LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
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EXECUTIVE COMMITTEE MEETING

Thursday, March 27, 2025
1:00PM – 3:00PM (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 https://hiv.lacounty.gov/executive-committee

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/rcf088abe9d1816c22ecab75bb0cf0c2b
To Join by Telephone: 1-213-306-3065
Password: EXECUTIVE Access Code: 2539 152 6494

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

LOS ANGELES COUNTY COMMISSION ON HIV
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

EXECUTIVE COMMITTEE

Thursday, March 27, 2025 | 1:00PM-3:00PM

510 S. Vermont Ave, Terrace Level Conference, Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020
**As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held.*

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/rcf088abe9d1816c22ecab75bb0cf0c2b
To Join by Telephone: 1-213-306-3065
Password: EXECUTIVE Access Code: 2539 152 6494

EXECUTIVE COMMITTEE MEMBERS			
Danielle Campbell, PhDc, MPH, Co-Chair	*Joseph Green, Co-Chair*	Erica Robinson (OPS Committee)	Alasdair Burton (Executive At-Large)
Erika Davies (SBP Committee)	Kevin Donnelly (PP&A Committee)	Bridget Gordon (Executive At-Large)	Arburtha Franklin) (Public Policy Committee)
Katja Nelson, MPP (Public Policy Committee)	Mario J. Peréz, MPH (DHSP)	Dechelle Richardson (Executive At-Large)	Daryl Russel (PP&A Committee)
Arlene Frames (SBP Committee)	Justin Valero, MPA (OPS Committee)		
QUORUM: 7			

AGENDA POSTED: March 20, 2025

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

agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may submit in person, email to hivcomm@lachiv.org , or submit electronically here. All Public Comments will be made part of the official record.

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

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

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

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2.	Introductions, Roll Call, & Conflict of Interest Statements		1:03 PM – 1:05 PM
3.	Approval of Agenda	**MOTION #1**	1:05 PM – 1:07 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:07 PM – 1:10 PM

II. PUBLIC COMMENT 1:10 PM – 1:13 PM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS 1:13 PM – 1:15 PM

6. 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 situation, or where the need to take action arose subsequent to the posting of the agenda.

7. Standing Committee Report 1:15 PM – 1:45 PM

A. Planning, Priorities and Allocations (PP&A) Committee
   (1) Program Year (PY) 34 Expenditures
   (2) Program Year 33 (PY33) Utilization Report Recap
   (3) Contingency Planning

B. Operations Committee
   (1) Membership Management
   (2) 2025 Training Schedule
   (3) Administration of the Effectiveness of the Administrative Mechanism (AEAM) | UPDATES
   (4) Recruitment, Retention & Engagement

C. Standards and Best Practices (SBP) Committee
   (1) Housing Service Standards | **MOTION #3**
   (2) Transitional Case Management Service Standards Review
   (3) Service Standards Schedule

D. Public Policy Committee (PPC)
   (1) Federal, State, County Policy & Budget
      a. 2025 Legislative Docket Development
      b. 2025 Meeting Schedule
      c. Impact of Impending Executive Orders and Federal Budget

8. Caucus, Task Force, and Work Group Reports: 1:45 PM – 2:00 PM

A. Aging Caucus
B. Black/AA Caucus
C. Consumer Caucus
   - April 10, 2025 RWP Dental Services Listening Session
D. Transgender Caucus
   - Statement of Solidarity **MOTION #4**
E. Women's Caucus
F. Housing Task Force

IV. REPORTS

9. Executive Director/Staff Report 2:00 PM – 2:15 PM

A. Commission (COH)/County Operational Updates
   (1) Updated 2025 COH Workplan & Meeting Schedule
   (2) Budget Uncertainty in Ryan White Program (RWP) Year 35

10. Co-Chair Report 2:15 PM – 2:35 PM

A. COH Team Building Activities
B. COH Effectiveness Review & Restructuring Project
   - Feedback and Next Steps
C. March 13, 2025 COH Meeting Feedback
D. April 10, 2025 COH Meeting Agenda Development
   (1) Meeting Venue @ St. Anne's Conference Center
   (2) COH Effectiveness Review & Restructuring Project
   (3) Executive Committee At-Large Membership Seats Opening Nominations & Elections
   (4) RWP 33 Core Services Utilization Presentation

(5) Housing Task Force Updates

E. Conferences, Meetings & Trainings (*An opportunity for members to share information and resources material to the COH's core functions, with the goal of advancing the Commission's mission*)

11. Division of HIV and STD Programs (DHSP) Report 2:35 PM – 2:50 PM

A. Fiscal, Programmatic and Procurement Updates

(1) Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE)

(2) Fiscal

(3) Other Updates

V. NEXT STEPS 2:50 PM – 2:55 PM

12. Task/Assignments Recap

13. Agenda development for the next meeting

VI. ANNOUNCEMENTS 2:55 AM – 3:00 PM

14. Opportunity for members of the public and the committee to make announcements.

VII. ADJOURNMENT 3:00 PM

15. Adjournment of the regular meeting on March 27, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the meeting minutes, as presented or revised.
MOTION #3	Approve the Housing Standards, as presented or revised, and elevate to the April 13, 2025, full body for approval.
MOTION #4	Approve the Transgender Caucus Statement of Solidarity, as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

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

2025 MEMBERSHIP ROSTER| UPDATED 3.18.25

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

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

LOA: Leave of Absence

Overall total: 52

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/17/25

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

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

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

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

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

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

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

Division of HIV and STDs Contracted Community Services

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

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

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

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

Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar
	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Poplulations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT

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.

EXECUTIVE COMMITTEE MEETING MINUTES

Thursday, February 27, 2025

COMMITTEE MEMBERS P = Present | A = Absent | EA=Excused Absence | AB2449=Virtual | Public: Virtual *Not eligible for AB2449 | LOA=LeaveofAbsence			
Danielle Campbell, MPH, PhDc, Co-Chair	P	Arlene Frames	P
Joseph Green, Co-Chair	EA	Katja Nelson	P
Alasdair Burton (EXEC At-Large)	P	Mario J. Perez	P
Erika Davies	EA	Dechelle Richardson	P
Kevin Donnelly	P	Erica Robinson	P
Bridget Gordon	EA	Darrell Russell	P
		Justin Valero	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja D. Wright, DACM			

Meeting agenda and materials can be found on the Commission's website HERE

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Danielle Campbell, COH Co-Chair, commenced the Executive Committee meeting at around 1:00PM and provided an overview of the meeting guidelines.

2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS

D. Campbell initiated introductions and requested that Committee members their state conflicts of interest. Cheryl Barrit, MPIA, Executive Director, led roll call.

ROLL CALL (PRESENT): Alasdair Burton, Kevin Donnelly, Arlene Frames, Katja Nelson, Mario J. Perez, Dechelle Richardson, Erica Robinson, Darrell Russell, Justin Valero, and Danielle Campbell.

3. **APPROVAL OF AGENDA**
   MOTION #2: Approve the Agenda Order, as presented or revised. *(APPROVEDv: Passed by consensus)*
4. **APPROVAL OF MEETING MINUTES**
   MOTION #3: Approve the Executive Committee minutes, as presented or revised.
   (APPROVEDv: Passed by consensus)

II. PUBLIC COMMENT

5. **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.**
   No public comment.

III. COMMITTEE NEW BUSINESS ITEMS

6. **OPPORTUNITY FOR COMMITTEE 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 TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.**
   - Recommendation to host Commission meetings at satellite locations periodically to enhance accessibility, engagement, and community participation.
   - Explore implementing a continuous priority-setting and resource allocation process to strengthen decision-making, foster greater stakeholder engagement, and enhance alignment with community needs.

IV. REPORTS

7. **Standing Committee Reports**
   A. **Planning, Priorities & Allocations (PP&A) Committee** Kevin Donnelly, PP&A Co-Chair, reported the committee last met on February 18, 2025.
      (1) **Ryan White Program (RWP) Years 35-37 Directives.** The Committee reviewed updates to the directives to include directives #1, #6, and #10; refer to Directives in the meeting packet.
      MOTION #3: Approve the Planning, Priorities & Allocations (PP&A) Committee PY 35-37 Directives, as presented or revised. (Approved via Roll Call Votev: ABurton, KDonnelly, AFrames, KNelson, DRichardson, ERobinson, DRussell, DCampbell, and JValero; Abstain: MPerez)

(2) PY 34 RWP Expenditures. DHSP provided a preliminary overview of RWP expenditures, reporting an $8.5 million overage. Concerns were raised regarding the management of RWP spending. It was emphasized that reconciling overages is not within the COH's responsibility, nor does COH have the scope or purview to identify or allocate non-RWP funding.

B. Operations Committee Justin Valero, Committee Co-Chair, reported :

(1) Membership Management
2025 Conflict of Interest Form and Parity, Inclusion & Reflectiveness (PIR) Survey | REMINDER The Committee was reminded to promptly submit required COI and PIR forms upon request. Additionally, the Executive Office, Board of Supervisors, has begun sending out a separate Conflict of Interest Form 700 e-notices to all members.

(2) 2025 Training Schedule. The 2025 training schedule has been revised, with the Ryan White Care Act Legislative Overview and Membership Structure & Responsibilities Training rescheduled to April 2, 2025, at 12:00 PM. Click HERE for the updated schedule.

(3) Assessment of the Effectiveness of the Administrative Mechanism (AEAM). Survey responses are still being submitted, with additional updates to be shared in March.

(4) Recruitment, Retention & Engagement. The Committee discussed the COH's reflectiveness, emphasizing the gap in youth engagement. Deliberations focused on strategies to involve young people, particularly those balancing work and school commitments during the day. A recommendation was made to explore offering academic credit as an incentive to encourage participation.

C. Standards and Best Practices (SBP) Committee José Rangel-Garibay, COH Staff, reported the Committee last met on February 4, 2025, and addressed the following:

(1) Housing Service Standards Review. The Housing Services Standards are out for public comment until March 7, 2025.

(2) Transitional Case Management Services Standards. The Committee conducted an initial review of the standards and will continue its review at the next meeting in March.

(3) Service Standards Schedule. *No updates; refer to schedule in meeting packet.*

(4) 2025 Meeting Schedule. The March meeting has been rescheduled to March 11, 2025.

D. Public Policy Committee (PPC) Katja Nelson, PPC Co-Chair, reported:

(1) Federal, State, County Policy & Budget

a. 2025 Legislative Docket Development. The Committee continues to compile its legislative docket and will finalize the docket at its meeting in March.

b. 2025 Policy Priorities Review. The Committee refined the policy priorities to include updating the introductory paragraph to reflect the current landscape.

MOTION #4: Approve the 2025 Policy Priorities, as presented or revised. (Approved via Roll Call VoteV: ABurton, KDonnelly, AFrames, KNelson, DRichardson, ERobinson, DRussell, DCampbell, and JValero; Abstain: MPerez)

c. 2025 Meeting Schedule. *Refer to schedule in meeting packet.*

The Committee continues to monitor Executive Orders, the Continuing Resolution, and California's response to gender-related issues and SOGI data collection. Updates included $880 million in Medicaid cuts, HUD staffing reductions (50% overall, 75% in C&PD) impacting undocumented communities, and a federal court blocking the Administration's ban on adolescent gender-affirming care.

8. Caucus, Task Force, and Work Group Reports

A. Aging Caucus. KDonnelly, Caucus Co-Chair, reported:

- The Caucus has not met since its January 7, 2025 meeting. KDonnelly and Dr. Paul Nash were re-elected as Co-Chairs.
- The group will meet bi-monthly on the second Tuesday from 1–2 PM virtually.
- The Caucus reviewed proposed 2025 strategic priorities, suggesting consolidation of objectives and ongoing cross-caucus collaborations, including the Department of Aging plan as an educational activity. Dr. Nash requested attendees provide feedback on their top three priorities.
- Additionally, Rie Fishman (HICAP) gave an overview of Medicare Basics on behalf of the Center for Healthcare Rights.
- The Caucus is planning an event in September in commemoration of National HIV/AIDS and Aging Awareness Day (NHAAD).

B. Black/AA Caucus. Dawn Mc Clendon, COH staff, reported:

- The Caucus last met on January 20, 2025, and hosted a Community Game Night in February to commemorate NBHAAD. An infographic highlighting key findings from its community listening sessions was released on social media.
- In partnership with DHSP, the Caucus continues efforts to assess the technical assistance needs of Black-led and servicing organizations to improve their

competitiveness for County contracts. It will lead a focus group for organizations that did not participate in the initial survey and key informant interviews.

- The Caucus remains committed to engaging youth, justice-involved individuals, the transgender community, men who don't identify as MSM, and non-traditional HIV providers in 2025.
- The next meeting is scheduled for March 20, 2025.

B. Consumer Caucus. Dawn Mc Clendon, COH staff, reported:

- The Consumer Resource Fair replaced the February 13, 2025, meeting and was well received, with 60+ vendors and 200 attendees despite the weather. Attendees praised the event as one of the best resource fairs, highlighting the availability of tangible resources, including free laptops.
- The next meeting on March 13, 2025, will feature a DHSP Client Quality Management (CQM) presentation, a review of Housing Services Standards, and 2025 Co-Chair elections.
- A Dental Services Listening Session is scheduled for April 10, 2025; flyer available HERE.

C. Transgender Caucus. Jose Rangel-Garibay, COH staff, reported:

- The Caucus elected Rita Garcia, Commissioner Alternate and Chichi Navarro, community member, as Co-Chairs for 2025.
- The Caucus decided to meet monthly on the 4th Tuesday of the month from 10am-11:30am via Webex.
- The Caucus discussed their draft 2025 Strategic Priorities document which focus on conducting needs assessments and providing the caucus' perspective on various COH-related activities and deliberations. The caucus will continue their review and vote to adopt the document at their next meeting on February 25, 2025, from 10am-11:30am via Webex.

C. Women's Caucus. Lizette Martinez, COH staff, reported:

- The Caucus let met on January 27, 2025, and based on member feedback, the 2025 meeting schedule was revised to bi-monthly on the third Monday from 2–3 PM, with extended meetings as needed.
- The Caucus reviewed its 2025 Strategic Priorities, focusing on listening sessions/needs assessments for women living with HIV. Those interested in planning can contact Lizette Martinez at lmartinez@lachiv.org.
- A social media post will commemorate NWAAD.
- The next virtual meeting is on Monday, March 17, 2025, from 2–3 PM via Webex.

D. Housing Taskforce (HTF). KNelson, Co-Chair, reported:

- The HTF is working on gathering feedback from its needs assessments and will present recommendations to the COH.
- Concerns were raised about the absence of a HOPWA representative at COH meetings. While no longer an official COH member, HOPWA has committed to providing monthly reports and being available as needed.

V. REPORTS

9. EXECUTIVE DIRECTOR/STAFF REPORT Cheryl Barrit, MPIA, Executive Director, reported:

A. Commission (COH)/County Operational Updates

(1) Commission (COH)/County Operational Updates

a. 2024 Annual Report. The final edits for the 2024 Annual Report were presented, with a March 5, 2025, deadline for submission to the Executive Office of the Board of Supervisors.

b. Updated 2025 COH Workplan & Meeting Schedule. Updates to the 2025 COH Workplan and Meeting Schedule were shared, with a continued emphasis on aligning efforts with the Ryan White Program (RWP) core legislative responsibilities.

c. RWP PY 35 Budget Planning: RWP Year 34 ends February 28th, with Year 35 beginning March 1. The operational budget is in progress, with a draft expected by the April meeting. In partnership with DHSP and the Executive Office, staff are preparing for anticipated operational cuts. The County is conducting budget hearings across departments emphasizing cost containment and efficiency, with potential structural changes to commissions. In line with this, an executive decision was made to limit out-of-town travel for unaffiliated consumers to HRSA-sponsored meetings and events, such as the Ryan White Conference.

B. CO-CHAIR REPORT J. Green and Danielle Campbell, Co-chairs, reported:

(1) COH Effectiveness Review & Restructuring Project

Feedback and Next Steps. COH staff and consultants are currently reviewing breakout group notes and meeting weekly for strategic planning. Three small workgroup sessions will be held to continue the restructuring conversation, with sign-ups opening mid-March. These workgroups will be open to COH members, DHSP representatives, and the public. COH members are required to participate.

(2) February 13, 2025 COH Meeting Feedback. Members provided feedback on the meeting and praised the Consumer Resource Fair, which followed immediately after.

(3) March 13, 2025 COH Meeting Agenda Development The Committee reviewed the proposed agenda – no updates reported.

(4) Executive Committee At-Large Membership Seats | OPEN NOMINATIONS The Committee opened nominations – Alasdair Burton was nominated.

(5) Conferences, Meetings & Trainings *(An opportunity for members to share information and resources material to the COH's core functions, with the goal of advancing the Commission's mission)* *No updates.*

10. Division of HIV and STD Programs (DHSP) Report. Mario J. Pérez, MPH, Director, reported:

A. Fiscal Updates.

- DHSP anticipates an approximate $8 million deficit and is reviewing funding and spending patterns to support the most responsive systems.
- DHSP relies on timely invoice submissions from providers to accurately project expenditures. By analyzing year-over-year spending trends, DHSP develops a budget that reflects actual needs without underspending, as returning unspent funds is not an option.
- Revenue is lower than in previous years, and difficult budget decisions are ahead. The expected Medi-Cal and Denti-Cal migration did not occur, impacting financial projections. The HIV/STD prevention and testing RFP has requested more resources than are available, underscoring the need for strategic fund allocation.
- The House's proposed $2 trillion budget cut further strains resources.
- Internal analysis and collaboration with COH and PP&A are needed to recalibrate services.
- DHSP remains committed to prevention, care, and non-discrimination, though service categories and funding sources are being reassessed to address budget constraints and varying service demands across LA County.
- DHSP is exploring ways to optimize resources, prioritize staffing and budget decisions, and enhance cluster detection and response to prevent HIV outbreaks.

B. Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE) *Refer to Fiscal Updates.*

C. Mpox | UPDATES. *No updates reported.*

V. NEXT STEPS

11. Task/Assignments Recap

- ✓ All motions will be presented for approval at the March 13, 2025, COH meeting.
- ✓ Update COH Meeting Schedule
- ✓ Develop HTF recommendations for presentation at an upcoming COH meeting.

12. Agenda development for the next meeting. *Refer to minutes.*

VI. ANNOUNCEMENTS

13. Opportunity for members of the public and the committee to make announcements.

- DRussell encouraged everyone to participate in the “economic black-out boycott” on February 28, 2025.

VII. ADJOURNMENT

Adjournment for the regular Executive Committee meeting of February 27, 2025.

Division on HIV and STD Programs Program year 34 (PY34) Expenditure Report - Part A Expenditures

Priority #	Service Category	YR 34 Allocation Percentages	Year 34 Commission Allocations	YTD Actual	Full Year Estimate	Estimated Year 34 Expenditure Percentages	Variance Full Year Estimate vs. COH Allocations
			[1]	*[2]*	*[3]*	*[4]*	*[1-3]*
	CORE SERVICES						
3	OUTPATIENT/AMBULATORY MEDICAL CARE	17.11%	6,500,000	$ 4,543,129	$ 6,860,111	18.05%	$ (360,111)
13	ORAL HEALTH CARE	20.79%	7,900,000	6,068,278	8,751,232	23.03%	$ (851,232)
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	6.50%	2,470,000	2,093,866	2,345,241	6.17%	$ 124,759
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	27.15%	10,316,352	9,754,986	11,660,438	30.69%	$ (1,344,086)
7	MENTAL HEALTH SERVICES	0.29%	110,000	81,352	85,420	0.22%	$ 24,580
23	MEDICAL NUTRITION THERAPY	0.00%	-	-	-	0.00%	$ -
10	EARLY INTERVENTION SERVICES (PH STD Clinic)	6.58%	2,500,000	1,947,287	2,332,127	6.14%	$ 167,873
	CORE SERVICES TOTAL	**78.41%**	**$ 29,796,352**	**$ 24,488,898**	**$ 32,034,569**	**84.31%**	**$ (2,238,217)**
	SUPPORTIVE SERVICES						
14	CHILD CARE SERVICES	0.00%	-	-	-	0.00%	$ -
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS)	3.95%	1,500,000	1,322,942	1,517,835	3.99%	$ (17,835)
22	LINGUISTIC SERVICES	0.00%	-	664	664	0.00%	$ (664)
11	MEDICAL TRANSPORTATION SERVICES	1.63%	620,000	617,243	715,013	1.88%	$ (95,013)
12	FOOD BANK (NSS)[2]	5.79%	2,200,000	2,473,565	2,783,905	7.33%	$ (583,905)
1	HOUSING SERVICES (TRCF/RCFCI) (THAS)	0.91%	344,000	557,738	571,410	1.50%	$ (227,410)
15	LEGAL SERVICES	1.42%	538,000	962,220	1,049,695	2.76%	$ (511,695)
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)[3]	6.32%	2,400,000	1,539,288	1,539,288	4.05%	$ 860,712
2	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	1.58%	600,000	6,680	26,720	0.07%	$ 573,280
8	OUTREACH SERVICES (LRP)	0.00%	-	-	-	0.00%	$ -
	SUPPORTIVE SERVICES TOTAL	**21.59%**	**8,202,000**	**7,480,340**	**8,204,530**	**21.59%**	**(2,530)**
	DIRECT SERVICES TOTAL	**100.00%**	**37,998,351**	**28,083,483**	**40,239,099**	**105.90%**	**(2,240,748)**
	QUALITY MANAGEMENT	0.00%	500,001	911,161	1,251,836	2.93%	$ (751,835)
	ADMINISTRATIVE SERVICES (includes Planning Council/A	10.00%	4,277,594	7,410,098	4,277,594	10.00%	$ -
	QM & ADMIN TOTAL	**10.00%**	**4,777,595**	**8,321,259**	**5,529,430**	**12.93%**	**(751,835)**
	PART A GRAND TOTAL	**110.00%**	**42,775,946**	**40,290,497**	**45,768,529**	**118.82%**	**(2,992,583)**

Notes:

(1) Allocation based on priorities set by HIV Commission. Actual YR 34 grant award is **$42,775,946**

(2) Home-delivered Meals for Year 34 funded through HRSA EHE

(3) EFA expenditures shown represent March 1, 2024 - May 31, 2024. Additional funding for Emergency Rental Assistance through HRSA EHE

Division on HIV and STD Programs Program year 34 (PY34) Expenditure Report - Minority AIDS Initiative (MAI) Expenditures

Priority #	Service Category	YR 34 Allocation Percentages	Year 34 Commission Allocations	YTD Actual	Full Year Estimate	Estimated Year 34 Expenditure Percentages	Variance Full Year Estimate vs. COH Allocations
			[1]	*[2]*	*[3]*	*[4]*	*[1-3]*
	CORE SERVICES						
3	OUTPATIENT/AMBULATORY MEDICAL CARE	0.00%	-	$ -	$ -	0.00%	$ -
13	ORAL HEALTH CARE	0.00%	-	-	-	0.00%	$ -
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	0.00%	-	-	-	0.00%	$ -
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	0.00%	-	-	-	0.00%	$ -
7	MENTAL HEALTH SERVICES	0.00%	-	-	-	0.00%	$ -
23	MEDICAL NUTRITION THERAPY	0.00%	-	-	-	0.00%	$ -
10	EARLY INTERVENTION SERVICES (PH STD Clinic)	0.00%	-	-	-	0.00%	$ -
					-		
	CORE SERVICES TOTAL	**0.00%**	**$ -**	**$ -**	**$ -**	**0.00%**	**$ -**
	SUPPORTIVE SERVICES						
14	CHILD CARE SERVICES	0.00%	-	-	-	0.00%	$ -
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS)	0.00%	-	-	-	0.00%	$ -
22	LINGUISTIC SERVICES	0.00%	-	-	-	0.00%	$ -
11	MEDICAL TRANSPORTATION SERVICES	0.00%	-	-	-	0.00%	$ -
12	FOOD BANK (NSS)	0.00%	-	-	-	0.00%	$ -
1	HOUSING SERVICES (Transitional Housing)	100.00%	3,305,358	4,031,415	5,375,220	162.62%	$ (2,069,862)
15	LEGAL SERVICES	0.00%	-	-	-	0.00%	$ -
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)	0.00%	-	-	-	0.00%	$ -
2	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	0.00%	-	-	-	0.00%	$ -
8	OUTREACH SERVICES (LRP)	0.00%	-	-	-	0.00%	$ -
	SUPPORTIVE SERVICES TOTAL	**100.00%**	**3,305,358**	**4,031,415**	**5,375,220**	**162.62%**	**(2,069,862)**
	DIRECT SERVICES TOTAL	**100.00%**	**3,305,358**	**4,031,415**	**5,375,220**	**162.62%**	**(2,069,862)**
	ADMINISTRATIVE SERVICES	10.00%	367,569	416,179	367,292	10.00%	$ 277
	MAI ADMIN TOTAL	**10.00%**	**367,569**	**416,179**	**367,292**	**10.00%**	**277**
	PART A GRAND TOTAL	**110.00%**	**3,672,927**	**4,447,594**	**5,742,512**	**172.62%**	**(2,069,585)**

Notes:

(1) Allocation based on priorities set by HIV Commission. Actual YR 34 grant award is **$3,672,927**

Division on HIV and STD Programs Program year 34 (PY34) Expenditure Report - Part B Expenditures

Priority #	Service Category	YTD Actual	Full Year Estimate
	CORE SERVICES		
3	OUTPATIENT/AMBULATORY MEDICAL CARE	$ -	$ -
13	ORAL HEALTH CARE	-	-
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	-	-
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	-	-
7	MENTAL HEALTH SERVICES	-	-
23	MEDICAL NUTRITION THERAPY	-	-
10	EARLY INTERVENTION SERVICES (PH STD Clinic)	-	-
			-
	CORE SERVICES TOTAL	**$ -**	**$ -**
	SUPPORTIVE SERVICES		
14	CHILD CARE SERVICES	-	-
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS)	-	-
22	LINGUISTIC SERVICES	-	-
11	MEDICAL TRANSPORTATION SERVICES	-	-
12	FOOD BANK (NSS)	-	-
1	HOUSING SERVICES (Substance Use Transitional Housing)	812,475	891,175
1	HOUSING SERVICES (RCFCI/TRCF)	4,027,286	4,396,698
15	LEGAL SERVICES	-	-
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)	-	-
2	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	-	-
8	OUTREACH SERVICES (LRP)	-	-
	SUPPORTIVE SERVICES TOTAL	**4,839,761**	**5,287,873**
	DIRECT SERVICES TOTAL	**4,839,761**	**5,287,873**
	ADMINISTRATIVE SERVICES	419,997	576,134
	Part B ADMIN TOTAL	**419,997**	**576,134**
	PART B GRAND TOTAL	**5,259,758**	**5,864,007**

Division on HIV and STD Programs Program year 34 (PY34) Expenditure Report - HRSA Ending the HIV Epidemic (EHE) Expenditures

Service Category	YTD Actual	Full Year Estimate
	[2]	*[3]*
STREET MEDICINE PROGRAM	$ 2,388,566	$ 2,388,566
MENTAL HEALTH SERVICES (Spanish Telehealth Mental Health)	269,143	269,143
EARLY INTERVENTION SERVICES (Partner Services, HIV Rapid Tests)	1,703,447	1,703,447
EHE INNOVATION AWARDS	1,656,394	1,656,394
EHE MINI GRANTS	110,365	110,365
EHE PRIORITY POPULATIONS	3,189,074	3,189,074
MEDICAL TRANSPORTATION SERVICES	17,678	17,678
HOME DELIVERED MEALS (NSS)	1,241,912	1,241,912
FOOD BANK GIFT CARDS	1,417,344	1,417,344
EMERGENCY RENTAL ASSISTANCE	1,228,161	1,228,161
FLEX (Guaranteed Gift Cards)	3,659,160	3,659,160
DARE2Care (Data-to-Care)	727,393	875,241
RAPID AND READY (Linkage-to-Care)	324,924	324,924
OUTREACH SERVICES (LRP)	836,247	836,247
DIRECT SERVICES TOTAL	**18,769,808**	**18,917,656**
e2LA DATA SYSTEM	564,323	564,323
THIRD-PARTY ADMINISTRATOR (EHE Services)	2,475,915	2,475,915
RYAN WHITE SERVICES MEDIA CAMPAIGN	1,334,546	1,334,546
OTHER COSTS	**4,374,784**	**4,374,784**
ADMINISTRATIVE/PLANNING 7 EVALUATION SERVICES	1,835,430	1,835,430
HRSA EHE ADMIN/PLANNING & EVAL TOTAL	**1,835,430**	**1,835,430**
HRSA EHE GRAND TOTAL	**24,980,022**	**25,127,870**

ASSESSMENT OF FULL YEAR ESTIMATE COMPARED TO GRANT AMOUNT AVAILABLE FOR DIRECT SERVICES

Grant	Grant Amount Available for Direct Services	Year End Estimate for Direct Services	Variance
Part A	$37,998,351	$40,239,099	$2,240,748
MAI	$3,305,358	$5,375,220	$2,069,862
Part B	$5,287,873	$5,287,873	$0
HRSA EHE*	$16,244,557	$23,144,592	$6,900,035
Total	$62,836,139	$74,046,784	**$11,210,645**

**includes FY 2020 - 2023 carryover of $9,536,247 and FY 2024 available services funding of $6,708,310.*

LOS ANGELES COUNTY COMMISSION ON HIV

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August 29, 2011

To: Commission on HIV

From: Priorities and Planning (P&P) Committee

Subject: **FY 2012 CONTINGENCY FUNDING SCENARIO DIRECTIVES**

At its meeting on August 28, 2011, the Priorities and Planning (P&P) Committee unanimously approved the following directives for re-allocating FY 2012 (March 2012 – February 2013) Ryan White Part A and B funds during the year as patients are enrolled in Healthy Way LA (HWLA) and in light of potential funding and resource shifts. The P&P Committee has forwarded these directives to the Commission on September 8, 2011 for approval.

Background. At the August 11, 2011 Commission meeting, the P&P Committee presented a framework of contingency funding scenarios that details the estimated financial impact of two key cost drivers in FY 2012: enrollment of Ryan White patients into Los Angeles County's Low Income Health Program (LIHP) and potential FY 2012 Ryan White funding reductions.

Migration of patients into the LIHP will yield cost savings to the Ryan White funding system of care as a proportion of the patient population is enrolled in HWLA and the costs of some of their services are shifted to that system of care. Due to national economic conditions and ongoing federal and state budget negotiations, it is likely that LA County's Ryan White Part A and B funding awards will be reduced in FY 2012, resulting in a funding reduction for LA County's Ryan White-funded system of care.

Both of these variables are occurring simultaneously and, as a result, yield a complicated picture of varied funding scenarios for FY 2012. Depending on the size of the patient population enrolled in HWLA and the size of Ryan White budget reductions, the change to the Ryan White system could be insignificant or substantial. Funding will need to be re-allocated in "real-time" in order to adjust to these shifts in funding and service patterns.

In preparation for multiple possible funding scenarios in FY 2012, the P&P Committee has developed a framework of nine contingency funding scenarios in which variations to both cost drivers are considered. The framework is based on 0 – 1,000, 1,001 – 2,500, and 2,501 – 5,000 patients enrolled in HWLA, and funding reductions of 0% - 7%, 7.1% - 15%, and 15.1% or more.

Scenario #1 (1,000 or fewer patients enrolled in HWLA and funding reductions of less than 7%) is called the "Base Funding Scenario." At its August 11, 2011 meeting, the Commission unanimously approved allocations for the Base Funding Scenario ("Base Funding Allocations"). All consequent patient and funding shifts will result in modifications to those Base Funding Allocations.

Because these shifts will be evolving during the course of FYs 2011 and 2012, and re-allocation of funds will take time, the P&P Committee elected to create "directives" for all but the Base Funding Scenario (Scenario #1), rather than specific funding allocations in each scenario.

Purpose. The P&P Committee has developed the following directives as measures to keep the Ryan White-funded system of care and patient continuity of care whole for both patients who are enrolled in alternate health care systems in FYs 2011-2012 but who continue to rely on the Ryan White system for other services, and for patients who continue to rely on Ryan White-funded services for the entirety of their care.

Implementation. FY 2012 Ryan White funding will be re-allocated according to the following directives as adjustments to the FY 2012 Base Funding Allocations approved by the Commission on August 11, 2011.

The Committee provides these directives to the Division of HIV and STD Programs (DHSP) with the expectation that DHSP will re-allocate funds accordingly as it is able and as it determines the necessity for funding modifications due to patient migration patterns and changes to the FY 2012 Ryan White Part A and B funding awards. Rather than develop specific directives in each scenario, the P&P Committee has developed a set of directives if changes in FY 2012 yield net cost savings or net funding reductions.

Directives.

Scenario #1 (Base Funding Allocations): Allocations to service categories as approved by the Commission will be modified across all service categories in accordance with possible funding reductions and due to patient enrollment in HWLA (across-the-board increases if there is a net cost savings; across-the-board cuts if there is a net funding reduction).

Net Cost Savings Scenarios: Following are the recommended directives if there are net cost savings in FY 2012. As it is likely that these shifts will occur and be detected over time, the P&P Committee has elected not to prioritize implementation of these directives, but to provide them as guidance to DHSP for where funds could be allocated depending on the amount of cost savings.

Re-Allocation Priority	Justification
▪ Maintain the same level or increase Medical Outpatient/Specialty for clients remaining in RW system; any realized savings can be applied for these additional purposes: ▪ Increase funding for treatment adherence services. ▪ Increase support for lipodystrophy treatment, as allowed. ▪ Increase support to expand the availability of medical specialty services, as needed. ▪ Provide funding for ancillary medical outpatient/specialty services, as need and allowed. ▪ Implement optometric services.	*Medical Outpatient/ Specialty services are the top Ryan White priority;* *There are areas of MO/ MS care where increased service delivery is still needed; and* *Clear definition of the Medical Specialty services available in the LIHP is still being defined.*
▪ Maintain or increase Medication Assistance and Access, as needed, to improve access to non-formulary medication assistance, including: ▪ increased support to improve availability of nutritional supplements.	*While the LIHP formulary is more expansive than ADAP, there may still be drugs medications not supported by the LIHP, or considered exceptional;* *Nutritional supplements continue to be under-funded in the Ryan White system.*
▪ Increase funding for Oral Health Care services.	*Even with increased allocations, still reflected as the greatest gap between need/demand and availability in the Ryan White system;* *LIHPs do not cover oral health care*
▪ Expand Linkage to Care Services, with emphasis on enhancing treatment education services.	*Patient need, more effective health care responses and federal guidelines all require enhanced linkage to care efforts.*
▪ Increase funding for Benefits Support.	*To address expanded patient demand as patients migrate to other systems of care.*
▪ Maintain or increase Medical Care Coordination services	*For expanded need to coordinate with patients in both the Ryan White system and in other systems of care.*
▪ Maintain support for services that the LIHP may cap, such as: ▪ mental health ▪ substance abuse	*Availability of these and possibly other capped services in the LIHPs is still vague. Ryan White funds can be used to "wrap- around" these services.*

▪ Increase funding for Mental Health Services (psychiatry and psychotherapy): ▪ increase support for both psychiatry and psychotherapy services, and ▪ increased support for psychotherapy should be used, in part, to ensure continuity of care when gaps result from intern rotations.	*Consumers consider mental health services one of their greatest needs.* *There are significant capacity and continuity of care challenges in mental health services.*
▪ Allocate to/increase Medical Nutrition Therapy.	*A critical core medical service, especially for people with HIV—MNT was defunded two years ago due to State budget cuts.*

Net Funding Reductions: Following is a prioritized strategy for implementing system-wide funding reductions in FY 2012 if patient migration and budget reductions result in net funding reductions.

	Action/Strategy	Reason
①	Preserve all core medical services possible, to the extent possible.	*In order to maintain the 75% core medical service threshold, and because core medical services are prioritized*
②	Hold the following services harmless *(maintain their allocations at the expense of cuts to other service categories)*, in order of their priority rankings. ▪ Medical Outpatient/Specialty ▪ Medication Assistance and Access ▪ Oral Health ▪ Linkage to Care Services ▪ Benefits Specialty ▪ Medical Care Coordination ▪ Mental Health Services (Psychiatry and Psychotherapy)	*It was determined that these are the key services that patients who rely on the Ryan White system need most, and for which there is little alternate funding.*
③	Cut whole service categories from the lowest priority ranked up as funds become unavailable.	*Given the allocation levels of lower ranked priorities, continued cuts to those services will undermine their effectiveness; pre-serving some services at the expense of other is a more effective strategy.*

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

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

Footnotes:

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

Green font indicates allocation increase from PY34

Red font indicates allocation decrease from PY34

Operations Committee Efficiency and Improvement Roundtable Discussion Guide

(For 3/27/25 Discussion)

Purpose of the Discussion

Given the critical need for the Commission to function effectively and efficiently, the current political climate and looming budget constraints, the Commission on HIV must evaluate how to adjust its meeting structure and operations while maintaining efficiency, transparency, and public engagement. This roundtable discussion will gather input from committee members to explore potential solutions. At the end of this discussion, we will move forward with a decision based on the collective feedback and identified priorities.

Committee Role & Responsibilities Category Overview

- Membership & Governance
- Training & Capacity Building
- Community Engagement & Awareness
- Assessment of the Effectiveness of the Administrative Mechanism (AEAM)

Committee Role & Responsibilities Per Current Bylaws

- ✓ Ensure Commission membership aligns with Ryan White reflectiveness, CDC PIR requirements, and all other composition mandates.
- ✓ Recruit, screen, evaluate, and recommend Commission membership nominations per the Open Nominations Process.
- ✓ Develop, conduct, and oversee comprehensive training for members and the public on Commission functions, HIV service delivery, skills building, and leadership development.
- ✓ Conduct regular orientation for new Commission members and interested public participants.
- ✓ Develop and update Commission member duty statements (job descriptions).
- ✓ Recommend and nominate candidates for committees, task forces, and workgroups.
- ✓ Propose amendments to the Ordinance governing the Commission.
- ✓ Recommend and revise Bylaws as needed to align with Ordinance changes and evolving goals.
- ✓ Develop, implement, and maintain Commission policies and procedures, including the Policy/Procedure Manual.
- ✓ Coordinate public awareness and information referral activities with the Community Engagement Task Force to educate and promote HIV services.
- ✓ Collaborate with local task forces to ensure their representation and involvement in Commission activities.
- ✓ Identify and secure financial resources to support special initiatives and operational needs.
- ✓ Conduct an annual assessment of the administrative mechanism and oversee

implementation of recommendations.

✓ Execute additional duties as assigned by the Commission or Board of Supervisors

Discussion Guidelines & Ground Rules

- **Stay Solution-Oriented** – Focus on constructive ideas rather than challenges.
- **Be Respectful & Concise** – Allow space for all voices to be heard.
- **Stick to the Agenda** – Stay on topic to ensure an efficient discussion.
- **Encourage Collaboration** – Work together to find common ground.
- **Commit to a Decision** – This discussion is time-limited. At the end of this discussion, we will decide on next steps.

(1) Meeting Frequency & Structure

Scenario: Budget cuts reduce meeting resources. What is the best way to adjust? (Select one)

A. Reduce the number of Operations Committee meetings and increase committee work outside of meetings. Commitment required from members include, responding to emails and homework.

B. Move to fewer but longer (if needed) Operations Committee meetings (e.g., bi-monthly instead of monthly).

Proposal: ***Shift from monthly to bi-monthly or quarterly Operations Committee meetings, supplemented by committee work to maintain productivity.***

Note: This shift does not indicate a slowdown in progress; rather, it allows for more efficient use of time while ensuring that staff continues to implement committee directives, conduct necessary administrative work, and support ongoing initiatives. Even in the absence of a meeting, staff remains engaged in executing the committee's priorities, providing updates, and facilitating collaboration to keep momentum moving forward.

Question: How can we ensure Operations Committee meetings remain productive and focused? (Open-ended)

(2) Cost-Saving Measures

Scenario: Should the budget no longer cover current operational expenses, what should we prioritize? (Select up to two)

A. Adjust snack/lunch provisions to prioritize essential expenses.
Note: Traditionally, lunch has been provided to consumer members who attend Operations and Executive Committee meetings since both meetings run consecutively, as this scheduling impacts their ability to manage prescription adherence. However, feedback continues to be received regarding dissatisfaction with the food options, particularly sandwiches. Commission staff prioritizes options that are both fiscally responsible and reasonably accommodate member preferences and nutritional needs.

B. Explore potential alternatives to sustain the current and propose stipend funding for consumers. Adjust and align expectations for receiving stipends.

Proposal: Shift to digital agendas and reports to reduce printing costs, while reallocating funds to maintain consumer participation support where possible. – COH already does this.
Question: What are potential barriers to implementing these cost-saving measures, and how can we address them? (Open-ended)

(3) Alternative Collaboration Methods
Scenario: We need to improve collaboration outside of meetings. What strategies should we adopt? (Select all that apply)

A. Explore tools or methods we could use to facilitate collaboration between meetings (e.g. Slack, Microsoft Teams, Recorded briefings on key topics).
Note: While these tools can enhance information sharing and engagement, it is important to note that committee business cannot be discussed on any platform outside of a Brown Act public meeting. Any collaboration tools used must align with Brown Act public meeting requirements, ensuring transparency, compliance, and adherence to open meeting laws.
B. Use email updates for non-urgent matters instead of agenda items.
C. Establish small workgroups to focus on specific issues between meetings.

Proposal: Assign specific tasks to workgroups (e.g. community engagement) who report back at full meetings, reducing the time needed for lengthy discussions.
Question: What other strategies can help maintain communication and engagement between meetings? (Open-ended)

(4) Community & Stakeholder Engagement (To ensure clarity and alignment in our work, it's important to distinguish the roles and functions of the Committee, the Commission on HIV (COH), and the Caucuses.)

Scenario 1: We must maintain community engagement despite fewer meetings. What approach works best? (Open-ended)

Scenario 2: Should we continue additional forums to gather public input? (Select one)
A. Yes, and they should be held in person.
B. Yes, but they should be virtual to reduce costs.
C. No, current engagement methods are sufficient.

Proposal: Host quarterly community listening sessions to gather input outside of official meetings.
Note: Caucuses are the heartbeats of our Commission and serve as vital spaces for

connection, advocacy, and dialogue. Leveraging their reach and influence can enhance community engagement.

Next Steps

Following this discussion, key takeaways and recommendations will be compiled and presented to the full Commission for review and implementation planning.

Closing Remarks

Thank you for your participation and input. Your feedback is critical to ensuring that the Commission can continue fulfilling its mission effectively despite financial challenges.

Los Angeles County Commission on HIV

REVISED 2025 TRAINING SCHEDULE

***SUBJECT TO CHANGE**

- All training topics listed below are mandatory for Commissioners and Alternates.
- All trainings are open to the public.
- Click on the training topic to register.
- Certificates of Completion will be provided.
- All trainings are virtual via Webex.
- For questions or assistance, contact: hivcomm@lachiv.org

Commission on HIV Overview	February 26, 2025 @ 12pm to 1:00pm
Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities	~~March 26, 2025~~ @ 12pm to 1:00pm April 2, 2025
Priority Setting and Resource Allocations Process	April 23, 2025 @ 12pm to 1:00pm
Service Standards Development	May 21, 2025 @ 12pm to 1:00pm
Policy Priorities and Legislative Docket Development Process	June 25, 2025 @ 12pm to 1:00pm
Bylaws Review	July 23, 2025 @ 12pm to 1:00pm

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT FOR EXECUTIVE COMMITTEE REVIEW *(As of 03/19/25)*

HOUSING SERVICE STANDARDS: EMERGENCY/CRISIS HOUSING ASSISTANCE

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

Description

Housing provides transitional, short-term, or emergency/crisis housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referrals services, including assessment, search placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments. 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. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-security-deposit-program-letter.pdf

BASIC ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR RYAN WHITE SERVICES IN LOS ANGELES COUNTY

- Have an HIV-positive diagnosis; Be a resident of Los Angeles County; Have an income at or below 500% of Federal Poverty Level, and;
- Be uninsured or underinsured. Given the barriers with attaining documentation for unstably housed PLWH, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms to documentation eligibility for Ryan White services.

EMERGENCY/CRISIS HOUSING ASSISTANCE

Emergency/crisis housing assistance may be provided through hotel/motel vouchers and/or placements in emergency shelters. Emergency housing pertains to emergency stays intended to assist clients with immediate housing crises.

Short-term facilities provide temporary shelter to eligible individuals to prevent homelessness and allow an opportunity to develop an Individual Housing and Service Plan to guide beneficiary linkage to permanent housing. Hotel/motel vouchers and emergency shelters are available for a maximum of 60 days per year. Agencies must provide meal vouchers and/or grocery gift cards to ensure that clients have access to food during their stay in motels/hotels or emergency shelters. Eligible clients may receive up to 3 meals per day.

Emergency/crisis housing assistance must adhere to the following requirements:

EMERGENCY HOUSING CASE MANAGEMENT REQUIREMENTS	
STANDARD	**DOCUMENTATION**
To access emergency/crisis housing assistance, a client must be receiving case management services from a Ryan White-funded agency. Case management services will ensure that the client: • Is engaged in care. • Has a definitive housing plan that assesses their housing needs and assists them in obtaining longer term housing within the 60-day limit (residential substance abuse or mental health treatment program, residential care facility for the chronically ill, transitional housing or permanent housing). • Is receiving supporting services that promote stabilization, including needs assessments, case management, mental health counseling and	Program review and monitoring to confirm.

treatment, substance abuse counseling and treatment, benefits counseling, individual case planning, budget counseling, assistance in locating and obtaining affordable housing and follow-up services. • Case managers should attempt to secure other types of housing prior to exhausting a client's emergency voucher limit. • Under extenuating circumstances, a client may receive more than 60 days of hotel/motel, emergency shelter, and meal vouchers under this program (e.g., a client is on a waiting list for a housing program with a designated move-in date that extends past the 60-day period). Such extensions are made on a case-by-case basis and must be carefully verified.	

REQUIRED DOCUMENTATION

Case managers are responsible for working with the clients with to secure necessary documents such as:

REQUIRED DOCUMENTATION	
STANDARD	**MEASURE**
Client Intake Form - signed by both client and the case manager	Signed intake form on file.
Case Management Housing Plan/Consent to Release Information - signed by client	Case management housing plan on file.
Rules and Regulations - reviewed by case manager and signed by both the case manager and the client	Client records.
Diagnosis Form	Client records.
Other documentation required by agencies to comply with funding agency requirements.	Agency records and client files.
Housing plan that describes specific action and target dates for securing additional services (as needed) and pathway to transitional and/or permanent housing.	Housing plan in client files.
Self-attestation forms or documents already	Client files.

secured under other Ryan White -funded agencies may be used to avoid duplication and ease administrative burden on the client and service providers.	

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)
Based on assessment and client needs, eligible individuals should be linked to Ryan White-funded Medical Care Coordination (MCC) service and Benefits Specialty services (BSS). MCC service providers must follow the Division on HIV and STD Programs MCC protocol. For MCC-specific service standards, click HERE. For BSS-specific service standards, click HERE.

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DRAFT FOR EXECUTIVE COMMITTEE REVIEW *(As of 03/19/25)*

HOUSING SERVICE STANDARDS: PERMANENT SUPPORTIVE HOUSING

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards are to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

While there are time limitations for using Ryan White Care Act funding for housing services, other resources may be leveraged to identify and secure permanent supportive housing for PLWHA. With several local initiatives aimed at combatting homelessness in Los Angeles County, opportunity exists for complementing Ryan White funded housing services with longer term, permanent supportive housing under programs such as Housing for Health, Measure H and HHH.

PERMANENT SUPPORTIVE HOUSING PROGRAMS (PSHPS)

PSHP services include permanent housing with supportive services that assist people living with HIV and their families to adjust to new living arrangements, maintain independent living and coordinate overall housing and service needs. Supportive services include service coordination, mental health counseling and treatment and substance abuse counseling and treatment. While programs cannot, in most cases, require tenants to use supportive services, they will make every attempt to encourage and engage tenants to do so. Permanent supportive housing can be provided either in a congregate setting or through scattered-site master leasing.

GENERAL REQUIREMENTS

Programs providing permanent housing with supportive services will comply with program requirements of the funding entity. Programs that provide rental subsidies will do so in accordance with guidelines approved by the subsidizing entity.

SERVICE COMPONENTS REQUIREMENTS FOR PERMANENT SUPPORTIVE HOUSING PROGRAMS

Depending on the needs of the clients, service providers are required to provide these Minimum Services to residents, either directly or through referrals to other agencies:

- Jointly with each tenant develop an intensive case management plan or a similar supportive plan linking clients to needed services, complete with action steps to ensure linkage and retention to primary care provider
- Mental health care, such as assessment, crisis counseling, individual and group therapy, and support groups
- Substance use services, such as treatment, relapse prevention, and support groups
- Physical health care, including access to tuberculosis (TB) screening and routine and preventative health and dental care

- Medication management
- HIV treatment and adherence
- Educational services, including assessment, GED, and school enrollment
- Employment services, such as job skills training, job readiness, job placement, and job retention services
- Linkage to potential housing out-placements should they become appropriate alternatives for current residents (e.g., residential treatment facilities and hospitals)
- Life skills training, such as household maintenance, nutrition, cooking, and laundry, personal finance
- Benefits assistance
- Legal assistance on a broad range of legal and advocacy issues
- Peer advocacy
- Transportation assistance
- Social, recreational activities, and community volunteer service
- Linkage to Medical Care Coordination services
- Referrals to food banks and/or linkage to meal delivery
- Referral to agencies that can assist with activity of daily living
- If applicable, childcare, as needed
- Referrals to needed services

ASSESSMENT

An assessment serves as the basis for developing a needs and services plan and to ensure the quality of services provided. Initial assessments must be completed within 30 days of a client's admission to a permanent supportive housing program. Reassessments will be offered to residents at least twice a year. Assessments are developed collaboratively and signed by both the resident and staff member completing the assessment.

Assessment information should include (at minimum):

ASSESSMENT	
STANDARD	**MEASURE**
Assessments will be completed within 30 days of client admission.	Assessment, signed by client and staff on file in client chart that includes: • HIV medical treatment • History of trauma • Substance use and history • ADL needs • Spiritual/religious needs • Social support system • Legal issues • Family issues • Financial/insurance status

	• Nutritional needs • Harm reduction practices • Mental health treatment history • History of housing experiences • Case management history and needs • Needs and current services
Reassessments will be offered to residents at least twice a year.	Reassessments on file in client chart.

EDUCATION

Tenant education is a continuous process. To ensure the relevance of the information provided, tenants should be given ongoing opportunities to have input into the education planning process. Upon intake, tenants should be offered information about the facility, policies and procedures and services to include (at minimum):

- Confidentiality
- Safety issues
- House rules and activities
- Client rights and responsibilities
- Grievance procedures
- Risk reduction practices
- Harm reduction
- Licit and illicit drug interactions
- Medical complications of substance abuse
- Hepatitis
- Health and self-care practices
- Referral information
- Pet-owner responsibilities
- Neighbor relations
- TB

EDUCATION	
STANDARD	**MEASURE**
Tenants will be educated about building, policies and procedures and services.	Education contacts recorded in client chart.

INTENSIVE CASE MANAGEMENT (ICM) OR SIMILAR SUPPORTIVE SERVICES

Based on the assessment of client needs and strengths, intensive case management services or similar supportive services may be provided to the client. ICM services should follow

requirements from Los Angeles County Department of Health Services Supportive Housing Services contractors.

ICMS form the core of the services for people who are homeless, at risk of homelessness, formerly homeless and who have complex health and/or behavioral health conditions; are high utilizers of public services and other vulnerable populations including individuals with criminal justice histories and individuals who are exiting institutions such as hospitals, residential treatment programs, and custody facilities.

ICMS can be provided in a variety of settings including interim housing, rapid rehousing, permanent supportive housing, field-based locations, community-based locations, health and behavioral health facilities, sobering centers, recuperative care centers, criminal justice and custody facilities, and other settings as needed to end homelessness and support the community reintegration of persons leaving institutions.

INTENSIVE CASE MANAGEMENT (ICM)	
STANDARD	**MEASURE**
Documentation of client need for ICM through assessments and patient medical and social needs history.	ICM services documented in client chart.

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)

Based on assessment and client needs, eligible individuals should be linked to Ryan White-funded Medical Care Coordination (MCC) service and Benefits Specialty services (BSS). MCC service providers must follow the Division on HIV and STD Programs MCC protocol. For MCC-specific service standards, click HERE. For BSS-specific service standards, click HERE.

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT FOR EXECUTIVE COMMITTEE REVIEW *(As of 03/19/25)*

HOUSING SERVICE STANDARDS: RESIDENTIAL CARE FACILITY FOR THE CHRONICALLY ILL (RCFCI) AND TRANSITIONAL RESIDENTIAL CARE FACILITY (TRCF)

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

Description

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referrals services, including assessment, search placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments. 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. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-security-deposit-program-letter.pdf

BASIC ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR RYAN WHITE SERVICES IN LOS ANGELES COUNTY

- Have an HIV-positive diagnosis; Be a resident of Los Angeles County;
- Have an income at or below 500% of Federal Poverty Level, and;
- Be uninsured or underinsured.
- Given the barriers with attaining documentation for unstably housed PLWH, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms to documentation eligibility for Ryan White services.

RESIDENTIAL CARE FACILITY FOR THE CHRONICALLY ILL (UP TO 24 MONTHS) GENERAL REQUIREMENTS

Residential Care Facilities for the Chronically Ill (RCFCI) are licensed under the California Code of Regulations, Title 22, Division 6, Chapter 8.5 to provide services in a non-institutional, home-like environment in any building or housing arrangement which is maintained and operated to provide 24-hour care and supervision to the following PLWH: Adults 18 years age or older; unable to work.

The goal of the RCFCI program is to improve the health status of PLWH who need to receive care, support, and supervision in a stable living environment to improve their health status. Clients receiving RCFCI services will have a maximum stay of 24 months. Approval will be required for extensions beyond 24 months based on the client's health status. Additional services provided can include case management services, counseling, nutrition services, and consultative services regarding housing, health benefits, financial planning, and referrals to other community or public resources.

Each RCFCI program must adhere to the following general requirements:

RCFCI GENERAL REQUIREMENTS	
STANDARD	**MEASURE**
RCFCIs are licensed to provide 24-hour care and supervision to any of the following: • Adults 18 years of age or older with living HIV/AIDS	Program review and monitoring to confirm.
RCFCIs may accept clients that meet each of the following criteria: • Have an HIV/AIDS diagnosis from a primary care physician. • Be certified by a qualified a qualified health care professional to need regular or ongoing assistance with Activities of Daily Living (ADLs) • Have a Karnofsky score of 70 or less.	Program review and monitoring to confirm.

• Have an unstable living situation. • Be a resident of Los Angeles County. • Have an income at or below 500% Federal Poverty Level • Cannot receive Ryan White services if other payor source is available for the same service	
RCFCIs may accept clients with chronic and life-threatening diagnoses requiring different levels of care, including: • Clients whose illness is intensifying and causing deterioration in their condition. • Clients whose conditions have deteriorated to a point where death is imminent. • Clients who have other medical conditions or needs, or require the use of medical equipment that the facility can provide	Program review and monitoring to confirm.
RCFCIs will **not** accept or retain clients who: • Require inpatient care. • Require treatment and/or observation for more than eight hours per day. • Have communicable TB or any reportable disease. • Require 24-hour intravenous therapy. • Have dangerous psychiatric conditions. • Have a Stage II or greater decubitus ulcer. • Require renal dialysis in the facility. • Require life support systems. • Do not have chronic life-threatening illness. • Have a primary diagnosis of Alzheimer's disease. • Have a primary diagnosis of Parkinson's disease	Program review and monitoring to confirm.
Maximum length of stay is 24 months with extensions based on client's health status.	Program review and monitoring to confirm.
RCFCI will develop criteria and procedures to determine client eligibility to ensure that no	Program review and monitoring to confirm.

other options for residential services are available.	

INTAKE

As part of the intake process, the client file will include the following information (at minimum):

RCFCI INTAKE	
STANDARD	**DOCUMENTATION**
Eligibility for services is determined	Client files include documentation that basic eligibility requirements for Ryan White services in Los Angeles County are met.
Intake process is begun after completion of eligibility screening.	Intake tool is completed and in client file.
Confidentiality Policy, Consent to Receive Services and Release of Information is discussed and completed. Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released)	Release of Information signed and dated by client on file and updated annually.
Client is informed of Rights and Responsibility and Grievance Procedures including the DHSP Customer Support Program.	Signed and dated forms in client file.

ASSESSMENT

Prior to acceptance of a client, the facility will obtain a written medical assessment of the client which enables the facility to determine if they are able to provide the necessary health-related services required by the client's medical condition. Clients must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with Activities of Daily Living (ADL). Upon reaching and sustaining a Karnofsky score above 70, RCFCI clients will be expected to transition towards independent living or to another type of residential service more suitable to their needs. Assessments will include the following:

RCFCI ASSESSMENT	
STANDARD	**MEASURE**

Written medical assessments completed or supervised by a licensed physician not more than three months old are required within 30 days of acceptance.	Signed, dated medical assessment on file in client chart.
Assessments will include the following: • Need for palliative care. • Age • Health status, including HIV and STI prevention needs. • Record of medications and prescriptions • Ambulatory status • Family composition • Special housing needs • Level of independence • Level of resources available to solve problems. • ADLs • Income • Benefits assistance/Public entitlements • Substance use and need for substance use services, such as treatment, relapse prevention, and support groups. • Mental health • Personal finance skills • History of evictions • Co-morbidity factors • Physical health care, including access to tuberculosis (TB) screening and routine and preventative health and dental care. • Treatment adherence • Educational services, including assessment, GED, and school enrollment. • Linkage to potential housing out-placements should they become appropriate alternatives for current clients (e.g., residential treatment facilities and hospitals)	Signed, dated assessment on file in client chart.

• Representative payee • Legal assistance on a broad range of legal and advocacy	
Clients must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with ADL.	Record of assessment on file in client chart.
If a RCFCI cannot meet a client's needs a referral must be made to an appropriate health facility.	Documentation of client education on file in client chart.
Upon intake, facility staff must provide or link client with the following: • Information about the facility and its services • Policies and procedures • Confidentiality • Safety issues • House rules and activities • Client rights and responsibilities • Grievance procedures • Licit and illicit drug interactions • Medical complications of substance use hepatitis. • Important health and self-care practices information about referral agencies that are supportive of people living with HIV and AIDS.	Documentation of client education on file in client chart.

INDIVIDUAL SERVICE PLAN (ISP)

The RCFCI will ensure that there is an Individual Service Plan (ISP) for each client. A service plan must be developed for all clients within 7 days of admission to RCFCI program. The plan will serve as the framework for the type and duration of services provided during the client's stay in the facility and should include the plan review and reevaluation schedule. RCFCI program staff will regularly observe each client for changes in physical, mental, emotional, and social functioning. The plan will be updated every three months or more frequently as the client's condition warrants. The plan will also document mechanisms to offer or refer clients to primary medical services and case management services. The ISP should be developed with the client and will include the following:

RCFCI INDIVIDUAL SERVICE PLAN (ISP)	
STANDARD	**MEASURE**

ISP will be completed within 7 days of admission.	Needs and services plan on file in client chart.
The plan will include, but not be limited to: • Current health status • Current mental health status • Current functional limitations and abilities • Current medications • Medical treatment/therapy • Specific services needed. • Intermittent home health care required. • Agencies or persons assigned to carry out services. • "Do not resuscitate" order, if applicable	Needs and services plan on file in client chart.
Plans should be updated every three months or more frequently to document changes in a client's physical, mental, emotional, and social functioning.	Updated needs and services plan on file in client chart.
Clients must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self- sufficiency with ADL.	Record of reassessment on file in client chart.
If a client's needs cannot be met by facility, the facility will assist in relocating the client to appropriate level of care.	Record of relocation activities on file in client chart.
The provider will ensure that the ISP for each client is developed by the ISP team. In addition to the RN case manager, the following persons will constitute the ISP team and will be involved in the development and updating of the client's ISP: The client and/or their authorized representative The client's physician Facility house manager Direct care personnel Facility administrator/designee Social worker/placement worker Pharmacist, if needed	Record of ISP team on file in client chart.

Others, as deemed necessary	

MONTHLY CASE CONFERENCE

A monthly case conference will include review of the ISP, including the client's health and housing status, the need for and use of medical and other support services, and progress towards discharge, as appropriate. Attendees at the monthly case conference will include the client, the registered nurse, the case manager, and direct care staff representatives. Participants can include housing coordination staff and/or representatives from other community organizations, subject to the client's approval. The client may also invite the participation of an advocate, family member or other representative. The case conference must be documented and include outcomes, participants, and any specific steps necessary to obtain services and support for the client.

RCFCI MONTHLY CASE CONFERENCE	
STANDARD	**MEASURE**
All residents, registered nurse, case manager and direct care staff representatives will participate in monthly case conferences to review health and housing status, need for medical and supportive services and progress towards discharge.	Documentation of case conference on file in client chart including outcomes, participants, and necessary steps.

SERVICE AGREEMENTS

The provider will obtain and maintain written agreements or contracts with the following:

RCFCI MONTHLY SERVICE AGREEMENTS	
STANDARD	**MEASURE**

Programs will obtain and maintain written agreements or contracts with:
• A waste disposal company registered by the California Department of Toxic Substance Control and the California Department of Public Health if generating or handling bio-hazardous waste.
• A licensed home health care or hospice agency and individuals or agencies that can provide the following basic services:
  ○ Case management services
  ○ Counseling regarding HIV disease and AIDS, including
	Written agreements on file at provider agency.

current information on treatment of the illness and its possible effects on the resident's physical and mental health. ○ Counseling on death, dying, and the grieving process; psychosocial support services; substance misuse counseling. ○ Nutritionist services ○ Consultation on housing, health benefits, financial planning, and availability of other community- based and public resources, if these services are not provided by provider staff or the subcontracted home health agency personnel	

MEDICATION MANAGEMENT

Administration of medication will only be performed by an appropriate skilled professional.

RCFCI MEDICATION MANAGEMENT	
STANDARD	**MEASURE**
Direct staff will assist the resident with self-administration medications if the following conditions are met: • Have knowledge of medications and possible side effects; and • On-the-job training in the facility's medication practices.	Record of conditions on file at provider agency.
The following will apply to medications which are centrally stored: • Medications must be kept in a locked place that is not accessible to persons other than employees who are responsible for the supervision of the centrally stored medications. • Keys used for medications must not be accessible to residents.	Record of conditions on file at provider agency.

• All medications must be labeled and maintained in compliance with label instructions and state and federal laws.	

SUPPORT SERVICES
Support services provided must include, but are not limited to:

RCFCI SUPPORT SERVICES	
STANDARD	**MEASURE**
Programs will provide or coordinate the following (at minimum): • Provision and oversight of personal and supportive services. • Health-related services • Transmission risk assessment and prevention counseling • Social services • Recreational activities • Meals • Housekeeping and laundry • Transportation • Provision and/or coordination of all services identified in the ISP. • Assistance with taking medication. • Central storing and/or distribution of medications • Arrangement of and assistance with medical and dental care • Maintenance of house rules for the protection of clients • Arrangement and managing of client schedules and activities. • Maintenance and/or management of client cash resources or property.	Program policy and procedures to confirm. Record of services and referrals on file in client chart.

EMERGENCY MEDICAL TREATMENT
Clients receiving RCFCI services who require emergency medical treatment for physical illness or injury will be transported to an appropriate medical facility or emergency room.

RCFCI EMERGENCY MEDICAL TREATMENT

STANDARD	MEASURE
Clients requiring emergency medical treatment will be transported to medical facility or emergency room.	Program review and monitoring to confirm.

DISCHARGE PLANNING

Discharge planning should start as soon as the client achieves stability and readiness towards alternative forms of housing. As much as possible, early planning (at least 12 months prior to the end date of the client's term in the program) must be conducted to a ensure a smooth transition/discharge process. In all cases, a Discharge/Transfer Summary will be completed for all clients discharged from the agency. The Discharge Summary will be completed by the RN case manager or the social worker.

RCFCI DISCHARGE PLANNING	
STANDARD	**MEASURE**
Discharge planning services include, but are not limited to, RCFCIs providing discharge planning services to clients that include (at minimum): • Linkage to primary medical care, emergency assistance, supportive services, and early intervention services as appropriate • Linkage to supportive services that enhance retention in care (e.g., case management, meals, nutritional support, and transportation) • Ensure linkage to primary care • Housing such as permanent housing, independent housing, supportive housing, long-term assisted living, or other appropriate housing	Discharge plan on file in client chart.
A Discharge/Transfer Summary will be completed for all clients discharged from the agency. The summary will include, but not be limited to: • Admission and discharge dates • Services provided. • Diagnosis(es) • Status upon discharge • Notification date of discharge • Reason for discharge	Discharge/Transfer Summary on file in client chart.

• Transfer information, as applicable	

PROGRAM RECORDS

Programs will maintain a separate, complete, and current record for each client in sufficient detail to permit an evaluation of services. These notations will be dated and include, but not limited to, type of service provided, client's response, if applicable, and signature and title of person providing the service.

RCFCI PROGRAM RECORDS	
STANDARD	**MEASURE**
Client records on file at provider agency that include (at minimum): • Client demographic data • Admission agreement • Names, addresses and telephone numbers of physician, case manager and other medical and mental health providers, if any • Names, addresses and telephone numbers of any person or agency responsible for the care of a client. • Medical assessment • Documentation of HIV/AIDS • Written certification that each family unit member free from active TB • Copy of current childcare contingency plan, if applicable • Current ISP • Record of ISP contacts • Documentation of all services provided. • Record of current medications • Physical and mental health observations and assessments	Programs will maintain sufficient records on each resident

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)

Based on assessment and client needs, eligible individuals should be linked to Ryan White-funded Medical Care Coordination (MCC) service and Benefits Specialty services (BSS). MCC service providers must follow the Division on HIV and STD Programs MCC protocol. For MCC-specific service standards, click HERE. For BSS-specific service standards, click HERE.

TRANSITIONAL RESIDENTIAL CARE FACILITY (UP TO 24 MONTHS) GENERAL REQUIREMENTS

A Transitional Residential Care Facility (TRCF) provides short-term housing with ongoing supervision and assistance with independent living skills for people living with HIV who are homeless or unstably housed. TRCF are 24-hour alcohol-drug-free facilities that are secure and home-like. The goal of the TRCF program is to help clients be safely housed while they find a more permanent, stable housing situation. This service focuses on removing housing-related barriers that negatively impact a client's ability to access and/or maintain HIV care or treatment.

BASIC ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR RYAN WHITE SERVICES IN LOS ANGELES COUNTY

- Have an HIV-positive diagnosis;
- Be a resident of Los Angeles County;
- Have an income at or below 500% of Federal Poverty Level, and;
- Be uninsured or underinsured.
- Given the barriers with attaining documentation for unstably housed PLWH, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms to documentation eligibility for Ryan White services.

TRCFs must maintain a current, written, definitive plan of operation that includes (at minimum):

- Admission/discharge policies and procedures
- Admission/discharge agreements, including policies and procedures regarding drug and/or alcohol use on-site and off-site.
- Provide ample opportunity for family participate in activities in the facility.
- Include a safety plan to include precautions enacted to protect clients and staff (for those facilities that admit or specialize in care for clients who have a propensity for behaviors that result in harm to self or others)
- Adhere to basic facility safety requirements under Federal laws and State of California Health and Safety codes.

TRCF GENERAL REQUIREMENTS	
STANDARD	**MEASURE**
TRCF Facilities are short-term housing accommodations providing supervision and supportive services to any of the following: • Adults 18 years of age or older living with HIV/AIDS	Program review and monitoring to confirm.
TRCFs may accept clients that meet each of the following criteria:	Program review and monitoring to confirm.

• Have an HIV/AIDS diagnosis from a primary care physician. • Have a Karnofsky score of 70 or above; able to work, volunteer, and if receiving Supplemental Security Income, able to enroll into ticket to work program • Homeless or have an unstable living situation • Be a client of Los Angeles County • Have an income at or below 500% Federal Poverty Level • Cannot receive Ryan White services if other payor source if available for the same service.	
TRCF's will not accept or retain clients who: • Require daily assistance with Activities of Daily Living (ADLs) • Are currently engaging in drug or alcohol use • Require direct supervision due to physical or mental health diagnoses	Program review and monitoring to confirm.
Maximum length of stay is 24 months with extensions considered on an as needed basis based on client needs and progress of documented goals.	Program review and monitoring to confirm.
TRCF will develop criteria and procedures to determine client eligibility to ensure that no other options for residential services are available.	Program review and monitoring to confirm.

INTAKE
As part of the intake process, the client file will include the following information (at minimum):

TRCF INTAKE	
STANDARD	**DOCUMENTATION**
Eligibility for services is determined	Client files include documentation that basic eligibility requirements for Ryan White services in Los Angeles County are met.

Intake process is begun after the interview process is completed and acceptance into program has been determined.	Intake tool is completed and in client file.
Confidentiality Policy, Consent to Receive Services and Release of Information is discussed and completed. Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released)	Release of Information signed and dated by client on file and updated annually.
Client is informed of Rights and Responsibility and Grievance Procedures, including the DHSP Customer Support Program.	Signed and dated forms in client file.

ASSESSMENT

At minimum, each client will be assessed to identify strengths and gaps in their support system to move toward permanent housing. Clients receiving TRCF services must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with independent living skills. TRCF clients will be expected to transition towards independent living or another type of residential service more suitable to their needs. Assessments will include the following:

TRCF ASSESSMENT	
STANDARD	**MEASURE**
Assessments will include the following: • Age • Health status • Family involvement • Family composition • Special housing needs • Level of independence • ADLs • Income • Public entitlements • Current engagement in medical care • Substance use history; if applicable, current recovery program status, relapse prevention or additional	Signed, dated assessment on file in client chart.

support needs • Mental health • Personal finance skills • History of evictions • Level of resources available to solve problems • Co-morbidity factors • For clients with substance use disorders, case managers must assess for eligibility and readiness for residential substance use treatment facilities. • Eligibility for Medical Care Coordination • Physical health care, including access to tuberculosis (TB) screening and routine and preventative health and dental care. • Treatment adherence • Educational services, including assessment, GED, and school enrollment • Linkage to potential housing placements, as they become available.	
Clients receiving TRCF services must be reassessed on a quarterly basis to monitor and document changes in health status, progress toward treatment goals, and progress towards self-sufficiency with independent living skills.	Signed, dated assessment on file in client chart.
Upon intake, facility staff must provide client with the following: • Admission agreement, including information about the facility and its services • Policies and procedures • Confidentiality • House rules • Client rights and responsibilities • Grievance procedures	Signed, dated documentation maintained in client chart.

• Program requirements and expectations	

INDIVIDUAL SERVICE PLAN (ISP)

The TRCF will ensure that there is an Individual Service Plan (ISP) created jointly with each client, complete with action steps to ensure linkage and retention in HIV medical care. Based upon the initial assessment, ISP will be completed within 7 days of the client's admission. The ISP will address the short-term and long-term housing needs of the client and identify resources for housing and referrals to appropriate medical and social services. Plans will also include specialized services needed to maintain the client in housing and access and adherence to primary medical care services. Documentation within the needs and services plan will include the identified goals, steps to achieve the goals, expected timeframe in which to complete the goals, and the disposition of each goal.

TRCF INDIVIDUAL SERVICE PLAN (ISP)	
STANDARD	**MEASURE**
ISP will be completed within 7 days of the client's admission.	ISP on file in client chart signed by client and TRCF staff and updated every 3 month or as needed based on client's individual needs.
The ISP will include, but not be limited to: • Current health status and compliance with care. • Current mental health status and compliance with care, if applicable. • Current status of employment OR outlined goal to obtain employment. • Current status of any education or vocational training, if applicable. • Budgeting goals and/or status of current budget plan. • Housing goals, including action step to complete said goals. • Current status of any legal issues and steps being taken to resolve them.	ISP on file in client chart signed by client and TRCF staff.
If a client's needs cannot be met by facility, the facility will assist in relocating the client to appropriate level care. This may include possible RCFCI placement or substance use treatment facilities.	Record of relocation activities on file in client chart.
The provider will ensure that the ISP for each client is developed by the ISP team. In addition to facility management and the	ISP on file in client chart signed by client, TRCF staff and any additional participant(s) involved in the ISP.

master's level social worker (MSW), the following persons will constitute the ISP team and will be involved in the development and updating of the client's ISP: • The client and/or authorized representative • Physical health Care Providers, if needed. • Mental Health Care Providers, if needed. • Social Worker/Care Management, if needed. • Others, as deemed necessary.	

MONTHLY CARE CONFERENCE

A monthly case conference will include review of the ISP, including progress of goals, health and housing status and progress towards discharge. Attendees at the monthly case conference will include the client, facility management and social worker. Participants can include housing coordination staff and/or representatives from other community organizations, subject to the client's approval. The client may also invite the participation of an advocate, family member or other representative. The case conference must be documented and include outcomes, participants, and any specific steps necessary to obtain services and support for the client.

TRCF MONTHLY CASE CONFERENCE	
STANDARD	**MEASURE**
Each client, facility manager and social worker will participate in monthly case conferences to review current ISP, between quarterly updates; this includes but it not limited to: • Status of current goals. • Status of physical and/or mental health. • Employment. • Status of education or vocational training. • Progress towards discharge.	Documentation of case conference on file in client chart including outcomes, participants, and necessary steps.

MEDICATION STORAGE

Each client is responsible to obtain their medications, keep them stored in the locked area provided to each client and take their medication as prescribed.

TRCF MEDICATION STORAGE	
STANDARD	**MEASURE**
TRCF will keep an updated list of current medications.	Record of medication list to be kept in client file.

SUPPOT SERVICES
Support services provided must include, but are not limited to:

TRCF SUPPORT SERVICES	
STANDARD	**MEASURE**
Programs will provide or coordinate the following (at minimum): • Health-related services • Mental health related services • Transmission risk assessment and prevention counseling • Social services • Maintenance of house rules for the protection of clients • Budget planning • Discharge planning • Assistance with completion of application process for any housing program.	Program policy and procedures to confirm. Record of services and referrals on file in client chart.

EMERGENCY MEDICAL TREATMENT
Clients receiving TRCF services who require emergency medical treatment for physical illness or injury will be transported to an appropriate medical facility.

TRCF EMERGENCY MEDICAL TREATMENT	
STANDARD	**MEASURE**
Clients requiring emergency medical treatment will be transported to medical facility.	Program review and monitoring to confirm.

DISCHARGE PLANNING
Discharge planning and goals should start within 30 days of admission. In all cases, a Discharge/Transfer Summary will be completed for all clients discharged from the agency. The Discharge Summary will be completed by facility management and the social worker.

TRCF DISCHARGE PLANNING	
STANDARD	**MEASURE**

Discharge planning services include, but are not limited to, (at minimum): • Linkage to primary medical care, emergency assistance, supportive services, and early intervention services, as appropriate. • Linkage to supportive services that enhance retention in care (e.g., case management, meals, nutritional support, and transportation). • Housing such as permanent housing, independent housing, supportive housing, long-term assisted living, or other appropriate housing.	Discharge plan on file in client chart.
A Discharge/Transfer Summary will be completed for all clients discharged from the agency. The summary will include, but not be limited to: • Admission and discharge dates • Services provided • Diagnoses • Status upon discharge • Notification date of discharge • Reason for discharge • Transfer information, as applicable.	Discharge/Transfer Summary on file in client chart.

PROGRAM RECORDS

Programs will maintain a separate, complete, and current record for each client in sufficient detail to permit an evaluation of services. These notations will be dated and include, but not limited to, type of service provided, client's response, if applicable, and signature and title of person providing the service.

TRCF PROGRAM RECORDS	
STANDARD	**MEASURE**
Client record on file at provider agency that include (at minimum): • Client demographic data • Admission agreement • Names, addresses and telephone numbers of physician, case manager and other medical and mental health providers, if any.	Programs will maintain sufficient records on each resident.

• Documentation of HIV/AIDS diagnosis • Written certification that client is free from active TB • Current ISP • Record of ISP contacts • Documentation of all services provided • Record of current medications • Physical and mental health observations	

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)
Based on assessment and client needs, eligible individuals should be linked to Ryan White-funded Medical Care Coordination (MCC) service and Benefits Specialty services (BSS. MCC service providers must follow the Division of HIV and STD Programs MCC Protocol. For MCC-specific service standards, click HERE. For BSS-specific service standards, click HERE.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

DRAFT FOR EXECUTIVE COMMITTEE REVIEW *(As of 03/19/25)*

HOUSING SERVICE STANDARDS: TRANSITIONAL HOUSING (Up to 24 months)

PURPOSE: Service standards outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. The purpose of the service standards is to ensure that all Ryan White service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer in Los Angeles County.

Description

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referrals services, including assessment, search placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

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. https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-security-deposit-program-letter.pdf

BASIC ELIGIBILITY AND DOCUMENTATION REQUIREMENTS FOR RYAN WHITE SERVICES IN LOS ANGELES COUNTY

- Have an HIV-positive diagnosis;
- Be a resident of Los Angeles County;
- Have an income at or below 500% of Federal Poverty Level, and;
- Be uninsured or underinsured.
- Given the barriers with attaining documentation for unstably housed PLWH, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms to documentation eligibility for Ryan White services.

TRANSITIONAL HOUSING (UP TO 24 MONTHS)

Transitional housing (TH) is designed to provide people living with HIV and their families who are homeless or unstably housed with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Transitional housing pertains to short-term rentals, short-term residential and transitional programs designed to stabilize an individual and to support transition to a long-term sustainable housing situation.

INTAKE

As part of the intake process, the client file will include the following information (at minimum):

TRANSITIONAL HOUSING INTAKE	
STANDARD	**DOCUMENTATION**
Intake process is begun as soon as possible upon acceptance.	Intake tool is completed and in client file.
Eligibility for services is determined	Client files include documentation that basic eligibility requirements for Ryan White services in Los Angeles County are met.
Confidentiality Policy, Consent to Receive Services and Release of Information is discussed and completed. Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released)	Release of Information signed and dated by client on file and updated annually.
Client is informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file.

ASSESSMENT

At minimum, each prospective client will be assessed to identify strengths and gaps in their support system to move toward longer term or permanent housing. Assessments will include the following:

TRANSITIONAL HOUSING ASSESSMENT	
STANDARD	**MEASURE**
Clients or representatives will be interviewed to complete eligibility determination, assessment and participant education.	Record of eligibility, assessment and education on file in client chart.
Assessments will include the following: • Age • Health status • Family involvement • Family composition • Special housing needs • Level of independence • Activities of Daily Living (ADL)s • Income • Public entitlements • Current engagement in medical care • Substance use • Mental health • Personal finance skills • History of evictions • Level of resources available to solve problems • Co-morbidity factors • For clients with substance use disorders, case managers must assess for eligibility and readiness for residential substance use treatment facilities. • Eligibility for Medical Care Coordination	Signed, dated assessment on file in client chart.

HOUSING CASE MANAGEMENT WITH HOUSING PLAN

TRANSITIONAL HOUSING PLAN	
STANDARD	**DOCUMENTATION**

• Housing plan	• Housing plan that describes specific action and target dates for securing additional services (as needed) and pathway to stable and permanent housing. Additional services may include Ryan White and non-Ryan White funded programs necessary to move the client to longer-term, more permanent housing. • The housing plan is reviewed with the client monthly to ensure that services and timeliness are met to achieve the goal of moving the client to stable and permanent housing. • Evidence of service referrals and completion of medical and supportive services for the client. • Evidence and dates of changes made to the housing plan.

OTHER REQUIRED DOCUMENTATION:
Case managers are responsible for working with the clients with to secure necessary documents such as:

- Client Intake Form - signed by both client and the case manager
- Case Management Housing Plan/Consent to Release Information - signed by client
- Rules and Regulations - reviewed by case manager and signed by both the case manager and the client
- Diagnosis Form
- Other documentation may be required by agencies to comply with funding agency requirements.
- Self-attestation forms or documents already secured under other Ryan White -funded agencies may be used to avoid duplication and ease administrative burden on the client and service providers.

LINKAGE TO MEDICAL CARE COORDINATION AND BENEFITS SPECIALTY SERVICES (BSS)
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Los Angeles County Commission on HIV (COH)
2025 Meeting Schedule and Topics - Commission Meetings

FOR DISCUSSION /PLANNING PURPOSES ONLY
12.04.24; 12.30.24; 01.06.25; 2.19.25; 03.09.25; 03.24.25

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

2025 Meeting Schedule and Topics - Commission Meetings	
Month	**Key Discussion Topics/Presentations**
~~1/9/25 @ The California Endowment~~ Cancelled due to Day of Mourning for former President Jimmy Carter	Commission on HIV Restructure ***facilitated by Next Level Consulting and Collaborative Research*** ~~Brown Act Refresher (County Counsel)~~ Replaced with training hosted by EO on Jan. 30.
~~2/13/25 @ The California Endowment~~ ~~*Consumer Resource Fair will be held from 12 noon to 5pm~~	~~Commission on HIV Restructure ***facilitated by Next Level Consulting and Collaborative Research***~~
~~3/13/25 @ The California Endowment~~	• ~~Year 33 Utilization Report for All RWP Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ • ~~COH Restructuring Report Out~~
4/10/25 @ St. Anne's Conference Center	• Year 33 Utilization Report for RW Core Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH) • Housing Task Force Report of Housing and Legal Services Provider Consultations
5/8/25 @ Location TBD	• Year 33 Utilization Report for RW Support Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)

	• Unmet Needs Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)
6/12/25 @ Location TBD	Consider cancelling; pending Executive Committee discussion
7/10/25 @ Vermont Corridor	• Medical Monitoring Project (Dr. Ekow Sey, DHSP) • PURPOSE Study (Requested by Suzanne Molino, PharmD, Gilead Sciences, Inc.) *Anchor presentation as part of prevention-focused conversation and planning
8/14/25 @ Location TBD	Consider cancelling; pending Executive Committee discussion
9/11/25 @ Location TBD	Consider cancelling; pending Executive Committee discussion
11/14/24 @ Location TBD	ANNUAL CONFERENCE
12/12/24 @ Location TBD	Consider cancelling; pending Executive Committee discussion

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

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

2025 COMMISSION ON HIV WORKPLAN
Ongoing 12-26-24

#	DUTY/ROLE	LEAD (S)	NOTES/TIMELINE
1	Conduct ongoing needs assessments	PP&A Shared task with DHSP	• Review, analyze and hold data presentations (Feb-August COH meetings)
2	Integrated/Comprehensive Planning Comprehensive HIV Plan Development	PP&A Shared task with DHSP	• Review CDC/HRSA guidance • Develop project timeline based on CDC/HRSA guidance • CHP Due June 2026 • Plan dedicated status-neutral and/or prevention-focused planning summit in collaboration with DHSP.
3	Priority setting	PP&A	• July-September
4	Resource allocations/reallocations	PP&A	• July-September • Receive and review expenditure data – quarterly
5	Directives	PP&A	• Complete by February 2025; secure COH approval by March 2025
6	Development of service standards	SBP Shared task with DHSP	• Housing services • Transitional case management
7	Assessment of the Efficiency of the Administrative Mechanism	Operations	• PY 33 & PY 34 AEAM recipient and subrecipient surveys will be disseminated in January/February 2025. Reports completed by April 2025
8	Planning Council Operations and Support	Operations	• Membership training • Membership recruitment and retention • Fill vacancies • Mentorship program • Bylaws and policies update

9	Complete restructuring framework and key principles and align with bylaws/ordinance updates.	Executive and Operations	• January- April 2025
10	MOU with DHSP	Co-Chairs and Executive Committee	• Complete by March 2025 (awaiting DHSP feedback)
11	Ongoing community engagement and non-member involvement of PLWH	Consumer Caucus and Operations	

Engage all caucuses, committees and subgroups in all functions.

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Solidarity Statement in Support of Transgender, Gender Expansive, Intersex, and Two-spirit (TGI2S+) Communities

The Transgender Caucus of the Los Angeles County Commission on HIV condemns all forms of hate and violence and remain steadfast in solidarity with our Transgender, Gender Expansive, Intersex, and two-spirit (TGI2S+) community. The HIV/AIDS movement knows too well that the proliferation of disinformation created with the aim of restricting access to healthcare has real-life consequences. The harmful rhetoric of the current administration against the TGI2S+ community is rooted in the same forms of racism, discrimination, and misogyny that continue to hinder our progress in ending HIV/AIDS.

We recognize the resilience, contributions, and leadership of TGI2S+ persons who continue to enrich the LGBTQ+ civil rights and the HIV/AIDS movements. We acknowledge the achievements and resilience of TGI persons in the US and across the world and recognize their bravery in their hard-fought work for equality, inclusion, and the full recognition of their human rights. We are determined to advocate fiercely, and unapologetically, for the safety, health, and well-being of our TGI2S+ community. This is not just our responsibility; it is our moral imperative. In the face of societal and political challenges that attempt to divide us, we affirm our unwavering stance:

- Every person—regardless of sexual orientation, gender identity, gender expression, background, disabilities, immigration status, race, faith, culture, or housing situation—deserves to be seen, feel safe, and supported.
- We reject any attempt to undermine dignity, create division, or deny the right to gender-affirming care, HIV prevention and care service delivery, and to be safe in the workplace.

We call on our allies to speak out against the demonization of the TGI2S+ community and remain diligent and committed to actively engaging in policy action that promotes health equity, eliminates barriers, and addresses social determinants of health.

We stand in memoriam of our TGI2S+ community members, siblings, and loved ones who we have lost to hateful acts of violence, police brutality, and HIV/AIDS. We celebrate the strength, joy, and courage of our TGI siblings who remind us that visibility is both a powerful act of resistance and ray of hope.

In solidarity,
Transgender Caucus of the Los Angeles County Commission on HIV

If you are interested in joining us in developing a progressive and inclusive agenda to address the disproportionate impact of HIV/STDs within our TGI communities in Los Angeles County, please contact us at hivcomm@lachiv.org.

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