



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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<https://tinyurl.com/y83ynuzt>



## COMMISSION ON HIV Meeting

Thursday, May 9, 2024  
9:00am-12:00pm (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 <http://hiv.lacounty.gov/Meetings>

**Members of the Public May Join in Person or Virtually.**

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/re26a282786959255831bc5e21a75155f>

### **Notice of Teleconferencing Sites:**

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

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



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

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

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

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



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

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

**Thursday, May 9, 2024 | 9:00 AM – 12:00 PM**

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room\*, Los Angeles 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.*

### **Notice of Teleconferencing Sites**

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

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

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/re26a282786959255831bc5e21a75155f>

**AGENDA POSTED:** May 3, 2024

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

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, email your Public Comment to [hivcomm@lachiv.org](mailto: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](mailto: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](mailto:HIVComm@lachiv.org), por lo menos setenta y dos horas antes de la junta.



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

## 1. ADMINISTRATIVE MATTERS

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

## 2. PUBLIC & COMMISSIONER COMMENTS

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

## 3. STANDING COMMITTEE REPORTS – I

9:25 AM – 9:45 AM

### A. Operations Committee

- (1) Membership Management
  - a. New Member Applications
    - Arburtha Franklin | Alternate **MOTION #4**
    - Rita Garcia | Alternate **MOTION #5**
    - Dahlia Ale-Ferlito | City of Los Angeles Representative **MOTION #6**
  - b. 2024 Renewal Membership Slate **MOTION #7**
  - c. Mentorship Volunteer Recruitment
- (2) Policy & Procedures
  - Proposed Bylaws Updates
- (3) Assessment of the Administrative Mechanism | UPDATES
- (4) [2024 Training Schedule](#)
- (5) Recruitment, Retention and Engagement

#### 4. STANDING COMMITTEE REPORTS – I (cont'd)

9:25 AM – 9:45 AM

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

- (1) Priority Setting & Resource Allocation (PSRA) Process
- (2) Prevention Planning

##### D. Standards and Best Practices (SBP) Committee

- (1) Service Standards Schedule
- (2) Ambulatory Outpatient Medical (AOM) Service Standards

##### E. Public Policy Committee (PPC)

- (1) County, State and Federal Policy, Legislation, and Budget Updates & Reports
  - a. 2024 Legislative Docket Development
  - b. 2024 Policies Priorities **MOTION #8**
  - c. State/Federal Budget
  - d. County Coordinated STD Response

##### F. Caucus, Task Force and Work Group Reports

9:45 AM – 10:00 AM

- (1) Aging Caucus | June 4, 2024 @ 1-3PM \*Virtual
- (2) Black/African American Caucus | May 16, 2024 @ 4-5PM \*Virtual
- (3) Consumer Caucus | May 9, 2024 @ 1:30-3:00PM \*Hybrid
- (4) Transgender Caucus | May 28, 2024 @ 10AM-11:30AM \*Virtual
- (5) Women's Caucus | July 15, 2024 @ 2-4PM \*Virtual

#### 5. **B R E A K**

10:00 AM – 10:15 AM

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

##### A. Executive Director/Staff Report

10:15 AM – 10:20 AM

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

##### B. Co-Chairs' Report

10:20 AM – 10:40 AM

- (1) Welcome New Members & Recognition of Leaving Members
- (2) COH Housing Taskforce Formation
- (3) April 11, 2024 COH Meeting | FOLLOW-UP & FEEDBACK
- (4) Executive Committee Member At-Large | OPEN NOMINATION & ELECTION **MOTION #9**
- (5) Conferences, Meetings & Trainings
  - [NMAC Biomedical HIV Prevention Summit](#) | FEEDBACK
- (6) Member Vacancies & Recruitment
- (7) [Acknowledgement of National HIV Awareness Days](#)
  - HIV Vaccine Awareness Day
  - National Asian/Pacific Islander HIV/AIDS Awareness Day
  - [Mental Health Awareness Month](#)



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

- D. LA County Department of Public Health Report** 10:40 AM – 11:20 AM
- (1) Division of HIV/STD Programs (DHSP) Updates (RWP Grantee/Part A Representative)
    - a. Programmatic and Fiscal Updates
      - Presentation: Linkage and Re-engagement Program (LRP) Utilization
    - b. Mpox Briefing
    - c. Ending the HIV Epidemic (EHE) | UPDATES
  - (2) California Office of AIDS (OA) Report (Part B Representative) 11:20 AM – 11:25 AM
    - a. [OAVoice Newsletter Highlights](#)
    - b. California Planning Group (CPG)
- E. Ryan White Program (RWP) Parts C, D, and F Report** 11:25 AM – 11:45 PM
- RWP Part F Program Spotlight: Pacific AIDS Education Training Centers (PAETC)
- F. Cities, Health Districts, Service Planning Area (SPA) Reports** 11:45 PM – 11:50 PM

## 7. MISCELLANEOUS

- A. Public Comment** 11:50 AM – 11:55 PM  
*(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). If providing oral public comments, comments may not exceed 2 minutes per person.)*
- B. Commission New Business Items** 11:55 PM – 11:57 PM  
*(Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda.)*
- C. Announcements** 11:57 PM – 12:00 PM  
*(Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.)*
- D. Adjournment and Roll Call** 12:00 PM  
*Adjournment for the meeting of May 9, 2024.*

PROPOSED MOTION(S)/ACTION(S)	
<b>MOTION #1</b>	Approve meeting agenda, as presented or revised.
<b>MOTION #2</b>	Approve meeting minutes, as presented or revised.
<b>MOTION #3</b>	Approve Consent Calendar, as presented or revised.
<b>MOTION #9</b>	Approve Executive At-Large Member, as elected.
CONSENT CALENDAR	
<b>MOTION #4</b>	Approve new member application for Arburtha Franklin to occupy an Alternate seat, as presented or revised, and forward to the Board of Supervisors for appointment.
<b>MOTION #5</b>	Approve new member application for Rita Garcia to occupy an Alternate seat, as presented or revised, and forward to the Board of Supervisors for appointment.
<b>MOTION #6</b>	Approve new member application for Dahlia Ale-Ferlito to occupy the City of Los Angeles representative seat, as presented or revised, and forward to the Board of Supervisors for appointment.
<b>MOTION #7</b>	<p>Approve the following 2024 renewal membership applications as presented or revised and forward to the full body at its May 9, 2024 meeting:</p> <p>Erika Davies Seat #2, City of Pasadena representative; Mario Perez Seat #6, Director, DHSP; Karl Halfman Seat #7, Part B representative; Leon Maultsby Seat #8, Part C representative; Sandra Cuevas Seat #10, Part F representative; Andre Molette Seat #12, Provider representative #2; Dr. LaShonda Spencer Seat #14, Provider representative #4; Dr. Martin Sattah Seat #18, Provider representative #8; Russell Ybarra Seat #20, Unaffiliated consumer, SPA 2; Lambert Talley Seat #22, Alternate; Jayda Arrington Seat #24, Unaffiliated consumer, SPA 6; Kevin Donnelly Seat #26, Unaffiliated consumer, SPA 8; Lilieth Conolly Seat #32, Unaffiliated consumer, at-large #1; Dr. David Hardy Seat #34, Alternate; Al Ballesteros Seat #36, Representative, Board Office 1; Katja Nelson Seat #38, Representative, Board Office 3; Jonathan Weedman Seat #40, Board Office 5; Lee Kochems Seat #42, Behavioral/social scientist; Mary Cummings Seat #48, HIV stakeholder representative #5; Dr. William King Seat #50, HIV stakeholder representative #7; and Miguel Alvarez Seat #51, HIV stakeholder representative #8.</p>
<b>MOTION #8</b>	Approve 2024 Policy Priorities as presented or revised.

## COMMISSION ON HIV MEMBERS

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

**MEMBERS: 44**

**QUORUM: 23**

### LEGEND:

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



## LOS ANGELES COUNTY COMMISSION ON HIV



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

### **VISION**

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

### **MISSION**

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



## LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH  
6/8/23

510 S. Vermont Ave 14<sup>th</sup> Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

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### 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.)

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

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# OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

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

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

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

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at [lanaic.lacounty.gov](http://lanaic.lacounty.gov).

## WHAT IS A LAND ACKNOWLEDGMENT?

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

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

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

## HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

**JUNE 23, 2020**

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

**JULY 13, 2021**

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

**OCTOBER 5, 2021**

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

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

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

**NOVEMBER 2021 – MARCH 2022**

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

**MARCH 30 – SEPTEMBER 30, 2022**

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

**OCTOBER 18, 2022**

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

**NOVEMBER 1, 2022**

The Board adopts the Countywide Land Acknowledgment.

**DECEMBER 1, 2022**

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

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

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



## 2024 MEMBERSHIP ROSTER | UPDATED 4.26.24

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

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: 45



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 4/12/24

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

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

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



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

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

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

### Division of HIV and STDs Contracted Community Services

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

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



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

## COMMITTEE ASSIGNMENTS

Updated: April 26, 2024  
\*Assignment(s) Subject to Change\*

EXECUTIVE COMMITTEE		
Regular meeting day: 4 <sup>th</sup> 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
Luckie Fuller (LOA)	Co-Chair, Comm/Exec*	Commissioner
Joseph Green (Pro tem)	Co-Chair, Comm./Exec.*	Commissioner
Miguel Alvarez	Co-Chair, Operations	Commissioner
Alasdair Burton	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Felipe Gonzalez	Co-Chair, PP&A	Commissioner
Bridget Gordon	At-Large	Commissioner
Lee Kochems, MA	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 9   Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Miguel Alvarez	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Jayda Arrington	*	Commissioner
Alasdair Burton	At-Large	Commissioner
Bridget Gordon	At-Large	Commissioner
Ismael Herrera	*	Commissioner
Leon Maultsby, MHA	*	Commissioner
Vilma Mendoza	*	Commissioner
Erica Robinson	*	Alternate

**Committee Assignment List**

Updated: April 26, 2024

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<b>PLANNING, PRIORITIES &amp; ALLOCATIONS (PP&amp;A) COMMITTEE</b>		
Regular meeting day: 3 <sup>rd</sup> Tuesday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 13   Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Donnelly	Committee Co-Chair*	Commissioner
Felipe Gonzalez	Committee Co-Chair*	Commissioner
Al Ballesteros, MBA	*	Commissioner
Lilieth Conolly	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Derek Murray	*	Commissioner
Dèchelle Richardson	*	Alternate
Daryl Russell, M.Ed	*	Commissioner
Harold Glenn San Agustin, MD	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

<b>PUBLIC POLICY (PP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Monday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 9   Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION

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

**Committee Assignment List**

Updated: April 26, 2024

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

<b>CONSUMER CAUCUS</b>
Regular meeting day/time: 2 <sup>nd</sup> Thursday of Each Month; Immediately Following Commission Meeting Co-Chairs: Damone Thomas, Lilieth Conolly & Ismael (Ish) Herrera <i>*Open membership to consumers of HIV prevention and care services*</i>
<b>AGING CAUCUS</b>
Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm Co-Chairs: Kevin Donnelly & Paul Nash <i>*Open membership*</i>
<b>TRANSGENDER CAUCUS</b>
Regular meeting day/time: 4 <sup>th</sup> Tuesday of Every Other Month @ 10am-12pm Co-Chairs: Xelestíal Moreno-Luz & Jade Ali <i>*Open membership*</i>
<b>WOMEN'S CAUCUS</b>
Regular meeting day/time: Virtual - 3 <sup>rd</sup> Monday of Each Quarter @ 2-4:00pm The Women's Caucus Reserves the Option of Meeting In-Person Annually Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo <i>*Open membership*</i>



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

**ADOPTED, 1/10/2008**

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

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

**BACKGROUND:**

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

**POLICY:**

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



## **Policy/Procedure #08.2107: Consent Calendar**

Last Revised: *January 10, 2008*

Page 2 of 3

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

### **PROCEDURE(S):**

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

## Policy/Procedure #08.2107: Consent Calendar

Last Revised: *January 10, 2008*

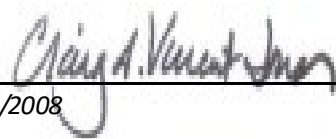
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### DEFINITIONS:

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

NOTED AND  
APPROVED:

*Original Approval: 1/10/2008*

  
\_\_\_\_\_

EFFECTIVE  
DATE:

January 10, 2008

*Revision(s):*



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**DRAFT**

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

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

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

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

CLICK [HERE](#) FOR MEETING PACKET

**TELECONFERENCE SITES:**

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

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

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

## Commission on HIV Meeting Minutes

April 11, 2024

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Dr. LaShonda Spencer	P	Kevin Stalter	P	Lambert Talley	P	Justin Valero	AB2449	Jonathan Weedman	P
Russell Ybarra	P								
<b>COMMISSION STAFF &amp; CONSULTANTS</b>									
Cheryl Barrit, MPIA; Dawn McClendon, Lizette Martinez, MPH; Sonja Wright, DACM; Jose Rangel-Garibay, MPH; and Jim Stewart									

### 1. ADMINISTRATIVE MATTERS

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

Danielle Campbell, COH Co-Chair, called the meeting to order at 9:00 AM and reviewed meeting guidelines and reminders; see meeting packet. Jim Stewart, Parliamentarian, conducted roll call.

**ROLL CALL (PRESENT):** M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, K. Donnelly, K. Ferguson, F. Findley, A. Frames, F. Gonzalez, B. Gordon, K. Halfman, D. Hardy, I. Herrera, L. Kochems, L. Maultsby, V. Mendoza, P. Nash, K. Nelson, D. Richardson, E. Robinson, L. Martinez-Real, R. Rosales, D. Russell, H. G. San Agustin, M. Sattah, L. Spencer, K. Stalter, L. Talley, J. Valero (AB 2449), J. Weedman, R. Ybarra, D. Campbell, and J. Green.

#### B. **COUNTY LAND ACKNOWLEDGEMENT**

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

#### C. **APPROVAL OF AGENDA**

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

#### D. **APPROVAL OF MEETING MINUTES**

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

#### E. **CONSENT CALENDAR**

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

### 2. PUBLIC & COMMISSIONER COMMENTS

#### A. **Public Comment**

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

- No public comment.

### **B. Commissioner Comment**

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

- Arlene Frames met with the Health Deputies from the Third District, Supervisor Lindsey P. Horvath's Office to hear her perspectives as a consumer of services in Los Angeles County and District 3. There was tremendous excitement around the meeting in support of the Commission on HIV's (COH) mission and the Health Deputies indicated that they would be interested in meeting on a quarterly basis to keep abreast of community needs, challenges and opportunities.

### **3. HOUSING EXPERT PANEL DISCUSSION**

Executive Director, Cheryl Barrit, MPIA, and Co-Chairs J. Green and D. Campbell provided the background, format and ground rules for the panel presentations and questions and answers (Q&A).

The purpose of the housing panel was to offer resources, solutions to housing challenges, and best practices for coordinated planning and service delivery, and resource sharing. The resources and presentation materials may be accessed by clicking [HERE](#).

The housing panel was facilitated by Commission Co-Chairs, Danielle M. Campbell, PhDc, MPH, and Joseph Green, and aimed to foster collaboration among housing stakeholders and the community and to identify actionable steps in address housing needs for those living with HIV.

The Housing Expert Panelist was composed of: (1) Paulina Zamudio, Chief Contracted Community Services, Division of HIV and STD Programs (DHSP), Department of Public Health (DPH), Los Angeles County, (2) Zenaida Reyes, Program Director, Comprehensive Housing Information and Referrals for People Living with HIV/AIDS Los Angeles (CHIRP LA) & PAWSLA, (3) Lula Eskander, Section 8 Special Programs Administration Manager, Section 8 Housing Program, Housing Authority of the City of Los Angeles (HACLA), (4) Leepi Shimkhada, Deputy Director of Housing for Health, Housing for Health, Department of Health Services (DHS), County of Los Angeles, (5) Ashlee Oh, Principal Analyst, Homeless Initiative, Chief Executive Office (CEO), Los Angeles County, (6) Miguel Fernandez, Associate Director, Interim Housing, Los Angeles Homeless Services Authority (LAHSA), and (7) Terry D. Goddard II,

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Director, Alliance for Housing and Healing, a division of APLA Health & Wellness. Lorena Sanchez, Assistant Chief Grants Administrator, Housing Opportunities for People with AIDS (HOPWA), City of Los Angeles, Los Angeles Housing Department is available for discussion, but no presentation. HOPWA provided a program overview at the February 8, 2024 COH meeting. *(Materials are included in the packet).*

### **Each panelist provided brief program overviews:**

#### **DHSP Housing Programs – Paulina Zamudio**

- P. Zamudio highlighted DHSP-funded housing programs: (1) Residential Care Facilities for the Chronically Ill (RCFCI), (2) Transitional Residential Care Facility (TRCF), (3) Substance Use/Abuse Transitional Residential Care Facility for People with HIV (SUDTH), (4) Scattered Permanent Housing (in partnership with Housing for Health), and (5) Emergency Financial Assistance (EFA) (also in partnership with Housing for Health).
- 2023 demographics briefly highlighted:
  - 327 total clients
  - The majority of clients identified as (1) LatinX, (2) Black/African American, and (3) White.
  - Utilization reports by race/ethnicity and age group
  - Additional details of each program:
    - RCFCI: licensed to provide services in a non-institutional, home-like environment, operated to provide 24-hour care and supervision to PLWH, 18 years or older emancipated minors, and those unable to work. The goal of the program is to improve the health status of PLWH in a stable environment. The program has been in place for over 30 years, as such, one of the challenges is to review the program to see if it currently meets the needs of clients.
    - TRCF: interim housing with ongoing supervision and assistance with independent living skills for PLWH who may be at risk for becoming homeless. TRCFs are 24-hour secure home-like facilities that are alcohol and drug free. Their goal is to help clients be safely housed while a permanent, stable housing situation is identified.
    - SUDTH: interim housing with ongoing supervision and assistance with independent living skills for PLWH, who may be at risk for becoming homeless and are in recovery. The goal of SUDTH is to safely house clients while permanent, stable housing is identified.
    - Additional slides highlighting contracts, number of beds, and expenditures included in the meeting packet.

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### CHIRP LA and PAWSLA – Zenaida Reyes

- Z. Reyes informed attendees that March 2024 marks the 35<sup>th</sup> year of being a HOPWA-funded agency assisting PLWH with emotional support animals. They started with volunteers who delivered pet food and provided dog walking services and has remained a staple in the HIV network. The program is designed to alleviate the financial and physical housing challenges of PLWH and in caring for their emotional support animals. PAWSLA provides a comprehensive range of animal care assistance that enables clients to maintain permanent housing while keeping their animals.
  - **PAWSLA:** Services provided: housing rights advocacy, pet food and supplies, veterinary care, legal services, in-home animal care assistance, emotional support animal education, and low-cost referrals.
  - Eligibility: LAC resident, HIV/AIDS diagnosis, low-income, and service animal is spayed or neutered.
  - 2023 program successes: 395 individual clients receiving service, 723 individuals receiving housing advocacy information in-person or via website, 707 veterinary services provided, 1,758 pet food bank distributions, 53 clients receiving in-home animal care assistance, and 4,163 referrals to other services.
  - **CHIRP LA:** information clearing house that provides resources and referrals for accessing affordable appropriate housing options and supportive services throughout LAC.
    - 2023 program success: accurate real-time listings of available, affordable and appropriate housing from crisis, emergency shelter to Section 8 and other independent affordable housing options, up-to-date HOPWA Regional Center Guide, up-to-date resource guides for various supportive services such as medical/dental, food pantries, HIV support groups, Re-Entry Guide, peer support groups, etc., and monthly resource network meetings for HOPWA-funded agencies and other community-based AID service organizations, focusing on housing opportunities and housing related supportive services.
    - Eligibility requirements: CHIRP LA services are available at no cost to all PLWH/A who need assistance.
    - For additional information on program successes, funding data, housing information and referrals, supportive information, and 2023 program numbers, please refer to slides in the meeting packet.

**Section 8 Housing – Lula Eskander**

- L. Eskander highlighted and differentiated regular Section 8 via the Housing Authority, City of Los Angeles (HACLA) versus HOPWA program through agency referral. Due to funding limitations, Section 8 is unable to open its waitlist every year; the last time it was open was 2022. At that time, they received over 300,000 applications and randomly selected 30,000. It takes HACLA approximately 5-6 years to review the applications received and previously it took 12 years to review 50,000 applications. It is a process that takes time and has limited funding. Also, HACLA Section 8 has no preference for HIV clients, it is open to all.
- The HOPWA Program is smaller and currently has 200 slot openings. The clients are referred to this program through an agency and there is a waitlist of approximately 4-6 months. The client receives supportive services for 18 months. After 18-month period, the client is then referred to regular Section 8 if they have abided by the rules and regulations and established independent living. This program is a certificate program from HOPWA that transfers to a Section 8 voucher.
- Two primary requirements for qualification are meeting the HOPWA definition of family and income limits.
  - Family is defined as: (1) two or more related persons, (2) non-related person who was found to be important to the PLWH's well-being as defined in the federal regulations, and (3) a person defined by HUD as a "co-head" who is living in the household and is equally responsible for the lease.
    - HOPWA applicants must meet the Extremely Low-Income requirements, i.e., is 30% of median income as defined by HUD. The entire household's income is used in the calculation.
  - Other requirements are certification of medical condition, housing clearance record, criminal background check, and certification of citizenship.

**Housing for Health (HFH) – Leepi Shimkhada**

- HFH was implemented in 2012 as a division under the Department of Health Services (DHS), serving people experiencing homelessness. HFH combines housing and clinical support to stabilize those experiencing complex health, mental health, and substance abuse issues.
- HFH funds programs that incorporate footwork on the streets, encampments, shelters, or permanent housing programs.
  - Program services include health care, clinical services, case management, benefits advocacy, and income support.
- HFH has a new program, Homeless Prevention Unit, that works closely with UCLA's California Policy Lab to support those at risk of falling out of housing within the next 6 to 12 months.
- One of HFH's notable mentions is the Star Clinic located on Skid Row. They also have mobile clinics throughout LAC and clinical services attached to each one.



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- HFH's largest funding source is Measure H. Additional funding sources include ARPA, Cal-AIM, Mental Health Services Act via DMH, Office of Diversion & Re-entry, and other state grants.
- Housing services:
  - Interim housing consists of: (1) stabilization housing providing support for persons with complex health and behavioral issue and (2) recuperative care provides short term and medical oversight to unhoused persons recovering from acute illness or injury.
  - Flexible Housing Subsidy Pool (FHSP): in collaboration with DHSP, uses flexible funds to house people in various housing settings and tenancy support services. This subsidy pool can specifically serve PLHW by funneling money into project-based sites, such as Brilliant Corners (a third-party provider).
  - Permanent Supportive Housing: Intensive Case Management Services (ICMS) paired with rental subsidies for unhoused people with complex health, mental health, and/or substance use disorders.
  - Enriched Residential Care: unhoused individuals requiring 24/7 monitoring and/or assistance with activities of daily living (ADL). HFH covers the cost beyond the SSI rate.
  - Other components of HFH are Community Benefits Establishment Services Team (CBEST), clinical programs, and the Homeless Prevention Unit (HPU).

### Homeless Initiative – Ashlee Oh

- A. Oh reported the Homeless Initiative is the central coordinating body for LAC's efforts to expand and enhance services for those experiencing or at risk of homelessness. It was created August 2015 by the Board of Supervisors (BOS) and is part of the County's Chief Executive Office (CEO). The Homeless Initiative administers funding to address housing and homelessness including Measure H and State Homeless Housing, Assistance and Prevention funds. Their current fiscal year budget is approximately \$611 million.
- The Homeless Initiative's goal is to be an agent of change and operationalize the framework to promote permanent housing.
  - Homeless Initiative Framework – Five Pillars
    - Coordinate: coordinate system that links infrastructure and drives best practices
    - Prevention: services to avoid entry or a return to homelessness
    - Connect: link people to an exit pathway
    - House: rapidly re-house via interim and/or permanent housing
    - Stabilize: scale services to rehousing and stabilization success
- The Declaration of Homeless Emergency was made by the BOS, January, 10th 2023, thereby creating a pathway for the CEO's Homeless Initiative, in conjunction with other county departments and agencies, to move faster and more efficiently.

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- The BOS has adopted four missions via the Homeless Initiative: (1) encampment resolution, (2) housing, (3) mental health and substance use disorder services, and (4) eviction prevention, which was recently added in 2023.
  - Pathway Home was launched in August 2023, targeting 87 cities and unincorporated areas as part of a system wide impact for the Encampment Resolution. This resolution is to promote the flow of homeless people off the streets into permanent housing while returning community space for its intended use. The Homeless Initiative partners with Los Angeles Homeless Services Authority (LAHSA) and has hosted 12 Encampment Resolution events since February 2024.
  - System Impact – Housing: has served 48,924 people, a 15% increase from 2022, in interim housing and 58,834 people in permanent housing, which is an 18% increase from 2022.
  - Systemwide Impact – Health, Mental Health, and Substance Use Disorder: has increased from 26 to 42 DHS Multidisciplinary Teams (MDT), a 62% increase, and has launched other workforce teams.
- Additional County-administered prevention programs include: (1) problem solving, (2) financial assistance and case management, (3) eviction prevention services, and (4) other legal advocacy services.
- For additional information about the Homeless Initiative including universal access to legal representation, please review the slides provided in the meeting packet.

### **Los Angeles Homeless Services Authority (LAHSA) – Miguel Fernandez**

- LAHSA is the lead agency responsible for coordinating and implementing homeless solutions in LAC.
- LAHSA has significant investments in resources to prevent homelessness. However, once an individual experiences being unsheltered outreach teams engages them into getting connected to interim housing.
- M. Fernandez directed everyone to the diagram on page 118 in the meeting packet to get a clear visual of LAHSA's Rehousing System.
- Resources available in interim housing include: (1) 24-hour bed availability, (2) case management, (3) document collection, (4) problem solving, (5) connection to LAC mainstream benefits/services, (6) connection to Employment Development/Placement Programs, (7) Harm Reduction services, (8) residential supervision, (9) crisis intervention and conflict de-escalation, (10) restroom and showers, and (11) meals.

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- Once documents and identification are secured, individuals are assigned to housing navigation services that are intended to find housing within the community and limited rental assistance is provided for 24 months.
- M. Fernandez addressed various components of interim housing such as: (1) interim program types, (2) basic eligibility, (3) services available in interim housing (highlighted above), (4) required documentation, (5) matched-base housing, (6) family interim housing, (7) physical characteristics of the shelters (congregate versus non-congregate), and (8) youth programs.

### **Alliance for Housing and Healing | APLA Health– Terry D. Goddard II**

- Alliance’s overarching goal to achieve an HIV-free generation by linking housing and medical care., Safe and affordable housing help achieve viral load suppression. There have been programs in Alliance experiencing 400% decreases in communal viral loads, so the focus is to continue along this pathway.
- Funding levels sources: HOPWA 64%, DHSP 18%, LAHSA 11%, DHS 5%, and West Hollywood 2%.
- Housing services consists of permanent support housing, financial assistance, housing supportive services, and group home.
  - Permanent Supportive Housing via Community Housing Options at Independent Supportive Site (CHOISS): clients are placed in apartments located throughout LAC and pay no more than 30% of their income on rent. Once a month in-home support services are included.
  - Financial assistance: direct financial assistance provided for urgent or emergency needs (housing, food, utilities) at a maximum of \$5,000 per year.
    - HOPWA Short- Term Rent Mortgage and Utility (STRMU) and Permanent Housing Placement (PHP) grant pays for rent, mortgage, and utility assistance, at a maximum of \$13,330 per individual per year. PHP: moving costs that include first month’s rent, security deposit, and utility turn-on at a maximum of \$5,350 per individual per year.
    - West Hollywood Financial Assistance Program (FAP) and Aging in Place: financial assistance for rent and utilities at a \$1,250 maximum per year for FAP and \$2,000 per year maximum for Aging in Place.
  - Housing Supportive Services include housing case management, crisis beds, assistance applying for rental assistance and Section 8 programs, linkages to other services (medical, food, and benefits), and locating affordable housing.
  - Group Home: licensed group home under the California Code of Regulations, Title 22, for non-institutional, home-like environments.

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- Successes of the program have been in assisting 894 clients with direct financial support, totaling \$4,419,729 over the past 12 months. Challenges faced is the lack of affordable housing.

J. Green and D. Campbell posed questions collected from Commissioners and community members to the panelists. Responses are summarized below:

***Despite this dizzying array of supports, the most common-cited concern for those struggling with life's challenges is that they don't know where and how to access help. Please walk us through how your agencies would help me if I am about to lose my housing or already homeless. What should I expect?***

**T. Goddard:** The key entry point is to meet with a housing specialist who can assist and guide a client through the process, eligibility requirements, paper work, and referrals to other services. He noted that caseloads are high for housing services due to the enormity of demand for affordable housing. T. Goddard noted the use of "reverse referral", process that does not use the LAHSA Coordinated Entry System (CES) but works directly with agencies to identify housing options and resources for eligible clients.

**M. Fernandez:** Individuals and families may use the LAHSA Access Centers and legal services funded by the City and County of LA for those who are still housed but in danger of losing their housing. Access Centers can identify if beds are available. For those individuals already on the streets, outreach services serve as a point of entry.

**P. Zamudio:** DHSP has program fact sheets with program eligibility and agency contact information. The Medical Care Coordination (MCC) teams are also aware of housing resources. P. Zamudio noted that there is no singular entry point; clients need assistance with navigating how to access and move through the application process. Case managers are needed to support clients throughout the entire process, including maintaining housing.

**L. Shimkhada:** HFH works primarily through with the LAHSA CES. HFH interim housing may be accessed through the Safe Landing program, a walk-in interim housing and triage facility for unhoused people. The HFH permanent supportive housing program is accessed exclusive through the CES. The Department of Public and Social Services (DPSS) may be able to assist DPSS clients for some housing programs.

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**A. Oh:** There is a need to look at the user's experience, lack of knowledge and history of trauma to properly assist individuals with entry points. Some individuals do not consider themselves to be homeless, which may be due to pride, and these individuals tend to refuse or choose not to use services offered by LAHSA. The County is working with various cities and Departments to connect services to ease duplication and confusion for clients.

***How are services coordinated between all your programs? How is it determined which entity performs what services and how do your agencies report to your counterparts to ensure performance and avoid duplication of services and expenditures?***

**M. Fernandez:** Agencies divide which services are provided based on their expertise. An "air traffic control" model is used with partner agencies to identify which entity is a good match to meet the needs of the clients. M. Fernandez noted the performance dashboard available on the LAHSA website for additional information.

**L. Shimkhada:** HFH works with housing authority systems to coordinate services. HFH provides data to contracted providers on a weekly basis to move people into housing as quickly as possible.

***What type of housing service is underfunded and where Ryan White HIV funds could possibly help to fill in some gaps?***

Panelists mentioned financial assistance, more transitional beds, and permanent supportive housing.

***What mechanism do you have for hearing consumer voices? What process do you have in place to hear and rectify consumer grievances and complaints?***

**M. Fernandez:** LAHSA is currently building a customer satisfaction survey process and portal.

**L. Shimkhada:** HFH has a grievance process with a community liaison. Contracted agencies also have a grievance process and customer satisfaction surveys.

**L. Eskander:** Section 8 has a customer satisfaction survey where clients can get a hearing with the City of LA if the complaint is not resolved.

**T. Goddard:** The Alliance also has a client satisfaction survey and grievance process. In addition provider and partner meetings and forums are conducted to hear ideas about service improvements.

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### ***Describe the clients' roles and responsibilities for participating in housing programs.***

**L. Eskander:** It is the client's responsibility to submit correct information. Clients/applicants are allowed to have assets but they must be reported; there is no asset limit but there is an income limit.

**P. Zamudio:** Clients are expected to abide by agreements made with the program such as proper conduct and behavior in shared rooms/spaces.

**M. Fernandez:** Clients are notified of their rights and responsibilities such as, but not limited to refraining from threatening staff and other clients.

**T. Goddard:** Clients need to actively engage with residential service coordinators and work towards self-sustainability, stability, and self-sufficiency.

### ***What needs to change in order to make a significant dent in our housing and homelessness crisis? If there is one thing you can change in a month, what would it be?***

**M. Fernandez:** More funding and address staffing shortage. LAHSA is developing a training curriculum for students at LA City College to work in the housing service sector.

**P. Zamudio:** Address workforce development; ensure Medical Care Coordination teams and benefits specialty services contractors are aware of resources; provide trauma-informed care training.

**A. Oh:** The Commission can help spread the word on services.

**T. Goddard:** More ongoing and frequent access to financial assistance.

The following statements highlight additional comments from Commissioners and panelists:

K. Stalter: Persons who are not the primary lease holder face difficulty finding help with financial assistance and other housing services. Sublets should be addressed more clearly and proactively in rental assistance programs. Programs should consider finding a mechanism to pay for temporary rent to hold on to their housing while they are on substance use treatment programs.

T. Goddard: Care must be taken with how federal funds are used; agencies must follow government rules.

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A.Oh: County programs are open to undocumented individuals; stayhousedla.org was mentioned as a resource.

F. Findley: The County/City should conduct a thorough analysis of what the funding/investment level should be in order to stem the housing crisis.

M. Fernandez: There is a need to provide basic income and build more affordable housing. However, there are challenges such as NIMBY and lack of political will.

P. Zamudio: Move the Ryan White Care program into a status neutral approach to expand services for more individuals.

T. Goddard: CalAIM is another source of funding for housing deposits and navigation support. However the program is very complex.

L. Shimkhada: HFH has contracts with health plans to provide funding for housing under "Community Supports" under CalAIM. Services include personal homemaker services and housing deposits.

L. Eskander: The Section 8 staff conduct outreach and education to landlords to accept Section 8 vouchers. Landlords are educated about incentives such as payment for minor repairs and rental/security deposits. Under HOPWA, a client/applicant is not required to be homeless; they need to meet income limits and HIV diagnosis.

A.Oh: The County also conducts landlord outreach and education to prevent homelessness and evictions. Small mom and pop rental owners are more receptive to government programs than large corporate landlords.

M. Fernandez: LAHSA started managing its own master lease buildings which is expected to bring 1,000 master leasing units in 2024.

P. Zamudio: DHSP has a specific flyer on Emergency Financial Assistance program which specifically states that HIV diagnosis will not be disclosed to the landlord.

R. Ybarra: The City of West Hollywood is using city funds to build housing. This could be a model for other cities for follow.

L. Shimkhada: Project Home Key is a similar model with cities are using federal and state funds to build housing.

D. Russell: Success stories of clients participating in housing programs should be touted more. There should be 1 hotline to call for services and more agencies need to work together. He noted offering jobs to stabilized clients to assist achieve self-sufficiency.

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M. Fernandez: City and County housing agencies work together as standard practice. LAHSA has navigation slots but capacity is limited and slots are prioritized for those clients in shelters.

L. Shimkhada: Focus on high acuity clients with navigation resources. HFH complements LAHSA's navigation needs and gaps. HFH has intensive case management services available for high acuity clients.

T. Goddard: We need centralized coordination but a decentralized service systems. Attaining a fully integrated system is unrealistic. Community advisory boards and consumer voices are an important part of the service delivery system. There needs to be more evaluation research, partnerships, more strategic use of artificial information technology, and innovation labs. Ongoing agency collaboration meetings would be beneficial in fostering and maintaining coordination and communication.

L. Conolly: Consider developing a service directory for PLWH.

J. Weedman: Expressed his dislike for the panel and Q&A format and noted that after the time spent on the issue, the group has not accomplished anything during the meeting. The housing situation is a disaster; the County has spent billions of dollars and nothing has changed. He noted that there should be more dialogue in the future. The presentations could have been provided in a brochure. What can be done to improve people's conditions?

F. Gonzalez: More job creation and opportunities are needed, even temporary jobs, for people struggling with housing.

Questions noted in the chat; answers will be provided at the May meeting:

- Nancy Jimenez asked Terry Goddard: "Can you define what is a Housing Specialist and what are their roles and duties?"
- Shary Alonzo requested the website that was mentioned by Ashlee Oh in one of her responses during the Q&A period.
- Karl Halfman asked all panelists: "Like many Section 8 programs, Philadelphia struggles with finding landlords who will accept Section 8 vouchers. They started experimenting with "Direct Rental Assistance" for renters and are having success in obtaining housing for folks. This is less stigmatizing and more accepted by the landlords. Apparently, HUD is interested in this model. Wondering if anyone has talked with HUD about piloting this model?"



#### **4. STANDING COMMITTEE REPORTS – I**

##### **A. Operations Committee**

Co-Chair J. Valero provided the report and highlighted approvals for membership applications for HOPWA representative, Unaffiliated Consumer Seat, SPA 4, seat changes for some alternates, and seat vacate for a member with excessive absences. The Operations Committee discussed ideas for technical assistance requests to HRSA around membership recruitment, retention and training. In addition, as part of the updates related to the Assessment of Administrative Mechanism, Collaborative Research (CR) met with DHSP staff to go over their suggestions for the study design. CR is currently developing the survey instrument for the AAM. The April 25 Committee meeting will be dedicated to reviewing the proposed changes to the Bylaws and public comments received. J. Valero reminded Commissioners to attend the mandatory training for members and to review the proposed changes to the bylaws.

He summarized motions approved in the Consent Calendar.

- Matthew Muhonen | Representative HOPWA **MOTION #4**  
(Approved via Consent Calendar)
- Michael Euring | Unaffiliated Consumer, SPA 4 **MOTION #5**  
(Approved via Consent Calendar)
- Dechelle Richardson | Alternate to Provider Representative #6 **MOTION #6**  
(Approved via Consent Calendar)
- Erica Robinson | Alternate to HIV Stakeholder #3 **MOTION #7**  
(Approved via Consent Calendar)
- Ronnie Osorio | Alternate to HIV Stakeholder #4 **MOTION #8**  
(Approved via Consent Calendar)
- Approved seat vacate | Juan Solis **MOTION #9**  
(Approved via Consent Calendar)

##### **B. Standards and Best Practices (SBP) Committee**

Co-Chair Kevin Stalter provided the report and highlighted key outcomes from their April 2 meeting. Commission staff provided a refresher mini training on the Service Standards development process, the duties, and responsibilities of the SBP Committee. The SBP Committee reviewed their 2024 workplan and identified the following services standards for review: Ambulatory Outpatient Medical (AOM), Emergency Financial Assistance (EFA), and Transitional Case Management (TCM).

The SBP Committee began their initial discussion of the Ambulatory Outpatient Medical (AOM) service standards. The Division on HIV and STD Programs (DHSP) staff provided an overview of the AOM service utilization report and the flyer for AOM services which includes a description of the services and contact information for contracted providers. The Committee will continue

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their review at their May 7 meeting. Commissioners are requested to prepare to provide feedback on standards once they are available for public comments and attend the SBP meetings to provide feedback on standards.

K. Stalter highlighted the motions approved in the Consent Calendar.

- Approve Prevention Standards  
(Approved via Consent Calendar)

### MOTION# 10

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

Co- Chair Kevin Donnelly provided the report and highlighted key outcomes/results from their March 19 meeting. DHSP staff, Victor Scott, provided a brief overview of the new [CDC High-Impact HIV Prevention and Surveillance Programs for Health Departments](#) notice of funding announcement. The new grant will combine HIV surveillance, HIV prevention and Ending the HIV Epidemic activities into one funding opportunity (with three separate pots of money). Non-biomedical prevention approaches, such as health education, will no longer be supported under the new grant despite CDC recommendations to continue to use these types of interventions. The Committee began its discussion around prevention planning with an overview of existing prevention data. See meeting packet for details. The Committee will continue its discussion at the next PP&A meeting on April 16<sup>th</sup> (1pm-3pm) and will identify priority prevention strategies. Commissioners should review the [CDC High-Impact HIV Prevention and Surveillance Programs for Health Departments](#) notice of funding announcement to familiarize themselves with the grant requirements.

#### D. Public Policy (PPC) Committee

Co-Chair Katja Nelson provided the report and highlighted key outcomes/results from their April 1 meeting. The PPC discussed a draft statement on Gaza calling for a ceasefire; the statement was submitted by Committee member Felipe Findley. The PPC also discussed whether or not the statement is outside the purview of the COH. Commission staff have advised the PP that this matter is outside of the purview of the PP and COH. The PPC discussed the 2024 Policy Priorities document and reviewed edits to the document. Key policies identified: housing, STDs, substance use, and workforce shortages and its impact on each of the topics. PPC Co-Chairs and Health Deputies are lining up meetings to follow-up on last December's STD motion from the Board. A government shutdown was avoided; all HIV-funding was protected, with a small increase for HOPWA. Commissioners are requested to submit any policy/bill recommendations to include in the 2024 Legislative Docket and to attend the May PPC meeting on 5/6/24 and participate in the deliberations and review of the docket. Commissioners are also encouraged to attend and provide public

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

A question was asked how the Commission gets other cities involved in legislative activities. In response, K. Nelson will ask the City representatives to weigh in on the legislative docket.

### E. Caucus, Task Force and Work Group Reports

**(1) Aging Caucus (AC).** Caucus Co-Chair, Paul Nash, gave the report and highlighted key outcomes/results from their April 2 meeting. Jaime Baker, Executive Director of Being Alive, shared findings from their survey of older adults living with HIV and their health and wellness needs. Dr. David Hardy, Commissioner Alternate, provided key highlights from CROI 2024 on key research related to HIV and aging: REPRIEVE study, INSTI switch during menopause, and pharmacokinetics of long-acting Cabotegravir and Rilpivirine in elderly people with HIV. The Aging Caucus updated 2024 workplan to reflect additional activities. DHSP provide updates on the Buddy Program which is aimed at promoting connectedness among PLWH. Currently there are 19 mentors and 25 mentees. DHSP is currently developing an RFP for ambulatory/outpatient medical and medical care coordination. AC Co-Chairs are working on a follow-up to last year's successful event, Let's Talk About Sex, with the expectation of launching a similar event in September.

P. Nash requested the following action from the Commissioners:

- Continue to provide ideas on solutions to improve services for older adults living with HIV.
- Engage non-HIV agencies in the HIV and aging conversations and service delivery/improvements.
- Promote the Buddy Program and sign-up to be a mentor or mentee.

**(2) Black/African American Caucus.** Caucus Co-Chair, Leon Maulsby, gave the report and highlighted key outcomes/results from their March 21 meeting. Members made commitments to share and recruit Black faith-based leaders for the community listening sessions to address sexual health and HIV within the Black interfaith community. Members discussed working with Supervisor Holly Mitchell's office to recruit Black faith-based leaders for the listening session to held on April 26<sup>th</sup>; a flyer is in the packet. The BC discussed the organizational capacity needs assessment for Black-led and Black-serving organizations and its primary goal of implementing a Technical Assistance (TA) program to increase the capacity of these organizations to compete for County

## Commission on HIV Meeting Minutes

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contracts. Members discussed the importance of offering incentives to increase responses and community participation. L. Maultsby encouraged Commissioners to bring ideas and suggestions for what to incorporate in the letter to Supervisor Mitchell.

**(3) Consumer Caucus (CC).** Caucus Co-Chair, Lilieth Conolly, gave the report and highlighted key outcomes/results from their March 14 meeting. The Caucus discussed forming a Housing Task Force centered around service improvements from a consumer lens. Possible desired outcomes are to ensure that people living with HIV have access not only to permanent housing but stable, affordable, safe, and healthy housing that is properly maintained, which include but are not limited to: (1) adequate housing for 50+, (2) disabled-friendly, and (3) identifying/accessing buildings that already exist and ensuring that new buildings set aside units for PLWH. Consider writing a specific report from CC articulating specific solutions and gaps in housing needs for PLWH. Members discussed a letter writing campaign to Congressional representatives to bring attention to the needs of PLWHA and housing; advocate for increased funding.

PP&A Co-Chair, K. Donnelly, provided a brief overview of the priority setting and resource allocation (PSRA) process and timeline and encouraged CC to participate in PP&A and PSRA. L. Conolly requested that Commissioners work with service providers to provide accurate and complete information on housing and other service referrals for PLWH. Lastly, L. Commissioners were encouraged to promote the CC and encourage clients to attend CC meetings.

**(4) Transgender Caucus (TC).** Commission staff member, Jose Rangel-Garibay, provided the report and highlighted key outcomes/results from their March 26 meeting. Commission staff provided an overview of the Service Standards development process, the Standards and Best Practices Committee, and the mechanism for Caucus members to submit public comment and offer recommendations for the service standards under review. The Caucus co-chairs shared an updated draft agenda for the Harm Reduction Institute event that will take place on April 29, 2024 from 9am-3pm at the Vermont Corridor. The event will focus on the impact of substance use within LGBTQ+ communities. Commissioners were encouraged to share the Harm Reduction Institute event flyer with interested parties; A copy of the flyer is included in the COH April 11 meeting packet.

**(5) Women's Caucus (WC).** Shary Alonzo, Caucus Co-Chair, gave the report and highlighted key outcomes/results from their January 22 meeting. Co-chairs are working with Commission staff to develop the first lunch and learn event in May. The two-part event will

focus on how to read medical labs, medication adherence and the importance of peer support to achieve optimal health. More details to follow. The next Women's Caucus virtual meeting will be Monday, April 15th from 2-4pm and will include a review of DHSP's Breastfeeding Educational Materials and APLA's Women's HIV Resource Directory. Commissioners were asked to share meeting details within their networks and promote community attendance at WC meetings.

## **6. MANAGEMENT / ADMINISTRATIVE REPORTS - I**

### **A. Executive Director/Staff Report**

Executive Director, C. Barrit, provided the following report:

#### **(1) 2024 Meeting Schedule.**

- C. Barrit directed attendees to the 2024 meeting schedule provided in the packet.
  - The Commission is working with the Division of HIV and STD Programs (DHSP) to provide a presentation on the Linkage and Re-engagement Program (LRP) in May. Additionally, the May COH meeting will include a Partner Spotlight Part F (AIDS Education Training Center (AETC)) presentation by Tom Donohoe and Commissioner Sandra Cuevas. An AETC fact sheet will be provided in the packet for review to provide context and assistance in question formulation.
  - Volunteers were secured to assist with planning the 2024 Annual Conference in November. A list of potential topics is listed on the Meeting Schedule and Topics document in the packet. The date of the first planning workgroup to be determined.

#### **(2) HRSA Site Visit: May 21-23, 2024**

- HRSA will conduct an in-person technical assistance (TA) site visit May 21<sup>st</sup> -23<sup>rd</sup> and the Commission is currently compiling documents that HRSA is requesting in advance; the list of requested documents is included in the meeting packet.
- The site visit provides an opportunity for the COH to engage with our federal partners and ask for additional support and guidance.
- The next meeting with the Project Officer is April 18<sup>th</sup>, and the Commission Co-Chairs will participate.
- Staff has requested an agenda detailing each day's activities; the agenda will be shared once received.
- Feedback on the proposed changes to the Bylaws and the Priority Setting & Resource Allocation (PSRA) Status Neutral Framework and Process was requested.

Question:

- Who was invited to attend the TA site visit and will HRSA attend the three Committee meetings scheduled the same week?
  - The standing Committee meetings are open to the public, HRSA has confirmed attendance at the Operations Committee meeting, and HRSA has requested a separate room for training.
  - C. Barrit will clarify who is expected to attend the training (i.e., all commissioners or the Executive Committee members only ).

**(3) New Standing Report Format**

- C. Barrit highlighted staff's attempt to streamline the standing committee reports and directed attendees to the document in the packet. The new format highlights key outcomes and results from the meetings and actions needed from the full body.

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

**(1) March 14, 2024 COH Meeting | FOLLOW-UP & FEEDBACK.**

- K. Donnelly expressed the value in having meetings at different locations when available and thanked Dr. LaShonda Spencer and Leon Maultsby for securing space at Charles Drew University (CDU) campus for the Consumer Caucus.
- D. Russell felt the HOPWA presentation was not useful, specifically around median level requirements.
- I. Herrera agreed with the sentiments expressed by D. Russell.
- F. Findley acknowledged that HOPWA is limited in what they can present, and snapshots can only provide a certain amount of information. He felt that HOPWA's presentation is missing elements of the crises, but also acknowledged these are issues HOPWA cannot address. Overall, HOPWA got to the core towards the end of the report when they discussed challenges faced.
- L. Conolly stated there must be accountability for the allocation of funds.
- M. Alvarez expressed the overarching narrative seemed like fluff and administrative personnel should be brought to the table.
- K. Stalter commented he would rather be homeless than deal with the bureaucracy.
- D. Richardson agreed with the comments and sentiments expressed by all and felt that instead of having all the slides presented, she would have preferred dialogue.
  - D. Richardson requested education and instruction on who letters should be drafted to and action items for all presentations and meetings.

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### (2) Executive Committee Member At-Large | OPEN NOMINATIONS & ELECTIONS

#### MOTION #11

The nominees for the three At-Large seats were Alasdair Burton, Bridget Gordon, and Miguel Alvarez.

- *Motion #11 formally adopted, no objections; roll call was deemed not necessary by the Parliamentarian since there were only 3 nominees for the 3 available seats.*

### (3) Conferences, Meetings & Trainings

- a. [NMAC Biomedical HIV Prevention Summit \(April 19-20, 2024\)](#). The NMAC HIV Biomedical Prevention Summit will be held in Seattle, WA on April 19-20. A pre-summit will be hosted focused on building a Black HIV prevention clinical research agenda. L. Conolly and D. Russell will be attending on behalf of the Commission.
- b. [2024 International AIDS Conference \(July 22-24, 2024\)](#). Will take place in Germany. C. Barrit requested that those who have applied for scholarships for virtual attendance and received notice to let staff know.
- c. [National Ryan White Conference \(August 20-23, 2024\)](#). In person attendance is limited and the Commission will be represented by Co-Chairs D. Campbell and J. Green. Virtual attendance is free and all are encouraged to attend virtually.
- d. [United States Conference on HIV/AIDS \(September 12-15, 2024\)](#). Will be held in New Orleans. Submission of scholarship applications closes in June.

**(4) Member Vacancies & Recruitment.** Members who have submitted their renewal applications for the 2024 membership renewal drive will be placed on April's Operations Committee agenda. For questions concerning the application or renewal process, please contact COH staff member, Dr. Sonja Wright.

Please continue to support the Operations Committee and staff in their recruitment efforts. Unaffiliated consumers are needed for:

- Service Planning Area 1 (Antelope Valley)
- Supervisorial district 4 (Supervisor Janice Hahn's District)
- 1 At Large Seat

To qualify for an Unaffiliated consumer seat, the following criteria set forth by our federal funders must be met: 1) a person living with HIV; and 2) a Ryan White program client; and 3) NOT employed by an agency receiving funding for Part A Ryan White program.

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Please refer to the Membership Roster in the packet to see the vacant seats on the Commission.

**(5) Acknowledgement of National HIV Awareness Days.** Members were encouraged to peruse the HIV.Gov website periodically for updated information and social media tool kits from our federal partners on HIV awareness days.

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

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

Mario J. Pérez, MPH, Director of DHSP, thanked all who participated in and were part of the Trans Day of Visibility (TDOV) on March 31<sup>st</sup>. TDOV is commemorated yearly on March 31<sup>st</sup>, and this was the first time that TDOV was interwoven with Public Health Awareness Week, which occurs annually on the first full week of April.

- An event titled, Visibility Transformed, hosted by the Los Angeles LGBT Center was attended by approximately 120 people consisting of community stakeholders, providers, and people with trans-lived experiences.
- M. Perez thanked Dr. Barbara Ferrer and Supervisor Lindsey Horvath for attending and offering remarks.

**a. Programmatic and Fiscal Updates.** M. Pérez noted that DHSP staff met with currently funded Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC) providers to elicit feedback on these particular service categories as a result of system changes, most specifically Medicaid expansion in California which will continue covering more HIV-related medical costs for people living with HIV (PLWH). DHSP received concrete recommendations on how to adapt these service categories to meet the complexity of these changes moving forward.

**b. Mpox Briefing.** Zero Mpox cases reported last week, however, there has been over 2500 cases reported to date over the last few years. The relatively low number of Mpox transmissions reported is not being taken lightly and today there is a peer-to-peer consultation of Health Departments, sponsored by the National Alliance of State & Territorial AIDS Directors (NASTAD) and the National Coalition of STD Directors (NCSD), of which a team from DHSP is participating on the call.

#### c. Ending the HIV Epidemic (EHE) | UPDATES.

- DHSP is mapping out PRIDE events to provide program and services such as Mpox vaccinations, promoting STD awareness, HIV testing, Doxy PEP, as well as others.



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- M. Pérez thanked Commissioner M. Alvarez for informing DHSP of PRIDE season's kickoff and upcoming events.
- DHSP hosted its 2<sup>nd</sup> Annual Workforce Summit at the Convention Center, which was attended by 500 frontline workers and partners who provide HIV and STD services to Los Angeles County (LAC) residents, in an effort to continue skill building and support of the workforce. DHSP is requesting responses to the evaluation when it becomes available, as the feedback will help to determine whether DHSP will host a 3<sup>rd</sup> Annual Workforce Summit.
- As part of EHE funding in LAC, 39 contracts were awarded for EHE-related activities, such as pharmacies providing PrEP, PrEP Centers of Excellence, and street medicine teams. DHSP has met with all cohorts funded and will provide an update in the future.
- Visit the [DHSP website](#) for more information.

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

- [OAVoice Newsletter Highlights](#). Karl Halfman, Chief of the HIV Care Branch, directed attention to the newsletter in the packet and announced the California Department of Healthcare Services is making fentanyl test strips available for community distribution via their Naloxone Distribution Project. For interested individuals there is a link provided in the OA report.
- K. Halfman thanked the COH and housing panelists for the housing presentation and relayed that he is thinking of ways to incorporate the information learned today into actionable items for the statewide HOPWA program administered in suburban and rural counties.

**b. California Planning Group (CPG).** K. Stalter was unable to participate in last month's call.

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

- **Part C:** L. Maultsby reported the focus has been on preparing for the audit, which has been canceled twice. Their Community Advisory Board (CAB) is participating in tremendous community work, especially in preparations for World AIDS Day.
- **Part D:** Dr. M. Cielo reported they have received supplemental funding to provide staff with training in trauma-informed care, resulting in staff's ability to provide trauma-informed care to patients.
- **Part F:** S. Cuevas reported the Coping With Hope Annual Conference is scheduled for Friday, May 10<sup>th</sup>, at the California Endowment. This year's theme is HIV syndemics, and

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registration will be available next week. The target audience are nurses and mental health care providers.

- Pacific Aids Education and Training (PAETC) will host a satellite session at the 2024 National LatinX Conference in Texas. They will discuss and map out ways to enhance the continuity of HIV care for migrants with national providers residing along the U.S.-Mexican border.
- The Interprofessional Education (IPE) and Practice (IPP) program for trainees, students, medical pharmacy students from UCLA USC, CDU, and site residents from UCLA, ended last week. The program ran for several years.

### **(J) Cities, Health Districts, Service Planning Area (SPA) Reports.**

#### **City of Los Angeles:**

- R. Rosales reported the city released an RFP for HIV prevention and harm reduction at the end of February; it closed at the end of March. They are currently in the review process and hope to have results in May or June.
- The city budget is due from the Mayor on April 20<sup>th</sup> and the city is awaiting changes to their initial departmental budgets. The city was flat funded and did not receive any cuts. Receipts are down for the City of LA, there is a hiring freeze, and other adjustments are underway to fix the gaps identified.
- R. Rosales has been in conversations with council offices regarding receiving a portion of the opioid settlement funds.

**City of West Hollywood:** held a Safer Event on La Brea and Santa Monica Blvd. Approximately eight agencies were in attendance, along with Channel 7 News.

#### **City of Long Beach:**

- K. Donnelly attended the Long Beach Comprehensive HIV Planning Group quarterly meeting. Emily Johnson, HIV/STI surveillance team, reported that Bicyclin is available through the 340B Drug Pricing Program in the City of Long Beach, but is not available countywide. Ish Salamanca, L.B. Department of Public Health, spoke about the Harm Reduction Program and the availability of Narcan and fentanyl test strips, and internal condoms. Their department is planning an event for the Long Beach PRIDE happening May 18<sup>th</sup> -19<sup>th</sup>.
- There was a presentation on Positive Health Care Partners (PHP) and Positive Health Care (PHC).
- Staffing changes were discussed including a replacement for Everardo Alvizo, and a request for Allison King, new Director of the City of Long Beach Department of Health and Human Services, to attend the next meeting.

## 7. MISCELLANEOUS

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

- Rita Garcia of the TransLatin@ Coalition, mentioned barriers faced by the TGI community when trying to access housing and recommended TGI cultural training.
- F. Gonzalez thanked the TransLatin@ Coalition for attending meetings and uplifting the voices of the TGI community.

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

- L. Talley requested that today's meeting be adjourned in honor of Reverend Cecil Murray.

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

- Marilyn Ramos, peer navigator for UCLA, announced there is a program focusing on women living with HIV and bringing them back into care. They also received funding for 16 new episodes of their podcast, Confesiones: Mujeres VIH+. A flyer was located at the resource table providing a link for those interested in participating. The latest episode was released yesterday.
- Dr. L. Spencer invited all to attend the 3rd National EHE Research Meeting at UCLA's Luskin Hall, next Monday and Tuesday. Research will be presented on pilot projects that were funded over the last three years as part of the national EHE efforts.

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

The meeting adjourned at 1:46PM in remembrance of Reverend Cecil Murray. Jim Stewart conducted roll call.

**ROLL CALL (PRESENT):** M. Alvarez, A. Ballesteros, A. Burton, M. Cielo, S. Cuevas, M. Cummings, K. Donnelly, K. Ferguson, F. Findley, A. Frames, F. Gonzalez, K. Halfman, I.

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Herrera, L. Kochems, L. Maultsby, V. Mendoza, P. Nash, K. Nelson, M. Perez, D. Richardson, E. Robinson, L. Martinez-Real, R. Rosales, D. Russell, H. G. San Agustin, M. Sattah, L. Spencer, K. Stalter, L. Talley, J. Valero (AB 2449), R. Ybarra, D. Campbell, and J. Green.

MOTION AND VOTING SUMMARY		
<b>MOTION 1:</b> Approve meeting agenda, as presented or revised.	Passed by Consensus.	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Approve the February 8, 2024, Commission on HIV meeting minutes, as presented or revised.	Passed by Consensus.	<b>MOTION PASSED</b>
<b>MOTION 3:</b> Approve Consent Calendar, as presented or revised.	Passed by Consensus.	<b>MOTION PASSED</b>
<b>MOTION 4:</b> Approve New Membership Application for Matthew Muhonen, HOPWA Representative (Seat #41), as presented or revised and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 5:</b> Approve New Membership Application for Michael Euring, Unaffiliated Consumer SPA 4 (Seat #22), as presented or revised and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 6:</b> Approve seat change for Alternate Dechelle Richardson to Provider Seat #6 (Seat #16), as presented or revised and forward to the Board of Supervisors for reappointment.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 7:</b> Approve seat change for Alternate Erica Robinson to HIV Stakeholder Representative #3 (Seat #46), as presented or revised and forward to the Board of Supervisors for reappointment.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 8:</b> Approve seat change for Alternate Ronnie Osorio to HIV Stakeholder Representative #4 (Seat #47), as presented or revised and forward to the Board of Supervisors for reappointment.	Passed by Consent Calendar.	<b>MOTION PASSED</b>

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MOTION AND VOTING SUMMARY		
<b>MOTION 9:</b> Approve to vacate Juan Solis, Alternate, as presented or revised and forward to the Board of Supervisors for final vacate.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 10:</b> Approve Prevention Service Standards, as presented or revised, and forward to DHSP for implementation.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 11:</b> Approve Executive Committee At-Large Member(s), Alasdair Burton, Bridget Gordon, and Miguel Alvarez, as elected.	Formally adopted.	<b>MOTION PASSED</b>



**LOS ANGELES COUNTY COMMISSION ON HIV**  
**Questions Collected from Chat | April 11, 2024 Meeting**

QUESTION	ANSWER
<p>Nancy Jimenez <a href="mailto:njimenez@chirpla.org">njimenez@chirpla.org</a>)            Question for Terry “ Can you define what is a Housing Specialist and what are their roles and duties?”</p>	<p><b>POSITION SUMMARY:</b>            A Housing Specialist is responsible for assisting clients with housing search and placement along with leveraging supportive services that will assist the client to maintain permanent housing and establishing collaborative relationships with community-based organizations.</p> <p><b>ESSENTIAL DUTIES AND RESPONSIBILITIES:</b></p> <ul style="list-style-type: none"> <li>• Conduct client intake, assessment and formulate housing plans to assess housing barriers and determine housing and service needs. Identify, refer and link clients to appropriate resources.</li> <li>• Provide monthly follow-up.</li> <li>• Assist clients in completing applications for housing and financial assistance programs.</li> <li>• Teach basic life skills and educate clients about neighborhood amenities, services, and transportation.</li> <li>• Apply knowledge and educate clients about tenant rights and responsibilities.</li> <li>• Maintain a complete organized working file, case notes and copies of all corresponding paperwork of client participation and progress towards goals and objectives.</li> <li>• Maintain statistical client data, including entering client data into organizational database.</li> <li>• Attend mandatory meetings, trainings, supervisory sessions and stay well-informed of new trends and innovations in the field of assisted public housing programs.</li> </ul>

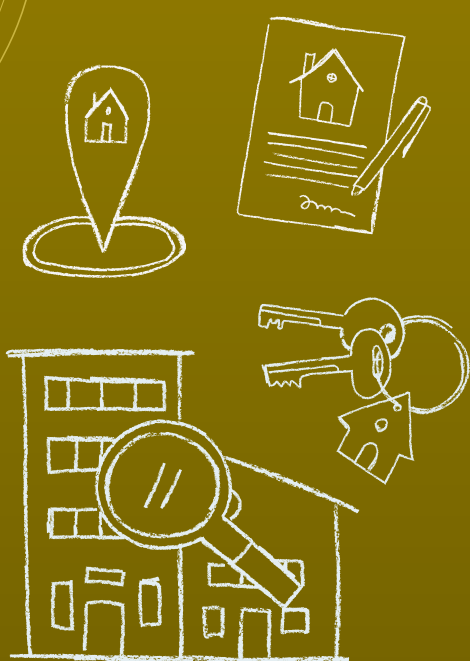


Shary Alonzo ( <a href="mailto:alonzo.26.fc@gmail.com">alonzo.26.fc@gmail.com</a> ) – Requested the website that was mentioned by Ashlee Oh in one of here responses during the Q&A period.	Stay Housed LA <a href="https://www.stayhousedla.org/">https://www.stayhousedla.org/</a>
Karl Halfman ( <a href="mailto:karl.halfman@cdph.ca.gov">karl.halfman@cdph.ca.gov</a> ) – This question was for all panelists “Like many Section 8 programs, Philadelphia struggles with finding landlords who will accept Section 8 vouchers. They started experimenting with "Direct Rental Assistance" for renters and are having success in obtaining housing for folks. This is less stigmatizing and more accepted by the landlords. Apparently, HUD is interested in this model. Wondering if anyone has talked with HUD about piloting this model?”	<b>M. Fernandez (LAHSA):</b> To destigmatize Section 8, there is now a law prohibiting landlords from refusing to rent to Section 8 voucher holders. Direct subsidies present challenges for individuals on permanent disability. To address the challenges of landlords not wanting to rent to some of our participants, LAHSA has started the Master Leasing Program (see attached flyer).



# Master LEASING

BY THE LOS ANGELES HOMELESS SERVICES AUTHORITY



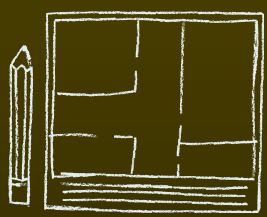
## WHAT IS A MASTER LEASE?

A master lease is an agreement between the owner and LAHSA to be the single master tenant of a rental unit. LAHSA takes on the responsibilities as the “owner” for a multi-year term. The owner will receive rent from a government entity for all the units under agreement, every month, and would not need to worry about the day-to-day management and maintenance of the units. LAHSA manages it all, including the entire leasing and property management process.

## PROPERTY OWNERS

Interested owners may refer entire buildings or individual units to LAHSA for consideration. LAHSA will review your units and reach out for any additional documents. Each unit is uniquely assessed. If the unit is suitable, LAHSA may then provide a master lease to the owner for a term of up to five (5) years. The lease is accepted, and the owner receives rent payment directly from LAHSA who then immediately leases up the units!

**Ready to Master Lease your units?**  
**Submit a Unit Referral Form [Here!](#)**



## UNIT REQUIREMENTS

LAHSA is on a mission to provide safe and quality housing for those whom we serve. We’re looking at a wide variety of units to do that. Here’s what we generally look for:

- Entire Multifamily Buildings
- New Construction
- Fully Rehabbed Individual Units
- Single or Cluster of Units
- SRO units, must have private baths
- 0 to 4 Bedroom Units

All units must meet federal Housing Quality Standards and with Temporary or Certificate of Occupancy. No active violations.



## COMPREHENSIVE SUPPORTS

LAHSA has its own property manager, 24/7 security, and supportive services ensuring the full support to sustain and protect your asset.

Owners are partners with LAHSA, and we all work together to provide the best supports to those in need.



County of Los Angeles  
Homeless  
Initiative

**SUBMIT A UNIT REFERRAL FORM [HERE!](#)**  
Master Leasing is funded by the LA Care Health Plan and Health Net  
Questions? [Contact us at unitacquisition@lahsa.org](mailto:unitacquisition@lahsa.org)



## Key Housing Challenge and Themes

Lack of coordination  
among housing systems  
and providers

Duplicative and  
confusing application  
process

Lack of affordable  
housing stock

Current efforts are not  
addressing the root  
causes of homelessness  
(stagnant incomes,  
poverty, racism, etc.)

Lack of homeless  
prevention services

Lack of clarity about  
eligibility requirements

Outdated and restrictive  
federal policies and  
regulations

Unclear how/where one  
would access or start  
looking for help



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



## Key Service Entry Points for Housing Resources (Draft for Discussion Only)

### PLWHA-SPECIFIC

HOPWA

DHSP

CHIRP/LA

APLA HEALTH/ ALLIANCE FOR H +H

### GENERAL

STAYHOUSEDLA.ORG

<https://www.lahsa.org/get-help>

Section 8

<https://housing.lacounty.gov/>

<https://211la.org/>



LOS ANGELES COUNTY  
COMMISSION ON HIV





## STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKAWAYS | May 9, 2024

### 1. Operations

- ☐ Link to meeting packet [HERE](#)
- ☐ **Key outcomes/results from the meeting:**
  - The Committee elected Commissioner Miguel Alvarez to serve as one of the Operations Committee Co-Chairs.
  - Approved three new membership applications; two alternates and City of Los Angeles representative.
  - Approved 2024 renewal membership application slate; two remaining renewal applications to be placed on May's COH agenda.
  - Discussed dedicating time on the agenda for HRSA site visit collaboration/discussion. The Committee will use this as an opportunity to engage with HRSA staff on technical assistance for the COH.
- ☐ **Action needed from the full body:**
  - Attend May 23<sup>rd</sup> Operations Committee meeting to participate /provide feedback in HRSA site visit discussion.
  - Register for mandatory training for Commissioners. Click [HERE](#).
  - Continue supporting Operations in recruitment and retention efforts, and consider volunteering as a mentor.

### 2. Executive

- ☐ Link to meeting packet [HERE](#).
- ☐ **Key outcomes/results from the meeting:**
  - Annual Conference Workgroup. A kick-off meeting is scheduled for May 1, 2024, to brainstorm and develop theme & topics for the November 11, 2024 Annual Conference.
  - HRSA Technical Assistance (TA) Site Visit Updates.
    - HRSA's TA site visit will take place on May 21-23, 2024; Executive Committee members' participation is required and selected members' participation will be confirmed.
    - Except for the May 23<sup>rd</sup> Operations Committee, a Brown Act meeting, the site visit is not open to members of the public and a virtual option will not be made available to participants due to the didactic nature of the process.
    - Final proposed changes to the COH's bylaws and the priority setting & resource allocation (PSRA) process will not be made until after the HRSA TA site visit.
    - COH staff have been preparing and submitting requested documentation for HRSA's advance review.
    - A pre-conference call with COH staff & leadership, DHSP & HRSA Staff has been scheduled for May 6, 2024, to discuss final details in preparation for the site visit.
  - COH Participation at Pride Events.
    - Refer to Pride activities in meeting packet. Given the lateness of the request to explore participation opportunities, major Pride events' such as LA Pride, Long Beach & West Hollywood, deadlines have since passed.



- Due to budget constraints, the COH must consider costs and its core function as a planning council and prioritize leveraging participation with DHSP and other organizations. DHSP indicated that it is in the process of coordinating a schedule of events that staff will participate in and will inform the COH appropriately. Members will explore opportunities for upcoming San Gabriel Valley events.
- It was recommended to plan early for 2025 Pride events.
- Commissioner Commitments.
  - Commissioners are reminded of their roles and responsibilities; see Duty Statement [HERE](#).
- Formation of a Housing Task Force.
  - The Committee approved the formation of a Housing Task Force. The task force will aim to address the housing needs of PLWH via clear objectives, desired outcomes, and a timeline. Staff to schedule a first meeting.
- NMAC Biomedical HIV Summit Participation.
  - Positive feedback received; COH sponsored unaffiliated consumer members will provide a brief report at the May COH meeting.
- **Action needed from the full body.**
  - Review [Commissioner Duty Statement](#) for a refresher of roles and responsibility
  - Housing Task Force member recruitment
  - Proactive in identifying events and activities for individual member participation to promote COH

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

- Link to the meeting packet [HERE](#)
- **Key outcomes/results from the meeting:**
  - DHSP staff, Victor Scott, reported that DHSP has yet to receive the full funding award amount from HRSA for PY34. Delays have not impacted services.
  - Former Prevention Planning Workgroup co-chair, Miguel Martinez, and Commission staff provided a presentation on current LA County prevention data focusing on priority populations. See meeting packet for details.
  - The group discussed potential HIV/STI prevention strategies to target priority populations. Recommendations included contingency management, health education and social marketing, expanded use of telehealth, rapid same-day prevention services (PrEP/injectable PrEP), and mirroring RWP services such as MCC and food pantry. It was noted that interventions must be tailored to the unique needs of each population.
- **Action needed from the full body:**
  - Complete the mandatory Priority Setting and Resource Allocation & Service Standards Development training if you have not done so already to familiarize themselves with the priority setting and resource allocation process. A recording and presentation slides can be found on the Commission website [HERE](#) under 2024 Trainings.
  - Submit any additional HIV/STI prevention recommendations to Commission staff.

#### 4. Standards and Best Practices (SBP)

- ☐ Link to meeting packet [HERE](#).
- ☐ **Key outcomes/results from the meeting:**
  - Reviewed their service standard review calendar and decided to review the following service standards: Emergency Financial Assistance (EFA), Transportation Services, and Transitional Case Management service standards.
  - Held a listening session to solicit feedback from Ambulatory Outpatient Medical (AOM) service providers regarding the AOM service standards.
- ☐ **Action needed from the full body:**
  - Review the AOM service standards and provide feedback and recommendations to the SBP Committee at their June meeting. See the 5/7/24 SBP Committee meeting packet for a copy of the document.

#### 5. Public Policy (PP)

- ☐ Link to the meeting packet [HERE](#).
- ☐ **Key outcomes/results from the meeting:**
  - Approved the revised 2023-24 Legislative Docket and elevated it to the Executive Committee for review and approval.
- ☐ **Action needed from the full body:**
  - Review the 2023-24 Legislative Docket and prepare feedback/recommendations to discuss at the June COH meeting. See the 5/6/24 PPC meeting packet for a copy of the document.

#### 6. Aging Caucus (AC)

- ☐ Link to the April 2, 2024 meeting packet [HERE](#).
- ☐ **Key outcomes/results from the meeting:**
  - Jaime Baker, Executive Director of Being Alive, shared findings from their survey of older adults living with HIV and their health and wellness needs.
  - Dr. David Hardy, Commissioner Alternate, provided key highlights from CROI 2024 on key research related to HIV and aging: REPRIEVE study, INSTI switch during menopause, and pharmacokinetics of long-acting Cabotegravir and Rilpivirine in elderly people with HIV.
  - Updated 2024 workplan to reflect additional activities.
  - DHSP provide updates on the Buddy Program which is aimed at promoting connectedness among PLWH. Currently there are 19 mentors and 25 mentees. DHSP is currently developing an RFP for ambulatory/outpatient medical and medical care coordination.
- ☐ **Action needed from the full body:**
  - Continue to provide ideas on solutions to improve services for older adults living with HIV.
  - Engage non-HIV agencies in the HIV and aging conversations and service delivery/improvements.
  - Promote the Buddy Program and sign-up to be a mentor or mentee.
  - Next meeting: June 4, 2024 1pm to 2:30pm via WebEx



## 7. Black Caucus (BC)

- ☐ **Link to meeting packet** [HERE](#)
- ☐ **Key outcomes/results from the meeting:**
  - The Caucus last met on April 22, 2024 \*rescheduled from April 18 due to NMAC Biomedical HIV Summit
  - Positive feedback was received from those who attended the PrEP in Black American @ the NMAC Biomedical HIV Summit
  - A follow up meeting is pending with consultant Equity Impact Solutions and DHSP staff to determine next steps regarding the Black-led/servicing organizational needs assessment; updates forthcoming
  - The Caucus discussed the final planning details of its upcoming April 26 Faith Based Community Listening Session
  - Recommendations for the upcoming community listening session is focus on the Non-US Born Immigrant/Caribbean community in June, aligning with the June 8 Caribbean-American HIV/AIDS Awareness Day and collaborate with the Aging Caucus in September for a similar activity to commemorate National HIV/AIDS and Aging Awareness Day (NHAAD)
  - Begin planning for 2024 World AIDS Day
- ☐ **Action needed from the full body:**
  - Promote the BC and encourage participation
  - Ensure equitable representation in all COH planning discussions and decision-making

## 8. Consumer Caucus (CC)

- ☐ **Link to meeting packet** [HERE](#)
- ☐ **Key outcomes/results from the meeting:**
  - The Caucus last met on April 11, 2024 immediately following the COH meeting
  - Caucus shared feedback from the COH's housing panel
  - Caucus agreed to launch a letter writing campaign to local elected officials to express their concerns regarding housing challenges for PLWH
  - Caucus emphasized the critical need for meaningful consumer involvement in the proposed COH's housing task force.
  - The PP&A Committee plans to distribute a survey to consumers as part of its PSRA process, incentivizing participation through raffle prizes. This survey aims to increase participation from consumers to gather feedback and ratings on service categories.
- ☐ **Action needed from the full body:**
  - Promote the CC and encourage participation
  - Continued involvement of consumers in all COH planning discussions and decision-making #MIPA

## 9. Transgender Caucus (TC)

- ☐ **Link to the meeting packet** [HERE.](#)
- ☐ **Key outcomes/results from the meeting:**



- Drafted recommendations for the Priority Setting and Resource Allocation (PSRA) process to elevate to the Planning, Priorities, and Allocations (PP&A) Committee.
- Finalized details for the “Harm Reduction Institute” event which took place on Monday April 29, 2024 at the Vermont Corridor. The event yielded the following recommendations to the COH:
  - Harm reduction services for Transgender, Gender non-conforming, and Intersex (TGI) people should center around building community with emphasis on relationships and peer support networks.
  - Harm reduction services for TGI people should equip people with the tools they need to make the best-informed decision for themselves and help mitigate barriers to accessing harm reduction services due to stigma and shame.
  - Organizations should hire and train more staff to serve and adequately meet the needs of TGI people. Contracts should include training and staff development opportunities to improve service delivery and client satisfaction. Additionally, there need to be more entry-level, non-degree positions for members of the TGI community.
- **Action needed from the full body:**
  - Review the recommendations from the Harm Reduction Institute.

## 10. Women’s Caucus (WC)

- Link to April 15, 2024 meeting packet [HERE](#)
- **Key outcomes/results from the meeting:**
  - The Caucus had a presentation from DHSP on recent Los Angeles County trends in Perinatal HIV. See meeting packet for presentation slides.
  - The Caucus also reviewed and provided feedback on DHSP’s Preventing HIV Transmission During Pregnancy and Infant Feeding document. A recommendation was also made to ensure Spanish translation of the document is accurately translated to follow Spanish sentence structure and less formal vocabulary.
  - APLA provided an overview of their Women’s HIV Resource Directory and the recommendations that were submitted by caucus members. Additional recommendations were also provided.
  - The group discussed potential dates and times for the two-part, virtual Lunch and Learn event. Part 1 will focus on how to read medical labs and the importance of medication adherence and will be held Monday, May 20<sup>th</sup> from 2pm-3:30pm. Part 2 will focus on the role of peer support in reaching and maintaining optimal health and will be held Monday, June 17<sup>th</sup> from 2pm-3:30pm. See Commission packet for flyer.
- **Action needed from the full body:**
  - Share the Lunch and Learn event flyer with interested parties.
  - Promote the WC and encourage clients to attend WC meetings and events.





## LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave. Floor 14, Los Angeles, CA 90020  
(213) 738-2816 | hivcomm@lachiv.org

### 2024 PUBLIC POLICY PRIORITIES

For over 40 years, HIV has raged in communities across the world disproportionately impacting marginalized populations, including youth, with higher rates of disease and death. The Public Policy Committee (PPC) and Commission on HIV are committed in supporting and encouraging innovative efforts to reduce bureaucracy and barriers to accessing services, increase funding, and enhance HIV and Sexually Transmitted Infection (STI) care and prevention service delivery including a status neutral approach and strategies.

The COVID-19 Global pandemic severely impacted the delivery of HIV/STI care and prevention services. The rising rates of STIs the past few years is alarming and necessitates urgent action by local, state, and federal policy makers and service delivery agencies to help mitigate the spread of HIV/STIs. Early diagnosis and treatment of STIs is vital to interrupting transmission of HIV/STIs. Nevertheless, the COVID-19 Global pandemic demonstrated that with political will, funding, and most important of all urgency, the development of rapid and safe vaccines is possible. The time to find a cure to HIV is now. With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to trauma informed care and supportive services-- including comprehensive harm reduction services-- to ensure that all people living with HIV and communities most impacted by HIV and STIs, live full and productive lives.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. The PPC will identify and support legislation, local policies, procedures, and regulations that address the following priorities in 2024 (listed in no particular order):

#### **Funding**

- a. Preserve federal funding for Medicaid, Medicare, and HIV/AIDS programs such as the Ryan White HIV/AIDS Program (RWHAP) and the Ending the HIV Epidemic (EHE) initiative.
- b. Maintain and preserve the RWHAP at current or increased funding levels and, where appropriate and strategically viable, support stronger compatibility and greater effectiveness between the RWHAP, Medicaid, and other health systems of care.

#### **Systemic and Structural Racism**

- a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; and criminalization.
- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.
- c. Address the impact of humanitarian crises on the HIV continuum of care and service delivery including HIV/STI prevention services.



### **Racist Criminalization and Mass Incarceration**

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
- b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration.

### **Housing**

- a. Focus items b, c, and d below especially in service to LGBTQIA+ populations.
- b. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS.
- c. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
- d. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

### **Mental Health**

- a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
- b. Support the building of community-based mental health services.
- c. Support the placement in mental health facilities of the estimated 4,000+ individuals currently incarcerated and in need of mental health services and support closing of Men's Central Jail.

### **Sexual Health and Wellness**

- a. Increase access to care and treatment for People Living with HIV/AIDS (PLWHA).
- b. Increase access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs. Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction.
- c. Increase comprehensive HIV/STI counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- d. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases; especially among young Men who have Sex with Men (MSM), African American MSM, Latino MSM, transgender persons and women of color.
- e. Advance and enhance routine HIV testing and expanded linkage to care.
- f. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.
- g. Promote women-centered prevention services including domestic violence and family planning services for women living with and at high-risk of acquiring HIV/AIDS.
- h. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

### **Substance Use and Harm Reduction**

- a. Advocate for substance abuse services to PLWHA.
- b. Advocate for services and programs associated with methamphetamine use and HIV transmission.

- c. Expand alternatives to incarceration/diversion programs to provide a “care first” strategy and move those who need services away from incarceration to substance use programs.
- d. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County.
- e. Support trauma informed services for substance users.

### **Consumers**

- a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWH/A) and those at risk of acquiring HIV. Focusing on young MSM (YMSM), African American MSM, Latino MSM, transgender persons (especially of color), women of color, and the aging.
- b. Incentivize participation by affected populations in planning bodies and decision-making bodies.

### **Aging (Older Adults 50+)**

- a. Create and expand medical and supportive services for PLWHA ages 50 and over.

### **Women’s Health and Wellness**

- a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse.
- b. Advocate for women’s bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

### **Transgender Health and Wellness**

- a. Create and expand medical and supportive services for transgender PLWHA.
- b. Promote and maintain funding for the Transgender Wellness Fund.

### **General Health Care**

- a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
- b. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.
- c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to not disincentivize contractors from referring clients to other contractors.
- d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
- e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.
- f. Provide trauma informed care and harm reduction strategies in all HIV health care settings.

### **Service Delivery**

- a. Enhance the accountability of healthcare service deliverables.

- b. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine.

**Data**

- a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
- b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.

**Workforce**

- a. Support legislation and policies that combat workforce shortage crisis and protect and increase workforce capacity.
- b. Support legislation and policies that incentivize people to join/stay in the HIV workforce.

The Public Policy Committee (PPC) acts in accordance with the role of the Commission on HIV, as dictated by [Los Angeles County Code 3.29.090](#). Consistent with [Commission Bylaws Article VI, Section 2](#), no Ryan White resources are used to support PPC activities.

# THE WOMEN'S CAUCUS, IN PARTNERSHIP WITH THE CONSUMER CAUCUS, PRESENT

A virtual lunch and learn two-part series

## EMPOWERING WOMEN TO PROTECT & IMPROVE THEIR HEALTH



### **PART ONE:**

**MAY 20, 2024 @ 2PM - 3:30PM**

#### **Medical Labs & Medication Adherence**

This workshop is designed to empower participants with skills to understand medical labs and the importance of antiretroviral medication adherence.



### **PART TWO:**

**JUNE 17, 2024 @ 2PM - 3:30PM**

#### **Peer Support for Optimal Health**

This workshop will discuss the powerful role of peer support plays in achieving and maintaining optimal health.



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**Register now at:**

**<https://tinyurl.com/27wdaw33>**



Health Resources & Services Administration

**HIV/AIDS Bureau**

5600 Fishers Lane  
Rockville, MD 20857



April 1, 2024

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

Re: Grant # H89HA00016

Dear Mario Perez,

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

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

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

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

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

**Pre- Site Visit Conference Call**

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

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

**Preparing for the Site Visit**

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

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

**Optimal Training Space Requests**

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

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

If you have any questions or concerns, please contact me at [KMorse@hrsa.gov](mailto:KMorse@hrsa.gov) or 301-945-3404.

Sincerely,



**Ka'leef Stanton Morse, MHS, MBA, CLSSGB**

Senior Project Officer, Planning Councils & Planning Bodies (PCs/PBs)  
Division of Metropolitan HIV/AIDS Programs (DMHAP)

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

Chrissy Abrahms Woodland, Director, DMHAP [CAbrahmsWoodland@hrsa.gov](mailto:CAbrahmsWoodland@hrsa.gov)

Monique Hitch, Deputy Director, DMHAP [MHitch@hrsa.gov](mailto:MHitch@hrsa.gov)

Veronyca Washington, Senior Project Officer PCs/PBs, DMHAP [VWashington@hrsa.gov](mailto:VWashington@hrsa.gov)

Krystal Hilton, Project Officer – Western Branch, DMHAP [KHilton@hrsa.gov](mailto:KHilton@hrsa.gov)

Karen Gooden, Chief - Western Branch, DMHAP [KGooden@hrsa.gov](mailto:KGooden@hrsa.gov)



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

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



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

Versions: 01.18.24; 01.26.24; 02.12.24; 03.03.24; 040724;04.19.24

**FOR DISCUSSION /PLANNING PURPOSES ONLY**

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

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

<b>STI</b>	7/11/24 @ Vermont Corridor	Mobilizing County-wide STI Response Key Partners Roundtable DHSP, DHS, Community Clinics, Health Plans, ETE Coalition
<b>MH + SA</b>	8/8/24 @ TBD	Leveraging Mental Health and Substance Use Programs and Partnerships DMH, SAPC
	9/12/24 @ TBD	HIV and Aging ( Collaborative panel/presentation with Aging and Women's Caucus)
	10/10/24 @ TBD	CANCEL
	11/14/24 @ TBD	ANNUAL CONFERENCE
	12/12/24 @ TBD	CANCEL

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

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



## LOS ANGELES COUNTY COMMISSION ON HIV



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

### **2024 ANNUAL CONFERENCE PLANNING WORKGROUP VIRTUAL MEETING SUMMARY** **WEDNESDAY, MAY 1, 2024** **1:00PM – 2:00PM**

#### **ATTENDEES:**

Commissioners: Burton, J. Green, P. Nash, K. Nelson, L. Martinez-Real

Commission staff: C. Barrit, J. Rangel-Garibay, L. Martinez, D. McClendon, S. Wright

**Purpose of Meeting:** To brainstorm on key objectives, desired outcomes and ideas for key topics and format.

#### **Meeting Highlights:**

- The purpose of the Commission's Annual Conference is to convene community stakeholders to discuss and address salient issues around HIV/STD. The Annual Conference will be held on Thursday, November 14; location to be determined. Staff are exploring venues that would allow for breakout sessions. The group briefly reviewed the feedback from the 2023 Annual Conference and the 2024 full Commission topics list for possible ideas for the 2024 Annual Conference.
- There was interest and support for breakout sessions, interactive formats, and integrating a resource fair showcasing a broad range of services available for PLWH and those at risk in Los Angeles County. The resource fair is in response to feedback from providers and consumers alike that many are not aware of prevention and care services available in the community. Bring awareness to HIV/STI prevention, Ryan White programs and services.
- Draw attention to the broad topics of prevention and care.
- Universal basic income as part of prevention. Consider a think tank breakout session on how to use universal basic income as prevention service.
- PrEP navigation in the context of social determinants of health and broadly in areas of social deprivation.
- Long-term benefits of prevention.

- Explore using a resource roundtable format to integrate prevention and care; this can be a way to make resource sharing more interactive.
- Discuss specific topics such as medical mistrust (as an example) within the context of the experiences of various priority populations such as communities of color and older adults living with HIV). How do we conduct effective and culturally/age-appropriate prevention and care services in these communities?
- It is important that we reach providers who are not providing HIV services and not engaged in the world of HIV.
- Discuss workforce/provider shortage and integrate policy approaches. Reach out to DHSP to inquire if there are workforce issues that recommend for the Annual Conference.
- Consider a panel of consumers who have succeeded in overcoming challenges related to healthcare obstacles and barriers.
- Explore digital and remote/telehealth and how this technology play a role inn HIV/STD service navigation. Explore opportunities and challenges of using digital technology for HIV/STD testing, care, and prevention.
- Explore effective models of word-of-mouth promotion to disseminate culturally appropriate messages on prevention, care and related services.
- Consider a topic on countering stigma and dis/misinformation.
- PrEP and cisgender women- discuss lack of knowledge among providers about the needs of women; discuss lack of community awareness of about PrEP and ciswomen.
- Invite academic institutions and agencies involved in clinical trials; this could be a part of the resource fair.
- Incorporate an arts-based activity like a community mural to capture key highlights of the event.
- Consider a panel on empowerment and mental health; provide wellness testing like high blood pressure checks.
- Explore speakers who can talk about the status and future of the HIV cure and contextualizing “the cure” in the context of community planning efforts.
- Self-advocacy for health as prevention.
- Prevention of acquisition and transmission and prevention of weakening of immune system.

- STI prevention and the intersection with medical mistrust.

**Next Steps:**

The group agreed to meet monthly; doodle poll on next meeting will be sent by staff.



# **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 others regardless of their race, ethnicity, sexual orientation, HIV status or other factors

# Part F: AIDS Education and Training Center (AETC) Program

## HRSA's Ryan White HIV/AIDS Program



### Program Fact Sheet | September 2023

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. Over half the people with diagnosed HIV in the United States—more than 576,000 people in 2021—receive services through RWHAP each year. First authorized in 1990, RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. In 2021, 89.7 percent of RWHAP clients receiving HIV medical care were virally suppressed, which means they cannot sexually transmit HIV to their partners and can live longer and healthier lives. For more than three decades, RWHAP has worked to stop HIV stigma and reduce health disparities by caring for the whole person and addressing their social determinants of health.



The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part F AIDS Education and Training Center (AETC) Program is a network of HIV experts who provide education, training, and technical assistance on HIV care and prevention to health care team members and health care organizations serving people with or at risk of HIV.

### AETC Mission

The AETC Program's mission is to increase—

- The number of providers educated and trained to diagnose, treat, and medically manage people with HIV
- The capability of health care organizations to treat people with HIV
- Providers' ability to prevent HIV transmission among people at risk for HIV
- The number of health profession students and trainees who are well educated in HIV care and treatment

The AETC Program serves all 50 states, the District of Columbia, the U.S., Virgin Islands, Puerto Rico, and the six U.S. Pacific territories.

### AETC Program Overview

The AETCs are a strategic and important resource in ending the HIV epidemic. This coalition of HIV experts is dedicated to training health care team members and building the capacity of organizations to provide HIV care and prevention across the United States. The AETCs offer a combination of educational and consultative services through bidirectional learning platforms, tailored training, shared best practices, and on-demand expert guidance. Their ability to quickly respond is leveraged by the extensive network of local, regional, and national partners across the country who stand ready to meet the unique training needs of the health care workforce.

- **Regional AETCs and Their Local Partner Sites:** Eight regional AETCs train health care organizations and team members to care for and treat people with or at risk of HIV through various educational techniques, including workshops, clinical consultation, preceptorships, and other forms of technical assistance.
- **National Coordinating Resource Center (NCRC):** The NCRC provides a virtual library of online AETC resources for providers and health care team members. The NCRC also leads discussion groups on the implementation of many aspects of HIV care and prevention.
- **National Clinician Consultation Center (NCCC):** The NCCC



offers five warmlines and one hotline to provide one-on-one consultations with providers on questions related to prevention, screening, and management of HIV; perinatal HIV transmission; pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP); substance use disorder; and hepatitis C.

- **National HIV Curriculum (NHC):** The NHC is an on-demand, online learning platform that provides up-to-date information to support core competency knowledge of HIV prevention, screening, diagnosis, and ongoing treatment. A practice-question testing bank and free continuing education credits are available.

## Whom We Serve

Providers	Health Care Organizations
<ul style="list-style-type: none"><li>■ Advanced Practice Nurses</li><li>■ Case Managers</li><li>■ Mental and Behavioral Health Specialists</li><li>■ Nurses</li><li>■ Oral Health Professionals</li><li>■ Pharmacists</li><li>■ Physicians</li><li>■ Physician Assistants/Associates</li><li>■ Other Health Care Team Members</li></ul>	<ul style="list-style-type: none"><li>■ RWHAP-Funded Programs</li><li>■ Community Health Centers</li><li>■ Sexually Transmitted Disease Clinics</li><li>■ Hospitals</li><li>■ Community-Based Organizations</li><li>■ Health Departments</li><li>■ Mental Health and Substance Use Disorder Treatment Facilities</li><li>■ Other Health Care Facilities</li></ul>

## Collaboration and Innovation

In support of the federal *Ending the HIV Epidemic in the U.S.* initiative, the AETC Program has partnered with HRSA's Bureau of Primary Health Care to implement its Primary Care HIV Prevention initiative, which focuses on educating health care team members to improve access to and use of PrEP and to decrease the risk of HIV transmission.

## Funding Considerations

Congress appropriated approximately \$34.9 million for the RWHAP Part F AETC Program in fiscal year 2023.





# Transitions at...

## PAETC - Los Angeles Area

Tom Donohoe

Adjunct Professor of Family Medicine

David Geffen School of Medicine at UCLA

Director, Pacific AIDS Education and Training Center-Los Angeles Area (PAETC-LAA)

Thursday May 9, 2024

# Disclaimer

*“This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,278,366. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”*

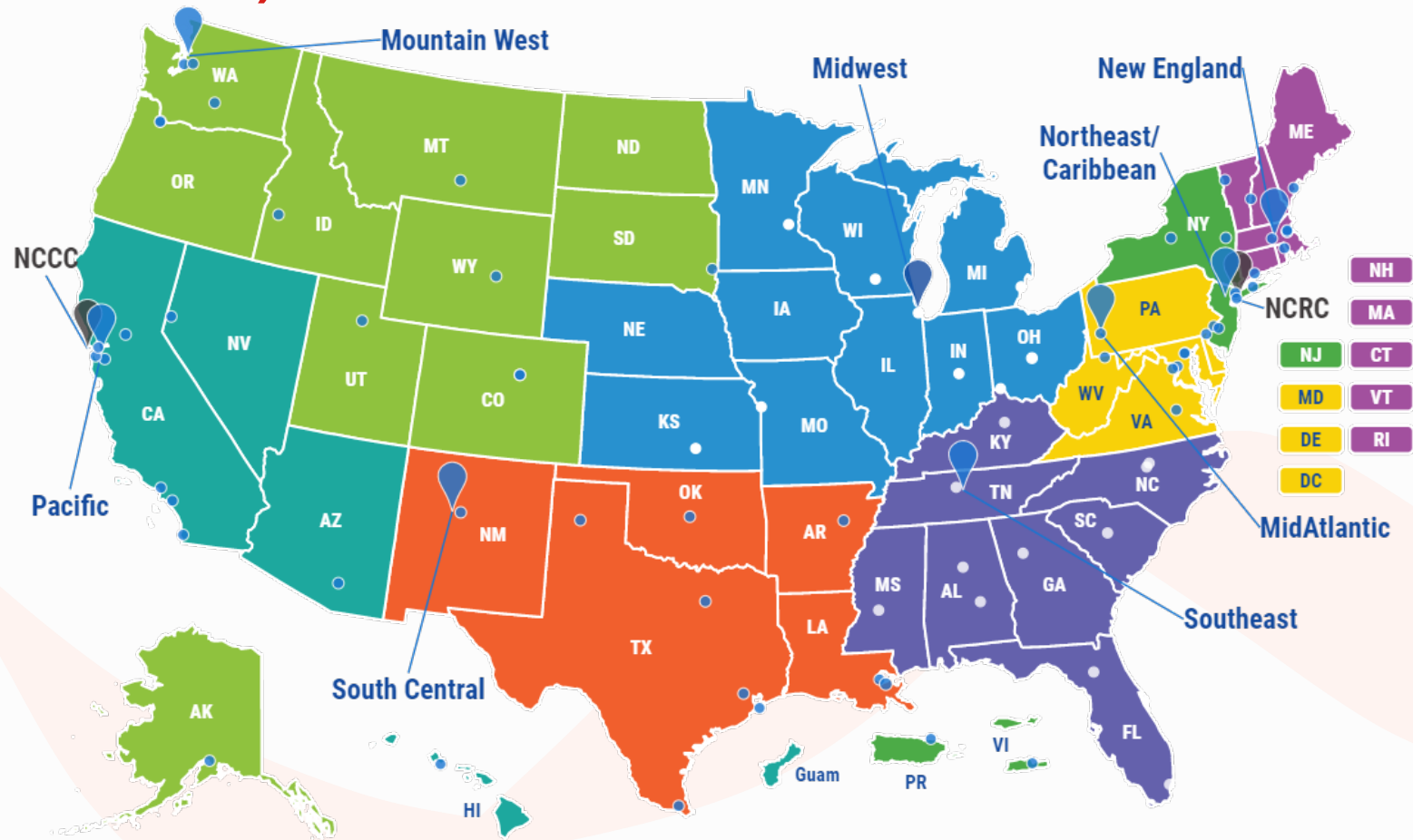
*The views and opinions expressed in this presentation are not necessarily those of the Pacific AIDS Education and Training Centers (PAETC), the Regents of the University of California or its San Francisco campus (UCSF or collectively, University) nor of our funder the Human Services and Resources Administration (HRSA). Neither PAETC, University, HRSA nor any of their officers, board members, agents, employees, students or volunteers make any warranty, express or implied, including the warranties of merchantability and fitness for a particular purpose; nor assume any legal liability or responsibility for the accuracy, completeness or usefulness of information [,apparatus, product] or process assessed or described; nor represent that its use would not infringe privately owned rights.*

# Learning Objectives

At the completion of this presentation, participants will be able to:

- Explain the work of AETCs, specifically the PAETC-Los Angeles Area
- Discuss transitions taking place at the PAETC-LAA
- Review directions AETCs are taking in next 5-year cycle.
- Reflect on HIV-related training needs in LA County

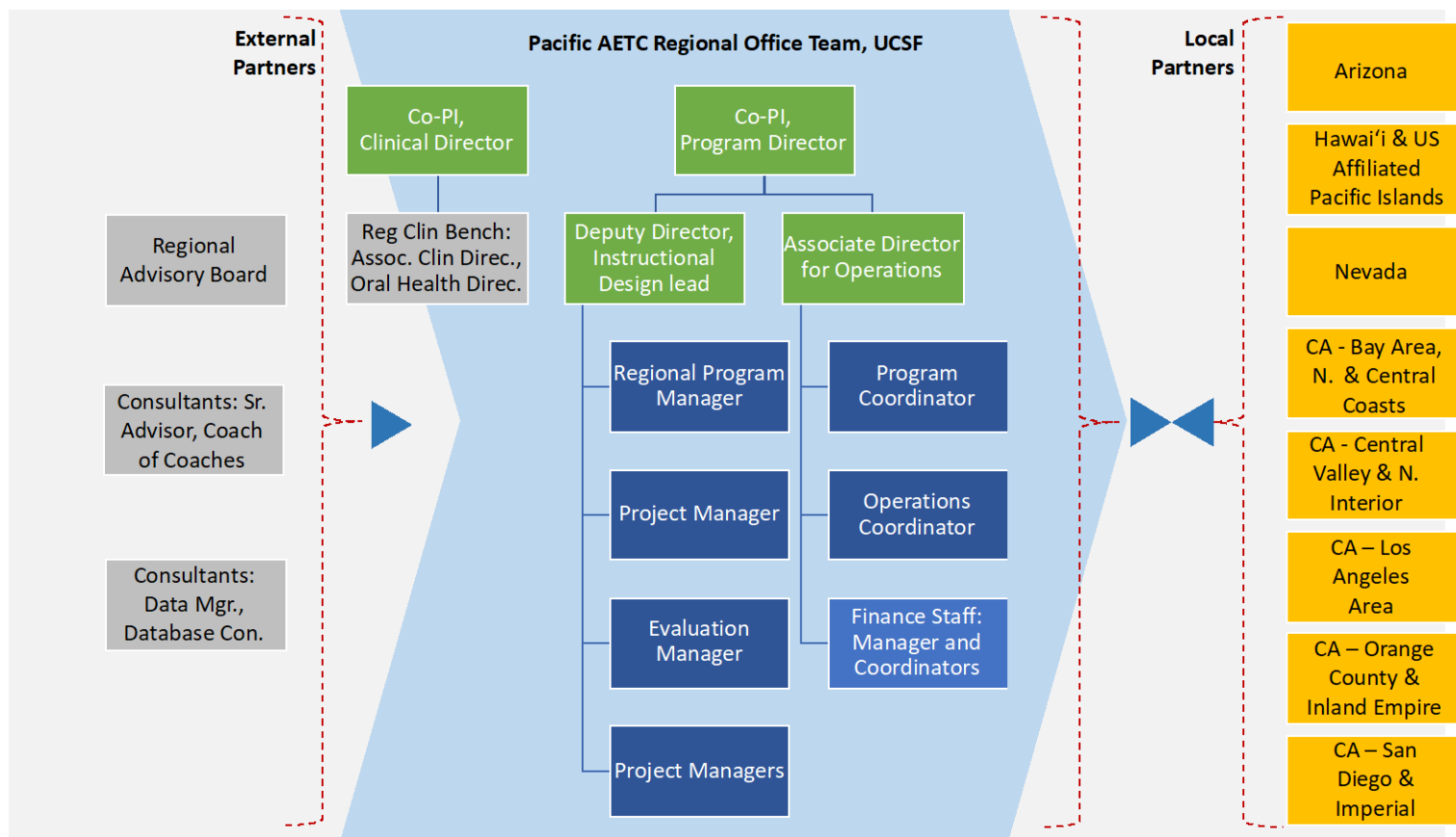
# AIDS Education and Training Centers (AETCs)



# I'm retiring! (from full-time work)

- June 27, 2024 will be my last day as a full-time employee at the DGSOM at UCLA
- July 1, 2024 will be my first day as a pensioner
- August xx, 2024 I will do “call back” working max 43% time
- March, 2025 will decide whether/how to continue on call back
- I plan on being DFM emeritus professor indefinitely
- I plan to be available to the new team as needed to help with transitions... and help wherever I can

## Organizational Chart, Pacific AETC





# Old PAETC - LAA Org Chart



## PAETC - LAA (UCLA Main Site)



**Tom Donohoe, MBA**

*PAETC - LAA PI & UCLA Director*



**Sandra M. Cuevas**

*Deputy Director*



**Ardis Moe, MD**

*Faculty*



**Fariba Younai, DDS**

*PAETC Regional Oral Health Director*



**Margaret Stuber, MD**

*IPE UCLA Medical Lead*

## PAETC - LAA (Subcontract USC Site)



**Jerry Gates, PhD**

*USC PI - Subcontract & Site Co-director*



**Shanna Livermore, MPH**

*USC Site Co-Director*



**Christian Takayama, MD**

*Faculty*



**Carolyn Levin, MD**

*Faculty*



**Ying Wang, PharmD**

*IPE USC Pharmacy Lead*



**Wilfredo Lopez**

*CDU Site Program & Finance Manager*



**Kevin-Paul Johnson**

*CDU Site Program Coordinator*



**LaShonda Spencer, MD**

*Faculty*



**Marican Jhocson, MSN**

*IPE CDU Nursing Lead*

## PAETC - LAA (Subcontract CDU Site)



**Derrick Butler, MD**

*CDU PI - Subcontract & Medical Director*



# New PAETC - LAA Org Chart



## PAETC - LAA (UCLA Main Site)



**Derrick Butler, MD**

*PAETC - LAA PI*



**Sandra M. Cuevas**

*Director*



**Ardis Moe, MD**

*Faculty*



**Fariba Younai, DDS**

*PAETC Regional Oral Health Director*

## PAETC - LAA (Subcontract USC Site)



**Christian Takayama, MD**  
*USC PI - Subcontract Site*



**Shanna Livermore, MPH**

*USC Site Co-Director*

## PAETC - LAA (Subcontract CDU Site)



**LaShonda Spencer, MD**  
*CDU PI - Subcontract Site*



**Wilfredo Lopez**

*CDU Site Program & Finance Manager*



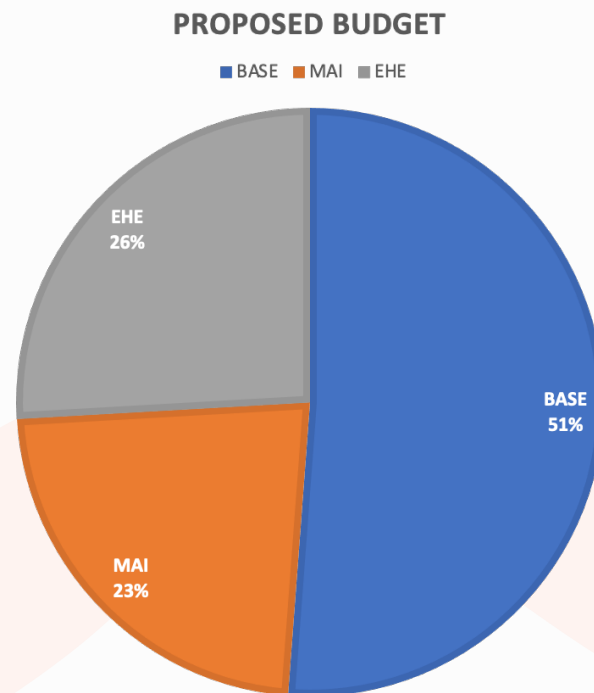
**Kevin-Paul Johnson**

*CDU Site Program Coordinator*

# THE NUMBERS – WHAT THE PROPOSED BUDGET LOOKS LIKE

# Pacific AETC Regional Budget

CATEGORY	PROPOSED BUDGET
BASE	2,570,000
MAI	1,150,000
EHE	1,300,000
TOTAL	5,020,000



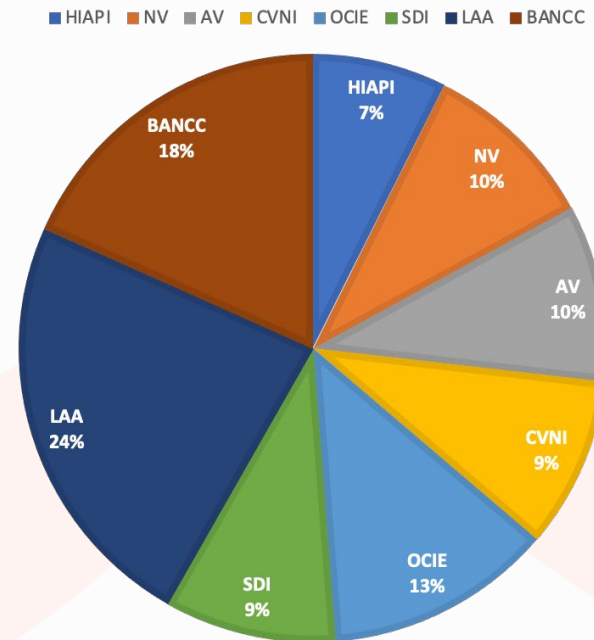
# Local Partners (LPs) Proposed Budgets

Local Partner	Proposed Budget
HI-API	201,250
NV	266,150
AZ	266,150
CVNI	258,050
OCIE	343,050*
SDI	258,050
LAA	641,650**
BANCC	501,250

\* this includes subcontract with UC Riverside for IPE engagement

\*\*represents 18.6% reduction from previous 5-year cycle as IPE cannot be at same sites/LP.

LOCAL PARTNERS PROPOSED BUDGETS



# PAETC Regional Budget Estimates – Consultants & Activities

- Regional Clinical Bench: \$40,000
- Coaches (PT, MAI, BASE, EHE): \$142,000
- Instructional Design: \$20,000
- Faculty Development Conference: \$100,000
- PT meetings and trainings: \$12,000
- HIV & Aging: \$10,000
- UMBAST/Latinx Conference: \$10,000
- USAPIs, NA/AI: Y2, Y4

What is our new work? How do we work?  
Who do we work with?

**HRSA-24-059**

# HRSA-24-059: Goals and Objective

- Goal 1: Expand the number of health care team members providing HIV care and prevention services, including providers with different backgrounds or experiences.
- Goal 2: Expand the ability of health care team members to provide effective HIV care and prevention services.
- Goal 3: Improve health equity by integrating HIV care and prevention in primary care and other health care settings that provide services to underserved populations.
- Goal 4: Enhance the capacity of the AETC Program to train health care team members to serve people at risk for or with HIV.
- Expand the number, ability, and diversity of health care team members providing HIV care and prevention services
- Improve health equity by integrating HIV into primary care and other health care settings that provide services to underserved populations
- Strengthen our ability to train the right people that serve the right communities

# HRSA-24-059: the basics

## Three Component Areas

- Base Program
- Minority AIDS Initiative
- Ending the HIV Epidemic



# HRSA-24-059: the Pacific AETC regional response – new of the 8 Local Partners (LPs)

- Standardized Training Packages across our region
  - E-learning PAETC platform led my PAETC – LAA at CDU
- Pathways for Differentiated Learners
  - Foundation of HIV (FH): New, Novice Provider
  - Capacity & Expertise Enhancement (CEE): Current Providers
- Primary care providers focus as well as developing training pathways for non-primary care providers
- Increase PT – 14 sites
- Expand IPE – 2 new sites
- New partners: health professional organizations (HPOs)
- HIV curricula for Health Professions Programs (HPPs) at Minority Serving Institutions (MSIs)
  - PAETC – LAA: UCLA will become a Hispanic Serving Institution by 2025, CDU, CSUs, and community colleges
- Approaches to mitigating disparities, address needs of special populations that been disproportionately impacted by the epidemic, informed by an equity and empowerment lens.

# HRSA-24-059: Pacific AETC regional response – enhanced of 8 Local Partners (LPs)

- Provide a variety of training/TA offerings that address all levels of the HIV Continuum, in a range of modalities and platforms
- Strengthen our registration and evaluation database system (CHAMP)
- Enhance, streamline PT activities
- Implement targeted and evidence-based efforts to address health disparities and improve outcomes for special populations
- Improve our Quality Management (QM) processes to support our capacity-building efforts across the region

# HRSA-24-059: the Pacific AETC regional response – how of the 8 Local Partners (LPs)

- Expand curricular integration through streamlined topical **Workgroups**, with special attention to growing our collaborative efforts in workforce development and diversification in partnership with HPOs, MSIs, and other mentorship/pathway programs in our region
- Enhance training and capacity building efforts by utilizing guiding frameworks such as the **Health Equity Framework for Excellence in HIV/AIDS Education (HEFEHE)**
- Expand **Regional Clinical Bench**
- **Partnerships** (HPOs, HPPs, MSIs, along with RWHAP entities)
- Ensure we are addressing need throughout whole region – **special populations and special projects**

# HRSA-24-059: the Pacific AETC **BASE** regional plan of the 8 Local Partners (LPs)

## **BASE – Foundations of HIV (FH)**

- Fundamentals of HIV training package – including 6 trainings
- Culturally Responsive Engagement Strategies trainings
- 40 HPP faculty assisted with HIV curricula
- Targets: 2,700 providers/year, 105 healthcare orgs

## **BASE – Practice transformation (PT)**

- RWHAP clinics, FQHCs, and HIS/Native Health orgs
- Prioritize EHE jurisdictions, HPSA, underserved populations
- Most LPs will need to do 2 PT projects, scaling up both by Y2
- Use of evidence-based QI (EBQI) elements
- Use PCMH model, other proven strategies
- Data driven, responsive QI PT processes to improve patient outcomes
- Targets: 14 PT projects

# HRSA-24-059: the Pacific AETC **BASE** regional plan of the 8 Local Partners (LPs)

## **BASE – Interprofessional Education (IPE)**

- Criteria 1: existing Health Professions Programs (HPPs) with medicine and nursing programs (plus 2 others)
- Criteria 2: Minority Serving Institution (MSI) designation
- Criteria 3: new sites
- Faculty supported to integrate HIV into curricula, teach practicums, other didactic and interactive learning
- **Mentoring and support from current IPE program (LAA)**
- Targets: 2 new sites (potentially UCI and UH)

## **BASE – Capacity and Expertise Enhancement (CEE)**

- Transition – HIVLN absorbed into this work (possibly 1x/month schedule)
- 7 training curricula on HIV Clinical Guides
- 24 Preceptorships
- Skills-building trainings to 800 participants for working in underserved communities
- 16 Communities of Practice (CoPs)
  - **Los Angeles County HIV Mental Health Task Force / Coping with Hope**
- 60 trainings on emerging public health issues impacting communities

# HRSA-24-059: the Pacific AETC EHE regional plan of the 8 Local Partners (LPs)

## EHE

- 1,410 healthcare team members serving >25% racial/ethnic minorities
- 84 trainings (e.g., SDH, Cultural Humility, Motivational Interviewing, Trauma Informed Care)
- Training/TA for 20 healthcare facilities on testing, linkage to care, PrEP, and/or capacity to deliver evidence-informed interventions, high quality HIV care and treatment
- Training plan in collaboration with RWHAP Part A/B directors to support healthcare facilities respond to HIV cluster or outbreaks

# HRSA-24-059: the Pacific AETC **MAI** regional plan of the 8 Local Partners (LPs)

## **MAI**

- Didactic and clinical trainings
  - 300 healthcare professionals
- HIV curriculum integration at MSIs
  - 10 HPPs to support HIV residency pathways programs  
(see next slide)
- Partner with HPOs to incorporate HIV into programs for minority serving health professionals
  - 8 HPOs partnerships to develop trainings for their membership

# Health Professions Programs (HPPs)

- University of Nevada, Reno School of Medicine (Reno, NV)
- Morehouse School of Medicine/Dominican Hospital Program (Santa Cruz, CA)
- UCD Health Program (Sacramento, CA)
- UCSD Medical Center Program (San Diego, CA)
- UC Riverside School of Medicine/St. Bernardine Medical Center – Dignity Health Program (San Bernardino, CA)



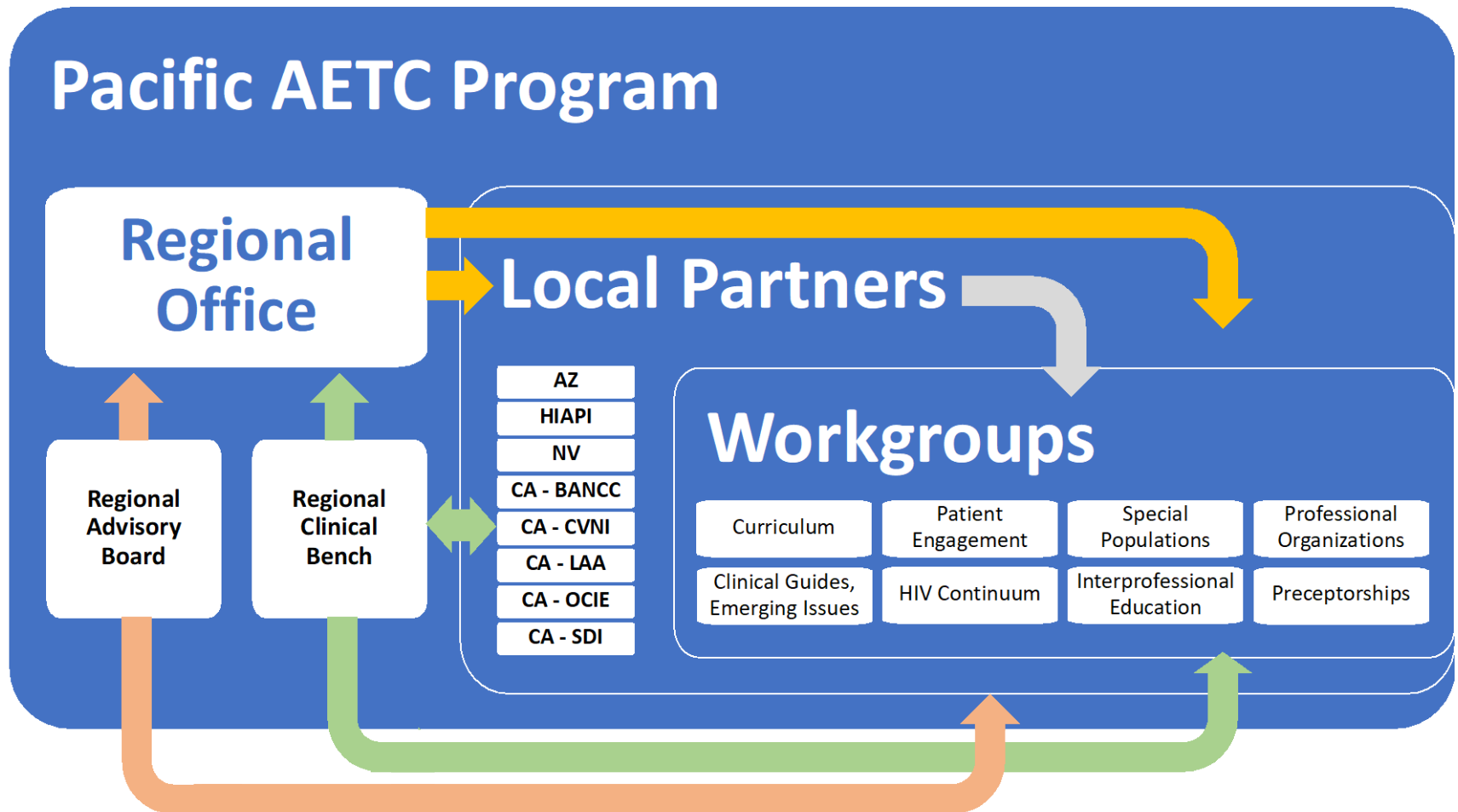
Brainstorm

# HEALTH PROFESSIONAL ORGANIZATIONS: WHO ARE THEY IN MY AREA?

# Workgroups (WGs) the PAETC Regional Office at UCSF came up with

- WG1: Curriculum Development
- WG2: Patient Engagement Skills
- WG3: Special Populations
- WG4: Professional Organizations
- WG5: Clinical Guidelines / Emerging Issues
- WG6: HIV Continuum
- WG7: Interprofessional Education
- WG8: Preceptorships

## Flowchart of Key Pacific AETC Teams



# Health Professional Organizations (HPOs)

- Primary Care Associations
  - Arizona Alliance for Community Health Centers
  - California Primary Care Association
  - Hawai'i Primary Care Association
  - Nevada Primary Care Association
- Other HPOs
  - Pacific Island Health Officers Association (PIHOA)
  - Association of Nurses in AIDS Care (ANAC)
- New ones? *Next slide!*

# New HPOs – some possibilities

## Arizona

- Black Nurses Association
- Nat'l Association of Hispanic Nurses, Phoenix Chapter
- Arizona Latin-American Medical Association

## California

- Latinx Physicians of California
- Sacramento Latino Medical Association
- Bay Area Black Nurses Association
- Council of Black Nurses – LA
- California Black Health Network

## Hawai'i

- Asian American Pacific Islander Nurses Association (AAPINA) Hawai'i Chapter
- Hawai'i Public Health Association
- Hawai'i Rural Health Association

## Nevada

- Nevada Chapter of AAPINA
- Southern Nevada Black Nurses Association
- Nat'l Hispanic Medical Association – Nevada Chapter



# 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](mailto: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](mailto:dhspsupport@ph.lacounty.gov)

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

