



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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EXECUTIVE COMMITTEE MEETING

Thursday, July 24, 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/r72296bf465f254923c376a972a265262>

To Join by Telephone: 1-213-306-3065

Password: EXECUTIVE Access Code: 2538 118 1591

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>

**(REVISED) AGENDA FOR THE REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV
EXECUTIVE COMMITTEE**

Thursday, July 24, 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/r72296bf465f254923c376a972a265262>

To Join by Telephone: 1-213-306-3065

Password: EXECUTIVE Access Code: 2538 118 1591

EXECUTIVE COMMITTEE MEMBERS			
<i>Danielle Campbell, PhDc, MPH, Co-Chair</i>	<i>Joseph Green, Co-Chair</i>	Miguel Alvarez (Executive At-Large)	Alasdair Burton (Executive At-Large)
Erika Davies (SBP Committee)	Kevin Donnelly (PP&A Committee)	Arlene Frames (SBP Committee)	Arburtha Franklin (Public Policy Committee)
Katja Nelson, MPP (Public Policy Committee)	Mario J. Pérez, MPH (DHSP)	Dechelle Richardson (Executive At-Large)	Daryl Russel (PP&A Committee)
QUORUM: 7			

AGENDA POSTED: July 18, 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.

IV. REPORTS**7. Executive Director/Staff Report**

1:15 PM – 1:40 PM

- A. Commission (COH)/County Operational Updates
 - (1) 2025 COH Workplan & Meeting Schedule Updates & Reminders
 - (2) PY 35 Operational Budget Updates
 - (3) 2025 Annual Conference Planning

8. Co-Chair Report

1:40 PM – 1:55 PM

- A. July 10, 2025 COH Meeting Feedback
- B. October 9, 2025 COH Meeting Agenda Development
 - (1) Venue TBD
 - (2) PY 35 COH Operational Budget Updates
 - (3) COH Restructure Project
 - (4) Proposed Changes to Bylaws for Approval
 - (5) COH Member Outreach & Recruitment Campaign Launch
 - (6) Annual Meeting Planning
- C. 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*)

9. COH Effectiveness Review & Restructuring Project

1:55 PM – 2:20 PM

- A. Final COH Organization Restructure Scenarios Refresher
- B. Proposed Changes to Bylaws | Public Comment Period: June 27 – July 27, 2025
- C. Membership Materials Review by Operations Committee
- D. Outreach & Recruitment Campaign by Operations Committee

10. Division of HIV and STD Programs (DHSP) Report

2:20 PM – 2:30 PM

- A. Fiscal, Programmatic and Procurement Updates
 - (1) Ryan White Program Funding & Services Update
 - (2) CDC HIV Prevention Funding & Services Update
 - (3) EHE Program and Funding Update
 - (4) Other Updates

11. Standing Committee Report

2:30 PM – 2:45 PM

- A. Planning, Priorities and Allocations (PP&A) Committee
 - (1) 2027-2031 Integrated HIV Plan Overview & Preparation
- B. Operations Committee
 - (1) Co-Chair Open Nominations & Elections Updates
 - (2) Membership Updates
 - a. Seat Vacate | Kevin Stalter (Seat #23) Unaffiliated Consumer Rep, SPA 5 **MOTION #3**
 - b. Seat Vacate | Erica Robinson (Seat #33) HIV Stakeholder Rep #3 **MOTION #4**
- C. Standards and Best Practices (SBP) Committee
 - (1) Transitional Case Management Service Standards | PUBLIC COMMENT PERIOD: 6/26/25-7/26/25
 - (2) Patient Support Services (PSS) Service Standards Review Updates
 - (3) Service Standards Schedule

- D. Public Policy Committee (PPC)
 - a. County, State and Federal Policy & Budget Updates

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

2:45 PM – 2:50 PM

- A. Aging Caucus
 - [“Power of Aging”](#): September 19, 2025 National Aging & HIV Awareness Day Event
- B. Black/AA Caucus
 - [Black Voices for HIV Health & Wellness Community Led Story-Telling Campaign](#)
- C. Consumer Caucus
- D. Transgender Caucus
- E. Women’s Caucus
- F. Housing Task Force
 - [Housing Survey](#)

V. NEXT STEPS

2:50 PM – 2:55 PM

- 13. Task/Assignments Recap
- 14. Agenda development for the next meeting

VI. ANNOUNCEMENTS

2:55 AM – 3:00 PM

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

VII. ADJOURNMENT

3:00 PM

- 16. Adjournment of the regular meeting on July 24, 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 Operations Committee’s recommendation to vacate Commissioner Kevin Stalter’s seat – Unaffiliated Consumer Representative, SPA 5 (Seat #23) and forward the recommendation to the Board of Supervisors for final approval.
MOTION #4	Approve the Operations Committee’s recommendation to vacate Commissioner Erica Robinson’s seat—HIV Stakeholder Representative #3 (Seat #33)—effective July 25, 2025, contingent upon her failure to respond to a formal written request for resignation by the stated deadline. If the condition is met, forward the recommendation to the Board of Supervisors for final approval.



LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH
6/8/23

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>

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

S:\Committee - Operations\Code of Conduct\2023\CodeofConduct_Updated 3.23.23_Aprvd COH060823.docx

Meeting Schedule

- All Commission and Committee meetings are held monthly, open to the public and conducted in-person at 510 S. Vermont Avenue, Terrace Conference Room, Los Angeles, CA 90020 (unless otherwise specified). Validated parking is conveniently located at 523 Shatto Place, Los Angeles, CA 90020.
- A virtual attendance option via WebEx is available for members of the public. To learn how to use WebEx, please click [here](#) for a brief tutorial.
- Subscribe to the Commission's email listserv for meeting notifications and updates by clicking [here](#). **Meeting dates/times are subject to change.*

January - December 2025

2nd Thursday (9AM-1PM)	Commission (full body)	Vermont Corridor *subject to change
4th Thursday (1PM-3PM)	Executive Committee	Vermont Corridor *subject to change
4th Thursday (10AM-12PM)	Operations Committee	Vermont Corridor *subject to change
3rd Tuesday (1PM-3PM)	Planning, Priorities & Allocations (PP&A) Committee	Vermont Corridor *subject to change
1st Monday (1PM-3PM)	Public Policy Committee (PPC)	Vermont Corridor *subject to change
1st Tuesday (10AM-12PM)	Standards & Best Practices (SBP) Committee	Vermont Corridor *subject to change

The Commission on HIV (COH) convenes several caucuses and other subgroups to harness broader community input in shaping the work of the Commission around priority setting, resource allocations, service standards, improving access to services, and strengthening PLWH voices in HIV community planning. **The following COH subgroups meet virtually unless otherwise announced.*

Aging Caucus	Black Caucus	Consumer Caucus	Transgender Caucus	Women's Caucus	Housing Taskforce
1PM-3PM	4PM-5PM	1-3PM	10AM-11:30AM	2PM-3PM	9AM-10AM
*2nd Tuesday every other month	*3rd Thursday monthly	*2nd Thursday monthly, following COH meeting	*3rd Thursday quarterly	*3rd Monday bi-monthly	*4th Friday monthly



2025 MEMBERSHIP ROSTER | UPDATED 7.22.25

SEAT NO.	MEMBERSHIP SEAT	Commissioner's 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			Leroy Blea (pending)	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			Vacant		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			Vacant		July 1, 2024	June 30, 2026	
17	Provider representative #7	1		David Hardy, MD	University of Southern California	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 (LOA)	Unaffiliated representative	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4	1	PP	Jeremy Mitchell (aka Jet Finley)	Unaffiliated representative	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			Vacant	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	
32	Unaffiliated representative, at-large #1			Vacant	Unaffiliated representative	July 1, 2024	June 30, 2026	Reverend Gerald Green (PP&A)
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	Unaffiliated representative	July 1, 2023	June 30, 2025	
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, PhD, 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	OPS	Justin Valero, MA (LOA)	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1		Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA			Vacant		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kochems, MA	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	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	Arburtha Franklin	Translatin@ Coalition	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	EXC OPS	Dechelle Richardson	No affiliation	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:		40						

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

LOA: Leave of Absence

Overall total: 47



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/22/25

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	AI	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
			Medical Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Core HIV Medical Services - AOM; MCC & PSS
			Medical Transportation Services
CIELO	Mikhaela	Los Angeles General Hospital	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	No Ryan White or prevention contracts
DAVIS (PPC Member)	OM	Aviva Pharmacy	No Ryan White or prevention contracts
DOLAN (SBP Member)	Caitlyn	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation 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)
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	Felipe	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	Unaffiliated representative	No Ryan White or prevention contracts
HARDY	David	University of Southern California	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	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Biomedical HIV Prevention Services
MARTINEZ-REAL	Leonardo	Unaffiliated representative	Medical Transportation Services
			No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and 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
NASH	Paul	University of Southern California	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
PATEL	Byron	Los Angeles LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical 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	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
SAN AGUSTIN	Harold	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
			Medical Transportation Services
SAUNDERS	Dee	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and 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	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC
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	LabLine 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 Counseling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for 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 Populations (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	



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TEL : (213) 738-2816 EML: HIVCOMM@LACHIV.ORG WEB: <http://hiv.lacounty.gov>

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

EXECUTIVE COMMITTEE MEETING MINUTES

Thursday, June 26, 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	Arburtha Franklin	P
Joseph Green, Co-Chair	P	Katja Nelson	P
Miguel Alvarez (EXEC At-Large)	P	Mario J. Perez (Non-Voting)	EA
Alasdair Burton (EXEC At-Large)	P	Dechelle Richardson (EXEC At-Large)	A
Erika Davies	P	Erica Robinson	A
Kevin Donnelly	P	Darrell Russell	P
Arlene Frames	LOA		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; 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

COH Co-Chair, Joseph Green, called the meeting to order at 1:00 PM and reviewed meeting protocols and guidelines.

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

JGreen initiated introductions. Cheryl Barrit, MPIA, Executive Director, led roll call.

3. ROLL CALL (PRESENT): Miguel Alvarez, Alasdair Burton, Erika Davies, Kevin Donnelly, Arburtha Franklin, Katja Nelson, Daryl Russell, Danielle Campbell & Joseph Green

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4. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented or revised. Item #9, the COH Effectiveness Review and Restructuring Project, was moved to before the Executive Director Report. No objections were raised (**MOTION #1: ✓Approved by Consensus.**)

5. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the Executive Committee minutes, as presented or revised. (**MOTION #2: ✓Approved by Consensus.**)

II. PUBLIC COMMENT

6. 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

7. 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. *No new business items were raised.*

IV. REPORTS

8. COH EFFECTIVENESS REVIEW & RESTRUCTURING PROJECT

(1) Final COH Organization Restructure Scenarios Presentation by AJ King, Consultant

- The Committee was reminded that they are leading the restructuring work and will make decisions on behalf of the Commission should Commission meetings be canceled.
- The Committee was reminded that HRSA site visit findings, shifts in the HIV landscape, ongoing quorum challenges due to large membership, and the upcoming Measure G-mandated review of County commissions have deemed the current Commission structure unsustainable.
- The restructuring has been an iterative process informed by extensive data collection and stakeholder feedback.
- Discussions began in December with DHSP representatives, followed by preliminary exercises at Commission meetings.
- In March, five in-person and two virtual focus groups were held, engaging 36 participants—including Commissioners and community members—on committee and membership structure.

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- A summary report with recommendations was developed based on all feedback.
- In May, the Executive Committee participated in an informal straw poll to vote on a preferred restructuring model.
- The Committee selected Exhibit B as the preferred structure: Planning, Priorities & Allocations (PP&A) retains priority-setting and resource allocation duties; Public Policy is absorbed by the Executive Committee; Operations is renamed to Membership and Community Engagement (MCE).
- Membership will be reduced to 32: 15 HRSA-mandated seats, 1 academic seat with HIV data expertise, and at least one-third (33%) unaffiliated consumers.

(2) Proposed Changes to Bylaws and Ordinance MOTION #4: Approve the proposed changes to the Commission's Bylaws, as presented or revised, and open a 30-day public comment period (6/26/25 – 7/26/25). Upon conclusion of the public comment period, the proposed changes shall be forwarded to the full body for review and, if approved, submitted to the Board of Supervisors for final review and approval in accordance with established procedures. (VApproved by Roll Call: MAlvarez, ABurton, EDavies, KDonnelly, AFranklin, KNelson, DRussell, DCampbell & JGreen)

CBarrit presented and led discussion:

- The proposed bylaws align with the approved Exhibit B structure and 32-member composition.
- A 30-day public comment period will begin upon Executive Committee approval, during which the current bylaws remain in effect.
- Public comments will be reviewed at the July Executive Committee meeting, followed by a full Commission vote and final submission to the Board of Supervisors. The comment period ends July 27.

Key discussion points included:

- Caucus Representation: With caucuses moving to the MCE Committee, a suggestion was made to include one caucus co-chair per caucus as voting members of the Executive Committee.
- Board Expansion: Staff advised against including language now for a future Board of Supervisors expansion (from 5 to 9 in 2032) to avoid penalties for vacant seats under HRSA guidelines.
- DHSP & Ad Hoc Members: The bylaws designate one non-voting DHSP representative (not counted toward quorum) and allow ad hoc participation from other agency reps. Subject Matter Expert (SME) members (fka Committee-only members) will now be appointed by the Commission, not the Board, per HRSA feedback.

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- **Meeting Frequency & Stipends:** Full Commission and standing committees will meet bi-monthly (six times annually, barring the need for special meetings). The current stipend policy will shift to align with new meeting schedule. It was reminded that stipends are viewed as recognition of service, not compensation for hours worked.
- **Staffing & Funding:** Operational support is primarily funded through Ryan White Part A, CDC prevention funds, and net County costs. Staff reports to the Executive Office of the Board of Supervisors; the Commission manages and negotiates its own budget with DHSP.

(3) Process Update on Membership Renewal for Terms Ending in 2025

- All members whose terms expire in June 2025 will have their terms temporarily extended under the County's waiver protocol. This extension will remain in place until the new membership cohort is established as part of the Commission's restructuring process.
- All members—including current ones—must reapply in Fall 2025 for new terms beginning March 2026. MCE will develop streamlined interview protocols for new and returning applicants.
- Commissioners may serve up to three consecutive two-year terms; alternates and SME members may serve two consecutive two-year terms. To initiate staggering, some initial terms will be one or two years.
- Term limits are HRSA-mandated. Exceptions may be granted by the Executive Committee for specific representation or expertise. The MCE Committee will lead recruitment efforts.

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

A. Commission (COH)/County Operational Updates

(1) Commission (COH)/County Operational Updates

- a. Updated 2025 COH Workplan & Meeting Schedule.** Refer to COH's workplan and updated meeting schedule in meeting packet. The COH will meet on July 9, 2025 at the Vermont Corridor, and as a reminder, the Executive Committee voted to cancel the August and September COH meetings.
- b. PY 35 Operational Budget Updates.**
 - The County is facing significant financial challenges and uncertainties in grant funding.
 - Lunch will no longer be provided for those attending both the Executive Committee & Operations Committee meetings; however, it will continue for full Commission meetings, with limited offerings.

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- Transportation for unaffiliated consumers will shift to the County's reimbursement-only model, with a typical 30-45-day cycle, raising concerns for those with limited budgets.
- The Commission, originally established as the Commission on AIDS (1989/1990), was moved under the Board of Supervisors (1997/1998, 2003) to maintain independence from the recipient, in compliance with the Ryan White Care Act.
- Planning councils are funded from the 10% administrative cap (shared w/ DHSP) of the Part A award (~\$4.6M for LA County), and the Commission manages its own budget with the administrative support of the Executive Office, Board of Supervisors.
- The proposed FY budget submitted to DHSP totaled \$1.265M, including \$1.1M for salaries and \$50K for consultants.
- DHSP has currently capped funding at \$500K due to an incomplete Ryan White award and no CDC funding at the time of submission. The COH will not be able to meet its legislatively required mandates at this budget.
- Negotiations with DHSP and the Board Executive Office are ongoing to secure adequate funding.

(2) Annual Meeting Planning Rescheduled to July meeting.

B. CO-CHAIR REPORT JGreen and DCampbell, Co-chairs, reported:

(1) Operations Committee Leadership Transition Discussion: Consideration to Remove Current Co-Chairs and Initiate Nomination and Election Process for New Leadership MOTION #3: Approved removal of current Co-Chairs of the Operations Committee and direct the Committee to initiate the nomination and election process to select new Co-Chairs in accordance with the Commission's Bylaws and established procedures, as presented or revised. (ApprovedV by Roll Call: MAlvarez, ABurton, EDavies, KDonnelly, AFranklin, KNelson, DRussell, DCampbell & JGreen)

Current Operations Committee Co-Chair Justin Valero submitted a leave of absence and formally resigned from his role. Fellow Co-Chair Erica Robinson indicated she would no longer attend meetings and has not responded to follow-up communications regarding her intent to continue participating in the Commission. Due to the uncertainty surrounding her continued involvement, a recommendation was made to remove her as Co-Chair of the Operations Committee. The Committee will begin the process of electing new leadership at its next meeting.

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(2) July 10, 2025 COH Meeting Agenda Development. The Committee adopted the proposed draft agenda items.

(3) 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 reports provided.*

10. Division of HIV and STD Programs (DHSP) Report. Dr. Michael Green, provided an update on current fiscal and programmatic issues:

- DHSP announced they received their HIV prevention award from CDC this morning (June 26, 2025) for \$4.83 million. Notices for prevention contracts will be sent out before July 1st.
- There is no indication that the rest of the Ryan White award will not be received. HRSA has confirmed receipt of the remainder of Part A, B, and E funding, with awards to follow, though staffing may impact the timeline. CDC also issued guidance for the 2026 non-competing competition.
- The Medical Monitoring Project (MMP), which DHSP had been a recipient of since 2004, has been canceled by the Feds. As a result, 41 contract staff and 40 permanent DHSP staff have been reassigned to other parts of public health. There are currently no MMP staff, making a presentation on MMP at the July meeting uncertain.
- In relation to the COH, it was reported that COH activities related to STD or prevention planning, and advocacy, are considered "above and beyond" Ryan White mandates, justifying the need for additional funding sources like CDC and net county costs.
- DHSP indicated that while it has proposed a reduced budget of \$500,000 for the COH for the current program year, it is open to negotiation.

11. REPORTS

7. Standing Committee Reports

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

(1) 2027-2031 Integrated HIV Plan Overview & Preparation. The Committee met on June 17th and received a presentation on the Integrated HIV Plan. Members are still awaiting a response from DHSP regarding directives for program years 35 through 37. The Committee also received updates on the Women's Caucus listening sessions and reviewed the unmet need presentation from program year 33.

B. Operations Committee

(1) Administration of Effectiveness of the Administrative Mechanism (AEAAM) Report

Motion #5: Approve the Administration of the Effectiveness of the Administrative Mechanism (AEAM) Report, as presented or revised, and forward to the full body at its

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July 10, 2025 meeting for final approval. (ApprovedV by Roll Call: MAlvarez, ABurton, EDavies, KDonnelly, AFranklin, KNelson, DRussell, DCambpell & JGreen)

The Administration of Effectiveness of the Administrative Mechanism (AEAAM) report was presented. The motion passed, and the report will be forwarded to the full commission for final approval in July.

(2) Membership Management

- a. **New Member Application: Leroy Blea | State Office of AIDS, Part B Representative (Seat #17)** MOTION #6: Approve new membership application for Leroy Blea to occupy the State Office of AIDS, Part B Representative, Seat #17, as presented or revised, and forward to the full body for final approval. (ApprovedV by Roll Call: MAlvarez, ABurton, EDavies, KDonnelly, AFranklin, KNelson, DRussell, DCambpell & JGreen)
- b. **Resignations: Bridget Gordon, Andre Molette, & Karl Halfman**
- c. **Attendance Updates: Commissioners Kevin Stalter, Aaron Raines & Jeremy Mitchell.** The Committee approved vacating Commissioners Stalter's seat at its next meeting due to excessive unexcused absences and agreed to sending Attendance Warning Letters to Commissioners Raines and Mitchell.

C. Standards and Best Practices (SBP) Committee

- (1) **Transitional Case Management Service Standards | PUBLIC COMMENT PERIOD: 6/26/25-7/26/25.** The Committee will open a public comment period for the Transitional Case Management Service Standards, starting today (June 26th) and running through July 26th. These standards address justice-involved individuals, youth, and older adults.
- (2) **Patient Support Services (PSS) Service Standards Review Updates.** The Committee will be continuing the review of Patient Support Services standards at its next meeting.
- (3) **Service Standards Schedule.** The next service standard review will be Mental Health Services.

D. Public Policy Committee (PPC) The Committee is monitoring budget developments at both federal and state levels. The \$65 million ADAP ask is included in the state budget. Efforts are underway to engage county legislative staff to clarify expectations.

8. Caucus, Task Force, and Work Group Reports

A. Aging Caucus

- The Caucus met on May 13th, with the next virtual meeting scheduled for July 8th.
- Dr. Laura Trejo from the County Department of Aging and Disabilities will present at the July 8th meeting.

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- Planning for the "Power and Aging Event" on September 19th, which will feature dynamic speakers, including Dr. Treyo. Promotional materials will be released after the July 8th meeting.

B. Black/AA Caucus.

- The Caucus last met on June 18th and continues to plan community listening sessions:
- July 9th: Centering voices of the black transgender community, in collaboration with the Transgender Caucus, to be held at AMAAD (registration open).
- Remaining two sessions will focus on youth and justice-involved individuals, and men who do not identify as MSM, in collaboration with community-based organizations like Walk Good LA, YMCA Baldwin Hills, and Street Poets.
- The next virtual caucus meeting will be held on July 17th at 4:00 PM.

C. Consumer Caucus.

- The July 10, 2025, meeting will focus on a listening session to hear from consumers and providers on system gaps and opportunities for improvement when Ryan White clients transition in and out of Medi-Cal. RWP Benefit Specialty Services providers have been invited to attend.

D. Transgender Caucus.

- The Caucus held a virtual listening session with 17-18 attendees; a summary will be reviewed at their July 22nd meeting.

E. Women's Caucus.

- The Caucus held a Spanish-language listening session on June 16th with four attendees. The low attendance was noted as potentially influenced by ongoing protests and fear.
- Another listening session is planned, facilitated by Dr. Spencer and Shelley Jones at Charles Drew University in South LA.

F. Housing Taskforce (HTF).

- The HTF is scheduled to meet virtually on Friday, June 27 at 9:00 AM.
- The agenda includes reviewing the housing survey and its dissemination strategy.
- Updates on the County Homeless Initiative Department and the new office will be discussed.
- Concerns regarding potential funding cuts to HOPWA are expected to be addressed in Congress.

Executive Committee Minutes

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V. NEXT STEPS

11. Task/Assignments Recap

- ✓ All approved motions will be elevated to the July 10, 2025, COH meeting for action, as appropriate.
- ✓ Staff will post public comment notice on the COH's website and disseminate for community comments. The public comments on the bylaws will be brought to the next Executive Committee meeting.
- ✓ Updates on transitional case management standards will be provided.
- ✓ Updates on budget negotiations will be shared.

12. Agenda development for the next meeting.

- PY 35 Operational Budget Updates
- COH Effectiveness Review & Restructure Updates
- Proposed Changes to Bylaws Updates
- Additional items as appropriate

VI. ANNOUNCEMENTS

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

- Tomorrow, June 27th, is National HIV Testing Day.
- Today, June 26th, marks "626 day," the 10th anniversary of same-sex marriage legalization.

VII. ADJOURNMENT

By consensus, the meeting was extended by 30 minutes, resulting in an adjournment at 3:30PM.



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	<ul style="list-style-type: none"> Review, analyze and hold data presentations (Feb-August COH meetings)
2	Integrated/Comprehensive Planning Comprehensive HIV Plan Development	PP&A Shared task with DHSP	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> July-September
4	Resource allocations/reallocations	PP&A	<ul style="list-style-type: none"> July-September Receive and review expenditure data – quarterly
5	Directives	PP&A	<ul style="list-style-type: none"> Complete by February 2025; secure COH approval by March 2025
6	Development of service standards	SBP Shared task with DHSP	<ul style="list-style-type: none"> Housing services Transitional case management
7	Assessment of the Efficiency of the Administrative Mechanism	Operations	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none">January- April 2025
10	MOU with DHSP	Co-Chairs and Executive Committee	<ul style="list-style-type: none">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.

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

FOR DISCUSSION /PLANNING PURPOSES ONLY

12.04.24; 12.30.24; 01.06.25; 2.19.25; 03.09.25; 03.24.25; 03.30.25; 4.19.25; 4.28.25

June, August and September Cancellations approved by the Executive Committee on 4/24/25

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

2025 Meeting Schedule and Topics - Commission Meetings	
Month	Key Discussion Topics/Presentations
1/9/25 @ The California Endowment Cancelled due to Day of Mourning for former President Jimmy Carter	Commission on HIV Restructure <i>**facilitated by Next Level Consulting and Collaborative Research**</i> 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 <i>**facilitated by Next Level Consulting and Collaborative Research**</i>
3/13/25 @ The California Endowment	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Contingency Planning RWP PY 35 Allocations • Year 33 Utilization Report for RW Core Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH) (Move to PP&A 4/15/25 meeting)

5/8/25 @ St. Anne's Conference Center	<ul style="list-style-type: none"> • Year 33 Utilization Report for RW Support Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH) (Move to PP&A 5/1/25 meeting) • Unmet Needs Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH) (Move to PP&A meeting, date TBD) • Approve 20% RWP funding scenario allocations • COH Restructuring Workgroups Report and Discussion • Housing Task Force Report of Housing and Legal Services Provider Consultations
6/12/25	<ul style="list-style-type: none"> • CANCELLED
7/10/25 @ Vermont Corridor	<ul style="list-style-type: none"> • COH Restructuring/Bylaws Updates • Medical Monitoring Project (Dr. Ekow Sey, DHSP) CONFIRMED • PURPOSE Study (Requested by Suzanne Molino, PharmD, Gilead Sciences, Inc.); CONFIRMED
8/14/25	CANCELLED
9/11/25	CANCELLED
10/9/25 @ Location TBD	TBD
11/14/24 @ Location TBD	ANNUAL CONFERENCE
12/12/24 @ Location TBD	TBD

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

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



2025 Commission on HIV Annual Meeting

Proposed Outline | For Discussion Purposes Only | Executive Committee 6.26.25

Unity and Compassion in Time of Political Uncertainty

DRAFT

November 13, 2025 | 9am to 4pm

St. Anne's Conference & Event Center

155 N. Occidental Blvd., Los Angeles CA 90026

PROGRAM OUTLINE	
8:30am - 9:00am	Breakfast / Registration
9:00am - 9:20am	Welcome and Opening Remarks by Co-Chairs
9:20am – 10:20am	Keynote: Los Angeles County State of HIV/STIs Mario Perez, Director (or designee), Division of HIV and STD Programs, Los Angeles County Department of Public Health
10:20am - 11:20am	Commission on HIV Restructuring and Enhanced Performance and Impact Next Level Consulting and Collaborative Research Co-Chair, Joseph Green and Danielle Campbell
11:30am – 12:30pm	LUNCH AND NETWORKING
12:30pm – 1:45pm	Panel Discussion: Impact of Censorship and Funding Cuts to HIV Research Possible speakers ??: <ol style="list-style-type: none">1. Rhodri Dierst-Davies, PhD, MPH, Director, CA HIV/AIDS Research Program2. Steve Shoptaw, PhD, Center Director, Administrative Core, Center for HIV Identification, Prevention, and Treatment Services (CHIPTS), University of California Los Angeles (UCLA)3. Jeffrey Klausner, MD, MPH, Clinical Professor of Medicine, Infectious Diseases, Population and Public Health Sciences, Klausner Research Group, University of Southern California (USC) Moderator: ??

1:45pm-2:45pm	Galvanizing Effectiveness Strategies for Community Action and Policy Advocacy NMAC? End the Epidemics Coalition, Ryan Cleary? ?
2:45pm-3:15pm	Community Call to Action <ul style="list-style-type: none"> - Opportunity for participants to brainstorm/identify ideas for collective action using information from morning keynote speaker and panel discussion. Moderator: ???
3:15pm - 3:30pm	Public Comments & Announcements
3:30pm-3:45pm	Closing, Evaluations and Recognitions

Expectations for Planning Council Support Staff*

Primary Responsibility of PC Support (PCS) Staff

Assist the PC/B to carry out its legislative responsibilities and to operate effectively as an independent planning body that works in partnership with the recipient.

Planning Council Support Function

The *Ryan White HIV/AIDS Program (RWHAP) Part A Manual* describes the PCS function:

“The planning council needs funding to carry out its responsibilities. HAB/DMHAP refers to these funds as ‘planning council support.’ Planning Council Support funds are part of the 10 percent administrative funds available to the grantee for managing the [RWHAP] Part A program. The planning council must negotiate the size of the planning council support budget with the grantee and is then responsible for developing and managing that budget within the grantee’s grants management structure.

“Planning council support funds may be used for such purposes as hiring staff, developing and carrying out needs assessments and estimating unmet need, sometimes with the help of consultants, conducting planning activities, holding meetings, and assuring PLWHA participation. [p 104]

“Planning council staff may be employed through the grantee’s payroll system, but measures must be taken to ensure that the planning council, not the grantee, directs the work of the planning council’s staff.”[p 105]

PCS Staff Responsibilities

The PCS staff can be hired through the municipal system or through a contractor but are responsible to the PC/B. PC/B leadership (usually the Chair/Co-Chairs and/or Executive Committee) sets priorities for staff, and should have a role in hiring and evaluating the performance of the PCS Manager. Other PCS staff (if any) report to the Manager.

Following is a summary of roles DMHAP expects PCS staff will play, though individual PC/Bs may establish additional or different responsibilities. In TGAs that have advisory planning bodies rather than planning councils, the recipient may play a larger role in determining planning body support staff roles and priorities.

1. *Staff committees and PC/B meetings:*

- Attend and provide assistance at every PC/B committee meeting unless the Committee decides it does not want staff support
- Work with Committee Chairs to ensure that committees have annual work plans with schedules, and that each meeting has an agenda, needed resource materials, and minutes documenting attendance, discussion, decisions, and recommendations to the full PC/B

* Prepared for DMHAP, April 2017, under Task Order 003111 through MSCG/Ryan White TAC

- Work with PC/B leadership to set agendas, arrange presentations, prepare meeting “packets,” and otherwise plan and coordinate PC/B meetings (including logistics such as meeting space, food, and transportation)
 - Ensure that all open meeting requirements (federal, state, and local) are met
 - Take notes and prepare minutes of PC/B meetings, and provide draft minutes to PC/B leadership for review and for eventual adoption at the next PC/B meeting
2. *Support the PC/B in implementing legislated tasks:*
- Facilitate and coordinate on-time completion of legislatively required and locally determined activities
 - Provide technical advice and support to specific committees in such tasks as needs assessment design, preparations for data presentations, and PSRA session planning
 - Assist in the development of PC/B policies and Standard Operating Procedures
 - Carry out direct planning activities when directed by the PC/B, such as design of needs assessment instruments, or aggregation of provider survey data for the assessment of the efficiency of the administrative mechanism (since PC/B members must not see individual provider responses)
 - Work with the PC/B to obtain external assistance where necessary to complete legislative tasks
 - Manage PC/B communications
 - Carry out other support as directed by the PC/B leadership (Chair/Co-Chairs and/or Executive Committee)
3. *Provide expert advice on Ryan White legislative requirements and HRSA/HAB regulations and expectations, and explain and interpret the PC/B’s Bylaws, policies, and procedures:*
- Have in-depth knowledge and understanding of RWHAP legislation, Policy Notices and Letters, Policy Clarification Notices (PCNs), the *RWHAP Part A Manual*, and other documents that provide guidance related to the work of PC/Bs, and be prepared to present and clarify relevant information as needed during a meeting – to ensure that the PC/B meets requirements, and to provide guidance when members are uncertain about HRSA/HAB requirements or expectations
 - Understand and ensure that the PC/B follows municipal requirements affecting boards and commissions or planning bodies
 - Keep updated on changes in policy that may affect the work of the PC/B
4. *Oversee a training program for members*
- Work with the assigned committee (often Membership) to ensure that new PC/B members receive a thorough orientation at the start of their service as members, including copies of key documents
 - Ensure that there is, at a minimum, annual training for members, and ideally, ongoing training to help the PC/B successfully carry out its responsibilities
 - Develop training specifically for PC/B leadership (Chairs of PC/B and committees)
 - Work with PC/B leaders in designing and delivering training directly, with members, or with external training assistance

- Obtain training materials from DMAHP and other RWHAP Part A programs that can help address PC/B training needs
 - Provide interactive training and facilitation that reflects sound practices and engages participants
5. *Encourage member involvement and retention, with special focus on consumers*
- Support the open nominations process, and assist the appropriate committee in disseminating information about opportunities for membership
 - Help the PC/B identify and resolve barriers to participation, especially by consumers and other PLWH
 - Assist with outreach and other efforts to engage consumers as committee or PC/B members
 - Be available to assist individual PC/B members with problems they encounter and to ensure they receiving needed mentoring and support, especially during their first year of membership
 - Support PLWH member expense reimbursement procedures, helping to ensure that they are understood and followed and that reimbursement is provided promptly
6. *Serve as liaison with the recipient, community, and sometimes the Chief Elected Official (CEO):*
- Help maintain a collaborative partnership between PC/B and recipient
 - Work with the recipient and PC/B to develop and/or implement an MOU between the PC/B and the recipient
 - Arrange recipient staff participation in committee meetings, to provide information and technical expertise
 - Communicate PC/B information/data and other requests for assistance to the recipient
 - Ensure that materials that should be shared with the recipient are provided promptly and the recipient is kept informed of PC/B activities and issues
 - Arrange/coordinate assistance to the recipient on behalf of the PC/B, such as preparation of PC/B sections of the annual RWHAP Part A application and provision of materials needed to meet Conditions of Grant Award related to the PC/B
 - Request recipient staff participation in training or other PC/B events as needed
 - Work with the recipient to request training and technical assistance from HRSA/HAB as needed
 - Serve as a liaison between the PC/B and the community, and support PC/B leadership outreach to the community
 - In some jurisdictions, maintain direct/official contact with the CEO and provide updates to the CEO's office on PC/B progress and concerns
7. *Help the PC manage its budget*
- Participate in annual negotiations between the PC/B and recipient concerning the amount of administrative funding that will be provided for PC support
 - Assist the PC/B in developing its budget, to ensure that support needs are met and all proposed expenditures meet both HRSA/HAB and municipal requirements
 - Provide the PC/B budget to the recipient in the agreed-upon format

- Manage and monitor expenditure of funds for the PC/B, following municipal requirements
- Receive a monthly report on PC/B expenditures from the recipient, and work with appropriate PC/B committee to review and where needed revise it
- Work with the recipient on any necessary contracting for PC support services such as consultants, ensuring a scope of work from the PC/B and PC/B involvement in selection of contractors, consistent with municipal requirements

PCS Qualifications

DMHAP has identified the following as desired qualifications for a PCS manager:

- Strong knowledge of planning and data
- Expertise in legislative mandates of a RWHAP Part A planning body
- Understanding of HRSA expectations for the planning process
- Ability and time to work with committees
- Ability to work with People Living with HIV/AIDS and diverse stakeholders
- Ability to facilitate a partnership between planning body and recipient

In addition, the following are very helpful:

- Strong oral and written communications skills, including use of clear, concise language
- Experience in facilitation and training, especially interactive training
- Group process skills such as team building, leadership development, and problem solving
- Experience in resolving conflicts
- Commitment to community planning and consumer engagement
- Knowledge of budgeting and expenditure monitoring



**COMMISSION RESTRUCTURE TRANSITION AND TIMELINE (5.05.25; 05.12.25; 06.04.25;
SUBJECT TO CHANGE)**

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

Task(s)/Activities	Responsibility	Timeline/ Completion
Present restructuring report and recommendations.	Consultants	May 8, 2025 COH meeting; Updates: Timeline walk through provided at 5/8/25 meeting; full presentation at 5/22/26 EC meeting.
Present restructuring report and recommendations.	Consultants	Presentation provided at May 22, 2025 EC meeting. Straw poll result: Exhibit B and reduced membership seats.
Present updated bylaws (based on restructuring report, recommendations and feedback). Concurrent CoCo reviews of bylaws and ordinance.	Commission staff, consultants, COH Co-Chairs	June 26, 2025 Executive Committee meeting
Present updated bylaws; start 30-day public comment period on bylaws. Line up final layers of review from CoCo, EO, and prepare for BOS approval of the ordinance. Cover letter to the BOS to include timeline and start date for the members March 1, 2026; align with RW Program Year March 1-Feb. 28)	Commission staff-Consultants	July 10, 2025 COH meeting
COH approve bylaws. Submit ordinance to BOS for approval.	Commission staff Commissioners	October 9, 2025

Transitional membership application and Open Nominations Process description disseminated to all accessible stakeholder constituencies, including current Commissioners. All interested members must apply/re-apply by completing and submitting their membership applications by published deadline.	Commission staff	October - November
Newly restructured COH highlighted at the Annual Conference.		Nov. 13, 2025
Organize and verify applications for completeness and accuracy.	Commission staff	Deadline to submit application November 14, 2025
All candidates for membership must sit for membership interviews.	Proposed interview panel: <ul style="list-style-type: none"> • Academic partners • EO Commission Services representative • Former Co-chairs and members not applying to serve on COH. • 1-2 people from other neighboring planning councils • 1-2 consumers not applying • Collaborative Research/Next Level Consulting • COH staff • 5 to 6 members 	November 17-21, 2025
Select initial cohort of candidates to recommend for membership nomination to the Commission and BOS.	Interview panel	November 21, 2025
COH approve initial cohort of members.	Commissioners	December 11, 2025
First cohort of membership nominations forwarded to the EO BOS for appointments.	Commission staff	December 11-12, 2025
BOS appointment of first cohort of new members to the new COH.	BOS	January-February 2026
First meeting of newly restructured COH.		March 12, 2026



Commission on HIV Restructuring for Enhanced Performance and Increased Impact

June 26, 2025



Issues Driving the Restructure

- ✓ HRSA site visit findings
- ✓ Changes in the field requiring additional stakeholders, capacity, and skill sets
- ✓ Concerns about meeting quorum
- ✓ Measure G implementation: review of commissions to determine continued relevancy and/or potential cost savings and efficiencies
- ✓ Strained resources, time, and competing priorities
- ✓ **Current composition is unsustainable and needs to evolve with the demands of the HIV epidemic**

Review of Steps Taken to Date

- ✓ Meeting with DHSP 12/24
- ✓ COH meeting 1/25
- ✓ COH meeting 2/25
- ✓ Discussion/focus groups 3/25
- ✓ Report based on findings
- ✓ Executive Committee Vote 5/25

DHSP & Community Feedback Le

Recommendations

DHSP Meeting & COH Meeting	RECOMMENDATION
1. Dramatically reduce the number of people on the Commission and focus only on RW responsibilities. If there is capacity and skill set, then expansion of roles may be considered.	<ul style="list-style-type: none"> • Reduce membership composition to 31-32, focusing on mandatory RW seats plus data/research expert • RW seats allows for representation of prevention experts to fulfil comprehensive HIV prevention and care planning
2. Establish regular sunset reviews of the Commission	<ul style="list-style-type: none"> • Incorporated in the ordinance and bylaws • Sunset reviews conducted by Commission Services/Executive Office
3. Reduce the frequency of meetings	<ul style="list-style-type: none"> • Meet 6 times during the year for the full planning council • Meet 6 times during the year for standing committees
4. Complete critical deliverables like <u>PSRA</u> and Integrated Plans.	<ul style="list-style-type: none"> • Standing committee structure options elevates PSRA and other core functions to COH level or Executive Committee level • Reduced standing committees, absorption of policy functions under Executive Committee • Focus caucus functions on enhanced community engagement under Community Membership and Engagement Committee
5. Member Skills and Representation of Priority Populations	<ul style="list-style-type: none"> • Term limits and membership rotation included in updated bylaws • With the new COH structure, all seats will be up for applications and selections in 2025

Focus Groups: Process & Content

Focus Group Sessions

- 5 In-Person Sessions
- 2 Virtual Sessions
- 36



Two Components Discussed:

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

Focus Group Results: Recommendations

Based on Participant Feedback

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

EXHIBIT A

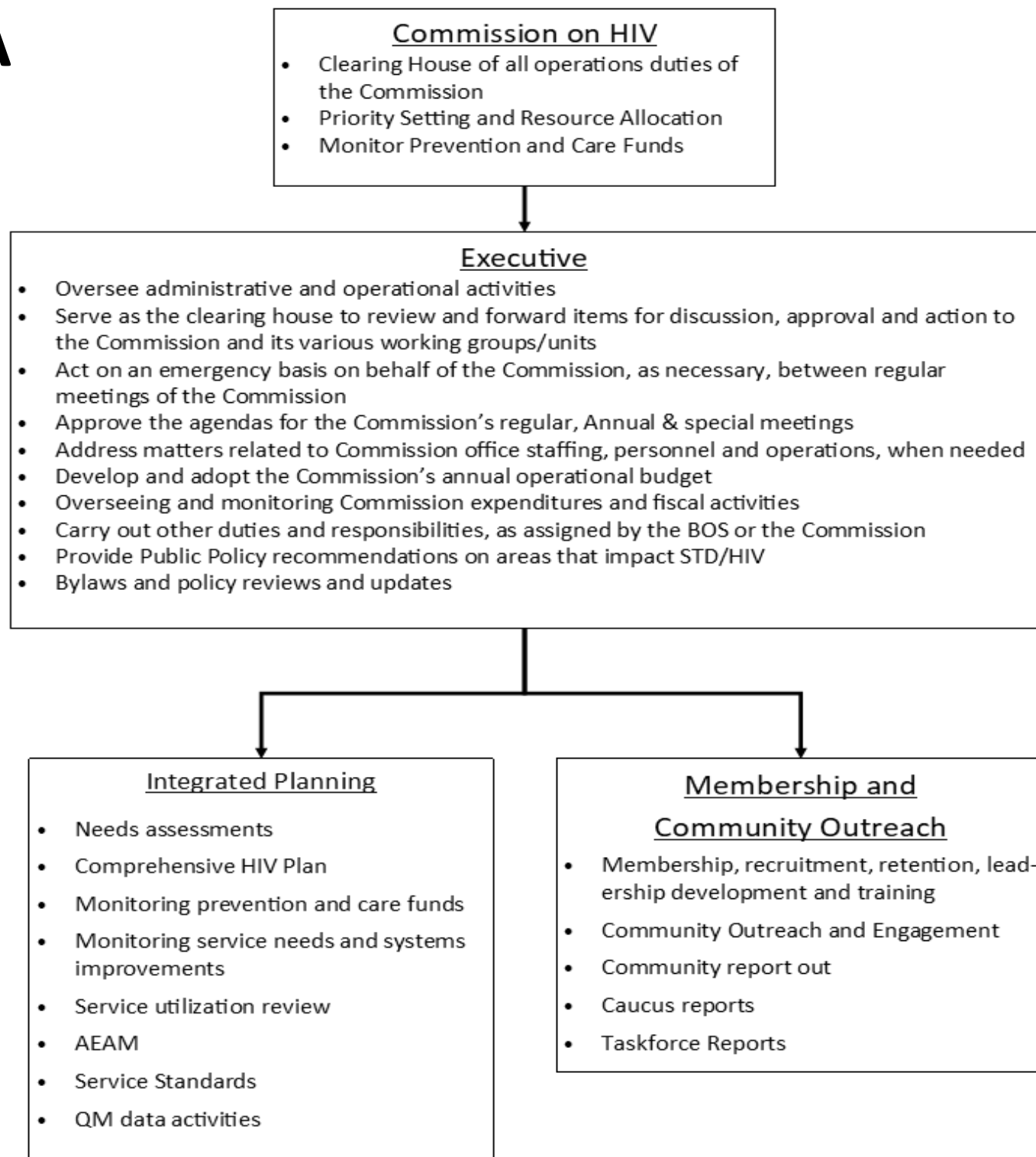
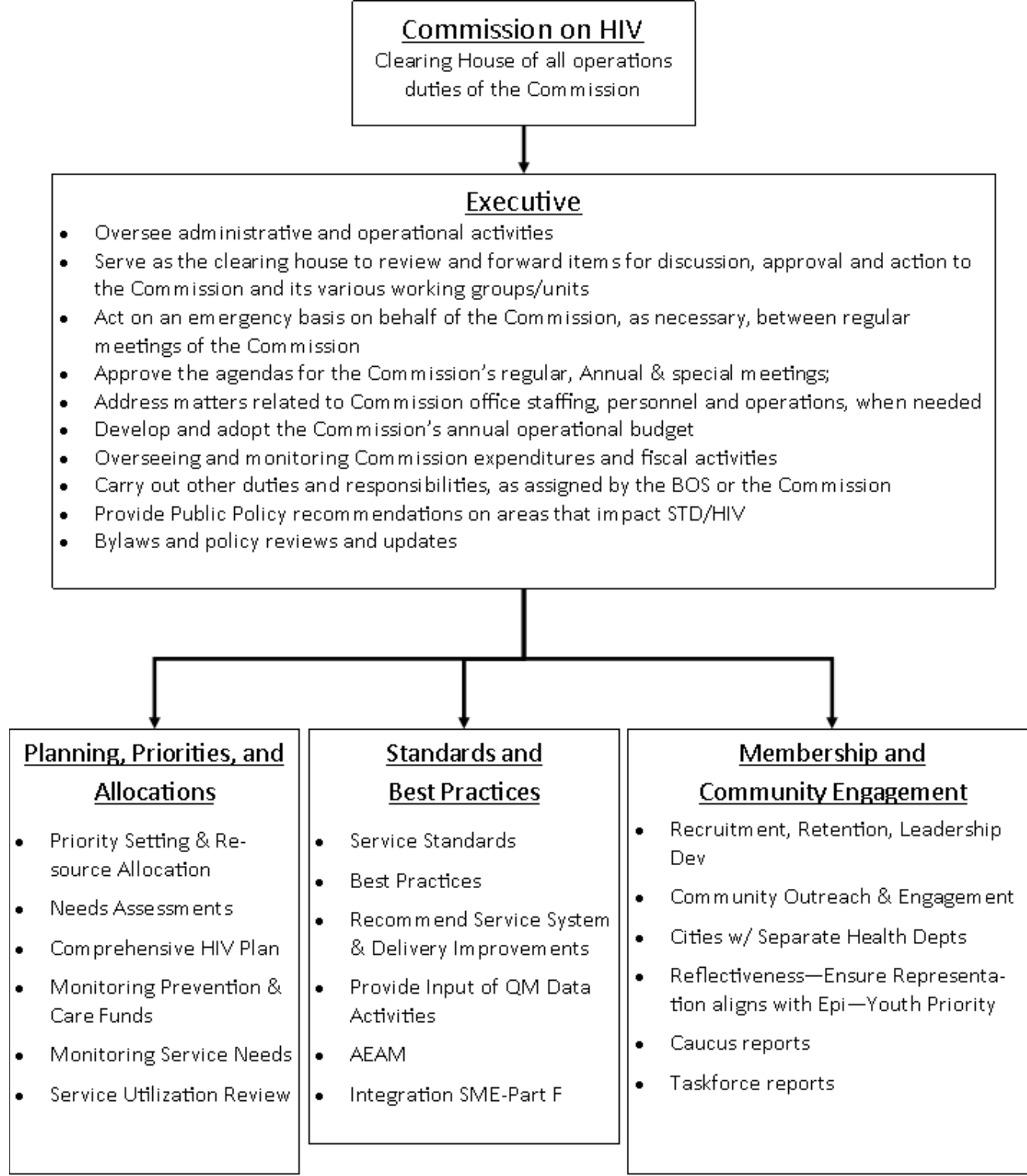
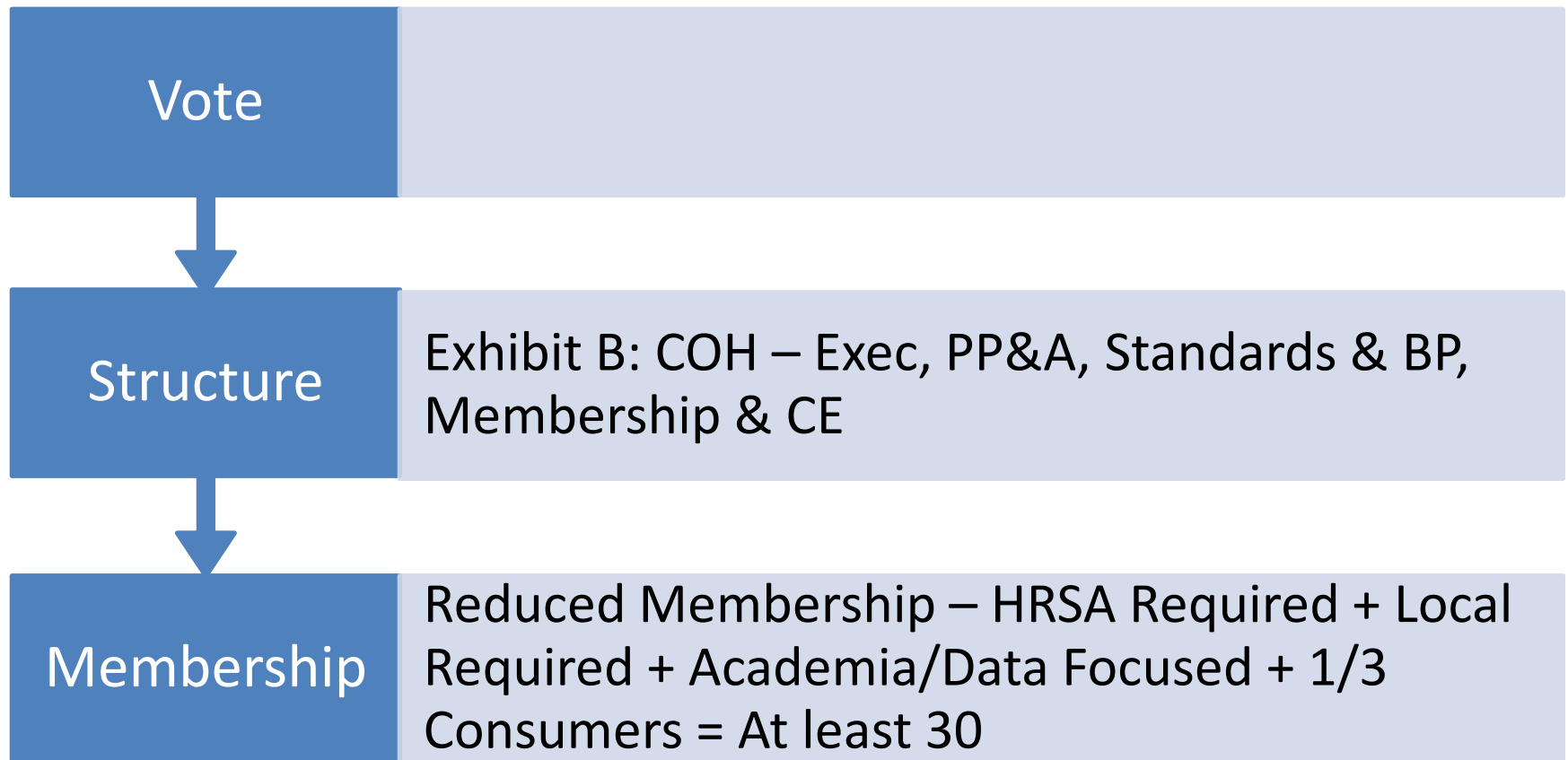


EXHIBIT B



COH RESTRUCTURE STRAW P



Bylaw Revisions to Reflect Vote Outcomes

- Review document



WORKGROUP OUTCOMES

LOS ANGELES COMMISSION ON HIV COMPREHENSIVE EFFECTIVENESS
REVIEW AND RESTRUCTURING PROJECT

MARCH 19-21, 2025

Commission on HIV – Workgroup Report: Restructuring

Introduction

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

Directive and Overview

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

Overarching Themes and Considerations

The workgroups identified several key themes and considerations for restructuring:

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

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

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

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

Committee Restructuring Discussion

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

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

Committee Restructuring Recommendations:

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

Membership Restructuring Discussion

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

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

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

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

Membership Recommendation:

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

Conclusion

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

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

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

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

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

Exhibit A

Restructure Recommendation 1

Commission of HIV

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

Executive Committee

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

Integrated Planning

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

Membership and Community Outreach

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

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

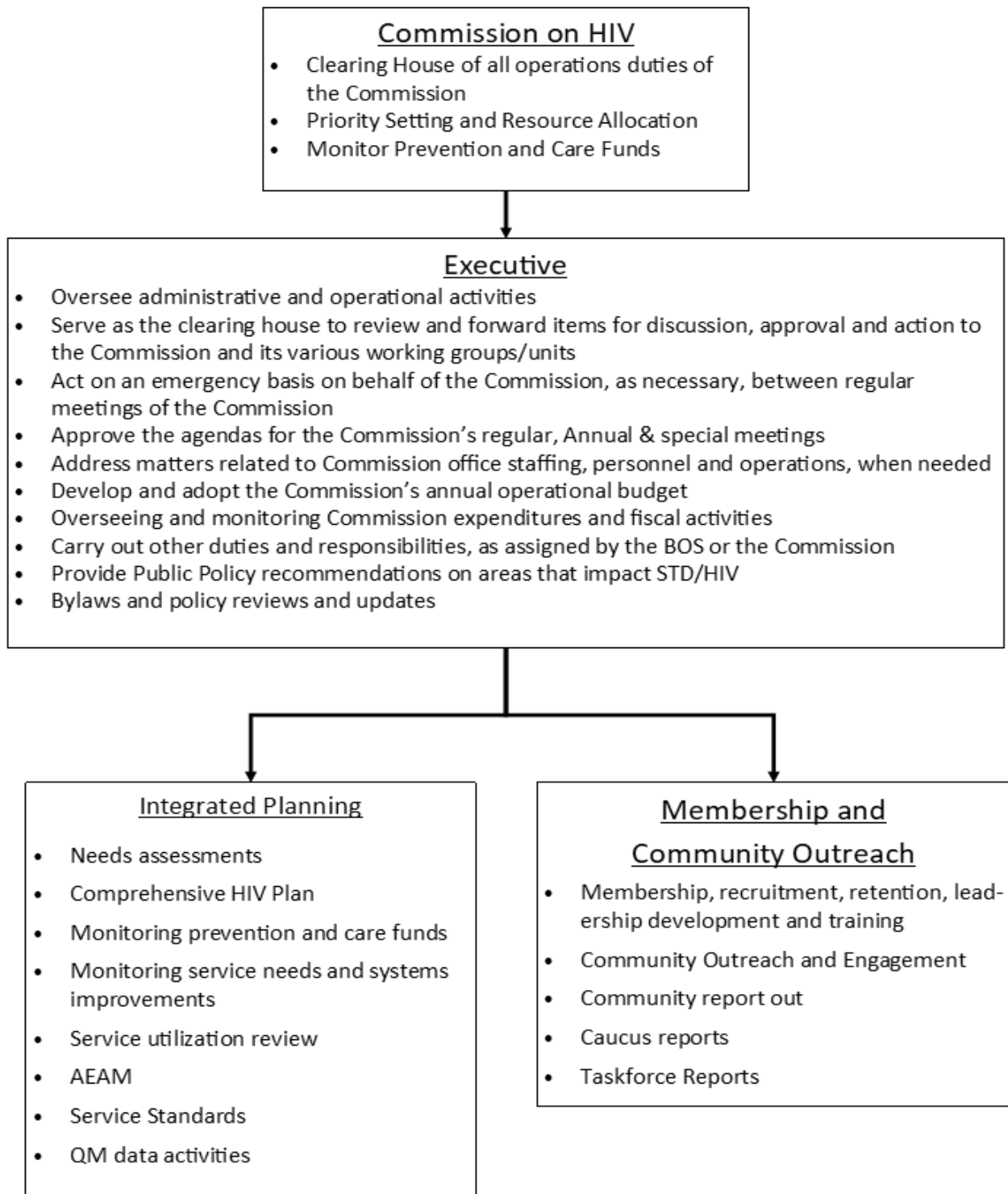


Figure 1 Exhibit A - Frequency is 6 times a year with P&R in a shorter timeframe closer together for the full Commission. Half-day planning session resulting in two separate days with one day priority ranking and one day allocation setting.

Exhibit B

Restructure Recommendation 2

Commission of HIV

- Clearing House of all operations duties of the Commission

Executive Committee

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

Planning, Priorities and Allocations

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

Standards and Best Practices

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

Membership and Community Outreach

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

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

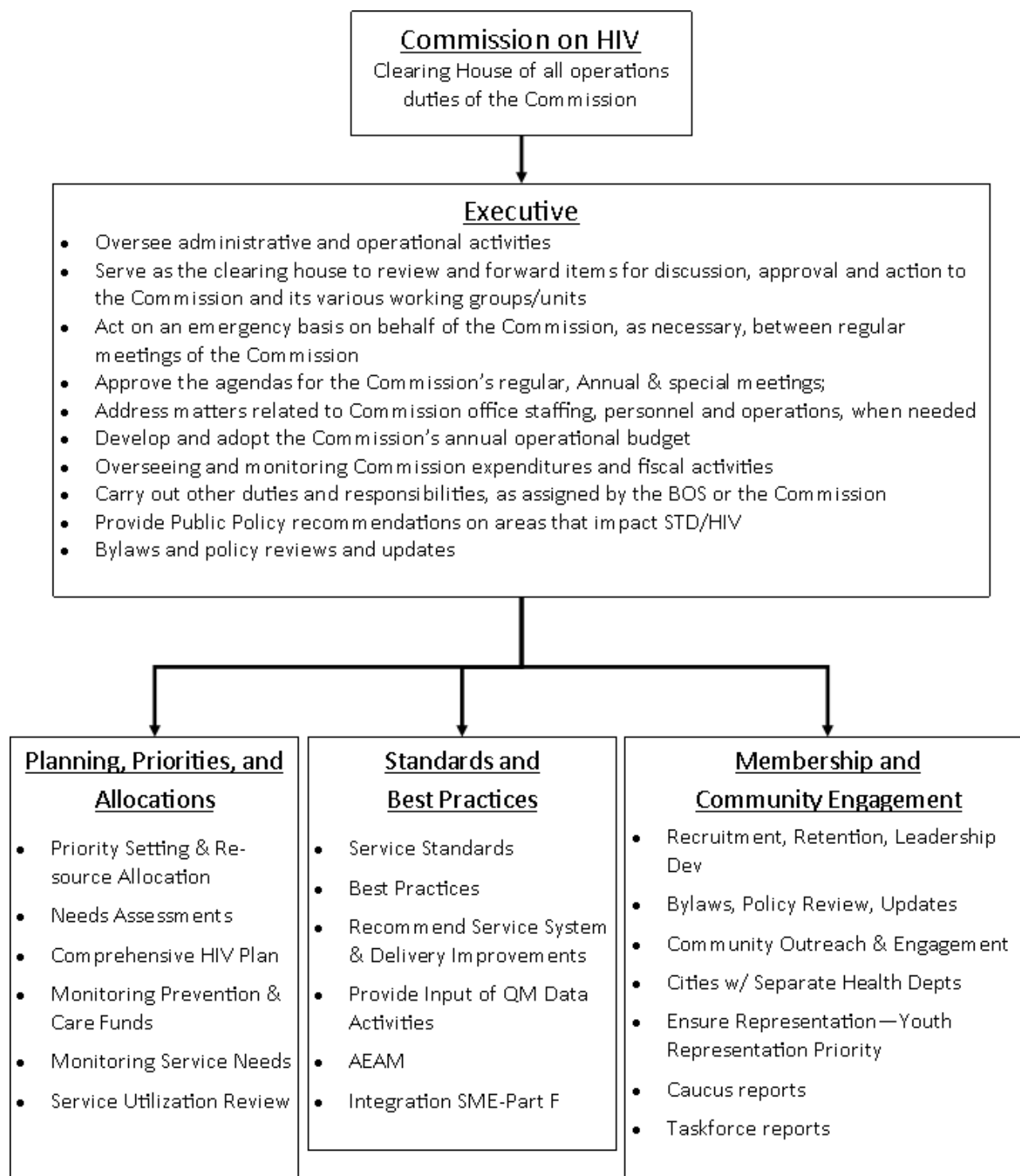


Figure 2 Exhibit B - All committees are to meet 6 times a year. Work PSRA into a multi-day longer session in the summer months, before the application is due, usually before August.



Commission on HIV Restructuring | DHSP & Community Feedback Checklist

DHSP (12/17/24 Meeting & Feb. 2025 COH Meeting)	RECOMMENDATION
1. Dramatically reduce the number of people on the Commission and focus only on RW responsibilities. If there is capacity and skills set, then expansion of roles may be considered.	<ul style="list-style-type: none"> • Reduce membership composition to 31-32, focusing on mandatory RW seats plus data/research expert • RW seats allows for representation of prevention experts to fulfil comprehensive HIV prevention and care planning
2. Establish regular sunset reviews of the Commission	<ul style="list-style-type: none"> • Incorporated in the ordinance and bylaws • Sunset reviews conducted by Commission Services/Executive Office
3. Reduce frequency of meetings	<ul style="list-style-type: none"> • Meet 6 times during the year for the full planning council • Meet 6 times during the year for standing committees
4. Complete critical deliverables like PSRA and Integrated Plans.	<ul style="list-style-type: none"> • Standing committee structure options elevates PSRA and other core functions to COH level or Executive Committee level • Reduced standing committees, absorption of policy functions under Executive Committee • Focus caucus functions on enhanced community engagement under Community Membership and Engagement Committee
5. Member Skills and Representation of Priority Populations	<ul style="list-style-type: none"> • Term limits and membership rotation included in updated bylaws • With the new COH structure, all seats will be up for applications and selections in 2025



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	<ul style="list-style-type: none"> Review, analyze and hold data presentations (Feb-August COH meetings)
2	Integrated/Comprehensive Planning Comprehensive HIV Plan Development	PP&A Shared task with DHSP	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> July-September
4	Resource allocations/reallocations	PP&A	<ul style="list-style-type: none"> July-September Receive and review expenditure data – quarterly
5	Directives	PP&A	<ul style="list-style-type: none"> Complete by February 2025; secure COH approval by March 2025
6	Development of service standards	SBP Shared task with DHSP	<ul style="list-style-type: none"> Housing services Transitional case management
7	Assessment of the Efficiency of the Administrative Mechanism	Operations	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none">January- April 2025
10	MOU with DHSP	Co-Chairs and Executive Committee	<ul style="list-style-type: none">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.



LOS ANGELES COUNTY COMMISSION ON HIV | PUBLIC COMMENTS RECEIVED ON PROPOSED CHANGES TO THE BYLAWS |

Public comment period: June 27, 2025 – July 27, 2025

#	Date Received	Name	Comments	Notes	Executive Committee Decision
1	6/29/25	Daryl Russell	Can the stipend portions always suggest a cost of living increase every two years to the stipend at least 10 percent?	<p>Stipends for unaffiliated consumers is addressed in the ordinance.</p> <p>Stipends are not salaries and not subject to COLAs. For reference, Social Security COLA is 2.5% for 2024.</p> <p>RWHAP Part A funds cannot be used to provide cash payments such as stipends or honoraria. (HRSA HAB RWAP Part A Manual, pg. 30)</p> <p>Where direct</p>	

				provision of the service is not possible or effective, store gift cards, 2 vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. (PCN 16-02)	
2	6/29/25	Daryl Russell	Where it speaks to stipends can it also say to increase unaffiliated consumers stipend to 500.00?	<p>Stipends for unaffiliated consumers is addressed in the ordinance.</p> <p>Ordinance language, pending BOS approval: <i>"The Commission shall establish, and the Executive Director shall implement, procedures governing eligibility and utilization of reimbursements, member services,</i></p>	

				<p><i>and/or stipends. Stipend amounts shall be up to, but not exceed, \$500 per month, and are subject to the availability of funding as determined by the Executive Director, in accordance with Commission policy and as reported to the Board.”</i></p>	
3	7/7/25	Daryl Russell	<p>I would like to suggest that the bylaws also state that the PP&A committee under the new structure have no more than 20% of those who have Ryan White and HIV prevention contracts from DHSP as committee members.</p> <p>Reason: This is a conflict of interest for those who receive funding from DHSP and will allow certain ones to be more reflected of the suggestion of DHSP and not the charge of the commission which is to have and reflect the interest of those living with HIV</p>	<p>Current COH practice is “no more than 2 people from same agency” may serve on the COH or a Committee.</p> <p>PSRA policy approved 7/11/24, states: “B. <i>Conflicts of interest are stated and followed. Commission members must state areas of conflict according to the approved</i></p>	

				<p><i>Conflict of Interest Policy at the beginning of meetings. As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual</i></p>	
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				<i>role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity. Any funded RWHAP Part A provider must declare all funded service categories (e.g., areas of conflict of interest) at the beginning of the meeting(s). They can participate in discussions, answer questions directed by other members, and can vote on priorities and allocations presented as a slate.”</i>	
4	7/8/25	Daryl Russell	In the bylaws, it should state that the need for Caucuses as part of the Commission is a driven force that is needed because they offer ongoing insight as to what is need in the community from those who are living with	Covered in the bylaws with additional information	

			<p>HIV. Reason: it helps the commission have ongoing need assessments and stay informed about the HIV population as whole and keep population within the HIV community.</p> <p>Those who receive DHSP and Prevention contracts on the PP& A committee shall not have any voting rights, only those who do not receive contracts from DHSP and Prevention shall have voting rights. Reason: It is a conflict of interest to vote on your funding source or any issues around your funding source suggestions.</p>	<p>covered under Policy 08.1102 Subordinate Commission Working Units: <i>“Caucus(es): The Commission establishes caucuses, as needed, to provide a forum for Commission members of designated “special populations” to discuss their Commission-related experiences and to strengthen that population’s voice in Commission deliberations.”</i></p> <p>See Conflicts of Interest policy in #4.</p>	
5	7/8/25	Daryl Russell	All members that receive DHSP and Prevention contracts or subcontracts having no vote rights in any COH voting items	See Conflicts of Interest policy in #4.	
6	7/10/25	Daryl Russell	I submitted a comment asking that 500-dollar stipend be	Current revised	

			stated in the bylaws all I also would like to also ask that the requires be a three-meeting attendance and no sliding scale be implemented.	policy: unaffiliated consumer members may receive \$50 per eligible meeting attended—including the Commission meeting, your assigned Committee meeting, and the Consumer Caucus meeting (up to \$150 per month).	
7	7/14/25	Emily Issa (County Counsel)	Make the membership number 33 (odd number) to avoid ties with votes.	Proposed bylaws show total voting membership at 32.	



LOS ANGELES COUNTY COMMISSION ON HIV



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GUIDING QUESTIONS FOR PUBLIC COMMENTS ON THE PROPOSED CHANGES TO THE COMMISSION ON HIV BYLAWS

Background:

The Los Angeles County Commission on HIV (COH) invites public comments on the proposed changes to its bylaws to align with Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations [letter](#), rectify areas of improvement and findings identified during the 2023 HRSA administrative site visit, and clarify certain sections.

For reference, the current COH bylaws is available [HERE](#).

Please email public comments to: HIVCOMM@LACHIV.ORG

The public comment period: June 27, 2025 – July 27, 2025

When providing public comments, consider responding to the following:

1. Are there sections in the document that are confusing or unclear? Please provide specific suggestions to clarify or improve language in the proposed bylaws revisions.
2. Do you believe the COH, as defined in the proposed bylaws, is fulfilling its intended role? Why or why not? What changes in the bylaws and overall structure of the body do you suggest?
3. Provide any additional comments/recommendations not discussed above.

Thank you for your feedback.

LOS ANGELES COUNTY COMMISSION ON HIV (COH)

SUMMARY OF KEY PROPOSED BYLAWS CHANGES

JUNE 27, 2025



BACKGROUND

- To align with Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectations [letter](#), rectify areas of improvement and findings identified during the 2023 HRSA administrative site visit, and clarify certain sections.
- The Commission on HIV (COH) discussed restructuring at standing meetings and various workshops with Commissioners and community members from January 2025 to March 2025.
- Feedback from the community was incorporated into the draft bylaws.
- The COH Effectiveness Review and Restructuring Report contains feedback from the community. Report is available [HERE](#).
- On June 26, 2025, the COH Executive Committee reviewed the proposed changes to the bylaws and approved a public comment period to elicit feedback from the community-at-large



LOS ANGELES COUNTY
COMMISSION ON HIV



PROPOSED KEY CHANGES

Composition:

- a. Change DHSP (Recipient/Part A Grantee) as non-voting member; does not count towards quorum (full Commission and DHSP staff assigned to standing Committees).
- b. 32 voting members, focusing on the required seats under the Ryan White Care Act.

Term of Office (Commissioners and Alternates) :

- a. 2-year staggered terms.
- b. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.

Committees:

- Reduce the number of standing committees from 5 to 4
- A more external community engagement role for the Operations Committee.
- Operations Committee name change to Membership and Community Engagement Committee
- Absorb policy and other functions into the Executive Committee or the Standards and Best Practices Committee.

PROPOSED KEY CHANGES

DHSP Role and Responsibility: “Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.”



LOS ANGELES COUNTY
COMMISSION ON HIV



PROPOSED KEY CHANGES

Conflict of Interest (COI): Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion ***and/or voting*** concerning that area of conflict, or funding for those services and/or to those agencies.

Code of Conduct:

- a. Applies to Commissioners and members of the public
- b. Included reference to Intra-Commission Grievance and Sanctions Procedures

PUBLIC COMMENT PERIOD AND INSTRUCTIONS

- Public Comment period: June 27, 2025-July 27, 2025
- For reference, the current COH bylaws is available [HERE](#).
- Email public comments to: HIVCOMM@LACHIV.ORG

When providing public comments, consider responding to the following:

1. Are there sections in the document that are confusing or unclear? Please provide specific suggestions to clarify or improve language in the proposed bylaws revisions.
1. Do you believe the COH, as defined in the proposed bylaws, is fulfilling its intended role? Why or why not? What changes in the bylaws and overall structure of the body do you suggest?
1. Provide any additional comments/recommendations not discussed above.



POLICY/PROCEDURE #06.1000	Bylaws of the Los Angeles County Commission on HIV	Page 1 of 24
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SUBJECT: The Bylaws of the Los Angeles County Commission on HIV.

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

BACKGROUND:

- **Health Resources and Services Administration (HRSA) Guidance:** “The planning council/planning body (PC/PB) (and its support staff) carry out complex tasks to ensure smooth and fair operations and processes. The development of bylaws, policies and procedures, memoranda of understanding, grievance procedures, and trainings are crucial for the success of the PC/PB. The work also involves establishing and maintaining a productive working relationship with the recipient, developing and managing a budget, and ensuring necessary staff support to accomplish the work. Establishing and operationalizing these policies, procedures, and systems facilitates the ability of the PC/PB to effectively meet its legislative duties and programmatic expectations.” [Ryan White HIV/AIDS Program Part A Manual, March 2023, III Chapter 5 (Planning Council and Planning Body Operations).
- **Centers for Disease Control and Prevention (CDC) Guidance:** “The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department’s Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction.”
- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures):** “The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation.”

POLICY:

- 1) Consistency with the Los Angeles County Code:** The Commission's Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 ("Ordinance"), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission's administrative, operational, and functional rules and requirements.
- 2) Commission Bylaws Review and Approval:** The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.
 - A.** The Commission will request the Ryan White HIV/AIDS Program (RWHAP) Part A project officer to review substantial changes to the Bylaws to ensure compliance and alignment with HRSA requirements.
 - B.** Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.
 - C.** Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

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

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

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

- services to individuals with HIV/AIDS; and
- iv. a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.
- j. Develop service standards for the organization and delivery of HIV care, treatment, and prevention services;
- k. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations, and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;
- l. Evaluate service effectiveness and assess the efficiency of the administrative mechanism, with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local EMA delivery of HIV services;
- m. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;
- n. Study, advise, and recommend policies and other actions/decisions to the BOS, DHSP, and other departments on matters related to HIV;

- o. Inform, educate, and disseminate information to consumers, specified target populations, providers, the public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment, and actively engage individuals and entities concerned about HIV;
- p. Provide an annual report to the BOS describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP, and other departments on HIV-related matters referred for review by the BOS, DHSP, or other departments;
- q. Act as the planning body for all HIV programs in DPH or funded by the County; and
- r. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A and B and CDC prevention funds expended by DHSP and the County for the provision of HIV-related services.

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

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

II. MEMBERS:

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

- A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.
- B. Alternates are appointed by the BOS to serve in place of a full seated unaffiliated consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities.
- C. Committee-only members are appointed by the Commission to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members.

Section 2. Composition. As defined by Los Angeles County Code 3.29.030 (*Membership*),

all members of the Commission shall serve at the pleasure of the BOS. The membership shall consist of 32 voting members and one non-voting member from DHSP. Members are nominated by the Commission and appointed by the BOS.

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

A. Specific Membership Required by the Ryan White CARE Act. Section 2602(b)(2) of the PHS Act lists 13 specific membership categories that must be represented on the Commission. These 15 membership categories include:

1. health care providers, including federally qualified health centers;
2. community-based organizations serving affected populations and AIDS service organizations;
3. social service providers, including providers of housing and homeless services;
4. mental health providers;
5. substance use providers
6. local public health agencies;
7. hospital planning agencies or health care planning agencies;
8. affected communities, including people with HIV/AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations;
9. non-elected community leaders;
10. State government (including the State Medicaid agency;
11. the agency administering the program under Part B)
12. recipients under subpart II of Part C;
13. recipients under section 2671 Part D, or if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area;
14. recipients of other federal HIV programs, including but not limited to providers of HIV prevention services; and
15. representatives of individuals who formerly were federal, State, or local prisoners released from the custody of the penal system during the preceding three years, and had HIV as of the date on which the individuals were so released.

B. Unaffiliated Consumer Membership. In accordance with RWHAP Part A legislative requirements outlined in Section 2602(b)(5)(C): REPRESENTATION, the Commission shall ensure that at least 33% (at least 11) of its members are consumers of RWHAP Part A services who are not aligned or affiliated with RWHAP Part A-funded providers as employees, consultants, or Board members.

Unaffiliated consumers should reflect the local HIV burden and geographic diversity of Los Angeles County.

- C. One representative from a local academic institution with subject matter expertise in HIV research and data translation.
- D. One non-voting member representative from DHSP - the RWHAP Recipient/Part A Recipient. Non-voting members do not count towards quorum.
- E. Five representatives, one recommended by each of the five Supervisorial offices.
- F. **Additional Government Members.** Representatives of government agencies and other sectors across Los Angeles County may be invited to participate in Commission or Committee meetings on an ad hoc basis as needed, without requiring appointment as Commission members.

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

- A. Commissioners may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- B. Alternate members may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.
- C. Committee-Only members serve two-year terms, beginning on the date of appointment. Committee-only members may reapply once their two-year term ends.
- D. Members (Full, Alternate, and Committee-only) may serve a maximum of three consecutive two-year terms (6 years total) and can reapply after a one-year break. Term limits are calculated from the approval date of these Bylaws.
- E. The Executive Committee may make an exception the term limits in order to meet representation requirements, including unaffiliated consumers, or the need for specific expertise.

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

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

from areas with high HIV and STD incidence and prevalence.

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

- A. "'Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities."
- B. "'Inclusion' is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included."
- C. "Representation" means that "members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise."

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

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

Section 9. Alternates. In accordance with Los Angeles County Code section 3.29.040 (*Alternate members*), any Commission member who has disclosed that they are living with HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary. Alternate members undergo the identical Open Nomination and Evaluation process as Commissioner candidates, submitting the same application and undergoing the same evaluation and scoring procedures.

Section 10. Committee-Only Membership. The Commission's standing committees may elect to nominate Committee-only members for appointment by the Commission to serve as voting members on the respective committees to

provide professional and/or lived experience expertise, as a means of further engaging community participation in the planning process.

Section 11. DHSP Role & Responsibility. DHSP, despite being a non-voting representative, plays a pivotal role in the Commission's work. As the RWHAP Recipient and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission's decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County. DHSP, the Commission Executive Director, and Co-Chairs, shall establish and maintain a Memorandum of Understanding (MOU) to a collaborative relationship for the common goal of ensuring compliance with Ryan White legislative requirements and supporting a well-functioning community planning process.

III. MEMBER REQUIREMENTS:

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

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

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

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

“secondary committee assignments” upon agreement of the Co-Chairs.

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

- A. As specified in Section 2602(b)(5)(A) of the RWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.
- B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWHAP funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.
- C. Further, in accordance with HRSA Part A Manual, March 2023, Conflict of Interest, Page 38, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

Section 4. Code of Conduct. All Commission members and members of the public are expected to adhere to the Commission’s approved Code of Conduct at Commission and sponsored meetings and events. Those in violation of the Code of Conduct will be subject to the Commission’s Policy #08.3302 Intra-Commission Grievance and Sanctions Procedures.

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

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

- A. The Commission, via its Membership and Community Engagement and Executive Committees, may recommend vacating a member’s seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member’s term is expired, or during

the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

IV. NOMINATION PROCESS:

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

- A. The Commission's Open Nominations Process is defined in Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nominations Process*) and related policies and procedures.
- B. Nomination of candidates that are forwarded to the BOS for appointment shall be made according to the policy and criteria adopted by the Commission.

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

- A. All candidates for first-time Commission membership shall be interviewed by the Membership and Community Engagement (MCE) Committee. Renewing members must complete an application and may be subject to an interview as determined by the MCE Committee.
- B. Any candidate may apply individually or through recommendation of other stakeholders or entities.
- C. Candidates cannot be recommended to the Commission or nominated by the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the MCE Committee.

Section 3. Appointments. Commissioners and Alternates must be appointed by the BOS.

V. MEETINGS:

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

- A. According to the RWHAP legislation, Council meetings must be open to the public with adequate notice. HRSA guidance extends these rules to Commission and committee meetings.

- B. The Commission and committee meetings are subject to the Brown Act.
- C. Specific public meeting requirements for Commission working units are detailed in Commission Policy #08.1102: Subordinate Commission Working Units.

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

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

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

Section 5. Regular meetings. In accordance with Los Angeles County Code section 3.29.060 (*Meetings and committees*), the Commission shall meet *at least* 6 times per year. Commission and committee meetings are held every other month, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee or committee Co-Chairs. The Executive Committee or Co-Chairs and committee Co-Chairs may convene additional meetings, as needed, to meet operational and programmatic needs.

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

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

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

Section 8. Robert's Rules of Order. All meetings of the Commission shall be conducted according to the current edition of "*Robert's Rules of Order, Newly Revised*,"

except where superseded by the Commission's Bylaws, policies/procedures, and/or applicable laws.

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

VI. RESOURCES:

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

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

- A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.
- B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and conditions of the award/funding.
- C. Costs and expenditures are enabled through a Departmental Service Order between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.
- D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles.

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

Section 4. Additional Revenues. The Commission may receive other grants and/or revenues for projects/activities within the scope of its duties and responsibilities,

as defined in these Bylaws Article I, Section 4. The Commission will follow County-approved procedures for allocating project-/activity-related costs and resources in the execution of those grants and/or fulfillment of revenue requirements.

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

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

- A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.
- B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or their delegated representative serves as the supervising authority of the Executive Director.

VII. POLICIES AND PROCEDURES:

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

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

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

be amended from time to time, as needed.

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

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

VIII. LEADERSHIP:

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

- A. One of the Co-Chairs must be a person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.
- B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term. The nominations and elections to fill the vacancy and complete the term will occur within 60 days of the resignation of the chair.
- C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.
- D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:
 1. Assign the members of the Commission to committees.
 2. Represent the Commission at functions, events, and other public activities, as necessary.
 3. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
 4. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
 5. Conduct the performance evaluation of the Executive Director, in

- consultation with the Executive Committee and the Executive Office of the BOS.
- 6. Chair or co-chair committee meetings in the absence of both committee co-chairs.
- 7. Serve as voting members on all committees when attending those meetings.
- 8. Act on behalf of the Commission or Executive Committee on emergency matters.
- 9. Attend to such other duties and responsibilities as assigned by the BOS or the Commission.

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

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

IX. COMMISSION WORK STRUCTURES:

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

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

Commission.

Section 3. Standing Committees. The Commission has established four standing committees: Executive; Membership and Community Engagement (MCE); Planning, Priorities and Allocations (PP&A); and Standards and Best Practices (SBP).

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

Section 5. Meetings. All committee meetings are open to the public, and the public is welcome to attend and participate. While members of the public do not have voting privileges, they play a critical role in informing discussions.

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

- A. The Commission is empowered to create caucuses of subsets of Commission members who are members of “key or priority populations” or “populations of interest” as identified in the comprehensive HIV plan, such as consumers. Caucuses are ongoing for as long as they are needed.
- B. Task forces are established to address a specific issue or need and may be ongoing or time limited.

X. EXECUTIVE COMMITTEE:

Section 1. Membership. The voting membership of the Executive Committee shall be comprised of the Commission Co-Chairs, the Committee Co-Chairs, three Executive Committee At-Large members who are elected by the Commission, subject matter expert(s) appointed by the Executive Committee necessary to fulfill the duties of the Commission, a person with public policy expertise, DHSP, as a non-voting member, and one of the Co-Chairs from the Caucuses. Caucus representatives on the Executive Committee must be Commissioners or Alternates

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

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

Policy/Procedure #06.1000: Commission Bylaws

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- A. Overseeing all Commission operational and administrative activities.
- B. Serving as the clearinghouse to review and forward items for discussion, approval and action to the Commission and its various working groups and units.
- C. Acting on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission.
- D. Approving the agendas for the Commission's regular, annual, and special meetings.
- E. Determining the annual Commission work plan and functional calendar of activities, in consultation with the committees and subordinate working units.
- F. Conducting strategic planning activities for the Commission.
- G. Adopting a Memorandum of Understanding ("MOU") with DHSP, if needed, and monitoring ongoing compliance with the MOU.
- H. Resolving potential grievances or internal complaints informally when possible and standing as a hearing committee for grievances and internal complaints.
- I. Making amendments, as needed, to the Ordinance, which governs Commission operations.
- J. Making amendments or revisions to the Bylaws consistent with the Ordinance and/or to reflect current and future goals, requirements and/or objectives.
- K. Recommending, developing, and implementing Commission policies and procedures and maintenance of the Commission's Policy/Procedure Manual.
- L. Advocating public policy issues at every level of government that impact Commission efforts to implement a continuum of HIV services or a service delivery system for Los Angeles County, consistent with the comprehensive HIV plan.
- M. Initiating policy initiatives that advance HIV care, treatment and prevention services and related interests.
- N. Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.
- O. Facilitating communication between government and legislative officials and the Commission.
- P. Recommending policy positions on governmental, administrative, and legislative action to the Commission, the BOS, other County departments, and other stakeholder constituencies, as appropriate.
- Q. Advocating specific public policy matters to the BOS, County departments, interests and bodies, and other stakeholder constituencies, as appropriate.
- R. Researching and implementing public policy activities in accordance with the

County's adopted legislative agendas.

- S. Advancing specific Commission initiatives related to its work into the public policy arena; and
- T. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.
- U. Addressing matters related to Commission office staffing, personnel, and operations, when needed.
- V. Developing and adopting the Commission's annual operational budget.
- W. Overseeing and monitoring Commission expenditures and fiscal activities.
- X. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

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

XI. MEMBERSHIP AND COMMUNITY ENGAGEMENT COMMITTEE:

Section 1. Voting Membership. The voting membership of the Membership and Community Engagement Committee shall be comprised of the Executive Committee At-Large members; representatives from the Cities of Los Angeles, Pasadena, Long Beach, and West Hollywood; representative from the youth community; academics/behavioral scientists; members assigned by the Commission Co-Chairs; and the Commission Co-Chairs when attending.

Section 2. Responsibilities. The Membership and Community Engagement Committee is charged with the following responsibilities:

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

(job descriptions).

- F. Recommending and nominating, as appropriate, candidates for committee, task force, and other work group membership to the Commission.
- G. Coordinating ongoing community outreach, public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.
- H. Working with local stakeholders to ensure their representation and involvement in the Commission and in its activities.
- I. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.
- J. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

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

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

- A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.
- B. Overseeing development and updating of the comprehensive HIV plan and monitoring implementation of the plan.
- C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV-related funding.
- D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system.
- E. Monitoring the use of funds to ensure they are consistent with the Commission's allocations.
- F. Recommending revised allocations for Commission approval, as necessary.
- G. Coordinating planning, funding, and service delivery to ensure funds are used to fill gaps and do not duplicate services provided by other funding sources and/or health care delivery systems.

- H. Developing strategies to identify, document, and address “unmet need” and to identify people living with HIV who are unaware of their status, make HIV testing available, and bring them into care.
- I. Collaborating with DHSP to ensure the effective integration and implementation of the continuum of HIV services.
- J. Reviewing monthly fiscal reporting data for HIV and STD expenditures by funding source, service category, service utilization and/or type of activity.
- K. Monitoring, reporting, and making recommendations about unspent funds.
- L. Identifying, accessing, and expanding other financial resources to meet Los Angeles County’s HIV service needs.
- M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XII. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

Section 1. Voting Membership. The voting membership of the SBP Committee shall be comprised of members assigned by the Commission Co-Chairs; Committee-Only members as nominated by the committee; a representative from local Part F organization; and the Commission Co-Chairs when attending.

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

- A. Working with DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.
- B. Identifying, reviewing, developing, disseminating, and evaluating service standards for HIV and STD services.
- C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of “best practices”.
- D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.
- E. Developing and defining directives for implementation of services and service models.
- F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.
- G. Identifying and recommending solutions for service gaps.
- H. Ensuring that the basic level of care and prevention services throughout Los

Angeles County is consistent in both comprehensiveness and quality through the development, implementation, and use of outcome measures.

- I. Reviewing aggregate service utilization, delivery, and/or quality management information from DHSP, as appropriate.
- J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity, and best practices.
- K. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations
- L. Verifying system compliance with standards by reviewing contract and Request For Proposal (RFP) templates.
- M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

- A. Actions or communications that are clearly within the policies of the Commission and have been authorized in advance by the Commission.
- B. Actions or communications by the officers that are necessary for and/or incidental to the discharge of duties imposed upon them by these Bylaws, policies/procedures and/or resolutions/decisions of the Commission.
- C. Communications addressed to other members of the Commission or to its staff, within Brown Act rules and requirements.

XVI. AMENDMENTS: The Commission shall have the power to amend or revise these Bylaws at any meeting at which a quorum is present, provided that written notice of the proposed change(s) is given at least 10 days prior to such meeting. In no event shall these Bylaws be changed in such a manner as to conflict with Chapter 29 of the Los Angeles County Code establishing the Commission and governing its activities and operations, or with CDC, RWHAP, and HRSA requirements.

**NOTED AND
APPROVED:**

**EFFECTIVE
DATE:**

July 11, 2013

Originally Adopted: 3/15/1995

*Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005,
9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 2/8/24;8/25/24; 6/26/25*

REVISION HISTORY	
COH Approval Date	Justification/Reason for Updates
3.15.1995	Original Adoption
1.27.1998	Standard Review
10.14.1999	Standard Review
8.28.2002	Standard Review
9.8.2005	Standard Review
9.14.2006	Standard Review
7.1.2009	Standard Review
2.9.2012	Standard Review
5.2.2013	Integration of Prevention Planning Committee & COH
7.11.2013	Integration of Prevention Planning Committee & COH
12.12.23	First review by OPS/EXEC Committees. Proposed updates include HRSA findings compliance as determined by the Bylaws Review Taskforce (BRT).
2.8.24	Review by COH.
2.12.24	Open Public Comment Period: 2/12/24-3/14/24
6.26.25	Open Public Comment Period: 6/27/25-7/27/25

SERVICE STANDARDS REVISION DATE TRACKER FOR PLANNING PURPOSES

Last updated: 06/18/25

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

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

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

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



HRSA Service Category	COH Standard Title	DHSP Service	Description	Notes
Home and Community-Based Health Services	Home-Based Case Management	Home-Based Case Management	Specialized home care for homebound clients.	Last approved by COH: 9/9/2022
Hospice	Hospice Services	Hospice Services	Helping terminally ill clients approach death with dignity and comfort.	Last approved by COH: 5/2/2017
Housing	Housing Services: Permanent Supportive	Housing For Health	Supportive housing rental subsidy program of LA County Department of Health Services.	Last approved by COH: 4/10/2025
Housing	Housing Services: Residential Care Facility for Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF)	Housing Services RCFCI/TRCF	RCFCI: Home-like housing that provides 24-hour care. TRCF: Short-term housing that provides 24-hour assistance to clients with independent living skills.	Last approved by COH: 4/10/2025
Legal Services	Legal Services	Legal Services	Legal information, representation, advice, and services.	Last approved by COH: 7/12/2018
Linguistic Services	Language Interpretation Services	Language Services	Interpretation (oral and written) and translation assistance to assist communication between clients and their healthcare providers.	Last approved by COH: 5/2/2017
Medical Case Management	Medical Care Coordination (MCC)	Medical Care Coordination	HIV care coordination through a team of health providers to improve quality of life.	Last approved by COH: 1/11/2024
	Treatment Education Services	Treatment Education Services	Provide ongoing education and support to ensure compliance with a client's prescribed treatment regimen and help identify and overcome barriers to adherence.	Last approved by COH: 5/2/2017
Medical Nutrition Therapy	Medical Nutrition Therapy Services	Medical Nutrition Therapy	Nutrition assessment and screening, and appropriate inventions and treatments to maintain and optimize nutrition	Last approved by COH: 5/2/2017

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



HRSA Service Category	COH Standard Title	DHSP Service	Description	Notes
			status and self-management skills to help treat HIV disease.	
Medical Transportation	Transportation Services	Medical Transportation	Ride services to medical and social services appointments.	Last approved by COH: 2/13/2025
Mental Health Services	Mental Health Services	Mental Health Services	Psychiatry, psychotherapy, and counseling services.	Last approved by COH: 5/2/2017 <i>SBP will begin review in August 2025.</i>
Non-Medical Case Management	Benefits Specialty Services (BSS)	Benefits Specialty Services	Assistance navigating public and/or private benefits and programs.	Last approved by COH: 9/8/2022
	Patient Support Services (PSS)	Patient Support Services	Provide interventions that target behavioral, emotional, social, or environmental factors that negatively affect health outcomes with the aim of improving an individual's health functioning and overall well-being.	New service standard currently under development. <i>SBP will continue review on 7/1/2025.</i>
	Transitional Case Management: Justice-Involved Individuals	Transitional Case Management- Jails	Support for post-release linkage and engagement in HIV care.	Last approved by COH: 12/8/2022 Currently under review. <i>SBP will continue review on 7/1/2025.</i>
	Transitional Case Management: Youth	Transitional Case Management- Youth	Coordinates services designed to promote access to and utilization of HIV care by identifying and linking youth living with HIV/AIDS to HIV medical and supportive services.	Last approved by COH: 12/8/2022 Currently under review. <i>SBP will continue review on 7/1/2025.</i>
	Transitional Case Management: Older Adults 50+	N/A	Coordinate transition between systems of care for older adults 50+ living with HIV/AIDS.	Last approved by COH: 12/8/2022 <i>New service standard currently under development.</i>
Oral Health Care	Oral Health Care Services	Oral Health Services	General and specialty dental care services.	Last approved by COH: 4/13/2023
Outpatient/Ambulatory Health Services	Ambulatory Outpatient Medical (AOM)	Ambulatory Outpatient Medical	HIV medical care accessed through a medical provider.	Last approved by COH: 2/13/2025
Outreach Services	Outreach Services	Linkage and Retention Program	Promote access to and engagement in appropriate services for people newly diagnosed or identified as	Last approved by COH: 5/2/2017

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



HRSA Service Category	COH Standard Title	DHSP Service	Description	Notes
			living with HIV and those lost or returning to treatment.	
Permanency Planning	Permanency Planning	Permanency Planning	Provision of legal counsel and assistance regarding the preparation of custody options for legal dependents or minor children or PLWH including guardianship, joint custody, joint guardianship and adoption.	Last approved by COH: 5/2/2017
Psychosocial Support Services	Psychosocial Support Services	Psychosocial Support Services	Help PLWH cope with their diagnosis and any other psychosocial stressors they may be experiencing through counseling services and mental health support.	Last approved by COH: 9/10/2020
Referral for Health Care and Support Services	Referral Services	Referral	Developing referral directories and coordinating public awareness about referral directories and available referral services.	Last approved by COH: 5/2/2017
Substance Abuse Services (residential) Substance Abuse Outpatient Care	Substance Use Disorder and Residential Treatment Services	Substance Use Disorder Transitional Housing	Temporary residential housing that includes screening, assessment, diagnosis, and treatment of drug or alcohol use disorders.	Last approved by COH: 1/13/2022
N/A	Universal Standards and Client Bill of Rights and Responsibilities	N/A	Establishes the minimum standards of care necessary to achieve optimal health among PLWH, regardless of where services are received in the County. These standards apply to all services.	Last approved by COH: 1/11/2024 <i>Not a program—SBP committee will review this document on a bi-annual basis or as necessary per community stakeholder, contracted agency, or COH request.</i>

Service Standard Development



LOS ANGELES COUNTY
COMMISSION ON HIV



KEYWORDS AND ACRONYMS

BOS: Board of Supervisors

COH: Commission on HIV

SBP: Standards and Best Practices

DHSP: Division of HIV & STD Programs

RFP: Request for Proposal

HRSA: Health Resources and Services Administration

HAB: HIV/AIDS Bureau

RWHAP: Ryan White HIV/AIDS Program

PSRA: Priority Setting and Resource Allocations

PCN: Policy Clarification Notice

WHAT ARE SERVICE STANDARDS?

Service Standards establish the minimal level of service of care for consumers in Los Angeles County. Service standards outline the elements and expectations a RWHAP service provider must follow when implementing a specific Service Category **to ensure that all RWHAP service providers offer the same basic service components.**

WHAT ARE SERVICE CATEGORIES?

Service categories are the services funded by the RWHAP as part of a comprehensive service delivery system for people with HIV to improve retention in medical care and viral suppression.

Services fall under two categories: **Core Medical Services** and **Support Services**. [The COH develops service standards for 13 Core Medical Services, and 17 Support services.](#) As an integrated planning body for HIV prevention and care services, the COH also develops service standards for 11 Prevention Services.

A key resource the SBP Committee utilizes when developing services standards is the [HRSA/HAB PCN 16-02](#) which **defines and provides program guidance for each of the Core Medical and Support Services** and defines individuals who are eligible to receive these RWHAP services.

HRSA/HAB GUIDANCE FOR SERVICE STANDARDS

- Must be consistent with Health and Human Services guidelines on HIV care and treatment and the HRSA/HAB standards and performance measures and the National Monitoring Standards.
- Should NOT include HRSA/HAB performance measures or health outcomes.
- Should be developed at the local level.
- Are required for every funded service category.
- Should include input from providers, consumers, and subject matter experts.
- Be publicly accessible and consumer friendly.

COH SERVICE STANDARDS

Universal Service Standards

- General agency policies and procedures
 - Intake and Eligibility
 - Staff Requirements and Qualifications
 - Cultural and Linguistic Competence
 - Referrals and Case Closures
- Client Bill of Rights and Responsibilities

Category-Specific Service Standards

- Include link to Universal Service Standards
- Core Medical Services
- Support Services

Service Standards General Structure

- Introduction
- Service Overview
- Service Components
- Table of Standards & Documentation requirements

REMINDER







Service standards are meant to be flexible, not prescriptive, or too specific. Flexible service standards allow service providers to adjust service delivery to meet the needs of individual clients and reduce the need for frequent revisions/updates.

DEVELOPING SERVICE STANDARDS

Service standard development is a joint responsibility shared by DHSP and the COH. There is no required format or specific process defined by HRSA HAB. The [SBP Committee](#) leads the service standard development process for the COH.

SERVICE STANDARD DEVELOPMENT PROCESS

SBP REVIEW 	<ul style="list-style-type: none">• Develop review schedule based on service rankings, DHSP RFP schedule, a consumer/provider/service concern, or in response to changes in the HIV continuum of care.• Conduct review/revision of service standards which includes seeking input from consumers, subject matter experts, and service providers.• Post revised service standards document for public comment period on COH website.
COH REVIEW 	<ul style="list-style-type: none">• After SBP has agreed on all revisions, SBP holds a vote to approve.• Once approved, the document is elevated to Executive Committee and COH for approval.• COH reviews the revised/updates service standards and holds vote to approve. Once approved, the document is sent to DHSP.
DISSEMINATION 	<ul style="list-style-type: none">• Service standards are posted on COH website for public viewing and to encourage use by non-RWP providers.• DHSP uses service standards when developing RFPs, contracts, and for monitoring/quality assurance activities.
CYCLE REPEATS 	<ul style="list-style-type: none">• Service standards undergo revisions at least every 3 years or as needed.• DHSP provides summary information to COH on the extent to which service standards are being met to assist with identifying possible need for revisions to service standards.

together.

WE CAN END HIV IN OUR COMMUNITY ONCE AND FOR ALL

For additional information about the COH, please visit our website at: <http://hiv.lacounty.gov>

Subscribe to the COH email list: <https://tinyurl.com/y83ynuzt>



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>





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 electrónico:
dhspsupport@ph.lacounty.gov

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

