

2025 TRAINING SERIES

Commission on HIV (COH) Overview

February 26, 2025



LOS ANGELES COUNTY
COMMISSION ON HIV



Learning Objectives

Learn about the purpose of the COH, its ordinance and bylaws, and structure.

Background and History

HIV Community Planning

Data-driven discussions centered around equity and prioritizing the most impactful use of finite resources

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Public process increases transparency and accountability

A light brown downward-pointing arrow indicating a flow from the second box to the third.

Diverse perspectives (populations, disciplines, and services)

History

1989 to 1991

- LAC Board of Supervisors (BOS) established the Commission on AIDS, comprised of five community members who represented each supervisorial district
- The county's Department of Public Health (DPH) created the AIDS Program Office, which was later renamed the Office of AIDS Programs and Policies (OAPP) and is now known as the Division of HIV and STD Programs (DHSP).
- To coordinate federal funding for HIV/AIDS-related services awarded through the CARE Act, the BOS created the HIV Health Services Planning Council to prioritize and allocate Ryan White funding to services.
- Additionally, as a mechanism to inform the BOS on policy matters related to the HIV/AIDS epidemic in Los Angeles County, the Commission on AIDS also became an advisory board.

Credits to Commissioner Alvaro Ballesteros

The Life and Death of ACT UP/LA

ANTI-AIDS ACTIVISM IN LOS ANGELES
FROM THE 1980s TO THE 2000s



BENITA ROTH

History (cont'd)

1997-1998

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

2003

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



History (cont'd)

July 2013

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



VISION

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





MISSION

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

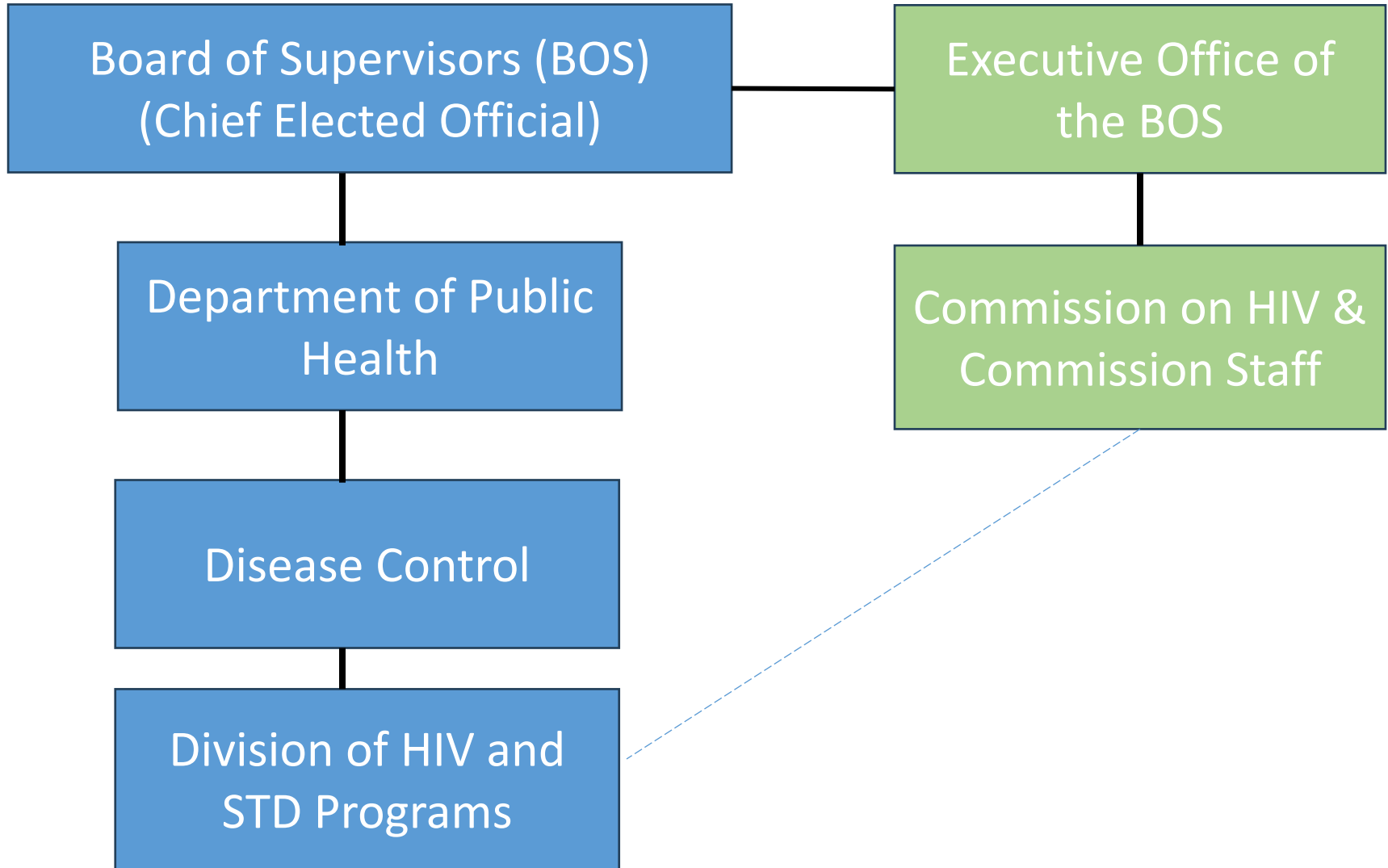
The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



PURPOSE

- The Los Angeles County Commission on HIV (COH) serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS, STDs and other services that improve the lives of PLWH and communities who shoulder disproportionate disease burdens.

COH Organizational Structure in Relation to the Recipient (DHSP)



COH ORDINANCE

INTEGRATED HIV/STD PREVENTION & CARE PLANNING COUNCIL (PC)

- Commission (PC) governed by Los Angeles County Ordinance 03.29 http://lacounty-ca.elaws.us/code/coor_title3_ch3.29
- Formally became an integrated PC in 2013
- PC is federally required to receive Ryan White funds for HIV/AIDS services
 - The Ryan White CARE Act mandates the establishment of a local HIV planning council.
- Housed as an independent commission within the Executive Office of the Board of Supervisors (BOS) of the County of Los Angeles.

COH ORDINANCE

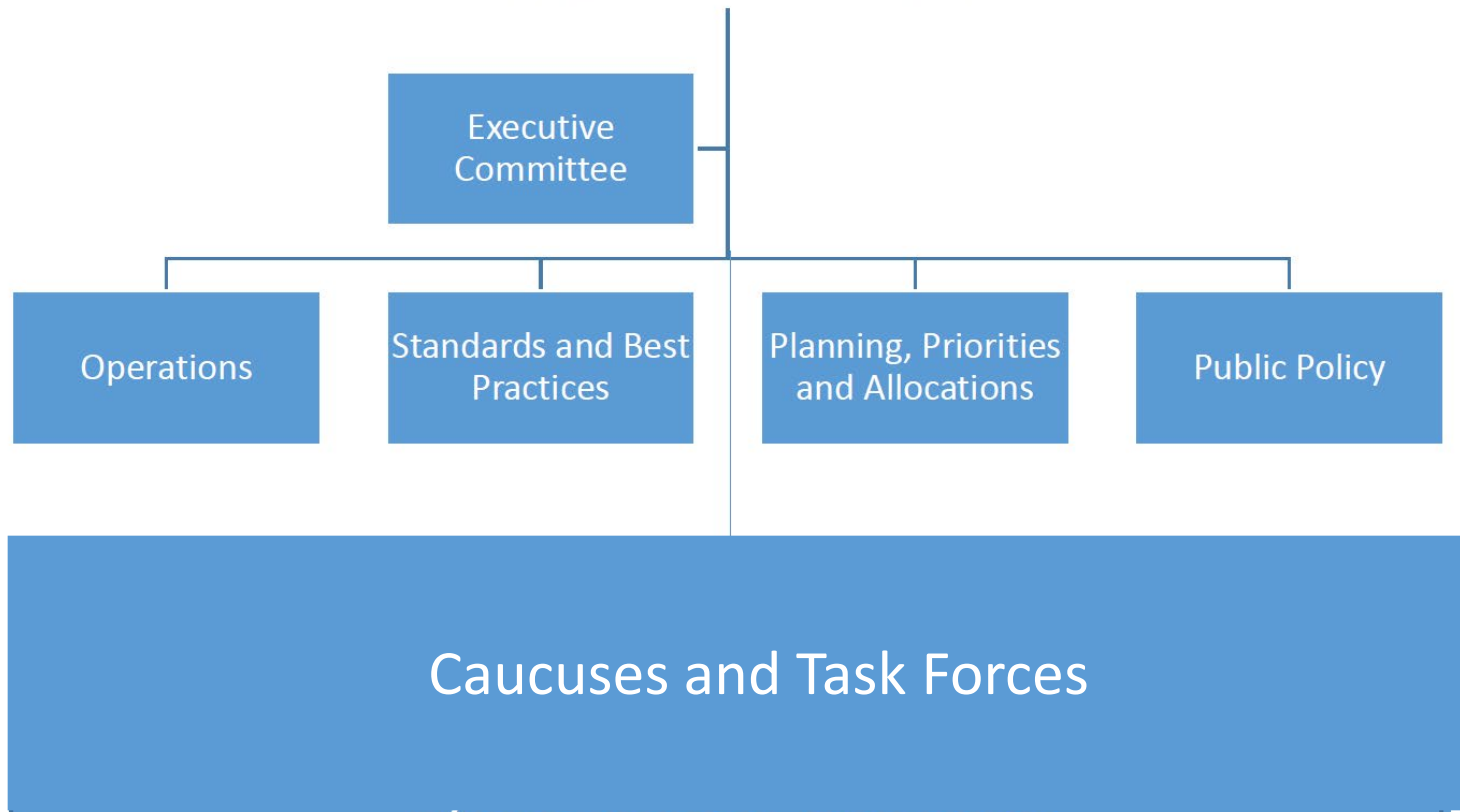
INTEGRATED HIV/STD PREVENTION & CARE PLANNING COUNCIL (PC)

- Advise Division of HIV and STD Programs (DHSP) on how to prevent and reduce HIV infections via the integrated HIV plan (aka Comprehensive HIV Plan or CHP)
- 51 voting members; 1/3 (33%) must be unaffiliated consumers (UC)
- UC: PLWH and currently using a Ryan White (RW) Part A – funded service(s) and not employed by an agency receiving RW Part A funds.

DHSP and COH Roles and Responsibilities

- ❖ DHSP and COH = two independent entities, both with legislative authority and roles
- ❖ Some roles belong to one entity and some are shared
- ❖ Effectiveness requires clear understanding of the roles and responsibilities of each entity, *plus*:
 - ✓ Communications, information sharing, and collaboration between the recipient, COH, support staff, and community partners
 - ✓ Ongoing consumer and community involvement

Los Angeles County Board of Supervisors, Executive Office



COH, DHSP, Roles & Responsibilities

Task	Committee	DHSP	COH
Carry Out Needs Assessment	PP&A	X	X
Do Comprehensive Planning	PP&A	X	X
Set Priorities*	PP&A		X
Allocate Resources*	PP&A		X
Manage Procurement		X	
Monitor Contracts		X	
Evaluate Effectiveness of Planning Activities	PP&A	X	X
Evaluate Effectiveness of Care Strategies	SBP	X	X
Do Quality Management		X	[Standards Committee Involvement]
Assess the Efficiency of the Administrative Mechanism*	Operations		X
Member Recruitment, Retention and Training	Operations		X

* Sole responsibility of RWHAP Part A Planning Councils

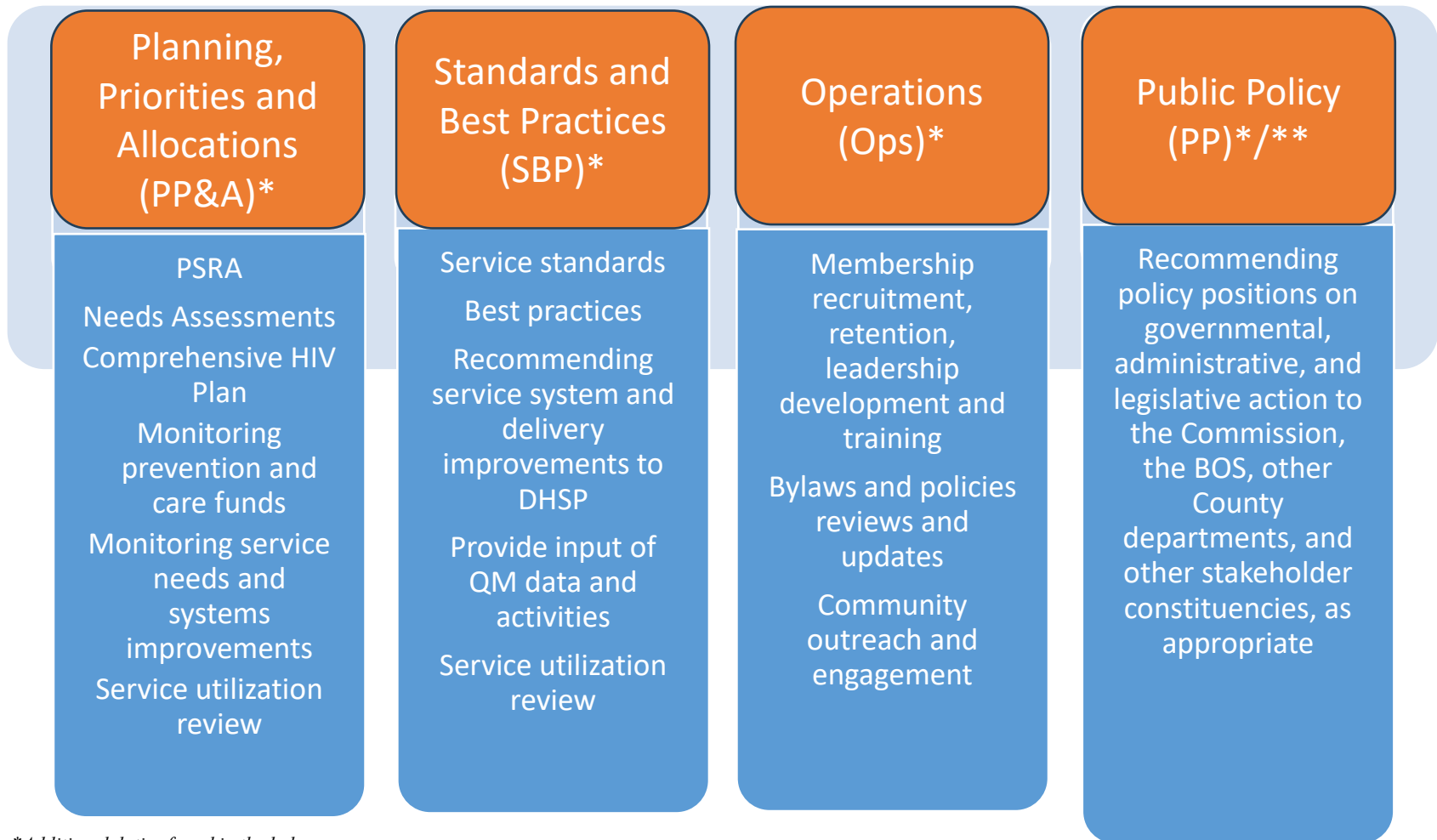
COH Structure

EXECUTIVE COMMITTEE

Composed of COH Co-Chairs, Committee Co-Chairs, 3 At-Large Members, and DHSP Director or their designee

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

COMMITTEE STRUCTURE



**Additional duties found in the bylaws*

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

Duties of the Commission (COH)

Duties

- A. Develop a comprehensive HIV plan** that is based on assessment of service needs and gaps and includes a defined continuum of HIV services
- Monitor plan implementation
 - Assess its effectiveness
 - Work in collaboration with DHSP to regularly update the plan

Duties

B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services



Duties

C. Establish priorities and allocations of Ryan White Part A & B and CDC prevention funding in percentage to various services

- **Review the grantee's (DHSP) allocation and expenditure of funds** by service category or activity for consistency with the Commission's established priorities, allocations and Comprehensive HIV Plan
- **Provide and monitor directives** to the grantee on how best to meet the need and other factors that further instruct service delivery planning and implementation
- **Provide assurances to the Board of Supervisors and HRSA** verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and Comprehensive HIV Plan

Duties

D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local EMA's delivery of HIV services

Duties

E. Plan and develop HIV and public health service responses

to address the frequency of HIV infection concurrent with STDs and other comorbidities

- Deploy best practices and innovative models in the County's STD clinics and related health centers
- Strategize mechanisms for adapting models to non-HIV-specific platforms for expanded STD and co-morbidity response

Duties

F. Study, advise and recommend to the Board of Supervisors, the grantee and other departments' policies and other actions/decisions on matters related to HIV



Duties

- G. Inform, educate, and disseminate information** to consumers, specified target populations, providers, the general public, and HIV and health service policy makers **to build knowledge and capacity for HIV prevention, care, and treatment**
- Actively engage individuals and entities concerned about HIV

Duties

- H. Provide an annual report to the Board of Supervisors, no later than June 30th, describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents, with indicators determined by the Commission in collaboration with DHSP**
- Make other reports, as necessary, to the Board of Supervisors, the grantee and other departments on HIV-related matters referred for review by the Board of Supervisors, grantee or other departments

Duties

- I. Act as the planning body for all HIV programs in DPH or funded by the County**



Duties

- J. Make recommendations to the Board of Supervisors, the grantee and other departments concerning the allocation and expenditure of funding** other than Ryan White Part A and B and CDC prevention funds expended by the grantee and the County **for the provision of HIV-related services.**

COMPREHENSIVE HIV PLAN (CHP)

<https://HIV.lacounty.gov/our-work>

- Serves as a jurisdictional HIV/AIDS Strategy
- Living document and roadmap to guide HIV prevention and care planning throughout the year
- Addresses local needs and opportunities for improvement
- Emphasizes collaboration and coordination

PC Membership Overview



MEMBERS

51

Nominated by the
Commission on HIV.



APPOINTMENT

By Board
of Supervisors.



TERM OF OFFICE*

2 years

Serve at the pleasure
of the Board.



FORM 700

May be subject
to file.



Composition:

- a. Change DHSP (Recipient/Part A Grantee) as non-voting member; does not count towards quorum (full Commission and DHSP staff assigned to standing Committees;
- b. Revisit size/voting members

Examples of Proposed Changes for Discussion

Term of Office (Commissioners and Alternates) :

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

CURRENT MEMBERSHIP (CATEGORIES AND TERMS)

Staggered terms

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

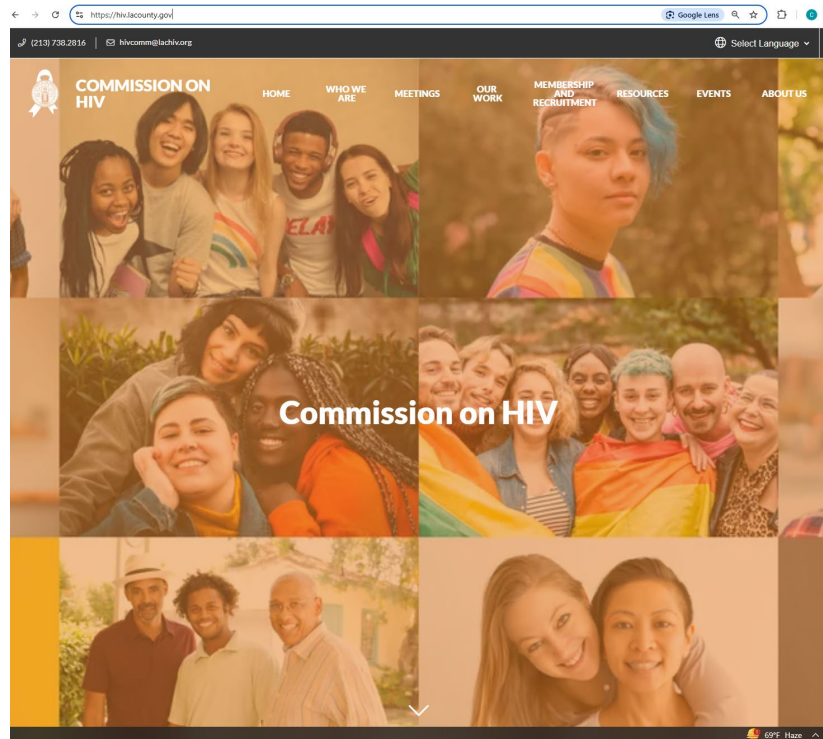
Categories

- RWCA required seats (14)
- Required unaffiliated consumer representation (33% of PC)
- City Representatives (Los Angeles, West Hollywood, Long Beach, Pasadena)
- Board Representatives (5)
- Provider and stakeholder seats to reflect prevention and care perspectives

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

Continue Your Learning and Visit:

■ <https://hiv.lacounty.gov/>



Q & A

You must complete the quiz to receive your certificate of completion

- https://www.surveymonkey.com/r/COHOvrvw_022625





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