



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

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**\*\*REVISED\*\***

# COMMISSION ON HIV MEETING

Thursday, March 13, 2025

9:00am-12:00pm (PST)

**\*\*CHANGE IN MEETING VENUE\*\***

**THE CALIFORNIA ENDOWMENT**  
Meeting Room: Dr. Beatriz Solis Hall A  
1000 N. Alameda Street, Los Angeles, CA 90012  
Free On-Site Parking | [Map/Directions](#)

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

## Register Here to Join Virtually

[HTTPS://LACOUNTYBOARDOFSUPERVISORS.WEBEX.COM/WEBLINK/REGISTER/R983EFF5F3DE01426F06921621307E7CB](https://lacountyboardofsupervisors.webex.com/weblink/register/R983EFF5F3DE01426F06921621307E7CB)

## 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

## Public Comments

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

- Emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)
- Submitting electronically at [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS)

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

## Accommodations

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



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

**together.**

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

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

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



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

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

THURSDAY, MARCH 13, 2025 | 9:00 AM – 12:30 PM

**\*\*CHANGE IN LOCATION\*\***

**THE CALIFORNIA ENDOWMENT  
CENTER FOR HEALTHY COMMUNITIES  
Meeting Room: Dr. Beatriz Solis Hall A  
1000 N. Alameda Street, Los Angeles, CA 90012  
Free On-Site Parking | [Map/Directions](#)**

### NOTICE OF TELECONFERENCING SITES

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

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

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

[HTTPS://LACOUNTYBOARDOFSUPERVISORS.WEBEX.COM/WEBLINK/REGISTER/R983EFF5F3DE01426F06921621307E7CB](https://lacountyboardofsupervisors.webex.com/weblink/register/R983EFF5F3DE01426F06921621307E7CB)

### JOIN BY PHONE

+1-213-306-3065 Access code: 2535 390 3582

**AGENDA POSTED:** March 7, 2025

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

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

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

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



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

**1. ADMINISTRATIVE MATTERS**

- A. Call to Order, Roll Call/COI & Meeting Guidelines/Reminders 9:00 AM – 9:03 AM
- B. Approval of Agenda **MOTION #1** 9:03 AM – 9:05 AM
- C. [County Land Acknowledgment](#) 9:05 AM – 9:07 AM
- D. Consent Calendar **MOTION #2** 9:07 AM – 9:10 AM
- E. Approval of Meeting Minutes **MOTION #3** 9:10 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](mailto:hivcomm@lachiv.org). If providing oral public comments, comments may not exceed 2 minutes per person.*) 9:12 AM – 9:15 AM
- B. Commissioner Comment (*Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. Comments may not exceed 2 minutes per member.*) 9:15 AM – 9:18 AM

**3. MANAGEMENT/ADMINISTRATIVE REPORTS – I**

- A. **Executive Director/Staff Report** 9:18 AM – 9:25 AM
  - (1) 2024 Annual Report
  - (2) 2025 COH Meeting Schedule | UPDATED
  - (3) Budget Uncertainty in Ryan White Program (RWP) Year 35
- B. **Co-Chairs’ Report** 9:25 AM – 9:35 AM
  - (1) Welcome New Members
  - (2) 2025 Executive Committee At-Large Member Seats | OPEN NOMINATIONS
  - (3) February 13, 2025 COH Meeting | FOLLOW-UP & FEEDBACK
  - (4) Conferences, Meetings & Trainings (*An opportunity for members to share information and resources related to the COH’s core functions, with the goal of advancing the Commission’s mission*)
  - (5) [Acknowledgement of National HIV Awareness Days](#)
    - a. March 10, 2025 National Women & Girls HIV/AIDS Awareness Day #NWGHAAD

**4. COMPREHENSIVE EFFECTIVENESS REVIEW & RESTRUCTURING PROJECT**

9:35 AM – 9:50 AM

*Led by consultants from Collaborative Research and Next Level Consulting, this discussion will kick off a series of community discussions and activities to assess the COH’s efficiency and effectiveness through a thorough review and restructuring process. Key topics include size, scope, duty statements, committees, subgroups, and meeting frequency. This discussion will gather input from Commissioners and the community to guide actionable improvements and ensure the COH meets evolving needs.*

**5. STANDING COMMITTEE REPORTS – I**

9:50 AM – 10:15 AM

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

- (1) RWP PYs 35-37 Directives (**MOTION #4**)
- (2) RWP PY 34 Expenditures Review

**B. Operations Committee**

- (1) Membership Management
- (2) Assessment of the Efficiency of the Administrative Mechanism (AEAM) | UPDATES
- (3) [2025 Training Schedule \(Updated\)](#)
- (4) Recruitment, Retention & Engagement

**C. Standards and Best Practices (SBP) Committee**

- (1) Housing Services Standards Review | UPDATES
- (2) Transitional Case Management Service Standards Review
- (3) Service Standards Schedule & Tracker

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

- (1) Federal, State, County Policy, Legislation & Budget
- (2) 2025 COH Policy Priorities (**MOTION #5**)
- (3) 2025 COH Legislative Docket Development
- (4) Impact of Impending Executive Orders and Federal Budget

**E. Caucus, Task Force, and Work Group Reports:**

10:15 AM – 10:30 AM

- (1) Aging Caucus
- (2) Black/AA Caucus
- (3) Consumer Caucus
  - o [April 10, 2025 Join the Conversation: Ryan White Program Dental Services Listening Session](#)
- (4) Transgender Caucus
- (5) Women’s Caucus
- (6) Housing Task Force

**6. MANAGEMENT/ADMINISTRATIVE REPORTS – II**

**A. LA County Department of Public Health Report**

10:30 AM – 11:15 AM

- (1) Division of HIV/STD Programs (DHSP) (RWP Grantee/Part A Representative)
  - a. RWP PY 33 Service Utilization Report | PRESENTATION
  - b. Programmatic and Fiscal | UPDATES
  - c. Ending the HIV Epidemic (EHE) | UPDATES
  - d. Miscellaneous Updates

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

11:15 AM – 11:20 AM

- (1) [OAVoice Newsletter Highlights](#)
- (2) California Planning Group (CPG)

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

11:20 AM – 11:30 AM

**6. MANAGEMENT/ADMINISTRATIVE REPORTS – II (cont'd)**

- D. Ryan White Program (RWP) Parts C, D, and F Report** 11:30 AM – 11:35 AM
- E. Cities, Health Districts, Service Planning Area (SPA) Reports** 11:35 AM – 11:45 AM

**7. MISCELLANEOUS**

- A. Public Comment** 11:45 AM – 11:50 AM  
*(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). If providing oral public comments, comments may not exceed 2 minutes per person.)*
- B. Commission New Business Items** 11:50 AM – 11:55 AM  
*(Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency, or where the need to act arose after the posting of the agenda.)*
- C. Announcements** 11:55 AM – 12:00 PM  
*(Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.)*
- D. Adjournment and Roll Call** 12:00 PM  
 Adjournment of the regular March 13, 2025, Commission meeting.

PROPOSED MOTION(S)/ACTION(S)	
<b>MOTION #1</b>	Approve meeting agenda, as presented or revised.
<b>MOTION #2</b>	Approve meeting minutes, as presented or revised.
<b>MOTION #3</b>	Approve Consent Calendar, as presented or revised.
CONSENT CALENDAR	
<b>MOTION #4</b>	Approve Ryan White Program PY 35-37 Directives, as presented or revised.
<b>MOTION #5</b>	Approve 2025 Public Policy Priorities, as presented or revised.



## COMMISSION ON HIV MEMBERS

<i>Danielle Campbell, PhDc, MPH, Co- Chair</i>	<i>Joseph Green, Co-Chair</i>	Dahlia Alé-Ferlito	Miguel Alvarez
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Mikhaela Cielo, MD
Lilieth Conolly (LOA)	Sandra Cuevas	Mary Cummings	Erika Davies
Kevin Donnelly	Kerry Ferguson (*Alternate)	Arlene Frames	Arburtha Franklin (*Alternate)
Rita Garcia (*Alternate)	Rev. Gerald Green (*Alternate)	Felipe Gonzalez	Bridget Gordon
Karl Halfman, MA	Dr. David Hardy (*Alternate)	Ismael Herrera	Terrance Jones
William King, MD, JD, AAHIVS	Lee Kochems, MA (LOA)	Leonardo Martinez- Real	Leon Maultsby, MHA, DBH
Vilma Mendoza	Jeremy Mitchell aka Jet Findley (*Alternate)	Andre Moléte	Dr. Paul Nash, CPsychol, AFBPsS FHEA
Katja Nelson, MPP	Byron Patel, RN	Mario J. Pérez, MPH	Aaron Raines (*Alternate)
Dechelle Richardson	Erica Robinson	Daryl Russell	Ismael Salamanca
Sabel Samone-Loreca (*Alternate)	Harold Glenn San Agustin, MD	Martin Sattah, MD	DeeAna Saunders
LaShonda Spencer, MD	Kevin Stalter	Lambert Talley (*Alternate)	Justin Valero, MPA
Carlos Vega-Matos (*Alternate)	Jonathan Weedman	Russell Ybarra	
<b>MEMBERS:</b>		<b>41</b>	
<b>QUORUM:</b>		<b>21</b>	



**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).





## 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.)



## HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS

(Updated 7.15.24)

- This meeting is a **Brown-Act meeting** and is being recorded.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
  
- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
  
- Please comply with the **Commission's Code of Conduct** located in the meeting packet.
  
- **Public Comment** for members of the public can be submitted in person, electronically @ [https://www.surveymonkey.com/r/public\\_comments](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*
  
- For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
  
- Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
  
- Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

*If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial [HERE](#) or contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).*



# OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

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

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

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

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

## WHAT IS A LAND ACKNOWLEDGMENT?

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

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

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

## HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

**JUNE 23, 2020**

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

**JULY 13, 2021**

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

**OCTOBER 5, 2021**

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

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

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

**NOVEMBER 2021 – MARCH 2022**

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

**MARCH 30 – SEPTEMBER 30, 2022**

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

**OCTOBER 18, 2022**

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

**NOVEMBER 1, 2022**

The Board adopts the Countywide Land Acknowledgment.

**DECEMBER 1, 2022**

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

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

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



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

**ADOPTED, 1/10/2008**

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

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

**BACKGROUND:**

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

**POLICY:**

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

## Policy/Procedure #08.2107: Consent Calendar

Last Revised: *January 10, 2008*

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

### PROCEDURE(S):

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

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

Last Revised: *January 10, 2008*


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**DEFINITIONS:**

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

**NOTED AND  
APPROVED:**

*Original Approval: 1/10/2008*

  
\_\_\_\_\_

**EFFECTIVE  
DATE:**

January 10, 2008

*Revision(s):*



# 2025 MEMBERSHIP ROSTER | UPDATED 3.12.25

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

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

LOA: Leave of Absence

Overall total: 52





## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/10/25

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

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

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

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

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

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

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

**Division of HIV and STDs Contracted Community Services**

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

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

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



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



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

## COMMITTEE ASSIGNMENTS

Updated: March 10, 2025  
\*Assignment(s) Subject to Change\*

EXECUTIVE COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 14   Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Danielle Campbell, PhDc, MPH	Co-Chair, Comm./Exec.*	Commissioner
Joseph Green	Co-Chair, Comm./Exec.*	Commissioner
Alasdair Burton	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Arlene Frames	Co-Chair, SBP	Commissioner
Bridget Gordon	At-Large	Commissioner
Arburtha Franklin	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Dèchelle Richardson	At-Large	Commissioner
Erica Robinson	Co-Chair, Operations	Commissioner
Darryl Russell	Co-Chair, PP&A	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner

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

**Committee Assignment List**

Updated: March 10, 2025

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<b>PLANNING, PRIORITIES &amp; ALLOCATIONS (PP&amp;A) COMMITTEE</b>		
Regular meeting day: 3 <sup>rd</sup> Tuesday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 16  Number of Quorum= 9		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Kevin Donnelly	Committee Co-Chair*	Commissioner
Daryl Russell, M.Ed	Committee Co-Chair*	Commissioner
Al Ballesteros, MBA	*	Commissioner
Lilieth Conolly (LOA)	*	Commissioner
Rita Garcia (alternate to Felipe Gonzalez)	*	Alternate
Felipe Gonzalez	*	Commissioner
Reverend Gerald Green (alternate to Lilieth Conolly)	*	Alternate
William D. King, MD, JD, AAHIVS	*	Commissioner
Rob Lester	*	Committee Member
Miguel Martinez, MPH	*	Committee Member
Harold Glenn San Agustin, MD	*	Commissioner
Ismael Salamanca	*	Commissioner
Dee Saunders	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Carlos Vega-Matos (alternate to Kevin Donnelly)	*	Alternate
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

**Committee Assignment List**

Updated: March 10, 2025

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<b>PUBLIC POLICY (PP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 7   Number of Quorum= 4		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>

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

<b>STANDARDS AND BEST PRACTICES (SBP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 15   Number of Quorum = 9		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Arlene Frames	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Dahlia Alè-Ferlito	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Sandra Cuevas	*	Commissioner
Caitlyn Dolan	*	Committee Member
Kerry Ferguson	*	Alternate
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Sabel Samone-Loreca ( <i>alternate to Arlene Frames</i> )	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Kevin Stalter	*	Commissioner
Russell Ybarra	*	Commissioner

**Committee Assignment List**

Updated: March 10, 2025

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**AGING CAUCUS**

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

Co-Chairs: Kevin Donnelly & Paul Nash

*\*Open membership\**

**CONSUMER CAUCUS**

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

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

*\*Open membership to consumers of HIV prevention and care services\**

**BLACK CAUCUS**

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

Co-Chairs: Leon Maulsby

*\*Open membership\**

**TRANSGENDER CAUCUS**

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

Co-Chairs: Rita Garcia & Chi Chi Navarro

*\*Open membership\**

**WOMEN'S CAUCUS**

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

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

Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo

*\*Open membership\**

**HOUSING TASKFORCE**

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

Co-Chairs: Katja Nelson & Dr. David Hardy

*\*Open membership\**



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

**COMMISSION ON HIV (COH)  
FEBRUARY 13, 2025 MEETING  
MINUTES**

**THE CALIFORNIA ENDOWMENT  
Conference Room: Beatriz Solis A  
1000 N. Alameda Street, Los Angeles, CA 90012  
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**

Dahlia Alè-Ferlito	P	Miguel Alvarez	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton	P
Danielle Campbell, PhDC, MPH	P	Mikhaela Cielo, MD	AB24 49	Lilieth Conolly	P	Sandra Cuevas	P	Mary Cummings	P
Erika Davies	Online	Kevin Donnelly	P	Kerry Ferguson	EA	Arlene Frames	P	Arburtha Franklin	P
Rita Garcia	P	Felipe Gonzalez	P	Bridget Gordon	EA	Joseph Green	P	Karl Halfman, MS	P
Dr. David Hardy	P	Ismael Herrera	P	Terrance Jones	P	Dr. William King, JD	P	Lee Kochems	EA
Leon Maultsby, MHA	P	Vilma Mendoza	P	Andre Molette	P	Dr. Paul Nash	P	Katja Nelson	P
Ronnie Osorio	A	Byron Patel	P	Mario J. Pérez, MPH	P	Leonardo Martinez-Rea	P	De’chelle Richardson	P

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Erica Robinson	P	Daryl Russell	P	Dr. H. Glenn San Augustin	P	Dr. Martin Sattah	P	Dee Saunders	P
Dr. LaShonda Spencer	P	Kevin Stalter	P	Lambert Talley	P	Justin Valero	P	Jonathan Weedman	P
Russell Ybarra	P								
<b>COMMISSION STAFF &amp; CONSULTANTS</b>									
Cheryl Barrit, MPIA; Dawn McClendon, Lizette Martinez, MPH; Sonja Wright, DACM; Jose Rangel-Garibay, MPH; Jim Stewart, Collaborative Research, and Next Level Consulting									

**1. ADMINISTRATIVE MATTERS**

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

Joe Green, COH Co-Chair Pro Tem, called the meeting to order at 9:05 AM, and reviewed meeting guidelines and reminders; see packet. Jim Stewart, Parliamentarian, conducted roll call.

**ROLL CALL (PRESENT):** D. Ale-Ferlito, M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, E. Davies, K. Donnelly, A. Frames, A. Franklin, F. Gonzalez, R. Garcia, K. Halfman, I. Herrera, T. Jones, W. King, L. Martinez-Real, L. Maulsby, V. Mendoza, A. Molette, P. Nash, K. Nelson, B. Patel, M. Perez, D. Richardson, D. Russell, H. San Augustin, M. Sattah, D. Saunders, L. Spencer, K. Stalter, L. Talley, J. Valero, J. Weedman, 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. APPROVAL OF 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](mailto:hivcomm@lachiv.org).*

- No public comment.

#### **B. Commissioner Comment**

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

- No commissioner comments.

### **3. MANAGEMENT/ADMINISTRATIVE REPORTS – I**

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

Executive Director, Cheryl Barrit, extended accolades and recognition to the Commission for their work in 2024 and provided the following report:

##### **(1) 2024 Annual Report**

C. Barrit directed all to the draft report in the meeting packet and requested submission of email comments no later than February 21<sup>st</sup>. The report will be submitted to Commission Services by March 14<sup>th</sup>.

##### **(2) 2025 COH Meeting Schedule**

The 2025 COH meeting schedule will prioritize data presentations from the Division of HIV and STD Programs (DHSP) to ensure that the planning council receives data to help inform its planning efforts. The schedule is subject to change and will be updated accordingly in consultation with the Executive Committee.

##### **(3) 2025 COH Workplan** The Commission on HIV's (COH) 2025 workplan will focus on Ryan White Program (RWP) legislative duties priorities such as restructuring and bylaws/ordinance updates.

##### **(4) COH Effectiveness Review & Restructuring Project**

C. Barrit highlighted:

- Critique of the COH is important for improvements and evolution, and the COH has gone through previous changes.
- Commissioners, community and County partners have been providing feedback on the capacity, effectiveness, and structure of the COH since it became an integrated prevention and care planning body in 2013.
- In 2023-2024, members began making preliminary changes to the bylaws.
- Additional areas of improvement emerged from the 2023 HRSA administrative site visit and 2024 HRSA TA site visit.



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- The COH is partnering with Next Level Consulting and Collaborative Research to facilitate a thoughtful and inclusive process for restructuring, and this will be one of the key priorities for the COH in 2025.

### a. Co-Chairs' Report.

#### (1) **Welcome and Vision for 2025**

Co-chair Danielle Campbell welcomed all to the first Commission meeting for 2025 and thanked everyone for their flexibility in observing the Board-directed Day of Mourning for late President James ("Jimmy") Earl Carter, Jr. on January 9<sup>th</sup>. Commissioners were thanked for their service on the Commission and community members for their continued support and engagement with the Commission. D. Campbell expressed, considering current politically challenging times, the Commission's vision for 2025 is to remain firm and steadfast in supporting each other and operating from a place of compassion, grace and love for our community. The Commission will remain focused on its charge as the local HIV planning council (PC) for Los Angeles County (LAC), fully dedicated in its efforts to restructure the Commission for optimal impact and effectiveness and remain committed to ending HIV.

### b. **2025-2027 COH Co-Chair Open Nominations & Election**

- The Commission Co-Chair seat currently occupied by Joseph Green was up for nominations and elections for a 2-year term (2025-2027).
- Joe Green was nominated and elected unanimously by roll call vote.

### c. **DISCUSSION: Comprehensive Effectiveness Review & Restructuring Project**

Co-chair D. Campbell introduced the Collaborative Research (CR) consultants, Jeff Daniel, Melissa Rodrigo, Dr. Andy McCracken, and AJ King of Next Level Consulting. The discussion kicks off a series of community discussions and activities to assess the Commission on HIV's (COH) efficiency and effectiveness through a thorough review and restructuring process. Key topics included size, scope, duty statements, committees, subgroups, and meeting frequency. The discussion was intended to gather input from Commissioners and the community to guide actionable improvements and ensure the COH meets evolving needs.

AJ King highlighted:

- The project team of CR and Next Level Consulting brings 65+ years of combined experience in Ryan White HIV/AIDS program administration, program evaluation, and needs assessments and training.
- Guiding principles: assume positive intent, explore possibilities and room for growth, and respect all ideas and concerns.
- Issues driving the restructure: 2024 Health Resources and Services Administration (HRSA) technical site visit, members' concerns about sub-standard prevention

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planning efforts, and concerns about process versus impact.

- Timeline: February sets the stage, stakeholder feedback will be collected in March and April, review draft of Bylaws and new structure in May, and restructure will be finalized in July.
- A brief history of the establishment of what is now the Commission on HIV was given, with July 2013 underscored as the time in which the COH became an integrated and comprehensive HIV/AIDS planning body, catering to the needs of those living with HIV or at risk of HIV.

Jeff Daniel introduced himself to the body and stated that CR's vision is to take a status-neutral approach in the restructuring process and to build a comprehensive and sustainable system of prevention and care.

Melissa Rodrigo reviewed the current membership structure and the required PC membership categories as mandated by HRSA. M. Rodrigo highlighted the staggered terms, membership categories (i.e., 14 required HRSA PC membership categories, HRSA mandated 33% unaffiliated consumer representation, and BOS representation), and the long-standing vacancies (i.e., State Medi-Cal and the local health/hospital planning agency representative seats). M. Rodrigo discussed each committee's charge, the slides are accessible in the meeting packet, or you may view them by clicking [HERE](#).

Commissioners and attendees participated in a group exercise to brainstorm ideas for envisioning what COH restructuring would look like. The groups were asked to answer the following questions: (1) what are your fears or biggest concerns about restructuring and (2) what are your hopes or what do you hope to regain from the restructuring?

- Sentiments expressed after the exercise centered around a lack of youth representation on the Commission, engagement strategies need to be tailored in response to low attendance and making data simpler and less overwhelming.

AJ King provided the next steps and recaps to close out the discussion as follows: (1) agendaize the restructuring conversation as standing item on the agenda, (2) assign the Executive Committee as the lead for the restructuring process, (3) follow-up with additional surveys to members, (4) update bylaws and ordinance, (5) review the proposed bylaws and ordinance updates and conduct a 30-day public comment period, and (6) secure Commission approval on updates.

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

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

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Co-chair Kevin Donnelly reported that he and Daryl Russell were elected as Committee Co-Chairs for 2025. The Committee reviewed its strategic priorities for 2025, and key priorities include: (1) a review of data including expenditure reports, (2) planning and organizing needs assessments, and (3) priority setting and resource allocation. See [meeting packet](#) for more details.

DHSP staff reported that they are currently reviewing Ryan White Program (RWP) Program Year 34 (March 1, 2024- February 28, 2025) expenditures and will provide a formal report at the February PP&A Committee meeting. DHSP staff reminded the group that there was significant overspending in RWP services for Program Year (PY) 33 and the overspending was previously covered using Ending the HIV Epidemic (EHE) funds and Net County Cost (NCC) funds. PY34 is currently seeing even more overspending than PY33 and they are not seeing reductions in expenditures in some of the services categories that DHSP projections had anticipated to see. Staff noted that they need to refine their projections to be more in line with actual expenditures and that EHE funds will not be able to cover overages like it did in PY33; previous overages were covered by EHE savings. Lack of migration to Medi-Cal and increased cost of services might be contributing factors in overspending. Discussion will continue at the next PP&A committee meeting.

The Committee continued to review the program directives to DHSP. The Committee made additional revisions to include stronger language to encourage consumer and provider engagement and participation in the COH and additional language to ensure communities of color and other vulnerable populations are included in the broader set of directives. Commission staff will revise the directives to reflect proposed changes, and the Committee will review the additions and approve the directives at the February meeting.

The next PP&A Committee meeting will be on Tuesday, February 18 from 1 pm-3 pm at the Vermont Corridor. The link to the January 21, 2025 PP&A meeting packet can be found [HERE](#).

### B. Operations Committee

Co-Chair Justin Valero acknowledged the membership applications approved via the consent calendar on today's Commission agenda and reminded everyone that the final approval for Commission appointment will be made by the Board of Supervisors Office. Felipe Findley and Matthew Muhonen were acknowledged for their service on the Commission. Felipe Findley notified staff of his resignation in December and our HOPWA colleagues continue to work towards filling their staff vacancy. HOPWA remains committed to providing reports at the Commission's monthly meetings and is available for information and presentation requests from the Commission.

The Operations Committee elected Erica Robinson and Justin Valero as their 2025 Co-Chairs. The Committee reviewed the Commission's work plan and its role within the work plan as follows:

- Completing the Assessment of the Efficiency of the Administrative Mechanism (AEAM)
- Recruitment and filling vacancies, fostering the Mentorship Program, and facilitating the Bylaws update and other policies and procedures requiring updates.
- Implementing mandatory training as required by HRSA. The 2025 [training schedule](#) is on the COH website. Registration links are embedded in the training schedule.

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The Committee reviewed the attendance matrix and made their recommendations for contacting specific Commissioners struggling with their attendance to Commission and/or Committee meetings. The membership roster was reviewed, and the pending membership applications approved on today's agenda were briefly discussed. The link to the January 23, 2025 Operations Committee meeting packet can be found [HERE](#).

The Committee requests that Ryan White- contracted providers complete the AEAM survey by February 14<sup>th</sup>. The full body was reminded to register for all mandatory Commissioner trainings. The first training is the Commission on HIV Overview, February 26<sup>th</sup>, from 12 pm – 1 pm.

The next Operations Committee meeting is on February 27<sup>th</sup>, from 10 am – 12 pm.

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

Commission staff Jose Rangel-Garibay provided the report. The link to the February 4, 2025, SBP meeting packet can be found [HERE](#).

The Committee elected Erika Davies and Arlene Frames as Committee Co-Chairs for 2025. The Committee reviewed their meeting calendar and noted that some meetings will take place on the 14<sup>th</sup> floor of the Vermont Corridor. A copy of the meeting calendar is included in the meeting packet.

The Committee reviewed the service standards revision tracker and decided to complete the review of the Housing Services service standards and begin the development of a global Transitional Case Management Services document that includes service standards for various priority populations. The Committee posted the [Housing Services service standards for a public comment period](#) starting on February 6, 2025, and ending on March 7, 2025. Public comments can be submitted via email to [HIVCOMM@LACHIV.ORG](mailto:HIVCOMM@LACHIV.ORG).

The next SBP Committee meeting will be on March 11, 2025, from 10 am-12 pm at the Vermont Corridor. The Committee requests the full body to review the [Housing Services](#) service standards and provide public comment via email or attend the March 11, 2025, SBP Committee meeting to provide public comment in person.

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

Co-Chair Katja Nelson reported that the Committee elected her as a Committee Co-Chair for 2025. Arburtha Franklin expressed her interest in being elected as Committee Co-Chair and will be eligible to become elected once the COH and the Board approves her seat change from Commissioner Alternate to HIV stakeholder at the February 13, 2025, COH meeting. The Committee will hold elections for the second Co-Chair seat at their next meeting.

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The Committee reviewed their meeting calendar and noted that the following meetings will take place from 10 am-12 pm instead of 1 pm-3 pm due to lack of conference room availability at the Vermont corridor: 3/3/25, 4/7/25, and 6/2/25. The 5/5/25 meeting has been cancelled. A copy of the meeting calendar is included in the meeting packet and is accessible [HERE](#).

The Committee approved the 2025 Policy Priorities document; a copy is included in the meeting packet. The Committee began its review of the 2025-26 Legislative Docket, and the deadline for bills to be introduced to the State legislature is February 21, 2025.

The next PPC meeting will be on March 3, 2024, from 10 am-12 pm at the Vermont Corridor.

The Committee invites all Commissioners, community organizations, and members of the public to submit their recommendations on bills for the PPC to discuss and consider including in the 2025-26 Legislative Docket.

### E. Caucus, Task Force, and Work Group Reports: 11:05 AM – 11:10 AM

#### (1) Aging Caucus

Dr. Paul Nash reported that Kevin Donnelly and he were re-elected as Aging Caucus Co-Chairs. The group decided to meet every other month on the second Tuesday of the month from 1 pm to 2 pm virtually. The Caucus reviewed the proposed strategic priorities for 2025, and it was suggested that some of the objectives and activities can be combined. Cross-caucus collaborations can be an ongoing educational activity, and the Department of Aging plan can be an educational activity. Dr. Nash asked the attendees to review the document to provide feedback on their top 3 priorities.

Medicare Basics (Center for Healthcare Rights), Community Education Coordinator for the Health Insurance Counseling and Advocacy Program (HICAP), Rie Fishman, provided a thorough overview of the Medicare program. Please refer to the meeting packet for details or click [HERE](#).

Dr. Nash relayed that Medi-Cal Home and Community-Based Services serves over 2 million older adults and disabled adults in California and folks can sign up for a [webinar](#) on March 4<sup>th</sup> at 11 am to learn more.

The Aging Caucus is requesting for all to join the next Aging Caucus virtual meeting on March 11 from 1 pm to 2 pm.

#### (2) Black/AA Caucus

Dr. Leon Maulsby reported the meeting opened with reflections on the previous year's achievements, including the World AIDS Day event and community listening sessions. These activities highlighted progress, lessons learned, and growth opportunities. Nominations were held for two Co-Chair seats, one of which required a commissioner. While Leon Maulsby was re-elected, Danielle Campbell declined the nomination. With one seat now open, nominations remain open for active Caucus members with the capacity to take on a

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leadership role, requiring collaboration with Commission leadership, community engagement, and a commitment of 4-6 hours per month. Elections will occur at the March 20, 2025, meeting, due to February's meeting being replaced by a game night in honor of National Black HIV/AIDS Awareness Day (NBHAAD).

As part of the 2025 work plan, NBHAAD activities led by the Caucus include a community game night, an infographic summarizing insights from past listening sessions, and a mini-PSA video featuring members of the Black community. Community engagement efforts will continue, focusing on youth, justice-involved individuals, the transgender community, men who do not identify as MSM, and non-traditional HIV providers. After all listening sessions are completed, a comprehensive report will be drafted to guide improvements for systems of HIV prevention and care for Black communities in LAC.

The Caucus will lead a focus group for Black-led and servicing organizations that were not previously engaged in the organizational needs assessment. DHSP, in partnership with Equity Impact Solutions, will extend outreach efforts over the next two months to ensure more organizations are included, with an update scheduled for the April Caucus meeting. If capacity allows, the BAAC recommendations will be revisited to incorporate updates on justice-involved communities and the prison industrial complex, with insights from experts Martha Tadesse and Dr. Nina Harawa.

The link to the January 16, 2025 meeting packet can be found [HERE](#).

The next Black Caucus meeting is on March 20, 2025, and will include Co-Chair elections and further work plan updates. Caucus members are encouraged to participate in the PSA video by expressing interest via email. Those planning to attend the NBHAAD game night on February 20, 2025, from 6:30 pm -9 pm must RSVP in advance. Ongoing efforts to promote the Caucus and expand engagement are appreciated.

### (3) Consumer Caucus

Co-Chair Lilieth Conolly reported the Consumer Caucus Annual Retreat brought together over 23 attendees, who shared their motivations for joining, emphasizing a commitment to amplifying consumer voices, advocating for stronger services, and supporting community-driven solutions. Attendees reflected on 2024, highlighting the need for clearer planning timelines, accountability, and stronger leadership guidance. Discussions on outreach and engagement emphasized increasing awareness of Ryan White services and holding more community-based meetings. There was a strong push to empower consumers beyond financial incentives by integrating leadership development, life skills, and job training into participation incentives.

2024 accomplishments included drafting a consumer sign-on letter on housing challenges, providing feedback on Ryan White services, hosting educational presentations on housing, Hep C and HIV, estate planning, and mental health, and participating in Priority Setting & Resource Allocation (PSRA). The Caucus also collaborated with the Women's Caucus and launched planning for the 2025 Consumer Resource Fair.

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The 2025 work plan prioritizes follow-up on Emergency Financial Assistance (EFA), Ryan White Program Dental services, and other Ryan White Program-related services. Key topics for training and educational presentations include medical updates, HIV and kidney/digestive health, stigma and self-esteem, and relationship navigation. Co-chair nominations were opened, with at least one seat reserved for a commissioner and one for an HIV prevention consumer. Nominees include Ish Herrera, Damone Thomas, Vilma Mendoza, and Alasdair Burton. The link to the December 17, 2024 packet can be found [HERE](#).

Due to the Day of Mourning for former President James Carter, the January 9 Consumer Caucus meeting was canceled, and the February meeting is also canceled in place of the Consumer Resource Fair. The next meeting is scheduled for March 13, 2025, immediately following the Commission meeting at The California Endowment. Elections are scheduled for the March meeting. The Caucus requests all to promote the Caucus and encourage participation, and to ensure equitable representation in COH planning discussions and decision-making.

### (4) Transgender Caucus

Commission staff J. Rangel-Garibay reported the Caucus elected Rita Garcia, Commissioner Alternate, and Chichi Navarro, community member, as Co-Chairs for 2025. The Caucus decided to meet monthly on the 4<sup>th</sup> Tuesday of the month from 10 am-11:30 am virtually via Webex. The Caucus also decided to cancel the following meetings: 5/27/25, 6/24/25, 7/22/25, 11/25/25, and 12/23/25. A copy of the meeting calendar is included in the meeting packet or accessible [HERE](#).

The Caucus discussed its draft 2025 Strategic Priorities document which focuses on conducting needs assessments and providing the caucus' perspective on various COH-related activities and deliberations. The Caucus will continue its review and vote to adopt the document at its next meeting on February 25, 2025, from 10 am to 11:30 am virtually via Webex. The Caucus requests all to promote the Caucus and invite those interested in learning more about the COH to attend a Caucus meeting.

### (5) Women's Caucus

Dr. M. Cielo reported the Women's Caucus held elections for 2025. Community member, Shary Alonzo, and Commission member, Dr. Mikhaela Cielo, were both nominated and re-elected as Co-Chairs. The Caucus reviewed its meeting schedule for 2025. Based on feedback from the group, the Caucus revised its meeting schedule to meet bimonthly on the third Monday of the month from 2 pm to 3 pm, with the option of longer meetings, if needed. See [meeting packet](#) for the meeting schedule including the exact meeting dates. The group reviewed the 2025 Women's Caucus Strategic Priorities highlighting tasks that they will accomplish this year. A key area of focus will be conducting listening sessions and needs assessments targeting women living with HIV. Individuals who are interested in helping to plan the listening sessions and needs assessments should contact Commission staff, Lizette Martinez, at [lmartinez@lachiv.org](mailto:lmartinez@lachiv.org).

The next virtual Women's Caucus meeting will be on Monday, March 17 from 2 pm-3 pm via Webex. The

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Caucus asks all to continue to promote the WC within your networks and identify potential partners and locations to assist with planning and hosting future listening sessions.

### (6) Housing Task Force

Co-Chair K. Nelson reported that Dr. David Hardy and she were re-elected as Housing Task Force (HTF) Co-Chairs. Adam Yakira and Ethan Kuritz from the Inner City Law Center (ICLC) joined the HTF meeting as guest speakers, please refer to [meeting packet](#) for the slide presentation.

- ICLC receives clients through agency referrals and the agency referral form is available on their website. Agency referral is preferred to ensure that proper and required documents are secured. However, if a client self-refers, ICLC staff will assist that client.
- When asked about the impact of the current administration's attack on the transgender community, ICLC staff noted that the impact is unclear at this time. Ryan White funding was untouched during the first Trump administration, and they are hopeful that will remain the case during the second Trump administration.
- ICLC is not receiving enough referrals and needs agency support to promote its services and refer clients. Many Ryan White/ HIV-service agency staff are unaware of their existence and that they have a legal services program for PLWH. ICLC is contracted to serve 221 clients and ICLC accepts undocumented clients.
- The lack of provider awareness about ICLC and their RW-funded legal services may be partly due to confusing messaging when the funding source for ICLC's legal services for PLWH moved from HOPWA to Ryan White; some agencies may have misinterpreted this as an end to the program.
- ICLC staff will participate in the COH Consumer Resource Fair on Feb. 13.

The task force is inviting all to join its virtual meeting on February 28, 2025, from 9 am to 10 am where the HTF will review their 2025 work plan.

## **5. MANAGEMENT/ADMINISTRATIVE REPORTS - II**

### **A. Los Angeles County Department of Public Health Report**

Mario J. Perez, Director, Division of HIV and STP Programs (DHSP), introduced Dr. Charlie Cardenas as their new Associate Medical Director. Dr. Cardenas was the former medical director at Central Regional Detention Facility (CRDF) Women's Jail, is trained in Family Medicine and has expertise in women's health. Dr. Cardenas will assist in DHSP's Mpox response, STD clinics, and correctional facility collaborations.

#### **a. Programmatic and Fiscal Updates**

M. Perez stated that the federal funding picture for DHSP remains unclear after the continuing resolution approved by Congress ends on March 14<sup>th</sup>. M. Perez highlighted grants dependent on federal government funding to support work in LAC: Ryan White Part A grant, approximately \$50 million Minority AIDS Initiative (MAI), and the Part B award (HRSA funding to the State,



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subsequently awarded to LAC/DHSP). Ryan White Program Year ends on February 28, 2025. The three Ryan White program grants total approximately \$60 million in federal funding. The current Ryan White Ending the HIV Epidemic (EHE) funds will end in February and it is unclear what resources are available under this program beyond March 14 (end of the federal continuing resolution). The STD cooperative agreement with the Centers for Disease Control and Prevention (CDC) expires at the end of February. This funding provides \$3 million to support the control of STDs locally. The CDC is approximately six months behind schedule in issuing guidance that DHSP can respond to receive resources.

The BOS approved twenty contracts to deliver Ambulatory Outpatient Medical (AOM) services, Medical Care Coordination (MCC) services, and Patient Support Services (PSS). M. Perez underscored that DHSP will implement the expectation that AOM providers must screen patients for Medi-Cal eligibility and will review whether Denti-Cal can provide more support for general and specialty services. As part of the AOM/MCC/PSS model, DHSP has introduced an opportunity for providers to hire social workers, substance abuse counselors, and retention navigators to supplement the AOM/MM clinical teams.

### b. Ending the HIV Epidemic (EHE) Updates

Funding for EHE Initiatives expires at the end of February. Some resources will still be available through the merging of the CDC HIV Prevention and Cooperative Agreement with the EHE Initiative however, it is unclear if the resources will continue and if so, at what level.

The HIV prevention and testing RFP was released and received an overwhelming response. DHSP has received \$53 million in requests and has approximately \$20 million to invest, contingent upon federal funding.

### c. Other Updates: Impact of Federal Executive Orders and Support Needed from the Community Updates

Considering actions taken by Children's Hospital Los Angeles to deny continuance of gender-affirming care, M. Perez thanked Attorney General Rob Bonta, Miguel Martinez, and Joe Hollender, CEO of the Los Angeles LGBT Center for their support of and participation in activities that fight to preserve medical care services for the transgender population. M. Perez shared that the collective HIV response is on a collision course with the current administrations' direction towards homophobic, racist, and transphobic policies. He expressed deep concerns about the HOPWA representative vacancy on the Commission at a time when coordinated planning and resource braiding is urgently needed given the current political environment.

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

- (1) [OA Voice Newsletter Highlights](#). Karl Halfman directed all to the report in the meeting packet and reported that the OA was able to redirect \$1,275,000 million in RW Part B funds to LAC. The funds are a one-time disbursement effective April 1<sup>st</sup>.
- (2) California Planning Group (CPG). L. Conolly reported: (1) that the CPG is in the process of finalizing a 2-part PrEP infographic for women; one part will go out to the community and the other to providers, (2) The National Women and Girls HIV Awareness Day (NWGHAAD) is March 10<sup>th</sup>. The CPG is planning outreach and awareness campaigns that connect and encourage the uptake of PrEP and injectables in women.

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

Matthew Muhonen provided the HOPWA report as follows:

- HOPWA, so far, has not been affected by the federal funding freeze. There is no indication at this time that HOPWA will become affected in the future. There is very little or clear communication from HUD, however, HOPWA staff are in regular contact with their HUD Program Officer on fiscal and programmatic developments from the federal government.
- The HOPWA team has begun discussing how to spend the \$5 million roll-over savings in 2026:
  - New housing developments in Venice (nearing completion)
  - Little Tokyo: funded as a scattered site master lease consisting of 17 new permanent housing units Administered through APLA.
- HOPWA is currently monitoring its service providers to evaluate their performance, review issues from the previous year, and answer questions that providers might have.
- HOPWA recently launched a new client tracking system to keep track of clients' files and to monitor services provided. This system will improve how client data is reported under the Consolidated Annual Performance and Evaluation Report (CAPER), which is submitted to the U.S. Department of Housing and Urban Development (HUD).
- JWCH will provide trauma-informed care training to HOPWA providers.
- From July 1, 2024, through December 31, 2024, HOPWA served 2,828 clients versus 3,029 the previous year. The services provided consisted of Case Management (2,511 clients versus 2,419 last year).
- M. Muhonen reported that the HOPWA program is at half its staff capacity, and they are hoping to have additional staff in 2 to 3 months. The hiring of additional staff will help provide HOPWA representation on the Commission.
- M. Muhonen stated that HOPWA grants have a 3-year life span, and all funds are maximized. The biggest challenge for HOPWA contractors is retaining staff and high burn-out rate. Identifying and hiring the right staff for HOPWA programs impacts the ability to serve more clients. HOPWA modified the staff qualifications requirements to help contracted agencies with hiring staff.
- M. Perez stated that the City of Los Angeles Housing Department (LAHD) has an infrastructure that the HOPWA Program should leverage to help with planning. He also noted the importance of coordinating with the City of Los Angeles AIDS Coordinator's Office and underscored the importance of having ongoing

## Commission on HIV Meeting Minutes

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discussions on HOPWA and housing funding. The Commission must engage in year-round priority setting and resource allocation exercises, change its structure to be effective, and address housing with experts on the table.

- In response to question about housing for youth and transgender individuals, M. Muhonen responded that this would require a change in the scope of work and an RFP. The next RFP cycle will occur in 2027.

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

**Part C:** Dr. L. Maulsby reported that Charles Drew University's (CDU) Ryan White Program Services Report (RSR) is due in March and the budget modification for Part C is due 60 days before the end of April.

**Part D:** Dr. M. Cielo reported that they are preparing for an upcoming HRSA site visit and L.A. General continues to provide gender-affirming care to their transgender patients.

**Part F:** Sandra Cuevas reported the PAETC grant and the appointment of Dr. Butler to the faculty was approved last week. They are recruiting two clients for their Practice Transformation (PT) project to provide long-term training and technical assistance.

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

**City of Los Angeles:** Dahlia Alé-Ferlito reported that the City of L.A. is anticipating budget cuts for the current fiscal year. There is an upcoming budget hearing in 2 weeks at the Mayor's Office and they are hoping to receive instruction regarding whether there will be new cuts or if they will be able to restore previous budget cuts implemented earlier in the fiscal year.

**City of West Hollywood:** D. Saunders reported: (1) the City of West Hollywood's Human Services Division will open their RFP in April, and it will close in June, (2) the new grant cycle starts October 1<sup>st</sup>, and (3) they are completing needs assessments and working with the community to ensure contracts are given to those agencies providing services community members need.

### E. MISCELLANEOUS

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

There were no public comments.

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**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.*)**

No Commission New Business Items.

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

- Paula Buenrostro of the East Los Angeles Women’s Center invited everyone to attend their 7<sup>th</sup> Annual Health and Resource Fair on March 8<sup>th</sup>, from 8 am – 1 pm.
- L. Maultsby announced that CDU is hosting their 2<sup>nd</sup> Annual HIV Care and Prevention Resource CAB Conference on March 4<sup>th</sup>, from 8 am – 3:30 pm at St. Anne’s.
- John Muniz announced the City of West Hollywood is hosting a booth at The Abbey on February 14<sup>th</sup>, from 5 pm – 7 pm.

**d. Adjournment and Roll Call: Adjournment for the meeting of February 13, 2025.**

The meeting adjourned at 11:56 AM. Jim Stewart conducted roll call.

The meeting adjourned in memory of all those who have been impacted by the wildfires; in honor of Tarek Rogers, Cornelius Baker, and Bryan Jones; and in solidarity with all our communities navigating the challenges of the current social and political landscape.

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**ROLL CALL (PRESENT):** D. Ale-Ferlito, M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, S. Cuevas, K. Donnelly, A. Frames, A. Franklin, F. Gonzalez, R. Garcia, K. Halfman, T. Jones, W. King, L. Martinez-Real, L. Maulsby, V. Mendoza, A. Molette, P. Nash, K. Nelson, B. Patel, M. Perez, D. Richardson, D. Russell, H. San Agustin, M. Sattah, D. Saunders, L. Spencer, K. Stalter, L. Talley, J. Valero, J. Weedman, R. Ybarra, D. Campbell, and J. Green.

<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION 1:</b> Approve meeting agenda, as presented or revised.	Passed by Consensus.	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Approve the August 8, 2024, Commission on HIV meeting minutes, as presented or revised.	Passed by Consensus.	<b>MOTION PASSED</b>
<b>MOTION 3:</b> Approve Consent Calendar, as presented or revised.	Passed by Consensus.	<b>MOTION PASSED</b>
<b>MOTION 4:</b> Approve PP&A Committee 2025 Paradigm and Operating Values as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>

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<b>MOTION AND VOTING SUMMARY</b>		
<b>MOTION 5:</b> Recommend seat vacate of Commissioner Ronnie Osorio, as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 6:</b> Approve seat change for Commissioner Arburtha Franklin from Alternate (Seat #27) to HIV Stakeholder Representative #4 seat, as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 7:</b> Approve seat change for Dr. David Hardy from Alternate (Seat #34) to Provider Representative #7 seat, as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 8:</b> Recommend for BOS appointment new membership application for Ismael Salamanca to occupy City of Long Beach Representative (Seat #3), as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 9:</b> Recommend for BOS appointment new membership application for Joaquin Gutierrez to occupy Alternate (Seat #21), as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 10:</b> Recommend for BOS appointment new membership application for Carlos Vega-Matos to occupy Alternate (Seat #26), as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 11:</b> Recommend for BOS appointment new membership application for Aaron Raines to occupy Alternate (Seat #28), as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 12:</b> Recommend for BOS appointment new membership application for Sabel Samone-Loreca to occupy Alternate (Seat #29), as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>

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<b>MOTION 13:</b> Recommend for BOS appointment new membership application for Reverend Gerald Green to occupy Alternate (Seat #32), as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 14:</b> Recommend for BOS appointment new membership application for Jeremy Mitchell (Jet Findley) to occupy Alternate (Seat #33), as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 15:</b> Recommend for BOS appointment PP&A Committee-only membership application for Rob Lester, as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 16:</b> Recommend for BOS appointment SBP Committee-only membership application for Caitlin Dolan, as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 17:</b> Recommend for BOS appointment Public Policy Committee-only membership application for OM Davis, as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 18:</b> Approve the Ambulatory Outpatient Medical (AOM) Service Standards, as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 19:</b> Approve the Emergency Financial Assistance (EFA) Service Standards, as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>MOTION 20:</b> Approve the Transportation Service Standards, as presented or revised.	Passed by Consent Calendar.	<b>MOTION PASSED</b>
<b>2025-2027 COH Co-Chair Open Nominations &amp; Election:</b> Roll call vote.	Summary of Votes for Joe Green Yes: D. Ale-Ferlito, M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, E. Davies, K. Donnelly, A. Frames, F. Gonzalez, I. Herrera, T. Jones, W. King, L. Martinez-	<b>JOSEPH GREEN ELECTED</b>

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	Real, L. Maultsby, V. Mendoza, A. Molette, P. Nash, K. Nelson, B. Patel, D. Richardson, D. Russell, H. San Agustin, M. Sattah, L. Spencer, L. Talley, J. Valero, J. Weedman, R. Ybarra, D. Campbell, and J. Green.  Abstain: K. Halfman	
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**Los Angeles County Commission on HIV (COH)  
2025 Meeting Schedule and Topics - Commission Meetings**

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

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

2025 Meeting Schedule and Topics - Commission Meetings	
Month	Key Discussion Topics/Presentations
<del>1/9/25 @ The California Endowment</del> Cancelled due to Day of Mourning for former President Jimmy Carter	Commission on HIV Restructure <i>**facilitated by Next Level Consulting and Collaborative Research**</i> <del>Brown Act Refresher (County Counsel)</del> —Replaced with training hosted by EO on Jan. 30.
<del>2/13/25 @ The California Endowment</del> <del>*Consumer Resource Fair will be held from 12 noon to 5pm</del>	<del>Commission on HIV Restructure <i>**facilitated by Next Level Consulting and Collaborative Research**</i></del>
3/13/25 @ The California Endowment	<ul style="list-style-type: none"> <li>• Year 33 Utilization Report for All RWP Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)</li> <li>• COH Restructuring Report Out</li> </ul>
4/10/25 @ St. Anne’s Conference Center	<ul style="list-style-type: none"> <li>• Year 33 Utilization Report for RW Core Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)</li> <li>• Housing Task Force Report of Housing and Legal Services Provider Consultations</li> </ul>
5/8/25 @ Location TBD	<ul style="list-style-type: none"> <li>• Year 33 Utilization Report for RW Support Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)</li> </ul>

	<ul style="list-style-type: none"> <li>• Unmet Needs Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)</li> </ul>
6/12/25 @ Location TBD	Consider cancelling; pending Executive Committee discussion
7/10/25 @ Vermont Corridor	<ul style="list-style-type: none"> <li>• Medical Monitoring Project (Dr. Ekow Sey, DHSP)</li> <li>• PURPOSE Study (Requested by Suzanne Molino, PharmD, Gilead Sciences, Inc.)</li> </ul> <p>*Anchor presentation as part of prevention-focused conversation and planning</p>
8/14/25 @ Location TBD	Consider cancelling; pending Executive Committee discussion
9/11/25 @ Location TBD	America's HIV Epidemic Analysis Dashboard ( <a href="#">AHEAD</a> )*
11/14/24 @ Location TBD	ANNUAL CONFERENCE
12/12/24 @ Location TBD	Consider cancelling; pending Executive Committee discussion

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



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

**Restructuring for Enhanced Performance and Increased Impact to End the HIV Epidemic**  
**February 19, 2025**  
**Breakout Groups Notes**

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**What are your fears? Or what are your biggest concerns about restructuring?**

1. HIV prevention—what we are doing is not working as new HIV infections are steady or increasing
2. Data- way too much and it's overwhelming. I'd like to see data presented that is understandable for all Commissioners based on their level of understanding
3. Service delivery is inconsistent: funding/no funding
4. Technical assistance from the Recipient regarding specific issues I'm seeing as a medical provider and a Commissioner (GHB overdoses among PWH)
5. We need to have PWH with lived experience messaging on behalf of the community
6. Revamp/update/best practices from other jurisdictions regarding COH recruitment efforts to expand the Commission's reach and have fresh faces/voices in the conversations
7. Keep funding in place – Federal impact of PC
8. Standing term knowledge terming out
9. Loss of interest
10. Aligning strategies with needs
11. Not showing enough Improvement – tangible progress
12. Reduced focus on the outcomes
13. Consumer Involvement
14. LA County legal - lots of hurdles to meeting the July timeframe
15. Concerns about disappearing trans support
16. LA resource rich but siloed
17. Unclear as to what prevention efforts
18. Data presentations are overwhelming
19. Square peg solutions- customized solutions decrease barriers and inefficiencies
20. LA County has lots of hurdles
21. Concerns for transgender support and other marginalized communities
22. Loss of staff
23. Don't lose focus on unaffiliated consumer stipends
24. Increased barriers and inefficiencies
25. Lack of representation from some areas like hospitals
26. Missing data – presentations are overwhelming not synthesized

**What are your hopes/ What do you hope to gain from the restructuring?**

1. New Commissioners need to hit the ground running – unclear of their role on the commission
2. Full Integration prevention and care
3. Tangible progress - impactful programming with a focus on results and presented back to COH
4. Strong community engagement

5. More feedback from consumers
6. Greater data sharing
7. Current strong leadership
8. More youth Involvement alignment with the epidemic
9. Innovation and excitement in programming should align with the local strategies- where rates are up
10. Oral healthcare
11. Innovative community engagement & outreach
12. Impartial academic position
13. Quality assurance for clients – The Commissioner hears complaints where to refer
14. Focus on communities where rates are up
15. Clarity of purpose/realistic expectations
16. Mentorships for new COH/youth
17. Shared vision to end HIV
18. Full functioning COH that represents organizations and the community
19. More academic participants
20. More meaningful data presentations from the various data warehouses
21. Audit data should convert to success stories with the funding
22. Solutions planning = Outcomes (Homework is ok for us to do)
23. Reactionary vs Durable

**Overall meeting observations:**

1. More consumer involvement, less providers
2. Young PWH at the table to inform strategic decisions
3. Is the restructuring timeline realistic based on LA County's history of moving slowly?
4. Getting the right people on the COH
5. COH needs to have tangible Progress
6. Effective Planning = Positive Outcomes
7. It appears the Commission is ready for change and there was energy around wanting to be more effective and strategic with regards to the Commission's role in Ending the HIV Epidemic

**Recommendations:**

1. Recruitment of younger PWH to become Commissioners
2. Meaningful data presentations to guide planning efforts
3. Understanding/assessing current prevention strategies to determine effectiveness
4. Aligning with the Integrated Plan structure for increased effectiveness and measurable outcomes
5. Move forward with the highlights from February 13<sup>th</sup> into the upcoming planning sessions
6. Conduct a newly diagnosed needs assessment for the COH to understand what the face of HIV looks like now in LA County. The face of HIV is quite different than the current COH membership.
  - a. Conducting a newly diagnosed needs assessment will address above mentioned items emphasized during 2/13/25 COH meeting
  - b. Recruitment of younger PWH to become Commissioners during the assessment process

- c. Qualitative data to inform quantitative data; incidence data is only half the picture, we need to hear from the newly diagnosed firsthand.
7. Create a recruitment strategy based on data from in person surveys/focus groups/etc.
8. Having the “new incidence” of PWH with lived experience partners in strategic planning
9. Understanding/assessing current prevention strategies to determine effectiveness
10. Examine prevention strategies based on qualitative and quantitative data to advance the eligible metropolitan area’s (EMA) prevention activities

The Commission on HIV is YOUR local HIV PLANNING COUNCIL. Join one of the upcoming restructuring workgroup meetings to share your ideas on how to improve the Commission on HIV.



**WEDS**

03/19/2025



**TIME**

9:30 - 11:30 AM  
OR

1:30PM - 3:30PM



**THURS**

03/20/2025



9:30 - 11:30 AM  
OR

1:30PM - 3:30PM



**FRIDAY**

03/21/2025



9:30 - 11:30 AM



Scan QR code to register.



LUNCH AVAILABLE FOR ALL PARTICIPANTS FROM 12PM TO 1PM

\$25 gift cards for all participants.

To ensure optimal participation, each workgroup meeting will have up to 20 participants.

Meeting Location: 510 S. Vermont Ave, 9th Floor, Los Angeles, CA 90020  
Free validated parking: 523 Shatto Place, Los Angeles, CA 90020

Questions? (213) 738-2816 or [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org)





## STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKEAWAYS | MARCH 13, 2025

### 1. Operations

Link to the Operations Committee meeting packet can be found [HERE](#).

**Key outcomes/results from the meeting:**

- The Operations Committee met on February 27<sup>th</sup> and reviewed the most recent iteration of the membership reflectiveness table against incoming members. The Committee underscored the importance of doing more targeted community outreach to recruit youth and transgender individuals. Operations explored key events to attend such as the UCLA-CFAR CAB conference, June Pride events, and youth groups and TGI groups affiliated with local HIV service organizations. Awarding school credits was a strategy discussed to encourage youth to attend COH meetings to incentivize their engagement.
- The Committee reviewed members' attendance records to ensure all members are getting the support they need to perform their duties.
- The Operations Committee is in the midst of conducting the annual Assessment of the Efficiency of the Administrative Mechanism (AEAM) and promoting the mandatory 2025 trainings with their fellow Commissioners. Please note, the Ryan White Care Legislative Overview and Membership Structure and Responsibilities training was rescheduled to April 2<sup>nd</sup>, from 12 pm – 1pm. The updated training schedule, the February [training slides](#), and the link to the quiz are on the Commission's website.
- The Operations Committee will continue to agendize the Commission Restructuring Debrief conversation as a standing agenda item.
- The next Operations Committee meeting is on March 27<sup>th</sup>, from 10 am – 12 pm at the Vermont Corridor.

**Action needed from full body:**

- Please register for and attend all mandatory commissioner trainings and complete the required quizzes to receive your certificate of completion.

### 2. Executive

Link to the Operations Committee meeting packet can be found [HERE](#).

**Key outcomes/results from the meeting:**

- The Committee met on February 27, 2025, and passed all motions, which will be presented at the March 13, 2025, Commission on HIV (COH) meeting for consideration.
- Members recommended identifying satellite office locations to host COH meetings to enhance community engagement, particularly among youth.
- The 2024 Annual Report was presented for final edits, which are due by March 5, 2025, before submission to the Executive Office of the Board of Supervisors.
- Updates to the 2025 COH Workplan and Meeting Schedule were shared, with a continued emphasis on aligning efforts with the Ryan White Program (RWP) core legislative responsibilities.



- The Committee briefly discussed the kick-off meeting for the COH's Effectiveness & Restructuring Project. COH staff and consultants are currently reviewing breakout group notes and meeting weekly for strategic planning. Three small workgroup sessions will be held to continue the restructuring conversation, with sign-ups opening mid-March. These workgroups will be open to COH members, DHSP representatives, and the public. COH members are required to participate.
- COH and DHSP leadership are currently discussing the Program Year (PY) 35 budget, noting the likelihood of significant funding cuts. Additionally, due to budget uncertainties, the COH will not be sponsoring consumer members for conferences or trainings outside of RWP-required activities.
- DHSP reported an anticipated \$8 million deficit and is reviewing spending patterns and financial projections. Given the reduced revenue compared to prior years, DHSP is prioritizing the most responsive systems thus, difficult financial decisions will need to be made.
- The Committee opened nominations for three (3) At-Large seats.

**Action needed from full body:**

- Members are encouraged to actively engage in the COH Effectiveness & Restructuring Project by signing up for small workgroups (opening mid-March), providing input on proposed structural changes, attending meetings to stay informed and contribute to decision-making, and reviewing recommendations from COH staff and consultants to help refine restructuring efforts.

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

**Link to the February Planning, Priorities and Allocations meeting packet can be found [HERE](#).**

**Key outcomes/results from the meeting:**

- During their February meeting, the Planning, Priorities and Allocations Committee reviewed Antelope Valley HIV Care Continuum data that was shared by DHSP during the Antelope Valley World AIDS Day event. The data review helped inform the Program Year 35-37 Directives.
- The Committee also conducted a final review of the Ryan White Program Year 35-37 (PY35-37) Directives before formally approving. The directives were then approved by the Executive Committee on February 27 and are up for final approval by the full body, today, at March Commission on HIV meeting.
- DHSP staff provided a Program Year 34 (PY34) Expenditures report to the committee. The report focused on Part A and Minority AIDS Initiative (MAI) expenditures. The report highlighted PY34 service priorities, allocations per funded service category, year-to-date expenditures (through the month of November 2024), and projected final spending through the end of the program year (February 28, 2025). The report shows most services categories are exceeding allocated expenditures.
- Projected Part A expenditures are projected to exceed current allocations by approximately \$3.8 million and MAI expenditures are projected to exceed current allocations by approximately \$2 million. Additional services that were previously allocated funded in Program Year 33 but are currently funded by other funding



sources, including Outreach (Linkage and Re-engagement Program (LRP), Emergency Rental Assistance (ERA), and Home-Delivered Meals, are also projected to exceed funding by \$2.6 million. See meeting packet for more details.

- Discussions were had on how to minimize overspending in PY35. DHSP recommended that if the committee would like to maintain the current level of investments, the committee would need to reallocate funds to better align with current expenditures. DHSP noted that they no longer have significant carry over of EHE and other resources that they were able to shift into Ryan White Program service categories to cover overspending of the grant to continue to support RWP service categories in the past.
- The next PP&A Committee meeting will be on Tuesday, March 18 from 1pm-3pm at the Vermont Corridor.

**Action needed from full body:**

- Commissioners should review the PP&A meeting minutes from February and attend PP&A Committee meetings, when possible, to stay informed of current funding challenges, to develop a deeper understanding of the priority setting and allocation process, and to observe how data is used to inform decision-making.

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

Link to the March 11, 2025, meeting packet can be found [HERE](#).

**Key outcomes/results from the meeting:**

- Reviewed public comment received for the “Housing Services” service standards and approved the document(s). The document(s) will be elevated to the Executive Committee for review and approval at their March 20, 2025, meeting.
- Began review of the Transitional Case Management service standards. This document will encompass service standards for the following populations: Youth, Justice-Involved, and Older Adults (50+). The committee will continue their review on April 1, 2025.
- The next SBP Committee meeting will be on Tuesday April 1, 2025, from 10am-12pm at the 14<sup>th</sup> floor of the Vermont Corridor. Committee members, Commissioners, and members of the public planning on attending the meeting need to check-in with the security guards on the 9<sup>th</sup> floor lobby and wait for a COH staff member to escort to the 14<sup>th</sup> floor.

**Action needed from full body:**

- Encourage consumer participate in the service standard development process.

#### 5. Public Policy

Link to the March 3, 2025, meeting packet can be found [HERE](#).

**Key outcomes/results from the meeting:**

- Arburtha Franklin was elected as PPC co-chair for 2025.
- Reviewed state bills listed on the 2025-26 Legislative Docket and held deliberations to determine the position the PPC will recommend the Board of Supervisors (BOS) to take on the proposed legislation. The PPC approved the document and elevated it to the Executive Committee for review and approval at their March 20, 2025, meeting.



- The next PPC meeting will be on Monday April 7, 2025, from 10am-12pm at the Vermont Corridor.

**Action needed from full body:**

- Review the 2025-26 Legislative Docket and submit any questions, concerns, and suggestions to the PPC. A copy of the document is included in the March 3, 2025, meeting packet.

## 6. Aging Caucus

**Link to the March 11, 2025 meeting packet can be found [HERE](#).**

**Key outcomes/results from the meeting:**

- The Aging Caucus will meet on [3/11/25](#), virtually from 1pm to 2pm, to finalize their 2025 key priorities and begin planning for a cross-caucus collaborative event (slated for September) to address HIV and aging across intersectional identities and age groups.

**Action needed from full body:**

- Keep informed of resources regarding Medicaid and Medicare, which are critical resources for low income, older adults, and people with disabilities.
  - [How Medicaid Funding Caps Would Harm Older Adults](#)
  - [Lambda Legal Help Desk](#)
  - [Facing the Future Together: FAQs, Guidance, & Resources for Older Adults](#)
- Join the next Aging Caucus virtual meeting on April 13, 2025 from 1pm to 2pm.

## 7. Black Caucus

**Key outcomes/results from the meeting:**

- The Black Caucus did not meet in February and instead held a Community Game Night in commemoration of National Black HIV/AIDS Awareness Day (NBHAAD).
- In honor of NBHAAD, the Caucus released an [infographic](#) highlighting preliminary findings from the Faith-Based, Black Immigrant & Non-U.S. Born, Women, and Same-Gender Loving Men community listening sessions.
- The next Black Caucus meeting will be held virtually on March 20, 2025, focusing on:
  - Planning for the remaining community listening sessions.
  - Advancing the organizational needs assessment of Black-led and Black-serving organizations in Los Angeles County.
  - Conducting another round of nominations and elections for a second co-chair.

**Action needed from full body:** Attend the March 20, 2025, virtual meeting and support outreach efforts to ensure broad community participation.



## 8. Consumer Caucus

### Key outcomes/results from the meeting:

- The Consumer Caucus did not meet in February but successfully hosted a Consumer Resource Fair, which attracted over 200 community members and 60+ vendors. The event received overwhelmingly positive feedback from both consumers and vendors, with ongoing responses highlighting its impact.
- The next Consumer Caucus meeting will be held following the March 13, 2025, COH meeting, where members will:
  - o Elect the 2025 co-chairs.
  - o Receive a presentation from DHSP's Client Quality Management Program, led by consultant Michael Hager.
  - o Review the Housing Services Standards.
- In lieu of its April 10, 2025, meeting, the Caucus is planning a Ryan White Program Dental Services Listening Session—flyer available [HERE](#); more details to follow.

### Action needed from full body:

- Attend the March 13, 2025, Consumer Caucus meeting, participate in co-chair elections, review the Housing Services Standards, and help promote the Ryan White Program Dental Services Listening Session.

## 9. Transgender Caucus

Link to the February 25, 2025, meeting packet can be found [HERE](#).

### Key outcomes/results from the meeting:

- COH staff provided an overview of the structure and functions of the Commission on HIV (COH) and shared that the COH is undergoing restructuring. A copy of the presentation materials is included in the February 25, 2025, meeting packet.
- COH staff shared that there will be opportunities for the caucus to participate in upcoming need assessments and community listening sessions as the COH prepares to draft the 2026-2030 Comprehensive HIV Plan (CHP).
- Discussed the possibility to draft a statement of solidarity in response to the transphobic rhetoric and policies enacted by the President and Congress. Sunitha Menon, Executive Director of the LGBTQ+ Commission, shared that the LGBTQ+ Commission is writing a letter to the BOS and suggested the caucus and COH consider co-signing the letter to make a stronger statement. COH staff will follow-up with Sunitha and the LGBTQ+ Commission co-chairs to discuss opportunities for collaboration.
- The next Transgender Caucus meeting will be on Tuesday March 25, 2025, from 10am-12pm via Webex. The Caucus will continue their discussion of the 2025 Strategic Priorities and decide on next steps for the “Call to Action” agenda item.

### Action needed from full body:

- Continue to promote the Transgender Caucus within your networks and invite community members to attend future meetings.



## 10. Women's Caucus

Link to the January Women's Caucus meeting packet can be found [HERE](#).

### Key outcomes/results from the meeting:

- The Women's Caucus did not meet in the month of February.
- The next virtual Women's Caucus meeting will be on Monday, March 17 from 2pm-3pm via Webex. The caucus will continue planning for women's listening sessions including a review of proposed discussion questions, enlisting key partners to assist with recruitment and facilitation, and identifying potential listening session locations.

### Action needed from full body:

- Continue to promote the WC within your networks and identify potential partners and locations to assist with planning and hosting future listening sessions.

## 11. Housing Task Force

Link to the February 28, 2025 meeting packet can be found [HERE](#).

### Key outcomes/results from the meeting:

- The HTF met on [2/28/25](#) to review their workplan, which led to a spirited discussion about the lack of good data that speaks to the needs of PLWHA in the Count (not just those who are RWP clients) and the siloed housing systems to address homelessness. The HTF will develop a housing- specific needs assessment and plan for a convening of representatives from various housing players in the County and neighboring cities to understand the multiple pathways to housing that may be leveraged and coordinated with RW-funded services for expanded access and impact.

### Action needed from full body:

- Share data/studies specific to PLWH who experiencing homelessness or at risk for homelessness with the HTF to help paint a clearer picture of documentable needs of PLWH in LAC (in addition to those who are in the RW care system).
- Join the next HTF meeting (via Webex) on March 28, 2025 from 9am to 10:30am.



**Mult-Year Program Directives for Ryan White Part A and MAI Funds for Program Years (PY) 35, 36, and 37  
and Centers for Disease Control and Prevention (CDC) Funding**

**(Final Draft for Executive Committee Approval 2.27.25)**

**Approval Dates: Approved by PP&A on 2.18.25**

**Purpose:** These program directives approved by the Los Angeles County Commission on HIV (COH) on March 13, 2025 articulate instructions to the Division of HIV and STD Programs (DHSP), Los Angeles County Department of Public Health on how to meet the priorities established by the Commission on HIV. The Ryan White PY Years 35, 36, and 37 service rankings and allocations table are found in Attachment A. The Commission looks forward to receiving formal reports on the status of the directives issued by the Commission at least twice a year from DHSP.

#	DIRECTIVE
	<b>OVERARCHING DIRECTIVE:</b> Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in geographic areas with the highest disease burden and prevalence, where service gaps and needs are most severe.
	<b>ACCESS AND SERVICE IMPROVEMENTS</b>
1	Provide ongoing patient navigation support for clients as they navigate the various services available to them (whether Ryan White Program (RWP) related or not). Patient navigation services are a support system designed to help patients navigate the complexities of the healthcare system by identifying and overcoming barriers to accessing timely and appropriate care, often including assistance with scheduling appointments, understanding medical information, finding financial resources, and coordinating transportation, all with the goal of improving overall health outcomes. Patient navigation services should guide patients through the continuum of healthcare and social services process and ensure timely receipt of services.

*\* Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*

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2	Incentivize the use of long-acting injectable (LAI) antiretroviral therapy (ART) and injectable PrEP to address issues with medication adherence such as forgetting or pill fatigue, inability to store medications due to being unhoused, substance use, and other factors that hinder optimal viral suppression.
3	A. Expand promotion of <u>Get Protected LA   The Ryan White Program</u> to foster broader community awareness of local Ryan White-funded services. B. Enhance the Get Protected LA website to include available services throughout the County and from various providers. C. Increase county-wide awareness of the I'm Positive LA website through partnerships with non-traditional and new partners outside of the HIV sphere.
4	Based on clinic capacity, geographic need and patient demand, instruct contracted providers to increase access to appointments outside of traditional business hours (i.e., evenings and weekends).
5	Expand services that address the unique needs of people living with HIV who use substances such as syringe service programs, offering free naloxone and drug testing resources, medication assisted treatment (MAT), referrals for mental/behavioral health, and support consistent antiretroviral therapy (ART) use. Additional examples include increased training for staff to avoid potential adverse drug reactions, case management services to facilitate coordinated care and timely referrals for additional services needed such as housing assistance, legal services, food assistance, Hepatitis C testing, contingency management, and peer support services to ensure ART adherence.
6	Fund a full-time staff for minimum of two years to convene and facilitate provider collaborations, cross-referrals and community-wide promotion of HIV services in the Antelope Valley. Listening sessions held by the Commission in Antelope Valley in October 2024, identified both provider and consumer lack of knowledge of existing services and the need for provider collaboration, and relationship building to ensure engagement and retention of clients.
<b>WORKFORCE CAPACITY AND TRAINING</b>	
7	Increase workforce capacity by providing ongoing training for frontline staff on reducing stigma in clinical settings such as creating more welcoming and inclusive physical environments. Examples include culturally, age, and gender-appropriate visuals and health education materials in waiting rooms and reception areas; text-based customer service satisfaction surveys to

\* Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.

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	preserve anonymity; and offering language, reading and comprehension assistance (interpretation and translation services) to clients.
8	Instruct core medical and support service providers to increase opportunities to hire individuals with lived experience that reflect the populations being served particularly women, people of a trans experience, Black/AA MSM, Latine/x MSM, formerly incarcerated, former substance users.
9	Increase training on Medi-Cal eligibility, enrollment, and re-enrollment process and ensure staff are periodically screening clients for Medi-Cal and Denti-Cal eligibility. Counsel clients with undocumented status, or mixed status families, to dispel Public Charge inaccuracies and encourage enrollment in Medi-Cal.
<b>COMMUNITY ENGAGEMENT AND COLLABORATIONS</b>	
10	<p>A. Instruct contracted providers to participate in Commission on HIV meetings, events and other COH-related activities, as specified in funding contracts.</p> <p>B. Instruct contracted providers to support their clients and/or community advisory board members to participate on the local planning process, whether formally or informally, as specified in funding contracts.</p> <p>Excerpt from DHSP Solicitation:  <i>3.13 County’s Commission on HIV - All services provided under the Contract should be in accordance with the standards of care as determined by the County of Los Angeles Commission on HIV (Commission). Contractor must actively view the Commission website (Commission on HIV lacounty.gov) and where possible, participate in the deliberations and respectful dialogue of the Commission to assist in the planning and operations of HIV prevention and care services in LAC. 3.14</i></p>
<b>DIRECTIVES FROM COMMISSION CAUCUSES</b>	
11	<p><b>Transgender:</b></p> <p>A. Housing service providers must have policies in place that protect the rights of Transgender, Gender Non-Conforming, and Intersex (TGI) People Living with HIV (PLWH).</p> <p>B. Housing service providers must have staff trained in trauma-informed care strategies and practices.</p>

\* Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.

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	<p>C. Core medical and support service providers must have staff qualified to provide gender-affirming/ appropriate services to Transgender, Gender non-conforming, and Intersex people.</p> <p><i>*These transgender-specific directives are already in approved Universal service standards or care</i></p>
<b>12</b>	<p><b>Women:</b></p> <ul style="list-style-type: none"><li>• Recipient to work with the Women’s Caucus to develop services that meet the needs of women including, women who are pregnant or have children. Explore feasibility and process for funding at least two core medical providers that would offer comprehensive women’s-centered services.</li></ul>
<b>13</b>	<p><b>Older Adults/Aging:</b></p> <ul style="list-style-type: none"><li>• Ensure that Benefits Specialty services are available within each Service Planning Area (SPA). Benefits Specialty services must also expand to include non-Ryan White services available for aging populations (50+) within Los Angeles County.</li><li>• Develop formal partnership agreements with the local Area on Aging agencies to identify and promote services for older adults living with HIV.</li></ul>
<b>14</b>	<p><b>Black/African American:</b></p> <ul style="list-style-type: none"><li>• Develop pilot community engagement activities, e.g., incentivized coalition-building and ambassador programs that engage trusted influencers from diverse Black subpopulations, including transgender individuals, MSM, women, and youth. These initiatives will aim to foster connection, build trust, and raise HIV awareness by promoting available services and encouraging community-driven advocacy and support beyond traditional providers and spaces.</li></ul>

*\* Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*

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## LOS ANGELES COUNTY COMMISSION ON HIV



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

### **2025 PUBLIC POLICY PRIORITIES**

The Public Policy Committee (PPC) of the Los Angeles County Commission on HIV (COH) developed the “2025 Public Policy Priorities” document with the purpose of providing a framework to guide the development of the PPC’s 2025-26 Legislative Docket; Items included are not intended to be exhaustive. The PPC and COH are committed in supporting and encouraging innovative efforts to reduce bureaucracy and barriers to accessing services, increase funding, and enhance HIV and Sexually Transmitted Infection (STI) care and prevention service delivery in Los Angeles County.

With a renewed urgency, the PPC remains steadfast in its commitment to preserve, protect, and maintain services critical to ending the HIV epidemic. The PPC recommends the Commission on HIV endorse and prioritize the following issues. The PPC will identify and support legislation, local policies, procedures, and regulations in 2025 that address the following priorities (listed in no order):

#### **Funding**

- a. Maintain and preserve federal funding for Medicaid, Medicare, and HIV/AIDS programs such as the Ryan White HIV/AIDS Program (RWHAP) and the Ending the HIV Epidemic (EHE) initiative; And support stronger compatibility and greater effectiveness between the RWHAP, Medicaid, and other health systems of care.

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

- a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; and criminalization.
- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in Black/African American, Latino, and other at higher risk for the acquisition and transmission of HIV disease.
- c. Address the impact of humanitarian crises on the HIV continuum of care and service delivery including HIV/STI prevention services.

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

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

#### **Housing**

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

#### **Mental Health**

- a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

#### **Sexual Health and Wellness**

- a. Increase access to care and treatment for People Living with HIV/AIDS (PLWHA).

- b. Increase access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs. Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction.
- c. Increase comprehensive HIV/STI counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.
- f. Preserve funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

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

- a. Advocate for substance use services to PLWHA including services and programs associated with methamphetamine use and HIV transmission.
- b. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County.

#### **Consumers**

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

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

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

#### **Women's Health and Wellness**

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

#### **Transgender Health and Wellness**

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

#### **General Health Care**

- a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
- b. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
- c. Provide trauma informed care and harm reduction strategies in all HIV health care settings.

#### **Service Delivery**

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

#### **Data**

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

#### **Workforce**

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



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#### **Funding**

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

- a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; and criminalization.
- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in Black/African American, Latino, and other at higher risk for the acquisition and transmission of HIV disease.
- c. Address the impact of humanitarian crises on the HIV continuum of care and service delivery including HIV/STI prevention services.

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

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

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- c. Increase comprehensive HIV/STI counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.
- f. Preserve funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

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

- a. Advocate for substance use services to PLWHA including services and programs associated with methamphetamine use and HIV transmission.
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#### **Service Delivery**

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

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

#### **Workforce**

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



# 2025 CONSUMER RESOURCE FAIR “LOVE BEGINS WITH ME” EVENT SUMMARY | FEBRUARY 13, 2025

## **"Love Begins with Me": A Celebration of Whole-Person Care**

On February 13, 2025, over 200 community members braved the rain to attend the 2025 Consumer Resource Fair at The California Endowment. Hosted by the Caucuses of the Los Angeles County Commission on HIV, led by the Consumer Caucus, the event embodied the theme "Love Begins with Me"—emphasizing self-care, empowerment, and access to vital resources that support whole-person care for people living with and impacted by HIV.

More than 60 vendors and service providers came together to offer housing assistance, legal aid, financial literacy, mental health services, employment opportunities, technology access, food assistance, and more—showcasing the critical role of holistic support beyond just HIV-specific services. Despite the inclement weather, the turnout highlighted the urgent need for accessible and inclusive community resources.

One of the fair’s highlights was the passport activity, encouraging attendees to explore multiple vendors and engage meaningfully. Over 57 completed passports were submitted, and five lucky participants won \$100 Visa gift cards.

Attendees consistently praised the event, sharing that it was the best resource fair they had attended because they left with tangible resources rather than just brochures. As one participant noted, "Unlike other resource fairs, this one actually provided tools to improve our quality of life—because we are more than our diagnosis."

## **Workshops & Presentations**

The fair featured engaging workshops and presentations addressing key community needs. For example, the Inner-City Law Center led an essential session on housing rights and legal advocacy, equipping attendees with critical knowledge.

## **Vendor Highlights**

The event brought together over 60 service providers, each offering crucial resources to support whole-person care. Some key participating vendors included:

- Delete the Digital Divide – Providing technology access, free laptops, and digital literacy resources.
- LADWP – Sharing information on discount programs, rebates, and energy-saving solutions.
- Los Angeles County Department of Probation – Offering community resources and support for justice-involved individuals.
- California Office of AIDS, Community Planning Group – Engaging the community in statewide HIV planning and advocacy efforts.
- Department of Public Social Services – Providing on-site CalFresh and Medi-Cal enrollment.
- Skin and Body Sculpt Spa – Offering mini skincare consultations, body sculpting demos, and wellness education.
- WeCanStopSTDsLA – Educating youth on sexual and reproductive health through engaging events and stakeholder collaborations.

Many more organizations addressing housing, employment, legal services, mental health and other critical services and programs participated. For the full list of vendors and their services, click [HERE](#).

### **A Day of Engagement & Movement**

Self-love and well-being extended beyond resources and education—attendees were encouraged to move and energize themselves through Zumba sessions led by Jose Rangel-Garibay and Paulina Zamudio. These high-energy sessions reinforced the importance of physical health as part of a holistic approach to self-care.

### **Vendor & Service Provider Feedback**

Vendors and service providers expressed overwhelmingly positive feedback about the event’s structure and impact. Some highlights:

- ✓ “Great job by all participants! The setup was well-organized.”
- ✓ “I really enjoyed how many folks came to the event. The use of stamps ensured attendees visited each table.”
- ✓ “It was such a great turnout and so much fun.”
- ✓ “It was an amazing event. I [appreciated the] opportunity to connect with other organizations, to learn about their services and build future collaborations. As well



letting the community know about our services. It was a lovely productive and informative day.”

- ✓ “One suggestion would be to incorporate more interactive wellness experiences, such as mini skincare consultations, body sculpting demos, or nutrition workshops.”

Additionally, providers noted challenges they face in meeting community needs, including:

- ✓ Difficulty in reaching those who need help the most.
- ✓ Lack of accessible housing resources.
- ✓ The need for ongoing education about holistic skincare and body treatments.
- ✓ Providing safe sex resources and harm reduction supplies (e.g., condoms, naloxone, CPR masks).
- ✓ Ensuring that non-TGI-identified individuals still have access to essential services.

## **A Collective Effort**

This event was a success thanks to the dedication of our vendors, community partners, and volunteers, including students from Charles Drew University and USC. We are especially grateful to our sponsors—the City of Los Angeles AIDS Coordinator’s Office, Gilead Sciences, Charles Drew University, and The California Endowment—for their generous support and commitment to our community. Lastly, a heartfelt thank you to the Commission on HIV Staff for their tireless efforts in planning and coordination.

## **Final Reflections: "Love Begins with Me"**

The 2025 Consumer Resource Fair proved that when we prioritize self-care, community support, and access to essential resources, we uplift everyone around us. The theme "Love Begins with Me" was felt in every aspect of the event—from vendors providing life-changing services to attendees leaving empowered, informed, and supported.

This was more than just a resource fair—it was a movement toward ensuring that all individuals, regardless of HIV status, have access to the tools they need to thrive.

---

### **Check Out the Event Photos!**

*Relive the day’s moments by checking out our event photo gallery [HERE](#). This event was a testament to the power of collaboration, compassion, and action in ensuring our communities have access to the resources they need to thrive.*

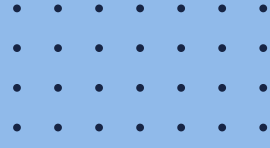


LOS ANGELES COUNTY  
COMMISSION ON HIV



# JOIN THE CONVERSATION: RYAN WHITE PROGRAM DENTAL SERVICES LISTENING SESSION

## Your Voice Matters



The Consumer Caucus invites YOU—clients of Ryan White Program (RWP) dental services—to tell us what is working well and where improvements are needed.

- ✓ Share your experience with RWP dental services
- ✓ Help shape service improvements and future policies
- ✓ Connect with RWP providers and fellow community members
- ✓ Learn about service eligibility and available resources

**THURSDAY, APRIL 10, 2025**

**1:00PM–2:30PM** *\*immediately following the Commission meeting*

**ST. ANNE'S CONFERENCE CENTER**

155 Occidental Blvd, Los Angeles, CA 90026



We're also inviting RWP dental providers and stakeholders to participate in this important discussion. Don't miss this opportunity to help improve dental care services for people with HIV.



**NO REGISTRATION  
REQUIRED**

**LUNCH  
PROVIDED**

**RAFFLES &  
GIVEAWAYS**

**IN-PERSON  
ONLY**



## Ryan White Program Utilization Summary, Year 33 (March 1, 2023-February 29, 2024)



**Sona Oksuzyan**, Supervising Epidemiologist

**Janet Cuanas**, Research Analyst III

*Monitoring and Evaluation Unit*

*Division of HIV and STD Programs*

**March 13, 2025**

# Overview



- **Background**
- **Methods**
- **Results**
- **Key Takeaways**
- **Next Steps**
- **Questions/Discussion**

# Background

- Ryan White Program (RWP) Funding
- RWP Report Updates
- RWP Service Categories



# RWP Funding and Report Updates



## Ryan White Program (RWP) Annual Funding to DHSP

- Source: Health Resources and Services Administration HIV/AIDS Bureau (HRSA-HAB)

## Commission on HIV (COH) RWP DHSP Report

- Utilization Report informs service planning and resource allocation activities

## RWP Utilization Report Updates

- **Separate reports for core and support service categories to better inform activities**
- The report is restructured to track utilization across **the priority populations** identified in the Los Angeles County (LAC) Ending the HIV Epidemic (EHE) Strategic Plan and the LAC Integrated Comprehensive HIV Plan
- **While not identified as a priority population in the above plans, persons experiencing homelessness (unhoused people) are included in the utilization report**

### PRIORITY POPULATIONS

Latinx Men Who Have Sex with Men (MSM)

Black MSM

Cisgender Women of Color

Transgender Persons

Youth (29 years and younger)

PLWH Age  $\geq$  50

Persons Who Inject Drugs (PWID)

Unhoused RWP Clients

# RWP Service Categories



## Core Service Categories

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

## Support Service Categories

- Emergency Financial Assistance (EFA)
- Housing Services
  - Housing Services (RCFCI)
  - Housing Services (TRCF)
  - Permanent Supportive Housing (H4H)
- Non-Medical Case Management (NMCM):
  - Benefits Specialty
  - Transitional Incarceration
- Nutritional Services
  - Food Bank
  - Delivered Meals
- Substance Abuse Services Residential
- Outreach (LRP)

# Methods

- RWP Report Framework
- Evaluation Framework

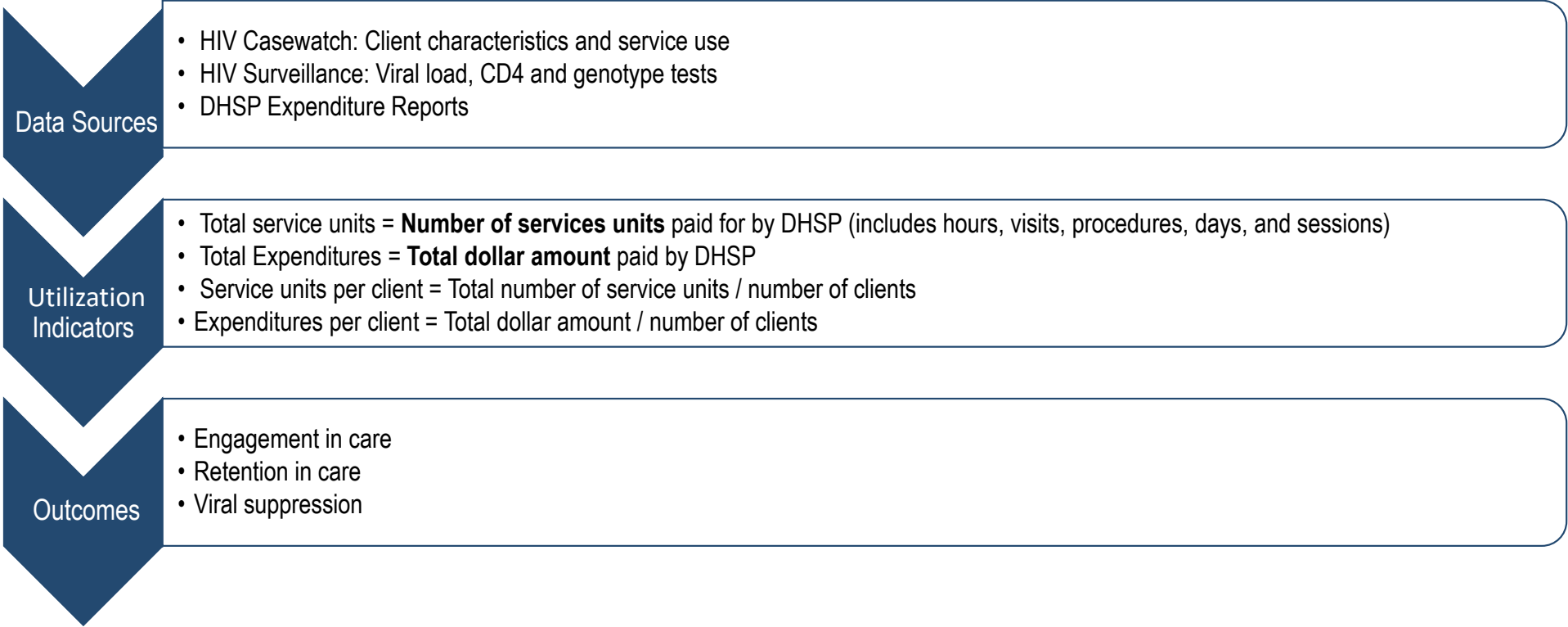




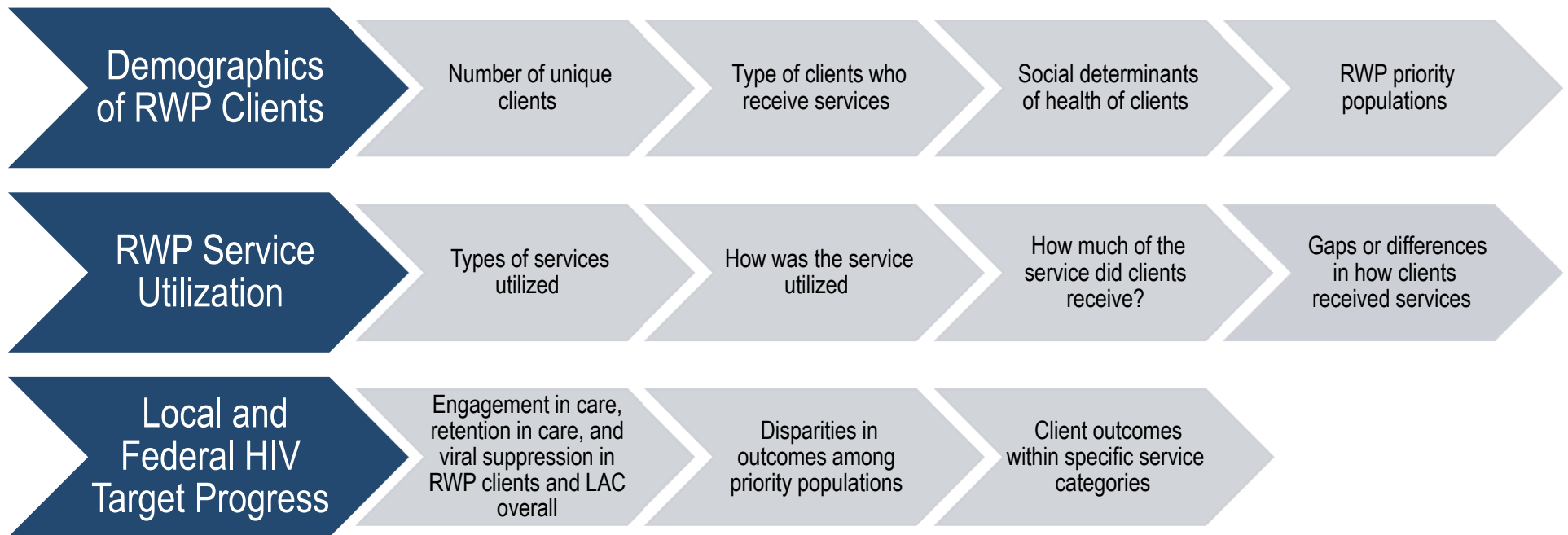
# RWP Report Framework



## Year 33: March 1, 2023-February 29, 2024



# Evaluation Framework



## Results: Year 33

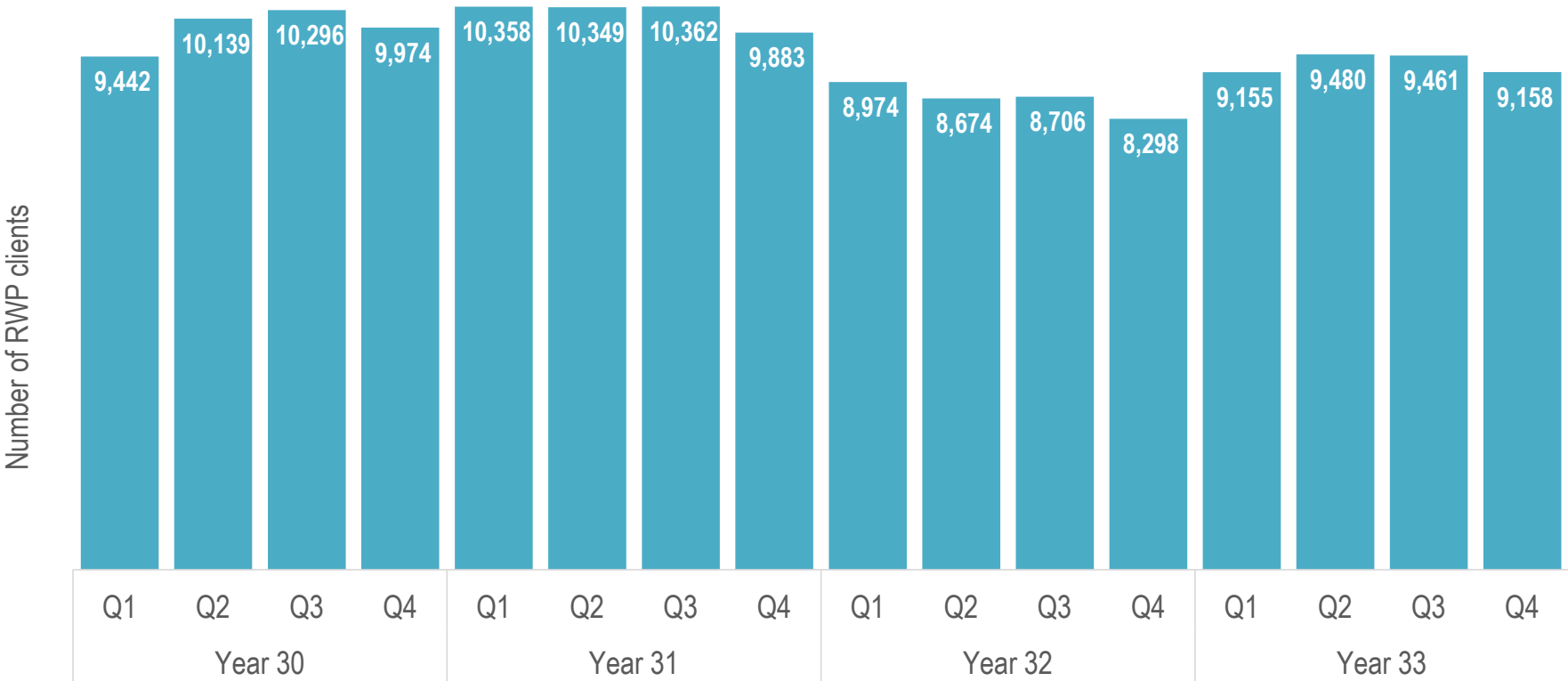
- Service Utilization
- RWP Client Demographics
- RWP Priority Populations
- HIV Care Continuum Outcomes



Utilization remains consistent among contracted providers over the past four years.



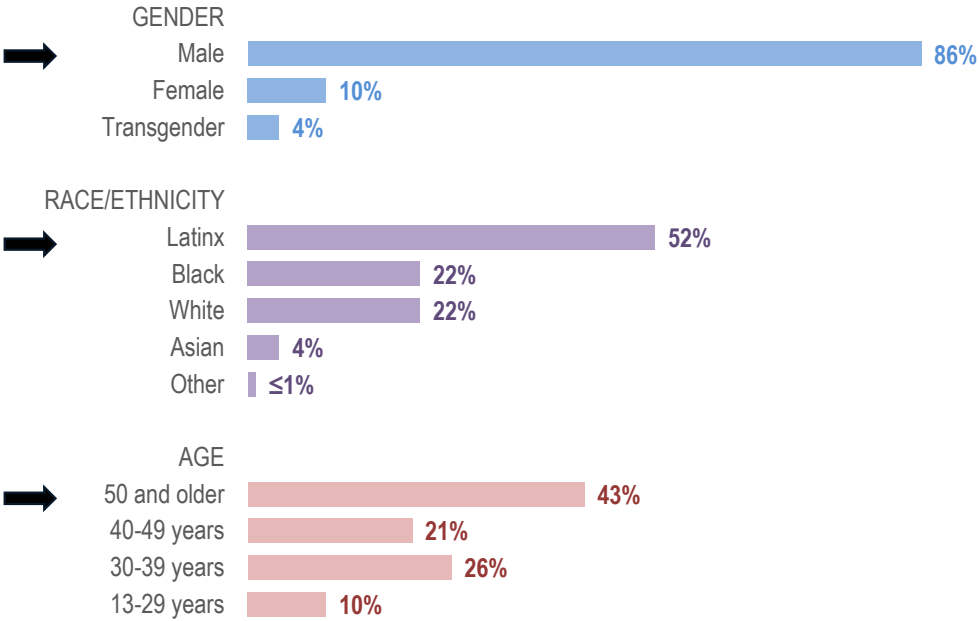
Quarterly RWP Utilization at Funded Agencies, Years 30-33



In Year 33 most RWP clients identified as male, over half were Latinx, and two out of five were over age 50.



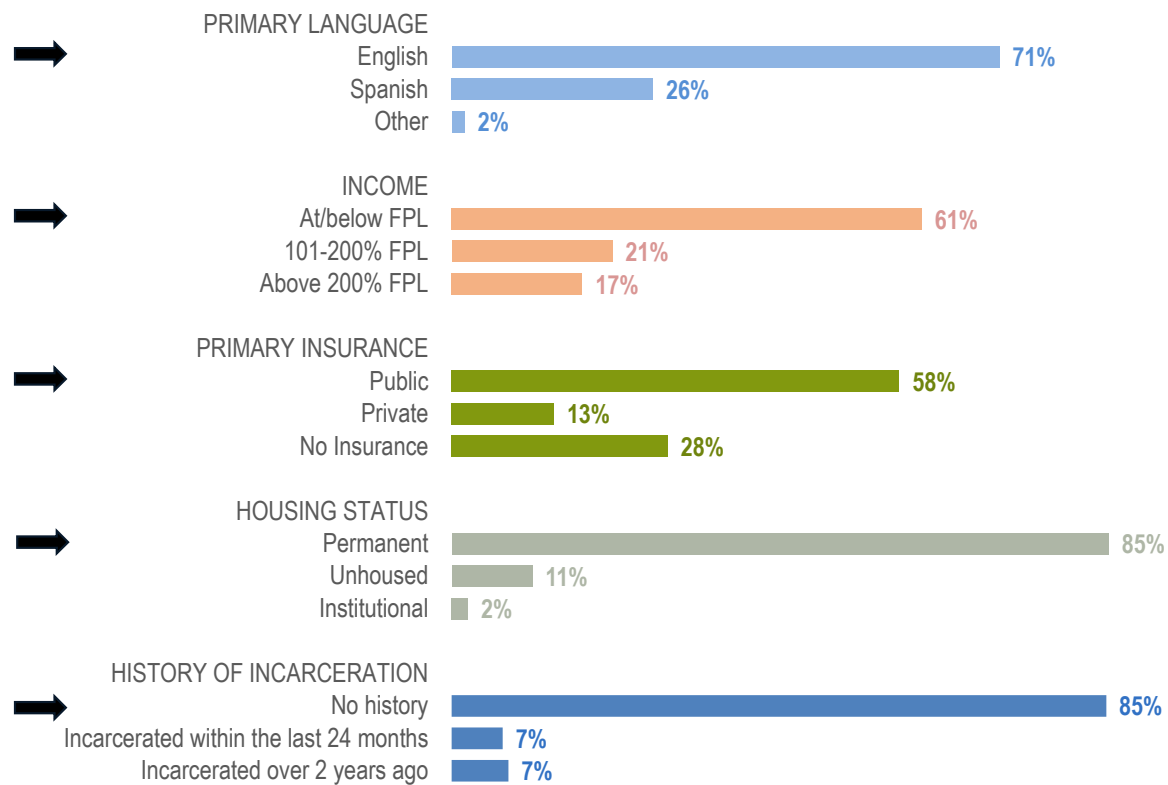
RWP Client Demographics, Year 33 (N=15,882)



Most RWP clients were English-speakers, lived  $\leq$  FPL, had public health insurance, had permanent housing status and no history of incarceration.



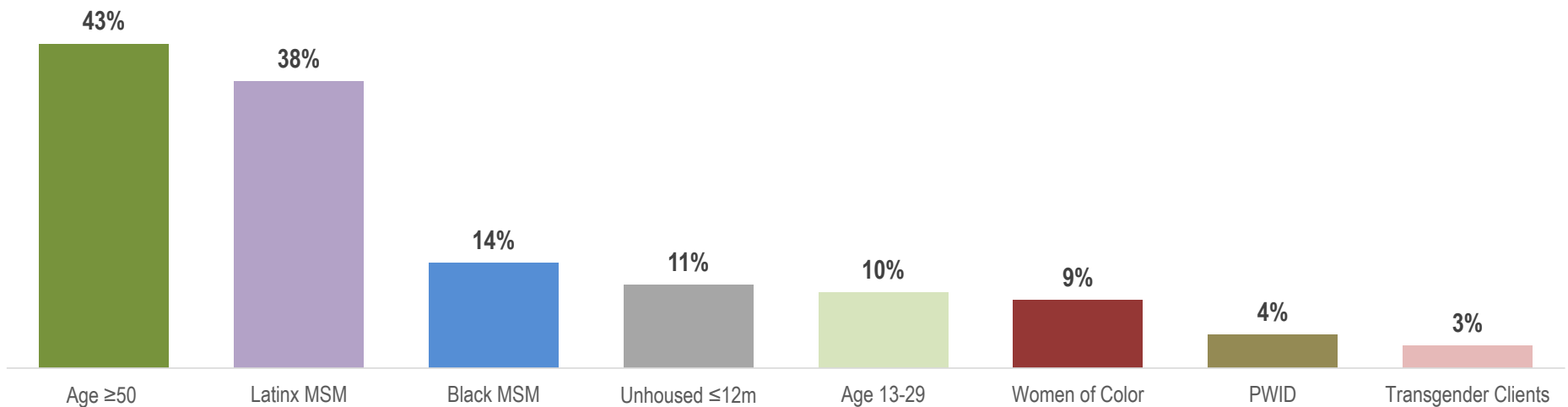
**RWP Client Social Determinants of Health, Year 33, (N=15,882)**



# RWP is reaching clients in LAC priority populations\* Year 33



Most of clients (43%) were 50 years of age or older, followed by Latinx MSM.



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

# Comparison of LAC Priority Populations<sup>a</sup> for RWP Utilization, Year 33



Population (% of row population)	Trans-identified Clients <sup>b</sup>	Latinx MSM <sup>c</sup>	Black MSM <sup>c</sup>	Women of Color	Age 13-29	Age ≥ 50	PWID	Unhoused ≤12m
Trans-identified Clients <sup>b</sup>	<b>535</b> (3% of RWP)	253 47%	88 16%	-	89 17%	161 30%	12 2%	120 22%
Latinx MSM <sup>c</sup>	253 4%	<b>6,055</b> (38% of RWP)	-	-	658 11%	2,303 38%	152 3%	520 9%
Black MSM <sup>c</sup>	88 4%	-	<b>2,255</b> (14% of RWP)	-	292 13%	731 32%	62 3%	327 15%
Women of Color	-	-	-	<b>1,436</b> (9% of RWP)	105 7%	765 53%	37 3%	140 10%
Age 13-29	89 6%	658 43%	292 19%	105 7%	<b>1,539</b> (10% of RWP)	-	36 2%	243 16%
Age ≥ 50	161 2%	2,303 34%	731 11%	765 11%	-	<b>6,872</b> (43% of RWP)	351 5%	450 7%
PWID	12 2%	152 23%	62 9%	37 6%	36 5%	351 53%	<b>660</b> (4% of RWP)	146 22%
Unhoused ≤12m	120 7%	520 31%	327 20%	140 8%	243 15%	450 27%	146 9%	<b>1,668</b> (11% of RWP)

Data source: HIV Casewatch as of 5/2/2024, HIV Surveillance data as of 5/8/2024

<sup>a</sup>Populations not mutually exclusive

<sup>b</sup>Includes 497 transgender women and 38 transgender men

<sup>c</sup>MSM defined by primary HIV risk category

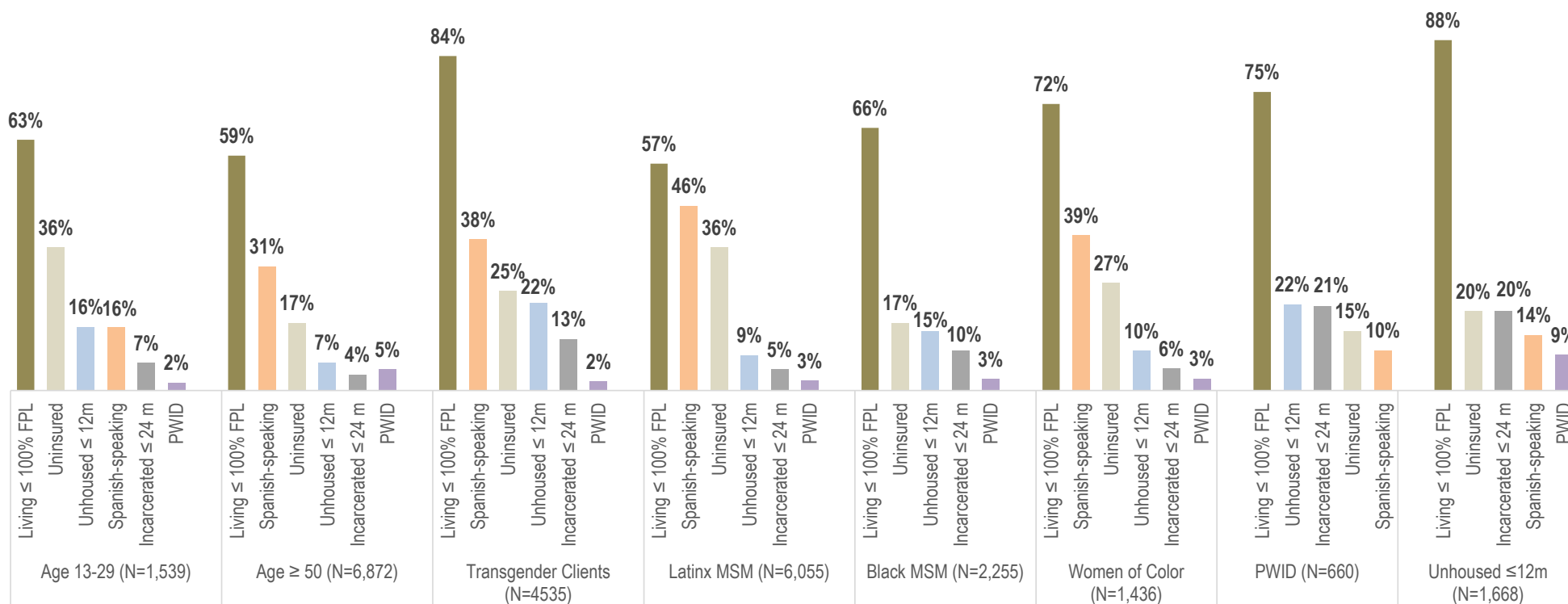
<sup>d</sup>Reported as unhoused within the 12 months reporting period.



**Poverty and having no insurance impacted the highest percent of clients across priority populations, however the other SDOH impacted each population differently.**



**Social Determinants among LAC Priority Populations, Year 33**



## Utilization of RWP Services by LAC Priority Populations<sup>a</sup>, Year 33

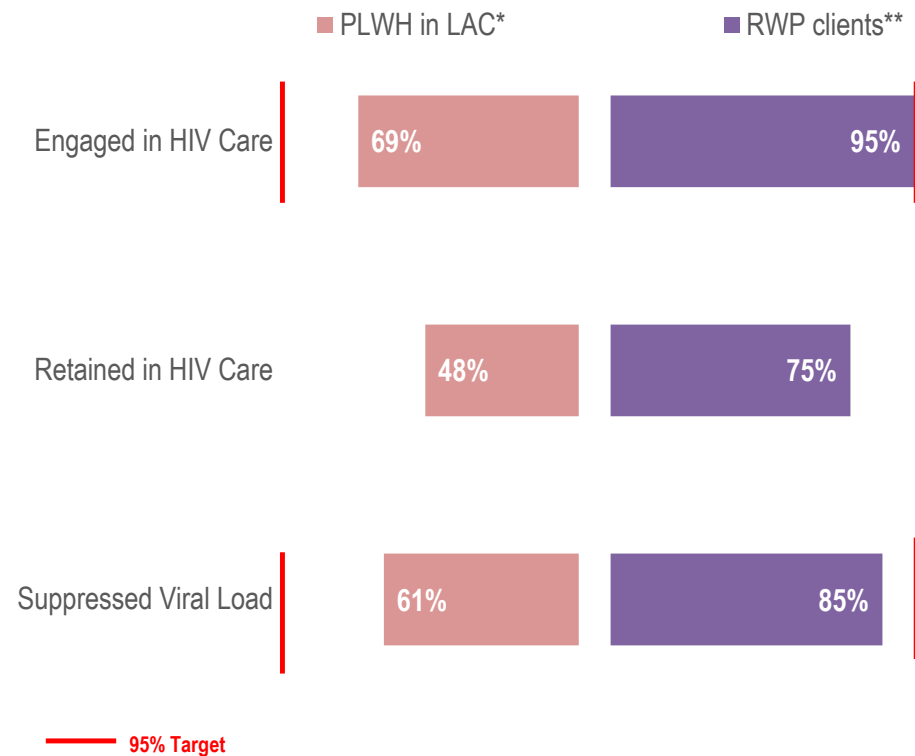


Service Category	Age 12-29	Age ≥ 50	Transgender Clients	Women of Color	Latinx MSM	Black MSM	PWID	Unhoused ≤12m
SUD Residential (n=84)	10%	17%	8%	1%	38%	19%	14%	55%
HBCM (n=120)	-	87%	-	13%	20%	8%	4%	2%
MH Services (n=151)	13%	17%	5%	7%	58%	11%	-	7%
Housing Services (n=270)	9%	45%	6%	13%	37%	15%	7%	45%
EFA (n=617)	5%	51%	2%	11%	28%	24%	5%	7%
Nutrition Support (n=2,461)	3%	64%	4%	11%	35%	13%	6%	14%
AOM (n=3,604)	13%	21%	3%	7%	54%	8%	2%	6%
Oral Health (n=4,332)	3%	58%	3%	11%	43%	11%	4%	6%
NMCM (n=6,553)	10%	43%	2%	9%	40%	13%	4%	7%
MCC (n=6,942)	12%	34%	5%	6%	39%	18%	5%	17%

# HIV Care Continuum in LAC and in RWP clients, Year 33 (N=15,882)



- Engagement<sup>a</sup>, retention in care<sup>b</sup> and viral load suppression<sup>c</sup> percentages were higher for RWP clients compared to PLWH in LAC, Year 33.
- RWP overall did not meet the EHE target of 95% for viral suppression or local targets for engagement and retention in care (95%).



<sup>a</sup>**Engagement in Care** defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/8/2024

<sup>b</sup>**Retention in care** defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12-month period based on HIV laboratory data as of 5/8/2024

<sup>c</sup>**Viral suppression** defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 5/8/2024

\* Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2022. [http://publichealth.lacounty.gov/dhsp/Reports/HIV/Annual\\_HIV\\_Surveillance\\_Report\\_2022\\_LAC\\_Final.pdf](http://publichealth.lacounty.gov/dhsp/Reports/HIV/Annual_HIV_Surveillance_Report_2022_LAC_Final.pdf)

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

# HIV Care Continuum (HCC) Outcomes among Priority Populations, Year 33



- RWP clients **aged 50 and older had the highest engagement, retention in care and viral suppression.**
- RWP clients **experiencing homelessness had the lowest engagement and retention in care and viral suppression.**
- RWP clients **aged 50 and older, Latinx MSM and Women of color met the target of 95% for engagement in care.**
- None of other LAC priority populations met the EHE or local targets for HCC outcomes.

Priority Population	No.	% of RWHAP Population	Engaged in Care	Retained in Care	Virally Suppressed
50 years of age or older	6,872	43%	96%	81%	89%
Latinx MSM <sup>c</sup>	5,790	36%	96%	77%	87%
Women of color	1,663	10%	95%	76%	85%
Transgender Persons <sup>b</sup>	535	3%	95%	76%	79%
Youth (29 years and younger)	1,539	10%	94%	64%	79%
Black MSM <sup>c</sup>	2,105	13%	94%	68%	79%
Persons Who Inject Drugs (PWID)	660	4%	93%	74%	82%
People experiencing homelessness	1,668	11%	91%	64%	72%

<sup>a</sup>Limited to membership in two priority populations; a client could be in more than two priority populations as population definitions are not mutually exclusive

<sup>b</sup>Includes 497 transgender women and 38 transgender men

<sup>c</sup>MSM defined as PLWH who reported male sex at birth, sex with men as primary HIV risk category and non-White race/ethnicity

# Viral Suppression among RWP and by Service Category, Year 33 (N=15,882)



- Among RWP clients, **85% were virally suppressed**
- **Neither** the RWP overall **nor any** of the service categories **met the EHE viral suppression target of 95%**

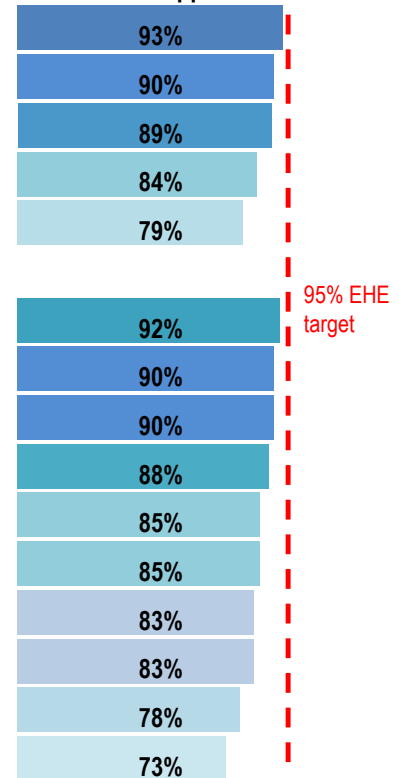
## RWP Core Services

Oral Health Care	93%
Mental Health Services	90%
Outpatient/Ambulatory Medical Care	89%
Home and Community-Based Case Management	84%
Medical Case Management	79%

## RWP Support Services

Substance Abuse Services Residential	92%
Emergency Financial Assistance (EFA)	90%
NMCM Benefits Specialty	90%
Housing Services (RCFCI)	88%
Food Bank	85%
Delivered Meals	85%
Housing Services (TRCF)	83%
Permanent Supportive Housing (H4H)	83%
NMCM Transitional Jail	78%
Outreach	73%

## Viral Load Suppression



# Expenditures

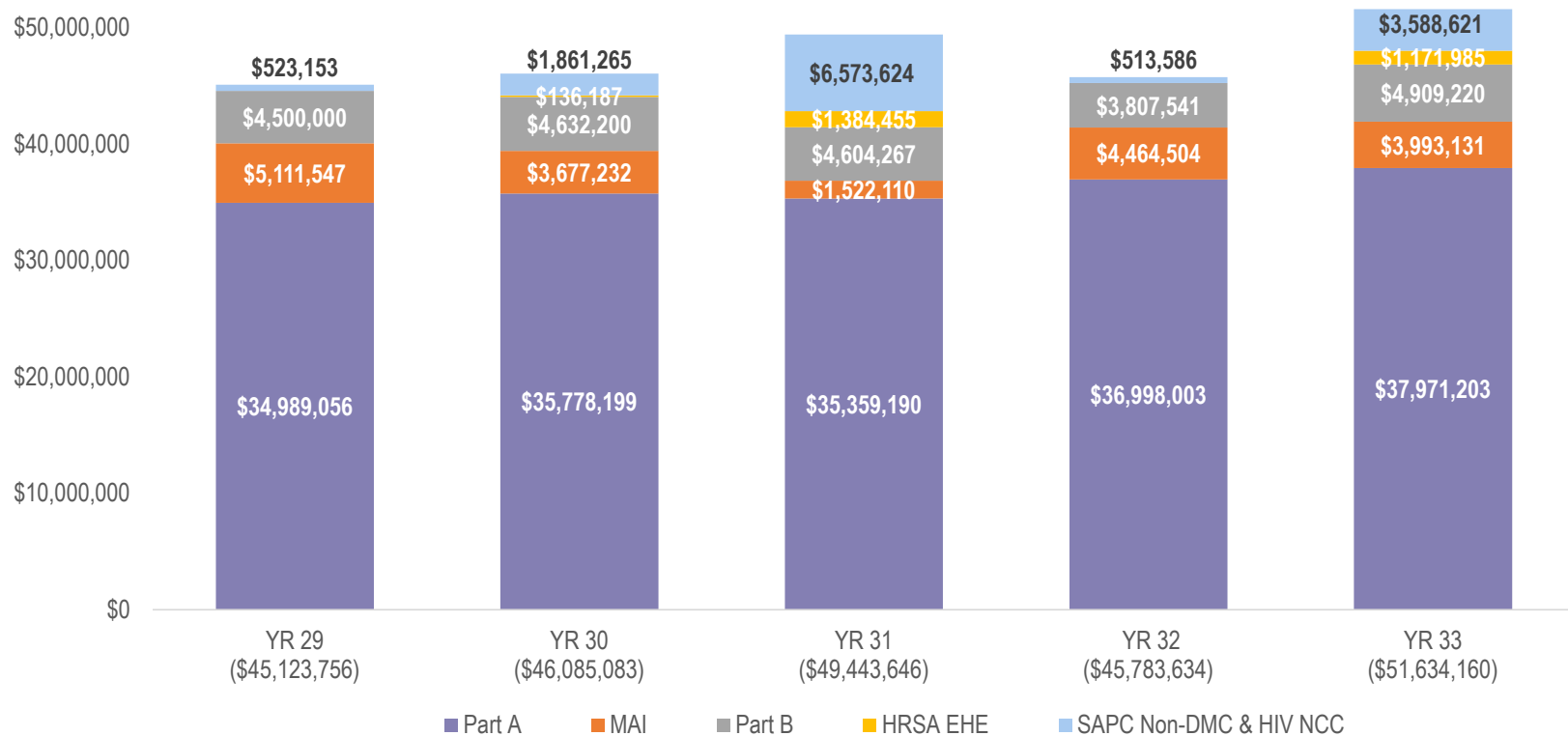
- Expenditures by Funding Source
- Expenditures by Service Category
- Expenditures per Client



# RWP Expenditures by Source of Funding, Years 29-33



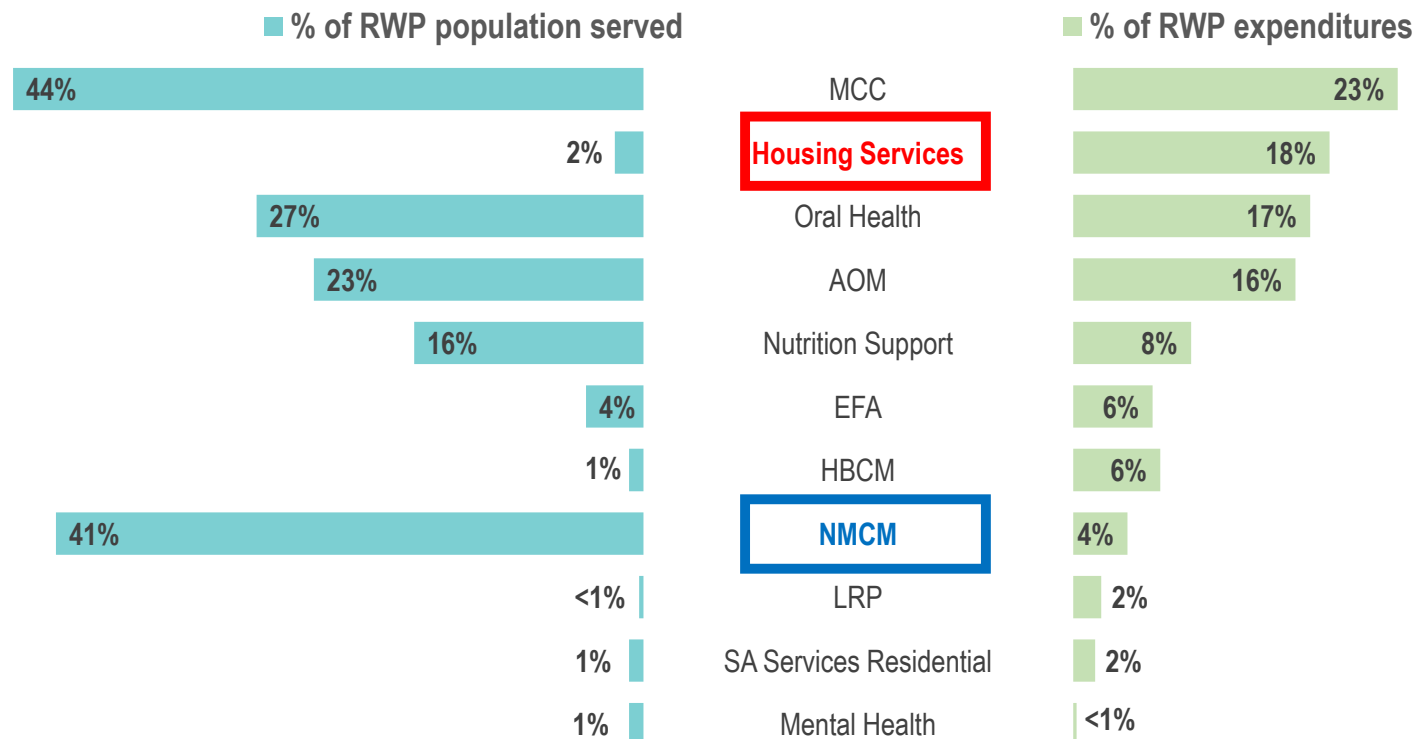
Total expenditures increased: Part A expenditures gradually increased, MAI expenditures varied due to carryover strategies, Part B was stable, other expenditures varied.



The costliest RWP service category compared to the percent of RWP population served was **Housing**; the least costly service was **NMCM**.



### RWP Population Served vs Total Expenditures, Year 33





# RWP Service Category Expenditures, Year 33



- The highest expenditures per client were spent for **Housing Services**, followed by HBCM and LRP.
- The lowest expenditures per client were spent for **NMCM, Mental Health and MCC**.

Service Category	Number of clients	Expenditures YR 33	Expenditures <u>per client</u> YR 33
<i>Housing Services</i>	270	\$8,440,602	<b>\$31,261</b>
<i>Home-Based Case Management</i>	120	\$2,866,908	\$23,891
<i>Linkage Re-Engagement Program</i>	40	\$923,044	\$23,076
<i>Substance Abuse Services Residential - Transitional</i>	84	\$725,000	\$8,631
<i>Emergency Financial Assistance</i>	617	\$2,614,115	\$4,237
<i>Medical Outpatient</i>	3,604	\$7,322,339	\$2,032
<i>Oral Health</i>	4,332	\$7,805,282	\$1,802
<i>Nutrition Support</i>	2,461	\$3,882,464	\$1,578
<i>Medical Care Coordination</i>	6,942	\$10,688,014	\$1,540
<i>Mental Health</i>	151	\$109,422	\$725
<i>Non-Medical Case Management</i>	6,553	\$1,787,095	<b>\$273</b>

# Key Takeaways



- **Utilization of RWP services remains consistent** across community-based agencies
- Most of RWP clients are **male, Latinx, aged 50 and older, English-speakers, living at or below FPL, with public health insurance, with permanent housing and without incarceration history**
- The RWP is **reaching and serving LAC priority populations**

## Key Takeaways – Priority Populations



- Service utilization among LAC priority populations is consistent relative to their size with the **highest among RWP clients aged 50 and older, Latinx MSM and Black MSM.**
- While poverty impacts all of the LAC priority populations, they are **differentially impacted by SDOH:**
  - The majority of RWP clients from each priority population lived at or below FPL.
  - High percentage of priority populations were Spanish-speakers and uninsured.
  - Recent incarceration ( $\leq 24m$ ), drug use and unstable housing were more prevalent among RWP clients aged 13-29, unhoused and PWID.

## Key Takeaways - Expenditures



- **Part A expenditures gradually increased, MAI expenditures varied, and Part B was stable over 5 years.** The percentage of expenditures from other sources increased over the years.
- Although **Housing served one of the lowest percentage of RWP clients, it had the highest expenditures per client.**
- Although **NMCM and MCC served the largest percentage of RWP clients, per client expenditures for NMCM and MCC were the lowest.**

# Next Steps



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



## Thank you!

- **Acknowledgements**

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

**INSIDE:**

- Updates
- Health Access for All
- Strategic Plan

This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the [Office of AIDS \(OA\) website](#).

**STAFF HIGHLIGHT**

We are excited to introduce you to **Colby Middleton**, our new HIV Policy Analyst in the Special Programs Section within the HIV Care Branch. He will be working in the Ryan White HIV/AIDS Program (RWHAP), Housing Opportunities for Persons with AIDS (HOPWA) program, and the Medi-Cal Waiver Program (MCWP), supporting the branch in developing provider communication, engaging stakeholders, completing program data analysis and reporting, writing policy documents, and completing special projects.

Colby comes to us from the State Controller's Office (SCO) where he spent over four years serving as a Staff Services Analyst handling a large workload in the complex Property Tax Postponement program. He stands out in his ability to understand, explain, and apply complicated compliance requirements, his outstanding customer service skills, and his passion for both program policy work and HIV programs. Prior to SCO, Colby worked as an Associate Banker for JPMorgan Chase and has a B.A. in Political Science from Chico State. Colby brings a rich background to OA, and we are so excited that he has joined our team.

Colby enjoys spending time with his husband, Anthony, and their kids: Zach, Franco, and Chris. When time allows, they often enjoy simple entertainment, such as going to the movies or to concerts. They recently took a family trip to

Colby & Family



Tahoe for a much-needed getaway, filled with snowy fun and snowboarding lessons for the boys.

**HIV AWARENESS**

**March 10th is National Women and Girls HIV/AIDS Awareness Day (NWGHAAD).** This day raises awareness about the impact HIV has on women and girls. Initially observed in 2005, NWGHAAD is meant to educate and highlight

prevention, treatment, and care strategies specific to women and girls and support those at risk or living with HIV. NWGHAADs goal is to increase HIV prevention and testing for women and girls, Improve HIV-related health outcomes, reduce disparities, and ensure equity in HIV care and treatment. The theme for 2025 is “Prevention and Testing at Every Age. Care and Treatment at Every Stage”.

In California, one in six new HIV diagnoses are among women, with 78% of cases attributed to sexual contact. Despite this, PrEP remains underutilized in 2023, with women making up just 6% of PrEP users, even though they represented at least 13% of new HIV diagnoses in 2022. To provide awareness and education around this issue, the California Planning Group Women’s committee has developed two Women and PrEP infographics, one [for the community](#) and another [for healthcare providers](#).

Help spread the word and support HIV prevention for women and girls!

**March 20th is National Native HIV/AIDS Awareness Day (NNHAAD).** NNHAAD is purposely observed on the first day of Spring, a symbolism of new beginnings in Native communities. Native communities are disproportionately a high-risk group due to societal stigmas surrounding homosexuality, high rates of drug and alcohol use and lack of various HIV/AIDS prevention strategies. This day is observed to promote HIV testing, prevention, and treatment in American Indians, Alaska Natives, and Native Hawaiian communities.

**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. TDOV also acknowledges the many contributions made by transgender and non-binary people and celebrate the beauty and courage of living authentically.

TDOV is also meant to bring awareness of the discrimination, stigma, and anti-trans violence

this community faces every day, especially against Black and Brown trans women. In our current climate, it is imperative that we combat disinformation and discrimination, transgender and non-binary people are increasingly experiencing.

Educate yourself and help support our transgender and non-binary community. Visit our [OA Transgender Community Health in California webpage](#) for information about transgender health and resources.

## GENERAL UPDATES

### ➤ Mpx

OA is committed to providing updated information related to mpx. 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.

Digital assets continue to be available for LHJs and CBOs on DCDC’s [Campaign Toolkits](#) website.

### ➤ HIV/STI/HCV Integration

We continue to move 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 as new information comes in.

## ENDING THE EPIDEMICS STRATEGIC PLAN

The [visual at the top of page three](#) is a high-level summary of our *Strategic Plan* that organizes



**ENDING THE EPIDEMICS**  
**STI·HIV·HEPC**

**OA/STD**  
STRATEGIC PLAN

**RACIAL EQUITY**

- 1 Leadership & Workforce Development
- 2 Racial/Ethnic Data Collection & Stratification
- 3 Equitable Distribution of Funding & Resources
- 4 Community Engagement
- 5 Racial & Social Justice Training

**HOUSING FIRST**

- 1 Data Collection & Use
- 2 Infrastructure Changes
- 3 New Models of Housing Access
- 4 Street Medicine Strategies
- 5 Low-barrier Housing Options

**HEALTH ACCESS FOR ALL**

- 1 Redesigned Care Delivery
- 2 Trauma-Informed & Responsive Services
- 3 Fewer Hurdles to Healthcare Coverage
- 4 Culturally & Linguistically Relevant Services
- 5 Collaboration & Streamlining

**MENTAL HEALTH & SUBSTANCE USE**

- 1 Overdose Prevention in Correctional Settings
- 2 Mental Health & Substance Use Disorder Treatment Through Telehealth
- 3 Build Harm Reduction Infrastructure
- 4 Expand Low-Threshold SUD Treatment Options
- 5 Cross-Sector Collaboration

**ECONOMIC JUSTICE**

- 1 Workforce Development
- 2 Employment for People with Lived Experience
- 3 Equitable Hiring Practices & Fair Pay
- 4 Leadership Development
- 5 Universal Hiring & Housing Policies

**STIGMA FREE**

- 1 Nothing About Us Without Us
- 2 Reframe Policies & Messaging
- 3 Positive, Accurate Information
- 4 Acknowledge Medical Mistrust
- 5 Ongoing Partnerships

30 Strategies across six Social Determinants of Health (SDoH).

OA and STD Control Branch would like you to continue to use and share the *Strategic Plan* and the *Implementation Blueprint*. These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

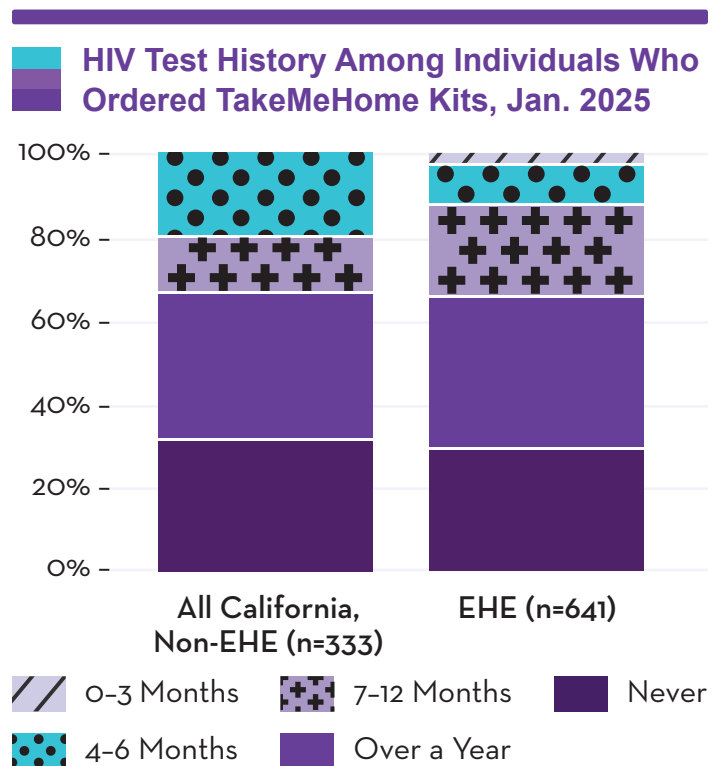
For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).

## HEALTH ACCESS FOR ALL

### ➤ Strategy 1: Redesigned Care Delivery

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program,

**TakeMeHome**, is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.



# TAKEMEHOME

In January, 333 individuals in 38 counties ordered self-test kits, with 245 (73.6%) 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. Between the program's initiation in September 1, 2020, and January 31, 2025, 15,901 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 292 (45.6%) of the 641 total tests distributed in EHE counties. Of those ordering rapid tests, 253 (72.5%) ordered 2 tests.

Since September 2020, 1,778 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 749 responses from the California expansion since January 2023.

## ➤ Strategy 1: Redesigned Care Delivery

The **ADAP Annual Reports** for both FY 2022–2023 and FY 2023–2024 are now available on the [ADAP Reports webpage](#).

The reports, produced by the **ADAP Evaluation & Monitoring (AEM) team**, provide a detailed review of the program through tables and figures using data from the ADAP Enrollment System (AES).

The AEM team has been addressing a backlog of reports caused by staffing shortages during the COVID-19 pandemic and is working to publish reports from previous fiscal years going back to FY 2019–2020, starting with the most recent years. Continue to check the webpage as more reports are added.

## ➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of February 28, 2025, there are 278 PrEP-AP enrollment sites and 229 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 five of this newsletter.

As of February 28, 2025, the [number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program](#) are shown in the chart at the top of page six.

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	63.2%	64.3%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	44.2%	42.2%
Were 17-29 years old	43.8%	38.1%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.8%	46.7%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.5%	94.4%
Identify as a man who has sex with other men	49.3%	52.6%
Reported having been diagnosed with an STI in the past year	8.7%	9.9%

### 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	303	10%	---	---	---	---	11	0%	314	10%
25 - 34	1,050	33%	---	---	---	---	137	4%	1,187	37%
35 - 44	789	25%	---	---	1	0%	133	4%	923	29%
45 - 64	450	14%	---	---	9	0%	84	3%	543	17%
65+	35	1%	---	---	162	5%	6	0%	203	6%
<b>TOTAL</b>	<b>2,627</b>	<b>83%</b>	<b>0</b>	<b>0%</b>	<b>172</b>	<b>5%</b>	<b>371</b>	<b>12%</b>	<b>3,170</b>	<b>100%</b>

### 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	169	5%	3	0%	38	1%	17	1%	1	0%	43	1%	3	0%	40	1%	314	10%
25 - 34	644	20%	3	0%	119	4%	90	3%	6	0%	239	8%	6	0%	80	3%	1,187	37%
35 - 44	528	17%	3	0%	83	3%	53	2%	3	0%	193	6%	6	0%	54	2%	923	29%
45 - 64	302	10%	---	---	44	1%	14	0%	1	0%	134	4%	1	0%	47	1%	543	17%
65+	20	1%	---	---	4	0%	5	0%	---	---	164	5%	---	---	10	0%	203	6%
<b>TOTAL</b>	<b>1,663</b>	<b>52%</b>	<b>9</b>	<b>0%</b>	<b>288</b>	<b>9%</b>	<b>179</b>	<b>6%</b>	<b>11</b>	<b>0%</b>	<b>773</b>	<b>24%</b>	<b>16</b>	<b>1%</b>	<b>231</b>	<b>7%</b>	<b>3,170</b>	<b>100%</b>

### 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	60	2%	---	---	5	0%	9	0%	1	0%	8	0%	---	---	7	0%	90	3%
Male	1,500	47%	8	0%	263	8%	167	5%	10	0%	735	23%	15	0%	203	6%	2,901	92%
Trans	84	3%	---	---	15	0%	2	0%	---	---	14	0%	1	0%	5	0%	121	4%
Unknown	19	1%	1	0%	5	0%	1	0%	---	---	16	1%	---	---	16	1%	58	2%
<b>TOTAL</b>	<b>1,663</b>	<b>52%</b>	<b>9</b>	<b>0%</b>	<b>288</b>	<b>9%</b>	<b>179</b>	<b>6%</b>	<b>11</b>	<b>0%</b>	<b>773</b>	<b>24%</b>	<b>16</b>	<b>1%</b>	<b>231</b>	<b>7%</b>	<b>3,170</b>	<b>100%</b>

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: 02/28/2025 at 12:01:18 AM  
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

<b>ADAP Insurance Assistance Program</b>	<b>Number of Clients Enrolled</b>	<b>Percentage Change from January</b>
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	578	4.33%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,906	9.29%
Medicare Premium Payment Program (MPPP)	2,234	1.36%
<b>Total</b>	<b>8,718</b>	<b>6.81%</b>

Source: ADAP Enrollment System

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





# We're Listening

*share your concerns with us.*

**HIV + STD Services  
Customer Support Line**

**(800) 260-8787**

## **Why should I call?**

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

## **Will I be denied services for reporting a problem?**

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

## **Can I call anonymously?**

Yes.

## **Can I contact you through other ways?**

Yes.

By Email:

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

On the web:

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





# Estamos Escuchando



*Comparta sus inquietudes con nosotros.*

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

**(800) 260-8787**

## ¿Por qué debería llamar?

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

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

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

## ¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:  
[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

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

