LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, May 20, 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/planning-priorities-and-allocations-committee

** Key Agenda Highlight **

Please join us for a focused discussion on collaborative approaches to addressing HIV prevention needs in Los Angeles County.

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r413eac39fc360d19c995abd087e76701

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.

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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

PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE

TUESDAY, MAY 20, 2025 | 1:00 PM – 3:00 PM
510 S. Vermont Ave
Terrace Level Conference Room, Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/r413eac39fc360d19c995abd087e76701
To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2537 385 7527

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair Carlos Vega-Matos *(Alternate)*	Daryl Russell Co-Chair	Al Ballesteros, MBA	Lilieth Conolly (LOA) Gerald Green *(Alternate)*
Felipe Gonzalez Rita Garcia *(Alternate)*	Michael Green, PhD	William King, MD, JD	Rob Lester *(Committee-only)*
Miguel Martinez, MPH, MSW *(Committee-only)*	Ismael Salamanca	Harold Glenn San Agustin, MD	Dee Saunders
LaShonda Spencer, MD	Lambert Talley *(Alternate)*	Jonathan Weedman	
QUORUM: 8			

AGENDA POSTED: May 15, 2025

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 join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to mailto:hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.
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.

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 a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, Los Angeles, CA 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.*

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2.	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 – 1:15 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

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

IV. REPORTS

7. Executive Director/Staff Report 1:16 PM—1:23PM
    a. Operational and Commission Updates

8. Co-chair Report 1:24 PM—1:30 PM
    a. Program Year 35-37 Directives
    b. June and July Planning, Priorities and Allocations Committee Meetings

9. Division on HIV and STD Programs (DHSP) Report 1:31 PM—2:05 PM
    a. DHSP Prevention and Care Funding Portfolio and Data Updates

V. DISCUSSION 2:06 PM—2:50 PM

10. Collaborative and Community-wide Strategies to Maintain HIV Prevention Services

VI. NEXT STEPS 2:51 PM – 2:55 PM

11. Task/Assignments Recap
12. Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS 2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT 3:00 PM

14. Adjournment for the meeting of May 20, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Planning, Priorities and Allocations Committee minutes, 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

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

☐ This meeting is a **Brown-Act meeting** and is being recorded.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

☐ The **meeting packet** can be found on the Commission's website at https://hiv.lacounty.gov/meetings/ or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet.

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances**" must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial HERE or contact Commission staff at hivcomm@lachiv.org.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/5/25

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

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
May 1, 2025

COMMITTEE MEMBERS P = Present | P* = Present as member of the public; does not meet AB 2449 requirements | A = Absent | EA = Excused Absence			
Kevin Donnelly, Co-Chair	EA	Rob Lester	P
Daryl Russell, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Al Ballesteros, MBA	EA	Ismael Salamanca	P
Lilieth Conolly	LOA	Harold Glenn San Agustin, MD	P
Rita Garcia	P	Dee Saunders	EA
Felipe Gonzalez	EA	LaShonda Spencer, MD	EA
Gerald Green	A	Lambert Talley	P
Michael Green, PhD, MHSA	P	Carlos Vega-Matos	P
William King, MD, JD	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Jose Garibay, Lizette Martinez			
DHSP STAFF			
Victor Scott, Pamela Ogata, Anahit Nersisyan			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

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

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

Daryl Russell, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:01pm.

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

C. Barrit, Executive Director, conducted roll call and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): R. Garcia, M. Green, W. King, R. Lester, M. Martinez, I. Salamanca, H. San Agustin, L. Talley, C. Vega-Matos, D. Russell, J. Green, D. Campbell

3. **Approval of Agenda**
   MOTION #1: Approve the Agenda Order **(✓Passed by Consensus)**

4. **Approval of Meeting Minutes**
   MOTION #2: Approval of Meeting Minutes **(✓Passed by Consensus)**

II. PUBLIC COMMENT

5. **Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.**

   See Public Comment Addendum for public comments.

III. COMMITTEE NEW BUSINESS

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

   M. Martinez requested that the committee discuss planning Los Angeles County's current HIV prevention services portfolio. C. Vega-Matos noted that the Division of HIV and STD Programs (DHSP) sent out letters to prevention services funded agencies on April 30 that all prevention contracts will be terminated effective May 31, 2025. He added federal cuts within the Centers for Disease Control and Prevention (CDC) have eliminated all HIV prevention funding and that conversations are needed on how to mobilize and generate support for prevention investments at the state and county level.

IV. REPORTS

7. **Executive Director/Staff Report**

   - C. Barrit, reminded the committee that whatever contingency planning decisions that are made by the group during the meeting will be forwarded to the full Commission on HIV (COH) for approval at the May 8, 2025 meeting. She reminded the group that there is already an approved Program Year 35 (PY35) allocation based on full funding along with a 20% reduction scenario that the group began in their April meeting; see meeting packet for more details. She noted funding amounts reflect available funding for direct services and do not include funding dedicated to administrative costs. She added that DHSP will be presenting an allocation proposal to drive continued discussions.
   - C. Barrit took note that present conversations around contingency planning are challenging, and difficult decisions need to be made. She reminded the group that the goal is to make sure decisions made continue to support people living with HIV who are currently in care and could

potentially be in care in the near future. All voices and experiences are welcomed as discussions continue.

8. Co-chair Report

a. May 20, 2025 Planning, Priorities, and Allocations Committee Meeting

- D. Russell noted that the regular May Planning, Priorities and Allocations Committee meeting schedules for May 20, 2025 may be cancelled if the committee completes the proposed contingency planning scenario. Commission staff will work with co-chairs to determine if the meeting continue as planned.

9. Division of HIV and STD Programs Report

a. Ryan White Program Year 33 (PY33) 34 Utilization Report – Core Services

- DHSP staff, M. Green and P. Ogata, provided a Program Year 33 (PY33) Utilization Report on funded Ryan White Program services to the committee. The report focused on Support Services. See meeting packet for more details.
- The utilization report showed that the most utilized support service categories were Non-medical Case Management, Nutrition Support and Emergency Financial Assistance (EFA). Expenditures for EFA and Nutrition Support services have gradually increased over five years since Year 29.
- Expenditures for Non-Medical Case Management (NMCM) decreased over the past five years and expenditures per client were the lowest of all support services. Most clients utilized Benefit Specialty services within NMCM.
- Support service utilization among Los Angeles County priority population was consistent relative to their size for EFA, NMCM, and Nutrition Support Services with Latinx MSM and people aged ≥ 50 and older being the highest utilizers. The lowest utilization of support services was among transgender people, people who inject drugs (PWID), and youth aged 13-29 years representing the smallest priority populations.
- K. Nelson, member of the public, asked if the new Patient Support Service (PSS) program will be reported under Medical Care Coordination. M. Green replied that PSS will be reported under NMCM in future utilization reports. He noted that, due to the staffing patterns within this service, PSS falls within NMCM services as outlined by the Health Resources and Services Administration (HRSA).

V. DISCUSSION ITEMS

10. Contingency Planning

- D. Russell opened the discussion around contingency planning by noting that DHSP had prepared a recommended allocation for consideration and deliberation and invited M. Green to review the proposed recommendations with the committee.
- M. Green acknowledged all the hard work and anxiety that the contingency planning has

had on the Commission and DHSP. He noted that DHSP's funding outlook changes daily and that they are doing the best that they can as an administrative agency to anticipate what resources will be available. He noted that no other programs within the Department of Public Health have undergone similar contingency planning and thanked the group for their ongoing efforts and patience as DHSP tries to explain what they think is going to happen and what resources they think are going to be available.

- M. Green acknowledged that, as DHSP was preparing the support services utilization report for the committee, their funding picture changed again. Given the ongoing changes, what DHSP anticipates will happen, and in alignment with service utilization data, DHSP prepared allocation recommendations for the committee to consider as they continue deliberations. As part of the recommendation, DHSP analyzed expenditure data, utilization data, and alternative funding sources to develop the proposed allocation plan that preserves the existing net that does not eliminate any currently funded service categories and would allow for rapid reinvestment if additional money becomes available.
- DHSP noted that staff recently met with HRSA staff and asked when they would expect to receive the second partial award amount, as mentioned during the April PP&A Committee meeting; see April meeting minutes for more details. DHSP noted that they have yet to receive the additional funding and asked if additional funding would become available at a later date. HRSA staff referred DHSP back to a letter that they received in August 2024 from the Ryan White Program which outlined how much Part A formula and Minority AIDS Initiative (MIA) funding they should expect as a grantee. HRSA staff stated that they have not heard anything counter to what was outlined in the letter. Based on the combination of Part A formula funding and MAI funding, total anticipated funding outlined in the letter is approximately $28 million for direct services.
- The recommendation proposed by DHSP allocates approximately $31 million and would require the committee to make an additional $3 million reduction to reach $28 million, should the committee move forward with the recommended allocations; see meeting packet for DHSP recommendations.
- C. Vega-Matos asked if the $28 million includes the $7 million partial award that DHSP has already received. He noted the leaked draft federal budget calls for the elimination of MAI. M. Green that the total does include the $7 million and that the federal budget C. Vega-Matos is referring to is for the next term, not the current term. He reminded the group that the federal government is operating under a continuing resolution and that the money that was earmarked for the Ryan White program is still earmarked for the Ryan White Program and DHSP should expect flat funding from Program Year 34. At this point, DHSP does expect to receive the full award, but contingency planning around various funding scenarios is still needed should that not be the case. M. Green also reminded the group that the committee has already allocated funding based on full funding.
- D. Russell asked why Ambulatory Outpatient Medical (AOM) Services does not include allocations in DHSP's proposed recommendation. M. Green noted that DHSP is recommending Part B funds to support AOM services as DHSP already has the full Part B award amount for PY35. Additional DHSP recommendations include using Part B funds to

cover mental health services and using another County funding stream to cover the cost of Residential Substance Use Services (currently not funded under Part A or MAI).

- D. Russell asked why the investment of approximately 13% for the new PSS service is so high given that it is a new service within NMCM. M. Green noted that the number reflects totals in line with, but less than, investments in request for proposals that include Medical Care Coordination (MCC), AOM and the new PSS services. He reminded the group that there have been ongoing discussions since shifting to the MCC model that some clients continue to fall through the cracks in the system because they are not acute enough to require MCC services but still need some kind of case management. PSS was created to fill that gap, and the structure of the services was developed from input from both providers and the community. PSS will provide case management services to individuals who don't have to meet any kind of particular criteria to access those services. Additionally, PSS services are less expensive than MCC services. The goal is to serve a lot more people with various levels of acuity via MCC and PSS so that nobody falls through the cracks.
- M. Martinez asked how much of a funding cut does DHSP's recommended allocations represent from what was awarded in DHSP contracts. V. Scott noted that the recommended allocations represent an approximate 40% funding cut from award amounts.
- K. Nelson, member of the public, asked if the proposed $28 million recommended allocations include MAI funding. M. Green confirmed the recommended allocations include both Part A and MAI fund and when referencing full funding, he is referring to the approximate $40 million which includes Part A formula funding, MAI funding and the supplemental award amount. These do not include Part B funding.
- T. Goddard, member of the public, expressed concerns on proposed allocations for housing services. He noted that the proposed funding amounts are extremely low and are not useful unless matched by other funding in some way. B. Tweddell, member of the public, added that some housing providers are beginning to tap into their reserve accounts and the proposed allocations are not enough to pay for the work.
- P. Suarez, member of the public, raised concerns about individuals who do not qualify for Medi-Cal services not being able to access services due to funding cuts. She noted these individuals cannot afford to pay for services out of pocket.
- The committee decided to move forward with DHSPs proposed recommended allocations and worked collectively to reduce the $3 million overage. M. Martinez suggesting reducing legal services from 4.58% to 2%, recognizing that there are other legal aid services that consumers can access. The committee agreed with the proposed reduction.
- D. Russell suggested reducing the proposed PSS allocation from 13.58% to 12%. M. Martinez asked that the PSS allocation not be reduced. He reminded the group that the proposed allocation already represented a 40% cut and additional cuts may render the program ineffective. He added that PSS is a service people have been advocating for that is less based on acuity but about understanding and responding to people's needs. The committee elected to cut the allocation from 13.58% to 12.58%.

- Additional reductions included a reduction of 1% to the following service categories:
  - Home and Community Based Health Services
  - Medical Care Coordination Services
  - Oral Health Services
  - Emergency Financial Assistance
  - Food Bank/Home Delivered Meals (Nutrition Support)
  - Housing Services (RCFCI- residential care facility for the chronically ill)
  - Benefits Specialty Services
- Final reductions included 0.55% in both MCC and Oral Health Services.
- Committee members stated their conflicts and voted for the revised DHSP recommended allocations.
  MOTION #3 - Approve the Ryan White Program Year 35 Allocation Contingency Plan (Scenario #3), as presented or revised. (R. Garcia – Y, W. King – Y, R. Lester – Y, M. Martinez – Y, I. Salamanca – Y, G. San Agustin – Y, L. Talley – Y, C. Vega-Matos – Y, D. Russell – Y, D. Campbell – Y, J. Green – Y)

VI. NEXT STEPS

11. Task/Assignments Recap

a. Commission staff will forward the Approved PY35 Contingency Plan Scenario #3 to the full body for review and approval.

b. Commission staff will work with co-chairs to determine if the May 20, 2025 will continue, as planned.

12. Agenda Development for the Next Meeting

a. Review DHSP Prevention Services portfolio

b. Discuss and strategize on how to continue to support HIV prevention services in Los Angeles County.

VII. ANNOUNCEMENTS

13. Opportunity for Members of the Public and the Committee to Make Announcements

K. Nelson asked all attendees to mobilize around HIV prevention funding and encouraged everyone to reach out to local, state and federal officials to advocate for the importance of prevention funding.

VIII. ADJOURNMENT

14. Adjournment for the Special Meeting of May 1, 2025.

The meeting was adjourned by D. Russell at 3:45pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT

PUBLIC COMMENTS FOR THE MAY 1, 2025 PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE MEETING

All public comments received become a part of the official record.

Member of the Public	Comment(s)
Bridget Tweddell	Bridget Tweddell with Project New Hope. LA County currently has 60 RCFCI beds to serve clients who are too ill to attend to their own needs and have high viral loads when entering the program. These facilities are licensed and provide a non-institutional home-like environment for individuals requiring 24-hour care and supervision. The core objective of the program is to enhance the health status of the residents by offering the stable living environment and a comprehensive array of services designed to address the multifaceted needs of the residents. These services extend beyond basic care and supervision to include case management, nutritional support, guidance on crucial aspects such as housing, health benefits, financial planning. Furthermore, residents benefit from assistance with activities of daily livings such as bathing, dressing, eating, toileting, and mobility. Assisted medication management is also a key service provided. The facilities foster social engagement and offer practical support with housekeeping laundry and transportation arrangements and, for individuals with AIDS who approach the end of life, our RCFCIs provide hospice care, allowing residents to remain in a familial setting until the end of life. The daily environment within an RCFCI is intentionally designed to be less clinical and more akin to a private residence. The average resident age is between 40 and 55 and a hundred percent of the residents remain enrolled in care during their stay. I strongly encourage this advisory body to recommend funding for these programs and to work closely with the providers to ensure continuity and safety for one of the most marginalized groups of people in LA County. Once these homes are closed and the licenses are surrendered, these beds will be permanently gone during

	a time when homelessness is on the rise, and we are one step away from yet another health crisis. Thank you.
Katja Nelson	Hi, everyone, Katja Nelson, 3rd district representative and Public Policy Co-Chair. I have a couple things that I wanted to touch on as someone who does advocacy and policy work day and day out and a lot of my job is making sure that like this system is working and we are serving as many people as possible, preserving programs, making things robust, and reaching all the communities we want to reach. I have read the PRSA, I understand how this process is supposed to work, but we do need to still be thinking critically about both how allocations translate into dollars and translate into the community. I understand the division between DHSP and the Commission in terms of allocations, but we are in looking at a lot of categories that may not become viable anymore depending on how we choose to fund them when we really do need to be looking at the bigger picture. I think there's a lot of data out there and this committee hasn't necessarily looked at all the various like DPH delegated authority memos and things of the charge and there's a lot of things that we really want to be looking at and deliberating that can help factor into these decisions. I would be curious to hear from folks how we are considering public comment. Are we actually taking it into consideration in deliberations, or NO? Does that count as qualitative data as opposed to anecdotes and stories? You know, I just, I really think that we want to make sure we are having a robust conversation to make sure that we are protecting services especially in light of everything that's been transpiring in the last day or two and a lot of uncertainties. What can we do to make sure that we don't have to let go everybody and completely break our system and not be able to bring everybody back and serve people. That's not serving the greatest need and the greatest good.
Scott Blackburn	Good afternoon, I'm Scott Blackburn, Director of Case Management at APLA Health. I'd like to direct my public comments today at PSS and MCC. Patient support services, or PSS, is a newly launched array of care coordination services that was introduced within the most recent core HIV services contract in March 2025, which bundled together PSS and MCC. While PSS is currently listed under the Non-Medical Case

	Management Service category, as the name of the program implies, it directly supports the treatment adherence and health outcomes of HIV positive medical patients and, largely, in the same manager that manner that MCC does. The most important difference between MCC and PSS lies in the structure and scalability of the two programs. MCC requires a structured team staffing model with each team comprised of an RN case manager, a social work case manager, and a caseworker. All positions are required for each team. PSS on the other hand, offers a menu of seven different positions, including an RN case manager and social work case manager. This allows providers to choose from a vast array of services depending on the needs of their population and internal budget priorities. When faced with diminished funding resources, providers need as much flexibility and choice to make the hard decisions about how best to martial resources in the most effective manner possible. However, the current proposed allocation for PSS represents a 70 % cut from the contract awards that DHSP issued for PSS. I strongly encourage the committee to consider the current ratio between PSS and MCC funding and weigh the advantages of increased funding for PSS to create as many options as possible when it comes to building care coordination services for our patients. Thank you.
Jeff Bailey	Good afternoon, my name is Jeff Bailey and I'm the Director of HIV Access at APLA Health and I would like to come back today and talk about the nutrition support category. First thing I want to point out is on your funding source in your document - I think the funded amount is incorrect. I think it's closer to $4 million and not $2.9 million only because I know one contract that is out there that's $2.9 million. I know there's other funding available for that. It's going to be critically important to take into account, similar to what Katya said, if a reduction is so much that it makes a program unsustainable. We have to really think about that. For Nutrition Support we would need to consider, does it go back to a supplemental food program? Do we reduce the income eligibility of clients? Do we reduce the number of sites where food can be picked up? I think that's really critical. Also, when you see the some of the charts and it talks about the cost per client, that's a unique client. We

	had 43,000 visits last year and if you take the number of visits by the amount of money, our meals cost DHSP $2.61 to provide a meal. We provided 1,021,000 meals last year. That's a lot of savings. Another thing to think about is that because these clients come once a week, there's a health navigation component to it. With prevention programs sunsetting, and that component going away, we connect our clients often to health care. During COVID we connected them to the [COVID] vaccine; during Mpox, we connected to them to the [Mpox] vaccine, we connect into oral health services and so forth. So that's kind of an unanticipated outcome of food and nutrition support because while a person may see their physician once every six months, we see them every week. That's why you also want to may rethink the allocation to PSS because those positions could maybe fill that gap and relook at the allocation for MCC, I think it's a bit high. Thank you.
Terry Goddard	Good afternoon everyone, my name is Terry Goddard, and I am the Director of the Alliance for Housing and Healing, a division of APLA Health and Wellness. I was a commissioner for many years and understand that this is a very difficult decision for you. I actually have a couple of technical questions. Right now, for RCFCI and for the Housing, there's an allocation of 9.33% and 1.33% for Part A, but we don't' know what Part B is. My question is for DHSP, if they are going to use Part B for Housing then this makes sense. If not, these numbers are far too low and they need to be reprogramed, perhaps the same way for MAI funds if they are going to be a hundred percent allocated to the Housing for Health Program and that program will be switched to DHS. That's $6 million in MIA funds that could be reprogrammed. I just wanted to bring that to your attention. Thank you.
Robert Bowler	Thank you very much, Robert Bowler, Project Angel Food. Speaking on behalf of Nutrition Support, but really for all supports on behalf of our HIV elders. One of the things I'm really worried about if Ryan White contracts are taken away is the HIV elder. About a 3rd of our clients are older. They've been with us 5, 10, 15, 30 years and I feel like the Ryan White supports is like a house of cards. As soon as you start pulling

	out pieces, the house could crumble and I really feel bad for these people. Many are medically fragile, they're emotionally fragile, they come through the pandemic, and they've seen all their friends and their support pass away and pass on. I feel like they may get lost in the shuffle and I wanted to put it out there that maybe this is a population we should look after. Thank you very much.

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

Cornerstones of HIV Prevention Services in Los Angeles County

Michael Green, PhD, MHSA
Chief, Planning, Development and Research
Division of HIV and STD Programs
Los Angeles County Department of Public Health

May 20, 2025
PP&A Meeting

Update to HIV Prevention Contracts

HIV Prevention contract terminations are being rescinded; a letter is forthcoming.

Rationale for Change

This action allows us to do the following:

1. The current contracts will revert to the original contract end date; in most cases, the contract end dates subsequently will be extended until December 31, 2025 under separate action, with minimal additional resources, in order to keep the contracts active. There are still no funds to support June expenses.

2. If HIV prevention resources become available, funds can be added to these existing contracts, rather than starting a new contract award process.

3. Rescinding the contract terminations will mean that agencies that relied on these contracts to demonstrate eligibility for 340B drug pricing will still be eligible.

Update to FY 2025-2026 DHSP Funding Awards (as of May 19, 2025)

Federal

HRSA Health Resources & Services Administration

Part A/MAI ($21.2M)
EHE ($3.7M)

$24.9M

CDC

HIHPS including EHE

$0

State

CDPH California Department of Public Health

Part B[1]

$7.1M[1]

HIHPS=High Impact HIV Prevention and Surveillance Services

[1] One time increase. In 2026-2027 Part B will go back to $5.8M

HIV Prevention Investments

Current Contract Funding through June 2025

Approximate Amount $20M

HERR

$2.8M

VP

$4.8M

Biomedical

$1.37M

HTS and STD Testing/Screening

$10.9M

Ending the HIV Epidemic Indicators

Indicator	LAC current	EHE Targets for 2025
Number of new transmissions[1]	1,400 [900 – 1,900] (2021)	380
Number of new HIV diagnoses[2]	1,641 (2022)	**
Knowledge of HIV-status among PLWH[1]	89% [85%-91%] (2021)	95%
Linkage to HIV care among PLWDH[2]	76% (2022)	95%
Viral Suppression among PLWDH[2]	64% (2023)	95%
Percentage of persons in priority populations prescribed PrEP[3] • Latinx MSM 50% Cisgender Women 17% • Black MSM 32% Transgender Persons 12%	35% (2021)	50%

PLWH= People living with HIV (includes those unaware of HIV infection); PLWDH= People living with diagnosed HIV

1. Using Los Angeles County HIV surveillance data in the CDC Enhanced HIV/AIDS Reporting system (eHARS).
2. Using the CD4-based model developed by the Centers for Disease Control and Prevention, modified for use by Los Angeles County.
3. Using Los Angeles County data from the National HIV Behavioral Surveillance system, STD clinic data, online Apps survey, COE program data, and AHEAD dashboard.

Preliminary 2023 HTS Snapshot

93,000 DHSP-funded HIV Tests

330 New HIV Diagnoses

- 0.35% New Positivity
- 82% LTC within 30 days

700 Prior HIV Diagnoses:

- 93% LTC within 30 days

DHSP Biomedical and Risk Reduction Programs

PrEP Centers of Excellence Services

Client Eligibility

- LA County resident
- Income ≤ 500% FPL

Service Availability

- Medical for uninsured/underinsured clients
- Non-Medical Services for all clients, regardless of insurance status

Services (provided or referred)

- Prevention education
- Risk reduction counseling
- HIV/STI testing
- STI treatment
- Linkage to HIV care
- Biomedical prevention (PrEP/PEP/DoxyPEP)
- Benefits navigation for PrEP/PEP
- Medication assistance programs
- Adherence support for PrEP/PEP or HIV treatment medication
- Mental health counseling and/or referral
- Substance use treatment provision and/or referral

HIV Risk Reduction Programs

Health Education Risk Reduction

- Prevention for Positives
- Promotores
- Evidence Based Interventions (including interventions for substance users)

Vulnerable Populations

- YMSM, YMSM of Color
- Transgender Persons

DHSP HIV & STD Testing Modalities

Contracted Testing Services

- Storefront Locations
- Social Network Programs
- Commercial Sex Venues
- Integrated HIV Testing and STD Screening and Treatment Programs
- Sexual Health Express Clinics
- STD Screening, Diagnosis and Treatment Programs
- Mobile Testing Units

DHSP Direct Services

- Field-based Settings
- Shelters and Transitional Housing Programs
- Substance Use Programs
- Incarcerated Settings
- Mandated Court Testing
- Testing Events Targeting Specific Populations
- Outreach Events

Public Health Clinic and Self-Testing Services

Public Health Clinic Testing-

- Testing at sexual health clinics in 10 LAC public health clinics

At Home and Self-Testing- distribution through:

- Online Ordering Platforms
- Event-Based Testing
- Risk Reduction contracts
- Community Distribution Programs

Target Populations

- ★ Black and Latinx MSM
- ★ Women of color
- ★ Persons of trans experience
- ★ Persons under 30 years
- ★ Persons with substance use disorders

Additional Priority Populations

- Persons 50 years or older
- Persons experiencing homelessness

HIV/AIDS High Morbidity Areas

Tier 1 - HDs experiencing high HIV and/or syphilis morbidity:

- Hollywood/Wilshire (HD 34)
- Central (HD 9)
- Southeast (HD 72)
- South (HD 69)
- Southwest (HD 75)

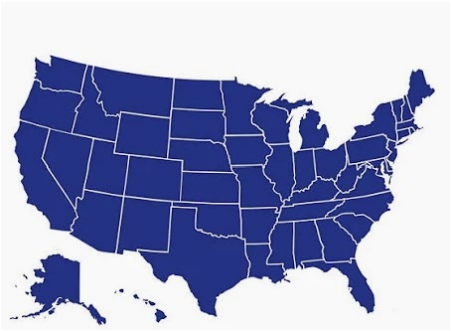
Tier 2 - HDs experiencing high HIV and/or syphilis morbidity:

- Northeast (HD 47)
- Inglewood (HD 37)
- East Valley (HD 19)

Projected Impact

County of Los Angeles Public Health

Estimated Number and Cost of Additional New HIV Infections due to Loss of HIV Prevention Funding



4.43-10.75 Million Additional New HIV Infections 2025-2030	**75,289-143,486** Additional New HIV Infections 2025-2030	**2,500-3,250** Additional New HIV Infections 2025-2030
?	**$31.6B - $60.3B**	**$1B - $1.4B**

Resources in Los Angeles County

CDC PS24-0013: HIV Prevention for YMSM

- 4 Programs/Awards in Los Angeles County
- $400,000 per program in 2025-2026
- 2 programs are for Latinx YMSM

CDC PS21-2102: Comprehensive High-Impact HIV Prevention programs for CBOs (Pending)

- 6 Programs/ 2025 Awards are pending (June 2025?)


What is our path forward?

Discussion Grounding Guide

1. **Lead with Data, Not Emotion**
   Decisions must be rooted in facts, not feelings. While personal experiences and passion drive our commitment, our charge is to prioritize strategies backed by data, not anecdotes or impassioned pleas.

2. **Remove the Hat - Represent the Whole**
   Whether you're a provider, consumer, advocate, or policymaker-step into the space as a representative of the entire community. Focus on the greatest need and widest impact, especially given limited resources.

3. **Fight the Issue, Not Each Other**
   We are not each other's opponents-the real challenge is the funding gap. Let's direct our energy toward problem-solving and collective decision-making, not personal tensions or positional debates.

DISCUSSION

1. How are we ensuring that community members—especially those most impacted by prevention funding cuts—continue to receive needed services?
2. How have recent or proposed federal funding cuts impacted your organization's ability to deliver HIV prevention services?
3. How can we improve communication and coordination across providers to reduce duplication and ensure prevention services continue to be offered in LA County? How can we work more efficiently together?
4. What partnerships (e.g., with housing, behavioral health, harm reduction orgs) are underutilized in our prevention efforts? What existing partnerships can we strengthen—and what new ones should we pursue?? Are there nontraditional partners (e.g., schools, faith-based orgs, harm reduction programs) we can engage to expand our reach with fewer resources?
5. What unified messages or stories can we amplify to highlight the human and financial cost of underfunding HIV prevention?

ADDITIONAL FACTORS TO CONSIDER

1. Should DHSP bundle whatever resources are available with other agencies' resources to add funding to those programs?
2. Should DHSP use their resources to fill gaps that agencies cannot meet with other funding?
3. Do our target populations need to be even more narrowly focused?
4. What about geography? There are not enough resources to distribute across the entire county's landscape.

LOS ANGELES COUNTY
COMMISSION ON HIV

Recommended Prevention Services Priorities

MOTION #3: Approve the outlined HIV prevention service priorities for Fiscal Year 2025, as presented or revised, to guide the implementation of effective and equitable HIV prevention strategies in Los Angeles County, with the understanding that, should funding be limited, the top three priorities Surveillance, HIV/STI Testing with Linkage to Care, and Biomedical Prevention (PREP/PEP/DoxyPEP) will be preserved and prioritized in implementation.

1. Surveillance - to identify undiagnosed infections and inform prevention efforts.
2. Testing (HIV/STI) with linkage to care - providing comprehensive testing services for HIV and sexually transmitted infections (STIs), ensuring individuals who test positive are promptly linked to appropriate care and treatment services.
3. Biomedical prevention (PREP/PEP/DoxyPEP) - promoting the use of pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and doxycycline post-exposure prophylaxis (DoxyPEP) as effective biomedical interventions to prevent HIV acquisition, particularly among high-risk populations.
4. Vulnerable populations - targeting interventions to populations disproportionately affected by HIV.
5. Health education and risk reduction - implementing comprehensive education campaigns to raise awareness about HIV prevention methods, reduce stigma, and promote safer behaviors within communities.