LOS ANGELES COUNTY
COMMISSION ON HIV

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

Get in touch: hivcomm@lachiv.org

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COMMISSION ON HIV MEETING

Thursday, August 8, 2024
9:00am-12:45pm (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020

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

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r2eb93a5c57aed6237ebd230092fa3f9b

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
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

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

Accommodations

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

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

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: https://www.surveymonkey.com/r/COHMembershipApp
For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org

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

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

Thursday, August 8, 2024 | 9:00 AM – 12:45 PM

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room*, Los Angeles 90020
Validated Parking @ 523 Shatto Place, LA 90020
**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

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

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/r2eb93a5c57aed6237ebd230092fa3f9b

AGENDA POSTED: August 2, 2024

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

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

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

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

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

1. ADMINISTRATIVE MATTERS

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

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. If providing oral public comments, comments may not exceed 2 minutes per person*.) — 9:09 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 – 9:20 AM

3. PRESENTATION & COMMUNITY FEEDBACK SESSION — 9:20 AM – 10:30 AM

Mapping Our Progress: An Update on the Comprehensive HIV Plan (CHP)
Presentation & Facilitation by: AJ King, MPH, Next-Level Consulting

4. STANDING COMMITTEE REPORTS – I — 10:30 AM – 11:00 AM

A. Operations Committee

(1) Membership Management

a. New Member Application: Terrance Jones, Unaffiliated At-Large #2 Representative (Seat #33) **MOTION #3**

(2) Policies & Procedures

1. Proposed Bylaws Changes | UPDATES
2. Unaffiliated Consumer Member Stipend Policy | UPDATES

(3) Assessment of the Administrative Mechanism | UPDATES

(4) 2024 Training Schedule

(5) Recruitment, Retention & Engagement

B. Standards and Best Practices (SBP) Committee

(1) Ambulatory Outpatient Medical (AOM) Service Standards | UPDATES

(2) Emergency Financial Assistance (EFA) | REVIEW

(3) Service Standards Schedule & Tracker

5. STANDING COMMITTEE REPORTS – I (cont'd) 10:30 AM – 11:00 AM

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

(1) Priority Setting & Resource Allocation (PSRA) Training Mandate
(2) Ryan White Program Year 33 Expenditures
(3) Ryan White Program (RWP) Year 34 Allocations **MOTION #4**
(4) FY 2025 RWP Part A Notice of Funding Opportunity Preparation (HRSA 25-054)

D. Public Policy Committee (PPC)

(1) Federal, State, County Policy, Legislation & Budget
(2) County Response to STD Crisis

E. Caucus, Task Force, and Work Group Reports: 11:00 AM – 11:15 AM

(1) Aging Caucus | October 1, 2024 @ 1-3PM **Virtual*
(2) Black/AA Caucus | August 15, 2024 @ 4-5PM **Virtual*
(3) Consumer Caucus | August 8, 2024 @ 1:30-3PM **Hybrid @ Vermont Corridor*
(4) Transgender Caucus | August 27, 2024 @ 10-11:30AM **Virtual*
(5) Women's Caucus | October 21, 2024 @ 2-4PM **Virtual*
(6) Housing Task Force | Last Friday of Each Month @ 9AM-10AM **Virtual*

5. B R E A K 11:15 AM – 11:30 AM

6. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/Staff Report 11:30 AM – 11:40 AM

(1) HRSA Technical Assistance Site Visit Updates
(2) 2024 COH Meeting Schedule Review & Updates
(3) Annual Conference Workgroup Updates

B. Co-Chairs' Report 11:40 AM – 12:00 PM

(1) Welcome New & Leaving Members
(2) 2025-2027 COH Co-Chair Open Nominations | Elections 9/12/24
(3) July 11, 2024 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*)
   - National Ryan White Conference on HIV Care & Treatment | August 20-23, 2024
   - United States Conference on HIV/AIDS | September 12-15, 2024
(5) Member Vacancies & Recruitment
(6) Acknowledgement of National HIV Awareness Days

LOS ANGELES COUNTY COMMISSION ON HIV

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

C. LA County Department of Public Health Report 12:00 PM – 12:15 PM

(1) Division of HIV/STD Programs (DHSP) Updates (RWP Grantee/Part A Representative)

a. Programmatic and Fiscal Updates

b. Mpox Briefing

c. Ending the HIV Epidemic (EHE) | UPDATES

(2) California Office of AIDS (OA) Report (Part B Representative) 12:15 PM – 12:20 PM

a. OAVoice Newsletter Highlights

b. California Planning Group (CPG)

- Open Nominations & Elections for COH Representative Seat **MOTION #5**

D. Ryan White Program (RWP) Parts C, D, and F Report 12:20 PM – 12:25 PM

E. Cities, Health Districts, Service Planning Area (SPA) Reports 12:25 PM – 12:30 PM

8. MISCELLANEOUS

A. Public Comment 12:30 PM – 12:35 PM

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

B. Commission New Business Items 12:35 PM – 12:40 PM

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

C. Announcements 12:40 PM – 12:45 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 12:45 PM

Adjournment for the meeting of August 8, 2024.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve new member application for Terrance Jones, Unaffiliated At-Large #2 Representative (Seat #33), as presented or revised, and forward to the Board of Supervisors for appointment

MOTION #4	Approve Ryan White Program Year 34 Allocations as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #5	Approve COH representative for the California Planning Group, as elected.

COMMISSION ON HIV MEMBERS			
Danielle Campbell, PhDc, MPH, Co-Chair Co-Chair	*Joseph Green, Co-Chair Pro Tem*	Dahlia Alé-Ferlito	Miguel Alvarez
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Mikhaela Cielo, MD
Lilieth Conolly	Sandra Cuevas	Mary Cummings	Erika Davies
Kevin Donnelly	Kerry Ferguson (*Alternate)	Felipe Findley, PA-C, MPAS, AAHIVS (LOA)	Arlene Frames
Arburtha Franklin (**Alternate)	Rita Garcia (**Alternate)	Felipe Gonzalez	Bridget Gordon
Karl Halfman, MA	Dr. David Hardy (**Alternate)	Ismael Herrera	William King, MD, JD, AAHIVS
Lee Kochems, MA	Leon Maultsby, MHA	Vilma Mendoza	Andre Molétte
Matthew Muhonen (LOA)	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Ronnie Osorio
Byron Patel, RN	Mario J. Pérez, MPH	Dechelle Richardson	Erica Robinson
Leonardo Martinez-Real	Daryl Russell	Harold Glenn San Agustin, MD	DeeAna Saunders
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter	Lambert Talley (*Alternate)
Justin Valero, MPA	Jonathan Weedman	Russell Ybarra	
MEMBERS:		**42**	
QUORUM:		**22**	

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).

Approved by COH 6/8/23

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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23
Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)
S:\Committee - Operations\Code of Conduct\2023\CodeofConduct_Updated 3.23.23_Aprvd COH060823.docx

HYBRID MEETING GUIDELINES, ETTIQUETTE & 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 or via email at 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.

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:

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

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

WHAT IS A LAND ACKNOWLEDGMENT?

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

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

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

HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

JUNE 23, 2020

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

JULY 13, 2021

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

OCTOBER 5, 2021

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

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

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

NOVEMBER 2021 – MARCH 2022

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

MARCH 30 – SEPTEMBER 30, 2022

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

OCTOBER 18, 2022

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

NOVEMBER 1, 2022

The Board adopts the Countywide Land Acknowledgment.

DECEMBER 1, 2022

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

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

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

2024 MEMBERSHIP ROSTER| UPDATED 8.1.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative			***Vacant***	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative			***Vacant***		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, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			***Vacant***		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC|OPS	Dechelle Richardson	AMAAD Institute	July 1, 2024	June 30, 2026	
17	Provider representative #7			***Vacant***		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	PP&A	Ish Herrera	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
22	Unaffiliated representative, SPA 4			***Vacant***		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	Vilma 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	
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated representative, Supervisorial District 2	1	EXC|OPS	Bridget Gordon	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
30	Unaffiliated representative, Supervisorial District 4			***Vacant***		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilieth Conolly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
33	Unaffiliated representative, at-large #2			***Vacant***		July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	PP&A	Daryl Russell, M.Ed	*Unaffiliated representative*	July 1, 2024	June 30, 2026	David Hardy (SBP)
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, PhDC, 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	1	PP&A	Matthew Muhonen ***(LOA)***	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC|OPS | PP	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	SBP	Felipe Findley, PA-C, MPAS, AAHIVS ***(LOA)***	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
	TOTAL:	41						

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

LOA: Leave of Absence

Overall total: 46

LOS ANGELES COUNTY
COMMISSION ON HIV

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

COMMITTEE ASSIGNMENTS

Updated: August 1, 2024
Assignment(s) Subject to Change

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

OPERATIONS COMMITTEE		
Regular meeting day: 4th 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**
Miguel Alvarez	**Committee Co-Chair***	**Commissioner**
Justin Valero	**Committee Co-Chair***	**Commissioner**
Jayda Arrington	*	Commissioner
Alasdair Burton	At-Large	Commissioner
Bridget Gordon	At-Large	Commissioner
Ismael Herrera	*	Commissioner
Leon Maultsby, MHA	*	Commissioner
Vilma Mendoza	*	Commissioner
Erica Robinson	*	Commissioner
Dèchelle Richardson	At-Large	Commissioner

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 15| Number of Quorum= 9		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Felipe Gonzalez	**Committee Co-Chair***	Commissioner
Al Ballesteros, MBA	*	Commissioner
Lilieth Conolly	*	Commissioner
Rita Garcia *(alternate to Felipe Gonzalez)*	*	Alternate
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Matthew Muhonen *(LOA)*	*	Commissioner
Derek Murray	*	Commissioner
Daryl Russell, M.Ed	*	Commissioner
Harold Glenn San Agustin, MD	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 8 | Number of Quorum= 5		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Commissioner
Mary Cummings	*	Commissioner
Arburtha Franklin (*alternate to L. Martinez-Real)*	*	Alternate
Leonardo Martinez-Real	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	Commissioner
Ronnie Osorio	*	Commissioner

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 16 | Number of Quorum = 9		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Stalter	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Dahlia Alè-Ferlito	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Sandra Cuevas	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS *(LOA)*	*	Commissioner
Kerry Ferguson	*	Alternate
Arlene Frames	*	Commissioner
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Russell Ybarra	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

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

AGING CAUCUS

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

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm
Co-Chairs: Xelestiál Moreno-Luz & Jade Ali
Open membership

WOMEN'S CAUCUS

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

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/19/24

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA*	**Rita**	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Data to Care Services
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
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 Affiliation)	No Ryan White or prevention contracts
MOLETTE	**Andre**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
MUHONEN	**Matthew**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

COMMISSION ON HIV (COH)
JULY 11, 2024 MEETING MINUTES

Vermont Corridor Terrace Level
510 S. Vermont Avenue, Los Angeles, CA 90020
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	A	Alasdair Burton	AB2449
Danielle Campbell, PhDc, MPH	EA	Mikhaela Cielo, MD	P	Lilieth Conolly	EA	Sandra Cuevas	AB2449	Mary Cummings	P
Erika Davies	P	Kevin Donnelly	P	Kerry Ferguson	P	Felipe Findley	EA	Arlene Frames	EA
Arburtha Franklin	P	Rita Garcia	A	Felipe Gonzalez	P	Bridget Gordon	EA	Joseph Green	P
Karl Halfman, MS	P	Dr. David Hardy	EA	Ismael Herrera	P	Dr. William King, JD	P	Lee Kochems	AB2449
Leon Maultsby, MHA	P	Vilma Mendoza	P	Andre Molette	P	Matthew Muhonen	EA	Derek Murray	EA
Dr. Paul Nash	EA	Katja Nelson	P	Ronnie Osorio	A	Byron Patel	EA	Mario J. Peréz, MPH	P

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Leonardo Martinez-Real	P	De'chelle Richardson	P	Erica Robinson	P	Daryl Russell	P	Dr. H. Glenn San Augustin	P
Dr. Martin Sattah	P	Dr. LaShonda Spencer	P	Kevin Stalter	EA	Lambert Talley	A	Justin Valero	AB2449
Jonathan Weedman	P	Russell Ybarra	EA						
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Dawn McClendon, Lizette Martinez, MPH; Sonja Wright, DACM; Jose Rangel-Garibay, MPH; and Jim Stewart									

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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 9:07 AM. Jim Stewart, Parliamentarian, conducted roll call. J. Green, COH Co-Chair, reviewed meeting guidelines and reminders; see packet.

   ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, J. Arrington, A. Burton, M. Cielo, S. Cuevas, M. Cummings, E. Davies, K. Donnelly, K. Ferguson, A. Frames, F. Gonzalez, A. Franklin, F. Gonzalez, D. Hardy, K. Halfman, I. Herrera, D. King, L. Kochems, L. Martinez-Real, L. Maultsby, V. Mendoza, A. Molette, K. Nelson, M. Perez, D. Richardson, E. Robinson, D. Russell, H.G. San Agustin, M. Sattah, L. Spencer, J. Valero, J. Weedman, R. Ybarra, and J. Green.

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

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

   D. **APPROVAL OF MEETING MINUTES**
   MOTION #2: Approve meeting minutes, as presented or revised. ✓ ***Passed by Consensus***

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

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.

- 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. PRESENTATION: Healthcare in Action (HIA)

Executive Director, Cheryl Barrit, welcomed the Healthcare in Action Street Medicine team and thanked Commissioner Derek Murray for championing and supporting street medicine and bringing this presentation to the Commission as a follow-up to interest shown in street medicine and to relay efforts being made by the City of West Hollywood in response to HIV/STDs and whole patient care.

Dr. José Luis González introduced the HIA staff as follows: Aure Bryant (nurse), José Castro (lead Peer Navigator), and Robert ("Robbie") Finch (lead Physician Assistant). The team provided background information about themselves and their roles in HIA street medicine.

R. Finch led the presentation with a history of HIA in that it was founded in 2021 with its first clinical operations occurring in 2022. HIA's key tenet and philosophy of street medicine is meeting people where they are at and reducing physical and psycho-social barriers to accessing care. Highlights of HIA's role in providing street medicine care are as follows: (1) employing healthcare, psychiatric or psychological care including the use of long-acting anti-psychotic injectables, and behavioral health services to people experiencing homelessness (PEH) including chronic disease maintenance, infectious disease treatments, and substance use disorder, (2) incorporating patient-centered/patient-led care by asking patients what their needs and desires are and providing wrap-around services such as enhanced case management and housing navigation for PEH; in essence, building a complete treatment plan with the patient in the leadership role, (3) employing harm reduction services including but not limited to PrEP, PEP, and syringe services, (4) comprehensive STI screening and treatment services, and (5) ensuring increased contact with patients including weekly delivery of Antiretroviral Therapy (ART) medicine as a key function of HIA's street medicine. To access the full slide presentation click HERE.

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HIA responses to questions fielded from the audience are briefly summarized as follows: (1) HIA firmly believes in their team being reflective of the people they serve and employing peer navigators with lived experiences of being homeless, incarcerated, substance use disorders, and the LGBTQ+ community, (2) their funding initially came from SCAN with Cal-AIM funding 2/3rds and this funding lasts until 2025; currently, they are largely independently funded with a long-term goal of becoming a Federally Qualified Health Center (FQHC), (3) one of their biggest struggles is housing, however, they have excellent housing navigators on staff, (4) HIA uses a refrigeration system, centrifuges, and a solar panel on top of their van to assist them in the field, (5) most of their patients receive Medi-Cal insurance which enables HIA to distribute needed medications, and (6) upcoming developments are a piloted program for medication lockboxes and if funding permits advanced GPS patient trackers with longer battery life.

4. STANDING COMMITTEE REPORTS – I

A. Operations Committee

Co-chair, Miguel Alvarez, acknowledged the new membership application approved via the consent calendar:

- DeeA'na Saunders City of West Hollywood representative **MOTION #4**
(Approved√ via Consent Calendar)

M. Alvarez reported the Operations Committee met on June 27th and discussed the Health Resources and Services Administration (HRSA) Technical Assistance (TA) site visit and reflected on feedback for improvement and discussed strategic outreach activities including the formation of an outreach team to promote the Commission, recruit applicants, and strengthen community engagement. The Committee reviewed Policy 09. 7201, Consumer Compensation, and initiated discussion on changes to the stipend amount and corresponding expectations for receiving the stipends. The Committee also approved new membership applications for a representative from the City of West Hollywood and one unaffiliated consumer. The Operations Committee is requesting commissioners to contact staff to volunteer for the mentorship program and to read the proposed changes to the bylaws and provide feedback. The proposed changes are located in the meeting packet, pages 30-55, accessible HERE.

B. Standards and Best Practices (SBP) Committee

Co-chair, Erika Davies, reported the Committee met July 2nd and the link to the meeting packet can be found HERE. The Committee reviewed the Service Standards schedule and decided to begin reviewing the Transportation service standards in August. The Committee will also develop a Transitional Case Management service standards document that focuses on three

target populations: older adults (50+), youth, and justice-involved individuals. The Committee reviewed and finalized the Ambulatory Outpatient Medical (AOM) Service Standards and announced a public comment period starting July 5, 2024 and ending August 5, 2024. The Committee also began their review of the Emergency Financial Assistance (EFA) Service Standards. The SBP Committee is requesting participation from consumers and HIV stakeholders in the public comment period for the AOM service standards. The Committee is also seeking participation from consumers at upcoming SBP Committee meetings to help inform the revising of the EFA service standards. The next SBP Committee meeting will be held on August 6, 2024 from 10 am-12 pm at the Vermont Corridor.

C. Planning, Priorities & Allocations Committee

Co-chair, Felipe Gonzalez, reported that the Committee last met on June 18th. The Committee reviewed consumer feedback from the Priority Setting and Resource Allocation Consumer Survey. The survey was conducted to help the Committee understand consumer perspectives on service priorities and consumer perspectives on recommended allocations. You may access the meeting packet HERE for more details. The Committee also reviewed and approved the Status Neutral Priority Setting and Resource Allocation (PSRA) Framework and Process; this is the guiding document that outlines the priority setting and resource allocation process. Previous language that included restrictions for Commissioners who had a conflict of interest was removed after feedback from HRSA during the May Technical Assistance Site Visit. Any Commissioner with a conflict of interest must declare their conflicts prior to voting on services presented as a slate. F. Gonzalez reminded all Commissioners they must complete the annual Priority Setting and Resource Allocation training to be eligible to vote on priorities and resource allocations. Commissioners who have not completed the training by the September full body Commission meeting, when the priorities and allocations are set to be voted on by all Commissioners, will not be eligible to vote. The next PP&A meeting will be held on Tuesday, July 16th from 1 pm to 4 pm at the Vermont Corridor. The August PP&A meeting was rescheduled to Tuesday, August 27th from 1 pm to 4 pm at the Vermont Corridor, to accommodate virtual attendance to the annual Ryan White Program conference.

F. Gonzalez appealed to Commissioners who have not completed the 2024 Priority Setting and Resource Allocation training to do so before the September Commission meeting to be eligible to vote for final priorities and allocations. For Commissioners who attended the live training in April, no further action is needed; for Commissioners who were unable to attend, the recording can be found on the Commission's website under Trainings. Please notify Commission staff

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once completed. F. Gonzalez encouraged consumer attendance and participation at the July and August PP&A Committee meetings.

D. Public Policy Committee

Co-chair, Katja Nelson, reported that PPC did not meet in July but provided the following updates on the Committee's activities: (1) 2023-24 Legislative Docket: the full body approved the 2023-2024 Legislative Docket on 6/13/24 and the document was transmitted to the County Office of Legislative Affairs and Intergovernmental Relations (LAIR), (2) the full body approved the 2024 Policy Priorities on 5/9/24 and the document was transmitted to LAIR, (3) in reference to the County's response to the STD crisis, the next Department of Public Health (DPH) STD report to Board of Supervisors (BOS) is due in July; Commission staff will track the BOS correspondence page and share the document once available, and (4) the Governor signed the California state budget on 6/29/24 which closed an estimated $46.8 billion deficit through $16 billion in spending cuts. K. Nelson mentioned there is advocacy happening around housing and the Department of Housing and Urban Development (HUD) bills and pointed out that Housing Opportunities for Persons With AIDS (HOPWA) is flat funded so instead of receiving an increase the Senate has indicated they want to provide $34.5 billion in additional emergency funding. K. Nelson requested ongoing participation in BOS and Health Deputies meetings to provide public comment related to the Commission, as appropriate. The next PPC meeting will be on August 5, 2024 from 1 pm-3 pm at the Vermont Corridor and the Committee will discuss the homeless count in Los Angeles County (LAC) at this meeting. The link to the June PPC meeting packet can be found HERE.

In response to questions and concerns, K. Nelson and staff provided the following responses and clarifications: (1) regarding issues of the reluctance of some agencies to provide security deposits for housing due to deposits being returned to clients versus the agencies, it was pointed out that there are existing models (ex: HUD) that allow agencies to participate without the exchange of deposits, (2) staff provided clarification on what falls under the Commission's purview as a planning council under budget issues (i.e., Ryan White Part A funds), HOPWA falls under the City of Los Angeles, (3) it was clarified that rental assistance funding is available throughout the housing continuum through agencies such as HOPWA and the Los Angeles Homeless Services Authority (LAHSA), and (4) it was clarified that the House proposed to cut EHE funding, however, the Senate has to present their proposal which can be in support of the House or draft a counter-proposal.

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E. Caucus, Task Force and Work Group Reports

(1) Aging Caucus

Co-chair, Kevin Donnelly, reported that the Aging Caucus meets every other month and will reconvene on August 2nd from 1 pm to 2:30 pm, virtually via Webex. The Caucus will discuss their National HIV and Aging Awareness event, tentatively scheduled for September 23rd. The Caucus is also collaborating with the Women's Caucus to showcase an event on overcoming social isolation and building community for BIPOC women ages 50 and over. The link to the June 4th meeting packet is provided HERE.

(2) Black/African American Caucus

Co-chair, Leon Maultsby, reported that the Caucus last met on June 20th and the link to the meeting packet can be found HERE. DHSP is determining whether its leadership will directly reach out to the Black-led/servicing organizations that did not participate in the survey and key informant interviews, to invite them to a focus group as part of the needs assessment. Caucus and DHSP leadership will discuss the coordination of convening a focus group and will provide updates at the next meeting. DHSP continues to work toward designing a technical assistance program based on the needs assessment findings. An Executive Summary of the April 26 Faith-Based listening session is now available and included in the meeting packet. A follow-up session will be coordinated to help faith leaders establish a coalition to promote sexual health and HIV awareness. The June 14th Non-US Born Immigrant/Caribbean community listening session had low attendance, however valuable connections were made with Dr. Tadios Belay and Kofi Peprah of the U.S. Africa Institute. They will partner to host a follow-up event.

L. Maultsby highlighted the remainder of the BAAC 2024 schedule of events: (1) September will feature Same Gender Loving Men, (2) October will focus on women, and (3) November will feature non-traditional providers. The Caucus will provide the exact dates for the events once finalized. The Caucus intends to participate in South Los Angeles PRIDE on July 16th, volunteers are needed; please email staff member Dawn McClendon at dmcclendon@lachiv.org, if interested. Volunteers are needed and encouraged to support the Caucus's participation in the Taste of Soul on October 19th and suggestions include partnering with other agencies. The Caucus will host its 2024 World AIDS Day event on Friday, December 6th, its proposed activities include an HIV education and awareness poster competition by CDU Magnet and a presentation of preliminary CLS findings. Commissioners are encouraged to submit event ideas to the co-chairs.

L. Maultsby requested all to promote the Black Caucus, participate in Caucus activities, and incorporate BAAC recommendations to ensure equitable representation in Commission planning discussions and decision-making.

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(3) Consumer Caucus (CC)

Caucus Co-chair, Ish Herrera, reported that the Caucus last met on June 13th, the link to the meeting packet is HERE. The Caucus welcomed a two-part presentation from the Department of Mental Health (DMH) on Mental Health and Stigma. The second part of the presentation, focusing on Mental Health and Stress, will conclude after the July 11th Commission meeting. The Caucus's remaining agenda item includes the next steps on the consumer housing advocacy letter to be addressed at the July meeting. I. Herrera appealed to all to promote the CC and encourage participation and continued involvement of consumers in all Commission planning discussions and decision-making.

(4) Transgender Caucus

Staff member, Jose Rangel-Garibay, reported that the Caucus last met on April 23, 2024 and drafted recommendations to help inform the Priority Setting and Resource Allocation (PSRA) process led by the Planning, Priorities, and Allocations (PP&A) Committee. The meeting packet can be accessed HERE. On April 29th the Caucus held its "Harm Reduction Institute" event which yielded a set of recommendations to the Commission related to the provision of harm reduction services for the Transgender, Gender Non-Conforming, and Intersex (TGI) communities. The June Caucus meeting was canceled. The next Caucus meeting will be held on July 23rd from 10 am-12 pm at the Vermont Corridor.

(5) Women's Caucus

Caucus Co-chair, Dr. Mikhaela Cielo, reported that the Caucus did not meet in June but part 2 of the two-part virtual lunch and learn series was held on Monday, June 17th, and included a presentation from Roxanne Lewis of JWCH and Francisco Valdez of LAFAN on the benefits and importance of peer support in HIV care. A recording of the session can be found on the Commission website under events. The July caucus meeting is canceled, instead, the caucus will co-host a special in-person lunch presentation with APLA titled "HIV Matters for Her" with Dr. Judith Currier on July 15th from 12:30 pm – 2:00 pm at the Vermont Corridor. The presentation will provide an update on women's HIV health issues. See the meeting packet for the registration flyer. Dr. Cielo requested all to share the "HIV Matters to Her" event flyer and continued promotion of the WC.

(6) Housing Task Force (HTF)

The HTF met on June 28th and elected Katja Nelson and Dr. David Hardy as co-chairs. K. Nelson reported that the HTF heard from housing subject matter experts from DHSP and the Alliance on Housing and Healing about suggestions for realistic activities or responses from the planning council on housing. Preliminary ideas for response include revising service standards to prevent homelessness and utilize the new guidance from HRSA on rental deposits which is already underway; reviewing existing data on HIV and housing to understand the scope of the problem; exploring partnerships with the LAHSA to improve data collected for people living with HIV (PLWH); conduct housing clinics; expand EFA, and funding more skilled housing specialists to manage clients who are increasingly showing higher levels of acuity (i.e., mental health, substance, use, and aging). The HTF requested all to review the meeting packet found HERE and to join the next HTF virtual meeting. HTF meetings are held on the last Friday of each month from 9 am to 10 am.

5. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/ Staff Report

Executive Director, Cheryl Barrit, provided the following report:

(1) Health Resources and Services Administration (HRSA) Technical Assistance (TA) Site Visit Feedback

The HRSA Technical Assistance (TA) site visit took place on May 21-23, 2024. HRSA has 45 days from the close of the site visit to provide a report on their recommendations. Staff is moving forward with implementing HRSA's recommendations and a timeline of key areas of improvement and suggestions is provided in the meeting packet. In response to a commissioner's request, C. Barrit will ask if HRSA would be willing to present the technical assistance recommendations to the full body.

(2) 2024 COH Meeting Schedule Review and Updates

C. Barrit highlighted the updated 2024 meeting schedule in the packet which includes a review of the Comprehensive HIV Plan (CHP) in August. A.J. King, the consultant who helped develop the plan, will be present to facilitate the community conversation. Feedback will be solicited to determine if any changes to the plan are needed. The October Commission meeting is canceled, and caucuses are encouraged to use this as an opportunity for outreach. PP&A will discuss the feasibility of using that day to schedule a community listening session in Antelope Valley. The Executive Committee will determine whether to cancel the December meeting at a later time.

(3) Ryan White Program Updates
On July 3rd HRSA released the Notice of Funding Opportunity (NOFO) for the Part A program. HRSA moved from an annual application process to a 3-year cycle; year three of the previous cycle is closing and the next 3-year cycle will commence. The NOFO application is due on October 1st and activities within the PP&A Committee will align with the NOFO. Service ranking deliberations will occur during July and August, and the recommendations will be presented to the full body in September and included in L.A. County's grant application.

C. Barrit reported that Matthew Muhonen, the Commission's HOPWA representative, is on a leave of absence, but she has requested virtual attendance or written reports. An update on HOPWA activities is provided in the meeting packet. C. Barrit will forward questions that may arise to M. Muhonen.

C. Barrit has completed the first draft of the Memorandum of Understanding (MOU), which is the Commission's formal agreement with DHSP. The document was forwarded to the Commission Co-chairs and Dr. Michael Green for review and feedback. C. Barrit requested that the first round of feedback is provided by August 2nd.

B. Co-Chairs' Report. J. Green led the report as follows:

(1) Welcome New Members & Recognition of Leaving Recognition
Welcoming of new members, Dahlia Ale-Ferlito, City of Los Angeles representative, and alternate members, Rita Garcia and Arburtha Franklin. The Commission was reminded that co-chair nominations will open in August and the election will occur in September.

(2) COH Housing Taskforce Updates
Refer to the update under the Executive Director's report.

(3) June 9, 2024 COH Meeting | FOLLOW-UP & FEEDBACK
No follow-up or feedback was provided.

(4) Conferences, Meetings & Trainings
None reported.

(6) Member Vacancies & Recruitment.
Please continue to support the Operations Committee and staff in their recruitment efforts. Unaffiliated consumers are needed for:

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

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

(7) National HIV Awareness Days. J. Green called attention to the Acknowledgement of National HIV Awareness Days as follows:

a. Zero HIV Stigma Day: July 21st

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

(1) Division of HIV/STD Programs (DHSP) Updates (RWP Grantee/Part A Representative)
Mario J. Peréz, MPH, Director of DHSP, provided the following updates:

a. Programmatic and Fiscal Updates. M. Perez stated DHSP has not received the HRSA EHE grants which ends in February 2025. DHSP is tracking Ryan White Part A and MAI program spending in consideration of flat funding. The community and the Commission will need to make tough decisions with regards to how to best use limited funding to meet service demands. DHSP is preparing for the new cycle of grant application for the Ryan White Part A program which is due to HRSA on October 1. DHSP will work with the Commission to have a letter of concurrence as part of the application process. The Centers for Disease Control and Prevention (CDC) has released their RFP guidance and integrated the CDC EHE component into the CDC base award. This grant starts August 1st and DHSP has not yet received a notice of award. It is expected that after they combine the base award and the EHE award and apply the prevalence formula, DHSP will take approximately a $1.8 million funding cut, which is roughly 8-9% against a 21-million-dollar combined award. M. Perez indicated DHSP has a significant number of HIV prevention-related contract obligations that need to be reconciled but, they do not have the resources to support the portfolio in its current form. The EHE funding term starts August 1st, however, the prevention funding level reduction from the CDC, necessitates important deliberations over the next months. M. Perez suggested considering Medicaid expansion and leaning on clients who consume RW-supported Ambulatory Outpatient Medical (AOM) care services and are eligible for Medicaid, to consider migrating over. To fund other services, consideration should be given to migrating to programs and systems that already have existing revenue. Encouraging clients who are eligible for Medi-Cal would free up resources to fund other Ryan White services where there is little or minimal alternative payor sources. M. Perez reported that DHSP has a large HIV/STD prevention and testing RFP, however, they are trying to piece together all resources to make it as robust as possible. His team is working on the HIV/STD testing services RFP, with the goal of establishing contracts by July 1, 2025. Additionally, the MCC/AOM RFP will be released soon, in early fall.

b. Mpox Briefing. M. Perez stated there were 8 Mpox cases last week and an average of 2 cases per week for the last six weeks. DHSP sent a health alert reminder to their network of partners to continue being vigilant and encouraging clients to get vaccinated against Mpox.

M. Perez responded to a question by clarifying that the vaccine does not prevent Mpox infection, however, once two doses of the vaccine are received it helps to lessen the likelihood of becoming infected and ensures there is no adverse reaction to being exposed to or becoming infected with Mpox.

M. Perez also addressed questions regarding the availability of Mpox vaccines through the Federal government. With the commercialization of the Mpox vaccine in August the government will no longer make the vaccine available for free and will remove the vaccine from the national stockpile. Healthcare providers can provide the vaccine and bill a public or commercial health plan for reimbursement. The Department of Public Health's (DPH) disease control program has approximately 6000 doses of the vaccines available and is using the vaccines through different programs.

c. Ending the HIV Epidemic (EHE) | UPDATES DHSP is expecting guidance from HRSA regarding EHE funds. Their current EHE grant lasts through February 2025. There is uncertainty about when the guidance will be provided and the level of resources that DHSP will have at their disposal after February. DHSP has leveraged multiple years of HRSA EHE funds to test new and innovative interventions, initiatives, and programs. They have leaned on the HRSA grant to support EFA and have used different funding streams. DHSP is monitoring HRSA Ryan White Part A and MAI spending very closely. M. Perez stated that DHSP is spending faster than anticipated so there are conversations around increasing EFA funding. M. Perez will bring this to the PP&A Committee to discuss the availability of resources and the fact that more money is being spent than received. M. Perez also plans to discuss the need to make decisions regarding where money is being spent (ex: security deposits, paying for additional medicine, benefits specialty, and transportation).

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

a. OAVoice Newsletter Highlights. K. Halfman reported this month's written report will be made available soon. K. Halfman shared two highlights from the report. The California Medical Monitoring Project collaborated with four other projects nationally to assess the impact of COVID on PLWH. The analysis was recently published in the Journal of Acquired Immune Deficiency Syndrome and the OA report will have a link to the article. The statewide planning body, the California Planning Group (CPG), held its in-person meeting in early June in

Sacramento. The theme was innovation through integration and included presentations on the syndemics of HIV, sexually transmitted infections, and hepatitis C. The State Department's Clinical Quality Management Program for Ryan White and the new HIV Care Connect data system was also spotlighted.

b. California Planning Group (CPG). No report was provided. J. Green announced K. Stalter resigned as the CPG representative and opened the floor for seat nominations. C. Barrit clarified that the newly elected CPG representative will finish the remaining two years of the 3-year seat. K. Nelson self-nominated. Elections will be held in August.

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

Part C: L. No report.

Part D: Dr. Mikhaela Cielo reported that their counterparts at UCLA are looking for three women to participate in the Confessions podcast focusing on substance recovery, pregnancy, and housing. They are releasing the next set of podcasts in September in honor of Hispanic Heritage Month. UCLA is still seeking referrals of women for its peer-to-peer program. The program has a positive impact and makes a difference in the lives of patients struggling with isolation, compliance, and appointment attendance. Dr. Cielo reported that LA General made changes to their mental health program and has shifted services out of the Department of Health Services (DHS) to the Department of Mental Health (DMH). As a result of these changes, many patients will not be able to receive direct psychiatric care at LA General; however, because of Part C and D funding, LA General was able to leverage staffing a full-time, on-site psychiatrist to serve patients with HIV.

Part F: Sandra Cuevas reported that PAETC was awarded a 5-year grant and is completing its needs assessment and work plan for the fiscal year starting July 1st. They will also develop training plans for the new fiscal year.

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

City of Los Angeles: D. Ale-Ferlito reported that the City of L.A. is offering badges to organizations that provide services in select city parks that identify them as city-sanctioned service providers. They recently signed off on a permit agreement with Parks and Recreations that allows harm reduction providers to conduct outreach and other harm reduction activities within a select list of parks around Los Angeles. The list of parks was aggregated from all the agencies that are currently providing services within the parks. This was a response to issues the city has encountered in MacArthur Park. This agreement should give service workers more

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legitimacy and protection to provide outreach in the parks, including services they have already provided, except for syringe exchange. The City of L.A. has a long-standing policy that syringe exchange should happen outside of parks; syringes can be collected but provision of syringes cannot be provided.

Park staff has been briefed on the agreement, the agreement requires all service providers to wear badges that identify them as sanctioned service providers, they must introduce themselves to park staff, and they must carry and provide brochures or info sheets that describe the services that their agency provides. The agreement is renewable annually and additional parks can be added as needed.

D. Ale-Ferlito highlighted the City's 2024 funded providers as follows:

Organization	Service	Amount
AADAP	Harm Reduction/Syringe Exchange	$120,000
AHF	HIV Prevention	$45,000
APLA Health	HIV Prevention	$45,000
Being Alive	Harm Reduction/Syringe Exchange	$120,000
Bienestar	Harm Reduction/Syringe Exchange	$120,000
East LA Women's Center	HIV Prevention	$50,000
Homeless Healthcare	Harm Reduction/Syringe Exchange	$120,000
LA CADA	Harm Reduction/Syringe Exchange	$85,000
Planned Parenthood	HIV Prevention	$50,000
REACH LA	HIV Prevention	$50,000
Sidewalk Project	Harm Reduction/Syringe Exchange	$85,000
SSG-HOPICS	Harm Reduction/Syringe Exchange	$120,000
St. John's	HIV Prevention	$50,000
Tarzana Treatment Centers	Harm Reduction/Syringe Exchange	$120,000

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<u>City of Pasadena:</u> E. Davies thanked everyone who attended and supported the City of Pasadena's PRIDE event and their National HIV Testing Day in partnership with Walgreens; over 40 people were tested, and they were pleased with the event's turnout. The City of Pasadena is also looking at various ways to increase its outreach around HIV, prevention and treatment, and education. They are piloting integrating HIV counseling and linkage to services into the Pasadena outreach response team and will provide updates to the Commission.

6. MISCELLANEOUS

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

No Public Comment.

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

- D. Richardson invited all to attend the Pillow Talk event happening tonight at 5:30 pm in West Hollywood.
- Francisco Valdez of UCLA's LAFAN thanked Dr. Cielo for mentioning their peer-to-peer program and informed attendees that postcards with printed QR codes for the Confesiones: Mujeres VIH+ Podcast are located at the Commission's resource table.
- J. Green announced the City of West Hollywood has its disabilities awards nomination process open now through August 6th. Details are listed on their website HERE.

D. Adjournment and Roll Call: Adjournment for the meeting of July 11, 2024.

The meeting adjourned at 12:07 PM. Jim Stewart conducted roll call.

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ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, A. Burton, M. Cielo, S. Cuevas, M. Cummings, E. Davies, K. Donnelly, K. Ferguson, A. Franklin, F. Gonzalez, K. Halfman, I. Herrera, W. King, L. Kochems, L. Martinez-Real, L. Maultsby, V. Mendoza, A. Molette, K. Nelson, M. Perez, D. Richardson, E. Robinson, D. Russell, H.G. San Agustin, M. Sattah, J. Weedman, R. Ybarra, and J. Green.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 2: Approve the April 11, 2024, Commission on HIV meeting minutes, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 3: Approve Consent Calendar, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 4: Approve new member application for DeeAna Saunders, City of West Hollywood representative, as presented or revised, and forward to the Board of Supervisors for appointment.	Passed by Consent Calendar.	**MOTION PASSED**
MOTION 5: Approve Status Neutral Priority Setting and Resource Allocation (PSRA) Framework, as presented or revised.	Passed by Consent Calendar.	**MOTION PASSED**

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Division of HIV and STDs Contracted Community Services

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

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

Service Category	Organization/Subcontractor
AOM	
Vulnerable Populations (YMSM)	APAIT
	AMAAD
HTS - Storefront	Center for Health Justice
	Sunrise Community Counceling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service forr Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	

Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar
	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Poplulations (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	

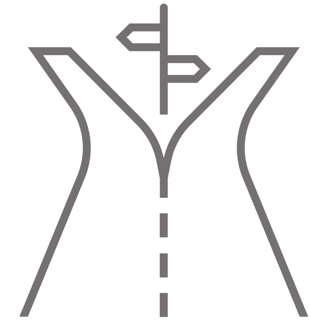
LA County Comprehensive HIV Plan

2022-2026

LOS ANGELES COUNTY
COMMISSION ON HIV

COUNTY OF LOS ANGELES
Public Health
DIVISION OF HIV AND STD PROGRAMS

PURPOSE

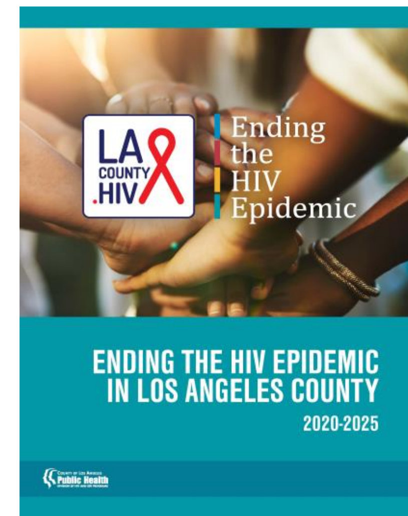


- Serves as a jurisdictional HIV/AIDS Strategy.
- Living document and roadmap to guide HIV prevention and care planning throughout the year.
- Addresses local needs and opportunities for improvement.
- Emphasizes collaboration and coordination.

Full document can be found at: https://hiv.lacounty.gov/our-work/

DESIGN

- Designed to reflect local HIV vision, values, needs and strengths.
- Aligns with:
  - California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs (2022-2026)
  - The National HIV/AIDS Strategy (2022–2025)
  - The Ending the HIV Epidemic Plan (EHE Plan) for Los Angeles County (2020-2025)



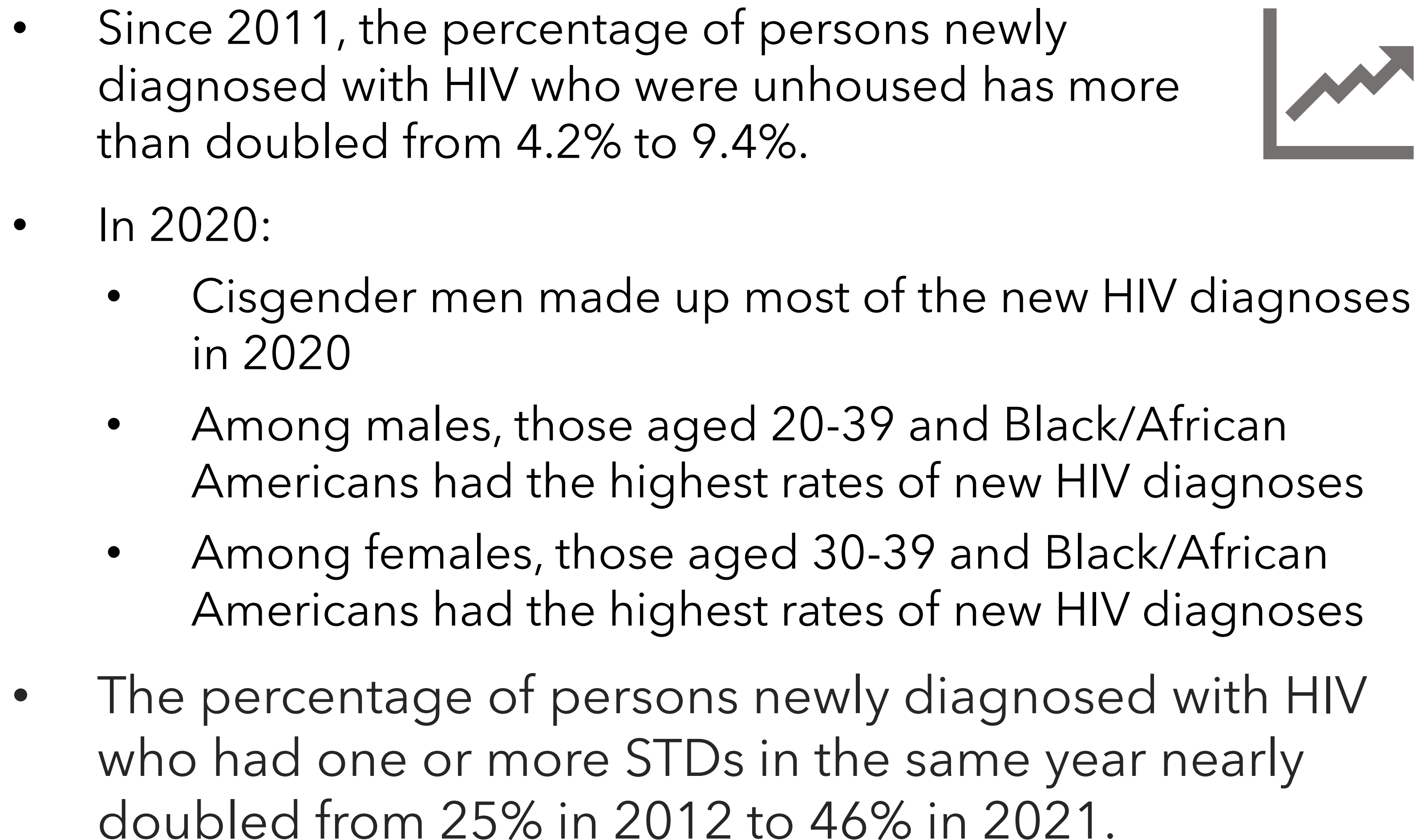
NEEDS ASSESSMENT

- Plan was developed using existing/previous assessments including the *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond* (LACHAS) and the *Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025* (EHE Plan)
- HIV/STD Surveillance Data and reports
- Qualitative data from priority populations, community members and providers
  - Listening sessions
  - Online survey
  - Facilitated stakeholder meetings

SNAPSHOT: HIV IN LA COUNTY

- In 2020, there was an estimated 59,4008 PLWH aged 13 years and older in LAC. Also includes:
  - 1,401 who had been newly diagnosed (in 2020)
  - 6,800 persons who were unaware of their infection (undiagnosed)
- Of the approximately 52,000 people living with diagnosed HIV:
  - 87% were cisgender men, 11% were cisgender women and 2% were transgender persons
  - 46% were Latinx, 26% were White, 20% were Black/African American, 4% were Asian, 4% identify as multi-racial, and less than 1% were American Indian/Alaskan Native (AI/AN) and Native Hawaiian/ Pacific Islander (NH/PI)

SNAPSHOT: HIV IN LA COUNTY



KEY PRIORITIES– identified during planning & community engagement process

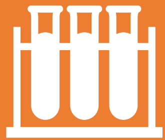
- Embrace a status neutral approach
- Address social determinants of health, especially housing
- Address co-occurring disorders including STDs, mental health issues & meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly those experienced by Black/African Americans
- Increase health literacy among PLWH & people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH ages 50 and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure seamless access to high quality services

PRIORITY POPULATIONS

- Latinx men who have sex with men (MSM)
- Black/African American MSM
- Transgender persons

- Cisgender women of color
- People who inject drugs (PWID)
- People under the age of 30
- People living with HIV who are 50 years of age or older

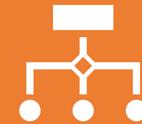
Goal:
380 or less new HIV infections by 2025
150 or less new HIV infections by 2030



Diagnose

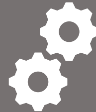
Treat

Prevent



Respond

Build HIV Workforce Capacity



System and Service Integration

Equity, Social Determinants of Health & Co-occurring Disorders

DIAGNOSE

Diagnose all people with HIV as early as possible

- Expand routine opt-out HIV screening in healthcare and other settings, such as emergency departments (EDs) and community health centers (CHCs) in high prevalence communities.
- Develop locally tailored HIV testing programs in non-healthcare settings, including home/self-testing
- Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.
- Increase timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk

TREAT

Treat people with HIV rapidly & effectively to reach sustained viral suppression

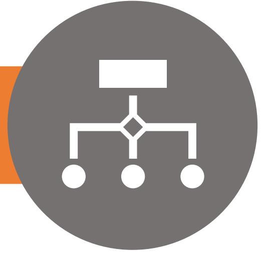
- Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.
- Support re-engagement & retention in HIV care and treatment adherence
- Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH
- Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH
- Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH
- Increase capacity to provide whole-person care to people living with HIV (PLWH) age 50 & older and long-term survivors

PREVENT

Prevent new transmission by using proven interventions

- Accelerate efforts to increase PrEP use
- Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women
- Increase availability, use and access to comprehensive Syringe Service Programs (SSPs) & other harm reduction services

RESPOND



Respond quickly to HIV outbreaks to get prevention & treatment services to people in need

- Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response
- Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.
- Develop and release Data to Care RFP

WORKFORCE CAPACITY

Increase HIV workforce capacity to diagnose & treat PLWH, prevent new HIV infections and reduce HIV-related disparities

- Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV
- Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner

SYSTEM & SERVICE INTEGRATION

Integrate systems and services to address the syndemic of HIV, STDs, viral hepatitis, and substance use/mental health disorders in the context of social and structural/institutional factors

- Increase cross-training and TA opportunities across fields/disciplines
- Leverage the Alliance for Health Integration initiative to integrate services within LA County publicly funded care systems

EQUITY, SOCIAL DETERMINANTS OF HEALTH AND CO-OCCURING DISORDERS

Achieve health equity by addressing social determinants of health, stigma, & co-occurring disorders that fuel the HIV epidemic and HIV disparities

- Advocate for an effective countywide response to SUDs, especially methamphetamine disorder
- Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic
- Address social determinants of health and stigma
- Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities
- Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023

WHAT CAN I DO?

- Use the Comprehensive HIV Plan (CHP) as a planning tool within your agencies
- Adopt some of the goals, objectives, and strategies
- Engage in the local community planning process
- Assess strengths and capacities of your agency
- Advocate for local, state and federal policies and legislation that align with CHP goals and strategies
- Identify and recruit additional stakeholders, including non-traditional stakeholders
- Provide ongoing feedback

Contact Information

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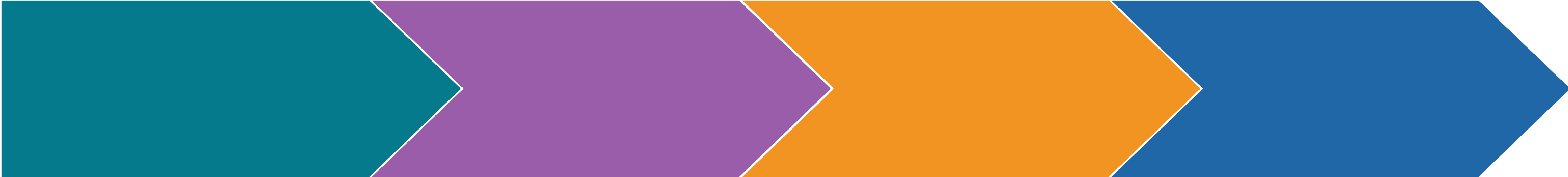
Los Angeles County Integrated HIV Prevention and Care Plan (Comprehensive HIV Plan) 2022-2026



Examples of Key Activities

August 8, 2024

LOS ANGELES COUNTY
COMMISSION ON HIV

A few things to keep in mind:

- Not a progress report
- Examples of activities that support the goals and objectives of the Comprehensive HIV Plan
- Includes information gathered from publicly available reports
- Includes non-HIV specific activities that may impact services and/or health outcomes of priority populations

Background

The Integrated HIV Prevention and Care Plan provides a blueprint for HIV service coordination along the spectrum of HIV prevention and care in Los Angeles County.

In 2015, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) released joint guidance to support the submission of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), ***a legislative requirement for Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients.***

The Plan is intended to:

- Reflect the community's vision on how best to deliver HIV prevention and care services.
- Details how various plans (including Ending the Epidemic) work together in a jurisdiction to further goals set in National HIV/AIDS Strategy (NHAS).
- Are used by CDC and HRSA recipients and their HIV planning bodies as living documents serving as roadmaps to guide HIV prevention and care service planning

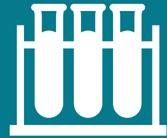
Aligns with:

- California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs, 2022- 2026
- The National HIV/AIDS Strategy (2022–2025)

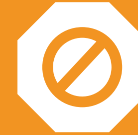
Developed using:

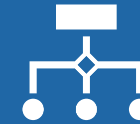
- The Los Angeles County HIV/AIDS Strategy for 2020 and Beyond (LACHAS)
- The Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025 (EHE Plan). ***The EHE Plan serves as the foundation for the Integrated HIV Prevention and Care Plan***
- HIV/STD Surveillance Data and Reports
- Qualitative data from priority populations, community members and providers via listening sessions, online surveys and facilitated stakeholder meetings

Goal:
380 or less new HIV infections by 2025
150 or less new HIV infections by 2030


Diagnose

Treat

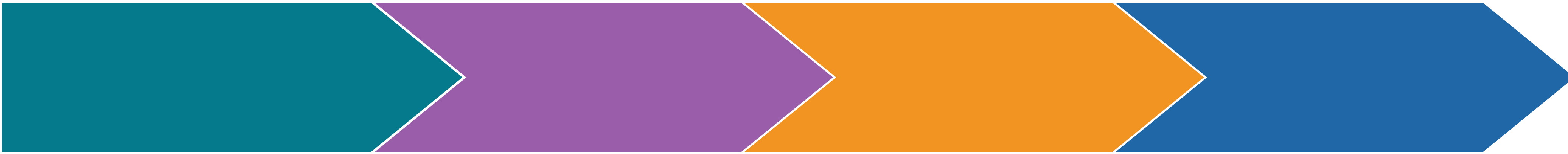

Prevent


Respond

Build HIV Workforce Capacity

System and Service Integration

Equity, Social Determinants of Health & Co-occurring Disorders



PRIORITY POPULATIONS

- Latinx men who have sex with men (MSM)
- Black/African American MSM
- People of trans experience
- Cisgender women of color
- People who inject drugs (PWID)
- People under the age of 30
- People living with HIV who are 50 years of age or older

Diagnose Pillar Indicators

1. Reduce annual number of HIV diagnoses

2. Increase the percentage of PLWH who are aware of their HIV status to 95%

Indicator	LAC current	EHE Targets for 2025
Number of new transmissions[1]	1,400 (2021)	380
Number of new HIV diagnoses[2]	1,518 (2021)	450
Knowledge of HIV-status among PLWH[1]	89% (2021)	95%

6,800 are unaware of HIV positive status

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Diagnose

Strategy	Examples to date
Expand or implement routine opt-out HIV screening in healthcare and other settings (such as emergency departments and community health centers) in high prevalence communities. • Assess and monitor the degree that HIV testing is occurring county-wide. Identify infrastructure and healthcare system issues to determine the feasibility of expanding routine opt-out testing. • Expand the number of EDs and CHCs in high prevalence communities performing routine opt-out HIV screening. • Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, such as routine STD screening sites and substance use treatment centers, among others.	Incorporation of routine HIV testing at 47 DMH clinics and psych street medicine team (i.e. HOME team)

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Diagnose

Strategy	Examples to date
Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home/self-testing. • Assess and monitor the degree that HIV testing is occurring county-wide. Identify infrastructure and healthcare system issues to determine the feasibility of launching a county-wide rapid HIV self-test program. • Develop guidance on HIV self-testing, including linkage to care and prevention services, a quality assurance protocol, and assess readiness of providers to implement self-testing. • Assess Take Me Home self-testing initiative utilization, barriers and facilitators and make improvements, as necessary. • Expand use of HIV self-testing among at risk individuals unlikely to receive traditional in-person HIV testing by developing and expanding other types of self-testing (in addition to Take Me Home) to ensure equitable access.	• Over 20,000 test kits provided via Take Me Home (at home HIV self-test kit), community partners (23) and DHSP contracted providers (25) ○ Over 4,700 of free HIV self-test kits distributed via online platform - TakeMeHome.org • Incorporation of routine testing (HIV/STI/HCV) at 5 Engagement and Overdose Prevention Hubs (syringe service programs), 5 street medicine programs, and 2 mobile vaccine clinics • HIV and STI screening at commercial sex venues

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Diagnose

Strategy	Examples to date
Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients. • Develop provider-to-patient communication tools to support providers in identifying at risk clients who are due for HIV re-screening and increase systematic ways of maintaining communication with clients. • Develop a plan for evaluating impact of the provider-to-patient communication tools on client re-screening. • Expand implementation & use of provider-to-patient communication tools among LAC DHSP funded HIV prevention providers. • Explore the use of client incentives to maintain re-screening adherence.	• Increased use of telehealth • Routine Screening educational materials for providers

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Diagnose

Strategy	Examples to date
Increase the timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk • Increase integration of HIV testing/screening with other STDs & HCV • Increase the number of STD & HIV express clinics in LAC, especially in Health Districts disproportionately impacted by HIV • Increase community awareness of HIV testing options through advertising and promotional events in multiple languages • Work with SAPC to ensure that all syringe service programs (SSPs) provide integrated testing/screening (HIV, STDs, HCV) & linkage to care • Explore utilizing a Promotores/Community Health Worker model to increase sexual health literacy & awareness of HIV risk in priority populations • Increase the capacity of Partner Services and Cluster Detection and Response to quickly identify and contact people who may be at risk of HIV/STD/HCV and direct them to testing services (see Respond Pillar)	• Creation of the Perinatal HIV Action Kit - resources for diagnosing HIV during pregnancy or pregnancy for someone with HIV • Promotion of community/testing events via agency websites & social media in various languages

Treat Pillar Indicators

1. Increase the proportion of people diagnosed with HIV who are linked to HIV care within one month of diagnosis

2. Increase the proportion of diagnosed PLWH who are virally suppressed

Indicator	LAC current	EHE Targets for 2025
Linkage to HIV care among PLWH	76% (2021)	95%
Viral Suppression among PLWH	61% (2022)	95%

59,400
People living with HIV in LA County

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Treat

Strategy	Examples to date
Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV. • Increase county-wide capacity to provide same-day rapid linkage to care during expanded hours and days for persons newly diagnosed with HIV. • Develop a network of HIV care providers who offer same day appointments with rapid ART disbursement.	• Rapid and Ready Program – network of 19 clinics who accept immediate appointments and same day ART ○ DHSP Navigation Specialists help link to HIV providers, transportation assistance, insurance and benefits screening, assistance with filling prescriptions, accompany to clinic • UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) – rapid start research study with other HIV research centers across the country

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023
Source:

Treat

Strategy	Examples to date
Support re-engagement and retention in HIV care and treatment adherence. • Expand the use and capacity of peer navigators and/or community health workers for PLWH to increase health literacy, access services & address social determinants of health (housing, food insecurity, etc.) • Increase knowledge & awareness among both providers & community members about long acting injectables and other biomedical advances • Create and distribute list of clinical providers of color and LGBTQ culturally competent providers • Create and expand medical & supportive services for cisgender women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, & substance abuse • Create and expand medical and supportive services for transgender persons living with HIV/AIDS • Advocate for appropriate allocation and maintenance of funding for the Trans, Gender Nonconforming and Intersex (TGI) Equity Fund created by the passage of AB-2521	• Spanish Speaking Mental Health Program - increase access to mental health services for monolingual & bilingual Spanish speakers • Linkage & Reengagement Program – intensive case management for pregnant PLWH throughout pregnancy and postpartum • Community Care Grants and Gender Affirming Care Clinical Services Grants released in 2023 and 2024 to fund therapeutic arts programs, provide supportive housing assistance and programming, and build the capacity of health care providers around TGI-inclusive health care services.

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Treat

Strategy	Examples to date
Support re-engagement and retention in HIV care and treatment adherence, especially for persons who are not eligible for Ryan White Program-supported services, persons with mental illness, persons with substance use disorders, and unhoused persons. • Comprehensively assess unmet mental health needs of PLWH and identify gaps and areas of improvement in the mental health provider network in LAC. • Develop partnerships to meet the SUD (particularly meth use disorder) needs of persons at risk for HIV or PLWH and improve the capacity of SUD providers to address the sexual health needs of clients and ensure access to HIV-related services, as needed. • Develop a report that summarizes critical gaps in the current system and makes recommendations for improvement and investment of County resources, including Ryan White Program funds.	• Assessment of Mental Health Services for People Living with HIV Report – highlights gaps and areas of improvement related to mental health to support re-engagement and retention in HIV care and treatment • DHSP report to BOS summarizing critical gaps in the current HIV/STI system, recommendations for improvement, and request for additional investment of County resources/funding to address needs

Source: Los Angeles County Board of Supervisors Statement of Proceedings for Nov. 7, 2023 Meeting

Treat

Strategy	Examples to date
Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH • Assess how clients are currently learning about available RWP services. Identify existing and new resources to assist with promotion and educational outreach including, but not limited to, print materials and online resources	• Creation and promotion of RWP Fact Sheets – available on DHSP and Commission website • Creation and launch of I'M + LA website – used to determine RWP eligibility and find HIV and STI providers and medical and supportive services
Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH • Determine processes and program operations for housing assistance that are aligned with federal funding guidance and restrictions • Identify potential housing partners positioned to serve PLWH and implement an expanded housing program	• Emergency Financial Assistance Program – up to $5,000 per 12-month period for rent, utilities, food, etc. • Increased funding for HOPWA programs – e.g. master lease program, permanent supportive housing, etc.

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Treat

Strategy	Examples to date
Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH • Develop processes and program operations for a pilot program that is acceptable to clients and is aligned with federal funding guidance and restrictions • Identify potential clinical sites, train staff on pilot processes, and implement program • Develop a robust evaluation plan to determine continued use of financial incentives and potential for expansion to other populations	• Implementation and expansion of iCARE program: an incentive-based program to support engagement in care and viral suppression among young people living with HIV under the age of 30. Participants earn incentives for attending HIV care appointments, achieving viral suppression, and other key milestones in HIV treatment.

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Treat

Strategy	Examples to date
RFP: EHE Priority Populations Interventions • Develop and release RFP to fund 7-10 contracts for identified interventions	• HIV treatment intervention RFPs using trauma-informed approaches to improve the mental health and well-being needs of priority populations including Black/Latinx MSM with HIV, Black/Latinx Cisgender Women with HIV, Black/Latinx Transgender Women with HIV, People with Substance Use Disorder and/or People Who Inject Drugs with HIV, and Youth Under Age 30 with HIV; funded 8 agencies o Interventions include CBT for Adherence and Depression, Seeking Safety, peer Linkage and Re-engagement and Health Models: Pay-for-Performance

Source: DHSP Ending the HIV Epidemic Newsletter May 2023

Treat

Strategy	Examples to date
Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors • Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services • Identify & implement best practices addressing the psychosocial and behavioral health needs of older PLWH and long-term survivors including substance use treatment, mental health treatment, and programs designed to decrease social isolation • Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of discrimination) • Screen patients for comprehensive benefits analysis and financial screening; and assess access to caregiving support • Review Home-Based Case Management service standards for alignment with OT and PT assessments	• Sexual Health and Aging Summit – increase capacity of providers in discussing sexual health needs of older adults • Launch of Being Alive Buddy Program – peer support for people living with HIV (includes newly diagnosed & those aging with HIV) • AETC Collaboration in Care Conference: Improving HIV and Aging Services

Source: Commission on HIV website
Source: DHSP Ending the HIV Epidemic Newsletter May 2023

Prevent Pillar Indicators

1. Increase the proportion of persons prescribed PrEP in priority populations to at least 50%

2. Increase capacity of syringe service programs (i.e. Engagement and Overdose Prevention (EOP) Hubs) for HIV testing and linkage to services.

Indicator	LAC current	EHE Targets for 2025
Percentage of persons in priority populations prescribed PrEP[3]	53% (2021)	50%

76,000
people would benefit from PrEP

54,500
of the 76,000 are Black & Latinx people who would benefit from PrEP

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Prevent

Strategy	Examples to date
Accelerate efforts to increase PrEP use by adopting new strategies at LAC funded PrEP Centers of Excellence tied to client retention, PrEP navigation, community education, supporting alternatives to daily PrEP, and expanding PrEP support groups; and promoting recent innovations • Conduct an in-depth landscape analysis of current PrEP resources and services among primary care providers in high morbidity areas, among providers who serve transgender persons, women's health providers, and SUD providers • Implement systematic and innovative strategies at LAC DHSP-funded PrEP Centers of Excellence for enhanced client communication to promote retention in PrEP and sexual health services. • Increase capacity of LAC DPH staff to provide more robust PrEP navigation services to clients served through County STD clinics, Partner Services, and those receiving PrEP/PEP at community pharmacies.	• PrEP telehealth services at DPH Sexual Health Clinics • 22 PrEP technical assistance trainings provided to FQHCs, community clinics, DPH Public Health Investigators & nurses, and housing partners • Creation of variety of educational materials – testing, PrEP/PEP, diagnosis, DoxyPEP • Over 1,000 providers (primary care and women's health) reached in County-wide PrEP detailing project – education around PrEP and PrEP prescribing • Development of partnerships with pharmacies and a protocol to operationalize PrEP

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Prevent

Strategy	Examples to date
• Disseminate simple fact-based social marketing PrEP messaging to increase knowledge and awareness of PrEP, alternatives to daily PrEP, how to access PrEP/PEP under SB 159,65 and help combat misinformation regarding cost, access, and safety. • Work with local stakeholders to identify the potential role for PrEP support groups or PrEP ambassadors to support new and continued PrEP use in affected communities. • Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women • Increase knowledge & awareness among providers & community members about long acting injectables and other biomedical advances • Build the capacity of pharmacies to prescribe PrEP/PEP and create a directory of pharmacies that have capacity to prescribe PrEP/PEP under SB159, potentially to be integrated into the GetPrEPLA website. • Develop a public health detailing campaign to expand the number of oral PrEP prescribers in LAC.	• Development of social media campaigns targeting Black/African American community and cisgender women • DHSP and COH participation in community events (e.g. Taste of Soul, World AIDS Day) • CDPH PrEP-Assistance Program - 217 enrollment sites and 187 clinical provider sites statewide, includes telehealth option

Prevent

Strategy	Examples to date
Increase availability, use, and access to comprehensive syringe services programs (SSPs) and other harm reduction service • Collaborate with the LA County Substance Abuse Prevention and Control Program to identify opportunities to increase the capacity of SSPs, improve the provision or linkage of SSP clients to HIV and STD prevention and treatment services, and expand the availability of contingency management services to persons with substance use disorder, including meth use • Explore ideas for alternate models of prevention service delivery (e.g., vouchers which can be taken to pharmacies in exchange for clean syringes and HIV self-test kits) • Distribute information about the efficacy of SSPs to increase the health literacy of HIV providers and community members • Destigmatize syringe services/needle exchanges • Promote safe consumption/injection sites	• 7 SAPC-funded Engagement and Overdose Prevention Hubs throughout LA County that include access to syringes, sharps disposal, naloxone, various drug test strips, sterile injection supplies, sterile smoking supplies, wound care supplies, direct or referred HIV and HCV testing and referrals for HIV/HCV, SUD treatment, mental health or medical care • 9 Syringe Safety Programs certified by SAPC that provide: syringe distribution services; Naloxone training and distribution services; HIV and viral hepatitis prevention education services; and safe recovery and disposal of used syringes and sharps waste.

Source: [DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023]

Respond Pillar Indicators

1. Develop and maintain capacity for cluster and outbreak detection and response
2. Increase the percentage of new HIV diagnoses assigned/attempted contacts for Partner Services to 95%
3. Increase the percentage of new HIV diagnoses assigned cases to be interviewed for PS to 75%

Indicator	LAC current	EHE Targets for 2025
Percentage of assigned contacts to PS	67% (2022)	95%
Percentage of assigned cases to be interviewed for PS	45% (2022)	75%

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Respond

Strategy	Examples to date
Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response • Develop a protocol, training materials, and standard operation plan • Continue community engagement regarding the use of HIV molecular surveillance for cluster detection to inform its best use and identify and mitigate any unintended consequences • Expand routine epidemiological analysis of recent infection by person, place, and time to identify hot-spot locations and sub- populations associated with recent infection to inform rapid investigation and intervention • Educate HIV providers about the use and effectiveness of cluster detection	• Creation of the HIV Cluster Detection and Response (CDR) State Community Advisory Board (CAB) – 10 members; created to inform culturally responsive best practices and strategies to CDR implementation • Development of the Community Health Ambassador Program (CHAP) - Utilize cluster detection efforts with the Social Network Strategy (SNS) to identify persons with undiagnosed HIV and link them to treatment services. Community Health Ambassadors will be selected from high priority clusters to recruit individuals from their social and sexual networks to link to HIV testing via self-test kits

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Respond

Strategy	Examples to date
Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner. • Increase capacity of LAC DHSP to provide Partner Services to all newly diagnosed persons in LAC • Implement new STD surveillance system to enhance the identification and assignment of new HIV cases to LAC DPH staff for timely follow-up and Partner Services • Educate HIV providers about the use and effectiveness of Partner Services • Explore increased use of community-embedded Partner Services	• Partnership with Essential Access Health for Expedited Partner Services

Respond

Strategy	Examples to date
Data to Care RFP • Develop and release RFP to fund up to 5 contracts for Data to Care activities	• Development of Data for Adherence, Retention and Engagement (DARE) 2 Care Program – will use data to dare to better reengage clients in HIV Medical Care and Medical Care Coordination services. Clinic teams will focus on field-based work.

Source: DHSP Ending the HIV Epidemic Initiative in Los Angeles County Report, Commission on HIV Annual Meeting Nov. 9, 2023

Workforce Capacity Indicators

1. Conduct a comprehensive assessment of the HIV workforce identifying strengths, needs and potential solutions, including an assessment of the true costs of services and how those services might the financed

2. Implement training, technical assistance and necessary policy changes to increase workforce capacity

Workforce Capacity

Strategy	Examples to date
Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to reflect and serve the populations most impacted by HIV • Conduct an assessment of Black/African American led agencies providing HIV services to identify training/technical assistance needs • Provide TA and/or training for Black/African American led agencies to provide a more equitable playing field to successfully compete for solicitations, based on assessment finding • Increase inclusion of peers/paraprofessionals in the workforce through training, mentorship, certification, supervision, reimbursement, and team functioning to assist with HIV, STD, HCV, and mental health and SUD service provision • Develop inventory of formal and informal pipeline programs to prepare workers to work in the HIV/health field • Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including health care workers, researchers, and community partners, particularly from underrepresented populations • Based on results of workforce capacity assessment, review and revise service standards as necessary • Engage, employ, and provide public leadership opportunities at all levels for people with or who experience risk for HIV	• Development of Black-led organizational capacity needs assessment to provide tailored capacity building to strengthen Black -led agencies addressing the health conditions among Black communities in LAC and to identify ways public health funders can improve upon their procurement processes to advance equity among its grantees. • 2023 HIV Workforce Summit - skill-building, networking, self-care, and staff acknowledgment • Career development webinar series for early health professionals and students on Ending the HIV Epidemic

Source: DHSP Ending the HIV Epidemic Quarterly Newsletter March 2023

Workforce Capacity

Strategy	Examples to date
Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner • Include harm reduction principles and the provision of trauma-informed care across provider trainings • Provide gerontology training to Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment • Ensure that health care professionals and front-line staff complete education and training on stigma, discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQI+ people, immigrants, people who use drugs, and people involved in sex work • Identify and make available succession planning and leadership development trainings/programs	• 366 staff trained on Implicit Bias and Medical Mistrust

System and Service Integration Indicators

1. Implement at least three internal (within LAC system) efforts to advance system and service integration

2. Implement at least three external efforts to advance system and service integration

System and Service Integration

Strategy	Examples to date
Increase cross-training and TA opportunities across fields/disciplines • Enhance the ability of the HIV workforce to provide naloxone and educate people on the existence of fentanyl in the drug supply to prevent overdose and deaths and facilitate linkage to substance use disorder treatment & harm reduction programs • Expand opportunities and mechanisms for information sharing and peer-to-peer technical assistance amongst HIV/STD/MH/SUD/ Housing providers • Support training for housing service providers on needs of PLWH and LGBTQI persons to improve cultural competencies among staff • Increase HIV awareness, capability, and collaboration of service providers to support older people with HIV, including in settings such as aging services, housing for older adults, substance use treatment, and disability and other medical services • Increase capacity of FQHCs that provide HIV-related services to screen for and treat HCV / Increased integration of HIV and HCV services	• Pacific AETC Trainings incorporating trauma-informed care, STIs, viral hepatitis, substance use disorder, cultural awareness and sensitivity, HIV treatment for non-clinicians, PrEP/PEP, etc. • TGI Health Summit • CDPH Office of AIDS development of a strategic plan to address the HIV, Hepatitis C (HCV), and sexually transmitted infections (STI) syndemics

System and Service Integration

Strategy	Examples to date
Leverage the Alliance of Health Integration initiative to integrate services within LA County publicly funded care systems • Strive to align strategic planning efforts on HIV, STIs, viral hepatitis, substance use disorders, and mental health care across national, state, and local partners • Optimize RWP, Medicaid, Medicare, and other health systems to ensure they are used in a manner to deliver the highest quality of care for PLWH	

Equity, Social Determinants of Health & Co-Occurring Disorders Indicators

1. Increase the number of services and programs available to address meth use disorder by at least 25%
2. Increase the availability of mental health services for PLWH and at-risk for HIV by at least 25%
3. Reduce the rates of syphilis, gonorrhea, chlamydia and HCV in LA County by at least 25%
4. Reduce the rates of syphilis, gonorrhea, chlamydia and HCV among Black/African Americans in LA County by at least 25%
5. Increase the number of evidence-based or evidence-informed practices/ programs that address SDH by at least 20%.

Equity, Social Determinants of Health and Co-Occurring Disorders

Strategy	Examples to date
Advocate for an effective countywide response to SUDs, especially methamphetamine disorder • Assess providers' ability to recognize and address meth use disorder • Advocate for services and programs associated with methamphetamine use and HIV transmission • Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS • Support the building of community-based mental health services.	• Coordinated efforts between DPH, DHS, and DMH to address and streamline SUD response (street outreach, Narcan, fentanyl testing, expanding access to MAT, exploring development of safer consumption sites, trainings for housing providers, connecting to behavioral health services, etc.) • Increased harm reduction funding & strategies from city partners – Long Beach, Pasadena, Los Angeles and West Hollywood (e.g. Narcan, fentanyl test strips, needle exchange, street medicine, etc.)

Equity, Social Determinants of Health and Co-Occurring Disorders

Strategy	Examples to date
Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic • LA County Commission on HIV Public Policy Committee (PPC) will submit a letter to the Board of Supervisors (BOS) that will outline priorities/recommendations to improve the countywide STD response (based on a DPH report previously submitted to the BOS) • The PPC will request a formal letter of support from the BOS to support the EHE budget request to the State of California	• $10 million increase (over 2 years) to DHSP to address STD crisis • Commission meetings with BOS Health Deputies and public testimony at BOS meetings advocating for increased funding to address STD epidemic • Free Mpox vaccination via myturn.ca.gov

Equity, Social Determinants of Health and Co-Occurring Disorders

<table>
<tr><th>Strategy</th><th>Examples to date</th></tr>
<tr><td>Address social determinants of health and stigma
• Create funding opportunities that specifically address social & structural drivers of health as they relate to BIPOC communities
• Implement effective, evidence-based and evidence-informed interventions that address stigma and SDHs among PLWH or at risk for HIV
• Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors
• Ensure that the voices/perspectives of PLWH and people at-risk for HIV are represented in pandemic planning and response</td><td>• LA City and LA County Homelessness Emergency Declaration – increased mobilization and funding
• CDPH Ending the Syndemics Blueprint (HIV, Hep C, and STIs) – work with Counties to provide technical assistance
• Medi-Cal expansion to eligible undocumented adults (Jan 2024)
• Skid Row Community Connect Day
• DHS development of Skid Row Action Plan to address homelessness stemming from decades of institutional racism
    • Provide housing, medical services, mental health and SUD support and other supportive services to unhoused within Skid Row</td></tr>
</table>

Equity, Social Determinants of Health and Co-Occurring Disorders

Strategy	Examples to date
• Monitor and advocate for policies that support the following: o Support Measure J efforts, Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services & programming through Measure J and through redistribution of funding for policing and incarceration o Improve systems, strategies and proposals that prevent homelessness, expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS, especially LGBTQ people o Promote family housing & emergency financial assistance to maintain housing o Increase coordination among housing agencies to include intergenerational housing options o Blend funding to support housing & rental assistance for PLWH aged 65+ o 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 o 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)	

Equity, Social Determinants of Health and Co-Occurring Disorders

Strategy	Examples to date
Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities. • Standardize the collection of race-based stratified program evaluation data • Disseminate analysis of race-based stratified data via presentations and informational materials • Implement cultural humility training among healthcare providers • Address social and structural barriers with evidence-based interventions • Build the capacity of Black-led organizations	• Anti-Racism, Diversity and Inclusion (ARDI) Initiative began incorporating equitable strategies into county procurement and contracting practices

Equity, Social Determinants of Health and Co-Occurring Disorders

Strategy	Examples to date
Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023 • Examine the newly released Q of L Indicators for PLWH included in NHAS 2022-2025 Implementation Plan and decide which ones are applicable to LAC • Identify baseline data for each QoL indicator from local MMP data and determine performance metrics to be added to Integrated Plan	

STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKEAWAYS | AUGUST 8, 2024

1. Operations

Link to the July 25, 2024 meeting packet can be found HERE.
Key outcomes/results from the meeting:

- Executive Director, Cheryl Barrit, informed the Committee the Health Resources and Services Administration (HRSA) will provide their report of their recommendations from their technical assistance (TA) visit by the middle of August.
- HRSA is open to presenting their TA recommendations to the full body but will require that the COH review their report and come up with specific questions in advance of the presentation. Due to the topics already scheduled for the COH meetings, we may need to schedule the HRSA presentation in December (if the meeting is not cancelled) or in early 2025.
- The Committee reviewed and discussed the proposed updates to the Bylaws. A brief summary of the primary changes are as follows: (1) clarification of the role of HRSA's role in the bylaws review (HRSA will review but approval from the Project Officer is not required); (2) Membership composition changed from 51 to 50 voting members (1 non-voting member, DHSP), (3) term limits and member rotations; and (4) DHSP's roles and responsibilities as a non-voting member.
- With respect to the Bylaws, the Committee discussed HRSA's feedback regarding the Commission's overall composition and the opportunity to potentially downsize to enhance active participation and increase effectiveness in the planning process with a smaller body.
- The Committee engaged in a robust discussion regarding increased compensation for unaffiliated consumers. By consensus, the Committee agreed upon $500 per month based on levels of participation. It was expressed that an increase will meaningfully recognize the contributions of unaffiliated consumers and allow for more opportunities to participate in various Commission activities. The Consumer Caucus was invited to attend the Operations meeting to provide input from a consumer's perspective.

Action needed from full body:

- Attend the next Operations Committee meeting on August 22nd, from 10 AM to 12 PM, to provide feedback on the Bylaws and increased consumer compensation discussions, and to hear updates regarding the Committee's outreach and engagement efforts (Outreach team and elevator pitch).
- The next training, Policy Priorities and Legislative Docket Development Process, is scheduled for October 2nd, 3-4:30 PM.

2. Executive

Link to the July 25, 2024 meeting packet: HERE
Key outcomes/results from the meeting:

- The Committee reviewed the updated COH Meeting Schedule for the remainder of 2024. Refer to the schedule in the meeting packet.
- As a reminder, the August 22 Executive Committee meeting is cancelled due to the Ryan White Conference; the Operations Committee will continue to meet.
- Commission staff provided a refresher on AB2449, which allows members to participate virtually in Brown Act meetings up to two times per year for Commission and assigned Committee meetings. This requires both audio and video access for the entire meeting and disclosure of persons over 18.
- Staff is exploring partnerships with other commissions to share costs associated with establishing an account for telephonic participation amid technical challenges.
- A refresher was provided on the County's travel policy, emphasizing the reimbursement model. The Commission has advocated for travel advances for unaffiliated consumer members and will continue to do so. Non-unaffiliated consumer members must continue to pay upfront for travel expenses and will be reimbursed for eligible expenses. The Committee requested guidance for non-unaffiliated consumer members who lack the financial means to pay upfront for Commission-sponsored travel.
- As a reminder, the County provides resources for members without laptops or internet access. The COH projects meeting packets and provides laptops during meetings for those in need. Staff regularly checks in with members experiencing technical challenges to ensure their needs are met.
- The LGBTQ+ Commission, recently established and still in its early stages, is developing its policies and procedures. Cheryl Barrit, MPIA, Executive Director, has met with Sunitha Menon, Executive Director of the LGBTQ+ Commission, to offer support and explore potential partnerships, to include the LGBTQ+ Commission taking lead on Pride event participation.
- DHSP reported receiving a 10-month CDC Prevention award of $16.2 million, reflecting an approximate $1.8 million reduction over 12 months, effective August 1, 2024. Adjustments will be made to testing programs, biomedical prevention investments, and STD service modalities, among others. DHSP will consider insights from prevention focus groups, Ending the HIV Epidemic (EHE) activities, and an assessment of services yielding the greatest impact. DHSP is marshalling internal resources to refine the HIV testing request for proposal (RFP).
- DHSP reported six cases of Mpox at the end of the previous week, averaging approximately 2.1 cases per week over the past six months. There are no signs of an uptick.

- DHSP continues efforts to refine the Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC) services.
- Refer to Committee and subordinate working groups reports for remaining updates.

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

Link to the July 16, 2024 meeting packet: HERE
Key outcomes/results from the meeting:

- DHSP staff provided a presentation on Program Year (PY) 34 potential allocation scenarios. Recommended allocations are based off PY33 Expenditures. Total expenditures for PY33 exceeded the total award amount by approximately $3 million. DHSP was able to cover the overage via HIV/STI Net County Cost and other grants but noted these funds are not unlimited and may be needed to support other services in the future.
- Total Part A and Minority AIDS Initiative (MAI) grant funds for PY34 available for direct services is approximately $41.3 million. DHSP projects that the PY 34 total RWP Part A and MAI direct services expenditures will exceed approximately $45 million. As a result, the Committee was tasked with reallocating funds to maintain RWP core and support services funded in LAC. DHSP staff met with PP&A and Commission on HIV co-chairs prior to the meeting to discuss potential reallocations. The proposed reallocations were presented to the committee and a discussion was held prior to approving PY34 allocations. PY34 allocations can be found in the meeting packet.
- To help maximize funds, some services were moved to other funding sources. It was noted that just because services were removed from RWP funding does not indicate that services have stopped.
- The Committee voted for RWP Service Category priorities via dot vote. Votes will be tallied and reviewed at the August 27 PP&A meeting.

Action needed from the full body:

- Commissioners who have not completed the 2024 Priority Setting and Resource Allocation training need to complete the training by August 26. If you do not view the training, you will not be eligible to vote for final priorities and allocations to be presented at the September COH meeting. The recording of the training can be found on the Commission website under 2024 Trainings. Commissioners must notify Commission staff, Lizette Martinez, to be marked as complete.
- Participation from consumers and commissioners at the August 27th PP&A Committee meeting to help inform the PY35 allocations. The next PP&A Committee meeting will be on August 27th from 1pm-4pm at the Vermont Corridor.

4. Standards and Best Practices (SBP)

Link to the August 6 meeting packet HERE
Key outcomes/results from the meeting:

- The Committee reviewed public comments received and approved the revised Ambulatory Outpatient Medical (AOM) service standards and elevated the document to the Executive Committee.
- Program staff from the Alliance for Housing and Healing provided an overview of their Emergency Financial Assistance (EFA) program and shared client testimonials highlighting positive experiences with the program. The Committee held a robust discussion of the program components and will continue their review of the EFA service standards review in September.

Action needed from the full body:

- Participation from consumers at upcoming SBP Committee meetings to help inform the revising of the EFA service standards.
- The next SBP Committee will be on September 3, 2024 from 10am-12pm at the Vermont Corridor.

5. Public Policy

Link to the August 5, 2024 meeting packet HERE
Key outcomes/results from the meeting:

- The Public Policy Committee did not meet in July and in August. The next Public Policy Committee meeting will be on September 16, 2024 from 1pm to 3pm at the Vermont Corridor.

Action needed from the full body:

- Review NMAC's Get Out The Vote (GOTV) campaign which aims to educate the HIV community, encourage voter turnout among marginalized communities, and collaborate with other movement-related organizations

6. Aging Caucus

Link to the August 6, 2024 meeting packet HERE
Key outcomes/results from the meeting:

- Reviewed initial ideas and general outline of a special educational event co-hosted by the Aging and Women's Caucuses scheduled for September 23. The educational event will focus on overcoming social isolation and building community for BIPOC women ages 50 and over. This event will commemorate National HIV/AIDS and Aging Awareness Day (Sept. 18).
- The event will take place at the Vermont Corridor from 9am to 2pm. Event planning and speaker invitations will continue and a flyer will be forthcoming.

- The Aging Caucus also revisited its priorities and directives to shift focus on 1 achievable activity and assess and identify more appropriate partners for collaboration. Some of the Aging Caucus' recommendations have been integrated (and will continue to be) in service standards. Additionally, the formation of the Housing Task Force offers an additional opportunity to merge the housing-related activity into their workplan (Examine housing inventory to ensure that it provides safe and welcoming environments for seniors). The Caucus also discussed having a conversation with SAPC and DMH to learn what they are doing to address social isolation and loneliness in older adults.

Action needed from the full body:

- Keep an eye out for the flyer for the September 23 educational event and spread the word with your clients and staff.
- Share model practices and resources for prevention and care for older adults living with HIV with the Aging Caucus.

7. Black Caucus

Link to the July 18, 2024 meeting packet: HERE

Key outcomes/results from the meeting:

- DHSP reported plans to reach out to Black-led/servicing organizations that did not participate in the organization needs assessment to gauge interest in a DHSP-led focus group. Updates will be provided.
- Caucus co-chairs have been working with Dr. Tadios Belay and his team at the U.S. Africa Institute to coordinate a second round of the Black Immigrant Community Listening Session; flyer forthcoming.
- The Caucus confirmed the schedule for upcoming listening sessions, including: Same Gender Loving Men (September), Women (October), and Non-Traditional HIV Providers (November). Staff will coordinate planning meetings for each group.
- The Caucus will participate in the October 19 Taste of Soul event and recommended partnering with other organizations. Staff indicated they will request the Caucus's tent be placed near Dr. William King's for a warm hand-off for HIV testing. More details to follow.
- The Caucus decided to host its World AIDS Day event on December 6, 2024, at Charles Drew University; more details to follow.
- The next Caucus meeting will be on August 15, 2024.

Action needed from the full body:

- Promote the BC and encourage participation.
- Incorporate the BAAC recommendations and ensure equitable representation in COH planning discussions and decision-making.

8. Consumer Caucus

Link to the July 11, 2024 meeting packet: HERE
Key outcomes/results from the meeting:
- The Caucus concluded its 2-part Mental Health presentation by the Department of Mental Health.
- The Caucus was invited to the upcoming Operations Committee meeting to participate in a discussion on the COH's stipend policy for unaffiliated consumer members.
- Members were reminded of the Priority Setting & Resource Allocation (PSRA) process and strongly encouraged to participate.
- Caucus co-chairs will continue planning for the remaining 2024 meetings, including presentations on Hepatitis C and end-of-life estate planning.
- An all-Caucus co-chair planning luncheon is being coordinated for October 14, in lieu of the Commission meeting, to plan for a consumer resource fair in February 2025.

Action needed from the full body:
- Promote the Caucus and encourage participation.
- Ensure equitable representation in COH planning discussions and decision-making.

9. Transgender Caucus

Link to the July 23, 2024 meeting packet HERE
Key outcomes/results from the meeting:
- The Caucus revisited their meeting schedule for the remainder of 2024 and will meet on the following dates: 8/27, 9/24, 10/22, and 11/26.
- The Caucus approved their revised recommendations to the PP&A Committee for the PSRA process.
- The Caucus shared their reflections from Pride events members attended and expressed the need for Pride events that are less about spectacle and more about community-building and celebrating local talent.

Action needed from the full body:
- The next Caucus meeting will be on August 27 from 10am-12pm via WebEx.

10. Women's Caucus

Link to notice of cancellation: HERE
Key outcomes/results from the meeting:
- The July Women's Caucus meeting was cancelled. Instead, the caucus co-hosted a special in-person lunch presentation with APLA titled "HIV Matters for Her" with Dr. Judith Currier on July 15th from 12:30pm – 2:00pm at the Vermont Corridor. The presentation provided an update on women's HIV health issues. Presentation slides can be found on the Commission website under Events.

- The Caucus is working collaboratively with the Aging Caucus for a special event focusing on social isolation and building community for BIPOC Women ages 50 and over. The event will be held on Sept. 23rd at the Vermont Corridor; more details to follow.

Action needed from the full body:

- The caucus meets quarterly and will reconvene on Oct. 21st from 2pm-4pm virtually via Webex.

Continue to promote the WC within your networks and encourage your clients and/or peers to attend WC meetings and events.

11. Housing Task Force

Link to the July 26 meeting packet HERE.

Key outcomes/results from the meeting:

- The HTF reviewed a list of ideas for their workplan and discussed selecting 1 to 2 activities. There was overall consensus on conducting a needs assessment focused on housing needs, barriers, and understanding the range of services and entry points for housing services available for PWLH (not just those provided under HOPWA and Ryan White programs). The HTF discussed engaging front line staff in the needs assessments to get a fuller picture of boots on the ground challenges and opportunities for accessing and expanding housing for PWLHA. A meeting participant shared their personal story about the confusing and frustrating process of duplicative paper work, unrealistic deadlines for paperwork submission, and being led to believe that funding is available for services.
- The next virtual HTF meeting will be held on August 23 from 9am to 10am. The meeting will focus on approving the workplan, developing a timeline for housing-focused needs assessment, and developing the needs assessment questions.
- Please check the Commission website for the meeting agenda and packet.

Action needed from the full body:

- Submit questions you would like to include in the housing needs assessment to staff.
- Submit data sources or studies around housing that you may be aware of to help the HTF shape its housing needs assessment.

12. Annual Conference Planning Workgroup

- The workgroup presented a draft program outline to the Executive Committee on July 25 for initial reactions and feedback. The conference format will include breakout sessions in the afternoon. The workgroup will meet again on August 26 via WebEx to finalize the program theme, breakout session titles, and call for abstracts document. Breakout sessions will feature innovations and model practices in prevention and care in the context of health equity and intersectionalities.
- The annual conference will be held on November 14 at the MLK Behavioral Health Center conference facility.

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HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

Terrance Jones

Application on file at Commission office

CLEAN/NO MARK-UPS Version 06.05.24

POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 25

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

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

BACKGROUND:

- **Health Resources and Services Administration (HRSA) Guidance**: "The planning council/planning body (PC/PB) (and its support staff) carry out complex tasks to ensure smooth and fair operations and processes. The development of bylaws, policies and procedures, memoranda of understanding, grievance procedures, and trainings are crucial for the success of the PC/PB. The work also involves establishing and maintaining a productive working relationship with the recipient, developing and managing a budget, and ensuring necessary staff support to accomplish the work. Establishing and operationalizing these policies, procedures, and systems facilitates the ability of the PC/PB to effectively meet its legislative duties and programmatic expectations." [Ryan White HIV/AIDS Program Part A Manual, March 2023, III Chapter 5 (Planning Council and Planning Body Operations).

- **Centers for Disease Control and Prevention (CDC) Guidance: "**The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department's Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction."

- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures)**: "The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation."

POLICY:

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

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

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

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

a. Determine the size and demographics of the population of individuals with HIV/AIDS;
b. Determine the needs of such population, with particular attention to individuals who know their status but are not in care, disparities in

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access to services, and individuals with HIV/AIDS who do not know their HIV status;

c. Establish priorities for the allocation of funds within the eligible area, how to best meet each such priority, as well as additional factors to consider when allocating RWHAP Part A grant funds;
d. Develop a comprehensive plan for the organization and delivery of health and support services;
e. Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the EMA/TGA, and assess the effectiveness of the services offered in meeting the identified needs, if/as needed;
f. Participate in the development of the Statewide Coordinated Statement of Need initiated by the state public health agency;
g. Establish methods for obtaining community input regarding needs and priorities; and
h. Coordinate with other federal grantees that provide HIV-related service in the Eligible Metropolitan Area (EMA);
i. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with the RWHAP recipient, the Division of HIV and STD Programs ("DHSP")/Department of Public Health ("DPH") to update the plan on a regular basis. Per Section 2602(b)(4)(D) of the PHS Act, the comprehensive plan must contain the following:
    i. a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds;
    ii. a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse);
    iii. is compatible with any State or local plan for the provision of services to individuals with HIV/AIDS; and

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iv. a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.

j. Develop service standards for the organization and delivery of HIV care, treatment, and prevention services;

k. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations, and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;

l. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local Eligible Metropolitan Area's ("EMA") delivery of HIV services;

m. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;

n. Study, advise, and recommend to the BOS, DHSP, and other departments policies and other actions/decisions on matters related to

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HIV;

o. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV;

p. Provide a report to the BOS annually describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP, and other departments on HIV-related matters referred for review by the BOS, the recipient, or other departments;

q. Act as the planning body for all HIV programs in DPH or funded by the County; and

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

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

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

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

II. MEMBERS:

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

A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.

Commented [1]: To go with the HRSA recommendations as enumerated at the most recent Technical Assistance visit, there needs to be something to allow for Committee-only members to be duly authorised yet unable to vote in Monthly meetings as Full Commissioners ...

Commented [2R1]: A. and C. contradict each other ...

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B. Alternates are appointed by the BOS to serve in place of a full seated unaffiliated consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities.

C. Committee-only members are appointed by the BOS to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members.

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

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

A. 13 Specific Membership Required by the Ryan White CARE Act. Section 2602(b)(2) of the PHS Act lists 13 specific membership categories that must be represented on the PC. The membership categories include:

1. health care providers, including federally qualified health centers;
2. community-based organizations serving affected populations and AIDS service organizations;
3. social service providers, including providers of housing and homeless services;
4. mental health and substance [use] providers [considered two separate categories];
5. local public health agencies;
6. hospital planning agencies or health care planning agencies;
7. affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations;
8. non-elected community leaders;
9. State government (including the State [M]edicaid agency and the agency administering the program under [P]art B) [considered two separate categories];
10. recipients under subpart II of [P]art C;
11. recipients under section 2671 [Part D], or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area;
12. recipients of other Federal HIV programs, including but not limited to providers of HIV prevention services; and

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13. representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV as of the date on which the individuals were so released.

B. Unaffiliated Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(5)(C): REPRESENTATION, the Commission shall ensure that 33% of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members. There shall be at least 1 unaffiliated consumer representing the each of the 8 Service Planning Areas and the 5 Supervisorial Districts.

Commented [3]: Do we have this satisfied ? It suggests that such representatives must be HIV+ ...

C. Other Membership Categories:

C1. Four (4) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and STDs:

1. City of Pasadena
2. City of Long Beach
3. City of Los Angeles
4. City of West Hollywood

D. One (1) non-voting member representative from the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) - the RWHAP Recipient/Part A Recipient. Non-voting members do not count towards quorum.

E. Part F recipients serving the County, such as the AIDS Education and Training Centers (AETCs), or local providers receiving Part F dental reimbursements].

F. Three (3) provider representatives who are recommended by the following types of organizations in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic, including:

1. An HIV specialty physician from an HIV medical provider,
2. A provider of homeless or housing services
3. A representative of a community-based organization-offering HIV prevention, care and treatment services.

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G. Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.

H. One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, recommended by the City of Los Angeles Housing Department.

I. Ten (10) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs:

1. Faith-based entities engaged in HIV prevention and care,
2. Local education agencies at the elementary or secondary level,
3. The business community,
4. Union and/or labor,
5. Youth or youth-serving agencies,
6. Other federally funded HIV programs,
7. Organizations or individuals engaged in HIV-related research, including behavioral or social science
8. Organizations providing harm reduction services,
9. Providers of employment and training services, and
10. HIV-negative individuals from identified high-risk or special populations.

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

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

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Section 4. Reflectiveness. In accordance with RWHAP Part A legislative requirements [Section 2602(b)(1)], the Commission shall ensure that its full membership and the subset of unaffiliated consumer members proportionately reflect the demographical characteristics of HIV prevalence in the EMA.

Section 5. Representation. In accordance with RWHAP Part A legislative requirements [Section 2602(b)(2)], the Commission shall ensure that all appropriate specific membership categories designated in the legislation are represented among the membership of Commission.

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

Section 6. Parity, Inclusion, and Representation (PIR). In accordance with CDC's *HIV Planning Guidance,* the planning process must ensure the parity and inclusion of the members.

A. "'Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities."

B. "'Inclusion' is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included."

C. "Representation" means that "members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise."

Section 7. HIV and Target Population Inclusion. In all categories when not specifically required, recommending entities and the Commission are strongly encouraged to nominate candidates living with HIV and individuals who are members of populations at disproportionate risk for HIV.

Section 8. Accountability. Members are expected to convey two-way information and communication between their represented organization/constituency and the Commission. Members are expected to provide the perspective of their organization/constituency and the Commission to other, relevant organizations regardless of the member's personal viewpoint. Members may, at times,

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represent multiple constituencies.

Section 9. Alternates. In accordance with Los Angeles County Code 3.29.040 (*Alternate members*), any Commission member who has disclosed that they are living with HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

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

Section 10. Committee-Only Membership. Consistent with the Los Angeles County Code 3.29.060 D (*Meetings and committees*), the Commission's standing committees may elect to nominate Committee-only members for appointment by the BOS to serve as voting members on the respective committees to provide professional expertise, as a means of further engaging community participation in the planning process.

Commented [4]: " to serve as voting members on the respective committees to provide professional and/or Lived Experience expertise, as a means of further engaging community participation in the planning process. "

The use of "professional" excludes those with significant and relevant Lived Experience ...

Section 11. DHSP Role & Responsibility. DHSP, despite being a non-voting representative, plays a pivotal role in the Commission's work. As the RWHAP Recipient and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission's decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.

III. MEMBER REQUIREMENTS:

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

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

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Section 2. Committee Assignments. Commissioners are required to be a member of at least one standing committee, known as the member's "primary committee assignment," and adhere to attendance requirements of that committee. A Commissioner may request a secondary committee assignment, provided that they commit to the attendance requirements.

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

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

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

A. As specified in Section 2602(b)(5)(A) of the RWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.

B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWHAP funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.

C. Further, in accordance with HRSA Part A Manual, March 2023, Conflict of Interest, Page 38, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

Section 4. Code of Conduct. All Commission members and members of the public are expected to adhere to the Commission's approved Code of Conduct at

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Commission and sponsored meetings and events. Those in violation of the Code of Conduct will be subject to the Commission's Policy #08.3302 Intra-Commission Grievance and Sanctions Procedures.

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

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

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

IV. NOMINATION PROCESS:

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

A. The Commission's Open Nominations Process is defined in Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nominations Process*) and related policies and procedures.

B. Nomination of candidates that are forwarded to the BOS for appointment shall be made according to the policy and criteria adopted by the Commission.

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

A. All candidates for first-time Commission membership shall be interviewed by the Operations Committee. Renewing members must complete an application and may be subject to an interview as determined by the Operations Committee.

B. Any candidate may apply individually or through recommendation of other stakeholders or entities.

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C. Candidates cannot be recommended to the Commission or nominated to the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the Operations Committee.

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

V. MEETINGS:

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

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

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

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

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

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Section 5. Regular meetings. In accordance with Los Angeles County Code 3.29.060 (*Meetings and committees*), the Commission shall meet *at least* ten (10) times per year. Commission meetings are held monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee.

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

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

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

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

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

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

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VI. RESOURCES:

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

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

A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.

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B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and

conditions of the award/funding.

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C. Costs and expenditures are enabled through a Departmental Service Order (DSO) between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.

D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles and the Commission's/County's fiscal year.

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

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

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

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

A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and

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directives.

B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or their delegated representative serves as the supervising authority of the Executive Director.

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VII. POLICIES AND PROCEDURES:

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

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

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

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

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

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

VIII. LEADERSHIP:

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

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

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B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term.

C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term, after nominations periods opened at the prior regularly scheduled meeting. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.

D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
   1. Assign the members of the Commission to committees.
   2. Represent the Commission at functions, events, and other public activities, as necessary.
   3. Call special meetings, as necessary, to ensure that the Commission fulfills_its duties.
   4. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
   5. Conduct the performance evaluation of the Executive Director, in
      a. consultation with the Executive Committee and the Executive Office of the BOS.
   6. Chair or co-chair committee meetings in the absence of both committee co-chairs.
   7. Serve as voting members on all committees when attending those meetings.
   8. Are empowered to act on behalf of the Commission or Executive
      a. Committee on emergency matters; and
   9. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

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

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

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

IX. COMMISSION WORK STRUCTURES:

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

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

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

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

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

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

A. The Commission is empowered to create caucuses of subsets of Commission members who are members of "key or priority populations" or "populations of interest" as identified in the comprehensive HIV plan, such as consumers. Caucuses are ongoing for as long as they are needed.

B. Task forces are established to address a specific issue or need and may be ongoing or time limited.

X. EXECUTIVE COMMITTEE:

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

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

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

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

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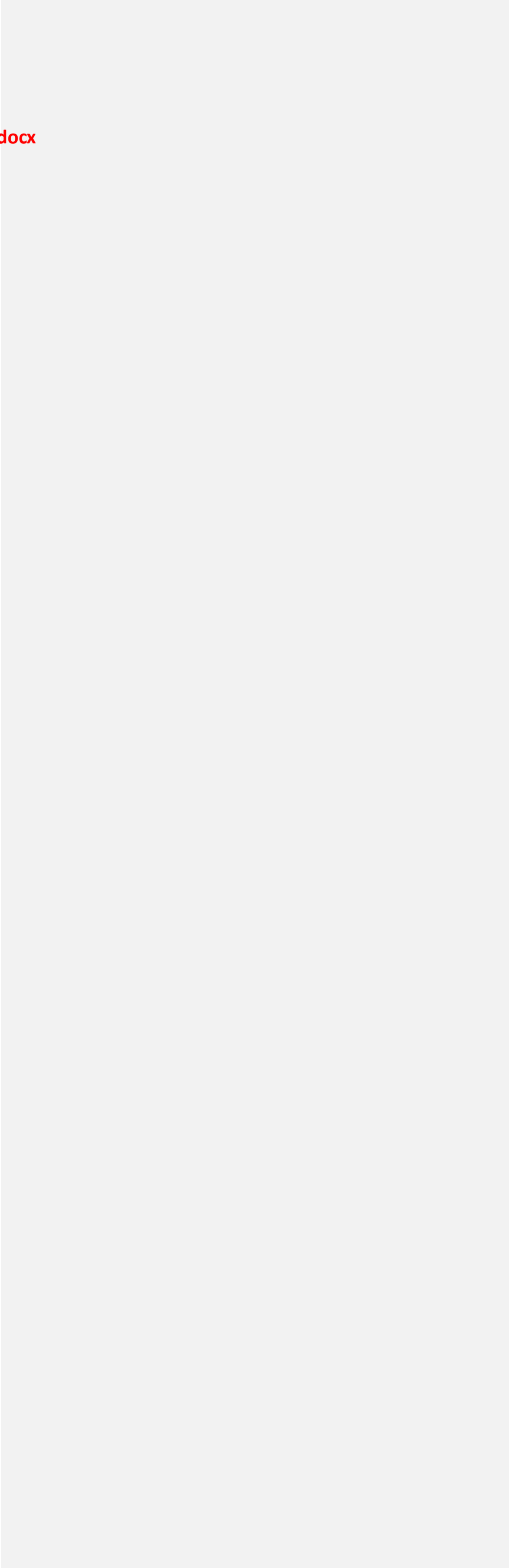

I. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
J. Developing and adopting the Commission's annual operational budget.
K. Overseeing and monitoring Commission expenditures and fiscal activities; and
L. Carrying out other duties and responsibilities,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

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

XI. OPERATIONS COMMITTEE:

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

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

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

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Commission operations.

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

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

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

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

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

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

XIII. PUBLIC POLICY COMMITTEE (PPC):

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

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

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

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

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C. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.

D. Facilitating communication between government and legislative officials and the Commission.

E. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate.

F. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate.

G. Researching and implementing public policy activities in accordance with the County's adopted legislative agendas.

H. Advancing specific Commission initiatives related to its work into the public policy arena; and

I. Carrying out other duties and responsibilities as assigned by the Commission or the BOS.

XIV. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

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

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

A. Working with the DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.

B. Identifying, reviewing, developing, disseminating, and evaluating service standards for HIV and STD services.

C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".

D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.

E. Developing and defining directives for implementation of services and service models.

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F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.

G. Identifying and recommending solutions for service gaps.

H. Ensuring that the basic level of care and prevention services throughout Los Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.

I. Reviewing aggregate service utilization, delivery and/or quality management information from DHSP, as appropriate.

J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity, and best practices.

K. Verifying system compliance with standards by reviewing contract and RFP templates; and

L. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

A. Actions or communications that are clearly within the policies of the Commission and have been authorized in advance by the Commission.

B. Actions or communications by the officers that are necessary for and/or incidental to the discharge of duties imposed upon them by these Bylaws, policies/procedures and/or resolutions/decisions of the Commission.

C. Communications addressed to other members of the Commission or to its staff, within Brown Act rules and requirements.

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

NOTED AND APPROVED:		**EFFECTIVE DATE:**	July 11, 2013

Originally Adopted: 3/15/1995 *Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005, 9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 2/8/24*

DRAFT

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

DRAFT

Service Standards Revision Date Tracker as of 08/01/24 FOR PLANNING PURPOSES

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment	AIDS Drug Assistance Program (ADAP) Enrollment	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	n/a	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS (CDPH/OA).
2	Benefits Specialty Services	Benefits Specialty Services (BSS)	Assistance navigating public and/or private benefits and programs (health, disability, etc.)	Last approved by COH on Sep. 8, 2022.	Upcoming solicitation—release Nov. 2024.
3	Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Pay for rent, utilities (including cell phone and Wi-Fi), and food and transportation.	Last approved by COH on Jun. 11, 2020.	Committee will continue review on 8/6/24.
4	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	Last approved by COH on Apr. 11, 2024.	Not a program—standards apply to prevention services. Upcoming solicitation—release Aug./Sep. 2024
5	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH on Sep. 9, 2022.	Active solicitation
6	Language Interpretation Services	Language Services	Translation and interpretation services for non-English speakers and deaf and.org hard of hearing individuals.	Last approved by COH in 2017.	

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
7	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH on Jul. 12, 2018.	
8	Medical Care Coordination	Medical Care Coordination (MCC)	HIV care coordination through a team of health providers to improve quality of life.	Last approved by COH on Jan. 11, 2024.	Upcoming solicitation—release Nov. 2024
9	Medical Outpatient Services	Ambulatory Outpatient medical (AOM) Services	HIV medical care accessed through a medical provider.	Last approved by COH on Jan. 13, 2006.	Currently under review Upcoming solicitation—release Nov. 2024
10	Medical Specialty	Medical Specialty Services	Medical care referrals for complex and specialized cases.		
11	Mental Health Services	Mental health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH in 2017.	
12	Nutrition Support	Nutrition Support Services	Home-delivered meals, food banks, and pantry services.	Last approved by COH on Aug. 10, 2023.	Upcoming solicitation—release Oct. 2024
13	Oral Health Care	Oral Health Services (General and Specialty)	General and specialty dental care services.	Last approved by COH on Apr. 13, 2023.	
14	Psychosocial Support	Psychosocial Support/Peer Support Services	Help people living with HIV cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	Last approved by COH on Sep. 10, 2020.	Upcoming solicitation—Release TBD

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
15	Substance Use Residential and Treatment Services	Substance Use Disorder Transitional Housing (SUDTH)	Housing services for clients in recovery from drug or alcohol use disorders.	Last approved by COH on Jan. 13, 2022.	
16	Temporary Housing Services	Residential Care Facility for the Chronically Ill (RCFCI)	Home-like housing that providers 24-hour care.	Last approved by COH on Feb. 8, 2018.	Upcoming solicitation—release Nov. 2024
17	Temporary Housing Services	Transitional Residential Care Facility (TRCF)	Short-term housing that providers 24-hour assistance to clients with independent living skills.	Last approved by COH on Feb. 8, 2018	Upcoming solicitation—release Nov. 2024
18	Transitional Case Management Services, Youth	Transitional Case Management—Youth	Client-centered, comprehensive services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and support services.	Last approved by COH on Apr. 13, 2017.	Committee decided to develop a global Transitional Case Management service standard document which will include sections for priority populations such as youth, older adults (50+), and justice-involved individuals.
19	Transitional Case Management Services—Justice-Involved Individuals	Transitional Case Management	Support for incarcerated individuals transitioning from County Jails back to the community.	Last approved by COH on Dec. 8, 2022.	See notes section for item #18.

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
20	Transitional Case Management—Older Adults	n/a	To be developed.	n/a	See notes section for item #18.
21	Transportation	Transportation Services	Ride services to medical and social services appointments.	Last approved by COH in 2017.	Committee will initiate review on 8/6/24. Upcoming solicitation—Release Oct. 2024
22	Universal Standards and Client Rights and Responsibilities	n/a	Establish the minimum standards of care necessary to achieve optimal health among people living with HIV, regardless of where services are received in the County. These standards apply to all services.	Last approved by COH on Jan. 11, 2024.	Not a program—standards apply to all services. The Committee will review this document on a bi-annual basis or as necessary per community stakeholder, partner agency, or Commission request.

LOS ANGELES COUNTY
COMMISSION ON HIV

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POLICY/ PROCEDURE:	NO. 09.5203	Priority Setting and Resource Allocations (PSRA) Framework and Process

APPROVED 7.11.24

SUBJECT: The Commission's Priority Setting and Resource Allocations (PSRA) framework, process and specifics.

PURPOSE: To outline the Commission's service prioritization and resource allocations process, as mandated by the Ryan White Treatment Modernization Act (Ryan White) and Los Angeles County Charter Code 3.29.

BACKGROUND:

- Service prioritization and resource allocations are two of the Part A planning councils' chief responsibilities, detailed specifically in Ryan White legislation and confirmed in County Charter Code.

- In accordance with Health Resources and Services Administration (HRSA) guidance, the Commission sets service priorities based on consumer need and determines allocations from priorities and other factors such as service capacity, other sources of funding, service utilization and cost-effectiveness.

- As defined in its ordinance, the Commission establishes priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and Comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan.

POLICY:

- This policy outlines the Priority Setting and Resource Allocation (PSRA) process used to

- prioritize services and allocate resources—in accordance with governing Ryan White and County code legislation—encompassing the specific partners, responsibilities, steps, tasks, and timelines associated with the process.

- The PSRA process is led by the Commission's Planning, Priorities and Allocations (PP&A) Committee. The Division of HIV and STD Programs (DHSP) provides critical information; consumer input is collected through the Comprehensive HIV Plan and other assessments; and provider input is collected through focus forums, surveys, and Commission participation.

- The policy details the expectations and timing of stakeholder involvement in the multi-year Ryan White Part A funding cycle determined by the HRSA Ryan White HIV/AIDS Program (RWP). The process allows for ongoing stakeholder input at several key junctures. Multi-year allocations are intended to conclude prior to the submission of the RWP Part A application. Allocations are reviewed annually to ensure alignment with and responsiveness to community needs and funding requirements.

A. **Priorities and allocations are data based**. Decisions are based on the data, not on personal preferences. Commissioners should avoid presenting anecdotal information or personal experiences during the decision making, focusing on needs assessments, and cost/service utilization data rather than a single person's experience.

B. **Conflicts of interest are stated and followed.** Commission members must state areas of conflict according to the approved Conflict of Interest Policy at the beginning of meetings. As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity. Any funded RWHAP Part A provider must declare all funded service categories (e.g., areas of conflict of interest) at the beginning of the meeting(s). They can participate in discussions, answer questions directed by other members, and can vote on priorities and allocations presented as a slate.

C. The data provide the basis for changes in **priorities or allocations from the previous year**. The data indicate changes in service needs/gaps and availability based on information from the various data sources.

D. **Needs of specific populations and geographic areas** are an integral part of the discussion in the data presentations and the decision making. They may also lead to recommendations to the Recipient on how best to meet the priorities.

E. **Final vote** on the complete priorities and allocations will be presented by the Planning, Priorities and Allocations Committee Co-Chairs to the full planning council for a roll-call vote. Commissioners must complete the required annual Priority Setting and Resource Allocation training prior to voting. Commissioners must notify staff once training is complete and a record of the completed training will be kept on file by Commission staff. Commissioners who have not completed the training are not eligible to vote. *Planning, Priorities and Allocations Committee-only members must also complete the annual Priority Setting and Resource Allocation training. Training materials can be found on the Commission website at: https://hiv.lacounty.gov/events-training/.

F. **Paradigms and operating values** are selected and used by the PP&A Committee to help guide their decision-making in setting service priorities and resource allocations. The PP&A Committee reviews the paradigms and operating values selected and approved from the previous year as the foundation for current year PSRA process or reallocations. (Attachment 1)

G. **The Commission's Status Neutral HIV and STI Delivery System framework** is used by the PP&A Committee to ensure that service priorities and resources allocations emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention. This approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being. (Attachment 2)

H. Decisions should help to ensure **parity in access to care**, for all Ryan White-eligible HIV/AIDS population groups and for PLWH/A regardless of where they live in the County.

I. Discussions and decisions should have a major focus on **improving performance on the HIV Care Continuum/Treatment Cascade,** focusing on areas of concern – such as linkage to care or retention in care. Reducing unmet need (the number of people who know they are HIV-positive but are not in care) requires deciding how many "new" or "lost to care" clients should be identified, estimating the mix of services they will need from RWHAP Part A, and allocating funds sufficient to meet those needs. Where a choice needs to be made between providing a wider range of services to more individuals and getting additional people into care, the Planning Council will give priority to getting more people key services (among them primary care and medications).

J. The Commission members will keep in mind current goals, objectives, and priorities from its **Comprehensive HIV Plan (CHP)** to be sure they receive appropriate attention in decision making.

PROCEDURE(S):

1. The priority setting process should consider services needed to provide and/or support a continuum of care, regardless of how these services are being funded and the extent of unmet demand for these services. Funding availability and unmet needs associated with these service priorities are considered during the resource allocation process.

2. The list of HRSA fundable service categories (core and support) and the definitions of these services will be presented by the Commission staff.

3. The list of HIV prevention categories from the most recently approved Prevention Service Standards will be presented by the Commission staff.

4. DHSP compiles service utilization reports (including, but not limited to, clients served, priority populations, expenditures per client), anticipated service delivery goals/objectives, expenditures reports, surveillance reports, prevention data (including, but not limited to, counseling and testing and PrEP and PEP utilization), and programmatic and fiscal challenges and opportunities for service improvements.

5. The PP&A Committee will consult with all Caucuses prior to the start of the annual priority setting and resource allocation process to:
   a) Gather opinions from consumers on which services should be prioritized and how resources should be allocated;
   b) go over the main points from the latest Ryan White Program Service Utilization Reports and HIV prevention data provided by DHSP;
   c) Look at the most recent financial reports on HIV prevention and care from DHSP;
   d) Examine the main goals, objectives, and measures from important documents like the Comprehensive HIV Plan and Ending the HIV Epidemic Plan:

6. The PP&A Committee formally organizes focus groups at various provider stakeholder meetings or conducts provider surveys as needed to inform the PSRA process.

7. During July-August, the PP&A Committee deliberates and prioritizes services categories in rank order (highest need is #1 priority). The principal data and information used for priority-setting are the Comprehensive HIV Plan, relevant needs assessment, the HIV epidemiology report, fiscal and programmatic reports, and service utilization reports.
   a) The PP&A Committee only ranks service priorities once—regardless of funding scenario—as they indicate the services most needed regardless of changes in the funding picture or in which different resources available.
   b) The PP&A Committee compiles and/or reviews the data and feedback it has collected from DHSP, community listening sessions and/or surveys and reviews it in June, prior to service prioritization.

8. During July-August after the service categories have been ranked and prioritized, the PP&A Committee determines resource allocations for services:
   a) Allocations can be made by actual amounts or percentages based on specific expenditure proposals, although percentages allow more flexibility to respond to variances in the funding awards.
   b) Allocations may change in each of the selected funding scenarios.
   c) It is strongly encouraged that stakeholders who suggest funding allocations for specific service categories also present accompanying recommendations to advise how the continuum of care will accommodate those suggested modifications to funding levels.
   d) Additional streams of funding are identified in each service category, with amounts locally dedicated for HIV services where the information is available.
   e) The PP&A Committee, in collaboration with DHSP, compiles a resource inventory for allocation-setting, and uses it to help determine capacity and other resources when allocating funds.

9. The PP&A Committee recommends and secures approval for service priorities and funding allocations at the August or September Commission meeting, prior to the RWP Part A grant application submission deadline and/or annual report and program terms report.

10. When a reallocation of funds is necessary, adequate data to support the movement of funds between service categories will be presented, considered, and fully documented in the minutes of the meeting during which the reallocation of funds is approved. Proposed re-allocations must be submitted to the Commission for approval. All changes in allocations must be accompanied with a written justification detailing the reasons for the modifications. Reallocations should occur in June or July with a presentation of recommendations and memorandum from DHSP explaining the reasons for the reallocations. In alignment with County policy, the Commission grants authority to DHSP to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to the Commission for approval.

11. During the month (30 days) following the approval of resource allocations by Commission, the PP&A Committee will consider appeals regarding its PSRA process. Appeals must be presented to the PP&A Committee at its monthly meeting immediately following the Commission meeting in which the allocations were adopted. The following two types of appeals will be considered:
    a) new factual information that may have led to different decisions if the information had been available during the PSRA process, and/or
    b) questions or complaints about decision-making that did not conform to the process as outlined.

12. In September-November, the PP&A Committee compiles information and suggestions made throughout the PSRA process to further elaborate on its priority and allocation decisions by developing "directives."

a) These “directives” are framed as “guidance”, “recommendations”, and/or “expectations” and are intended to detail “how best to meet the need” or as “other factors to be considered” to be forwarded to DHSP the Commission and/or its various committees, and/or other stakeholders, as appropriate.
b) The guidance, recommendations and expectations further define minimum quality of care standards, implementation practices and/or mechanisms to respond to specific operational or system needs.
c) Once completed and approved by the PP&A Committee, the directives are forwarded to the Executive Committee and the Commission for approval.
d) The approved directives are transmitted to DHSP for consideration and implementation if deemed to be feasible by DHSP. DHSP will review the directives and provide a written response to the PP&A Committee which recommendations are feasible with a timeline for implementation.
e) DHSP shall provide periodic updates at PP&A Committee meetings.

13. In addition to its other business, the PP&A Committee devotes the intervening months between each year’s PSRA process to further study identified service categories, populations and/or related planning issues, and implements committee activities accordingly to compile the necessary data.

NOTED AND APPROVED: ______________________ **EFFECTIVE DATE:** ______________________

Original Approval: May 1, 2011 *Revision(s): July 11, 2024*

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE PARADIGMS AND OPERATIONG VALUES

(Amended Draft - PP&A 04/20/2021)

PARADIGMS (Decision-Making)

- Equity: Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically. (1)
- ***Compassion: response to suffering of others that motivates a desire to help.*** (2)

OPERATING VALUES

- Efficiency: accomplishing the desired operational outcomes with the least use of resources
- Quality: the highest level of competence in the decision-making process
- Advocacy: addressing the asymmetrical power relationships of stakeholders in the process
- Representation: ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process
- Humility: Acknowledging that we do not know everything and ***willingness to listen carefully to others***. (3)

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[1] Based on the World Health Organization's (WHO) definition of equity.
2 Compassion moved to second position per April 20, 2021 committee meeting decision.
3 Wording change per April 20, 2021 committee meeting decision.

Status Neutral HIV and STI Service Delivery System

- HIV/STI Test +

HIV/STI Testing

Newly Diagnosed with HIV/STI

Effective Treatment

Prevention Pathway

prevents getting HIV or STI

(e.g., education, PrEP, condoms, harm reduction, etc.)

HIV/STI Prevention & Supportive Services

Treatment Pathway

prevents transmitting HIV or STI

(e.g., rapid linkage/retention to care & treatment to achieve/ maintain viral suppression)

HIV/STI Primary Care & Supportive Services

Quality Care

Community

Social determinants of health*

Culturally inclusive & affirming, stigma-free HIV/STI service delivery system

Engagement and Feedback

Social determinants of health*

Revised 10/18/23

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

See Healthy People 2030 for more details on the social determinants of health.

LOS ANGELES COUNTY
COMMISSION ON HIV

Steps in the Priority Setting and Resource Allocation Process
Ryan White Program Year – March 1 to February 28

1. Review core medical and support service categories, including HRSA service definitions

2. Review data/information from DHSP & COH Caucuses

3. Agree on how decisions will be made; what values will be used to drive the decision-making process

4. Rank services by priority
   Ranking DOES NOT equal level of allocation by percentage

5. Allocate funding sources to service categories by percentage
   Ryan White Program Part A and Minority AIDS Initiative (MAI)

6. Draft Directives: Provide instructions to DHSP on how best to meet the priorities
   Informed by COH Committees, Caucuses, Task Forces, data, PLWH & provider input

7. Reallocation of funds across service categories, as needed throughout funding cycle

LOS ANGELES COUNTY
COMMISSION ON HIV

Ryan White Program Service Categories

Core Medical Services	Supportive Services

Core Medical Services

- AIDS Drug Assistance Program (ADAP) Treatments
- Local AIDS Pharmaceutical Assistance Program (LPAP)
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services (aka Home-based Case Management)
- Home Health Care
- Hospice Services
- Medical Case Management, including Treatment Adherence Services (aka Medical Care Coordination)
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

Supportive Services

- Childcare Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
  - Legal Services
  - Permanency Planning
- Outreach Services
- Permanency Planning
- Psychosocial Support
- Referral for Healthcare and Support Services
- Rehabilitation
- Respite Care
- Substance Abuse (Residential)

Click here for more information on allowable use of funds.

LOS ANGELES COUNTY
COMMISSION ON HIV

Ryan White Program Parts

Program Part	Recipient	Funding Purpose
Part A and Minority AIDS Initiative Funds* **(Locally managed by DHSP)**	**Eligible Metropolitan Areas (EMAs) & Transitional Grant Areas (TGAs)**	• **Provide medical (core) and support services to cities/counties most severely affected by HIV** • **Minority AIDS Initiative – Help RWHAP recipients improve access to HIV care and health outcomes for minorities**
Part B	All 50 states, District of Columbia, Puerto Rico, U.S. Virgin Islands, and six U.S. territories; states distribute money to counties	• Improve the quality of and access to HIV health care and support in the U.S. • Provide medications to low-income people with HIV through AIDS Drug Assistance Program (ADAP)
Part C	Local community-based groups (e.g., FQHCs, clinics, CBOs, FBOs, etc.)	• Provide outpatient ambulatory health service s and support for people with HIV • Help for community-based groups to strengthen their capacity to deliver high-quality HIV care
Part D	Local community-based organizations	• Provide medical care for low-income women, infants, children and youth with HIV • Offer support services for people with HIV and their family members
Part F	• AETCs & SPNS • Dental Programs	• AIDS Education and Training Center (AETC) Program – Provide training and technical assistance to providers treating patients with or at risk for HIV • Special Projects of National Significance (SPNS) – Develop innovative models of HIV care and treatment to respond to RWHAP client needs • Dental Programs – Provide oral health care for people with HIV and education about HIV for dental care providers

** Indicates RWP Parts that are allocated by the Commission on HIV/Planning Council.*

COUNTY OF LOS ANGELES
Public Health

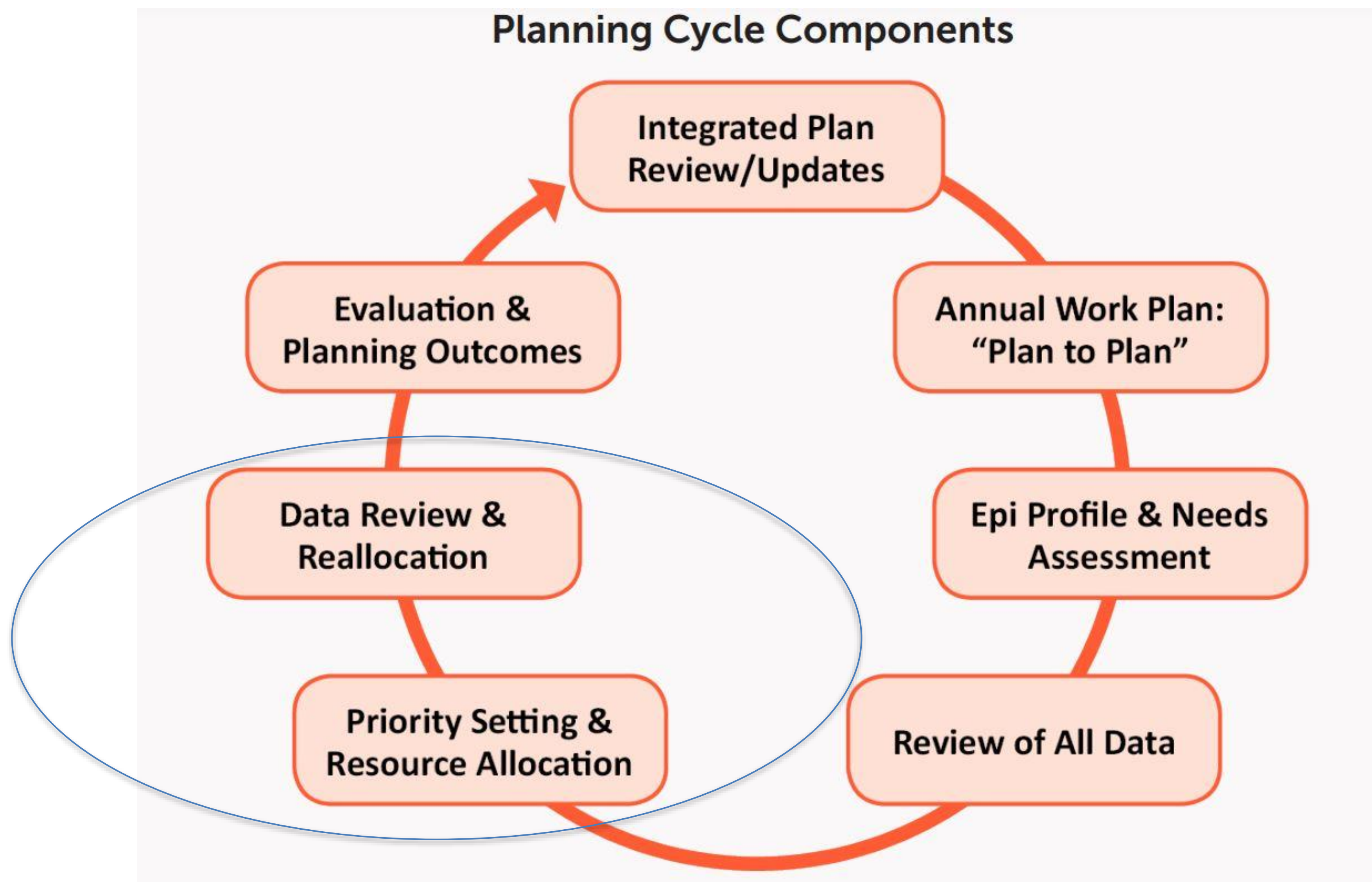
Ryan White Program Part A and MAI YR 34 Proposed Reallocation

July 16, 2024 PP&A Meeting
Planning, Development and Research
Division of HIV and STD Programs

Presentation Overview

- Purpose of the Meeting
- Review of HRSA Part A and MAI Grant Timeline
- Overview of YR 34 Re-allocation Process
- Items for Consideration for Future Planning and Allocation Discussions

HRSA RWP Part A Planning Council Planning Cycle



Key Dates for RWP Part A Planning in LAC 2024-2025

- **March 1, 2024 RWP Part A Program Year Begins**
- **May 29, 2024 YR 33 Annual Progress Report and Final Expenditure Report Due to HRSA**
- June 2024 YR 33 RWP Part A Utilization Data Released
- **June 29, 2024 YR 33 Final FFR due to HRSA**
- July 2, 2024 YR 34 Re-allocation Discussion with PC and PP&A Co-chairs
- **July 3, 2024 HRSA Released NOFO for HRSA Part A 2025-2027 Funding**
- July 16, 2024 YR 33 Expenditures and YR 34 Re-Allocation Review with PP&A Service Category Ranking
- **July 28, 2024 YR 34 RWP Part A Program Submissions Report and Program Terms Report Due to HRSA**
- August 2024 YR 35-37 Priority Setting and Resource Allocation Activities Cont.
- September 23, 2024 Target Date for **HRSA Part A Application Submission (HRSA Due Date: October 1, 2024)**
- **December 31, 2024 YR 34 MAI Carryover Request Due to HRSA**
- **February 28, 2025 RWP Part A Program Year Ends**

Note: Bold and Green indicate HRSA established task/activity and timeline

HRSA RWP Services in LAC in YR 34

CORE	SUPPORT
Outpatient/Ambulatory Health Services	Housing
Medical Case Management (including treatment adherence services)	Non-Medical Case Management Services
Mental Health Services	Medical Transportation
Oral Health Care	Food Bank/Home Delivered Meals
Home and Community Based Health Services	Child Care Services
Early Intervention Services	Other Professional Services
	Emergency Financial Assistance
	Linguistic Services
	Outreach

YR 33 GAP

Appx. YR 33 RWP Part A and MAI Service Total Expenditures (no admin or CQM) For All Funding Sources $45,015,600

YR 33 RWP Part A and MAI Award with Carryover $41,964,332

RWP Part A and MAI YR 33 RWP Overspending

Oral Health (appx. $530,000)

Legal Services
(appx. $166,000)

Emergency Financial Assistance
(appx. $1,000,000)

Benefits Specialty
(appx. $541,000)

Housing (Permanent Supportive with Case Management)
(appx. $780,000)

COUNTY OF LOS ANGELES Public Health

YR 34 Re-allocation Process

YR 34 Factors for Consideration

- YR 33 Spending (Final expenditures are still being calculated as part of year-end closing)
- Received Final YR 34 RWP Part A and MAI award in May 2024
- Consider re-allocation based on actual award and available funds
- Consider changes in need or service costs/expenditures
- No MAI Carryover from YR 33

YR 34 Re-allocation Task

- **HRSA RWP Part A and MAI grant funds available for direct services: $41,303,987**
  - $37,998,352 Part A
  - $3,305,635 MAI
- **YR 34 projected total RWP Part A and MAI direct services expenditures: $45,015,600 +**
- DHSP explored what other funding can cover some RWP Part A or MAI expenditures
- Approximately $2.2m remained
- COH and PP&A Co-chairs discussed how to adjust the allocations (paper-based exercise only)

YR 34 Part A: Re-Allocation Core Services

Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re-allocation Part A%	YR 34 Re-allocation MAI %
AOM/MSS	25.51%	0.00%	$ 6,500,000	17.11%	0.00%
MCC/PSS	28.00%	0.00%	$ 10,316,352	27.15%	0.00%
Oral Health	17.48%	0.00%	$ 7,900,000	20.79%	0.00%
EIS (STD clinic)	0.00%	0.00%	$ 2,500,000	6.58%	0.00%
Mental Health	4.07%	0.00%	$ 110,000	0.29%	0.00%
Home Based Case Management	6.78%	0.00%	$ 2,470,000	6.50%	0.00%

YR 34 Part A: Re-Allocation Support Services

Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re-allocation Part A%	YR 34 Re-allocation MAI %
Transportation	2.17%	0.00%	$ 700,000	1.84%	0.00%
Nutritional Support (food bank)	8.95%	0.00%	$ 2,200,000	5.79%	0.00%
Professional Services (Legal)	1.00%	0.00%	$ 538,000	1.42%	0.00%
Language	0.65%	0.00%	$ -	0.00%	0.00%
Outreach (LRP)	0.00%	0.00%	$ -	0.00%	0.00%
EFA	0.00%	0.00%	$ 2,400,000	6.32%	0.00%
NMCM (TCM Jails) 6 medical case workers and 1 HPA I	0.00%	12.61%	$ 600,000	1.58%	0.00%

YR 34 Part A: Re-Allocation Support Services

County of Los Angeles
Public Health

Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re-allocation Part A%	YR 34 Re-allocation MAI %
NMCM (BSS)	2.44%	0.00%	$ 1,500,000	3.95%	0.00%
Housing (H4H) housing only no EFA	0.00%	87.39%	$ 3,305,635	0.00%	100.00%
Housing (RCFCI& TRCF Mental Health)	0.96%	0.00%	$ 344,000	0.91%	
Psychosocial Services	1.00%	0.00%	$ -	0.00%	0.00%
Childcare Services	0.95%	0.00%	$ -	0.00%	0.00%
Total	100%	100%	$41,303,987	100%	100%

COUNTY OF LOS ANGELES
Public Health

YR 35-YR37 HRSA Part A Application

Submission Date: September 2024

Items for Consideration in Establishing Priorities and Allocations

- Based on data and evidence, what is the need of people with HIV in Los Angeles County?
- What barriers are preventing people from accessing the services and treatment they need?
- Looking at the expenditures, do you need to change (increases or decreases) the allocations? What data/evidence supports this?
- If increases in allocation are proposed, what decreases will be made? What data/evidence supports this?

Items for Consideration in Establishing Priorities and Allocations (cont.)

- Are there any changes to the way services are provided or where they are provided? What data/evidence supports the recommendations?
- What federal, state, local changes may occur that will impact available funding?
- What federal, state, local changes may occur that will impact service delivery?
- What federal, state, local changes may occur that will impact client needs?

QUESTIONS

YR 34 Part A: Re-Allocation Services

COUNTY OF LOS ANGELES
Public Health

MOTION #4: Approve Ryan White Program Year 34 Allocations as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.

	Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re-allocation Part A%	YR 34 Re-allocation MAI %
CORE	AOM/MSS	25.51%	0.00%	$6,500,000	17.11%	0.00%
CORE	MCC/PSS	28.00%	0.00%	$10,316,352	27.15%	0.00%
CORE	Oral Health	17.48%	0.00%	$7,900,000	20.79%	0.00%
CORE	EIS (STD clinic)	0.00%	0.00%	$2,500,000	6.58%	0.00%
CORE	Mental Health	4.07%	0.00%	$110,000	0.29%	0.00%
CORE	Home Based Case Management	6.78%	0.00%	$2,470,000	6.50%	0.00%
SUPPORT	Transportation	2.17%	0.00%	$700,000	1.84%	0.00%
SUPPORT	Nutritional Support (food bank)	8.95%	0.00%	$2,200,000	5.79%	0.00%
SUPPORT	Professional Services (Legal)	1.00%	0.00%	$538,000	1.42%	0.00%
SUPPORT	Language	0.65%	0.00%	$ -	0.00%	0.00%
SUPPORT	Outreach (LRP)	0.00%	0.00%	$ -	0.00%	0.00%
SUPPORT	EFA	0.00%	0.00%	$2,400,000	6.32%	0.00%
SUPPORT	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	0.00%	12.61%	$600,000	1.58%	0.00%
SUPPORT	NMCM (BSS)	2.44%	0.00%	$1,500,000	3.95%	0.00%
SUPPORT	Housing (H4H) housing only no EFA	0.00%	87.39%	$3,305,635	0.00%	100.00%
SUPPORT	Housing (RCFCI& TRCF Mental Health)	0.96%	0.00%	$344,000	0.91%	
SUPPORT	Psychosocial Services	1.00%	0.00%	$ -	0.00%	0.00%
SUPPORT	Childcare Services	0.95%	0.00%	$ -	0.00%	0.00%
	Total	**100%**	**100%**	**$41,303,987**	**100%**	**100%**

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

Planning, Priorities and Allocations Committee
Service Category Rankings

PY[1] 35	PY 36	PY 37	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1			Housing • Permanent Support Housing • Transitional Housing • Emergency Shelters • Transitional Residential Care Facilities (TRCF) • Residential Care Facilities for the Chronically Ill (RCFCI)	S	Housing
2			Emergency Financial Assistance	S	Emergency Financial Assistance
3			Mental Health • Mental Health Psychiatry • Mental Health Psychotherapy	C	Mental Health Services
4			Psychosocial Support	S	Psychosocial Support
5			Non-Medical Case Management • Linkage Case Management • Benefit Specialty • Benefits Navigation • Transitional Case Management • Housing Case Management	S	Non-Medical Case Management
6			Medical Care Coordination	C	Medical Case Management
7			Nutrition Support	S	Food Bank/Home Delivered Meals
8			Oral Health Services	C	Oral Health Care
9			AIDS Drug Assistance Program (ADAP) Treatments	C	AIDS Drug Assistance Program (ADAP) Treatments
10			Medical Transportation	S	Medical Transportation
11			Early Intervention Services	C	Early Intervention Services
12			Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
13			Health Education/Risk Reduction	S	Health Education/Risk Reduction

DRAFT

PY[1] 35	PY 36	PY 37	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
14			Outreach Services (Linkage and Re-engagement Program) • Engaged/Retained in Care	S	Outreach Services
15			Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
16			Home Health Care	C	Home Health Care
17			Home-Based Case Management	C	Home and Community-Based Health Services
18			Child Care Services	S	Child Care Services
19			Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
20			Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
21			Respite	S	Respite Care Respite Care
22			Local Pharmacy Assistance	C	Local AIDS Pharmaceutical Assistance Program (LPAP)
23			Legal Services and Permanency Planning	S	Other Professional Services (including Legal Services and Permanency Planning)
24			Referral	S	Referral for Health Care and Support Services
25			Rehabilitation	S	Rehabilitation
26			Medical Nutrition Therapy	C	Medical Nutrition Therapy
27			Language	S	Linguistic Services
28			Hospice Services	C	Hospice Services

Footnote:
1 – Service rankings by PP&A Committee on 7/16/2024

Empowering Health: Conversations on Sexual Health & HIV in Black Immigrant Communities

COMMUNITY

LISTENING SESSION

Are you a member of the Black Immigrant community? Your voice matters!

We invite you to join us for a candid conversation addressing sexual health and HIV within the Black Immigrant communities of Los Angeles County.

Discussion topics include: *Addressing the stigma surrounding sexual health and HIV testing within the Black Immigrant community *Exploring obstacles and challenges in accessing sexual health services and HIV testing *Discussing cultural factors that may hinder access to healthcare and testing services within the community *Identifying opportunities for capacity building initiatives to enhance awareness and knowledge about sexual health and HIV.

RESOURCES **FOOD** **GIFT CARDS**

Sunday, August 11, 2024

5:00PM-7:00PM

***LOCATION TO BE SHARED UPON CONFIRMED REGISTRATION**

REGISTER HERE
https://tinyurl.com/3n22k6js

*These sessions are supported by the Los Angeles County Commission on HIV Black Caucus with generous funding support by UCLA-CDU Center for AIDS Research [Grant AI15250; PI Campbell].

US-AFRICA INSTITUTE

LOS ANGELES COUNTY COMMISSION ON HIV

Healing With Hope

2024-2025

HRSA Technical Assistance (TA) Site Visit | Areas of Improvement Project Timeline **_*Subject to Change_**

Task	Timeline	
Governing Documents Updates • Bylaws/Ordinance Revisions • Status Neutral PSRA Framework and Process • Committee-only Membership • Stipends Policy & Consumer Responsibilities	**July-August | Complete revisions, CoCo consultations** **September | Secure COH approval** **November- December | Training and education on updates to Commissioners**	• Operations Committee/Bylaws Review Task Force • Consumer Caucus
MOU/MOA with DHSP	**May- June | Co-Chairs review last MOU for changes, meetings with DHSP** **July-August | CoCo reviews and finalize document** **September-December | Secure signatures and execute MOU/MOA**	• COH Co-Chairs • Executive Committee
Annual Planning Cycle Workplan	**December | Staff to develop draft annual planning cycle workplan with committees and subgroup tasks, CHP, prevention, AEAM** **Jan-Feb 2024 | Secure approval of annual workplan from Executive Committee and COH**	• PP&A, SBP, Operations, Executive Committee, subgroups
Membership Recruitment and Succession Planning	**July-Aug | Update application forms to match HRSA demographic breakdown** **Dec 2024 -Feb 2025 |Update promotional flyers; develop elevator speech cards** **Dec 2024 -Feb 2025 |Update recruitment plan, develop succession plan for current vacancies and upcoming seat rotations**	• Operations Committee

CDC DHP and HRSA HAB, HIV Integrated Prevention and Care Plan, CY2022-2026
Summary Statement

SECTION I: Integrated Plan Submission and Review Summary	
Jurisdiction	**Los Angeles County Department of Public Health**
Submission Type	☐ Integrated state/city prevention and care plan ☐ Integrated state-only prevention and care plan ☒ Integrated city-only prevention and care plan ☐ Other:___________________________________
RWHAP Part A Jurisdictions (EMA/TGA) or MSAs included in the plan	**Los Angeles EMA**
Did the jurisdiction use portions of other plans to satisfy requirements (e.g., EHE plan)?	☒ Yes ☐ No or Not Applicable **Name of Plan(s) Used:** EHE Plan **If available, URL to other Plan(s):** https://www.lacounty.hiv/wp-content/uploads/2021/04/EHE-Plan-Final-2021.pdf
Executive Summary Included	☒ Yes ☐ No
CDC and HRSA Reviewer's Name(s)	
CDC Reviewer's Name:	Kevin Ramos
CDC Reviewer's Name:	Benjamin T. Laffoon
HRSA Reviewer's Name:	Babak Yaghmaei
HRSA Reviewer's Name:	Tonia Schaffer

SECTION II: Community Engagement and Planning Process	
Please select all planning bodies that participated in developing the Integrated Plan.	☒ Integrated HIV Prevention and Care Planning Body ☒ RWHAP Part A Planning Council/Planning Body ☐ RWHAP Part B Advisory Group ☐ HIV Prevention Group (HPG) ☒ EHE Planning Body

	☐ Other, please specify:
1. Jurisdiction Planning Process: Describe how your jurisdiction approached the planning process. Include in your description the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals, and how the jurisdiction incorporated data sources in the process. Describe how planning included representation from the priority populations. This may include sections from other plans, such as the EHE plan. Please be sure to address the items below in your description.	**CDC-HRSA Response** Yes
a. **Entities Involved in Process:** List and describe the types of entities involved in the planning process. Be sure to include CDC and HRSA-funded programs, new stakeholders (e.g., new partner organizations, people with HIV), as well as other entities, such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See *Appendix 3* for a list of required and suggested stakeholders.	**CDC-HRSA Response** Yes
b. **Role of RWHAP Part A Planning Council/Planning Body (not required for state-only plans):** Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.	**CDC-HRSA Response** Yes
1. **Role of Planning Bodies and Other Entities:** Describe the role of the CDC Prevention Program and RWHAP Part B planning bodies, HIV prevention and care integrated planning body, and any other community members or entities who contributed to developing the Integrated Plan. If the state/territory or jurisdiction has separate prevention and care planning bodies, describe how these planning bodies collaborated to develop the Integrated Plan. Describe how the jurisdiction collaborated with EHE planning bodies. Provide documentation of the type of engagement that occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.	**CDC-HRSA Response** Yes

	CDC-HRSA Response
2. **Collaboration with RWHAP Parts:** Describe how the jurisdiction incorporated RWHAP Parts A-D providers and Part F recipients across the jurisdiction into the planning process. In the case of a RWHAP Part A or Part B only plan, indicate how the planning body incorporated or aligned with other Integrated Plans in the jurisdiction to avoid duplication and gaps in the service delivery system.	**CDC-HRSA Response** Yes
3. **Engagement of People with HIV:** Describe how the jurisdiction engaged people with HIV in all stages of the process, including needs assessment, priority setting, and development of goals/objectives. Describe how people with HIV will be included in the implementation, monitoring, evaluation, and improvement process of the Integrated Plan.	**CDC-HRSA Response** Yes
4. **Priorities:** List key priorities that arose out of the planning and community engagement process.	**CDC-HRSA Response** Yes
5. **Updated to Other Strategic Plans Used To Meet Requirements (Only for those jurisdictions that used sections of other plans):** If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe the following: 1. How the jurisdiction uses annual needs assessment data to adjust priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV and stakeholders. 3. Any changes to the plan because of updated assessments and community input. Any changes made to the planning process because of evaluating the planning process.	**CDC-HRSA Response** Yes

General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):

- The Los Angeles Department of Public Health submitted a detailed Integrated HIV Prevention and Care Plan that meets the Integrated Plan Guidance submission requirements for the jurisdictional planning process. The Ending the HIV Epidemic in the U.S. (EHE) Plan was used to inform the Integrated HIV Prevention and Care Plan for setting goals and objectives. It was a collaborative effort between the HIV Planning Council, the Los Angeles County Division of HIV and STD Programs (LAC DHSP), as well as community stakeholders, including people with HIV. The jurisdiction provided a detailed list of community entities involved in the planning process. Additionally, the jurisdiction collaborates with Ryan White HIV/AIDS Program (RWHAP) planning bodies, specifically the RWHAP Part A Planning Council, where the Los Angeles Commission on HIV/AIDS serves as a member. It is important to note that RWHAP Part B, Part C, Part D, and Part F were also engaged in the planning process. As a result, of these collaborative efforts, the jurisdiction successfully identified, using current surveillance data and ongoing feedback from

stakeholders, 10 key priorities further addressed and discussed in the Integrated HIV Prevention and Care Plan.

SECTION III: Contributing Data Sets and Assessments	
1. **Data Sharing and Use:** Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data-sharing agreements and for what purpose.	**CDC-HRSA Response** Partial
2. **Epidemiologic Snapshot:** Provide a snapshot summary of the most current epidemiologic profile for the jurisdiction that uses the most current available data (trends for the most recent five years). The snapshot should highlight key descriptors of people diagnosed with HIV and at risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and aligned with those of the HIV National Strategic Plan. Be sure to use the HIV care continuum in your graphic depiction, showing the impact of HIV in the jurisdiction.	**CDC-HRSA Response** Yes
3. **HIV Prevention, Care, and Treatment Resource Inventory:** Create an HIV Prevention, Care, and Treatment Resource Inventory. The Inventory may include a table and/or narrative but must address **all** of the following information in order to be responsive: • Organizations and agencies providing HIV care and prevention services in the jurisdiction. • HRSA (must include all RWHAP parts) and CDC funding sources. • Leveraged public and private funding sources, such as those through HRSA's Community Health Center Program, HUD's HOPWA Program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding. • Describe the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services.	**CDC-HRSA Response** Yes

• Services and activities provided by these organizations in the jurisdiction and, if applicable, which priority population the agency serves. • Describe how services will maximize the quality of health and support services available to people at risk for or with HIV.	
a. Strengths and Gaps: Please describe strengths and gaps in the HIV prevention, care, and treatment inventory for the jurisdictions. This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on health equity, geographic disparities, occurrences of HIV clusters or outbreaks, underuse of new HIV prevention tools, such as injectable antiretrovirals, and other environmental impacts.	**CDC-HRSA Response** Yes
b. Approaches and Partnerships: Please describe the approaches the jurisdiction used to complete the HIV prevention, care, and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.	**CDC-HRSA Response** Yes

4. **Needs Assessment** Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data, including: 1. Services people need to access HIV testing, as well as the following status-neutral services needed after testing: a. Services people at risk for HIV need to stay HIV negative (e.g., PrEP, Syringe Services Programs) – Needs b. Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis - Needs 2. Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression –Needs 3. Barriers to accessing existing HIV testing, including state laws and regulations, HIV prevention services, and HIV care and treatment services – Accessibility	**CDC-HRSA Response** Yes
a. **Priorities:** List the key priorities arising from the needs assessment process.	**CDC-HRSA Response** Yes
b. **Actions Taken:** List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.	**CDC-HRSA Response** Yes
c. **Approach** Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV in the process and how the jurisdiction included entities listed in *Appendix 3.*	**CDC-HRSA Response** Yes
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): • The jurisdiction met the submission requirements for Section II: Contributing Data Sets and Assessments. The jurisdiction uses multiple data sources to monitor HIV/STD epidemics, as well as track service utilization. The jurisdiction provided an epidemiological snapshot, highlighting the impact that HIV is having on the 26 health districts, especially those in the Service Planning Areas (SPAs) that have the highest rates of HIV. • The jurisdiction submitted a detailed resources inventory list and funding amounts of each entity; however, the list, per the jurisdiction, is incomplete, as it did not include the funding amounts from private donors. • The jurisdiction met the requirements for the Needs Assessment section of the Integrated HIV Prevention and Care Plan. The jurisdiction discussed their use of multiple assessment activities	

and methods to assess people with HIV and people affected by HIV in Los Angeles County. The jurisdiction also used numerous secondary data sources and reports to complete the Statewide Coordinated Statement of Need (SCSN). A detailed list of all sources and reports are denoted in the plan.

- HRSA: Data sharing is partially met. The submission includes lots of data sets but does not include language on how the jurisdiction will share the data.

SECTION IV: Situational Analysis	
1. Situational Analysis: Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, provide a short overview of strengths, challenges, and identified needs with respect to HIV prevention and care. Include any analysis of structural and systemic issues affecting populations disproportionately affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies submitted in the Integrated Plan's goals and objective sections. The situational analysis should include an analysis in each of the following areas: a. Diagnose all people with HIV as early as possible. b. Treat people with HIV rapidly and effectively to reach sustained viral suppression. c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs). d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. *Please note jurisdictions may submit other plans to satisfy this requirement if applicable to the entire HIV prevention and care service system across the jurisdiction.*	**CDC-HRSA Response** Yes
a. **Priority Populations:** Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction.	**CDC-HRSA Response** Yes

General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):

- The jurisdiction met the submission requirements for the Situational Analysis section of the Integrated HIV Prevention and Care Plan. Specifically, the Situational Analysis highlights the disparities experienced by the seven identified key priority populations. These disparities are driven by structural and systemic issues, including housing status, poverty, recent incarceration, and comorbid conditions, i.e., substance use and mental health disorders.

SECTION V: 2022-2026 Goals and Objectives	
Did the plan list and describe goals and objectives for how the jurisdiction will diagnose, treat, prevent, and respond to HIV? Be sure the goals address any barriers or needs identified during the planning process. There should be at least three goals and objectives for each of these four areas. See Appendix 2 for the suggested format for Goals and Objectives.	
Diagnose	**CDC-HRSA Response** Yes
Treat	**CDC-HRSA Response** Yes
Prevent	**CDC-HRSA Response** Yes
Respond	**CDC-HRSA Response** Yes
a. Updates to Other Strategic Plans Used to Meet Requirements (applicable only if the recipient used other plans to satisfy this requirement): If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made because of the analysis of data.	**CDC-HRSA Response** Yes
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): • The jurisdiction met the submission requirements for the Goals and Objectives section (Section IV) of the Integrated HIV Prevention and Care Plan. As previously discussed, the Ending the HIV Epidemic in the U.S. Plan was used to inform the goals and objectives of the Integrated HIV Prevention and Care Plan. The plan includes specific, measurable, achievable, realistic, time-bound (SMART) goals and objectives that are aligned with the four pillars: Diagnose, Treat, Prevent, and Respond. Further, the jurisdiction also included key foundational and cross-pillar elements, which support each pillar's strategies and activities.	

SECTION VI: 2022-2026 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up	
1. 2022-2026 Integrated Planning Implementation Approach: Describe the infrastructure, procedures, systems, or tools that will support the five key phases of integrated planning to ensure goals and objectives are met.	**CDC-HRSA Response** Yes

a. **Implementation** Describe the process for coordinating partners, including new partners, people with HIV, people at high risk for exposure to HIV, and providers and administrators from different funding streams, to meet the jurisdiction's Integrated Plan goals and objectives. Include information about how the plan will influence the way the jurisdiction leverages and coordinates funding streams, including but not limited to HAB and CDC funding.	**CDC-HRSA Response** Yes
b. Monitoring Describe the process for monitoring progress on the Integrated Plan goals and objectives. This should include information about how the jurisdiction will coordinate different stakeholders and different funding streams to implement plan goals. If multiple plans exist in the state (e.g., city-only Integrated Plans, state-only Integrated Plans), include information about how the jurisdiction will collaborate and coordinate monitoring of the different plans within the state to avoid duplication of effort and potential gaps in service provision. Be sure to include details such as specific coordination activities and timelines for coordination. *Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.*	**CDC-HRSA Response** Yes
c. Evaluation: Describe the performance measures and methodology the jurisdiction will use to evaluate progress on goals and objectives. Include information about how often the jurisdiction conducts an analysis of the performance measures and presents data to the planning group/s.	**CDC-HRSA Response** Yes
d. Improvement: Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan. Be sure to include how often the jurisdiction will make revisions and how those decisions will be made.	**CDC-HRSA Response** Yes
e. Reporting and Dissemination: Describe the process for informing stakeholders, including people with HIV, about progress on implementation, monitoring, evaluation, and improvements made to the plan.	**CDC-HRSA Response** Yes

2. **Updates to Other Strategic Plans Used to Meet Requirements (applicable only if the recipient used other plans to satisfy this requirement):** If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe the following: 1. Steps the jurisdiction has already taken to implement, monitor, evaluate, improve, and report/disseminate plan activities. 2. Achievements and challenges in implementing the plan. Include how the jurisdiction plans to resolve challenges and replicate successes. 3. Revisions are made based on work completed.	**CDC-HRSA Response** Yes
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): • The jurisdiction met the submission requirements for Section VI: 2022-2026 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow-Up. The Integrated HIV Prevention and Care Plan includes an implementation plan that also includes performance measures, responsible parties, and timelines related to each activity. The Commission on HIV, in collaboration with the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), is responsible for monitoring progress toward meeting plan goals and objectives, which were discussed in detail.	

SECTION VII: Letters of Concurrence	
1. CDC Prevention Program Planning Body Chair(s) or Representative(s) 2. Community Co-Chair	**CDC-HRSA Response** Concurrence
3. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)	**CDC-HRSA Response** Concurrence
4. RWHAP Part B Planning Body Chair or Representative	**CDC-HRSA Response** Concurrence
5. Integrated Planning Body	**CDC-HRSA Response** Concurrence
6. EHE Planning Body	**CDC-HRSA Response** N/A
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): • The jurisdiction met the submission requirements for Section VII: Letters of Concurrence. A letter of concurrence from the Los Angeles Commission on HIV, including Ryan White HIV/AIDS Program Part A, is addressed to the Director of the Division of HIV and STD Programs and has been signed by the County Commission on HIV (COH) co-chairs.	

Integrated Plan Submission Review Summary

I. Highlights and Observations of Plan:

- Overall, the jurisdiction submitted an Integrated HIV Prevention and Care Plan that met all Integrated Plan Guidance submission requirements. As previously stated, the jurisdiction used the EHE Plan as the foundation for development and implementation. The jurisdiction engaged a wide breadth of internal and external partners, as well as diverse community stakeholders, especially people with HIV. Also, the jurisdiction used current epidemiological data from a variety of data resources. As a result, the jurisdiction identified six priority populations, as well as three priority jurisdictions (Hollywood, Wilshire, and Long Beach) that have the highest rates of HIV.

II. Plan Strengths:

- The Integrated HIV Prevention and Care Plan met all the Integrated Plan Guidance submission requirements.
- The Integrated HIV Prevention and Care Plan utilized current epidemiological data, which was abstracted from a variety of data resources listed in the plan.
- The status-neutral approach to HIV care and prevention is embraced by the jurisdiction. It was identified as one of the key priority areas of focus that arose out of the community engagement process.
- The Goals and Objectives (Section V) was comprehensive, with clearly laid out objectives and strategies to ensure that implementation has a positive impact on the communities. Additional goals were listed beyond the necessary requirements.

III. Programmatic/Legislative Compliance Issues:

None noted.

Action Items to Resolve Programmatic/Legislative Compliance Issues:

None noted.

IV. Recommendations for Plan Improvement:

- Improve how data sharing occurs within the entities involved. The submission includes data systems, along with data presentation, but it is unclear "how" data was shared and what agreements are in place.
- Additional information is needed as to how the community is being engaged and playing a key role within the components of the Integrated HIV Prevention and Care

Plan. Submission indicates that the community members will be engaged but does not go further to define how this engagement will occur in the long term.

V. Capacity Building/Technical Assistance Suggestions:

None noted.

VI. Items for Future Monitoring Discussions:

Discuss plan components and/or activities in the monthly call.

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

Versions: 01.18.24; 01.26.24; 02.12.24; 03.03.24; 040724;04.19.24; 05.15.24;06.22.24; 08.05.24
FOR DISCUSSION /PLANNING PURPOSES ONLY

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

	Meeting Schedule and Topics - Commission Meetings	
	Month	**Community Discussion Topic**
HOUSING	~~2/8/24 @ St. Anne's Conference Center~~	~~City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program and Service Overview (Part 1)~~
HOUSING	~~3/14/24 @ MLK BHC~~	~~City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program Client Demographics and Service Data (Part 2)~~
HOUSING	~~4/11/24 @ MLK BHC~~	~~Housing Funders Roundtable and Community Problem-Solving Discussion:~~ ~~Discuss key program successes, challenges and best practices for coordinated planning and resource sharing.~~ ~~HOPWA, DHSP, LAHSA, County CEO's Homeless Initiative, Los Angeles County DHS Housing for Health, City of Los Angeles Housing Department, Los Angeles County Development Authority, Housing Authority of the City of Los Angeles~~
	~~5/9/24 @ Vermont Corridor~~	• ~~DHSP presentation on the Linkage and Re-engagement Program (LRP) (Moved to June 13)~~ • ~~Ryan White Parts Spotlight: Part F presentation by Tom Donohoe and Sandra Cuevas~~
	~~6/13/24 @ Vermont Corridor~~	• ~~DHSP presentation on the Linkage and Re-engagement Program (LRP)~~ • ~~AMAAD Institute HIV.E Program~~

	~~7/11/24 @ Vermont Corridor~~	~~City of West Hollywood Healthcare in Action -Whole Person Care to Unhoused People Living with and at risk for HIV | Opportunities for Expansion and Partnership~~
	8/8/24 @ Vermont Corridor	Comprehensive HIV Plan Review
	9/12/24 @ Vermont Corridor	HIV and Aging brief presentation to promote educational event co-hosted by the Aging and Women's Caucuses
	10/10/24	CANCELLED (CANCELLATION APPROVED BY EXECUTIVE COMMITTEE ON 05.23.14)
	11/14/24 @ MLK BHC	ANNUAL CONFERENCE
	12/12/24 @ TBD	*CANCEL (EXECUTIVE COMMITTEE TO REVISIT IN SEPT)*

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

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

LOS ANGELES COUNTY COMMISSION ON HIV 2024 ANNUAL CONFERENCE PROGRAM – WORKING DRAFT (06.04.24; 07.01.24; 07.17.24; 07.29.24)

FOR PLANNING PURPOSES ONLY * Feedback from Executive Committee 7.25.24 meeting in yellow highlights*

OVERARCHING THEME: Top options (NO PARTICULAR FEEDBACK PROVIDED BY EC)

1. From Community to Cure: Inclusivity and Engagement for Meaningful Change
2. Bold Transformation to Confront HIV
3. Imagining a Future Free of HIV: Building a Roadmap for Equity, Social Justice and a Cure

PROPOSED CONFEENCE OBJECTIVES: (NO PARTICULAR FEEDBACK PROVIDED BY EC)

By the end of the conference, attendees will:

i. Understand the impact and importance of community level and structural interventions that address equity and social justice
ii. Learn new and existing strategies designed for a unified local response to the HIV/STD epidemics
iii. Be able to describe and explain the latest science on the cure for HIV and ensuring equity in access and utilization
iv. Identify partnerships and build community, making connections for an effective and well-informed planning process
v. Identify the factors influencing social determinants of health and the ways these impact different communities

PROGRAM	
9:00-9:30AM	Welcome and Opening Remarks by Co-Chairs| Conference Objectives Welcome Remarks from ONAP Director, Francisco Ruiz (in-person, virtual or recorded)
9:30-10:15AM	**Keynote:** Los Angeles County State of HIV/STIs | Mario Perez, Director, Division of HIV and STD Programs, Los Angeles County Department of Public Health – **Objective:** Learn new and existing strategies designed for a unified local response to the HIV/STD epidemics M. Perez will be DC for a joint NASTAD and NCSD meeting but indicated that he will assign a staff to present on his behalf.
10:15-11:00AM	**Keynote:** The Fund for Guaranteed Income (F4GI), Reimagining the Safety Net **Objectives:** 1. Understand the impact and importance of community level and structural interventions that address equity and social justice. What can we learn from F4GI (and similar programs) in the context

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	of using upstream prevention to end HIV and other syndemics? 2. Identify the factors influencing social determinants of health and the ways these factors impact different communities Weave in the presentation and discussion how UBI efforts affect Ryan White services.
11:00-11:15AM	**BREAK**
11:15-12:00 Noon	**Keynote:** The Promise of a Cure for All | Research Innovations and Ensuring Equity **Objectives:** 1. Describe and explain the latest science on the cure for HIV and ensuring equity in access and utilization. 2. Address cure support and social determinants especially focusing on long term survivors who if cured may then lose all financial and housing support. **Suggested speaker from UCLA-CDU-CFAR:** Dr. Judith Currier, or Dr. LaShonda Spencer, or Dr. Kara Chew {If there is a travel budget, consider a minority scientist from an NIH HIV Cure Collaboratory- Dr. Luis J. Montaner.} -- D. Campbell: Dr. Currier is good option, however, Dr. Montaner is better/ more expansive than the 3 possible speakers mentioned. Include in the presentation and discussion, what does it to mean for people to be cured? Perhaps include a person who has been cured (virtually). The COH has no budget for out of town speakers, but Cheryl will reach out to Dr. Montaner to inquire about his availability if he has funding sources that can sponsor his travel.
12:00-1:00PM	**LUNCH and RESOURCE TABLES**

AFTERNOON BREAK OUT SESSIONS – 1:00-1:45PM

Innovations in Prevention Track	Building Community and Fostering Relationships	Planning Council and Community Engagement | What's Inside the Circus Tent	Best Practices and Creative Approaches to Integrated HIV Care
• PrEP navigation in the context of social determinants of health and broadly in areas of social depravation. • Doxy PEP • PrEP pipeline: updates in HIV	• Medical mistrust and distrust (as an example) within the context of the experiences of various priority populations such as communities of color and older adults living with	• Core Functions of the Commission on HIV • Legislative functions and features • Our relationship with DHSP	• Treatment Advances and Clinical Trials • One stop shop models for comprehensive care • How intersectionality should/could inform

prevention science • How intersectionality should/could inform innovative approaches in prevention	HIV. How do we conduct effective and culturally/age-appropriate prevention and care services among these communities? • STI prevention and the intersection with medical mistrust and distrust. • How intersectionality should/could inform innovative approaches in building community and fostering relationships	and the Board of Supervisors • Roles and responsibilities of Commissioners • How intersectionality should/could inform the work of the Commission Add to both afternoon sessions a community review of COH effectiveness	innovative approaches in integrated HIV care •
AFTERNOON BREAK OUT SESSIONS – 2:00-2:45PM			
Innovations in Prevention	**Building Community and Fostering Relationships**	**Planning Council and Community Engagement | What's Inside the Circus Tent**	**Best Practices and Creative Approaches to Integrated HIV Care**
• Digital and remote/telehealth and how this technology play a role in HIV/STD service navigation. Explore opportunities and challenges of using digital technology for HIV/STD testing, care, and prevention. • Targeted outreach, Cis heterosexual women. LatinX in East LA. PrEP as reflecting communities beyond MSM and stereotyped body types • How intersectionality should/could inform	• HIV workforce and consumer partnerships – Power sharing and opening lines of communication • Panel of consumers who have succeeded in overcoming challenges related to healthcare obstacles and barriers. • How intersectionality should/could inform innovative approaches in building community and fostering relationships	• Directing YOUR Commission • Consumer Engagement Panel (All Caucuses?) • Getting to know the COH • How to get involved in the COH • How intersectionality should/could inform the work of the Commission Add to both afternoon sessions a community review of COH effectiveness	• HIV as primary care | culturally tailored wellness approaches for priority populations • How intersectionality should/could inform innovative approaches in integrated HIV care

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innovative approaches in prevention			
3:00-3:45PM	**ARTISTIC ACTIVITY OR SHOW** **Objective:** 1. Understand the impact and importance of community level and structural interventions that address equity and social justice 2. Identify the factors influencing social determinants of health and the ways these impact different communities **OPTIONS:** i. Fireside Chat with Joey Terrill **(**Joey Terrill chronicles queer Chicano life at Marc Selwyn gallery - Los Angeles Times (latimes.com) ii. A talk or display of activism art from the One Archive iii. Invite the West Hollywood Drag Laureate or a display of community artists work. Maybe some queer music group or singers whilst the art is displayed https://www.weho.org/community/arts-and-culture - **iv.** Invite one of the Los Angeles County Department of Arts and Culture Creatives Strategist Artists https://www.lacountyarts.org/experiences/creative-strategist-program		
3:45-4:00PM	**Closing, Evaluations and Recognitions**		

Send invites to Kaiser, BOS, PIH, private health plans—entice with a "community partner badge"

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http://hiv.lacounty.gov

DUTY STATEMENT

COMMISSION CO-CHAIR

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, the two Commission Co-Chairs must meet the following demands of their office, representation and leadership:

ORGANIZATIONAL LEADERSHIP:

① Serve as Co-Chair of the **Executive Committee**, and leads those monthly meetings.

② Serve as ex-officio member of all standing Committees:
- attending at least one of each standing Committee meetings annually or in Committee Co-Chair's absence

③ Meet monthly with the Executive Director, or his/her designee, to prepare the Commission and Executive Committee meeting agendas and course of action,
- assist Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate.

④ Lead Executive Committee in decision-making on behalf of Commission, when necessary.

⑤ Act as final Commission-level arbiter of grievances and complaints

MEETING MANAGEMENT:

① Serve as the Presiding Officer at the Commission, Executive Committee and Annual meetings.

② In consultation with the other Co-Chair, the Parliamentarian, the Executive Director, or the senior staff member, lead all Commission, Executive and special meetings, which entail:
- conducting meeting business in accordance with Commission actions/interests;
- maintaining an ongoing speakers list;
- recognizing speakers, stakeholders and the public for comment at the appropriate times;
- controlling decorum during discussion and debate and at all times in the meeting;
- imposing meeting rules, requirements and limitations;
- calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed;
- determining consensus, objections, votes, and announcing roll call vote results;
- ensuring fluid and smooth meeting logistics and progress;
- finding resolution when other alternatives are not apparent;
- apply Brown Act, conflict of interest, Ryan White Program (RWP) legislative and other laws, policies, procedures, as required;
- ruling on issues requiring settlement and/or conclusion.

③ Ability to put aside personal advocacy interests, when needed, in deference to role as the meetings' Presiding Officer.
④ Assign and delegate work to Committees and other bodies.

REPRESENTATION:
In consultation with the Executive Director, the Commission Co-Chairs:
① Serve as Commission spokesperson at various events/gatherings, in the public, with public officials and to the media after consultation with Executive Director
② Take action on behalf of the Commission, when necessary
③ Generates, signs and submits official documentation and communication on behalf of the Commission
④ Participate in monthly conference calls with HRSA's RWP Project Officer
⑤ Represent the Commission to other County departments, entities and organizations.
⑥ Serve in protocol capacity for Commission
⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

KNOWLEDGE/BACKGROUND:
① CDC HIV Prevention, RWP, and HIV/AIDS and STI policy and information
② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
③ LA County's HIV/AIDS and STI, 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 Topical and subject area of Committee's purview
⑦ **Minimum of one year active Commission membership prior to Co-Chair 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, action-oriented and ability to delegate for others' involvement.
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

CALIFORNIA planning group
california department of public health, office of AIDS

OFFICE OF AIDS
California Department of Public Health

California Planning Group (CPG)
Functions, Structure and Work Products

CPG Functions

The CPG has two primary functions: planning and advising

Planning: CPG members will inform the development, implementation, and revision of California's Integrated HIV Surveillance, Prevention, and Care Plan (Integrated Plan), as outlined in the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) "Integrated HIV Prevention and Care Plan Guidance, Including the Statewide Coordinated Statement of Need, CY 2017-2021".

Examples of planning activities:

- Utilize data and program updates provided by Office of AIDS (OA) to give feedback regarding the OA response to trends in the HIV epidemic, shifts in priority, and emerging populations
- Provide feedback on whether the Integrated Plan continues to be the most effective way to help California meet the goals outlined in the National HIV/AIDS Strategy and address the statewide epidemic
- Assist in the needs assessment, unmet need, and gap analysis process
- Act as "roving ambassadors" to maintain the feedback loop between OA and consumers, stakeholders, and collaborative partners

Advising: CPG members will advise and consult OA on issues related to the OA mission. These issues may be identified by OA or by the CPG in the course of its work.

Examples of advising activities:

- Advise OA regarding any updates that may need to be incorporated within the Integrated Plan
- Provide review and input on the revised OA allocation formulas
- Provide review and input on the new OA Standards of Care for Ryan White Part B services
- Participate on the review panel for OA's California AIDS Clearinghouse of HIV educational materials

- Work with OA to develop effective engagement and communication strategies with partners and stakeholders
- Offer recommendations for ensuring a coordinated approach in accessing HIV prevention, care, and treatment services for the highest-risk populations

CPG Structure

- 20-25 voting members
  - Two Community Co-Chairs as elected by the CPG membership
  - Two State Co-Chairs as appointed by OA
  - The CPG membership will meet in person twice a year if allowed by state travel policies (as OA pays for CPG travel expenses). Teleconferences or webinars may be scheduled to address specific planning or advisory needs.
- Non-voting advisory members/collaborative partners/technical advisors as needed: members in this category may represent key populations and stakeholders as well as those affiliated with HIV service delivery networks who are not primarily HIV service providers. Members in this category may also include subject matter experts appointed by OA. Meeting participation will be on an ad hoc basis via briefing, teleconference, and/or email consultation

CPG Work Products

- Annual letters of concurrence for the *Integrated Plan*
- Revisions/updates to CPG Governance document
- CPG Member Profiles
- Documentation of CPG member feedback/input provided during planning and advisory activities