



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

Subscribe to the Commission's Email List:

<https://tinyurl.com/y83ynuzt>



Join us in developing a progressive and inclusive agenda to address the disproportionate impact of HIV/STDs in our Transgender Communities.

TRANSGENDER CAUCUS VIRTUAL MEETING

Tuesday, February 25, 2025

10:00am- 11:30am (PST)

Agenda and meeting materials will be posted on <http://hiv.lacounty.gov/Meetings> under other Meetings

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. CLICK [HERE](#) FOR MORE INFO.

TO JOIN BY COMPUTER:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m80a81eb76397352359b44994ed59e8f4>

TO JOIN BY PHONE:

Dial: 1-213-306-3065 Access Code: 2531 064 3718

Meeting Password: TRANSGENDER

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial [HERE](#) or contact Commission staff at 213.509.9199 or hivcomm@lachiv.org.

together.

WE CAN END HIV IN OUR COMMUNITY ONCE AND FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org



LOS ANGELES COUNTY
COMMISSION ON HIV



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TRANSGENDER CAUCUS

Virtual Meeting Agenda

Tuesday, February 25, 2025 at 10:00 AM – 11:30 AM

TO JOIN BY WEBEX, CLICK:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m80a81eb76397352359b44994ed59e8f4>

Meeting Number: 2531 064 3718 | **Password:** TRANSGENDER

JOIN BY PHONE:

Dial: +1-213-306-3065 United States Toll (Los Angeles) **Access Code:** 2537 203 8250

- | | |
|--|-------------------|
| 1. WELCOME + INTRODUCTIONS + CHECK-IN | 10:00 AM—10:10 AM |
| 2. CO-CHAIR'S REPORT | 10:10 AM—10:20 AM |
| a. January 28, 2025, meeting recap | |
| 3. EXECUTIVE DIRECTOR/STAFF REPORT | 10:20 AM—10:40 AM |
| a. Operational and Programmatic Updates | |
| b. Commission on HIV Overview | |
| 4. DISCUSSION | 10:40 AM—11:15 AM |
| a. Community Expectations for Transgender Caucus | |
| b. Review 2025 Strategic Priorities | |
| 5. MEETING RECAP + NEXT MEETING AGENDA | 11:15 AM—11:20 AM |
| 6. PUBLIC COMMENT + ANNOUNCEMENTS | 11:20 AM—11:30 AM |
| 7. ADJOURNMENT | 11:30 AM |



Transgender Caucus Meeting Recap: January 28, 2025

Meeting Materials Click [HERE](#)

Welcome and Introductions

- Jose Rangel-Garibay, COH staff member, led introductions and shared a summary of the role of caucuses. Cheryl Barrit, COH Executive Director, provided an overview of the 2025 COH workplan highlighting the core functions of the COH which include conducting ongoing needs assessments, developing a comprehensive HIV plan, priority setting and resource allocation, and developing service standards.

February 13, 2025, Commission on HIV Monthly Meeting

- The COH will hold its monthly meeting on [February 13, 2025, 9AM-12PM](#), at The California Endowment. Open to all, the meeting will focus on standard business items and will kick off a series of community discussions and activities about the COH's restructuring project.

2025 Consumer Resource Fair "Love Begins with Me"

- All Caucuses of the Commission will host their inaugural [Consumer Resource Fair on February 13, 2025, 12-5PM](#) at The California Endowment, themed "Love Begins with Me" in honor of Valentine's Day. This **FREE** event will provide holistic resources to support the health and wellness of individuals living with or impacted by HIV. See the flyer [HERE](#) and share widely!

2025 Co-Chair Elections:

- Nominations were held for two open co-chair seats, one requiring a commissioner. ChiChi, community member, and Rita Garcia, Commissioner alternate, were nominated and elected as co-chairs. Jose will schedule an orientation for the newly elected co-chairs.

2025 Meeting Frequency:

- The Caucus decided to meet monthly on the 4th Tuesday of the month from 10am-11:30am. All meetings are virtual. Additionally, the Caucus decided to cancel the following meetings: 5/27/25, 6/24/25, 7/22/25, 11/25/25, and 12/23/25. See the meeting calendar included in the meeting packet. COH staff will share updates to the meeting calendar as needed.

2025 Strategic Priorities:

- The Caucus briefly discussed the draft 2025 Strategic Priorities document which focus on the conducting needs assessments and providing Caucus perspective on various COH-related activities and deliberations. Caucus members are encouraged to review the document and bring and additional items to include to the February Caucus meeting.

Next Steps and Announcements:

- The next Transgender Caucus meeting will be on February 25, 2025, from 10:00am to 11:30am via WebEx. COH staff will compile a list of past participants and their organizations and send invitations to future Caucus meetings.

To subscribe to the Commission's listserv for meeting and event updates, click [HERE](#).



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT TRANSGENDER CAUCUS 2025 MEETING CALENDAR (Updated 2/19/25)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
Jan. 28, 2025 10am to 11am Virtual	Nominate and elect caucus co-chairs. Meeting frequency review Brainstorm 2025 strategic priorities
<u>Feb. 25, 2025</u> <u>10am to 11:30am</u> <u>Virtual</u>	COH Overview Caucus Member Expectations for 2025 Review and adopt 2025 strategic priorities
Mar. 25, 2025 10am to 11:30am Virtual	International Transgender Day of Visibility 3/31/25
Apr. 22, 2025 10am to 11:30am Virtual	National Trans HIV Testing Day 4/18/25
May 27, 2025	Meeting Canceled
Jun. 24, 2025	Meeting Canceled
Jul. 22, 2025	Meeting Canceled
Aug. 26, 2025 10am to 11:30am Virtual	
Sep. 23, 2025 10am to 11:30am Virtual	
Oct. 28, 2025 10am to 11:30am Virtual	LGBTQ+ History Month
Nov. 25, 2025	Meeting Canceled Commission on HIV Annual Conference 11/13/2025 Transgender Day of Remembrance 11/20/25
Dec. 23, 2025	Meeting Canceled

Overview



February 25, 2025

Planning Council (PC) Background

History

1989 to 1991:

- LAC Board of Supervisors established the Commission on AIDS, comprised of five community members who represented each supervisorial district.
- County's Department of Public Health (DPH) created the AIDS Program Office, which was later renamed the Office of AIDS Programs and Policies (OAPP) and now known as the Division of HIV and STD Programs (DHSP).
- To coordinate federal funding awarded through the CARE Act, the BOS created the HIV Health Services Planning Council to prioritize and allocate funding and meet grant funding requirements.

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

Credit: Commissioner Alvaro Ballesteros

The Life and Death of ACT UP/LA

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



BENITA ROTH

History

1997-1998

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

2003

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



History



July 2013

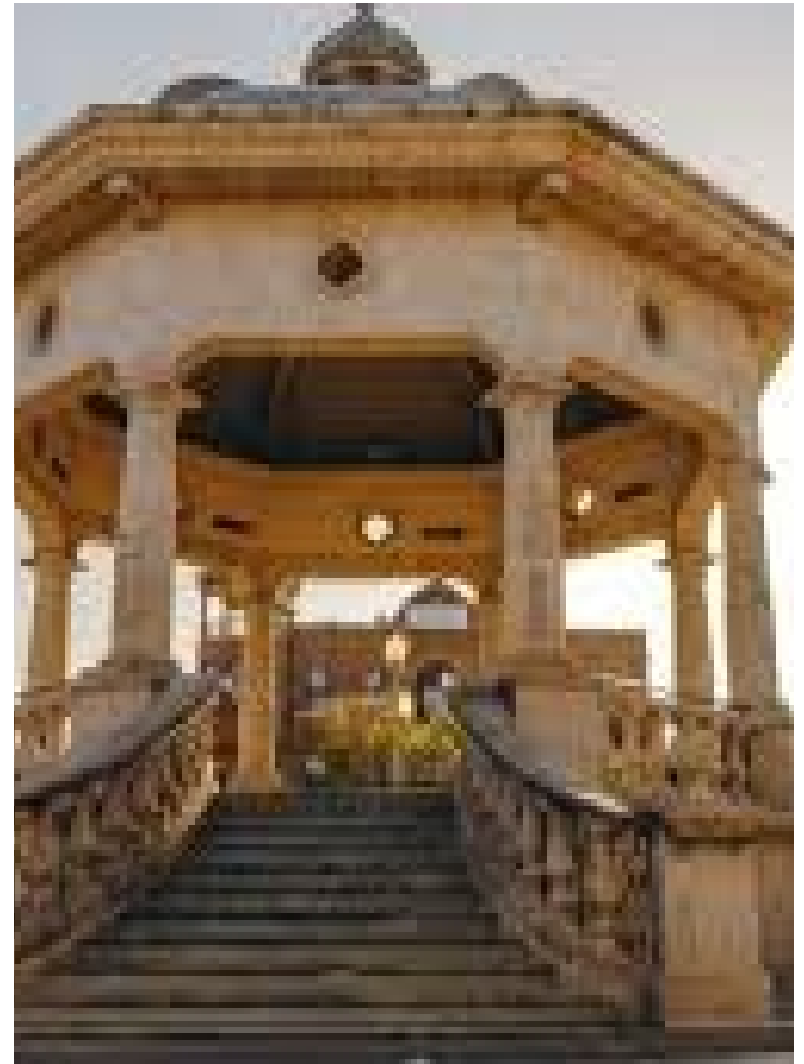
Became an Integrated and Comprehensive HIV/AIDS planning body (Commission on HIV) catering to the needs of those who are living with and who are at risk of HIV/AIDS.

Vision

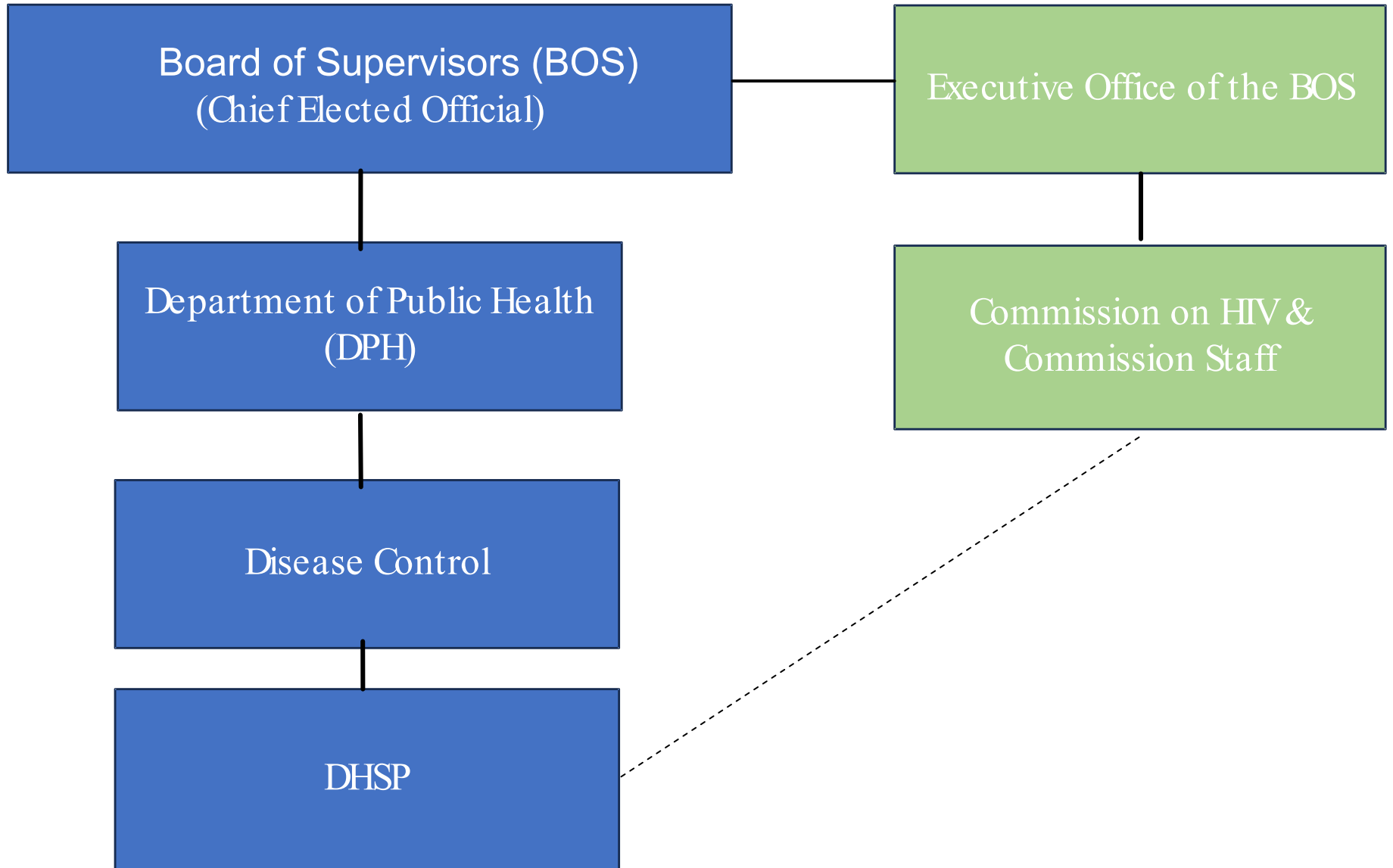
A comprehensive, sustainable, accessible system of prevention and care that empowers people at risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

Purpose

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



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



PC Membership Overview



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.

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

Required Planning Council Membership Categories



PEOPLE LIVING WITH HIV & COMMUNITY

- Members of affected communities*
- Non-elected community leaders
- Representatives of recently incarcerated people living with HIV
- Unaffiliated consumers



HEALTH & SOCIAL SERVICE PROVIDERS

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers



PUBLIC HEALTH & HEALTH PLANNING

- Public health agencies
- Healthcare planning agencies
- State agencies**



FEDERAL HIV PROGRAMS

- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients†
- Recipients under other federal HIV programs‡

* Including people living with HIV, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and "historically underserved" groups and subpopulations

**Including state Medicaid agency and agency administering the RWHAP Part B program

† If there is no RWHAP Part D recipient in the EMA or TGA, representatives of organizations with a history of serving children, youth, and families living with HIV

‡ Including HIV prevention services

Current Commission on HIV Structure

Los Angeles County Board of Supervisors
Executive Office



Executive
Committee

Operations

Standards and
Best Practices

Planning,
Priorities and
Allocations

Public Policy

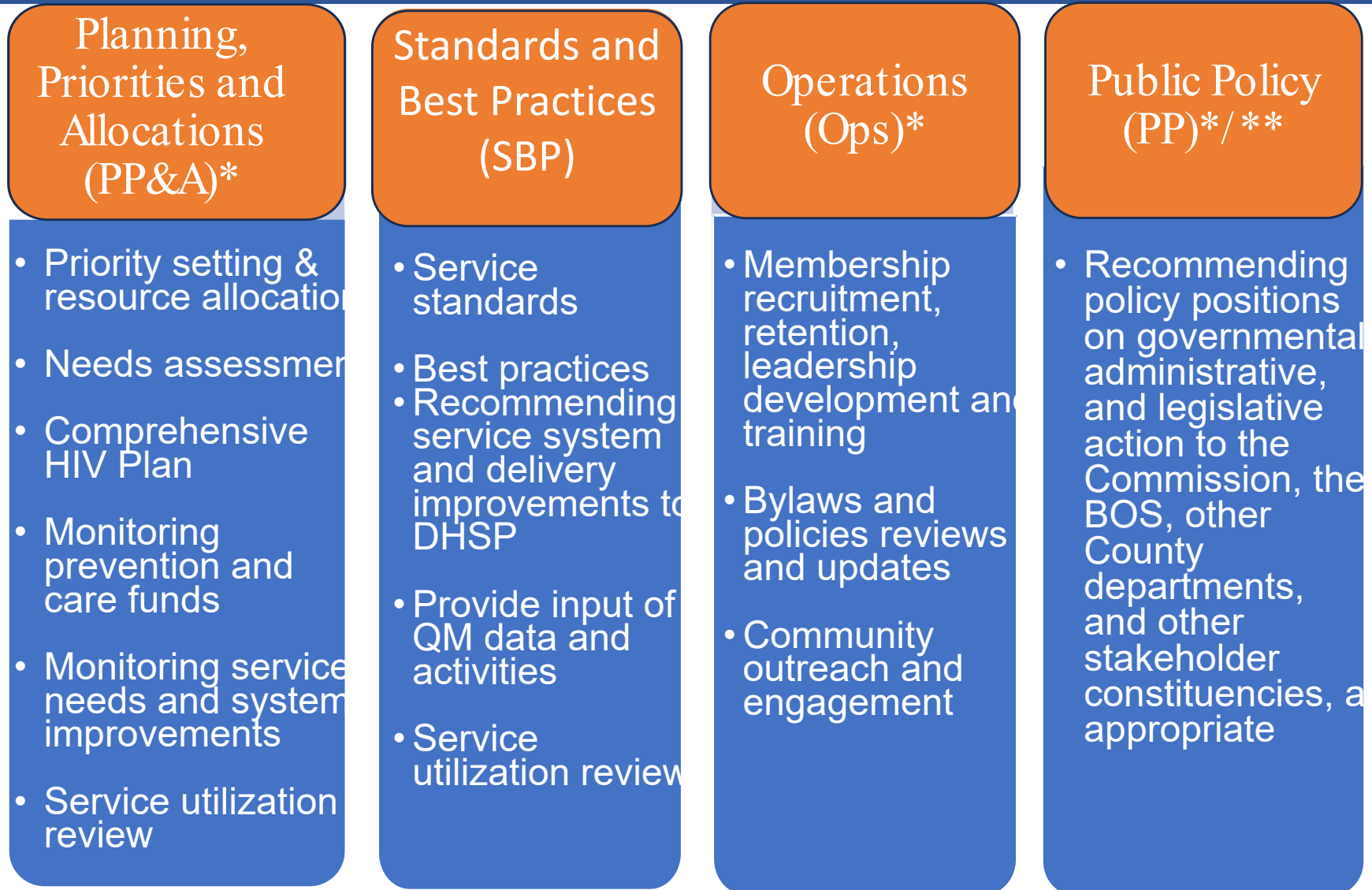
Women's Caucus, Consumer Caucus, Transgender Caucus, Black Caucus,
Aging Caucus, Housing Task Force

Executive Committee

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

- Oversee administrative and operational activities
- Serve as the clearing house to review and forward items for discussion, approval and action to the Commission and its various working groups/units
- Act on an emergency basis on behalf of the Commission, as necessary, between regular meetings of the Commission;
- Approve the agendas for the Commission's regular, Annual & special 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
- 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.

RWHAP Part A Planning Council Primer

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

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

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



2025 COMMISSION ON HIV WORKPLAN
Ongoing 12-26-24

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



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

Engage all caucuses, committees and subgroups in all functions.

LA County Comprehensive HIV Plan

2022-2026

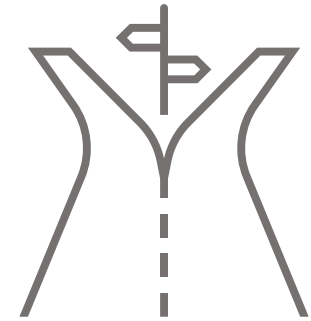


LOS ANGELES COUNTY
COMMISSION ON HIV



PURPOSE

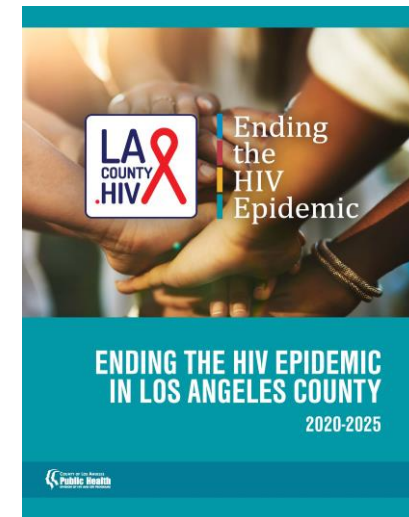
- Serves as a jurisdictional HIV/AIDS Strategy.
- Living document and roadmap to guide HIV prevention and care planning throughout the year.
- Addresses local needs and opportunities for improvement.
- Emphasizes collaboration and coordination.



Full document can be found at: <https://hiv.lacounty.gov/our-work/>

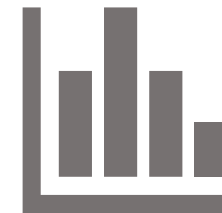
DESIGN

- Designed to reflect local HIV vision, values, needs and strengths.
- Aligns with:
 - California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs (2022-2026)
 - The National HIV/AIDS Strategy (2022-2025)
 - The Ending the HIV Epidemic Plan (EHE Plan) for Los Angeles County (2020-2025)



NEEDS ASSESSMENT


- Plan was developed using existing/previous assessments including the *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond* (LACHAS) and the *Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025* (EHE Plan)
- HIV/STD Surveillance Data and reports
- Qualitative data from priority populations, community members and providers
 - Listening sessions
 - Online survey
 - Facilitated stakeholder meetings



SNAPSHOT: HIV IN LA COUNTY

- In 2020, there was an estimated 59,4008 PLWH aged 13 years and older in LAC. Also includes:
 - 1,401 who had been newly diagnosed (in 2020)
 - 6,800 persons who were unaware of their infection (undiagnosed)
- Of the approximately 52,000 people living with diagnosed HIV:
 - 87% were cisgender men, 11% were cisgender women and 2% were transgender persons
 - 46% were Latinx, 26% were White, 20% were Black/African American, 4% were Asian, 4% identify as multi-racial, and less than 1% were American Indian/Alaskan Native (AI/AN) and Native Hawaiian/Pacific Islander (NH/PI)

SNAPSHOT: HIV IN LA COUNTY

- Since 2011, the percentage of persons newly diagnosed with HIV who were unhoused has more than doubled from 4.2% to 9.4%. 
- In 2020:
 - Cisgender men made up most of the new HIV diagnoses in 2020
 - Among males, those aged 20-39 and Black/African Americans had the highest rates of new HIV diagnoses
 - Among females, those aged 30-39 and Black/African Americans had the highest rates of new HIV diagnoses
- The percentage of persons newly diagnosed with HIV who had one or more STDs in the same year nearly doubled from 25% in 2012 to 46% in 2021.

KEY PRIORITIES- identified during planning & community engagement process

- Embrace a status neutral approach
- Address social determinants of health, especially housing
- Address co-occurring disorders including STDs, mental health issues & meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly those experienced by Black/African Americans
- Increase health literacy among PLWH & people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH ages 50 and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure seamless access to high quality services

PRIORITY POPULATIONS

- Latinx men who have sex with men (MSM)
- Black/African American MSM
- Transgender persons

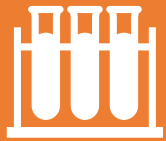


- Cisgender women of color
- People who inject drugs (PWID)
- People under the age of 30
- People living with HIV who are 50 years of age or older

Goal:

380 or less new HIV infections by 2025

150 or less new HIV infections by 2030



Diagnose



Treat



Prevent



Respond



Build HIV Workforce Capacity



System and Service Integration



**Equity, Social Determinants of Health &
Co-occurring Disorders**

DIAGNOSE



Diagnose all people with HIV as early as possible

- Expand routine opt-out HIV screening in healthcare and other settings, such as emergency departments (EDs) and community health centers (CHCs) in high prevalence communities.
- Develop locally tailored HIV testing programs in non-healthcare settings, including home/self-testing
- Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.
- Increase timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk

TREAT



Treat people with HIV rapidly & effectively to reach sustained viral suppression

- Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.
- Support re-engagement & retention in HIV care and treatment adherence
- Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH
- Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH
- Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH
- Increase capacity to provide whole-person care to people living with HIV (PLWH) age 50 & older and long-term survivors

PREVENT



Prevent new transmission by using proven interventions

- Accelerate efforts to increase PrEP use
- Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women
- Increase availability, use and access to comprehensive Syringe Service Programs (SSPs) & other harm reduction services

RESPOND



Respond quickly to HIV outbreaks to get prevention & treatment services to people in need

- Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response
- Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.
- Develop and release Data to Care RFP

WORKFORCE CAPACITY



Increase HIV workforce capacity to diagnose & treat PLWH, prevent new HIV infections and reduce HIV-related disparities

- Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV
- Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner

SYSTEM & SERVICE INTEGRATION



Integrate systems and services to address the syndemic of HIV, STDs, viral hepatitis, and substance use/mental health disorders in the context of social and structural/institutional factors

- Increase cross-training and TA opportunities across fields/disciplines
- Leverage the [Alliance for Health Integration](#) initiative to integrate services within LA County publicly funded care systems

EQUITY, SOCIAL DETERMINANTS OF HEALTH AND CO-OCCURRING DISORDERS



Achieve health equity by addressing social determinants of health, stigma, & co-occurring disorders that fuel the HIV epidemic and HIV disparities

- Advocate for an effective countywide response to SUDs, especially methamphetamine disorder
- Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic
- Address social determinants of health and stigma
- Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities
- Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023

WHAT CAN I DO?

- Use the Comprehensive HIV Plan (CHP) as a planning tool within your agencies
- Adopt some of the goals, objectives, and strategies
- Engage in the local community planning process
- Assess strengths and capacities of your agency
- Advocate for local, state and federal policies and legislation that align with CHP goals and strategies
- Identify and recruit additional stakeholders, including non-traditional stakeholders
- Provide ongoing feedback



Contact Information

Los Angeles County Commission on HIV

<http://hiv.lacounty.gov>

Cheryl Barrit, Executive Director

Cbarrit@lachiv.org



LOS ANGELES COUNTY
COMMISSION ON HIV



COUNTY OF LOS ANGELES
Public Health
DIVISION OF HIV AND STD PROGRAMS



LOS ANGELES COUNTY FACT SHEET COMMISSION ON HIV

<http://hiv.lacounty.gov>

EXECUTIVE OFFICE



BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

The Commission on HIV (COH) serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD) services.



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.**



QUALIFICATIONS*

Recommended entities shall forward candidates to the Commission for membership consideration.

Recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by HIV/ STDs.



INCENTIVES*

Gift cards or stipends, and reimbursements for mileage, transportation, childcare are available only to unaffiliated consumers.

No more than \$150 per month as determined by the Commission policy.



DUTIES*

The Commission on HIV is tasked with planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Disease(s) (STDs) services in Los Angeles County.

Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance.



MEETINGS*

At least ten (10) times per year, plus monthly Committee meetings.

Additional time commitment may be required.

To view active members, vacancies and websites on Los Angeles County created commissions, please visit:

[http://bos.lacounty.gov/ Services/Commission- Services/Membership- Roster](http://bos.lacounty.gov/Services/Commission- Services/Membership- Roster)

***For more details view additional information on the following page(s).**



QUALIFICATIONS

The following recommending entities shall forward candidates to the Commission for membership consideration:

- A.** Five (5) members who are recommended by the following governmental, health and social service institutions, among whom shall be individuals with epidemiology skills or experience and knowledge of Hepatitis B, C and Sexually Transmitted Disease(s) (STDs):
 1. Medi-Cal, State of California;
 2. The city of Pasadena;
 3. The city of Long Beach;
 4. The city of Los Angeles;
 5. The city of West Hollywood.
- B.** The Director of the Division of HIV and STD Programs (DHSP), representing the Part A grantee, Department of Public Health (DPH);
- C.** Four (4) members who are recommended by Ryan White grantees as specified below or representative groups of Ryan White grant recipients in the County, one from each of the following:
 1. Part B (State Office of Acquired Immune Deficiency Syndrome (AIDS));
 2. Part C (Part C grantees);
 3. Part D (Part D grantees); DPH
 4. Part F (grantees serving the County, such as the AIDS Education and Training Centers (AETCs) or local providers receiving Part F dental reimbursements).
- D.** Eight (8) representatives who are recommended by the following types of organizations, in the County and selected to ensure geographic diversity and who reflect the epicenters of the epidemic:
 1. Human Immunodeficiency Virus (HIV) specialty physician from an HIV medical provider;
 2. A Community Health Center (CHC)/Federally Qualified Health Center (FQHC) representative;
 3. A mental health provider
 4. A substance abuse treatment provider;
 5. A housing provider;
 6. A provider of homeless services;
 7. A representative of an AIDS Services Organization (ASO) offering federally funded HIV prevention services;
 8. A representative of an ASO offering HIV care and treatment services.
- E.** Seventeen (17) unaffiliated consumers of Part A services, to include:
 1. Eight (8) consumers, each representing a different Service Planning Area (SPA), and who are recommended by consumers and/or organizations in the SPA;
 2. Five (5) consumers, each representing a Supervisorial District, who are recommended by consumers and/or organizations in the District;
 3. Four (4) consumers serving in an at-large capacity, who are recommended by consumers and/or organizations in the County.
- F.** Five (5) representatives, with one (1) recommended by each of the five (5) supervisorial offices.
- G.** One (1) provider or administrative representative from the Housing Opportunities for Persons with AIDS (HOPWA) program, nominated by the City of Los Angeles Department of Housing.
- H.** One (1) representative of a health or hospital planning agency, who is recommended by health plans in Covered California.
- I.** One (1) behavioral or social scientist recommended from among the respective professional communities.
- J.** Eight (8) representatives of HIV stakeholder communities, each of whom may represent one or more of the following categories. The Commission may choose to nominate several people from the same category or to identify a different stakeholder category, depending on identified issues and needs.
 1. Faith-based entities engaged in HIV prevention and care;
 2. Local education agencies at the elementary or secondary level;

3. The business community;
4. Union and/or labor;
5. Youth or youth-serving agencies;
6. Other federally funded HIV programs;
7. Organizations or individuals engaged in HIV-related research;
8. Organizations providing harm reduction services;
9. Providers of employment and training services; and
10. HIV-negative individuals from identified high-risk or special populations.

In all the above membership categories where not specifically required, recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by the epidemic. Members are expected to report to and represent their recommending entities and constituencies. Members may, at times, represent multiple constituencies.

In accordance with Ryan White and Centers for Disease Control and Prevention (CDC) requirements, the Commission shall ensure that its full membership and its subset of unaffiliated consumer members shall proportionately reflect the ethnic, racial and gender proportions of HIV disease prevalence in the Eligible Metropolitan Area (EMA). In accordance with Ryan White requirements, at least one (1) unaffiliated consumer must be co-infected with Hepatitis B or C, and at least one (1) unaffiliated consumer must be recently incarcerated or an advocate for the recently incarcerated.

In forwarding nominations for appointment by the Board of Supervisors, the Commission shall ensure that its membership fully conforms to Ryan White Part A HIV Health Services Planning Council (planning council) requirements on representation, reflectiveness and consumer membership, and CDC HIV Planning Group (HPG) requirements on Parity, Inclusion and Representation.

One alternate may be nominated by the Commission for appointment by the Board of Supervisors for each member who has disclosed that he/she is living with HIV disease. An alternate shall attend meetings of the Commission and vote in the absence of the person for whom he/she is designated as an alternate. Nominations

of alternates shall be made from the pool of candidates recommended for membership. The Commission shall ensure that the composition of alternate members conforms to any Part A planning council requirements which apply to alternates.



MEETINGS

At least ten (10) times per year. In addition, members must serve on a standing committee and attend their monthly meetings. The standing committees are Planning, Priorities and Allocations; Standards and Best Practices; Operations; and Public Policy.



INCENTIVES

The Commission offers gift cards or cash stipends to unaffiliated consumers (UCs) to support their participation on the Commission. UCs are people living with HIV, and a current user of a Ryan White Part A service, and not employed by an agency receiving Part A funds from the County. Eligible members must maintain a required level of participation and other performance requirements, as defined in Commission policy. UCs may also be reimbursed for local mileage, transportation, childcare or similar expenses associated with attending Commission meetings.

The Commission will establish and the Executive Director will implement procedures for eligibility and utilization of the foregoing described reimbursements, member services and/or stipends, including stipend amounts of at least \$25 and no more than \$150 per month as determined by the Commission policy and reported to the Board.



DUTIES

Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance, the Commission is authorized to:

- 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 the implementation of that plan; assess its effectiveness; and collaborate with DHSP to update the plan on a regular basis;
- B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;
- C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how best to meet the need and other factors that further instruct service delivery planning and implementation; and 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;
- 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;
- E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co- morbidities; deploy those best practices and innovative models in the County's STD clinics and related health centers;

and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;

- 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;
- 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; and actively engage individuals and entities concerned about HIV;
- H. Provide a report to the Board of Supervisors annually, 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;
- I. Act as the planning body for all HIV programs in DPH or funded by the County;
- 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.



TERM OF OFFICE

Two years. All members and alternates of the Commission shall serve at the pleasure of the Board of Supervisors.

Any member whose employment, status, or other factors no longer fulfill the requirements of the membership seat to which he/she was appointed shall be removed from the Commission as determined by the Board of Supervisors.

No Commission member may serve more than two consecutive two-year terms except that the Board may, by order, extend the length of service or waive the limit

for individuals or the Commission as a whole. In addition to their Commission service, members are required to serve on at least one (1) of the Commission's standing committees.

During the course of a year, absence from any combination of six (6) regularly scheduled Commission meetings and/or regularly scheduled meetings of the Committee to which the member has been assigned may result in the Board of Supervisors removing the member from the Commission. An Alternate's attendance in a member's place is considered attendance by the member at that meeting.

As needed by committees and appropriate for added professional expertise, as a means of further engaging community participation in the planning process, and/or necessary to meet the requirements of the CDC HIV Planning Guidance, the Commission is empowered to nominate candidates who are not Commission members for appointment by the Board of Supervisors as members of the Commission's established standing committees. The term of each such member shall be two (2) years.



OATH

Not required.



SUNSET REVIEW

None.



AUTHORITY

Chapter 3.29 of the Los Angeles County Code; Board Order No. 40 of February 14, 1995, Ordinance No. 95-0010; Board Order No. 10 of January 27, 1998, Ordinance No. 98-0002; Board Order No. 91 of April 3, 2001; Board Order No. 63 of April 10, 2001, Ordinance No. 2001-0039 (extension of sunset review date); Board Order No. 53 of January 21, 2003; Board Order No. 13 of January 28, 2003, Ordinance No. 2003-0010 (Membership); Board Order No. 14 of November 30, 2004; Board Order No. 48 of December 7, 2004, Ordinance No. 2004-0070 (extension of sunset review date); Board Order No. 25 of June 7, 2005; Board Order No. 61 of June 7, 2005; Board Order No. 73 of June 14, 2005, Ordinance No. 2005-0044 (Also name change); Board Order Nos. 13 and 49 of September 12, 2006; Board Order No. 62 of September 19, 2006, Ordinance No. 2006-0071 (extension of sunset review date); Article II (Members), and Article VII (Standing Committees) of the Los Angeles County Commission on HIV as revised on April 9, 2009; Board Order No. 19 of November 22, 2011; Board Order No. 69 of November 29, 2011, Ordinance No. 2011-0065; Board Order No. 55 of June 11, 2013

May be subject to bylaws.



HOJA DE DATOS DEL CONDADO DE LOS ÁNGELES COMISIÓN DEL VIH

<http://hiv.lacounty.gov>



La Comisión del VIH ejerce como el consejo local de planeamiento para la planificación, adjudicación, coordinación y entrega de los servicios de VIH/SIDA y Enfermedades de Transmisión Sexual (ETS).



MIEMBROS

51

Nombrados por la Comisión del VIH.



DESIGNACIÓN

Por la Junta de Supervisores.



DURACIÓN DEL MANDATO*

2 años

Se desempeñan sujetos a las directivas de la Junta de Supervisores.



FORMULARIO 700

Puede estar sujeto a completar.



CALIFICACIONES*

Las entidades recomendantes enviarán candidatos a la Comisión para que sea considerada su membrecía.

Se solicita a las entidades recomendantes y al conjunto de los que nombran, a que elijan candidatos que padecen VIH o a miembros de poblaciones afectadas desproporcionadamente por la epidemia.



INCENTIVOS*

Tarjetas de regalo o estipendios, y reembolsos por millaje, transporte, cuidado de niños están disponibles solo para los consumidores no afiliados.

No más de \$150 por mes según determinación de las políticas de la Comisión.



FUNCIONES*

La Comisión del VIH tiene la tarea de planificar, adjudicar, coordinar y proveer los servicios de VIH/SIDA y Enfermedades de Transmisión Sexual (ETS) en el Condado de Los Ángeles.

Consistente con la Sección 2602(b)(4) (42 U.S.C. § 300ff-12) de la legislación Ryan White, la guía HRSA, y los requerimientos de la Guía de planeamiento de VIH de los CDC.



ENCUENTROS*

Al menos diez (10) veces por año, además de los encuentros de Comité mensuales.

Puede ser requerido un tiempo adicional de compromiso.

Para ver los miembros activos, las vacantes y los sitios web de las comisiones creadas en el Condado de Los Ángeles, por favor visitar: <http://bos.lacounty.gov/Services/Commission-Services/Membership-Roster>

***Para más detalles, ver la información adicional en la(s) siguiente(s) página(s).**



CALIFICACIONES

Las siguientes entidades recomendantes enviarán candidatos a la Comisión para que su membresía sea considerada:

- A.** Cinco (5) miembros que sean recomendados por las siguientes instituciones de gobierno, salud y servicios sociales, entre los cuales deberán contarse individuos especializados en epidemiología o con experiencia y conocimientos en Hepatitis B, C y Enfermedades de Transmisión Sexual (ETSs):
 - 1. Medi-Cal, Estado de California;
 - 2. La Ciudad de Pasadena;
 - 3. La Ciudad de Long Beach;
 - 4. La Ciudad de Los Ángeles;
 - 5. La Ciudad de West Hollywood.
- B.** El Director de la División de los Programas de VIH y ETS (DHSP) representando a la Parte A beneficiaria, Departamento de Salud Pública (DPH);
- C.** Cuatro (4) miembros que sean recomendados por los beneficiarios Ryan White, según se especifica más abajo, o por los grupos representativos de los beneficiarios de las becas Ryan White en el Condado de Los Ángeles, uno para cada una de las siguientes partes:
 - 1. Parte B (Oficina estatal del Síndrome de inmunodeficiencia adquirida (SIDA));
 - 2. Parte C (Beneficiarios Parte C);
 - 3. Parte D (Beneficiarios Parte D); DPH
 - 4. Parte F (beneficiarios en servicio en el Condado, como ser en los Centros de Educación y Entrenamiento de SIDA (AETCs) o los proveedores locales que reciben los reembolsos dentales de Parte F.
- D.** Ocho (8) representantes que son recomendados por los siguientes tipos de organizaciones, en el Condado y elegidos para asegurar diversidad geográfica y que reflejen los epicentros de la epidemia:
 - 1. Médico especialista en Virus de Inmunodeficiencia Humana (VIH) perteneciente a
 - un proveedor médico en VIH;
 - 2. Un representante de un Centro de salud Comunitario (CHC)/Centro de Salud Federalmente Calificado (FQHC);
 - 3. Un proveedor de salud mental;
 - 4. Un proveedor de tratamientos por abuso de sustancias;
 - 5. Un proveedor de albergue y vivienda;
 - 6. Un proveedor de servicios para los que no tienen vivienda;
 - 7. Un representante de una Organización de servicios SIDA (ASO) que ofrezca servicios de prevención de SIDA con fondos federales;
 - 8. Un representante de una ASO que ofrezca servicios de cuidados y tratamiento para SIDA.
- E.** Diecisiete (17) consumidores no afiliados de los servicios de Parte A y que incluyan:
 - 1. Ocho (8) consumidores, cada uno representando una Área de planeamiento de servicios (APA) diferente y que sean recomendados por los consumidores y/o por las organizaciones de la SPA;
 - 2. Cinco (5) consumidores, cada uno representando un Distrito de supervisión, que sean recomendados por los consumidores y/o por las organizaciones del Distrito;
 - 3. Cuatro (4) consumidores que sirvan en una capacidad en general, recomendados por los consumidores y/o por las organizaciones del Condado
- F.** Cinco (5) representantes, con uno (1) recomendado por cada uno de las cinco (5) oficinas supervisoras.
- G.** Un (1) representante proveedor o administrativo del programa de Oportunidades de albergue y vivienda para personas con SIDA (HOPWA), nombrado por el Departamento de Vivienda de la Ciudad de Los Ángeles.
- H.** Un (1) representante de una agencia de planeamiento de salud u hospital, que sea recomendado por los planes de salud en California Cubierta,
- I.** Un (1) científico en conductas o social recomendado por las respectivas comunidades profesionales.

J. Ocho (8) representantes de los participantes en las comunidades HIV, cada uno de los cuales puede representar una o más de las siguientes categorías. La Comisión puede elegir nombrar a varias personas para la misma categoría o identificar una nueva categoría participante, dependiendo de los temas y necesidades identificados

1. Entidades religiosas comprometidas con la prevención y cuidados del VIH;
2. Agencias de educación locales de nivel elemental y secundario;
3. La comunidad de negocios;
4. Sindicatos u organizaciones del trabajo;
5. Jóvenes o agencias sirviendo a jóvenes;
6. Otros programas VIH con fondos federales
7. Organizaciones o individuos que investigan HIV;
8. Organizaciones que proveen servicios de reducción de daños;
9. Proveedores de empleo y de servicios de entrenamiento; y
10. Individuos VIH-Negativos de poblaciones identificadas como de alto riesgo o especiales.

En todas las categorías de membresías mencionadas arriba donde no hay requerimientos específicos, solicitamos fervientemente a las entidades recomendantes y al conjunto de los que nombran, a que elijan candidatos que padecen VIH o a miembros de poblaciones afectadas desproporcionadamente por la epidemia. Se espera que los miembros informen a y representen a las entidades recomendantes y a sus representados. Los miembros pueden representar, a veces, a varios grupos.

De acuerdo con Ryan White y los Centros para el control y prevención de enfermedades (CDC), la Comisión asegurará que sus miembros y subconjunto de miembros consumidores no afiliados en su totalidad reflejen proporcionalmente las proporciones étnica, raciales y de género de la enfermedad de VIH según su prevalencia en el Área Metropolitana Elegible (EMA). De acuerdo con los requerimientos de Ryan White, por lo menos un(1) consumidor no afiliado debe estar co-infectado con Hepatitis B o C, y al menos un (1) consumidor no afiliado debe haber salido recientemente de la cárcel o abogar por los presos recientemente liberados.

Al enviar nombres para cargos designados por la Junta de Supervisores, la Comisión se asegurará de que la membresía cumpla completamente con los requerimientos de representación, reflexión y membresía del consumidor de la Parte A de Ryan White del Consejo de planeamiento de servicios de salud para VIH (Consejo de planeamiento) y con los requerimientos relativos a la Paridad, Inclusión y Representación en el Grupo de planeamiento para VIH (HPG) de los CDC.

Un suplente alternativo puede ser nombrado por la Comisión para ser designado por la Junta de Supervisores por cada miembro que haya revelado que padece VIH. El suplente asistirá a las reuniones de la Comisión y votará en la ausencia de la persona de la que ha sido designado suplente. Los nombramientos de suplentes se harán desde la lista de reserva de candidatos recomendados para ser miembros. La Comisión asegurará que la composición de miembros alternativos sea conforme con todos los requerimientos del Consejo de planeamiento de la Parte A que se apliquen a los suplentes.



ENCUENTROS

Al menos diez (10) veces por año. Además, los miembros deber ejercer en un comité permanente y asistir a sus reuniones mensuales. Los comités permanentes son Planeamiento, Prioridades y Adjudicaciones; Estándares y Mejores Prácticas; Operaciones; y Política Pública.



INCENTIVOS

La Comisión ofrece tarjetas de regalo o estipendios en efectivo a consumidores no afiliados (UCs) para apoyar su participación en la Comisión. Los UCs son personas que padecen VIH y usuarios actuales de los servicios de la Parte A de Ryan White, y no están empleados por una agencia que reciba fondos del Condado destinados a la Parte A.

Los miembros elegibles deben mantener el nivel de participación requerido y otros requerimientos de actuación, tal como están definidos en las políticas de la Comisión. Los UCs pueden también ser reembolsados en

sus gastos por millaje, transporte, cuidado de niños y gastos semejantes asociados con su asistencia a los encuentros de la Comisión.

La Comisión establecerá y el Director Ejecutivo implementará los procedimientos para la elegibilidad y utilización de los reembolsos anteriormente descritos, servicios de los miembros y/o estipendios, incluyendo estipendios por sumas de al menos \$25 y no más de \$150 por mes, según determinación de la política de la Comisión e informada a la Junta.



FUNCIONES

Conforme a la Sección 2602(b)(4) (42 U.S.C. § 300ff-12) de la legislación Ryan White, la guía HRSA, y los requerimientos de la Guía de Planeamiento de los CDC VIH, la Comisión está autorizada a:

- A.** Desarrollar un plan VIH integral que esté basado en la evaluación de las necesidades de servicio y vacíos e incluya una definida continuidad de servicios VIH; vigilar la implementación de ese plan; evaluar su eficacia; y colaborar con el DHSP para actualizar regularmente el plan.
- B.** Desarrollar estándares de cuidados para la organización y provisión de cuidados, servicios y prevención de VIH;
- C.** Establecer prioridades y adjudicaciones de las Parte A y B de Ryan White de los fondos de prevención CDC en porcentajes y/o sumas de dólares en los varios servicios; revisar las adjudicaciones a beneficiarios y el gasto de esos fondos según el tipo de categoría de servicio o el tipo de actividad para ser consistentes con las prioridades, adjudicaciones y el plan integral de VIH establecidas por la Comisión, sin la revisión de los contratos individuales; proveer y controlar las directivas a los beneficiarios sobre cómo resolver mejor la necesidad y otros factores que instruyan aún más a la provisión de servicio e implementación; y ofrecer a la Junta de Supervisores y al HRSA la seguridad de que se está verificando que las categorías de servicio, adjudicaciones y el plan integral de VIH sean consistentes con las prioridades, adjudicaciones y plan integral de VIH de la Comisión;
- D.** Evaluar la eficacia del servicio y evaluar la eficiencia

del mecanismo administrativo con particular atención a la evaluación de los resultados, eficacia en el gasto, rápido desembolso de fondos, cumplimiento con las prioridades y adjudicaciones de la Comisión, y otros factores relevantes a la eficaz y eficiente operación de las EMA locales en su provisión de servicios VIH.

- E.** Planificar y desarrollar servicios de respuesta al VIH y a la salud pública para abordar la frecuencia de las infecciones por VIH en simultáneo con las ETS y otras co-morbilidades; desarrollar aquellas mejores prácticas y modelos de innovación en las clínicas de ETS del Condado y los centros de salud relacionados; y formular una estrategia de los mecanismos para adaptar esos modelos a plataformas no específicamente VIH para un respuestas más extendida a las ETS y co-morbilidades;
- F.** Estudiar, aconsejar y recomendar a la Junta de Supervisores, los beneficiarios y otros departamentos sobre políticas, y otras acciones/decisiones en temas relativas al VIH;
- G.** Informar, educar, y diseminar información a los consumidores, a las poblaciones que son un blanco específico, a los proveedores, al public en general y a los diseñadores de políticas de servicios para el VIH y salud pública para crear conocimiento y capacidad de prevención, cuidado y tratamiento del VIH y comprometer activamente a los individuos y entidades interesados en el VIH;
- H.** Proveer anualmente un informe a la Junta de Supervisores, no más tarde que el 30 de Junio, describiendo el progreso del Condado de Los Ángeles para terminar con el VIH en tanto amenaza a la salud y bienestar de los residentes del Condado de Los Ángeles, con indicadores determinados por la Comisión en colaboración con el DHSP; hacer otros informes cuando sean necesarios para la Junta de Supervisores, los beneficiarios y otros departamentos, sobre temas relativos al VIH y derivados para su revisión por la Junta de Supervisores, los beneficiarios u otros departamentos;
- I.** Actuar como el cuerpo de planeamiento para todos los programas VIH en DPH o financiados por el Condado;
- J.** Hacer recomendaciones a la Junta de Supervisores, los beneficiarios y otros departamentos, concernientes a la adjudicación y gastos de los fondos

que no sean de la Parte A y B de Ryan White o de los fondos de prevención de los CDC gastados por los beneficiarios y el Condado para la provisión de servicios relacionados con el VIH.



DURACIÓN DEL MANDATO

Dos años. Todos los miembros y suplentes de la Comisión se desempeñarán sujetos a las directivas de la Junta de Supervisores.

Cualquier miembro cuyo empleo, condición, u otros factores no estén más de acuerdo con los requerimientos del cargo para el cual él o ella han sido nombrados, será removido de la Comisión tal como ha sido determinado por la Junta de Supervisores.

Ningún miembro de la Comisión puede servir por más de dos términos consecutivos de dos años cada uno, excepto que la Junta pueda, por medio de una orden, extender la duración del servicio o renunciar al límite para todos los individuos o la Comisión en su totalidad. Además de su servicio en la Comisión, a los miembros se les requerirá ejercer en al menos uno (1) de los comités permanentes de la Comisión.

Durante el curso de un año, la ausencia a cualquier combinación de seis (6) de los encuentros regularmente programados de la Comisión y/o de los encuentros regularmente programados del Comité al cual el miembro ha sido asignado, puede tener como resultado que la Junta de Supervisores remueva al miembro de la Comisión.

La presencia de un suplente alternativo en lugar del miembro, es considerada una presencia del miembro en tal encuentro.

Según lo necesiten los comités y sea apropiado agregar conocimientos profesionales especializados, como un medio de comprometer aún más a la comunidad en el proceso de planeamiento y/o necesario para cumplir con los requerimientos de Guía de Planeamiento para VIH de los CDC, la Comisión tiene el poder de nombrar a candidatos que nos sean miembros de la Comisión para ser designados por la Junta de Supervisores como miembros de los comités permanentes establecidos por la Comisión. La duración en el cargo para cada uno de esos miembros será de dos (2) años.



JURAMENTO

No requerido.



REVISIÓN POR EXTINCIÓN

Ninguna.



AUTORIDAD

Capítulo 3.29 del Código del Condado de Los Ángeles; Orden de la Junta No. 40 del 14 de Febrero, 1995, Ordenanza No.

95-0010; Orden de la Junta No. 10 del 27 de Enero, 1998, Ordenanza No. 98-0002; Orden de la Junta No. 91 del 3 de Abril, 2001; Orden de la Junta No. 63 de Abril 10, 2001, Ordenanza No. 2001-0039 (extensión de la fecha de revisión por extinción); Orden de la Junta No. 53 del 21 de Enero, 2003; Orden de la Junta No. 13 del 28 de Enero, 2003, Ordenanza No.

2003-0010 (Membrecía); Orden de la Junta No. 14 del 30 de Noviembre, 2004; Orden de la Junta No. 48 del 7 de Diciembre, 2004, Ordenanza No. 2004-0070 (extensión de la fecha de revisión por extinción); Orden de la Junta No. 25 del 7 de Junio, 2005; Orden de la Junta No. 61 del 7 de Junio, 2005; Orden de la Junta No. 73 del 14 de Junio, 2005, Ordenanza No. 2005-0044 (También cambio de nombre); Orden de la Junta Nos. 13 and 49 del 12 de Septiembre, 2006; Orden de la Junta No. 62 del 19 de Septiembre, 2006, Ordenanza No. 2006-0071 (extensión de la fecha de revisión por extinción); Artículo II (Miembros), y Artículo VII (Comités Permanentes) de la Comisión de HIV del Condado de Los Ángeles tal como revisada el 9 de Abril, 2009; Orden de la Junta No. 19 del 22 de Noviembre, 2011; Orden de la Junta No. 69 del 29 de Noviembre, 2011, Ordenanza No. 2011-0065; Orden de la Junta No. 55 de junio 2013

Puede estar sujeto a reglamentos.



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

[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



**Statement of Unity from the
Los Angeles County Commission on HIV Black Caucus
November 7, 2024**

As our communities navigate the current political climate following recent elections, we acknowledge both the progress and the persistent challenges that we continue to face. We stand in unity with each of you, holding our heads high as we work tirelessly to address the historical injustices that have long impacted our communities, leading to disproportionate health outcomes.

Now, more than ever, the Black Caucus is emboldened to advocate fiercely and unapologetically. Together, we will persist, ensuring that our voices, our experiences, and our strength are at the forefront of creating equitable health systems and a brighter future.

In the words of Dr. Martin Luther King Jr., "Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that." May we let love and resilience be our guide.

If you are interested in joining us in developing a progressive and inclusive agenda to address the disproportionate impact of HIV/STDs in our Black communities of Los Angeles County, please contact us at hivcomm@lachiv.org. To view the Caucus' recommendations, click [here](#).

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org



LOS ANGELES COUNTY
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address 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; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



LOS ANGELES COUNTY
COMMISSION ON HIV



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TO END HIV, WE MUST END RACISM
[#STOPAAPIHATE](#)

The Los Angeles County Commission on HIV condemns all forms of hate and violence. We stand in solidarity with Asian American and Pacific Islander (AAPI) communities and condemn the attacks on our AAPI brothers and sisters across the Country. Acts of hate against AAPI communities have risen during the COVID-19 pandemic. An attack on one community, is an attack on all of US.

The harmful rhetoric of the previous administration and the repeated use of the term “China virus” to refer to COVID-19 have fueled the senseless increase in violence we are seeing across the country. These hurtful words and demonization of a particular community followed the long American history of using diseases to justify anti-Asian xenophobia, one that dates to the 19th and 20th centuries, and has helped to shape perception of AAPIs as “perpetual foreigners.”

Many scholars, historians, and activists have pointed out that racial violence against AAPIs often goes overlooked because of persistent stereotypes about the community. The pervasiveness of the model minority myth is a large contributing factor to the current climate. That false idea, constructed during the Civil Rights era to stymie racial justice movements, suggests that Asian Americans are more successful than other ethnic minorities because of hard work, education, and inherently law-abiding natures. Because the model minority myth suggests upward mobility, it creates a fallacy that Asian Americans don’t experience struggle or racial discrimination and misogyny.

We applaud the Los Angeles County Board of Supervisors in their decision to immediately identify funding to expand the County’s Anti-Hate program to combat hate against AAPIs. We call on all Angelenos to speak out against hateful and violent attacks on AAPI communities. Encourage those who experience or witness acts of hate toward the AAPIs communities to report an incident to 211 LA. Incidents can also be reported using the www.stopaapihate.org website. The STOP AAPI Hate reporting form is available in 11 languages.

The HIV movement knows too well that hateful language has real stigmatizing consequences. The hatred and violence we are witnessing perpetuated against AAPIs are rooted in the same form of racism, discrimination, and misogyny that continue to hinder our progress in ending HIV. Join us in stopping hate and support the AAPI communities.

In Solidarity,

Los Angeles County Commission on HIV

<https://www.lavshate.org/>
<https://stopaapihate.org/>

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Standing in Solidarity: Supporting Our Diverse Long Beach Unified Community

February 18, 2025

Dear Students, Parents, Caregivers and Community,

Long Beach Unified stands firmly with our LGBTQ+ students, staff and families—along with every student, every family and every staff member—today and always, and our commitment to Excellence and Equity inspires everything we do.

In the face of societal and political challenges that attempt to divide rather than unite, we reaffirm our unwavering stance:

- Every student—regardless of sexual orientation, gender identity, gender expression, background, disabilities, immigration status, race, faith, culture or housing situation—deserves to be seen, feel safe and supported while under our care.
- We reject any attempt to undermine dignity, create division or deny the right to an inclusive education.

Long Beach Unified is committed to fostering an inclusive, equitable and welcoming environment for all. This means ensuring every student, family and staff member—across all identities, backgrounds and lived experiences—has access to the resources, opportunities and support they need to thrive.

- This means fostering safe and affirming spaces for our [LGBTQ+ students](#), families and staff.
- This means expanding mental health support for those navigating trauma or adversity.
- This means addressing disparities in special education, racial equity and economic opportunity to close achievement gaps.
- This means celebrating and respecting the unique contributions of every identity, race, culture and background represented within our school communities.

Together, as one community, we reject hate, break down barriers and work on building a nurturing and accepting environment where every student—without exception—can excel. This is not just our responsibility; it's our moral imperative.

Thank you for standing with us in solidarity, love and unwavering support for every member of our Long Beach Unified community.

~**Long Beach Unified School District**

Transgender Caucus 2025 Strategic Priorities

Draft

- **PURPOSE OF THIS DOCUMENT:** To identify activities and priorities the Transgender Caucus will lead and advance throughout 2025
- **CRITERIA:** Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the [2022-2026 Comprehensive HIV Plan \(CHP\)](#), and 3) align with COH staff and member capacities and time commitment.
- **CAUCUS RESPONSIBILITIES:** 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	ACTIVITY	ACTION STEPS	TIMELINE	STATUS
1	Transgender-focused Needs Assessment - <i>Collaborate with the Planning, Priorities and Allocations Committee to develop needs assessment focusing on the needs of Transgender People Living with HIV.</i>	<ol style="list-style-type: none"> 1. Identify locations and target populations. 2. Develop needs assessment questionnaire(s). 3. Analyze results and share findings and recommendations to address the needs of Transgender people living with HIV in LA County. 	Ongoing	
2	Provide Caucus Perspective - on various Commission/HIV-related issues impacting the Ryan White Program	Provide feedback on relevant Commission on HIV action items and motions including, but not limited to, service standards, priority setting and resource allocation, membership, and recruitment, and needs assessments.	Ongoing	



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

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





Estamos Escuchando

Comparta sus inquietudes con nosotros.

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

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

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

