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, May 8, 2025
9:00am-12:00pm (PST)

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

ST. ANNE'S CONFERENCE & EVENT CENTER
FOUNDATION ROOM
155 N. OCCIDENTAL BLVD., LOS ANGELES 90026

Parking Instructions: All attendees should enter the Large Overflow Parking Lot off Glassell St. and walk across to the Conference Center. Attendants will be on-site to assist. If attendees requires an accessible parking space, it will be located in the Main Parking Lot off of Occidental Blvd. **Map/Directions**

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/re99ef0254a3068e3df6737bef3db3ff4

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

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

THURSDAY, MAY 8, 2025 | 9:00 AM – 12:00 PM

****CHANGE IN LOCATION****
ST. ANNE'S CONFERENCE & EVENT CENTER
FOUNDATION ROOM
155 N. OCCIDENTAL BLVD., LOS ANGELES 90026

Parking Instructions: All attendees should enter the Large Overflow Parking Lot off Glassell St. and walk across to the Conference Center. Attendants will be on-site to assist. If attendees requires an accessible parking space, it will be located in the Main Parking Lot off of Occidental Blvd. **Map/Directions**

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

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

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:
HTTPS://LACOUNTYBOARDOFSUPERVISORS.WEBEX.COM/WEBLINK/REGISTER/RE99EF0254A3068E3DF6737BEF3DB3FF4
JOIN BY PHONE: +1-213-306-3065 Access code: 2530 833 5157

AGENDA POSTED: May 2, 2025

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, email your Public Comment to hivcomm@lachiv.org 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.	Approval of Agenda	**MOTION #1**	9:03 AM – 9:05 AM
C.	County Land Acknowledgment		9:05 AM – 9:07 AM
D.	Consent Calendar	**MOTION #2**	9:07 AM – 9:10 AM
E.	Approval of Meeting Minutes	**MOTION #3**	9:10 AM – 9:12 AM

2. PUBLIC & COMMISSIONER COMMENTS

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

B. Commissioner Comment *(Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. Comments may not exceed 2 minutes per member.)* 9:20 AM – 9:25 AM

3. RYAN WHITE PROGRAM YEAR 35 ALLOCATION CONTINGENCY PLANNING 9:25AM – 10:00 AM

The Commission will engage in a discussion and make key decisions on additional contingency planning in response to significant proposed budget cuts to Ryan White Program Year 35. **MOTION #4**

4. COMPREHENSIVE EFFECTIVENESS REVIEW & RESTRUCTURING PROJECT 10:00 AM – 11:15 AM

Led by consultants from Collaborative Research and Next Level Consulting, this discussion will focus on a summary report of recent discussions and workgroup activities. The report is part of a broader initiative to evaluate and enhance the Commission on HIV's (COH) efficiency and effectiveness through a comprehensive review and restructuring process.

5. EXECUTIVE COMMITTEE AT-LARGE OPEN NOMINATION & ELECTIONS 11:15 AM – 11:20 AM

Three (3) At-Large Executive Committee membership seats are available. Members serve one-year terms. Duty Statement can be found HERE. **MOTION #5**

6. MANAGEMENT/ADMINISTRATIVE REPORTS – I 11:20 AM – 11:35 AM

A. Executive Director/Staff Report
B. Division of HIV/STD Programs (DHSP) (RWP Grantee/Part A Representative) Report
C. California Office of AIDS (OA) Report (Part B Representative)
D. Housing Opportunities for People Living with AIDS (HOPWA) Report
E. Ryan White Program (RWP) Parts C, D, and F Report
F. Cities, Health Districts, Service Planning Area (SPA) Reports

7. STANDING COMMITTEE REPORTS – I 11:35 AM – 11:45 AM

(Updates from committees, caucuses, and task forces are summarized in the Key Takeaways document included in the meeting packet. Attendees are encouraged to review the document for the latest highlights, action items, and key developments across the Commission's working bodies.)

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

B. Operations Committee

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

(2) SEAT CHANGE: Jeremy Mitchell (aka Jet Finley) Alternate (Seat #33), to Unaffiliated, Representative, SPA 4 (Seat #22) **MOTION #7**

C. Standards and Best Practices (SBP) Committee

D. Public Policy Committee (PPC)

E. Caucus, Task Force, and Work Group Reports

(1) Housing Task Force Housing and Legal Provider Consultations Report

8. MISCELLANEOUS

A. Public Comment 11:45 AM – 11:50 AM

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

B. Commission New Business Items 11:50 AM – 11:55 AM

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

C. Announcements 11:55 AM – 12:00 PM

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

D. Adjournment and Roll Call 12:00 PM

Adjournment of the regular May 8, 2025, Commission meeting.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.

MOTION #4	Approve the Ryan White Program Year 35 Allocation Contingency Plan and grant the Division of HIV and STD Programs (DHSP) the authority to adjust allocations by up to ten percent (10%) per service category, as needed —without returning to the full Commission for additional approval.
MOTION #5	Approve the election of the three (3) At-Large Executive Committee members, as presented or revised.
CONSENT CALENDAR	
MOTION #6	Approve Seat Change for Dechelle Richardson, Provider Representative (Seat #16) to HIV Stakeholder Representative #6 (Seat #49), as presented or revised.
MOTION #7	Approve Seat Change for Jeremy Mitchell (aka Jet Finley) Alternate (Seat #33), to Unaffiliated, Representative, SPA 4 (Seat #22), as presented or revised.

LOS ANGELES COUNTY COMMISSION ON HIV

COMMISSION ON HIV MEMBERS

Danielle Campbell, PhDc, MPH, Co-Chair	*Joseph Green, Co-Chair*	Dahlia Alé-Ferlito	Miguel Alvarez
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Mikhaela Cielo, MD
Lilieth Conolly (LOA)	Sandra Cuevas	Mary Cummings	Erika Davies
Kevin Donnelly	Kerry Ferguson (*Alternate)	Arlene Frames (LOA)	Arburtha Franklin
Rita Garcia (**Alternate)	Rev. Gerald Green (**Alternate)	Felipe Gonzalez	Bridget Gordon
Joaquin Gutierrez (**Alternate)	Karl Halfman, MA	David Hardy, MD	Ismael Herrera
Terrance Jones	William King, MD, JD, AAHIVS	Lee Kochems, MA (LOA)	Leonardo Martinez-Real
Leon Maultsby, MHA, DBH	Vilma Mendoza	Jeremy Mitchell aka Jet Findley (**Alternate)	Andre Moléttе
Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Byron Patel, RN	Mario J. Pérez, MPH
Aaron Raines (**Alternate)	Dechelle Richardson	Erica Robinson	Daryl Russell
Ismael Salamanca	Sabel Samone-Loreca (**Alternate)	Harold Glenn San Agustin, MD	Martin Sattah, MD
DeeAna Saunders	LaShonda Spencer, MD	Kevin Stalter	Lambert Talley (*Alternate)
Justin Valero, MPA	Carlos Vega-Matos (**Alternate)	Jonathan Weedman	Russell Ybarra
		MEMBERS:	**44**
		QUORUM:	**23**

LEGEND:

LoA = Leave of Absence; not counted towards quorum

Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum

Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member

LOS ANGELES COUNTY
COMMISSION ON HIV

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

VISION

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

MISSION

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

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Approved by COH 6/8/23

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.)

LOS ANGELES COUNTY
COMMISSION ON HIV

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

POLICY/PROCEDURE #08.2107	Consent Calendar	Page 1 of 3

NO PROPOSED CHANGES, 4/10/2008

ADOPTED, 1/10/2008

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

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

BACKGROUND:

- The Commission regularly takes action on multiple items at its monthly meetings. As a result, the Commission is pressured to give complex actions adequate consideration and due diligence, but must rush through motions in order to conclude the meetings on time.

- At the November 2, 2007 Commission meeting, members suggested using a Consent Calendar to expedite the motions that have unanimous support and do not necessitate discussion or debate. The Executive Committee formally endorsed the Consent Calendar practice at its December 3, 2007 meeting.

POLICY:

1) The "Consent Calendar" is a procedural mechanism to expedite Commission business by allowing the body to approve all motions on the consent calendar collectively without debate or dialogue.

2) Commission members or members of the public may set aside (or "pull") an item from the Consent Calendar for any reason in order for the body to discuss and/or vote on it at its appointed time on the agenda. Reasons for setting aside an item include an accompanying presentation, a desire to discuss, address and/or review the item, to register a contrary or opposing vote, and/or to propose an amendment to the motion.

3) Any item that would generate an opposing vote must be removed from the Consent Calendar and returned to its normal place on the agenda.

4) Those items that remain on the Consent Calendar (that have not been "pulled") will be approved collectively in the single Consent Calendar motion. The Consent Calendar motion must be approved unanimously by quorum of the voting membership that is present.

5) The motions that have been set aside will be addressed according to their order on the agenda. Removing an item from the Consent Calendar does not preclude a later vote on that item, nor its approval at a later point on the agenda.

6) Voting members are allowed to register their abstentions from individual items on the Consent Calendar during the Consent Calendar vote.

PROCEDURE(S):

1. **Consent Calendar**: All "action" motions on the Commission's (or other meetings') agendas are automatically placed on the Consent Calendar. "Procedural" motions (e.g., approval of the agenda, approval of the minutes) are not part of the Consent Calendar.

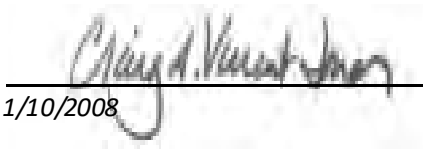
2. **Setting Aside Consent Calendar Items**: An item may be "pulled" from the Consent Calendar by any Commission member, member of the public, or staff member for any reason. The most common reasons for setting aside a Consent Calendar item are:
   a) There is a presentation that accompanies the item.
   b) The member has a question or would like information about the item.
   c) The member would like to see to discuss the item or see it discussed.
   d) The member would like to amend/substitute the motion.
   e) There is an opposing vote.

3. **Items Removed from the Consent Calendar**: "Pulling" an item from the Consent Calendar does not preclude that motion from being considered at a later point on the agenda:
   a) Setting aside a Consent Calendar item returns that item to its regular place on the agenda, where it is addressed at its appointed time.
   b) That motion will be voted on, in agendized order, unless the body chooses to postpone, amend or substitute it when it is considered.

4. **Approving the Consent Calendar**: The Consent Calendar approval vote must be unanimous.
   a) There is no discussion about the Consent Calendar approval, except to pull specific items.
   b) As with all Commission motions, a quorum must be present to vote on it.
   c) As a vote without objections, the Consent Calendar motion does not necessitate a roll call.
   d) Items that generate an opposing vote for the Consent Calendar approval must be removed from the Consent Calendar for later consideration on the agenda.
   e) Voting members may register "abstentions" for individual items on the Consent Calendar.

DEFINITIONS:

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

NOTED AND APPROVED:  **EFFECTIVE DATE:** January 10, 2008

Original Approval: 1/10/2008 *Revision(s):*

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)
APRIL 10, 2025 MEETING MINUTES

ST. ANNE'S CONFERENCE & EVENT CENTER
FOUNDATION ROOM
155 N. Occidental Blvd, Los Angeles, CA 90026
CLICK HERE FOR MEETING PACKET

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

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

COMMISSION MEMBERS P=Present | VP=Virtually Present | A=Unexcused Absence | EA=Excused Absence									
Dahlia Alè-Ferlito	P	Miguel Alvarez	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton	P
Dr. Danielle Campbell, PhDc, MPH	A	Dr. Mikhaela Cielo, MD	P	Lilieth Conolly	EA (LOA)	Sandra Cuevas	P	Mary Cummings	P
Erika Davies	EA	Kevin Donnelly	P	Kerry Ferguson	P	Jet Finley	A	Arlene Frames	EA (LOA)
Arburtha Franklin	P	Rita Garcia	P	Felipe Gonzalez	P	Bridget Gordon	EA	Reverend Gerald Green	A
Joe Green	P	Joaquin Gutierrez	P	Karl Halfman, MS	P	Dr. David Hardy, MD	EA	Ish Herrera	P
Terrance Jones	P	Dr. William King, JD	P	Lee Kochems	EA (LOA) Online	Leonardo Martinez-Real	P	Dr. Leon Maultsby, DBH	P

Vilma Mendoza	P	Andre Molette	P	Dr. Paul Nash	P	Katja Nelson	P	Byron Patel	P

Mario Perez, MPH	A	Aaron Raines	A	Dechelle Richardson	A	Erica Robinson	EA	Daryl Russell	P
Ismael Salamanca	P	Sabel Samone-Loreca	P	Dr. H. Glenn San Augustin	EA	Dr. Martin Sattah	P	Dee Saunders	P
Dr. LaShonda Spencer	P	Kevin Stalter	A	Lambert Talley	P	Justin Valero	P	Carlos Vega-Matos	P
Jonathan Weedman	P	Russell Ybarra	P						
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Dawn McClendon, Lizette Martinez, MPH; Jose Rangel-Garibay, MPH.									

1. ADMINISTRATIVE MATTERS

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

Joe Green, Commission on HIV (COH) Co-Chair, called the meeting to order at 9:00 AM, and reviewed meeting guidelines and reminders; see packet. Jim Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, S. Cuevas, M. Cummings, K. Donnelly, K. Ferguson, A. Franklin, R. Garcia, F. Gonzalez, J. Gutierrez, K. Halfman, T. Jones, W. King, L. Martinez-Real, L. Maultsby, V. Mendoza, A. Molette, P. Nash, K. Nelson, B. Patel, D. Russell, I. Salamanca, S. Samone-Loreca, M. Sattah, D. Saunders, L. Spencer, L. Talley, J, Valero, C. Vega-Matos, J. Weedman, R. Ybarra, and J. Green.

B. COUNTY LAND ACKNOWLEDGEMENT

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

C. APPROVAL OF AGENDA

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

D. APPROVAL OF MEETING MINUTES

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

E. APPROVAL OF CONSENT CALENDAR

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

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. RYAN WHITE PROGRAM YEAR 35 ALLOCATION CONTINGENCY PLANNING

Executive Director Cheryl Barrit set the stage for and underscored vital concepts for navigating the conversation around key decisions regarding the Ryan White (RW) Program Year 35 (PY35) allocation and contingency planning. C. Barrit introduced Valerie Coachman-Moore, the facilitator for the contingency planning discussion, Dr. Michael Green, Division of HIV and STD Programs (DHSP), and the Planning, Priorities and Allocations (PP&A) Committee Co-chairs, Kevin Donnelly and Daryl Russell.

Dr. M. Green provided background on the prioritization of services according to those delineated by the Health Resources and Services Administration's (HRSA) policy # 1602, and allocation of resources to those service categories.

Dr. Green highlighted the presentation slides on HIV Care and Treatment Services Investments 2025-2026 – please refer to the PPT slides. Dr. Green shared the following responses to inquiries made by the Commission and members of the public: 1.) the Case Watch data system can track clients who are eligible for Medi-Cal, 2.) new DHSP contracts have language for providers to perform their due diligence in migrating eligible clients over to Medi-Cal, 3.) RW funds can be spent in any of the service categories delineated in HRSA's policy clarification note # 1602, and 4.) DHSP requires agencies to be Medi-Cal certified and to be able to bill under Medi-Cal but does not know whether a specific provider who is treating an RW patient has availability under Medi-Cal reimbursement rates to continue seeing the patient.

The PP&A Co-Chairs reported:

- The PP&A Committee has discussed the need to plan for a worst-case scenario in which the Ryan White Part A and Minority AIDS Initiative (MAI) award for LAC is significantly reduced.
- Based on information provided by DHSP on March 25, DHSP has only received a partial notice of award of approximately $8 million for Fiscal Year 25, and last year, DHSP did not receive the final notice of award until June 2024.

- This year's partial award notice does not include any information regarding the final award amount, and the partial award is based on the formula portion of last year's award. DHSP does not know when they will receive a final notice of award for RWP Part A and MAI.
- The PP&A Committee focused on developing a contingency plan based on the partial award of $13 million. The $13 million was the amount given by DHSP staff to the PP&A committee on March 18, 2025, based on the amount of funding available for HIV care services.
- The PP&A Committee took the following data and information into consideration when determining contingency plan allocation amounts:
  - Expenditure reports under each funded service category. Projected expenditures were used as PY34 ended on February 28, 2025, and invoicing for the year is not complete.
  - Service utilization rates (i.e., the number of clients accessing a service) and cost per unit of service.
  - Service priority rankings that were previously determined by the Committee. Service ranking is independent of funding allocations.
  - The Committee identified other payor sources for various RWP-funded services. Some RWP services can be covered by Medi-Cal for eligible clients, such as mental health, dental services under Denti-Cal, and substance use disorder. Also, HOPWA resources are available for PLWH.
  - Preservation of core services aligns with the statutory requirement of 75% of program expenditures dedicated to core services and 25% of program expenditures dedicated to support services.
- At their March 18, 2025, meeting, the PP&A committee allocated $13 million of RWP funds, which includes Part A, MAI, and Part B, to the following services:
  - Outpatient Ambulatory Medical (AOM) Services to match PY34 projected expenditures of $6.8 million to ensure ongoing engagement and retention in HIV care.
  - Fund Medical Transportation Services at a reduced amount of PY34 projected expenditures from approximately $715,000 to $500,000. Medi-Cal for those who qualify, can be utilized to support consumers travel to appointments.
  - Fund Benefits Specialty Services at PY34 projected expenditures to support consumers identifying other non-RW support services that may replace RWP services that will no longer be supported (ex: food bank services).
  - Allocate remaining funds to Medical Care Coordination (MCC) services to support clients with the most challenging needs. Utilization reports show high utilization rates within this service category.
  - Ryan White Program Year 35 Service Rankings and Allocations Table scenarios slides were presented to the full body to provide perspective on and justification for their deliberations. No votes were held in PP&A.

V. Coachman-Moore facilitated a discussion focusing on what the Commission on HIV should do to serve the greatest number of people possible in 2025 across LAC in the worst case of $13.4 million for funding HIV services. V. Coachman-Moore emphasized that the Commission is tasked with: (1) reviewing the PP&A Committee's recommendations, (2) determining if the recommended levels of funding for the $13.4 million are what the full body wants to vote on, or (3) does the body want to make changes to the percentage recommendations.

The body reviewed:

- Scenario 1: original allocations approved in 2024 at $45 million
- Scenario 2: current percentages proposed by the PP&A Committee at $13.4 million
- Summary of responses to questions: (1) DHSP will review data monthly to adjust their projections as data is expected to change as patients migrate to Medi-Cal, (2) ideally, data should only consist of those remaining in the RWP, (3) the COH will determine whether the focus will be to serve the greatest number or the greater good, (4) there should be consideration for new clients without insurance entering care, and (5) PP&A deliberations are not final, the full body will deliberate.
- Public comments regarding keeping funding intact for agencies and their respective service categories were heard from the following: Terry Goddard (Alliance for Housing and Healing/ APLA Health and Wellness), Carlos Moreno (CHLA), Scott Blackburn (APLA Health), Dr. Fariba Younai (Professor, UCLA), Bridget Tweddell (Project New Hope), Paul Chavez (LA LGBT Center), Shane Henson (Inner City Law Center), Adam Yakira (Inner City Law Center), Jeff Bailey (APLA), Jaime Baker (Being Alive) (submitted via SurveyMonkey), and Lorena Sanchez (HOPWA)(online).
- Motion 4: Approve the Ryan White Program Year 35 Allocation Contingency Plan and grant the Division of HIV and STD Programs (DHSP) the authority to adjust allocations by up to ten percent (10%) per service category, as needed, without returning to the full Commission for additional approval, was passed.

4. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/ Staff Report

Executive Director, Cheryl Barrit, thanked Valerie Coachman-Moore for her expertise in facilitating the COH contingency planning conversation and the full body for their willingness to participate in the discussion. C. Barrit highlighted that a full report from the Restructuring work group meetings held on March 13th, 20th, and 21st is provided in the meeting packet and requested that everyone review the material in preparation for May's Committee meeting discussion. Two additional sessions will be held virtually, one on April 15th and one on April 23rd. C. Barrit will send an additional reminder.

B. Co-Chairs' Report.

- No report provided. J. Green encouraged everyone to sign up to volunteer for the WeHo PRIDE event.

5. STANDING COMMITTEE REPORTS – I

A. Standards and Best Practices (SBP) Committee

Staff member Jose Rangel-Garibay reported:

- The Standards and Best Practices (SBP) committee decided to review the following service standards: Mental Health, Legal Services, and Patient Support Services.
- The committee continued their review of the Transitional Case Management (TCM) service standards and discussed the service components to include in the document. The revised TCM service standards document will include guidance for the following special populations: youth, justice-involved, and older adults 50 and over.
- The committee will invite subject matter experts to their next meeting to inform their deliberations.

- The next SBP committee meeting will be on Tuesday, May 6, 2025, from 10 am-12 pm at the Vermont Corridor on the 14th floor.
- The link to the April 1, 2025, meeting packet can be found HERE.

Motion #5: Housing Service Standards was approved by consent calendar.

B. Public Policy Committee (PPC)

Co-Chair Katja Nelson reported:

- The Public Policy Committee (PPC) did not meet in April. Additionally, the May 5, 2025, PPC meeting is canceled. The next PPC meeting will be on June 2, 2025.
- The bills on the 2025-26 Legislative Docket are included in the meeting packet.
- The link to the April 7, 2025, cancellation notice can be found HERE.

Motion #6: 2025 COH Legislative Docket was approved by consent calendar.

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

(1) Transgender Caucus

Co-Chair Rita Garcia reported:

- The Caucus discussed proposed edits to the draft solidarity statement, including the use of appropriate terminology. Caucus members recommended to include examples highlighting the accomplishments and resiliency of the Transgender, Gender-Expansive, Intersex, Two-Sprit + (TGI2S+) community in the solidarity statement.
- The revised draft was shared with the Executive Committee and is included in the meeting packet. Motion # 7: Statement of Solidarity was approved by consent calendar.
- The Caucus reviewed the suggested discussion questions developed by the Women's Caucus and provided feedback on the next steps for conducting a community listening session for transgender women. Caucus members volunteered to host/lead a listening session and will meet with COH staff to discuss logistics.
- The Caucus discussed developing a toolkit to share with listening session participants.
- The next virtual Transgender Caucus meeting will be held on April 22, 2025, from 10 am to 11:30 am.
- The link to the March 25, 2025, meeting packet can be found **HERE.**

Please refer to the Key Takeaway document in the meeting packet for additional committee, caucus, and task force reports.

7. MISCELLANEOUS

C. 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.)***

- Frankie-Darling Palacios requested all to submit public comments regarding the Centers for Medicare and Medicaid Services (CMS) proposed rollback of protections for gender-affirming care by April 11th.

D. 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 new committee business.

E. 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.)***

- Bernardo Gomez from The Wall Las Memorias thanked all who attended the United for Solutions: Conference on the Opioid and Meth Crisis, held at the California Endowment o March 26th.
- Dr. Mikhaela Cielo announced that one of the Women's Caucus listening sessions will focus on transgender women.
- Dr. Paul Nash announced that the Administration for Community Living was disbanded last month, causing grave concern for people living with disabilities, including older adults. The Aging Caucus and PPC will follow this turn of events closely.
- Justin Valero reminded all of the upcoming Priority Setting and Resource Allocations Process training on April 23rd, from 12 pm – 1 pm.
- Russell Ybarra announced that Capitol Drugs is hosting a health fair on May 17th; there is no cost for agencies to table at the event.
- Katja Nelson will provide a flyer to staff regarding the Long Beach Health wing reopening.
- Joaquin Gutierrez announced that Dress for Success will be held on May 31st at Alta Med in South Gate.

F. Adjournment and Roll Call: Adjournment for the meeting of April 10, 2025.

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

ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, S. Cuevas, M. Cummings, K. Donnelly, K. Ferguson, A. Franklin, R. Garcia, F. Gonzalez, J. Gutierrez, K. Halfman, I. Herrera, T. Jones, W. King, L. Martinez-Real, L. Maultsby, V. Mendoza, A. Molette, P. Nash, K. Nelson, B. Patel, D. Russell, I. Salamanca, S. Samone-Loreca, M. Sattah, D. Saunders, L. Spencer, L. Talley, J, Valero, C. Vega-Matos, 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 March 13, 2025, 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 the Ryan White Program Year 35 Allocation Contingency Plan and grant the Division of HIV and STD Programs (DHSP) the authority to adjust allocations by up to ten percent (10%) per service category, as needed — without returning to the full Commission for additional approval.	Summary of votes: Yes: D. Ale-Ferlito, M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, M. Cummings, K. Donnelly, K. Ferguson, A. Franklin, R. Garcia, J. Green, F. Gonzalez, J. Gutierrez, T. Jones, W. King, L. Martinez-Real, L. Maultsby, V. Mendoza, A. Molette, P. Nash, B. Patel, D. Russell, I. Salamanca, M. Sattah, S. Saunders, L. Spencer, S. Samone-Loreca, L. Talley, J. Valero, C. Vega-Matos, R. Ybarra. No: None. Abstain: S. Cuevas, K. Halfman, K. Nelson	**MOTION PASSED**
MOTION #5: Approve Housing Service Standards, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION #6: Approve the 2025 Legislative Docket, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION #7: Approve Transgender Caucus Statement of Solidarity, as presented or revised.	Passed by Consensus.	**MOTION PASSED**

LOS ANGELES COUNTY COMMISSION ON HIV

2025 MEMBERSHIP ROSTER| UPDATED 4.21.25

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative	1	PP&A	Ismael Salamanca	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP **Non Voting*	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, DBH, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			***Vacant***		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC|OPS	Dechelle Richardson	No affiliation	July 1, 2024	June 30, 2026	
17	Provider representative #7	1	SBP	David Hardy	LAC-USC Rand Schrader Clinic	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4			***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	Carlos Vega-Matos (PP&A)
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
28	Unaffiliated representative, Supervisorial District 2	1	EXC|OPS	Bridget Gordon	*Unaffiliated representative*	July 1, 2024	June 30, 2026	Aaron Raines (OPS)
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames ***(LOA)***	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Sabel Samone-Loreca (SBP)
30	Unaffiliated representative, Supervisorial District 4			***Vacant***		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilieth Conolly ***(LOA)***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	Gerald Green (PP&A)
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Jeremey Mitchell (Jet Finley) (PPC)
34	Unaffiliated representative, at-large #3	1	EXC|PP&A	Daryl Russell, M.Ed	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, 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		Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA			***Vacant***		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA ***(LOA)***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC|OPS | 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	Arburtha Franklin	Translatin@ Coalition	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6			***Vacant***		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:	**43**						

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

LOA: Leave of Absence

Overall total: 52

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: April 28, 2025
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	**Co-Chair, Comm./Exec.***	**Commissioner**
Alasdair Burton	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Arlene Frames *(LOA)*	Co-Chair, SBP	Commissioner
Bridget Gordon	At-Large	Commissioner
Arburtha Franklin	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Dèchelle Richardson	At-Large	Commissioner
Erica Robinson	Co-Chair, Operations	Commissioner
Darryl Russell	Co-Chair, PP&A	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 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**
Erica Robinson	**Committee Co-Chair***	**Commissioner**
Justin Valero	**Committee Co-Chair***	**Commissioner**
Jayda Arrington	*	Commissioner
Miguel Alvarez	*	Commissioner
Alasdair Burton	At-Large	Commissioner
Bridget Gordon	At-Large	Commissioner
Joaquin Gutierrez *(alternate to Ish Herrera)*	*	Alternate
Ismael Herrera	*	Commissioner
Leon Maultsby, DBH, MHA	*	Commissioner
Vilma Mendoza	*	Commissioner
Aaron Raines *(alternate to Bridget Gordon)*	*	Alternate
Dèchelle Richardson	At-Large	Commissioner

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= 14| Number of Quorum= 8**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Daryl Russell, M.Ed	**Committee Co-Chair***	Commissioner
Al Ballesteros, MBA	*	Commissioner
Lilieth Conolly *(LOA)*	*	Commissioner
Rita Garcia *(alternate to Felipe Gonzalez)*	*	Alternate
Felipe Gonzalez	*	Commissioner
Reverend Gerald Green *(alternate to Lilieth Conolly)*	*	Alternate
William D. King, MD, JD, AAHIVS	*	Commissioner
Rob Lester	*	Committee Member
Miguel Martinez, MPH	*	Committee Member
Harold Glenn San Agustin, MD	*	Commissioner
Ismael Salamanca	*	Commissioner
Dee Saunders	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Carlos Vega-Matos *(alternate to Kevin Donnelly)*	*	Alternate
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 9 | Number of Quorum= 5**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Arburtha Franklin	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Mary Cummings	*	Commissioner
Jet Finley *(alternate to Terrance Jones)*	*	Alternate
OM Davis	*	Committee Member
Terrance Jones	*	Commissioner
Lee Kochems ***(LOA)***	*	Commissioner
Leonardo Martinez-Real	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	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 = 15 | Number of Quorum = 8**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Arlene Frames ***(LOA)***	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Dahlia Alè-Ferlito	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Sandra Cuevas	*	Commissioner
Caitlyn Dolan	*	Committee Member
Kerry Ferguson	*	Alternate
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Sabel Samone-Loreca *(alternate to Arlene Frames)*	*	Alternate
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Kevin Stalter	*	Commissioner
Russell Ybarra	*	Commissioner

AGING CAUCUS

Regular meeting day/time: 2nd Tuesday Every Other Month @ 1pm-3pm
Co-Chairs: Kevin Donnelly & Paul Nash
Open membership

CONSUMER CAUCUS

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

BLACK CAUCUS

Regular meeting day/time: 3rd Thursday of Each Month @ 4PM-5PM (Virtual)
Co-Chairs: Leon Maultsby & Dechelle Richardson
Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 3rd Thursday Quarterly @ 10AM-11:30 AM
Co-Chairs: Rita Garcia, Chi Chi Navarro & Diamond Paulk
Open membership

WOMEN'S CAUCUS

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

HOUSING TASKFORCE

Regular meeting day/time: Virtual – 4th Friday of Each Month @ 9AM – 10AM
Co-Chairs: Katja Nelson & Dr. David Hardy
Open membership

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/5/25

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

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

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

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

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

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

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

Division of HIV and STDs Contracted Community Services

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

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

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	

Commission on HIV: Program Year 35 (FY2025-2026)
DRAFT DHSP Recommendations

Rank	Service Categories	Service Type	Part A %	MAI %
9	**AIDS Drug Assistance Program** (ADAP) **Treatment**	Core	0%	0%
22	**AIDS Pharmaceutical Assistance** (LPAP)	Core	0%	0%
11	**Early Intervention Services (Testing Services)**	Core	0%	0%
15	**Health Insurance Premium & Cost Sharing Assistance**	Core	0%	0%
17	**Home & Community Based Health Service (Intensive Case Management-Home Based)**	Core	**7.67%**	0%
16	**Home Health Care**	Core	0%	0%
28	**Hospice**	Core	0%	0%
6	**Medical Case Management** (Medical Care Coordination)	Core	**29.45%**	0%
26	**Medical Nutrition Therapy**	Core	0%	0%
3	**Mental Health Services**	Core	0%	0%
8	**Oral Health Care**	Core	**21.86%**	0%
20	**Outpatient/Ambulatory Health Services**	Core	0%	0%
12	**Substance Abuse Outpatient Care**	Core	0%	0%
Core Services Total			**58.98%**	0%
Rank	**Service Categories**	**Service Type**	**Part A %**	**MAI %**
18	**Child Care Services**	Support	0%	0%
2	**Emergency Financial Assistance (Emergency Rental Assistance)**	Support	**9.16%**	0%
7	**Food Bank/Home Delivered Meals**	Support	**9.82%**	0%
3	**Health Education/Risk Reduction**	Support	0%	0%
1	**Housing Services** (RCFCI)	Support	**9.33%**	0%
1	**Housing Services** (TRCF)	Support	**1.31%**	0%
1	**Housing Services** (Rampart Mint/Transitional/Permanent)	Support	0%	**84.13%**
27	**Linguistics Services**	Support	0%	0%
10	**Medical Transportation**	Support	0%	**15.87%**
5	**Non-Medical Case Management Services** (Benefits Specialty Services)	Support	**4.91%**	0%
5	**Non-Medical Case Management Services** (Transitional Case Management - Jails)	Support	0%	0%
5	**Non-Medical Case Management Services** (Patient Support Service)	Support	**13.58%**	0%
23	**Other Professional Services** (Legal)	Support	**4.58%**	0%
14	**Outreach Services**	Support	0%	0%
4	**Psychosocial Support**	Support	0%	0%
24	**Referral For Health Care Supportive Services**	Support	0%	0%
25	**Rehabilitation Services**	Support	0%	0%
21	**Respite Care**	Support	0%	0%
19	**Substance Abuse - Residential**	Support	0%	0%
Support Service Total			**52.68%**	**100%**

Total	**111.66%**	**100%**
overage	**11.66%**	

Ryan White Program Year 35 (FY2025-2026) Service Rankings and Allocations Table - Scenario #3 [1]

Partial Award: $24,448,952 in Part A funds and $3,150,000 in MAI funds

Motion #4 - Approve the Ryan White Program Year 35 Allocation Contingency Plan (Scenario #3) and grant the Division of HIV and STD Programs (DHSP) the authority to adjust allocations by up to ten percent (10%) per service category, as needed —without returning to the full Commission for additional approval.

Priority Ranking	Core Service Categories	Service Type	Part A %	MAI %
9	**AIDS Drug Assistance Program** (ADAP) **Treatment**	Core	0%	0%
22	**AIDS Pharmaceutical Assistance** (LPAP)	Core	0%	0%
11	**Early Intervention Services (Testing Services)**	Core	0%	0%
15	**Health Insurance Premium & Cost Sharing Assistance**	Core	0%	0%
17	**Home & Community Based Health Service (Intensive Case Management-Home Based)**	Core	**6.67%**	0%
16	**Home Health Care**	Core	0%	0%
28	**Hospice**	Core	0%	0%
6	**Medical Case Management** (Medical Care Coordination)	Core	**27.91%**	0%
3	**Mental Health Services**	Core	0%	0%
8	**Oral Health Care**	Core	**20.31%**	0%
20	**Outpatient/Ambulatory Health Services**	Core	0%	0%
12	**Substance Abuse Outpatient Care**	Core	0%	0%
	Core Services Total		**54.89%**	0%
Priority Ranking	**Support Service Categories**	**Service Type**	**Part A %**	**MAI %**
18	**Child Care Services**	Support	0%	0%
2	**Emergency Financial Assistance (Emergency Rental Assistance)**	Support	**8.16%**	0%
7	**Food Bank/Home Delivered Meals**	Support	**8.82%**	0%
3	**Health Education/Risk Reduction**	Support	0%	0%
1	**Housing Services** (RCFCI)	Support	**8.33%**	0%
1	**Housing Services** (TRCF)	Support	**1.31%**	0%
1	**Housing Services** (Rampart Mint/Transitional/Permanent)	Support	0%	**84.13%**
27	**Linguistics Services**	Support	0%	0%
10	**Medical Transportation**	Support	0%	**15.87%**
5	**Non-Medical Case Management Services** (Benefits Specialty Services)	Support	**3.91%**	0%
5	**Non-Medical Case Management Services** (Transitional Case Management - Jails)	Support	0%	0%
5	**Non-Medical Case Management Services** (Patient Support Service)	Support	**12.58%**	0%
23	**Other Professional Services** (Legal)	Support	**2.00%**	0%
14	**Outreach Services**	Support	0%	0%
4	**Psychosocial Support**	Support	0%	0%
24	**Referral For Health Care Supportive Services**	Support	0%	0%
25	**Rehabilitation Services**	Support	0%	0%
21	**Respite Care**	Support	0%	0%
19	**Substance Abuse - Residential**	Support	0%	0%
	Support Service Total		**45.11%**	**100%**
	Total		**100.00%**	**100%**

Footnotes

(1) DHSP recommendations; Approved by PP&A Committee on 5.1.25

Ryan White Program Year (PY) 35 Service Rankings and Allocations Table (Approved by COH on 9/26/24)

			FY 2025 (PY 35) [1]	
Service Type	**Service Ranking**	**Service Category**	**Part A %**	**MAI %**
Core	**6**	Medical Case Management (Medical Care Coordination)	**29.00%**	**0.00%**
Core	**8**	Oral Health	**21.30%**	**0.00%**
Core	**20**	Outpatient/Ambulatory Medical Health Services (Ambulatory Outpatient Medical)	**17.11%**	**0.00%**
Core	**11**	Early Intervention Services (Testing Services)	**0.00%**	**0.00%**
Core	**17**	Home and Community-Based Health Services	**6.50%**	**0.00%**
Support	**2**	Emergency Financial Assistance	**8.00%**	**0.00%**
Support	**7**	Nutrition Support (Food Bank/Home-delivered Meals)	**7.79%**	**0.00%**
Support	**5**	Non-Medical Case Management		
		Patient Support Services	**0.00%**	**0.00%**
		Benefits Specialty Services	**3.95%**	**0.00%**
		Transitional Case Management - Jails	**1.58%**	**0.00%**
Support	**10**	Medical Transportation	**1.84%**	**0.00%**
Support	**23**	Legal Services	**2.00%**	**0.00%**
Support	**1**	Housing		
		Housing Services RCFCI/TRCF (Home-Based Case Management)	**0.91%**	**0.00%**
		Housing for Health	**0.00%**	**100.00%**
Core	**3**	Mental Health Services	**0.02%**	**0.00%**
Core	**9**	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%
Core	**22**	Local AIDS Pharmaceutical Assistance Program (LPAP)	0.00%	0.00%
Core	**15**	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%
Core	**16**	Home Health Care	0.00%	0.00%
Core	**28**	Hospice Services	0.00%	0.00%
Core	**26**	Medical Nutritional Therapy	0.00%	0.00%
Core	**12**	Substance Abuse Services Outpatient	0.00%	0.00%
Support	**18**	Child Care Services	0.00%	0.00%
Support	**13**	Health Education/Risk Reduction	0.00%	0.00%
Support	**27**	Linguistic Services (Language Services)	0.00%	0.00%
Support	**14**	Outreach Services (LRP)	0.00%	0.00%
Support	**4**	Psychosocial Support Services	0.00%	0.00%
Support	**24**	Referral	0.00%	0.00%
Support	**25**	Rehabilitation	0.00%	0.00%
Support	**21**	Respite Care	0.00%	0.00%
Support	**19**	Substance Abuse Residential	0.00%	0.00%
		Overall Total	**100.00%**	**100.00%**

Footnotes:

(1) Approved by PP&A Committee on 9/17/24; approved by Exec. Committee on 9/26/24: Exe. approved due to lack of quorum @ COH meeting on 9/12/24)

Green font indicates allocation increase from PY34

Red font indicates allocation decrease from PY34

Ryan White Program Utilization Summary Year 33: Support Services (March 1, 2023-February 2024)

Sona Oksuzyan, Supervising Epidemiologist

Janet Cuanas, Research Analyst III

Monitoring and Evaluation Unit

Division of HIV and STD Programs

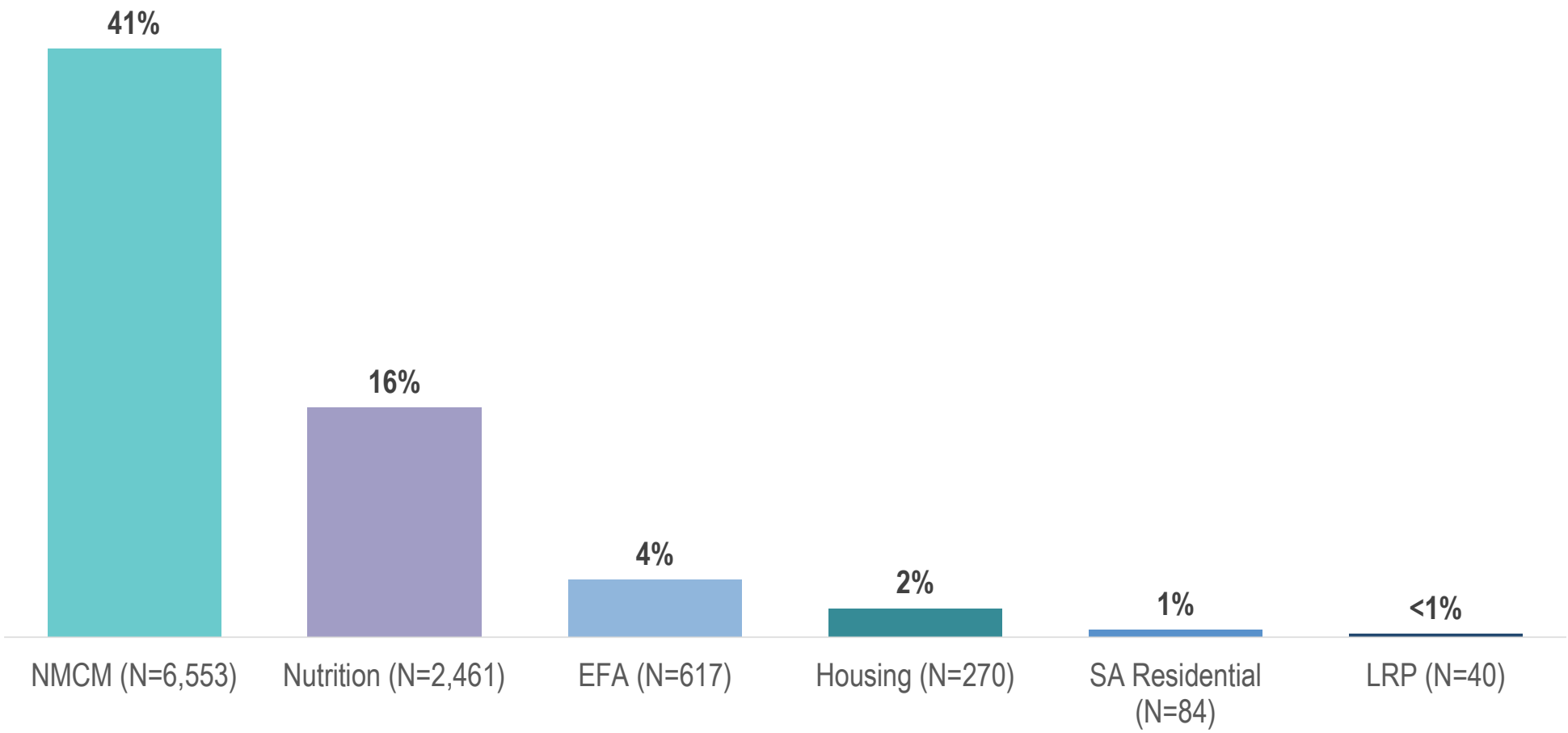
May 1, 2025

RWP Support Services
(Year 33: Mar 1, 2023-Feb 29, 2024)

- Emergency Financial Assistance (EFA)
- Housing
- Non-Medical Case Management (NMCM)
- Nutrition
- Substance Abuse (SA) Residential
- Linkage & Re-engagement Program (LRP)

County of Los Angeles Public Health

NMCM and Nutrition were the most highly utilized support services in Year 33.



Emergency Financial Assistance (EFA)

Provides limited one-time or short-term payments to assist RWP clients with an urgent need for rent, utilities and/or food. Annual cap was $5,000. Clients may apply at APLA and DHS.

County of Los Angeles Public Health

- A total of **617 unique clients** received EFA services, an increase from Year 31 at 275 and Year 32 at 378.
- EFA clients represented **4% of RWP clients**

Utilization of EFA clients, Year 33

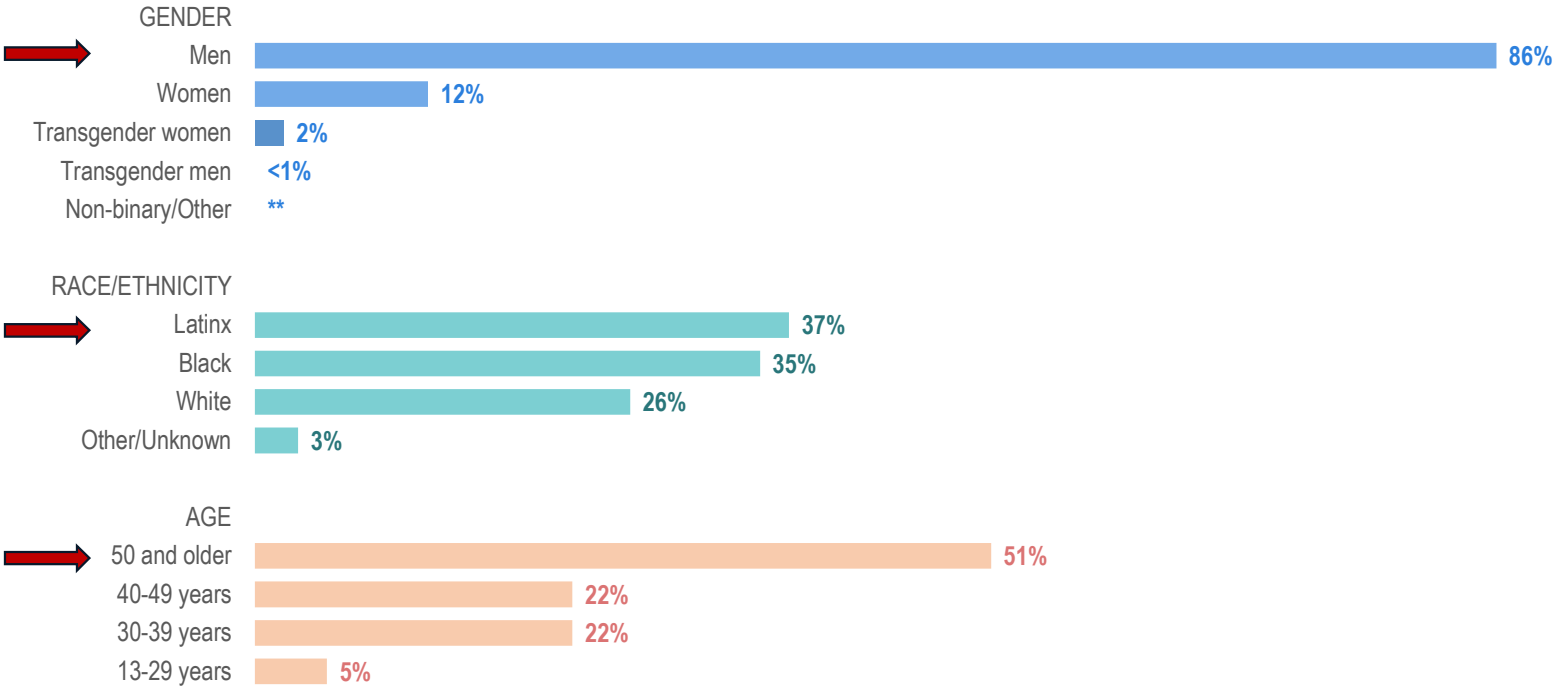
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
EFA	**617**	**Dollars**	**2,058,506**	**3,336**	***$2,614,115***	***$4,237***

Funding Source:

- *Part A - $2,614,115*

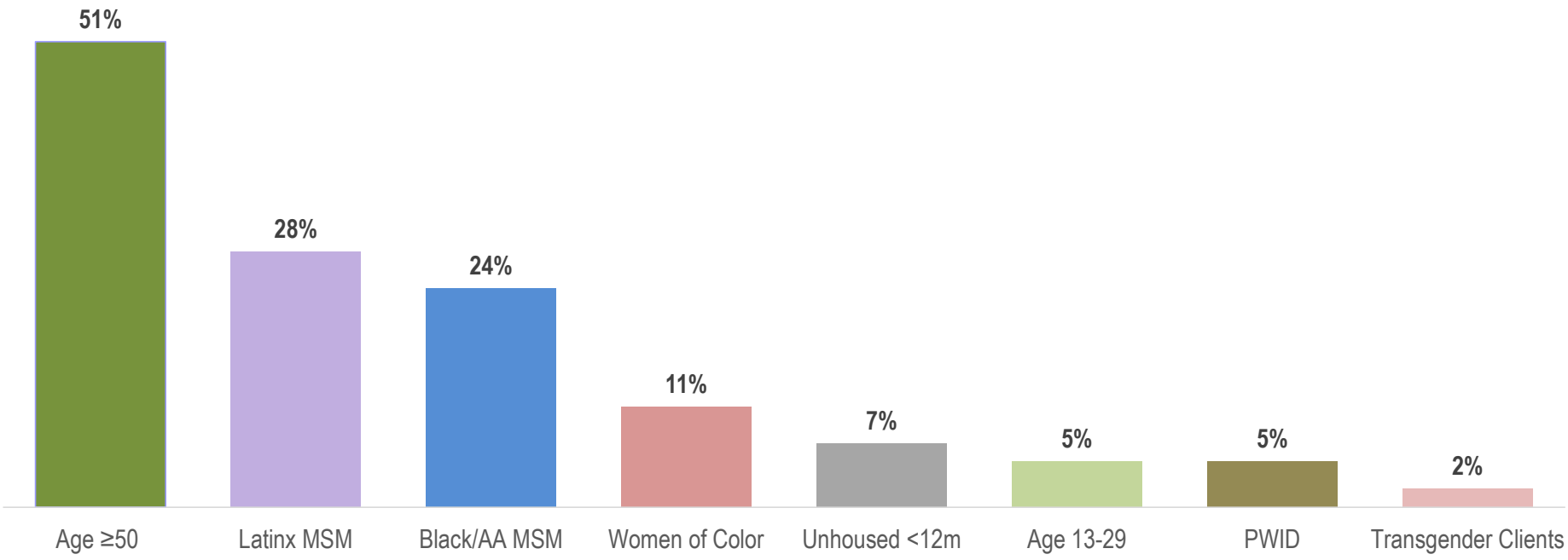
Men, Latinx, and RWP clients aged 50 and older comprised the majority of EFA clients.

In Year 33 the largest percent of EFA clients identified as men (86%), or were Latinx (37%), or were aged 50 and older (51%).



EFA services are reaching clients in LAC priority populations*, Year 33

- Over half of EFA clients were people **aged 50 and older**
- Over a quarter were **Latinx MSM**
- Slightly less than a quarter were **Black/AA MSM**

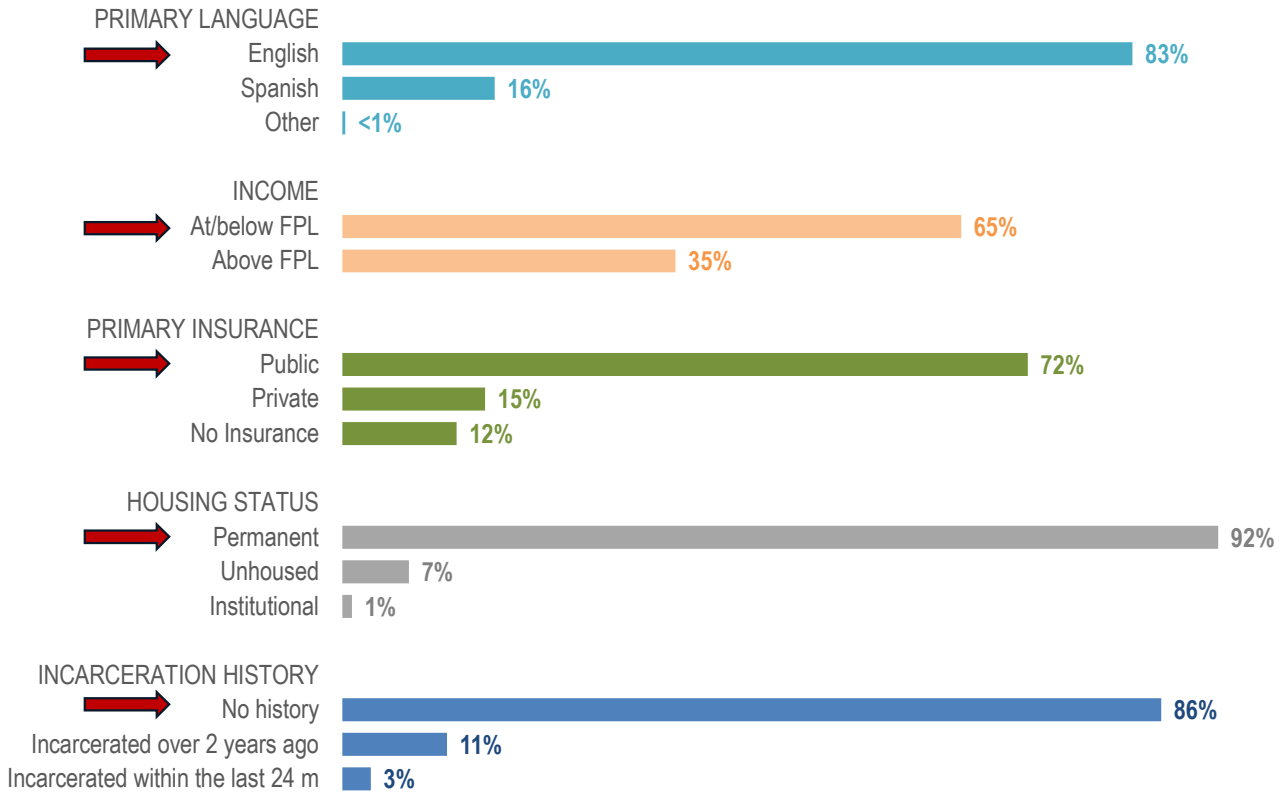


*Priority population groups are not mutually exclusive, they overlap.

Most EFA clients were English speakers, most were living ≤ FPL, most had private insurance, most were permanently housed, and most had no incarceration history.

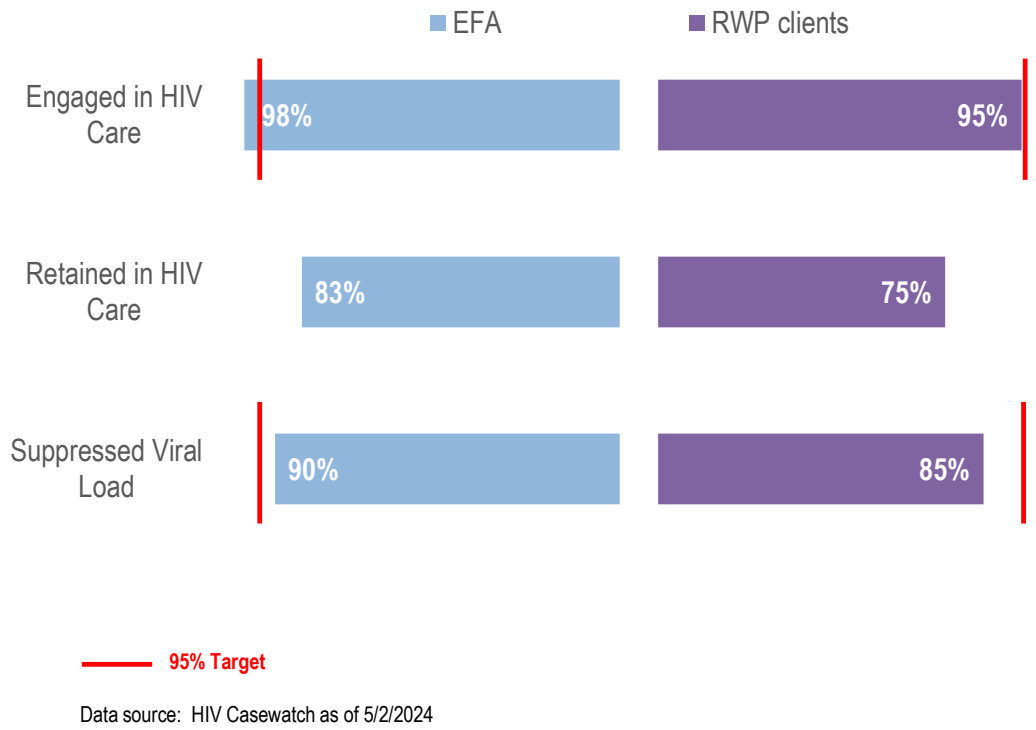
County of Los Angeles Public Health

EFA Client Health Determinants, Year 33, N=617



HIV Care Continuum in EFA clients, Year 33 (N=617)

- Engagement, retention in care, and viral load suppression percentages were higher for EFA clients compared to RWP clients overall, Year 33.
- EFA clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



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

Housing

Provides temporary or permanent housing with supportive services for RWP clients. Sites: APLA, DHS, Project New Hope and Salvation Army Alegria

A total of **270 unique clients** received Housing services, an increase from Year 31 at 237 and Year 32 at 241.

- *Permanent Supportive Housing* - **173** clients
- *Residential Care Facilities for the Chronically Ill* – **70** clients
- *Transitional Residential Care* – **32** clients

Housing clients represented **2% of RWP clients** in Year 33.

County of Los Angeles Public Health

Utilization of Housing clients, Year 33

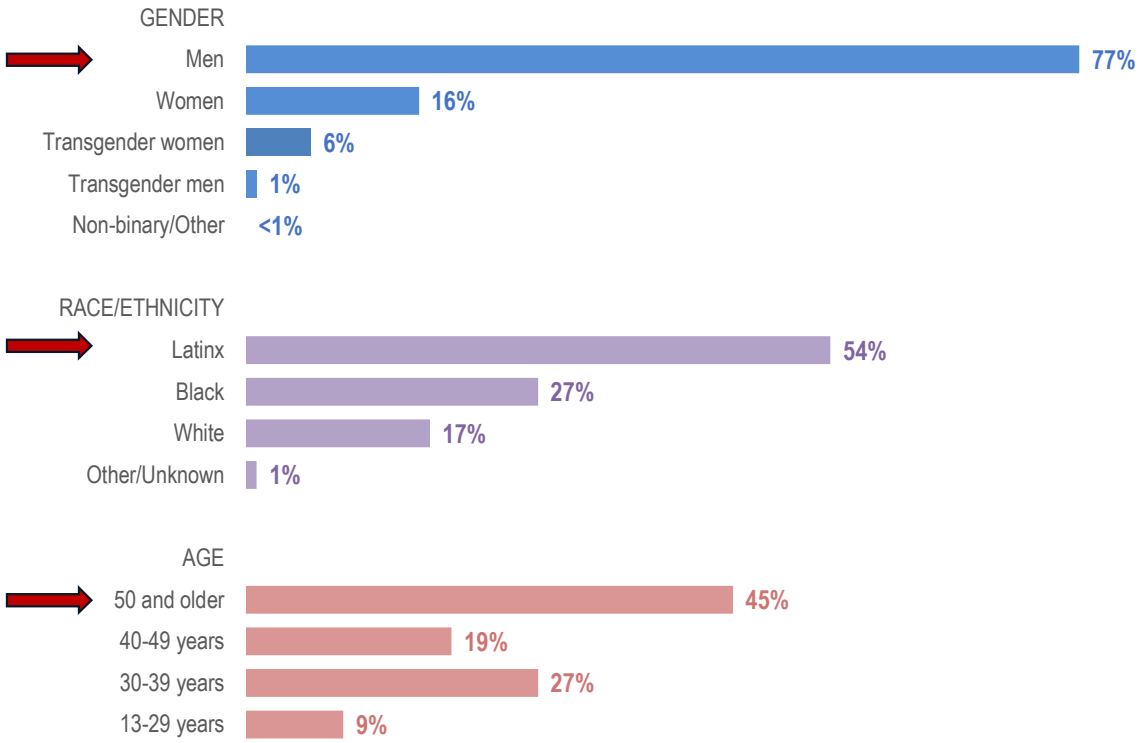
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Housing	**270**	**Days**	**68,921**	**255**	***$8,354,482***	***$30,943***
Permanent Supportive Housing (H4H)	173	Days	47,664	276	*$3,841,288*	*$22,204*
Residential Care Facilities for the Chronically Ill	70	Days	14,866	212	*$3,668,495*	*$52,407*
Transitional Residential Care Facilities	32	Days	6,391	200	*$844,699*	*$26,397*

Funding Source:

- *Part A - $336,381*
- *MAI - $3,671,015*
- *Part B – $4,153,100*
- *HIV NCC - $193,986*

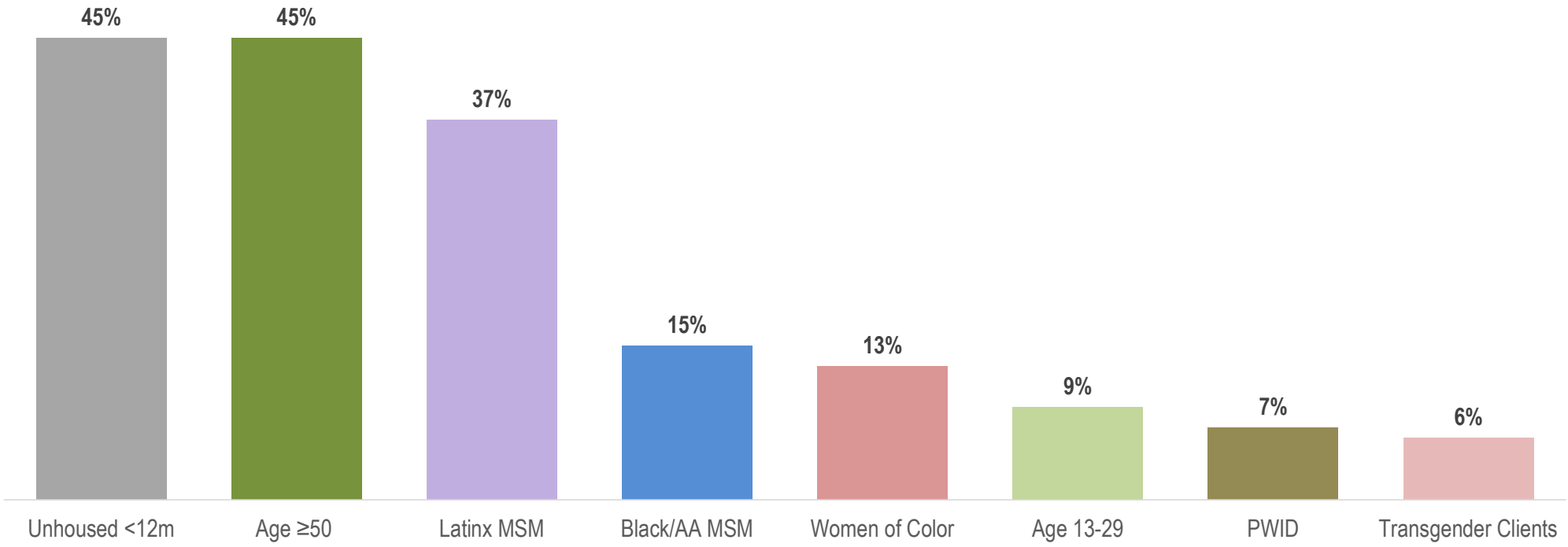
Most Housing clients identified as men, most were Latinx, and most aged 50 and older

Housing Client Demographics, Year 33, N=270



LAC Priority Populations Accessing Housing Services*, Year 33

- About 45% of Housing clients were unhoused at some point during Year 33
- RWP clients **aged 50 and older** represented 45% of Housing clients, followed by **Latinx MSM** clients

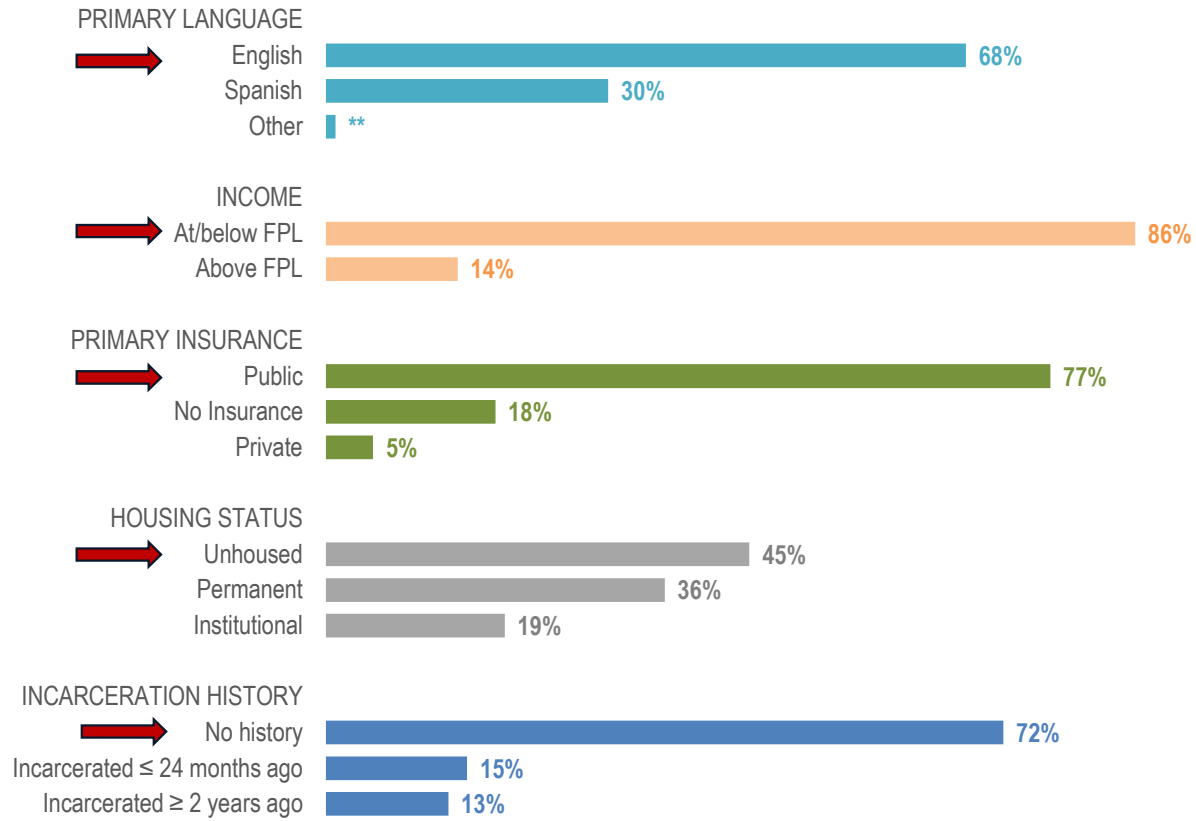


*Priority population groups are not mutually exclusive, they overlap.

Most of Housing clients were English-speakers, most living ≤ FPL, most had public insurance, most were unhoused, most had no history of incarceration.

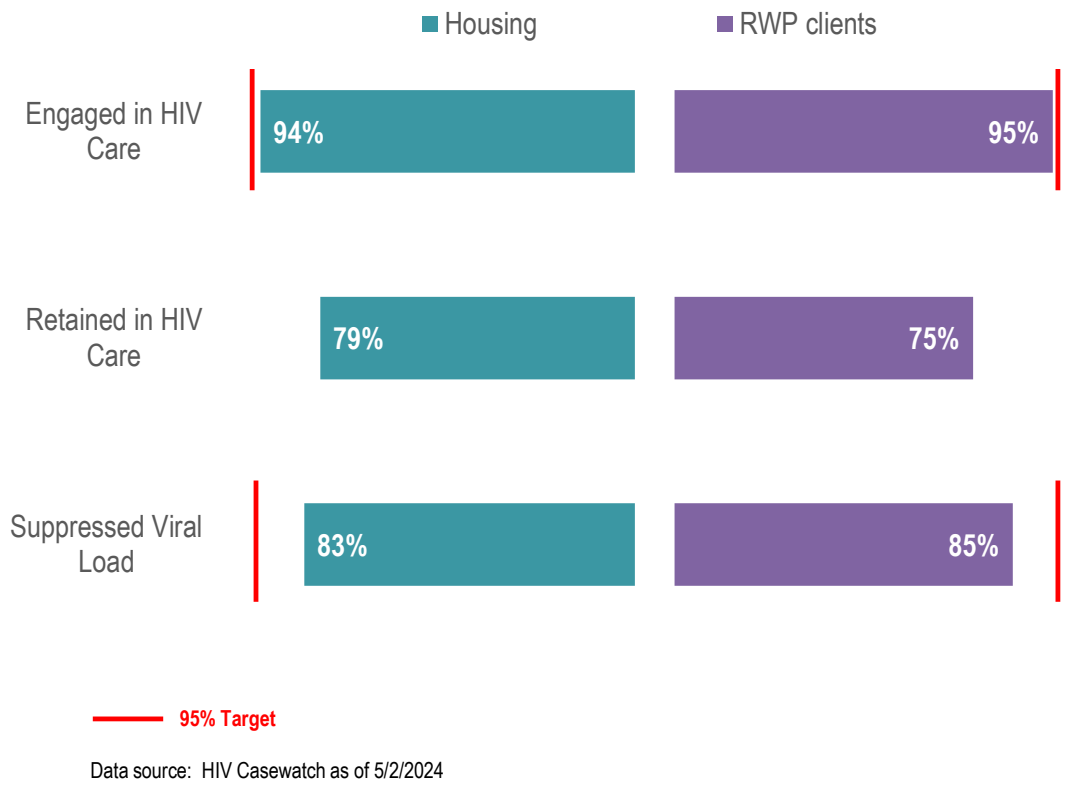
County of Los Angeles Public Health

Housing Client Health Determinants, Year 33, N=270



HIV Care Continuum in Housing clients, Year 33 (n=270)

- Engagement and viral load suppression percentages were lower for Housing clients compared to RWP clients overall, Year 33. Retention was higher among housing clients than RWP clients overall.
- Housing clients did not meet the EHE targets.



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

Non-Medical Case Management (NMCM)

Provides coordination, guidance and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services, and assists eligible clients to obtain access to other public and private programs. Available at 12 contracted sites.

County of Los Angeles Public Health

A total of **6,553 unique clients** received **NMCM** services, an increase from Year 31 at 5,146 and Year 32 at 4,712.

- *Benefit Specialty* services were provided to **6,121** clients.
- *Transitional Case Management (TCM)* services were provided to **472** clients.

NMCM clients represented **41% of RWP clients.**

Utilization of NMCM clients, Year 33

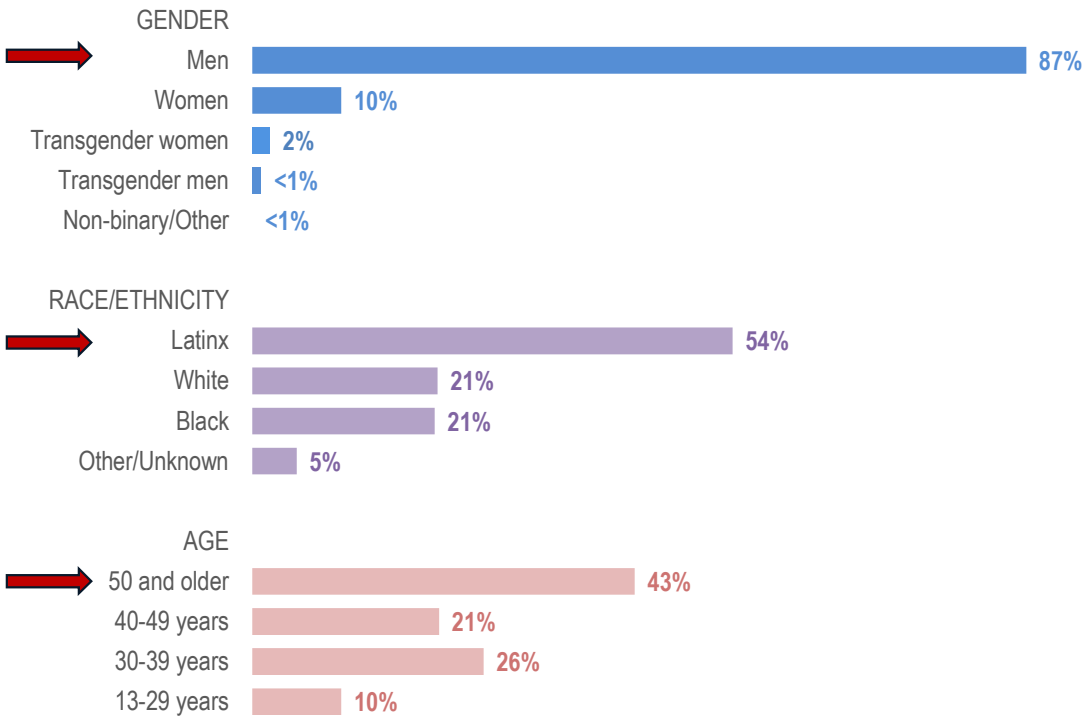
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
NMCM	**6,553**	**26,290**	**Hours**	**4**	***$1,813,126***	***$277***
Benefit Specialty	6,121	24,364	Hours	4	*$1,491,010*	*$244*
Transitional Case Management	472	1,926	Hours	4	*$332,116*	*$704*

Funding Source:

- *Part A - $1,464,979*
- *MAI - $322,116*
- *HIV NCC - $26,031*

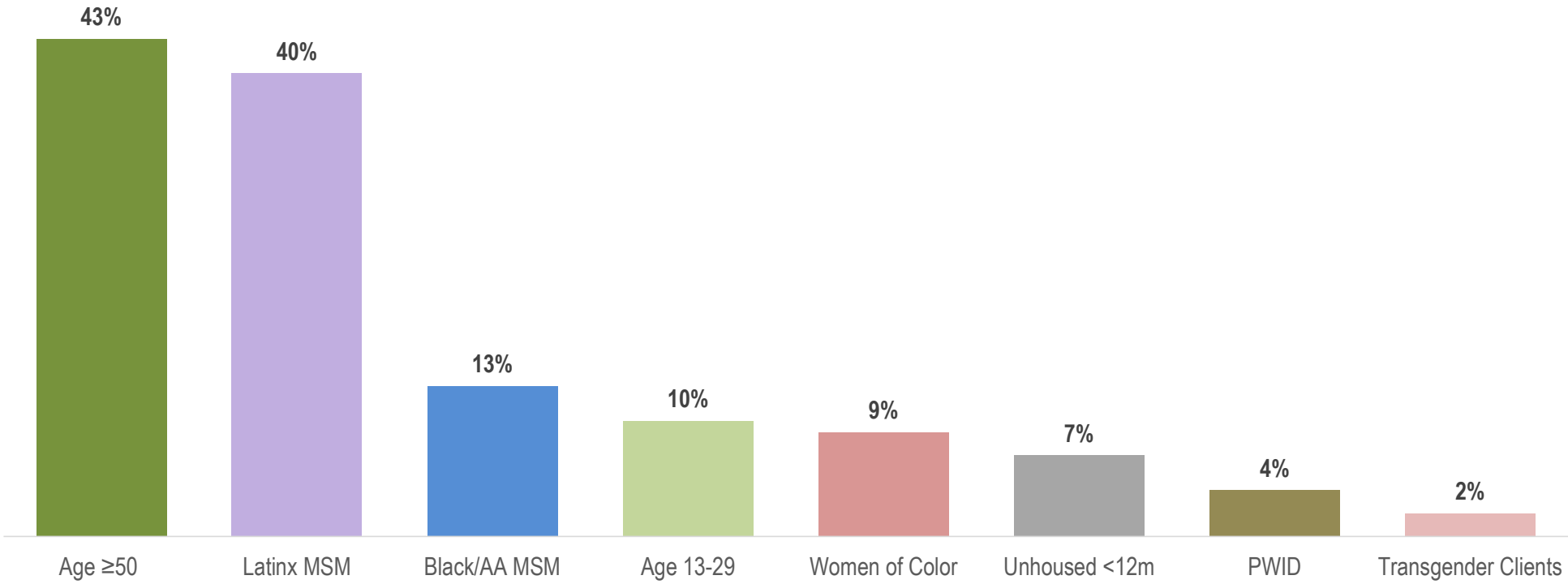
Most of NMCM clients were men, most were Latinx, and most were aged 50 and older

NMCM Client Demographics, Year 33, N=6,553



LAC Priority Populations Accessing the NMCM Services*, Year 33

- Clients **age ≥ 50** represented the largest percentage of NMCM clients
- **Latinx MSM** clients were the next highest priority population served by NMCM

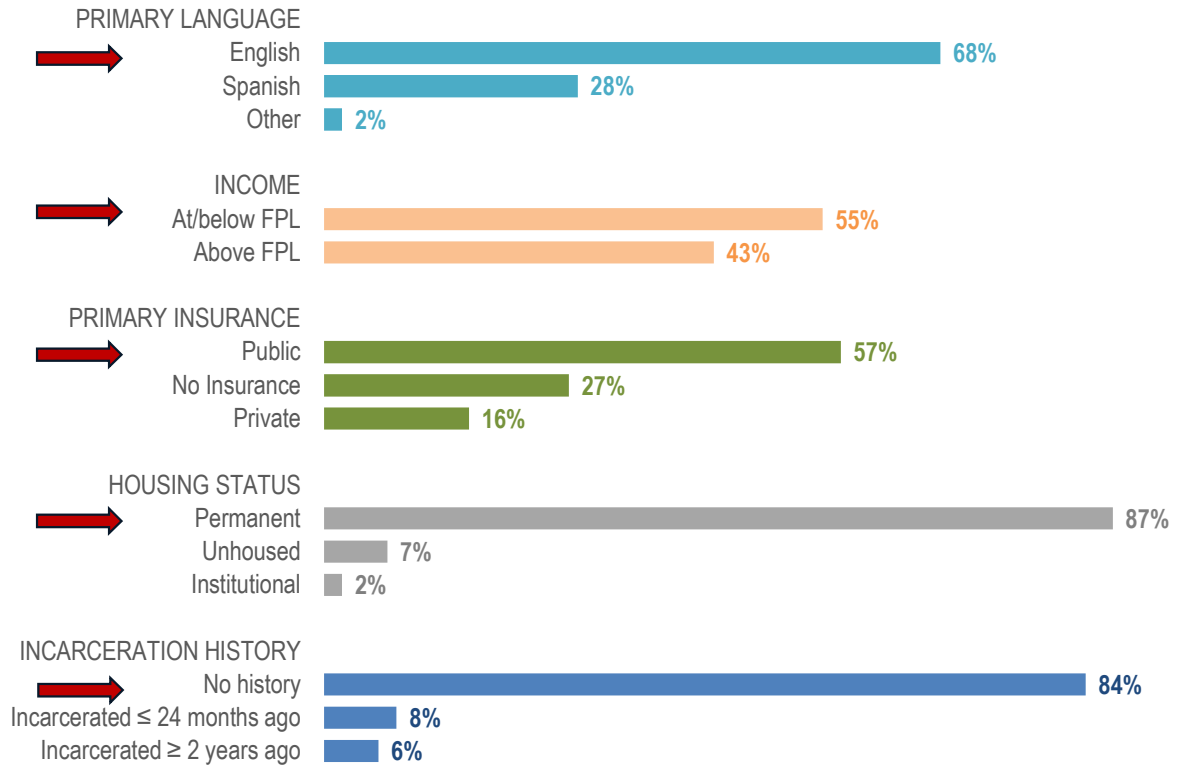


*Priority population groups are not mutually exclusive, they overlap.

Most of NMCM clients were English-speakers, most were living ≤ FPL, most had public insurance, most were permanently housed, and most had no history of incarceration.

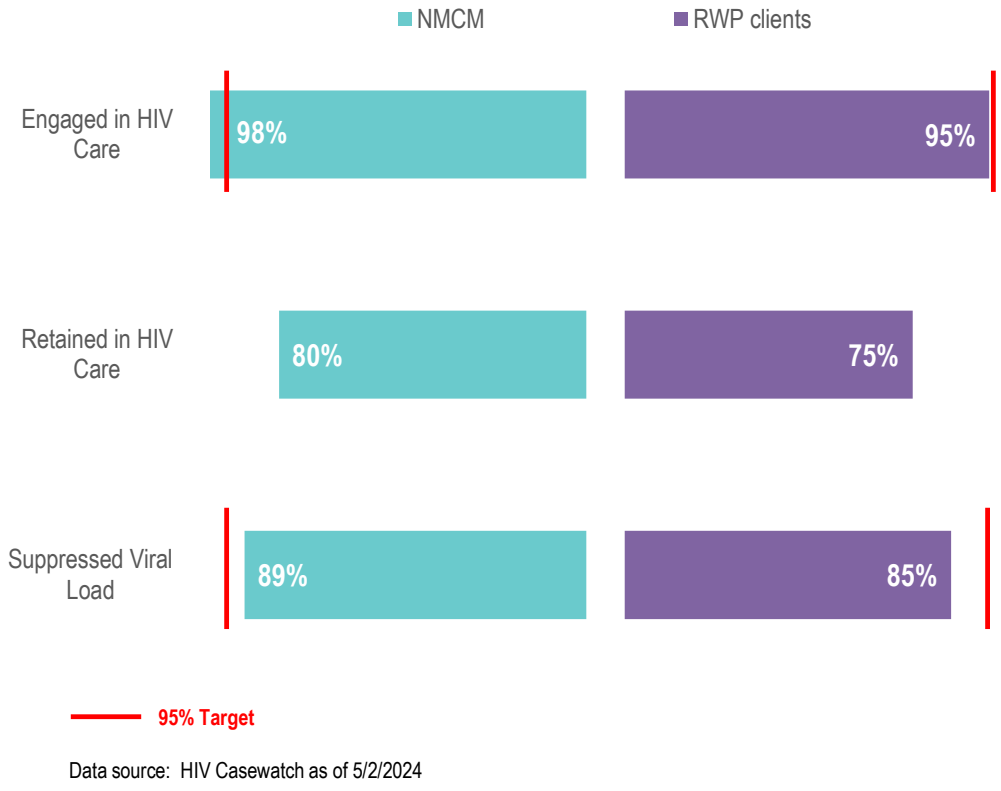
County of Los Angeles Public Health

NMCM Client Health Determinants, Year 33, N=6,533



HIV Care Continuum in NMCM clients, Year 33 (n=6,553)

- Engagement, retention, and viral load suppression percentages were higher for NMCM clients compared to RWP clients overall, Year 33.
- NMCM clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



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

Nutrition Services (NS)

Provides food to RWP clients, improving and sustaining nutrition, food security and quality of life from APLA, Bienestar, and Project Angel Food sites.

A total of **2,461 unique clients** received **Nutrition** services, an increase from Year 31 at 1,971 and Year 32 at 2,117.

- *Delivered Meals* – **453** clients
- *Food Bank* – **2,133** clients

Nutrition service clients represented **16% of RWP clients.**

County of Los Angeles Public Health

Utilization of Nutrition Service clients, Year 33

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Nutrition Services	**2,461**	**Various**	**497,107**	**202**	***$3,882,464***	***$1,578***
Delivered Meals	453	*Meals*	295,021	651	*$1,337,818*	*$2,953*
Food Bank	2,133	*Bags of groceries*	202,086	95	*$2,544,646*	*$1,193*

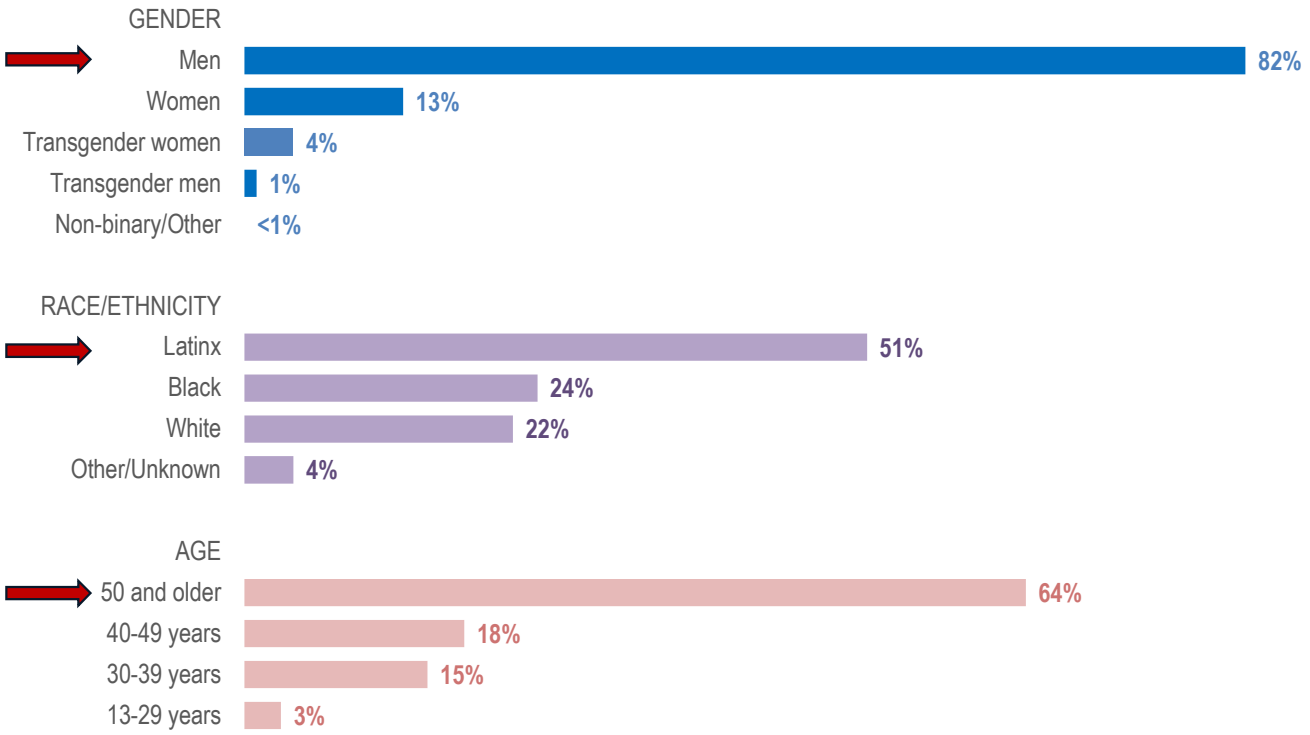
Funding Source:

- *Part A - $3,381,611*
- *HIV NCC - $500,853*

Most of Nutrition Service clients were men, most were Latinx and most were aged 50 and older.

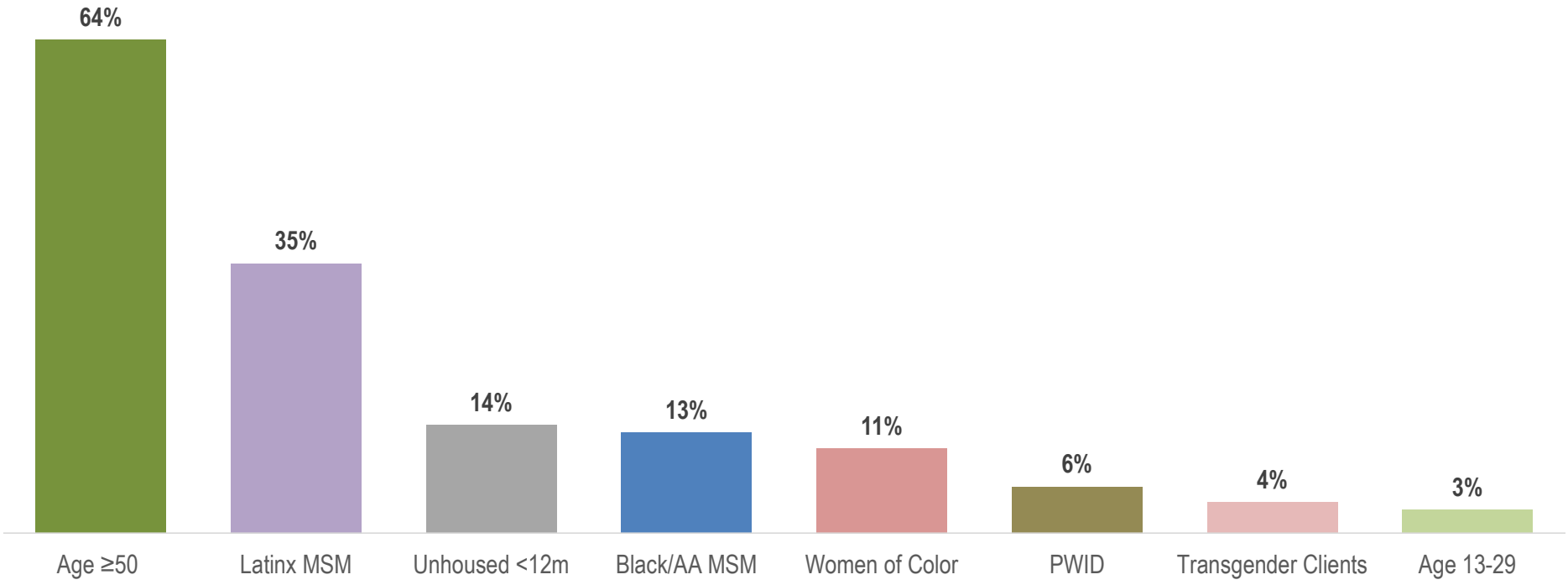
County of Los Angeles Public Health

Nutrition Client Demographics, Year 33, N=2,461



LAC Priority Populations Accessing Nutrition Services*, Year 33

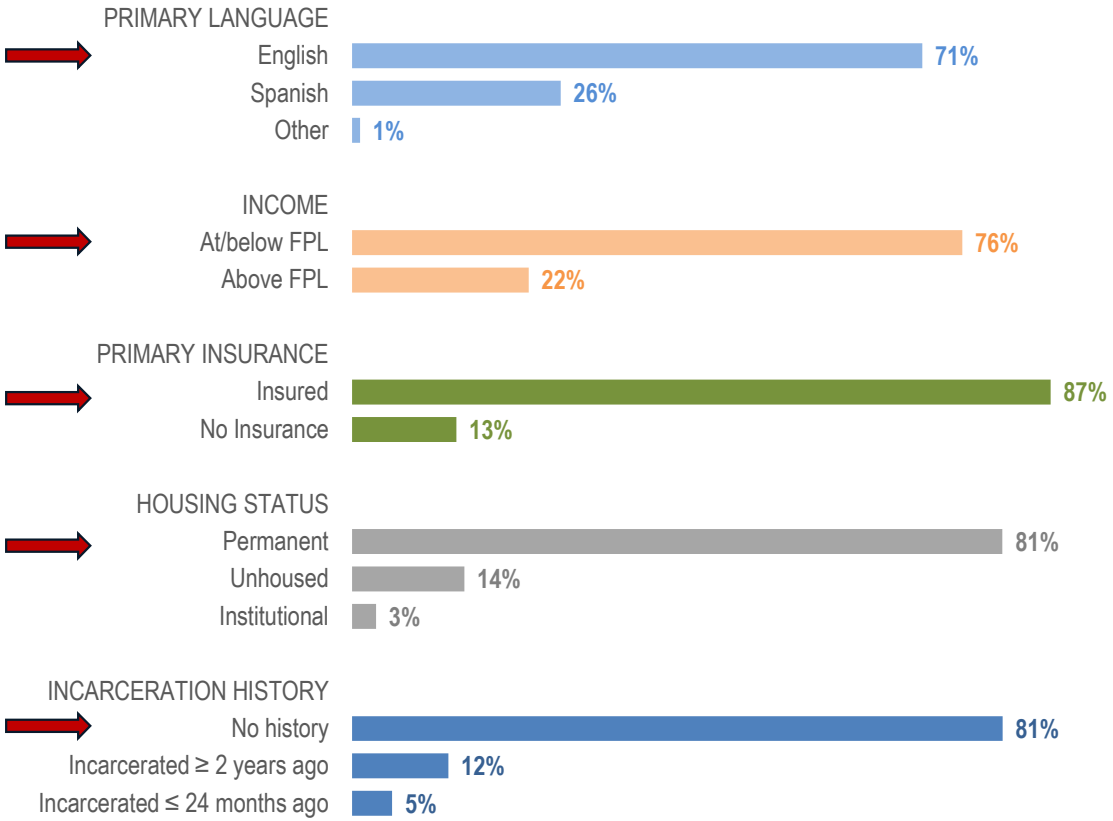
- Clients **age ≥ 50** represented the majority of NS clients (including subservices)
- Latinx MSM clients were the next highest served by NS (including subservices)



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

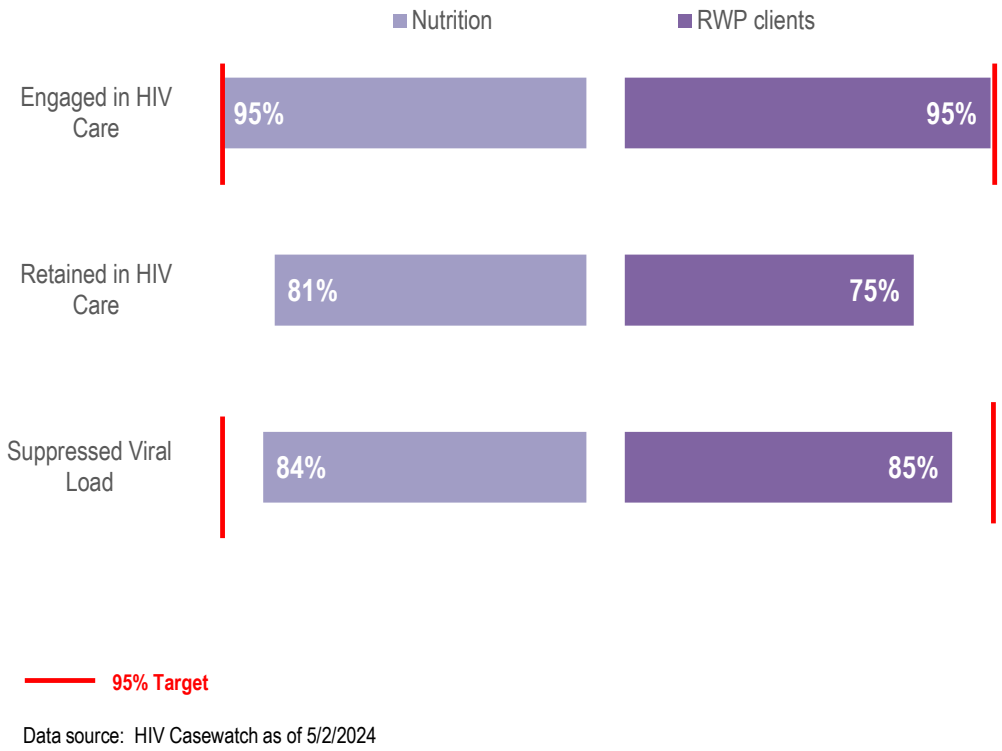
Most of Nutrition clients were English-speakers, most lived ≤ FPL, most had public insurance, most were permanently housed, most had no history of incarceration.

Nutrition Client Health Determinants, Year 33, N=2,461



HIV Care Continuum in Nutrition Service clients, Year 33 (N=2,461)

- Engagement and viral load suppression percentages were similar for NS clients compared to RWP clients overall, Year 33.
- Retention in care was higher among NS clients than RWP clients overall in Year 33.
- NS clients met the local target for engagement in care.



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

Substance Use Residential (SUR) Services

Provides outpatient services for the treatment of drug or alcohol use disorders at Tarzana Treatment Center.

County of Los Angeles Public Health

A total of **84 unique clients** received **SUR** services, a slight decline from Year 31 at 90 and Year 32 at 85.

SA Residential service clients represented **<1% of RWP clients.**

Utilization of SU Residential clients, Year 33

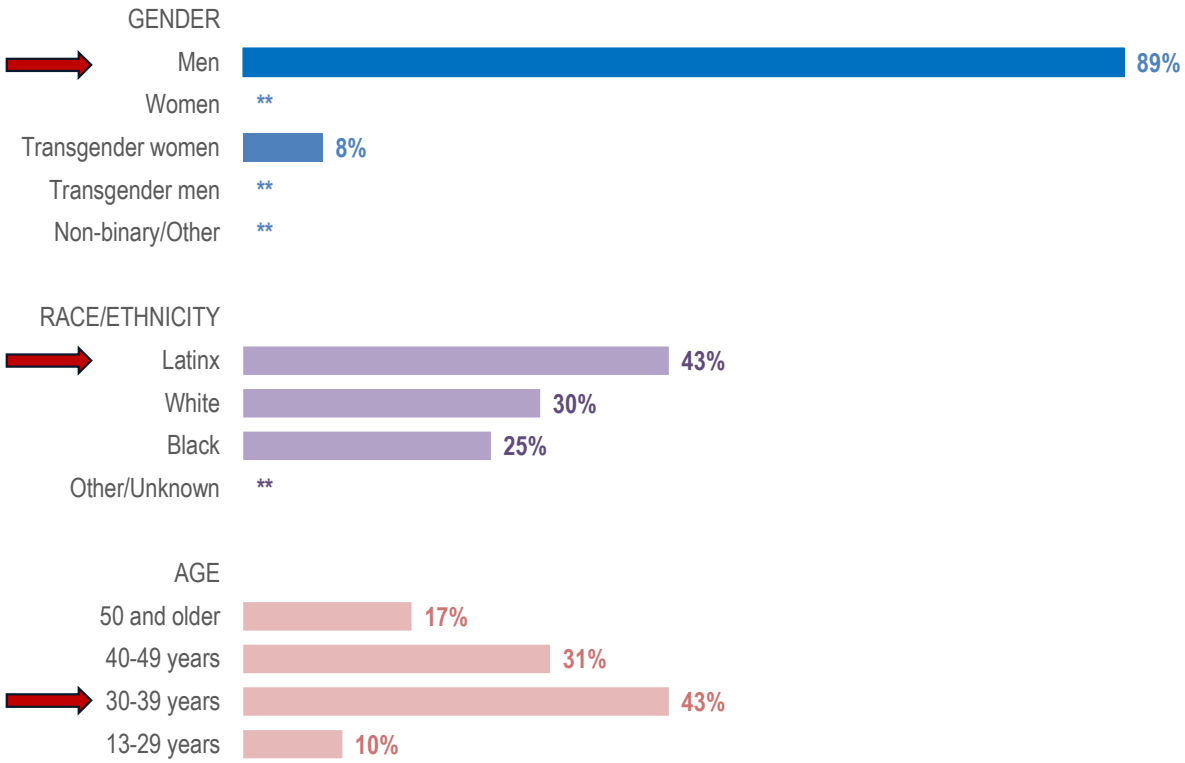
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
SUR	84	Days	12,333	147	*$725,000*	*$8,631*

Funding Source:

- *Part B - $670,000*
- *SAPC Non-DMC - $55,000*

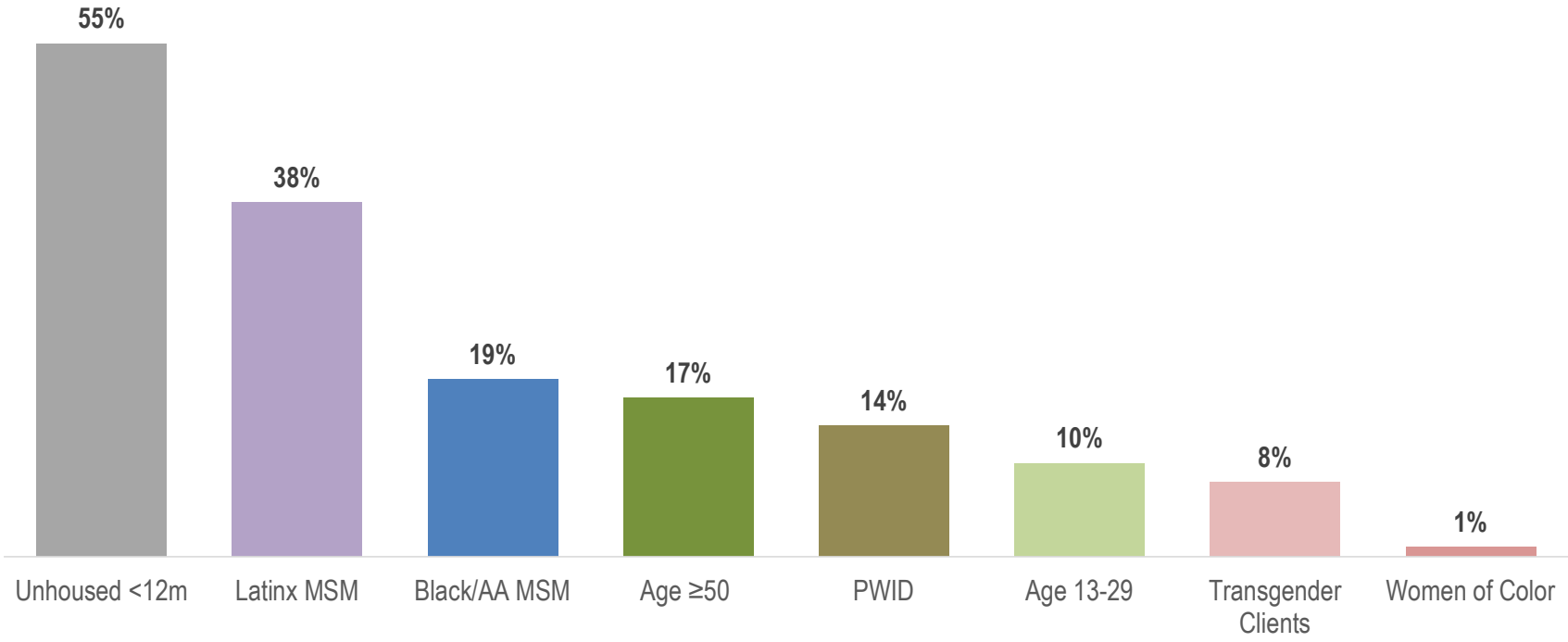
Most of SU Residential clients were men, most were Latinx, and most were ages 39 years old and below

SU Residential Client Demographics, Year 33, N=84



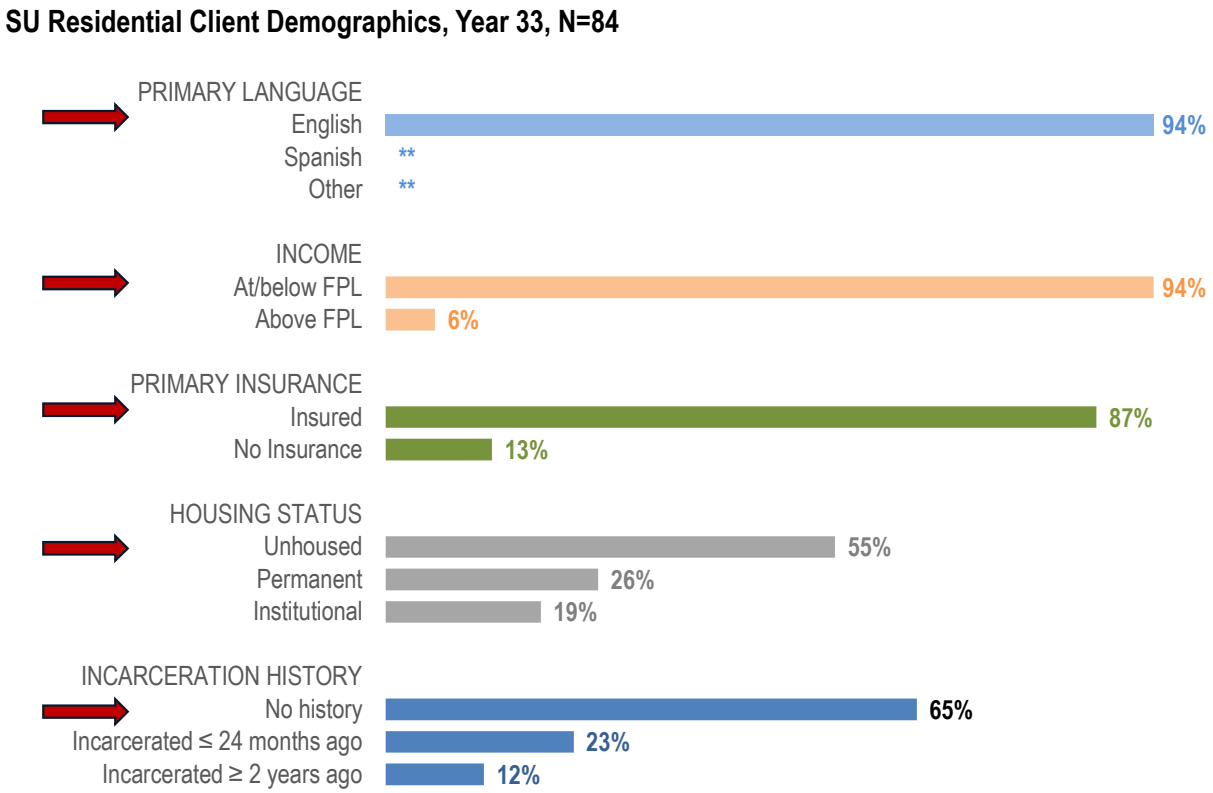
LAC Priority Populations Accessing SU Residential Services*, Year 33

- Recently unhoused clients represented the majority of SUR clients
- Latinx MSM were the next highest served by SUR service followed by Black MSM



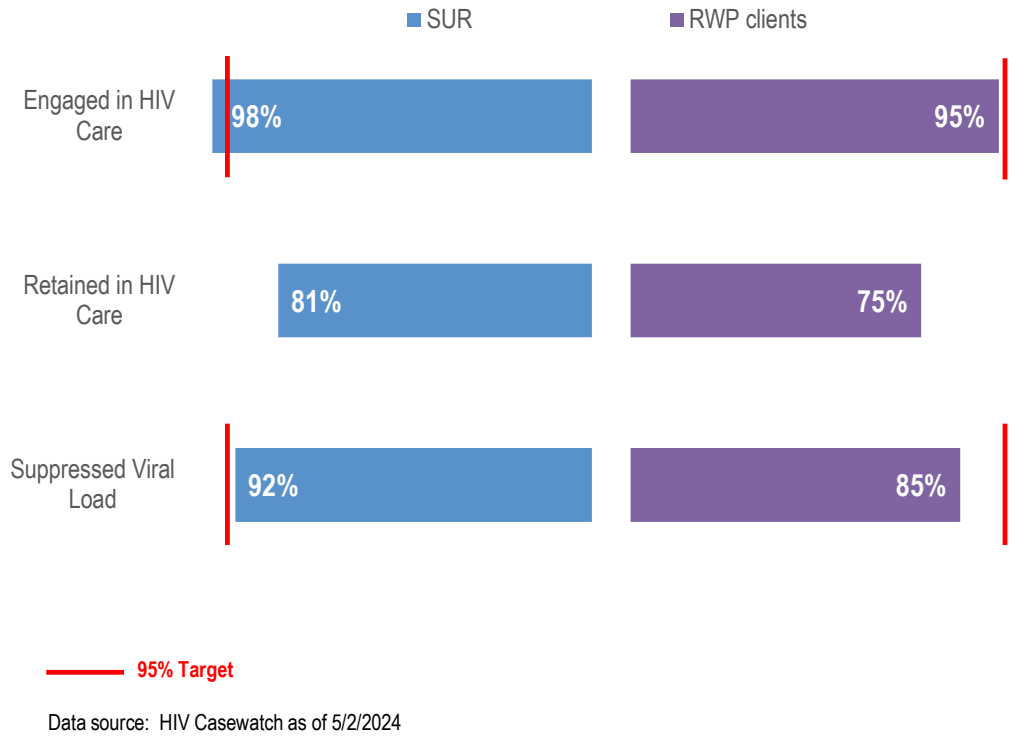
*Priority population groups are not mutually exclusive, they overlap.

Most of SU Residential clients were English-speakers, most were living ≤ FPL, most were insured, most were unhoused, most had no history of incarceration.



HIV Care Continuum in SU Residential clients, Year 33 (n=84)

- Engagement, retention, and viral load suppression percentages were higher for SUR clients compared to RWP clients overall, Year 33.
- SUR clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



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

Linkage-Reengagement Program (LRP)

Assists people newly diagnosed or identified as living with HIV who are lost or returning to treatment engage in medical and psychosocial services. Provided by DHSP health navigators.

County of Los Angeles Public Health

A total of **40 unique clients** received **LRP** services, a slight decline from Year 32 at 46.

LRP service clients represented **<1% of RWP clients.**

Utilization of LRP clients, Year 33

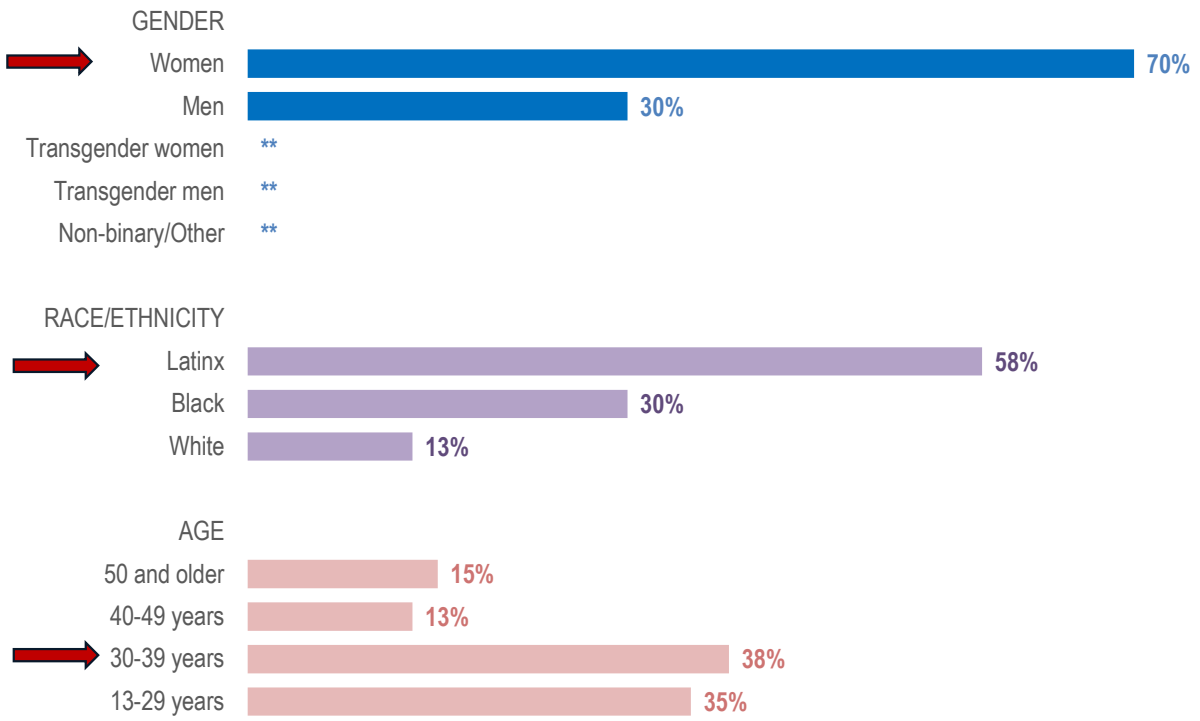
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
LRP	40	Hours	804	20	*$923,044*	*$23,076*

Funding Source:

- *Part A- $473,413*
- *HRSA EHE- $449,631*

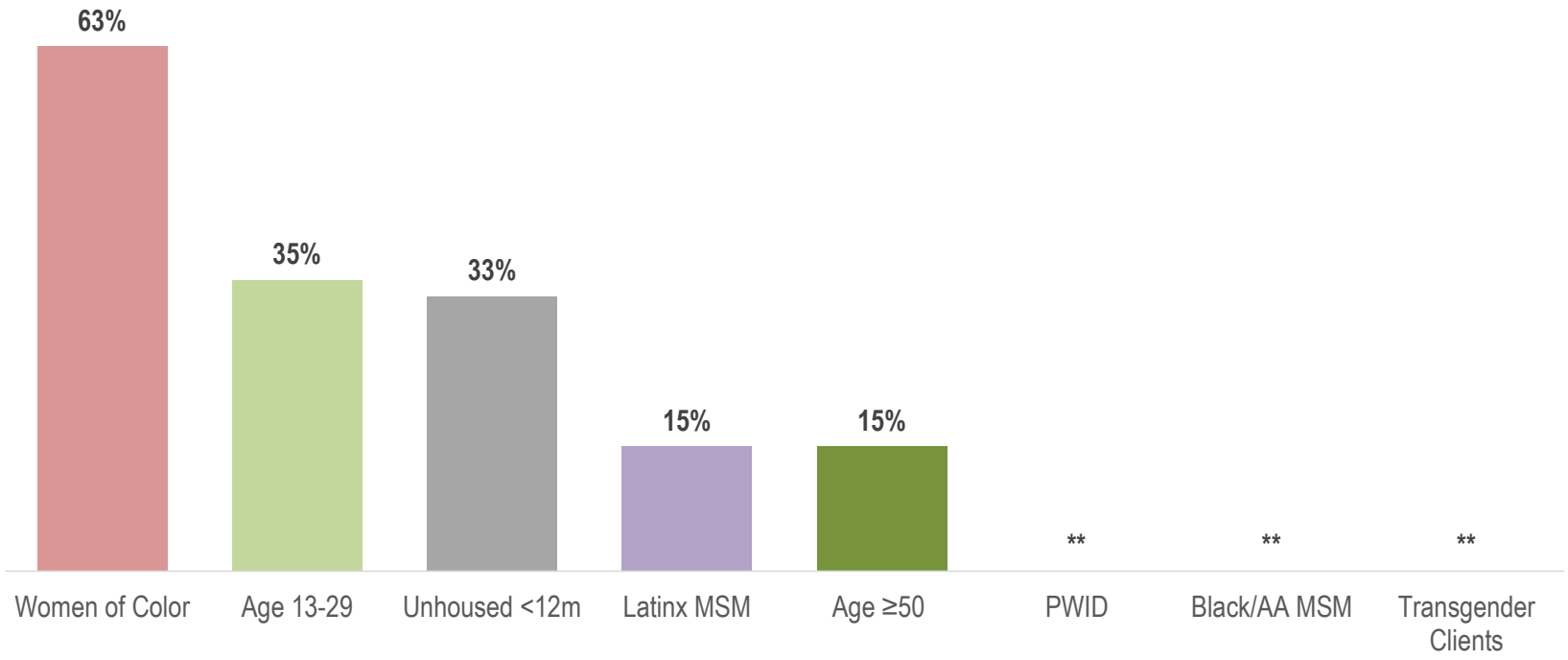
Most LRP clients were women, most were Latinx, most were ages 39 years and below

LRP Client Demographics, Year 33, N=40



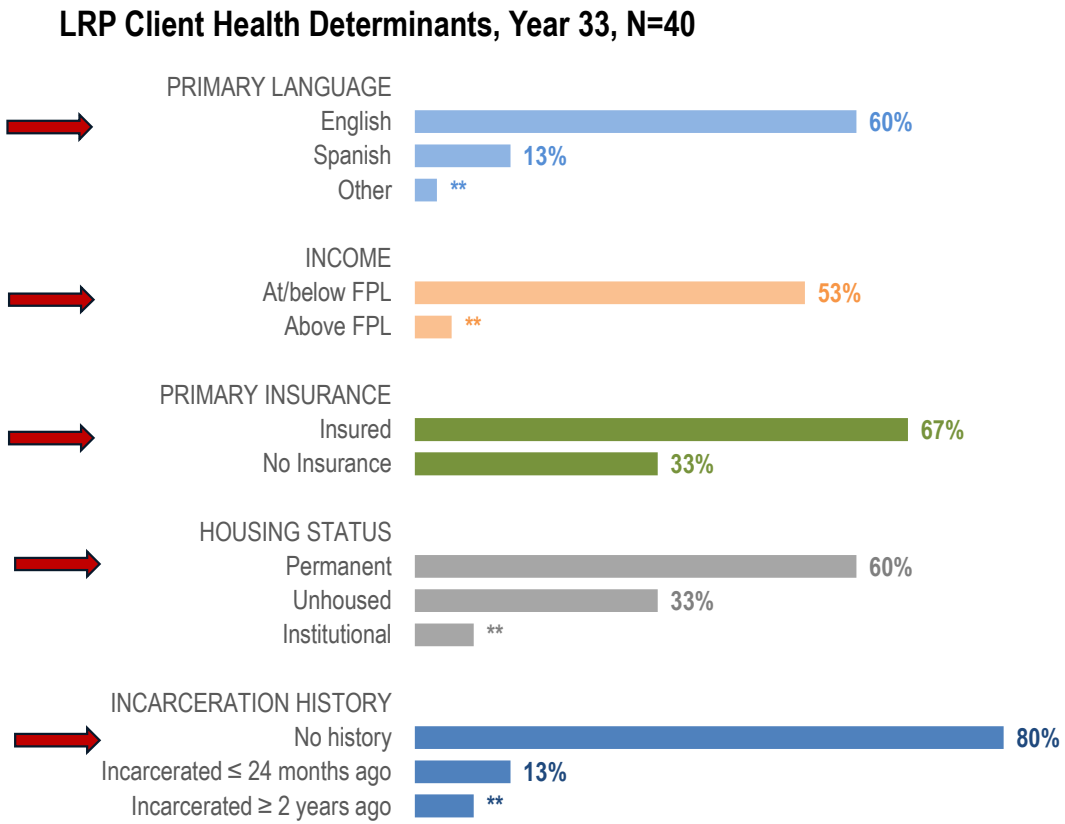
LAC Priority Populations Accessing LRP Services*, Year 33

- Women of color represented the majority of LRP clients
- LRP clients aged 13-29 and recently unhoused were the next highest priority populations served by LRP service



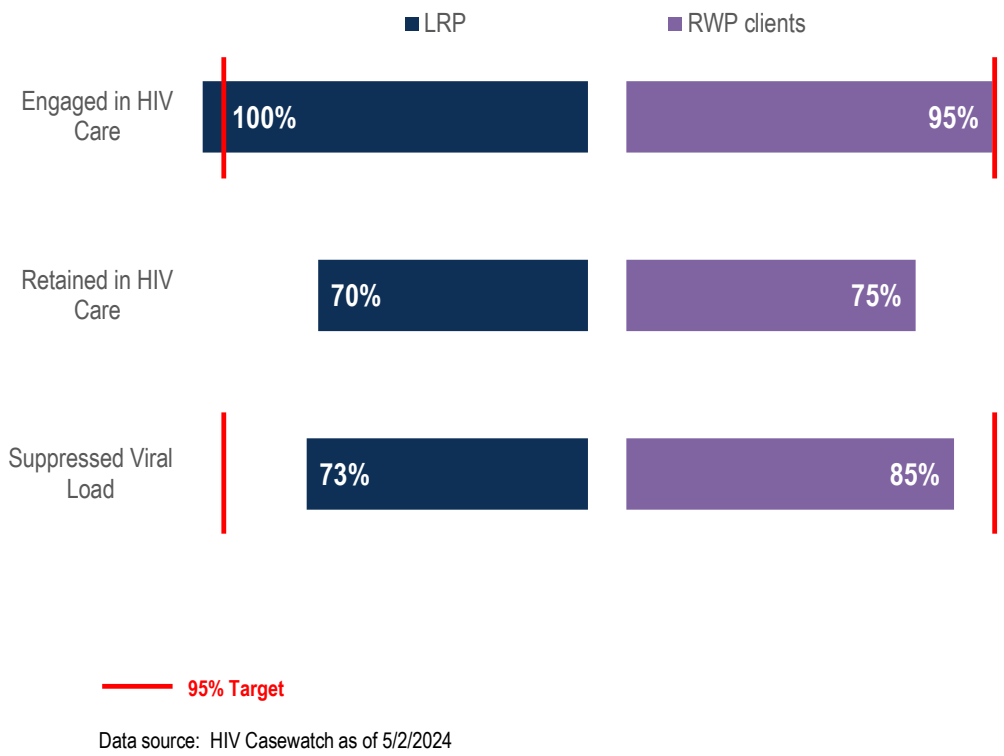
*Priority population groups are not mutually exclusive, they overlap.

Most of LRP clients were English-speakers, most were living ≤ FPL, most were insured, most were permanently housed, and most had no history of incarceration.



HIV Care Continuum in LRP clients, Year 33 (n=40)

- Engagement in care was higher for LRP clients compared to RWP clients overall, Year 33.
- Retention in care and viral load suppression percentages were considerably lower for LRP clients compared to RWP clients overall.
- LRP clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



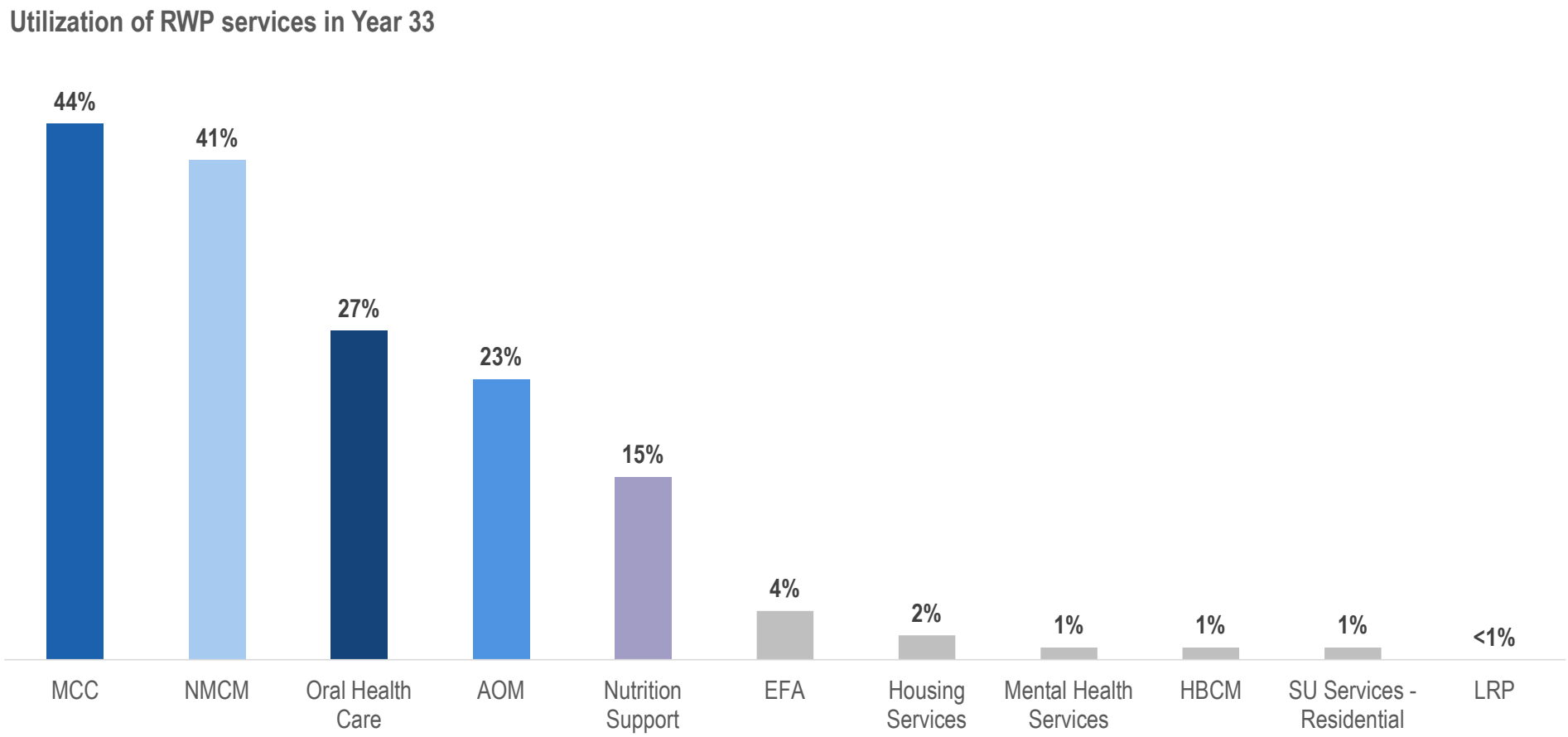
Data source: HIV Casewatch as of 5/2/2024

Top 5 RWP Services Utilized

County of Los Angeles Public Health

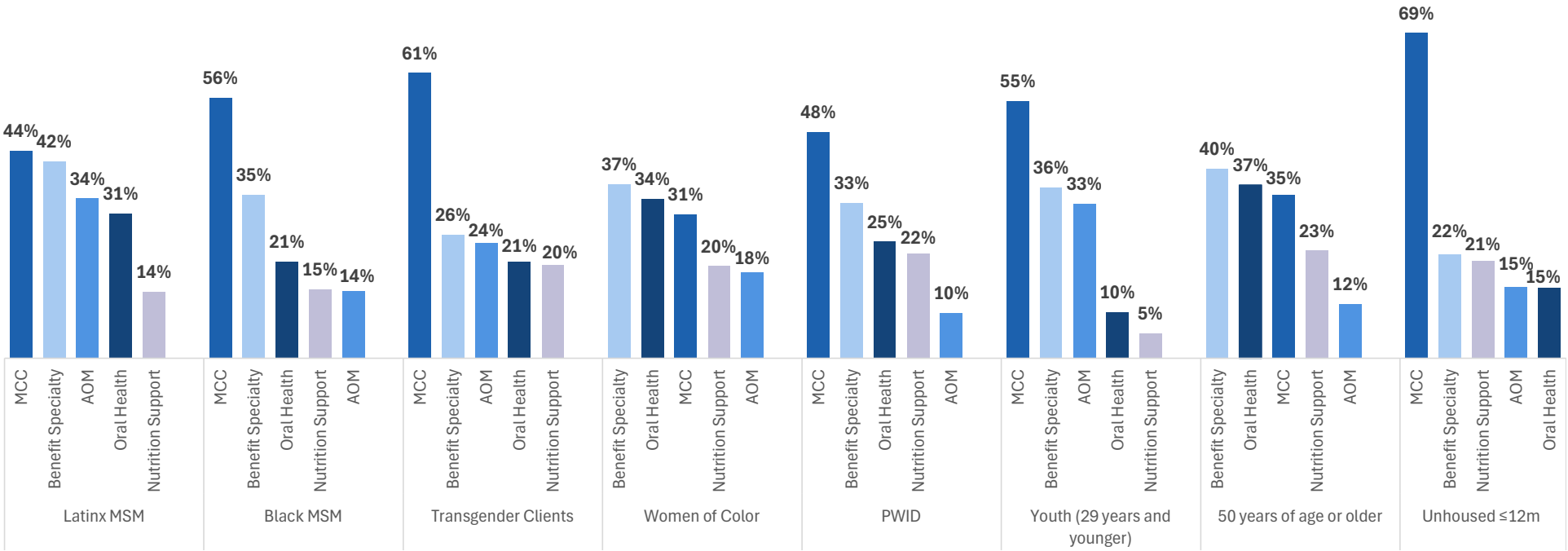
The top five services utilized the most by RWP clients in Year 33 were MCC program, followed by NMCM, Oral Health, AOM and Nutrition.

County of Los Angeles Public Health



Top 5 RWP Services Used by Priority Populations, Year 33

Top five RWP service utilized by LAC priority populations in Year 33 were MCC, Benefit Specialty, Oral Health, AOM and Nutrition Support.



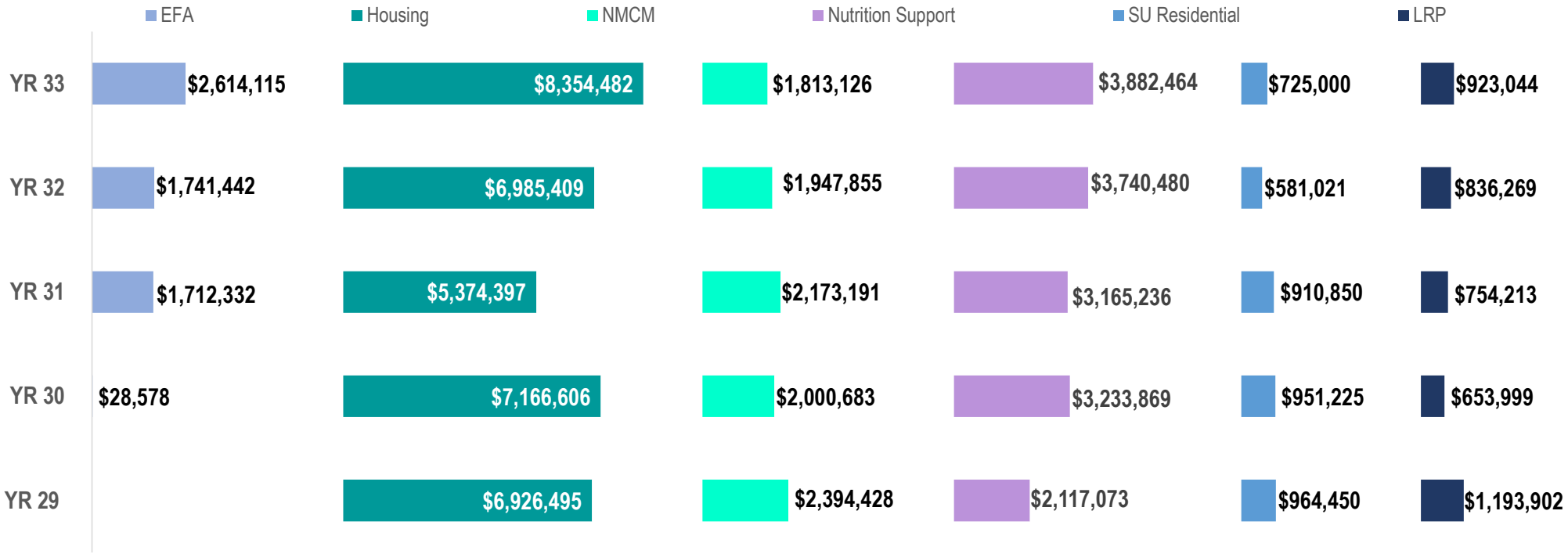
Expenditures for Support RWP Services

EFA	*$2,614,115*
Housing	*$8,354,482*
NMCM	*$1,813,126*
Nutrition Support	*$3,882,464*
SA Residential	*$725,000*
LRP	*$923,044*

County of Los Angeles Public Health

Expenditures by Support Service Category, Years 29-33

SUR and NMCM services expenditures decreased since Year 29; NMCM funding was the lowest in Year 33.
Expenditures for EFA, Housing,and Nutrition services gradually increased over five years since Year 29.



Expenditures per Client for Support RWP Services, Year 33

- **The highest expenditures per client** were spent **for Housing**, followed by **LRP** services.
- **The lowest expenditures per client** were spent for **NMCM**, followed by **Nutrition** services.

Service Category	Number of clients	% of RWP clients	Expenditures	% of expenditures	Expenditures per client
Housing	270	2%	*$8,354,482*	18%	*$30,943*
LRP	40	1%	*$923,044*	2%	*$23,076*
SU Residential	84	1%	*$725,000*	2%	*$8,631*
EFA	617	4%	*$2,614,115*	6%	*$4,237*
Nutrition Support	2,461	16%	*$3,882,464*	8%	*$1,578*
NMCM	6,553	41%	*$1,813,126*	4%	*$277*

Early Intervention Services	$3,014,301
Legal	$1,337,818
Transportation	$637,151
Language services	$3,300

Key Takeaways – Support RWP Services

- Out of Support services, **NMCM** services were utilized by the highest number of RWP, although the expenditures for **NMCM** decreased over the past five years and expenditures per client were the lowest of all support services. Most clients utilized **Benefit Specialty** within NMCM.
- LRP services were utilized by the least number of RWP clients, although its utilization slightly increased in the past four years. LRP services were focused mostly on pregnant females and females of reproductive age.
- Utilization of **EFA, Housing, NMCM**, and **Nutrition** services consistently increased over four years starting from Year 30
- Utilization of **SU Residential** decreased over the course of the past five years

Key Takeaways – Priority Populations

- The RWP is reaching and serving LAC priority populations:
  - Top 5 RWP services utilized were **MCC, NMCM, Oral Health, AOM and Nutrition Support.**
- While poverty impacts all of the LAC priority populations, they are differentially impacted by SDOH
- Service utilization among LAC priority population was consistent relative to their size for **EFA, NMCM, and Nutrition support services:**
  - **Latinx MSM and people aged ≥ 50 and older were the highest utilizers**
  - **Lowest utilization was among Transgender people, PWID and youth aged 13-29.**
- Service utilization among LAC priority population was consistent with the type of service:
  - **People unhoused <12m were the highest utilizers of Housing and SU Residential services**
  - **Women of color and youth aged 13-29 were the highest utilizers of LRP services**

Key Takeaways - Expenditures

- SUR and NMCM services expenditures **decreased** since Year 29
- Expenditures for EFA, Housing, and Nutrition Support services gradually **increased** over five years since Year 29.
- **The highest expenditures per client** were spent for Housing, followed by LRP services. These services were utilized by (one of) the lowest number of RWP clients receiving Support Services.
- **The lowest expenditures per client** were for NMCM services, although it served the highest number of RWP clients receiving Support Services.

Next Steps

- Examine detailed utilization of RWP services within each LAC priority populations
- Examine RWP services by priority population over time

Questions/Discussion

Thank you!

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

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

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

Task(s)/Activities	Responsibility	Timeline/ Completion
Present restructuring report and recommendations.	Consultants	May 8, 2025 COH meeting
Present updated bylaws (based on restructuring report, recommendations and feedback). Concurrent CoCo reviews of bylaws and ordinance.	Commission staff, consultants, COH Co-Chairs	June 26, 2025 Executive Committee meeting
30-day public comment period on bylaws. Line up final layers of review from CoCo, EO, and prepare for BOS approval of the ordinance. Cover letter to the BOS to include timeline and start date for the members March 1, 2026; align with RW Program Year March 1-Feb. 28)	Commission staff	July
COH approve bylaws. Submit ordinance to BOS for approval.	Commission staff Commissioners	August
Transitional membership application and Open Nominations Process description disseminated to all accessible stakeholder constituencies.	Commission staff	August-September-
All interested members must apply/re-apply by completing and submitting their membership applications by published deadline.	Commission staff	Deadline to submit application September 12, 2025
All candidates for membership must sit for membership interviews.	Proposed interview panel: • Academic partners • EO Commission Services representative • Former Co-chairs and members not applying to serve on COH. • 1-2 people from other neighboring planning councils	Sept. 15-19 2025

	• 1-2 consumers not applying • Collaborative Research/Next Level Consulting • COH staff • 5 to 6 members	
Select initial cohort of candidates to recommend for membership nomination to the Commission and BOS.	Interview panel	Sept. 19, 2025
COH approve initial cohort of members.	Commissioners	October 9, 2025
First cohort of membership nominations forwarded to the EO BOS for appointments.	Commission staff	October 10-13, 2026
BOS appointment of first cohort of new members to the new COH.	BOS	October-December 2025
Newly restructured COH highlighted at the Annual Conference		Nov. 13, 2025
First meeting of newly restructured COH.		March 12, 2023

LOS ANGELES COUNTY
COMMISSION ON HIV

Commission on HIV Restructuring for Enhanced Performance and Increased Impact

May 8, 2025

COLLABORATIVE RESEARCH

NEXT-LEVEL CONSULTING

Initial Issues Driving the Restructure

- 2023 HRSA administrative site visit findings
- 2024 HRSA technical assistance site visit findings
- Advancement in medical interventions (Care and Prevention) requiring additional stakeholders in health strategy development
- Changes in LA County's HIV Incidence
- Integrated prevention planning efforts
- Members' capacity, knowledge and skill sets
- Concerns about process vs impact – meeting quorum

Evolving Issues Driving the Restructure

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

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

Focus Groups: Process & Conter

Focus Group Sessions

- 5 In-Person Sessions
- 2 Virtual Sessions

Two Components Discussed:

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

Focus Group Results: Themes

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

Focus Group Results: Recommendations

Based on Participant Feedback

- Two Recommendations on Committee Structure
- Two Recommendations on Membership Structure

EXHIBIT A

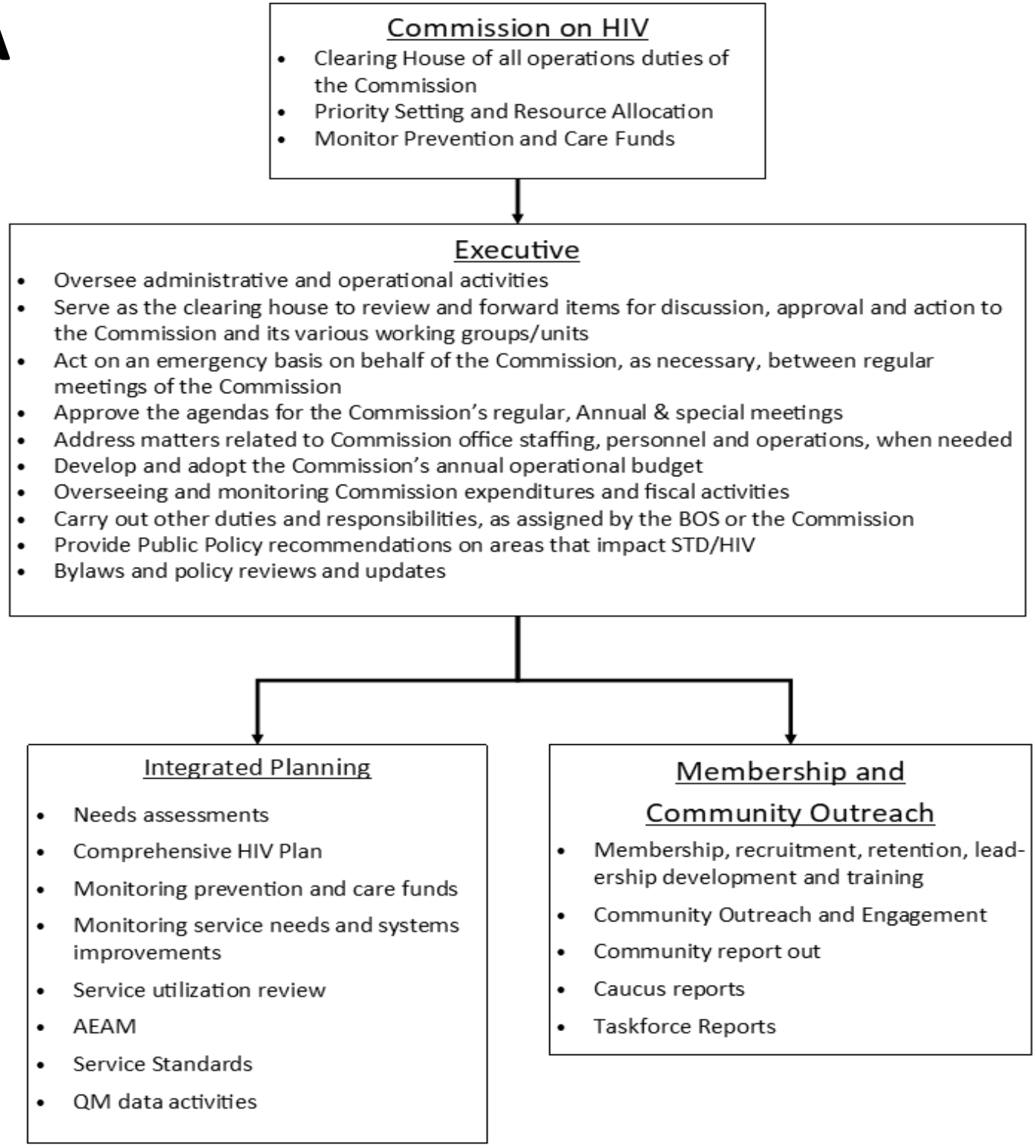
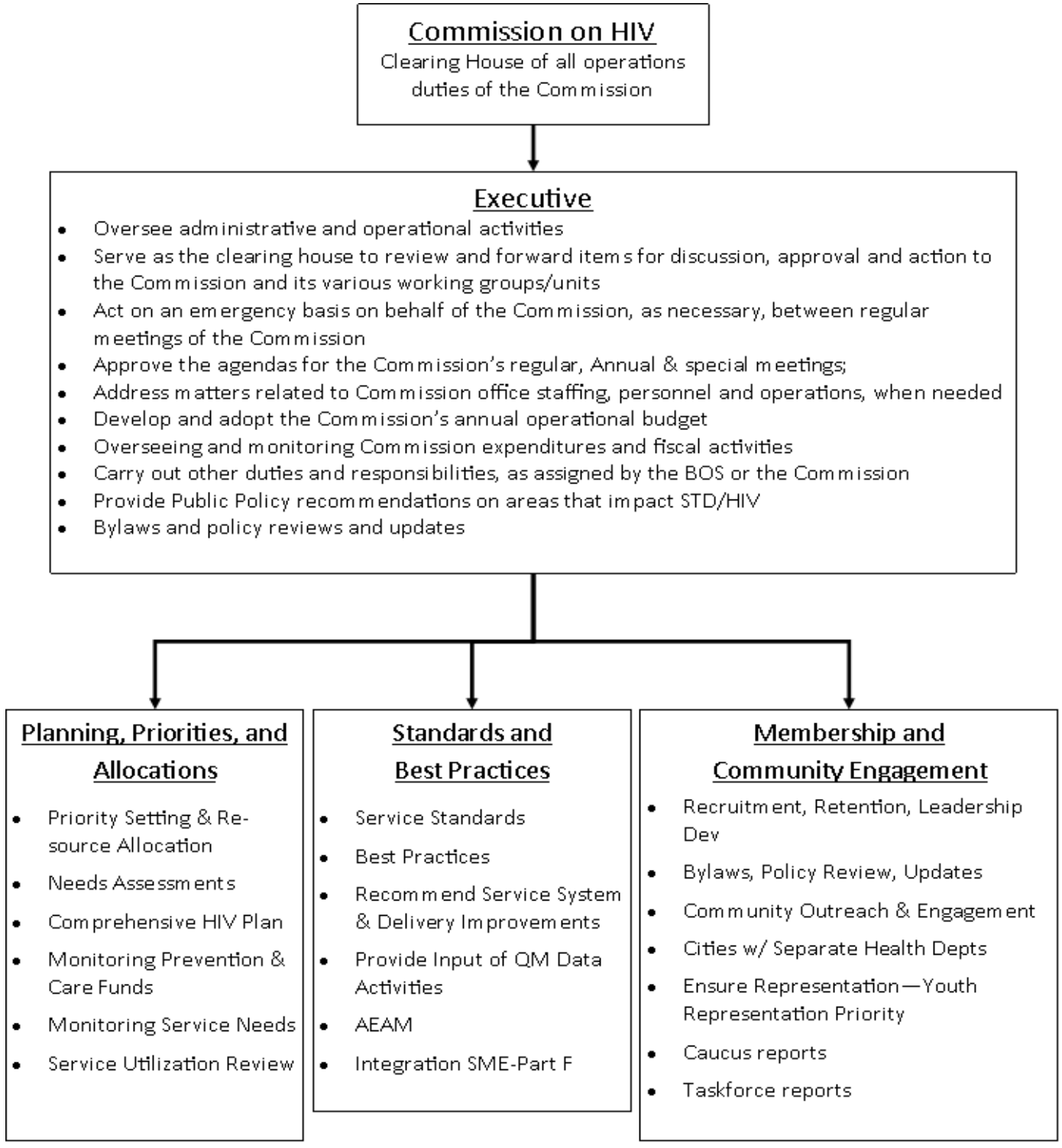

Commission on HIV
• Clearing House of all operations duties of the Commission
• Priority Setting and Resource Allocation
• Monitor Prevention and Care Funds
Executive
• Oversee administrative and operational activities
• Serve as the clearing house to review and forward items for discussion, approval and action to the Commission and its various working groups/units
• Act on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission
• Approve the agendas for the Commission's regular, Annual & special meetings
• Address matters related to Commission office staffing, personnel and operations, when needed
• Develop and adopt the Commission's annual operational budget
• Overseeing and monitoring Commission expenditures and fiscal activities
• Carry out other duties and responsibilities, as assigned by the BOS or the Commission
• Provide Public Policy recommendations on areas that impact STD/HIV
• Bylaws and policy reviews and updates
Integrated Planning
• Needs assessments
• Comprehensive HIV Plan
• Monitoring prevention and care funds
• Monitoring service needs and systems improvements
• Service utilization review
• AEAM
• Service Standards
• QM data activities
Membership and Community Outreach
• Membership, recruitment, retention, leadership development and training
• Community Outreach and Engagement
• Community report out
• Caucus reports
• Taskforce Reports

EXHIBIT B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Provide Public Policy recommendations on areas that impact STD/HIV
Bylaws and policy reviews and updates
Planning, Priorities, and Allocations
Priority Setting & Re-source Allocation
Needs Assessments
Comprehensive HIV Plan
Monitoring Prevention & Care Funds
Monitoring Service Needs
Service Utilization Review
Standards and Best Practices
Service Standards
Best Practices
Recommend Service System & Delivery Improvements
Provide Input of QM Data Activities
AEAM
Integration SME-Part F
Membership and Community Engagement
Recruitment, Retention, Leadership Dev
Bylaws, Policy Review, Updates
Community Outreach & Engagement
Cities w/ Separate Health Depts
Ensure Representation—Youth Representation Priority
Caucus reports
Taskforce reports

COH Membership Discussion

- Mandates Roles

  Federal and Local requirements

- Current Membership Reviewed

Membership Recommendations

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

   HRSA Legislative requirements (15)

   + Required County representation (5)

   + Academia (data focus) (1)

   + Unaffiliated Consumers (9)

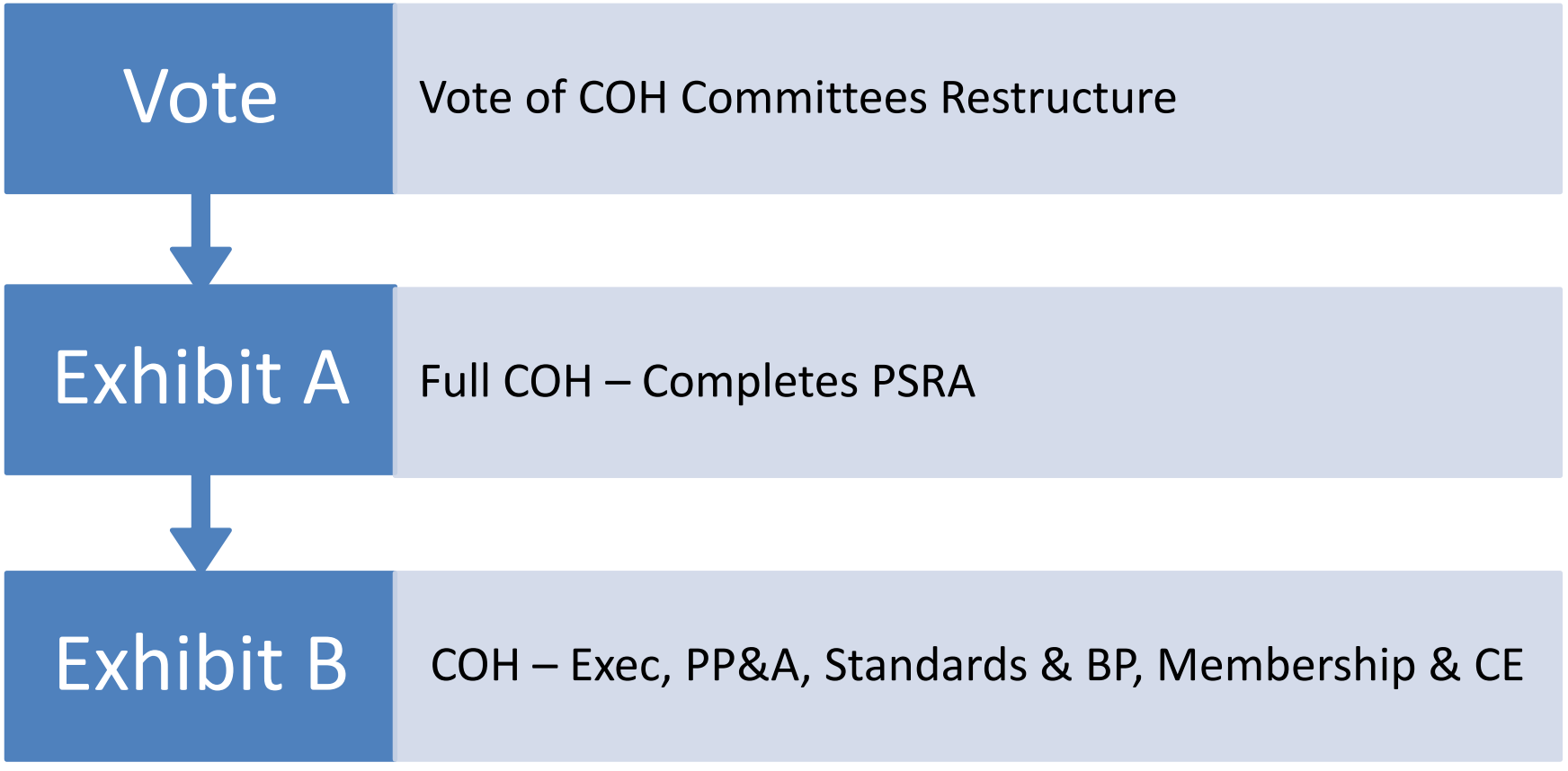
   = 30

(4 out of 5) = Option 2

STRAW POLLS

Votes	Vote of COH Restructure
Vote 1	Committee Structure
Vote 2	Membership Structure

COH RESTRUCTURE STRAW P



COH RESTRUCTURE STRAW P

Vote	Vote of COH Membership Restructure
Option 1	Status Quo – 51 members
Option 2	Reduced Membership – HRSA Required + Local Required + Academia/Data Focused + 1/3 Consumers = At least 30

Wrap-up

- Next steps!

  Bylaw revisions to reflect the vote outcomes

- Thank you for coming!

COLLABORATIVE RESEARCH

NL NEXT-LEVEL CONSULTING

Supporting Guidance Documents

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

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

Required Planning Council Membership Categories

PEOPLE LIVING WITH HIV & COMMUNITY

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

PUBLIC HEALTH & HEALTH PLANNING

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

HEALTH & SOCIAL SERVICE PROVIDERS

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

FEDERAL HIV PROGRAMS

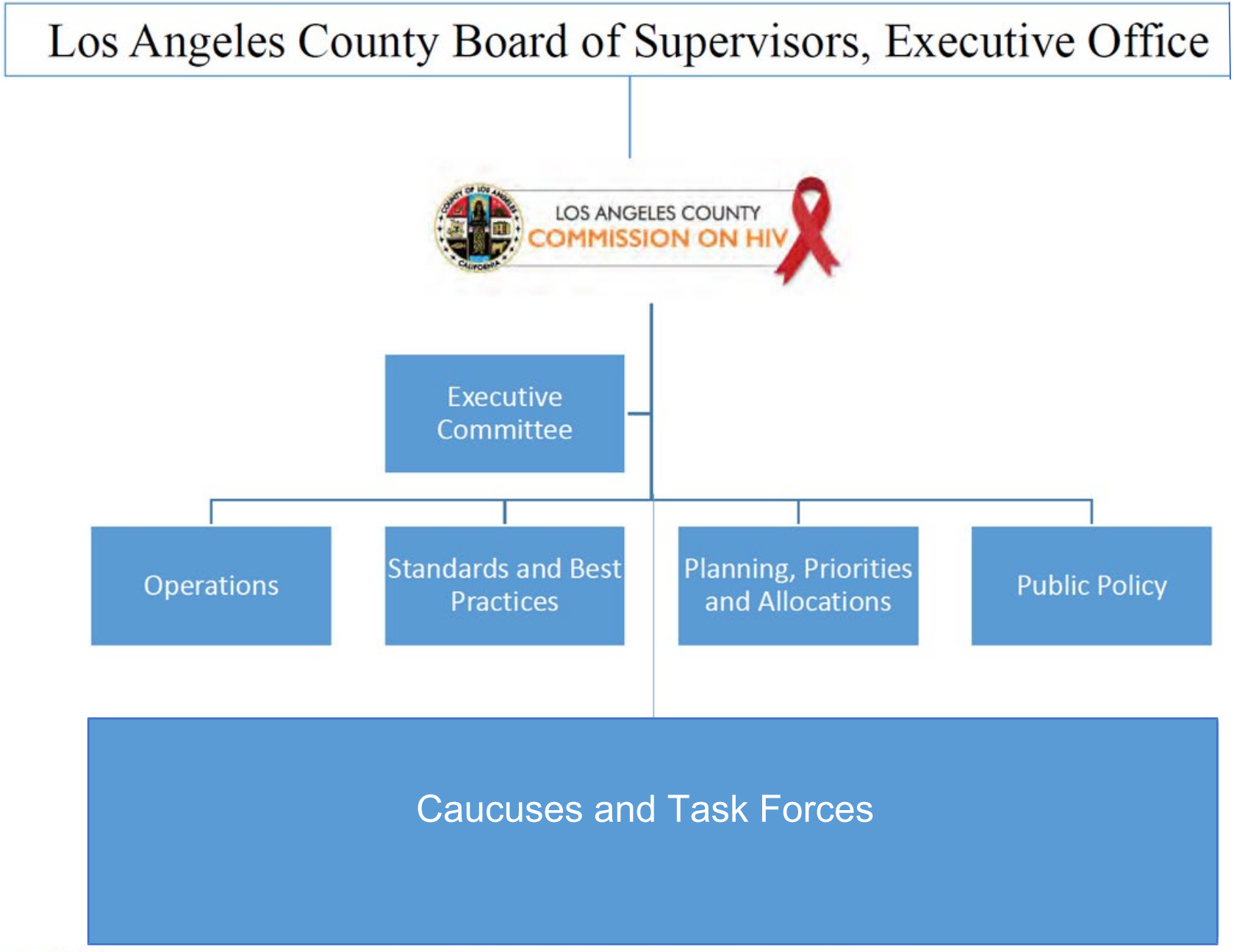
- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients†
- Recipients under other federal HIV programs‡

* Including people living with HIV, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and "historically underserved[4] groups and subpopulations

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

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

‡ Including HIV prevention services



January 2024

Executive Committee

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

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

CURRENT Committee Structure

Executive Committee

Planning, Priorities and Allocations (PP&A)*

- Service standards
- Best practices
- Recommending service system and delivery improvements to DHSP
- Provide input of QM data and activities
- Service utilization review

Standards and Best Practices (SBP)

- Membership recruitment, retention, leadership development and training
- Bylaws and policies reviews and updates
- Community outreach and engagement
- Assessment of the Efficiency of the Administrative Mechanism

Membership and Community Outreach)*

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

**Additional duties found in the bylaws*

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

RWHAP Part A Planning Council Primer

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

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

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

COH, DHSP, Roles & Responsibilities

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

* Sole responsibility of RWHAP Part A Planning Councils

WORKGROUP OUTCOMES

LOS ANGELES COMMISSION ON HIV COMPREHENSIVE EFFECTIVENESS REVIEW AND RESTRUCTURING PROJECT

MARCH 19-21, 2025

COLLABORATIVE RESEARCH

LOS ANGELES COUNTY COMMISSION ON HIV

NL NEXT-LEVEL CONSULTING

Commission on HIV – Workgroup Report: Restructuring

Introduction

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

Directive and Overview

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

Overarching Themes and Considerations

The workgroups identified several key themes and considerations for restructuring:

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

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

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

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

Committee Restructuring Discussion

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

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

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

Membership Restructuring Discussion

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

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

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

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

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

Conclusion

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

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

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

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

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

Exhibit A

Restructure Recommendation 1

Commission of HIV

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

Executive Committee

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- Provide Public Policy recommendations on areas that impact STD/HIV
- Bylaws and policy reviews and updates

Integrated Planning

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

Membership and Community Outreach

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

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

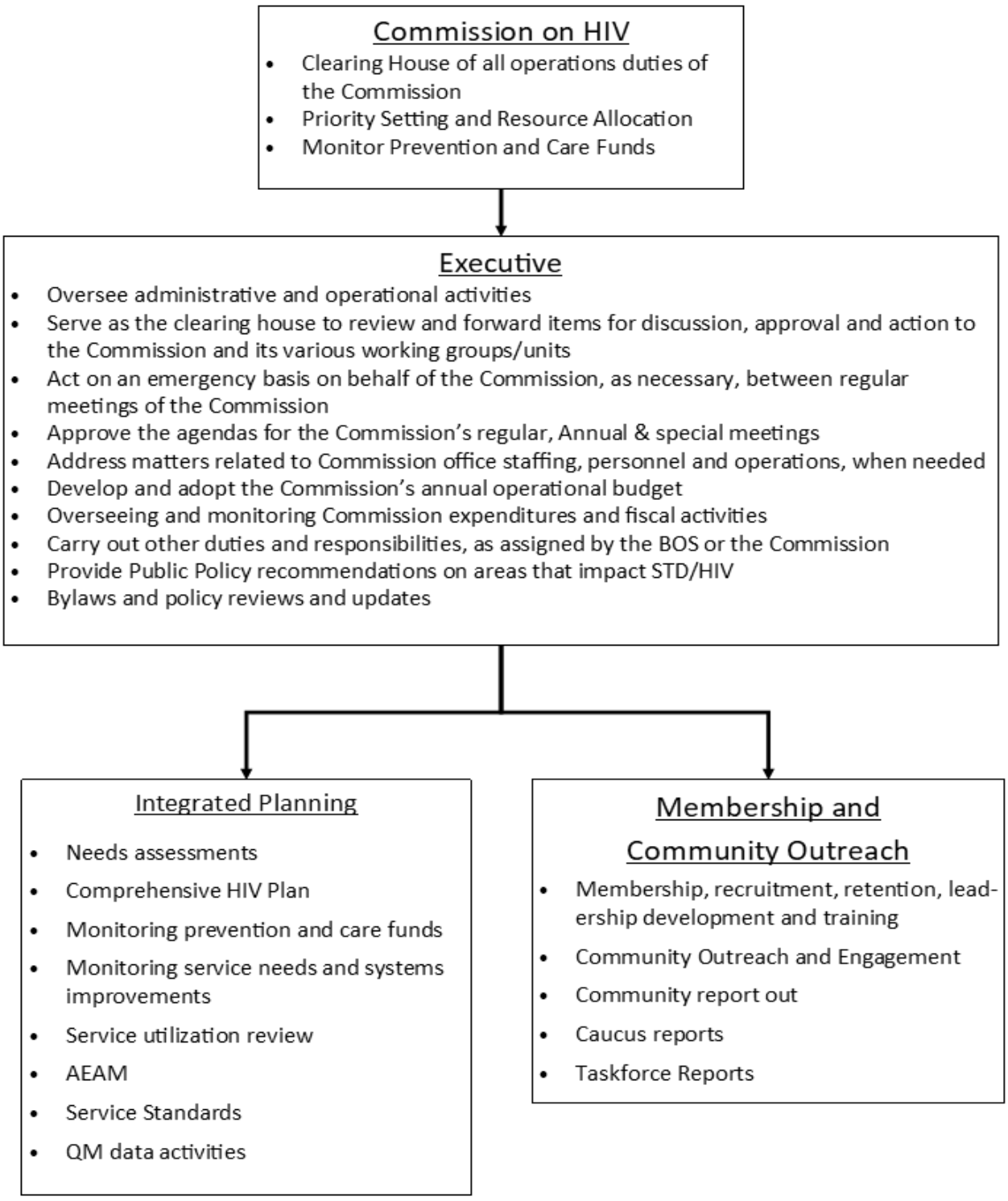

Figure 1 Exhibit A - Frequency is 6 times a year with P&R in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.

Exhibit B

Restructure Recommendation 2

Commission of HIV

- Clearing House of all operations duties of the Commission

Executive Committee

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- Provide Public Policy recommendations on areas that impact STD/HIV
- Bylaws and policy reviews and updates

Planning, Priorities and Allocations

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

Standards and Best Practices

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

Membership and Community Outreach

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

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

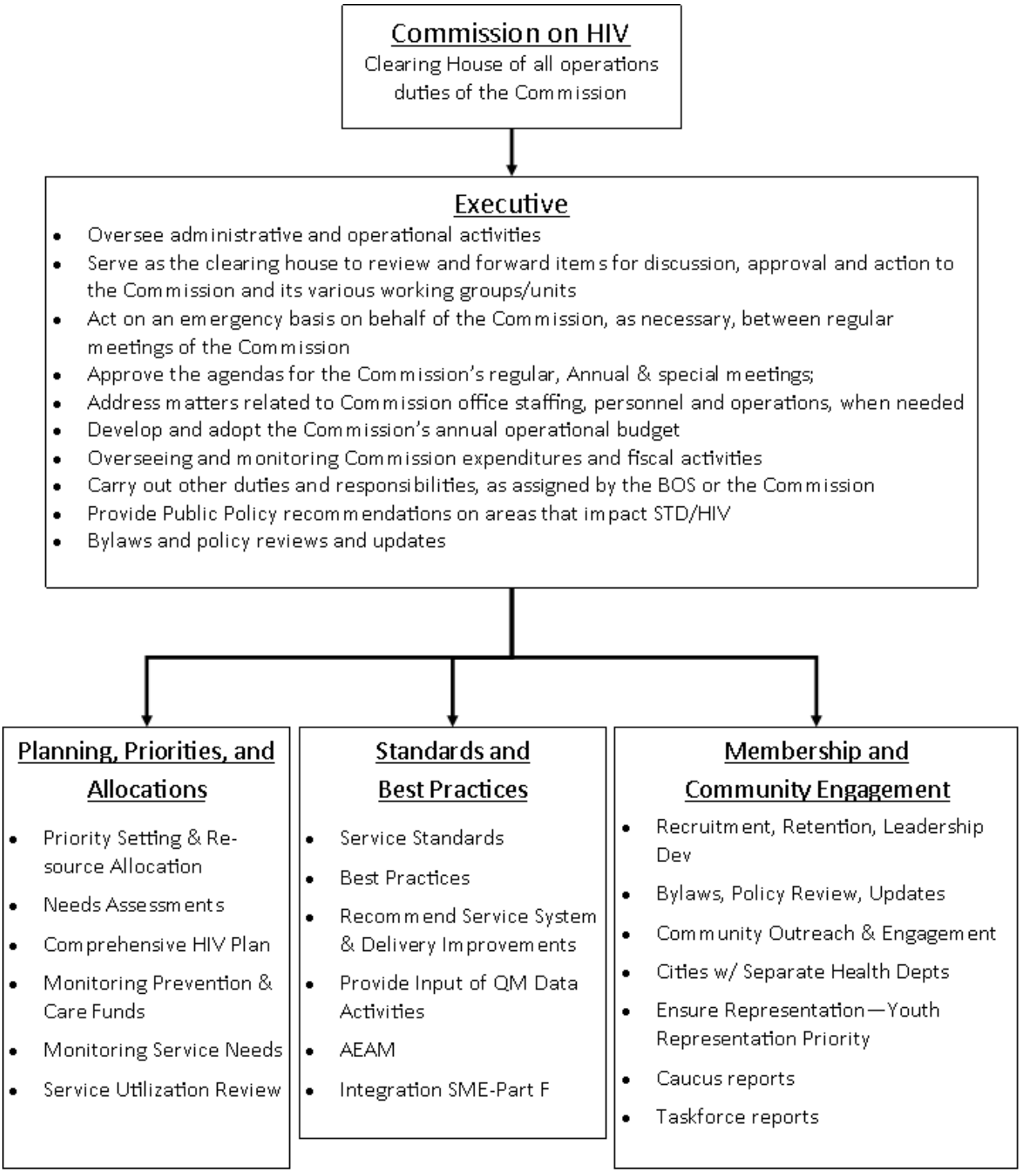


Figure 2 Exhibit B - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.

LOS ANGELES COUNTY
COMMISSION ON HIV

DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, there are three At-Large members of the Executive Committee, elected annually by the body, to provide the following representation, leadership and contributions:

COMMITTEE PARTICIPATION:

① Serve as a member of the Commission's Executive and Operations Committees, and participates, as necessary, in Committee meetings, work groups and other activities.

② As a standing member of the Executive Committee, fill a critical leadership role for the Commission; participation on the Executive Committee requires involvement in key Commission decision-making:

- Setting the agenda for Commission regular and special meetings;
- Advocating Commission's interests at public events and activities;
- Voting and determining urgent action between Commission meetings;
- Forwarding and referring matters of substance to and from other Committees and to and from the Commission;
- Arbitrating final decisions on Commission-level grievances and complaints;
- Discussing and dialoguing on a wide range of issues of concern to the HIV/AIDS community, related to Commission and County procedure, and involving federal, state and municipal laws, regulations and practices.

REPRESENTATION:

① Understand and voices issues of concern and interest to a wide array of HIV/AIDS and STI-impacted populations and communities

② Dialogue with diverse range perspectives from all Commission members, regardless of their role, including consumers, providers, government representatives and the public

③ Contribute to complex analysis of the issues from multiple perspectives, many of which the incumbent with which may not personally agree or concur

④ Continue to be responsible and accountable to the constituency, parties and stakeholders represented by the seat the member is holding

⑤ As a more experienced member, with a wider array of exposure to issues, voluntarily mentor newer and less experience Commission members

⑥ Actively assist the Commission and Committee co-chairs in facilitating and leading Commission discussions and dialogue

⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

KNOWLEDGE/BACKGROUND:

① CDC HIV Prevention Program, Ryan White Program (RWP), and other general HIV/AIDS and STI policy and information
② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
③ LA County's HIV/AIDS and other service delivery systems
④ County policies, practices and stakeholders
⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
⑥ County Ordinance and practices, and Commission Bylaws
⑦ **Minimum of one year's active Commission membership prior to At-Large role**

SKILLS/ATTITUDES:

① Sensitivity to the diversity of audiences and able to address varying needs at their levels
② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues
③ Ability to demonstrate parity, inclusion and representation
④ Multi-tasker, take-charge, "doer", action-oriented
⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side
⑦ Strong focus on mentoring, leadership development and guidance
⑧ Firm, decisive and fair decision-making practices
⑨ Attuned to and understanding personal and others' potential conflicts of interest

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

① Put personal agenda aside and advocate for what's in the best interest of the Commission
② Devote adequate time and availability to the Commission and its business
③ Assure that members' and stakeholders' rights are not abridged
④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
⑤ Always consider the views of others with an open mind
⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

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

FOR DISCUSSION /PLANNING PURPOSES ONLY
12.04.24; 12.30.24; 01.06.25; 2.19.25; 03.09.25; 03.24.25; 03.30.25; 4.19.25; 4.28.25
June, August and September Cancellations approved by the Executive Committee on 4/24/25

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

2025 Meeting Schedule and Topics - Commission Meetings	
Month	**Key Discussion Topics/Presentations**
~~1/9/25 @ The California Endowment~~ Cancelled due to Day of Mourning for former President Jimmy Carter	Commission on HIV Restructure ***facilitated by Next Level Consulting and Collaborative Research*** ~~Brown Act Refresher (County Counsel)~~ Replaced with training hosted by EO on Jan. 30.
~~2/13/25 @ The California Endowment~~ ~~*Consumer Resource Fair will be held from 12 noon to 5pm~~	~~Commission on HIV Restructure ***facilitated by Next Level Consulting and Collaborative Research****~~
~~3/13/25 @ The California Endowment~~	• ~~Year 33 Utilization Report for All RWP Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ • ~~COH Restructuring Report Out~~
~~4/10/25 @ St. Anne's Conference Center~~	• ~~Contingency Planning RWP PY 35 Allocations~~ • ~~Year 33 Utilization Report for RW Core Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ ~~(Move to PP&A 4/15/25 meeting)~~

5/8/25 @ St. Anne's Conference Center	• ~~Year 33 Utilization Report for RW Support Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ (Move to PP&A 5/1/25 meeting) • ~~Unmet Needs Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ (Move to PP&A meeting, date TBD) • Approve 20% RWP funding scenario allocations • COH Restructuring Workgroups Report and Discussion • Housing Task Force Report of Housing and Legal Services Provider Consultations
6/12/25	• **CANCELLED**
7/10/25 @ Vermont Corridor	• COH Restructuring/Bylaws Updates • Medical Monitoring Project (Dr. Ekow Sey, DHSP) CONFIRMED • PURPOSE Study (Requested by Suzanne Molino, PharmD, Gilead Sciences, Inc.); CONFIRMED
8/14/25	**CANCELLED**
9/11/25	**CANCELLED**
10/9/25 @ Location TBD	TBD
11/14/24 @ Location TBD	ANNUAL CONFERENCE
12/12/24 @ Location TBD	TBD

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

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

STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKEAWAYS | MAY 8, 2025

1. Operations

Link to the Operations Committee meeting packet can be found HERE .
Key outcomes/results from the meeting:

- The April 24th Operations Committee meeting was cancelled due to lack of quorum. The Committee elevated its motions to the Executive Committee.
- The next Operations Committee meeting will be held on Thursday, May 22, 2025, from 10 AM – 12 PM.
- The Committee will review the final draft of the Assessment of the Efficiency of the Administrative Mechanism (AEAM), follow up on the status of attendance letters, brainstorm rethinking outreach efforts and strategies considering the operational budget, and discuss Committee attendance and expectations.

Action needed from full body:

- Complete outstanding documents (conflict of interests and the PIR survey) and commissioner trainings and quizzes. The quizzes must be completed to receive a certificate of completion.

2. Executive

Link to the April 24, 2025 meeting packet can be found HERE
Key outcomes/results from the meeting:

- Seat-change motions for members Dechelle Richardson and Jet Findley were approved by the Executive Committee and forwarded to the full Commission for a final vote on May 8, 2025.
- The Committee instructed staff to issue attendance-warning letters to Commissioners Bridget Gordon, Erika Davies, and Rita Garcia for excessive absences in alignment with the Operation's Committee attendance review process.
- The Committee canceled Commission meetings set for June 12, August 14, and September 11; staff will send meeting notices. The May 8 meeting will be held at St. Anne's Conference Center, while the July 12 meeting returns to the Vermont Corridor office. Venues for October–December (including the November Annual Conference) are still being confirmed.
- Executive Director Cheryl Barrit reported that the Commission is facing significant operational budget cuts to include potential staffing cuts. CBarrit submitted three operational-budget scenarios to the County's Executive Office for their consideration in preparation for the Ryan White Program 35 operational budget. Updates will be shared once received.
- CBarrit noted that the Commission Restructuring Workgroup's summary report was included in the April Commission packet and re-circulated with the current Committee materials. A detailed discussion of the findings—and the proposed next steps—is scheduled for the May 8 Commission meeting.

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

Action needed from full body:

- Attend and actively participate in the May 8th Commission meeting.
- Participate in the testimonial campaign and coordinate with national coalitions to reinforce advocacy messaging.

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

Click HERE for the April Planning, Priorities and Allocations meeting packet and HERE for the May Special Planning, Priorities and Allocations meeting packet.

Key outcomes/results from the meeting:

- During their April and special May meeting, DHSP staff provided a Program Year 33 (PY33) Utilization reports to the committee. The April report focused on Core Medical Services and the May report focused on Support Services. The reports highlighted most utilized services within both core and support services and outlined average spending per client. See April meeting packet and May special meeting packet for more details.
- DHSP received news from HRSA staff that another Ryan White Program partial notice of award is currently being processed. The award provides partial funding (approximately 41% Formula and 27% MAI) based on FY 2024 funding levels. There is still no indication of when DHSP will receive a final notice of award for RWP Part A and MAI, but final awards will be processed as soon as HRSA receives the full FY 2025 appropriation amount for the Ryan White Program. HRSA continues to operate under a Continuing Resolution through September 30, 2025.
- During the May 1 PP&A Committee meeting, the committee was informed that, on April 30, DHSP notified all prevention service providers that prevention

contracts will be terminated effective May 31, 2025 due to the elimination of federal funding for HIV prevention services at the CDC.

- The committee continued discussions around contingency planning. Instead of a 20% reduction scenario, DHSP provided a proposed allocation based on a $28 million funding scenario (Scenario #3). After active deliberation and minor adjustments to proposed allocations, the committee approved the proposed allocations. See May meeting packet for more details.
- The next PP&A Committee meeting will be on Tuesday, May 20th from 1pm-3pm at the Vermont Corridor.

Action needed from full body:

- Commissioners should continue review the PP&A meeting minutes and attend PP&A Committee meetings, when possible, to stay informed of current funding challenges and identify strategies to continue to support HIV prevention and care services.

4. Standards and Best Practices (SBP)

Link to the May 6, 2025, meeting packet can be found HERE.

Key outcomes/results from the meeting:

- Discussed the Transitional Case Management (TCM) service standards. Dr. Rebecca Cohen from the Division on HIV and STD Programs (DHSP) provided an update on TCM services for justice-involved individuals.
- Conducted preliminary review of the Patient Support Services (PSS) service standards.
- The next SBP Committee meeting will be on June 3, 2025, from 10am-12pm at the Vermont Corridor.

Action needed from full body:

- Participate in upcoming SBP Committee meetings to learn more about the service standards development process.

5. Public Policy

Link to the May 5, 2025, meeting cancellation notice can be found HERE.

Key outcomes/results from the meeting:

- The committee did not meet in May. The next Public Policy Committee meeting will be on June 2, 2025, from 10am-12pm at the Vermont Corridor.

Action needed from full body:

- Attend next committee meeting and learn about ways to engage in the local, state, and federal legislative processes.

6. Aging Caucus

The Aging Caucus meets every other month and will not meet during the month of April. The Aging Caucus last met on March 11, 2025. **Link to the March 11, 2025 meeting packet can be found HERE.**

Key outcomes/results from the meeting:

- The Aging Caucus met on 3/11/25 , virtually from 1pm to 2pm and finalized their 2025 key priorities and brainstormed on ideas for a cross-caucus collaborative event (slated for September) to address HIV and aging across intersectional identities and age groups.

Action needed from full body:

- Attend next virtual Aging Caucus meeting on May 13, 2025 from 1pm to 2pm. Agenda and meeting packet available HERE.

7. Black Caucus

The Black Caucus last met on April 17, 2025; link to the meeting packet can be found HERE.

Key outcomes/results from the meeting:

- Community members voiced heightened anxiety about losing housing, food access, and critical HIV services amid escalating political threats; in response, the Black Caucus called for bold, coordinated advocacy—launching targeted social-media campaigns, updating prior solidarity statements, organizing letter-writing drives, and engaging directly with pharmaceutical partners, foundations, and state leaders to safeguard HIV prevention and care.
- The Caucus hosted a virtual focus group on April 30 from 12:00–1:00 PM for Black-led and Black-serving organizations that were not part of the initial round of the organizational needs assessment conducted by Equity Impact Solutions in partnership with DHSP.
- To keep Black voices and lived experiences at the center, the Caucus will host additional community listening sessions—focusing on non-traditional HIV providers, transgender people, youth, justice-involved individuals, and heterosexual men who do not identify as MSM—to inform culturally responsive HIV prevention and care recommendations for Los Angeles County.
    - The Non-Traditional HIV Provider listening session has been confirmed for May 13, 2025 at 5-7PM – register HERE.
    - The Transgender listening session has been confirmed for July 9 @ 6-8PM – details to follow.
- The Caucus is considering planning a no-cost, BYOF (Bring Your Own Food) Juneteenth Community Picnic that will celebrate Black freedom and joy, spark dialogue on sexual health and wellness, and launch a community needs-assessment survey to strengthen culturally responsive HIV prevention and care.

Action needed from full body:

- The Caucus calls for sustained participation to keep Black voices firmly represented in Commission deliberations and decisions; anyone interested in joining or learning more about the Black Caucus can click HERE.

8. Consumer Caucus

The Consumer Caucus hosted an in-person Ryan White Program Dental Services Listening session on April 13, 2025 – draft summary can be found HERE.

Key outcomes/results from the meeting:

- Refer to draft summary.

Action needed from full body:

- Attend the May 8 Caucus meeting to debrief the recent listening session and provide feedback on the draft summary and proposed next steps.

9. Transgender Caucus

The Transgender Caucus last met on March 25, 2025; link to the meeting packet can be found HERE.

Key outcomes/results from the meeting:

- Diamond Paulk was elected as third co-chair for the Caucus; she brings a wealth of experience and is focused on uplifting and protecting black and brown trans voices.
- Continued planning for two upcoming listening sessions to identify for sexual health needs for 1) transgender women impacted by or living with HIV and 2) black transgender individuals impacted by or living with HIV. The two sessions are planned for early June and Mid July, respectively and will take place at the AMAAD Institute.
- The next meeting for the Transgender Caucus will be on May 27, 2025, from 10am-11:30am via WebEx.

Action needed from full body:

- Read the solidarity statement in support of Transgender, Gender Expansive, Intersex, and Two-Spirit Communities and share widely.

10. Women's Caucus

Link to the March Women's Caucus meeting packet can be found HERE.

Key outcomes/results from the meeting:

- The Women's Caucus did not meet for the month of April but have continued planning around upcoming listening sessions to identify the sexual health needs of women impacted by or living with HIV. Two sessions are tentatively planned for early and late June and the caucus is working to solidify a third listening session date and location.
- A flyer with listening session dates and registration information is forthcoming. Please keep an eye out and share with interested participants.
- The next virtual Women's Caucus meeting will be on Monday, May 19 from 2pm-3pm via Webex.

Action needed from full body:

- Continue to promote the WC within your networks and encourage clients/consumers to participate in upcoming listening sessions.

11. Housing Task Force

Link to the April 24, 2025 meeting packet can be found HERE.

Key outcomes/results from the meeting:

Brett Feldman, MSPAS, PA-C, Director of the USC Street Medicine Program joined the HTF and delivered on street medicine and intersection with HIV. The presentation addressed the urgent housing and healthcare needs of people living with HIV in Los Angeles, emphasizing the importance of street medicine and integrated care for the unsheltered population.

- Street medicine addresses healthcare access for unsheltered homeless individuals by providing services in their environment, centered around building a trusting relationship with the client and provider.
- Street medicine has become billable nationwide, recognizing the rights of homeless individuals to receive care.
- Effective street medicine requires integrated care, following patients through various housing situations for continuity.
- The need for street medicine in Los Angeles is significant due to a high number of unsheltered individuals.
- Testing for HIV and other conditions shows high acceptance rates among individuals approached on the street.
- Phlebotomy serves as part of a comprehensive patient intake, providing extensive health information and care plan.
- Trauma significantly impacts the unhoused population, affecting their trust in healthcare and housing systems. The system that is trying to take of them is also traumatizing them.
- Street medicine teams integrate housing navigation with medical care to support individuals experiencing homelessness.
- Federal funding cuts pose risks to ongoing HIV programs and services for vulnerable populations.
- A participant suggested connecting the USC street medicine team in West Hollywood regarding testing coordination at locations like the library.
- Most street medicine data is from Skid Row
- Strategies for reaching homeless individuals and linking them to care:
    - Work with hospitals who have seen homeless individual who have been diagnosed with HIV and screen their contacts.
    - Hepatitis C treatment completion rate is 82%- shows that people experiencing homelessness can be engaged and retained in care in a trusting environment and relationship with providers even if they move from one encampment to another.
    - The USC team has a 38% housing placement; a challenge given the lack of affordable housing.
    - Provide fully integrated care on the spot, not referrals.
    - Fully integrated care should be built from the streets, not institutions
    - The USC street medicine team has not found that HIV is a barrier t getting housing; the diagnosis actually helps get folks into housing.

Action needed from full body:

- Review the packet from the April 24th meeting and provide feedback on the draft housing survey for PLWH.

- Next meeting: May 23rd from 9am to 10am via Webex.

LOS ANGELES COUNTY COMMISSION ON HIV

SERVICE STANDARDS REVISION DATE TRACKER FOR PLANNING PURPOSES

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

Last updated: 04/21/25

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

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

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

Home and Community-Based Health Services	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	**Last approved by COH: 9/9/2022**
Hospice	Hospice Services	Hospice Services	Helping terminally ill clients approach death with dignity and comfort.	**Last approved by COH: 5/2/2017**
Housing	Housing Services: Permanent Supportive	Housing For Health	Supportive housing rental subsidy program of LA County Department of Health Services.	**Last approved by COH: 4/10/2025**
Housing	Housing Services: Residential Care Facility for Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF)	Housing Services RCFCI/TRCF	RCFCI: Home-like housing that provides 24-hour care. TRCF: Short-term housing that provides 24-hour assistance to clients with independent living skills.	**Last approved by COH: 4/10/2025**
Legal Services	Legal Services	Legal Services	Legal information, representation, advice, and services.	**Last approved by COH: 7/12/2018**
Linguistic Services	Language Interpretation Services	Language Services	Interpretation (oral and written) and translation assistance to assist communication between clients and their healthcare providers.	**Last approved by COH: 5/2/2017**
Medical Case Management	Medical Care Coordination (MCC)	Medical Care Coordination	HIV care coordination through a team of health providers to improve quality of life.	**Last approved by COH: 1/11/2024**
Medical Nutrition Therapy	Medical Nutrition Therapy Services	Medical Nutrition Therapy	Nutrition assessment and screening, and appropriate inventions and treatments to maintain and optimize nutrition status and self-management skills to help treat HIV disease.	**Last approved by COH: 5/2/2017**
Medical Transportation	Transportation Services	Medical Transportation	Ride services to medical and social services appointments.	**Last approved by COH: 2/13/2025**
Mental Health Services	Mental Health Services	Mental Health Services	Psychiatry, psychotherapy, and counseling services.	**Last approved by COH: 5/2/2017** *Currently under review. SBP will begin review in June 2025.*

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

Non-Medical Case Management	Benefits Specialty Services (BSS)	Benefits Specialty Services	Assistance navigating public and/or private benefits and programs.	**Last approved by COH: 9/8/2022**
	Patient Support Services (PSS)	Patient Support Services	Provide interventions that target behavioral, emotional, social, or environmental factors that negatively affect health outcomes with the aim of improving an individual's health functioning and overall well-being.	*New service standard currently under development. SBP will begin review on 5/6/2025.*
	Transitional Case Management: Justice-Involved Individuals	Transitional Case Management- Jails	Support for post-release linkage and engagement in HIV care.	**Last approved by COH: 12/8/2022** *Currently under review*
	Transitional Case Management: Youth	Transitional Case Management- Youth	Coordinates services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and supportive services.	**Last approved by COH: 12/8/2022** *Currently under review*
	Transitional Case Management: Older Adults 50+	N/A	Coordinate transition between systems of care for older adults 50+ living with HIV/AIDS.	**Last approved by COH: 12/8/2022** *New service standard currently under development.*
Oral Health Care	Oral Health Care Services	Oral Health Services	General and specialty dental care services.	**Last approved by COH: 4/13/2023**
Outpatient/Ambulatory Health Services	Ambulatory Outpatient Medical (AOM)	Ambulatory Outpatient Medical	HIV medical care accessed through a medical provider.	**Last approved by COH: 2/13/2025**
Outreach Services	Outreach Services	Linkage and Retention Program	Promote access to and engagement in appropriate services for people newly diagnosed or identified as living with HIV and those lost or returning to treatment.	**Last approved by COH: 5/2/2017**
Permanency Planning	Permanency Planning	Permanency Planning	Provision of legal counsel and assistance regarding the preparation of custody options for legal dependents or minor children or PLWH including guardianship, joint custody, joint guardianship and adoption.	**Last approved by COH: 5/2/2017**

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

Psychosocial Support Services	Psychosocial Support Services	Psychosocial Support Services	Help PLWH cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	**Last approved by COH: 9/10/2020**
Referral for Health Care and Support Services	Referral Services	Referral	Developing referral directories and coordinating public awareness about referral directories and available referral services.	**Last approved by COH: 5/2/2017**
Substance Abuse Services (residential) Substance Abuse Outpatient Care	Substance Use Disorder and Residential Treatment Services	Substance Use Disorder Transitional Housing	Temporary residential housing that includes screening, assessment, diagnosis, and treatment of drug or alcohol use disorders.	**Last approved by COH: 1/13/2022**
N/A	Universal Standards and Client Bill of Rights and Responsibilities	N/A	Establishes the minimum standards of care necessary to achieve optimal health among PLWH, regardless of where services are received in the County. These standards apply to all services.	**Last approved by COH: 1/11/2024** *Not a program—SBP committee will review this document on a bi-annual basis or as necessary per community stakeholder, contracted agency, or COH request.*

LOS ANGELES COUNTY COMMISSION ON HIV

BEYOND TRADITIONAL CARE: UPLIFTING NON-TRADITIONAL HIV PROVIDERS IN BLACK SEXUAL HEALTH

The Black Caucus invites non-traditional HIV providers to a special community listening session. We want to hear directly from you — **doulas**, **pharmacists**, **mental health professionals**, **substance abuse counselors, primary care providers, holistic healers, urgent care staff**, **and others** — whose work supports Black sexual health and wellness outside of traditional HIV care settings.

TUESDAY, MAY 13, 2025 @ 5:00PM-7:00PM

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE

**Venue details will be shared upon confirmed registration*

$50.00 VISA GIFT CARD
REFRESHMENTS & RESOURCES

Share your experiences supporting Black sexual health outside of traditional HIV care systems * Identify gaps and opportunities to strengthen HIV prevention and care in Black communities * Connect with other non-traditional providers advancing Black health and wellness * Help shape culturally responsive, community-rooted HIV programs and services

REGISTER HERE

HTTPS://TINYURL.COM/YZX8R2CB

(SPACES ARE LIMITED - 25 PARTICIPANT MAX)

Consultations with Local Ryan-White HIV/AIDS Program (RWHAP) Funded Housing and Legal Services Providers

Housing Task Force (HTF)

May 8, 2025

LOS ANGELES COUNTY
COMMISSION ON HIV

HOUSING IS A HUMAN RIGHT

HOUSING SUPPORTS BETTER HEALTH

Securing **stable housing** can help people achieve **successful HIV outcomes.**

HIV.gov

Background

The Commission on HIV formed the Housing Task Force to address the needs of people living with HIV (PLWH), with special emphasis on:

- Understanding how the local Ryan White system of HIV care can prevent and address housing as a critical piece of a person’s care.
- Conducting assessments, community listening sessions, and consultations with subject matter experts to understand service delivery gaps, barriers, and opportunities for partnerships and improvements.
- Developing recommendations to agency partners and the County to attain and maintain safe and affordable housing for PLWH.

Background

- Conducted consultations with housing and legal services agencies to learn about the service needs of their clients
- Determine how a more integrated housing and legal service delivery process can prevent homelessness among Ryan White clients (or Ryan White eligible clients).
- The consultations were held during the regularly scheduled HTF meetings from September 2024 to January 2025.

Ryan White Housing and Legal Service Providers Insights

- All housing providers reported referring clients to legal services
- Work intensively with clients to prevent eviction.
- Eviction is the last resort
- Work with clients to address behavioral or financial difficulties to avoid eviction

Primary reasons for eviction:
missed rental payments
and
poor tenant behavior

Key Themes

Comprehensive support is provided by staff:

- Agencies employ resident services coordinators who interact with clients to ensure their health, safety, and well-being.
- Staff assist with referrals and conduct personal visits to build and maintain trust with clients.
- HFH funds intensive case management address the acute health needs of clients.

Residential Care Facility for the Chronically Il (RCFCI) and Transitional Residential Care Facility (TRCF) clients demonstrate a high need for ongoing support.

- RCFCI and TRCF clients are often frail, elderly, and diagnosed with significant mental health conditions; some are not receiving mental health services by choice; and require ongoing attention and support with basic skills of life, home living, and health maintenance.
- For clients who seek mental health services, securing appointments is a significant challenge.

Key Themes

Inadequate funding is straining the capacity of agencies to operate at optimal levels.

- Building repairs and maintenance are not covered by funding sources.
- Agencies are further strained when payments/reimbursements are not paid on time.
- Reimbursement rates do not match the full cost of the services.

Housing workforce capacity is under extreme pressure and stress.

- The caseload and demand for housing are not sustainable with the current workforce capacity and landscape.
- Huge turnover rate, low wage, burnout, poor treatment of staff (by clients) are systemic issues that are not being addressed.
- Difficult to attract and retain highly skilled staff for the housing services sector.
- People with lived experience are needed, however, those with subsidized housing run the risk of losing their housing if they are employed.
- Trust is a core issue. Housing providers are not trusted and not treated as equal partners by the County.

Key Themes

Poor intra and inter-agency communication and coordination.

- Due to frequent staffing changes and turnover, maintaining communication and connection with referring agencies is a challenge. This often leads to applications having to get started again, lost applications and paperwork, and inability to contact clients/applicants.

The insane amount of paperwork required for applications is detrimental to both providers and clients.

- The length of time it takes to get people housed is unacceptable but providers are hampered and powerless because of documents required by HUD-funded programs.
- Paperwork burden is duplicative and retraumatizing to clients.

Other Issues

- Need resources and support to house undocumented clients.
- Some eligible clients may not seek services due to stigma.
- Foster a sense of compassion and understanding for people who are homeless or at risk of becoming homeless.
- It is important to understand the difference between subsidized vs. affordable housing. Under subsidized housing, the tenant does not pay more than 30% of their income towards rent. “Affordable” housing is subject to rent increases.

City of Los Angeles HOPWA Partners' Insights

- Federal program administered by the U.S. Department of Housing and Urban Development (HUD) that provides housing assistance and related support services specifically to low-income individuals living with HIV/AIDS and their families.
- The only federal program dedicated to addressing the housing needs of people living with HIV/AIDS.
- HOPWA is not a Ryan White-funded program.
- Locally administered by the City of Los Angeles.

HOPWA Background

- Staffing is challenged with only 3 staff and with administrative expenses capped at 3%. In comparison, most federal grant programs cap administrative cost at 10%.
- The 3% administrative cap for the HOPWA program impacts staff capacity to respond to fiscal, programmatic, service, and community engagement efforts.
- Approximately $30 million in funding from the federal Housing and Urban Development (HUD) Department.
- This translates to 18 contracts including housing capital development service agencies, vouchers, and long-term projects to build housing.
- Most of the funding is used to work with local agencies to provide tenant-based rental assistance (TBRA) and other housing support for PLWH.
- All funds are maximized.

Major challenges

- Need to scale up the number of people served.
- Agencies are not fully spending down their grant awards/contracts, possibly to due to high staff turnover rate and difficulty hiring and retaining staff
- Need to expand outreach more broadly to other partners.
- Duplication of services; e.g., some agencies are targeting the same clients and recruiting from the same hospital.
- Most agencies rely on word-of-mouth for promoting services which is not an effective mechanism for scaling up awareness of HOPWA services.
- Hiring freeze in the City of Los Angeles hampers the ability to hire staff.
- Large caseloads and paper work

Strategies for Improvement

- Increase service agreements amount with the Housing Authority of the City of Los Angeles to support housing vouchers for PLWH.
- Establish a process for outreach coordination to avoid duplication of services.
- Explore targeted social marketing, however, these efforts must demonstrate that outreach and social marketing activities reach people eligible for HOPWA services (not intended for general audience outreach).
- Explore leveraging street medicine to get PLWH into housing/HOPWA; currently exploring this opportunity with the USC street medicine program.

Ryan White Legal Services Provider Insights

The common areas of assistance provided:

1. Housing
2. Record clearing
3. Citation defense
4. Income maintenance
5. Credit/debt

****services are provided regardless of immigration status*****

Challenges

- Ryan White-contracted legal services provider is not receiving enough referrals and needs agency support to promote their services and refer clients.

- Many Ryan White/ HIV service agency staff are unaware they exist and that they have a legal services program for PLWH.

- Lack of provider awareness about RW-funded legal services may be partly due to confusing messaging when the funding source for the agency's legal services for PLWH moved from HOPWA to Ryan White → some agencies may have misinterpreted this as an end to the program.

Recommendations

- Expand access to emergency financial assistance (including non-Ryan White-funded programs) to prevent homelessness.
- Explore better payment models to fund the full cost of housing services.
- Dedicate funding for ongoing training for frontline staff
- Establish more formal and frequent community and interagency outreach and coordination.
- Appeal to the federal Housing and Urban Development (HUD) Department to eliminate the burden of showing proof of income; if they are homeless and receive General Relief, SSI, or SSDI, that documentation should suffice. Eliminate the requirement to provide 3 months of bank statements. Eliminate HIV bloodwork requirement.


Thank you!


Q & A

the OA Voice
Issue: May 2025
CDPH California Department of Public Health

INSIDE:

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

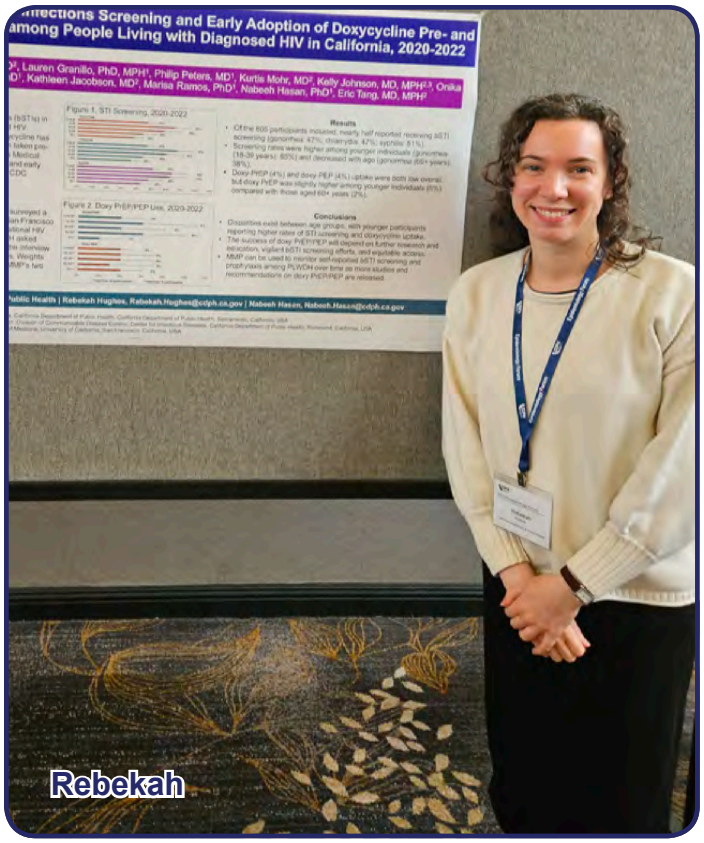
STAFF HIGHLIGHT

OA Posters at the CDPH Epidemiology Forum

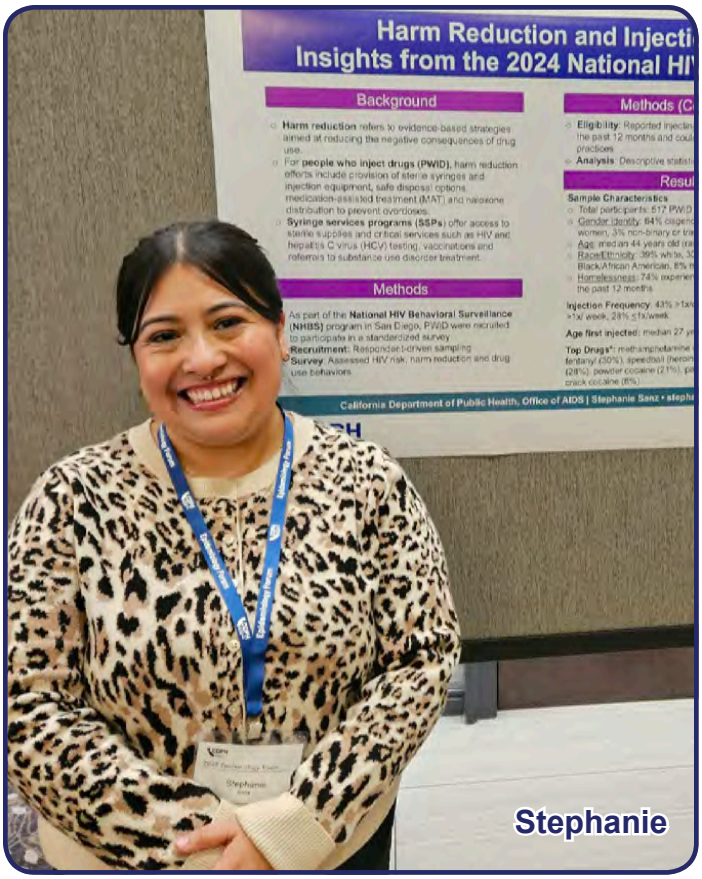
The CDPH Epidemiology Forum took place April 16–17 and was an opportunity for staff to collaborate with colleagues to learn more about how data is being used in different areas of CDPH. There were various sessions available, including a panel on the CDPH response efforts to bird flu, communicating public health data to external audiences, and understanding the data governance and stewardship efforts of CDPH. At the conclusion of the forum there was a poster session for staff to explore the different projects being done across CDPH programs.

Rebekah Hughes and **Stephanie Sanz**, both from the Surveillance and Prevention Evaluation and Reporting Branch, presented posters highlighting recent findings from their respective surveillance projects.

Rebekah presented a poster exploring bacterial STI screening and early adoption of doxycycline pre-exposure prophylaxis and post-exposure prophylaxis (doxy PrEP and doxy PEP) among people living with diagnosed HIV (PLWDH) who participated in the Medical Monitoring Project (MMP) for the 2020 through 2022 cycle years. This project is a collaboration between OA and STDCB using local supplementary questions at the conclusion of the MMP interview. Of the



605 individuals included in the project, nearly half reported receiving the recommended annual bacterial STI screening (gonorrhea: 47%; chlamydia: 47%; syphilis: 51%). Bacterial STI screening rates were higher among younger individuals (gonorrhea (18-39 years): 65%) and decreased with age (gonorrhea (60+ years): 38%). Doxycycline uptake was low overall (doxy PrEP: 4%; doxy PEP: 4%). Many people were encouraged at the prospect of doxycycline being used to prevent bacterial STIs among PLWDH and were interested in learning more about MMP.



Stephanie presented a poster summarizing findings from the 2024 National HIV Behavioral Surveillance (NHBS) survey among people who inject drugs (PWID) in San Diego. The poster focused on harm reduction practices and injection drug use behaviors, including most-used drugs, injection frequency, syringe access and disposal, overdose experiences, and treatment engagement. Among 517 PWID surveyed, more than half reported injecting some drug at least once per day, with methamphetamine (88%) being the most commonly injected substance. Syringe services programs (SSPs) were the primary source of sterile syringes (62%), though syringe disposal in the trash was still common (59%). Fourteen percent of participants reported experiencing an overdose in the past year. These findings underscore the ongoing need to expand harm reduction and treatment services for PWID and highlight the continued importance of using NHBS data to inform public health efforts.

HIV AWARENESS

May 18 is National HIV Vaccine Awareness Day (NHVAD). This day is observed to raise awareness about the need for an effective preventive HIV vaccine and to honor and recognize the scientists and researchers who are determined to develop a vaccine to prevent HIV. NHVAD also provides an opportunity to appreciate the health professionals, community members, and advocates who continuously educate and bring awareness to the importance of preventative HIV vaccine research. This collaborative work is essential to ending the HIV epidemic.

May 19 is National Asian & Pacific Islander HIV/AIDS Awareness Day (NAPIHAAD). Asian and Pacific Islander communities face unique barriers to accessing HIV prevention, testing and care, due to the silence and shame surrounding HIV within their community. NAPIHAAD emphasizes the importance of encouraging conversations about HIV, testing and treatment options to combat the HIV/AIDS epidemic and end the silence and shame within the API communities.

GENERAL UPDATES

Mpox

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

Digital assets continue to be available for LHJs and CBOs on DCDC's Campaign Toolkits website.

HIV/STI/HCV Integration

We continue to move forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey as new information comes in.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

The **visual below** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health (SDoH).

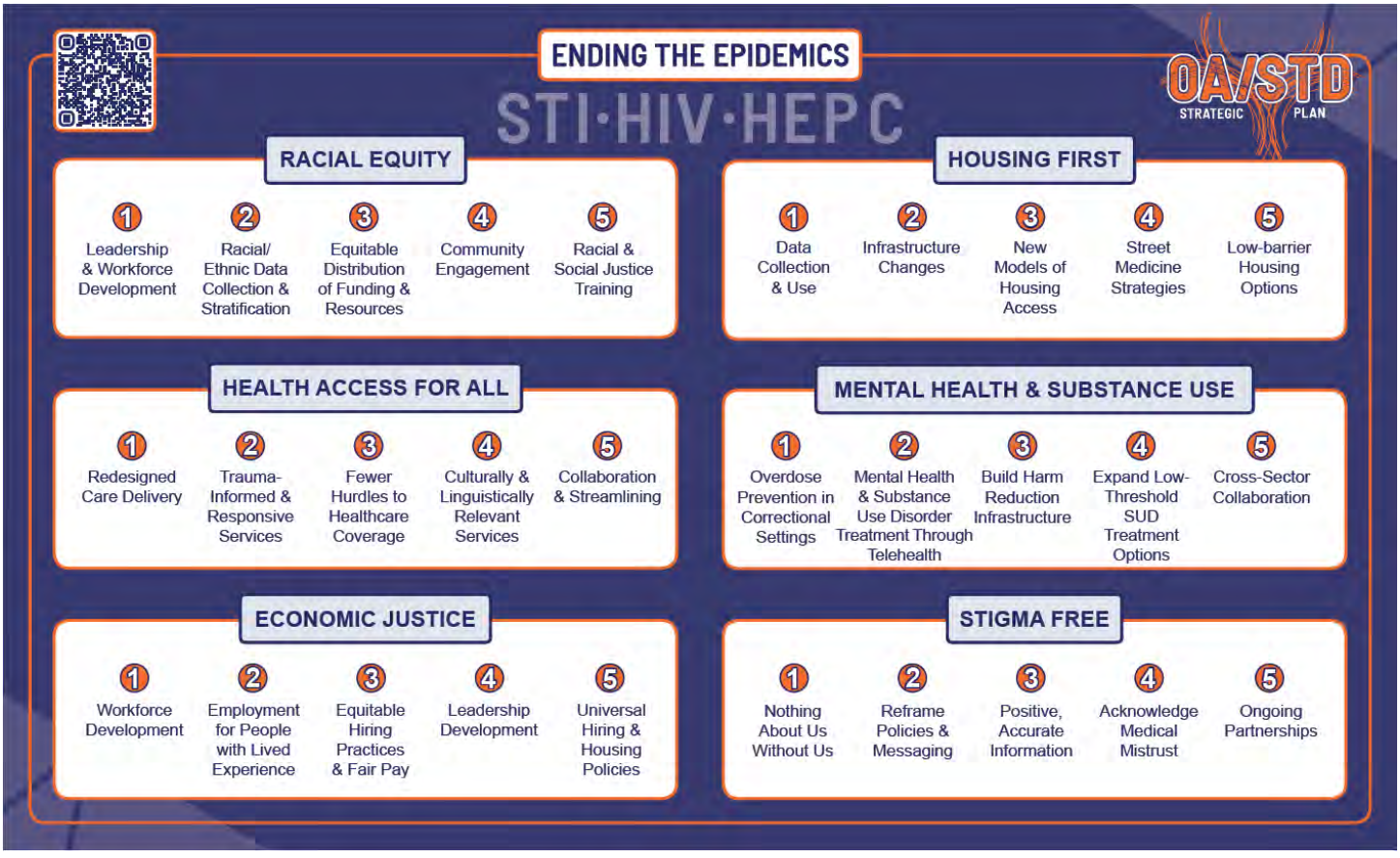
OA and STD Control Branch would like you to continue to use and share the *Strategic Plan* and the *Implementation Blueprint*. These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can vist Facente Consulting's webpage.

HEALTH ACCESS FOR ALL

Strategy 1: Redesigned Care Delivery

No-Cost Mpox Vaccination and Optional Rapid HIV/Syphilis/HCV Testing Available: CDPH is offering a free, turnkey service for LHJs and CBOs to provide mpox vaccination for people who are uninsured, underinsured, experiencing homelessness, or facing other barriers to care. This service can also include on-site rapid testing for HIV, syphilis, and hepatitis C, with telehealth services available for select treatments, including syphilis treatment, HIV PrEP, and doxy PEP. To request this resource, complete this survey, and for any



questions, please email mpoxadmin@cdph.ca.gov.

Strategy 1: Redesigned Care Delivery

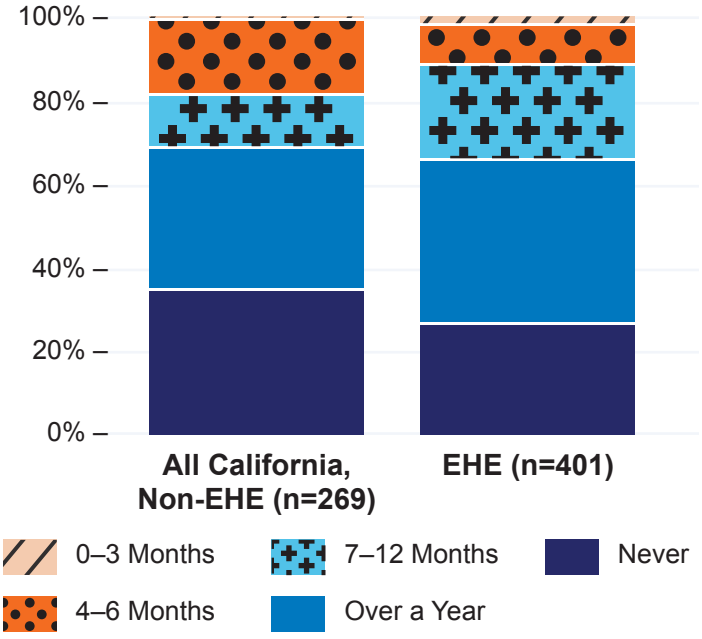
OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, **TakeMeHome**, is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

TAKEMEHOME

In March, 269 individuals in 36 counties ordered self-test kits, with 188 (69.9%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program's initiation in September 1, 2020, and March 31, 2025, 16,749 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 107 (26.7%) of the 401 total tests distributed in EHE counties. Of those ordering rapid tests, 215 (73.1%) ordered 2 tests.

Since September 2020, 1,872 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 791 responses from the California expansion since January 2023.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, March 2025



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	60.5%	49.0%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	33.8%	41.6%
Were 17-29 years old	41.7%	42.4%
Of those sharing their number of sex partners, reported 3 or more in the past year	46.1%	40.1%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.6%	94.3%
Identify as a man who has sex with other men	48.3%	52.1%
Reported having been diagnosed with an STI in the past year	8.6%	10.1%

Strategy 3: Fewer Hurdles to Healthcare Coverage

As of April 30, 2025, there are 281 PrEP-AP enrollment sites and 229 clinical provider sites that currently make up the PrEP-AP Provider network.

Data on active PrEP-AP clients can be found in the three tables displayed on page six of this newsletter.

As of April 30, 2025, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are **shown in the table below**.

MENTAL HEALTH & SUBSTANCE USE

Strategy 3: Build Harm Reduction Infrastructure

Update: Over the Counter Naloxone Made Available at Lower Cost

Although many community-based organizations like syringe services programs distribute naloxone to the public at no cost, not everyone in California is able to access these types of programs. The need for naloxone in harm reduction deserts still exists, but with less resources available. To increase availability of the life-saving drug, last month California announced that CalRx branded naloxone is available through the mail at a discounted price.

Californians can now purchase a twin pack of naloxone nasal spray for $24, plus tax and shipping fees, by visiting the CalRx website. This initiative works to reach all areas of California, especially areas that have limited resources for harm reduction.

Fact Sheet: Vending Machines – A Tool for Distributing Harm Reduction Equipment

In recent years, harm reduction programs have started to use a novel approach to increasing distribution of harm reduction supplies – utilizing vending machines. Syringe services programs along with local health jurisdictions have set up harm reduction vending machines throughout California and the United States as a way to provide low barrier access to life-saving supplies. Supplies vary by machine, but many include naloxone, sterile syringes, safer smoking equipment, HIV tests, wound care supplies, and other supplies to help keep people who use drugs safe.

(continued on page 7)

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from March
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	596	3.07%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,932	0.44%
Medicare Premium Payment Program (MPPP)	2,297	2.77%
Total	**8,825**	**1.22%**

Source: ADAP Enrollment System

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	313	10%	---	---	---	---	10	0%	323	10%
25 - 34	1,059	34%	---	---	---	---	135	4%	1,194	38%
35 - 44	764	25%	---	---	3	0%	126	4%	893	29%
45 - 64	437	14%	---	---	6	0%	88	3%	531	17%
65+	33	1%	---	---	136	4%	5	0%	174	6%
TOTAL	**2,606**	**84%**	**0**	**0%**	**145**	**5%**	**364**	**12%**	**3,115**	**100%**

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	171	5%	2	0%	37	1%	18	1%	2	0%	44	1%	4	0%	45	1%	323	10%
25 - 34	652	21%	3	0%	111	4%	99	3%	6	0%	234	8%	9	0%	80	3%	1,194	38%
35 - 44	508	16%	4	0%	80	3%	52	2%	2	0%	189	6%	7	0%	51	2%	893	29%
45 - 64	292	9%	---	---	40	1%	13	0%	1	0%	131	4%	2	0%	52	2%	531	17%
65+	16	1%	---	---	4	0%	5	0%	---	---	138	4%	---	---	11	0%	174	6%
TOTAL	**1,639**	**53%**	**9**	**0%**	**272**	**9%**	**187**	**6%**	**11**	**0%**	**736**	**24%**	**22**	**1%**	**239**	**8%**	**3,115**	**100%**

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	47	2%	---	---	4	0%	12	0%	2	0%	10	0%	---	---	13	0%	88	3%
Male	1,500	48%	8	0%	245	8%	170	5%	8	0%	703	23%	20	1%	207	7%	2,861	92%
Trans	78	3%	---	---	17	1%	4	0%	1	0%	11	0%	2	0%	4	0%	117	4%
Unknown	14	0%	1	0%	6	0%	1	0%	---	---	12	0%	---	---	15	0%	49	2%
TOTAL	**1,639**	**53%**	**9**	**0%**	**272**	**9%**	**187**	**6%**	**11**	**0%**	**736**	**24%**	**22**	**1%**	**239**	**8%**	**3,115**	**100%**

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 04/30/2025 at 12:01:37 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

National Harm Reduction Coalition, in collaboration with RTI International and the North American Syringe Exchange Network, published a fact sheet last month on harm reduction vending machines. The fact sheet looks at lessons learned from 12 SSPs and looks at their planning, implementation, and stocking of the machines. The fact sheet also includes information about funding sources, challenges and opportunities, and advantages to this modality.

View the fact sheet in English, or view the fact sheet in Spanish.

RACIAL EQUITY

≫ Strategy 4: Community Engagement

California Planning Group (CPG) – Spring Meeting Announcement

The CPG and OA will be hosting the Spring In-Person CPG Meeting from May 28–30. The meeting's theme is *Rooted in Resilience: Turning Challenges into Collective Action*.

On May 28, we will host a CPG Leadership Academy, which focuses on skills and capacity building for the current CPG members only. Attendance on May 29 and 30 will be invite-only.

The meeting will feature community-led and state-led presentations on long acting injectables, social media, mental health, as well as cluster response and detection.

For more information, please visit the CPG webpage.

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

CDPH
California Department of Public Health

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

County of Los Angeles
Public Health
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