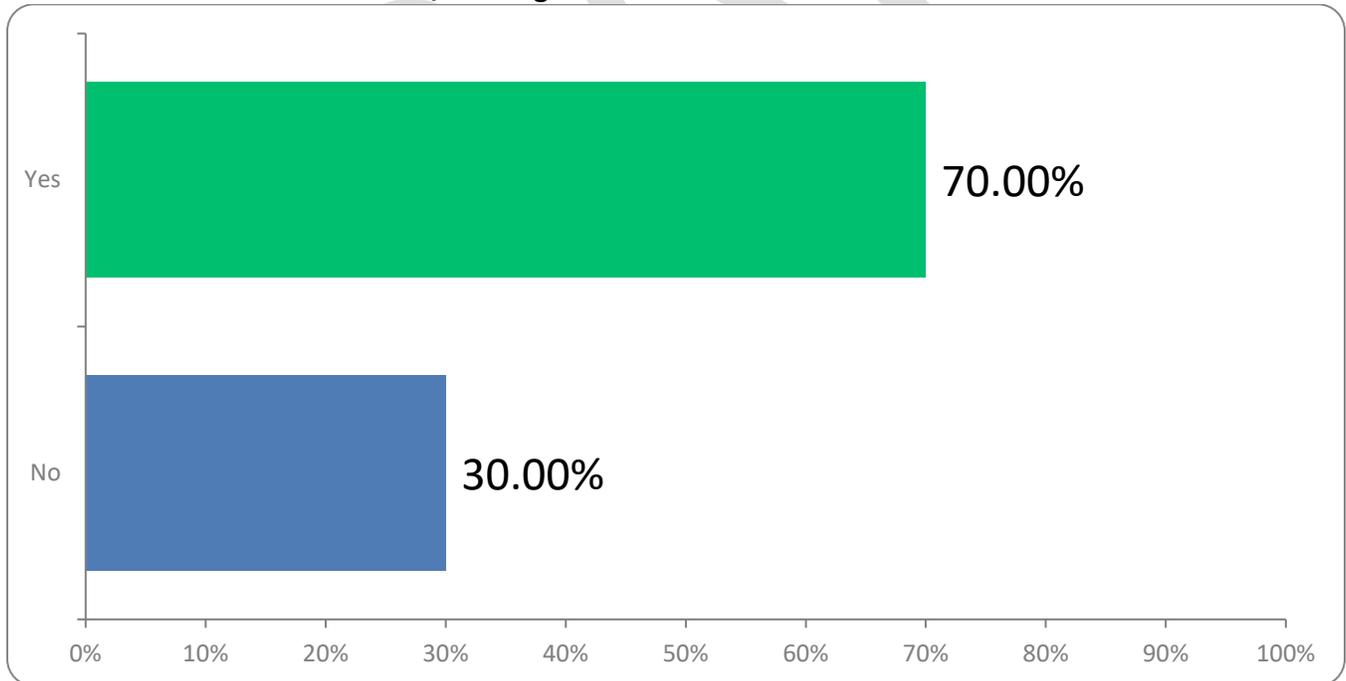
12. In terms of the process for program monitoring, are you clear on the expectations prior to the site visit and monitoring?



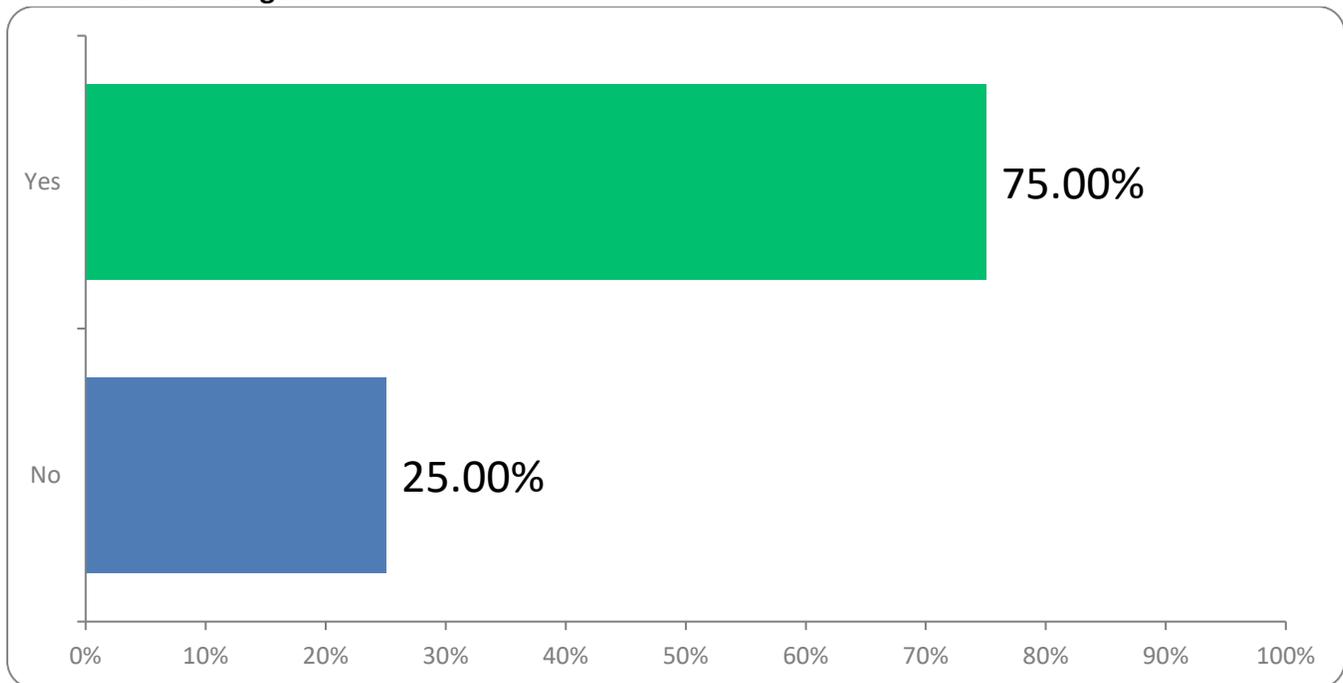
13. Did you or any staff member at your agency request technical assistance/training?



14. Was the technical assistance/training delivered?



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



Summary of Responses to Open-Ended Questions: (some providers skipped the question)

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

1. RFP NO. 2024 – 014: Comprehensive HIV and STD Prevention Services in Los Angeles County
Date Submitted: 1/24/2025; Service Categories: Non-Clinic-Based Prevention Services, High Impact Prevention Programs (HIPP)
RFP NO. 2024 – 010: Transportation Services for Eligible Ryan White Program Clients in Los Angeles County. Submitted: 10/28/2024
2. Core HIV Medical Services RFP 2024-00, Submitted 10/15/24 Comprehensive HIV and STD Prevention Services RFP 2024-014, Category 1 and Category 3, Submitted 1/27/25
3. Core HIV Medical Services for Persons Living with HIV RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024
4. Core HIV Medical Services (RFP #2024-008), Transportation Services RFA #2024-010, Comprehensive HIV AND STD Prevention Services in LA County RFP NO. 2024-014
5. Comprehensive HIV and STD Prevention Services (RFP 2024-014)
6. MCC/PSS: RFP 2024-008 due 10/15/24 HIV Testing/HIPP: RFP 2024-014 due 1/27/25
7. RFP NO. 2024-008
8. Our most recent contract is an amendment/continuation of an existing contract. The FAIN identifier is H8900016. We obtained the original contract through taking over an existing contract with a collaborative partner who was unable to provide services.

9. Core HIV Medical Services for Persons Living with HIV, RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024 Transportation Services for Eligible Ryan White Program Clients in Los Angeles County, RFA# 2024-010; submitted 10/29/2024
10. 10/15/2024 - RFP #2024-008 - Core HIV Medical Services for Persons Living with HIV 10/28/2024 - RFA #2024-010 - Transportation Services for Eligible RWP Clients in LAC
11. COMPREHENSIVE HIV AND STD PREVENTION SERVICES IN LOS ANGELES COUNTY RFP NO. 2024-014
12. None
13. 2024-008 AOM, MCC, PSS, 10/15/24 2024-014, Category 1 and 3, 1/27/25
14. Transportation Services for Eligible RW Program Clients in LA County #2024-010, 10/25/2025
15. RFP NO. 2024-008. CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV, SUBMITTED ON OCTOBER 11, 2024

18. When was your contract fully executed for PY 33 (March 1, 2023 - February 29, 2024)? *(some providers skipped the question)*

1. 03/01/2023
2. 12/28/2023
3. 04/05/2024
4. 03/01/2023
5. 03/26/2023
6. 07/19/2019
7. 07/11/2023
8. 01/16/2024
9. 05/10/2023
10. 03/08/2023
11. 04/24/2024

19. When was your contract fully executed for PY 34 (March 1, 2024 – February 28, 2025)? *(some providers skipped the question)*

1. 01/01/2024
2. 07/15/2024
3. 07/18/2024
4. 03/01/2024
5. 08/12/2024
6. 06/05/2024
7. 08/06/2024
8. 01/17/2024
9. 08/08/2024
10. 07/17/2024

20. Describe issues and/or challenges with executing the contracts, including factors within your respective agency. (some providers skipped the question)

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

21. Please describe how these challenges were handled. (any issues and/or challenges with executing the contract) (some providers skipped the question)

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

22. Please describe how these challenges were handled. (issues and/or challenges affected your ability to deliver services to clients?) (some providers skipped the question)

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

7. N/A

23. Please describe any factors contributing to the delay in reimbursements, including factors within your respective agency. (some providers skipped the question)

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

24. Please share any other comments you have below: (some providers skipped the question)

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

IV. Recipient Surveys Responses and Key Informant Interviews

Summary of Responses from DHSP (Recipient):

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

#	Question	Recipient Response
PART 1: REQUEST FOR PROPOSALS/SOLICITATIONS:		
1	How many Requests for Proposals (RFPs) were released for the PY 33 Ryan White Program (March 1, 2023 to February 29, 2024)?	2
2	If RFPs were released in PY 33 (March 1, 2023 to February 29, 2024), select the service categories.	Home-based Case Management Work Order Solicitation (Case management- Home Based Services via Supportive and/or Housing Services Master Agreement (SHSMA)) Childcare Services for Ryan White Program Eligible Clients in LAC (RFA)
3	How many proposals were received for each of the service category selected in Question #2.	Case management- Home Based – 7 proposals received. Childcare Services – 1 proposal received, but did not pass Minimum Mandatory Requirements (MMR) Review.
4	Of the proposals received in PY 33 (March 1, 2023 to February 29, 2024), how many were new service providers?	4 Please note that ALL 4 new service providers mentioned above in question 4 were NOT funded/awarded contracts. <i>These 3 providers indicated prior contracts with DHS, and regional centers, but were new to DPH/DHSP.</i>

5	Of these proposals, how many service providers were awarded contracts for Ryan White program funds?	4
6	How many Requests for Proposals (RFPs) were released for the PY 34 (March 1, 2024 to February 28, 2025) Ryan White Program?	4
7	If RFPs were released in PY 34 (March 1, 2024 to February 28, 2025), select the service categories.	<p>Ambulatory Outpatient Medical (AOM)</p> <p>Medical Specialty Services</p> <p>Transportation</p> <p>Other (please specify)</p> <p>Patient Support Services (PSS)</p>
8	How many proposals were received for each of the service category selected in Question #7.	<p>Core HIV Medical Services comprised of AOM, MCC, and PSS. A total of 20 proposals were submitted for the Core HIV Medical Services RFP, with 18 submissions in each respective category.</p> <p>Ambulatory Outpatient Medical (AOM) – 18 proposals received.</p> <p>Medical Specialty Services (Same as Medical Care Coordination) MCC – 18 proposals received.</p> <p>Patient Support Services (PSS) – 18 proposals received.</p> <p>Transportation services – 21 applications received.</p>

9	Of the proposals received in PY 34 (March 1, 2024 to February 28, 2025), how many were new service providers?	<p>2</p> <p>There were 2 new service providers to DHSP.</p> <p><u>Transportation Services:</u> There were 2 new service providers who applied for Transportation services, but did not pass MMR Review.</p>
10	Of these proposals, how many service providers were awarded contracts for Ryan White program funds?	<p>39 service providers were awarded.</p> <p>Core HIV Medical Services – 20 (all proposals) were awarded contracts.</p> <p>Transportation Services – 19 out of the 21 applications received were awarded contracts.</p>
PART II: EXECUTING CONTRACTS WITH SERVICE PROVIDERS:		
11	How many contracts were fully executed in PY33 (March 1, 2023 to February 29, 2024)?	<p>A total of 64 (<i>renewal amendments to extend the term of the contracts with the same contract period:</i></p> <p><i>Benefits specialty services (BSS)</i></p> <p><i>Medical specialty services (MSS)</i></p> <p><i>Residential</i></p> <p><i>Medical care coordination (MCC)</i></p> <p><i>Substance use disorder transitional housing (SUDTH)</i></p> <p><i>Transitional case management (TCM)</i></p>

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

		<p>invoice and monthly report. It would be safe to assume that about 15 – 30 days.</p>
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KEY INFORMANT INTERVIEW RESPONSES

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

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

SOLICITATIONS PROCESS:

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

orientation entails a review of how to use a common evaluation tool, their roles and responsibilities, the purpose and aim of the RFP. The evaluators conduct their individual reviews followed by a group discussion of their ratings and feedback. An average score for each proposal is derived from the discussions.

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

OVERVIEW OF THE CONTRACTS EXECUTION PROCESS AT DPH/DHSP

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

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

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

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

Key Factors that Contribute to Delays in Executing Agreements

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

Contract Terminations

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

Monthly Report Review and Invoice Payment Process

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

Factors that may Contribute to Delays in Payments to Service Providers

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

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

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

budget modification and invoicing.

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

Improvements or Successes Related to Administrative Mechanisms:

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

V. Key Themes

PROVIDER PERSPECTIVES

The County's Request for Proposals (RFP) Process is Clear

Providers indicated high marks regarding DHSP's RFP process, ranging from over 93% to 100% of providers agreeing or strongly agreeing with the clarity, fairness, and competitiveness of the RFP process.

Contract Execution Timeframe is Influenced by Agency Procedures

Almost 77% of responses indicated that they did not have issues and or challenges with executing contracts. Some agencies noted that delays were due to their agency's internal approval processes adding to the overall timeframe for contract execution. Furthermore, agencies noted that the budgeting process and rounds of reviews and approvals also contribute to the delay in executing

contracts.

Average Timeframe for Payment is 31+ Days

During PY 33, respondents almost 85% indicated that on average, it took 31 or more days for their agency to be reimbursed from the day they submitted a correct and complete invoice. For PY 34, the response was almost 92%. Delays in reimbursements could be impacted by staffing shortages and submission of incorrect or incomplete invoices which must be submitted with a program narrative report.

Prompt Responses to Invoicing Questions

With regard to response time from DHSP on invoicing questions, almost 92% of respondents indicated receiving a response with 5 to 10 days. Additionally, 23% and 69% percent “agreed” or “strongly agreed” that their contract monitor provides clear and consistent responses to questions and request for information, programmatic guidance, and technical assistance.

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

While some of the responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year. In terms of the process for program monitoring, responses were varied: 23% somewhat clear, 15% clear, and 61% very clear.

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

In general, the majority of the comments, appear to show that DHSP regularly provides feedback on contractor performance and that the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals. 75% of the respondents indicated that the TA and training they received met their needs and helped their agencies address challenges.

RECIPIENT PERSPECTIVES

The Recipient conduct broad provider outreach and information dissemination efforts to promote RFPs.

- DHSP and DPH uses a broad distribution list to disseminate RFPs and funding announcements, reaching a wide variety of agencies of diverse size, organizational capacity, and service area expertise.

The Recipient continues to enact procedures aimed at improving their review and approval process.

- DHSP continues to make positive improvements in managing solicitations, executing contracts, and processing payments to agencies through improved internal processes, communications with agencies, and ongoing general and customized training for agency staff.

The Recipient leverages the County’s administrative infrastructure.

- DHSP has a well-established process, infrastructure and partnership with DPH C&G and County Counsel that help to facilitate the solicitations process.

The Recipient engages providers by seeking their input in shaping RFPs.

- DHSP seeks provider input regarding service needs and ideas for improving programs to help develop RFPs.

VI. Recommendations:

This AEAM highlighted key suggestions for improvement based on provider and recipient survey responses and interviews:

- Continue to improve payment turnaround cycles within 30 days.
- Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
- Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies, particularly for site visits and audits.
- Strengthen TA and training for programmatic and fiscal staff within DHSP and for contracted providers to ensure consistency of information, particularly for agencies that face staffing challenges (i.e., recruitment, retention, turnover).

The general comments collected from this AEAM reflect the recurring themes from previous assessments such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and invoice payment turnaround time.

DHSP continues to explore additional mechanisms to more quickly fund HIV services in Los Angeles County. For example, DHSP’s experience with using a third-party administrator, Heluna Health, to issue HIV prevention RFPs, serves as a model for expediting some of the Ryan White service contracts. Despite the bureaucratic challenges associated with a large municipal government the size of Los Angeles County, DHSP continues to improve various administrative mechanisms to ensure that life-saving services reach people living with HIV in a timely and efficient manner.

SERVICE STANDARDS REVISION DATE TRACKER FOR PLANNING PURPOSES

Last updated: 04/21/25

KEYWORDS AND ACRONYMS

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

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

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

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



HRSA Service Category	COH Standard Title	DHSP Service	Description	Notes
Home and Community-Based Health Services	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH: 9/9/2022
Hospice	Hospice Services	Hospice Services	Helping terminally ill clients approach death with dignity and comfort.	Last approved by COH: 5/2/2017
Housing	Housing Services: Permanent Supportive	Housing For Health	Supportive housing rental subsidy program of LA County Department of Health Services.	Last approved by COH: 4/10/2025
Housing	Housing Services: Residential Care Facility for Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF)	Housing Services RCFCI/TRCF	RCFCI: Home-like housing that provides 24-hour care. TRCF: Short-term housing that provides 24-hour assistance to clients with independent living skills.	Last approved by COH: 4/10/2025
Legal Services	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH: 7/12/2018
Linguistic Services	Language Interpretation Services	Language Services	Interpretation (oral and written) and translation assistance to assist communication between clients and their healthcare providers.	Last approved by COH: 5/2/2017
Medical Case Management	Medical Care Coordination (MCC)	Medical Care Coordination	HIV care coordination through a team of health providers to improve quality of life.	Last approved by COH: 1/11/2024
	Treatment Education Services	Treatment Education Services	Provide ongoing education and support to ensure compliance with a client's prescribed treatment regimen and help identify and overcome barriers to adherence.	Last approved by COH: 5/2/2017
Medical Nutrition Therapy	Medical Nutrition Therapy Services	Medical Nutrition Therapy	Nutrition assessment and screening, and appropriate inventions and treatments to maintain and optimize nutrition	Last approved by COH: 5/2/2017

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



HRSA Service Category	COH Standard Title	DHSP Service	Description	Notes
			status and self-management skills to help treat HIV disease.	
Medical Transportation	Transportation Services	Medical Transportation	Ride services to medical and social services appointments.	Last approved by COH: 2/13/2025
Mental Health Services	Mental Health Services	Mental Health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH: 5/2/2017 <i>Currently under review. SBP will begin review in June 2025.</i>
Non-Medical Case Management	Benefits Specialty Services (BSS)	Benefits Specialty Services	Assistance navigating public and/or private benefits and programs.	Last approved by COH: 9/8/2022
	Patient Support Services (PSS)	Patient Support Services	Provide interventions that target behavioral, emotional, social, or environmental factors that negatively affect health outcomes with the aim of improving an individual's health functioning and overall well-being.	<i>New service standard currently under development. SBP will begin review on 5/6/2025.</i>
	Transitional Case Management: Justice-Involved Individuals	Transitional Case Management- Jails	Support for post-release linkage and engagement in HIV care.	Last approved by COH: 12/8/2022 <i>Currently under review. SBP will continue review on 5/6/2025.</i>
	Transitional Case Management: Youth	Transitional Case Management- Youth	Coordinates services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and supportive services.	Last approved by COH: 12/8/2022 <i>Currently under review. SBP will continue review on 5/6/2025.</i>
	Transitional Case Management: Older Adults 50+	N/A	Coordinate transition between systems of care for older adults 50+ living with HIV/AIDS.	Last approved by COH: 12/8/2022 <i>New service standard currently under development.</i>
Oral Health Care	Oral Health Care Services	Oral Health Services	General and specialty dental care services.	Last approved by COH: 4/13/2023
Outpatient/Ambulatory Health Services	Ambulatory Outpatient Medical (AOM)	Ambulatory Outpatient Medical	HIV medical care accessed through a medical provider.	Last approved by COH: 2/13/2025
Outreach Services	Outreach Services	Linkage and Retention Program	Promote access to and engagement in appropriate services for people newly diagnosed or identified as	Last approved by COH: 5/2/2017

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



HRSA Service Category	COH Standard Title	DHSP Service	Description	Notes
			living with HIV and those lost or returning to treatment.	
Permanency Planning	Permanency Planning	Permanency Planning	Provision of legal counsel and assistance regarding the preparation of custody options for legal dependents or minor children or PLWH including guardianship, joint custody, joint guardianship and adoption.	Last approved by COH: 5/2/2017
Psychosocial Support Services	Psychosocial Support Services	Psychosocial Support Services	Help PLWH cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	Last approved by COH: 9/10/2020
Referral for Health Care and Support Services	Referral Services	Referral	Developing referral directories and coordinating public awareness about referral directories and available referral services.	Last approved by COH: 5/2/2017
Substance Abuse Services (residential) Substance Abuse Outpatient Care	Substance Use Disorder and Residential Treatment Services	Substance Use Disorder Transitional Housing	Temporary residential housing that includes screening, assessment, diagnosis, and treatment of drug or alcohol use disorders.	Last approved by COH: 1/13/2022
N/A	Universal Standards and Client Bill of Rights and Responsibilities	N/A	Establishes the minimum standards of care necessary to achieve optimal health among PLWH, regardless of where services are received in the County. These standards apply to all services.	Last approved by COH: 1/11/2024 <i>Not a program—SBP committee will review this document on a bi-annual basis or as necessary per community stakeholder, contracted agency, or COH request.</i>

TRANS WOMEN'S SEXUAL HEALTH LISTENING SESSION



LOS ANGELES COUNTY
COMMISSION ON HIV

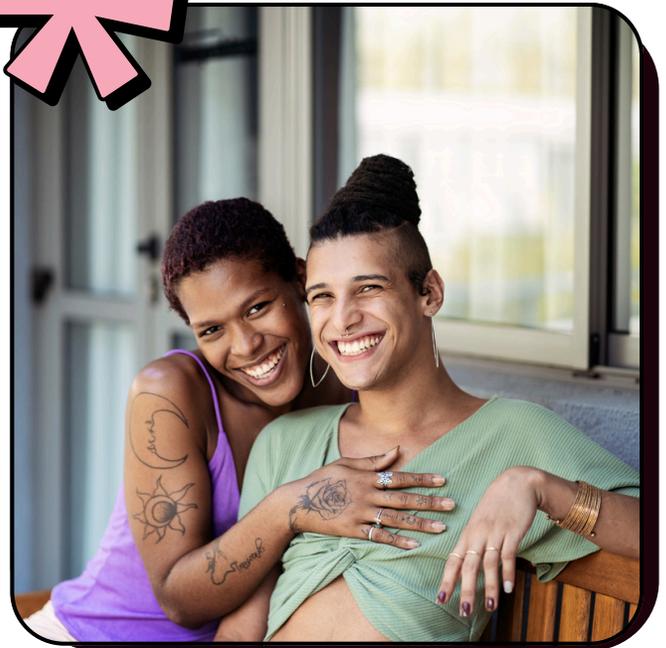


YOUR VOICE MATTERS!

Join us for a safe, confidential space to share your experiences, concerns, and ideas about sexual health and HIV services in LA County. This session is designed specifically for transgender women living with HIV and aims to amplify your needs and perspectives.

WHAT TO EXPECT:

- Open, judgment-free discussions
- Opportunities to connect with others in the community
- \$25 gift card
- **Space is limited; RSVP required**



WHY ATTEND?

Your input will help shape better sexual health services and resources for women living a transgender experience. Together, we can create a more inclusive and supportive healthcare environment.



WEDNESDAY, JUNE 4, 2025
6:00PM – 8:00PM

FREE PARKING AVAILABLE ONSITE.

LOCATION INFORMATION WILL BE DISCLOSED UPON CONFIRMED REGISTRATION.

SCAN OR CLICK
LINK TO REGISTER.
[HTTPS://TINYURL.
COM/43VFBNMJ](https://tinyurl.com/43VFBNMJ)





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>

