



LOS ANGELES COUNTY
COMMISSION ON HIV



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COMMISSION ON HIV Meeting

Thursday, March 14, 2024

9:00am-1:30pm (PST)

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

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

Parking: Lot B (located off Wilmington Road)

**** JOIN US PART 2 OF A 3-PART HOPWA PRESENTATION SERIES ADDRESSING CRITICAL ISSUES FACING PEOPLE LIVING WITH HIV AND HOUSING****



Members of the Public May Join in Person or Virtually.

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/r287cbb179dc9b22f4cd5fd825d2f8b7d>

Notice of Teleconferencing Sites:

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

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



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

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

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

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



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

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

Thursday, March 14, 2024 | 9:00 AM – 1:30 PM

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

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

AGENDA POSTED: March 7, 2024

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

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

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

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



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

1. ADMINISTRATIVE MATTERS

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

2. PUBLIC & COMMISSIONER COMMENTS

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

3. PRESENTATION - I

9:25 AM – 9:45 AM

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

4. REPORTS – I

9:45 AM – 10:15 AM

A. Operations Committee

(1) Membership Management

- a. 2024 Renewal Membership Drive | REMINDER
- b. Renewal Membership Applications
 - Bridget Gordon | Unaffiliated Consumer, Sup. District 2 (Seat #28) **MOTION #4**
 - Alasdair Burton | HIV Stakeholder #1 (Seat #44) **MOTION #5**
 - Alexander Luckie Fuller | Provider Rep #7 (Seat #17) **MOTION #6**
- c. Mentorship Volunteer Recruitment



A. Operations Committee (cont'd)

9:45 AM – 10:15 AM

(2) Policy & Procedures

- Proposed Bylaws Updates | [Open Public Comment: February 12, 2024 – March 13, 2024](#)

(3) Assessment of the Administrative Mechanism | UPDATES

(4) [2024 Training Schedule](#)

(5) Recruitment, Retention and Engagement

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

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

(2) Status Neutral Planning

(3) Prevention Planning Workgroup Recommendations

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

(5) 2024 DHSP Solicitation Priorities

C. Standards and Best Practices (SBP) Committee

(1) Prevention Service Standards | UPDATES

D. Public Policy Committee (PPC)

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

a. 2024 Legislative Docket

b. 2024 Policies Priorities

c. State/Federal Budget

d. County Coordinated STD Response

E. Caucus, Task Force and Work Group Reports

10:15 AM – 11:00 AM

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

(2) Black/African American Caucus | March 21, 2024 @ 4-5PM **Virtual*

(3) Bylaws Review Taskforce (BRT) | TBD

(4) Consumer Caucus | March 14, 2024 @ 2:00-3:30PM * *In-Person @ Drew CARES Clinic*

(5) Transgender Caucus | March 26, 2024 @ 10AM-11:30AM **Virtual*

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

B R E A K

11:00 AM – 11:15 AM

5. PRESENTATION - II

11:15 AM – 12:15 PM

Part 2: Data | Housing Opportunities for People Living with AIDS

(HOPWA) Presentation Series Addressing Critical Issues Facing People Living with HIV and Housing



6. REPORTS - II

- F. Executive Director/Staff Report** 12:15 PM – 12:20 PM
(1) [2023 Annual Report](#) | FINAL
- G. Co-Chairs' Report** 12:20 PM – 12:35 PM
(1) February 8, 2024 COH Meeting | FOLLOW-UP & FEEDBACK
(2) Executive Committee Member At-Large | OPEN NOMINATIONS & ELECTIONS **MOTION #8**
(3) Letter to Board of Supervisors (BOS) Re: Threats to HIV Funding
(4) Conferences, Meetings & Trainings
a. [Conference on Retroviruses and Opportunistic Infections \(CROI\)](#) (March 3-6, 2024)
b. [NMAC Biomedical HIV Prevention Summit](#) (April 19-20, 2024)
c. [2024 International AIDS Conference](#) (July 22-24, 2024)
d. [National Ryan White Conference](#) (August 20-23, 2024)
e. [United States Conference on HIV/AIDS](#) (September 12-15, 2024)
(5) Member Vacancies & Recruitment
(6) [Acknowledgement of National HIV Awareness Days](#)
- H. LA County Department of Public Health Report (Part A Representative)** 12:35 PM – 12:50 PM
(1) Division of HIV/STD Programs (DHSP) Updates
a. Programmatic and Fiscal Updates
b. Mpox Briefing
c. Ending the HIV Epidemic (EHE) | UPDATES
(2) California Office of AIDS (OA) Report (Part B Representative) 12:50 PM – 1:00 PM
a. [OAVoice Newsletter Highlights](#)
b. California Planning Group (CPG)
c. Response to Budget Questions – *See memo in packet*
- I. Ryan White Program Parts C, D, and F Report** 1:00 PM – 1:05 PM
- J. Cities, Health Districts, Service Planning Area (SPA) Reports** 1:05 PM – 1:15 PM

7. MISCELLANEOUS

- A. Public Comment** 1:15 PM – 1:20 PM
(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)
- B. Commission New Business Items** 1:20 PM – 1:25 PM
(Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda.)



7. MISCELLANEOUS (cont'd)

C. Announcements

1:25 PM – 1:30 PM

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

D. Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of March 14, 2024 in the memory of [Hydeia Broadbent](#), HIV/AIDS Activist.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
CONSENT CALENDAR	
MOTION #4	Approve Renewal Membership Application for Bridget Gordon, Unaffiliated Consumer, Sup. District 2 (Seat #28), as presented or revised.
MOTION #5	Approve Renewal Membership Application for Alasdair Burton, HIV Stakeholder #1 (Seat #44), as presented or revised.
MOTION #6	Approve Renewal Membership Application for Alexander Luckie Fuller, Provider Rep #7 (Seat #17), as presented or revised.
MOTION #7	Approve Executive Committee At-Large Members, as elected.



COMMISSION ON HIV MEMBERS

<i>Danielle Campbell, PhDc, MPH, 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 (**Alternate)	Byron Patel, RN	Mario J. P��rez, MPH
Dechelle Richardson (**Alternate)	Erica Robinson (*Alternate)	Leonardo Martinez- Real	Ricky Rosales
Daryl Russell	Harold Glenn San Agustin, MD	Martin Sattah, MD	Juan Solis (*Alternate)
LaShonda Spencer, MD	Kevin Stalter	Lambert Talley (*Alternate)	Justin Valero, MPA
Jonathan Weedman	Russell Ybarra		

MEMBERS: 46

QUORUM: 24

LEGEND:

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



LOS ANGELES COUNTY COMMISSION ON HIV



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

VISION

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

MISSION

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



LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH
6/8/23

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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)

S:\Committee - Operations\Code of Conduct\2023\CodeofConduct_Updated 3.23.23_Aprvd COH060823.docx



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.

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 3.6.24

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

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

LOA: Leave of Absence

Overall total: 46



LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
TEL. (213) 738-2816
WEBSITE: hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

COMMITTEE ASSIGNMENTS

Updated: March 6, 2024
Assignment(s) Subject to Change

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

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

Committee Assignment List

Updated: March 6, 2024

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

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 11 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION

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

Committee Assignment List

Updated: March 6, 2024

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 13 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
Kerry Ferguson	*	Alternate
Arlene Frames	*	Commissioner
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Juan Solis	*	Alternate
Russell Ybarra	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

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

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

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/6/24

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	Invisible Men	No Ryan White or prevention contracts
GERSH	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
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
ROBINSON	Mallery	No Affiliation	No Ryan White or prevention contracts
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
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SOLIS *	Juan	UCLA Labor Center	See attached subcontractor's list
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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



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 • 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)
FEBRUARY 8, 2024 MEETING MINUTES**

St. Anne's Conference Center

155 N. Occidental Blvd., LA 90026

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

Kindly inform valet you are attending the Commission meeting

CLICK [HERE](#) FOR MEETING PACKET

TELECONFERENCE SITES:

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

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

COMMISSION MEMBERS

P=Present | VP=Virtually Present | A=Unexcused Absence | EA=Excused Absence

Miguel Alvarez	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton	P	Danielle Campbell, PhDc, MPH	P
Mikhaela Cielo, MD	P	Lilieth Conolly	P	Sandra Cuevas	P	Mary Cummings	VP	Erika Davies	EA
Pearl Doan	A	Kevin Donnelly	P	Felipe Findley	P	Arlene Frames	P	Luckie Fuller	EA
Felipe Gonzalez	P	Bridget Gordon	P	Joseph Green	P	Karl Halfman, MS	VP	Dr. David Hardy	P
Ismael Herrera	P	Dr. William King, JD	EA	Lee Kochems	P	Jose Magaña	A	Leon Maultsby, MHA	P
Andre Molette	A	Derek Murray	P	Dr. Paul Nash	P	Katja Nelson	P	J. Chuy Orozco	P
Ronnie Osorio	P	Byron Patel	P	Mario J. Pérez, MPH	P	De'chelle Richardson	P	Erica Robinson	EA

Commission on HIV Meeting Minutes

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Redeem Robinson	A	Ricky Rosales	EA	Daryl Russell	P	Dr. H. Glenn San Augustin	P	Dr. Martin Sattah	P
Juan Solis	A	Dr. LaShonda Spencer	P	Kevin Stalter	EA	Lambert Talley	P	Justin Valero	P
Jonathan Weedman	A	Russell Ybarra	P						
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc McLendon; Jose Rangel-Garibay, MPH; and Jim Stewart									

1. ADMINISTRATIVE MATTERS

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

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

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, K. Donnelly, F. Findley, A. Frames, F. Gonzalez, B. Gordon, K. Halfman, D. Hardy, I. Herrera, L. Kochems, L. Maultsby, D. Murray, P. Nash, K. Nelson, C. Orozco, R. Osorio, B. Patel, M. Pérez, D. Richardson, D. Russell, G. San Agustin, M. Sattah, L. Spencer, L. Talley, J. Valero, R. Ybarra, D. Campbell and J.Green.

B. **COUNTY LAND ACKNOWLEDGEMENT**

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

C. **APPROVAL OF AGENDA**

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

D. **APPROVAL OF MEETING MINUTES**

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

E. **CONSENT CALENDAR**

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

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2. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment

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

- Samantha Lorenzo provided public comment on behalf of her mother, Maria Gonzalez, who is Spanish speaking and is a person living with HIV. Samantha expressed distress over an impending eviction by Alliance for Housing and Healing which is set to take place in February 2024 and requested assistance from those in attendance.
- Derek Daniels from the LGBT Center South announced a support group for HIV+ MSMs ages 18-29. Meetings are held every Tuesday from 4-6PM, featuring open discussions and a \$50.00 raffle for attendees. All interested individuals are welcome to join.

B. Commissioner Comment

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

- Felipe Findley commented on the war on Gaza's impact on public health, especially as it relates to the global HIV crisis. He mentioned a circulating proposal within the Public Policy Committee on this matter, intending to bring it to the Commission's attention.
- Kevin Donnelly reported that he attended the CHIPTS "Why Is It So Hard to Get People Housed? Innovative Housing Policies and Best Practices" webinar on February 7, with notable presentations from jurisdictions such as Seattle, New York, Houston, and Los Angeles. Concerns were addressed around clients and patients who have been labeled as undesirable or problematic and "people resistant services", correlating those same characterizations locally to consumers accessing healthcare spaces to include Commission meetings.
- Bridget Gordon applauded the meeting's full attendance and recommended that all COH meetings be held at the St. Anne's Conference & Events Center given its familiarity and accessibility to the community.
- Alasdair Burton requested attendees to turn off their technology while attending the meeting in person to avoid interference with speakers and audio.

Commission on HIV Meeting Minutes

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3. PRESENTATIONS

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

The Caucus hosted a panel presentation of Black faith leaders to introduce and kick off the Caucus' first session of its community listening session series, in commemoration of NBHAAD. Panelists included Sammie Haynes, Gerald Garth, Damone Thomas, and Lilieth Conolly, facilitated by Caucus Co-Chairs D. Campbell and Leon Maultsby. Please refer to PowerPoint (PPT) presentation in the meeting packet.

4. REPORTS - I

(1) Operations Committee.

(1) Membership Management

- a. **2024 Renewal Membership Drive.** The 2024 Membership Renewal Drive launched Thursday, February 1st. Commissioners whose seats are set to expire June 30, 2024, received an email from COH staff, Sonja Wright. The deadline for application submission is Friday, March 29, 2024 @ 12PM.
- b. **New Membership Applications**
 - Vilma Mendoza | Unaffiliated Consumer, SPA 7 **MOTION #4 (ApprovedV via Consent Calendar)**
 - Leonardo Martinez-Real | Unaffiliated Consumer, Supervisorial District 1 **MOTION #5 (ApprovedV via Consent Calendar)**
 - Kerry Ferguson | Alternate **MOTION #6 (ApprovedV via Consent Calendar)**
- c. **Seat Vacate | Redeem Robinson MOTION #7 (ApprovedV via Consent Calendar)**
- d. **Mentorship Volunteer Recruitment.** The Committee is actively seeking volunteers to participate in the Mentorship Program, aiding new members in navigating the Commission. If you're interested in mentoring or being assigned a mentor, please contact the staff.

(2) Policy & Procedures

- a. **Proposed Updates to Policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process Re: "2 Person/Per Agency" Waiver MOTION #8 (ApprovedV via Consent Calendar)**

Commission on HIV Meeting Minutes

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b. Proposed Bylaws Updates | Open Public Comment: February 12, 2024 – March 13, 2024. Alasdair Burton and Joseph Green presented a brief overview of the proposed changes to the Bylaws; see meeting packet for PPT presentation. Public Comment opened for those who wish to provide comments. The document to include guiding questions is available on the homepage of the Commission's website [HERE](#).

(3) Assessment of the Administrative Mechanism | UPDATES. COH staff met with the Collaborative Research (CR) team to discuss their role in spearheading the AAM efforts as consultants. CR submitted their scope of work, and the procurement process is ongoing. COH staff will provide updates to the Committee once CR has been approved by the Board of Supervisor's Executive Office procurement.

(4) [2024 Training Schedule](#). The training series will kick off with the Co-Chair Roles and Responsibilities training on February 13th, from 4-5pm. All trainings are virtual and open to the public. The next training, General Orientation and Commission on HIV Overview, will be held on March 26th, from 3-4:30pm and is a mandatory training.

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

B. Planning, Priorities and Allocations (PP&A) Committee. Kevin Donnelly, PP&A Co-Chair, recognized outgoing Chair, Al Ballesteros, for his longstanding commitment and leadership to the Committee, noting that the Committee elected Kevin Donnelly and Felipe Gonzalez as its 2024 Co-Chairs. K. Donnelly urged consistent and ongoing attendance and engagement of its members citing that the last several meetings did not reach quorum. K. Donnelly summarized key discussions and highlights from Committee meetings held on December 14th and January 23rd.

(1) Los Angeles County HIV & STI Status Neutral Service Delivery Framework MOTION #9
(Approved via Consent Calendar)

(2) Draft Status Neutral Priority Setting and Resource Allocation (PSRA) Framework, Current Allocations and Priorities, and Prevention Planning Workgroup Recommendations.
Commission staff provided an overview of the draft Comprehensive HIV Plan implementation monitoring.

Commission on HIV Meeting Minutes

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

- Victor Scott (DHSP) provided a review of the Ryan White Program Year 33 Expenditures. The current estimated MAI carryover from RWP Year 33 to 34 is \$1.6 million which includes approximately \$375,000 from Part A, \$543,000 and the \$685,000 of MAI carryover funds from Program Year 32.
- A RWP Care Utilization Report provided by the Division of HIV and STD Programs (DSHP) staff and focused on Case Management Services including Benefits Specialty, Transitional Case Management - Jails, and Home-Based Case Management for fiscal year 2022.
- A RWP Care Utilization Report provided by the Division of HIV and STD Programs (DSHP) staff and focused on General and Specialty Oral Health Services utilization for fiscal year 2022.

(4) Los Angeles Housing Service Authority (LAHSA) Data Analysis. The COH staff provided a summary of raw data received from the Los Angeles Homeless Services Authority (LAHSA) regarding the number of unhoused people living with HIV (PLWH) in Los Angeles County, at the request of the COH. Concerns were raised regarding repeated report delays and formatting issues, highlighting challenges with LAHSA data. It was also noted that only a small number of PLWH exit the LAHSA service system into permanent housing situations, indicating a need for more efforts to facilitate such transitions.

Mario J. Pérez shared that concerns were expressed by DHSP staff who were present at the PP&A Committee meeting, indicating that there was a lack of decorum. M. Pérez commented on the importance of maintaining professionalism during meetings and suggested that COH staff should take measures to better manage the meetings to ensure that discussions remain constructive and appropriate. Felipe Gonzalez thanked M. Pérez for his comments and noted that everyone has a responsibility to ensure open lines of bi-directional communication and that leadership is working on improving meeting management.

F. Gonzalez emphasized the importance of participation in the upcoming Priority Setting and Resource Allocation process, and invited individuals to learn more about the process during the March meeting, encouraging active engagement in shaping priorities and resource allocation strategies.

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- C. Standards and Best Practices (SBP) Committee.** Jose Rangel-Garibay, COH staff, reported that the SBP Committee last met on Dec. 5, 2023, and elected Erika Davies and Kevin Stalter as co-chairs for 2024. The Committee did not meet in January 2024 and the February 6, 2024 Committee meeting was cancelled due to unsafe weather conditions. The Committee will review their 2024 meeting calendar and workplan and draft a schedule for revising/updating service standards. Additional updates included:

(1) Universal Service Standards | UPDATES *No updates.*

(2) Medical Care Coordination (MCC) Service Standards | UPDATES *No updates.*

(3) Prevention Service Standards | UPDATES. The Committee posted the HIV/STI Prevention Services standards for a public comment period ending on January 31, 2024. The Committee will review the public comments received at their March 5, 2024, meeting.

- D. Public Policy Committee (PPC).** Katja Nelson, PPC Co-Chair, briefly summarized key discussions and highlights from its January 6th meeting, and noted that the February 5, 2024 meeting was cancelled due to unsafe weather conditions.

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

a. 2024 Legislative Docket. The Committee will begin monitoring State Assembly and Senate bills relevant to the PPC and the COH. COH staff will update the legislative docket as required, noting any status changes for bills introduced in 2023. Members are requested to submit bill recommendations for inclusion in the docket, with deliberations scheduled for the March 2024 meeting.

b. 2023-2024 Policies Priorities. The Committee will review the Policy Priorities document at their March 4, 2024, meeting.

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

b. County Coordinated STD Response.

- K. Nelson noted the recent article from the CDC citing the rising cases of Syphilis; refer to meeting packet.
- K. Nelson shared that on Oct. 2, the BOS passed a motion instructing the “Director of Public Health to present at the Oct. 17, 2023 Board meeting on current investments and programs that address the Sexually Transmitted Infection (STI) crisis, including strategies that address STI health disparities and inequities among disproportionately impacted communities, a review of the planned investment of new resources, and new strategies to reduce rates of infection.”
- The Committee will work on scheduling 1:1 meeting with Health Deputies to help maintain momentum. More details to come.

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Members raised concerns regarding the status of HIV funding across federal programs, i.e., CDC, RWP, SAMHSA, HOPWA, etc., amidst the Continuing Resolution and the possibility of budget cuts to HIV and STI services. Members sought clarification on whether the County has advocated at the federal level to protect funding for HIV and STI services, emphasizing the potential significant impact on the HIV community.

- Following a comprehensive discussion, consensus was reached to draft a letter to the Board of Supervisors (BOS) expressing these concerns and urging advocacy at the federal level to safeguard funding for HIV and STI services. The Commission requested that the letter be drafted and presented to the BOS in the upcoming weeks along with scheduling health deputy meetings with their respective COH BOS representatives to bring the letter to their attention.

The next Committee meeting will be on March 4, 2024 from 1pm-3pm at the Vermont Corridor.

E. Caucus, Task Force and Work Group Reports

- (1) Aging Caucus.** K. Donnelly, Caucus Co-Chair, reported at its December 2023, the Caucus reviewed 2023 achievements and discussed priorities for 2024, including addressing housing issues and improving HIV/STD education. At its February 6, 2024, meeting, they finalized their 2024 work plan, focusing on mental health, aligning strategies with other committees, and monitoring HIV research. The next virtual meeting is scheduled for April 2, 2024.
- (2) Black/African American Caucus.** L. Maultsby, Caucus Co-Chair, reported at their November 16, 2023 meeting, the Caucus initiated nominations for 2024 co-chairs and reviewed their successful partnership with Dr. Opara and participation in the Taste of Soul event. They discussed updates on the organizational needs assessment from DHSP and finalized plans for a December 6th World AIDS Day event, recognizing Dr. William King and Dr. Wilbert Jordan. On January 18, 2024, the Caucus elected Danielle Campbell & Leon Maultsby as 2024 Co-Chairs and received updates on the organizational needs assessment. They discussed upcoming events, including NBHAAD presentations and community listening sessions, with the first session focusing on the faith community on April 26. Their next virtual meeting is set for February 15th to continue planning for the listening sessions.
- (3) Bylaws Review Taskforce (BRT).** *Refer to the Operations Committee Report.*

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- (4) Consumer Caucus.** Ish Herrera, Caucus Co-Chair, reported at its first in-person retreat on December 14, 2023, the Caucus gathered to review the successes and challenges of 2023, planning for 2024. The well-attended event featured community-building activities and discussions on security measures and diversity training. They also elected Damone Thomas, Lilieth Conolly, and Ish Herrera as co-chairs for 2024, expressing gratitude to Alasdair Burton for his leadership. During their January 11, 2024 meeting, the Caucus continued developing their 2024 workplan and discussed housing needs, particularly the limited accessible housing for People Living with HIV (PLWH). They prepared for continued discussion on HOPWA and housing, aligning with the Commission's 3-part HOPWA report, encouraging all consumers of HIV prevention and care to attend the meeting.
- (5) Transgender Caucus.** J. Rangel-Garibay, COH staff, reported that the Caucus met on January 23, 2024, electing Xelestíal Moreno-Luz and Jade Ali as co-chairs for 2024. They outlined their workplan and decided on meeting schedules. The Caucus emphasized community engagement and holding Commissioners accountable. The next in-person meeting is set for February 27, 2024, at the REACH LA offices.
- (6) Women's Caucus.** Dr. Mikhaela Cielo, Caucus Co-Chair, reported during the Caucus' October 16, 2023, meeting, the Caucus introduced "Confessions," a podcast series focusing on Latina women with HIV. They reviewed 2019 recommendations specific to women-centered programming, and initiated collaboration with the Aging Caucus for women aged 50+ with HIV. At their January 22, 2024, meeting, the Caucus re-elected Dr. Mikhaela Cielo and Shary Alonzo as co-chairs for 2024. They explored collaboration with the Aging Caucus, provided feedback on new educational materials from DHSP, finalized their 2024 workplan, and scheduled their next virtual meeting for April 15th.

5. PRESENTATION - II

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

Chuy Orozco and Matthew Muhonen, HOPWA staff, delivered Part 1 of a comprehensive three-part report on the HOPWA program. Their presentation provided an overview of the HOPWA program, with further details available in the PPT presentation included in the meeting packet.

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C. Orozco announced his resignation from the Commission, effective immediately, as he transitions from HOPWA to the Youth Development Department. He emphasized his ongoing commitment to HIV-related work, especially focusing on youth initiatives. Matthew Muhonen will assume Chuy's role on the Commission and will collaborate with the Commission on HOPWA services.

Notable highlights from the presentation included:

- The President is advocating for a \$1 million boost in HOPWA funding for the current budget year.
- Los Angeles has experienced an increase in HOPWA funding due to a new Housing Opportunity Through Modernization Act (HOTMA) formula, with a proposed additional \$6 million allocated nationally for the current budget year.
- HOPWA's funding for this budget year stands at approximately \$24 million, marking an increase from the previous year.
- Social security numbers are not required for HOPWA eligibility. Eligibility requirements include providing proof of income (below 80% AMI, or \$68K or less), proof of residency, and proof of HIV diagnosis.
- By November 2023, HOPWA had exhausted its allocation of \$2.3 million locally for Short Term Rent, Mortgage, and Utilities (STRMU) and Permanent Housing Placement (PHP) assistance due to high demand, leading them to rely on the Ryan White Program (RWP) Emergency Financial Assistance (EFA) program as a temporary measure. Staff are undergoing training to expedite EFA application processing, and HOPWA plans to double its budget next year to meet the growing need for housing-related assistance. Consideration is underway on whether to move the current balance of \$400,000 from the PHP program into the STRMU as a stop-gap measure.
- HOPWA is deliberating whether to reintroduce a \$12,000 cap to assist more individuals financially. During the pandemic, HOPWA accepted rental ledgers as high as \$40,000. On average, rental assistance, including arrears, amounts to approximately \$12,000.
- The Scattered Sites Master Leasing program collaborates with three non-profits: APLA, Volunteers of America LA, and Project New Hope, and offers permanent supportive housing with no time limit on participation. Participants are required to engage in supportive services and hold monthly meetings with a housing specialist. This initiative enhances flexibility in renting out units. Incentive for landlords to participate in the program as payment is guaranteed. If anyone is interested in participating, please contact HOPWA staff. The program will expand next year to accommodate an increase in need from HOPWA

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clients who are undocumented, with bad credit or formerly incarcerated. HOPWA intends to increase its budget next year and utilize its savings to fund the STRMU program.

- One of the few HOPWA programs with Memorandums of Understanding (MOUs) established with local public housing authorities to coordinate the Tenant-Based Rental Assistance (TBRA) program.
- Currently soliciting Requests for Proposals (RFPs) for a new initiative - a private TBRA program - aimed at providing permanent supportive housing in partnership with private property owners. This program features a voucher that attaches to the client, enabling them to relocate as needed.
- HOPWA will transfer its legal services program with Inner City Law Center to DHSP to better coordinate legal services which will free up funding for HOPWA Scattered Sites Leasing Program and PHP.
- HOPWA adopted the City's housing authority standards regarding fair market rents, instituting a 30% increase above fair market rents, allowing HOPWA clients to find more desirable units.
- HOPWA is considering involving housing case managers in Medical Care Coordination (MCC) meetings to enhance their understanding of available programs.
- HOPWA just implemented a new data information system – ClientTrak – that will offer a dashboard for improved data access.
- Proposition 1 aims to expand the availability of beds for mental health clients with housing needs.

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

- HOPWA's Scattered Site Lease and TBRA programs currently have a waitlist, yet there is no specified date for program openings or information available regarding waitlist duration. TBRA availability is contingent upon the allocated funding for Section 8.
- Providing context is essential and strongly suggested presenting information about the current housing crisis and the number of individuals experiencing homelessness. Emphasis was placed on the importance of waitlist data, which outlines challenges and guides response strategies. Having housing specialists present to share on-the-ground challenges was also recommended to provide clarity.
- Attendees expressed concerns about leading with program availability only to later reveal waitlists and limited access to resources. They suggested reframing presentations to manage expectations effectively and minimize disappointment.
- A member shared his experience assisting an 82-year-old friend living with HIV in Palm Springs. Despite recommendations to move to Los Angeles for better housing services, he faced

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challenges accessing housing due to not being homeless. HOPWA representatives suggested he remain where he is.

- The current HIV and housing workforce lacks sufficient understanding of the housing landscape, necessitating improved training and capacity-building opportunities.
- Housing specialists deserve higher pay, as their current salaries are comparable to those of fast-food restaurant workers.
- Numerous vacant housing units are available and could address existing gaps. It's essential to incentivize property owners and managers to participate in housing programs.
- HOPWA needs to enhance coordination with other housing programs such as LAHSA and HACLA to gain a comprehensive understanding of the housing landscape, facilitating better coordination of housing-related services.
- Explore the implementation of universal basic income for individuals facing housing insecurity, as evidence suggests it can significantly enhance their quality of life.
- Prioritizing empathy and compassion in the workforce over mere financial motivations is crucial for effectively addressing the community's housing needs and providing comprehensive services.
- It's imperative to proactively support individuals in maintaining their homes rather than solely reacting after they've lost housing.
- The Commission should serve as an accountability mechanism, ensuring funded agencies remain transparent and responsible. This transparency enables the COH to systematically identify needs and gaps within the system.
- Need to create more emergency funds for individuals who are at risk of losing housing.

M. Pérez extended appreciation to HOPWA staff for their dedication to addressing the community's pressing needs under the constraints of the 3% administrative cap. However, he underscored the necessity for increased administrative funding allocation to adequately manage the escalating demands. Anticipation of increased RWP savings due to Medicaid expansion was noted, highlighting an opportunity for the COH to strategically invest savings into initiatives such as increasing housing case managers and housing stock. M. Pérez shared that DHSP is exploring the possibility of contracting with hotels and motels to provide emergency housing.

HOPWA-Specific Public Comments:

1. Are there any other PHP/Move-in assistance for our population other than the HOPWA & Ryan White to help with security deposit for subsidized housing? Is it best to link clients to HOPWA funded agencies for those options? (Sarah Taylor)

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2. Are those HOPWA Vouchers/MOU still available in the Long Beach Housing Authority area?
(Sarah Taylor)
3. Are those contracted legal services only available for those with LA City &/or County vouchers?
(Sarah Taylor)
4. Are there any additional programs to help with Animal Advocacy when it comes to our clients specifically in Emergency/Transitional/Treatment Program Housing? (Sarah Taylor).
5. Will the money cap be increasing for animal advocacy? (Roberto)

Lee Kochems proposed a motion to extend the meeting by 30 minutes to facilitate a thorough discussion on housing. **MOTION #9** (Approved by a 2/3rd vote of the membership)

6. REPORTS - II

F. Executive Director/Staff Report

(1) 2023 Draft Annual Report. Cheryl Barrit, MPIA, Executive Director, reported that the draft 2023 Annual Report was presented to the Executive Committee at its January 23, 2024 meeting for review and feedback. The report is available in the meeting packet for additional review and feedback by the full body. Please submit feedback as soon as possible as the report is due to the BOS by February 29, 2024.

G. Co-Chairs' Report. D. Campbell reported that Dr. Tony Mills resigned from the Commission, citing time constraints. He has been a valued member since 2016, serving on various Committees. We extend our gratitude for his service.

Chuy Orozco, HOPWA Representative, has resigned from the Commission, effective February 8th, Matthew Muhonen, HOPWA Monitor, is in the process of applying to serve as the HOPWA Representative. We appreciate Chuy Orozco's contributions.

Citing new beginnings, D. Campbell welcomed new Commissioner Daryl Russell, occupying the Unaffiliated Consumer At Large Seat #3.

(1) January 11, 2024 COH Meeting | FOLLOW-UP & FEEDBACK. D. Campbell welcomed feedback on improving the efficiency and effectiveness of meetings. The Executive Committee will further discuss and refine meeting structures to enhance efficiency.

(2) Executive Committee Member At-Large | OPEN NOMINATIONS. Nominations were invited for the Executive Committee Member at Large seats. Attendees were directed to refer to the Duty Statement included in their packets for more information. It was noted that three At-Large members of the Executive Committee are elected each year by the body. These

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members play essential roles, serving on both the Commission's Executive and Operations Committees, and actively participating in various Committee meetings, work groups, and other related activities as required.

- Justin Valero nominated Alasdair Burton for an Executive At-Large seat to which he accepted.
- Kevin Donnelly nominated Miguel Alvarez for an Executive At-Large seat to which he accepted.

(3) Conferences, Meetings & Trainings

- a. [2024 International AIDS Conference \(July 22-24, 2024\)](#). The deadline to submit a conference scholarship for virtual attendance has passed (January 23, 2024). Thanks to unaffiliated consumers who submitted applications for virtual attendance scholarships. Applicants will be notified in early April.
- b. [NMAC Biomedical HIV Prevention Summit \(April 19-20, 2024\)](#). The NMAC HIV Biomedical Prevention Summit will be held in Seattle, WA on April 19-20. For unaffiliated consumers who applied for conference scholarships, NMAC will notify applicants of their decisions on February 19. PrEP in Black America has organized a pre-summit meeting specifically centered around the Black community and HIV. Scholarship application information for the event have been shared via email. For further details, please contact D. Campbell.

As a reminder, the COH prioritizes the allocation of its training and travel budget for unaffiliated consumers (UCs) as a means of fostering learning and leadership development opportunities. Typically, the COH sponsors two UCs to participate in COH-sponsored and approved conferences and training events. However, applicants are required to apply for conference scholarships first to help offset some of the costs. A UC is defined as an HIV-positive individual utilizing Ryan White-funded HIV services who does not hold decision-making roles within any Part A funded organization or agency, including but not limited to employees, consultants, or board members.

- (4) **2024 Committee Co-Chairs.** Congratulations extended to the Commissioners who have been elected as Committee Co-Chairs for 2024. Your leadership and service are greatly appreciated.
- (5) **Member Vacancies & Recruitment.** For members whose terms are ending on June 30, 2024, please respond to the email from COH staff Sonja Wright inquiring if you are renewing along with your completed renewal application. We will need to process your applications for timely re-appointments.

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

- Service Planning Area 1 (Antelope Valley)
- Service Planning Area 4 (Metro LA)
- Service Planning Area 7 (East)
- Supervisorial District 1 (Supervisor Hilda Solis' District)
- Supervisorial District 4 (Supervisor Janice Hahn's District)
- 2 At Large Seats

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

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

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

- a. **Programmatic and Fiscal Updates.** Mario J. Pérez, MPH, Director of DHSP, provided an update on the CDC integrated surveillance program grant supporting HIV prevention and EHE efforts. Effective August 1st, two grants will be combined. Previously, the CDC relied on HIV prevalence data from 2014, where LA County accounted for 4.9% of all national HIV cases. However, updated CDC data shows LA County's prevalence has decreased to 4.6%, leading to lower funding allocations for areas like LA County, Chicago, New York, and San Francisco. Due to these prevalence data changes, Los Angeles County is facing a \$1.9 million decrease in funding allocation. The CDC HIV Prevention Director was asked to consider HIV incidence to determine funding allocations, however, according to current estimates, there are 32,100 new HIV infections nationally, with LA County accounting for 1,400, or 4.36%, of new infections, indicating that funding formula based on HIV incidence would result an even greater funding allocation reduction for LA County. M. Pérez expressed gratitude that incidence data was not used, as it would have resulted in deeper budget cuts. DHSP is assessing its entire portfolio to determine how best to manage the cuts.

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DHSP has initiated various initiatives such as the [I'mHIV+LA website](#), aimed at raising awareness about the Ryan White Program. Furthermore, additional campaigns have been introduced to enhance PrEP awareness within the Black community, with a specific focus on MSM, transgender individuals, and women. A new DoxyPEP awareness campaign is being launched, alongside efforts to provide clinicians with detailed information about DoxyPEP. DHSP is actively seeking community feedback for ongoing campaign development, including those addressing syphilis and biomedical prevention.

Additionally, DHSP actively participates in the Transgender Behavioral Surveillance System. M. Pérez highlighted the low awareness of PrEP among Transwomen, emphasizing the necessity for local efforts to improve its utilization and accessibility.

- b. Mpox Briefing.** Five Mpox cases reported this week, with an additional five reported last week, indicating continued circulation within LA County. Anticipating an increase in Mpox cases in the coming months, M. Pérez highlighted the urgency for vaccination, especially among high-risk groups; visit the [DHSP website](#) for more information. Vaccine continues to be available; 26% of individuals diagnosed with HIV have received at least one dosage. DHSP will be launching an Mpox awareness campaign.

Less than 10 COVID-related hospitalizations have been reported per 100,000 residents in LA County. Mask mandates have been lifted for inpatient settings and skilled nursing facilities.

- c. Ending the HIV Epidemic (EHE) | UPDATES.** *No additional updates.*

(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 written report in the packet, highlighting two key activities:
 - The Mpox vaccination benefit program.
 - The California Department of Aging launched a survey aimed at understanding the needs of older LGBT Californians, which will inform the development of tailored programs and services for the aging community.

K. Halfman reported that the budget question submitted during the last COH meeting has been elevated for a response and will share as soon as a response is received.

- b. California Planning Group (CPG).** *No updates.*

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(3) Ryan White Program Parts C, D, and F Report.

- **Part C.** L. Maultsby reported that the Part C Consumer Advisory Board (CAB) met with three of the Children's Hospital LA (CHLA) CABS and the UCLA Charles Drew University (CDU) CFAR CABS on January 31, fostering a cross-generational partnership. The CABS look forward to integration and continued partnership and collaboration.
- **Part D.** Dr. M. Cielo reported that UCLA will be continuing its "Confessions" podcast with the next session focused on Black women living with HIV.
- **Part F.** S. Cuevas reported on significant organizational changes at PAETC due to the retirement of Director Tom Donohoe. Additionally, PAETC is facing a 20% budget cut over the next five years, impacting various sites. Consequently, there will be modifications to the workplan, leading to the conclusion of some programs, including the Interprofessional Education (IPE) and Practice Program (IPP) student programs. Further updates will be provided to the COH in the spring.

(4) Cities, Health Districts, Service Planning Area (SPA) Reports. *No reports.*

7. MISCELLANEOUS

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

- Jazmin Brown, Linkage to Care Coordinator, CHLA, highlighted the compassionate dedication of the HIV workforce but pointed out Los Angeles' high cost of living. To sustain their work, those serving the community require fair wages for survival. J. Brown emphasized the need for affordable housing, salary increases, and expanded services to address these challenges.
- Samantha Lorenzo provided public comment on behalf of her mother Maria Gonzalez, who is Spanish speaking and a person living with HIV. *Please refer to earlier public comment.*

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

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7. MISCELLANEOUS (cont'd)

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

- Dr. L. Spencer announced that the CDU CFAR CAB Conference will be held on February 26, 2024 @ 9:30AM-3:00PM, at the Magic Johnson Recreational Center. Please contact Shelly Jones at shelleyjones@cdrewu.edu for more information.
- R. Ybarra announced that Capital Drugs is having their annual health fair. If there are organizations who would like to participate, please contact R. Ybarra directly at rybarra@capitoldrugs.com.
- D. Richardson announced the Women of Color (WOC) Banner Reveal this Saturday at the AMAAD Institute. This event is a visibility campaign to include Black women in discussions and planning around HIV. Contact D. Richardson for more information at Dechelle@amaad.org.
- Felipe Gonzalez thanked those who offered to assist the Gonzalez family with their housing concerns.
- A. Ballesteros announced the opening of tiny homes in Glassell Park by JWCH and encouraged attendees to spread the word within their networks. Additionally, JWCH has 30 beds available at the Cecil Hotel, offering accessible services to all individuals 24/7, on a walk-in basis.

D. Adjournment and Roll Call: Adjournment for the meeting of February 8, 2024.

The meeting was adjourned at 1:30PM. J. Stewart conducted roll call. Several raffle giveaways were offered.

ROLL CALL (PRESENT): M. Alvarez, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, K. Donnelly, F. Findley, A. Frames, F. Gonzalez, B. Gordon, K. Halfman, D. Hardy, I. Herrera, L. Kochems, L. Maultsby, D. Murray, P. Nash, K. Nelson, R. Osorio, B. Patel, M. Perez, D. Richardson, D. Russell, H. San Agustin, M. Sattah, L. Spencer, L. Talley, J. Valero, D. Campbell, and J. Green.

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MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 2: Approve the January 11, 2024, Commission on HIV meeting minutes, as presented.	Passed by Consensus.	MOTION PASSED
MOTION 3: Approve Consent Calendar, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 4: Approve new membership application for Vilma Mendoza, Unaffiliated Consumer, SPA 7, as presented or revised.	Passed by Consent Calendar.	MOTION PASSED
MOTION 5: Approve New Membership Application for Leonardo Martinez-Real, Unaffiliated Consumer, Supervisorial District 1, as presented or revised.	Passed by Consent Calendar.	MOTION PASSED
MOTION 6: Approve New Membership Application for Kerry Ferguson, Alternate, as presented or revised.	Passed by Consent Calendar.	MOTION PASSED
MOTION 7: Approve seat vacate for Redeem Robinson, as presented or revised.	Passed by Consent Calendar.	MOTION PASSED
MOTION 8: Approve proposed updates to Policy # 09.4205, incorporating the following waiver language: "A two-person-per-agency waiver is applicable to individuals affiliated with an entity or organization otherwise represented on the COH. This waiver is granted if the individual's salary is not supported by the represented organization and they do not receive payment directly funded by dollars from a DHSP contract or in any consulting capacity by DHSP contractual funds", as presented or revised.	Passed by Consent Calendar.	MOTION PASSED
MOTION 9: Approve a 30-minute extension of the meeting to facilitate a thorough discussion on housing.	Passed by 2/3 rd of the voting membership. Yes: A. Ballesteros, A. Burton, M. Cielo, K. Donnelly, F. Findley, D. Hardy, L. Kochems, L. Maultsby, P. Nash, K. Nelson, R. Osorio, D. Richardson, H. San	MOTION PASSED

MOTION AND VOTING SUMMARY		
	Agustin, L. Spencer, M. Sattah, L. Talley, J. Valero, J. Green, and D. Campbell No: M. Alvarez, M. Cummings, A. Frames, F. Gonzalez, I. Herrera, B. Patel, D. Russell, Abstain: J. Arrington, K. Halfman, Dr. Murray, M. Pérez* <i>initial yes vote; converted to an abstention.</i> Yes=20; No=7; Abstain: 4	



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Can I call anonymously?

Yes.

Can I contact you through other ways?

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By Email:

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On the web:

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





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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

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





Join Us

in recognition of

#NWGHAAD

National Women and Girls HIV/AIDS Awareness Day

Join the Women's Caucus in a panel presentation to raise awareness about the impact of HIV on women and show support for women and girls with HIV.



THURSDAY, MARCH 14, 2024 @ 9:00AM

Presentation will be part of the Commission meeting.



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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

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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



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>

February 27, 2024

Honorable Holly J. Mitchell, Supervisor
Honorable Hilda L. Solis, Supervisor
Honorable Lindsey P. Horvath, Chair
Honorable Janice Hahn, Supervisor
Honorable Kathryn Barger, Supervisor
Los Angeles County Board of Supervisors
500 West Temple Street
Los Angeles, CA 90012

Dear Chair Horvath and Supervisors Solis, Mitchell, Hahn, and Barger,

While the latest continuing resolution keeps the government going until March 1 for some agencies and March 8 for others, the persistent threats to funding for HIV, Sexually Transmitted Infections (STIs), housing, substance use, and mental health continue to put in peril our collective efforts to end HIV and achieve health equity for all. With these important intersecting and syndemic health conditions, we cannot achieve health equity and justice for people living with HIV (PLWH) and communities that shoulder the burden of HIV and STIs without sustained and significant federal and state investments to support a vigorous community-wide response in Los Angeles County.

House Republicans are seeking \$767 million in cuts to HIV care and prevention funding, - a direct attack on life saving care for millions of people PLWH and communities that bear the disproportionate burden of HIV. The House bill also proposes to drastically cut funding for the Minority HIV/AIDS Initiative, which seeks to eliminate racial and ethnic health disparities in HIV. The bill would completely eliminate funding for Minority AIDS Initiative Funding within the Substance Abuse and Mental Health Administration and cuts the Minority HIV/AIDS Fund by 53%. These funding cuts would eliminate all activities of the Ending the HIV Epidemic (EHE), reverse recent progress in bringing down new HIV cases, and leave state and local health departments and community-based organizations without needed funding to provide services to their community. With 70% of the 1.2 million Americans living with HIV projected to be 50 and older by 2030, the impact on the aging HIV community would be particularly severe. In contrast, the Senate bipartisan spending bill proposes to maintain HIV funding for FY24 and

includes a proposed increase of \$3 million dollars to continue the fight to end the epidemic and begin work toward a National PrEP Program. *We urge you send a five-signature letter to Congress urging them to protect funding for STIs, HIV, housing, mental health, and substance use programs. In addition, we urge you to include our community appeals in your Sacramento and Washington DC advocacy efforts.*

The most recently released 2022 STD Surveillance Report from the Centers for Disease Control and Prevention (CDC) shows that syphilis and chlamydia numbers have climbed to record highs and that the nation continues to struggle to gain control of the epidemics of STIs. The data show an 80% increase in syphilis over five years, as well as an alarming 3,755 congenital syphilis cases. The reported STI numbers are from 2022 and do not reflect the impact of the shortage of congenital syphilis treatment drug Bicillin L-A, which started last spring, or last summer's STI workforce cuts in the debt ceiling deal.

Affordable and safe housing remains the greatest unmet need for PLWH and communities most at risk for HIV/STI exposure and acquisition. As one of the strongest predictors of health outcomes, housing stability plays an important role in both HIV prevention and care. According to National Alliance of State & Territorial AIDS Directors (NASTAD), among individuals who are homeless or marginally housed, the rates of HIV infection are up to 16 times higher than those stably housed. Additionally, the homeless men who have sex with men (MSM) population is 15 times more likely to delay HIV testing than stably housed MSM. At any time, three to ten percent of all homeless persons are living with HIV. Across the U.S, upwards of 70% of all PLWH report experiencing homelessness or housing instability. This impacts entrance into care, as homelessness can delay this crucial step for an average of six months.

The national political landscape continues to be hostile towards the HIV movement, people of color, LGBTQ+ communities, and women, as evidenced by the continuous onslaught of funding cut threats and legislative bills at all levels of government attacking access to healthcare, reproductive rights, access to HIV PrEP/PEP and other lifesaving medications, to name a few. We appreciate and recognize your leadership in tackling the STI epidemic in the County and supporting local and national efforts to end HIV, homelessness, and improve mental health and substance use services. We remain committed to ending HIV for all and stand ready to partner with you in preventing needless and drastic cuts that threatened our collective progress to end HIV.

In partnership and solidarity,
Los Angeles County Commission on HIV Executive Committee

Danielle Campbell, PhDc, MPH, Co-Chair

Joseph Green, Co-Chair

Miguel Alvarez, Executive-At-Large

Erika Davies, Standards and Best Practices
Committee Co-Chair

Kevin Donnelly, Planning, Priorities, and
Allocations Committee Co-Chair

Felipe Gonzalez, Planning, Priorities, and
Allocations Committee Co-Chair

Lee Kochems, Public Policy Co-Chair

Jose Magaña, Operations Co-Chair

Katja Nelson, Public Policy Co-Chair

Kevin Stalter, Standards and Best Practices
Committee Co-Chair

Justin Valero, Operations Co-Chair

cc: Barbara Ferrer, PhD, MPH, MEd
Mario J. Pérez, MPH
Jeff Levinson



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KEY MESSAGES FOR BOARD REPRESENTATIVES ON PRESERVATION OF HIV FUNDING (3.10.24)

Purpose: Summary of key messages for Commission on HIV Board Representatives to impact to their respective Supervisors on the preservation of HIV funding at the federal level to reinforce letter sent to the Board by the Executive Committee.

- The Commission on HIV is very concerned about the ongoing threats to HIV, STD and those social issues that quality of life. The House-proposed bill would make draconian cuts to domestic programs, zeroing out the Centers for Disease Control and Prevention's (CDC) portion of the EHE funding and drastically reducing HIV funding for the Health Resources and Services Administration.
- We need your help in protecting federal funding for HIV and STIs for the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) Ryan White CARE Program, and the Ending the HIV Epidemic Initiative (EHE).
- Send a five-signature letter to Congress urging them to protect funding for STIs, HIV, housing, mental health, and substance use programs.
- Include our community appeals in your Sacramento and Washington DC advocacy efforts.
- Local HIV/STD geographic hot spots have not improved due to lack of meaningful and sustained funding. Our national efforts and investments are falling short of the commitment required to stem the HIV/STD epidemics.
- Historically, people affected/impacted by HIV and STIs have been marginalized and discriminated and continues to fight for access to care and social services that we have been fighting for since the beginning of the HIV epidemic.
- Protect and preserve HIV funding at the federal level during these politically fraught times, while continuing to advocate for a strong response to the uncontrolled STI epidemic.
- The value of preventing HIV and STIs far surpasses our investment in health infrastructure. The COVID-19 pandemic exposed the inadequacies in our public health system and demonstrated the need for stronger and more stable funding streams. If our local, state and federal health professionals were better funded, they could better prevent and treat HIV/AIDS in our country.
- To make progress in ending the epidemic, greater investments are needed to reduce the rate of new HIV infections, to reduce hospital and emergency room visits and to improve treatment outcomes.
- Slashing HIV funding will also increase the wealth gap while worsening racial disparities in our country. Further, abolishing the EHE initiative could leave thousands of people without HIV care and tens of thousands without access to pre-exposure prophylaxis.
- This is not the time for us to retreat in our battle against HIV. Congressional representatives are often unaware of how their decisions affect people on the ground. Proposed funding cuts to HIV programming are no exception.

2024 Outstanding Membership Applications Renewal List – DUE: FRIDAY, MARCH 29TH BY 12PM

- Arrington, Jayda
- Ballesteros, Al
- Cuevas, Sandra
- Cummings, Mary
- Davies, Erica
- Donnelly, Kevin
- Kochems, Lee
- Molette, Andre
- Nelson, Katja
- Perez, Mario
- Sattah, Martin
- Spencer, LaShonda
- Talley, Lambert
- Weedman, Jonathan
- Ybarra, Russell



HIV/STI PREVENTION SERVICE STANDARDS



Draft for Executive Committee review as of 3/6/24.

INTRODUCTION

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

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

SERVICE DESCRIPTION

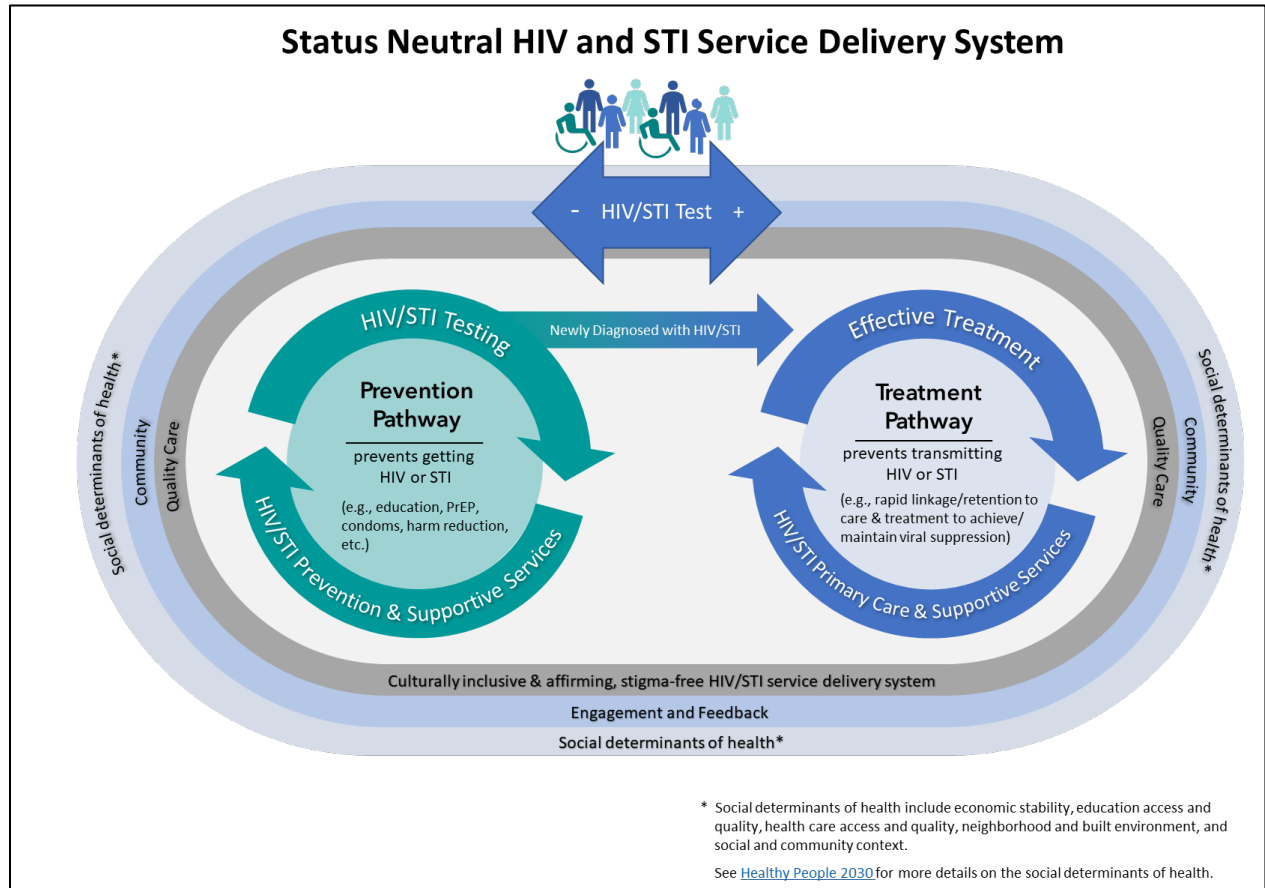
Prevention Services are those services used alone or in combination to prevent the transmission of HIV and STIs. The early diagnosis and treatment of STIs is vital to interrupting transmission of STIs as well as HIV. Prevention Services include HIV and STI screening, biomedical interventions, non-biomedical/behavioral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

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

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

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

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



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

BACKGROUND

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

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

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

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

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

UNIVERSAL STANDARDS FOR HIV AND STI PREVENTION SERVICES

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

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

Screening and Assessments

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Intake	Initiate a client record at first clinic visit or client interaction.	Intake tool in client file to include (at minimum): • Documentation of HIV/STI status (if applicable) • Proof of LA County residency or Affidavit of Homelessness • Verification of program and financial eligibility (if applicable) • Date of intake • Client name (lived name if applicable), pronouns, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number • Signed and dated Release of Information, Limits of Confidentiality, Consent, Client Rights and Responsibilities
Assessment	Comprehensive assessments are completed in a cooperative process between staff and the client during first visit/appointment. Alternatively, clients may complete online assessments prior to their first visit. Comprehensive assessment is conducted to determine the: • Client's needs for prevention and medical services, and support services including housing and food needs • Client's current capacity to meet those	Comprehensive assessment on file in client chart to include: • Date of assessment • Signature and title of staff person conducting assessment • Completed assessment form Client strengths, needs and available resources in the following areas: • Medical/physical healthcare • Medications and Adherence issues

	needs/identify barriers that address needs • Client's medical home • Ability of the client's social support network to help meet client needs • Extent to which other agencies are involved in client's care	• Mental health • Substance use and/or substance use • HCV/HIV dual diagnosis, if applicable • Nutrition/food • Housing and living situation • Family and dependent care issues • Gender Affirming Care including access to hormone replacement therapy, gender affirming surgical procedures, name change/gender change clinics and other related services. • Transportation • Language/literacy skills • Religious/spiritual support • Social support system • Relationship history • Domestic violence/Intimate Partner Violence (DV/IPV) • History of physical or emotional trauma • Financial resources • Employment and Education • Legal issues/incarceration history • Knowledge/beliefs about HIV/STIs/Hepatitis • Agencies that serve the client and/or household
	Staff will conduct reassessments with the client as needed.	• Date of reassessment • Signature and title of staff person conducting reassessment

		Completed reassessment form
HIV Testing	Staff will conduct appropriate HIV and/or STI tests based on sexual health history or client request.	Documentation of HIV/STI testing in client file and data management system.
	HIV/STI testing must be voluntary and free from coercion. Patients/clients must not be tested without their knowledge/written consent.	Documentation of patient consent as required or appropriate.
	Provide immediate and, if necessary, repeated, linkage services to persons with a preliminary positive HIV test result or a confirmed HIV diagnosis.	Documentation of linkage to care.
Testing and Treatment of STIs	Assess patients risk for STI acquisition.	STI risk assessments on file.
	Provide or partner with agencies that provide treatment for patients to test positive for an STI	Documentation of STI treatment plan and medication prescriptions. If referring to other agency, Memorandum of Understanding (MOU) on file.
	Ensure client is linked to services that cover the cost of treatment.	Documentation of linkage to services.
	Conduct follow up testing 3 months after positive test to ensure STI has been treated appropriately.	Documentation of follow-up.
	Provide or partner with agencies that provide vaccination for HPV and Hepatitis B, as recommended.	Vaccination record.

BIOMEDICAL PREVENTION

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

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

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Narcan/Naloxone	Partner with agencies/organizations to provide training to clients on how to use nasal Narcan and/or injectable naloxone.	Documentation of training.
	Partner with agencies/organizations to provide free or low-cost Narcan and/or naloxone to clients.	Documentation of Narcan/naloxone distributed.
Fentanyl Test Strips and Other Substance Testing Kits	Partner with agencies/organizations to provide training to clients on how to use fentanyl test strips, and other substance testing kits.	Documentation of training.
	Partner with agencies/organizations to provide free or low-cost fentanyl test strips and other substance testing kits.	Documentation of test strips distributed.
Syringe Services Programs	Partner with agencies/organizations to provide syringe services that include: • Needle exchange • Safe disposal • Nasal spray Narcan • Injectable naloxone • Condoms • Wound care kit • Safer smoking supplies (e.g. pipes, mouthpieces, cleaning supplies)	Documentation of items collected and/or distributed.
Peer Support	Provide referrals and assist with linkage to peer support as related to substance use disorder.	Documentation of referral.
Contingency Management	Provide referrals and assist with linkage to Contingency Management programs for stimulant use disorder.	Documentation of referral.
Mobile/Street Medicine	Provide mobile and/or street medicine to clients, where feasible.	Documentation of schedules, services provided/used, etc.

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

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

	• syringe exchange • housing services • mental health services • substance abuse services • food and nutrition support • employment services • unemployment financial assistance • drug assistance programs • health insurance navigation • childcare • legal assistance • other services, as identified and needed • health literacy education • peer support Referrals should be to local facilities, clinics, and service providers in the area of the client minimizing transportation barriers.	
Social Marketing and Outreach	Outreach to potential clients/families and providers.	Outreach plan on file.
	Collaborate with community partners and health care providers to promote services.	Documentation of partnerships.
Navigation Services	Provide navigation assistance for linkage to supportive services.	Documentation of services offered.
	Health Navigators will canvas the target areas to identify and document all available service providers that can be used as referral sources for clients.	Activity logs on file.
	Health Navigators will become familiar with the access, referral, and intake process to educate clients of this process when providing referral for services.	Training or resources identified by staff on file.
	Follow up session should be conducted to reassess clients' current situation and need for additional services.	Documentation of reassessment.

LOS ANGELES COUNTY COMMISSION ON HIV
BLACK CAUCUS PRESENTS

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

COMMUNITY LISTENING SESSION*

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

Discussion Topics Include:

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

Invitation open to faith leaders of Los Angeles County

Friday, April 26, 2024

6:00PM-8:00PM

Los Angeles, CA

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



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



LOS ANGELES COUNTY
COMMISSION ON HIV



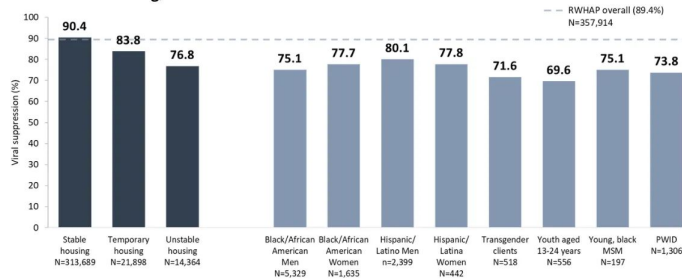
LAHD/HOPWA
HIV Commission
Mtg

3/14/24

SNAPSHOTS FROM ACROSS THE U.S. FY 2024 ASK: \$600 MILLION

State	Total Housing Need among All Diagnosed with HIV	Met Need through Assistance (i.e. HOPWA/HUD programs)	Unmet Need (Needs Housing help right now)
Georgia	20.9%	37.7%	62.3%
Florida	27.2%	43.1%	56.9%
Mississippi	20.9%	44.9%	55.1%
Texas	25.4%	45.4%	54.6%
Illinois	28.5%	52.7%	47.3%
California	24.5%	62.3%	33.7%
New York	40.8%	78.7%	21.3%

Viral Suppression among RWHAP Clients, by Housing Status and among Key Populations with Unstable Housing, 2020—United States and 3 Territories



PWID, people who inject drugs (i.e., HIV attributed to injection drug use).

N represents the total number of clients in the specific population.

Viral suppression: ≥ 1 OAHs visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

* Guam, Puerto Rico, and the U.S. Virgin Islands.

In a paper co-authored by the CDC and NHAHC in the *AIDS Journal*, we find that 1 in 4 people living with HIV/AIDS have unmet housing needs. As it is funded, HOPWA can only provide 1.24 months per person per year.

Overview

- The Housing Opportunities for Persons with HIV/AIDS (HOPWA) program is a federal program designed to provide housing assistance and related supportive services to low-income persons living with HIV/AIDS (PLWHA) and their families.
- The HOPWA program is administered by the U.S. Department of Housing and Urban Development's (HUD's) Office of HIV/AIDS Housing.

HOPWA's Strategic Objectives

- To increase housing stability, expand access to care and reduce the risk of homelessness.
- HOPWA regulations require the most populous unit of local government in an eligible metropolitan statistical area (EMSA) to receive the formula allocation. Therefore, the HOPWA funds received by the Los Angeles Housing and Community Investment Department (HCIDLA) are to be used for programs countywide.
- For the past 3 years the average annual allocation has been approximately \$22,000,000.

Award amount from 2020-2023

HUD Exchange Grantee Awards

Date of Export: 02/29/24

Year	State	Org Name	Program Name	Program Type	Award Amount
2023	CA	Los Angeles, CA	HOPWA	Formula	\$ 24,017,909.00
2022	CA	Los Angeles, CA	HOPWA	Formula	\$ 21,794,278.00
2021	CA	Los Angeles, CA	HOPWA	Formula	\$ 20,734,278.00
2020	CA	Los Angeles, CA	HOPWA	Formula	\$ 19,812,205.00
2020	CA	Los Angeles, CA	HOPWA	Competitive - CV	\$ 167,434.00
2020	CA	Los Angeles, CA	HOPWA	Formula - CV	\$ 2,883,240.00
2020	CA	Los Angeles, CA	HOPWA	Competitive	\$ 1,445,197.00
				Total 2020	\$ 24,308,076.00

**Total 2020 Award
Amount
\$24,308,076.00**

Los Angeles County HOPWA Program

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

Los Angeles County HOPWA Program Cont'd

- **Housing Information and Referral** – Locates vacant units within the County of Los Angeles and maintains a user-friendly website that includes rental listings, housing resources, and additional community resources. This service category is intended for individuals and families of low to very low income that are currently not in HOPWA supported housing that are living with HIV/AIDS and are homeless or in imminent danger of becoming homeless. The program assists in acquiring financing options and maintaining housing.
- **Housing Specialist/Crisis Housing** – Performs comprehensive assessments and housing plan to address barriers to finding and sustain stable housing. Emergency and transitional housing for clients homeless or at-risk of homelessness.
- **Short Term Financial Assistance** – Short-Term Rent, Mortgage, and Utility (STRMU) program provide short term financial assistance to maintain housing and Permanent Housing Placement (PHP) provides move-in grant to help households with first month's rent, security deposits and utility switch on fees.

- Number of Contracts: 18
- For Fiscal Year 23-24, the City received over \$24 million for HOPWA programming.

49th Year HOPWA			
Contractor	Program Type	Contract #	Total PY 49 Budget
APLA/Alliance	SPA 4 & 5 (Metro West)	138979	\$2,533,561.97
APLA/Alliance	SPA 8 (South Bay)	138932	\$1,540,000.00
APLA/Alliance	RSC	139393	\$1,363,250.00
APLA/Alliance	Scattered Sites	138872	\$1,045,000.00
APLA/Alliance	SPA 6 (South LA)	139291	\$2,040,000.00
APLA/Alliance	CCA	144536	\$1,353,106.00
City of Pasadena	TBRA	139958	\$298,830.50
Foothill AIDS Project	SPA 3 & 7	139721	\$2,040,000.00
Housing Authority City of Long Beach	TBRA / Supportive Svcs	139518	\$1,596,291.73
The Los Angeles County Development Authority	TBRA	138973	\$917,216.73
Housing Authority of the City of Los Angeles	TBRA / PBRA	139601	\$4,183,027.73
Pets Are Wonderful Support	Housing Information	138703	\$855,017.28
Project New Hope	Scattered Sites	138874	\$605,000.00
Tarzana Treatment Center	SPA 1 & 2	139057	\$2,040,000.00
Volunteers of America of Los Angeles	Scattered Sites	138777	\$597,190.00
Wesley/JWCH	SPA 4 (Downtown)	138985	\$1,953,241.00
HCIDLA / Systems (Bitfocus and Satwic)	Housing Information	131043	\$233,149.00
Eccovia/ClientTrack	Housing Information	144251	\$384,080.00
	Totals		\$25,577,961.94

PY23-24 Expenditures (Up to January 2024)

Awarded amount	Expenses	Balance	
\$24,017,909	\$9,615,829.71	\$14,402,079.29	40.04%

49th Year HOPWA

Contractor	Program Type	Contract #	Total PY 49 Budget	Expenditure to date	Balance
APLA/Alliance	SPA 4 & 5 (Metro West)	138979	\$2,533,561.97	\$723,708.47	\$1,809,853.50
APLA/Alliance	SPA 8 (South Bay)	138932	\$1,540,000.00	\$388,679.53	\$1,151,320.47
APLA/Alliance	RSC	139393	\$1,363,250.00	\$624,515.82	\$738,734.18
APLA/Alliance	Scattered Sites	138872	\$1,045,000.00	\$461,462.97	\$583,537.03
APLA/Alliance	SPA 6 (South LA)	139291	\$2,040,000.00	\$784,104.88	\$1,255,895.12
APLA/Alliance	CCA	144536	\$1,353,106.00	\$502,169.02	\$850,936.98
City of Pasadena	TBRA	139958	\$298,830.50	\$147,816.89	\$151,013.61
Foothill AIDS Project	SPA 3 & 7	139721	\$2,040,000.00	\$560,986.59	\$1,479,013.41
Housing Authority City of Long Beach	TBRA / Supportive Svcs	139518	\$1,596,291.73	\$232,000.00	\$1,364,291.73
The Los Angeles County Development Authority	TBRA	138973	\$917,216.73	\$561,017.26	\$356,199.47
Housing Authority of the City of Los Angeles	TBRA / PBRA	139601	\$4,183,027.73	\$2,003,744.00	\$2,179,283.73
Pets Are Wonderful Support	Housing Information	138703	\$855,017.28	\$354,916.18	\$500,101.10
Project New Hope	Scattered Sites	138874	\$605,000.00	\$325,257.90	\$279,742.10
Tarzana Treatment Center	SPA 1 & 2	139057	\$2,040,000.00	\$523,448.18	\$1,516,551.82
Volunteers of America of Los Angeles	Scattered Sites	138777	\$597,190.00	\$310,915.56	\$286,274.44
Wesley/JWCH	SPA 4 (Downtown)	138985	\$1,953,241.00	\$729,374.66	\$1,223,866.34
HCIDLA / Systems (Bitfocus and Satwic)	Housing Information	131043	\$233,149.00	\$80,740.10	\$152,408.90
Eccovia/ClientTrack	Housing Information	144251	\$384,080.00	\$300,971.70	\$83,108.30
	Totals		\$25,577,961.94	\$9,615,829.71	\$15,962,132.23

Total number of HOPWA-eligible individuals served with HOPWA assistance PY23-24: 3,443

APLA SPA 6	534
HACLA	262
Pasadena	15
PAWS	317
Alliance	1478
FAP	293
HACLB	12
JWCH	259
LACDA	55
PNH	30
TTC	170
VOA	18
Total	3443

**Total
3,443**



DATA



- Contractors must use an electronic database to record and track client information, including intake/assessment, housing plans, placements, follow-ups, applications, retention, and other services. They agree to utilize the system developed by LAHD for this purpose and generate necessary reports upon request.
- These administrative data systems capture a wide range of data elements. This includes information on the types of services delivered, the number of clients served, demographics of clients, outcomes achieved, and other relevant metrics.

Sample: ECCOVIA User Dashboard







 Search

 Home

 /

Welcome Sally Liang

 Dashboard

 Quick Services - Multiple Clients

 Recent

 Agency User Management

 Case Load

 My Information

 My Team

 Change My Password

 Paused Operations

 My Submitted Issues

 Annual Assessment Tool

 PH Move In Search

Sally Liang

APLA Health & Wellness SPA 6 RO
HOPWA Program Management

Welcome Sally Liang

APLA Health & Wellness SPA 6 RO News

Welcome to ClientTrack. Your administrator can set news items here.

Current Program Enrollments

ProgramName	Cases	Clients
Crisis Bed	10	10
Housing Specialist	2	2
Permanent Housing Placing Program (PHP)	1	1
PY 2022 Housing Specialist Program	271	271
Short Term Rent, Mortgage and Utility Program (STRMU)	1	1
Transitional Housing	3	3

My Case Assignments

1 result found.

Client Name	Case ID	Program	Project Start Date	Housing Move-In Date	Exit Date	Days Enrolled	Last Assessed	Case Assign Dates
LIANG, LAHD1	12163	Animal Support and Advocacy	02/05/2024			32	02/05/2024	

Sample: ECCOVIA User Dashboard



LS





Reports / Client Demographics Report



Client Demographics Report



>  HMIS Reports

>  Administrative Reports

>  Client Reports

-  **Client Demographics**
 -  Client Barriers
 -  Client List
 -  Client Employment Status
 -  Client Goals
 -  Client Milestone Age Status
 -  Client Goal Action Plans
 -  Duplicated Clients
 -  Employment Improvement
 -  Goal Outcome

>  Enrollment Reports

>  Referral Reports

>  Service Reports

For help relating to this form, click the **Help** icon  in the top right area of this form. For general help, click the **Help Topics** link in the top right area of this application.

Saved Report Settings

To use saved report settings, select the desired settings description. To save the settings for a new report, select **Save Settings**, type the description of the settings in the **Save As** field, select the report settings, and run the report. The saved settings will appear in the list the next time you access this screen.

Saved Report Settings:

-- SELECT --

Date Range

Indicate the time period for this report. Only records that fall within the date range you select will be included.

Predefined Date Range:

Current Month

Client record created between: *

03/01/2024

 and

03/31/2024

Organization(s)

Indicate which organizations should be included in the report by selecting each organization separately, or click the  icon to select all. *Note: The list only shows organizations you are authorized to view.*

Organization(s): *

AHH SPA 8 Alliance for Housing and Healing Alliance/APLA SPA 8 RO

APLA Central Coordinating Agency (CCA)

APLA Health & Wellness SPA 6 RO

APLA Residential Service Coordination (RSC)



Report

Schedule Report

Cancel

Total Clients Served by Program PY22-23

*Data includes all programs from all providers.

Program Type	Households Served
Supportive Services	2376
Legal Services	68
STRMU	55
PHP	157
Crisis Housing	157
PBRA	80
TBRA	334
SSML	80

Supportive Services

- Includes Case Management, Animal Advocacy, Legal Services, Benefit Specialist, Life Skills and other services that will remove barriers for clients to get and/or maintain their housing.
- High Demand for Supportive Services: The program type "Supportive Services" has the highest number of households served, indicating a potentially high demand for general support services within the community.

HOPWA Performance Profile

- The Consolidated Annual Performance and Evaluation Report (CAPER) for HOPWA formula grantees and “Annual Progress Report” (APR) for HOPWA competitive grantees were consolidated into a single report.
- Formula grantees must submit one Consolidated APR/CAPER annually that includes information about all of the HOPWA formula grants against which costs were incurred during the operating year.

* **City** Fiscal Year: July - June; **Federal** Fiscal Year: October-September

Service Demographic Report PY 22-23

Sample: ECCOVIA User Dashboard

Service Demographic Totals

7/1/2022 to 6/30/2023

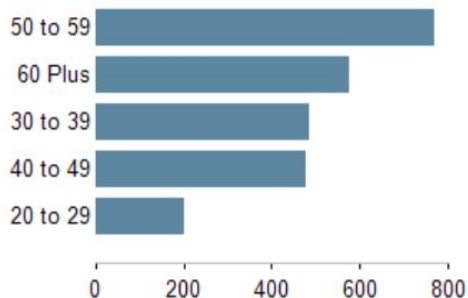


Report Criteria:

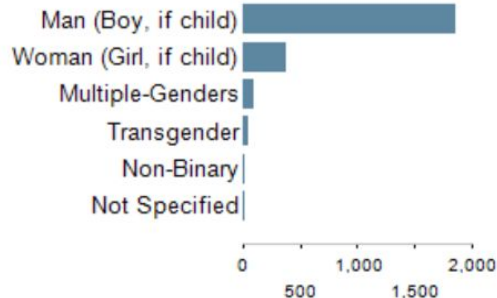
Organizations: Multiple

Clients Served

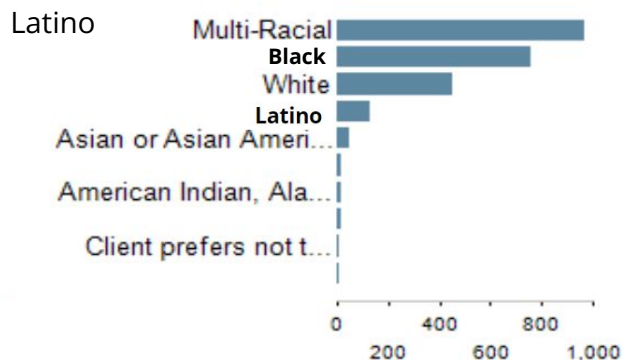
by Age Group



by Gender



by Race

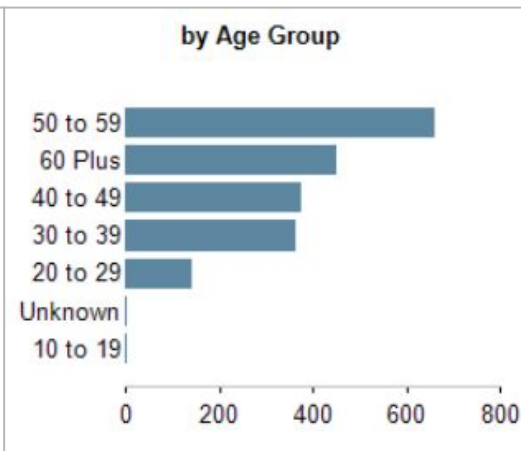


Service Demographic Report PY22-23

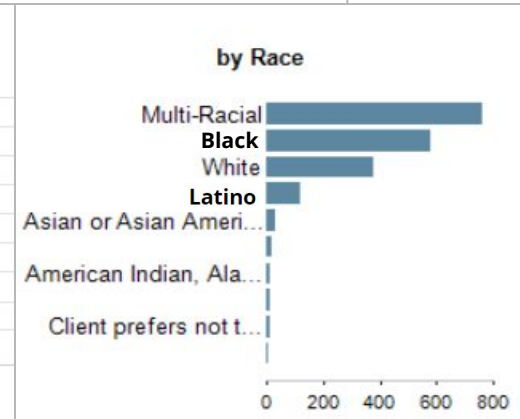
Category	Households Served		Services Provided		Category	Households Served		Services Provided	
	#	%	#	%		#	%	#	%
Age Group					Race				
20 to 29	200	8.0%	2066	6.5%	American Indian, Alaska Native, or Indigenous	11	0.5%	104	0.3%
30 to 39	487	19.4%	5120	16.2%	Asian or Asian American	45	1.9%	663	2.1%
40 to 49	478	19.1%	5433	17.2%	Black, African American, or African	757	31.7%	9974	31.5%
50 to 59	768	30.6%	11194	35.4%	Client doesn't know	1	0.0%	20	0.1%
60 Plus	576	23.0%	7822	24.7%	Client prefers not to answer	5	0.2%	114	0.4%
Gender					Data not collected	10	0.4%	98	0.3%
Man (Boy, if child)	1860	77.8%	24155	76.4%	Hispanic/Latina/e/o	128	5.4%	1351	4.3%
Multiple-Genders	96	4.0%	1319	4.2%	Multi-Racial	970	40.6%	13467	42.6%
Non-Binary	8	0.3%	95	0.3%	Native Hawaiian or Pacific Islander	12	0.5%	164	0.5%
Not Specified	1	0.0%	4	0.0%	White	452	18.9%	5680	18.0%

Service Demographic Report PY21-22

Category	Households Served		Services Provided	
	#	%	#	%
Age Group				
10 to 19	2	0.1%	8	0.0%
20 to 29	141	7.1%	1702	6.4%
30 to 39	364	18.3%	3947	14.8%
40 to 49	375	18.8%	4934	18.5%
50 to 59	659	33.1%	9427	35.3%
60 Plus	449	22.5%	6675	25.0%
Unknown	2	0.1%	3	0.0%



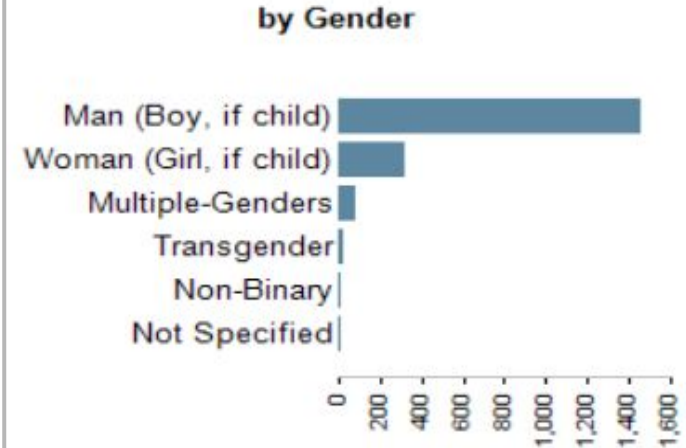
Race				
American Indian, Alaska Native, or Indigenous	11	0.6%	94	0.4%
Asian or Asian American	27	1.4%	436	1.6%
Black, African American, or African	579	30.4%	8583	32.2%
Client doesn't know	1	0.1%	6	0.0%
Client prefers not to answer	8	0.4%	160	0.6%
Data not collected	15	0.8%	92	0.3%
Hispanic/Latina/e/o	116	6.1%	1076	4.0%
Multi-Racial	760	40.0%	10787	40.4%
Native Hawaiian or Pacific Islander	10	0.5%	181	0.7%
White	375	19.7%	5281	19.8%
Total	1902	100.0%	26696	100.0%



Service Demographic Report PY21-22

Gender

Man (Boy, if child)	1458	76.7%	19943	74.7%
Multiple-Genders	85	4.5%	1234	4.6%
Non-Binary	6	0.3%	66	0.2%
Not Specified	3	0.2%	6	0.0%
Transgender	25	1.3%	248	0.9%
Woman (Girl, if child)	325	17.1%	5199	19.5%



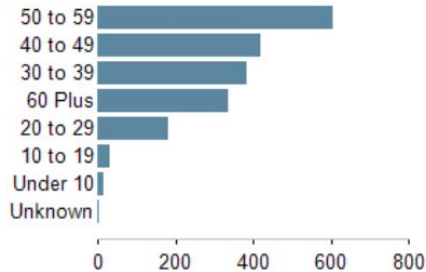
Service Demographic Report PY20-21

Report Criteria:

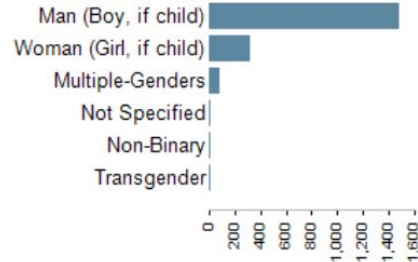
Organizations: Multiple

Clients Served

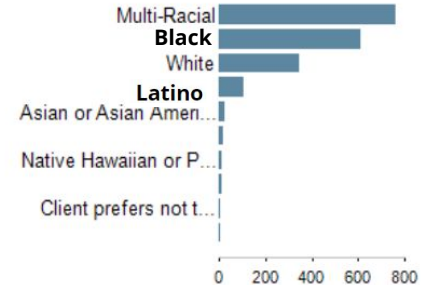
by Age Group



by Gender



by Race



Service Demographic Report PY20-21

Category	Households Served		Services Provided			Households Served		Services Provided	
	#	%	#	%					
A					Race				
10 to 19	31	1.6%	270	1.1%	American Indian, Alaska	9	0.5%	151	0.6%
20 to 29	182	9.2%	1947	8.0%	Asian or Asian American	24	1.3%	280	1.1%
30 to 39	384	19.5%	4532	18.6%	Black, African American, or	612	32.2%	8021	32.9%
40 to 49	417	21.2%	5174	21.2%	Client doesn't know	2	0.1%	38	0.2%
50 to 59	603	30.6%	7650	31.4%	Client prefers not to answer	5	0.3%	137	0.6%
60 Plus	335	17.0%	4485	18.4%	Data not collected	18	0.9%	189	0.8%
Under 10	16	0.8%	332	1.4%	Hispanic/Latina/e/o	104	5.5%	799	3.3%
Unknown	3	0.2%	9	0.0%	Multi-Racial	765	40.3%	9571	39.2%
					Native Hawaiian or Pacific Island	12	0.6%	143	0.6%
G					White	348	18.3%	5070	20.8%
Man (Boy, if child)	1480	77.9%	18546	76.0%	Total	1899	100.0%	24399	100.0%
Multiple-Genders	87	4.6%	1066	4.4%					
Non-Binary	6	0.3%	107	0.4%					
Not Specified	6	0.3%	56	0.2%					
Transgender	1	0.1%	1	0.0%					
Woman (Girl, if child)	319	16.8%	4623	18.9%					

Service Demographics Report Supportive Services PY22-23

Report Criteria:

Organizations: Multiple

Programs: Animal Support and Advocacy, Housing Specialist, PY 2022 Housing Specialist Program, PY 2022 Residential Service Coordinate (RSC), Residential Service Coordination (RSC), Residential Service Coordination (RSC), Supportive Services for Scattered Site Master Leasing, Z_Retired_(SSML) Supportive Services, Z_Retired_Animal Support & Advocacy (AS), Z_Retired_Housing Specialist, Z_Retired_Residential Service Coordination (RSC)

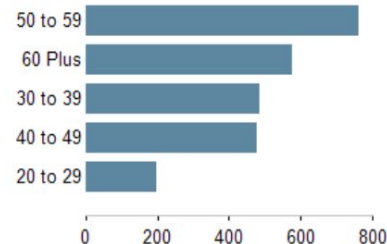
Clients Served

Category	Households Served		Services Provided	
	#	%	#	%
Age Group				
20 to 29	199	8.0%	2065	6.5%
30 to 39	484	19.4%	5114	16.2%
40 to 49	476	19.1%	5429	17.2%
50 to 59	761	30.5%	11177	35.4%
60 Plus	574	23.0%	7815	24.7%

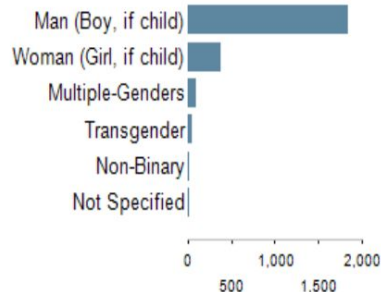
Gender

Man (Boy, if child)	1847	77.7%	24129	76.4%
Multiple-Genders	94	4.0%	1316	4.2%
Non-Binary	8	0.3%	95	0.3%
Not Specified	1	0.0%	4	0.0%
Transgender	41	1.7%	317	1.0%
Woman (Girl, if child)	385	16.2%	5739	18.2%

by Age Group



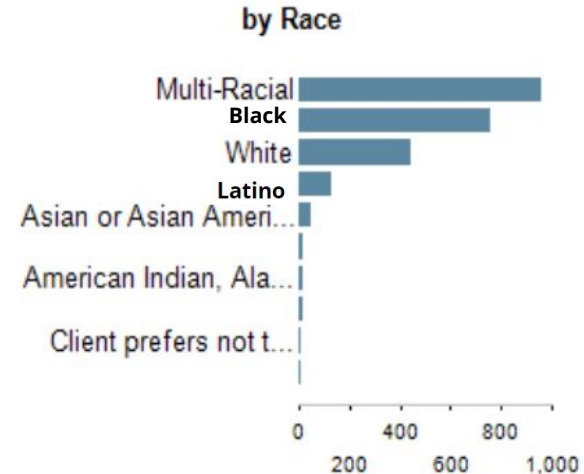
by Gender



Service Demographics Report Supportive Services PY22-23

Race

American Indian, Alaska Native, or Indigenous	11	0.5%	104	0.3%
Asian or Asian American	45	1.9%	663	2.1%
Black, African American, or African American	755	31.8%	9966	31.5%
Client doesn't know	1	0.0%	20	0.1%
Client prefers not to answer	5	0.2%	114	0.4%
Data not collected	10	0.4%	98	0.3%
Hispanic/Latina/e/o	127	5.3%	1347	4.3%
Multi-Racial	964	40.6%	13451	42.6%
Native Hawaiian or Pacific Islander	12	0.5%	164	0.5%
White	446	18.8%	5673	18.0%
Total	2376	100.0%	31600	100.0%



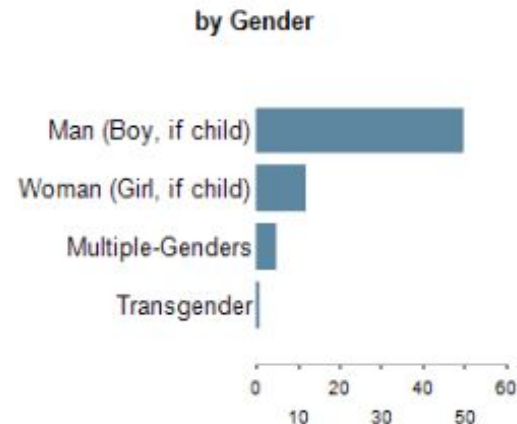
Service Demographics Report Legal Services PY22-23

Service Demographic Totals

7/1/2022 to 6/30/2023

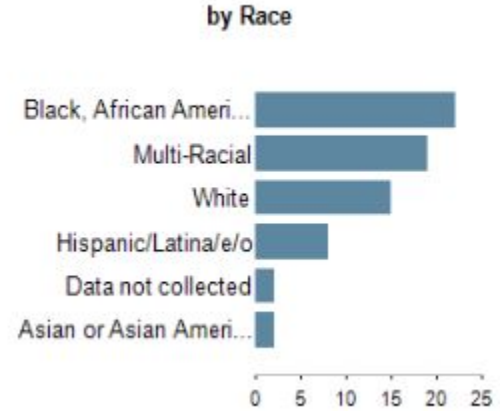


Category	Unduplicated		Duplicated		Dollar Value	
	#	%	#	%	\$	%
Age Group						
20 to 29	9	13.2%	9	12.9%	\$0.00	0.0%
30 to 39	13	19.1%	14	20.0%	\$0.00	0.0%
40 to 49	20	29.4%	20	28.6%	\$0.00	0.0%
50 to 59	17	25.0%	18	25.7%	\$0.00	0.0%
60 Plus	9	13.2%	9	12.9%	\$0.00	0.0%
Gender						
Man (Boy, if child)	50	73.5%	51	72.9%	\$0.00	0.0%
Multiple-Genders	5	7.4%	5	7.1%	\$0.00	0.0%
Transgender	1	1.5%	1	1.4%	\$0.00	0.0%
Woman (Girl, if child)	12	17.6%	13	18.6%	\$0.00	0.0%



Service Demographics Report Legal Services PY22-23

Race						
Asian or Asian American	2	2.9%	2	2.9%	\$0.00	0.0%
Black, African American, or African	22	32.4%	23	32.9%	\$0.00	0.0%
Data not collected	2	2.9%	2	2.9%	\$0.00	0.0%
Hispanic/Latina/e/o	8	11.8%	8	11.4%	\$0.00	0.0%
Multi-Racial	19	27.9%	19	27.1%	\$0.00	0.0%
White	15	22.1%	16	22.9%	\$0.00	0.0%
Total	68	100.0%	70	100.0%	\$0.00	100.0%



Service Demographics Report STRMU

Service Demographic Totals

7/1/2022 to 6/30/2023



Report Criteria:

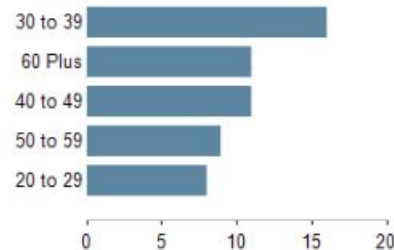
Organizations: Multiple

Programs: Central Coordinating Agency (CCA) - Homeless Prevention STRMU, Short Term Rent, Mortgage and Utility Program (STRMU)

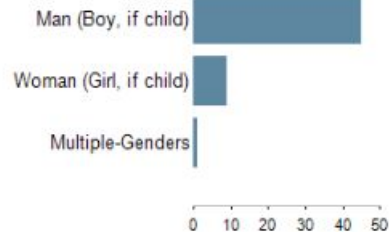
Clients Served

Category	Households served		Services Provided		Dollar Value	
	#	%	#	%	\$	%
Age Group						
20 to 29	8	14.5%	25	11.7%	\$33,047.65	16.6%
30 to 39	16	29.1%	76	35.5%	\$64,168.63	32.3%
40 to 49	11	20.0%	28	13.1%	\$45,622.25	23.0%
50 to 59	9	16.4%	35	16.4%	\$30,445.43	15.3%
60 Plus	11	20.0%	50	23.4%	\$25,482.00	12.8%
Gender						
Man (Boy, if child)	45	81.8%	185	86.4%	\$166,235.46	83.6%
Multiple-Genders	1	1.8%	1	0.5%	\$6,340.00	3.2%
Woman (Girl, if child)	9	16.4%	28	13.1%	\$26,190.50	13.2%

by Age Group

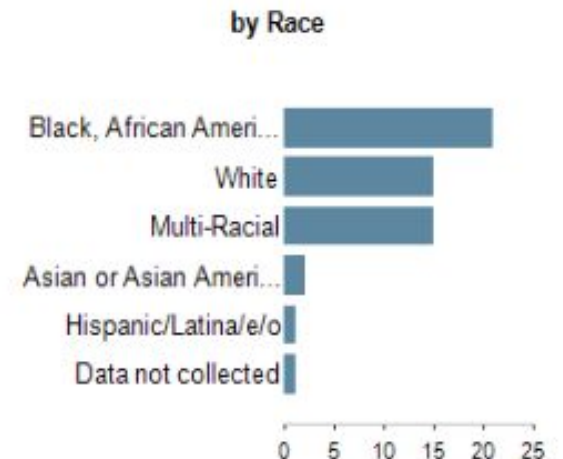


by Gender



Service Demographics Report STRMU

Race						
Asian or Asian American	2	3.6%	4	1.9%	\$15,380.00	7.7%
Black, African American, or African	21	38.2%	80	37.4%	\$81,128.51	40.8%
Data not collected	1	1.8%	3	1.4%	\$4,185.00	2.1%
Hispanic/Latina/e/o	1	1.8%	3	1.4%	\$10,221.93	5.1%
Multi-Racial	15	27.3%	67	31.3%	\$36,786.77	18.5%
White	15	27.3%	57	26.6%	\$51,063.75	25.7%
Total	55	100.0%	214	100.0%	\$198,765.96	100.0%



Service Demographics Report CARES STRMU PY20-24

Service Demographic Totals

7/1/2020 to 3/8/2024



Report Criteria:

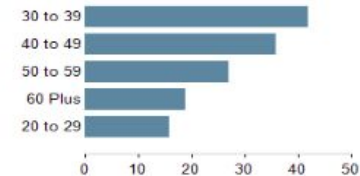
Organizations: Multiple

Programs: CARES Short Term Rent, Mortgage and Utility Program

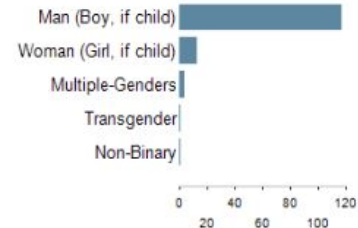
Clients Served

Category	Unduplicated		Duplicated		Dollar Value	
	#	%	#	%	\$	%
Age Group						
20 to 29	16	11.4%	73	9.1%	\$141,575.00	12.5%
30 to 39	42	30.0%	256	32.0%	\$356,946.08	31.5%
40 to 49	36	25.7%	178	22.2%	\$248,053.10	21.9%
50 to 59	27	19.3%	171	21.3%	\$233,271.96	20.6%
60 Plus	19	13.6%	123	15.4%	\$153,262.32	13.5%
Gender						
Man (Boy, if child)	118	86.1%	689	86.0%	\$934,007.43	82.4%
Multiple-Genders	4	2.9%	12	1.5%	\$34,170.00	3.0%
Non-Binary	1	0.7%	3	0.4%	\$17,545.86	1.5%
Transgender	1	0.7%	2	0.2%	\$3,162.09	0.3%
Woman (Girl, if child)	13	9.5%	95	11.9%	\$144,223.08	12.7%

by Age Group



by Gender



Service Demographics Report CARES STRMU PY20-24

Race							by Race	
American Indian, Alaska Native, or Indigenous	1	0.7%	1	0.1%	\$0.00	0.0%	Black, African Ameri...	55
Asian or Asian American	1	0.7%	3	0.4%	\$0.00	0.0%	Multi-Racial	40
Black, African American, or African	58	42.3%	351	43.8%	\$486,379.20	42.9%	White	30
Data not collected	1	0.7%	2	0.2%	\$10,200.00	0.9%	Hispanic/Latina/e/o	10
Hispanic/Latina/e/o	11	8.0%	86	10.7%	\$53,735.00	4.7%	Data not collected	5
Multi-Racial	38	27.7%	195	24.3%	\$270,080.55	23.8%	Asian or Asian Ameri...	2
White	27	19.7%	163	20.3%	\$312,713.71	27.6%	American Indian, Ala...	1
Total	137	100.0%	801	100.0%	\$1,133,108.46	100.0%		

Service Demographics Report PHP PY22-23

Service Demographic Totals

7/1/2022 to 6/30/2023



Report Criteria:

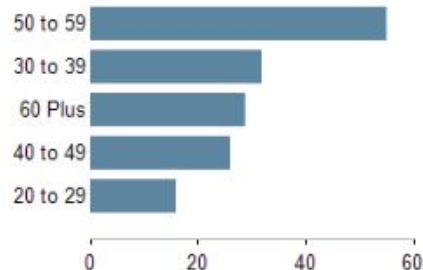
Organizations: Multiple

Programs: Central Coordinating Agency (CCA) PHP, Permanent Housing Placing Program (PHP)

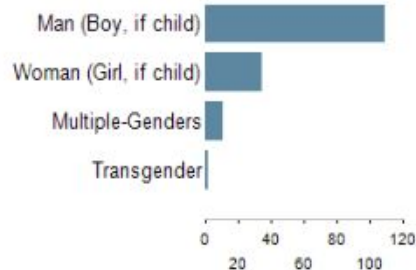
Clients Served

Category	Households Served		Services Provided		Dollar Value	
	#	%	#	%	\$	%
Age Group						
20 to 29	16	10.1%	82	12.7%	\$57,495.00	16.2%
30 to 39	32	20.3%	123	19.1%	\$62,762.00	17.7%
40 to 49	26	16.5%	109	16.9%	\$65,663.00	18.5%
50 to 59	55	34.8%	197	30.5%	\$106,680.19	30.1%
60 Plus	29	18.4%	134	20.8%	\$61,541.00	17.4%
Gender						
Man (Boy, if child)	109	69.4%	385	59.7%	\$238,702.19	67.4%
Multiple-Genders	11	7.0%	40	6.2%	\$27,072.00	7.6%
Transgender	2	1.3%	3	0.5%	\$5,000.00	1.4%
Woman (Girl, if child)	35	22.3%	217	33.6%	\$83,367.00	23.5%

by Age Group



by Gender



Service Demographics Report PHP PY22-23

Race							by Race	
American Indian, Alaska Native, or Indigenous	1	0.6%	2	0.3%	\$2,000.00	0.6%	Black, African Ameri...	70
Asian or Asian American	3	1.9%	22	3.4%	\$3,217.00	0.9%	Multi-Racial	50
Black, African American, or African	73	46.5%	311	48.2%	\$189,866.00	53.6%	White	20
Data not collected	1	0.6%	3	0.5%	\$4,000.00	1.1%	Hispanic/Latina/e/o	15
Hispanic/Latina/e/o	15	9.6%	74	11.5%	\$37,355.00	10.5%	Asian or Asian Ameri...	5
Multi-Racial	47	29.9%	156	24.2%	\$85,664.19	24.2%	Data not collected	2
White	17	10.8%	77	11.9%	\$32,039.00	9.0%	American Indian, Ala...	1
Total	157	100.0%	645	100.0%	\$354,141.19	100.0%		

0 20 40 60 80

Service Demographics Report Crisis Housing PY22-23

Service Demographic Totals

7/1/2022 to 6/30/2023

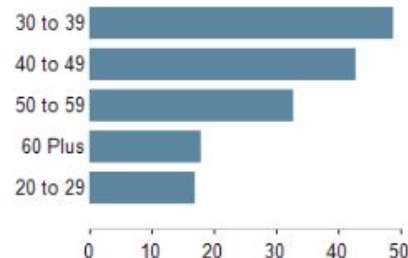


Programs: Crisis Housing, Transitional Housing, Z_Retired_Crisis Housing, Z_Retired_Transitional Housing

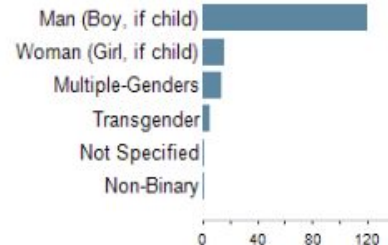
Clients Served

Category	Households Served		Services Provided	
	#	%	#	%
Age Group				
20 to 29	17	10.6%	173	14.1%
30 to 39	49	30.6%	378	30.8%
40 to 49	43	26.9%	325	26.5%
50 to 59	33	20.6%	205	16.7%
60 Plus	18	11.3%	145	11.8%
Gender				
Man (Boy, if child)	120	76.4%	917	74.8%
Multiple-Genders	14	8.9%	106	8.6%
Non-Binary	1	0.6%	29	2.4%
Not Specified	1	0.6%	3	0.2%
Transgender	5	3.2%	15	1.2%
Woman (Girl, if child)	16	10.2%	156	12.7%

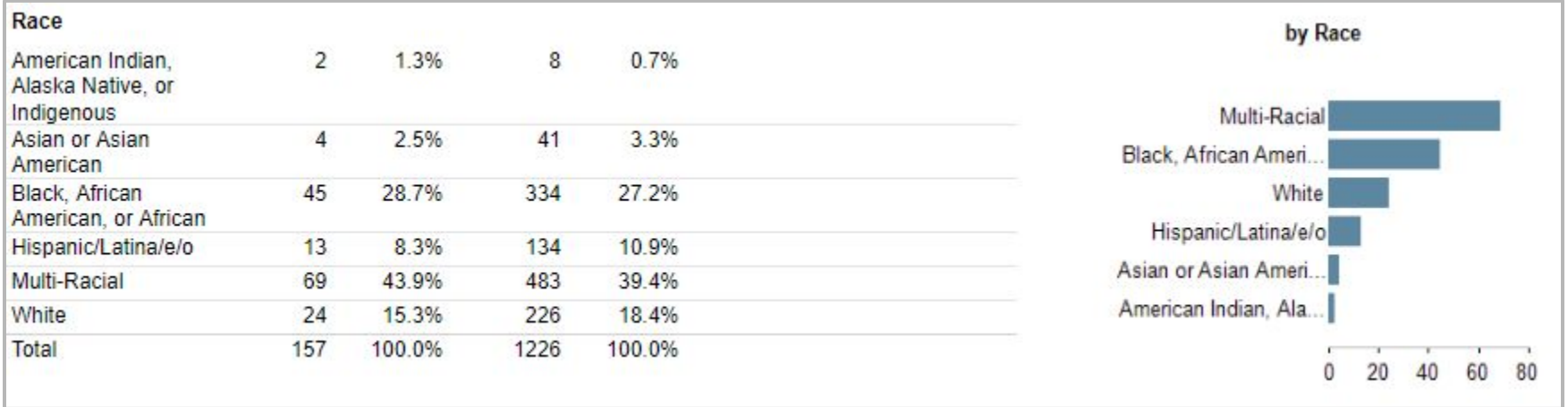
by Age Group



by Gender



Service Demographics Report Crisis Housing PY22-23



Service Demographics Report PBRA PY22-23

Service Demographic Totals

7/1/2022 to 6/30/2023



Report Criteria:

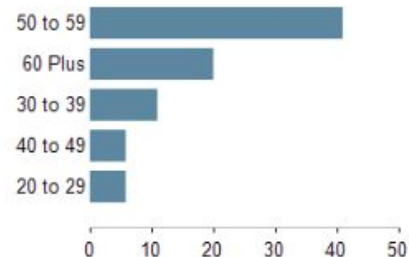
Organizations: Multiple

Programs: Permanent Supportive Housing (PSH) Connections Grant, Project Based Rental Assistance (PBRA), Scattered Site Master Leasing (SSML), Tenant Based Rental Assistance (TBRA), Z_Retired_(SSML) Facility Based Housing, Z_Retired_TBRA

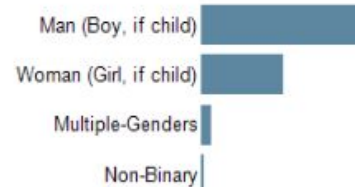
Clients Served

Category	Unduplicated		Duplicated		Dollar Value	
	#	%	#	%	\$	%
Age Group						
20 to 29	6	7.1%	49	2.7%	\$43,482.00	4.9%
30 to 39	11	13.1%	213	11.6%	\$108,954.84	12.3%
40 to 49	6	7.1%	95	5.2%	\$48,600.17	5.5%
50 to 59	41	48.8%	970	52.9%	\$452,276.85	51.0%
60 Plus	20	23.8%	507	27.6%	\$234,246.48	26.4%
Gender						
Man (Boy, if child)	51	63.0%	1217	66.4%	\$531,869.35	59.9%
Multiple-Genders	3	3.7%	69	3.8%	\$25,141.00	2.8%
Non-Binary	1	1.2%	14	0.8%	\$11,095.00	1.3%
Woman (Girl, if child)	26	32.1%	534	29.1%	\$319,454.99	36.0%

by Age Group

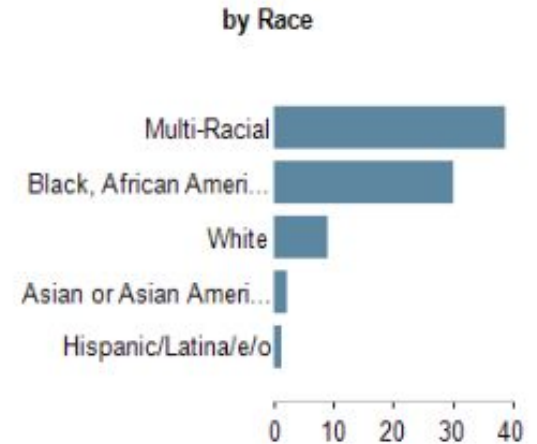


by Gender



Service Demographics Report PBRA PY22-23

Race						
Asian or Asian American	2	2.5%	36	2.0%	\$21,254.01	2.4%
Black, African American, or African	30	37.0%	547	29.8%	\$265,986.87	30.0%
Hispanic/Latina/e/o	1	1.2%	8	0.4%	\$0.00	0.0%
Multi-Racial	39	48.1%	1082	59.0%	\$512,351.63	57.7%
White	9	11.1%	161	8.8%	\$87,967.83	9.9%
Total	81	100.0%	1834	100.0%	\$887,560.34	100.0%



Service Demographics Report SSML PY22-23

Service Demographic Totals

7/1/2022 to 6/30/2023



Report Criteria:

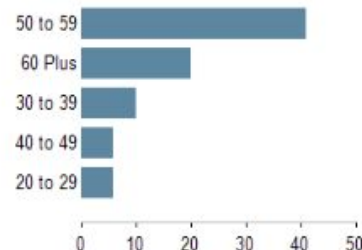
Organizations: Multiple

Programs: Scattered Site Master Leasing (SSML)

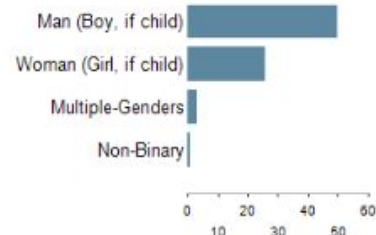
Clients Served

Category	Households Served		Subsidies Provided		Dollar Value	
	#	%	#	%	\$	%
Age Group						
20 to 29	6	7.2%	49	2.7%	\$43,482.00	4.9%
30 to 39	10	12.0%	207	11.3%	\$108,954.84	12.3%
40 to 49	6	7.2%	95	5.2%	\$48,600.17	5.5%
50 to 59	41	49.4%	971	53.1%	\$452,276.85	51.0%
60 Plus	20	24.1%	507	27.7%	\$234,246.48	26.4%
Gender						
Man (Boy, if child)	50	62.5%	1212	66.3%	\$531,869.35	59.9%
Multiple-Genders	3	3.8%	69	3.8%	\$25,141.00	2.8%
Non-Binary	1	1.3%	14	0.8%	\$11,095.00	1.3%
Woman (Girl, if	26	32.5%	534	29.2%	\$319,454.99	36.0%

by Age Group

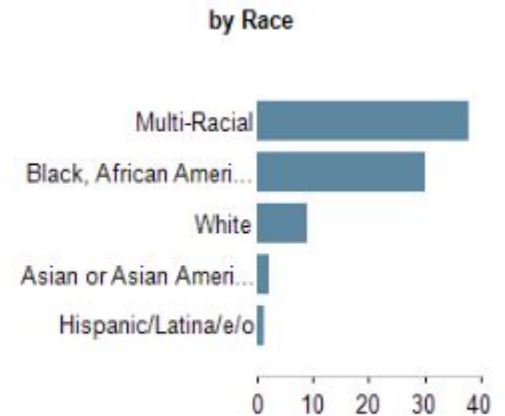


by Gender



Service Demographics Report SSML PY22-23

Race						
Asian or Asian American	2	2.5%	37	2.0%	\$21,254.01	2.4%
Black, African American, or African	30	37.5%	547	29.9%	\$265,986.87	30.0%
Hispanic/Latina/e/o	1	1.3%	8	0.4%	\$0.00	0.0%
Multi-Racial	38	47.5%	1076	58.8%	\$512,351.63	57.7%
White	9	11.3%	161	8.8%	\$87,967.83	9.9%
Total	80	100.0%	1829	100.0%	\$887,560.34	100.0%



Summary of findings Demographics Reports 21-22

Age Group Distribution:

- The majority of households served fall into the age group categories of "50 to 59" (33.1%) and "60 Plus" (22.5%).
- Age groups "10 to 19" and "20 to 29" represent a smaller percentage of households served, each accounting for less than 1% of the total.

Race and Ethnicity:

- The largest racial or ethnic group served is "Black, African American, or African," comprising 30.4% of households.
- "Multi-Racial" is the second-largest group at 40.0%.
- "American Indian, Alaska Native, or Indigenous" and "Native Hawaiian or Pacific Islander" have lower percentages, each below 1%.

Gender Distribution:

- The majority of individuals served identify as "Man (Boy, if child)" with a percentage of 76.7%.
- "Woman (Girl, if child)" is the second-largest group, accounting for 17.1%.
- Other gender categories, including "Multiple-Genders," "Non-Binary," "Not Specified," and "Transgender," have smaller percentages.

Services Provided:

- The data indicates the number and percentage of households served for each category, emphasizing the organization's outreach and assistance across diverse demographics.
- The total number of households served across all categories is 26,696.

Summary of findings Demographics Reports 22-23

Age Distribution:

- The majority of clients fall within the age groups of 40 to 59, with 30.6% (768 households) in the 50 to 59 age group and 19.1% (478 households) in the 40 to 49 age group.
- The youngest age group (20 to 29) represents 8.0% (200 households) of clients served, while clients aged 60 and above make up 23.0% (576 households) of the total.

Gender Diversity:

- The data indicates a majority of male clients, with 77.8% (1860 households) identified as Men (Boy, if child). Women (Girl, if child) make up 16.1% (385 households) of clients.
- Non-binary and multiple-gender identifications together account for 4.3% (104 combined households) of clients served.

Summary of findings Demographics Reports 22-23 continued

Race and Ethnicity:

- The largest racial group served is Black, African American, or African, comprising 31.7% (757 households) of the total. Multi-racial individuals make up 40.6% (970 households).
- Other significant groups include White (18.9%), Asian or Asian American (1.9%), and Hispanic/Latina/o/e (5.4%).
- Services Provided:
 - i. The number of households served varies across different demographic categories, reflecting the diverse needs of the client population.
 - ii. The total number of households served is 23.0% (2391 households) from the presented demographic data.
- Data Collection and Privacy:
 - i. A minimal percentage (0.4%) represents clients who did not specify their gender, while only 0.2% preferred not to answer.
 - ii. Data not collected or clients who don't know or prefer not to answer are present in very low percentages, emphasizing the organization's commitment to respecting client privacy.
- Transgender Clients:
 - i. Transgender individuals make up 1.7% of clients, representing a specific demographic that may have unique needs addressed by the organization.

Site Visits

LAHD staff will conduct on-site program monitoring of each project sponsor at least once each year. Program monitoring will consist of staff interviews, review of program staffing, review of selected client files, program and fiscal performance, and other items. Each project sponsor will receive a program monitoring report that will include any concerns of findings that must be addressed.

Moreover, project sponsors are mandated to conduct annual monitoring of their subcontractors, ensuring compliance and adherence to established guidelines and standards.



Section 8 (NOT HOPWA Funded)

ABOUT SECTION 8

Across the United States, the Section 8 Housing Choice Voucher program has helped more than 1.7 million low-income families afford decent housing in the private rental market. The Housing Authority of the County of Los Angeles provides rental assistance to over 20,000 of these families in the jurisdiction of Los Angeles County. The Section 8 Program is funded by the U.S. Department of Housing and Urban Development (HUD). The program assists eligible families affordable, safe, decent, high-quality rental housing. Participants rent housing from private landlords and pay a portion of their income towards rent. The Housing Authority subsidizes the difference in monthly payments directly to the owner. Owners, participants and the Housing Authority work together to make this three-way partnership a success.

The Housing Authority's responsibilities in administering the program include: Maintaining the waiting list, Determining eligibility and level of assistance, Calculating rent portion, Conducting annual redeterminations; Briefing tenants on finding a rental unit, Contracting with owners, Ensuring that contracted unit rents are reasonable, Conducting unit housing quality standard inspections, Ensuring tenant and owner compliance with program rules (and terminating contracts and assistance if necessary), Making housing assistance payments to owners, and Processing assisted families moving into and out of the jurisdiction through portability.

The Section 8 Housing Assistance Program provides a federally funded housing-assistance payment ("Section 8 voucher") to eligible families and individuals. Rather than being provided with a specific unit at a subsidized housing site, Section 8 participant-tenants are free to use their voucher to locate and contract for housing from a network of participating landlords throughout the Los Angeles area.

The City Of Los Angeles Section 8 Housing Assistance Program 2600 Wilshire Blvd. Los Angeles, CA. 90057 213-252-1820 / TDD: 213-252-5309

For further information on City Section 8 please visit HACLA.org

The County Of Los Angeles Section 8 Housing Assistance Program 700 West Main Street Alhambra, CA. 91801 626-262-4510 / TDD: 855-892-6095

For further information on County Section 8 please visit LACDA.org

***SECTION 8 REGISTRATIONS FOR CITY AND COUNTY OF ARE NOW CLOSED. Due to a lack of Federal funding, the Housing Authority City of Los Angeles and County are closed for new registrations for the Section 8 Program and is not issuing any new vouchers at this time. Once the wait list is open CHIRP/LA will post that information on the NEWS section of our home page.**

This information is from Housing Authority of the City of Los Angeles and Los Angeles County Community Development Commission.

Questions?

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Aubrie Beukelman- aubrie.beukelman@lacity.org

INSIDE:

- Awareness
- Updates
- Strategy A
- Strategy B
- Strategy F
- Strategy G
- Strategy J
- Strategy K

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

STAFF HIGHLIGHT

OA is very excited to welcome **Nikki Yang** as the new AIDS Drug Assistance Program (ADAP) Fiscal Forecasting Section Chief with the ACEI (ADAP and Care Evaluation & Informatics) Branch. Nikki brings extensive expertise as a health economist and epidemiologist while previously working with the Department of Veteran Affairs, Department of Justice, and University of California, Davis (UC Davis). Her work has focused on reducing health disparities among underserved communities, improving quality of care for veterans, and economic evaluation of the Tobacco Control Program and COVID-19 testing.

Originally from Taiwan, Nikki initially practiced as a small animal veterinarian before pursuing higher education in the U.S. She holds a Master of Preventive Veterinary Medicine and a PhD in Epidemiology with a specialization in the economic evaluation of pediatric telemedicine program from UC Davis.

Beyond her professional endeavors, Nikki is the founder of Animal Rescue Squad International, a non-profit organization dedicated to finding neglected animals permanent homes in California. She maintains an active lifestyle through rock climbing and pole dancing. Nikki shares, "I am so excited about my new chapter with the team!"



ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

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

The [Strategic Plan](#) has 30 strategies organized over 6 social determinants of health and its

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

Also, Facente Consulting, in partnership with CDPH OA and STD Control Branch, would like to invite you to our four-part ***Ending the Epidemics Strategic Plan*** workshop series. The content of the workshops are mostly aimed at county staff, but all interested Stakeholders are welcome to join. Please note: the first workshop took place on January 22, 2024, but its recording is available to view below:

1. [Customizing the Blueprint and Aligning Local Plans Including Ending the HIV Epidemic \(EHE\)](#), which provided technical assistance and best practices for these strategies. The recording is available at <https://youtu.be/Qqpa980zjsk>.
2. [Prioritization and Feasibility](#) exercises will take place on **March 11th at 2pm**. This workshop will provide guidance and tools to dive into the activities in the blueprint and help determine which are highest priority for your jurisdiction. Please register in advance for this workshop. <https://us06web.zoom.us/j/9121212121>
3. [Community Mapping Model for Collaborating](#) will take place on **March 25th at 2pm**. This workshop will provide information about how to use google maps and other tools to create catalogs of community assets, stakeholders, and/or other resources relevant to your efforts to end the epidemics. Please register in advance for this workshop.
4. [Communicating the Blueprint and Other Community Engagement Activities](#) will take place on **May 6th at 2 pm**. This workshop will provide technical assistance and best practices for engaging community voices and developing a communication plan for your local blueprint. Please register in advance for this workshop.

Please feel free to register for as many workshops as you would like and we look forward to seeing you there!

HIV AWARENESS

March 10 is National Women and Girls HIV/AIDS Awareness Day (NWGHAAD). NWGHAAD highlights the impact HIV and AIDS has on women and girls and is meant to raise support those at risk or living with HIV. This day is celebrated to educate women and girls about HIV through prevention, testing, and treatment, and to empower them to make the best choices for themselves concerning their sexual health.

March 20th is National Native HIV/AIDS Awareness Day (NNHAAD). NNHAAD is held on the first day of Spring and is observed to promote HIV testing, prevention, and treatment in American Indians, Alaska Natives and Native Hawaiian communities. This day honors those living with or affected by HIV as well as those who have passed due to HIV/AIDS related complications.

In addition, **March 31st is International Transgender Day of Visibility (TDOV).** This day is meant to celebrate the resilience and bravery of transgender and non-binary people. It is meant to bring awareness of the discrimination, stigma, and anti-trans violence this community faces every day. TDOV also acknowledges the many contributions made by transgender and non-binary people and celebrate the beauty and courage of living authentically.

GENERAL UPDATES

➤ COVID-19

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

➤ Mpox

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

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

➤ Racial Justice and Health Equity

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

➤ HIV/STD/HCV Integration

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are re-initiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a

single new Division. We will continue to keep you apprised on our journey!

➤ Ending the HIV Epidemic

PrEP Support Project

The Ending the HIV Epidemic (EHE) counties of Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego are working with UCLA to implement a variety of social marketing strategies to connect EHE priority populations to integrated testing and PrEP services in their communities. Strategies include bus shelter and website advertisements, the use of social media influencers, and materials in both Spanish and English. Each county is doing work to address the specific needs of their communities.

Alameda County chose to focus their efforts on communities not reached through dating apps by featuring community leaders on bus shelter ads to promote testing and PrEP services. OA applauds the efforts of all counties and stakeholders who are helping California achieve the goal of reaching 50% of eligible adults with PrEP!

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

➤ PrEP-Assistance Program (AP)

As of February 28, 2024, there are 200 PrEP-AP enrollment sites and 191 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 4 of this newsletter.

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	349	9%	---	---	---	---	25	1%	374	10%
25 - 34	1,262	34%	1	0%	1	0%	183	5%	1,447	38%
35 - 44	949	25%	---	---	3	0%	165	4%	1,117	30%
45 - 64	443	12%	---	---	17	0%	108	3%	568	15%
65+	30	1%	---	---	215	6%	9	0%	254	7%
TOTAL	3,033	81%	1	0%	236	6%	490	13%	3,760	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	206	5%	---	---	39	1%	16	0%	3	0%	68	2%	3	0%	39	1%	374	10%
25 - 34	855	23%	3	0%	138	4%	79	2%	8	0%	264	7%	12	0%	88	2%	1,447	38%
35 - 44	658	18%	5	0%	102	3%	56	1%	6	0%	222	6%	7	0%	61	2%	1,117	30%
45 - 64	332	9%	---	---	56	1%	19	1%	3	0%	128	3%	2	0%	28	1%	568	15%
65+	23	1%	---	---	4	0%	5	0%	---	---	210	6%	---	---	12	0%	254	7%
TOTAL	2,074	55%	8	0%	339	9%	175	5%	20	1%	892	24%	24	1%	228	6%	3,760	100%

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	74	2%	---	---	8	0%	9	0%	1	0%	16	0%	---	---	4	0%	112	3%
Male	1,828	49%	6	0%	303	8%	157	4%	19	1%	850	23%	24	1%	199	5%	3,386	90%
Trans	144	4%	1	0%	21	1%	7	0%	---	---	11	0%	---	---	6	0%	190	5%
Unknown	28	1%	1	0%	7	0%	2	0%	---	---	15	0%	---	---	19	1%	72	2%
TOTAL	2,074	55%	8	0%	339	9%	175	5%	20	1%	892	24%	24	1%	228	6%	3,760	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 02/29/2024 at 12:01:30 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

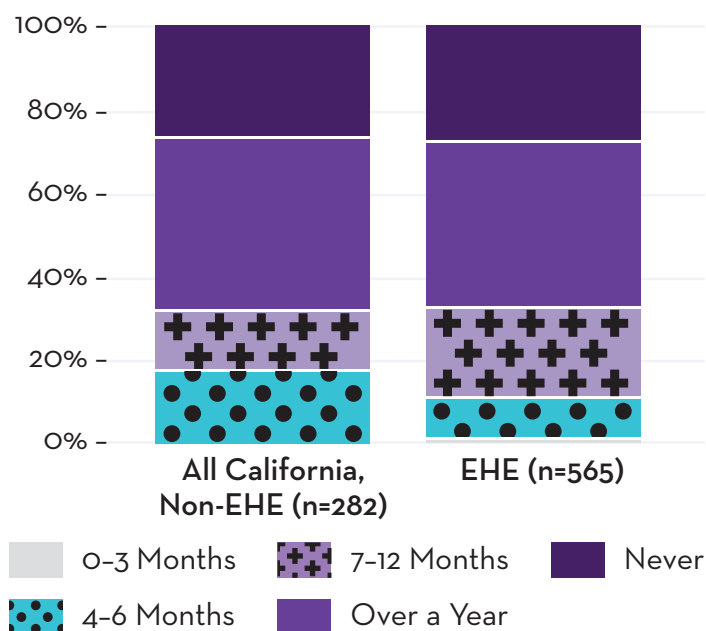
STRATEGY B

Increase and Improve HIV Testing:

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

In January, 282 individuals in 41 counties ordered self-test kits, with 204 (72.3%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 41 months, between September 1, 2020, and January 31, 2024, 9,461 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 304 (53.8%) of the 565 total tests distributed in EHE counties. Of those ordering rapid tests, 202 (77.4%) ordered 2 tests.

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



TAKEMEHOME



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	52.5%	55.4%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	32.3%	37.1%
Were 17-29 years old	47.8%	43.3%
Of those sharing their number of sex partners, reported 3 or more in the past year	47.2%	49.5%

Since September 2020, 1,062 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 384 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.4%	94.8%
Identify as a man who has sex with other men	56.4%	58.9%
Reported having been diagnosed with an STI in the past year	8.9%	9.1%

STRATEGY F

Improve Overall Quality of HIV-Related Care:

➤ Clinical Quality Management Program

The Clinical Quality Management (CQM) Program is thrilled to announce the publication of the *2023-2024 CQM Plan*. This comprehensive plan outlines the activities, goals, and mission for the OA CQM program during the 2023-2024 project year. It signifies the OA's commitment to revitalizing the program and initiating forthcoming quality improvement projects aimed at enhancing health outcomes and the quality of care for individuals living with HIV served by Ryan White Part B subrecipients.

To view the *2023–2024 CQM Plan*, along with the *2020–2023 CQM Plan*, please visit the [OA CQM webpage](#).

STRATEGY G

Improve Availability of HIV Care:

➤ Funding for Housing in Solano County

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

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

Agencies interested in applying should [submit an e-mail of intent](#) to HOPWARFA@cdph.ca.gov by **March 14, 2024**, to receive the application materials. Applications are due **March 15, 2024**.

STRATEGY J

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

As of February 28, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [chart at the top of page 7](#).

STRATEGY K

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

➤ RESEARCH: Comparison of Administration of 8-Milligram and 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose

With new formulations of the life-saving drug naloxone hitting the market, different dosages and formats are being explored. The CDC published a study in the Morbidity and Mortality Weekly Report last month comparing the effects of 8-milligram intranasal naloxone to 4-milligram intranasal naloxone in a law enforcement setting. The comparison found that there were no differences observed in survival between the two dosages, but recipients of the 8-milligram product had a significantly higher prevalence of opioid withdrawal signs and symptoms (including pain and vomiting) than did 4-milligram product recipients. This report implies there were no benefits of 8-milligram intranasal naloxone compared with 4-milligram product found in the study.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	516	+ 2.99%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,675	+ 2.64%
Medicare Part D Premium Payment (MDPP) Program	2,078	+ 3.69%
Total	8,269	+ 2.92%

Source: ADAP Enrollment System

Full Study: “Comparison of Administration of 8-Milligram and 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose — New York, March 2022–August 2023 | MMWR (cdc.gov)”

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

**California Department of Public Health
Response Form**

Received from: LA Commission

Date Received: 2/2/2024

Subject: ADAP Rebate Loan Questions from LA Commission

Request # 1: How deep is the proposed loan from Rebate? Will OA still have enough money to continue the planned services?

Response: The Department of Public Health's priority is ensuring continuity of critical AIDS Drug Assistance Program (ADAP)/Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) services. The Governor's 2024-25 budget included a proposed \$500 million loan from the AIDS Drug Assistance Program Rebate Fund. CDPH does not anticipate these loans disrupting services to ADAP/PrEP-AP clients as the budget proposes using funds from available fund reserves and does not cut any authorized expenditures. Additionally, the AIDS Drug Assistance Program Rebate Fund is projected to have a remaining reserve after transfer of the ADAP loan, and per Control Section 13.40 of the 2024 Budget Act, the loaned funds may be returned to the program if the funds are needed for critical program activities.

Request # 2: This will be the second loan. What is the disposition of repaying the first loan? Has it been repaid?

Response: This is the third loan from the ADAP Rebate Fund. The first loan of \$100 million, authorized by the 2020 Budget Act, has been fully repaid in FY 2021-22. A second loan of \$400 million was approved in the 2023 Budget Act and a transfer was initiated from the ADAP Rebate Fund in September 2023. The loan has not been repaid and is subject to Control Section 13.40 language from the 2023 Budget Act, which indicates that loans will be repaid in a future year when the fund or account from which the loan was made has a need for the moneys or there is no longer a need for the moneys in the General Fund. If Control Section 13.40 is not invoked to return the loan sooner to meet program needs, then the \$400 million loan is scheduled to be repaid in FY 2027-28.