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, July 11, 2024
9:00am-12:45pm (PST)

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

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r5a9de762600d777ef8c7780c8b7770a8

Notice of Teleconferencing Sites

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

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

Public Comments

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

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

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

Accommodations

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

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

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

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

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

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

Thursday, July 11, 2024 | 9:00 AM – 12:45 PM

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

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

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

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/r9f8fd254d71b18c4878ce40812329446

AGENDA POSTED: July 5, 2024

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

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

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

1. ADMINISTRATIVE MATTERS

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

2. PUBLIC & COMMISSIONER COMMENTS

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

Healthcare in Action | Presented by Robert M. Finch II, MA, MSPAS, PA-C, Physician Assistant — 9:25 AM – 10:00 AM

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

A. Operations Committee

(1) Membership Management

a. New Member Application: DeeAna Saunders, City of West Hollywood Rep **MOTION #4**

(2) Policies & Procedures

(3) Assessment of the Administrative Mechanism

(4) 2024 Training Schedule

(5) Recruitment, Retention & Engagement

B. Standards and Best Practices (SBP) Committee

(1) Ambulatory Outpatient Medical (AOM) Service Standards | Public Comment: July 5-August 5, 2024

(2) Emergency Financial Assistance (EFA)

(3) Service Standards Schedule & Tracker

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

(1) Status Neutral Priority Setting and Resource Allocation (PSRA) Framework **MOTION #5**

D. Public Policy Committee (PPC)

(1) Federal, State, County Policy & Budget

LOS ANGELES COUNTY COMMISSION ON HIV

4. STANDING COMMITTEE REPORTS – I (continued)

E. Caucus, Task Force, and Work Group Reports: 10:00 AM – 10:30 AM

(1) Aging Caucus | August 6, 2024 @ 1-3PM **Virtual*
(2) Black/AA Caucus | July 18, 2024 @ 4-5PM **Virtual*
(3) Consumer Caucus | July 11, 2024 @ 1:30-3PM **Hybrid @ Vermont Corridor*
(4) Transgender Caucus | July 23, 2024 @ 10-11:30AM **Vermont Corridor*
(5) Women's Caucus | October 21, 2024 @ 2-4PM **Virtual*
- HIV Matters for Her: 2024 Women's Health Update Luncheon: July 15 @ 12-2PM; Flyer

(6) Housing Task Force | Last Friday of Each Month @ 9AM-10AM **Virtual*

5. B R E A K 10:30 AM – 10:40 AM

6. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/Staff Report 10:40 AM – 10:50 AM

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

B. Co-Chairs' Report 10:50 AM – 11:15 AM

(1) Welcome New Members
(2) June 9, 2024 COH Meeting | FOLLOW-UP & FEEDBACK
(3) Conferences, Meetings & Trainings *(An opportunity for members to share information and resources related to the COH's core functions, with the goal of advancing the Commission's mission*)
(4) Member Vacancies & Recruitment
(5) Acknowledgement of National HIV Awareness Days
- Zero HIV Stigma Day: July 21st

C. LA County Department of Public Health Report 11:15 AM – 12:15 PM

(1) Division of HIV/STD Programs (DHSP) Updates (RWP Grantee/Part A Representative)
a. Programmatic and Fiscal Updates
b. Mpox Briefing
c. Ending the HIV Epidemic (EHE) | UPDATES

(2) California Office of AIDS (OA) Report (Part B Representative) 12:15 AM – 12:20 PM
a. OAVoice Newsletter Highlights
b. California Planning Group (CPG)
- Open Nominations for COH Representative Seat

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

MISCELLANEOUS

A. Public Comment 12:30 PM – 12:35 PM

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

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

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

C. Announcements 12:40 PM – 12:45 PM

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

D. Adjournment and Roll Call 12:45 PM

Adjournment for the meeting of July 11, 2024.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
CONSENT CALENDAR	
MOTION #4	Approve new member application for DeeAna Saunders, City of West Hollywood representative, as presented or revised, and forward to the Board of Supervisors for appointment.
MOTION #5	Approve Status Neutral Priority Setting and Resource Allocation (PSRA) Framework, as presented or revised.

LOS ANGELES COUNTY COMMISSION ON HIV

COMMISSION ON HIV MEMBERS			
Danielle Campbell, PhDc, MPH, Co-Chair Co-Chair	*Joseph Green, Co-Chair Pro Tem*	Dahlia Alé-Ferlito	Miguel Alvarez
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Mikhaela Cielo, MD
Lilieth Conolly	Sandra Cuevas	Mary Cummings	Erika Davies
Kevin Donnelly	Kerry Ferguson (*Alternate)	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames
Arburtha Franklin (**Alternate)	Rita Garcia (**Alternate)	Felipe Gonzalez	Bridget Gordon
Karl Halfman, MA	Dr. David Hardy (**Alternate)	Ismael Herrera	William King, MD, JD, AAHIVS
Lee Kochems, MA	Leon Maultsby, MHA	Vilma Mendoza	Andre Moléttе
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Ronnie Osorio
Byron Patel, RN	Mario J. Pérez, MPH	Dechelle Richardson	Erica Robinson
Leonardo Martinez-Real	Matthew Muhonen (LOA)	Daryl Russell	Harold Glenn San Agustin, MD
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter	Lambert Talley (*Alternate)
Justin Valero, MPA	Jonathan Weedman	Russell Ybarra	
		MEMBERS:	**43**
		QUORUM:	**22**

LEGEND:

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

VISION

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

MISSION

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

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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

2024 MEMBERSHIP ROSTER| UPDATED 7.1.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative			***Vacant***	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP **Non Voting*	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative	1	OPS	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1			***Vacant***		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6	1	EXC|OPS	Dechelle Richardson	AMAAD Institute	July 1, 2024	June 30, 2026	
17	Provider representative #7			***Vacant***		July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated representative, SPA 2	1	SBP	Russell Ybarra	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	PP&A	Ish Herrera	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
22	Unaffiliated representative, SPA 4			***Vacant***		July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	OPS	Vilma Mendoza	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Arburtha Franklin (PPC)
28	Unaffiliated representative, Supervisorial District 2	1	EXC|OPS	Bridget Gordon	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
30	Unaffiliated representative, Supervisorial District 4			***Vacant***		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Rita Garcia (PP&A)
32	Unaffiliated representative, at-large #1	1	PP&A	Lilieth Conolly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
33	Unaffiliated representative, at-large #2			***Vacant***		July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	PP&A	Daryl Russell, M.Ed	*Unaffiliated representative*	July 1, 2024	June 30, 2026	David Hardy (SBP)
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhDC, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4	1	EXC|OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA	1	PP&A	Matthew Muhonen ***(LOA)***	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC|OPS | PP	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Ronnie Osorio	Center for Health Justice (CHJ)	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	SBP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	C
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:	**42**						

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

LOA: Leave of Absence

Overall total: 47

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
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COMMITTEE ASSIGNMENTS

Updated: June 25, 2024
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 14 | Number of Quorum= 8**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Danielle Campbell, PhDc, MPH	**Co-Chair, Comm./Exec.***	**Commissioner**
Joseph Green *(Pro tem)*	**Co-Chair, Comm./Exec.***	**Commissioner**
Miguel Alvarez	Co-Chair, Operations	Commissioner
Alasdair Burton	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Felipe Gonzalez	Co-Chair, PP&A	Commissioner
Bridget Gordon	At-Large	Commissioner
Lee Kochems, MA	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Dèchelle Richardson	At-Large	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner

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

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

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

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

CONSUMER CAUCUS

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

AGING CAUCUS

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

TRANSGENDER CAUCUS

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

WOMEN'S CAUCUS

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 6/26/24

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

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

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

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

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

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

Division of HIV and STDs Contracted Community Services

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

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

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)
JUNE 13, 2024 MEETING MINUTES

Vermont Corridor Terrace Level
510 S. Vermont Avenue, Los Angeles, CA 90020
CLICK HERE FOR MEETING PACKET

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

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

COMMISSION MEMBERS P=Present | VP=Virtually Present | A=Unexcused Absence | EA=Excused Absence									
Miguel Alvarez	P	Jayda Arrington	AB2449	Al Ballesteros, MBA	P	Alasdair Burton	P	Danielle Campbell, PhDc, MPH	AB2449
Mikhaela Cielo, MD	P	Lilieth Conolly	AB2449	Sandra Cuevas	P	Mary Cummings	P	Erika Davies	AB2449
Kevin Donnelly	P	Kerry Ferguson	P	Felipe Findley	P	Arlene Frames	AB2449	Arburtha Franklin	P
Rita Garcia	P	Felipe Gonzalez	P	Bridget Gordon	EA	Joseph Green	P	Karl Halfman, MS	P
Dr. David Hardy	P	Ismael Herrera	P	Dr. William King, JD	A	Lee Kochems	AB2449	Leon Maultsby, MHA	P
Vilma Mendoza	P	Andre Molette	A	Matthew Muhonen	EA	Derek Murray	EA	Dr. Paul Nash	P
Katja Nelson	P	Ronnie Osorio	A	Byron Patel	P	Mario J. Peréz, MPH	P	Leonardo Martinez-Real	P

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

1. ADMINISTRATIVE MATTERS

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

Joe Green, COH Co-Chair Pro Tem, called the meeting to order at 9:15 AM. Jim Stewart, Parliamentarian, conducted roll call. Danielle Campbell, COH Co-Chair, reviewed meeting guidelines and reminders; see packet.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, E. Davies, K. Donnelly, K. Ferguson, F. Findley, A. Frames, A. Franklin, R. Garcia, F. Gonzalez, D. Hardy, I. Herrera, L. Kochems, L. Maultsby, V. Mendoza, P. Nash, K. Nelson, B. Patel, D. Richardson, L. Martinez-Real, D. Russell, K. Stalter (AB2449), L. Talley (AB2449), J. Weedman, D. Campbell, and J. Green.

B. COUNTY LAND ACKNOWLEDGEMENT

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

C. APPROVAL OF AGENDA

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

D. APPROVAL OF MEETING MINUTES

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

E. CONSENT CALENDAR

MOTION #3: Approve consent calendar, as presented or revised. ✓ ***Passed by Consensus with the exception of Motion #5, 2024 Legislative Docket, pulled for further review/discussion.***

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.

- Ismael Herrera made an appeal to the Commission body for housing assistance.
- Vilma Mendoza asked about establishing a Latinx Caucus.
- In keeping with the Health Resources and Services Administration's (HRSA) recommendation for shortening meetings, Jayda Arrington, inquired if the Division of HIV and STDs (DHSP) can provide a bi-monthly versus monthly report.
- Daryl Russell expressed concerns regarding front-line staff for organizations providing Emergency Financial Assistance (EFA) being misinformed and giving incorrect information to the public.

3. PRESENTATION: AMAAD, Institute HIV.E Community-Based Participatory Research

Commissioner De'chelle Richardson, of the AMAAD Institute, provided a presentation on their Community-Based Participatory Research (C.B.P.R.) programmatic efforts for ending the HIV epidemic; refer to presentation slides.

- D. Richardson announced and welcomed all community members to the The HIV.E's Tacos & Testing event for National HIV Testing Day on June 27th, from 6 PM – 9 PM, at APLA located at 3741 South La Brea Avenue, Los Angeles, CA 90016.

4. STANDING COMMITTEE REPORTS – I

A. Operations Committee

Co-chair, Miguel Alvarez, acknowledged that the 2024 renewal membership applicants were approved via consent calendar:

- 2024 Renewal Membership Applications Slate **MOTION #4**
  (Approved√ via Consent Calendar)

M. Alvarez reported the Operations Committee met on May 23, 2024 and approved various membership renewal applications for returning Commissioners. The HRSA technical assistance (TA) site visit team conducted a session on membership recruitment, engagement, and retention and making meetings more consumer-friendly, inviting, and shorter in duration. The HRSA TA team reinforced the importance of robust community engagement (beyond participation) at planning council meetings. Operations is requesting continued support of the Committee's recruitment, retention, and engagement efforts, and actively pursuing opportunities to fill current vacancies and to develop ideas and participate in feedback regarding the succession plan for filling vacancies. The link to the meeting packet can be found HERE .

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

Co-chair, Kevin Donnelly, reported that the May Committee meeting was canceled due to the HRSA TA Site Visit. The link to the meeting cancellation notice can be found HERE . PP&A will host a community listening session tentatively scheduled for October in Antelope Valley. Commissioners, Al Ballesteros and Mary Cummings offered to host the event at their respective locations and assist with Commission recruitment efforts. A preliminary meeting was held on June 10th to review discussion questions, identify challenges and opportunities for recruiting providers and consumers, and determine possible dates. The next PP&A Committee meeting is Tuesday, June 18th from 1 pm-3 pm at the Vermont Corridor. Commissioners should familiarize themselves with the priority setting and resource allocation process. A recording and presentation slides are on the Commission's website HERE under 2024 Trainings. It was requested for any commissioner with ties to Antelope Valley to please consider assisting PP&A with the listening session planning.

C. Standards and Best Practices (SBP) Committee

Co-chair, Kevin Stalter, reported that the Committee updated its service standards schedule and decided to review the Emergency Financial Assistance (EFA) service standards in July 2024. The Committee will also develop a Transitional Case Management service standards document that focuses on three target populations: older adults (50+), youth, and justice-involved individuals. The Committee continued its review of the Ambulatory Outpatient Medical (AOM) service standards and will have a version ready for public comment by August 2024. The link to the meeting packet can be found HERE . The next SBP Committee meeting will be on July 2, 2024 from 10 am-12 pm at the Vermont Corridor.

D. Public Policy (PPC) Committee

Co-chair, Katja Nelson, directed everyone to the 2024 Legislative Docket that was approved by the Executive Committee on May 23rd and includes a revision to the PPC's position on Assembly Bill (AB) 2523. PPC decided to change their position from "watch" to "oppose" after reviewing additional feedback received from County and City partners, urging them to consider opposing AB2523. The link to the meeting packet can be found HERE .

The 2024 Legislative Docket was pulled from the consent calendar for further discussion and clarification of ACA 8, Slavery, which is described in the docket as prohibiting slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion. The ACA removed "Involuntary servitude is prohibited except to punish a crime" from phrasing and added "Slavery in any form." Clarification was also asked for AB2229 California Healthy Youth Act: menstrual health education and SB 953 Medi-Cal: Menstrual products. After a robust discussion and sentiments expressed, the vote was called to question, with the exception of ACA 8 which was pulled from the docket. The 2024 Legislative Docket was adopted. For a summary of votes, please see below.

K. Nelson also provided the following updates:

- 2024 Policy Priorities: The COH approved the document at the May 9th full Commission meeting and will transmit the document along with the 2023-24 Legislative Docket to the County Office of Legislative Affairs and Intergovernmental Relations (LAIR).
- County Response to STD Crisis: the next Department of Public Health (DPH) STD report to Board of Supervisors (BOS) is due in the coming months; COH staff will track the BOS correspondence page and share the document once available.
- CA 2025 Budget: The Governor's revised proposed budget consists of cuts to public health programs of approximately $300 million and the impact to LAC is approximately $47 million. The BOS and Dr. Barbara Ferrer, Director Department of Public Health, are advocating at the State level and appealing to the community to reach out to their local legislators and explain why this funding is needed. The legislature has until June 15th to finalize the budget.

K. Nelson requested ongoing participation in BOS and Health Deputy meetings to provide public comment related to the COH as appropriate and informed all the July PPC meeting is canceled. The next PPC meeting will be on August 5, 2024 from 1 pm-3 pm at the Vermont Corridor.

K. Nelson, J. Green, M. Alvarez, and members of the COH staff attended the first LGBTQ+ Commission meeting this week. The meeting was primarily an introduction of the commissioners and defining their first steps in creating their Bylaws and work plan. Many people attended including people from the Translatin@ Coalition. The next meeting is to be determined.

K. Nelson ended her report by informing everyone that this Tuesday's BOS meeting will have a report by the Williams Institute focusing on lived experience in LAC and another report discussing the transgender/non-binary survey.

E. Caucus, Task Force and Work Group Reports

(1) Aging Caucus

Co-chair, K. Donnelly, provided the key outcomes for the June 4th meeting. The Caucus received a report of selected studies on HIV and aging from CROI 2024 from Dr. David Hardy.

Staff provided a high-level overview of the Older Americans Act (OAA) to inform the Caucus members of opportunities to provide community input in State and local plans and understand key reauthorization recommendations from SAGE (Advocacy & Services for LGBTQ+ Elders). Please review the meeting packet HERE to learn more about the Older Americans Act and opportunities to expand services for older LGBQ+ and PLWH adults over 60.

The Aging and Women's Caucus will co-host a community educational event in commemoration of National HIV/AIDS and Aging Awareness Day on Sept. 23 to learn how to overcome isolation and loneliness and promote health and wellness.

(2) Black/African American Caucus

Co-chair, Leon Maultsby, reported that the Caucus last met on May 16th and shared feedback from the April 26th Faith-Based Community Listening Session, which was hugely successful, garnering approximately 17 interfaith participants who engaged in a meaningful discussion on how we can better support the faith community in addressing sexual health, specifically, stigma and shame, the drivers of HIV and STIs in the Black faith community. An Executive Summary will be forthcoming reflecting the key discussion highlights and recommendations. As part of the community listening session series, the Caucus is planning for its next listening session centered around our Black Non-US Born Immigrant/Caribbean communities in LA County. This session has been confirmed for Friday, June 14th from 5 PM-7 PM. The location will be shared upon

confirmed registration. For those who are a part of that community and interested in participating, please contact COH staff, Dawn McClendon, or refer to the flyer that has been widely disseminated. A follow-up meeting is pending with consultant Equity Impact Solutions and DHSP staff to determine the next steps regarding the Black-led/servicing organizational needs assessment, updates are forthcoming. Please promote the BC and encourage participation and incorporate the BAAC recommendations and ensure equitable representation in COH planning discussions and decision-making. The link to the meeting packet can be found HERE .

(3) Consumer Caucus (CC)

Caucus Co-chair, Ish Herrera, reported that the Caucus last met on May 9th, immediately following the COH meeting, and shared feedback from the COH meeting emphasizing the need for discussions on People with HIV (PWH) to adopt a holistic approach, considering the "whole person." This includes addressing employment, housing, and mental health to help PWH achieve normalcy. The Caucus highlighted the importance of increasing opportunities for PWH to engage in policy development and legislative initiatives that directly affect them. Staff led the Caucus through the Priority Setting & Resource Allocation (PSRA) Survey, giving guidance on how to complete the survey. The Caucus reviewed its draft housing letter to local elected officials and provided feedback. Staff will provide the updated draft letter incorporating the Caucus' feedback at its next meeting. In commemoration of National Mental Health Awareness Month, Caucus members were asked to share their "secret sauce" for nurturing their mental health which resulted in good feedback. The Caucus asks everyone to promote the CC and encourage participation and continued involvement of consumers in all COH planning discussions and decision-making. The link to the meeting packet is located HERE .

(4) Transgender Caucus

Staff member, Jose Rangel-Garibay reported that the Caucus last met on April 23, 2024 and drafted recommendations to help inform the Priority Setting and Resource Allocation (PSRA) process led by the Planning, Priorities, and Allocations (PP&A) Committee. COH staff is working with the Caucus co-chairs to revise the document and formally transmit it to the PP&A Committee. On April 29, 2024, the Caucus held its "Harm Reduction Institute" event which yielded a set of recommendations to the COH related to the provision of harm reduction services for the Transgender, Gender Non-Conforming, and Intersex (TGI) communities. These items are also included in the recommendations document the Caucus will elevate to the PP&A Committee. The link to the meeting packet can be found HERE .

The June Caucus meeting is canceled. The next Caucus meeting will be on July 23, 2024 from 10 am-12 pm at the Vermont Corridor.

(5) Women's Caucus (WC)

Caucus Co-chair, Dr. Mikhaela Cielo, reported that the Caucus did not meet in May but part 1 of the two-part virtual lunch and learn series was held on Monday, May 20th which included a presentation from Dr. Cielo on how to read medical labs and the importance of medication adherence. The recorded session can be found on the Commission's website under events or by clicking HERE . The caucus will host part 2 of the virtual lunch and learn series on Monday, June 17th, from 2:00 PM to 3:30 PM. The session will focus on the role of peer support in reaching and maintaining optimal health. See Commission packet for flyer.

The July caucus meeting is canceled. Instead, the caucus will co-host a special in-person lunch presentation with APLA titled "HIV Matters for Her" with Dr. Judith Currier on July 15th from 12:30 PM – 2:00 PM at the Vermont Corridor. The presentation will provide an update on women's HIV health issues; more details to follow. Please share the Lunch and Learn event flyer with interested parties, continue to promote the WC, and encourage clients and peers to attend WC meetings and events.

5. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/ Staff Report

Executive Director, Cheryl Barrit, highlighted the Housing Task Force (HTF) had its first meeting on May 31st, from 9 AM-10 AM. The HTF has agreed to meet on the last Friday of each month and at the next meeting they will elect co-chairs and finalize their scope of work and their timelines for making recommendations. The HTF reviewed themes that emerged from the housing conversations from the previous panels and looked at systems issues, cross-collaboration issues, and training for providers. There is interest in providing cross-training for multiple staff, not just in HIV roles but also in housing and social services roles to bridge knowledge gaps.

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

The HRSA Technical Assistance (TA) site visit took place on May 21-23, 2024, providing technical assistance and information on the key functions of a Planning Council (PC). All staff were required to attend with the recommendation for Commission leadership to also attend. D. Campbell, J. Green, K. Donnelly, K. Stalter, L. Kochems, and K. Nelson are commissioners who attended along with Pamela Ogata from DHSP. HRSA has 45 days from the close of the site visit to provide a report on their recommendations. A timeline of key areas of improvement and suggestions on how to streamline the Commission's work is provided in the meeting packet and consists of (1) finishing the Bylaws, (2) revisiting the memorandum of understanding (MOU) that we have with DHSP, (3) annual planning as part of the PSRA process, and (4) ongoing membership and recruitment fill vacancies. Additional HRSA technical assistance requests from the Commission can be submitted with assistance provided virtually or online.

In response to a commissioner's request, C. Barrit will inquire if HRSA would be willing to present the technical assistance recommendations to the full body. C. Barrit also addressed a question regarding the disclosure of one's status and explained that HRSA guidelines require that only two Unaffiliated Consumers (UA) need to disclose their HIV status on the PC, as such, the staff is working on ways to update public-facing documents and name tags to remove the title of Unaffiliated Consumer.

(2) 2024 COH Meeting Schedule Review and Updates

C. Barrit highlighted the updated 2024 meeting schedule in the packet which includes a presentation from HealthCare in Action for the July COH meeting, showcasing ways that street medicine is being used for intervention and reaching targeted populations. The October Commission meeting is canceled, and a notification will be sent as a reminder. The Executive Committee will determine whether to cancel the December meeting at a later time.

(3) Annual Conference Workgroup Updates

The Annual Conference will be held on November 14th, 2024. The Annual Conference Workgroup convened its first meeting and has scheduled its next meeting for June 24th. The workgroup intends to present to the Executive Committee in July, a draft of what the Annual Conference could look like. Suggestions have been made to look at the intersections of HIV work across the social determinants of health and health equity.

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

(1) Welcome New Members & Recognition of Leaving Recognition

Acknowledgement and appreciation for commissioners who renewed their membership for the term ending June 2024 (see renewal slate below), welcoming of new alternate members, Rita Garcia and Arburtha Franklin, and announced commissioner Luckie Alexander resigned on May 28th.

(2) COH Housing Taskforce Updates

Refer to update under the Executive Director's report.

(3) May 9, 2024 COH Meeting | FOLLOW-UP & FEEDBACK

No follow-up or feedback provided.

(4) Executive Committee Member At-Large | Open Nomination & Election MOTION #6

Jim Stewart, parliamentarian, announced eligible nominees: De'chelle Richardson, and Leon Maultsby for elections. Both nominees gave a brief talk in support of their nomination and what makes them a candidate for the seat. D. Richardson was elected to fill the Executive At-Large seat by roll call vote.

(5) Conferences, Meetings & Trainings

Commissioners shared their participation in events and activities in promotion and/or support of the Commission's mission.

(6) Member Vacancies & Recruitment.

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

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

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

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

a. HIV Long-Term Survivors Awareness Day – June 5
b. Caribbean American HIV/AIDS Awareness Day (CAHAAD) – June 8
c. National HIV Testing Day – June 27

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

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

Mario J. Peréz, MPH, Director of DHSP, provided the following updates:

a. Programmatic and Fiscal Updates. DHSP was able to secure over $7 million in funding from the Centers of Disease Control (CDC) to cover five months of contracts, from January 2024 through May 2024. This funding is critical for supporting contracts that are already in place. DHSP is following the Governor's budget decisions closely due to the proposed cuts to The Future Public Health funding in California and the potential impact it has in Los Angeles County (LAC). DHSP will host two additional prevention community listening sessions on June 24th, in East Los Angeles and Torrance, to solicit feedback on their new HIV prevention and testing portfolio which is expected to be in place by July 1, 2025. M. Perez will provide the flyer to C. Barrit for distribution. DHSP hired a consulting team, Facenté Consulting, for the community engagement sessions and will provide the results to the Commission once received. DHSP will also request time on the Commission's agenda to give an update on their Pharmacy PrEP Centers of Excellence and Doxy PEP studies, led by Dr. Siri Chirumamilla.

b. Mpox Briefing. M. Perez stated there were 4 Mpox cases reported last week and an overall average of 2 cases per week for the past six months. Due to the slight increase in reported cases and with PRIDE season in full swing, DHSP is informing communities that the JYNNEOS vaccine is available and promoting vaccinations as the number needs to increase to be consistent with people who are at elevated risk for Mpox exposure. It was asked if the Trichophyton Mentagrophytes type VII (TM7) fungal infection had reached LAC, Dr. David Hardy relayed that several cases have been reported to the CDC, but no cases have been reported in LAC.

c. Ending the HIV Epidemic (EHE) | UPDATES Julie Tolentino, EHE Senior Program Manager, provided the following updates and highlighted DHSP's new programs; refer to presentation slides HERE. Key highlights included:

- 2024 marks the fifth and final year of the current grant fund from the Health Resources and Services Administration (HRSA) and the CDC. DHSP will receive funding moving forward but is awaiting a response from HRSA. The focus will be on DHSP for their programming and all other programs are still in effect with the only change being the EHE Steering Committee moving to an ad hoc approach.
- DHSP is implementing a Doxy PEP public health provider education campaign. The goal is to reach 920 facilities and provider sites. DHSP aims to inform the community that using Doxy PEP after condomless sex can prevent chlamydia, gonorrhea, and syphilis. Patient and provider resources are available online via: https://tinyurl.com/DoxyPEPActionkit or https://getprotectedla.com/doxy-pep .

DHSP is also launching a Doxy PEP media campaign this week, a preview of the video was presented.

- DHSP's new programs include:
  - HIV Street Medicine Program
  - Pharmacy PrEP/PEP Centers of Excellence
  - DARE 2 Care (Data for Adherence, Retention, and Engagement
  - Community Health Ambassador Program (CHAP
  - EHE Innovation Award Programs
  - EHE Mini-Grant Programs
  - EHE Diagnosis Pillar Strategies
  - For a complete list of programs click HERE .
- J. Tolentino opened the floor for questions and a summary of answers are as follows: (1) to involve individuals who are HIV positive in the EHE initiative there are Buddy programs, trauma-informed programs for PLWH, and financial incentive programs to engage people in HIV care (J. Tolentino will provide a list of programs, (2) for services in SPA 3 DHSP has released an RFP to target HIV care for cisgender women and has also requested providers to extend their portfolios of care to reach areas such as Pomona, (3) the consensus among the doctors attending the Commission meeting was Doxy PEP can be given to someone who is 13 years of age, clarification was provided that Doxy PEP can prevent syphilis, chlamydia, and to a lesser extent gonorrhea, for persons having condomless sex, but does not prevent HIV infection, (4) DHSP has a program to increase Doxy PEP among private health care providers but has met resistance, and (5) the statistics for Doxy PEP's effectiveness in reducing STIs: chlamydia is 67-89%, syphilis is 78-87%, and gonorrhea 11-57%. M. Perez will provide information on three studies that primarily used data from the Conference on Retroviruses and Opportunistic Infections (CROI).

DHSP Presentation: Linkage and Re-engagement Program (LRP)
Maggie Esquivel, Chief of Direct Community Services Engagement, presented information on (1) program description, development, and target populations, (2) program staffing, (3) program changes, interventions examples and tools, (4) impact of LRP on systems and services, (5) summary data, and (6) case scenarios. Refer to meeting slides.

The floor was opened for questions and a summary of answers are as follows: (1) the skills and training used to assist vulnerable people with their diagnosis are motivational interviews and meeting the client where they are, social work skills, collaborating with

navigators to ensure appropriate approaches are taken, and ongoing trainings, (2) there is not a caucus or task force specific to perinatal care, however such issues are discussed in the Women's Caucus, (3) the increase in perinatal transmission can be attributed to multiple factors such as substance use disorder, undiagnosed mental health issues, and poverty creating a need for an increased comprehensive approach versus an HIV focused approach as syphilis was a co-factor in the 4 pregnancy-related transmissions, (4) motel voucher assistance is limited to 5 motel vouchers at one time, and (5) Medical Care Coordination (MCC) teams from community providers can contact Megan Foley directly and assistance is provided for people who have been out of care for less than 12 months if the agencies have exhausted all of their resources in trying to contact clients, (6) due to prioritization, a person has to be HIV-positive to receive LRP services.

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

a. OAVoice Newsletter Highlights. K. Halfman directed everyone to the report in the packet and encouraged all to read the article on Mpox vaccination efforts and called attention to the update on the California overdose prevention and harm reduction initiative. An email is included to find out more about this initiative.

b. California Planning Group (CPG). No report.

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

Part C: L. Maultsby reported on the following:

- The Oasis Clinic / Drew Cares CAB proudly acknowledges the LGBTQIAS2+ this PRIDE month and celebrates what makes each of us unique and special. They were able to provide a letter of support for a new CDPH grant that was applied for and were able to receive feedback on the patient satisfaction survey that was conducted within the clinic. The survey provided information on patient experiences with providers and nurses and their overall HIV experience within the clinic. The CAB received visits from Dr. Katya Corado, the new ACN HIV Lead, and Leonor Bango, the MLK OPC assistant administrator.
- Watts Healthcare has an MCC position available, contact Anthony Corona. They are working on their re-compete application due on Monday, and they have recently been able to get Uber rides for their patients. Watt's Healthcare will be joining Black PRIDE and South LA PRIDE.
- USC's CAB meets quarterly and recently met to discuss the met and unmet needs. Recently, they had a CAB member pass away and provided support to their CAB by creating a space to allow for coping. They have revisited their Bylaws to reflect the new compensation and frequency of meetings and are working on a new QI project to see how Covid 19 vaccine hesitance impacts women of color who are living with HIV. Also. Dr. Miriam Davtyan submitted a grant on how improper sleeping impacts mental health and ART adherence in which the CAB was able to provide feedback on the implementation and enrollment.

Part D: Dr. Mikhaela Cielo reported LAC-USC MCA Clinic is hosting an online learning session on Tuesday, June 18th from 11- 12:30 PM, highlighting the impact of trauma on adherence to HIV care, coping mechanisms used by persons with HIV, and tools and techniques for implementing trauma-informed care in organizations.

Part F: Sandra Cuevas reported that PAETC wrapping up the fiscal year with approximately 1,5000 providers being trained and PAETC is preparing for their first fiscal year in the 5-year cycle starting July 1st.

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

City of Los Angeles: No report.

City of West Hollywood: Dee Saunders provided the report on behalf of Commissioner Derek Murray. West Hollywood hosted a PRIDE event in which they pushed U=U merchandise and education. In addition, testing strips were provided and two mobile testing sites provided by AHF and APAIT. The City of W. Hollywood received its report and is happy to announce that in the last 6 months over 60 people have been offered housing and one of their agencies reported being able to reverse overdoses in 145 people and to safely dispose of 21,000 syringes.

City of Pasadena: Staff J. Rangel-Garibay reported on behalf of E. Davies. The City of Pasadena will host various PRIDE events. You may access the full list of events here: https://www.cityofpasadena.net/city-manager/news/city-of-pasadena-announces-2024-pride-monthschedule-of-events .

6. MISCELLANEOUS

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

No Public Comment.

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

No Commission New Business Items.

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

- M. Alvarez announced the NMAC scholarship deadline was June 12, 2024.
- L. Conolly will participate in an event being held on August 1st providing free back-to-school supplies to children. She will provide a flyer at the next Commission meeting.

- D. Russell sought clarification regarding the stipend survey. Staff member Dawn McClendon explained that the stipend program is being re-evaluated and staff is seeking anonymous feedback on how it can be improved.
- L. Maultsby announced CDU will host its 3rd annual men's health fair on June 27th from 9 AM – 2 PM. A flyer will be provided to Commission staff.
- E. Robinson inquired if there is an established procedure for commissioners participating in events. C. Barrit encouraged commissioner participation but cautioned against speaking in an official capacity on behalf of the Commission. C. Barrit also stressed there is limited funding available and encouraged events that offer collaborations with other organizations. C. Barrit will discuss ways the Commission can plan for PRIDE 2025 events and other community engagement and outreach events with the Executive Committee.

D. Adjournment and Roll Call: Adjournment for the meeting of May 9, 2024.
The meeting adjourned in memory of the 1st anniversary of the Pulse Massacre and all LGBTQ life that was lost this year and in memory of Rev. James Lawson who taught Dr. Martin Luther King nonviolence. The meeting adjourned at 1:13 PM. Jim Stewart conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Ballesteros, M. Cielo, L. Conolly, S. Cuevas, K. Donnelly, F. Findley, A. Franklin, R. Garcia, F. Gonzalez, K. Halfman, I. Herrera, L. Kochems, L. Maultsby, V. Mendoza, P. Nash, K. Nelson, B. Patel, D. Richardson, L. Martinez-Real, E. Robinson, D. Russell, K. Stalter, L. Talley, J. Weedman, D. Campbell, and J. Green.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 2: Approve the April 11, 2024, Commission on HIV meeting minutes, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 3: Approve Consent Calendar, as presented or revised.	Passed by Consensus with Motion #5 held for further review/discussion.	**MOTION PASSED**
MOTION 4: Approve the following 2024 renewal membership applications as presented or revised and forward to the Board of Supervisors for final approval:	Passed by Consent Calendar.	**MOTION PASSED**

MOTION AND VOTING SUMMARY		
Bridget Gordon | Seat #28, Unaffiliated consumer, SPA 8; Alasdair Burton| Seat #44, HIV stakeholder representative #1; Miguel Alvarez | Seat #51, HIV stakeholder representative #8; Daryl Russell | Seat #34 Unaffiliated consumer, at-large #3; Dechelle Richardson | Seat #16 Provider representative #6; and Erica Robinson | Seat #46 HIV stakeholder representative #3.		
MOTION 5: Approve 2024 Legislative Docket, as presented or revised, with the exception of ACA 8 which was pulled from the docket.	**Yes:** M. Alvarez, J. Arrington, A. Ballesteros, M. Cielo, S. Cuevas, M. Cummings, E. Davies, K. Donnelly, K. Ferguson, F. Findley, F. Gonzalez, L. Kochems, L. Martinez-Real, L. Maultsby, V. Mendoza, P. Nash, K. Nelson, B. Patel, D. Richardson, J. Weedman, and J. Green. **No:** L. Conolly, A. Frames, K. Halfman, and D. Russell. **Abstain:** I. Herrera, E. Robinson, K. Stalter, L. Talley, and D. Campbell. Yes=21; No=4; Abstain: 5	**MOTION PASSED**
MOTION 6: Approve Executive At-Large Member, as elected.	**Dechelle Richardson:** M. Alvarez, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, F. Findley, A. Frames, I. Herrera, L. Kochems, L. Martinez-Real, K. Nelson, B. Patel, E. Robinson, L. Talley, and J. Weedman. **Leon Maultsby:** J. Arrington, E. Davies, K. Donnelly, K.	**MOTION PASSED**

HEALTHCARE IN ACTION

Treating and Preventing HIV Infection through a Street Medicine Model

Healthcare IN ACTION
A MEMBER ORGANIZATION OF SCAN GROUP

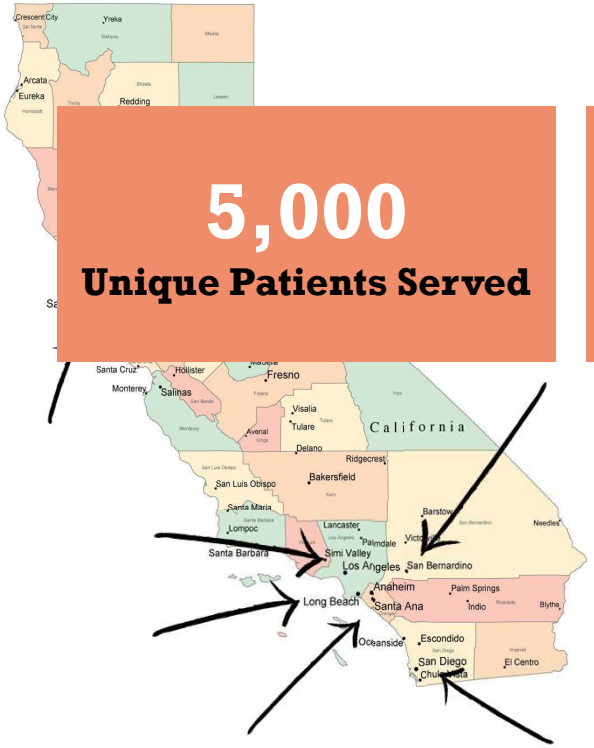
WHAT IS STREET MEDICINE?

- Provision of medical, psychiatric or psychological care, and related healthcare or behavioural health services to people experiencing homelessness (PEH)
  - Key tenet = Meet the People Where They Are At
    - Aimed at reducing the physical and psycho-social barriers to care

WHAT MAKES HIA DIFFERENT THAN OTHER STREET MEDICINE TEAMS?

- Wrap Around Services
  - Medical
  - Enhanced Care Management
  - Housing Navigation

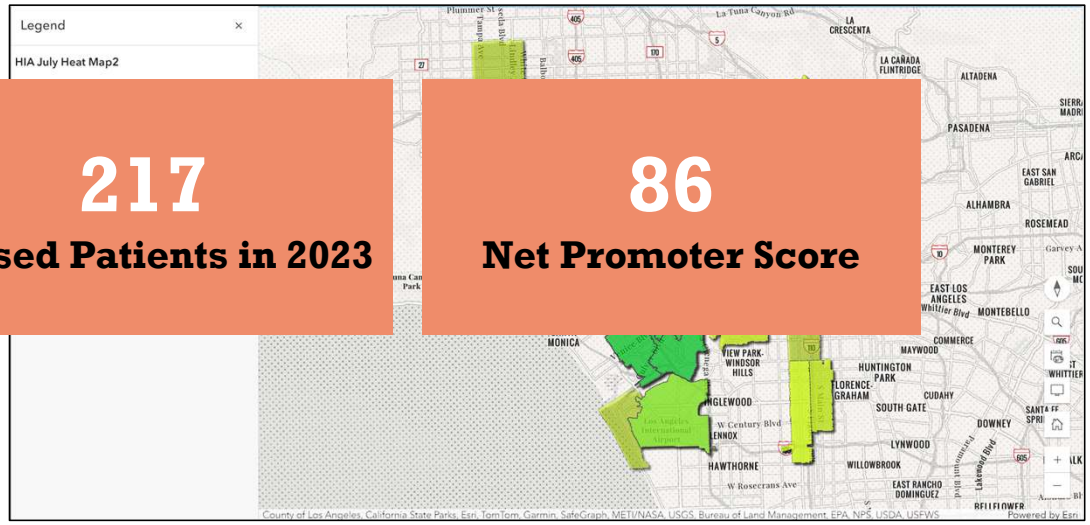
FOUNDED IN 2021 WITH FIRST CLINICAL OPERATIONS IN 2022



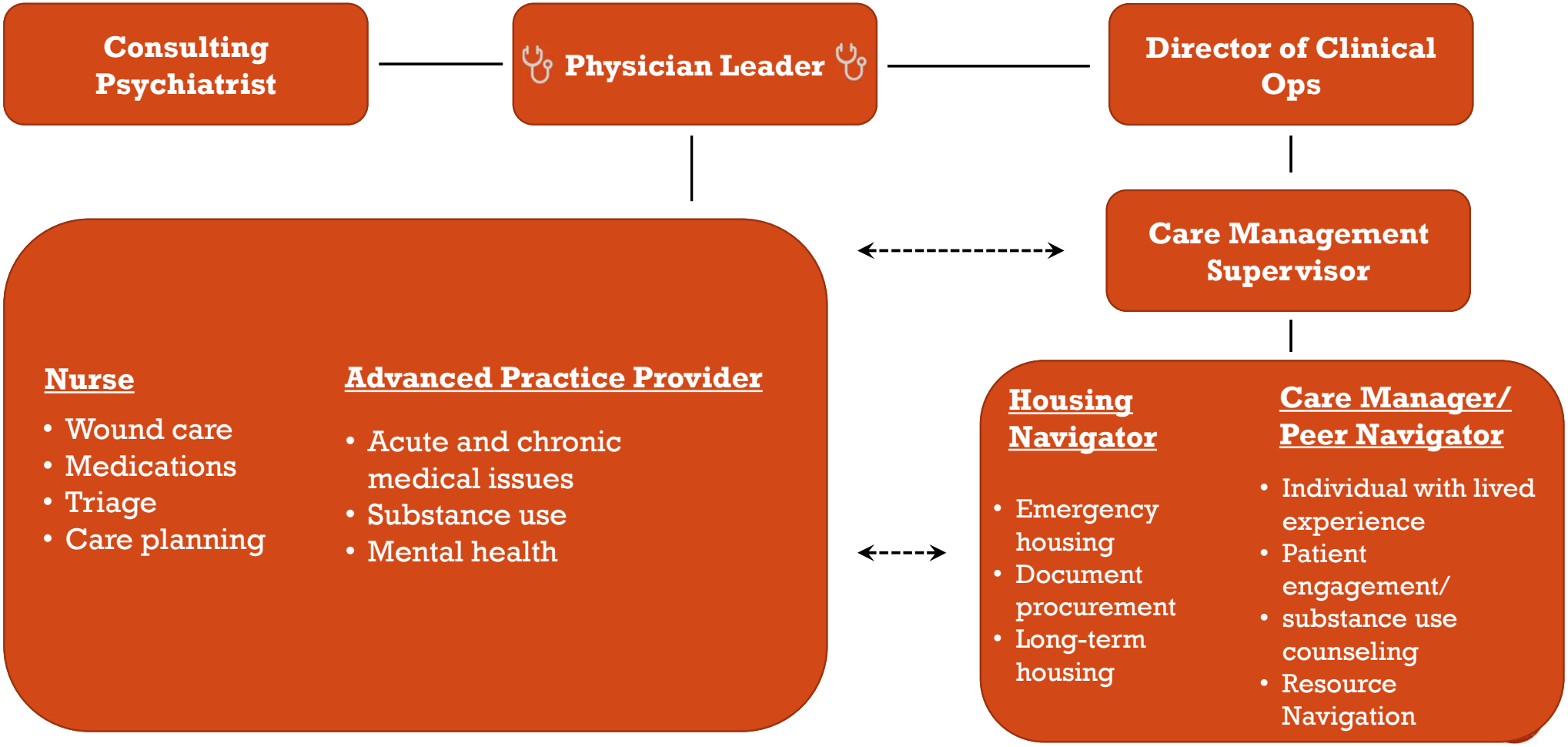
5,000
Unique Patients Served

217
Housed Patients in 2023

86
Net Promoter Score



GENERAL STRUCTURE OF HIA TEAMS



CLINICAL SERVICES

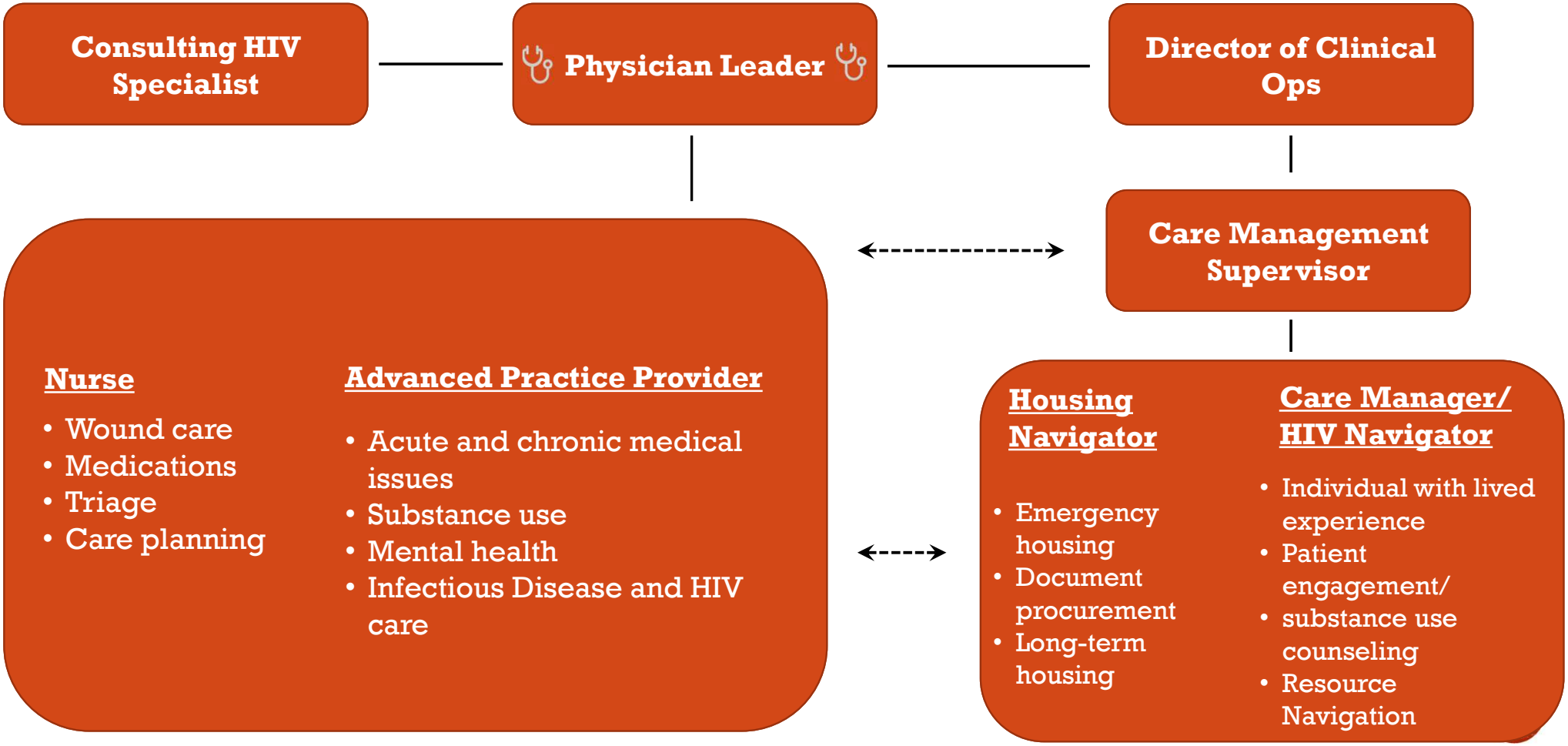
- Comprehensive Primary Care

Medical	Psychiatric	Substance Use
Wound care	Anxiety	Alcohol
Med management	Depression	Opioid
Infectious Disease (HIV, Hep C, STIs)	Schizophrenia / Psychosis	Tobacco
Diabetes, HTN, CHF	PTSD	Meth & Other Stimulants
Gender Affirming Care	Bipolar	

SOCIAL SERVICES

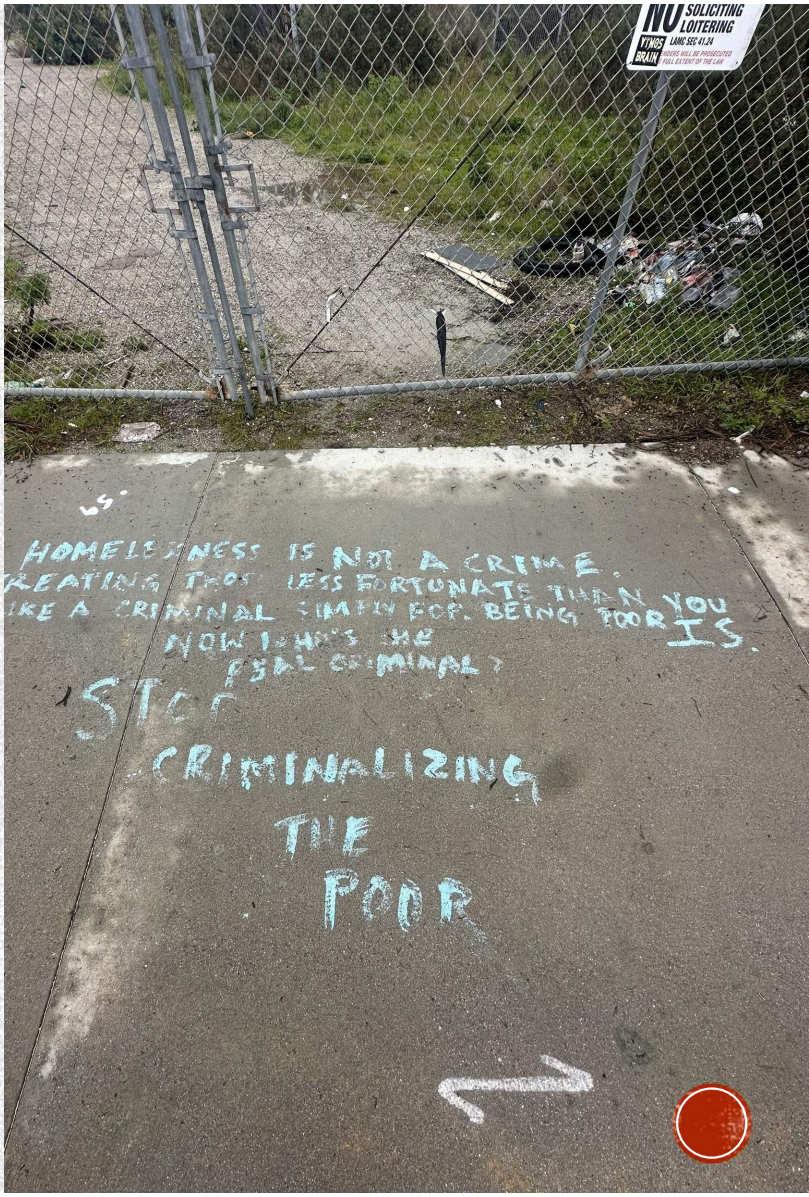
- **Enhanced Care Managers-** Assist patients/clients with care coordination and followup, including:
  - Communicating needs to HIA clinicians
  - Scheduling imaging and referral appointments
  - Delivering medications and helping patient find answers to questions about their healthcare
  - Helping patients navigate the physical and psycho-social dimensions of healthcare
- **Community Supports Services-** Assist patients with shelter/housing needs and desires, including:
  - Document procurement
  - Emergency re-housing
  - Permanent housing placement

STRUCTURE OF HIA'S HIV STREET TEAM



CHALLENGING THE PREVAILING PARADIGM FOR PEHWH

- HIA provides intensive care and social service navigation to all of our patients.
  - Minimum 1 touchpoint per week
  - For patients who are PEHWH our program provides additional clinical and social services by providing individuals :
    - HIV specialist partnering with trained Street Medicine APP or MD
    - Intensive nursing care
    - Dedicated and intensive case management



ENHANCED SERVICES FOR PEHWH

- Primary Care and Anti-Retroviral Therapy (ART) under specialist guidance through Street Medicine
- Comprehensive STI Screening and Treatment
- Capability of employing directly observed therapy
- Ability to deploy long-acting injectable ART
- Comprehensive provision of PrEP, PEP, doxyPEP
- Increased followup for labs, imaging, and specialist referral
- Increased ability to assist with document procurement and shelter/housing placement
- Medication delivery and assistance with medication management

HARM REDUCTION SERVICES

- **PrEP, PEP, and DoxyPEP**
  - **Reduced disease transmission**
- **Registered Syringe Service Provider**
  - **Distribution and collection of used needles**
  - **Reduced disease transmission**
- **Medication Assisted Treatment for SUDs**

IN SUM…

- HIA's HIV program consists of:
  - Specialist led care
  - Increased contact with patients
  - Weekly med drops
  - Enhanced clinical and social service provision
  - Harm Reduction and disease prevention efforts
  - Substance Use Disorder treatment

FIGURE 4 | Model for Differentiated HIV Care
SOURCE: Adapted from International AIDS Society, Differentiated service delivery, http://www.differentiated-care.org/about.

HOW TO FURTHER ENHANCE CARE

- Recommendations for preventing, diagnosing, and treating HIV infections for PEH
  - Smaller patient panel sizes
  - Increased time commitment and allotment for each individual patient
  - Sustained and consistent outreach for testing and care
  - Smaller quantities of meds with more frequent refills for PEH
  - Dedicated clinical and social service support staff
  - Enhanced community collaboration geared towards ending the HIV epidemic

- Build and further grow our connections to local community based organizations:
  - Being Alive
  - Minority AIDS Program
  - Men's Health Foundation
  - Bienestar
  - AHF
  - APLA

THANK YOU FOR YOUR TIME!

STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKEAWAYS | JULY 11, 2024

1. Operations

Link to the June 27 meeting packet HERE.

Key outcomes/results from the meeting:

- Debriefed on HRSA TA site visit and reflected on feedback for improvement; discussed more strategic outreach activities and forming an outreach team to promote the COH, recruit applicants, and strengthen community engagement.
- Reviewed current consumer stipends policy and initiated discussion on changes to the stipend amount and corresponding expectations for receiving the stipends.
- Approved membership applications for a representative from the City of West Hollywood and 1 unaffiliated consumer.

Action Needed from the Full Body:

- Contact staff to volunteer to be a mentor for new members.
- Read proposed changes to the bylaws and provide feedback (see meeting packet link, pages 30-55).

2. Executive

Link to the June 27 meeting packet HERE.

Key outcomes/results from the meeting:

- The Committee did not reach quorum; all motions elevated to the July 11 COH meeting.
- COH leadership and staff will debrief the HRSA TA site visit and share updates and strategies with the membership. HRSA's feedback report is pending.
- The Committee supported the Operations Committee in establishing an "Outreach Team" to assist with outreach efforts.
- Nominations for the 2025-2027 Co-Chair will open at the August COH meeting.
- The August 22, 2024, Committee meeting is canceled due to the Co-Chairs attending the Ryan White Conference. Operations Committee will meet; members are encouraged to attend virtually.
- DHSP received full RWP awards for Part A and MAI totaling $46.5 million. DHSP is currently reconciling PY 33 expenditures, noting unexpected increases in AOM and MCC expenditures which will result in shifting costs to other grants. DHSP is projecting a total $3 million overspend. A report and proposed reallocations will be presented at the July 16 PP&A Committee meeting.
- DHSP released a new solicitation for HIV/STI prevention and treatment services and held community listening sessions. Feedback included interest in coalescing services, increased capacity building, and training for providers, and exploring consumer incentives. A report will be released in July.

- Ten new Mpox cases were reported last week, with two new variants in the US. The CDC will issue a health advisory as needed.
- Refer to Committee/Caucus/Workgroup & Taskforce Key Outcomes & Results for further updates.

Action Needed from Full Body:

- Ongoing review of Commissioner Duty Statement for a refresher of roles and responsibility.
- Continued active participation and engagement from all Commissioners in promoting the work of the COH.
- For those not attending the National Ryan White Conference in person, virtual attendance is strongly encouraged; registration is free.

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

Link to the June 18 meeting packet HERE.

Key outcomes/results from the meeting:

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

Action Needed from the Full Body:

- Commissioners who have not completed the 2024 Priority Setting and Resource Allocation training need to complete the training before the September COH meeting to be eligible to vote for final priorities and allocations. If you attended the live training in April, no further action is needed. If you were unable to

attend, you must view the recording of the training (found on the Commission website under Trainings) and self-report to Commission staff, Sonja Wright, once completed.

- Please encourage consumer attendance at the July and August PP&A Committee meetings.

4. Standards and Best Practices (SBP)

Link to the July 2 meeting packet HERE.

Key highlights, outcomes/results from the meeting:

- Service Standards Schedule: The Committee decided to begin reviewing the Transportation service standards in August. The Committee will also develop a Transitional Case Management service standards document that focuses on three target populations: older adults (50+), youth, and justice-involved individuals.
- Ambulatory Outpatient Medical (AOM) Service Standards Review: The Committee finalized their review of the AOM service standards and announced a public comment period starting July 5, 2024 and ending on August 5, 2024.
- Emergency Financial Assistance (EFA) Service Standards Review: The Committee began their review of the EFA service standards.

Action Needed from Full Body:

- Participation from consumers and HIV stakeholders in the public comment period for the AOM service standards.
- Participation from consumers at upcoming SBP Committee meetings to help inform the revising of the EFA service standards.
- The next SBP Committee meeting will be on August 6, 2024 from 10am-12pm at the Vermont Corridor.

5. Public Policy

Link to the June 3 meeting packet HERE.

Key highlights, outcomes/results from the meeting:

- 2023-24 Legislative Docket: The COH approved the docket on 6/13/24. The document was transmitted to the County Office of Legislative Affairs and Intergovernmental Relations (LAIR).
- 2024 Policy Priorities: The COH approved the document on 5/9/24. The document was transmitted to the County Office of Legislative Affairs and Intergovernmental Relations (LAIR).
- County Response to STD Crisis:
  The next Department of Public Health (DPH) STD report to Board of Supervisors (BOS) is due in July. COH staff will track the BOS correspondence page and share the document once available.

- CA 2025 Budget: The Governor signed the California state budget on 6/29/24 which closed an estimated $46.8 billion deficit through $16 billion in spending cuts.

Action Needed from Full Body:

- Ongoing participation in BOS meetings and Health Deputies meetings to provide public comment related to the COH as appropriate.
- The July PPC meeting was cancelled. The next PPC meeting will be on August 5, 2024 from 1pm-3pm at the Vermont Corridor.

6. Aging Caucus

Link to the June 4 meeting packet HERE.

- The Aging Caucus meets every other month and will reconvene on August 2 from 1pm to 2:30pm virtually via WebEx.

7. Black Caucus

Link to the June 20 meeting packet HERE.

Key outcomes/results from the meeting:

- DHSP is determining whether its leadership will directly reach out to the Black-led/servicing organizations that did not participate in the survey and key informant interviews, to invite them to a focus group as part of the needs assessment. Caucus and DHSP leadership will discuss coordination of convening a focus group and provide updates at the next meeting.
- DHSP continues to work toward designing a technical assistance program based on the needs assessment findings.
- An Executive Summary of the April 26 Faith-Based listening session is now available and included in the meeting packet. A follow-up session will be coordinated to help faith leaders establish a coalition to promote sexual health and HIV awareness.
- The June 14 Non-US Born Immigrant/Caribbean community listening session had low attendance, but valuable connections were made with Dr. Tadios Belay and Kofi Peprah (U.S. Africa Institute). They will partner to host a follow-up event.
- 2024 Schedule (Exact dates TBD):
  - Same Gender Loving Men: September
  - Women: October
  - Non-Traditional Providers: November
- The Caucus intends to participate in South Los Angeles PRIDE on July 16. Volunteers are needed; please email Dawn McClendon at dmcclendon@lachiv.org if interested.

- Volunteers are encouraged to support the Caucus's participation in Taste of Soul on October 19. Suggestions include partnering with other agencies.
- The Caucus will host its 2024 World AIDS Day event on Friday, December 6. Proposed activities include an HIV education & awareness poster competition by CDU Magnet and a presentation of preliminary CLS findings. Members are encouraged to submit event ideas to the co-chairs.

Action Needed from the Full Body:

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

8. Consumer Caucus

Link to the June 13 meeting packet HERE.
Key outcomes/results from the meeting:

- The Caucus welcomed a two-part presentation from the Department of Mental Health on Mental Health and Stigma.
- The second part of the presentation, focusing on Mental Health and Stress, will conclude at the July 11 meeting.
- Remaining agenda items, including next steps on the consumer housing advocacy letter, will be addressed at the July meeting.

Action Needed from Full Body:

- Promote the CC and encourage participation.
- Continued involvement of consumers in all COH planning discussions and decision-making #MIPA.

9. Transgender Caucus

Link to the April 23 meeting packet HERE.
Key highlights, outcomes/results from the meeting:

- The Caucus last met on April 23, 2024 and drafted recommendations to help inform the Priority Setting and Resource Allocation (PSRA) process led by the Planning, Priorities, and Allocations (PP&A) Committee.
- On April 29, 2024, the Caucus held their "Harm Reduction Institute" event which yielded a set of recommendations to the COH related to the provision of harm reduction services for the Transgender, Gender Non-Conforming, and Intersex (TGI) communities.

Action Needed from Full Body:

- The June Caucus meeting was cancelled. The next Caucus meeting will be on July 23, 2024 from 10am-12pm at the Vermont Corridor.

10. Women's Caucus

Link to part 1 of lunch and learn series HERE.
Key outcomes/results from the meeting:

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

Action Needed from the Full Body:

- Share the "HIV Matters to Her" event flyer.
- Continued promotion of the WC. Please encourage your clients or peers to attend WC meetings and events.

11. Housing Task Force (HTF)

Link to the June 28 meeting packet HERE
Key outcomes/results from the meeting:

- The HTF elected their co-chairs; heard from housing subject matter experts from DHSP and the Alliance on Housing and Healing on suggestions for realistic activities or response from the PC on housing.
- Preliminary ideas for a response include revising service standards to prevent homelessness and utilize the new guidance from HRSA on rental deposits (already underway); reviewing existing data on HIV and housing to understand scope of problem; explore partnerships with the Los Angeles Homeless Services Authority to improve data collected for PLWH; conduct housing clinics; expand EFA, and funding more skilled housing specialists to manage clients who are increasingly showing higher levels of acuity (i.e., mental health, substance, use, and aging).

Action Needed from the Full Body:

- Review the meeting packet.
- Join the next HTF virtual meeting on every last Friday of the month from 9am to 10am, if interested.

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

DeeAna Saunders

Application on file at Commission office

LOS ANGELES COUNTY
COMMISSION ON HIV

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

Public Comment Period for Draft Ambulatory Outpatient Medical Service Standards

Posted: July 5, 2024

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft Ambulatory Outpatient Medical (AOM) service standards revised by the Standards and Best Practices Committee. Comments from consumers, providers, HIV prevention and care stakeholders, and the general public are welcome. A draft of the revised AOM service standards is posted to the COH website and can be found at: https://hiv.lacounty.gov/service-standards

Consider responding to the following questions when providing public comment:

1. Are the standards presented up-to-date and consistent with National standards of high-quality HIV prevention and care services?

2. Are the standards reasonable and achievable for providers? Why or why not?

3. Do the services meet consumer needs? Why or why not?

4. Is there anything missing from the standards related to HIV prevention and care?

5. Do you have any additional comments related to the AOM service standards and/or AOM services?

All comments are to be emailed to HIVCOMM@LACHIV.ORG by August 5, 2024.

DRAFT AMBULATORY OUTPATIENT MEDICAL (AOM) SERVICE STANDARDS

IMPORTANT: Service standards must adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

- Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program (RWHAP) outline the elements and expectations a service provider should follow when implementing a specific service category. The purpose of the standards is to ensure that all RWHAP service providers offer the same fundamental components of the given service category. Additionally, the standards set the minimum level of care Ryan White-funded service providers may offer clients, however, service providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV (COH) developed the Ambulatory Outpatient Medical (AOM) service standards to establish the minimum service necessary to provide HIV specialty medical care to people living with HIV. The developed of the standards included review of current clinical guidelines, as well as feedback from service providers, people living with HIV, members of the COH's Standards and Best Practices (SBP) Committee, COH caucuses, and the public-at-large. All service standards approved by the COH align with the Universal Service Standards and Client Bill of Rights and Responsibilities (Universal Standards) approved by the COH on January 11, 2024. AOM providers must also follow the Universal Standards in addition to the standards described in this document.

AMBULATORY OUTPATIENT MEDICAL (AOM) OVERVIEW

AOM Services are evidence-based preventive, diagnostic and therapeutic medical services provided through outpatient medical visits by California-licensed health care professionals. Clinics shall offer a full-range of health services to HIV-positive RWP eligible clients with the objective of helping them cope with their HIV diagnosis, adhere to treatment, prevent HIV transmission, and identify and address co-morbidities.

Ambulatory Outpatient Medical (AOM) services include, but are not limited to:

- Medical evaluation and clinical care including sexual history taking
- AIDS Drug Assistance Program (ADAP) enrollment services
- Laboratory testing including disease monitoring, STI testing, viral hepatitis testing, and other clinically indicated tests

- Linkage and referrals to medical subspecialty care, oral health, medical care coordination, mental health care, substance use disorder services, and other service providers
- Secondary HIV prevention in the ambulatory outpatient setting
- Retention of clients in medical care.

The goals of AOM services include:

- Provide patients with high-quality care and medication even if they do not have health insurance and connect patients to additional care and support services as applicable.
- Help patients achieve low or suppressed viral load to improve their health and prevent HIV transmission (Undetectable=Untransmittable)
- Prevent and treat opportunistic infections
- Provide education and support with risk reduction strategies

SERVICE COMPONENTS

HIV/AIDS AOM services form the foundation for the Los Angeles County HIV/AIDS continuum of care. AOM services are responsible for assuring that the full spectrum of primary and HIV specialty medical care needs for patients are met either by the program directly or by referral to other health care agencies. Services will be provided to individuals living with HIV who are residents of Los Angeles County and meet Ryan White eligibility requirements.

AOM services will be patient-centered, respecting the inherent dignity of the patient. Programs must ensure that patients are given the opportunity to ask questions and receive accurate answers regarding services provided by AOM service providers and other professionals to whom they are referred. Such patient-practitioner discussions are relationship building and serve to develop trust and confidence. Patients must be seen as active partners in decisions about their personal health care regimen.

AOM services must be provided consistent with the following treatment guidelines:

- Clinical Practice Guidance for Persson with Immunodeficiency Virus: 2020
- American Academy of HIV Medicine HIV Treatment Guidelines
- Guidelines for the Use of Antiretrovirals Agents in Adults and Adolescents with HIV

The core of the AOM services standard is medical evaluation and clinical care that includes:

- Initial assessment and reassessment
- Follow-up treatment visits
- Additional assessments
- Laboratory assessment and diagnostic screening (including drug resistance testing)
- Medication service
- Antiretroviral (ART) therapy
- Treatment adherence counseling

- Health maintenance
- Clinical trials
- Primary HIV nursing care
- Medical specialty services
- Nutrition screening and referral
- Referrals to other Ryan White Program services and other publicly funded healthcare and social services programs.

MEDICAL EVALUATION AND CLINICAL CARE

AOM programs must confirm the presence of HIV infection and provide tests to diagnose the extent of immunologic deficiency in the immune system. Additionally, programs must provide diagnostic and therapeutic measures for preventing and treating the deterioration of the immune system and related conditions that conform to the most recent clinical protocols. At minimum, these services include regular medical evaluations; appropriate treatment of HIV infection; and prophylactic and treatment interventions for complications of HIV infection, including opportunistic infections, opportunistic malignancies and other AIDS defining conditions.

The following core services must be provided onsite or through referral to another facility offering the required service(s). Qualified health care professionals for these services include physicians, Nurse Practitioners (NPs) and/or Physician Assistants (PAs). Except where indicated, licensed nurses may provide primary HIV nursing care services and linkage to other Ryan White Services as needed.

STANDARD	DOCUMENTATION
AOM medical visits/evaluation and treatment should be scheduled based on acuity and viral suppression goals. Once a patient has demonstrated long-term durability of viral suppression, the patient should have at minimum 1 medical visit per year and have labs done 2 times per year. The patient's other comorbidities may require additional medical visits and should consult with provider for treatment plan adjustments.	Medical record review to confirm.
AOM core services will be provided by physicians, NPs, and/or PAs. Licensed nurses will provide primary HIV nursing care services and linkage to other Ryan White services as needed.	Policies and procedures manual and medical chart review to confirm.

INITIAL ASSESSMENT AND REASSESSMENT

Every effort should be made to accommodate timely medical appointments for patients newly diagnosed with HIV or newly re-engaging in HIV medical care. Clinics may receive requests for appointments from patients directly, from HIV test counselors, or from "linkage" staff such as patient navigators and/or peer navigators, whose role is to refer and actively engage patients back in medical care. If possible, patients should see their medical provider on their first visit to the clinic to help improve their success in truly engaging in their medical care.

The initial assessment of HIV-infected individuals must be comprehensive in its scope, including physical, sociocultural, and emotional assessments and may require two to three outpatient visits to complete. Unless indicated more frequently by a patient's changing health condition, a comprehensive reassessment should be completed on an annual basis. The AOM practitioners (physician, NP, PA, or licensed nurse) responsible for completing the initial assessment and reassessments will use assessment tools based on established HIV practice guidelines. While taking steps to ensure a patient's confidentiality, the results of these assessments will be shared with medical care coordination staff to help identify and intervene on patient needs. An initial assessment and annual reassessment for HIV-infected patient should include a general medical history; a comprehensive HIV-related history, including a psychosocial history; sexual health history, mental health, and substance abuse histories; and a comprehensive physical examination. When obtaining the patient's history, the practitioner should use vocabulary that the patient can understand, regardless of education level. AOM providers must follow and use the most current clinical guidelines and assessment tools for general medical and comprehensive HIV medical histories.

STANDARD	DOCUMENTATION
Comprehensive baseline assessment will be completed by physician, NP, PA, or licensed nurse and updated, as necessary.	Medical record review to confirm.

FOLLOW-UP TREATMENT VISITS

Patients should have follow-up visits scheduled following established clinical guidelines. If the patient is clinically unstable or poorly adherent, a more frequent follow-up should be considered. Visits should be scheduled more frequently at entry to care, when starting or changing ART regimens, or for management of acute problems. Due to the complex nature of HIV treatment, ongoing AOM visits must be flexible in duration and scope, requiring that programs develop practitioner clinic schedules allowing for this complexity. Follow-up should be conducted as recommended by the specialist or clinical judgment.

STANDARD	DOCUMENTATION
Patients should have follow-up visits scheduled following established clinical guidelines.	Patient medical chart to confirm frequency.

OTHER ASSESSMENTS – OLDER ADULTS WITH HIV

According to the Health Resources and Service Administration (HRSA), the RWHAP client population is aging. Of the more than half a million clients served by RWHAP, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in Los Angeles County show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification.

AOM providers must at minimum assess patients 50 years and older for mental health, neurocognitive disorders/cognitive function, functional status, frailty/falls and gait, social support and levels of interactions, vision, dental, and hearing. Additional recommended assessments and screenings for older adults living with HIV can be found on page 6 of the Aging Task Force Recommendations.

Other specialized assessments leading to more specific services may be indicated for patients receiving AOM services. AOM programs must designate a member of the treatment team (physician, NP, PA, or licensed nurse) to make these assessments in the clinic setting.

STANDARD	DOCUMENTATION
Other assessments based on patient needs will be performed.	Assessments and updates noted documented in patient's medical record.

LABORATORY ASSESSMENT AND DIAGNOSTIC SCREENING (INCLUDING DRUG RESISTANCE SCREENING)

AOM programs must have access to all laboratory services required to comply fully with established practice guidelines for HIV prevention and risk reduction and for the clinical management of HIV disease. Programs must assure timely, quality lab results, readily available for review in medical encounters.

DRUG RESISTANCE TESTING

When appropriate, AOM practitioners may order drug resistance testing to measure a patient's pattern of resistance of HIV to antiretroviral medications. Genotypic testing looks for viral mutations, and is expected for all naïve patients, and phenotypic testing measures the amount of drug needed to suppress replication of HIV. By using resistance testing, practitioners can determine if the virus is likely to be suppressed by each antiretroviral drug. This information is used to guide practitioners in prescribing the most effective drug combinations for treatment.

Counseling and education about drug resistance testing must be provided by the patient's medical practitioner, RN and/or other appropriate licensed health care provider (if designated by the practitioner). Patients must be fully educated about their medical needs and treatment options according to standards of medical care. Patients must be given an opportunity to ask questions about their immune system, antiretroviral therapies, and drug resistance testing. All patient education efforts will be documented in the patient record.

STANDARD	DOCUMENTATION
Baseline lab tests based on current clinical guidelines.	Record of tests and results on file in patient medical chart.
Ongoing lab tests based on clinical guidelines and provider's clinical judgement.	Record of tests and results on file in patient medical chart.
Appropriate health care provider will provide drug resistance testing as indicated.	Record of drug resistance testing on file in patient medical chart.
Drug resistance testing providers must follow most recent, established resistance testing guidelines, including genotypic testing on all naïve patients.	Program review and monitoring to confirm.

MEDICATION SERVICES

Medications should be provided to interrupt or delay the progression of HIV-disease, prevent, and treat opportunistic infections, and promote optimal health. Patients should be referred to an approved AIDS Drug Assistance Program (ADAP) enrollment site and, as indicated, to medical care coordination programs for additional assistance with public benefit concerns. Patients eligible for ADAP will be referred to a participating pharmacy for prescriptions on the ADAP formulary. If the patient requires medications that are not listed on the ADAP formulary or that can be reimbursed through other local pharmacy assistance resources, the AOM program is responsible for making every effort possible to link them to medications and exercise due diligence for that effort consistent with their ethical responsibilities.

STANDARD	DOCUMENTATION
Patients requiring medications will be referred to ADAP enrollment site.	ADAP referral documented in patient medical chart.
AOM programs must exercise every effort and due diligence consistent with their ethical responsibilities to ensure that patients can get necessary medications not on the ADAP and local formularies.	Documentation in patient's medical chart.

ANTIRETROVIRAL THERAPY (ART)

Antiretroviral therapy will be prescribed in accordance with the established guidelines based upon the DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents Decisions to begin ART treatment must be collaborative between patient and AOM practitioner.

STANDARD	DOCUMENTATION
ART will be prescribed in accordance with DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents.	Program monitoring to confirm.

Patients will be part of treatment decision-making process.	Documentation of communication in patient medical chart.

MEDICATION ADHERENCE ASSESSMENT

Medication adherence assessment should be performed for patients at every medical visit. Providers should refer patients challenged by maintaining treatment adherence to Medical Care Coordination (MCC) services and other Ryan White services as needed.

STANDARD	DOCUMENTATION
Medical providers or treatment adherence counselors will provide direct treatment adherence counseling or refreshers to all patients.	Notes in medical file indicating that counseling was provided, by whom and relevant outcomes.
Medical providers or treatment adherence counselors will develop treatment adherence assessments of patients where need is indicated.	Assessment on file in patient chart signed and dated by medical staff or treatment adherence counselor responsible, indicating, at a minimum, any follow-up intended.
Medical providers will refer patients with more acute treatment adherence needs to specialized treatment adherence or treatment education programs.	Referral(s) noted in assessment and/or patient chart, as applicable.

PATIENT EDUCATION AND SUPPORT

Medical providers and treatment adherence counselors will provide patient education and support to make information about HIV disease and its treatments available, as necessary.

STANDARD	DOCUMENTATION
Medical providers and/or Treatment Adherence Counselors may provide patient education and support. Support can include: • Accompanying patients to medical visits and clinical trials visits and/or providing transportation support • Helping patients understand HIV disease and treatment options • Helping patients with adherence issues • Providing emotional support	Progress notes on file in patient chart to include (at minimum): • Date, time spent, type of contact • What occurred during the contact • Signature and title of the person providing the contact • Referrals provided, and interventions made (as appropriate) • Results of referrals, interventions and progress made toward goals in the individual service plan (as appropriate)

STANDARD HEALTH MAINTENANCE

AOM practitioners will discuss general preventive health care and health maintenance with all patients routinely, and at a minimum, annually. AOM programs will strive to provide preventive health services consistent with the most current recommendations of the U.S. Preventive Health Services Task Force . AOM practitioners will work in conjunction with other Ryan White service providers to ensure that a patient's standard health maintenance needs are being met.

STANDARD	DOCUMENTATION
Practitioners will discuss health maintenance with patients annually (at minimum), including: • Cancer screening (cervical, breast, rectal — per American Cancer Society guidelines) • Vaccines • Pap screening • Hepatitis screening, vaccination • TB screening • Family planning • Counseling on sexual health options and STI screening including discussions about Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and Doxy PEP • Counseling on food and water safety • Counseling on nutrition, exercise, and diet • Harm reduction for alcohol and drug use • Smoking cessation • Mental health and wellness including substance use disorder support and social isolation resources	Annual health maintenance discussions will be documented in patient medical chart.

COMPLEMENTARY, ALTERNATIVE AND EXPERIMENTAL THERAPIES

AOM practitioners must be aware if their patients are accessing complementary, alternative, and experimental therapies. Providers are encouraged to discuss at regular intervals complementary, alternative, and experimental therapies with patients, discussing frankly and accurately both their potential benefits and potential harm. Practitioners may consult the National Institutes of Health (NIH) National Center for Complementary and Alternative Medicine (http://nccam.nih.gov) for more information.

STANDARD	DOCUMENTATION
Practitioners must know if their patients are using complementary and alternative therapies and are encouraged to discuss these therapies with their patients regularly.	Record of therapy use and/or discussion on file in patient medical record.

PRIMARY HIV NURSING CARE

AOM programs will provide primary HIV nursing care performed by a licensed nurse and/or appropriate licensed health care provider. If available, services will be coordinated with Medical Care Coordination programs to ensure the seamless, non-duplicative, and most appropriate delivery of service.

STANDARD	DOCUMENTATION
Licensed nurses and/or other appropriate licensed health care providers in AOM programs will provide primary HIV nursing care to include (at minimum): • Nursing assessment, evaluation, and follow-up • Triage • Consultation/communication with primary practitioner • Patient counseling • Patient/family education • Services requiring specialized nursing skill • Preventive nursing procedures • Service coordination in conjunction with medical care coordination	Documentation of primary HIV nursing care service provision on file in patient medical chart.

MEDICAL SPECIALTY SERVICES HIV/AIDS AND REFERRALS

AOM service programs are required to provide access to specialty and subspecialty care to fully comply with the DHHS Guidelines.

HIV-related specialty or subspecialty care include (but are not limited to):

- Cardiology
- Dermatology
- Ear, nose, and throat (ENT)
- Gastroenterology
- Gender affirming care
- General surgery
- Gerontology
- Gynecology
- Infusion therapy
- Mental Health
- Nephrology
- Neurology
- Nutrition Therapy
- Obstetrics
- Oncology
- Ophthalmology
- Oral health
- Orthopedics
- Podiatry
- Proctology
- Pulmonary medicine
- Substance Use Disorder Treatment
- Urology

Referrals to medical specialists are made as complications occur that are beyond the scope of practice of primary HIV medical and nursing care. Such complications require referral to specialty and subspecialty physicians for consultation, diagnosis, and therapeutic services. In some cases, the AOM practitioner may need only to consult verbally with a medical specialist for clarification and confirmation on an approach to HIV clinical management. In other cases, the physician may need to refer a patient to a medical specialist for diagnostic and therapeutic services. Medical specialty services are considered consultative; patients will be referred back to the original AOM clinic for ongoing primary HIV medical care.

AOM programs must develop written policies and procedures that facilitate referral to medical specialists. All referrals must be tracked and monitored. The results of the referrals must be documented in the patient's medical record.

STANDARD	DOCUMENTATION
AOM programs must develop policies and procedures for referral to all medical specialists.	Referral policies and procedures on file at provider agency.
All referrals will be tracked and monitored.	Record of linked referrals and results on file in patient medical record.
In referrals for medical specialists, medical outpatient specialty practitioners are responsible for: • Assessing a patient's need for specialty care • Providing pertinent background clinical information to medical specialist • Making a referral appointment • Communicating all referral appointment information • Tracking and monitoring referrals and results • Assuring the patient returns to the AOM program of origin	Record of referral activities on file in patient medical record.

COORDINATION OF SPECIALTY CARE

It is imperative that AOM programs and medical specialists coordinate their care to ensure integration of specialty treatment with primary HIV medical care. As noted above, AOM programs must provide pertinent background clinical information in their referrals to medical specialists. In turn, specialists within the County-contracted system must provide to AOM programs a written report of their findings within two weeks of seeing a referred patient. Medical specialists within the County-contracted system must contact the referring medical provider within one business day in the event that urgent matters arise, to follow up on unusual findings or to plan a required hospitalization.

STANDARD	DOCUMENTATION
Specialists within the County-contracted system must provide written reports within two weeks of seeing a referred patient.	Specialty report on file at provider agency
Specialists within the County-contracted system must contact AOM programs within one business day: • When urgent matters arise • To follow up on unusual findings • To plan required hospitalization	Documentation of communication in patient file at provider agency.

NUTRITION SCREENING AND REFERRAL

Nutrition is a component of the Public Health Service standards of care in order to guard against malnutrition and wasting. The physician, NP, PA, RN, or RD should screen all patients for nutrition concerns and provide a written prescription for all at-risk patients for medical nutrition therapy within six months of an individual becoming an active patient in the AOM program.

AOM programs may provide medical nutrition therapy onsite or may refer patients in need of these services to specialized providers offsite. All programs providing nutrition therapy (including AOM services sites) must adhere to the American Academy of Nutrition and Dietetics guidance Evidence-Based Nutrition Practice Guidelines (eatrightpro.org)

STANDARD	DOCUMENTATION
AOM service providers should screen all patients for nutrition-related concerns for all at-risk patients.	Record of screening for nutrition related problems noted in patient's medical chart.
AOM service providers will provide a written prescription for all at-risk patients for medical nutrition therapy within six months of an individual becoming an active patient.	Record of screening for nutrition related problems noted in patient's medical chart.
When indicated, patients will also be referred to nutrition therapy for: • Physical changes/weight concerns • Oral/GI symptoms • Metabolic complications and other medical conditions • Barriers to nutrition • Behavioral concerns or unusual eating behaviors • Changes in diagnosis	Record of linked referral on file in patient medical chart.
Referral to medical nutrition therapy must include:	Record of linked referral on file in patient medical chart.

• Written prescription, diagnosis, and desired nutrition outcome • Signed copy of patient's consent to release medical information • Results from nutrition-related lab assessments	

MEDICAL CARE COORDINATION (MCC) SERVICES

To best address the complex needs of their patients, AOM providers are expected to either partner with Medical Care Coordination (MCC) team located at their clinics or refer to an MCC team at another agency. For additional details, please see the Medical Care Coordination Standard of Care, Los Angeles Commission on HIV, 2024.

HIV PREVENTION IN AMBULATORY/OUTPATIENT MEDICAL SETTINGS

HIV prevention is a critical component to ongoing care for people living with HIV. Prevention services provided in AOM clinics may include HIV counseling, testing and referral; partner counseling; prevention and medical care; and referral for intensive services. For additional details see the HIV Prevention Service Standards Los Angeles, Commission on HIV, 2024.

LOS ANGELES COUNTY COMMISSION ON HIV

Service Standards Revision Date Tracker as of 07/08/24 FOR PLANNING PURPOSES

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment	AIDS Drug Assistance Program (ADAP) Enrollment	State program that provides medications that prolong quality of life and delay health deterioration to people living with HIV who cannot afford them.	n/a	ADAP contracts directly with agencies. Administered by the California Department of Public Health, Office of AIDS (CDPH/OA).
2	Benefits Specialty Services	Benefits Specialty Services (BSS)	Assistance navigating public and/or private benefits and programs (health, disability, etc.)	Last approved by COH on Sep. 8, 2022.	Upcoming solicitation—release Nov. 2024.
3	Emergency Financial Assistance	Emergency Financial Assistance (EFA)	Pay for rent, utilities (including cell phone and Wi-Fi), and food and transportation.	Last approved by COH on Jun. 11, 2020.	Committee began review on 7/2/24.
4	HIV/STI Prevention Services	Prevention Services	Services used alone or in combination to prevent the transmission of HIV and STIs.	Last approved by COH on Apr. 11, 2024.	Not a program—standards apply to prevention services. Upcoming solicitation—release Aug./Sep. 2024
5	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH on Sep. 9, 2022.	Active solicitation
6	Language Interpretation Services	Language Services	Translation and interpretation services for non-English speakers and deaf and.org hard of hearing individuals.	Last approved by COH in 2017.	

#	COH Standard Title	DHSP Service	Description	Date of Last Revision	Notes
7	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH on Jul. 12, 2018.	
8	Medical Care Coordination	Medical Care Coordination (MCC)	HIV care coordination through a team of health providers to improve quality of life.	Last approved by COH on Jan. 11, 2024.	Upcoming solicitation—release Nov. 2024
9	Medical Outpatient Services	Ambulatory Outpatient medical (AOM) Services	HIV medical care accessed through a medical provider.	Last approved by COH on Jan. 13, 2006.	Committee announced public comment period: 7/5/24 -8/5/24 Upcoming solicitation—release Nov. 2024
10	Medical Specialty	Medical Specialty Services	Medical care referrals for complex and specialized cases.		
11	Mental Health Services	Mental health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH in 2017.	
12	Nutrition Support	Nutrition Support Services	Home-delivered meals, food banks, and pantry services.	Last approved by COH on Aug. 10, 2023.	Upcoming solicitation—release Oct. 2024
13	Oral Health Care	Oral Health Services (General and Specialty)	General and specialty dental care services.	Last approved by COH on Apr. 13, 2023.	
14	Psychosocial Support	Psychosocial Support/Peer Support Services	Help people living with HIV cope with their diagnosis and any other psychosocial stressors they may be experiencing through	Last approved by COH on Sep. 10, 2020.	Upcoming solicitation—Release TBD

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

REVISED APPROVED BY PP&A 06.18.24

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

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

BACKGROUND:

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

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

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

POLICY:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROCEDURE(S):

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

2. The list of HRSA fundable service categories (core and support) and the definitions of these services will be presented by the Commission staff. See PCN 16-02.

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

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

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

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

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

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

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

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

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

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

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

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

NOTED AND APPROVED: _____ **EFFECTIVE DATE:** _____

Original Approval: May 1, 2011 *Revision(s): XX*

ATTACHMENTS
Attachment 1: Paradigms and Operating Values

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATIONG VALUES
(Approved by COH 02/11/2021)

PARADIGMS (Decision-Making)

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

OPERATING VALUES

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

[1] Based on the World Health Organization's (WHO) definition of equity.

Priority Setting and Resource Allocations Consumer Survey Summary

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

JUNE 18, 2024

Objective:

- Gather input from RWP consumers and HIV/STI prevention consumers on needed services consumers feel are needed
- Utilize feedback to help inform the priority setting and resource allocations process

Total respondents = 30

Average response time = 13 minutes

Respondents were asked to:

- Rank their top 10 care services (1 = highest priority, 10 = lowest priority)
- Rank their top 10 prevention services (1 = highest priority, 10 = lowest priority)
- Allocate funding for service categories. Totals must equal 100%. Not all services need to have funding allocated to them
- Provide additional feedback via open-ended response options

RWP Care Service Categories (as listed on HRSA PCN16-02)

- AIDS Drug Assistance Program (ADAP) Treatments
- Local AIDS Pharmaceutical Assistance Program (LPAP)
- Childcare Services
- Early Intervention Services (EIS)
- Emergency Financial Assistance
- Food Bank/ Home Delivered Meals
- Health Education/Risk Reduction
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice Services
- Housing
- Language (Translation) Services
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Medical Transportation
- Mental Health Services
- Non-Medical Case Management
- Oral Health Care
- Other Professional Services
- Outpatient/Ambulatory Health Services
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Outpatient Care
- Substance Abuse Services (Residential)

HIV/STI Prevention Service Categories (derived from prevention standards)

- Childcare Service
- DoxyPEP
- Drug Assistance Programs
- Education/Counseling
- Employment Services
- Food and Nutrition Support
- Harm Reduction (includes services that provide Narcan/naloxone, drug testing strips, peer support, contingency management, mobile & street medicine, and medication assisted treatment)
- Health Insurance Navigation
- Health Literacy/Health Education
- HIV Testing
- HIV Treatment as Prevention
- Housing Services
- Legal Assistance
- Mental Health Services
- Navigation Services
- Other Services
- Partner Services
- Peer Support
- PrEP and PEP
- Social Marketing and Outreach
- STI Testing and Treatment
- Substance Abuse Services
- Syringe Exchange Services
- Unemployment Financial Assistance

Top 10 Ryan White Program Care Service Priorities

1. Housing (26)
2. Mental Health (24)
3. AIDS Drug Assistance Program (ADAP) Treatments (24)
4. Medical Case Management (22)
5. Psychosocial Support Services (22)
6. Non-medical Case Management (22)
7. Emergency Financial Assistance (21)
8. Oral Health (21)
9. Food Bank/Home Delivered Meals (20)
10. Health Education/Risk Reduction (19)

Additional Comments:

- Is there a way to add vision to services Ryan White is able to pay for? If so, this would be my number 7.
- I do not think medical case management needs to specifically include a focus on adherence unless there are other issues present.
- Housing and pharmaceutical
- I believe that it's important to get preventative information out to the homeless people to prevent HIV.

Top 10 HIV/STI Prevention Service Priorities

1. Mental Health Services (24)
2. Housing Services (24)
3. Peer Support (20)
4. Education/Counseling (20)
5. Navigation Services (19)
6. Food and Nutrition Support (19)
7. Drug Assistance Programs (18)
8. Health Insurance Navigation (18)
9. HIV Testing (18)
10. Legal Assistance (18)

Additional Comments:

- Lots of work needed around housing
- Testing and DoxyPEP

Top 10 Ryan White Program Services to Receive Funding Allocations

1. Housing (17) *50% max*
2. Mental Health Services (17) *80% max*
3. Emergency Financial Assistance (12) *30% max*
4. AIDS Drug Assistance Program (ADAP) Treatments (11) *40% max*
5. Medical Transportation (11) *50% max*
6. Substance Abuse Services (Residential) (11) *10% max*
7. Oral Health Care (10) *20% max*
8. Psychosocial Support Services (10) *20% max*
9. Childcare Services (9) *20% max*
10. Foodbank/Home Delivered Meals (9) *30% max*
11. Non-Medical Case Management (9) *25% max*
12. Substance Abuse Outpatient Care (9) *10% max*

Additional Comments:

- Again, Medical CM need not include adherence unless there are other issues (substance abuse, homelessness, access to food, etc.)
- The most important is a place to live, food, medical services and medicines. Everything is important, but a home, food and medical services are essential!

Thank you!

2024 Budget Agreement

The 2024 Budget agreement between the Governor, the Senate, and the Assembly puts the state on a more fiscally responsible long-term path that protects vital programs assisting millions of Californians.

The agreement maintains the multi-year fiscal structure of the May Revision, solving for budget deficits not only for the budget year—but also for the fiscal year that follows, 2025-26.

The agreement includes commitments to support further budget resilience. Part of the agreement proposes additional legislation requiring the state to set aside a portion of anticipated surplus funds to be allocated in a subsequent budget act—adding further fiscal protection so that the state does not commit certain amounts of future anticipated revenues until those revenues have been realized.

The agreement also includes a trigger to implement the healthcare worker minimum wage increases pursuant to Senate Bill 525 and statutory changes to exempt state facilities and other implementation clarifications.

Topline Numbers:

Expenditures—The agreement includes total expenditures of $297.9 billion all funds, of which $211.5 billion is General Fund.

Special Fund for Economic Uncertainties (SFEU)—The SFEU is balanced over the next two fiscal years with positive balances of $3.5 billion in 2024-25 and $1.5 billion in 2025-26.

Reserves—The agreement assumes withdrawals from the Budget Stabilization Account (Rainy Day Fund) over the next two fiscal years, using $5.1 billion in 2024-25 and $7.1 billion in 2025-26, preserving budget resilience by maintaining $22.2 billion in total reserves at the end of the 2024-25 fiscal year.

Proposition 98—Funds the minimum guarantee at $115.3 billion ($82.6 billion General Fund) for the budget year for Pre-K-12 schools and community colleges—maintaining education programs and mitigating reductions in the classroom.

- 2024-25 per pupil spending: $18,399 Proposition 98 / $24,313 all funds

Solutions:

The agreement solves a $46.8 billion deficit for the budget year through a mix of broad-based solutions.

Reductions—$16.0 billion. The agreement reduces funding for various items. Significant solutions in this category include:

- **Ongoing Reductions to State Operations**—A reduction to state operations by approximately 7.95 percent beginning in 2024-25 to nearly all department budgets. The reduction involves all categories, including personnel, operating costs and contracting for savings of $2.17 billion General Fund.

- **Vacant Position Sweep**—Permanently reduce $1.5 billion ($762.5 million General Fund) in 2024-25 by reducing departments' budgets for vacant positions.

- **California Department of Corrections and Rehabilitation**—A reduction of $358 million above the statewide reductions (state operations and vacant positions), for a total of $750 million in the budget window.

- **California Student Housing Revolving Loan Program**—A reduction of $500 million.

- **Learning Aligned Employment Program**—A reduction of $485 million one-time, which reflects the balance of unspent one-time Learning-Aligned Employment Program resources.

- **Middle Class Scholarship Program**—A reduction of $110 million ongoing beginning in 2025-26.

- **Housing**—A reduction of $1.1 billion to various affordable housing programs.

- **Healthcare Workforce**—A reduction of $746.1 million for various healthcare workforce programs.

- **Reductions of State and Local Public Health**—Reverts $41.5 million one time in the current year and ongoing savings of $8 million State Public Health and $15.9 million Local Public Health, which aligns with all other state 7.95-percent efficiency reductions.

- **Revenue/Internal Borrowing—$13.6 billion.** The agreement includes additional revenue sources and borrows internally from special funds. Significant solutions in this category include:

- **Net Operating Loss (NOL) Suspension/Credit Limitation**—Suspends NOL for companies with over $1 million in taxable income and limits business tax credits to $5 million in 2024, 2025, and 2026 which increases revenues $5.95 billion, $5.5 billion, and $3.4 billion, in fiscal years 2024-25, 2025-26 and 2026-27 respectively. The proposal includes a refundability component to ensure taxpayers subject to the temporary credit limitation can fully utilize their credits after the limitation period ends.

- **Additional Managed Care Organization (MCO) Tax Amendment (Medicare Revenue)**—Increases the MCO Tax to achieve additional net state benefit of nearly $1.8 billion in 2024-25, $1.9 billion in 2025-26, and $1.4 billion in 2026-27 by including health plan Medicare revenue in the total revenue limit calculation, which increases the allowable size of the tax.

Reserves—$6.0 billion. The agreement withdraws $12.2 billion from the Budget Stabilization Account (Rainy Day Fund) over the next two fiscal years—$5.1 billion in 2024-25 and $7.1 billion in 2025-26 and $900 million from the Safety Net Reserve in 2024-25.

Fund Shifts—$6.0 billion. The agreement shifts certain expenditures from the General Fund to other funds. Significant solutions in this category include:

- **Proposition 2 Supplemental Payment**—Applies a prior CalPERS Supplemental Pension Payment to the state's overall pension liability to reduce the required employer contributions in 2024-25 by $1.7 billion ($1.3 billion General Fund).

- **Formula and Competitive Transit and Intercity Rail Capital Program**—Shifts $958 million General Fund from current year and budget year to Greenhouse Gas Reduction Fund.

- **Clean Energy and Other Climate Programs**—Shifts $3 billion from current year and budget year General Fund to the Greenhouse Gas Reduction Fund.

Delays and Pauses—$3.1 billion. The agreement minimizes the use of delays to avoid both increased future obligations and potential shortfalls. These include:

- **California Food Assistance Program Expansion**—Delays for two years the California Food Assistance Program expansion automation to begin in 2026-27 with benefits beginning in 2027-28.

- **Department of Developmental Services Provider Pay Delay**—Delays implementation of increased provider pay by six months to January 1, 2025.

- **Child Care Slots**—Funds approximately 11,000 new slots that received tentative awards and pauses additional expansion slots by two years (2026-27). After two years, additional slots are subject to Budget Act appropriation.

- **Broadband Last Mile**—Delays $550 million to 2027-28.

Deferrals—$2.1 billion. The agreement defers certain payments to later years. These include:

- **Payroll Deferral**—Defers $3.2 billion ($1.6 billion General Fund) for one month of state employees' payroll costs.

- **UC/CSU Compact Deferral**—Defers $524 million from 2025-26 to 2026-27 and from 2026-27 to 2027-28.

Maintains Core Programs:

The agreement maintains core programs serving millions of California's most vulnerable populations.

Proposition 98—Protects education now and in the future. Funds the minimum guarantee at $115.3 billion ($82.6 billion General Fund) for the budget year for Pre-K-12 schools and community colleges.

Medi-Cal—Maintains funding for the expansion of health care to all income eligible Californians regardless of immigration status, inclusive of In-Home Supportive Services.

Behavioral Health—Largely preserves funding across multiple programs supporting the expansion of the continuum of behavioral health treatment and infrastructure capacity for providing behavioral health services to children and youth ($7.1 billion total funds).

Supplemental Security Income/State Supplemental Payment (SSI/SSP) base grants—Maintains a 3.2-percent federal SSI cost-of-living adjustment and maintains the 9.2-percent SSP increase, which took effect on January 1, 2024. These adjustments raise the maximum SSI/SSP grant levels to $1,183 per month for individuals and $2,023 per month for couples.

CalWORKs base grants—Maintains a cumulative 31.3-percent increase in CalWORKs Maximum Aid Payment levels since 2021.

In-Home Supportive Services—Maintains benefits levels, including those provided to individuals regardless of their immigration status.

Broadband Middle and Last Mile—Preserves $250 million for the Middle Mile Broadband Initiative in 2024-25 and allows the Director of Finance to augment the budget for an additional $250 million with concurrence from the Legislature. Additionally, preserves $2 billion for Last Mile projects over the multiyear in order to connect unserved and underserved communities to broadband service.

Continuing Priorities:

The agreement includes continued investments in vital programs.

Homeless Housing Assistance and Prevention Program—$1 billion one time to provide local governments funding to combat the homelessness crisis—tied to increased accountability measures.

Encampment Grants—$250 million ($150 million in 2024-25 and $100 million in 2025-26).

Managed Care Tax Investments—Includes $133 million in 2024-25, $728 million in 2025-26, and $1.2 billion in 2026-27 for increases and investments in the Medi-Cal program.

SUN Bucks (Formerly Summer EBT)—$146.8 million ($73.4 million General Fund) for outreach, automation, and administration to allow California to provide an estimated $1 billion in 2024-25 in federal food assistance. SUN Bucks provides $40 per month for food in June, July and August ($120 total).

Victims Assistance Grants/backfill of federal VOCA funds—$103 million one time.

Nonprofit Security Grants—$80 million annually for two years.

Foster Care Rates—$20.5 million ($13.3 million General Fund) to begin automation for updated foster care rates. Implementation of the new foster care rates will begin in 2027-28.

Health Care in Motion
Timely, Substantive Updates on Policy Shifts · Actionable Advocacy to Protect Health Care

June 24, 2024

Fifth Circuit's Decision in Braidwood v. Becerra: A 'Mixed Bag'

Last week, the U.S. Court of Appeals for the Fifth Circuit issued its much-anticipated decision in *Braidwood v. Becerra*, a case challenging the constitutionality of the ACA preventive care mandate. The mandate, discussed in more detail in a recent Health Care in Motion, guarantees most people with private insurance access to coverage without copayments or cost-sharing of four sets of preventive services: wide-ranging preventive care services for everyone rated "A" or "B" by the United States Preventive Services Task Force (USPSTF); vaccines recommended by the federal Advisory Committee for Immunization Practices (ACIP) and adopted by the CDC; women's preventive health services recommended by the federal Health Resources and Services Administration (HRSA); and preventive services recommended by HRSA for children and youth. The Fifth Circuit's decision preserves access to most of these services for most people for now—but could lead to dramatic reductions in access to care down the road. Read on for a brief digest of the decision and its short- and long-term implications.

The Fifth Circuit's Ruling

The Fifth Circuit aptly described its own decision as "something of a mixed bag." The Court agreed with the district court that the members of USPSTF were not properly appointed, so their recommendations for preventive services cannot be constitutionally enforced as a no-cost insurance mandate. But the Fifth Circuit limited its decision to only the plaintiffs in this case—and not the more than 150 million other people who rely on private insurance for access to care. This aspect of the decision keeps the ACA preventive care mandate almost entirely intact—for now—ensuring that life-saving preventive care remains accessible and affordable to most people with private insurance.

> For more details regarding the ACA Preventive Care Mandate and *Braidwood*, see CHLPI's FAQ on *Braidwood* for health care advocates, consumers, and providers.

However, CHLPI remains very concerned about the long-term potential impacts of the Fifth Circuit's decision. Although the Court ruled that, for procedural reasons, the current decision only affects the plaintiffs' insurance coverage, the Court left the door open for a future, broader ruling that could undermine the ACA preventive services mandate nationwide. The Court did this in two ways. First, even though it held that the

plaintiffs had crafted their case in such a way that the ruling could only apply to them, the Court acknowledged that if the plaintiffs had pleaded their case differently, the remedy could have been universal. Second, the Court remanded (meaning it sent the case back) to the district court to consider additional legal arguments as to why ACIP's and HRSA's recommendations *also* could not be enforced. As a result, the ACA preventive services mandate could eventually be undercut as to *all three* sources of preventive services—those recommended by USPSTF, ACIP, and HRSA. This could threaten access to a host of preventive services that are important for maintaining health, including many types of cancer screenings, drugs to prevent HIV, vaccines, and services recommended specifically for women and children.

What's Next

Now that the case has been remanded to the district court, the parties will likely submit briefs to that court on the remaining legal issues that the Fifth Circuit identified regarding whether ACIP's and HRSA's recommendations for preventive services can be enforced. The plaintiffs may also try to amend their complaint to allow them to continue to seek a universal injunction—meaning a court order that would affect the ACA preventive services mandate nationwide. Even if they don't do this, or the district court doesn't let them amend, other conservative plaintiffs likely will come forward to pursue a universal injunction.

CHLPI will continue to monitor and analyze this decision and its implications, and plans to release additional materials to help patients, providers, advocates, and others understand and navigate the potential outcomes. Continue to watch this space for further updates.

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Health Care in Motion is written by Carmel Shachar, Health Law and Policy Clinic Faculty Director; Kevin Costello, Litigation Director; Elizabeth Kaplan, Director of Health Care Access; Maryanne Tomazic, Clinical Instructor; Rachel Landauer, Clinical Instructor; Johnathon Card, Staff Attorney; and Suzanne Davies, Clinical Fellow.

For further questions or inquiries please contact us at chlpi@law.harvard.edu.

HIV matters FOR HER

2024 Women's Health Update Luncheon

12 – 12:30 pm
Arrivals

12:30 – 1:30 pm
Lunch Presentation

1:30 – 2 pm
Dessert

MONDAY, JULY 15

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

Guest Speaker

Judith Currier, MD
Director, UCLA + CDU Center for AIDS Research

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One RSVP Per Person

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in collaboration with LOS ANGELES COUNTY COMMISSION ON HIV; LA WOMEN'S HIV/AIDS TASK FORCE

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

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

2024-2025

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

2024 ANNUAL CONFERENCE PLANNING WORKGROUP VIRTUAL MEETING SUMMARY
MONDAY, JUNE 24, 2024
3:00PM – 4:00PM

ATTENDEES:

Commissioners: A. Burton, J. Green, P. Nash, K. Nelson, L. Maultsby

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

Purpose of Meeting: Review rough draft of Annual Conference program organized based on brainstorming from the May 2024 meeting.

Meeting Highlights:

- Staff will work with the MLK BHC staff to reserve their facility for the conference; other venues are lined up as alternative sites.
- The goal is for the Annual Conference Planning Workgroup to present a conference outline to the Executive Committee at their July 25 meeting.
- The group reviewed a rough draft of the conference program based on ideas discussed at the May 2024 meeting. Overall, Commissioners in attendance liked the general format.
- Key outstanding items the group must resolve include agreement on conference overarching theme, objectives, and breakout session titles.
- Connect with AETC (via Sandra Cuevas) for potential speakers and other resources.
- UCLA- CDU CFAR and other sites across the country are good resources for speakers as well.
- Consider Dr. Kara Chew for the cure speaker since she is Principal Investigator for a current CURE clinical trial at UCLA's CARE Clinic.
- Explore if the Commission can secure a welcome from the new ONAP Director, Francisco Ruiz (in-person or virtual or recorded message).
- Consider using the PACE program as a resource speaker. Lt. Alberto Pina would be the contact person.
- Consider reaching out to Dr. King for insights on one stop service models. Perhaps focus on what the community defines as one stop models and expectations of high-quality care in such settings.

Overarching Themes Brainstorm:

1. Commission on HIV: Now and Our Future
2. Commission on HIV: Getting Back to Basics
3. May the Cure be with Us
4. From community to cure. Embracing inclusive participatory research and engagement to reach a meaningful cure with more than just medicine
5. Building, Breakthroughs & Bridges
6. Knowing me, knowing you: the importance of representation
7. Imagining a Future Free of HIV: Building a Roadmap for Equity, Social Justice and a Cure

Other Changes to the draft program outline:

8. Change “beyond care” to “ongoing care” or “continuity of care”

Abstract Process Discussion:

- The attendees agreed that soliciting abstracts for the breakout sessions but the workgroup need to agree on the overarching themes and topics first.
- Have back-up speakers ready in case not very many abstracts are received.

Next Steps:

Instead of meeting in July, the group will work on their homework:

- Review and markup updated conference program outline.
- Review and mark up call for abstracts language.

Alasdair Burton will report on behalf of the workgroup at the July 25 Executive Committee meeting.

HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

June 26, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Access to safe, quality, affordable housing and the support necessary to maintain it constitutes one of the most basic and powerful social determinants of health. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to addressing barriers to housing instability that can help improve health outcomes for people with HIV.[1] The 2022-2025 National HIV/AIDS Strategy (NHAS)[2] identified social and structural determinants of health that impede access to HIV services and exacerbate HIV-related disparities, which included inadequate housing, housing instability and homelessness.

HRSA Ryan White HIV/AIDS Program (RWHAP) funds can be used for a variety of support services to help people with HIV remain in HIV care, including housing, as described in *HRSA HAB Policy Clarification Notice #16-02 (PCN 16-02) Ryan White HIV/AIDS Program Services: Eligible Individual and Allowable Uses of Funds.*[3] RWHAP recipients and subrecipients have reported that the prohibition on payment of housing security deposits continues to be a barrier to getting clients into stable and permanent housing. A cash security deposit that is returned to a client violates the RWHAP statutory prohibition on providing cash payments to clients.[4]

To address this barrier, HRSA HAB is providing clarifying guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients. **RWHAP funding may be used to pay for a RWHAP client's security deposit if a RWHAP recipient or subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.**

HRSA HAB presents this guidance as an optional opportunity for recipients to offer this support within allowable legislative and programmatic parameters. It is not HRSA's intention to compel RWHAP recipients and subrecipients to provide this service. While HRSA HAB is providing guidance regarding the use of RWHAP funds to cover housing security deposits for eligible clients, please note that RWHAP recipients and subrecipients may use a variety of funding sources to pay for a RWHAP client's security deposits.[5]

[1] See Optimizing HUD-Assisted Housing Among People in Need of HIV Care and Prevention Services 2022 Technical Expert Panel Executive Summary at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hrsa-housing-tep-exec-summary.pdf.
[2] https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025.
[3] https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf.
[4] Allowable uses of program funds are described in HRSA HAB PCN 16-02.
[5] Examples include: Ending the HIV Epidemic (EHE) funds; program income generated through the 340B program; braided funding; and non-RWHAP grant awards.

RWHAP recipients and subrecipients interested in using RWHAP funds to pay for a RWHAP client's security deposit must maintain policies and procedures that demonstrate programmatic and legislative compliance, including that there is no violation of RWHAP's prohibition on cash payment to the RWHAP client. The procedures should also include how return of less than the full security deposit will be addressed between the recipient and the client. RWHAP recipients and subrecipients must also track returned security deposits as a refund, to be used for program purposes, and to be expended prior to grant funds.

Please contact your HRSA HAB Project Officer if you have questions about using RWHAP funds for security deposit housing services.

HRSA HAB appreciates the tireless efforts of HIV community stakeholders working to improve health outcomes for people with HIV who are at risk for or are experiencing housing instability and homelessness.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

LOS ANGELES HOUSING DEPARTMENT
Administration Bureau
1910 Sunset Blvd, Ste 300 Los Angeles, CA 90026
Tel: 213.808.8808
housing.lacity.org

Karen Bass, Mayor
Ann Sewill, General Manager

DATE: July 10, 2024

TO: Cheryl Barrit, MPIA, Executive Director
Commission on HIV, Executive Office of the Board of Supervisors
HOPWA Service Contractors

FROM: Lorena Sanchez, Assistant Chief Grants Administrator
Program Operations Division, Los Angeles Housing Department

SUBJECT: **HOPWA UPDATE**

Below is the HOPWA update as of July 10, 2024:

- The HOPWA Award amounts have been distributed to all of our agencies to provide housing support and resources to the clients. The U.S. Department of Housing and Urban Development (HUD) has slightly reduced the amount compared to last year's award amount.

- Central Coordinating Agency (CCA) program received additional funding for $2,401,817, ensuring a full year of services.

- 18 contracts with the agencies should be executed.

- CAPER report to be submitted by 9/30 - data for PY2023-2024. It will be available in October 2024.

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

CPG Functions

The CPG has two primary functions: planning and advising

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

Examples of planning activities:

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

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

Examples of advising activities:

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

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

CPG Structure

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

CPG Work Products

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

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
Division of HIV and STD Programs