LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
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COMMISSION ON HIV MEETING

Thursday, February 13, 2025
9:00am-12:00pm (PST)

****CHANGE IN MEETING VENUE****
THE CALIFORNIA ENDOWMENT
Conference Room: Beatriz Solis A
1000 N. Alameda Street, Los Angeles, CA 90012
Free On-Site Parking | Map/Directions

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/ra6b6ece46fc60f23ea7563e801ab471b

Notice of Teleconferencing Sites

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

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

Public Comments

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

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

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

Accommodations

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

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

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

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

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

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

THURSDAY, FEBRUARY 13, 2025 | 9:00 AM – 12:00 PM

****CHANGE IN LOCATION****
THE CALIFORNIA ENDOWMENT
CENTER FOR HEALTHY COMMUNITIES
Conference Room: Beatriz Solis A
1000 N. Alameda Street, Los Angeles, CA 90012
Free On-Site Parking | Map/Directions

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

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

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/ra6b6ece46fc60f23ea7563e801ab471b
JOIN BY PHONE
+1-213-306-3065 Access code: 2539 695 1226

AGENDA POSTED: February 7, 2025

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

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

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

1. ADMINISTRATIVE MATTERS

A.	Call to Order, Roll Call/COI & Meeting Guidelines/Reminders		9:00 AM – 9:03 AM
B.	Approval of Agenda	**MOTION #1**	9:03 AM – 9:05 AM
C.	County Land Acknowledgment		9:05 AM – 9:07 AM
D.	Consent Calendar	**MOTION #2**	9:07 AM – 9:10 AM
E.	Approval of Meeting Minutes	**MOTION #3**	9:10 AM – 9:12 AM

2. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment *(Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE, or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)* 9:12 AM – 9:15 AM

B. Commissioner Comment *(Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. Comments may not exceed 2 minutes per member.)* 9:15 AM – 9:18 AM

3. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/Staff Report 9:18 AM – 9:25 AM

(1) 2024 Annual Report

(2) 2025 COH Meeting Schedule

(3) COH Effectiveness Review & Restructuring Project

B. Co-Chairs' Report 9:25 AM – 9:30 AM

(1) Welcome and Vision for 2025

C. 2025-2027 COH Co-Chair Open Nominations & Election 9:30 AM – 9:35 AM

D. DISCUSSION: Comprehensive Effectiveness Review & Restructuring Project 9:35 AM – 10:45 AM

Led by consultants from Collaborative Research and Next Level Consulting, this discussion will kick off a series of community discussions and activities to assess the COH's efficiency and effectiveness through a thorough review and restructuring process. Key topics include size, scope, duty statements, committees, subgroups, and meeting frequency. This discussion will gather input from Commissioners and the community to guide actionable improvements and ensure the COH meets evolving needs.

4. STANDING COMMITTEE REPORTS – I 10:45 AM – 11:05 AM

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

(1) Ryan White Program (RWP) Years 35-37 Directives
(2) Paradigm and Operating Values **(MOTION #4)**
(3) 2027-2031 Integrated HIV Prevention and Care Plan Planning

B. Operations Committee

(1) Membership Management
  a. Resignations
    - Felipe Findley
    - Matthew Muhonen
  b. Seat Vacates
    - Ronnie Osorio **(MOTION #5)**
  c. Seat Changes
    - Arburtha Franklin from Alternate (Seat #27) to HIV Stakeholder Representative #4 seat **(MOTION #6)**
    - Dr. David Hardy from Alternate (Seat #34) to Provider Representative #7 seat **(MOTION #7)**
  d. New Membership Applications
    - Ismael Salamanca | City of Long Beach Representative (Seat #3) **(MOTION #8)**
    - Joaquin Gutierrez |Alternate (Seat #21) **(MOTION #9)**
    - Carlos Vega-Matos | Alternate (Seat # 26) **(MOTION #10)**
    - Aaron Raines | Alternate (Seat #28) **(MOTION #11)**
    - Sabel Samone-Loreca | Alternate (Seat #29) **(MOTION #12)**
    - Reverend Gerald Green |Alternate (Seat #32) **(MOTION #13)**
    - Jeremy Mitchell (Jet Finley) | Alternate (Seat #33) **(MOTION #14)**
  e. Committee-Only Membership Applications
    - Rob Lester | Planning, Priorities & Allocations (PP&A) Committee **(MOTION #15)**
    - Caitlin Dolan | Standards & Best Practices Committee **(MOTION #16)**
    - OM Davis | Public Policy Committee **(MOTION #17)**
(2) Assessment of the Efficiency of the Administrative Mechanism (AEAM)
(3) 2025 Training Schedule
(4) Recruitment, Retention & Engagement

C. Standards and Best Practices (SBP) Committee

(1) Ambulatory Outpatient Medical (AOM) Service Standards **(MOTION #18)**
(2) Emergency Financial Assistance (EFA) Service Standards **(MOTION #19)**
(3) Transportation Service Standards **(MOTION #20)**
(4) Service Standards Schedule & Tracker

5. STANDING COMMITTEE REPORTS – I (cont'd) 10:45 AM – 11:05 AM

D. Public Policy Committee (PPC)

(1) Federal, State, County Policy, Legislation & Budget

E. Caucus, Task Force, and Work Group Reports: 11:05 AM – 11:10 AM

(1) Aging Caucus
(2) Black/AA Caucus
(3) Consumer Caucus
(4) Transgender Caucus
(5) Women's Caucus
(6) Housing Task Force

6. MANAGEMENT/ADMINISTRATIVE REPORTS – II

A. LA County Department of Public Health Report 11:10 AM – 11:30 AM

(1) Division of HIV/STD Programs (DHSP) (RWP Grantee/Part A Representative)
   a. Programmatic and Fiscal Updates
   b. Ending the HIV Epidemic (EHE) Updates
   c. Other Updates: Impact of Federal Executive Orders and Support Needed from the Community Updates

B. California Office of AIDS (OA) Report (Part B Representative) 11:30 PM – 11:35 AM

(1) OAVoice Newsletter Highlights
(2) California Planning Group (CPG)

C. Housing Opportunities for People Living with AIDS (HOPWA) Report 11:35 AM – 11:40 AM

D. Ryan White Program (RWP) Parts C, D, and F Report 11:40 AM – 11:45 AM

E. Cities, Health Districts, Service Planning Area (SPA) Reports 11:45 AM – 11:50 AM

7. MISCELLANEOUS

A. Public Comment 11:50 AM – 11:55 AM

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

B. Commission New Business Items 11:55 AM – 11:57 AM

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

LOS ANGELES COUNTY COMMISSION ON HIV

9. MISCELLANEOUS (cont'd)

C. Announcements 11:57 AM – 12:00 PM

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

D. Adjournment and Roll Call 12:00 PM

Adjournment of the February 13, 2025, meeting in memory of all those who have been impacted by the wildfires; in honor of Tarek Rogers, Cornelius Baker, and Bryan Jones; and in solidarity with all our communities navigating the challenges of the current social and political landscape.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
CONSENT CALENDAR	
MOTION #4	Approve PP&A Committee 2025 Paradigm and Operating Values as presented or revised.
MOTION #5	Recommend seat vacate of Commissioner Ronnie Osorio, as presented or revised.
MOTION #6	Approve seat change for Commissioner Arburtha Franklin from Alternate (Seat #27) to HIV Stakeholder Representative #4 seat, as presented or revised.
MOTION #7	Approve seat change for Dr. David Hardy from Alternate (Seat #34) to Provider Representative #7 seat, as presented or revised.
MOTION #8	Recommend for BOS appointment new membership application for Ismael Salamanca to occupy City of Long Beach Representative (Seat #3), as presented or revised.
MOTION #9	Recommend for BOS appointment new membership application for Joaquin Gutierrez to occupy Alternate (Seat #21), as presented or revised.
MOTION #10	Recommend for BOS appointment new membership application for Carlos Vega-Matos to occupy Alternate (Seat #26), as presented or revised.
MOTION #11	Recommend for BOS appointment new membership application for Aaron Raines to occupy Alternate (Seat #28), as presented or revised
MOTION #12	Recommend for BOS appointment new membership application for Sabel Samone-Loreca to occupy Alternate (Seat #29), as presented or revised

MOTION #13	Recommend for BOS appointment new membership application for Reverend Gerald Green to occupy Alternate (Seat #32), as presented or revised
MOTION #14	Recommend for BOS appointment new membership application for Jeremy Mitchell (Jet Findley) to occupy Alternate (Seat #33), as presented or revised
MOTION #15	Recommend for BOS appointment PP&A Committee-only membership application for Rob Lester, as presented or revised
MOTION #16	Recommend for BOS appointment SBP Committee-only membership application for Caitlin Dolan, as presented or revised.
MOTION #17	Recommend for BOS appointment Public Policy Committee-only membership application for OM Davis, as presented or revised.
MOTION #18	Approve the Ambulatory Outpatient Medical (AOM) Service Standards, as presented or revised.
MOTION #19	Approve the Emergency Financial Assistance (EFA) Service Standards, as presented or revised.
MOTION #20	Approve the Transportation Service Standards, as presented or revised.

Commission members who have not yet submitted their required COI and/or PIR forms, please complete them by scanning the QR codes below:

2025 Conflict of Interest and Agency Affiliation Disclosure Form

Parity, Inclusion, and Reflectiveness Survey (PIR) (2025)

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEMBERS

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

LEGEND:

LoA = Leave of Absence; not counted towards quorum

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

VISION

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

MISSION

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

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Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

AS ADOPTED BY THE BOARD OF SUPERVISORS ON NOVEMBER 1, 2022

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants—past, present, and emerging—as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the:

- Fernandeño Tataviam Band of Mission Indians
- Gabrielino Tongva Indians of California Tribal Council
- Gabrieleno/Tongva San Gabriel Band of Mission Indians
- Gabrieleño Band of Mission Indians – Kizh Nation
- San Manuel Band of Mission Indians
- San Fernando Band of Mission Indians

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at lanaic.lacounty.gov.

WHAT IS A LAND ACKNOWLEDGMENT?

A land acknowledgment is a statement that recognizes an area's original inhabitants who have been forcibly dispossessed of their homelands and is a step toward recognizing the negative impacts these communities have endured and continue to endure, as a result.

"THIS IS A FIRST STEP IN THE COUNTY OF LOS ANGELES ACKNOWLEDGING PAST HARM TOWARDS THE DESCENDANTS OF OUR VILLAGES KNOWN TODAY AS LOS ANGELES...THIS BRINGS AWARENESS TO STATE OUR PRESENCE, *E'QUA'SHEM*, WE ARE HERE."

—Anthony Morales, Tribal Chairman of the Gabrieleno/Tongva San Gabriel Band of Mission Indians

HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

JUNE 23, 2020

The Board of Supervisors (Board) approves a motion, authored by LA County Supervisor Hilda L. Solis, to adopt the Countywide Cultural Policy.

JULY 13, 2021

The Board supports a motion to acknowledge and apologize for the historical mistreatment of California Native Americans by Los Angeles County.

OCTOBER 5, 2021

The Board directs the LA County Department of Arts and Culture (Arts and Culture) and the LA City/County Native American Indian Commission (LANAIC) to facilitate meetings with leaders from local Tribes to develop a formal land acknowledgment for the County.

"THE SPIRIT OF OUR ANCESTORS LIVES WITHIN US. THE TRUE DESCENDANTS OF THIS LAND HAVE BECOME THE TIP OF THE SPEAR AND WILL CONTINUE TO SEEK RESPECT, HONOR, AND DIGNITY, ALL OF WHICH WERE STRIPPED FROM OUR ANCESTORS. IT IS OUR MOST SINCERE GOAL TO WORK TOGETHER AS WE BEGIN TO CREATE THE PATH FORWARD TOWARD ACKNOWLEDGMENT, RESTORATION, AND HEALING."

—Donna Yocum, Chairwoman of the San Fernando Band of Mission Indians

NOVEMBER 2021 – MARCH 2022

With help from an outside consultant, Arts and Culture and LANAIC conduct extensive outreach to 22 tribal governments, with generally 5 tribal affiliations, that have ties to the LA County region, as identified by the California Native American Heritage Commission. Five Tribes agree to participate on a working group.

MARCH 30 – SEPTEMBER 30, 2022

Over five facilitated sessions, the working group contributes recommendations, guidance, and historic and cultural information that informs the development of the County's land acknowledgment.

OCTOBER 18, 2022

LANAIC Commissioners approve a recommendation for the Board to adopt the Countywide Land Acknowledgment.

NOVEMBER 1, 2022

The Board adopts the Countywide Land Acknowledgment.

DECEMBER 1, 2022

The Countywide Land Acknowledgment begins to be verbally announced and displayed visually at the opening of all Board meetings.

"TRUTH IS THE FIRST STEP TO THE RECOVERY OF OUR STOLEN LAND AND BROKEN PROMISES…WE ARE STILL HERE."

—Robert Dorame, Tribal Chair of the Gabrielino Tongva Indians of California

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 3.22.23)

☐ This meeting is a **Brown-Act meeting** and is being recorded.

- The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

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

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

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*

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

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

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

2025 MEMBERSHIP ROSTER| UPDATED 1.22.25

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

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: 46

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 2/10/25

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
MOLETTE	**Andre**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Oral Healthcare Services
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Community Engagement/EHE
			Oral Healthcare Services

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

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

Division of HIV and STDs Contracted Community Services

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
TEL. (213) 738-2816
WEBSITE: hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

COMMITTEE ASSIGNMENTS

Updated: January 22, 2025
Assignment(s) Subject to Change

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

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

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 14| Number of Quorum= 8**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Daryl Russell, M.Ed	**Committee Co-Chair***	Commissioner
Al Ballesteros, MBA	*	Commissioner
Lilieth Conolly	*	Commissioner
Rita Garcia *(alternate to Felipe Gonzalez)*	*	Alternate
Felipe Gonzalez		
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Harold Glenn San Agustin, MD	*	Commissioner
Dee Saunders	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 9 | Number of Quorum= 5**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA *(LOA)*	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Commissioner
Mary Cummings	*	Commissioner
Arburtha Franklin (*alternate to L. Martinez-Real)*	*	Alternate
Terrance Jones	*	Commissioner
Leonardo Martinez-Real	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	Commissioner
Ronnie Osorio	*	Commissioner

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 14 | Number of Quorum = 8		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Stalter	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Dahlia Alè-Ferlito	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Sandra Cuevas	*	Commissioner
Kerry Ferguson	*	Alternate
Arlene Frames	*	Commissioner
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Russell Ybarra	*	Commissioner

AGING CAUCUS

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

CONSUMER CAUCUS

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

BLACK CAUCUS

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

TRANSGENDER CAUCUS

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

WOMEN'S CAUCUS

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

COMMISSION ON HIV (COH)
SEPTEMBER 12, 2024 MEETING
MINUTES

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

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

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

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

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

1. ADMINISTRATIVE MATTERS

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

Joe Green, COH Co-Chair Pro Tem, called the meeting to order at 9:05 AM. Jim Stewart, Parliamentarian, conducted roll call. J. Green, COH Co-Chair, reviewed meeting guidelines and reminders; see packet.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Burton, M. Cielo, A. Franklin, K. Ferguson, F. Gonzalez, K. Halfman, T. Jones, L. Martinez-Real, L. Maultsby, V. Mendoza, B. Patel, M. Perez, D. Russell, H, San Agustin, M. Sattah, D. Saunders, L. Talley, R. Ybarra, and J. Green.

B. COUNTY LAND ACKNOWLEDGEMENT

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

C. APPROVAL OF AGENDA

MOTION #1: Due to lack of quorum, the agenda was not approved.

D. APPROVAL OF MEETING MINUTES

MOTION #2: Due to lack of quorum, the meeting minutes were not approved.

2. PUBLIC & COMMISSIONER COMMENTS

A. **Public Comment**

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

- No public comment.

B. **Commissioner Comment**

Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission.

- A. Burton inquired if there are any resources available for access to emergency mental health when witnessing suicide events before it manifests into post-traumatic stress disorder (PTSD).
- K. Ferguson issued a reminder for the Alianza Latinx Conference on October 7th, 2024 from 8 am – 4 pm at the California Endowment Center.

3. STANDING COMMITTEE REPORTS – I

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

J. Green reported that due to lack of quorum, a special Executive Committee meeting will be scheduled to hold a vote on the Priority Setting and Resource Allocations (PSRA).

C. Barrit explained that the PSRA process is a core function of Planning Councils (PCs) and brings together community expertise and collaboration in looking at the Ryan White Care system and other payer sources that could help elevate the lives of people living with HIV (PLWH). The special Executive Committee meeting is needed to have the PSRA in time for submission of the Ryan White Part A application. C. Barrit noted that the other motions not voted on today will move to the next agenda.

Commissioner Dee Saunders provided the report and the link to the August 27, 2024 meeting packet can be found HERE. DHSP staff provided a report on Program Year (PY) 33 Expenditures. Total expenditures for PY33 exceeded the total allocated amounts by over $10.6 million. Overspending occurred in most funded service categories with the largest overages in Housing Services, Medical Case Management, Oral Health Services, and Ambulatory Outpatient Medical (AOM) services. There was underspending in some services including Mental Health Services and Language Services. There were no expenditures under Childcare Services because there were applications received by DHSP when the RFP was released. Other funding sources were used to cover over expenditures including $5 million of HRSA Part B, HRSA Ending the Epidemic (EHE) funds, Substance Abuse Prevention and Control (SAPC) Non-Drug Medi-Cal funds, and

County HIV Funds (Net County Costs).

The Committee reviewed their paradigms and operating values, which is a document used during the service ranking and allocation process to guide decision-making. After a brief discussion, the committee added one new paradigm, Retributive Justice which constitutes making up for past inequities, and Access (i.e., assuring access to the process for all stakeholders and/or constituencies) as one new operating value to the guiding document.

During the August 27, PP&A Committee meeting, Commission staff provided a brief recap of PY32 Utilization Reports, and findings of Needs Assessments included in the Comprehensive HIV Plan (also known as the Integrated HIV Plan) and highlighted the medical and support services covered by Medi-Cal prior to the committee deliberating for allocations. The Committee completed its service ranking and allocation for Program Year (PY) 35 in preparation for the Ryan White HIV/AIDS Program Part A grant application due on October 1st.

D. Saunders highlighted that allocations are distributed in percentage amounts as total funding is unknown until awards are announced. Utilization reports, needs assessments, expenditure reports and alternative funding sources were taken into consideration when allocating funds.

- Allocation amounts were increased from PY 34 allocations in the following services due to high utilization rates in PY32 and increased expenditures in PY33: (1) Medical Case Management (also known as Medical Care Coordination), (2) Oral Health Services, (3) Emergency Financial Assistance, (4) Nutrition Support (home-delivered meals and food bank services were moved to another funding stream), and (5) Legal Services.

- Allocation amounts were decreased from PY 34 allocations in the following services due to low utilization rates in PY32, underspending in PY33, or funding from other sources: (1) Early Intervention Services (also known as Testing Services) and (2) Mental Health Services.

- Allocation amounts remained the same from PY34 to PY35 in the following services: (1) Outpatient Ambulatory Medical Health Services (also known as Ambulatory Outpatient Medical), (2) Home and Community-Based Health Services, (3) Non-Medical Case Management including Benefits Specialty Services and Transitional Case Management, (4) Jails, (5) Medical Transportation, and (6) Housing including Housing Services RCFCI/TRCF (Home-Based Case Management) and Housing for Health which 100% of the Minority AIDS Initiative award.

PP&A is asking from the full body for commissioners to work within their Committees and Caucuses and attend upcoming PP&A Committee meetings to bring forth suggested directives to the PP&A Committee. Directives should be specific and tangible. Directives are specific instructions to the recipient on how to best meet service priorities.

The next PP&A Committee meeting will be on Sept. 17th from 1 pm to 3 pm at the Vermont Corridor.

The Commission discussed replacing "retributive justice" with "restorative justice" to better reflect discussions around equity and social justice.

B. Operations (OPS) Committee

Assessment of the Efficiency of the Administrative Mechanism (AEAM)

Operations Co-chair Miguel Alvarez introduced Melissa Rodrigo and Dr. Andy McCracken of the Collaborative Research (CR) who presented their Targeted Assessment of the Efficiency of the Administrative Mechanism (AEAM) Report for Ryan White Grant Program Year 32 (PY32).

Last year's report was approved on June 8th and the preparation for PY32 began 2-3 months after the approval of the last report. To form the scope of this year's AEAM, the matrix of past findings were reviewed, and Dr. Michael Green of the Division of HIV and STD Programs (DHSP) participated in CR team and Commission staff meetings to provide feedback on previous findings and progress updates on changes from the findings.

There is a legislative requirement for RW Part A Planning Councils (PCs) to assess the efficiency of the Administrative Mechanism yearly. The scope of work for the CR team is to: (1) coordinate with the Operations (OPS) Committee, (2) review background material developed by OPS, (3) develop surveys, interview key informants, and provide updates to OPS, and (4) develop the AAM report with recommendations. The CR team emphasized that the Commission is not involved in the contracting process and have no legal standing to execute contracts; contracts remain a function of DHSP.

The CR team indicated that 10 out of 25 service providers responded. Key highlights of the AEAM report are as follows:

- The primary recommendation stemming from the key informant interviews was to explore the feasibility of using a Third-Party Administrator (TPA) for grant implementation as a way to streamline the administrative process. The TPA could handle administrative tasks, thereby reducing the burden on DHSP and local service providers, and potentially having a bonus of cost savings.
- Secondary recommendations included streamlining the procurement process by reducing the number of Requests for Applications (RFAs) issued and consolidating them into larger RFAs; this would lessen the administrative burden on DHSP staff and service providers thereby allowing for more efficient resource allocation, enhancing provider support and capacity-building programs for service providers,

and ensuring subrecipients identify a single point of contact experienced with grant operations.

- Please refer to the meeting packet to review the complete AEAM report.

Comments and feedback expressed included the complexity of the process does not help clients and government bureaucracy contributes to time being wasted.

Mario Perez shared that the complexity of the AEAM cannot be understated considering the size of Los Angeles County. There are checks and balances imposed on the Division of HIV and STDs (DHSP) by the Board of Supervisors (BOS) who want to ensure that every dollar spent is spent appropriately and the checks and balances that are in place impede DHSP's ability to spend money quickly. Additionally, the County has a rule in all its contracts requiring the ability to provide support services in 90 days, DHSP provides services closer to 30 days. M. Perez also stated that the Ryan White Program needs modernization as the current model is outdated.

M. Alvarez reported that at its August 22nd Committee meeting, the Committee received and discussed the Assessment of the Efficiency of the Administrative Mechanism (AEAM) report from project consultants, Collaborative Research (Jeff Daniel, Melissa Rodrigo, and Dr. Andrew McCracken). The presentation entailed an overview of the AEAM, results from the key informant interviews, and recommendations for improvement. The AEAM report was presented to the full Commission today. The Committee is working on the proposed Bylaws changes and due to the findings and areas of improvement suggested by the Health Resources and Services Administration (HRSA) during the technical assistance site visit, the Bylaws were updated to reflect an increase in the amount for Unaffiliated Consumer stipend, from $150 up to a maximum of $500 per month based on participation and engagement. There has been an initial review of the changes at County Counsel, the BOS, and DHSP senior leadership. Also, the Bylaws must align with the ordinance and the ordinance must be approved by the BOS. C. Barrit is currently compiling comments and questions received County Counsel. The Committee voted to move Dr. David Hardy from an alternate seat to a provider seat. The Committee reviewed the elevator pitch created to help Commissioners talk about the Commission at events and related recruitment activities. The Committee will practice using the script at their September 26th meeting.

M. Alvarez issued a reminder for commissioners to attend the Policy Priorities and Legislative Docket Development Process training on October 2 via Webex and to contact Commission staff if interested in being a part of the Commission community outreach to promote the work of the Commission. The link to the August 22nd meeting materials can be found HERE.

C. Standards and Best Practices (SBP) Committee

Co-chair Erika Davies reported that the Committee reviewed the Transportation Services service

standards which will now include ridesharing services such as Uber and Lyft and posted the document for a 30-day public comment period ending September 30, 2024. Staff from DHSP provided an overview of the Emergency Financial Services (EFA) utilization among Ryan White clients from 2021-2023. The Committee continued their discussion of the EFA service standards and will finalize their review of the EFA service standards review in October. The packet materials can be found HERE.

Staff member Jose Rangel-Garibay provided an update on the Service Standards Development tracker as follows: (1) the Transportation service standards are in a 30-day public comment period, (2) review of the EFA service standards for the remainder of the year, and (3) Global Transitional Case Management service standards.

The Committee is requesting participation from consumers in the public comment period for the Transportation Services service standard and participation from consumers at upcoming SBP Committee meetings to help inform the revising of the EFA service standards. The next SBP Committee will be on October 1, 2024 from 10 am-12 pm at the Vermont Corridor.

D. Public Policy (PPC) Committee

Co-chair, Katja Nelson reported the Public Policy Committee did not meet in July or August The next Public Policy Committee meeting will be on September 16, 2024 from 1 pm to 3 pm at the Vermont Corridor and the Committee will discuss Project 2025 and threats to Ryan White, EHE, and other Federal HIV-related funding resources. PPC is requesting all to review NMAC'S Get Out The Vote (GOTV) campaign which aims to educate the HIV community, encourage voter turnout among marginalized communities, and collaborate with other movement-related organizations.

E. Caucus, Task Force and Work Group Reports

(1) Aging Caucus

Executive Director, C. Barrit reported the Caucus reviewed initial ideas and general outline of a special educational event co-hosted by the Aging and Women's Caucuses scheduled for September 23rd, 2024. The educational event will focus on overcoming social isolation and building community for BIPOC women ages 50 and over. This event will commemorate the September 18th National HIV/AIDS and Aging Awareness Day and will take place at the Vermont Corridor from 9 am to 2 pm. The event flyer has been sent to Commissioners and posted on the Commission's website. C. Barrit added that each year on September 18th, researchers, health care providers, and other communities and organizations around the country observe National HIV/AIDS and Aging Awareness Day (NHAAD). Loneliness and social isolation are associated with poor disease self-management such as medication non-adherence and care disengagement in younger people with HIV and negative health outcomes in the general older adult populations. In comparison, studies show that older adults with HIV are challenged by unique psychosocial circumstances that place them at greater risk for loneliness and social

isolation and associated negative health outcomes.

The Aging Caucus revisited its priorities and directives to shift focus on one achievable activity and to assess and identify appropriate partners for collaboration. Some of the Aging Caucus' recommendations have been integrated into service standards. C. Barrit added, the formation of the Housing Task Force offers an additional opportunity to merge the housing-related activity into their work plan such as examining housing inventory to ensure that it provides safe and welcoming environments for seniors. The Caucus also discussed speaking with Substance Abuse Prevention and Control (SAPC) and the Department of Mental Health (DMH) to learn what they are doing to address social isolation and loneliness in older adults. The Caucus is requesting from the full body to promote the September 23rd educational event and spread the word with clients and staff. The meeting packet materials can be found HERE.

The next Aging Caucus meeting will be held on October 1 from 1 pm to 2:30 pm via Webex.

(2) Black/African American Caucus

Co-chair, Leon Maultsby, provided the report and the link to the meeting packet can be found HERE.

The Caucus was informed by DHSP that Mario J. Peréz, MPH, Director, has initiated outreach to Black-led and servicing organizations that were not part of the initial needs assessment. The aim is to gauge interest in participating in a DHSP-led focus group. Further updates will be provided as they become available. The Black Immigrant listening session was a tremendous success, attracting significant participation from the African diaspora. Discussions highlighted similarities and unique challenges faced by both African and US-born Black communities. The chosen venue, Airport Royal Cuisine, provided a safe and conducive environment for open conversations. An Executive Summary of the session will be drafted and shared. The Same Gender Loving Men (SGLM) listening session is scheduled for September 26th from 7 pm-9 pm. Registration is required and details can be found HERE. Planning for the Women's listening session is underway. The session is tentatively set for October 22, 2024, from 6 pm-8 pm. The session will offer child watch, a $50 gift card, food, and resources. Additional details will be provided as they are finalized. The Non-Traditional HIV Provider session is scheduled for November, with specific details forthcoming. The Caucus will incorporate findings from a recent PrEP provider survey into the facilitation questions to enrich the discussion. Additionally, it was suggested that the Caucus collaborate with Dr. Ronald Jefferson and Dr. William King's HIV provider coalition to enhance the session's impact and reach. Additional details will be provided as they are finalized. The Caucus is excited to announce its participation in the Taste of Soul event on October 19th, partnering with Dr. William King and AMAAD. Volunteers are needed and if interested, please contact Commission staff member, Dawn Mc Clendon, to be added to the planning work group. The Caucus confirmed its World AIDS Day event for December 6, 2024, at Charles Drew University. A planning work group will be formed in the upcoming months to continue planning with more details to follow.

The next Caucus virtual meeting will be on September 19, 2024 from 4 pm-5 pm. BAAC is requesting the full body to promote its activities and encourage participation, and to incorporate BAAC recommendations to ensure equitable representation in Commission planning discussions and decision-making.

(3) Consumer Caucus (CC)

J. Green provided the report and the link to the August 8, 2024 meeting packet can be found HERE.

The Caucus discussed and agreed by consensus on increasing the stipend for unaffiliated consumer members up to $500 monthly. As part of the Priority Setting and Resource Allocation (PSRA) discussion, concerns were raised about current dental services and the enrollment and transition process into Medi-Cal. To better understand community needs and address these issues, the Caucus agreed to host a listening session in early 2025 focusing on dental experiences. Additionally, there were recommendations to explore how to streamline services between the Ryan White Program (RWP) and Medi-Cal without service duplication. Issues such as providers discouraging migration into Medi-Cal and concerns from consumers about losing their specialized or preferred providers were noted. Discussions highlighted inconsistencies in messaging from providers regarding EFA, a lack of transparency, and recent changes affecting accessibility. The Caucus expressed a need for clear communication and improved processes. A request was made for an update on the status and effectiveness of the Customer Support Program and the need for a continuous review of this service. Caucus co-chairs will continue to plan for the remaining 2024 meetings. Topics scheduled for the September meeting include presentations on Hepatitis C and end-of-life estate planning. An all-Caucus co-chair planning luncheon is being coordinated for October 14th, in lieu of the Commission meeting, to plan for a consumer resource fair in February 2025. The Caucus requests from the full body to promote the Consumer Caucus, encourage participation, and ensure equitable representation in Commission planning discussions and decision-making.

(4) Transgender Caucus

Staff member, Jose Rangel-Garibay, reported that the Caucus last met on July 23rd and the meeting packet can be found HERE. At their July meeting, the Caucus revisited their meeting schedule for the remainder of 2024 and will meet on October 22nd and November 26th. The Caucus requests participation at their next meeting on October 22nd from 10 am -12 pm via Webex.

(5) Women's Caucus (WC)

Caucus Co-chair, Dr. Mikhaela Cielo, reported that the July Women's Caucus meeting was canceled. Instead of the meeting, the Caucus co-hosted a special in-person lunch presentation

with APLA titled "HIV Matters for Her" with Dr. Judith Currier on July 15th from 12:30 pm – 2:00 pm at the Vermont Corridor. The presentation provided an update on women's HIV health issues. Presentation slides can be accessed by clicking the hyperlink "HIV Matters for Her".

The Caucus is collaborating with the Aging Caucus for a special event focusing on social isolation and building community for BIPOC Women ages 50 and over. The event will be held on September 23rd at the Vermont Corridor, more details to follow.

The Caucus requests continued promotion within networks and encouraging clients and peers to attend WC meetings and events. The Caucus meets quarterly and will reconvene on October 21st from 2 pm-4 pm virtually on Webex.

(6) Housing Task Force (HTF)

Executive Director, C. Barrit, reported that the HTF met on August 23rd and the link to the meeting packet can be found HERE.

The HTF reviewed their work plan and pivoted to holding a panel of DHSP-funded housing and legal services agencies to join the October Housing Task Force (HTF) meeting to understand the types of needs that are seen among their clients and to formulate programmatic ideas to use housing and legal services as a pathway to preventing PLWH from becoming homeless. The HTF is requesting attendance at the next meeting HTF meeting on October 25th from 9 am to 11 am via Webex and to check the Commission website for the agenda and details.

4. MANAGEMENT/ADMINISTRATIVE REPORTS – I

A. Executive Director/ Staff Report

Executive Director, Cheryl Barrit, provided the following report:

(1) 2024 COH Meeting Schedule

A reminder was issued that the motions not voted on today will be moved to the next agenda, excluding the PSRA, which will be handled via a special Executive Committee meeting. The October Commission meeting has been canceled, the Annual Conference will be held on November 14th at the MLK Behavioral Health Center, and the meeting for December is to be determined.

(2) Annual Conference Workgroup Updates

The Annual Conference Workgroup has been diligently working on putting the Annual Conference together with an emphasis on increased engagement within the breakout sessions. Last week the Commission released a call for abstracts open to all commissioners which offers

an opportunity to showcase community work in the breakout sessions. The breakout sessions will all occur in the afternoon and the themes are: (1) Innovations in Prevention, (2) Building Community and Fostering Relationships, (3) Best Practices and Creative Approaches to Integrated HIV Care, and (4) Meaningful and Impactful Planning Council and Community Engagement. C. Barrit highlighted additional activities from the draft conference schedule included in the meeting packet.

M. Perez applauded the work group for its planning efforts and inclusion of global events showcasing a few individuals who have been cured of HIV but offered that the County should focus its efforts on people not taking advantage of current opportunities to treat and prevent HIV and encouraged the Commission to ensure time is used to be in alignment with what is currently available but under-utilized.

J. Green expressed that although the treatment used to cure a few individuals is not available for the millions affected by HIV, the intent is to provide hope.

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

(1) Welcome New Members and Leaving Members
Welcoming of new member, Terrance Jones.

(2) 2025-2027 COH Co-Chair Open Nominations | Elections 9/12/24
A quorum was not met. Nominations will remain open until the vote is taken at the next Commission meeting.

(3) August 8, 2024 COH Meeting | FOLLOW-UP & FEEDBACK
No follow-up or feedback was provided.

(4) Conferences, Meetings & Trainings

The National Ryan White Conference on HIV Care & Treatment was held in Washington, D.C. from August 20th to August 23rd. Commissioners expressed appreciation for the presentation on isolation but mixed sentiments regarding a suitable number of events and sessions specifically designed for planning council members, specifically Unaffiliated Consumers. It was pointed out that most presentations were held concurrently, which impacted participants' ability to attend each one.

The United States Conference on HIV/AIDS will be held in New Orleans on September 12- 15, 2024. The application period for Unaffiliated Consumers to apply for financial assistance closed last month.

(5) Member Vacancies & Recruitment.
Please continue to support the Operations Committee and staff in their recruitment efforts. Unaffiliated consumers are needed for:

- Service Planning Area 1 (Antelope Valley)

- Service Planning Area 4 (Metro)
- Supervisorial District 4 (Supervisor Janice Hahn's District)

- 2 Provider representative seats

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

(6) National HIV Awareness Days. J. Green called attention to the Acknowledgement of National HIV Awareness Days, National HIV/AIDS Awareness Day (NHAAD) on September 18, 2024, and the National Latinx AIDS Awareness Day on October 15, 2024.

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

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

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

a. Programmatic and Fiscal Updates.

M. Perez reported that DHSP released a Request for Proposal (RFP) for Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), and Patient Support Services (PSS). It is an open solicitation and bidders were given a walkthrough yesterday at St. Anne's to inform and highlight the elements of competition in place. The RFP is expected to take effect July 2025. DHSP is currently overhauling its entire HIV and STD prevention and testing portfolio. There are contracts set to expire in December and they have been reviewing the performance across all contractors. A set of contracts that expired in June were extended. M. Perez noted this work is happening despite the reduction to their HIV prevention award from the Centers for Disease Control and Prevention (CDC). The reduction was influenced by Los Angeles County (LAC) having a lower share of national HIV prevalence; down from 4.9 % to 4.36% of PLWH in LAC.

Next week there is a biannual conference in Atlanta hosted by the CDC and DHSP focused on the science tied to STD control in America. Staff will provide a report back on key findings.

b. Mpox Briefing.

DHSP will host a community-based Mpox briefing at their office at 2 pm. Every week in LAC there are approximately 30 new HIV diagnoses and approximately 100 hundred syphilis diagnoses that inclusive of primary, secondary, and early latency combined. In comparison, there were 15 Mpox cases reported this week, and 12 cases reported the prior week. Over the last month, there have been about 2.3 cases of Mpox reported weekly, which is far lower than the 30 reported cases for HIV. However, there has been attention drawn to Mpox due to the current strain in West Africa and whether it is spreading globally, and today's briefing is in response to the inquiries received. DHSP will cover LAC epidemiological data in cases that are

seen weekly and the trends tied to it.

In August, the JYNNEOS vaccine was commercialized and must now be purchased by pharmacies and healthcare providers. M. Perez noted that although approximately 52,000 Mpox vaccinations have been delivered, there are still subpopulations in LAC that have not been vaccinated against Mpox. Persons with HIV experience increased adverse outcomes tied to Mpox infection than those who are not infected with HIV and despite appeals only 26% of PLWH in LAC have been vaccinated against Mpox.

a. Ending the HIV Epidemic (EHE) | UPDATES

M. Perez relayed that DHSP is migrating its Emergency Financial Assistance (EFA) program to the Emergency Housing Assistance program. There is a need to ensure that these resources truly help to support the housing needs of PLWH. The spending for the Ryan White Program has exceeded the amount of the award requiring DHSP to be very judicious in their spending and encouraging PLWH who are Medicaid (Medi-Cal in California) eligible to migrate to the Medicaid system.

DHSP is utilizing Heluna Health to assist with getting resources to consumers quickly and efficiently. It remains unclear regarding future EHE funding levels which will impact how DHSP can provide support after March 2025.

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

a. OAVoice Newsletter Highlights. K. Halfman directed all to the report in the meeting packet and highlighted the following: (1) the next in-person OA meeting is scheduled for November 20th – 22nd at the Marriott Hotel in Riverside; the agenda is not currently available, (2) the virtual Ending the Syndemics program being held October 30th thru November 2nd will have different themes for each day, and (3) the OA in collaboration with UC Davis will conduct a COVID pandemic training for providers on August 18th from 10 am – 1 pm; an announcement will be provided to the Commission.

b. California Planning Group (CPG). No report was provided.
The next CPG meeting will be held on November 20-22 in Riverside, CA. Check the OA CPG website for agenda.

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

Part C: L. Maultsby reported that Charles Drew completed its HRSA Technical Assistance and over 450 attended the training modules. The 2nd Annual Community Partner Participatory Research Symposium will happen next Thursday, September 19th at the MLK Behavioral Health Center. The symposium will focus on meaningfully engaging Community Advisory Boards (CABs) by speaking at their level and finding opportunities to resonate with issues that are important to them. The CDU CAB is working on a World AIDS Day project and a

Quality Improvement (QI) project to increase enrollment in the patient portal system. L. Maultsby relayed that Watts Healthcare is experiencing challenges with no-shows and is looking for ways to mitigate no-shows by offering Uber rides.

Part D: No report.

Part F: No report.

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

Housing Opportunities for Persons With AIDS (HOPWA):

HOPWA representative, Matthew Muhonen, provided the report as follows:

Four out of 18 total contracts have been executed in addition to several APLA contracts. It is expected the remainder of the contracts will be executed within the next 1-2 weeks. HOPWA has a new program called the Private Tenant Based Rental Assistance (TBRA) to be administered by Project New Hope and APLA. This program is a hybrid of two of the other housing programs, the Tenant Based Rental Assistant programs which is administered by the Housing Authority and the Scattered Site Master Leasing program.

The Central Coordinating Agency (CCA), a division of APLA Alliance, has received additional funding of $2.4 million ensuring a full year of services.

HOPWA is working on their annual report for submission to HUD, called the Consolidated Annual Performance and Evaluation Report (CAPER). They have begun collecting data for the report which is due on September 30th. The report is for the 2023- 2024 program year. HOPWA has a new database that will provide reports that closely adhere to the data needed for submission to HUD.

The National HOPWA Conference will be held in person on October 21st -23rd in Washington, D.C.

City of West Hollywood: D. Saunders reported the City of West Hollywood's Disabilities Advisory Board will be hosting a health and wellness event on Tuesday, 1 October in recognition of Disabilities Awareness Month. The event will sponsor health screenings and provide COVID vaccinations, and Medi-Cal and CalFresh enrollment services. The event is open to all. W. Hollywood's Human Services Division will host its annual World AIDS Day event inclusive of the Paul Andrew Starke Warrior Awards presentation ceremony on Wednesday, December 4th in the Council chambers at 6 pm. Lunch will be provided at the health awareness event and light refreshments at the Warrior Awards.

5. MISCELLANEOUS

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

There were no public comments.

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

No Commission New Business Items.

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

There were no announcements.

D. Adjournment and Roll Call: Adjournment for the meeting of September 12, 2024.

The meeting adjourned at 12:24 PM. Jim Stewart conducted roll call.

ROLL CALL (PRESENT): No roll call.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Motion not voted on due to lack of quorum.	**ITEM TO NEXT AGENDA**
MOTION 2: Approve the August 8, 2024, Commission on HIV meeting minutes, as presented or revised.	Motion not voted on due to lack of quorum.	**ITEM MOVED TO NEXT AGENDA**
MOTION 3: Approve Consent Calendar, as presented or revised.	Motion not voted on due to lack of quorum.	**ITEM MOVED TO NEXT AGENDA**
MOTION 4: Approve Service Rankings and Allocations for Program Years (PY) 35 Ryan White Program Part A and Minority AIDS Initiative (MAI) Funds, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.	Motion not voted on due to lack of quorum.	**ITEM MOVED TO NEXT AGENDA**

MOTION AND VOTING SUMMARY		
MOTION 5: Approve Seat Change for Commission Member Dr. David Hardy from Alternate (Seat #34) to Provider Representative #1 (Seat #11), as presented or revised.	Motion not voted on due to lack of quorum.	**ITEM MOVED TO NEXT AGENDA**
MOTION 6: Approve Ambulatory Outpatient Medical (AOM) Service Standards, as presented or revised.	Motion not voted on due to lack of quorum.	**ITEM MOVED TO NEXT AGENDA**
MOTION 7: Approve 2025-2027 COH Co-Chair, as elected.	Motion not voted on due to lack of quorum.	**ITEM MOVED TO NEXT AGENDA**

LOS ANGELES COUNTY
COMMISSION ON HIV

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

COMMISSION ON HIV (COH)
NOVEMBER 14, 2024 MEETING
MINUTES

MLK Behavioral Health Center
12021 S. Wilmington Ave, Building 18, Los Angeles, CA 90059
Conference Room 1511
CLICK HERE FOR MEETING PACKET

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

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

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

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

1. ADMINISTRATIVE MATTERS

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

Joe Green, COH Co-Chair Pro Tem, called the meeting to order at 9:00 AM. J. Green reviewed meeting guidelines and reminders; see packet. Executive Director, Cheryl Barrit conducted roll call.

ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, J. Arrington, A. Burton, M. Cielo, L, Conolly, A. Franklin, K. Donnelly, K. Ferguson, F. Findley, A. Frames, D. Hardy, I. Herrera, T. Jones, L. Martinez-Real, L. Maultsby, V. Mendoza, M. Muhonen, K. Nelson, D. Richardson, D. Russell, H. San Agustin, M. Sattah, D. Saunders, L. Spencer, L. Talley, J. Valero, R. Ybarra, D. Campbell, and J. Green.

B. COUNTY LAND ACKNOWLEDGEMENT

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

C. APPROVAL OF AGENDA

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

2. OPENING REMARKS

Commission Co-chair, Danielle Campbell introduced Francisco Ruiz, Director, Office of National AIDS Policy, (ONAP). F. Ruiz is the first Latinx Director of the Office of National AIDS Policy in the White House and has a long history of addressing health disparities and inequities in HIV-impacted communities.

F. Ruiz addressed the following in his message to the Annual conference attendees:

- Emphasized the importance of advancing the message of equality, focusing on the quality of life from PrEP to overall comprehensive care, and collaboration and building partnerships.
- Addressed stigma, marginalized communities, aging and HIV, housing and mental health needs, and

economic stability.

- F. Ruiz fielded a few questions from the audience regarding the lack of housing and transforming vacant buildings into suitable housing and transparency regarding funding that is spent for housing the homeless populations. F. Ruiz acknowledged these challenges and echoed the sentiments of transparency and increased accountability, and relayed that his goal is to engage a variety of providers outside of the U.S. Department of Housing and Urban Development (HUD) and Housing Opportunities for Persons With AIDS (HOPWA), in addition to leveraging listener resources and community focus groups.

3. KEYNOTE PRESENTATION: STATE OF HIV & STIs IN LOS ANGELES COUNTY (9:30 AM-10:15 AM)

The presentation was led by the Los Angeles County Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) staff: Julie Tolentino, Juli-Carlos Henderson, and Lauren Simao. Highlights of the presentation are as follows:

- The number of new HIV infections has not met the target and there was an increase in new infections in 2021 and 2022.
- The percentage of people aware of their HIV-positive status is at 89% which is near the target goal of 95%.
- PrEP use among white MSM surpassed the EHE PrEP benchmark of 50%, at 62% uptake.
- Over the past 10 years, chlamydia has had the highest rates of infections although syphilis had the steepest increase in rates compared with other sexually transmitted infections (STIs).
    - During 2022, rates of early syphilis were highest in the following geographic areas: Hollywood-Wilshire, Central, South, Southeast, and Southwest.
- The Ending The Epidemic Initiative (EHE) has launched over 35 new programs and strategies focusing on the four pillars of EHE: diagnose (self-testing, routine testing, non-healthcare settings), treat (mental health, HIV street medicine, rapid linkage to care), prevent (PrEP/PEP, 1:1 provider education) and respond (Community Health Ambassador Program-CHAP, DARE2Care, Cluster Detection and Response-CDR).
    - Efforts to launch these programs included conducting needs assessments, releasing Requests for Proposals (RFPs), community engagement, and cross-cutting strategies (e.g. mini-grants, innovation awards, workforce development).
- EHE has reached over 31,000 clients and over 540,000 people through community engagement efforts.
- The Feel Well, Live Well, Expand Options (FLEX) card is a new wraparound service for people living with HIV (PLWH) that provides $400 per month in gift cards to reduce financial burdens for basic needs and to improve health outcomes.
    - Populations served: Latinx MSM (516 clients, 41% of total), Black MSM (218 clients, 17% of total), Trans people (156 clients, 11% of total), and Cisgender Black women (34 clients, 3% of total).
    - Preliminary spending data shows that over 50% of funds were spent on food, followed by retail spending (ex: clothing, personal hygiene products, and household supplies).
    - To qualify, you must meet the following criteria: PLWH, at least 18 years of age, live in Los Angeles

County (LAC), and not enrolled in any other GI programs. You may click here to access the FLEX program's website: www.ph.lacounty.gov/DHSP/FLEX_Card_Program.

- Watch GetProtectedLA Media Campaigns on YouTube at www.youtube.com/@GetProtectedLA.
- General themes and questions from the audience: can Doxycycline be used with other HIV medication in HIV patients, is there a decrease in STIs from Doxy/PEP usage, is the program using HIV metrics to determine if applicants still receive care and are clients able to reapply for the FLEX program after 6 months.
- Potential follow-up and action items for the Commission: (1) plan for sustainability, (2) monitor program outcomes, and (3) for years 2025-2030: receive Year 1 CDC EHE funding allocation and wait for HRSA EHE funding Allocation.

4. PANEL DISCUSSION: GUARANTEED INCOME | REIMAGINING PREVENTION AND PRESCRIPTIONS FOR HEALTH (10:15-11:15 AM)

Dr. Leon Maultsby moderated the panel discussion on guaranteed income. The panelists included: Dr. Bo-Kyung Elizabeth Kim, BIG: LEAP Pilot Program, Aaron Strauss, BIG: LEAP Program, Kristina Meza, Executive Director, Poverty Alleviation Initiative, and Nika Soon-Shiong, Founder and Executive Director, BREATH: LA County's Guaranteed Income Program.

Highlights of the Guaranteed Income panel discussion are as follows:

- BREATHE: LA County's Guaranteed Income (GI) program launched in 2022 to provide 1,000 residents to receive $1,000 per month for three years. The first expansion of BREATHE in 2023, provided $1,000 per month for two years to 200 former foster youth. The second expansion of BREATHE launched in October 2024 and provides $500 per month for 18 months to approximately 2,000 in care foster youths between the ages of 18 to 21.

- Waivers were secured to protect approximately $5 million in CalWORKs and CalFresh benefits for participants.

- It is anticipated that the program will enable participants to become more financially stable and enable them to better adjust to economic swings, and experience lower levels of stress and anxiety while having the added benefits of reducing disparities in income and employment.

- Additional Guaranteed Income programs in LAC are: (1) Breathe Expansion – Former LA County DCFS Foster Youth: former foster youth receiving $1,000 per month for two years, (2) DPSS TAYportunity: provides $1,000 to 300 youth for 3 years enrolled in the General Relief program, and (3) DPH Abundant Birth – Los Angeles: provides an $807 monthly stipend to pregnant people in LAC at risk of experiencing adverse birth outcomes.

- Participants in the Guaranteed Income study reported lower levels of partner violence, experienced positive engagement with their neighbors and felt safer in their communities and had a positive impact on PLWH by meeting their basic needs, allowing for healthcare access,

and promoting healthy lifestyles.

- BIG LEAP provides $1,000 per month for 12 months to 3,200 participants with no strings attached.
    - Program goals: facilitate economic recovery from the pandemic, embed hope and dignity within social services, and change the narrative around how poverty is viewed.
    - Participant goals: meet basic needs, improve health, and disrupt intergenerational poverty.
- Potential impact on PLWH: (1) meet their basic needs thereby reducing financial distress, (2) promote stable housing, (3) overcoming barriers to accessing consistent healthcare, and (4) fostering health lifestyles.
- BIG: LEAP program protects existing benefits, participants can use GI alongside existing public benefits and social services (WIC, SNAP, unemployment insurance), and GI fills in gaps in the existing safety net, rather than replacing it.
- The Long Beach Housing Pledge is a piloted program established in 2021 as an emergency response to COVID-19. Rental costs in LAC have risen 21% since COVID-19 and 7,000 people are being evicted daily. In 2023, the city of Long Beach piloted GI to attenuate homelessness.
- Common themes and audience questions: (1) the importance of guaranteed income in addressing systemic poverty and its potential to improve health outcomes, (2) the need for coordinated efforts between public and private sectors to address poverty and provide sustainable support, (3) the power of guaranteed income to improve financial security, mental health, and safety, particularly for marginalized populations, (4) the potential of government-run programs to scale guaranteed income and integrate it with other social services for greater impact, (5) what steps are being taken to simplify the application process and make it easier for people to apply and receive support, and (6) are there plans to connect guaranteed income with housing assistance to help people access housing support more easily.
- Potential follow-up and action items for the Commission: (1) follow-up on the ongoing research into the long-term effects of guaranteed income on health, particularly for PLWH, (2) explore the role of guaranteed income in reducing barriers to healthcare access, including transportation and mental health services, (3) advocate for more permanent and widespread implementation of guaranteed income programs in areas with high poverty and marginalized populations, (4) explore ways to integrate guaranteed income with other social services and support systems to ensure comprehensive assistance, (5) follow up on the long-term impacts of guaranteed income on intimate partner violence and community safety, considering the sustainability of these outcomes beyond the study period, (6) explore opportunities to integrate guaranteed income with other community support programs to maximize the impact on families, particularly those at high risk of violence and poverty, (7) investigate how guaranteed income could be coupled with mental health services to address the anxiety and depression

experienced by low-income individuals, particularly those in abusive relationships, and (8) develop a framework to track the program's financial and social impacts ahead of the 2027 data release.

- Overall, the GI session underscored the importance of addressing basic needs holistically. Financial security through guaranteed income is not simply reducing immediate financial stress, but also about giving individuals the time and freedom to prioritize their health and well-being. Programs like BIG LEAP offer a promising model for reducing poverty and improving community health. By providing unconditional financial support, the program empowers individuals to make choices that align with their health needs and goals, particularly in vulnerable populations such as those living with HIV. The success of this pilot could serve as a model for other cities to adopt similar programs, highlighting the broader social benefits of guaranteed income. The expansion to support foster youth is especially impactful, offering them essential financial assistance. The program's extensive outreach, with applications available in multiple languages and strategic partnerships, demonstrates a strong commitment to inclusivity and accessibility. This approach could pave the way for broader social and economic equity, particularly for those traditionally underserved. The Long Beach Pledge's impact, especially on rent-burdened families, emphasized the importance of sustained financial assistance in stabilizing communities. The barriers faced by housing voucher recipients, such as deadlines and the shortage of affordable units, highlighted systemic gaps that limit the program's effectiveness.

5. VIRTUAL KEYNOTE AND PANEL DISCUSSION: THE PROMISE FOR A CURE FOR ALL | RESEARCH INNOVATIONS AND ENSURING EQUITY (11:15 AM – 12:00 PM)

Dr. Danielle Campbell moderated the panel discussion. Panelist included: Dr. Luis J. Montaner, Director, HIV Cure and Viral Diseases Center, Paul Edmonds, City of Hope Patient, and Adam Castillejo, London Patient.

The panelists presented programs related to confronting HIV and exploring potential cures. Key highlights of panel discussion:

- Dr. Luis J. Montaner discussed the BEAT-HIV program and ongoing efforts towards cure-directed strategies.
    - The Beat-HIV Delaney Collaboratory (aka BEAT-HIV Collaboratory) is one of ten Centers of Excellence for HIV research that emphasizes community engagement and awareness.
        - Each center is charged with four areas of priority: (1) understanding viral reservoir, (2) the reasons for persistence and what may determine control, (3) strategies to get to durable control rebound, and (4) strategies to reduce the persistent HIV in someone that is successfully treated; either by controlling in the absence of therapy or by reducing the amount of persistent HIV, secure can be reached.
    - The BEAT-HIV Collaboratory is a consortium of more than 95 top HIV researchers from leading academic research institutions working with government, nonprofit organizations, and industry partners to gain a better understanding of HIV latent reservoirs and host factors governing viral

control and reactivation through which long-term remission or eradication of HIV will be achieved.

- The BEAT-HIV Collaboratory will use: (1) combination immunotherapy inclusive of Broadly Neutralizing Antibodies (bNAbs), (2) adoptively transferred immune cells, novel latency reversing agents, and nanoparticle therapies.
- Their main research goals are:
  - Finding where and how HIV hides and what host factors govern persistence: even after treatment that renders viral loads undetectable, there are still cells in the body where the virus hides. To get rid of the virus, scientists must know where and how it hides, enabling them to force out the virus to destroy it. Scientist also need to study and learn how host factor may influence how viral persistence is maintained.
  - Making the immune system stronger against HIV: the goal is to create a combination of treatments that can control the virus even without regular ART medication. They will test different ways to strengthen the immune system (e.g., special antibodies such as Broadly-Neutralizing Antibodies – bNABS enhancing natural killer (NK) cells), and new methods to enable immune cells better at fighting the virus over a long time.
  - Introducing new HIV-killing cells: seeking new ways to fight HIV while a patient is using ART (e.g., small antiviral molecules, treatments that boost the immune system, gene editing methods to lower and get rid of HIV that lies hidden in the body). Additional techniques include new medications that make the hidden HIV visible to the immune system via gene therapy technology called lipid nanoparticle delivery. This gene therapy introduces chimeric antigen receptors (CAR) in killer T cells, thereby improving their ability to recognize and kill HIV-infected cells.

- Dr. Montaner shared evidence-based research that aims to reactivate and target HIV-infected cells and enhance immunity. Preliminary research in mice showed significant reductions with results observed within 3 days after prescription.
- TACK-ART: a new therapy that prevents viral life cycle and kills cell-expressing antigens by triggering an internal cell death pathway. The procedure involves getting blood from a healthy individual, activate them in lab, adding the virus directly into the culture, and introducing the drug to in-vitro infection. Numbers plummet over a period of days.
- Panelists Paul Edmonds and Adam Castillejo are HIV patients who underwent stem cell transplants and are considered cured. They shared their individual journeys with being diagnosed with HIV, life struggles and health challenges of being HIV-positive, where they are now post-HIV, and their fears and hopes surrounding an HIV cure which includes concerns about access and the potential loss of benefits.
- The panel stressed the difference between remission and cure, and its importance to understanding as it affects expectations and language used.
- Both patients/panelists received Bone Marrow Transplants. The virus does not repopulate as there is a new immune system after the transplant.

- Dr. Montaner indicated that successful outcomes would consist of viral outbreaks gone (a cure) or the ability to control them or getting the body to co-exist with organisms with no detrimental outcomes; either of these would be suitable.
- The panel addressed questions from the audience. A summary of their responses follows: (1) fears and hopes focus on the sustainability of treatments and ensuring safety and feasibility throughout the treatment, concerns regarding the differences between reality and expectation, (2) remission means the definition of the cure (i.e., clear and gone) or the disease can exist but does function in the body, (3) their message of hope is the belief that a cure is possible and people should be hopeful and looking into it.
- There was a consensus that there is a need for continued work to define and understand a cure, the need to address the stigma associated with HIV, and finding a scalable cure. The BEAT-HIV program provides new hope to PLWH and other comorbidities, and the national and global goal of ending HIV is likely to reduce the financial, psychological, and physical burdens encountered by PLWH.
- Potential and action items for the Commission: (1) community engagement in capturing progress and educational opportunities, (2) a plan to implement globally, and (3) increased human clinical trials.

6. LUNCH AND NETWORKING OPPORTUNITY

Attendees gathered for lunch, networking, and the sharing of ideas and information.

7. BREAKOUT SESSION I (1:15 PM -2:00 PM)

National HIV/AIDS Housing /Coalition HOME TA Program Overview

Joe Berry, Director, Housing Options Made To End Homelessness (HOME) TA Center, shared information on various policies and resources for housing programs and how to navigate finding resources for those unstable or at-risk of losing housing, and for people living with HIV (PLWH) and those at-risk or impacted by HIV.

- The National HIV/AIDS Housing Coalition (NHAHC) is a national organization that advocates for housing, policies via the Lived Leadership Internship Program and NHAHC Advisory Committee, and resources to advance the health of PLWH through programs such as HOME and the HIV Housing and Research Summit.

- Policy and Advocacy Priorities include pushing for Housing Opportunities for Persons With AIDS (HOPWA) and Ryan White funding, utilizing existing networks and funding streams to accelerate spending, and ending the HIV epidemic by partnering with housing programs to develop and implement effective housing models.

    - NHAHC has advocated for the appropriation of the HOPWA program for over 25 years. Through their advocacy, they have engaged multiple entities at the state and local levels with HOPWA grantees and sponsors. In developing these relationships, NHAHC has heard about

the barriers and opportunities in housing funding, structure, and implementation of new programs for PLWH across the country.

- The proposed allocation of $524 million for the HOPWA program by the Senate Transportation-HUD Subcommittee, represents a $19 million increase over fiscal year 24 (FY24). This notable increase highlights the Senate's commitment to supporting individuals and families impacted by HIV.

- In 2023, HOPWA served approximately forty-six thousand households, but HUD is aware of the significant underfunding that HOPWA continues to receive, and it is projected the program needs approximately $1 billion to meet the current needs of all clients.

- The importance of housing equates to treatment, prevention, and healthcare.

  - Housing stability continues to be a significant factor in reaching viral suppression for PLWH. Data for 2010 and 2022 depict the gap between those unstably housed and the national averages as still significant. Data also shows that viral suppression increased among clients in temporary housing (20.4 %) or unstable housing (23.1%).
- Research highlights the intersectionality of HIV and houselessness in that housing instability is a significant barrier to HIV care and is associated with higher rates of behaviors that may increase the likelihood of getting or transmitting HIV (ex: substance use).
- Houselessness or housing instability among PLWH predicts: (1) delayed entry into HIV care and/or discontinuous care, (2) not being on medication or lower rates of medication adherence, (3) higher rates of avoidable emergency and inpatient healthcare, and (4) premature mortality
- Housing opportunities and programs: (1) Housing First offers a person-centered approach that prioritizes providing placement in stable housing as an essential foundation for pursuing health and social goals, (2) Caracole is an AIDS service organization that provides HIV prevention, housing and case management services based in Cincinnati, Ohio, (3) Clare Housing provides affordable supportive housing to create homes and hope for PLWH and affected by HIV in Minneapolis, Minnesota, (4) NOLA Street Apartments is a low-income housing program that requires demonstrated abstinence for 90 days or enrollment in substance use treatment before signing a lease, and (4) Queens Castle Apartments is a low-income housing program that provides case management and allows residents to participate in trainings on financial management and life skills. Queens Castle also refers residents to behavioral health care, including a syringe services program.
- Medicaid Waiver Section 1115: In December 2022, the Centers for Medicare & Medicaid Services (CMS) announced a waiver opportunity to expand the tools available to states to address enrolled clients' health-related social needs (or "HRSN"). CMS defines HRSN needs as an individual's unmet needs and adverse social conditions (e.g., housing instability, homelessness, nutrition insecurity) that contribute to poor health.
  - Potential follow-up and action items for the Commission: (1) address city and state barriers to HOPWA and housing, (2) prioritize PrEP for unhoused or unstably housed individuals, (3)

and advocate for increased HOPWA funding, more affordable housing, and universal housing for PLWH.

"Chasing": Part 2 of a Story about Addiction and Recovery

Natalie Sanchez and Dr. Hilda Sandoval presented the film "Chasing" which depicted addressing stigma and misconceptions about methamphetamine (meth) use and the stigma faced by those who use meth, creating a safe space for discussion about personal experiences related to meth use in Latinx communities, and highlighting resources and organizations that aid and education on meth.

- "Chasing" is a health education fictional story that aims to break stigma through storytelling by delving into the experience of meth use and HIV in the gay community, while addressing multilevel struggles that accompany meth addiction, while offering solutions that advocate for integrated care that treats addiction, HIV, and mental health concurrently.
- "Chasing" highlighted themes of isolation, shame, guilt, and the often-nonlinear path of recovery, using the fictional character Julio to bring realism to the portrayal of addiction struggles.
- The story captures stigma and authentic representation particularly within marginalized LGBTQ+ communities, by presenting authentic stories crafted with input from individuals with lived experiences with emphasis on the importance of relatable and genuine depictions to engage those in similar situations and helping them to feel understood and supported.
- This episode outlines various recovery pathways, including harm reduction, medication-assisted treatment, 12-step programs, and both inpatient and outpatient support, providing viewers with options based on individual needs. There is emphasis on the flexibility and diversity of recovery strategies, acknowledging that different methods may resonate differently depending on the person.
- "Chasing" captures the intersection of identity and health and addresses the unique challenges faced by LGBTQ+ individuals dealing with meth addiction, particularly the stigma and lack of resources available to this demographic and raises awareness around the importance of intersectional approaches in addiction treatment and support.
- Key points: there is power in sharing lived experiences, recovery is not a straight line to success and is filled with ups and downs, and recovery is possible for anyone, regardless of background or identity.
- General themes from the audience are highlighted as follows: (1) representation and stigma: the importance of accurate representation for LGBTQ+ individuals in addiction recovery and observing and acknowledging how stigma impacts their willingness to seek help, (2) accessibility of resources: questions were raised about treatment options (e.g., medication-assisted treatment) being more accessible, particularly for communities facing social and financial barriers, and (3) community and cultural sensitivity: there was discussion around ensuring that addiction recovery resources are culturally sensitive and tailored to the unique needs of marginalized groups, including LGBTQ+ and

communities of color.

- Potential follow-up and action items for the Commission: (1) expand resource access by developing partnerships to improve access to addiction treatment options, especially for marginalized communities, which could include working with local clinics to provide sliding scales or free services for uninsured individuals, (2) promote culturally sensitive training by offering training for healthcare providers on culturally competent care specific to addiction recovery within LGBTQ+ and other marginalized groups, addressing stigma and biases in treatment, and (3) develop outreach initiatives by creating and fostering campaigns to raise awareness of existing resources tailored to LGBTQ+ individuals and those in recovery, using community advisors to ensure authenticity and relevance, and (4) support harm reduction policies by advocating for policies that support harm reduction strategies as a viable treatment path, thereby broadening the range of accepted recovery methods to include non-traditional options for individuals who may benefit from them.

- This session reinforced the idea that addiction recovery is not one-size-fits-all and that stigma, identity, and representation play crucial roles in the success of recovery programs. The film "Chasing" offers both a teaching tool and a source of encouragement for people in similar situations, providing multiple avenues to support each unique recovery journey.
- Resources for meth addiction: Never Use Alone (877) 696-1996, Substance Abuse Service Hotline (844) 804-7500, RecoverLA.org, and MethFreeLACounty.org.
- For more information about "Chasing" please visit: CHASINGTHEFILM.COM.

Cutting Through Stigma: Leveraging Barbershops for HIV Awareness and Community Engagement

Faith Oladimeji, Charles Drew University, presented on understanding the best practices for integrating a culturally competent barbershop to promote HIV awareness and testing and to foster open dialogue about sexual health in culturally relevant spaces, and gaining insights into designing and implementing inclusive health fairs and outreach programs that address stigma and barriers to care, thereby enhancing community engagement and health equity among at-risk populations.

The following depicts the importance of leveraging barbershops for HIV awareness and community engagement:

- Stigma is a profound barrier to care. In 2021, approximately 58,000 people were living with HIV in LAC, with males attributing to 90% of those diagnosed.
- HIV prevalence has consistently been the highest among Black MSM, with current surveillance showing 36% of Black MSM living with HIV compared to 18% of Latinx MSM, and 15% of White MSM; 26% of HIV-positive Black MSM were unaware they had HIV compared to 0% of White MSM.
- According to the 2022 LAC surveillance report, fewer than a third of persons with an indication of PrEP report taking it, despite widely available PrEP resources and providers.

- The significance and roles of barbershops lie in the fact that they are: (1) integral to Black communities as spaces for social interaction, (2) serve as trusted environments where individuals feel comfortable discussing sensitive topics including health, (3) cultural significance makes barbershops ideal settings for health interventions, particularly for sensitive issues like HIV, and (4) bringing HIV testing to barbershops helps to destigmatize the virus. In familiar settings, community members can engage in open conversations about HIV without fear of judgment.
- Barber Gurus is an example of how this partnership works. They participate in yearly trainings focused on HIV, cultural sensitivity and mental health trainings provided by local CBOs. To date, Barber Gurus have participated in 5 health fairs, tested over 250 community members, serviced 172 community members, and held educational workshops that provided community resources and interactive activities.
- The impact and outcomes from leveraging community safe spaces are: (1) increased community engagement and health equity, (2) transformative spaces for public health initiatives, and (3) reducing stigma and enhancing awareness. The health fairs include community members participating in Barber Gurus' summer programs. Through funding and resources, Barber Gurus have linked various community members into transitional homes and jobs through various union partnerships.
- Motto: By transforming trusted spaces into platforms for dialogue and awareness, we can break down stigma, foster understanding, and ultimately improve the health of our communities.

Exploring Preferences for Conditional Cash Transfers among MSM of Color

Dillon Trujillo, UCLA Fielding School of Public Health, presented a study that explored the preferences of conditional cash transfers (CCTs) designed to improve HIV testing among Black and Latinx men who have sex with men (MSM) in Los Angeles County (LAC). The study responds to the gaps in HIV testing coverage among Black and Latinx MSM in LAC, despite their high incidence rates.

- Key points: CCTs provide financial incentives for specific health-related behaviors, such as taking PrEP or undergoing regular HIV testing, has been successful in other health domains (e.g., maternal health and vaccination), and show promise for HIV prevention among marginalized communities.
- The study aimed to explore the acceptability and design preferences for CCTs among Black and Latinx MSM in LAC.
  - Two discrete choice experiments (DCEs) were conducted alongside qualitative interviews to assess preferences for intervention attributes, such as payment amount, frequency, and format (cash vs. gift cards).
- The study found: (1) participants preferred higher financial incentives (i.e., $1,200 annually), (2) delivered in cash rather than gift cards, (3) monthly payments were favored for PrEP adherence, while quarterly payments were acceptable for HIV testing, and (4) there was no clear preference for oral versus injectable PrEP, emphasizing the need for participant choice.
- The study emphasized the importance of engaging community partners and participants to design culturally responsive and effective interventions.
- Recruitment challenges highlighted the need for flexible inclusion criteria to ensure diverse participation.

- Actionable Insights emphasized: (1) tiered incentive structures could maintain participant engagement over time, (2) financial flexibility (cash incentives) is critical to participant satisfaction and sustained involvement, and (3) addressing structural barriers is vital for improving health equity and outcomes in underserved populations.
- General themes and questions from the audience: (1) cultural responsiveness: the importance of tailoring interventions to the preferences and needs of marginalized communities, particularly Black and Latinx MSM in LAC and participants' preference for financial flexibility and autonomy in spending, (2) structural barriers: challenges in addressing disparities in HIV prevention behaviors, including low testing rates and gaps in PrEP uptake and the role of financial incentives in overcoming systemic barriers like transportation, stigma, and healthcare access, (3) engagement and retention: sustaining long-term participant engagement through frequent payments and high incentives, and exploration of innovative payment models, such as tiered incentives to maintain interest, and (4) logistical considerations: balancing participant preferences (e.g., cash payments) with funders' administrative constraints and designing interventions that align with practical implementation challenges while meeting participant needs.
- Answers to questions fielded from the audience: cash provides more freedom for participants to address their individual needs, many expressed frustration with the limitations of gift cards and preferred the simplicity and flexibility of cash payments, (2) recruitment was initially limited by restrictive eligibility criteria (e.g., age and PrEP use), but were broadened to include older participants, those already using or recently off PrEP, and individuals beyond South LA, increasing participation diversity, (3) Latinx participants showed a stronger preference for cash incentives and higher payment amounts, while Black participants showed no strong preference between cash and gift cards, (4) insights from the study underscore the value of community-driven designs, culturally responsive programs, and flexible financial models. This can lead to more impactful HIV prevention strategies that address key disparities, (5) community partners are essential in recruitment, program design, and ensuring the interventions are culturally relevant. Their involvement fosters trust and enhances the study's credibility within the target population, and (6) incentives were tied to specific behaviors such as taking PrEP consistently or undergoing regular HIV testing. Participants favored interventions that provided frequent, direct payments aligned with these activities.
  - Potential follow-up and action items for the Commission: (1) expand funding for CCTs by advocating for increased funding to pilot and scale CCT interventions as a tool for HIV prevention and engaging with potential funders to address administrative barriers, such as resistance to providing cash payments instead of gift cards, (2) enhance community engagement through collaboration with community organizations and stakeholders to co-design culturally responsive and participant-driven interventions and regularly involve target populations (e.g., Black and Latinx MSM) in the planning and evaluation of CCT programs to ensure alignment with their needs, (3) address structural barriers by developing strategies to mitigate systemic challenges, such as transportation, stigma, and healthcare access, that affect HIV prevention behaviors, and advocating for policy changes that support easier access to PrEP and HIV testing, particularly for underserved communities, (4) pilot tiered incentive models by exploring the implementation of tiered incentive structures to maintain

participant engagement over time and monitoring and evaluating the impact of tiered systems on sustained behaviors like consistent PrEP use or regular HIV testing, (5) adapt payment mechanisms to work with administrative and funding bodies to explore flexible payment options, including universal gift cards or direct cash transfers and assess participant preferences to determine the most effective and feasible payment methods, (6) conduct further research through investigating the long-term impact of CCT interventions on HIV prevention outcomes and exploring how findings can be generalized to other regions or populations, particularly those with unique cultural or systemic needs, (7) develop a communications plan to disseminate study findings to key stakeholders, including healthcare providers, policymakers, and community organizations, use clear and impactful messaging to highlight the effectiveness of CCTs in addressing disparities in HIV prevention, and (8) strengthen recruitment strategies by evaluating recruitment challenges and refining strategies for future studies to ensure diverse and representative participation, while continuing to leverage social media, community events, and partnerships for outreach.

- The session underscored the critical role of culturally responsive and participant-centered interventions in advancing health equity. By prioritizing community input, addressing structural barriers, and advocating for flexible funding mechanisms, CCTs can become a cornerstone of effective HIV prevention strategies. This research offers hope and a roadmap for reducing disparities and empowering underserved populations.

Rapid Linkage to Care: An Innovative Service Delivery Model

Dr. Harold Glenn San Agustin presented on the Rapid Linkage to Care (LTC)model and shared best practices.

- Continuum of Care: HIV diagnosis -> linkage to care -> prescribed ART therapy -> retention in care -> achieve viral suppression.
- The Comprehensive HIV Plan (CHP) seeks to make same-day linkage to care a standard practice.

➢ Recommendation for when to start ART varies by country and program

- Best practices recommendations:
  - #1: Create a simple LTC protocol: Status-Neutral, Rapid LTC, Universal LTC Protocol, or "Rapid and Ready" Pilot approaches.
  - #2: Collaborate with public health partners: rapid treatment hubs and LTC coordinators
  - #3: Have a dedicated LTC team that receives referrals, contacts patients, completes LTC, refers to services, data entry, and completes care coordination.
  - #4: Have a clear definition for "Linkage to Care" that captures total linkages, reasons for incomplete LTC, LTC outcomes, and priority populations.
  - #5: Collect relevant data: newly diagnosed HIV, LTC sites, LTC and gender, LTC and age group, LTC and race.
  - #6: Interpret the data to better understand the needs of the patient: barriers to LTC, impact on viral suppression, how to improve LTC.
- Dr. San Agustin stressed that the care continuum does not end at LT and requires retention and durable virologic suppression.
- Dr. San Agustin highlighted a suggested protocol that incorporates:
  - Person-centered, minimize challenges during transition and referrals

- Rapid LTC inclusive of re-engagement, transferring, and linking patients with different stages of HIV
- Ability to complete HIV testing in the community
- Speak to a coordinator (testing program, call center, existing care program, pharmacy, etc.)
- Referral form providing client demographics and other personal information (the source of the referral can be between patients, providers, or friends)
- Contac patient and complete LTC
- Referral to services
- Data entry and care coordination
- Rapid treatment hubs

- Most referrals complete the LTC within one day up to a maximum of one week. This allows for an increase in referral and engagement success, prevents drop-off, and the re-engagement of diverse populations including Black and Latinx MSM, older adults which are the largest new diagnosis among all age groups, and transgender people.
- The prediction of withdrawal is uncontrollable but is likely attributed to declining services or leaving the geographic area.
- Challenges faced during LTC include psychological burden and perceived discrimination in the healthcare setting.
- The following is a summary of answers from Dr. San Agustin in response to audience questions and feedback: (1) there is a clear trend and positive results for LTC in the homeless population, (2) having data to support LTC will improve funding for the program, (3) the goal is to shrink the gap between diagnosis and treatment, finding ways to interact with patients, and avoiding unnecessary harm, (4) unnecessary harm means power dynamics and re-experiencing trauma, and (5) validating new treatments and keeping everyone updated with innovations.
  - A potential follow-up and action item for the Commission is to discuss the need for equal and supportive environments for patients in community and clinical settings.
- Overall, it was expressed that linkage to care remains an underestimated field when providing care for PLWH. Given the critical role of linkage to care towards treatment success, continuity, and psychological well-being, it raises a vital need to establish and refine the process of linkage to care. Increased empirical research is needed to support the community and understand their needs.

Community Review of the Commission on HIV

Executive Director, Cheryl Barrit, presented background on Ryan White and the Ryan White CARE Act (1990).

- Requirements for Ryan White (RW) Part A funding:
  - Communities and health departments must have a planning council (PC) to receive HIV funding from the Health Resources and Services Administration (HRSA)

- RW serves as the payor of last resort (i.e., covering HIV care costs if other resources like Medicaid do not fully cover services).
- Funds are directed toward treatment and prevention for uninsured or low-income individuals with HIV.

- Los Angeles County allocates $45 million annually for HIV care, distributed across services such as dental care, housing, and 24 other categories.
- Funds are directed toward treatment and prevention for uninsured or low-income individuals with HIV.
- Reauthorization may be challenging in the current political landscape (e.g., Republican majority).
- Commission Structure:

  - LA County's commission has 51 members (not including alternates).
  - Members are appointed through an interview process by the LA County Board of Supervisors.
  - Terms are 2 years; average member tenure is around 6 years.
  - One-third of the members are required to be HIV-positive.
  - Committees within the Commission collaborate to fulfill the mission.

- Effectiveness of community planning requires community feedback and highlights the importance of funding allocation, inclusion, collaboration, resource access, and setting future goals.
- Director Barrit relayed there are sentiments expressing: (1)51 members are insufficient for LAC's large population and more representation is needed, (2) more people should be informed about the Commission, with one person noting they lived with HIV for 20 years before learning about the Commission, and (3) a proposal to separate PC's to better address HIV prevention, biomedical prevention and health education for high-risk individuals including those who are HIV-negative.
- Director Barrit explained the process of rating the Commission's duties as a Planning Council:

  - Duties include needs assessment, data analysis, care standards, prevention, developing plans, evaluating service effectiveness, and educating the community.
  - Feedback:
    1. Effectiveness ratings: Poorly, Neutral, Very Well, Not Sure
    2. Strengths: Availability of resources, frequent meetings, informative data, and strong community involvement (e.g., booth at Taste of Soul event).
    3. Areas for Improvement: (1) lack of clear, executed goals, (2) *concerns over financial transparency and distribution, (3) need for better communication when addressing community concerns, (4) underfunded dental services, (5) desire for monthly meetings. *Agencies with funding often attend meetings but do not communicate how funds are utilized for client resources.

- General themes and questions from the audience:

- Purpose: To inform about the role of the commission in managing HIV care funding and planning.

- Background on the Ryan White CARE Act: created to fund HIV care after Ryan White contracted HIV through a blood transfusion and later passed away. This law helps communities secure funding for HIV support.
- Commission Structure and Challenges: some feel the group is too small for such a big area and suggest clearer goals and more communication could make a larger impact.

- Potential follow-up and action items for the Commission:

  - Increase Awareness and Representation: Address the need for greater representation and awareness of the commission among people in LA County, especially those affected by HIV, as many are unaware of the commission's role and resources.
  - Financial Transparency: Improve transparency on how funds are distributed and used, especially for underfunded areas like dental care, to build community trust and ensure equitable use of resources.
  - Define and Communicate Clear Goals: Establish and communicate clear, measurable goals for the commission's initiatives to enhance accountability and effectiveness in achieving its mission.
  - Consider Separate Councils for Prevention and Care: Explore the possibility of creating separate councils or sub-committees for prevention and care, which could allow for more focused planning and resources for high-risk and HIV-negative individuals.

- Overall, the presentation highlights the importance of both historical context and community involvement in HIV care. The Ryan White CARE Act, inspired by Ryan White's life and legacy, set a foundation for ensuring that PLWH have access to essential care, especially those uninsured or with low income. The Commission on HIV shows the challenges in balancing representation and impact within a large, diverse community like LAC. The Commission faces the difficult task of allocating $45 million across services while ensuring transparency and addressing community concerns. The feedback from this meeting points to a need for clearer communication, more funding transparency, and expanded representation, especially as the community grows and healthcare demands evolve. It also raises critical questions about the reauthorization of funding in the current political climate, emphasizing the need for continued advocacy for those affected by HIV.

8. <u>BREAKOUT SESSION II (2:10 PM – 2:55 PM)</u>

Empowering Voices: Innovative Support for Women with HIV with Docuseries Podcast

Natalie Sanchez, Elia Silveyra, and Marilynn Ramos presented Confessions: HIV+ Women. It is a bilingual docuseries podcast launched by UCLA's Los Angeles Family AIDS Network in 2023 and is now in its third season. This podcast serves as a vital platform for amplifying the voices of women living with HIV, offering

them emotional support, and fostering connections with others who share similar experiences. It addresses the social determinants of health that impact various communities, highlighting barriers such as limited access to support groups, transportation issues, confidentiality concerns, stigma, and personal apprehensions. While traditional support groups are often inaccessible to many women due to these obstacles, the podcast provides an alternative avenue for engagement. By creating a supportive community and linking women to medical care, Confessions aims to empower its listeners, reduce feelings of isolation, and enhance their overall well-being.

- Key highlights of the presentation depict:
  - Empowerment Through Storytelling: The podcast serves as a transformative tool for women living with HIV to reclaim their narratives and combat stigma as sharing stories helps build a supportive community and encourages women to embrace their identities.
  - Intersectionality of Experiences: The podcast highlights the complexities faced by women living with HIV, including gender, race, and social challenges. Latina and Black women are disproportionately affected, and their unique stories are often underrepresented in HIV-related conversations.
  - Breaking Stigma and Building Community: Employing open discussions about living with HIV, challenges misconceptions and provides hope to newly diagnosed individuals, fosters connections and shows women they are not alone, and empowers women to advocate for themselves and others.
  - Cultural and Linguistic Responsiveness: The podcast adapts to diverse audiences, including a Spanish-language session to reach Latina women effectively, and has culturally responsive approaches to ensure inclusivity and relevance.
  - Real-Life Impact: Participants described the podcast as liberating, helping them move past feelings of isolation, shame, and fear, and has reached thousands of listeners while providing a platform for education and advocacy.
  - Call to Action: Emphasizes the importance of trauma-informed, accessible healthcare, including mental health services and family support, and encourages amplifying peer support and storytelling as vital tools for HIV care and empowerment.
- Highlights of responses to audience questions follows: (1) to ensure confidentiality participants are given the option to change their names or share anonymously and efforts are made to ensure they have safe and supportive environments during and after recording, (2) the podcast is available on multiple platforms, including YouTube and Spotify, ensuring accessibility; partnerships with organizations in different regions help extend its reach, (3) hearing stories from others who have lived with HIV for years provides hope and reduces feelings of isolation among newly diagnosed women, (4) although men constitute a larger portion of the HIV population, women's experiences are often underrepresented in HIV conversations and their unique challenges (ex: pregnancy, childcare, and societal stigma) deserve dedicated attention, (5) collaboration with community organizations, culturally responsive storytelling, and leveraging digital platforms are key components that other programs can adopt, and (6) peer support fosters a sense of belonging, helps women navigate emotional and practical challenges, and encourages them to remain consistent with their

treatment plans.

- Potential follow-up and action items for the Commission: (1) amplify storytelling and peer support initiatives (i.e., create new peer-led support groups that provide safe spaces for women to share their experiences and navigate stigma), (2) invest in trauma-informed healthcare, (3) enhance outreach in underserved areas, (4) promote cultural and linguistic inclusivity, (5) advocate for gender-specific HIV policies. The action items aim to build on the conference's momentum and address the systemic barriers that women living with HIV face.
- Overall, this session provided a profound exploration of the challenges and triumphs of women living with HIV, highlighting the power of storytelling and peer support to foster healing and empowerment in conjunction with creating safe spaces for women to share their stories, highlighting the value of culturally responsive and trauma-informed care, and the need to amplify underrepresented voices in the fight against HIV. It also highlighted how digital innovation can serve as a bridge to connect, educate, and empower communities.

The Role of Emergency Departments (EDs) in Ending the HIV Epidemic
Presenters: Thomas Donohoe, UCLA Emeritus Professor of Family Medicine and Julie Tolentino, Division of HIV and STD Programs

- Thomas Donohoe began the presentation with a case study of a 28-year-old cisgender woman, who was homeless, a methamphetamine user, and presented with symptoms of heat exhaustion and dizziness. It was explained that the patient would be a realistic case for intervention and offered that the benefit would be connection to services such as PrEP and Rapid ART.
- Emergency Departments (EDs) are relevant and important because this is where syndemics meet (i.e., homelessness, STIs/HCV, substance use disorder).
    - EDs see people who are in the most need of care and would benefit from engaging in a system of care.
    - People with HIV are three times more likely to visit an ED and are often uninsured, experiencing housing insecurity, or have a substance use disorder.
    - New positives and out-of-care positives will be identified through ED ROOT programs and receive prevention services including treatment, thereby preventing new positives.
    - Half of HIV clients screened in EDs are not in any regular HIV medical care.
- Experiences from LAC/USC ED regarding universal screening were shared and the results echoed the relevance and importance of emergency departments in HIV care and prevention.
- 2021 ED total data from Kern County illustrated the number of STI cases: chlamydia (5,973), gonorrhea (2,239), *syphilis (1,293), congenital syphilis (36), and HIV (189). *5-7% of every patient came into the emergency room with syphilis.
- Experiences from Tarrant County (Forth Worth, Texas) highlighted before rapid ART it took 7 months to achieve an undetectable viral load versus current newly diagnosed cases in ED now achieved viral suppression in 46 days and 93% have been retained in care.
- An overview of the PHI/Bridge Program, which aims to bridge emergency care and community health

to create an integrated system that improves health and equity.

- Emergency Department Syphilis/HIV/HCV Screening Program (EDSP) goes through Bridge Program and is uniquely positioned to identify people with undiagnosed syphilis, HIV, and Hepatitis C virus infections.
- LAC EDSP: Mission Community Hospital-Panorama Campus, Pacifica Hospital of the Valley, California Medical Hospital -Los Angeles, and St. Mary Medical Center – Long Beach. EDSP funding is scheduled to end June 2026.

Enhanced Navigation of African Americans Living with HIV

Dr. LaShonda Spencer and Shellye Jones (Charles R. Drew University) discussed enhanced patient navigation and care of African Americans.

- Evidence-informed strategies to improve health outcomes of people with HIV (PWH):
  - Patient Navigation: intensive one-on-one case management improves linkage, engagement, and retention in care.
  - Care Team Coordination: interdisciplinary teams establish and maintain care plans that adapt to patient's needs.
  - HIV Self-Management: one-one one education sessions empower patients to manage their healthcare and adhere to treatment plans.
- Enhanced Patient Navigation (EPN) performed by culturally aware staff aims to provide services for patients at high risk for poor health outcomes by mitigating barriers to care (ex: substance use, mental health, and food and housing insecurities).
- Charles R Drew University/OASIS Clinic provides culturally tailored support through patient navigators (PN).
  - EPN intervention for Black PLWH in SPA 6 targets hard-to-reach clients through participation in the intervention. Project Empowerment utilizes AIDS United evidence-informed intervention, staffed by a social worker and two PNs, to re-engage clients who are newly diagnosed, have fallen out of care, and those with unsuppressed viral loads, to address barriers that keep clients out of care.
  - A study was conducted for Black people living with HIV experiencing barriers to care. At baseline there was 52% viral suppression, at 3 months 82% viral suppression, and at 12 months viral suppression remained at 82%. The study concludes that EPN is effective at mitigating barriers to care such as transportation, significantly impacted substance use disorders, and resulted in improved viral suppression outcomes. Housing insecurity in LAC remains one of the hardest barriers to overcome and requires additional support. Longer follow-up is needed to evaluate the sustainability of the results.
- Patients utilizing EPN experience achieving virological suppression and increased quality of life.

- Audience questions and concerns centered around the unique challenges of the LGBTQ+ community and patients not understanding the value of the program.

Structural Change: Addressing Social Determinants of Health Through Coalitions

Presenters Toni Cooper and Joaquin Gutierrez, Children's Hospital Los Angeles discussed the relationship between structural change and the importance of structural-level interventions for reducing drivers of health inequalities in healthcare settings.

- The Racial Equity Institute (REI) created The Groundwater metaphor that states structural racism is the problem and is rooted in the groundwater. Racial disparities and inequities are virtually in every issue (ex: education, housing, and healthcare) and are manifestations of the problem.
- The National Equity Project posits that structural racism has become normalized, and policies and practices ensure opportunities for some while excluding others.
- Structural change involves changing our society to reduce barriers that make it harder for people to have control over their lives and health (ex: medication distribution and transphobia).
- Changes at 3 levels (3 P's) begin to alter structural racism:
    - Practice: manner of doing something (ex: implementing multi-site HIV and STD testing)
    - Program: organized activities with a desired outcome (ex: free naloxone distribution at bars)
    - Policy: written guidelines that regulate the environment (ex: drafting policy to allow excused absences for minor consent services).
- Coalitions are created to achieve a common purpose, such as health fairs or youth conferences.
    - Connect to Protect Los Angeles is a coalition that mobilizes the community and creates structural change to reduce HIV/AIDS among gay and bisexual men of color.
    - The coalition has bi-monthly meetings, monthly subcommittee meetings, and one annual coalition retreat.
    - Connect to Protect impact: the development of a youth educational product around MPOX transmission, worked with DHSP to connect agencies to MPOX vaccines, Dress for Success events, community partner resource fairs, and capacity-building opportunities for partner agencies (ex: DoxyPEP, youth engagement, and intergenerational partnerships).
- Summary of presenter's response to an audience question: looking for tactics that are upriver (i.e., information is open to more people and available in all communities). An example is everyone having naloxone in their backpacks on the metro.

Enhancing PrEP Uptake: Addressing HIV and STI Co-Infections in Los Angeles County

Presenter Tiffany Logan, Charles Drew University addressed the current landscape of HIV and sexually transmitted infections (STIs) in LAC and the impact of targeted PrEP navigation initiatives.

- OASIS Clinic provides rapid HIV testing and PrEP/PEP medication in response to the current landscape of HIV and STI co-infections in LAC.
- There are 58,000 PLWH in LAC; 90% males and 9% females. Approximately 6,000 are undiagnosed. Black men possess the highest HIV diagnosis and Black women have the highest HIV rate than any

other racial female group.

- In 2022 Black women made up 47% of new HIV infections, 8 times more than white women and 3 times more than Hispanics. PrEP intake remains low despite it being widely accessible. Reasons associated to low uptake include perceived risk, medical mistrust, and miseducation.
- Syphilis, gonorrhea, and chlamydia are the most contracted STIs in LAC. Statistics shows that people are being diagnosed with HIV in the same year as having an STI.
- Through its innovative Urgent Care Outreach Initiative, Drew C.A.R.E.S has teamed with MLK Urgent Care and OASIS Clinic to mitigate coinfections by encouraging and educating the community about available resources.
- The use of S.W.O.T Analysis is employed:
    - Strength: increase awareness of PrEP/PEP/Doxi, dismantling stigma through education
    - Weaknesses: lack of follow-up, miseducation on HIV/PrEP, perceived risk, and cold calls
    - Opportunities: effectiveness of targeted initiatives, long-acting PrEP (injection bi-monthly), building partnerships, community engagement, and increased PrEP uptake
    - Threat: persistent hesitancy concerning HIV and sexual health conversations, medical mistrust, perceived risk, and appointment adherence.
- Glows & Grows
    - Glows: community building (options and education for navigating sexual health), improved awareness and education on STI/HIV/PrEP, increased linkage to PrEP, strengthened partnership with outside specialties.
    - Glows: strategic navigation of perceived risk, educating them, appointment adherence (patients receive gift cards for attending appointments), education, continue integrating PrEP care and education in partnering clinics.

- Highlights of responses provided for audience questions: (1) telehealth appointments are available for initial consultations however, patients must visit the office for labs, (2) providers are educated about PrEP through the Urgent Care Initiative, (3) same-day PrEP is available contingent upon space availability and is paid for through the patient's insurance, and (4) patients may experience side effects, however, they usually subside in the first 2 weeks and labs are done every 3 months to check liver function.

Transgender Empathy Training

Malley Jenna Robinson highlighted topics discussing transgender healthcare and ways to show support for the transgender community.

- Telehealth is important to the well-being of transgender and gender-diverse individuals and creates an opportunity to receive continuous life-saving care.
    - One of the goals for telehealth among young individuals is to understand the trends in HIV and STIs.
- Inclusive reproductive health servicesomotions communicates all available options (ex: product storage, surrogacy, and sperm donation).

- Trauma-Informed Care
  - 3 case studies were presented to help build a theory of change (ex: starting conversations by asking preferred pronouns, inquiring about previous experiences with initial providers, and asking how a patient feels that day).
- The SOGIE Astronaut is a tool created by a trans community member to help individuals define themselves: SO: sexual orientation, G: gender, I: identity, E: expression.
- A Hateful Homicide is a podcast and investigative journalism show created by Mallery Jenna Robinson in 2021. The show highlights hate crimes and murders within the trans community and provides a voice to the excluded and underreported cases. It aims to provide awareness and visibility while seeking justice.

9. ARTISTRY AND ACTIVISM FOR THE HIV MOVEMENT

Performance by Pickle Drag Queen, City of West Hollywood Drag Laureate.

10. MISCELLANEOUS

A. Closing Remarks

- Commission Co-chairs, Danielle Campbell and Joe Green provided closing remarks.

B. Service Recognition

- The Annual Conference Work Group participants and committee, caucuses, and task force Co-chairs were acknowledged and given a round of applause.

C. Conference Evaluation

D. Roll Call & Adjournment

- **Adjournment and Roll Call: Adjournment for the Annual Conference November 14, 2024.** Executive Director, Cheryl Barrit conducted roll call.

ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, A. Burton, M. Cielo, S. Cuevas, K. Donnelly, A. Franklin, K. Ferguson, D. Hardy, I. Herrera, T. Jones, L. Martinez-Real, L. Maultsby, V. Mendoza, D. Richardson, D. Russell, H. San Agustin, L. Spencer, L. Talley, D. Campbell, and J. Green.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	**MOTION PASSED**

JANUARY - DECEMBER 2024

ANNUAL REPORT

COLLECTIVE ACTION: SUSTAIN AND ACCELERATE HIV PROGRESS

LOS ANGELES COUNTY COMMISSION ON HIV

TABLE OF CONTENTS

VISION & mission statements

VISION

A comprehensive, sustainable, accessible system of prevention and care that empower peopleat risk, living with or affected by HIV to make decisions and to maximize their lifespansand quality of life.

MISSION

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


ROLES AND RESPONSIBILITIES

The Commission serves as the local planningcouncil for the planning, allocation, coordination and deliveryof HIV/AIDS and SexuallyTransmitted Infections (STI) services.

The Commission is composed of 51 members appointed by the Board of Supervisors (BOS) and represents a broad and diverse group of providers, consumers, and stakeholders. Thirty-three percent of the members are people living with HIV/AIDS (PLWH) who are consumers of the federally- funded Ryan White Program.

As an integrated planning body for HIV/STI prevention and care services in Los Angeles County, through its five standing committees (Executive, Operations, Planning, Priorities and Allocations (PP&A), Public Policy, and Standards & Best Practices (SBP), the Commission is responsible for:

- Setting care/treatment priorities/allocations
- Developing a comprehensive prevention and care plan
- Assessing the administrative mechanism of service delivery
- Evaluating service system effectiveness
- Service coordination
- Conducting needs assessments
- Setting minimum service standards/outcomes
- Defining ways to best meet the needs of PLWH and communities at highest risk of infection
- Resolving service system grievances
- Promoting theavailability of services
- Evaluating other streamsof funding
- Advising the BOS on all County HIV and STI funding
- Policy development and advocacy work
- Advising the Board on other HIV and STI-related matters

The Commission is deeply grateful for the support of our Board Supervisors and their leadership and commitment to address HIV and achieve health equity for all.

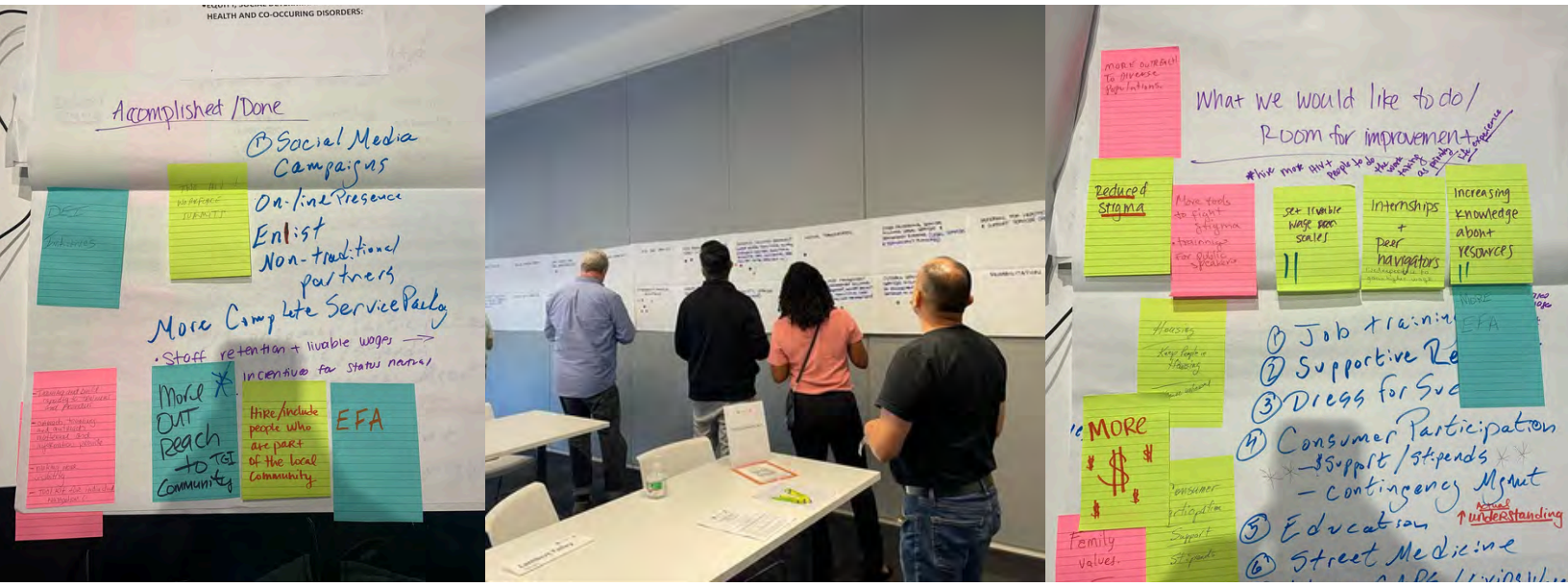
The World AIDS Day 2024 theme of "Collective Action: Sustain and Accelerate HIV Progress", captures the firm commitment of the Commission on HIV, focusing many of its key achievements on lifting the voices of communities that disproportionately shoulder the burden of HIV. Through the HIV movement's steadfast commitment to ending HIV, significant advances continue to be made in HIV research, care, and prevention interventions.

However, unresolved and worsening social and economic conditions continue to hinder our national progress towards ending HIV by 2030. The disappointing lack and speed of progress is evident globally. The United Nations Programme on HIV/AIDS has declared that HIV/AIDS is at a crossroads and continues to sound the alarm on the ongoing international public health threat posed by HIV/AIDS. Domestically, the 2024 National HIV/AIDS Strategy (NHAS) Progress Report showed that none of the 13 indicators are on track to meet the Country's 2025 goals. The majority of the indicators are marked as "making progress, but will need to accelerate to meet the goal." Three of the indicators "have not changed or has moved away from the goal", underscoring the urgency for a more amplified and sustained response towards an end to HIV.

Despite the enormity of systemic barriers and challenges, science, community, and optism offer opportunities for improvement and efficiencies for the Commission. As such, the Commission's 2024 Annual Report highlights key accomplishments that demonstrate our commitment to keeping our resolve to fight HIV, learn from successes, and continue to dismantle HIV-related stigma as a key response to end HIV.

Comprehensive HIV Plan (CHP) 2022-2026 |Community Review

In August 2024, the Commission on HIV conducted a gallery walk of the 2021-2026 Comprehensive HIV Plan and asked community members to share their perspectives on progress made on the key goals articulated in the plan. The community review report highlights key activities that were identified by the community and additional recommendations to help reach plan goals. The Los Angeles County Comprehensive HIV Plan, 2022-2026 is Los Angeles County's third integrated HIV services plan, developed in partnership with the Department of Public Health (DPH), Division of HIV and STD Programs (DHSP) and a vast array of community and organizational partners. The plan presents a blueprint for HIV services along the entire spectrum of HIV prevention and care. The CHP was also developed to align with the California statewide integrated plan, the National HIV/AIDS Strategy (2022–2025), and Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025 (EHE Plan). The CHP enumerates the populations most impacted by HIV, describes co-occurring conditions and social determinants that drive the HIV epidemic and articulates local objectives and activities that align with the overarching goals of the National HIV/AIDS Strategy and the Ending the HIV Epidemic federal initiative.



Dismantling HIV Stigma Through Community Education and Outreach

HIV stigma is a set of negative attitudes and beliefs about people with HIV which can lead to discrimination and affect the health and wellbeing of people with HIV/AIDS (PLWHA). HIV stigma can also discourage people from getting tested, sharing their status, and accessing HIV services. People with HIV often internalize the stigma they experience and can develop a negative self-image. They may fear discrimination or judgment if others learn they have HIV. Community education and outreach, particularly those that target stakeholders outside of the HIV-sphere, can help dismantle HIV-related stigma promote a better understanding of HIV services, and most importantly, build a supportive community around people living with HIV.

Through community outreach and education, the Commission led and convened several activities aimed at dismantling HIV-related stigma and building partnerships across various public, private, and non-profit sectors.

Harm Reduction Institute: Analyzing the Changing Landscape of LGBTQIA+ Substance Use in Los Angeles County (April 29, 2024)

In partnership with local transgender-led and serving organizations, the Commission convened an educational forum centered on the importance of harm reduction in HIV prevention efforts and building supportive communities for transgender youth. REACH LA presented highlights of their study on the substance use needs of transgender individuals and recommendations for creative and effective outreach. Panelists and community participants formulated the following recommendations to improve local planning efforts and help shape County-funded services:

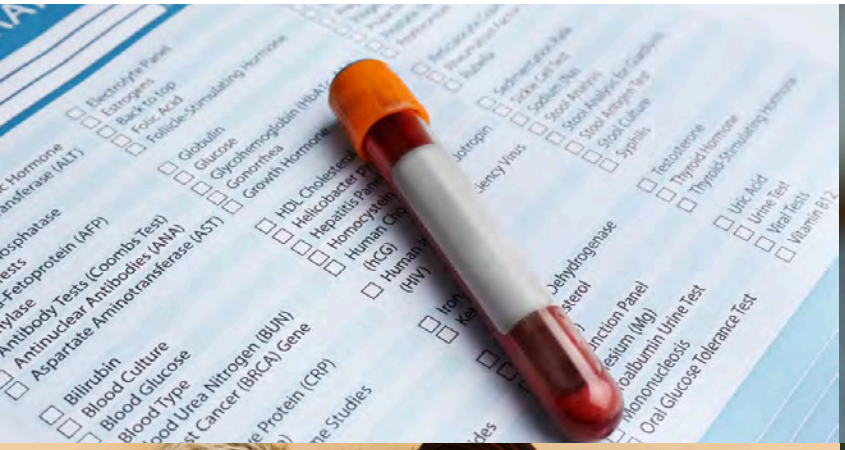
-
- Invest in fun and safe social support and outreach activities for transgender youth such as the “Sexy and Sober” – a fun, inclusive, substance-free social event organized by REACH LA and other HIV service organizations.
- Train transgender youth to become health ambassadors and peer health educators, equipping them with skills to conduct data collection, analysis, program development and evaluation.
- Promote regular HIV and STD testing to maintain interest in health maintenance and social connection with peers.
- Support harm reduction programs promoting regular HIV and STD testing.
- Offer a wide range of harm reduction services such as safe and supervised injection sites, medication/cannabis lock boxes, moderated drinking/substance use; testing strips, medication-assisted treatment, social services, employment, and arts and culture programming.
- Scale up HIV pre-exposure prophylaxis (PrEP) uptake among transgender individuals.
- Expand Naloxone training for service providers.
-

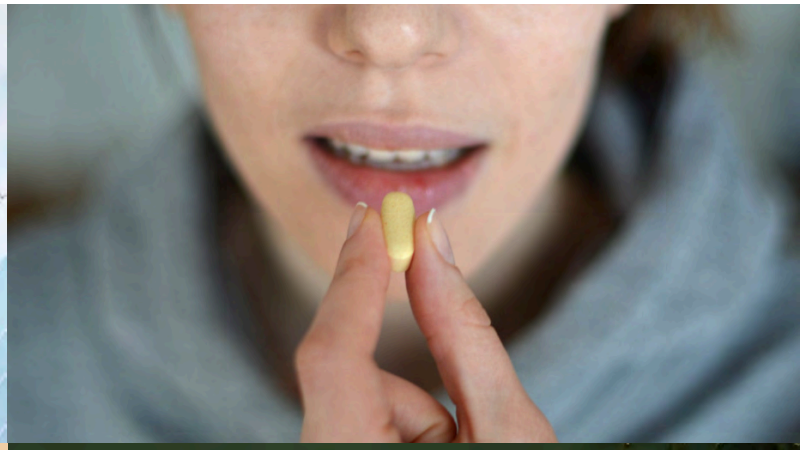
Empowering Women to Protect & Improve Their Health Series, Part 1 - Medical Labs & Medication Adherence (May 20, 2024)

The Commission hosted a workshop to equip participants with skills to understand medical laboratory results and the importance of antiretroviral medication adherence. This practical approach provided an opportunity for clients to have direct consultation with an HIV medical specialist and expanded knowledge and skills on how to take charge of their healthcare. **SLIDES | RECORDING.**

Empowering Women to Protect & Improve Their Health Series, Part 2 - Peer Support for Optimal Health (June 17, 2024)

The Commission hosted a workshop on the role of peer support in achieving and maintaining optimal health for women living with HIV. The workshop featured a local peer-based campaign to increase PrEP uptake among women of color and story-telling as an intervention for women living with HIV. Peer-based approaches to care have been shown to increase linkage to care for vulnerable, hardly reached populations. Furthermore, bilingual, culturally-specific, and tailored programs where peers lead and facilitate support groups and linkages to care contribute to medication adherence, mental health and wellness, and employment opportunities. **SLIDES | RECORDING**.





HIV Matters For Her Luncheon (July 15, 2024)

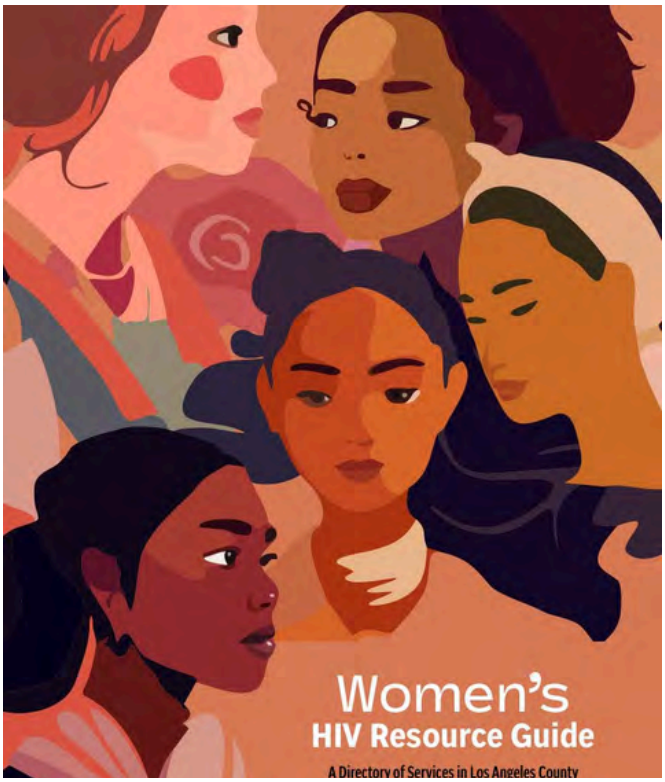
In collaboration with APLA Health, the Commission hosted an educational luncheon for service providers and women living with HIV on heart disease and menopause. Study on menopause is scarce and the body of knowledge is even more limited regarding the interaction of HIV and menopause. Globally, over half of HIV-infected persons are reported to be women, and HIV is said to be associated with early onset of menopause. Menopause is linked with vasomotor symptoms such as night sweats, hot flashes, and sleep disturbance that also appear to correlate with the advancement of HIV or even the adverse effects of highly active antiretroviral medication. In addition, menopause and HIV are found to be risk factors for bone mineral density loss and neurological and cardiovascular diseases. The workshop provided treatment considerations for hormone therapy, HIV drug interactions, and heart disease management. **SLIDES**

Loneliness and Social Isolation: Addressing the Needs of Women Over 50 (September 23, 2024)

As part of the Commission's ongoing commitment to addressing the needs of older adults, the Commission hosted an event featuring local HIV service providers and County partners such as the Department of Mental Health and the Aging and Disability Department to address loneliness and social isolation among women over 50. The event underscored the importance of women-centered services that address the importance of family, community, religion/spirituality, and the critical role that providers play in conducting culturally appropriate screenings and assessments to identify loneliness and social isolation among older women. **EVENT SUMMARY | KEYNOTE ADDRESS PRESENTATION SLIDES | RESOURCE SPOTLIGHT**

Women's HIV Resource Guide

In collaboration with APLA Health, LA Women's HIV Task Force, and the Women's Caucus, the Commission launched the Women's HIV Resource Guide in a special reception hosted by partner agencies. The resource guide contains a variety of services available to women with HIV in Los Angeles County.



Taste of Soul 2024: Engaging Black Families in HIV Prevention (October 19, 2024)

The Commission hosted an educational and outreach booth at the 2024 Taste of Soul which featured interactive games and activities aimed at providing HIV education, resources for services, and linkages to HIV and STD testing. Over 500 individuals visited the Commission booth and engaged with staff, Commissioners, and volunteers, distributing over 200 sexual health wellness bags in exchange for participating in HIV and sexual health trivia. The trivia sparked meaningful discussions and helped dispel common misconceptions about HIV. **EVENT SUMMARY**

Antelope Valley: A Community Rising to End HIV, A World AIDS Day Event (December 3, 2024)

In collaboration with the Los Angeles County Fifth District Supervisor Kathryn Barger, Bartz-Altadonna Community Health Center (BACHC), Wesley Health Centers, Gilead Sciences and Connect 2 Protect LA Coalition, the Commission held an educational event with a resource fair to commemorate World AIDS Day, with a special focus on highlighting services and opportunities for partnerships in the Antelope Valley. With over 100 attendees, the event featured a special video message from Supervisor Kathryn Barger where she honored lives lost to AIDS, celebrated the resilience of people living with HIV, and issued a call to action for the community to act with urgency to end HIV, once and for all. Other speakers included Mario Peréz, Director of the Los Angeles County Division of HIV and STD Programs and Dr. Oliver Refugio, HIV Specialist from Bartz-Altadonna Community Health Center. Commissioner Alvaro Ballesteros and Connect 2 Protect LA Project Coordinator, Joaquin Gutierrez led an interactive networking activity to spark connections and partnerships among participants. Lastly,Courage Awards were presented to The Outreach Center, BACHC, Wesley Health Centers, and Supervisor Kathryn Barger for their courage and steadfast commitment to confronting HIV-related stigma and bringing attention to the health and welfare of people living with HIV. PROGRAM | M. PEREZ (DHSP) SLIDES | DR. O. REFUGIO SLIDES | SUPERVISOR KATHRYN BARGER MESSAGE

Our Stories, Our Strength: Elevating Black Lives, A World AIDS Day Community Event (December 6, 2024)

In collaboration with the Los Angeles County Second District Supervisor Holly Mitchell and Charles Drew University (CDU), the Commission hosted a community event honoring community and personal stories and uplifting Black lives in the fight against HIV.

The event was an incredible success, bringing together over 100 community members, stakeholders, and advocates in a space of reflection, healing, and empowerment. The event featured:

- A resource fair, offering HIV testing and support services.
- Community conversations, fostering dialogue on HIV prevention, care, and stigma reduction.
- Recognition of Changemakers, celebrating those who made significant contributions to the fight against HIV.
- Approximately 100 community members attended, including 25 students who participated in HIV testing.

PROGRAM | SUPERVISOR HOLLY MITCHELL MESSAGE | BLACK CAUCUS SLIDES | LA SENTINEL ARTICLE

Annual Conference |AGENDA | PRESENTATION MATERIALS

The Commission held its annual conference on November 14 featuring the theme, "*Bold Transformation to Confront and End HIV*", as a rallying cry to scale up all community efforts to meet the national goal of ending HIV by 2030. Nearly 150 individuals attended the annual conference, offering space for learning, community, and recharging commitments to end HIV.

The 2024 Annual Conference featured local best practices for prevention and care and national and regional experts on guaranteed income programs, the cure for HIV, and housing. The Division of HIV and STD Programs (DHSP) presented surveillance data on the State of HIV/STIs in Los Angeles County and their FLEX Card program which provides $400 monthly gift cards for PLWHA to reduce the financial burden for basic needs and frees up existing income for other essential needs.

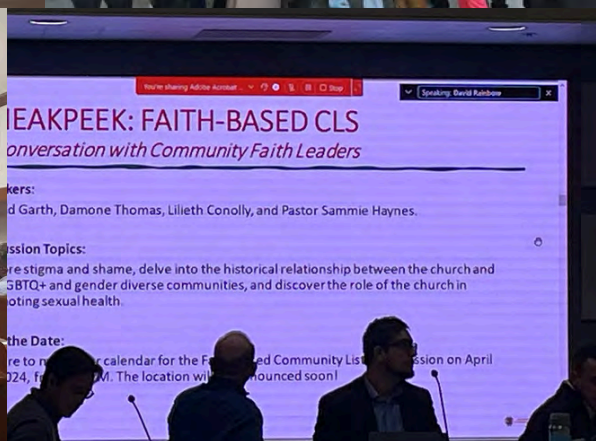
Additionally, the HIV cure panel featured world-renowned HIV researcher and scientist, Dr. Luis Montaner, and two of the seven individuals in the world who have been cured of HIV through stem cell transplants - Paul Edmonds (City of Hope Patient) and Adam Castillejo (The London Patient). The discussion offered hope for a cure to end HIV and underscored the importance of achieving equitable access to current and future prevention and treatment therapies.

Core Ryan White CARE Act Activities

Assessing and Understanding Community Needs through Listening Sessions

As the federally mandated local HIV planning council under the Ryan White CARE Act, the Commission is tasked with conducting ongoing needs assessments to understand and address the needs of people living with HIV and communities at the highest risk of acquiring HIV. To that end, the Commission conducted a series of community listening sessions focused on various populations within the Black/African American community and in the Antelope Valley.

Community Listening Sessions Focused on Black/African American Communities:
Faith-based Leaders (April 26, 2024) | **EXECUTIVE SUMMARY**
Black Immigrants (August 11, 2024) | **EXECUTIVE SUMMARY**
Same Gender Loving Men (September 26, 2024) | **EXECUTIVE SUMMARY**
Women (October 10, 2024) |**EXECUTIVE SUMMARY**



Antelope Valley Sexual Health Community Listening Session | EVENT SUMMARY

The overarching recommendations from the Antelope Valley (AV) listening sessions include the need for continued coalition building among providers and community members, extended service hours to accommodate the AV's largely commuter communities, and ongoing training, especially around transgender and youth-affirming care.

Priority Setting and Resource Allocations

The Planning, Priorities and Allocations (PP&A) Committee leads the multi-year priority and allocation setting process for the Commission. Uninsured and underinsured people living with HIV continue to rely on the Ryan White HIV program as their main and preferred source of medical and supportive services in Los Angeles County. The rising cost of services, inflation, and the housing crisis create pressure and challenges for providers and the Commission to manage dwindling grant funds to support the continued demand for HIV services. This challenging planning environment compels the Commission to make difficult decisions on which services to fund and maintain. Likewise, providers must lean on and leverage other funding sources to maintain the continuity of care for their clients.

For FY 2024, the Commission ranked the following as the top ten Ryan White Part A service categories: 1) housing; 2) non-medical case management; 3) ambulatory/outpatient medical services; 4) emergency financial assistance; 5) psychosocial support; 6) medical case management/medical care coordination; 7) mental health; 8) outreach; 9) substance abuse outpatient; and 10) early intervention services. The FY 2024 service rankings were determined under the following key realities: 1) lack of affordable housing and increased risk for homelessness will remain a significant crisis for PLWH; 2) financial instability will persist due to inflation and unlivable wages; and 3) ongoing demand for culturally competent medical and mental health services.

Recognizing that Ryan White (RW) HIV program is the payor last resort, the funding allocations mad the by Commission aimed to maximize RW funds while also leveraging other payor sources to maintain continuity of care for people living with HIV. The Commission will collaborate with DHSP to review program expenditures and service utilizations regularly and make reallocations as needed to fund necessary services.

Service Standards | Responding to the Dynamic Needs of the Community

Ryan White service standards are the minimum requirements for services provided to people with HIV/AIDS through the Ryan White HIV/AIDS Program (RWHAP). These standards ensure that all clients receive the same quality of care, regardless of where they receive it. As part of its ongoing commitment to ensure that HIV care services are responsive to the needs of clients, the Commission engaged consumers, providers, and public health partners in revising the following service standards: universal service standards and client bill of rights, medical care coordination, and prevention standards. The Prevention Services standards reflect the most up-to-date scientific evidence and clinical practices for rapid treatment, harm reduction, PrEP, PEP, and DoxyPEP, and comprehensive assessments and intake procedures that mirror the pathways described in the Status Neutral HIV and STI Service Delivery Framework.

Assessment of the Efficiency of the Administrative Mechanism | REPORT

HIV planning councils are required by the Ryan White CARE Act to conduct an annual Assessment of the Efficiency of the Administrative Mechanism (AEAM). The AEAM aims to identify strengths and areas for improvement within the current administrative mechanisms to ensure the timely and efficient delivery of services to people living with HIV (PLWH) and those at risk. The Commission completed the AEAM in August 2024 covering Ryan White Program Years 2022-2023.



Membership Recruitment, Retention and Training

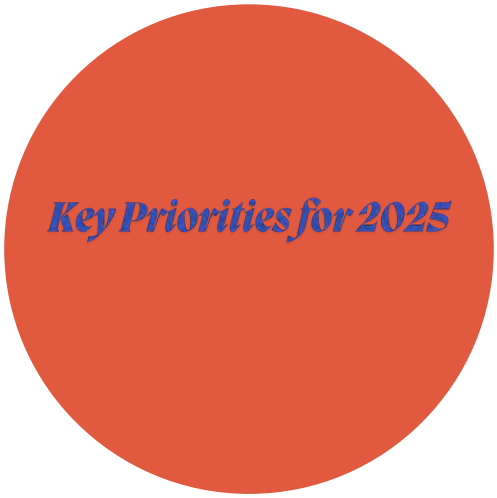
Federally Designated Membership Representation

In 2024, of the 14 federally mandated members for Ryan White HIV planning councils, 12 were represented on the Commission as full voting members. The Commission, much like other HIV planning councils in California in other parts of the country, continues to face challenges in securing a staff from the State of California Medi-Cal Program to serve on the Commission, despite numerous appeals and outreach. To mitigate the information gap, the Commission works with the Los Angeles County Department of Healthcare Services to attain information and presentations on the local health access and service coverage in Los Angeles County. In addition, the Commission continues to reach out to local health plans to fill the vacancy for health or healthcare planning agencies. Fifteen members represented the voices of unaffiliated PLWH who use RW services, ensuring meaningful involvement of PLWH in planning, ensuring access to quality care in Los Angeles County, and meeting the RW requirement of having 33% of the members serve in unaffiliated consumer capacity.

Membership Training

The RW program requires annual training for all Commissioners to enhance knowledge and skills and support their success in fulfilling their duties as Commissioners. In 2024, the Commission conducted five trainings for Commissioners (trainings are open to the public) on the Commission's functions and responsibilities and an additional training specifically for Commissioners with Co-Chair duties:

- February 13, 2024 Co-Chair Training | **SLIDES** | **RECORDING**
- March 26, 2024 General Orientation and COH Overview | **SLIDES** | **RECORDING**
- April 23, 2024 Priority Setting and Resource Allocations and Service Standards Development | **SLIDES** | **RECORDING**
- July 17, 2024 Ryan White CARE Act Legislative Overview, Membership Structure and Responsibilities | **SLIDES** | **RECORDING**
- October 2, 2024 Policy Priorities and Legislative Docket Development | **SLIDES** | **RECORDING**



Restructuring for Impact and Performance

The Health Resources and Services Administration (HRSA) conducted a technical assistance site visit of the Commission on May 21-23. The purpose of the technical assistance was to provide resources to the Commission to ensure compliance with all statutory and programmatic requirements and to strengthen capacity to plan for and coordinate the delivery of HIV services in Los Angeles County. The site visit team of three HRSA officials focused on areas of operational and administrative performance improvement. The key recommendations for improvement from HRSA include: Conduct a comprehensive review of the Commission's capacity, size, and impact in fulfilling its legislative duties.

- Update the Commission's ordinance and bylaws to reflect the planning council's final decision on its size, scope, and membership composition. In addition, HRSA recommended term limits, member rotations, and instituting changes to the bylaws that authorize the Commission to appoint committee-only members. Given that ordinance and bylaws changes require County Counsel and Board approval, the Commission will take a careful and thoughtful approach to ensure that all decisions are thoroughly discussed and vetted by the council and the community at large.
- Filling vacant seats and ensuring strong consumer representation and engagement
- Completing an updated Memorandum of Understanding (MOU) with DHSP

To reflect on how the Commission needs to evolve to meet the growing complexity of HIV planning and in compliance with the HRSA site visit findings, the Commission will focus more of its efforts towards excelling in fulfilling its core duties as defined by the Ryan White CARE Act, which are conducting ongoing needs assessments; priority setting and resource allocations; data-driven planning; developing service standards; and completing the annual Assessment of the Efficiency of the Administrative Mechanism. Concurrently, the Commission will undergo a comprehensive restructuring review with the assistance of consultants and experts in the HIV planning field to update its scope of duties, bylaws, ordinance, composition, and member duties and expectations.

Key Priorities for 2025

Staying Steadfast to the HIV Movement and Protecting Marginalized Communities

The HIV movement nationally and locally faces extreme stress and oppression under the second Trump administration which has set a tone of uncertainty, fear, and profound anxiety for PLWHA, communities of color, women, LGBQTIA+, low-income, immigrant, and other marginalized groups. The Commission will continue to offer safe spaces for all communities to share their hopes and fears and will remain committed to helping those in need. In addition, the Commission will continue to make policy and advocacy recommendations to the Board and other elected officials to preserve funding for HIV/STDs, housing, health care, and public health programs. Working with and aligning the Commission's endeavors with national partners, such as the National Minority AIDS Council (NMAC) will be a key strategy for 2025 along with supporting the Board's priorities under the Anti-Racism and Diversity Initiative (ARDI).

COMMISSIONERS (JANUARY – DECEMBER 2024)

Danielle Campbell, MPH, PhD(c), Co-Chair, Supervisorial Board Office 2 Representative
Joseph Green, Co-Chair Pro-Tem, Unaffiliated Consumer, At-Large
Miguel Alvarez, HIV Stakeholder Representative
Dahlia Alé-Ferlito, City of Los Angeles Representative
Jayda Arrington, Unaffiliated Consumer, Service Planning Area 6
Alvaro Ballesteros, MBA, Supervisorial Board Office 1 Representative
Alasdair Burton, HIV Stakeholder Representative
Mikhaela Cielo, MD, Ryan WhitePart D Representative
Lilieth Conolly, Unaffiliated Consumer, At-Large
Sandra Cuevas, Ryan White Part F Representative
Mary Cummings, HIV Stakeholder Representative
ErikaDavies, City of Pasadena Representative
Pearl Doan, HIV Stakeholder (Resigned February 2024)
Kevin Donnelly, Unaffiliated Consumer, Service Planning Area 8
Kerry Ferguson, Alternate
Felipe Findley, PA-C, MPAS, AAHIVS, HIV Stakeholder Representative
Arlene Frames, Unaffiliated Consumer, Supervisorial District 3
Arburtha Franklin, Alternate
Alexander LuckieFuller, Provider Representative (Resigned May 2024)
Rita Garcia, Alternate
Felipe Gonzalez, Unaffiliated Consumer, Supervisorial District 5
Bridget Gordon, Unaffiliated Consumer, Supervisorial District 2
Karl Halfman, MA, Ryan White Part B Representative
David Hardy, MD, Alternate
Ismael Herrera, Unaffiliated Consumer, Service Planning Area 3
Terrance Jones, Unaffiliated Consumer, At-Large
William King, MD, JD, AAHIVS, HIV Stakeholder Representative
Lee Kochems, MA, Behavioral/Social Scientist Representative
Jose Magana, Provider Representative (Resigned March 2024)
Leonardo Martinez-Real, Unaffiliated Consumer, Supervisorial District 1
Leon Maultsby, D.B.A, Part C Representative
Vilma Mendoza, Unaffiliated Consumer, Service Planning Area 7
Andre Molette, Provider Representative
Anthony Mills, MD, Provider Representative (Resigned January 2024)
Matthew Muhonen, Housing Opportunities for People with AIDS (HOPWA) Representative

COMMISSIONERS (JANUARY – DECEMBER 2024)

Derek Murray, City of West Hollywood Representative (Resigned July 2024)
Paul Nash,PhD, HIV Stakeholder Representative
Katja Nelson, MPP, Supervisorial BoardOffice 3 Representative
Byron Patel, RN, Provider Representative
Ronnie Osorio, Alternate
Jesus “Chuy” Orozco, Housing Opportunities for People with AIDS (HOPWA) Representative (Resigned February 2024)
Mario Pérez, MPH, Ryan White Part A Representative
Dechelle Richardson, Provider Representative
Erica Robinson, HIV Stakeholder Representative
Redeem Robinson, HIV Stakeholder (Seat vacated February 2024)
Ricky Rosales, City of Los Angeles Representative (Resigned June 2024)
Daryl Russell, M. Ed., Unaffiliated Consumer, At Large
Harold Glenn San Agustin, MD, Provider Representative
Martin Sattah, MD, Provider Representative
Dee Saunders, City of West Hollywood Representative
Juan Solis, Alternate (Seat vacated April 2024)
LaShonda Spencer, MD, ProviderRepresentative
Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4
Lambert Talley, Alternate
Justin Valero, Supervisorial Board Office 4 Representative
Jonathan Weedman, SupervisorialBoard Office 5 Representative
Russell Ybarra, Unaffiliated Consumer, Service Planning Area 2

STAFF

Cheryl A. Barrit, ExecutiveDirector
Dawn P. McClendon, AssistantDirector
Jose Rangel-Garibay, Health Program Analyst
Sonja Wright, Senior Board Specialist
Lizette Martinez, Health Program Analyst

The Commission extends its deepest gratitude to Rainbow Sounds for audio-visual support and James Stewart for parliamentary services at monthly Commission meetings. We also thank AJ King from Next Level Consulting and Collaborative Research for their partnership in community engagement activities and for supporting the Commission.

LOS ANGELES COUNTY COMMISSION ON HIV
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LOS ANGELES COUNTY
COMMISSION ON HIV

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

2025 COMMISSION ON HIV WORKPLAN
Ongoing 12-26-24

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

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

Engage all caucuses, committees and subgroups in all functions.

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

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

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

6/12/25 @ Location TBD	Year 33 Utilization Report for RW Support Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)
7/10/25 @ Location TBD	PURPOSE Study (Requested by Suzanne Molino, PharmD, Gilead Sciences, Inc.) *Anchor presentation as part of prevention-focused conversation and planning
8/14/25 @ Location TBD	Medical Monitoring Project (Dr. Ekow Sey, DHSP)
9/11/25 @ Location TBD	America's HIV Epidemic Analysis Dashboard (AHEAD)
11/14/24 @ Location TBD	ANNUAL CONFERENCE
12/12/24 @ Location TBD	

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

LOS ANGELES COUNTY
COMMISSION ON HIV

DUTY STATEMENT

COMMISSION CO-CHAIR

(APPROVED 3-28-17; REVISIONS 3-19-18)

In order to provide effective direction and guidance for the Commission on HIV, the two Commission Co-Chairs must meet the following demands of their office, representation and leadership:

SPECIFIC:
One of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

ORGANIZATIONAL LEADERSHIP:

① Serve as Co-Chair of the **Executive Committee**, and lead those monthly meetings.

② Serve as ex-officio member of all standing Committees:
- attending at least one of each standing Committee meetings annually or in Committee Co-Chair's absence

③ Meet monthly with the Executive Director, or his/her designee, to prepare the Commission and Executive Committee meeting agendas and course of action,
- assist Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate.

④ Lead Executive Committee in decision-making on behalf of Commission, when necessary.

⑤ Act as final Commission-level arbiter of grievances and complaints

MEETING MANAGEMENT:

① Serve as the Presiding Officer at the Commission, Executive Committee and Annual meetings.

② In consultation with the other Co-Chair, the Parliamentarian, the Executive Director, or the senior staff member, lead all Commission, Executive and special meetings, which entail:
- conducting meeting business in accordance with Commission actions/interests;
- maintaining an ongoing speakers list;
- recognizing speakers, stakeholders and the public for comment at the appropriate times;
- controlling decorum during discussion and debate and at all times in the meeting;
- imposing meeting rules, requirements and limitations;
- calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed;
- determining consensus, objections, votes, and announcing roll call vote results;
- ensuring fluid and smooth meeting logistics and progress;
- finding resolution when other alternatives are not apparent;
- apply Brown Act, conflict of interest, Ryan White Program (RWP) legislative and other laws, policies, procedures, as required;

- ruling on issues requiring settlement and/or conclusion.

③ Ability to put aside personal advocacy interests, when needed, in deference to role as the meetings' Presiding Officer.
④ Assign and delegate work to Committees and other bodies.

REPRESENTATION:
In consultation with the Executive Director, the Commission Co-Chairs:
① Serve as Commission spokesperson at various events/gatherings, in the public, with public officials and to the media after consultation with Executive Director
② Take action on behalf of the Commission, when necessary
③ Generates, signs and submits official documentation and communication on behalf of the Commission
④ Participate in monthly conference calls with HRSA's RWP Project Officer
⑤ Represent the Commission to other County departments, entities and organizations.
⑥ Serve in protocol capacity for Commission
⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

KNOWLEDGE/BACKGROUND:
① CDC HIV Prevention, RWP, and HIV/AIDS and STI policy and information
② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
③ LA County's HIV/AIDS and STI, and other service delivery systems
④ County policies, practices and stakeholders
⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
⑥ County Ordinance and practices, and Commission Bylaws
⑦ Topical and subject area of Committee's purview
⑦ **Minimum of one year active Commission membership prior to Co-Chair role**

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

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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POLICY/PROCEDURE #08.1104	Commission and Committee Co-Chair Elections and Terms	Page 1 of 8

SUBJECT: **The process and scheduling for Commission and Committee Co-Chair elections.**

PURPOSE: **To outline the steps and timing for the Commission's and standing committees' Co-Chair elections.**

BACKGROUND:

- Federal Ryan White legislation mandates that all Part A jurisdictions establish local HIV planning councils to develop a comprehensive HIV plan, rank priorities and determine allocations, create standards of care, and to carry out a number of other responsibilities. The Los Angeles County Commission on HIV serves as the local Ryan White Part A HIV planning council for the Los Angeles County.

- In accordance with Ryan White rules and Ordinance 3.29 of the Los Angeles County Charter, the Commission on HIV comprises 51 voting members, meets monthly, and fulfills its various responsibilities through an open, transparent meeting process. The meetings comply with appropriate provisions of California's Ralph M. Brown Act, and are run according to Robert's Rules of Order.

- Elected leadership is necessary to represent the planning council, facilitate the meetings, and oversee planning council work, among other responsibilities. The Health Resources and Services Administration (HRSA), the federal agency responsible for administering the Ryan White Program, recommends that planning councils elect Co-Chairs for these functions. The Commission on HIV has adopted HRSA's guidance with two Co-Chairs elected by the membership.

- The Commission on HIV relies on a strong committee structure to discharge its work responsibilities. Consistent with the Commission's By-Laws, the Commission organizational structure comprises five standing committees: Executive, Public Policy (PP), Operations, Priorities, Planning, and Allocations (PP&A), and Standards and Best Practices (SBP). Except for the Executive Committee (where the Commission Co-Chairs serve as the Committee Co-Chairs), the standing committees are led by two Co-Chairs elected by the Committee membership.

- The Commission Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Commission Co-Chair*). The Committee Co-Chairs' duties, responsibilities, rights and expectations are detailed in *Duty Statement, Committee Co-Chair*.

POLICY:

1. The Commission Co-Chairs are elected to two-year terms, and each Co-Chair seat expires in December of alternate years. Except for the Executive Committee, each of the standing committees annually elects two Committee Co-Chairs to one-year terms that expire in February. There are no limits to the number of terms to which a Commission or committee Co-Chair can be re-elected. Co-Chairs elected to fill mid-term vacancies are elected for the remaining duration of the term, until it expires.

2. The Commission Co-Chairs are considered members of all committees, and also serve as Executive Committee Co-Chairs. Committee Co-Chairs cannot serve as Co-Chair to more than one committee at a time.

3. Nominations for the vacant Commission Co-Chair seat are normally opened in August, unless unexpected circumstances arise (meeting cancellations, absence of quorum, etc.) prevent it. Nominations for the Committee Co-Chair seats are usually opened in January, following election of the Commission Co-Chairs and final committee assignments, unless otherwise delayed. Members can nominate themselves or can be nominated by other stakeholders throughout the period in which the nominations are open.

4. Except for immediate vacancies in both Co-Chair seats, nominations must be open at the monthly meeting prior to the Co-Chair elections. Unless delayed or postponed, the Co-Chair elections are held at following month's regular meeting.

5. Commission Co-Chair candidates must have at least a year's service on the Commission. At least one of them must be HIV-positive and at least one of them must be a person of color. Only Commissioners can serve as the Co-Chairs. Only Commissioners serving in their primary committee assignment may serve as Committee Co-Chairs, but at least one of the Committee Co-Chair seats must be filled by a Commissioner. Unaffiliated HIV-positive consumers are highly encouraged to seek leadership roles and run for a Commission or Committee Co-Chair seat whenever possible.

6. Co-Chairs are elected through a sequential voting process until there are only one or two candidates remaining, as need dictates. The Commission/committee must approve the final candidate(s) through a consent vote of approval or through individual roll call votes. All Co-Chairs must be elected by a majority of the voting membership. A Co-Chair candidate's failure to earn a majority vote disqualifies that member as a Co-Chair candidate for that term, closes the election for that meeting, extends the nominations period, and postpones the election to the subsequent meeting.

7. Commission and Committee Co-Chair terms are allowed to be extended to accommodate delayed meeting schedules, lack of suitable candidates, or when the body cannot determine definitive, final Co-Chair candidates. A single Co-Chair may also continue to serve, when needed, until a second Co-Chair candidate is identified and elected.

PROCEDURE(S):

1. Terms of Office: The Commission Co-Chairs are elected to office for staggered two-year terms. Aside from the Executive Committee, standing committee Co-Chairs are elected for two-year terms.

a. Commission Co-Chair terms expire in alternate years to ensure leadership continuity. The Commission Co-Chairs also serve as Co-Chairs of the Executive Committee, and serve in those roles for the duration of their tenure as Commission Co-Chairs.

b. The four, remaining standing committees [Public Policy (PP), Operations, Priorities Planning and Allocations (PP&A) and Standards and Best Practices (SBP)] elect their Co-Chairs for one-year terms that expire concurrently.

c. Commission Co-Chair terms expire in December of the calendar year, unless the November and/or December monthly Commission meeting(s) are cancelled, quorum is not achieved at the meeting at which the Co-Chair is scheduled to be elected, or by majority vote of the Commission to accommodate an extension of the Co-Chair election process.

d. Committee Co-Chair terms expire in February of the calendar year, but may be extended, if needed, until new Co-Chairs are elected to fill the leadership positions.

e. In the case of a mid-term vacancy in one of the Commission Co-Chair seats, the Commission Co-Chair is subsequently elected to fill the unfinished term resulting from the vacancy. Likewise, committee Co-Chairs elected to fill mid-term vacancies are elected for the respective unfinished terms.

f. Commission Co-Chairs are considered voting members of all Committees and subcommittees, but are not counted towards quorum unless present.

2. Commission Co-Chair Election Process: Normally—unless adjusted for unexpected circumstances—the Commission Co-Chair elections proceed according to the following schedule:

a. 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**, after nominations periods opened at the prior regularly scheduled meeting.

b. 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.

c. The Co-Chairs delegate facilitation of the Co-Chair election to the Parliamentarian, Executive Director or other designated staff.

d. Commission members who have been nominated, meet the qualifications, and who accept their nominations are presented for Commission vote.

e. The Parliamentarian (or Executive Director/staff) leads Commission voting to elect the new Commission Co-Chair.

g. Following the new Co-Chair's election, the Commission Co-Chairs and the Executive Director must determine Commission members' final committee assignments by the end of December in order to open committee Co-Chair nominations the following month.

3. **Committee Co-Chair Election Process**: Normally—unless adjusted for unexpected circumstances—the committee Co-Chair elections proceed according to the following schedule:
   a. Aside from the Executive Committee (the Commission Co-Chairs serve as the Executive Committee Co-Chairs), the standing committees open candidate nominations for both Co-Chair seats at their January meetings (following final committee assignments).

   b. Nominations are closed the following month when Committee Co-Chair elections are opened under the Co-Chair reports.

   c. The current Co-Chairs delegate facilitation of the Co-Chair election to the Executive Director or another assigned staff representative.

   d. Committee members who have been nominated, meet the qualifications, and who accept their nominations are presented for Committee vote.

   e. The Executive Director (or other designated staff) leads Committee voting to elect the new Co-Chairs.

   f. The newly elected Co-Chairs begin service at the following committee meeting.

   As per Robert's Rules of Order, The Commission Co-Chairs should maintain a position of neutrality and not vote in Committee co-chair elections unless there is a tie vote for a position, then they may (but are not required to) vote to break the tie.

4. **Co-Chair Qualifications/Eligibility**: Only voting Commissioners may serve as Commission Co-Chairs. In order to ensure leadership diversity and representation, eligible Commission Co-Chair candidates must have at least one year of service and experience on the Commission. Among the two Commission Co-Chairs, at least one of the Co-Chairs must be HIV-positive, and at least one of them must be a person of color. Additionally, it is strongly preferred that at least one of the two Co-Chairs is female.

The Commission does not impose eligibility or qualification requirements for Committee Co-Chairs, although it is strongly encouraged that nominees acquire at least one year's experience with the Committee before standing as a Co-Chair candidate.

a. Any Committee member nominated as a Co-Chair candidate must be serving on that Committee in his/her primary Committee assignment.
b. Only Commissioners may serve as Co-Chairs.
b. Alternates, members serving on the committee in secondary Committee assignments, and BOS-appointed non-Commission committee members may not serve as Co-Chairs.

5. **Co-Chair Nominations**: Outside the rare possibility of immediate vacancies in both Commission Co-Chair seats, all Commission and Committee Co-Chair elections must follow a nominations period opened at the respective body's prior regular meeting. The nominations period is designed to give potential candidates the opportunity to consider standing for election and the responsibility of assuming a leadership position. Candidates may nominate themselves or participants may nominate other members. Any stakeholder may nominate Co-Chair candidates.

   Candidates can be nominated in public when the nominations are opened or any time prior to the closure of the nominations—including just prior to when the Co-Chair elections are opened at the subsequent meeting—or by contacting the Executive Director through phone, email and/or in writing at any time during the period in which nominations are open. Nominations are formally closed when the eligible candidates begin making their statements.

   All Commission Co-Chair candidates nominated prior to the meeting of the Co-Chair election are given the opportunity to provide a brief (single paragraph, single page) statement about their candidacy. All Co-Chair candidates should be given the opportunity to make a short oral statement about their candidacy prior to the election.

6. **Co-Chair Election Voting Procedures**: Co-Chairs are elected by a majority vote:
   a. Roll call voting for elections requires each voting member to state the name of the candidate for whom he/she is voting, or to abstain, in each round of votes.
   b. If there are more than two candidates nominated for Commission Co-Chair, voting will proceed in sequential roll calls until a final candidate earns a majority of votes and is elected by a consent or roll call vote. If no candidates earn a majority of votes in a single round, the candidate earning the least number of votes will be eliminated from the subsequent round of roll call voting. The process continues until there is a majority vote for one candidate, or only one candidate remains and the others have been eliminated. Once the final candidate has been selected, the Commission must approve that candidate for the Co-Chair seat in a consent or roll call vote.

c. When there is only one Commission Co-Chair candidate, the vote serves as approval or rejection of the nominated candidate.
   1) A consent vote may be used to approve the final candidate(s) for the Co-Chair seat(s). A roll call vote is not necessary for a final candidate unless there are objections to the election of the candidate.

d. If there are two Commission Co-Chair vacancies to fill, voting adheres to the process outlined above except that the final two candidates are identified as the final Co-Chair candidates. A consent vote may be used to approve both final candidates, but a subsequent roll call vote is necessary to identify which candidate will fill the longer term; the candidate earning more votes fills the seat with the longer term.
   1) A roll call vote to approve both candidates to fill the Co-Chair seats is not necessary unless there are objections to the election of one or both of the candidates.
   2) When there are objections to the election of one or both of the candidates, each candidate must be approved by a majority through an individual roll call vote.

e. If there are three or more candidates nominated for the two Committee Co-Chair seats, the same process described for Commission Co-Chair election voting (Procedure #4a) is followed. If there are only two Committee Co-Chair candidates, the Committee is entitled to unanimously accept the "slate of Co-Chair nominees"; otherwise an individual roll call vote is necessary to approve the election of each candidate to a Co-Chair seat.

f. In the case of a tie during the final vote, the body can re-cast its vote to accommodate changes in voting. If the body cannot resolve the tie after a new vote, the current Co-Chair(s) remain in office, voting is closed, nominations remain open until the subsequent meeting, and a new election is resumed at that meeting. The process will repeat monthly until a clear majority vote-earner is identified.

g. If a majority of the voting members oppose a final candidate's/final candidates' nominations, the current Co-Chair(s) retain their seat until the subsequent meeting, nominations remain open, and a new election is held at the next meeting. The final candidates' whose nominations were opposed are no longer eligible to fill the seat in the current term. The process will repeat monthly until the body finds majority support for a final candidate(s).

7. Co-Chair Election Contingencies: A number of factors may impede the normal Co-Chair election timelines outlined in Procedures #2, #3 and #6. Following are potential challenges that can result in process delays, and how those challenges should be resolved:

a. Inadequate Number of Qualified Co-Chair Candidates: The Co-Chair whose term has expired may continue in the seat with the term extended until a new Co-Chair is elected. If the Co-Chair does not choose to continue, or has resigned, a Commission or Committee Co-Chair may temporarily serve as a single Co-Chair until a second Co-Chair can be identified and elected. Co-Chair nominations will remain open indefinitely until qualified candidate(s) are identified and elected.

b. Cancelled Meeting(s) or Quorum(s) Not Realized: Nominations can be opened at a subsequent meeting and/or extended to accommodate the cancelled meeting(s) or absence of quorum(s). If the meeting for which the election is scheduled is cancelled or a quorum is not present, nominations remain open an additional month and the election proceeds the following month.

NOTED AND APPROVED: Cheryl A Barrit **EFFECTIVE DATE:** September 12, 2019

Original Approval: *Revision(s):10/19/16; 7/24/17; 9/12/19*

LOS ANGELES COUNTY
COMMISSION ON HIV

Restructuring for Enhanced Performance and Increased Impact to End the HIV Epidemic

February 13, 2025

Project Team

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Next-Level Consulting, Inc.

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He, Him, His
Founder and Chief Executive Officer

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COLLABORATIVE RESEARCH
nglcc

Please do not include any confidential information in email responses.
Please call the number above to arrange a confidential information exchange.

- Over 65 years of combined experience in public health, Ryan Wh HIV/AIDS Program administration, prevention, treatment and car capacity building, grant writing, program evaluation, needs assessments and training.

- Local and national perspectives on HIV Planning Council Suppor restructuring, and strategic planning.

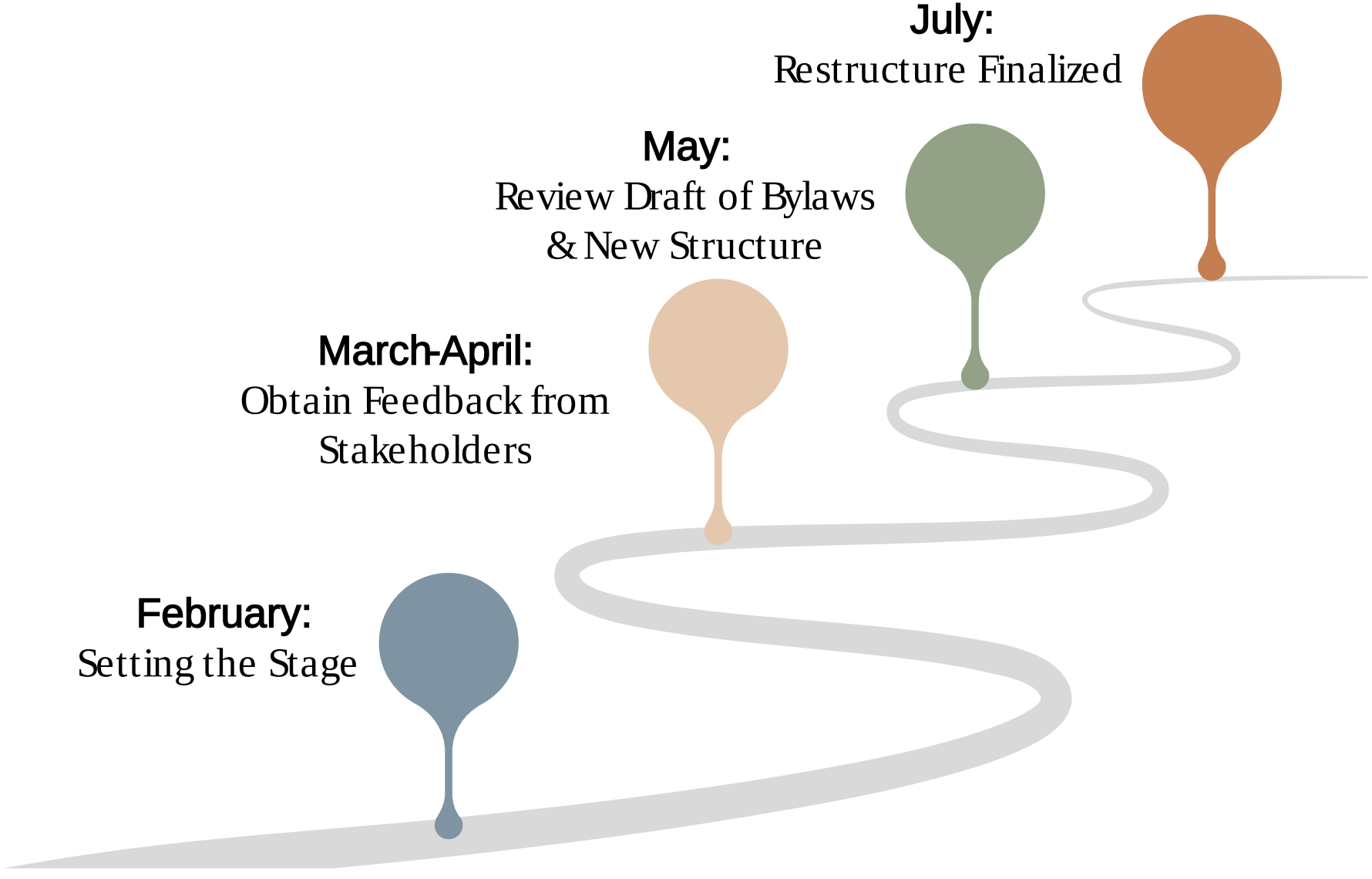
Guiding Principles

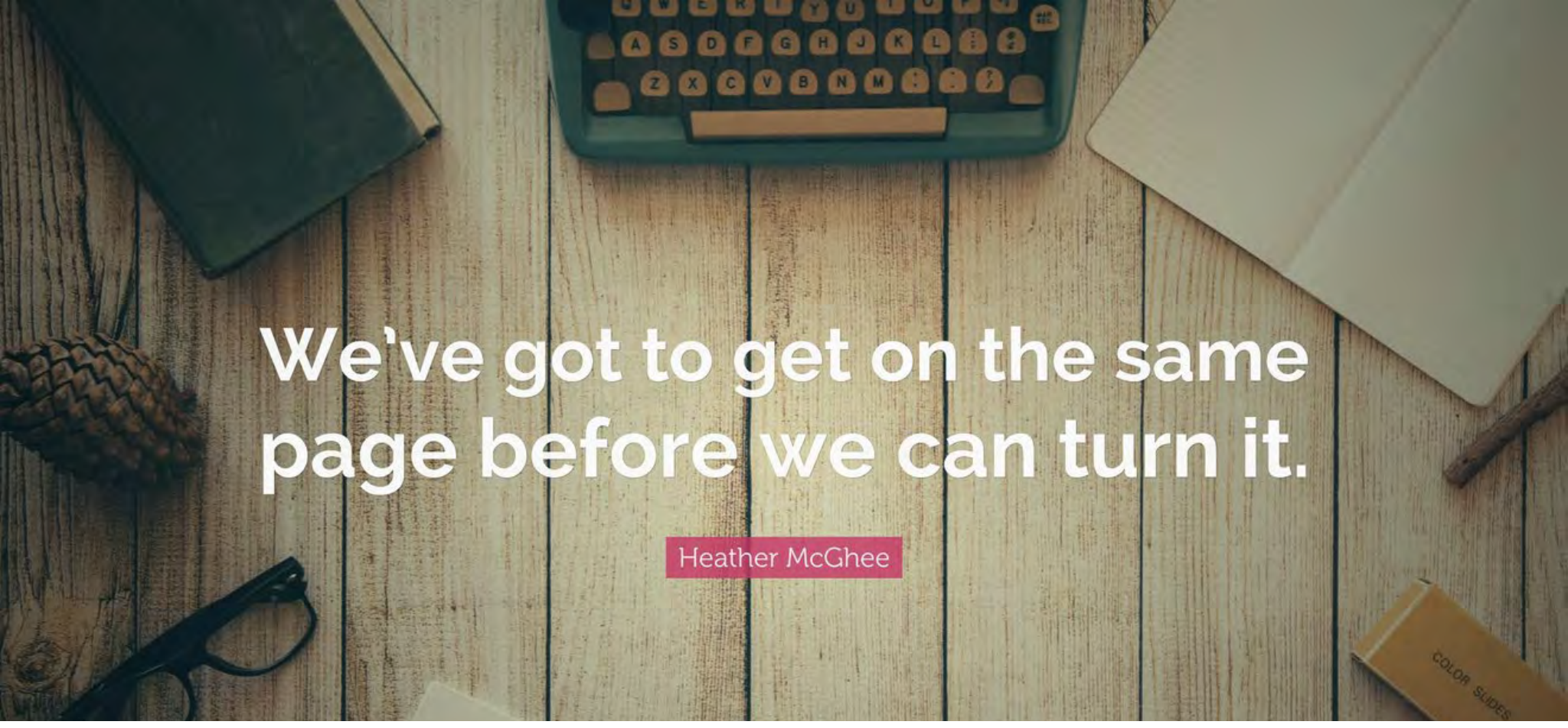
- Assume positive intent
- Embrace curiosity, inquiry and open-mindedness
- Explore possibilities and room for growth
- Respect all ideas and concerns
- Avoid blames or speculations
- Use “I” statements
- Invite everyone in the conversation
- Listen respectfully

Issues Driving the Restructure

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

Timeline


July:
Restructure Finalized
May:
Review Draft of Bylaws
& New Structure
March-April:
Obtain Feedback from
Stakeholders
February:
Setting the Stage



Let's review some history and background

Overview


COUNTY OF LOS ANGELES
CALIFORNIA
LOS ANGELES COUNTY
COMMISSION ON HIV

Planning Council (PC) Background

History

1989 to 1991:

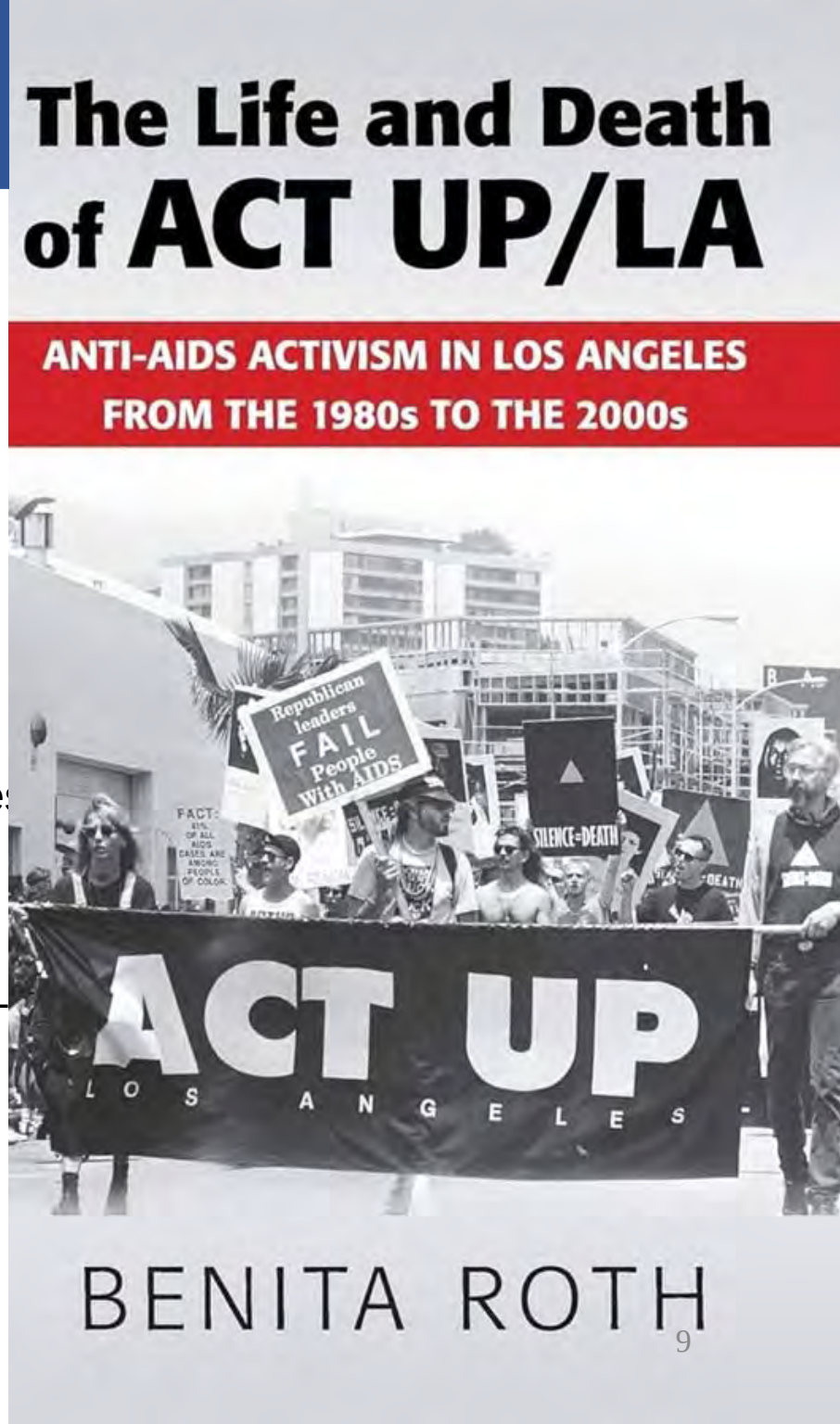
•LAC Board of Supervisors established the Commission on AIDS, comprised of five community members who represented each supervisorial district.

•County's Department of Public Health (DPH) created the AIDS Program Office, which was later renamed the Office of AIDS Programs and Policies (OAPP) and now known as the Division of HIV and STD Programs (DHSP).

•To coordinate federal funding awarded through the CARE Act, the BOS created the HIV Health Services Planning Council to prioritize and allocate funding and meet grant funding requirements.

Additionally, as a mechanism to inform the BOS on policy matters related to the HIV/AIDS epidemic in L County, the Commission on AIDS also became an advisory board.

Credit: Commissioner Alvaro Ballesteros



History

1997-1998

- BOS dissolved both the Commission on AIDS and the HIV Health Services Planning Council and established the Commission on HIV Health Services in its place, placing the Commission under the scope and leadership of the County's CARE Act grantee, Office of AIDS Programs & Policy (OAPP), now the Division of HIV and STD Programs (DHSP).

2003

- To address concerns of perception and potential conflicts of interest, the BOS amended the County Code to provide autonomy to the Commission, allow OAPP staff to serve on the Commission as non voting members, reduce the size of the voting membership, and provide the Commission with staff independent of DHSP. Based on this milestone, the Commission was able to produce its own operational budget and work independently of its grantee, as the Commission was now and continues to be under the supervision of the BOS' Executive Office.

History

July 2013

Became an Integrated and Comprehensive HIV/AIDS planning body (Commission on HIV) catering to the needs of those who are living with and who are at risk of HIV/AIDS.

Integration Process

- Conducted various community consultations, strategic planning and technical assistance activities
- Established integration subgroup to lead process and write bylaws
- Held several public reviews and comments on bylaws
- Worked with the County Counsel, Executive Office, HRSA Project Officer, and DHSP during the integration journey

Vision

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

Mission

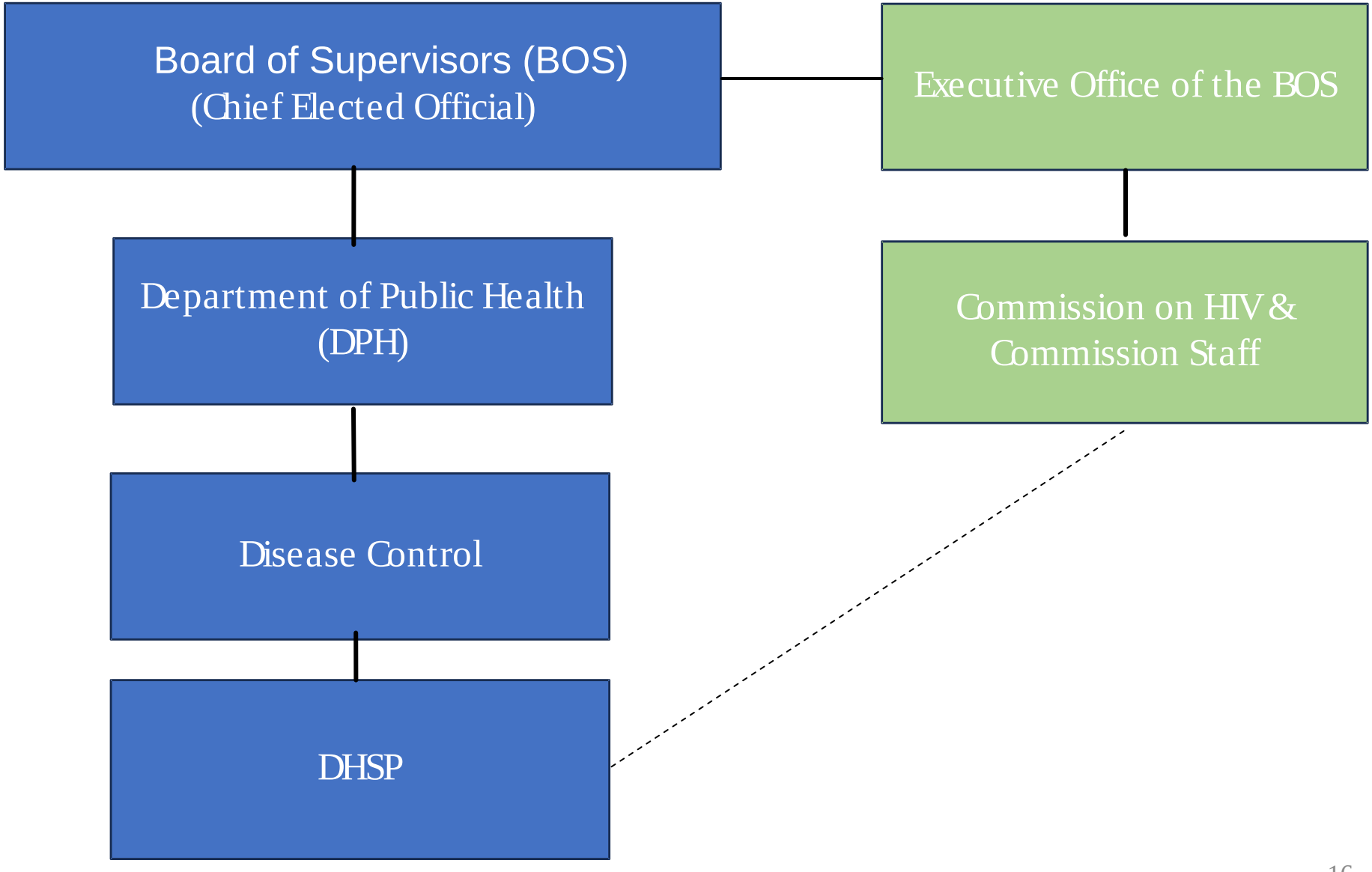
- The LA County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS within the communities of LA County.

- The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).

Purpose

The LA County Commission on HI
serves as the local planning
council for the planning,
allocation, coordination and
delivery of HIV, STDs and other
services that improve the lives of
Persons with HIV and communities
who are disproportionately
impacted and that have higher
disease burdens.

PC Organizational Structure in Relation to the Recipient (Division of HIV and STD Programs/DHSP)



PC Membership Overview

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

MEMBERS

51

Nominated by the Commission on HIV.

APPOINTMENT

By Board of Supervisors.

TERM OF OFFICE*

2 years

Serve at the pleasure of the Board.

FORM 700

May be subject to file.

Examples of Proposed Changes for Discussion:

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; *A HRSA finding*).

b. Revisit size/voting members

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.

Current Membership Categories and Terms

Staggered Terms

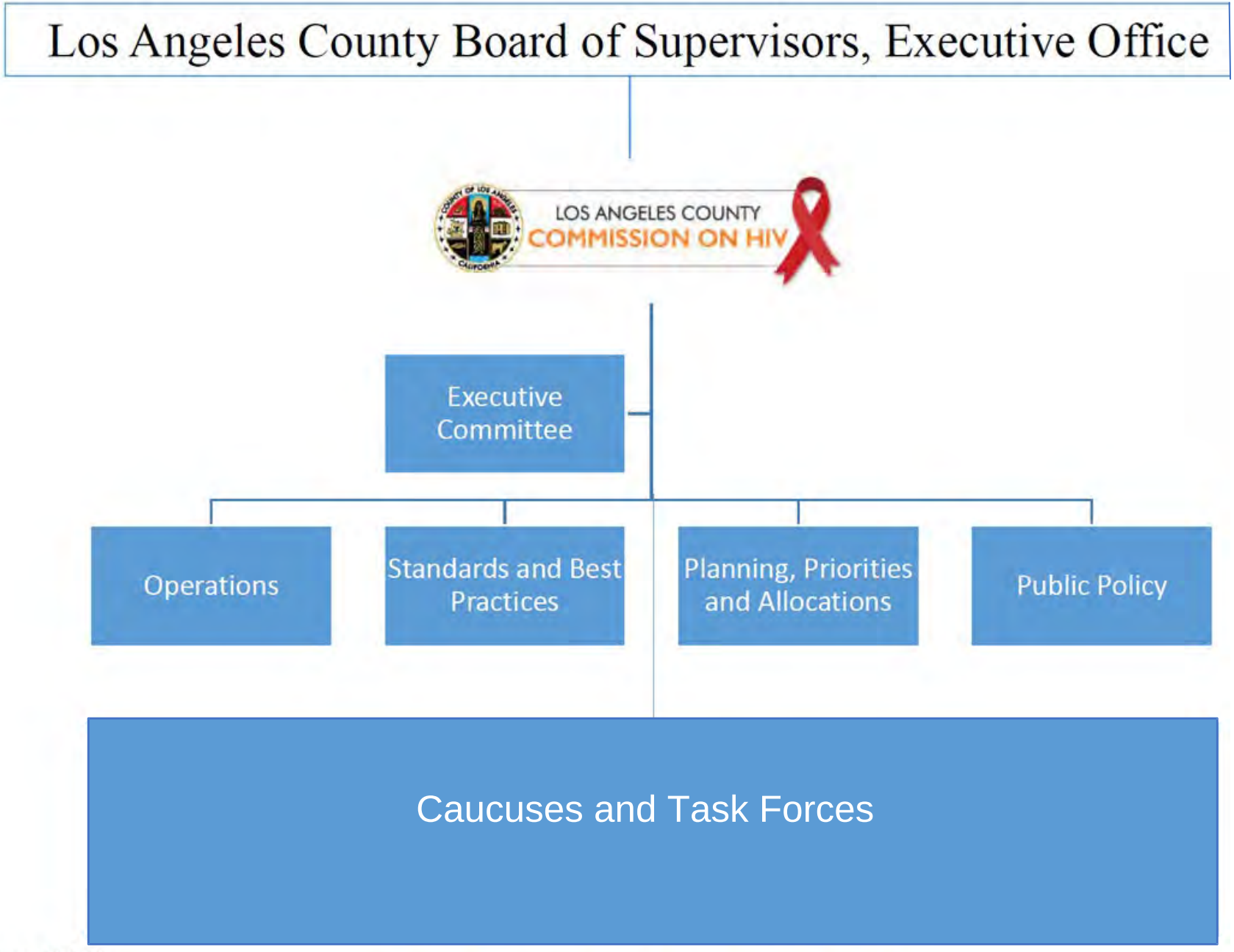
- July 1, 2023 – June 30, 2025
- July 1, 2024 – June 30, 2026

Membership Categories

- 14 HRSA Planning Council Membership Categories (Required)
- HRSA mandated 33% unaffiliated consumer representation
- City Representatives (Los Angeles, West Hollywood, Long Beach, Pasadena)
- L.A. County Board of Supervisors Representation (*increased from 5 to 9 with passage of Measure G in November 2024*)

Long standing vacancies: State Medi-Cal and local health/hospital planning agency representatives

Current Commission on HIV Structure



January 2024

Executive Committee

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

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

CURRENT Committee Structure

Planning, Priorities and Allocations (PP&A)*

- Priority setting & resource allocatio
- Needs assessmer
- Comprehensive HIV Plan
- Monitoring prevention and care funds
- Monitoring service needs and system improvements
- Service utilization review

Standards and Best Practices (SBP)

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

Operations (Ops)*

- Membership recruitment, retention, leadership development and training
- Bylaws and policies reviews and updates
- Community outreach and engagement

Public Policy (PP)*/**

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

**Additional duties found in the bylaws*

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

RWHAP Part A Planning Council Primer

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

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

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

Discussion Questions

1. What are your fears? Or what are your biggest concerns about restricting?

2. What are your hopes? What do you hope to gain from the restructuring?

Next Steps/ Recap

- Keep restructuring conversation as a standing item on Commission agenda
- Assign the Executive Committee as owners/lead for the restructure process and outcome
- Follow-up with additional survey to members
- Update bylaws and ordinance
- Review proposed bylaws/ordinance changes and conduct 30-day public comment period
- Update bylaws/ordinance
- Secure Commission approval on changes

STANDING COMMITTEES AND CAUCUSES REPORT | KEY TAKEAWAYS | FEBRUARY 13, 2025

1. Operations

Link to the January 23, 2025 Operations Committee meeting packet can be found HERE**.**

Key outcomes/results from the meeting:

- The Operations Committee would like to acknowledge the membership applications approved through the consent calendar on today's Commission agenda and to remind everyone that the final approval for Commission appointment will be made by the Board of Supervisors Office.
- We also want to acknowledge Felipe Findley and Matthew Muhonen for their service on the Commission. Felipe Findley notified staff of his resignation in December. Our HOPWA colleagues continue to work towards filling their staff vacancies. They remain committed to providing reports at our monthly meetings and available for information and presentation requests from the Commission.
- The Operations Committee elected Erica Robinson and Justin Valero as Co-Chairs.
- The Committee reviewed the Commission's work plan and its role within the work plan:
  - Completing the Assessment of the Efficiency of the Administrative Mechanism (AEAM)
  - Recruitment and filling vacancies, fostering the Mentorship Program, and facilitating the Bylaws update and other policies and procedures requiring updates.
  - Implementing mandatory training as required by HRSA. The 2025 training schedule is on the COH website. Registration links are embedded in the training schedule.
- The Committee reviewed the attendance matrix and made their recommendations for contacting specific Commissioners struggling with their attendance to Commission and/or Committee meetings.
- The membership roster was reviewed, and the pending membership applications approved on today's agenda were briefly discussed.

Action needed from full body:

- Ryan White- contracted providers are asked to please complete the AEAM survey due by February 14th.
- Please register for all mandatory Commissioner trainings. The first training is the Commission on HIV Overview, February 26th 12 pm – 1 pm.
- Please support and attend the next Operations Committee meeting on February 27th, from 10 am – 12 pm.

2. Executive

Link to the January 23, 2025 meeting packet can be found HERE.
Key outcomes/results from the meeting:

- Wellness checks were conducted for all members during the wildfires to ensure health and safety. Consumers and providers impacted were accounted for, and DHSP was informed to coordinate assistance.
- A series of restructuring activities will begin at the February 13, 2025, Commission meeting. Consultants, Collaborative Research and Next Level Consulting, will facilitate discussions and consensus-building based on HRSA findings, community concerns, and the need to realign the Commission's structure. The Executive Committee will serve as the project sponsor and lead the restructuring process, assigning tasks to committees as needed.
- The 2025 workplan is available as a working document to ensure a focused approach to the Commission's goals and tasks for the year. The 2025 meeting schedule was included in the meeting packet and remains subject to updates.
- DHSP reported that it has appealed to the Board of Supervisors to extend AOM, MCC, and supportive services contracts (nutrition, transportation, and benefits specialty). DHSP reported overspending in PY 34 at a rate exceeding available resources, leading to expenditure reductions and a pause on new investments. Anticipated migration into Medi-Cal did not materialize, contributing to financial strain. The STD Testing request for proposal (RFP) is set to take effect July 1, 2025, but with limited resources. Funding allocations will be determined based on program performance.
- Uncertainty continues around Ending the HIV Epidemic (EHE) funding, with the federal continuing resolution extended to March 14, 2025. Concerns were raised about recent federal Executive Orders that are seen as regressive and harmful to the communities served. Judicial intervention is anticipated to challenge these policies.
- Suggestions were made to strengthen language in the Commission & DHSP's Memorandum of Understanding (MOU) to mandate provider participation in Commission meetings.
- The next Committee meeting will take place February 27, 2025, 1-3PM, at the Vermont Corridor.

Action needed from full body: Active participation and engagement in the Commission's restructuring discussion and activities.

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

Link to the Planning, Priorities and Allocations meeting packet can be found HERE.
Key outcomes/results from the meeting:

- K. Donnelly and D. Russell were elected as Committee Co-Chairs for 2025.

- The Committee also reviewed their strategic priorities for 2025. Key priorities include a review of data including expenditure reports, planning and organizing needs assessments, and priority setting and resource allocation. See meeting packet for more details.
- DHSP staff reported that they are currently reviewing Ryan White Program Year 34 (March 1, 2024- February 28, 2025) expenditures and will be providing a formal report at the February PP&A Committee meeting. DHSP staff reminded the group that there was significant overspending in Ryan White Program services for Program Year (PY) 33 and that overspending was previously covered using Ending the HIV Epidemic (EHE) funds and Net County Cost (NCC) funds. PY34 is currently seeing even more overspending than PY33 and they are not seeing reductions in expenditures in some of the services categories that DHSP projections had anticipated to see. Staff noted that they need to refine their projections to be more in line with actual expenditures and that EHE funds will not be able to cover overages like it did in PY33. Previous overages were covered by EHE savings. Lack of migration to Medi-Cal and increased costs of services may be contributing factors in overspending. Discussion will continue at the next PP&A committee meeting.
- Finally, the Committee continued to review the program directives to DHSP. The Committee had additional revisions to include stronger language to encourage consumer and provider engagement/participation in the COH and additional language to ensure communities of color and other vulnerable populations are included the in broader set of directives. Commission staff will revise the directives to reflect proposed changes, and the Committee will review the additions and approve the directives in the February meeting.
- The next PP&A Committee meeting will be on Tuesday, February 18 from 1pm-3pm at the Vermont Corridor.

Action needed from full body:

- Commissioners should review the meeting packet and familiarize themselves with the proposed directives.

4. Standards and Best Practices (SBP)

Link to the February 4, 2025, meeting packet can be found HERE.

Key outcomes/results from the meeting:

- The Committee elected Erika Davies and Arlene Frames as Committee Co-Chairs for 2025.
- The Committee reviewed their meeting calendar and noted that some meetings will take place on the 14th floor of the Vermont Corridor. A copy of the meeting calendar is included in the meeting packet.

- The Committee reviewed the service standards revision tracker and decided to complete the review of the Housing Services service standards and begin the development of a global Transitional Case Management Services document that includes service standards for various priority populations.
- The Committee posted the Housing Services service standards for a public comment period starting on February 6, 2025, and ending on March 7, 2025. Public comments can be submitted via email to HIVCOMM@LACHIV.ORG
- The next SBP Committee meeting will be on March 11, 2025, from 10am-12pm at the Vermont Corridor. *Note change in meeting date*

Action needed from full body:

- Review the Housing Services service standards and provide public comment via email or attend the March 11, 2025, SBP Committee meeting to provide public comment in person. Note the change in meeting date.

5. Public Policy

Link to the February 3, 2025, meeting packet can be found HERE.
Key outcomes/results from the meeting:

- The Committee elected Katja Nelson as a Committee Co-Chair for 2025. Arburtha Franklin expressed her interested in being elected for committee co-chair; she will be eligible to become elected once the COH and the Board approves her seat change from commissioner alternate to HIV stakeholder at the February 13, 2025, COH meeting. The committee will hold elections for the second co-chair seat at their next meeting.
- The Committee reviewed their meeting calendar and noted that the following meetings will take place from 10am-12pm instead of 1pm-3pm due to lack of conference room available at the Vermont corridor: 3/3/25, 4/7/25, and 6/2/25. The 5/5/25 meeting has been cancelled. A copy of the meeting calendar is included in the meeting packet.
- The Committee approved the 2025 Policy Priorities document; a copy is included in the meeting packet.
- The Committee began their review of the 2025-26 Legislative Docket. The deadline for bills to be introduced to the State legislature is February 21, 2025.
- The next PPC meeting will be on March 3, 2024, from 10am-12pm at the Vermont Corridor.

Action needed from full body:

- The Committee invites all Commissioners, community organizations, and members of the public to submit their recommendations on bills for the PPC to discuss and consider including in the 2025-26 Legislative Docket.

6. Aging Caucus

Link to the January 7, 2025 meeting packet can be found HERE.
Key outcomes/results from the meeting:

- Kevin Donnelly and Dr. Paul Nash were re-elected as Aging Caucus Co-Chairs.
- The group decided to meet every other month on the second Tuesday of the month from 1pm to 2pm virtually.
- The Caucus reviewed the proposed strategic priorities for 2025. It was suggested that some of the objectives and activities can be combined; cross caucus collaborations can be ongoing educational activity; the Department of Aging plan could also be an educational activity. Dr. Nash asked the attendees to review the document to provide feedback on their top 3 priorities.
- Medicare Basics (Center for Healthcare Rights), Rie Fishman, MPH, CHES| Community Education Coordinator | Health Insurance Counseling and Advocacy Program (HICAP) -- Rie Fishman provided a thorough overview of the Medicare program. See meeting packet for details.

Action needed from full body:

- Join the next Aging Caucus virtual meeting on March 11 from 1pm to 2pm.
- Medi-Cal Home and Community-Based Services serves over 2 million older adults and disabled adults in California. Lean more and sign up for a webinar on March 4th at 11am

7. Black Caucus

Link to the January 16, 2025 meeting packet can be found HERE.
Key outcomes/results from the meeting:

- The meeting opened with reflections on the previous year's achievements, including the World AIDS Day event and community listening sessions. These activities highlighted progress, lessons learned, and opportunities for growth.
- During the meeting, nominations were held for two Co-Chair seats, one of which required a Commissioner. While Leon Maultsby was re-elected, Danielle Campbell declined the nomination. With one seat now open, nominations remain encouraged for active Caucus members with the capacity to take on a leadership role, requiring collaboration with Commission leadership, community engagement, and a commitment of 4-6 hours per month. Elections will take place at the March 20, 2025, meeting, as February's meeting will be replaced by a game night in honor of National Black HIV/AIDS Awareness Day (NBHAAD).
- As part of the 2025 workplan, #NBHAAD activities led by the Caucus include a community game night, an infographic summarizing insights from past listening sessions and a mini-PSA video featuring members of the Black community. Community engagement efforts will continue, focusing on youth, justice-involved individuals, the transgender community, men who do not identify as MSM, and non-traditional HIV providers. Once all listening sessions are completed, a

comprehensive report will be drafted to guide improvements for systems of HIV prevention and care for Black communities in LA County.

- The Caucus will also lead a focus group for Black-led and servicing organizations that were not previously engaged in the organizational needs assessment. DHSP, in partnership with Equity Impact Solutions, will extend outreach efforts over the next two months to ensure more organizations are included, with an update scheduled for the April Caucus meeting. If capacity allows, the BAAC recommendations will be revisited to incorporate updates on justice-involved communities and the prison industrial complex, with insights from experts Martha Tadesse and Dr. Nina Harawa.
- The next Black Caucus meeting on March 20, 2025, will include Co-Chair elections and further workplan updates.

Action needed from full body:

- Caucus members are encouraged to participate in the PSA video by expressing interest via email.
- Those planning to attend the NBHAAD game night on February 20, 2025, from 6:30-9PM must RSVP in advance.
- Ongoing efforts to promote the Caucus and expand engagement are appreciated.

8. Consumer Caucus

Link to the December 17, 2024 packet can be found HERE.

Key outcomes/results from the meeting:

- The Consumer Caucus Annual Retreat brought together over 23 attendees, who shared their motivations for joining, emphasizing a commitment to amplifying consumer voices, advocating for stronger services, and supporting community-driven solutions. Attendees reflected on 2024, highlighting the need for clearer planning timelines, accountability, and stronger leadership guidance.
- Discussions on outreach and engagement emphasized increasing awareness of Ryan White services and holding more community-based meetings. There was also a strong push to empower consumers beyond financial incentives by integrating leadership development, life skills, and job training into participation incentives.
- 2024 accomplishments included drafting a consumer sign-on letter on housing challenges, providing feedback on Ryan White services, hosting educational presentations on housing, Hep C & HIV, estate planning, and mental health, and participating in Priority Setting & Resource Allocation (PSRA). The Caucus also collaborated with the Women's Caucus and launched planning for the 2025 Consumer Resource Fair.
- Looking ahead, the 2025 workplan prioritizes follow-up on Emergency Financial Assistance (EFA), Ryan White Program Dental services and other Ryan White Program related services. Key topics for training and educational presentations include medical

updates, HIV and kidney/digestive health, stigma and self-esteem, and relationship navigation.

- Co-Chair nominations were opened, with at least one seat reserved for a Commissioner and one for an HIV prevention consumer. Nominees include Ish Herrera, Damone Thomas, Vilma Mendoza, and Alasdair Burton, with elections scheduled at the March meeting.
- Due to the Day of Mourning for former President James Carter, the January 9 Consumer Caucus meeting was canceled, and the February meeting is also canceled in place of the Consumer Resource Fair. The next meeting is scheduled for March 13, 2025, immediately following the Commission meeting at The California Endowment.

Action needed from full body:

- Promote the Caucus and encourage participation.
- Ensure equitable representation in COH planning discussions and decision-making.

9. Transgender Caucus

Link to the January 28, 2025, meeting packet can be found HERE.
Key outcomes/results from the meeting:

- The Caucus elected Rita Garcia, Commissioner Alternate and Chichi Navarro, community member, as Co-Chairs for 2025.
- The Caucus decided to meet monthly on the 4th Tuesday of the month from 10am-11:30am via Webex. The Caucus also decided to cancel the following meetings: 5/27/25, 6/24/25, 7/22/25, 11/25/25, and 12/23/25. A copy of the meeting calendar is included in the meeting packet.
- The Caucus discussed their draft 2025 Strategic Priorities document which focus on conducting needs assessments and providing the caucus' perspective on various COH-related activities and deliberations. The caucus will continue their review and vote to adopt the document at their next meeting on February 25, 2025, from 10am-11:30am via Webex.

Action needed from full body:

- Promote the Caucus and invite those interested in learning more about the COH to attend a Caucus meeting.

10. Women's Caucus

Link to the Women's Caucus meeting packet can be found HERE.
Key outcomes/results from the meeting:

- The Women's Caucus held elections for 2025. Community member, Shary Alonzo, and Commission member, Dr. Mikhaela Cielo, were both nominated and re-elected as Co-Chairs.

- The Caucus reviewed its meeting schedule for 2025. Based on feedback from the group, the Caucus revised its meeting schedule to meet bimonthly on the third Monday of the month from 2pm-3pm, with longer meetings being held, if needed. See meeting packet for meeting schedule including exact meeting dates.
- Additionally, the group reviewed the 2025 Women's Caucus Strategic Priorities highlighting tasks that the group will accomplish this year. A key area of focus will be conducting listening sessions/needs assessments targeting women living with HIV. Individuals who are interested in helping to plan the listening sessions/needs assessments should contact Commission staff, Lizette Martinez, at lmartinez@lachiv.org.
- The next virtual Women's Caucus meeting will be on Monday, March 17 from 2pm-3pm via Webex.

Action needed from full body:

- Continue to promote the WC within your networks and identify potential partners and locations to assist with planning and hosting future listening sessions.

11. Housing Task Force

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

Key outcomes/results from the meeting:

- Dr. David Hardy and Katja Nelson were re-elected as Housing Task Force (HTF) Co-Chairs.
- Adam Yakira and Ethan Kuritz from the Inner City Law Center (ICLC) joined the HTF meeting as guest speakers.
  - Refer to meeting packet for slides presentation.
  - ICLC receives clients through agency referrals. The agency referral form is available on their website. Agency referral is preferred to ensure that proper and required documents are secured. However, if a client self-refers, ICLC staff will assist that client.
  - When asked about the impact of the current administration's attack on the transgender community, ICLC staff noted that the impact is unclear at this time; Ryan White funding was untouched during the first Trump administration and they are hopeful that will remain the case during the second Trump administration.
  - ICLC is not receiving enough referrals and need agency support to promote their services and refer clients. Many Ryan White/ HIV-service agency staff are unaware they exist and that they have a legal services program for PLWH. ICLC is contracted to serve 221 clients.
  - ICLC accepts undocumented clients.
  - Lack of provider awareness about ICLC and their RW- funded legal services may be partly due to confusing messaging when funding source for ICLC's legal services for PLWH moved from HOPWA to Ryan White- some agencies may have misinterpreted this as an end to the program.

- ICLC staff will participate in the COH Consumer Resource Fair on Feb. 13.

Action needed from full body:

- Join the virtual meeting of the HTF on February 28, 2025 from 9am to 10am where the HTF will review their 2025 workplan.

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATING VALUES
(Approved - PP&A 11/19/2024)

PARADIGMS (Decision-Making)

- **Equity:** Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically.
- **Compassion:** Response to suffering of others that motivates a desire to help.
- **Restorative Justice**: correction of past inequities[1].

OPERATING VALUES

- **Efficiency**: Accomplishing the desired operational outcomes with the least use of resources.
- **Quality**: The highest level of competence in the decision-making process.
- **Advocacy**: Addressing the asymmetrical power relationships of stakeholders in the process.
- **Representation**: Ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process.
- **Humility**: Acknowledging that we do not know everything and willingness to listen carefully to others.
- **Access**: Assuring access to the process for all stakeholders and/or constituencies.

1. *Restorative justice seeks to examine the harmful impact of a crime and then determines what can be done to repair that harm while holding the person who caused it accountable for his or her actions. Accountability for the offender means accepting responsibility and acting to repair the harm done.*

LOS ANGELES COUNTY
COMMISSION ON HIV

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AMBULATORY OUTPATIENT MEDICAL (AOM) SERVICE STANDARDS

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

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

INTRODUCTION

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

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

AMBULATORY OUTPATIENT MEDICAL (AOM) OVERVIEW

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

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

- Medical evaluation and clinical care including sexual history taking
- AIDS Drug Assistance Program (ADAP) enrollment services

- Laboratory testing including disease monitoring, STI testing, viral hepatitis testing, and other clinically indicated tests
- Linkage and referrals to medical subspecialty care, oral health, Medical Care Coordination, mental health care, substance use disorder services, and other service providers
- Secondary HIV prevention in the ambulatory outpatient setting
- Retention of clients in medical care.

The goals of AOM services include:

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

SERVICE COMPONENTS

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

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

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

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

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

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

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

MEDICAL EVALUATION AND CLINICAL CARE

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

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

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

INITIAL ASSESSMENT AND REASSESSMENT

Every effort should be made to accommodate timely medical appointments for patients newly diagnosed with HIV or newly re-engaging in HIV medical care. Clinics may receive requests for appointments from patients directly, from HIV test counselors, or from "linkage" staff such as patient navigators and/or peer navigators, whose role is to refer and actively engage patients back in medical

care. If possible, patients should see their medical provider on their first visit to the clinic to help improve their success in truly engaging in their medical care.

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

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

FOLLOW-UP TREATMENT VISITS

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

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

OTHER ASSESSMENTS – OLDER ADULTS WITH HIV

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

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

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

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

LABORATORY ASSESSMENT AND DIAGNOSTIC SCREENING (INCLUDING DRUG RESISTANCE SCREENING)

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

DRUG RESISTANCE TESTING

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

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

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

guidelines, including genotypic testing on all naïve patients.	

MEDICATION SERVICES

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

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

ANTIRETROVIRAL THERAPY (ART)

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

STANDARD	DOCUMENTATION
ART will be prescribed in accordance with DHHS Guidelines for the Use of Antiretroviral Agents in HIV-infected Adults and Adolescents.	Program monitoring to confirm.
Patients will be part of treatment decision-making process.	Documentation of communication in patient medical chart.

MEDICATION ADHERENCE ASSESSMENT

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

STANDARD	DOCUMENTATION

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

PATIENT EDUCATION AND SUPPORT

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

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

STANDARD HEALTH MAINTENANCE

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

STANDARD	DOCUMENTATION
Practitioners will discuss health maintenance with patients annually (at minimum), including: • Cancer screening (cervical, breast, rectal — per American Cancer Society guidelines) • Vaccines • Pap screening	Annual health maintenance discussions will be documented in patient medical chart.

• Hepatitis screening, vaccination • TB screening • Family planning • Counseling on sexual health options and STI screening including discussions about Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), and Doxy PEP • Counseling on food and water safety • Counseling on nutrition, exercise, and diet • Harm reduction for alcohol and drug use • Smoking cessation • Mental health and wellness including substance use disorder support and social isolation resources	

COMPLEMENTARY, ALTERNATIVE AND EXPERIMENTAL THERAPIES

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

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

PRIMARY HIV NURSING CARE

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

STANDARD	DOCUMENTATION
Licensed nurses and/or other appropriate licensed health care providers in AOM programs will provide primary HIV nursing care to include (at minimum): • Nursing assessment, evaluation, and follow-up • Triage	Documentation of primary HIV nursing care service provision on file in patient medical chart.

• Consultation/communication with primary practitioner • Patient counseling • Patient/family education • Services requiring specialized nursing skill • Preventive nursing procedures • Service coordination in conjunction with Medical Care Coordination	

MEDICAL SPECIALTY SERVICES HIV/AIDS AND REFERRALS

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

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

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

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

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

STANDARD	DOCUMENTATION
AOM programs must develop policies and procedures for referral to all medical specialists.	Referral policies and procedures on file at provider agency.

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

COORDINATION OF SPECIALTY CARE

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

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

NUTRITION SCREENING AND REFERRAL

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

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

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

MEDICAL CARE COORDINATION (MCC) SERVICES

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

HIV PREVENTION IN AMBULATORY/OUTPATIENT MEDICAL SETTINGS

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

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EMERGENCY FINANCIAL ASSISTANCE SERVICE STANDARDS

Note: *Items highlighted in yellow are additions. Items in ~~red~~ are deletions.*

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers and provide guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies should offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Emergency Financial Assistance Service Standards to ensure people living with HIV (PLWH) can apply for **short-term or one-time** financial assistance to assist with emergency expenses. Short-term is defined as 3 months or less. The development of the Standards includes guidance from service providers, consumers, the Los Angeles County Department of Public Health - Division of HIV and STD Programs (DHSP), as well as members of the Los Angeles County Commission on HIV, Standards & Best Practices (SBP) Committee. All contractors must meet the Universal Standards of Care in addition to the following Emergency Financial Assistance Service Standards.[1]

EMERGENCY FINANCIAL ASSISTANCE OVERVIEW

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a Ryan White Part A client with an urgent need for essential items or services due to hardship. Short-term is defined as 3 months or less. The purpose of emergency financial assistance is to ensure clients can pay for critical services that play a role on whether a client is able to stay engaged in medical care and/or adhere to treatment. EFA is a needs-based assistance program, not a government entitlement, subject to the availability of funding. Emergency financial assistance must occur as a direct payment to an agency (i.e. organization, landlord, vendor) or through a voucher program. Direct cash payments to clients are not permitted.

EFA is not meant to be a continuous means of support; rather, it is meant to be provided with limited frequency and for limited periods of time and is based on the availability of funds.

Emergency financial assistance should only be provided for an urgent or emergency need for essential items or services necessary to improve health outcomes. Agencies are responsible for referring clients to the appropriate Ryan White service category related to the need for continuous

[1] Universal Service Standards and Client Bill of Rights and Responsibilities can be accessed at https://hiv.lacounty.gov/service-standards

provision of services and non-emergency situations.
An emergency is defined as:

- Unexpected event that hinders ability to meet housing, utility, food, medication need; and/or
- Unexpected loss of income; and/or
- Experiencing a crisis situation that hinders ability to meet housing, utility, food, or medication need
- Public health emergencies, such as the COVID-19 pandemic, that severely disrupt national systems of care, employment, and safety net. Contracted agencies must follow DHSP and Health Resources and Services Administration (HRSA) guidelines on special use of EFA in times of public health emergencies.

Emergency Financial Assistance may not be used for:

- Ongoing or annual payments for any services or goods for clients
- Direct cash payments to clients
- Activities that can be paid for under another Ryan White service category

Based on capacity and contract guidance from DHSP, an agency may provide emergency financial assistance if the client presents with an emergency need that cannot first be met through the appropriate Ryan White Service Category. Support to clients should be offered while the client's application is under review/processing and whether they qualify of not, they should always be linked back to case management or benefits specialty services for continuity of support.

Table 1. Categories for Determining Emergency Needs and Ryan White Services

Emergency Need	Ryan White Service Category
Short term rental assistance	Housing Services
Move-in assistance	
Essential utility assistance	
Emergency food assistance	Nutrition Services
Transportation	Transportation
Medication assistance to avoid lapses in medication	Ambulatory Outpatient Medical

KEY COMPONENTS
Emergency Financial Assistance (EFA) services provide people living with HIV with limited one-time or short-term financial assistance due to hardship. Short term is defined as 3 months or less. Agencies will establish program services based on agency capacity and Division of HIV & STD Programs contract requirements. EFA is decided on a case-by-case basis by a case manager or social worker and is subject

to the availability of funding. Financial assistance is never paid directly to clients but issued via checks or vouchers to specific vendors or agencies.

Agencies and staff will make every effort to reduce the amount of documentation necessary, while staying within funding and contract requirements, for a client in need of emergency financial assistance. A signed affidavit declaring homelessness should be kept on file for clients without an address.

~~EFA services are capped annually per client at $5,000 per 12-month period. With consultation with the SBP Committee, DHSP may increase the $5,000 annual cap for cost-of-living adjustments.~~

Although these standards include information for all EFA categories, some categories may be prioritized in response to need and funding availability. Additionally, to ensure equitable access, caps may be put into place for the maximum funding amount that may be requested per application and/or the number of requests an individual may make.

ELIGIBILITY CRITERIA

Agencies coordinating EFA will follow eligibility requirements for potential clients based on DHSP guidance and the type of financial assistance the client is seeking. Clients may enter EFA services through self-referral or referral by a case management or another provider. Each client requesting EFA will be subject to eligibility determination that confirms the need for services. Programs coordinating EFA are responsible to determine such eligibility. Eligibility documentation should be appropriate to the requested financial assistance and completed annually, at minimum, or for every instance a client seeks emergency financial assistance.

Eligibility criteria includes:

- Los Angeles County resident
- Verification of HIV positive status
- Current proof of income
- EFA application based on the type of assistance the client is requesting.

In addition to the general Ryan White eligibility criteria, priority should be given to individuals who present an emergency need with the appropriate documentation that qualifies as an emergency, subject to payor of last resort requirements. When accessing Emergency Financial Assistance funds, clients must work with case managers or other service providers to develop a plan to avoid similar emergencies in the future. Case managers should make efforts to transition clients to more permanent and/or long-term services.

REFERRALS

All service providers must work in partnership with the client, their internal care coordination team and external providers, both Ryan White funded and non-Ryan White funded sites, to ensure appropriate and timely service referrals are made according to client's needs.

In addition, agencies and staff are responsible for linking clients to care if they are not in care as well as addressing the conditions that led to the emergency need to ensure accessing EFA is a one-time need or rare occurrence. For clients accessing EFA services, staff is responsible for referring clients to a program with a case manager or Medical Care Coordination provider if they are not linked already.

Table 1. Emergency Financial Assistance Standards of Care

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirement and Qualifications	Agencies will hire staff with experience in case management in an area of social services or experience working with people living with HIV. Bachelor's degree in a related field preferred.	Staff resumes on file.
	Staff are required to seek other sources of financial assistance, discounts, and/or subsidies for clients requesting EFA services to demonstrate Ryan White funding is the payor of last resort. (See Appendix A for a list of additional non-Ryan White resources).	Lists of other financial sources, discounts, and/or subsidies for which the staff applied for the client on file. See *Appendix A* as a reference starting point.
	Staff are required to connect clients to or provide referrals for: • A Case manager for a needed service or for Medical Care Coordination • Wraparound services to empower clients and prevent future use of Emergency Financial Assistance services • Opportunities for trainings such as job or workforce trainings	Lists of referrals the staff provided to the client. Name of case manager(s) client connects with in client file.
Eligibility	Agency will determine client eligibility for EFA at minimum annually, or for every instance a client requests EFA. Eligible uses may include: • Short term housing rental assistance • Essential utility assistance • Emergency food assistance • Transportation • Medication assistance to avoid lapses in medication • Mortgage Assistance • Rental Security deposits	Documentation of emergency need and eligible use in client file. Documentation of Ryan White eligibility requirements in client file.

	*Continuous provision of service or non-emergency needs should fall under the appropriate Ryan White service category and not under EFA.	
Housing Assistance	Eligible clients must provide evidence they are a named tenant under a valid lease or legal resident of the premises. If rental assistance is needed beyond an emergency, please refer to our *Housing Standards, Temporary Housing Services - Income Based Rental Subsidies (page 15).*	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Housing Assistance includes: • Notice from landlord stating past due rent or, in the case of new tenancy, amount of rent and security deposit being charged
Utility Assistance	Eligible clients must provide evidence they have an account in their name with the utility company or proof or responsibility to make utility payments. Limited to past due bills for gas, electric, or water service. Staff is responsible for checking client eligibility for SoCal Edison assistance program	Documentation in client file that demonstrates emergency need and type of assistance received. Application for Utility Assistance includes: • Copy of the most recent bill in client name or a signed affidavit with the name of the individual that is responsible for paying the bill. • Copy of the lease that matches the address from the bill • Proof of inability to pay
Food Assistance	Limited to gift card distribution to eligible clients by medical case managers or social workers at their discretion and based on need. Staff is responsible for referring clients to a food pantry and/or CalFresh.	Documentation in client file that demonstrates emergency need and type of assistance received.
Transportation Assistance	Eligible clients must provide evidence they need transportation to/from appointments related to core medical and support services.	Documentation in client file that demonstrates emergency need and type of assistance received.
Medication Assistance	Eligible clients must provide evidence they are need of medication assistance to avoid a lapse in medication.	Documentation in client file that demonstrates emergency need and type of assistance received.

APPENDIX A

EMERGENCY ASSISTANCE RESOURCES

The list below is intended to provide agency staff with starting point of additional resources to assist clients with emergency needs. Please note it is not a comprehensive list of available resources in Los Angeles County and staff are encouraged to seek other resources for client care.

211 Los Angeles
https://www.211la.org/
Phone: Dial 2-1-1

Los Angeles Housing + Community Investment Department, City of Los Angeles (HCIDLA)
Housing Opportunities for Persons with HIV/AIDS (HOPWA)
https://hcidla.lacity.org/people-with-aids

Comprehensive Housing Information & Referrals for People Living with HIV/AIDS (CHIRP LA)
http://www.chirpla.org/

Los Angeles Housing Services Authority
https://www.lahsa.org/get-help

Department of Public Social Services, Los Angeles County
http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/homeless-services/

CalWorks - Monthly financial assistance for low-income families who have children under 18 years old
https://yourbenefits.laclrs.org

Los Angeles Regional Food Bank – Free and low-cost food
www.lafoodbank.org/get-help/pantrylocator

Project Angel Food
https://www.angelfood.org/

Los Angeles Department of Water and Power (LADWP) – Low Income Discount Program or Lifeline Discount Program for Utility Bill Assistance
Phone: (213) 481-5411

Low-Income Home Energy Assistance Program (HEAP) – Utility Bill Assistance
http://www.csd.ca.gov/Services/FindServicesinYourArea.aspx
Phone: (866) 675-6623

Women, Infants, and Children (WIC)
https://www.phfewic.org/

Veterans of Foreign Wars – Unmet Needs Program
https://www.vfw.org/assistance/financial-grants

City of West Hollywood HIV/AIDS Resources
https://www.weho.org/services/social-services/hiv-aids-resources

The People's Guide to Welfare, Health & Services
https://www.hungeractionla.org/peoplesguide

LOS ANGELES COUNTY
COMMISSION ON HIV

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

TRANSPORTATION SERVICE STANDARDS

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

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

INTRODUCTION

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

The Los Angeles County Commission on HIV (COH) developed the Transportation service standards to establish the minimum service necessary to provide transportation services to assist people living with HIV adhere to their Ryan White medical and support services appointments and sessions. The development of the standards included review of current guidelines, as well as feedback from service providers, people living with HIV, members of the COH's Standards and Best Practices (SBP) Committee, COH caucuses, and the public-at-large. All service standards approved by the COH align with the Universal Service Standards and Client Bill of Rights and Responsibilities (Universal Standards) approved by the COH on January 11, 2024. Transportation Services providers must also follow the Universal Standards in addition to the standards described in this document.

TRANSPORTATION SERVICES OVERVIEW

Transportation services is the provision of non-emergency transportation that enables an eligible Ryan White Program (RWP) client and their caregiver(s) to access or be retained in core medical and support services on an as-needed basis. The goal of transportation services is to reduce barriers by assisting clients with accessing, maintaining, and adhering to primary health care, prevention, social services, and other HIV-related support services. Transportation can include:

- Taxi Services and rideshare services
- Public Transportation Services: Transit Access Pass (TAP) Cards, Commuter and Light rail services
- Van Transportation Services

SERVICE COMPONENTS

GENERAL CONSIDERATIONS

Transportation service provider staff must ensure clients are connected to the most appropriate transportation services that are timely, cost-efficient, safe, and respectful. Transportation services are strictly limited to non-emergency medical and support services and shall not be utilized for medical emergency, recreational and/or entertainment purposes. All transportation services will be provided in accordance with Commission on HIV service standards, applicable local laws and regulations, and in compliance with the Americans with Disabilities Act.

Each eligible client receiving transportation services must have on file appropriate eligibility documentation and a written assessment stating the criteria used to determine the different type(s) of transportation best suited for that individual. Agencies are expected to provide the most economical means of transportation when possible. To be eligible for taxi or van transportation services, a client must be unable to use public transit services due to at least one of the following:

- Documented health reasons
- Health/safety reasons due to time of day
- Necessary location is not accessible by public transportation
- Pregnant and/or traveling with children

	STANDARD	DOCUMENTATION
1	Clients receiving transportation will be eligible and assessed for the most appropriate means of service.	Client record to include eligibility documentation and transportation assessment.
2	Transportation services will be provided in compliance with ADA.	Program review and monitoring to confirm.
3	Transportation services will be provided in accordance with policies and procedures formulated by the Division on HIV and STD Programs (DHSP) and consistent with local laws and regulations.	Program review and monitoring to confirm.

TAXI SERVICES

Taxi services include providing vehicles able to accommodate passenger's wheelchair, taxi staff and drivers who are bilingual in Spanish (when requested in advance), and on-demand car services or rideshare services. Agencies coordinate taxi services for eligible clients which includes scheduling on-demand car services or rideshare services such as Access, Lyft, and Uber. Agencies are expected to schedule the most cost-effective ride share available at the time. All drivers will hold and maintain a valid Class "C" or higher California driver's license with passenger endorsement and valid Los Angeles Department of Transportation (LADOT) driver permit. For more information on the requirements visit the LADOT website. Additionally, all taxi and rideshare service providers will abide by their respective agency Community Guidelines[i] to ensure clients receive Transportation services that are safe, kind, and respectful. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) Customer Support Program at (800) 260-8787.

	STANDARD	DOCUMENTATION
1	Taxi services will include providing: • Vehicles able to accommodate passenger's wheelchair	Program review and monitoring to confirm.

	• Taxi staff and drivers who are bilingual in Spanish when requested in advance • On-demand car services or rideshare services	
2	All drivers have valid Class "C" or higher California driver's license with passenger endorsement and Los Angeles Department of Transportation driver permit.	Copies of driver's licenses and permits on file at contractor agency.
3	All taxi and rideshare service providers will abide by their respective agency Community Guidelines to ensure clients receive Transportation services that are safe, kind, and respectful. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) Customer Support Program.	Contractors will provide clients receiving transportation services with the contact information for the Division on HIV and STD Programs (DHSP) Customer Support Program.

PUBLIC TRANSPORTATION SERVICES

Public transportation services are provided through the Metropolitan, Antelope Valley, Foothill and Long Beach Transit Authorities in the form of Transit Access Pass (TAP) cards, reduced fare passes, and MetroLink train passes. Agencies are required to identify the most economical means of public transportation appropriate to eligible clients. Agencies who serve clients in areas covered by other local transit authorities should be aware of and refer their clients to local transportation services.

	STANDARD	DOCUMENTATION
1	Public transportation will be encouraged for general use when appropriate.	Record of disbursement of public transportation and transportation assessments on file at provider agency.
2	Agencies will record distribution of public transportation services, including: • Date • Client name • Type of assistance given and number • Purpose of the trip • Name of person disbursing services	Public transportation services log on file at provider agency.

VAN TRANSPORTATION SERVICES

Van transportation services include providing rides to eligible clients and their caregivers in agency owned and operated vans. Agency staff or volunteers providing van transportation services must hold and maintain a valid Class "C' or higher California driver's license. Vehicles used for transportation services must have a current license and registration, insurance, and be mechanically well-maintained. All vehicles must contain a first aid kit and a fire extinguisher that are regularly maintained. Vehicles used for transportation services must be able to accommodate wheelchairs that may be folded and placed in the van by the driver. If such vehicles are not available, agencies must provide other transportation options able to accommodate clients in wheelchairs. Additionally, agencies will provide and ensure use of child restraint devices, as needed, that meet federal safety standards for all children under six years of age regardless of weight and under sixty pounds regardless of age. At no time will an agency, staff,

drivers, or volunteer solicit or accept surcharges, tips, or gratuities for their services. Clients may report a grievance by contacting the Division on HIV and STD Programs (DHSP) Customer Support Program. All drivers will complete First Aid and CPR training provided by an approved institution and maintain current certifications; and complete driver safety training on an annual basis. All drivers, volunteer drivers and contract staff are encouraged to attend the DHSP HIV Basics for Taxicab Drivers training prior to providing transportation services.

Agencies providing van transportation services are responsible for:

- Promoting the availability to van transportation services through contacts with service providers
- Developing and implementing client eligibility criteria
- Developing written protocols to assure that cost-effective transportation options are being used on a consistent basis. Protocols will direct staff to assess and choose the transportation option which both meets the client's need and is most cost-effective.
- Providing training and/or a policy manual to guide staff in assessing client's need for transportation, the appropriateness of specific transportation options for clients and the relative cost effectiveness for these options.
- Developing written protocols to assure that cost-effective transportation options are being used on a consistent basis. Protocols will direct staff to assess and choose the transportation option which both meets the client's need and is most cost-effective.
- Providing training and/or a policy manual to guide staff in assessing client's need for transportation, the appropriateness of specific transportation options for clients and the relative cost effectiveness for these options.
- Maintaining documentation of all training of the transportation staff and volunteers.

STANDARD		DOCUMENTATION
1	All drivers and volunteer drivers will have California Class "C" or higher license.	Copies of driver's licenses on file at provider agency.
2	Agencies will promote the availability of van transportation services to their clients.	Outreach/promotion plan on file at provider agency.
3	Van transportation programs will develop eligibility criteria.	Written eligibility materials on file at provider agency.
4	Van transportation programs will: • Provide services in licensed, registered, insured and well-maintained vehicles • Provide a first aid kit and fire extinguisher in each vehicle • Provide child restraint devices, as needed • Provide vehicles able to accommodate wheelchairs or other transportation options able to accommodate clients in wheelchairs	Program review and monitoring to confirm.
5	Van transportation programs will develop cost effectiveness protocols.	Cost effectiveness protocols on file at provider agency.

6	Van transportation programs will provide training and/or a policy manual for assessing client's need for transportation.	Transportation assessment manual or record of assessment training on file at provider agency.
7	Van transportation programs will maintain vehicle and insurance records.	Documentation insurances for all vehicles and drivers and record of regular and preventive maintenance of vehicles on file at provider agency.
8	Van transportation programs will maintain trip records, including: • Date • Time and place of departure • Destination • Time of arrival • Odometer readings • Number of clients per trip • Client names	Trip logs on file at provider agency.
9	Van transportation programs will maintain records of trainings and medical examinations.	Documentation of trainings and medical examinations of drivers on file at provider agencies.
10	Drivers and volunteer drivers will be trained on (at minimum): • First Aid/CPR and maintain certifications • Driver safety training (annually) • Transportation options available • Priority protocol • Emergency procedures	Record of trainings on file at provider agency.

[i] https://www.lyft.com/safety/community-guidelines
https://www.uber.com/legal/en/document/?name=general-community-guidelines&country=united-states&lang=en&uclick_id=03fd12b2-a9b9-4284-8839-d1b183b98dad

LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
Subscribe to the Commission's Email List:
https://tinyurl.com/y83ynuzt

Notice of Public Comment Period for Draft Housing Services Service Standards

(Posted: Feb. 6, 2025)

PUBLIC COMMENTS REQUESTED

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft Housing Services service standards revised by the Standards and Best Practices Committee. A draft of the revised Housing Services service standards is posted to the COH website and can be found at: https://hiv.lacounty.gov/service-standards

Public Comment Period: 02/06/2025 to 03/07/25

All comments to be emailed to HIVCOMM@LACHIV.ORG by **03/07/25.**

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

UPDATED

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV CAUCUSES PRESENT:

2025 Consumer Resource Fair

"Love Begins with Me"

Empowering Wellness, Advocacy and Community Beyond HIV

THURSDAY, FEBRUARY 13, 2025

12:00PM - 5:00PM

THE CALIFORNIA ENDOWMENT

1000 N. ALAMEDA STREET, LOS ANGELES, CA 90012

****FREE PARKING ON-SITE****

Explore 60+ vendors and service providers offering valuable resources, interactive workshops, engaging presentations, and exciting giveaways!!

****FREE LUNCH, ZUMBA SESSIONS, $100 VISA GIFT CARD PRIZES & MORE!****

**while supplies last*

DTD DELETE THE DIVIDE™

Delete the Digital Divide, a County of Los Angeles Initiative, will give away 50 free laptops during the event on a first-come, first-served basis. To qualify, participants must complete on-site registration, be a Los Angeles County resident and have an active email address, among other income eligibility requirements.

Click HERE for a list of participating vendors *subject to change

For more information, email hivcomm@lachiv.org

In Commemoration of 2025 National Black HIV/AIDS Awareness Day #NBHAAD

Black Communities Speak: Insights from Our Listening Sessions

We asked. You answered. Here's what we heard from Black Women, Faith-Based Communities, Non-US Born Immigrants, and Same-Gender-Loving (SGL) Men about sexual health, HIV, and community wellness in our Black communities of Los Angeles County.

🔊 What We Heard

❤️ Women

- Lack of culturally competent healthcare providers leads to mistrust and avoidance of services.
- Stigma and judgment prevent open conversations about sexual health and HIV.
- More safe spaces are needed for Black women to discuss sexual wellness without fear or shame.

✝️ Faith-Based

- Many desire faith-led, stigma-free conversations about sexual health and HIV.
- Misinformation and silence around HIV contribute to fear and discrimination.
- Trusted faith leaders can play a vital role in breaking down stigma and encouraging testing and care.

🌍 Non US Born Immigrants

- Language barriers and immigration concerns create fear in seeking healthcare.
- Lack of awareness about available HIV services and rights leads to missed opportunities for care.
- Culturally inclusive outreach and multilingual resources are critical.

🌈 Same-Gender-Loving (SGL) Men

- Stigma, discrimination, and medical mistrust discourage engagement with healthcare.
- Limited representation of Black SGL men in health messaging reduces relatability and trust.
- More affirming spaces are needed where Black SGL men feel seen, valued, and safe accessing care.

💡 Our Voices. Our Strength. Our Solutions.

We need culturally competent, judgment-free care, open conversations about sexual health, and accessible services free from stigma and barriers. Black-led advocacy must drive solutions, and safe spaces should empower honest dialogue and healing.

UPDATED

2025 NATIONAL BLACK HIV/AIDS AWARENESS DAY #NBHAAD

COMMUNITY GAME NIGHT

The Los Angeles County Commission on HIV Black Caucus, in partnership with Charles R. Drew University (CDU) and AMAAD Institute, Inc., invite you to a game night focused on connection, community, and empowerment. Enjoy engaging activities like The Last Straw, a thought-provoking game exploring social determinants of health. Join us for an evening of fun, connection, and meaningful conversations that uplift and strengthen the sexual health & wellness of our Black communities!

Activities Include

CARD/BOARD GAMES +FOOD + PRIZES
SEXUAL HEALTH RESOURCES
+ HIV TESTING

20TH FEBRUARY, 2025

6:30PM - 9:00PM

AMAAD INSTITUTE, INC.
10221 Compton Ave, Suite 105, Los Angeles 90002

SPACES LIMITED | RSVP REQUIRED
https://tinyurl.com/yck8drar

LOS ANGELES COUNTY COMMISSION ON HIV
The AMAAD Institute
CDU Drew C.A.R.E.S

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

INSIDE:

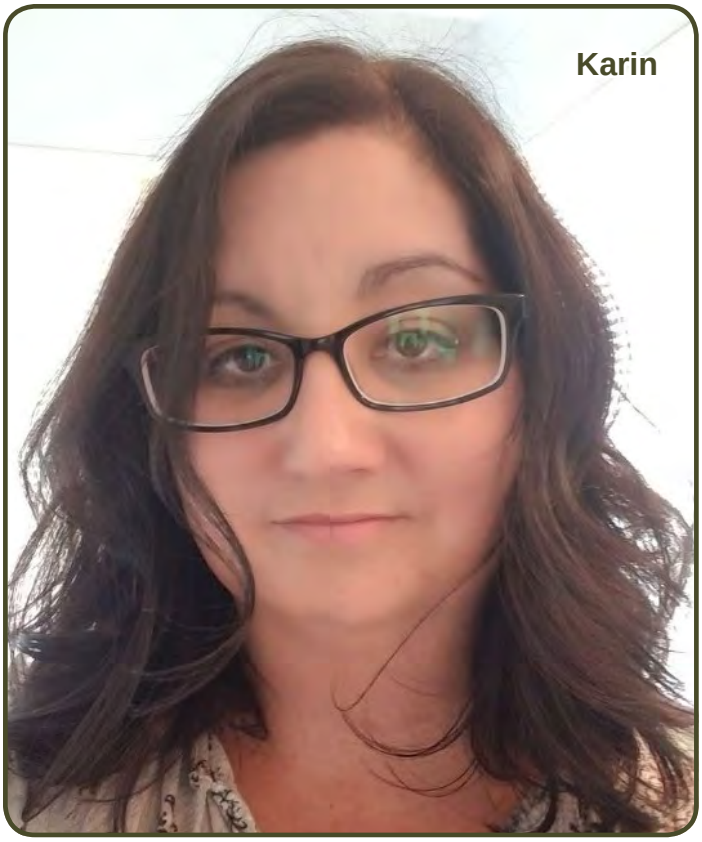
This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the Office of AIDS (OA) website.

STAFF HIGHLIGHT

OA is pleased to announce that **Karin Hill** has accepted the position of Business Innovation Section Chief!

Karin has led the Sexual Health & Program Resilience Section in work related to the provision of culturally responsive, trauma-informed, patient centered, and equitable HIV Prevention activities while ensuring the development and implementation of effective programs that successfully meet the needs of those we serve. She has demonstrated a unique ability to utilize strength-based approaches that can be used to dismantle racial and health inequities that seeks to improve health outcomes for priority populations. Her ability to negotiate sensitive and complex issues with stakeholders and internal staff has allowed her to provide support to supervisors and direct reports in three distinct units. As the primary manager for the HIV California Planning Group, she has led the team of state and community co-chairs to provide monthly educational webinars and bi-annual in-person conferences across the state.

In her spare time, Karin enjoys excursions with her kids Bridget and Connor, seeing any stage musical she can find, and playing with her dog Penny. Karin is also pursuing a master's degree at Penn State University, in Organization Development and Change. Please take a moment to congratulate her in this exciting new role.


Karin

HIV AWARENESS

February 7th is National Black HIV/AIDS Awareness Day (NBHAAD). The theme, "Engage, Educate, Empower: Uniting to End HIV/AIDS in Black Communities," will again be used in 2025. The meaning behind the theme is to involve the Black/African American community in HIV prevention, educate Black/African American people about prevention and treatment strategies, and encourage the community to

share their success stories about living with HIV. NBHAAD is celebrated to emphasize the importance of access to HIV education, prevention, testing, and treatment strategies.

NBHAAD was established in 1999 as a grassroots-education effort to raise awareness about the disproportionate impact of HIV/AIDS on the Black/African American community. Although the Black/African American communities have made progress in reducing HIV, they are significantly impacted by social and structural determinants of health such as racism, medical mistrust, and access to quality healthcare. These and other factors affect whether Black/African American people seek or receive HIV treatment of are aware of life saving measures such as pre-exposure prophylaxis (PrEP), and/or post-exposure prophylaxis (PEP).

According to the CDPH HIV Surveillance data, in 2022 Black/African Americans make up approximately 6% of California's population. However, they account for 16% of living HIV cases and 15% of newly diagnosed cases. Notably, from 2018 to 2022, the overall rate of new HIV diagnoses decreased by 13% however, there is still more work to do. View the factsheet depicting demographics and health outcomes for the Black/African American community.

GENERAL UPDATES

Mpox

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

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

HIV/STI/HCV Integration

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

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

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

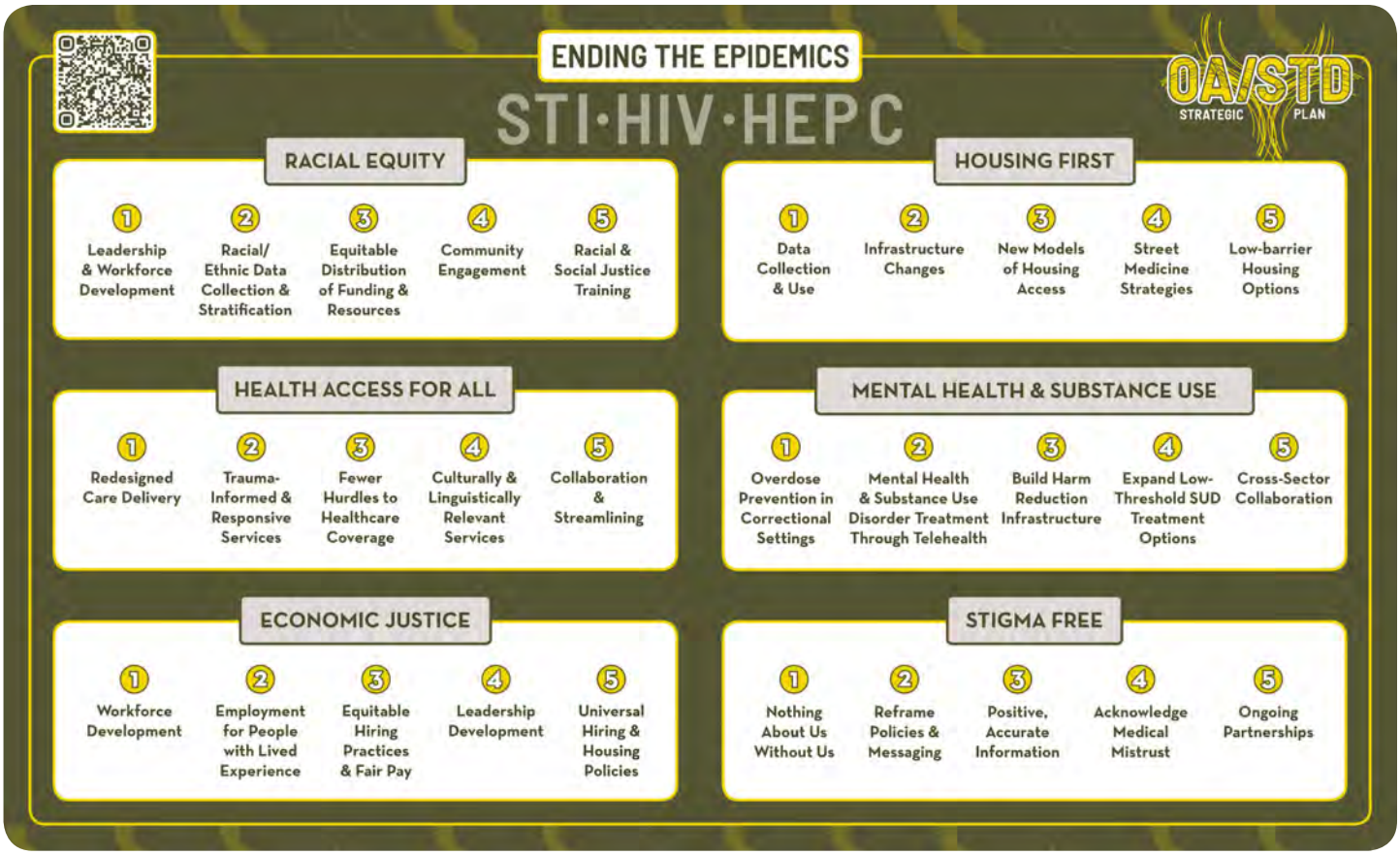
OA and STD Control Branch would like you to continue to use and share the *Strategic Plan* and the *Implementation Blueprint*. These documents address HIV as a syndemic with HCV and other STIs, through a SDoH lens.

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

HEALTH ACCESS FOR ALL

Strategy 1: Redesigned Care Delivery

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

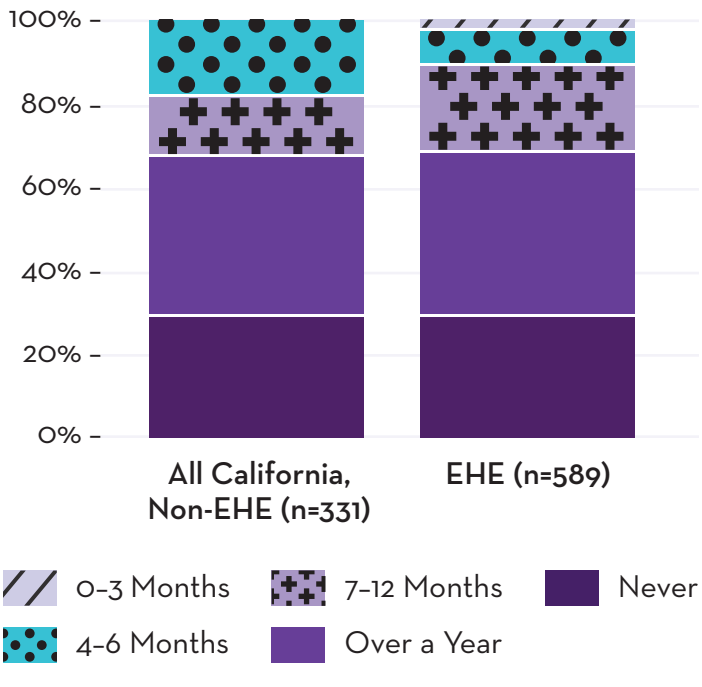


TAKEMEHOME

In December, 331 individuals in 39 counties ordered self-test kits, with 224 (67.7%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program's initiation in September 1, 2020, and December 31, 2024, 15,260 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 151 (25.6%) of the 589 total tests distributed in EHE counties. Of those ordering rapid tests, 320 (73.1%) ordered 2 tests.

Since September 2020, 1,703 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 725; responses from the California expansion since January 2023.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Dec. 2024



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	60.1%	57.5%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	36.5%	46.5%
Were 17-29 years old	43.1%	40.8%
Of those sharing their number of sex partners, reported 3 or more in the past year	45.0%	36.2%

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.4%	94.2%
Identify as a man who has sex with other men	49.6%	53.0%
Reported having been diagnosed with an STI in the past year	8.6%	10.2%

Strategy 3: Fewer Hurdles to Healthcare Coverage

As of January 31, 2025, there are 278 PrEP-AP enrollment sites and 229 clinical provider sites that currently make up the PrEP-AP Provider network.

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

As of December 31, 2024, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of page six.

HOUSING FIRST

Strategy 2: Infrastructure Changes

OA's HIV Care Branch is looking for a new Housing Opportunities for Persons with AIDS (HOPWA) Program provider for Santa Barbara County. HOPWA provides housing assistance and supportive services to prevent or reduce homelessness for persons living with HIV (PLWH). Local government entities (e.g., health departments, housing authorities, or community development agencies) and nonprofit community-based organizations may apply. The award amount for Santa Barbara County is approximately $241,300 per year.

Request for Application (RFA) #25-10039 can be found on OA's webpage. OA will host a technical assistance webinar through MS Teams on February 20, 2025 (1 PM to 2 PM). If you are interested in applying, submit an e-mail of intent to HOPWARFA@cdph.ca.gov by March 14, 2025, and you will be sent the application materials. **Applications are due March 17, 2025**.

RACIAL EQUITY

Strategy 5: Racial and Social Justice Training

The CDC offers free capacity building assistance (CBA) through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV preventions related topics, including enhancing

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	295	9%	---	---	---	---	10	0%	305	10%
25 - 34	1,060	33%	---	---	---	---	136	4%	1,196	37%
35 - 44	804	25%	---	---	1	0%	139	4%	944	30%
45 - 64	449	14%	---	---	8	0%	87	3%	544	17%
65+	38	1%	---	---	168	5%	5	0%	211	7%
TOTAL	**2,646**	**83%**	**0**	**0%**	**177**	**6%**	**377**	**12%**	**3,200**	**100%**

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	168	5%	5	0%	40	1%	15	0%	---	---	41	1%	4	0%	32	1%	305	10%
25 - 34	644	20%	4	0%	115	4%	92	3%	7	0%	248	8%	8	0%	78	2%	1,196	37%
35 - 44	532	17%	4	0%	88	3%	54	2%	5	0%	192	6%	6	0%	63	2%	944	30%
45 - 64	300	9%	---	---	49	2%	14	0%	1	0%	135	4%	---	---	45	1%	544	17%
65+	20	1%	---	---	5	0%	6	0%	---	---	167	5%	---	---	13	0%	211	7%
TOTAL	**1,664**	**52%**	**13**	**0%**	**297**	**9%**	**181**	**6%**	**13**	**0%**	**783**	**24%**	**18**	**1%**	**231**	**7%**	**3,200**	**100%**

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	52	2%	---	---	6	0%	10	0%	1	0%	8	0%	---	---	7	0%	84	3%
Male	1,511	47%	12	0%	271	8%	167	5%	12	0%	747	23%	17	1%	203	6%	2,940	92%
Trans	83	3%	---	---	14	0%	3	0%	---	---	12	0%	1	0%	6	0%	119	4%
Unknown	18	1%	1	0%	6	0%	1	0%	---	---	16	1%	---	---	15	0%	57	2%
TOTAL	**1,664**	**52%**	**13**	**0%**	**297**	**9%**	**181**	**6%**	**13**	**0%**	**783**	**24%**	**18**	**1%**	**231**	**7%**	**3,200**	**100%**

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 01/31/2025 at 12:01:26 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from December
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	556	0.36%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,758	6.55%
Medicare Premium Payment Program (MPPP)	2,130	- 3.36%
Total	**8,444**	**3.46%**

Source: ADAP Enrollment System

cultural competency for a successful HIV program, cultural responsiveness and humility for people who inject drugs (PWID), diversity, equity, and inclusion, motivational interviewing, planning a condom distribution program, and so much more! To submit a CBA request, please contact the Local Capacity Building and Program Development Unit at CBA@cdph.ca.gov.

MENTAL HEALTH & SUBSTANCE USE

Strategy 3: Build Harm Reduction Infrastructure

RESEARCH: Association of distributing smoking supplies and naloxone

As the overdose crisis evolved into the current fourth wave of poly-substance use, trends on how substances are used evolved as well. Smoking has become the most widely used route of administration, prompting some people who injected to transition to smoking. To sustain and increase engagement with people who use drugs, some syringe services programs started distributing safer smoking supplies to participants.

Science Direct published an analysis from the National Survey of Syringe Services Programs in the United States last month that highlights the effectiveness of distributing safer smoking equipment as a form of engagement. Smoking supplies distribution was associated with more participant encounters and greater naloxone distribution. The study also found that more community-based organizations distributed safer smoking supplies than health department and healthcare-run syringe services programs.

View the study.

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

OFFICE OF AIDS
California Department of Public Health

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

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

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

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

County of Los Angeles
Public Health
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