



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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<https://tinyurl.com/y83ynuzt>



# EXECUTIVE COMMITTEE MEETING

Thursday, February 27, 2025

1:00PM – 3:00PM (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020

Validated Parking @ 523 Shatto Place, LA 90020

*\*As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

Agenda and meeting materials will be posted on our website at

<https://hiv.lacounty.gov/executive-committee>

## Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/r67984fa0b8b1d142af117df514125b8b>

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

Password: EXECUTIVE Access Code: 2535 032 8381

## Public Comments

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

- Emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)
- Submitting electronically at [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](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](mailto: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](mailto:hivcomm@lachiv.org)



510 S. Vermont Ave., 14<sup>th</sup> Floor, Los Angeles CA 90020  
MAIN: 213.738.2816 EML: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <https://hiv.lacounty.gov>

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

**Thursday, February 27, 2025 | 1:00PM-3:00PM**

510 S. Vermont Ave, Terrace Level Conference, Los Angeles, CA 90020

*Validated Parking: 523 Shatto Place, Los Angeles 90020*

*\*As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held.*

**MEMBERS OF THE PUBLIC:**

**To Register + Join by Computer:**

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/r67984fa0b8b1d142af117df514125b8b>

Password: EXECUTIVE Access Code: 2535 032 8381

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

**AGENDA POSTED:** February 21, 2025

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

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may submit in person, email to [hivcomm@lachiv.org](mailto: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](mailto: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](mailto:HIVComm@lachiv.org), por lo menos setenta y dos horas antes de la junta.

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

**I. ADMINISTRATIVE MATTERS**

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

**II. PUBLIC COMMENT** 1:10 PM – 1:13 PM

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

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

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

- 7. Standing Committee Report** 1:15 PM – 1:45 PM
- A. Planning, Priorities and Allocations (PP&A) Committee
    - (1) Ryan White Program (RWP) Years 35-37 Directives **MOTION #3**
    - (2) PY 34 RWP Expenditures
  - B. Operations Committee
    - (1) Membership Management
      - a. 2025 Conflict of Interest Form and Parity, Inclusion & Reflectiveness (PIR) Survey (REMINDER)
    - (2) [2025 Training Schedule](#)
    - (3) Administration of the Effectiveness of the Administrative Mechanism (AEAM) | UPDATES
    - (4) Recruitment, Retention & Engagement
  - C. Standards and Best Practices (SBP) Committee
    - (1) [Housing Service Standards](#) | PUBLIC COMMENTS DUE 3/7/25
    - (2) Service Standards Schedule
  - D. Public Policy Committee (PPC)
    - (1) Federal, State, County Policy & Budget
      - a. 2025 Legislative Docket Development
      - b. 2025 Policy Priorities Review
      - c. 2025 Meeting Schedule

- 8. Caucus, Task Force, and Work Group Reports:** 1:45 PM – 2:00 PM
- A. Aging Caucus
  - B. Black/AA Caucus
  - C. Consumer Caucus
  - D. Transgender Caucus
  - E. Women’s Caucus
  - F. Housing Task Force

**IV. REPORTS**

- 9. Executive Director/Staff Report** 2:00 PM – 2:15 PM
- A. Commission (COH)/County Operational Updates
    - (1) 2024 Annual Report
    - (2) Updated 2025 COH Workplan & Meeting Schedule

- 10. Co-Chair Report** 2:15 PM – 2:35 PM
- A. COH Effectiveness Review & Restructuring Project
    - (1) Feedback and Next Steps
  - B. February 13, 2025 COH Meeting Feedback
  - C. March 13, 2025 COH Meeting Agenda Development
    - (1) COH Effectiveness Review & Restructuring Project Discussion
    - (2) DHSP Unmet Needs Presentation
    - (3) PP&A Directives
  - D. Executive Committee At-Large Membership Seats | OPEN NOMINATIONS
  - E. Conferences, Meetings & Trainings *(An opportunity for members to share information and resources material to the COH’s core functions, with the goal of advancing the Commission’s*

*mission)*

**11. Division of HIV and STD Programs (DHSP) Report**

2:35 PM – 2:50 PM

A. Fiscal, Programmatic and Procurement Updates

- (1) Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE)
- (2) Fiscal
- (3) Other Updates

**V. NEXT STEPS**

2:50 PM – 2:55 PM

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

**VI. ANNOUNCEMENTS**

2:55 AM – 3:00 PM

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

**VII. ADJOURNMENT**

3:00 PM

- 15. Adjournment of the regular meeting on February 27, 2025.

PROPOSED MOTIONS	
<b>MOTION #1</b>	Approve the Agenda Order as presented or revised.
<b>MOTION #2</b>	Approve the meeting minutes, as presented or revised.
<b>MOTION #3</b>	Approve the Planning, Priorities & Allocations (PP&A) Committee PY 35-37 Directives, as presented or revised.



## HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS

(Updated 7.15.24)

- This meeting is a **Brown-Act meeting** and is being recorded.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
  
- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
  
- Please comply with the **Commission's Code of Conduct** located in the meeting packet.
  
- **Public Comment** for members of the public can be submitted in person, electronically @ [https://www.surveymonkey.com/r/public\\_comments](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*
  
- For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
  
- Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
  
- Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

*If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial [HERE](#) or contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).*



## 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.)

# Meeting Schedule

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

**January - December 2025**

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

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

<b>Aging Caucus</b> 1PM-3PM <i>*2nd Tuesday every other month</i>	<b>Black Caucus</b> 4PM-5PM <i>*3rd Thursday monthly</i>	<b>Consumer Caucus</b> 1-3PM <i>*2nd Thursday monthly, following COH meeting</i>	<b>Transgender Caucus</b> 10AM-11:30AM <i>*3rd Thursday quarterly</i>	<b>Women’s Caucus</b> 2PM-3PM <i>*3rd Monday bi-monthly</i>	<b>Housing Taskforce</b> 9AM-10AM <i>*4th Friday monthly</i>
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# 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			<b>Vacant</b>		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			<b>Vacant</b>	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			<b>Vacant</b>		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			<b>Vacant</b>		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			<b>Vacant</b>		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			<b>Vacant</b>		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	Wilma 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	Ariene Frames	Unaffiliated representative	July 1, 2023	June 30, 2025	
30	Unaffiliated representative, Supervisorial District 4			<b>Vacant</b>		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	Lilith 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, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4	1	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			<b>Vacant</b>		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			<b>Vacant</b>		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 AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	OPS	Erica Robinson	Health Matters Clinic	July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4	1	PP	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			<b>Vacant</b>		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	
<b>TOTAL:</b>		<b>41</b>						

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



## 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	AI	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
<b>MARTINEZ (PP&amp;A Member)</b>	<b>Miguel</b>	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
<b>MARTINEZ-REAL</b>	<b>Leonardo</b>	Unaffiliated representative	No Ryan White or prevention contracts
<b>MAULTSBY</b>	<b>Leon</b>	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
<b>MENDOZA</b>	<b>Vilma</b>	Unaffiliated representative	No Ryan White or prevention contracts
<b>MINTLINE (SBP Member)</b>	<b>Mark</b>	Western University of Health Sciences	No Ryan White or prevention contracts
<b>MOLETTE</b>	<b>Andre</b>	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
<b>NASH</b>	<b>Paul</b>	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 Counseling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC)
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN)
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
	Bienestar
Vulnerable Populations (YMSM)	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEX-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	



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



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

## EXECUTIVE COMMITTEE MEETING MINUTES Thursday, January 23, 2025

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

Meeting agenda and materials can be found on the Commission’s website [HERE](#)

### I. ADMINISTRATIVE MATTERS

#### 1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

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

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

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

**ROLL CALL (PRESENT):** Miguel Alvarez, Alasdair Burton, Kevin Donnelly, Mario J. Pérez (AB2449), Dechelle Richardson, Darrell Russell, Danielle Campbell, and Joseph Green.

## Executive Committee Minutes

January 23, 2025

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### 3. APPROVAL OF AGENDA

**MOTION #2:** Approve the Agenda Order, as presented or revised. *(APPROVEDv: Passed by consensus)*

### 4. APPROVAL OF MEETING MINUTES

**MOTION #3:** Approve the Executive Committee minutes, as presented or revised. *(APPROVEDv: Passed by consensus)*

## II. PUBLIC COMMENT

### 5. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.

*No public comment.*

## III. COMMITTEE NEW BUSINESS ITEMS

### 6. OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.

*No new business.*

## IV. REPORTS

### 7. Standing Committee Reports

**A. Planning, Priorities & Allocations (PP&A) Committee** Kevin Donnelly, PP&A Co-Chair, reported the committee last met on January 18, 2025.

**(1) Ryan White Program (RWP) Years 35-37 Directives Review.** The Committee continues to refine its directives by soliciting additional recommendations from the Caucuses and integrating feedback from communities not currently represented by a Caucus, including Native American, Youth, and Asian communities. The Committee aims to finalize and approve the directives at its February meeting.

**(2) 2027-2031 Integrated HIV Planning.** The development of the comprehensive HIV plan is in progress, with the Committee considering the procurement of a consultant at its March meeting. Planning guidance remains consistent with the previous year. DHSP provided a preliminary overview of RWP expenditures, noting the likelihood of overspending.

## Executive Committee Minutes

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### B. Operations Committee Miguel Alvarez, Committee Co-Chair, reported:

#### (1) Membership Management

a. **New Membership Applications Hold Due to Vacancy Limitations and Proposed Restructuring.** As a reminder, all incoming membership applications are on hold, except for those eligible for vacant seats. Beginning January 2025, the Commission will initiate discussions and activities aimed at potentially restructuring membership, informed by HRSA's findings. This process will be led by consultants Collaborative Research and Next Level Consulting. Members also noted that additional considerations around reorganization may arise should the Board of Supervisors expand as per the ballot initiative.

b. **2025 Conflict of Interest Form and Parity, Inclusion & Reflectiveness (PIR) Survey | REMINDER**

Staff reminded the Committee to promptly submit required COI and PIR forms upon request. A follow-up email will be sent to the membership with further details.

(2) **2025 Training Schedule.** The 2025 Training Schedule is finalized and available for COH members and members of the public to register – click [HERE](#) for schedule.

#### (3) Recruitment, Retention & Engagement.

- J. Green will develop a user-friendly, one-page FAQ to create an easy-to read version of the Mentorship Program guide, which will be presented at the next Committee meeting.
- Members agreed to focus outreach and recruitment efforts on Consumer Advisory Boards (CABs).

The Committee elected Erica Robinson and Justin Valero for 2025 Co-Chair seats, thanking M. Alvarez for his leadership.

### C. Standards and Best Practices (SBP) Committee José Rangel-Garibay, COH Staff, reported the Committee met on January 7, 2025 and addressed the following:

(1) **Housing Service Standards Review.** The Committee continues to refine the Housing Services service standards, inviting a panel of housing specialists to weigh in and provide insights at its last meeting. The Committee aims to post the standards for public comment in February.

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

(3) **2025 Meeting Schedule.** *Refer to schedule in meeting packet.*

The Committee will elect 2025 Co-Chairs at its next meeting; nominees include: Erika Davies, Arlene Frames and Russell Ybarra.

## Executive Committee Minutes

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

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

**a. 2025 Legislative Docket Development.** The Committee has begun compiling its legislative docket and has requested members to submit bills for review.

**b. 2025 Policy Priorities Review.** The Committee is making minor revisions to the policy priorities, including updating the introductory paragraph to reflect the transition from the pandemic to the current HIV landscape and political climate. The Committee aims to approve the Policy Priorities in February.

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

The Committee is actively monitoring Executive Orders, with a particular focus on gender-related issues and SOGI data collection. Given the current pauses in public health-related communications, the Committee will evaluate California's oversight and response to these evolving challenges and their potential impact on the community. K. Nelson noted that Public Charge remains unaffected and emphasized the importance of the COH maintaining its focus on core responsibilities amid these uncertainties.

- A request was made for the Committee to incorporate the list of Executive Orders into the legislative docket.

The Committee intends to elect the 2025 Co-Chairs at its February meeting.

### 8. Caucus, Task Force, and Work Group Reports

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

- The Caucus last met on January 7, 2025 and reviewed its priority goals.
- The Caucus decided to meet virtually every other month. The next meeting will be on March 11, 2025 @ 1-2:30PM.
- Dr. Paul Nash and Kevin Donnelly were re-elected for 2025 Caucus Co-Chairs.

#### B. Black/AA Caucus. Danielle Campbell, Caucus Co-Chair, reported:

- The Caucus last met on January 20, 2025
- The Caucus continues to its efforts, in partnership with DHSP, to assess the technical assistance needs of Black-led and servicing organizations to better position them to successfully compete for County contracts. The Caucus will take lead in convening a focus group of those organizations who did not participate in the first round of surveys and key informant interviews.

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- The Caucus will continue engaging key communities in 2025, including youth, justice-involved, the transgender community, men who don't identify as MSM, and non-traditional HIV providers.
- As part of the 2025 work plan, and if capacity allows, the Caucus will revisit the BAAC recommendations to include updates focused on justice-involved communities, addressing the prison industrial complex.

Staff reported that nominations were held for two open co-chair seats, one requiring a commissioner. Leon Maultsby and Danielle Campbell were re-elected as co-chairs. However, Danielle respectfully declined the nomination. We extend our heartfelt gratitude for her leadership and look forward to her continued engagement with the Caucus.

**C. Consumer Caucus.** Dawn Mc Clendon, COH staff and Lilieth Conolly, Caucus Co-Chair, reported:

- The January Caucus meeting was canceled in observance of the Day of Mourning for former President Jimmy Carter. The February Caucus meeting is also canceled in lieu of the 2025 Consumer Resource Fair.
- All members are encouraged to participate in and promote the fair within their consumer networks. The event will feature over 60 vendors offering a variety of holistic services tailored to people living with HIV.
- L. Conolly shared that the Office of AIDS, California Planning Group (CPG) will soon release an infographic about Doxy PrEP and cisgender women. The CPG has will host an informational table at the Consumer Resource Fair.
  - **Members requested the incorporation of an evaluation or feedback mechanism to gather attendee input and/or testimonies about their experience at the fair.**

**D. Transgender Caucus.** JRangel-Garibay, COH staff, reported:

- The Caucus will convene on January 28, 2025, to conduct co-chair elections and develop workplan priorities.

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

- The Caucus will meet virtually on January 27, 2025, at 2-3:30PM at which time it will elect its 2025 co-chairs – Dr. Mikhaela Cielo and Shary Alonzo were both renominated.
- Concerns were raised about a recent decline in interest and participation, and discussions are underway to explore strategies for reengaging the community to include reassessing meeting frequency.

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### F. **Housing Taskforce (HTF).** KNelson, Co-Chair, reported:

- The HTF will meet on January 31, 2025 and will receive a presentation from the Inner City Law Center.
  - **The Committee recommended that the HTF follow up with housing panel participants for updates on successes and challenges and report on the impact of recent wildfires on housing stability.**

## V. **REPORTS**

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

#### A. **Commission (COH)/County Operational Updates**

- (1) Consumers, Clients & Providers Impacted by the Wildfires.** 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.
- (2) COH Effectiveness Review & Restructuring Project.** 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.
- (3) Updated 2025 COH Workplan & Meeting Schedule.** 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.

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

- (1) February 13, 2025 COH Meeting Agenda Development.** The agenda items from the canceled January 13, 2025, meeting will carry over to the February 13, 2025, agenda, except for Motion #5 (PP&A Program Directives), which will be removed.
  - **Staff to reach out to Jim Stewart, Parliamentarian, to determine whether membership-related votes/non-fiscal related motions can be passed via consensus calendar.**
- (2) 2025 COH Co-Chair Open Nominations & Elections | REMINDER.** A reminder was issued regarding the upcoming COH co-chair elections for the 2025-2027 term seat. Nominations remain open until the start of the elections, which will take place at the February 13, 2025, COH meeting. As of now, J. Green is the only nominee.

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

**1. Fiscal Updates.** 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.

➤ Suggestions were made to strengthen the language in the Commission and DHSP's Memorandum of Understanding (MOU) to mandate provider participation in Commission meetings, aiming to enhance provider engagement and performance. It was noted that ongoing restructuring discussions present an opportunity for providers to voice their concerns to the COH.

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

- DHSP has appealed to the Board of Supervisors to extend AOM, MCC, and supportive services contracts (nutrition, transportation, and benefits specialty).
- 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.

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

## V. NEXT STEPS

### 11. Task/Assignments Recap

- ✓ All motions will be presented for approval at the February 13, 2025, COH meeting.
- ✓ Co-chair elections and a community discussion on the COH structure are scheduled for the February 13, 2025, COH meeting.
- ✓ Public Policy Committee to incorporate list of Executive Orders into the legislative docket.
- ✓ Incorporate feedback mechanism for consumer resource fair attendees.
- ✓ Incorporate language requiring provider participation in PP&A program directives and the MOU.
- ✓ Consult with J. Stewart, Parliamentarian, regarding the consent calendar for the February 13, 2025, COH meeting.
- ✓ Follow up with housing panel participants for updates on progress and challenges.



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January 23, 2025

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

**VI. ANNOUNCEMENTS**

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

**VII. ADJOURNMENT**

Adjournment for the meeting of January 23, 2025, in the memory of all those impacted by the wildfires.

DRAFT



**Mult-Year Program Directives for Ryan White Part A and MAI Funds for Program Years (PY) 35, 36, and 37  
and Centers for Disease Control and Prevention (CDC) Funding**

**(Final Draft for Executive Committee Approval 2.27.25)**

**Approval Dates: Approved by PP&A on 2.18.25**

**Purpose:** These program directives approved by the Los Angeles County Commission on HIV (COH) on March 13, 2025 articulate instructions to the Division of HIV and STD Programs (DHSP), Los Angeles County Department of Public Health on how to meet the priorities established by the Commission on HIV. The Ryan White PY Years 35, 36, and 37 service rankings and allocations table are found in Attachment A. The Commission looks forward to receiving formal reports on the status of the directives issued by the Commission at least twice a year from DHSP.

#	DIRECTIVE
	<b>OVERARCHING DIRECTIVE:</b> Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in geographic areas with the highest disease burden and prevalence, where service gaps and needs are most severe.
	<b>ACCESS AND SERVICE IMPROVEMENTS</b>
1	Provide ongoing patient navigation support for clients as they navigate the various services available to them (whether Ryan White Program (RWP) related or not). Patient navigation services are a support system designed to help patients navigate the complexities of the healthcare system by identifying and overcoming barriers to accessing timely and appropriate care, often including assistance with scheduling appointments, understanding medical information, finding financial resources, and coordinating transportation, all with the goal of improving overall health outcomes. Patient navigation services should guide patients through the continuum of healthcare and social services process and ensure timely receipt of services.

*\* Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.  
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2	Incentivize the use of long-acting injectable (LAI) antiretroviral therapy (ART) and injectable PrEP to address issues with medication adherence such as forgetting or pill fatigue, inability to store medications due to being unhoused, substance use, and other factors that hinder optimal viral suppression.
3	A. Expand promotion of <u>Get Protected LA   The Ryan White Program</u> to foster broader community awareness of local Ryan White-funded services. B. Enhance the Get Protected LA website to include available services throughout the County and from various providers. C. Increase county-wide awareness of the I'm Positive LA website through partnerships with non-traditional and new partners outside of the HIV sphere.
4	Based on clinic capacity, geographic need and patient demand, instruct contracted providers to increase access to appointments outside of traditional business hours (i.e., evenings and weekends).
5	Expand services that address the unique needs of people living with HIV who use substances such as syringe service programs, offering free naloxone and drug testing resources, medication assisted treatment (MAT), referrals for mental/behavioral health, and support consistent antiretroviral therapy (ART) use. Additional examples include increased training for staff to avoid potential adverse drug reactions, case management services to facilitate coordinated care and timely referrals for additional services needed such as housing assistance, legal services, food assistance, Hepatitis C testing, contingency management, and peer support services to ensure ART adherence.
6	Fund a full-time staff for minimum of two years to convene and facilitate provider collaborations, cross-referrals and community-wide promotion of HIV services in the Antelope Valley. Listening sessions held by the Commission in Antelope Valley in October 2024, identified both provider and consumer lack of knowledge of existing services and the need for provider collaboration, and relationship building to ensure engagement and retention of clients.
<b>WORKFORCE CAPACITY AND TRAINING</b>	
7	Increase workforce capacity by providing ongoing training for frontline staff on reducing stigma in clinical settings such as creating more welcoming and inclusive physical environments. Examples include culturally, age, and gender-appropriate visuals and health education materials in waiting rooms and reception areas; text-based customer service satisfaction surveys to

*\* Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*

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	preserve anonymity; and offering language, reading and comprehension assistance (interpretation and translation services) to clients.
8	Instruct core medical and support service providers to increase opportunities to hire individuals with lived experience that reflect the populations being served particularly women, people of a trans experience, Black/AA MSM, Latine/x MSM, formerly incarcerated, former substance users.
9	Increase training on Medi-Cal eligibility, enrollment, and re-enrollment process and ensure staff are periodically screening clients for Medi-Cal and Denti-Cal eligibility. Counsel clients with undocumented status, or mixed status families, to dispel Public Charge inaccuracies and encourage enrollment in Medi-Cal.
<b>COMMUNITY ENGAGEMENT AND COLLABORATIONS</b>	
10	<p>A. Instruct contracted providers to participate in Commission on HIV meetings, events and other COH-related activities, as specified in funding contracts.</p> <p>B. Instruct contracted providers to support their clients and/or community advisory board members to participate on the local planning process, whether formally or informally, as specified in funding contracts.</p> <p>Excerpt from DHSP Solicitation: <i>3.13 County's Commission on HIV - All services provided under the Contract should be in accordance with the standards of care as determined by the County of Los Angeles Commission on HIV (Commission). Contractor must actively view the Commission website (Commission on HIV lacounty.gov) and where possible, participate in the deliberations and respectful dialogue of the Commission to assist in the planning and operations of HIV prevention and care services in LAC. 3.14</i></p>
<b>DIRECTIVES FROM COMMISSION CAUCUSES</b>	
11	<p><b>Transgender:</b></p> <p>A. Housing service providers must have policies in place that protect the rights of Transgender, Gender Non-Conforming, and Intersex (TGI) People Living with HIV (PLWH).</p> <p>B. Housing service providers must have staff trained in trauma-informed care strategies and practices.</p>

\* Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.

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	<p>C. Core medical and support service providers must have staff qualified to provide gender-affirming/ appropriate services to Transgender, Gender non-conforming, and Intersex people.</p> <p><i>*These transgender-specific directives are already in approved Universal service standards or care</i></p>
<b>12</b>	<p><b>Women:</b></p> <ul style="list-style-type: none"><li>• Recipient to work with the Women’s Caucus to develop services that meet the needs of women including, women who are pregnant or have children. Explore feasibility and process for funding at least two core medical providers that would offer comprehensive women’s-centered services.</li></ul>
<b>13</b>	<p><b>Older Adults/Aging:</b></p> <ul style="list-style-type: none"><li>• Ensure that Benefits Specialty services are available within each Service Planning Area (SPA). Benefits Specialty services must also expand to include non-Ryan White services available for aging populations (50+) within Los Angeles County.</li><li>• Develop formal partnership agreements with the local Area on Aging agencies to identify and promote services for older adults living with HIV.</li></ul>
<b>14</b>	<p><b>Black/African American:</b></p> <ul style="list-style-type: none"><li>• Develop pilot community engagement activities, e.g., incentivized coalition-building and ambassador programs that engage trusted influencers from diverse Black subpopulations, including transgender individuals, MSM, women, and youth. These initiatives will aim to foster connection, build trust, and raise HIV awareness by promoting available services and encouraging community-driven advocacy and support beyond traditional providers and spaces.</li></ul>

*\* Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*

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**Division of HIV and STD Programs - Program Year 34 (PY34) Expenditure Report - Part A Expenditures**

Priority #	Service Category	Allocation Percentages	Commission Allocations	YTD Actual	Full Year Estimate	Allocation Percentages	Variance Full Year Estimate vs. COH Allocations
			[1]	[2]	[3]	[4]	[3-1]
<b>CORE SERVICES</b>							
3	OUTPATIENT/AMBULATORY MEDICAL CARE	17.11%	6,500,000	\$ 3,989,684	\$ 6,860,111	18.05%	\$ 360,111
13	ORAL HEALTH CARE	20.79%	7,900,000	5,243,799	8,772,426	23.09%	\$ 872,426
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	6.50%	2,470,000	1,655,049	2,201,730	5.79%	\$ (268,270)
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	27.15%	10,316,352	8,673,562	11,646,256	30.65%	\$ 1,329,904
7	MENTAL HEALTH SERVICES	0.29%	110,000	84,126	111,957	0.29%	\$ 1,957
23	MEDICAL NUTRITION THERAPY	0.00%	-	-	-	0.00%	\$ -
10	EARLY INTERVENTION SERVICES (PH STD Clinic)	6.58%	2,500,000	1,702,310	2,707,675	7.13%	\$ 207,675
<b>CORE SERVICES TOTAL</b>		<b>78.41%</b>	<b>\$ 29,796,352</b>	<b>\$ 21,348,532</b>	<b>\$ 32,300,155</b>	<b>85.00%</b>	<b>\$ 2,503,803</b>
<b>SUPPORTIVE SERVICES</b>							
14	CHILD CARE SERVICES	0.00%	-	-	-	0.00%	\$ -
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS)	3.95%	1,500,000	1,178,603	1,555,330	4.09%	\$ 55,330
22	LINGUISTIC SERVICES	0.00%	-	664	664	0.00%	\$ 664
11	MEDICAL TRANSPORTATION SERVICES	1.63%	620,000	559,256	722,323	1.90%	\$ 102,323
12	FOOD BANK (NSS)	5.79%	2,200,000	2,068,287	3,054,277	8.04%	\$ 854,277
1	HOUSING SERVICES (TRCF/RCFCI) (THAS)	0.91%	344,000	552,375	565,067	1.49%	\$ 221,067
15	LEGAL SERVICES	1.42%	538,000	836,479	1,423,252	3.75%	\$ 885,252
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)	6.32%	2,400,000	1,539,288	2,136,772	5.62%	\$ (263,228)
2	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	1.58%	600,000	-	49,055	0.13%	\$ (550,945)
8	OUTREACH SERVICES (LRP)	0.00%	-	-	-	0.00%	\$ -
<b>SUPPORTIVE SERVICES TOTAL</b>		<b>21.59%</b>	<b>8,202,000</b>	<b>6,734,951</b>	<b>9,506,740</b>	<b>25.02%</b>	<b>1,304,740</b>
<b>DIRECT SERVICES TOTAL</b>		<b>100.00%</b>	<b>37,998,351</b>	<b>28,083,483</b>	<b>41,806,895</b>	<b>110.02%</b>	<b>3,808,544</b>
<b>QUALITY MANAGEMENT</b>							
		0.00%	500,001	762,876	1,227,852	2.87%	\$ 727,851
		10.00%	4,277,594	6,411,133	10,138,097	23.70%	\$ 5,860,503
<b>QM &amp; ADMIN TOTAL</b>		<b>10.00%</b>	<b>4,777,595</b>	<b>7,174,010</b>	<b>11,365,949</b>	<b>26.57%</b>	<b>6,588,354</b>
<b>PART A GRAND TOTAL</b>		<b>110.00%</b>	<b>42,775,946</b>	<b>35,257,493</b>	<b>53,172,843</b>	<b>136.59%</b>	<b>10,396,897</b>

**Notes:**

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

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

Priority #	Service Category	YR 34 Allocation Percentages	Year 34 Commission Allocations [1]	YTD Actual [2]	Full Year Estimate [3]	Revised YR 34 Allocation Percentages [4]	Variance Full Year Estimate vs. COH Allocations [3-1]
<b>CORE SERVICES</b>							
3	OUTPATIENT/AMBULATORY MEDICAL CARE	0.00%	-	\$ -	\$ -	0.00%	\$ -
13	ORAL HEALTH CARE	0.00%	-	-	-	0.00%	\$ -
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	0.00%	-	-	-	0.00%	\$ -
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	0.00%	-	-	-	0.00%	\$ -
7	MENTAL HEALTH SERVICES	0.00%	-	-	-	0.00%	\$ -
23	MEDICAL NUTRITION THERAPY	0.00%	-	-	-	0.00%	\$ -
10	EARLY INTERVENTION SERVICES (PH STD Clinic)	0.00%	-	-	-	0.00%	\$ -
<b>CORE SERVICES TOTAL</b>		<b>0.00%</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>SUPPORTIVE SERVICES</b>							
14	CHILD CARE SERVICES	0.00%	-	-	-	0.00%	\$ -
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS)	0.00%	-	-	-	0.00%	\$ -
22	LINGUISTIC SERVICES	0.00%	-	-	-	0.00%	\$ -
11	MEDICAL TRANSPORTATION SERVICES	0.00%	-	-	-	0.00%	\$ -
12	FOOD BANK (NSS)	0.00%	-	-	-	0.00%	\$ -
1	HOUSING SERVICES (Transitional Housing)	100.00%	3,305,358	4,031,415	5,375,220	162.62%	\$ 2,069,862
15	LEGAL SERVICES	0.00%	-	-	-	0.00%	\$ -
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)	0.00%	-	-	-	0.00%	\$ -
2	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	0.00%	-	-	-	0.00%	\$ -
8	OUTREACH SERVICES (LRP)	0.00%	-	-	-	0.00%	\$ -
<b>SUPPORTIVE SERVICES TOTAL</b>		<b>100.00%</b>	<b>3,305,358</b>	<b>4,031,415</b>	<b>5,375,220</b>	<b>162.62%</b>	<b>2,069,862</b>
<b>DIRECT SERVICES TOTAL</b>		<b>100.00%</b>	<b>3,305,358</b>	<b>4,031,415</b>	<b>5,375,220</b>	<b>162.62%</b>	<b>2,069,862</b>
<b>MAI ADMIN TOTAL</b>		<b>10.00%</b>	<b>367,569</b>	<b>415,250</b>	<b>689,099</b>	<b>18.76%</b>	<b>\$ 321,530</b>
<b>MAI GRAND TOTAL</b>		<b>110.00%</b>	<b>3,672,927</b>	<b>4,446,665</b>	<b>6,064,319</b>	<b>181.38%</b>	<b>2,391,392</b>

Notes:

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

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

Grant	Grant Amount Available for Direct Services	Year End Estimate for Direct Services	Variance
Part A	\$37,998,351	\$41,806,895	\$3,808,544
MAI	\$3,305,358	\$5,375,220	\$2,069,862
Total	\$41,303,709	\$47,182,115	<b>\$5,878,406</b>

RWPs Covered by Other Funding

LRP (Outreach)	\$ 836,247
Emergency Rental Assistance (ERA)	\$ 765,693
Home Delivered Meals	\$ 1,065,802
Total	<b>\$ 2,667,742</b>

Total Estimated RWP Overspend for Direct Services

**\$5,878,406 + \$2,667,742 = \$8,546,148**





LOS ANGELES COUNTY  
COMMISSION ON HIV



## Los Angeles County Commission on HIV

# 2025 TRAINING SCHEDULE

*\*SUBJECT TO CHANGE*

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

[Commission on HIV Overview](#)

February 26, 2025 @ 12pm to 1:00pm

[Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities](#)

March 26, 2025 @ 12pm to 1:00pm

[Priority Setting and Resource Allocations Process](#)

April 23, 2025 @ 12pm to 1:00pm

[Service Standards Development](#)

May 21, 2025 @ 12pm to 1:00pm

[Policy Priorities and Legislative Docket Development Process](#)

June 25, 2025 @ 12pm to 1:00pm

[Bylaws Review](#)

July 23, 2025 @ 12pm to 1:00pm



## LOS ANGELES COUNTY COMMISSION ON HIV



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

### **2025 PUBLIC POLICY PRIORITIES**

The Public Policy Committee (PPC) of the Los Angeles County Commission on HIV (COH) developed the “2025 Public Policy Priorities” document with the purpose of providing a framework to guide the development of the PPC’s 2025-26 Legislative Docket; Items included are not intended to be exhaustive. The PPC and COH are committed in supporting and encouraging innovative efforts to reduce bureaucracy and barriers to accessing services, increase funding, and enhance HIV and Sexually Transmitted Infection (STI) care and prevention service delivery in Los Angeles County.

With a renewed urgency, the PPC remains steadfast in its commitment to preserve, protect, and maintain services critical to ending the HIV epidemic. The PPC recommends the Commission on HIV endorse and prioritize the following issues. The PPC will identify and support legislation, local policies, procedures, and regulations in 2025 that address the following priorities (listed in no order):

#### **Funding**

- a. Maintain and preserve federal funding for Medicaid, Medicare, and HIV/AIDS programs such as the Ryan White HIV/AIDS Program (RWHAP) and the Ending the HIV Epidemic (EHE) initiative; And support stronger compatibility and greater effectiveness between the RWHAP, Medicaid, and other health systems of care.

#### **Systemic and Structural Racism**

- a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; and criminalization.
- b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in Black/African American, Latino, and other at higher risk for the acquisition and transmission of HIV disease.
- c. Address the impact of humanitarian crises on the HIV continuum of care and service delivery including HIV/STI prevention services.

#### **Racist Criminalization and Mass Incarceration**

- a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
- b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men’s Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration.

#### **Housing**

- a. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS.
- b. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
- c. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

#### **Mental Health**

- a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

#### **Sexual Health and Wellness**

- a. Increase access to care and treatment for People Living with HIV/AIDS (PLWHA).

- b. Increase access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs. Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction.
- c. Increase comprehensive HIV/STI counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.
- f. Preserve funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

#### **Substance Use and Harm Reduction**

- a. Advocate for substance use services to PLWHA including services and programs associated with methamphetamine use and HIV transmission.
- b. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County.

#### **Consumers**

- a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWH/A) and those at risk of acquiring HIV with a focus on young MSM, African American MSM, Latino MSM, transgender persons, women of color, and the aging.
- b. Incentivize participation by affected populations in planning bodies and decision-making bodies.

#### **Aging (Older Adults 50+)**

- a. Create and expand medical and supportive services for PLWHA ages 50 and over.

#### **Women's Health and Wellness**

- a. Create and expand medical and supportive services for women living with HIV/AIDS such as family housing, transportation, mental health, childcare, and substance abuse.
- b. Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

#### **Transgender Health and Wellness**

- a. Create and expand medical and supportive services for transgender PLWHA.
- b. Promote and maintain funding for the Transgender Wellness Fund.

#### **General Health Care**

- a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
- b. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
- c. Provide trauma informed care and harm reduction strategies in all HIV health care settings.

#### **Service Delivery**

- a. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine.

#### **Data**

- a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
- b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.

#### **Workforce**

- a. Support legislation and policies that combat workforce shortage crisis and protect and increase workforce capacity.
- b. Support legislation and policies that incentivize people to join/stay in the HIV workforce.

# JANUARY - DECEMBER 2024

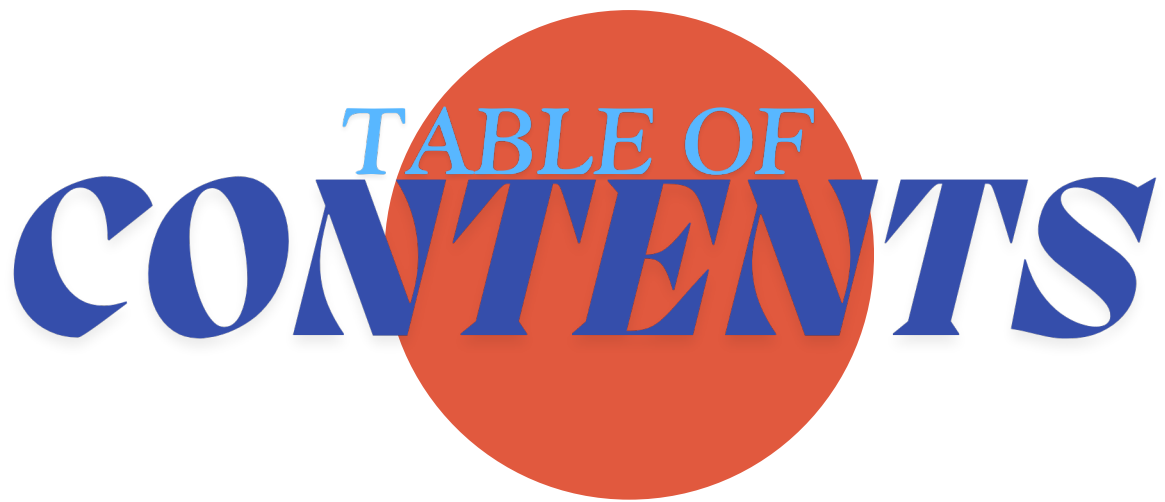
# ANNUAL REPORT

COLLECTIVE ACTION: SUSTAIN AND ACCELERATE  
HIV PROGRESS



LOS ANGELES COUNTY  
COMMISSION ON HIV





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# VISION & *mission statements*

## VISION

A comprehensive, sustainable, accessible system of prevention and care that empower 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 (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 planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted 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 the availability of services
- Evaluating other streams of 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.**





**YEAR IN REVIEW**  
*key accomplishments*

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 optimism 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.
- 

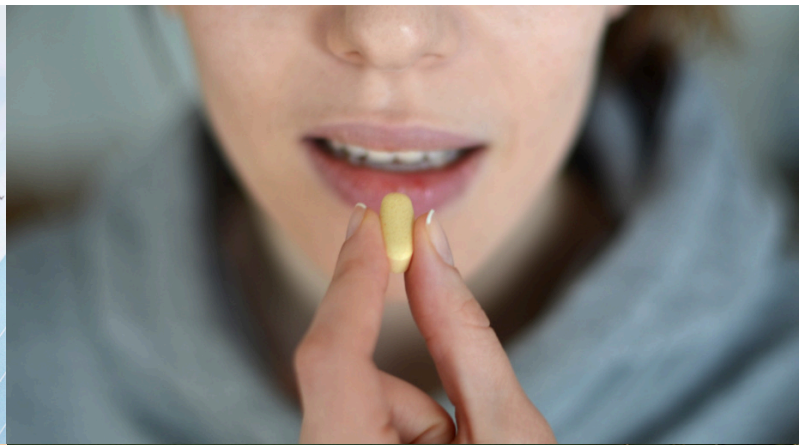


## Empowering Women to Protect & Improve Their Health Series, Part 1 - Medical Labs & Medication Adherence (May 20, 2024)

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](#)



LOS ANGELES COUNTY  
COMMISSION ON HIV

**JOIN US AT THE 19TH ANNUAL TASTE OF SOUL**  
BAKEWELL MEDIA PRESENTS  
LOS ANGELES COUNTY COMMISSION ON HIV  
BLACK CAUCUS BOOTH #P29A  
FOR THE CULTURE, FOR OUR HEALTH

SWING BY FOR SWAG BAGS, TRIVIA PRIZES, HIV TESTING, & SEXUAL HEALTH RESOURCES TO SUPPORT YOUR HEALTH & WELLNESS JOURNEY.

LET'S BUILD A STRONGER, HEALTHIER BLACK COMMUNITY TOGETHER!

#TASTE OF SOUL 2024 #BLACKHEALTHMATTERS  
#STOPHIVTOGETHER #COHBLACKCAUCUS #FORUSBYUS

## 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 Pérez, 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 made by the 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](#)



## *Key Priorities for 2025*

### **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.

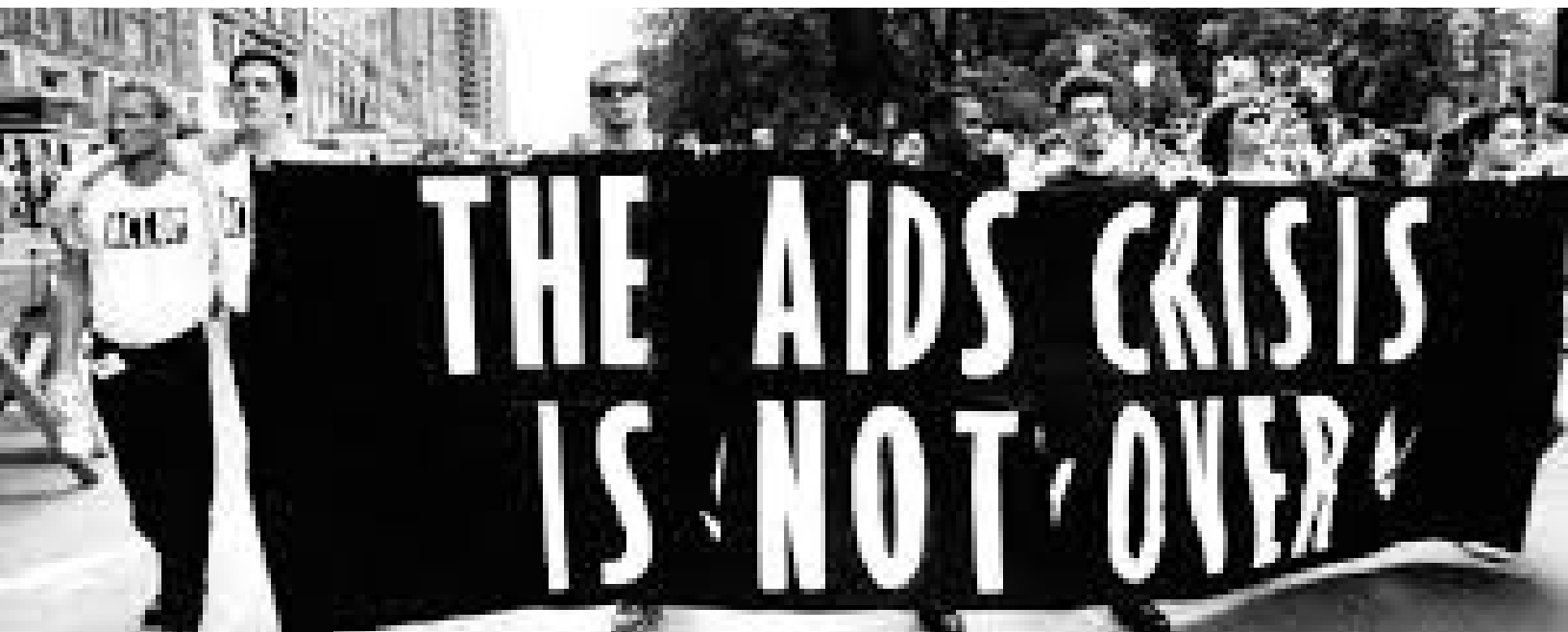
- Update the Commission's ordinance and bylaws to reflect the planning council's final decision on its size, scope, and membership composition. In addition, HRSA recommended term limits, member rotations, and instituting changes to the bylaws that authorize the Commission to appoint committee-only members. 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, LGBTQIA+, 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 White Part D Representative

Lilieth Conolly, Unaffiliated Consumer, At-Large

Sandra Cuevas, Ryan White Part F Representative

Mary Cummings, HIV Stakeholder Representative

Erika Davies, 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 Luckie Fuller, 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 Board Office 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, Provider Representative

Kevin Stalter, Unaffiliated Consumer, Service Planning Area 4

Lambert Talley, Alternate

Justin Valero, Supervisorial Board Office 4 Representative

Jonathan Weedman, Supervisorial Board Office 5 Representative

Russell Ybarra, Unaffiliated Consumer, Service Planning Area 2

## STAFF

Cheryl A. Barrit, Executive Director  
Dawn P. McClendon, Assistant Director  
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  
510 S. Vermont Ave, 14th Floor Los Angeles CA, 90020  
(213) 738-2816  
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**EXECUTIVE OFFICE**



**BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES**

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

**FOR DISCUSSION /PLANNING PURPOSES ONLY  
12.04.24; 12.30.24; 01.06.25; 2.19.25**

- **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.

<b>2025 Meeting Schedule and Topics - Commission Meetings</b>	
<b>Month</b>	<b>Key Discussion Topics/Presentations</b>
1/9/25 @ The California Endowment Cancelled due to Day of Mourning for former President Jimmy Carter	Commission on HIV Restructure <i>**facilitated by Next Level Consulting and Collaborative Research**</i> <del>Brown Act Refresher (County Counsel)</del> Replaced with training hosted by EO on Jan. 30.
2/13/25 @ The California Endowment <del>*Consumer Resource Fair will be held from 12 noon to 5pm</del>	<del>Commission on HIV Restructure <i>**facilitated by Next Level Consulting and Collaborative Research**</i></del>
3/13/25 @ The California Endowment	Unmet Needs Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH) COH Restructuring Report Out
4/10/25 @ St. Anne’s	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 @ Vermont Corridor	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 <a href="#">(AHEAD)</a>
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.**



**2025 COMMISSION ON HIV WORKPLAN**  
**Ongoing 12-26-24**

#	DUTY/ROLE	LEAD (S)	NOTES/TIMELINE
1	Conduct ongoing needs assessments	PP&A Shared task with DHSP	<ul style="list-style-type: none"> <li>Review, analyze and hold data presentations (Feb-August COH meetings)</li> </ul>
2	Integrated/Comprehensive Planning Comprehensive HIV Plan Development	PP&A Shared task with DHSP	<ul style="list-style-type: none"> <li>Review CDC/HRSA guidance</li> <li>Develop project timeline based on CDC/HRSA guidance</li> <li>CHP Due June 2026</li> <li>Plan dedicated status-neutral and/or prevention-focused planning summit in collaboration with DHSP.</li> </ul>
3	Priority setting	PP&A	<ul style="list-style-type: none"> <li>July-September</li> </ul>
4	Resource allocations/reallocations	PP&A	<ul style="list-style-type: none"> <li>July-September</li> <li>Receive and review expenditure data – quarterly</li> </ul>
5	Directives	PP&A	<ul style="list-style-type: none"> <li>Complete by February 2025; secure COH approval by March 2025</li> </ul>
6	Development of service standards	SBP Shared task with DHSP	<ul style="list-style-type: none"> <li>Housing services</li> <li>Transitional case management</li> </ul>
7	Assessment of the Efficiency of the Administrative Mechanism	Operations	<ul style="list-style-type: none"> <li>PY 33 &amp; PY 34 AEAM recipient and subrecipient surveys will be disseminated in January/February 2025. Reports completed by April 2025</li> </ul>
8	Planning Council Operations and Support	Operations	<ul style="list-style-type: none"> <li>Membership training</li> <li>Membership recruitment and retention</li> <li>Fill vacancies</li> <li>Mentorship program</li> <li>Bylaws and policies update</li> </ul>



9	Complete restructuring framework and key principles and align with bylaws/ordinance updates.	Executive and Operations	<ul style="list-style-type: none"> <li>January- April 2025</li> </ul>
10	MOU with DHSP	Co-Chairs and Executive Committee	<ul style="list-style-type: none"> <li>Complete by March 2025 (awaiting DHSP feedback)</li> </ul>
11	Ongoing community engagement and non-member involvement of PLWH	Consumer Caucus and Operations	

***Engage all caucuses, committees and subgroups in all functions.***

**Restructuring for Enhanced Performance and Increased Impact to End the HIV Epidemic**  
**February 19, 2025**  
**Breakout Groups Notes**

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**What are your fears? Or what are your biggest concerns about restructuring?**

1. HIV prevention—what we are doing is not working as new HIV infections are steady or increasing
2. Data- way too much and it's overwhelming. I'd like to see data presented that is understandable for all Commissioners based on their level of understanding
3. Service delivery is inconsistent: funding/no funding
4. Technical assistance from the Recipient regarding specific issues I'm seeing as a medical provider and a Commissioner (GHB overdoses among PWH)
5. We need to have PWH with lived experience messaging on behalf of the community
6. Revamp/update/best practices from other jurisdictions regarding COH recruitment efforts to expand the Commission's reach and have fresh faces/voices in the conversations
7. Keep funding in place – Federal impact of PC
8. Standing term knowledge terming out
9. Loss of interest
10. Aligning strategies with needs
11. Not showing enough Improvement – tangible progress
12. Reduced focus on the outcomes
13. Consumer Involvement
14. LA County legal - lots of hurdles to meeting the July timeframe
15. Concerns about disappearing trans support
16. LA resource rich but siloed
17. Unclear as to what prevention efforts
18. Data presentations are overwhelming
19. Square peg solutions- customized solutions decrease barriers and inefficiencies
20. LA County has lots of hurdles
21. Concerns for transgender support and other marginalized communities
22. Loss of staff
23. Don't lose focus on unaffiliated consumer stipends
24. Increased barriers and inefficiencies
25. Lack of representation from some areas like hospitals
26. Missing data – presentations are overwhelming not synthesized

**What are your hopes/ What do you hope to gain from the restructuring?**

1. New Commissioners need to hit the ground running – unclear of their role on the commission
2. Full Integration prevention and care
3. Tangible progress - impactful programming with a focus on results and presented back to COH
4. Strong community engagement



5. More feedback from consumers
6. Greater data sharing
7. Current strong leadership
8. More youth Involvement alignment with the epidemic
9. Innovation and excitement in programming should align with the local strategies- where rates are up
10. Oral healthcare
11. Innovative community engagement & outreach
12. Impartial academic position
13. Quality assurance for clients – The Commissioner hears complaints where to refer
14. Focus on communities where rates are up
15. Clarity of purpose/realistic expectations
16. Mentorships for new COH/youth
17. Shared vision to end HIV
18. Full functioning COH that represents organizations and the community
19. More academic participants
20. More meaningful data presentations from the various data warehouses
21. Audit data should convert to success stories with the funding
22. Solutions planning = Outcomes (Homework is ok for us to do)
23. Reactionary vs Durable

**Overall meeting observations:**

1. More consumer involvement, less providers
2. Young PWH at the table to inform strategic decisions
3. Is the restructuring timeline realistic based on LA County's history of moving slowly?
4. Getting the right people on the COH
5. COH needs to have tangible Progress
6. Effective Planning = Positive Outcomes
7. It appears the Commission is ready for change and there was energy around wanting to be more effective and strategic with regards to the Commission's role in Ending the HIV Epidemic

**Recommendations:**

1. Recruitment of younger PWH to become Commissioners
2. Meaningful data presentations to guide planning efforts
3. Understanding/assessing current prevention strategies to determine effectiveness
4. Aligning with the Integrated Plan structure for increased effectiveness and measurable outcomes
5. Move forward with the highlights from February 13<sup>th</sup> into the upcoming planning sessions
6. Conduct a newly diagnosed needs assessment for the COH to understand what the face of HIV looks like now in LA County. The face of HIV is quite different than the current COH membership.
  - a. Conducting a newly diagnosed needs assessment will address above mentioned items emphasized during 2/13/25 COH meeting
  - b. Recruitment of younger PWH to become Commissioners during the assessment process

- c. Qualitative data to inform quantitative data; incidence data is only half the picture, we need to hear from the newly diagnosed firsthand.
7. Create a recruitment strategy based on data from in person surveys/focus groups/etc.
8. Having the “new incidence” of PWH with lived experience partners in strategic planning
9. Understanding/assessing current prevention strategies to determine effectiveness
10. Examine prevention strategies based on qualitative and quantitative data to advance the eligible metropolitan area’s (EMA) prevention activities



# DUTY STATEMENT

## AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, there are three At-Large members of the Executive Committee, elected annually by the body, to provide the following representation, leadership and contributions:

### COMMITTEE PARTICIPATION:

- ① Serve as a member of the Commission's Executive and Operations Committees, and participates, as necessary, in Committee meetings, work groups and other activities.
- ② As a standing member of the Executive Committee, fill a critical leadership role for the Commission; participation on the Executive Committee requires involvement in key Commission decision-making:
  - Setting the agenda for Commission regular and special meetings;
  - Advocating Commission's interests at public events and activities;
  - Voting and determining urgent action between Commission meetings;
  - Forwarding and referring matters of substance to and from other Committees and to and from the Commission;
  - Arbitrating final decisions on Commission-level grievances and complaints;
  - Discussing and dialoguing on a wide range of issues of concern to the HIV/AIDS community, related to Commission and County procedure, and involving federal, state and municipal laws, regulations and practices.

### REPRESENTATION:

- ① Understand and voice issues of concern and interest to a wide array of HIV/AIDS and STI-impacted populations and communities
- ② Dialogue with diverse range perspectives from all Commission members, regardless of their role, including consumers, providers, government representatives and the public
- ③ Contribute to complex analysis of the issues from multiple perspectives, many of which the incumbent with which may not personally agree or concur
- ④ Continue to be responsible and accountable to the constituency, parties and stakeholders represented by the seat the member is holding
- ⑤ As a more experienced member, with a wider array of exposure to issues, voluntarily mentor newer and less experienced Commission members
- ⑥ Actively assist the Commission and Committee co-chairs in facilitating and leading Commission discussions and dialogue
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

## Duty Statement: Executive Committee At-Large Member

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### **KNOWLEDGE/BACKGROUND:**

- ① CDC HIV Prevention Program, Ryan White Program (RWP), and other general HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS 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 **Minimum of one year's active Commission membership prior to At-Large 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, take-charge, "doer", action-oriented
- 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



# 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](mailto:dhspsupport@ph.lacounty.gov)

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





# Estamos Escuchando



*Comparta sus inquietudes con nosotros.*

**Servicios de VIH + ETS  
Línea de Atención al Cliente**

**(800) 260-8787**

## ¿Por qué debería llamar?

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

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

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

## ¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:  
[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

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

