LOS ANGELES COUNTY
COMMISSION ON HIV

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

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EXECUTIVE COMMITTEE MEETING

Thursday, September 25, 2025

1:00PM – 4:30PM (PST) ***Extended Meeting**

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/rb697359244a34b2fb9703b9bfc3e4dab

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

Password: EXECUTIVE Access Code: 2538 818 0259

Public Comments

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

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

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

Accommodations

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

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

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: https://www.surveymonkey.com/r/COHMembershipApp

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

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

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

EXECUTIVE COMMITTEE

Thursday, September 25, 2025 | 1:00PM-4:30PM *Extended Meeting

510 S. Vermont Ave, Terrace Level Conference, Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020
**As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held.*

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/rb697359244a34b2fb9703b9bfc3e4dab
To Join by Telephone: 1-213-306-3065
Password: EXECUTIVE Access Code: 2538 818 0259

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

AGENDA POSTED: September 22, 2025

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: http://hiv.lacounty.gov or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*
PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may submit in person, email to hivcomm@lachiv.org , or submit electronically here. All Public Comments will be made part of the official record.

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

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

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

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT 1:10 PM – 1:13 PM

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

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

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

IV. REPORTS

7. COH Staff Report 1:15 PM – 1:30 PM

A. Commission (COH)/County Operational Updates
   (1) 2025 COH Workplan & Meeting Schedule Updates
   (2) PY 35 & PY 36 Operational Budget Updates
   (3) Caucuses, Taskforce & Workgroups Subordinate Working Units Guidance & Updates
   (4) BOS Executive Office Commission Assessment: Report Back Discussion Updates
   (5) BOS Executive Office Commission and Oversight Body Communication Protocol

8. Co-Chair Report 1:30 PM – 1:45 PM

A. 2025 Annual Conference Planning – Finalize Agenda
B. Special Executive Committee Prevention Planning Discussion Updates & Next Steps
C. September 2, 2025, HRSA Listening Session for Planning Councils Feedback
D. October 9, 2025, COH Meeting Agenda Development
   (1) Meeting Venue: Jesse Owens Park Auditorium
   (2) PY 35 & PY 36 COH Operational Budget Updates
   (3) Annual Meeting Planning
   (4) Transitional Case Management Service Standards Approval
   (5) Integrated HIV Plan Presentation (LeRoy Blea, CDPH OA)
   (6) COH Effectiveness Review & Restructuring Project
      a. Proposed Changes to Bylaws for Approval
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*)

9. Division of HIV and STD Programs (DHSP) Report 1:45 PM – 2:00 PM

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

10. Standing Committee Report 2:00 PM – 2:30 PM

A. Planning, Priorities and Allocations (PP&A) Committee
   (1) Ryan White Program Year (PY) 36 Re-Allocations **MOTION #3**
   (2) PY 34 Utilization Report – Core Services
   (3) 2027-2031 Integrated HIV Plan Preparation Updates
B. Operations Committee
   (1) Membership Updates
      a. Seat Change| Dr. Leon Maultsby from Part C Representative to Provider Representative #1 **MOTION #4**
   (3) Membership Materials Review Workgroup Updates
   (4) Outreach & Recruitment Workgroup Updates
C. Standards and Best Practices (SBP) Committee
   (1) Patient Support Services (PSS) Service Standards | Public Comments Due 9/30/25
   (2) Service Standards Schedule
D. Public Policy Committee (PPC)
   (1) County, State and Federal Policy & Budget Updates
      a. 2025-2026 Legislative Docket Updates

11. Caucus, Task Force, and Work Group Reports: 2:30 PM – 2:45 PM

A. Aging Caucus
B. Black/AA Caucus
C. Consumer Caucus

D. Transgender Caucus
E. Women's Caucus
F. Housing Task Force

IV. DISCUSSION

12. COH Effectiveness Review & Restructuring Project 2:45 PM – 4:20 PM

A. COH Effectiveness Review & Restructuring Project Refresher
B. Outreach & Engagement Strategies in Preparation for October 9 COH Vote
   (1) Broad Distribution of Restructure & Bylaws Revision Process — FAQ
   (2) Completion of Required Bylaws Training Review & Acknowledgment
   (3) Agendized Committee/Caucus Refresher
C. Proposed Changes to Bylaws
   (1) Public Comments Review
B. Next Steps

V. NEXT STEPS 4:20 PM – 4:25 PM

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

VI. ANNOUNCEMENTS 4:25 AM – 4:30 PM

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

VII. ADJOURNMENT 4:30 PM

16. Adjournment of the regular Executive Committee meeting on September 25, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the meeting minutes, as presented or revised.
MOTION #4	Approve seat change for Commissioner Leon Maultsby from Part C Representative to Provider Representative #1, as presented.
MOTION #3	Approve the Ryan White Program Year 36 re-allocations, as presented or revised, and grant the Division of HIV and STD Programs (DHSP) the authority to adjust allocations by up to ten percent (10%) per service category, as needed —without returning to this body for additional approval.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

Updated 9.12.25

Meeting Schedule

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

January - December 2025

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

The Commission on HIV (COH) convenes several caucuses and other subgroups to harness broader community input in shaping the work of the Commission around priority setting, resource allocations, service standards, improving access to services, and strengthening PLWH voices in HIV community planning. Currently, the Commission convenes the Aging Caucus, Black Caucus, Consumer Caucus, Transgender Caucus and the Women's Caucus. Caucuses meet virtually unless otherwise announced. For meeting dates and times, contact COH staff directly or email hivcomm@lachiv.org.

LOS ANGELES COUNTY COMMISSION ON HIV

2025 MEMBERSHIP ROSTER| UPDATED 9.2.25

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

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: 44

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/2/25

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
			Medical Transportation Services
BLEA	**Leroy**	California Department of Public Health, Office of AIDS	Part B Grantee
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	T.H.E. Clinic, Inc.	Core HIV Medical Services - AOM; MCC & PSS
			Medical Transportation Services
CIELO	**Mikhaela**	Los Angeles General Hospital	No Ryan White or prevention contracts
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	No Ryan White or prevention contracts
DAVIS (PPC Member)	**OM**	Aviva Pharmacy	No Ryan White or prevention contracts
DOLAN (SBP Member)	**Caitlyn**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	No Affiliation	No Ryan White or prevention contracts
FINLEY	**Jet**	Unaffiliated representative	No Ryan White or prevention contracts
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	**Gerald**	Minority AIDS Project	Benefits Specialty
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	**Joaquin**	Unaffiliated representative	No Ryan White or prevention contracts
HARDY	**David**	University of Southern California	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
LESTER (PP&A Member)	**Rob**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	In the Meantime Men's Group	Promoting Healthcare Engagement Among Vulnerable Populations
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
PATEL	**Byron**	Los Angeles LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	No Affiliation	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated representative	No Ryan White or prevention contracts
SALAMANCA	**Ismael**	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAMONE-LORECA	**Sabel**	Minority AIDS Project	Benefits Specialty
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
SAN AGUSTIN	**Harold**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
			Medical Transportation Services
SAUNDERS	**Dee**	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
TALLEY	**Lambert**	Grace Center for Health & Healing	No Ryan White or prevention contracts
VEGA-MATOS	**Carlos**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

Division of HIV and STDs Contracted Community Services

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

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

EXECUTIVE COMMITTEE MEETING MINUTES

Thursday, August 28, 2025

COMMITTEE MEMBERS P = Present | A = Absent | EA=Excused Absence | AB2449=Virtual | Public: Virtual *Not eligible for AB2449 | LOA=LeaveofAbsence			
Danielle Campbell, MPH, PhDc, Co-Chair	P	Arburtha Franklin	P
Joseph Green, Co-Chair	P	Katja Nelson	P
Miguel Alvarez (EXEC At-Large)	P	Mario J. Perez (Non-Voting)	P
Alasdair Burton (EXEC At-Large)	EA	Dechelle Richardson (EXEC At-Large)	EA
Erika Davies	P	Darrell Russell	P
Kevin Donnelly	P		
Arlene Frames	EA		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Jose Rangel-Garibay, MPH; and Sonja D. Wright, DACM			

Meeting agenda and materials can be found on the Commission's website HERE

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Co-Chair Joseph Green called the meeting to order at 1:03 PM and reviewed meeting protocols.

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

Executive Director Cheryl Barrit conducted roll call; quorum confirmed.

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

4. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda order, as presented or revised. (MOTION #1: √Approved by Consensus.)

5. **APPROVAL OF MEETING MINUTES**
   MOTION #2: Approve the Executive Committee minutes, as presented or revised. (MOTION #2: √Approved by Consensus.)

II. PUBLIC COMMENT

6. **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.**
   No public comment.

III. COMMITTEE NEW BUSINESS ITEMS

7. **OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.**
   No new items proposed.

IV. REPORTS

8. **EXECUTIVE DIRECTOR/STAFF REPORT**
   - **A. Retirement Acknowledgement**: Members celebrated Cheryl Barrit's retirement, recognizing 28 years of service, including nine years as Executive Director. Cheryl was commended for fostering compassion, staff empowerment, and community engagement in HIV policy.
   - **B. Operational Updates:**
     (1) Corrective Action Plan (COH Code of Conduct, July 10 incident) – follow-up updates provided.
     (2) COH Workplan and Meeting Schedule: The COH remains on track, with the AEAM finalized to cover two fiscal years and ongoing coordination with DHSP on PSRA activities. Members were reminded that the September COH meeting is canceled; the next meeting will be held on October 9, 2025, when the revised bylaws are scheduled for approval.
     (3) PY 35 Budget: Secured $975,000 as the final budget for PY 35. Staff roles and duties redistributed due to budget constraints and staff reduction.

(4) Annual Conference: Focus on local research, policy & legislation, and community engagement. Themes will address funding cuts and ensure community-centered presentations. Agenda will be finalized at the next meeting.

9. **CO-CHAIR REPORT**
   A. **Subordinate Working Units**: Co-Chairs emphasized the importance of continued collaboration across Caucuses and Committees, noting recent County Counsel guidance regarding compliance with the Brown Act and federal requests to remove certain DEI-related language. Staff will provide follow-up guidance from both HRSA and County Counsel to clarify next steps.
   B. **October 9 COH Meeting Agenda**: Will include approval of bylaw changes, PY 35 budget updates, service standards approval and additional items.
   C. **Annual Meeting Planning**: Suggested to highlight Commission accomplishments and community voices.
10. **Division of HIV and STD Programs (DHSP) Report.** Mario Pérez, Director, DHSP, provided fiscal, programmatic, and procurement updates, emphasizing the continued uncertainty of federal funding streams and their impact on Los Angeles County's HIV portfolio:

    A. **Ryan White Program Funding & Services.**
       a. DHSP confirmed that Ryan White Part A services are sustained through February 2026, despite the delay in receiving the final award.
       b. DHSP approved $975,000 for the Commission's PY 35 operations, acknowledging overall budget constraints impacting staffing capacity and increased challenges in meeting service demand.
       c. Providers were advised that DHSP has limited flexibility to adjust contracts and may return to the Commission for additional reallocations should further reductions be required.
    B. **Medicaid and Service Delivery**
       a. Declining Medicaid revenues continue to affect service delivery, particularly in housing and oral health programs.
       b. Maintaining client Medicaid eligibility remains critical; however, new federal and state rules may complicate the enrollment and recertification process.
       c. DHSP acknowledged provider concerns and committed to ongoing technical assistance to minimize disruptions in care.

C. HIV Prevention Portfolio

a. DHSP outlined continued investments in biomedical prevention (PrEP, PEP, and TasP), HIV/STI testing, and harm reduction strategies.
b. Providers expressed concern over cuts to prevention funding and underscored the importance of stability for both staff and clients.
c. DHSP confirmed that HIV testing capacity has largely been preserved by leveraging alternative revenue sources, including Medicaid reimbursement, FQHC support, and 340B savings.

D. Ending the HIV Epidemic (EHE) and CDC Prevention Funding

a. DHSP reported delays and uncertainties in both EHE and CDC cooperative agreements, with partial awards received to date.
b. DHSP continues to monitor federal negotiations and prepare contingency plans should additional restrictions be imposed.

E. STD Trends and Surveillance

a. The STD report showed modest progress in reducing incidence, though syphilis and gonorrhea remain persistent challenges.
b. DHSP reinforced the importance of integrating HIV and STI prevention services and maintaining robust public health surveillance.

F. Policy & Compliance Issues

a. DHSP confirmed receipt of federal requests to remove equity- and DEI-related language (e.g., sexual orientation, gender identity, disproportionality) from funding applications. This has created delays in federal review processes and raised concerns among providers and Commission members.
b. Mr. Pérez acknowledged the tension between federal directives and community priorities and expressed DHSP's commitment to working with the Commission to navigate these issues while maintaining a focus on equity and culturally responsive services.
c. Mr. Pérez reported that DHSP has convened an internal SOGI workgroup to balance federal compliance requirements with the need for accurate data on disproportionately impacted communities. The workgroup will develop recommendations to be shared with the Commission to ensure alignment with the Commission's planning efforts.

Members stressed the need for proactive planning to address potential funding gaps, enhance provider coordination, and safeguard critical services in the face of ongoing fiscal and policy uncertainties**.**

11. Standing Committee Reports

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

(1) MOTION #3: Approve revised PY 35 re-allocations; grant DHSP authority to adjust up to 10% per category. (√ Approved (Roll Call) – Yes: MAlvarez, EDavies, KDonnelly, AFranklin, KNelson, DRussell, DCampbell, and JGreen; Abstain: MPerez)

(2) Reviewed PY 34 utilization and previewed Integrated HIV Plan (2027–2031).

B. Operations Committee

(1) Vilma Mendoza and Miguel Alvarez were elected as Co-Chairs.

(2) MOTION #4: Approve amendment to Policy #09.7201 (à la carte stipend model). (√ Approved (Roll Call) – Yes: MAlvarez, EDavies, KDonnelly, AFranklin, KNelson, DRussell, DCampbell, and JGreen; Abstain: MPerez)

(3) MOTION #5: Vacate seat of Commissioner Aaron Raines due to excessive absenteeism; forward to BOS. (√ Approved (Roll Call) – Yes: MAlvarez, EDavies, KDonnelly, AFranklin, KNelson, DRussell, DCampbell, and JGreen; Abstain: MPerez)

C. Standards and Best Practices (SBP) Committee

(1) MOTION #6: Approve Transitional Case Management Service Standards. (√ Approved (Roll Call) – Yes: MAlvarez, EDavies, KDonnelly, AFranklin, KNelson, DRussell, DCampbell, and JGreen; Abstain: MPerez)

(2) Patient Support Services standards under review; public comments due Sept 30.

D. Public Policy Committee (PPC)

A comprehensive update will be provided at the next Committee meeting.

12. Caucus, Task Force, and Work Group Reports

A. Aging Caucus: Promoting Power of Aging event (Sept 19, 2025).

B. Black/AA Caucus: Shared updates on Black Voices Storytelling Campaign.

C. Consumer Caucus: Listening session summary forthcoming on Medi-Cal and Ryan White navigation. Next Caucus meeting will review the Patient Support Services standards.

D. Transgender Caucus: Reviewing feedback from listening sessions.

E. Women's Caucus: Preparing results analysis from listening sessions.

F. Housing Task Force: Continued work on aligning housing priorities with HIV response.

V. DISCUSSION

13. COH EFFECTIVENESS REVIEW & RESTRUCTURING PROJECT. The Committee continued its focused discussion on the Commission's ongoing effectiveness review and restructuring, building on prior meetings and informed by County Counsel and HRSA guidance.

A. Final Restructure Scenario Refresher. AJ King, Consultant, led a refresher of the final restructuring scenario, which proposes reducing Commission membership to a minimum of 32 seats. However, it was noted that County Counsel recommended increasing membership to 33 to avoid tie votes.

Members reiterated the importance of balancing representation across providers, consumers, and community voices while maintaining quorum and meeting HRSA requirements.

B. Proposed Changes to Bylaws. The Committee initiated its review of 51 public comments submitted during the 30-day comment period. Approximately 42 comments remain pending review and will be addressed at a future session.

Members acknowledged strong community interest in ensuring the bylaws preserve equitable representation and clearly address conflicts of interest, particularly related to provider voting.

C. COH x DHSP Memorandum of Understanding (MOU) Updates. Draft updates to the MOU were presented, outlining clearer roles and responsibilities between COH and DHSP in planning, resource allocation, and reporting.

Members stressed the need for the MOU to reinforce collaboration while preserving the Commission's independence as an advisory body.

D. Membership Materials Review (Operations Committee Workgroup). Updates were provided on the workgroup's efforts to revise duty statements, the membership application, and interview questions.

Materials are being designed to better communicate expectations and support a streamlined recruitment and onboarding process in anticipation of the restructuring**.**

E. Outreach & Recruitment Campaign (Operations Committee Workgroup). The second workgroup is developing a targeted outreach strategy to broaden applicant pools and increase participation by communities disproportionately impacted by HIV.

Members emphasized ensuring language access, cultural responsiveness, and transparency in recruitment efforts.

F. Key Discussion Points

(1) Consumer Representation: Alasdair Burton reiterated the need to increase consumer voices across committees to ensure lived experience informs decision-making.

(2) Provider Participation: Providers requested that the number of provider seats not be limited within PP&A, noting their expertise is essential for effective resource allocation.

(3) Brown Act & DEI Guidance: Co-Chairs highlighted County Counsel's guidance around compliance with the Brown Act for Caucus operations and recent federal requests to "scrub" DEI language from documents. Staff will provide follow-up guidance from both HRSA and County Counsel to clarify compliance expectations and next steps.

(4) Federal Funding Risks: Members expressed concern about accepting federal funds with conditions that could undermine equity and representation. Several noted the need for contingency planning should these requirements conflict with the Commission's mission.

(5) The Committee agreed that restructuring remains critical to the Commission's sustainability and effectiveness and that final recommendations must balance compliance requirements with community needs and values.

VI. NEXT STEPS

14. Task/Assignments Recap

- ✓ All approved motions are final. The TCM Service Standards will elevate to the October 9, 2025 COH meeting for approval.
- ✓ The draft agenda for the November Annual Meeting will be updated to reflect suggestions from today's discussion.
- ✓ DHSP will forward to the COH recommendations from its internal SOGI workgroup to align efforts and language.

15. Agenda development for the next meeting.

- ✓ Continue review of bylaw public comments.
- ✓ Operations Committee update on Membership Review Materials and Outreach & Recruit Campaign workgroup progress
- ✓ Finalize draft agenda for October 9 COH meeting.
- ✓ Finalize November 13 Annual Meeting Agenda.
- ✓ Additional items as appropriate

VII. ANNOUNCEMENTS

16. Opportunity for members of the public and the committee to make announcements.
Acknowledgement of Cheryl Barrit's retirement effective August 31, 2025.

.VIII. ADJOURNMENT

17. Meeting adjourned in memory of former Commissioner Dean Page at 4:17PM.

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

FOR DISCUSSION /PLANNING PURPOSES ONLY
12.04.24; 12.30.24; 01.06.25; 2.19.25; 03.09.25; 03.24.25; 03.30.25; 4.19.25; 4.28.25; 7.23.25; 9.25.25
June, August and September Cancellations approved by the Executive Committee on 4/24/25

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

2025 Meeting Schedule and Topics - Commission Meetings	
Month	**Key Discussion Topics/Presentations**
~~1/9/25 @ The California Endowment~~ Cancelled due to Day of Mourning for former President Jimmy Carter	Commission on HIV Restructure ***facilitated by Next Level Consulting and Collaborative Research**** ~~Brown Act Refresher (County Counsel)~~ Replaced with training hosted by EO on Jan. 30.
~~2/13/25 @ The California Endowment~~ ~~*Consumer Resource Fair will be held from 12 noon to 5pm~~	~~Commission on HIV Restructure ***facilitated by Next Level Consulting and Collaborative Research****~~
~~3/13/25 @ The California Endowment~~	• ~~Year 33 Utilization Report for All RWP Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ • ~~COH Restructuring Report Out~~
~~4/10/25 @ St. Anne's Conference Center~~	• ~~Contingency Planning RWP PY 35 Allocations~~ • ~~Year 33 Utilization Report for RW Core Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ ~~(Move to PP&A 4/15/25 meeting)~~

~~5/8/25 @ St. Anne's Conference Center~~	• ~~Year 33 Utilization Report for RW Support Services Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ ~~(Move to PP&A 5/1/25 meeting)~~ • ~~Unmet Needs Presentation (DHSP/Sona Oksuzyan, PhD, MD, MPH)~~ ~~(Move to PP&A meeting, date TBD)~~ • ~~Approve 20% RWP funding scenario allocations~~ • ~~COH Restructuring Workgroups Report and Discussion~~ • ~~Housing Task Force Report of Housing and Legal Services Provider Consultations~~
~~6/12/25~~	• ~~CANCELLED~~
~~7/10/25 @ Vermont Corridor~~	• ~~COH Restructuring/Bylaws Updates~~ • ~~Medical Monitoring Project (Dr. Ekow Sey, DHSP) CONFIRMED~~ • ~~PURPOSE Study (Requested by Suzanne Molino, PharmD, Gilead Sciences, Inc.); CONFIRMED~~
~~8/14/25~~	~~CANCELLED~~
~~9/11/25~~	~~CANCELLED~~
10/9/25 @ Jesse Owens	Vote on Revised COH Bylaws
11/13/25 @ St. Anne's	ANNUAL MEETING
12/11/25 @ Chace Burton (MDR)	TBD

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

America's HIV Epidemic Analysis Dashboard (AHEAD) - Host a virtual educational session on 9/11/25 – *Postponed until further notice.*

Special Executive Committee Meeting "Recap"

Thursday, September 18, 2025 | 1:00 – 3:00 PM

CLICK HERE FOR MEETING PACKET

Purpose of the Meeting

Led by Danielle Campbell, MPH, PhD, Commission Co-Chair and AJ King, MPH, Consultant, Next Level Consulting, the Executive Committee convened a special session to level set on the Commission's role in HIV prevention within its function as an integrated prevention and care planning body. The session was designed to:

- Clarify expectations between the Commission and the Division of HIV and STD Programs (DHSP)
- Capture strategies to elevate prevention in the Commission's ongoing restructuring, including membership composition, bylaws revisions, and workplan development.
- Engage a broad range of prevention stakeholders and invited guests—including former Prevention Planning Committee members, Prevention Planning Workgroup members, consumers, and community partners—to inform and support the discussion.

Refer to Discussion Guide in meeting packet.

Key Discussion Points

Defining "Prevention"

The meeting opened with the guiding question: *What is prevention*?

Attendees described prevention broadly, emphasizing a status-neutral, syndemic approach that integrates multiple strategies:

- U=U and treatment as prevention (viral suppression prevents transmission).
- Biomedical interventions: PrEP, PEP, TasP, HIV/STI testing.
- Social determinants of health (SDOH): housing, mental health, substance use, poverty.
- Integration of STIs and behavioral health as part of prevention.
- Harm reduction strategies and person-centered approaches.

Participants emphasized that the Commission does not need to "do it all," but can play a central role as a connector, convener, and advocate, leveraging the work of community partners and providers.

Historical Role of the Prevention Planning Committee (PPC)

- Conducted needs assessments of populations at risk (distinct from newly diagnosed).
- Reviewed data and developed syndemic and "fair-share" models in partnership with academic experts.
- Created a resource inventory of prevention services and funding.
- Identified research trends and leveraged evidence to shape planning.

Prevention Planning Workgroup (PPW)

- Created a training schedule of knowledge gaps identified by the analysis of the knowledge, attitudes, and beliefs (KAB) survey to build Commissioner capacity.
- Developed a status neutral framework
- Reviewed Prevention Services Standards
- Provided prevention recommendations to PP&A

DHSP's Expectations and Opportunities

Identified gaps where the Commission can add value:

- Explore innovative prevention programs.
- Developing a resource inventory to track programs and funding across the county.
- Carrying out needs assessments focused on prevention populations. **Clarification: The Commission's listening sessions focus on sexual health, with prevention intentionally integrated into the discussions*.

How DHSP can strengthen partnership with the Commission:

- Improve the data request and sharing process—create a clear, standardized pathway for Commission access to DHSP data.
- Provide ongoing updates to support Commission deliberations on prevention priorities. *Note: Participants expressed appreciation for the recent transparency in prevention portfolio updates and requested that this level of sharing be maintained moving forward*.

Elevating Prevention in the New Commission Structure

- **Membership**: Prevention expertise must be explicitly represented in membership composition—by designated seats (providers, researchers, and those with lived prevention experience), not just by scope.
- **Consumers:** Increase participation of prevention consumers (e.g., individuals on PrEP/PEP, frequent HIV/STI testers, participants in prevention CABs, recipients of non-biomedical prevention services).
- **Standing agenda item**: Add a dedicated prevention item at every full Commission meeting to keep prevention visible and ensure accountability.

- **Education**: Provide ongoing prevention education to members, such as reviving the CHIPTS Colloquia and reestablishing a bi-directional relationship with the research community.
- **Metrics**: Clarify and define prevention outcomes, such as "retained in care on PrEP," and define the PrEP continuum for greater precision and usefulness in planning.

Additional Themes Raised

- **Harm reduction lessons**: Language matters, "people first"; provide information and respect consumer autonomy.
- **Mental health as prevention**: Behavioral health support is a core prevention strategy.
- **Ending the HIV Epidemic (EHE)**: Incorporate Ending the HIV Epidemic (EHE) activities and reference materials into the Commission's prevention planning to ensure alignment with local strategies and best practices.
- **Historical context**: The former Prevention Planning Committee could present lessons learned to inform the Commission's next steps.

CDPH, Office of AIDS (OA) Overview on the Integrated HIV Plan & Prevention

Presentation by LeRoy Blea, CDPH OA – refer to PPT slides in meeting packet:

- OA will create jurisdiction-specific surveillance profiles for LA County to guide planning.
- Two integrated plans will be developed:
  - ✓ A federally compliant version (sanitized to meet federal data and language requirements).
  - ✓ An internal/legacy version retaining full demographic and gender data for meaningful local planning.
- The integrated plan will:
  - ✓ Incorporate a syndemic approach, grounded in social determinants of health.
  - ✓ Integrate LA County's needs assessment and other data, with clear, measurable objectives.
  - ✓ Build upon existing processes and strengths already in place.
- OA encouraged LA County to request technical assistance on refining the PrEP continuum.
- OA and DHSP will continue to meet regularly with Commission staff to ensure alignment on integrated planning activities.

Recommendations & Actionable Next Steps

1. **Standing Prevention Agenda Item**
   - ✓ Add a recurring prevention-focused item to all full Commission meeting agendas.
   - ✓ Use this space to highlight prevention data, emerging issues, and program updates to ensure prevention remains a standing priority.
2. **Bylaws & Restructuring – Prevention Integration**
   - ✓ Ensure prevention expertise and consumer representation are explicitly incorporated into membership composition and committee structures.
   - ✓ Map designated seats for providers, researchers, and individuals with lived prevention experience.
3. **Quarterly Prevention Data Briefs**
   - ✓ Develop a quarterly data briefing process with DHSP, beginning with the PrEP continuum and disparities.
   - ✓ Include plain-language summaries for consumers and technical detail for providers and policymakers.
4. **Prevention Resource Inventory**
   - ✓ Establish and maintain a living, shared inventory of prevention programs, funding streams, and points of access.
   - ✓ Update quarterly and align with DHSP's portfolio to reduce duplication and identify gaps.
5. **Technical Assistance on Prevention/PrEP Continuum**
   - ✓ Submit a formal TA request through OA to refine the prevention continuum for LA County.
   - ✓ Use this to define metrics such as "retained in care on PrEP," initiation, persistence, and re-engagement.
6. **Standardized Data Request & Sharing Process**
   - ✓ Collaborate with DHSP to design a standardized process for prevention data requests, including clear templates, timelines, and points of contact.
   - ✓ Build on recent positive steps in prevention portfolio transparency, ensuring this level of sharing is sustained.
7. **Ongoing Member Education & Engagement**
   - ✓ Re-establish prevention-focused education opportunities (e.g., CHIPTS Colloquia) to bring research and practice back to the Commission.
   - ✓ Strengthen a bi-directional relationship with the research community to inform policy and program design.
8. **Community Engagement & Needs Assessment**
   - ✓ Integrate prevention more explicitly into the Commission's listening sessions on sexual health.
   - ✓ Use findings to shape a prevention-specific needs assessment that complements care-focused assessments.

9. **Alignment with EHE & Best Practices**
   - ✓ Request from DHSP and Incorporate Ending the HIV Epidemic (EHE) activities and materials into the Commission's prevention planning.
   - ✓ Ensure objectives and strategies align with both local best practices and federal/state priorities.
10. **Historical Context & Lessons Learned**
   - ✓ Engage former Prevention Planning Committee members to provide a historical briefing on past prevention planning efforts.
   - ✓ Use lessons learned to guide future prevention planning and avoid duplication.

LOS ANGELES COUNTY
COMMISSION ON HIV

Subordinate Working Units Meeting Decision-Making Tool

(July 2025)

For Caucuses, Task Forces & Work Groups – refer to Policy #08.1102 for a description of the role(s), structures and governing rules of the Commission's various types of subordinate committees and working groups.

This tool is designed to help leadership for subordinate working units to decide when to hold a meeting and why, ensuring that meetings are intentional, legally compliant, and aligned with strategic Commission goals.

The PURGE Test

Use the acronym PURGE to determine whether a meeting should be scheduled. *All five criteria must be met.*

Decision Criteria	Guiding Questions	Proceed with Meeting?
Purpose	Is there a clear purpose or deliverable (e.g., planning an event, responding to a directive, presenting to full Commission)?	☐ Yes, if deliverable is identified
Urgency	Is there a time-sensitive issue that must be addressed before the next scheduled Commission meeting?	☐ Yes, if time-sensitive and cannot be addressed elsewhere
Readiness	Are the necessary materials, leadership, facilitators, or information available to conduct a productive meeting? Is there confirmed leadership capacity, including commitment from at least two Commissioners in good standing to lead the subgroup?	☐ Yes, if ready
Goal Alignment	Does the topic support the goals of the Commission, integrated plan, or specific motion/request? Can an existing committee fulfill the function or task?	☐ Yes, if aligned
Engagement	Will there be sufficient participation or community input to inform a meaningful discussion? Consider time, date, competing/conflicting events, meeting format (hybrid/in person/virtual)	☐ Yes, if members/stakeholders are confirmed

If one or more PURGE criteria are not met, consider using an alternative format—such as email, workgroup, or leadership/staff facilitation—instead of holding a full meeting.

MOTION #3: Approve the Ryan White Program Year 36 Reallocations, as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.

Los Angeles County Commission on HIV Program Year 36 (PY36) Reallocations - Part A

Service Category	Service Ranking	Approved PY 35 Allocations[1]	Revised PY 36 Allocations
ADAP Treatments	**9**	0.00%	0.00%
Child Care Services	**18**	0.00%	0.00%
Early Intervention Services (Testing Services)	**11**	2.07%	2.07%
Emergency Financial/Rental Assistance	**2**	4.29%	4.29%
Health Education/Risk Reduction	**13**	0.00%	0.00%
Health Insurance Premium & Cost Sharing Assistance	**15**	0.00%	0.00%
Home and Community-Based Services (Intensive Case Management Home Based)	**17**	3.96%	3.96%
Home Health Care	**16**	0.00%	0.00%
Hospice Services	**28**	0.00%	0.00%
Housing: RCFCI TRCF (Part B)	**1**	11.75%	11.75%
Legal Services	**23**	2.68%	2.68%
Linguistic Services (Language Services)	**27**	0.00%	0.00%
Local AIDS Pharmaceutical Assistance Program	**22**	0.00%	0.00%
Medical Case Management (Medical Care Coordination)	**6**	16.05%	16.05%
Medical Nutritional Therapy	**26**	0.00%	0.00%
Medical Transportation	**10**	1.86%	1.86%
Mental Health Services	**3**	3.64%	3.64%
Non-medical Case Management: Benefits Specialty Services	**5**	2.96%	2.96%
Non-medical Case Management: Patient Support Services	**5**	9.60%	9.60%
Non-medical Case Management: Transitional Case Management-Jails	**5**	0.00%	0.00%
Nutrition Support: Food Bank Home Delivered Meals	**7**	8.27%	8.27%
Oral Health: General Specialty	**8**	18.16%	18.16%
Outpatient Medical Health Services (Ambulatory Outpatient Medical)	**20**	14.71%	14.71%
Outreach Services: Linkage Re-engagement Program (LRP)	**14**	0.00%	0.00%
Psychosocial Support Services	**4**	0.00%	0.00%
Referral	**24**	0.00%	0.00%
Rehabilitation	**25**	0.00%	0.00%
Respite Care	**21**	0.00%	0.00%
Substance Abuse Residential	**19**	0.00%	0.00%
Substance Abuse Services Outpatient	**12**	0.00%	0.00%
Total		100.00%	100.00%

1) Approved by PP&A on 8/19/25; Approved by Exec. on 8/28/25

Los Angeles County Commission on HIV

Program Year 36 (PY36) Reallocations - Minority AIDS Initiative (MAI)

Service Category	Service Ranking	Approved PY 35 Allocations[(1)]	Revised PY 36 Allocations
ADAP Treatments	9	0.00%	0.00%
Child Care Services	18	0.00%	0.00%
Early Intervention Services (Testing Services)	11	0.00%	0.00%
Emergency Financial Assistance	2	0.00%	0.00%
Health Education/Risk Reduction	13	0.00%	0.00%
Health Insurance Premium & Cost Sharing Assistance	15	0.00%	0.00%
Home and Community-Based Services (Intensive Case Management Home Based)	17	0.00%	0.00%
Home Health Care	16	0.00%	0.00%
Hospice Services	28	0.00%	0.00%
Housing: Transitional (Rampart Mint)	1	100.00%	100.00%
Legal Services	23	0.00%	0.00%
Linguistic Services (Language Services)	27	0.00%	0.00%
Local AIDS Pharmaceutical Assistance Program	22	0.00%	0.00%
Medical Case Management (Medical Care Coordination)	6	0.00%	0.00%
Medical Nutritional Therap	26	0.00%	0.00%
Medical Transportation	10	0.00%	0.00%
Mental Health Services	3	0.00%	0.00%
Non-medical Case Management: Benefits Specialty Services	5	0.00%	0.00%
Non-medical Case Management: Patient Support Services	5	0.00%	0.00%
Non-medical Case Management: Transitional Case Management-Jails	5	0.00%	0.00%
Nutrition Support: Food Bank Home Delivered Meals	7	0.00%	0.00%
Oral Health: General Specialty	8	0.00%	0.00%
Outpatient Medical Health Services (Ambulatory Outpatient Medical)	20	0.00%	0.00%
Outreach Services: Linkage Re-engagement Program (LRP)	14	0.00%	0.00%
Psychosocial Support Services	4	0.00%	0.00%
Referral	24	0.00%	0.00%
Rehabilitation	25	0.00%	0.00%
Respite Care	21	0.00%	0.00%
Substance Abuse Residential	19	0.00%	0.00%
Substance Abuse Services Outpatient	12	0.00%	0.00%
Total		100.00%	100.00%

1) Approved by PP&A on 8/19/25; Approved by Exec. on 8/28/25

Ryan White Program Utilization Summary: Core Services
RW Year 34: March 1, 2024 - February 28, 2025

Sona Oksuzyan, Supervising Epidemiologist
Amanda Wahnich, Supervising Epidemiologist
Monitoring and Evaluation Unit
Division of HIV and STD Programs

September 16, 2025

Agenda

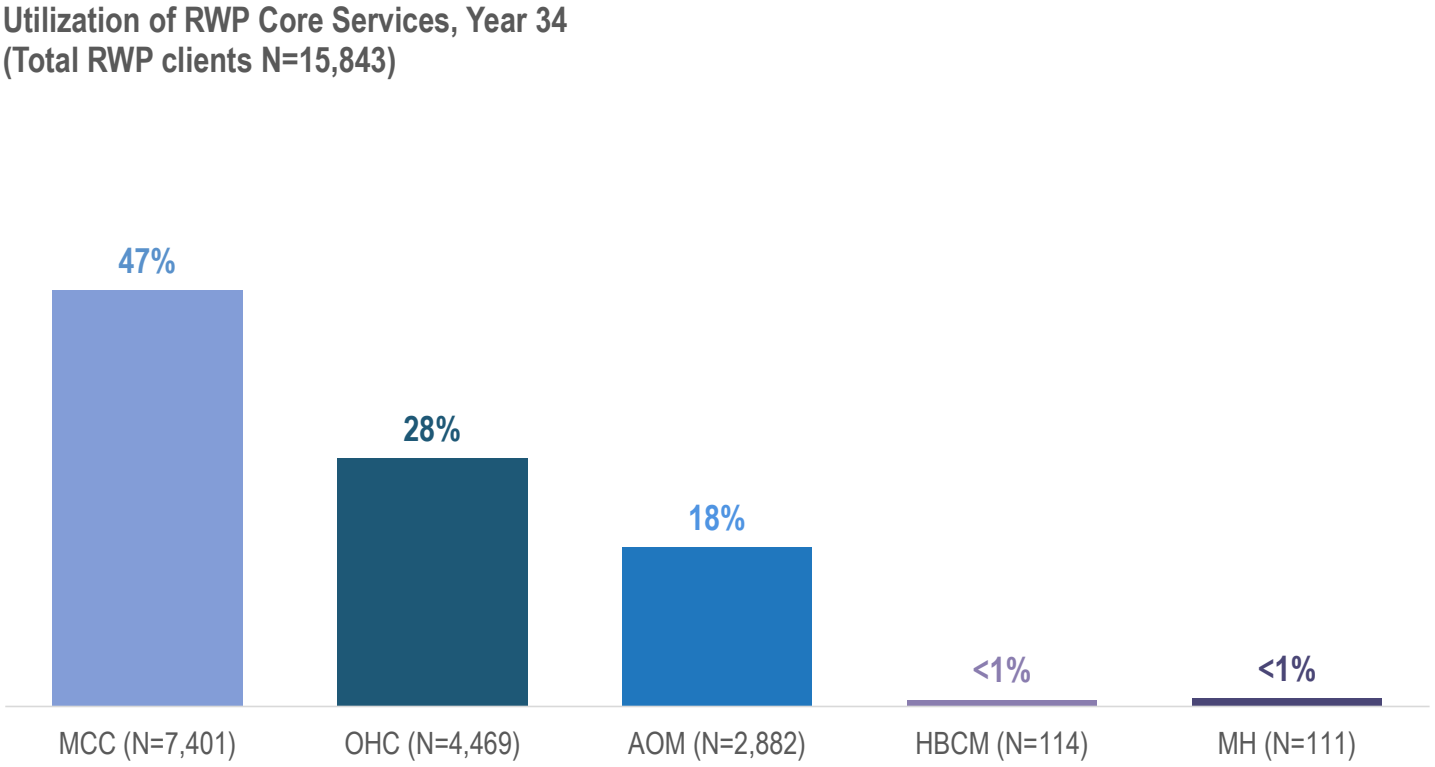
- Core Services Overview
- Core Services Deep Dive Framework
- Core Services Expenditures
- Key Takeaways

County of Los Angeles Public Health

Overview of Core Services

Medical Care Coordination (MCC) 18 contracted sites	Addresses **patients' medical and non-medical needs through coordinated case management** to support continuous engagement in care and adherence to ART
Oral Health Care (OHC) 12 contracted sites	Provides **routine comprehensive oral health care**, including prevention, treatment, counseling, and education
Ambulatory Outpatient Medical (AOM) 18 contracted sites	Provides **comprehensive outpatient care** including primary medical care, HIV medication management, laboratory testing, counseling, nutrition education, case management, support groups, and access to specialized HIV treatment options
Mental Health (MH) 7 contracted sites	Provides **mental health assessment, treatment planning and provision**
Home-Based Case Management (HBCM) 5 contracted sites	Provides c**lient-centered case management and social work activities**, focusing on care for **PLWH who are functionally impaired and require intensive home and/or community-based care**

Medical Care Coordination (MCC) was the most highly used core service in Year 34.



RWP Year 34: Core Service Category Deep Dive Framework & Discussion

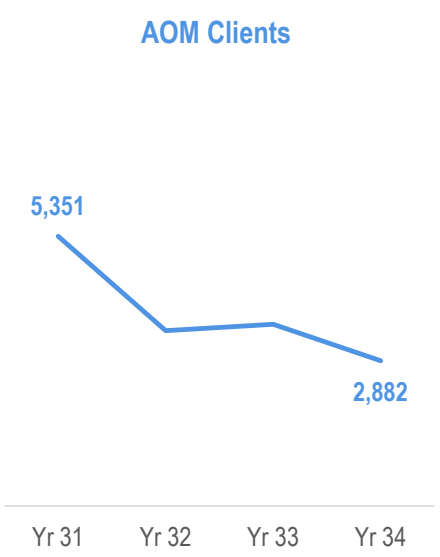
Overall Service Utilization and Expenditure Summary	• Client Served • Service Units (Total and Per Client) • Expenditures (Total and Per Client)
Client Demographics	• Gender • Race • Age
Priority Population Engagement	• Latinx MSM • Black/AA MSM • Age ≥ 50 years • Age 13-29 clients • Women of color • Transgender Clients • PWID • Unhoused < 12 months
Health Determinants	• Primary language • Income • Primary insurance • Housing status • Incarceration history
HIV Care Continuum Outcomes	• Engaged in Care • Retained in Care • Suppressed Viral Load

Ambulatory Outpatient Medical (AOM)

- 20% reduction in service utilization in Year 34 compared to Year 33
- 31% reduction in expenditures in Year 34 compared to Year 33

County of Los Angeles Public Health

- A total of **2,882 unique clients** received AOM services, which represent almost a fifth (18%) of RWP clients.
- There was an **overall decline in AOM utilization over the last couple of years** largely due to DHS agencies departure from RWP and partially due to Medi-Cal expansion.



AOM Service Utilization & Expenditures Summary, Year 34

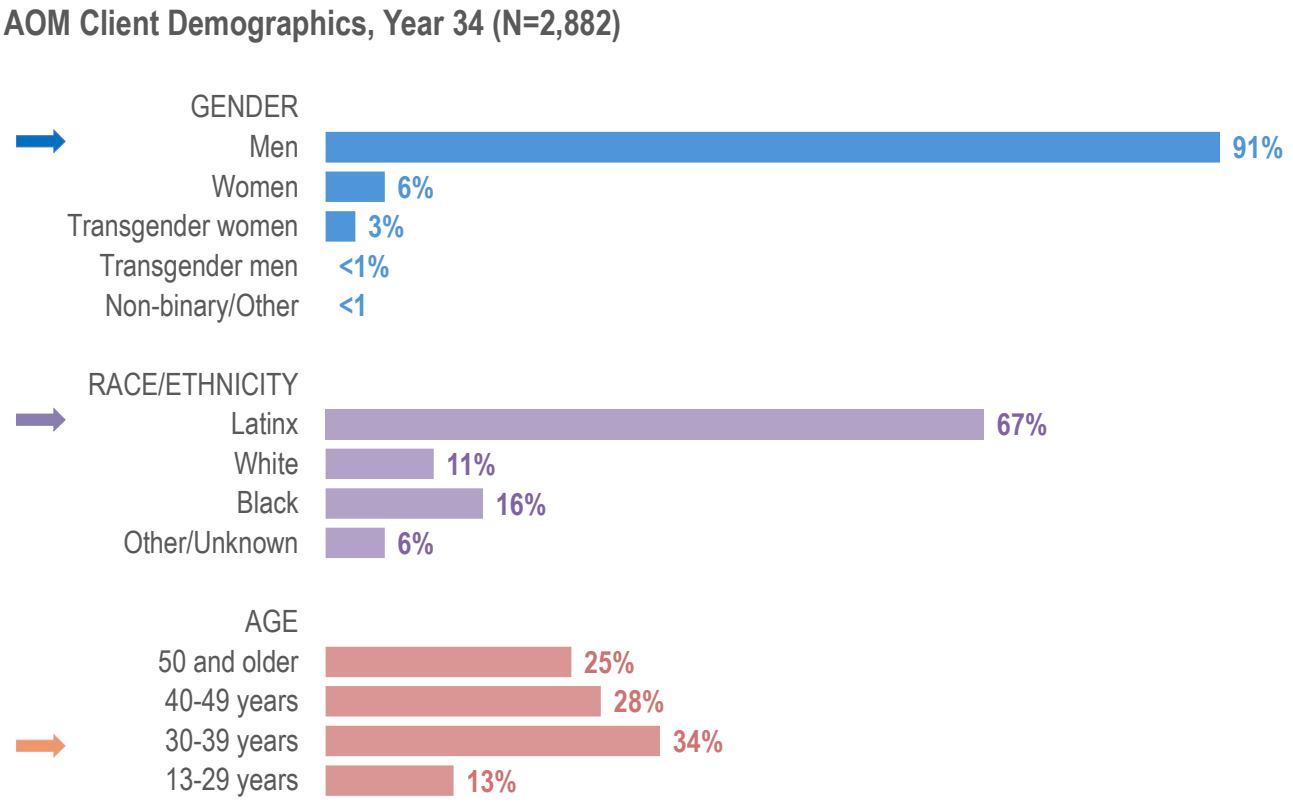
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
AOM	**2,882**	Visits/ Procedures	**n/a**	**n/a**	***$5,183,652***	***$1,799***
Fee for Service	**2,882**	**Visits**	**7,480**	**3**	***$3,417,295***	***$1,186***
Supplemental AOM Procedures	2,639	Procedures	53,157	20	*$1,257,972*	*$477*
Medical Subspecialty*					*$508,385*	

Funding Source:

- *RWP Part A - $4,949,495*
- *HIV NCC - $234,157*

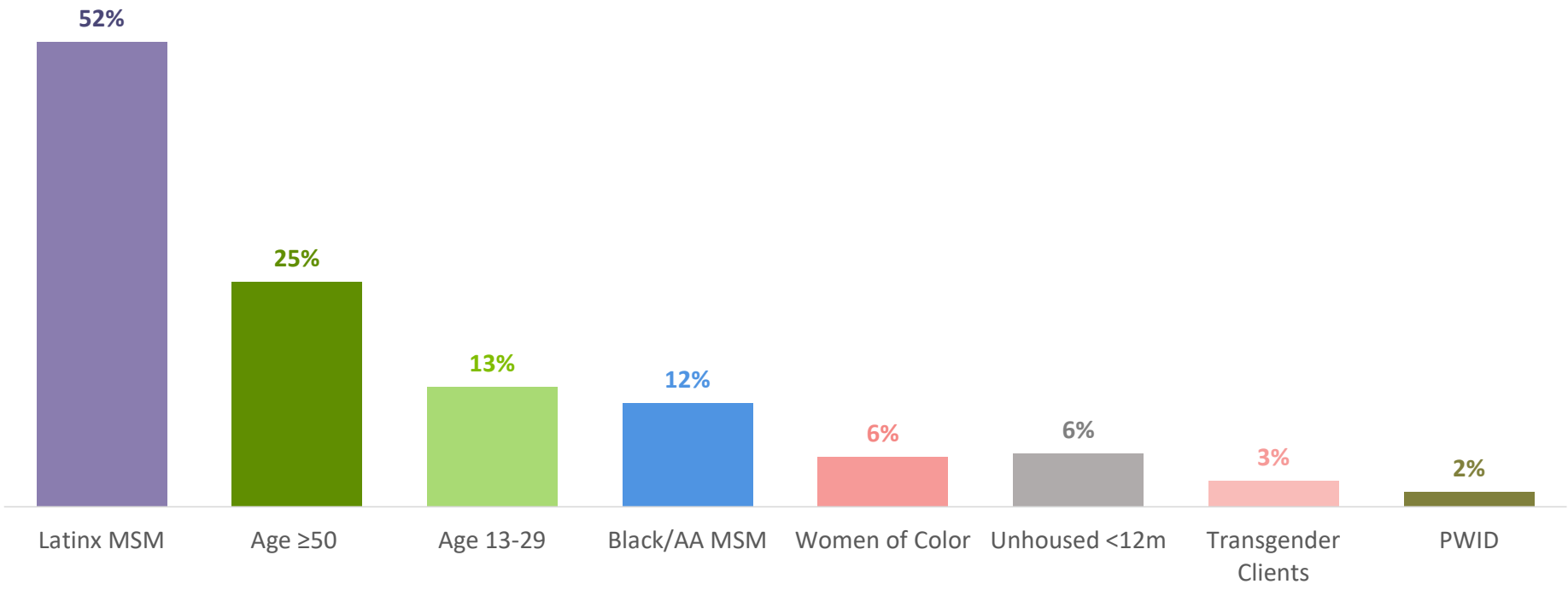
*No data in CaseWatch

AOM clients were predominantly cisgender men, Latinx and people aged 30-39 years old.



AOM services are reaching clients in LAC priority populations*

- **Latinx MSM** clients represented the **largest percentage of AOM clients**
- Clients **age ≥ 50** represented a **quarter of AOM clients**



*Priority population groups are not mutually exclusive, they overlap.

Most AOM clients predominantly spoke English, lived at/below FPL, permanently housed, and no insurance or incarceration history.

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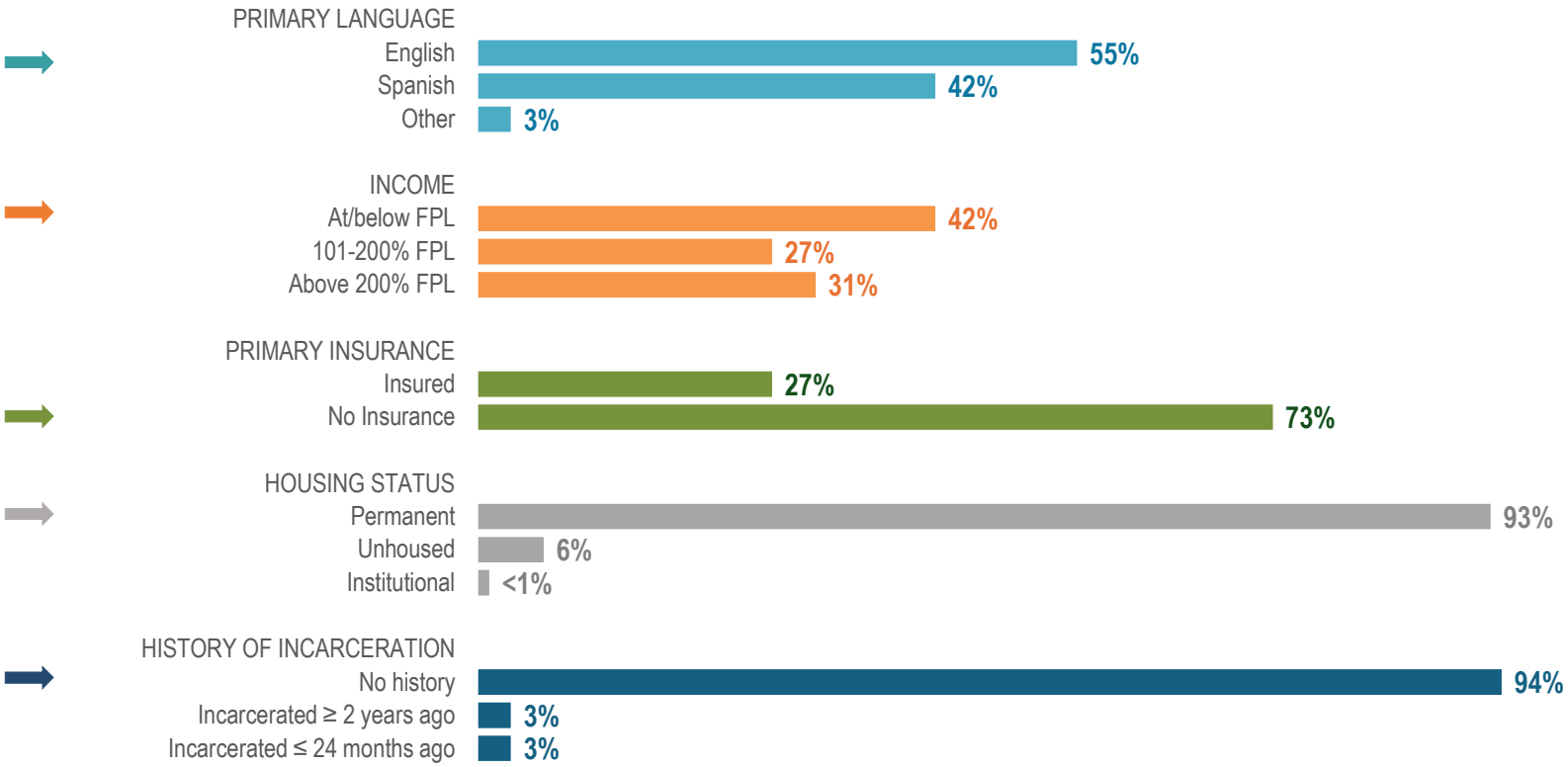
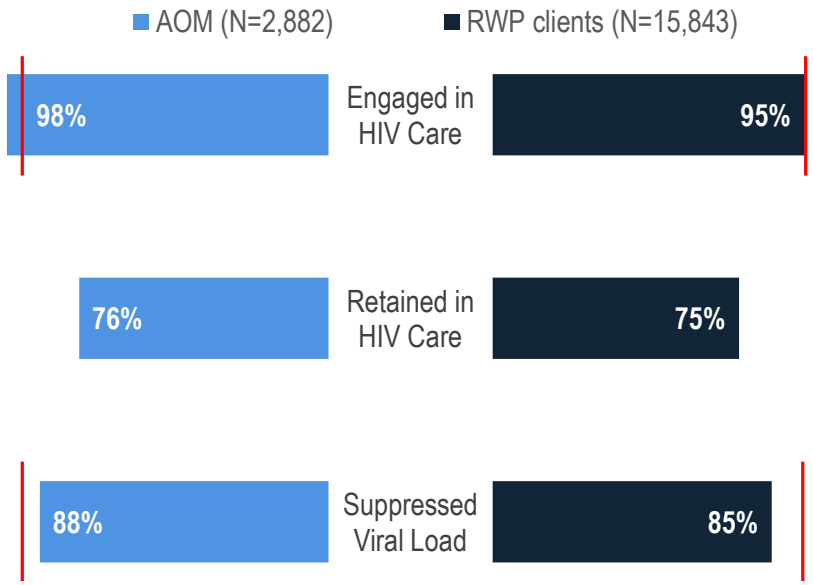
AOM Client Health Determinants, Year 34 (N=2,882)



Overall, AOM Clients had better HIV care outcomes attainment compared to RWP clients

- Engagement[a], retention in care[b], and viral load suppression[c] percentages were higher for AOM clients compared to RWP clients overall, Year 34.
- AOM clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care in Year 34.



Data source: HIV Casewatch as of 5/1/2025

[a]**Engagement in Care** defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/5/2025
[b]**Retention in care** defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12-month period based on HIV laboratory data as of 5/5/2025
[c]**Viral suppression** defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 5/5/2025

Medical Care Coordination (MCC)

Highest utilized RWP service

- 7% increase in service utilization in Year 34 compared to Year 33
- 9% increase in expenditures in Year 34 compared to Year 33

County of Los Angeles Public Health

- A total of **7,401 unique clients** received MCC services, which represent 47% of RWP clients.
- **MCC service utilization** in starting to **have an uptick in Year 34** compared to the previous 2 years.

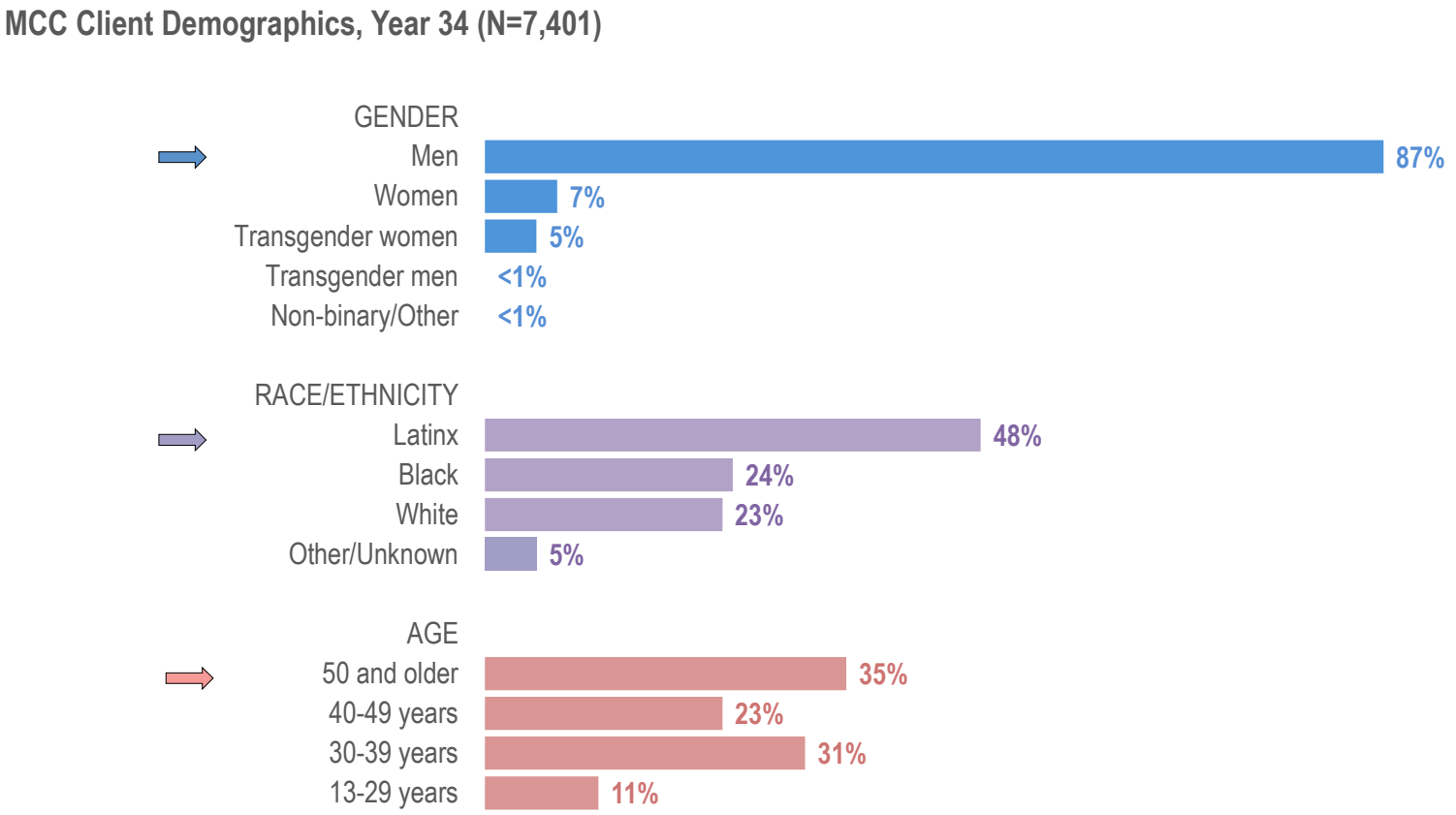
MCC Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
MCC	7,401	Hours	102,451	14	*$11,684,158*	*$1,579*

Funding Source:

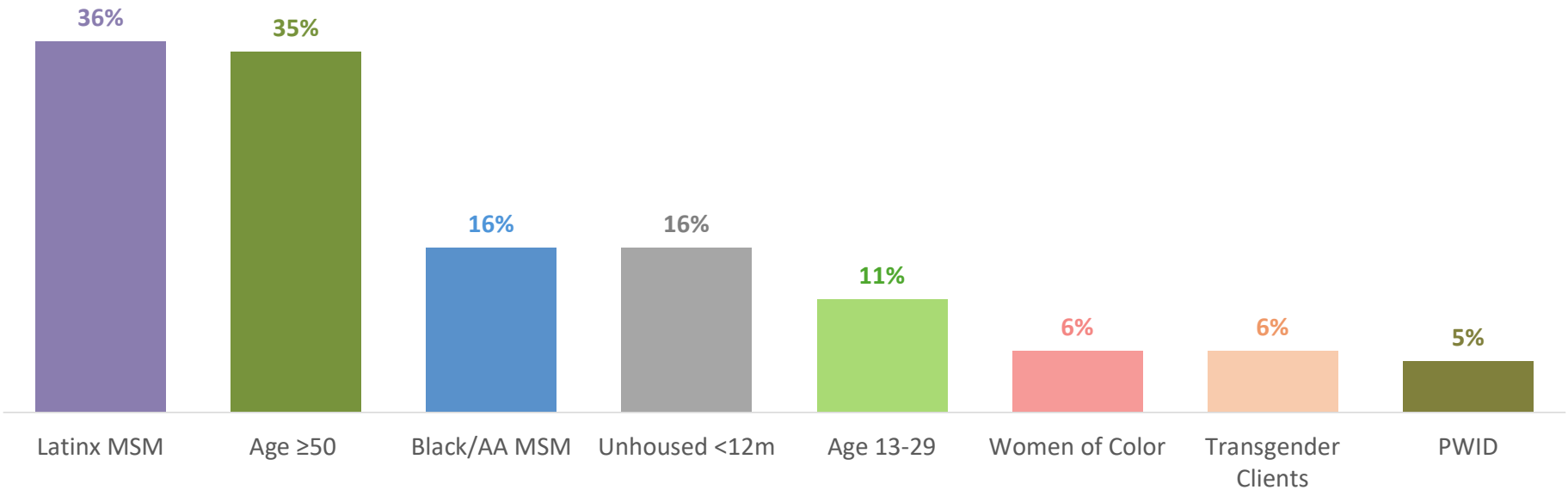
- *Part A - $11,684,158*

MCC clients were predominantly cisgender men, Latinx and people aged 50 and older.



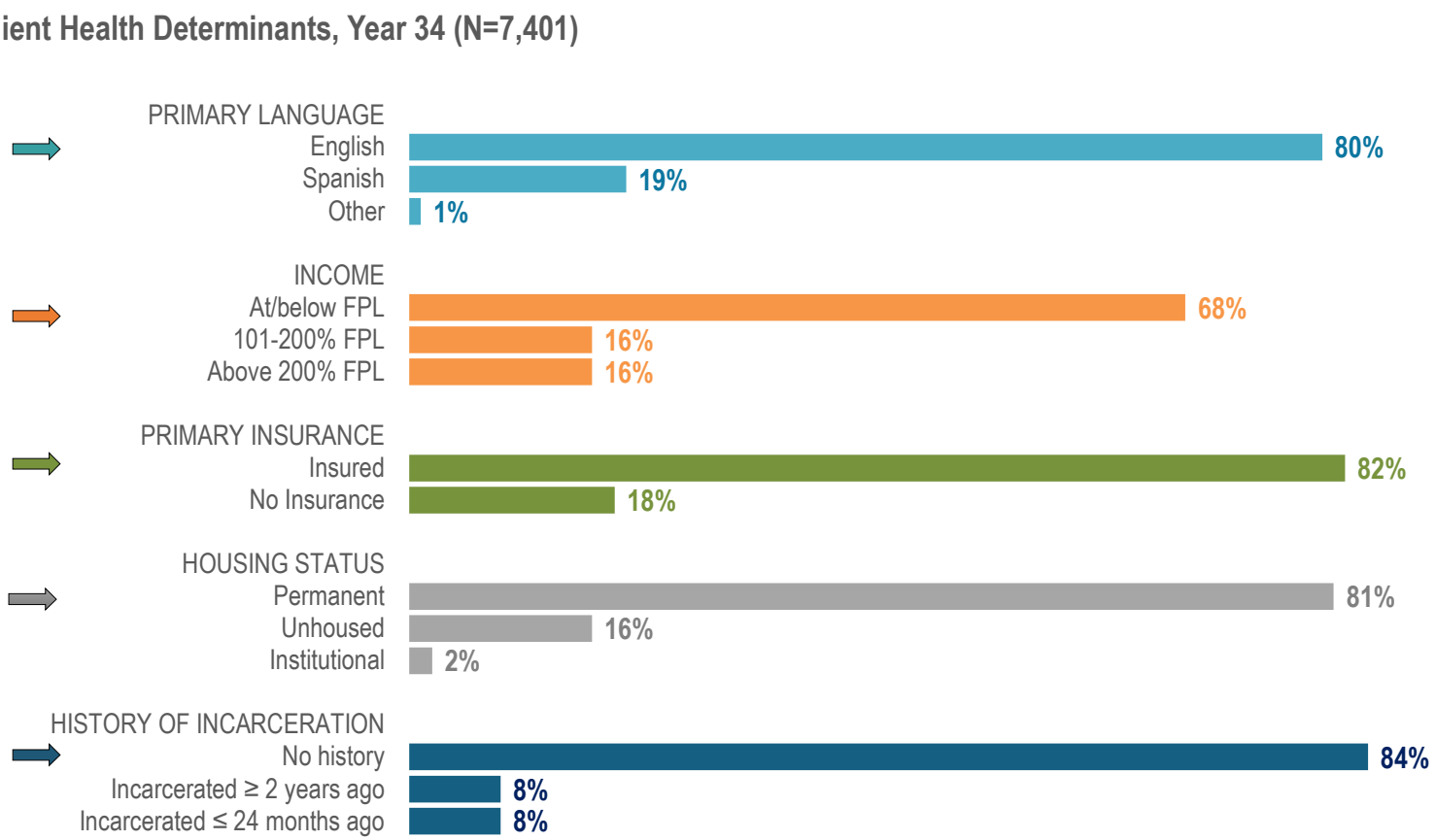
LAC Priority Populations Accessing the MCC Services*, Year 34

- **Latinx MSM** clients represented the largest percentage
- **Clients age ≥ 50** represented over a third of all MCC clients



*Priority population groups are not mutually exclusive, they overlap.

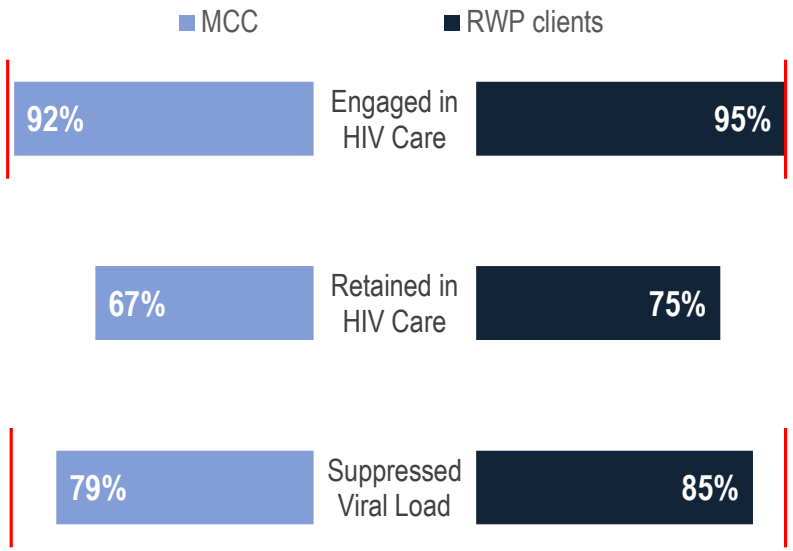
Most of MCC clients spoke English, lived at or below FPL, permanently housed, and no history of incarceration.



Overall, MCC clients had lower HIV care outcome attainment compared to RWP clients.

- Engagement[a], retention[b], and viral load suppression[c] percentages were lower for MCC clients compared to RWP clients overall, Year 34.

- MCC clients did not meet the EHE targets
  - MCC clients have more barriers than RWP overall



Data source: HIV Casewatch as of 5/1/2025

[a]**Engagement in Care** defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/5/2025
[b]**Retention in care** defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12-month period based on HIV laboratory data as of 5/5/2025
[c]**Viral suppression** defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 5/5/2025

Oral Health Care (OHC)

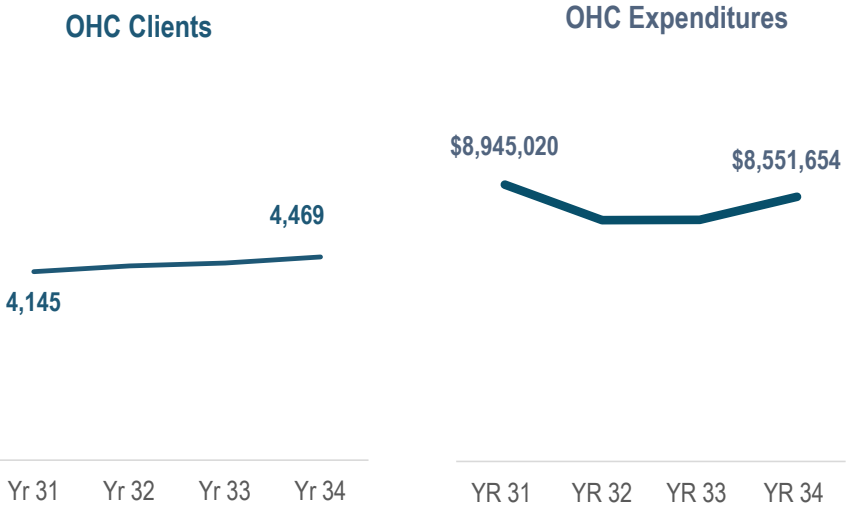
Second highest utilized RWP service

- 3% increase in service utilization in Year 34 compared to Year 33
- 10% increase in expenditures in Year 34 compared to Year 33

A total of **4,469 unique clients** received **Oral Health Care services** representing 28% of RWP clients.

- *General Oral Health* services were provided to **4,185** clients.
- *Specialty Oral Health* services were provided to **986** clients.

Oral Health Care utilization **increased** in the past 4 years.



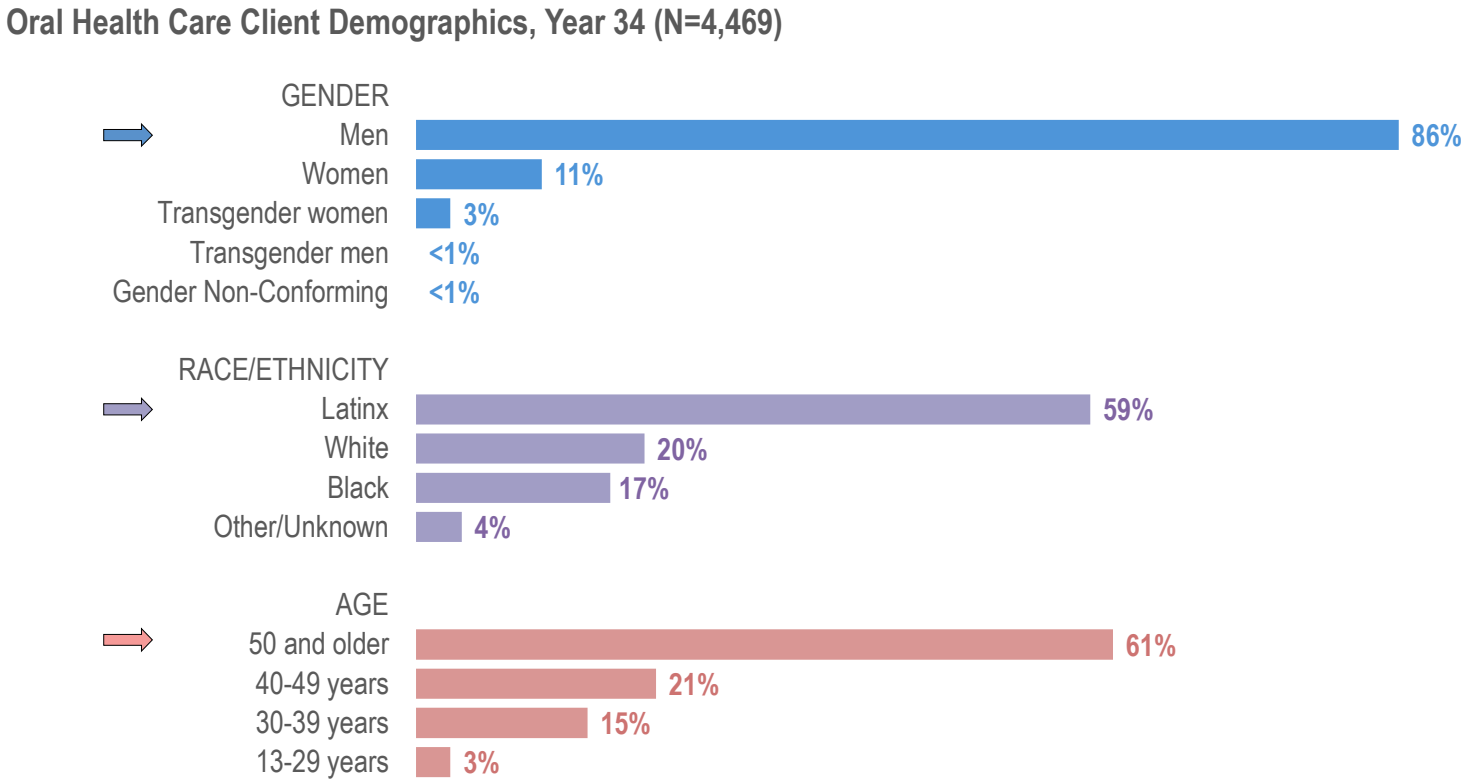
Oral Health Care Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Oral Health	**4,469**	**Procedures**	**49,240**	**11**	***$8,551,671***	***$1,914***
General	4,185	Procedures	44,064	11	$6,005,983	$1478 $136 per procedure
Specialty	986	Procedures	5,176	5	$2,545,671	$2,582 $492 per procedure

Funding Source:

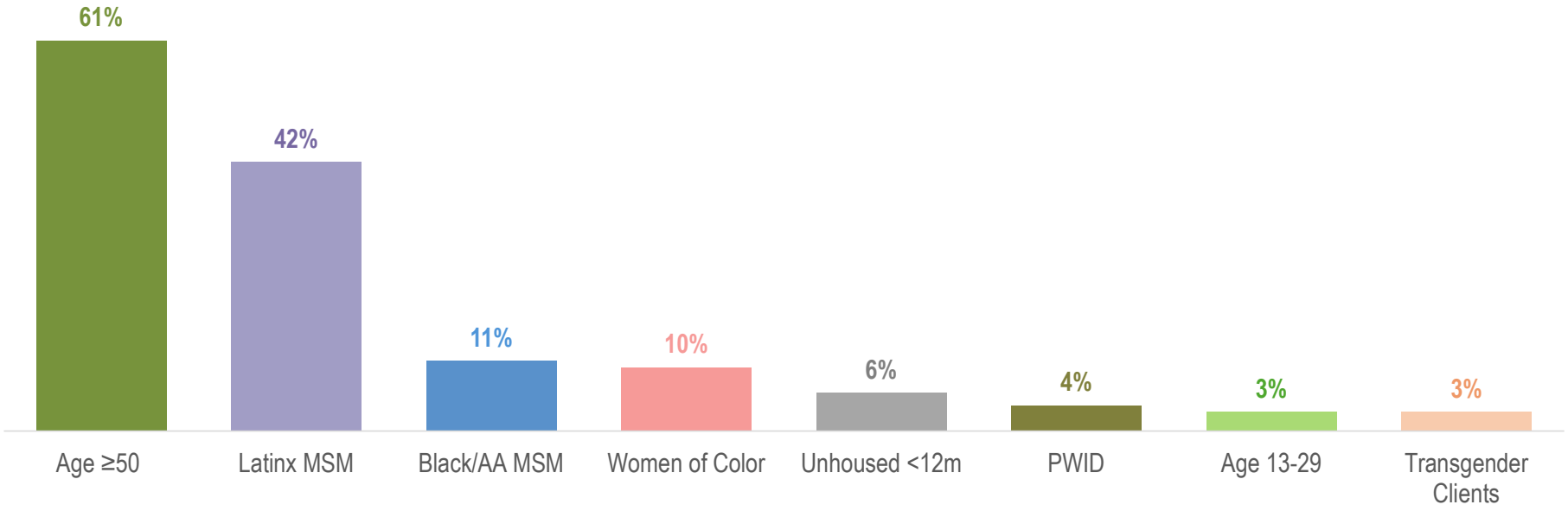
- *Part A - $8,551,654*

Oral Health Care clients were predominantly men, Latinx and people aged 50 and older.



LAC Priority Populations Accessing the OHC Services*, Year 34

- **Clients aged ≥ 50** represented the largest percentage of Oral Health Care clients
- **Latinx MSM clients** were the second largest population served by Oral Health Care
- Percentages for General and Specialty Oral Health Care look similar

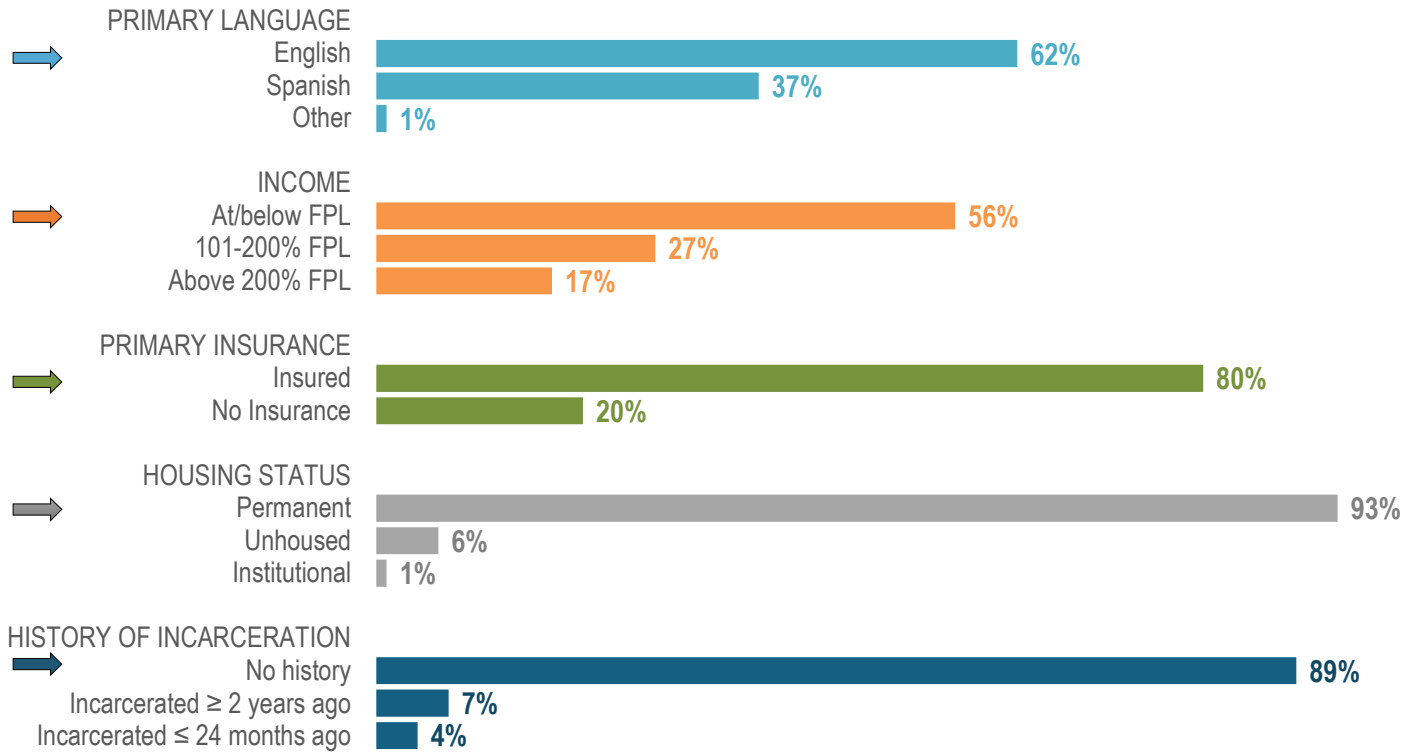


*Priority population groups are not mutually exclusive, they overlap.

Most Oral Health Care clients were English-speakers, lived at or below FPL, were insured, permanently housed, and no history of incarceration.

County of Los Angeles Public Health

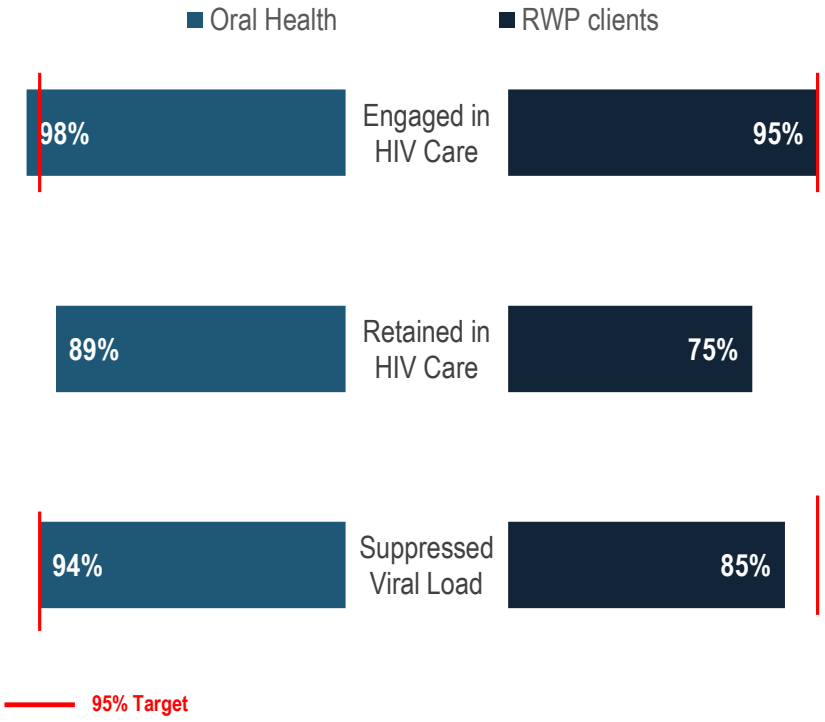
Oral Health Care Health Determinants, Year 34 (N=4,469)



HIV Care Continuum in Oral Health Care clients, Year 34, N=4,469

- Engagement[a], retention in care[b], and viral load suppression[c] percentages were higher for Oral Health Care clients compared to RWP clients overall, Year 34.

- Oral Health Care clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/1/2025

[a]**Engagement in Care** defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/5/2025
[b]**Retention in care** defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12-month period based on HIV laboratory data as of 5/5/2025
[c]**Viral suppression** defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 5/5/2025

Home-Based Case Management (HBCM)

- 5% reduction in service utilization in Year 34 compared to Year 33
- 13% reduction in expenditures in Year 34 compared to Year 33

A total of **114 unique clients** received **HBCM services**, representing **<1% of RWP clients**.

- Attendant Care – 10 clients
- Case Management – 113 clients
- Equipment – 1 client
- Homemaker services – 67 clients
- Nutrition services – 26 clients
- Psychotherapy – 35 clients

HBCM utilization decreased in the past 4 years.

HBCM Service Utilization & Expenditures Summary, Year 34

- Homemaker subservice had the highest service utilization overall and per client.
- Case management had the highest expenditure overall and per client.

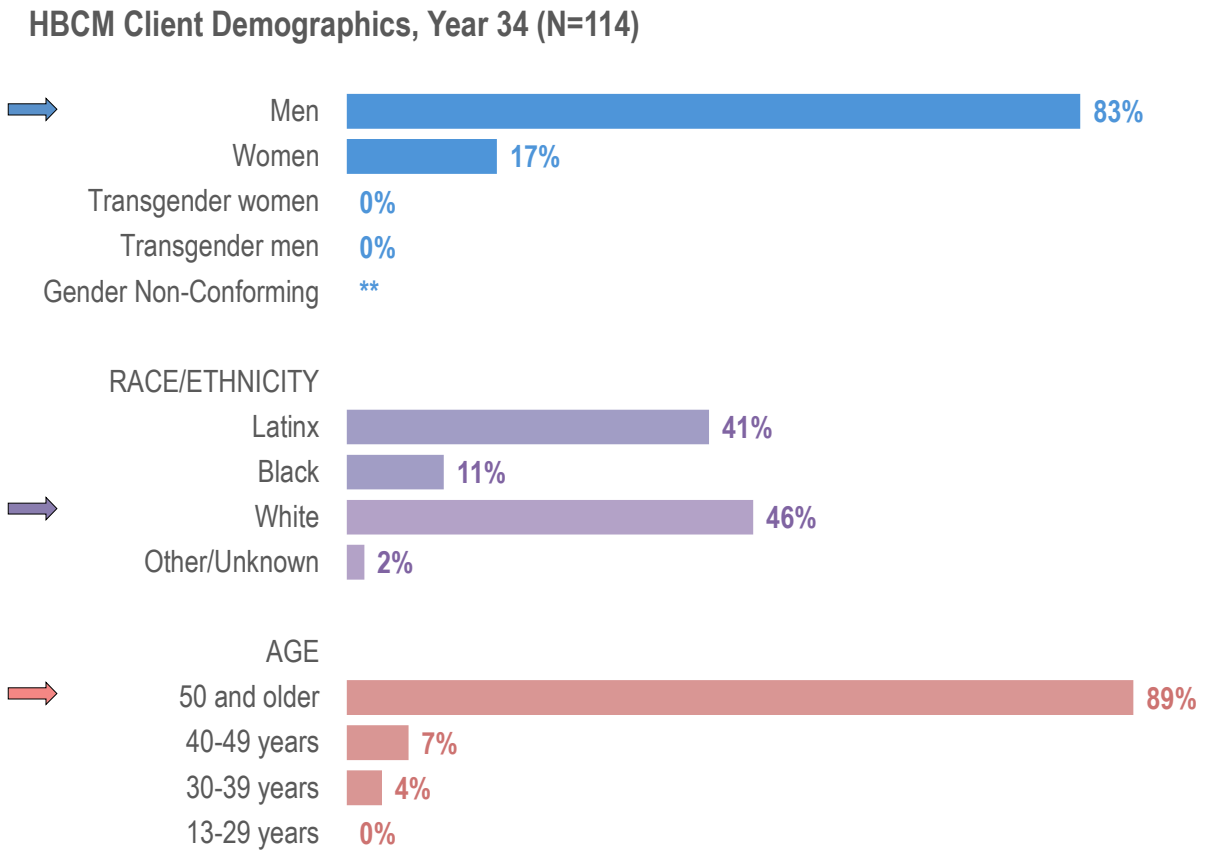
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
HBCM	**114**	**Various**	**32,640**	**286**	***$2,503,193***	***$21,958***
Case Management	113	*Hours*	5,209	46	*$1,373,093*	*$12,151*
Homemaker	67	*Hours*	20,348	304	*$660,477*	*$9,858*
Attendant Care	10	*Hours*	2,037	204	*$96,202*	*$9,620*
Psychotherapy CM	35	*Hours*	851	24	*$102,163*	*$2,919*
Durable Medical Equipment	1	*Medical Equipment*	2	2	*$296*	*$296*
Nutrition	26	*Nutritional Supplements*	4,193	161	*$6,077*	*$234*

Funding Source:

- *Part A - $1,670,226*
- *HIV NCC - $832,967*

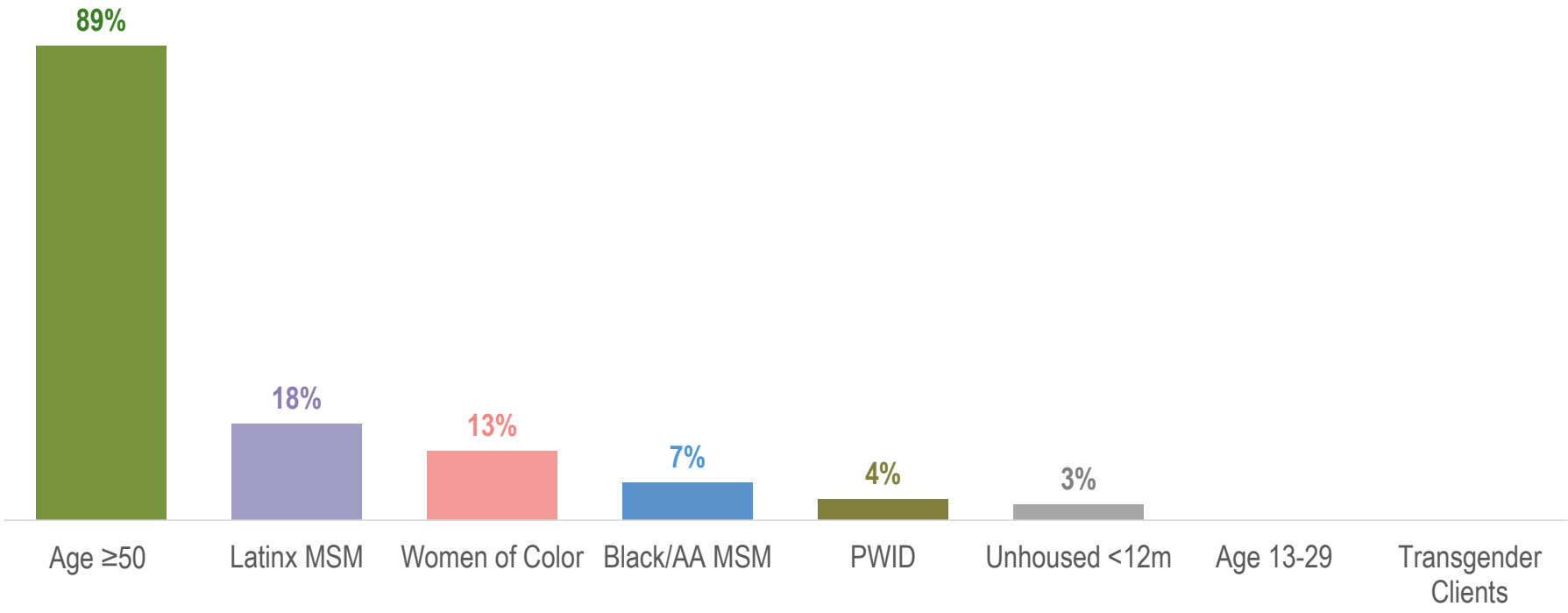
* No information in CaseWatch; we distributed Administrative costs to all HBCM clients

HBCM clients were predominantly men, White and people aged 50 and older.



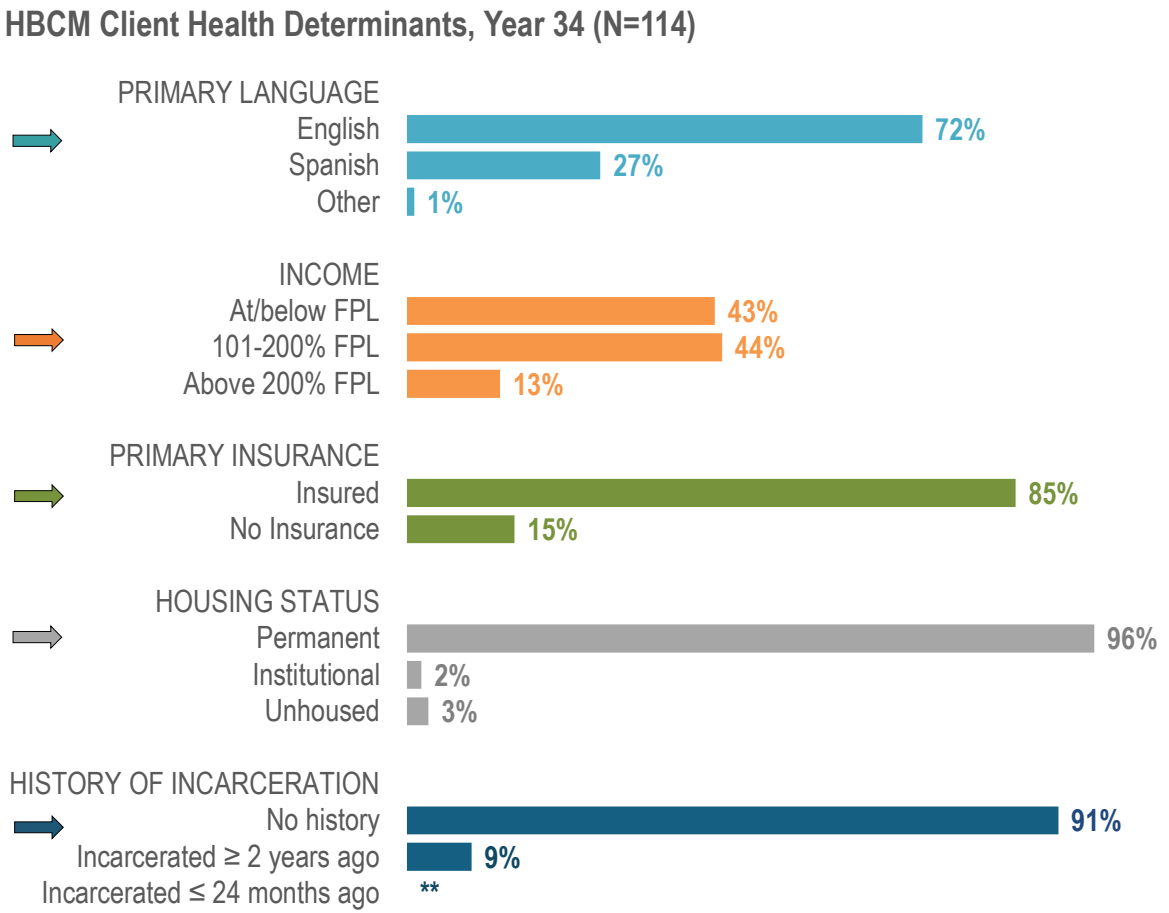
LAC Priority Populations Accessing HBCM Services*, Year 34

- **Clients age ≥ 50** represented the majority of HBCM clients
- **Latinx MSM clients** were the next highest served by HBCM



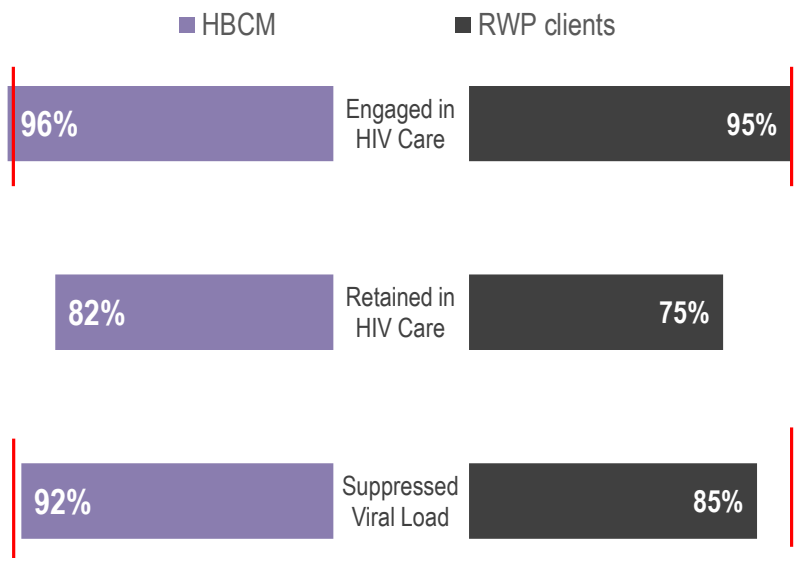
*Priority population groups are not mutually exclusive, they overlap.

Most HBCM clients were English-speakers, lived above FPL, insured, had permanent housing, and no history of incarceration.



HIV Care Continuum in HBCM clients, Year 34 (N=114)

- Engagement[a] and retention in care[b], as well as viral load suppression[c] percentages were higher for HBCM clients compared to RWP clients overall, Year 34.
- HBCM clients met the EHE targets for engagement in care.



Data source: HIV Casewatch as of 5/1/2025

[a]**Engagement in Care** defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/5/2025
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[c]**Viral suppression** defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 5/5/2025

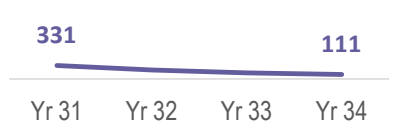
Mental Health (MH) Services

- 5% reduction in service utilization in Year 34 compared to Year 33
- 13% reduction in expenditures in Year 34 compared to Year 33

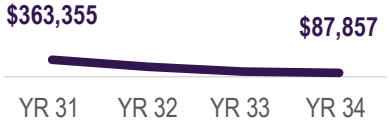
A total of **111 unique clients** received **Mental Health services**, representing **<1% of RWP clients.**

MH utilization decreased in the past 4 years, likely due to a lack of providers within RWP.

MH Clients



MH



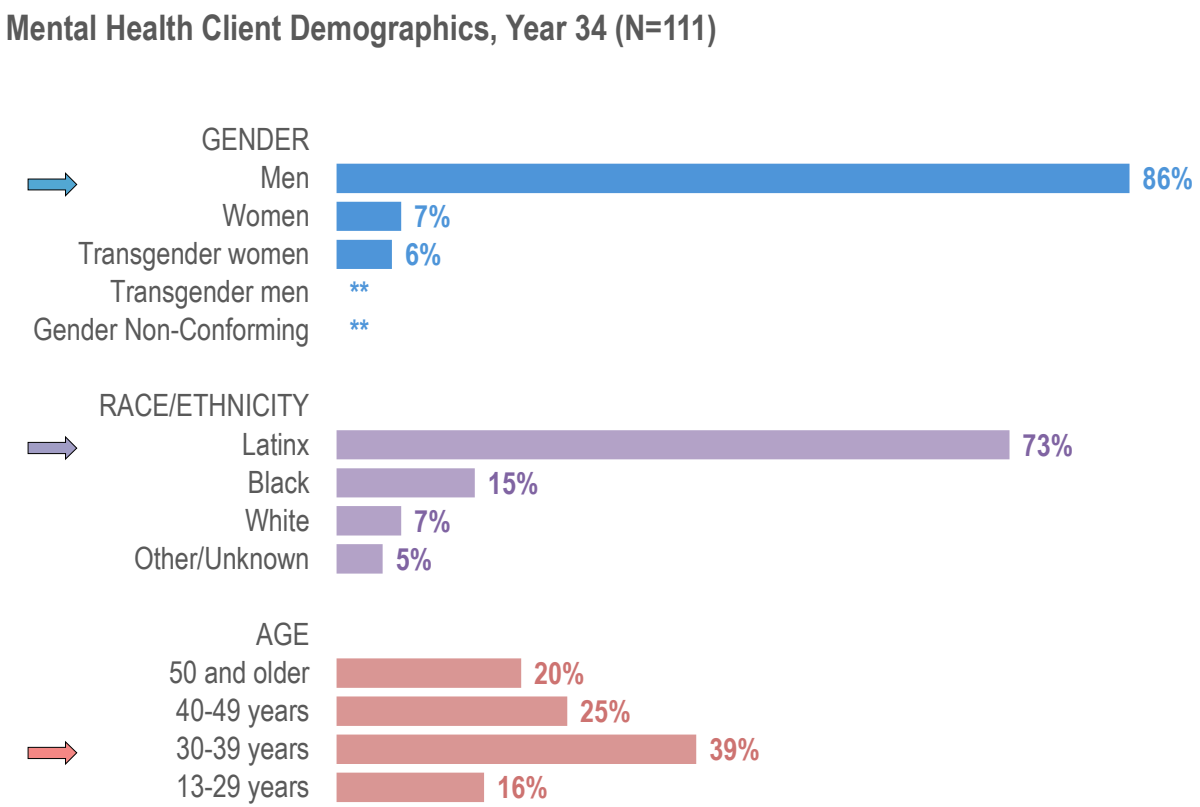
Mental Health Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Mental Health	**111**	**Sessions**	**547**	**5**	***$87,857***	***$792***

Funding Source:

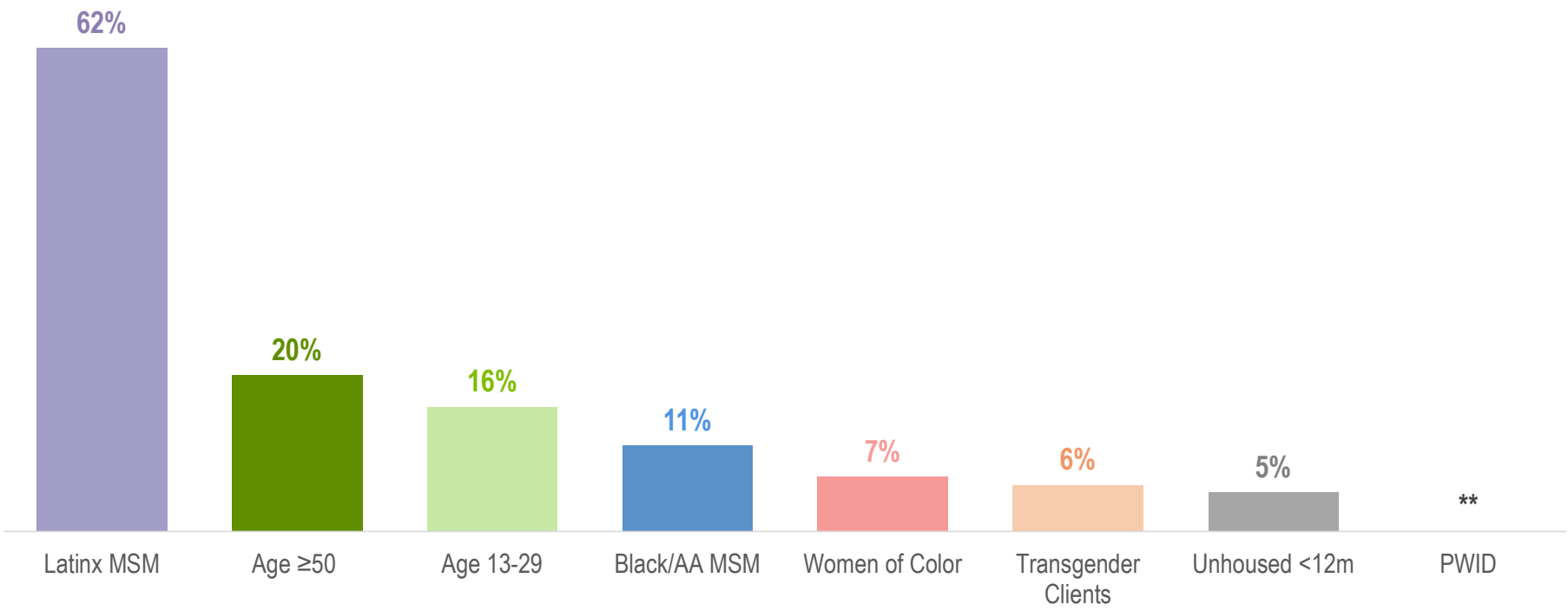
- *Part A - $87,857*

Mental Health Client were predominantly men, Latinx and aged 30-39 years.



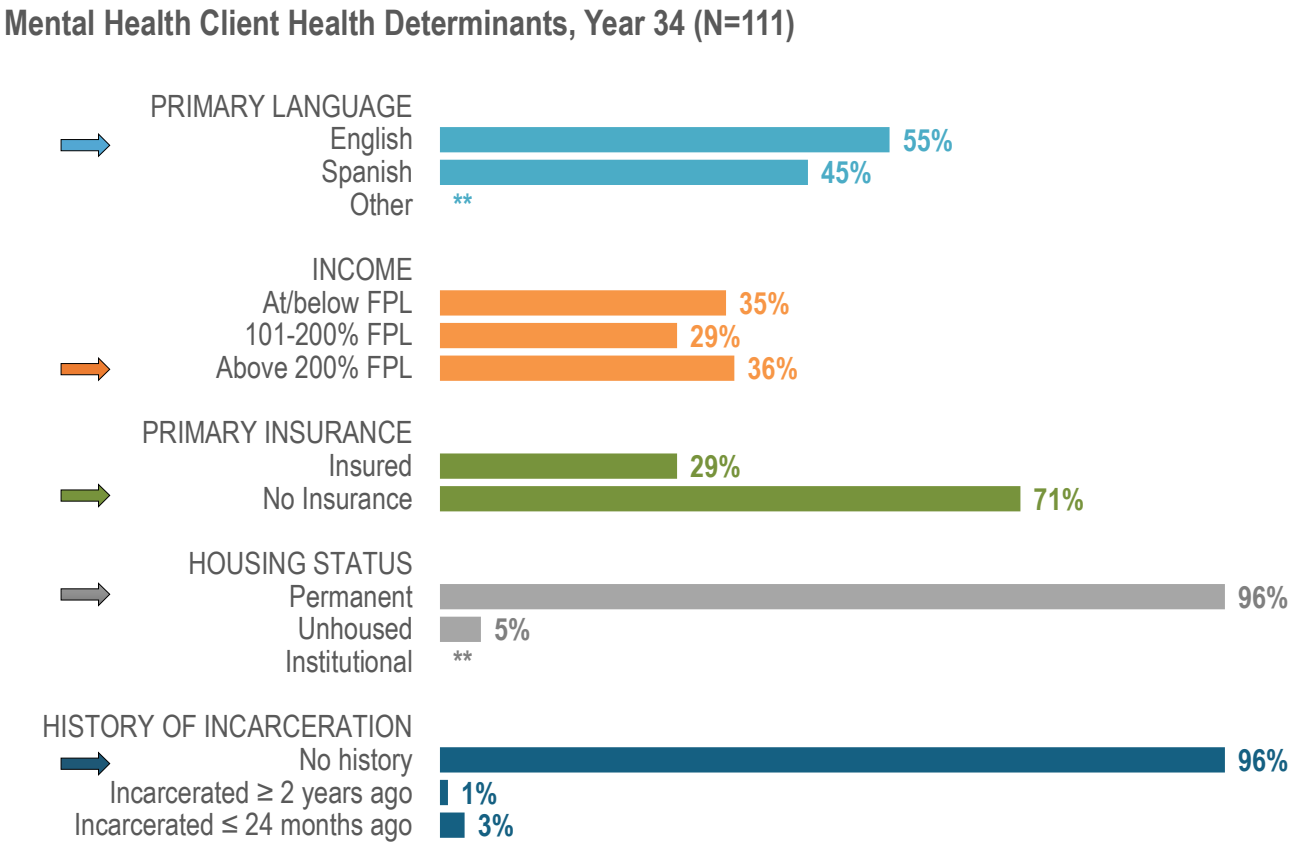
LAC Priority Populations Accessing Mental Health Services*, Year 34

- **Latinx MSM clients** represented the majority of Mental Health clients
- **Clients age ≥ 50** were the next highest priority population served by Mental Health



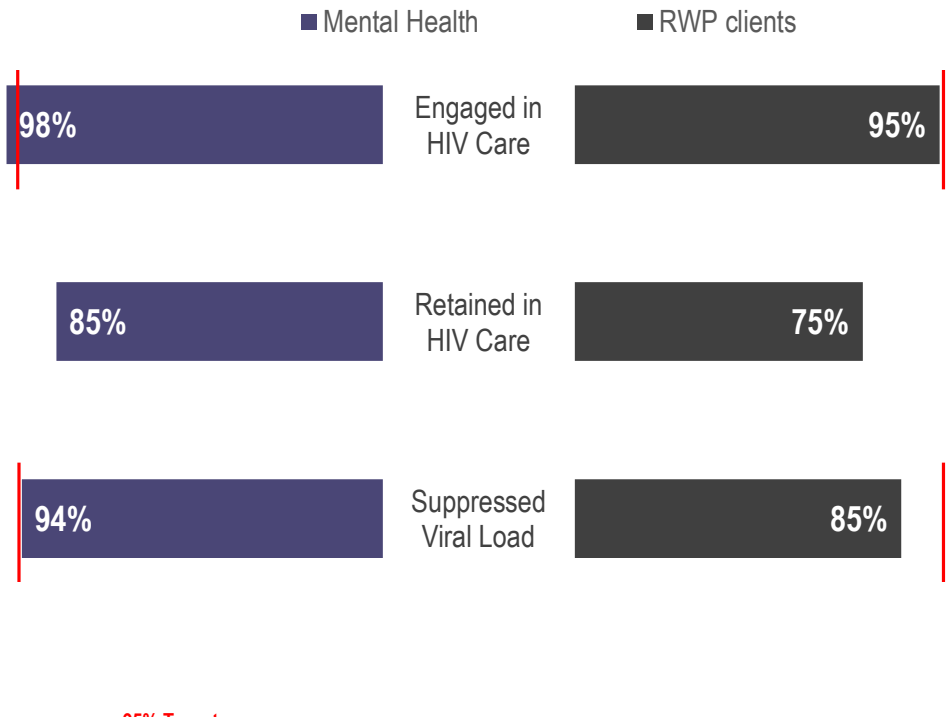
*Priority population groups are not mutually exclusive, they overlap.

MH clients were predominantly English speakers, had varied FPL, uninsured, permanently housed, and had no history of incarceration.



HIV Care Continuum in Mental Health clients, Year 34 (N=111)

- Engagement[a], retention in care[b], and viral load suppression[c] percentages were higher for Mental Health clients compared to RWP clients overall, Year 34.
- Mental Health clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/1/2025

[a]**Engagement in Care** defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/5/2025
[b]**Retention in care** defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12-month period based on HIV laboratory data as of 5/5/2025
[c]**Viral suppression** defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 5/5/2025

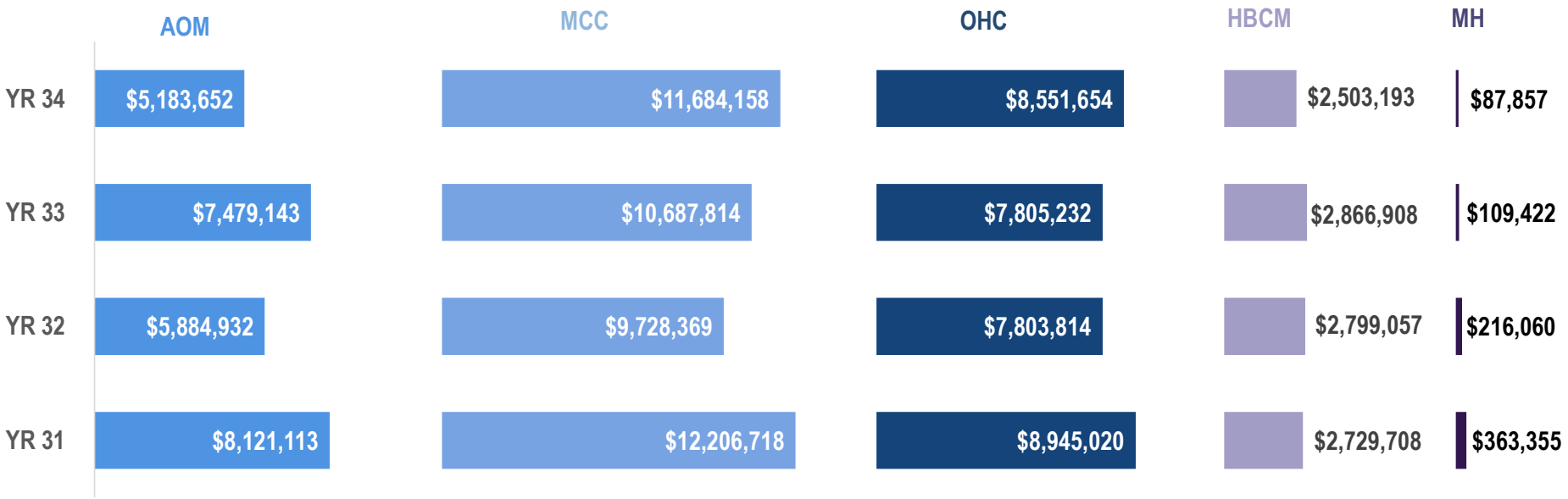
Core RWP Services Expenditures

AOM	*$5,183,652*
MCC	*$11,684,158*
Oral Health	*$8,551,654*
HBCM	*$2,503,193*
Mental Health	*$87,857*

County of Los Angeles Public Health

Expenditures for Years 31-34 by Core Service Category

AOM, **HBCM** and **Mental Health** services expenditures generally decreased since Year 31 with the lowest in Year 34. Expenditures for **Oral Health Care** services gradually increased over four years. **MCC** expenditures varied, increased compared to Years 32-33.



Expenditures per Client for Core RWP Services, Year 34

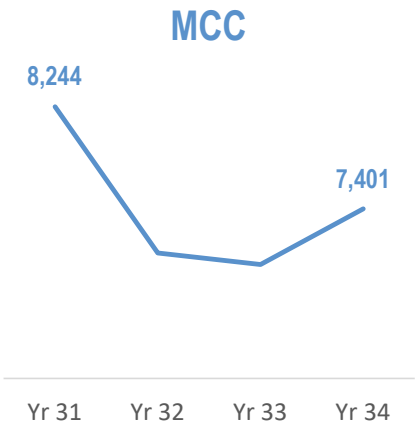
- **The highest expenditures per client** were spent **for HBCM**.
- **The lowest expenditures per client** were spent for **MH**, followed by **AOM** services.

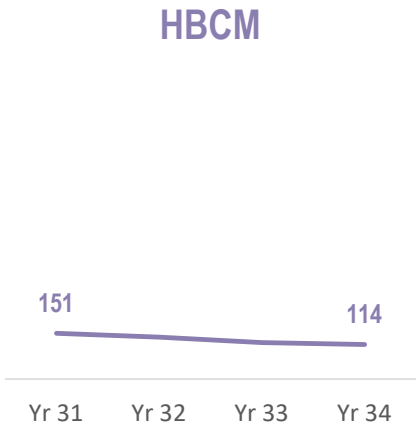
Service Category	Number of clients	% of RWP clients	Expenditures	% of total expenditures	Expenditures per client
MCC	7,401	47%	*$11,684,158*	*19%*	*$1,579*
Oral Health	4,469	28%	*$8,551,654*	*14%*	*$1,914*
AOM	2,882	18%	*$5,183,652*	*8%*	*$1,187*
HBCM	114	< 1%	*$2,503,193*	*4%*	***$21,958***
Mental Health	111	< 1%	*$87,857*	*<1%*	*$792*

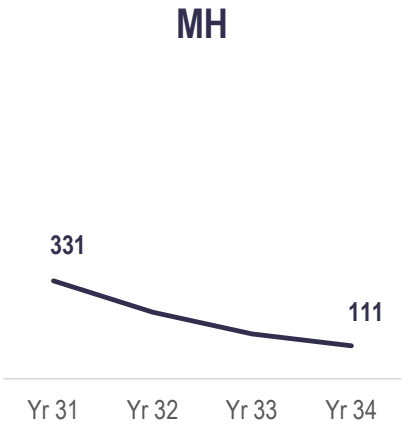
Key Takeaways

- Core Services Utilization
- Client Demographics
- HCC Outcomes
- Expenditures

Core Service Utilization, Years 31-34







Core Service Category	Year 34 Service Utilization Impact	Reasons for Year 34 Impact
AOM	Decreased utilization	DHS departure, Medi-Cal expansion
MCC	Increased utilization	Most consistently utilized service.
OH	Increased Utilization	Recovery from COVID-19 pandemic drop in Year 30
HBCM	Decreased Utilization	Medi-Cal expansion
MH	Decreased Utilization	Lack of MH providers within RWP, Medi-Cal expansion

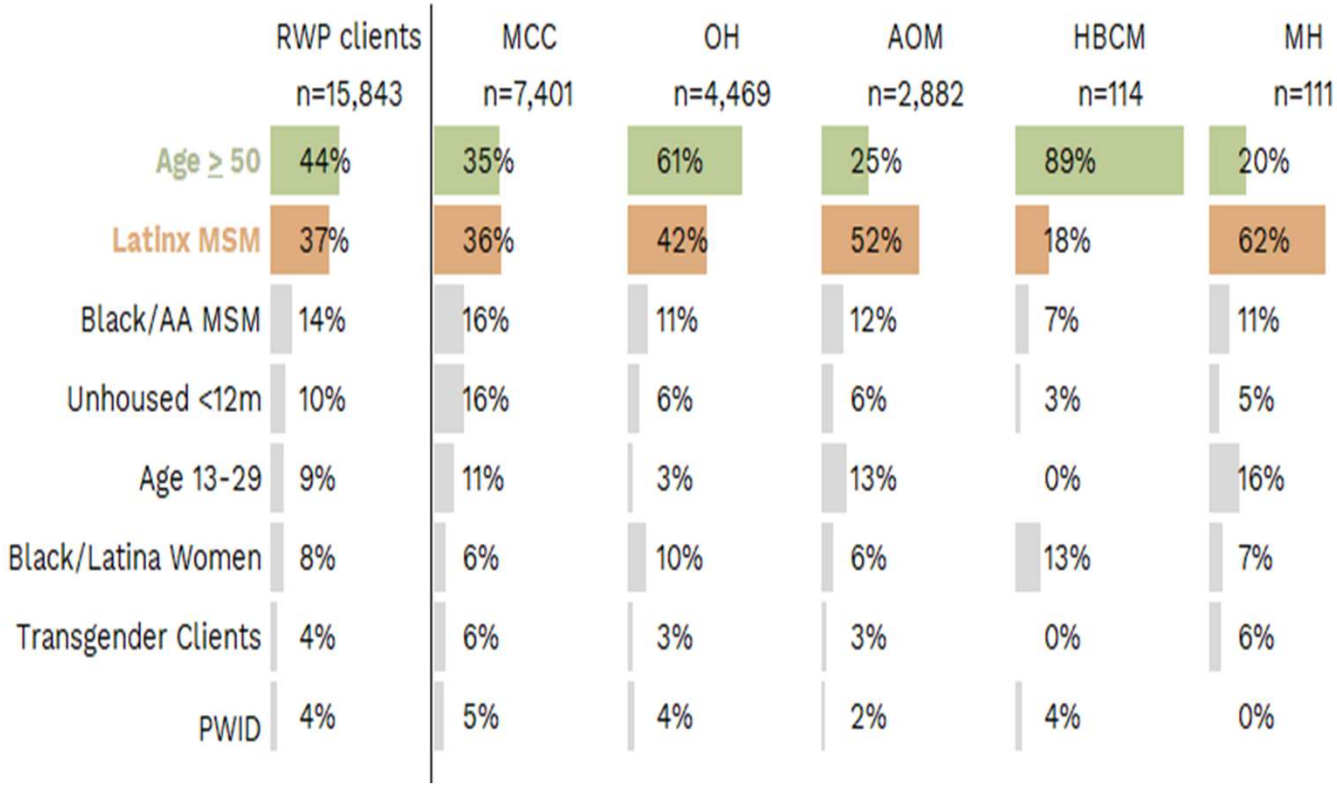
Key Takeaways: Client Demographics

- Primarily **men** across all services.
- Proportionate representation of **Latinx** individuals;
  - except AOM and HBCM with relatively high percentage of white individuals.
- Age distribution varies by service category. However, for all Core services, except AOM, the highest percentage of client were **aged 50 and older**.

	RWP clients n=15,843	MCC n=7,401	OH n=4,469	AOM n=2,882	HBCM n=114	MH n=111
GENDER						
Men	86%	87%	86%	91%	83%	87%
Women	10%	7%	11%	6%	17%	7%
Transgender Women	4%	5%	3%	3%	0%	5%
Trangender Men	0%	<1%	<1%	<1%	0%	<1%
Non-binary/Other	0%	<1%	<1%	<1%	**	<1%
RACE/ETHNICITY						
Latinx	53%	48%	59%	25%	41%	48%
Black	23%	24%	17%	28%	11%	24%
White	21%	23%	20%	34%	46%	23%
Other/Unknown	5%	5%	4%	13%	2%	5%
AGE						
50 and older	44%	35%	61%	25%	90%	35%
40-49 years	22%	23%	21%	28%	7%	23%
30-39 years	25%	31%	15%	34%	4%	31%
13-29 years	9%	11%	3%	13%	0%	11%

Key Takeaways: Priority Population

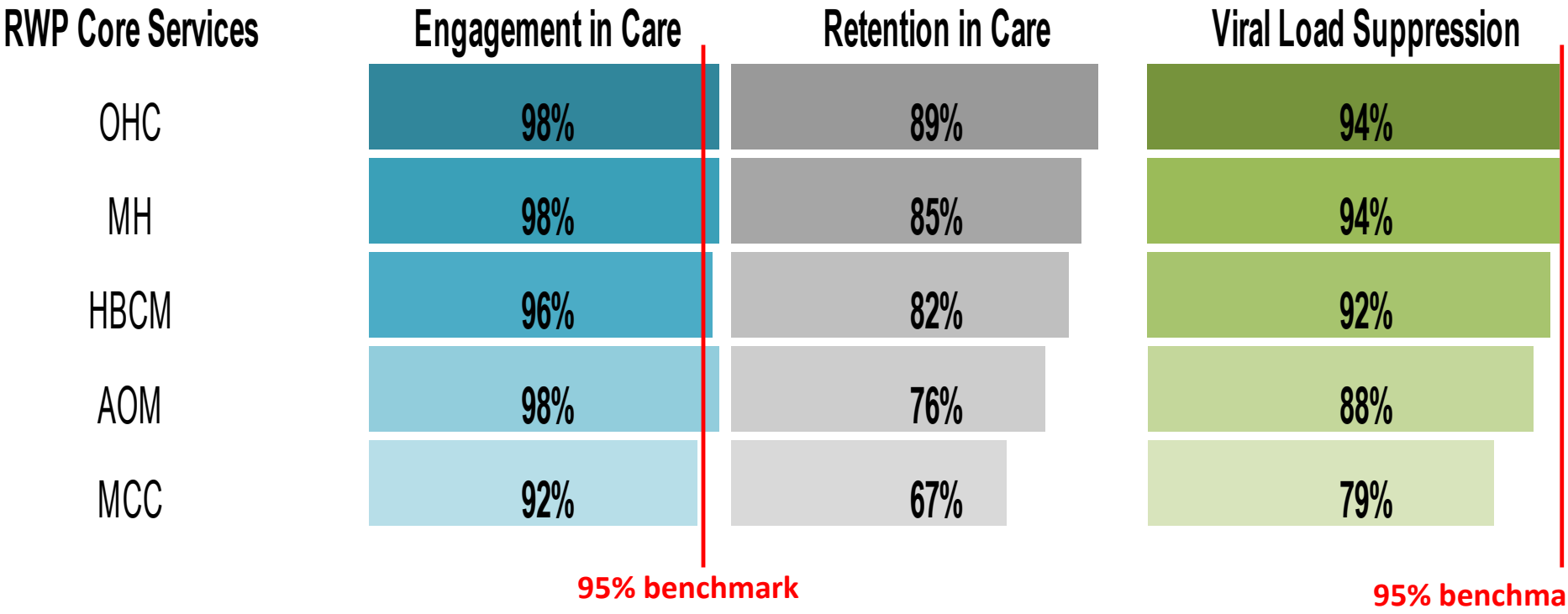
- The top RWP Core services utilized by priority populations were **MCC**, **Oral Health**, and **AOM**.
- Core services utilization among LAC priority population was consistent relative to their size (larger population – higher utilization):
  - **Latinx MSM** and **people aged ≥ 50 and older** were the **highest utilizers** of RWP Core services
    - RWP client **aged 50 and older** were the highest utilizers of Oral Health and HBCM services
    - **Latinx MSM** were the highest utilizers of AOM, MCC and MH services
  - **Lowest utilization** of RWP Core services was among **transgender people, PWID, unhoused** or **youth aged 13-29,** the smallest priority populations.



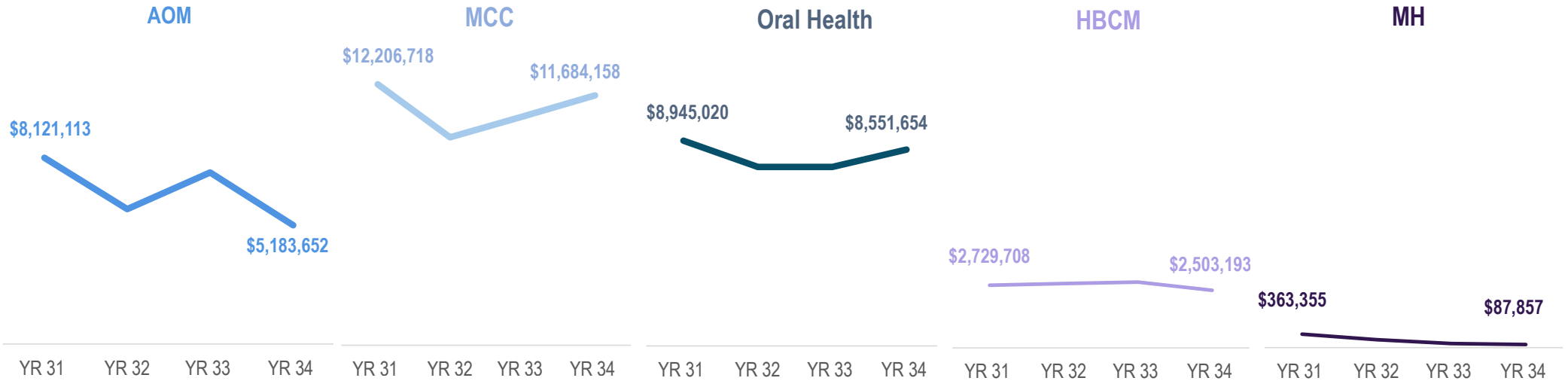
*Priority population groups are not mutually exclusive, clients may overlap

HIV Care Continuum Outcomes, Yr 34

Best outcomes were observed among RWP clients using OHC, HBCM, and MH services.



Key Takeaways - Expenditures



Core Service Category	Expenditures per Service	Expenditures per Clients	Reasons for Year 34 Changes
AOM	Decreased expenditures	Second lowest expenditures per client	Decrease in the number of clients served due to DHS departure and Medi-Cal expansion
MCC	Increased expenditures		Increase in number of clients; most consistently utilized service. Staffing.
OHC	Increased expenditures	Second highest expenditures per client	Recovery from COVID-19 pandemic drop in Year 30
HBCM	Decreased expenditures	Highest expenditures per clients	Decreased number of clients but not a significant decrease in expenditures in Year 34. Staffing.
MH	Decreased expenditures	Lowest expenditures per client	Decreased number of clients due to lack of MH providers within RWP. Medi-Cal expansion.

Next Steps

- Present to COH on the second of two major service clusters
  - Support Services (EFA, Housing, NMCM, Nutrition Support, LRP, Substance Use Residential)
- Examine detailed utilization of RWP services within each LAC priority populations
- Examine RWP by priority population over time

Questions/Discussion

Thank you!

- Acknowledgements
  - Monitoring and Evaluation – Siri Chirumamilla
  - Surveillance – Kathleen Poortinga, Priya Patel
  - PDR – Victor Scott, Michael Green
  - CCS – Paulina Zamudio and the RWP program managers
  - RWP agencies and providers
  - RWP clients

LOS ANGELES COUNTY
COMMISSION ON HIV

2025-2026 Legislative Docket *(Last updated: 09/16/25)*

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 4 (Arambula)	Covered California Expansion	This bill would require the California Health Benefit Exchange to design a program, upon appropriation by the Legislature, to allow individuals to obtain coverage regardless of immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB4	**SUPPORT**	*In Com. on APPR: Held under submission.* *05-23-25*
AB 11 (Lee)	The Social Housing Act	This bill would enact the Social Housing Act and would establish a state housing authority with the goal of developing social housing to tackle California's chronic housing shortage. The housing would be publicly backed, mixed-income, affordable, and financially self-sustaining. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB11 How is this different from the CA Department on Housing and Community Development (HCD)? CA HCD serves as a program administrator that provides grants and loans and creates rental and homeownership opportunities for Californians. HCD does not manage properties or place individuals in affordable housing.	**SUPPORT**	*In Coms. On HOUSING and G.O., Hearing canceled at the request of author.* *06-26-25*
AB 20 (DeMaio)	Homelessness: Housing First	This bill would end the "Housing First" homeless model currently used and replace it with a "People First" model, which will redirect funds to programs that require mental health and substance abuse treatment to address the root causes of homelessness. The bill would prioritize expansion of shelter beds over permanent supportive housing, impose work requirements on individuals receiving assistance, and require the removal of homeless camps near schools and in public areas. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB20	**WATCH**	*In Com. on H. & C.D., failed passage. Without further action pursuant to Joint Rule 62(a)* *05-21-25*

APPROVED BY COH ON 4/10/25.

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 45 (Bauer-Kahan)	Privacy: Health Care Data	This bill would prohibit geofencing near healthcare facilities and expand protections for personally identifiable data collected within them, covering both patients and visitors. Secondly, this bill would strengthen research privacy protections by preventing the release of personally identifiable information if the subpoena is issued under a law that conflicts with California's legal standards. **Senate Amendments:** Clarifies that this bill does not alter any applicable law regarding a law enforcement agency's use of personal information, including geolocation information generated by an electronic monitoring device. Clarifies that this bill does not prohibit geofencing activities conducted by a labor organization if the geofencing does not result in the labor union's collection of names or personal information without the expressed consent of the individual and is for activities concerning workplace conditions, worker or patient safety, labor disputes or organizing. Further clarifies that if a third-party vendor, such as social media platform, is contracted to collect personal information on behalf of a labor or employee organization is prohibited from selling, using, or sharing the collected personal information for any purpose other than the activities described above. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB45	**SUPPORT**	*Senate amendments concurred in. To Engrossing and Enrolling.* *09-13-25*
AB 67 (Bauer-Kahan)	Attorney General: Reproductive Privacy Act: Enforcement	This bill grants the Attorney General authority to enforce penalties against local governments that obstruct reproductive healthcare, ensuring statewide accountability and access. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB67	**SUPPORT**	*In Com. on APPR. Held under submission.* *05-23-25*
AB 73 (Jackson)	Mental Health: Black Mental Health Navigator Certification	This bill would require the Department of Health Care Access and Information (HCAI) to develop, upon appropriation by the Legislature, as a component of an existing Community Health Worker (CHW) certificate program, criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, and report related program data. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB73	**SUPPORT**	*In Com. on APPR. Held under submission.* *05-23-25*
AB 82 (Ward)	Health Data Privacy and Safety	This bill expands existing protections for reproductive health care services to include gender-affirming health care services. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB82	**SUPPORT**	*Senate amendments concurred in. To Engrossing and Enrolling.* *09-10-25*

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 96 (Jackson)	Community Health Workers	This bill would expand the definition of community health workers (CHW) to include peer support specialists, who are people with personal experience with a particular health issue and help others going through the same thing. The bill also states that if a peer support specialist is certified, they will be considered to have completed all the education and training needed to be certified as a CHW. *https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB96*	**SUPPORT**	Re-referred to Committee on Health. 02-12-25
AB 229 (Davies)	Criminal Procedure: Sexually Transmitted Disease Testing	This bill would authorize a search warrant for evidence for any sexually transmitted disease where a defendant is accused or charged with a specified sex offense. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB229&search_keywords=HIV	**WATCH**	*In Com. on APPR. Held under submission.* *05-23-25*
AB 257 (Flora)	Specialty Care Network Telehealth and Other Virtual Services	This bill would require the California Health and Human Services Agency, in collaboration with HCAI and DHCS to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of quality providers, defined to include, among others, rural health clinics and community health centers. *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB257*	**SUPPORT**	*In Com. on APPR. Held under submission.* *05-23-25*
AB 260 (Aguiar-Curry)	Sexual and Reproductive Health Care	This bill would state the intent of the Legislature to enact legislation to ensure that patients can continue to access care, including abortion, gender-affirming care, and other sexual and reproductive health care in California, and to allow patients to access care through asynchronous modes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB260&search_keywords=HIV An urgency clause allows a bill to take effect immediately upon enactment, rather than waiting until January 1 of the following year, and requires a two-thirds majority vote in both legislative houses.	**SUPPORT**	*Urgency clause adopted. Senate amendments concurred in. To Engrossing and Enrolling.* *09-10-25*
AB 281 (Gallagher)	Comprehensive Sexual Health Education and Human Immunodeficiency Virus Prevention Education	This bill would amend Section 51938 of the Education Code to enhance parental rights and transparency in comprehensive sexual health and HIV prevention education. Key changes include allowing parents or guardians to inspect and copy educational materials, providing details on outside consultants or guest speakers, and clarifying notification and opt-out processes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB281&search_keywords=HIV	**WATCH**	*Ordered to inactive file at the request of Assembly Member Gallagher.* *06-12-25*
AB 309 (Zbur)	Hypodermic needles and syringes	This bill would ensure that pharmacists maintain the discretion to furnish sterile syringes without a prescription and that adults may legally possess syringes solely for personal use, as part of the state's comprehensive strategy to prevent the spread of HIV and viral hepatitis. *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB309*	**SUPPORT**	*Enrolled and presented to the Governor at 3pm.* *09-09-25*

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 396 (Tangipa)	Needle and syringe exchange services	This bill would require an entity that provides needle and syringe exchange services to ensure that each needle or syringe dispensed by the entity is appropriately discarded and destroyed. The bill would require those entities to ensure that each needle or syringe dispensed by the entity includes a unique serial number. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB396	**OPPOSE**	Referred to Committee on Health. 02-18-25
AB 403 (Carrillo)	Medi-Cal Community Health Worker Services	This bill requires Department of Health Care Services (DHCS) to report annually on several aspects of the Medi-Cal Community Health Worker (CHW) benefit, including assessing outreach and education efforts by managed care plans, CHW spending and utilization, referrals by provider type, and demographic disaggregation of CHWs and Medi-Cal members receiving CHW services. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB403	**SUPPORT**	*In Com. on APPR. Held under submission.* *05-23-25*
AB 543 (Gonzalez and Elhawary)	Medi-Cal: Field Medicine	This bill would introduce and integrate street medicine into Medi-Cal for persons experiencing homelessness. This bill would allow unhoused Californians to automatically qualify for full-scope Medi-Cal benefits during the eligibility process. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB543	**SUPPORT**	*Senate amendments concurred in. To Engrossing and Enrolling.* *09-10-25*
AB 554 (Gonzalez)	Protecting Rights, Expanding Prevention, and Advancing Reimbursement for Equity (PrEPARE) Act	This bill strengthens protections requiring health plans and insurers to cover all HIV pre-exposure prophylaxis (PrEP) medications—if they are FDA-approved and clinically effective—without patient cost sharing or other restrictions like prior authorization. The bill also ensure that local, community-based clinics can receive timely reimbursement for these drugs. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB554 **Senate amendments**: Delete provisions in the Assembly-approved version of this bill prohibiting grandfathered plans and health insurers from imposing any cost sharing for antiretroviral drugs, drug device or drug products for PrEP. **Broaden the prohibition in the Assembly-approved version of this bill against a long-acting injectable drug being therapeutically equivalent to a long-acting injectable drug with a different duration to instead apply this prohibition to a long-acting drug, drug device or drug product with a different duration. **Delete the prohibition in the Assembly-approved version of this bill against health plans and insurers subjecting ARVs to any other protocol designed to delay treatment and delete references to the Assembly-approved version of this bill to the Centers for Disease Control. **Delete provisions in the Assembly-approved version of this bill delaying by one year the operative date of this bill for individual and small group health plan and policies.	**SUPPORT**	*Senate amendments concurred in To Engrossing and Enrolling.* *09-10-25*
AB 590 (Lee)	Social Housing Bond	This bill would enact the Social Housing Bond Act to build publicly developed and owned, mixed-income housing for Californians and place a bond measure on the November 2026 ballot to provide $950 million in funding dedicated to creating social housing in California. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB590	**SUPPORT**	Referred to Com. on Housing and Community Development. 03-03-25

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 678 (Lee)	Interagency Council on Homelessness	This bill requires the California Interagency Council on Homelessness—in partnership with LGBTQ+ community organizations and housing providers—to take proactive steps to ensure that state homelessness programs provide safe, inclusive, and culturally competent services for unhouse LGBTQ+ Californians. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB678	**SUPPORT**	*Senate amendments concurred in. To Engrossing and Enrolling. 09-11-25*
AB 688 (Gonzalez)	Telehealth for all Act of 2025	This bill would enact the Telehealth for all Act of 2025 which requires DHCS to publish a report every 2 years, beginning in 2028, that analyzes how telehealth is being used in the Medi-Cal Program. The report will utilize Medi-Cal data to look at how telehealth is helping people get care, the quality of care, and the costs, while also disaggregating the data based on location, race, and social determinants of health categories to identify disparities in accessibility of telehealth services. *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB688*	**SUPPORT**	*Enrolled and presented to the Governor at 4pm. 09-04-25*
SB 41 (Wiener)	Pharmacy Benefit Manager (PBM) Regulation	This bill would require all PBMs be licensed and disclose basic information regarding their business practices to the licensing entity. This bill would also prohibit steering patients to affiliate pharmacies and instead allow patients to choose which in-network pharmacy best meets their needs. *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB41*	**SUPPORT**	*Assembly amendments concurred in. Ordered to engrossing and enrolling. 09-10-25*
SB 59 (Wiener)	The Transgender Privacy Act	This bill extends the confidentiality provisions that already apply to specified petitions by minors, including for a change of gender and sex identifier, to adults, as specified. This bill prohibits such records from being posted publicly. This bill authorizes an action to enforce any violations. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB59 **Assembly Amendments** remove the retroactivity provisions, delay the operative date of provisions, and make other technical and clarifying changes.	**SUPPORT**	*Assembly amendments concurred in. Ordered to engrossing and enrolling. 09-13-25*
SB 278 (Cabaldon)	Health data: HIV test results	*This bill allows for a health care provider to share HIV test results with an individual's Medi-Cal managed care plan or external quality revie organization contracted by the Department of Health Care Services to conduct external quality reviews of Medi-Cal plans without the written authorization of the individual tested for the purpose of administering quality improvement programs designed to improve HIV care for Medi-Cal recipient.* **Assembly Amendments** remove provisions allowing the Department of Public Health (CDPH) to share HIV test results with the Department of Health Care Services (DHCS) and the Medi-Cal plan a Medi-Cal recipient is assigned to for purposes of administering quality improvement programs, and provisions requiring DHCS, in consultation with CDPH, to develop an opt out mechanism for Medi-Cal recipients who do not wish to have this information shared by CDPH to DHCS or their plan. *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB278*	**SUPPORT**	*Assembly amendments concurred in. Ordered to engrossing and enrolling. 09-09-25*

APPROVED BY COH on 4/10/25.

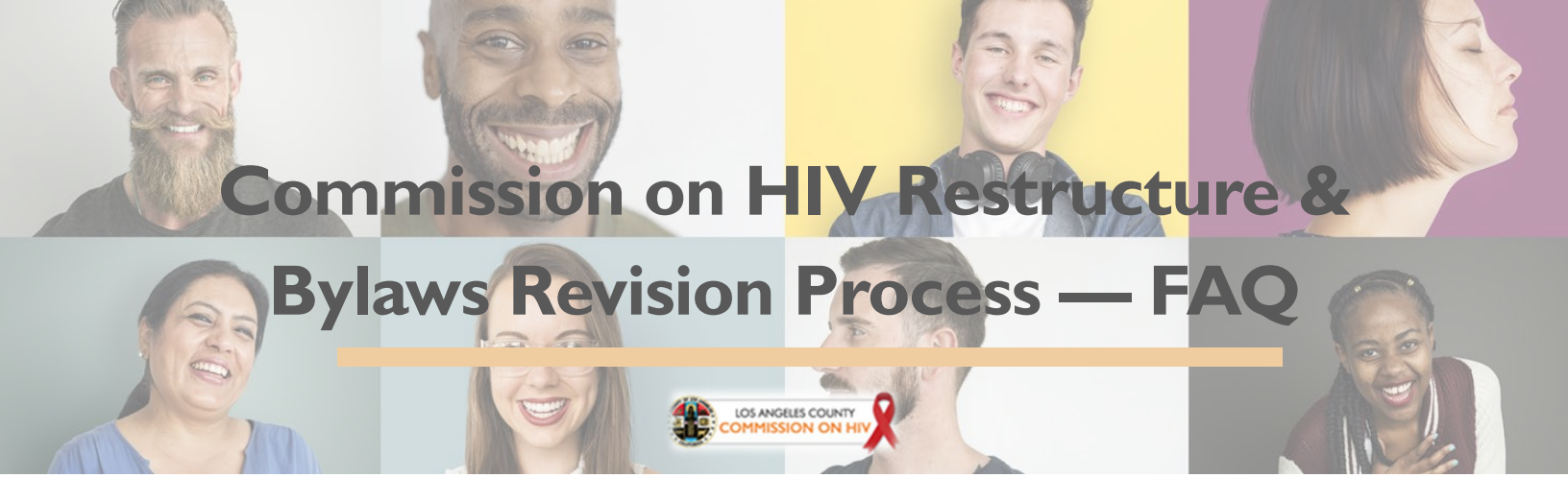
BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
SB 418 (Menjivar)	Ensure Equal Access to Care for All	This bill permits a person to receive coverage for a 12-month supply of federal Food and Drug Administration-approved prescription hormone therapy, and necessary supplies for self-administration, prescribed by an in-network provider and dispensed at one time, as specified. This bill prevents a person from being excluded form enrollment or participation in, denied the befits of, or subjected to discrimination by, any health plan or health insurer licensed in this state based on race, color, national origin, age, disability, or sex. Defines "discrimination on the basis of sex" to include, but not limited to, discrimination based on sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes. Contains an urgency clause that will make this bill effective upon enactment. **Assembly Amendments** permit a pharmacist to dispense, at a patient request, up to a 12-month supply of a federal Food and Drug Administration (FDA)-approved prescription hormone therapy pursuant to a valid prescription that specifies an initial quantity followed by periodic refills as specified. Requires health plans and insurers that provide outpatient prescription drug benefits to cover up to 12-month supply of FDA-approved prescription hormone therapy, and necessary supplies for self-administration, prescribed by a network provider and dispensed at one time, as specified. Exempts Medi-Cal managed care plans. However, requires Medi-Cal to also cover a 12-month supply as a Medi-Cal benefit subject to utilization controls and medical necessity. Sunset the health plan, insurer coverage requirements of this bill on January 1, 2035. Adds an urgency clause. https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202520260SB418	**SUPPORT**	*Assembly amendments concurred in. Ordered to engrossing and enrolling.* *09-11-25*
SB 450 (Menjivar)	LGBTQ+ Adoption Protections	This bill adds clarity to California adoption laws, including (1) the necessary contents of an adoption order; (2) the petitioners' obligation to provide information needed to complete an investigation into a proposed independent adoption; and (2) in what circumstances a state court has jurisdiction over adoption proceedings. **Assembly Amendments** clarified the bill's jurisdictional language; added requirements relating to the content of an adoption order; and clarified that, when an out-of-state home study for an independent adoption does not satisfy California requirements, the petitioners are responsible for providing, the additional documentation or information necessary to complete the independent adoption investigation. https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202520260SB450	**SUPPORT**	*Assembly amendments concurred in. Ordered to engrossing and enrolling.* *09-11-25*

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
SB 497 (Wiener)	Legally Protected Health Care Activity	This bill enacts various safeguards against the enforcement of other states' laws that purport to penalize individuals from obtaining gender-affirming care that is legal in California. *Assembly Amendments* make clarifying changes regarding sharing information to comply with audits, investigations, accreditation standards or to provide treatment and direct medical care and make chaptering out amendments. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260SB497	**SUPPORT**	*Assembly amendments concurred in. Ordered to engrossing and enrolling.* *09-10-25*
SB 590 (Durazo)	Inclusive Paid Family Leave	This bill expands, commencing on July 1, 2028, eligibility for benefits under the Paid Family Leave program to include individuals who take time off work to care for a seriously ill designated person, as defined. **Assembly Amendments** 1) delated the operative date on these changes from July 1, 2027 to July 1, 2028; and 2) added provisions requiring the individual to identify the designated person when seeking to take the leave and, under penalty or perjury, attest to how the individual is related by blood or the equivalent to a family relationship.	**SUPPORT**	*Assembly amendments concurred in. Ordered to engrossing and enrolling.* *09-10-25*

Endnotes

(1) Under Joint Rule 56, bills introduced in the first year of the regular session that do not become carry-over bills shall be returned to the Chief Clerk of the Assembly or the Secretary of the Senate.



Commission on HIV Restructure & Bylaws Revision Process — FAQ

FAQ OVERVIEW

We're restructuring to strengthen how the Commission operates, improve efficiency, and stay aligned with federal and local requirements. Change brings questions, so here's what/why/how in one place.

BYLAWS AND ORDINANCE IN THE RESTRUCTURE

Q: What is an ordinance?

An ordinance is a law passed by the Los Angeles County Board of Supervisors. It establishes the Commission, defines its authority, and sets its overall structure. Ordinances are the legal foundation for how the Commission operates. Our current Ordinance 3.029 can be found **HERE**

Q: What are bylaws?

Bylaws are the Commission's internal rules. They guide our day-to-day operations—such as membership categories, meeting procedures, and committee responsibilities. Our current Bylaws can be found **HERE**

Q: How do ordinances and bylaws connect to the restructure?

The Board of Supervisors must update the ordinance to legally change the Commission's size and structure. Simultaneously, the Commission is updating its bylaws to match the ordinance and provide the details for how the new structure will function in practice.

In short: Ordinances set the framework, bylaws fill in the details, and both need to be updated as part of the restructure.

COMMISSION ON HIV RESTRUCTURE & BYLAWS REVISION PROCESS — FAQ

WHY IS THE COMMISSION RESTRUCTURING?

- County direction (Measure G). All commissions were asked to review operations for efficiency and sustainability. To learn more about Measure G, CLICK HERE.
- Sustainability: Budget constraints and quorum challenges made the 51-member model unsustainable.
- HRSA findings: HRSA called for clearer conflict-of-interest processes, term limits, expanded community engagement, and stronger structural alignment.
- Community workgroups: In March 2025, commissioner and community workgroups recommended a streamlined model.

WHAT ARE THE MAIN CHANGES BEING PROPOSED?

- Membership reduced from 51 to 33 seats.
- Commission meetings reduced from 10 to six annually.
- Term limits: Maximum 3 consecutive 2-year terms + 1-year break (effective Mar 2026).
- Committees: Public Policy → Executive; Operations → Membership & Community Engagement
- Expanded committee-only membership requirement to individuals with lived experience.
- Consumer stipends proposed *up to* $500/month **contingent upon available funding*
- Conflict-of-interest rules strengthened. Members must declare conflicts related to RWP-funded agencies/services and recuse from related discussion/votes.
- Updated Code of Conduct to cover public/vendors and inclusion of the Commission's Inter-Personal Grievance Policy.
- DHSP Director will serve as a non-voting member and will not be counted toward quorum.

HOW WAS COMMUNITY INPUT INCLUDED?

The restructure process began with meetings between DHSP and the Commission in late 2024 and early 2025, followed by community workgroups in March 2025. Their input was compiled into a formal report reviewed and approved by the Executive Committee in May. A public comment period in June–July 2025 drew 51 responses on stipends, conflicts of interest, caucuses, membership size, quorum, Brown Act compliance, and meeting frequency, with additional input from County Counsel, DHSP, and HRSA.

WHAT HAPPENS TO CAUCUSES AND CONSUMER VOICE?

Caucuses remain vital spaces to lift community perspectives. They won't be on a fixed standing schedule; instead, they'll use the PURGE decision tool to meet. Unaffiliated consumer members must make up 33% of the membership. Consumer voice is lifted through 11+ unaffiliated consumer seats, expanded committee-only membership, the Membership & Community Engagement Committee, and additional community engagement activities.

WHAT ABOUT STIPENDS?

As part of the proposed changes to the bylaws, there is a proposal to raise the Unaffiliated Consumer Stipend Program limit to $500/month (from $150/month à la carte), contingent upon funding and approvals*. Stipends must follow HRSA guidelines and County protocols.

Quick definition: A stipend is a fixed amount of financial support provided to help offset costs like transportation, meals, or participation expenses. It is not a salary or wage, and it is not considered compensation for employment and cannot include automatic cost-of-living increases.

*This proposal must still be approved by the full Commission as part of the bylaw changes. Any increase will only be implemented if funding is available.

WHAT IS THE TIMELINE – WHEN DOES THE NEW RESTRUCTURE TAKE EFFECT?

- June 27-July 27, 2025 – Public Comment period for Proposed Changes to Bylaws
- August 28, 2025 – Executive Committee reviews Public Comments
- Sept 25, 2025 – Executive Committee continues review of Public Comments
- Oct 9, 2025 – Commission votes on final bylaws and submits ordinance to BOS for review and approval. **The proposed bylaw updates are contingent upon the Board of Supervisors' approval of the ordinance, which mirrors the changes outlined in the bylaws.*
- Oct–Nov 2025 – Outreach and membership application campaign launch. ** All members must reapply.*
- Nov 2025–Feb 2026 – Applications reviewed and BOS appointments.
- Mar 1, 2026 – New structure takes effect.
- Mar 12, 2026 – First meeting of the restructured Commission.

HOW WILL CURRENT MEMBERS BE AFFECTED?

Current members who wish to continue serving must reapply for membership. Committee assignments will change to match new structure. Takes effect once the new membership is seated in March 2026 (term limits not retroactive).

HOW WILL CONFLICTS OF INTEREST BE MANAGED?

All members must complete annual conflict-of-interest forms. Members with conflicts must recuse themselves from related votes and discussions. This addresses HRSA findings and ensures transparency.

WHERE CAN I LEARN MORE OR GET INVOLVED?

- CLICK HERE: Restructure materials & proposed bylaws
- CLICK HERE: April 2025 Bylaws Training **Current members will be required to view the training recording ahead of October 9th vote.*
- QUESTIONS: hivcomm@lachiv.org

LOS ANGELES COUNTY COMMISSION ON HIV

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

SUBJECT: **The Bylaws of the Los Angeles County Commission on HIV.**

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

BACKGROUND:

- **Health Resources and Services Administration (HRSA) Guidance**: "The planning council/planning body (PC/PB) (and its support staff) carry out complex tasks to ensure smooth and fair operations and processes. The development of bylaws, policies and procedures, memoranda of understanding, grievance procedures, and trainings are crucial for the success of the PC/PB. The work also involves establishing and maintaining a productive working relationship with the recipient, developing and managing a budget, and ensuring necessary staff support to accomplish the work. Establishing and operationalizing these policies, procedures, and systems facilitates the ability of the PC/PB to effectively meet its legislative duties and programmatic expectations." [Ryan White HIV/AIDS Program Part A Manual, March 2023, III Chapter 5 (Planning Council and Planning Body Operations).

- **Centers for Disease Control and Prevention (CDC) Guidance: "**The HIV Planning Group (HPG) is the official HIV planning body that follows the *HIV Planning Guidance* to inform the development or update of the health department's Jurisdictional HIV Prevention Plan, which depicts how HIV infection will be reduced in the jurisdiction."

- **Los Angeles County Code, Title 3—Chapter 3.29.070 (Procedures)**: "The Commission shall adopt bylaws which may include provisions relating to the time and place of holding meetings, election and terms of its co-chairs and other officers, and such other rules and procedures necessary for its operation."

POLICY:

1) **Consistency with the Los Angeles County Code:** The Commission's Bylaws are developed in accordance with the Los Angeles County Code, Title 3—Chapter 29 ("Ordinance"), the authority which establishes and governs the administration and operations of the Los Angeles County Commission on HIV. These Bylaws serve as the Commission's administrative, operational, and functional rules and requirements.

2) **Commission Bylaws Review and Approval**: The Commission conducts an annual administrative review of these Bylaws to ensure ongoing compliance, relevance, and adaptability to changes in both the external environment and internal structure.
   - **A.** The Commission will request the Ryan White HIV/AIDS Program (RWHAP) Part A project officer to review substantial changes to the Bylaws to ensure compliance and alignment with HRSA requirements.
   - **B.** Amendments to the Bylaws will be promptly considered, with any necessary adjustments made in alignment with amendments to the Ordinance.
   - **C.** Approval of amendments or revisions requires a two-thirds vote from Commission members present at the meeting. To facilitate a thorough and informed decision-making process, proposed changes must be formally noticed for consideration and review at least ten days prior to the scheduled meeting (refer to Article XVI).

ARTICLES:

I. NAME AND LEGAL AUTHORITY:

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

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

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

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

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

access to services, and individuals with HIV/AIDS who do not know their HIV status;

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

services to individuals with HIV/AIDS; and

iv. a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.

j. Develop service standards for the organization and delivery of HIV care, treatment, and prevention services;

k. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations, and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;

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

m. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;

n. Study, advise, and recommend policies and other actions/decisions to the BOS, DHSP, and other departments on matters related to HIV;

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

p. Provide an annual report to the BOS describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents with indicators to be determined by the Commission in collaboration with DHSP; make other reports as necessary to the BOS, DHSP, and other departments on HIV-related matters referred for review by the BOS, DHSP, or other departments;

q. Act as the planning body for all HIV programs in DPH or funded by the County; and

r. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A and B and CDC prevention funds expended by DHSP and the County for the provision of HIV-related services.

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

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

II. MEMBERS:

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

A. Commissioners are appointed by the BOS as full voting members to execute the duties and responsibilities of the Commission.

B. Alternates are appointed by the BOS to serve in place of a full seated unaffiliated consumer (UC) member when the UC member cannot fulfill their Commission duties and responsibilities.

C. Committee-only members are appointed by the Commission to serve as voting members on the Commission's standing committees, according to the committees' processes for selecting Committee-only members.

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

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

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

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

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

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

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

C. One representative from a local academic institution with subject matter expertise in HIV research and data translation.

D. One non-voting member representative from DHSP - the RWHAP Recipient/Part A Recipient. Non-voting members do not count towards quorum.

E. Five representatives, one recommended by each of the five Supervisorial offices.

F. Additional Government Members. Representatives of government agencies and other sectors across Los Angeles County may be invited to participate in Commission or Committee meetings on an ad hoc basis as needed, without requiring appointment as Commission members.

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

A. Commissioners may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.

B. Alternate members may serve a maximum of three consecutive two-year staggered terms as reflected on the Membership Roster.

C. Committee-Only members serve two-year terms, beginning on the date of appointment. Committee-only members may reapply once their two-year term ends.

D. Members (Full, Alternate, and Committee-only) may serve a maximum of three consecutive two-year terms (6 years total) and can reapply after a one-year break. Term limits are calculated from the approval date of these Bylaws.

E. The Executive Committee may make an exception the term limits in order to meet representation requirements, including unaffiliated consumers, or the need for specific expertise.

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

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

from areas with high HIV and STD incidence and prevalence.

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

A. "'Parity' is the ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities."

B. "'Inclusion' is the meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included."

C. "Representation" means that "members should be representative of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise."

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

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

Section 9. Alternates. In accordance with Los Angeles County Code section 3.29.040 (*Alternate members*), any Commission member who has disclosed that they are living with HIV is entitled to an Alternate who shall serve in the place of the Commissioner when necessary.

Alternate members undergo the identical Open Nomination and Evaluation process as Commissioner candidates, submitting the same application and undergoing the same evaluation and scoring procedures.

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

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

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

III. MEMBER REQUIREMENTS:

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

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

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

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

B. Commissioners and Alternates are allowed to voluntarily request or accept

"secondary committee assignments" upon agreement of the Co-Chairs.

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

A. As specified in Section 2602(b)(5)(A) of the RWHAP legislation, the Commission shall not be involved directly or in an advisory capacity in the administration of RWHAP funds and shall not designate or otherwise be involved in the selection of entities as recipients of those grant funds. While not addressed in the Ryan White legislation, the Commission shall adhere to the same rules for CDC and other funding.

B. Section 2602(b)(5)(B) continues that a planning council member who has a financial interest in, is employed by, or is a member of a public or private entity seeking local RWHAP funds as a provider of specific services is precluded from participating in—directly or in an advisory capacity—the process of selecting contracted providers for those services.

C. Further, in accordance with HRSA Part A Manual, March 2023, Conflict of Interest, Page 38, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion and/or voting concerning that area of conflict, or funding for those services and/or to those agencies.

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

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

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

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

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

IV. NOMINATION PROCESS:

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

A. The Commission's Open Nominations Process is defined in Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nominations Process*) and related policies and procedures.

B. Nomination of candidates that are forwarded to the BOS for appointment shall be made according to the policy and criteria adopted by the Commission.

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

A. All candidates for first-time Commission membership shall be interviewed by the Membership and Community Engagement (MCE) Committee. Renewing members must complete an application and may be subject to an interview as determined by the MCE Committee.

B. Any candidate may apply individually or through recommendation of other stakeholders or entities.

C. Candidates cannot be recommended to the Commission or nominated by the BOS without completing the appropriate Commission-approved application, BOS Statement of Qualifications, and being evaluated and scored by the MCE Committee.

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

V. MEETINGS:

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

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

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

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

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

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

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

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

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

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

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

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

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

VI. RESOURCES:

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

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

A. The total amount of each year's operational budget is negotiated annually with DHSP, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee.

B. Projected Commission operational expenditures are allocated from RWHAP Part A administrative, CDC prevention, and NCC funding in compliance with relevant guidance and allowable expenses for each funding stream. As the administrative agent of those funds, DHSP is charged with oversight of the funds to ensure that their use for Commission operational activities is compliant with relevant funder program regulations and the terms and conditions of the award/funding.

C. Costs and expenditures are enabled through a Departmental Service Order between DHSP/DPH and the Executive Office of the BOS, the Commission's fiscal and administrative agent.

D. Expenditures for staffing or other costs covered by various funding sources will be prorated in the Commission's annual budget according to their respective budget cycles.

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

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

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

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

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

A. The Co-Chairs and the Executive Committee are responsible for overseeing the Executive Director's performance and management of Commission operations and activities consistent with Commission decisions, actions, and directives.

B. Within Los Angeles County's organizational structure, the County's Executive Officer and/or their delegated representative serves as the supervising authority of the Executive Director.

VII. POLICIES AND PROCEDURES:

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

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

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

be amended from time to time, as needed.

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

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

VIII. LEADERSHIP:

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

A. One of the Co-Chairs must be a person living with HIV/AIDS. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

B. The Co-Chairs' terms of office are two years, which shall be staggered. In the event of a vacancy, a new Co-Chair shall be elected to complete the term. The nominations and elections to fill the vacancy and complete the term will occur within 60 days of the resignation of the chair.

C. The Co-Chairs are elected by a majority vote of Commissioners or Alternates present at a regularly scheduled Commission meeting at least four months prior to the start date of their term. The term of office begins at the start of the calendar year. When a new Co-Chair is elected, this individual shall be identified as the Co-Chair-Elect and will have four months of mentoring and preparation for the Co-Chair role.

D. As reflected in the Commission Co-Chair Duty Statement, one or both Co-Chairs shall preside at all regular or special meetings of the Commission and at the Executive Committee. In addition, the Co-Chairs shall:

1. Assign the members of the Commission to committees.
2. Represent the Commission at functions, events, and other public activities, as necessary.
3. Call special meetings, as necessary, to ensure that the Commission fulfills its duties.
4. Consult with and advise the Executive Director regularly, and the RWHAP Part A and CDC project officers, as needed.
5. Conduct the performance evaluation of the Executive Director, in

consultation with the Executive Committee and the Executive Office of the BOS.

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

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

A. Committee co-chairs' terms of office are for one year and may be re-elected by the committee membership. In the event of a vacancy, a new co-chair shall be elected by the respective committee to complete the term.

B. Committee co-chairs are elected by a majority vote of the members of the respective committees present at regularly scheduled meetings at the beginning of the calendar year, following the open nomination period at the prior regularly scheduled meetings of the committees. As detailed in the Commission Co-Chair Duty Statement, one or both co-chairs shall preside at all regular or special meetings of their respective committee. Committee co-chairs shall have the following additional duties:

1. Serve as members of the Executive Committee.
2. Develop annual work plans for their respective committees in consultation with the Executive Director, subject to approval of the Executive Committee and/or Commission.
3. Manage the work of their committees, including ensuring that work plan tasks are completed; and
4. Present the work of their committee and any recommendations for action to the Executive Committee and the Commission.

IX. COMMISSION WORK STRUCTURES:

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

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

Commission.

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

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

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

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

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

X. EXECUTIVE COMMITTEE:

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

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

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

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

County's adopted legislative agendas.

S. Advancing specific Commission initiatives related to its work into the public policy arena; and

T. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.U. Addressing matters related to Commission office staffing, personnel, and operations, when needed.

V. Developing and adopting the Commission's annual operational budget.

W. Overseeing and monitoring Commission expenditures and fiscal activities.

X. Carrying out other duties and responsibilities, as assigned by the BOS or the Commission.

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

XI. MEMBERSHIP AND COMMUNITY ENGAGEMENT COMMITTEE:

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

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

A. Ensuring that the Commission membership adheres to RWHAP reflective-ness and representation and CDC PIR requirements (*detailed in Article II, Sections 5, 6 and 7*), and all other membership composition requirements.

B. Recruiting, screening, scoring, and evaluating applications for Commission membership and recommending nominations to the Commission in Accordance with the Commission's established Open Nominations Process.

C. Developing, conducting, and overseeing ongoing, comprehensive training for the members of the Commission and public to educate them on matters and topics related to the Commission, HIV service delivery, skills building, leadership development, and providing opportunities for personal/professional growth.

D. Conducting regular orientation meetings for new Commission members and interested members of the public to acquaint them with the Commission's role, processes, and functions.

E. Developing and revising, as necessary, Commission member duty statements

(job descriptions).

F. Recommending and nominating, as appropriate, candidates for committee, task force, and other work group membership to the Commission.

G. Coordinating ongoing community outreach, public awareness and information referral activities in cross-collaboration with other committees and subordinate working units to educate and engage the public about the Commission and promote the availability of HIV services.

H. Working with local stakeholders to ensure their representation and involvement in the Commission and in its activities.

I. Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives and ongoing operational needs.

J. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

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

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

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

A. Conducting continuous, ongoing needs assessment activities and related collection and review as the basis for decision-making, including gathering expressed need data from consumers on a regular basis, and reporting regularly to the Commission on consumer and service needs, gaps, and priorities.

B. Overseeing development and updating of the comprehensive HIV plan and monitoring implementation of the plan.

C. Recommending to the Commission annual priority rankings among service categories and types of activities and determining resource allocations for Part A, Part B, prevention, and other HIV-related funding.

D. Ensuring that the priorities and implementation efforts are consistent with needs, the continuum of HIV services, and the service delivery system.

E. Monitoring the use of funds to ensure they are consistent with the Commission's allocations.

F. Recommending revised allocations for Commission approval, as necessary.

G. Coordinating planning, funding, and service delivery to ensure funds are used to fill gaps and do not duplicate services provided by other funding sources and/or health care delivery systems.

H. Developing strategies to identify, document, and address "unmet need" and to identify people living with HIV who are unaware of their status, make HIV testing available, and bring them into care.

I. Collaborating with DHSP to ensure the effective integration and implementation of the continuum of HIV services.

J. Reviewing monthly fiscal reporting data for HIV and STD expenditures by funding source, service category, service utilization and/or type of activity.

K. Monitoring, reporting, and making recommendations about unspent funds.

L. Identifying, accessing, and expanding other financial resources to meet Los Angeles County's HIV service needs.

M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XII. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE:

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

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

A. Working with DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization.

B. Identifying, reviewing, developing, disseminating, and evaluating service standards for HIV and STD services.

C. Reducing the transmission of HIV and other STDs, improving health outcomes, and optimizing quality of life and self-sufficiency for all people infected by HIV and their caregivers and families through the adoption and implementation of "best practices".

D. Recommending service system and delivery improvements to DHSP to ensure that the needs of people at risk for or living with HIV and/or other STDs are adequately met.

E. Developing and defining directives for implementation of services and service models.

F. Evaluating and designing systems to ensure that other service systems are sufficiently accessed.

G. Identifying and recommending solutions for service gaps.

H. Ensuring that the basic level of care and prevention services throughout Los

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

I. Reviewing aggregate service utilization, delivery, and/or quality management information from DHSP, as appropriate.

J. Evaluating and assessing service effectiveness of HIV and STD service delivery in Los Angeles County, with particular attention to, among other factors, outcome evaluation, cost effectiveness, capacity, and best practices.

K. Conducting an annual assessment of the administrative mechanism, and overseeing implementation of the resulting, adopted recommendations

L. Verifying system compliance with standards by reviewing contract and Request For Proposal (RFP) templates.

M. Carrying out other duties and responsibilities, as assigned by the Commission or the BOS.

XV. OFFICIAL COMMUNICATIONS AND REPRESENTATIONS:

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

A. Actions or communications that are clearly within the policies of the Commission and have been authorized in advance by the Commission.

B. Actions or communications by the officers that are necessary for and/or incidental to the discharge of duties imposed upon them by these Bylaws, policies/procedures and/or resolutions/decisions of the Commission.

C. Communications addressed to other members of the Commission or to its staff, within Brown Act rules and requirements.

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

NOTED AND APPROVED: _____ **EFFECTIVE DATE:** July 11, 2013

Originally Adopted: 3/15/1995 *Revision(s): 1/27/1998, 10/14/1999, 8/28/2002, 9/8/2005, 9/14/2006, 7/1/2007, 4/9/2009, 2/9/2012, 5/2/2013, 7/11/2013; 2/8/24;8/25/24; 6/26/25*

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

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

Public comment period: June 27, 2025 – July 27, 2025
(Updated 8.25.25)

#	Date Received	Name	Comments	Notes	Executive Committee Decision
1	6/29/25	Daryl Russell	Can the stipend portions always suggest a cost of living increase every two years to the stipend at least 10 percent?	Stipends for unaffiliated consumers is addressed in the ordinance. Stipends are not salaries and not subject to COLAs. For reference, Social Security COLA is 2.5% for 2024. RWHAP Part A funds cannot be used to provide cash payments such as stipends or honoraria. (HRSA HAB RWAP Part A Manual, pg. 30) Where direct provision of the service is not possible or effective, store gift cards,2 vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. (PCN 16-02)	**8/28: Decline**
2	6/29/25	Daryl Russell	Where it speaks to stipends can it also say to increase unaffiliated consumers stipend to 500.00?	Stipends for unaffiliated consumers is addressed in the ordinance. Ordinance language, pending BOS approval: "*The Commission shall establish, and the Executive Director shall implement, procedures governing*	**8/28: No Change** *Note: Currently reflected in proposed changes.*

#	Date Received	Name	Comments	Notes	Executive Committee Decision
				eligibility and utilization of reimbursements, member services, and/or stipends. Stipend amounts shall be up to, but not exceed, $500 per month, and are subject to the availability of funding as determined by the Executive Director, in accordance with Commission policy and as reported to the Board."	
3	7/7/25	Daryl Russell	I would like to suggest that the bylaws also state that the PP&A committee under the new structure have no more than 20% of those who have Ryan White and HIV prevention contracts from DHSP as committee members. Reason: This is a conflict of interest for those who receive funding from DHSP and will allow certain ones to be more reflected of the suggestion of DHSP and not the charge of the commission which is to have and reflect the interest of those living with HIV	Current COH practice is "no more than 2 people from same agency" may serve on the COH or a Committee. PSRA policy approved 7/11/24, states: "*B.Conflicts of interest are stated and followed. Commission members must state areas of conflict according to the approved Conflict of Interest Policy at the beginning of meetings. As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the*	**8/28: Decline** *Note: Inclusion of all stakeholders, including providers with service delivery expertise, is necessary to ensure a robust and effective planning council. Existing conflict-of-interest provisions address potential power imbalances.*

#	Date Received	Name	Comments	Notes	Executive Committee Decision
				decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity. Any funded RWHAP Part A provider must declare all funded service categories (e.g., areas of conflict of interest) at the beginning of the meeting(s). They can participate in discussions, answer questions directed by other members, and can vote on priorities and allocations presented as a slate."	
4	7/8/25	Daryl Russell	In the bylaws, it should state that the need for Caucuses as part of the Commission is a driven force that is needed because they offer ongoing insight as to what is need in the community from those who are living with HIV. Reason: it helps the commission have ongoing need assessments and stay informed about the HIV population as whole and keep population within the HIV community. Those who receive DHSP and Prevention contracts on the PP& A committee shall not have any voting rights, only those who do not receive contracts from DHSP and Prevention shall have voting rights.	Covered in the bylaws with additional information covered under Policy 08.1102 Subordinate Commission Working Units: "*Caucus(es): The Commission establishes caucuses, as needed, to provide a forum for Commission members of designated "special populations" to discuss their Commission- related experiences and to strengthen that population's voice in Commission deliberations."* See Conflicts of Interest policy in #4.	**8/25: Decline**

#	Date Received	Name	Comments	Notes	Executive Committee Decision
			Reason: It is a conflict of interest to vote on your funding source or any issues around your funding source suggestions.		
5	7/8/25	Daryl Russell	All members that receive DHSP and Prevention contracts or subcontracts having no vote rights in any COH voting items	See Conflicts of Interest policy in #4.	**8/28: Decline**
6	7/10/25	Daryl Russell	I submitted a comment asking that 500-dollar stipend be stated in the bylaws all I also would like to also ask that the requires be a three-meeting attendance and no sliding scale be implemented.	• Eligibility requirements for stipends are currently being deliberated at the Consumer Caucus meetings – this recommendation will be shared with the CC. • Refer to HRSA guidance. • Currently, an ala carte model is applied to the $150 monthly stipend.	**8/28: No Decision.** *Note: Defer to Consumer Caucus & COH Leadership*
7	7/14/25	Emily Issa (County Counsel)	Make the membership number 33 (odd number) to avoid ties with votes.	Proposed bylaws show total voting membership at 32. Recommend changing to 33/odd number.	**8/28: Accept**
8	7/25/25	DHSP	Given the uncertainty of HRSA Part F, I recommend removing them from the membership list. Maybe they can be a non-voting member or Priorities and Allocation committee member.	Part F is not a HRSA seat requirement	**8/28: Accept w/ caveat to open opportunity to all committees**

9		DHSP	One recommendation is to have the HRSA Part A legislatively required seats (15 currently), 2 PC co-chairs, and required 33% unaffiliated consumers comprise the voting membership. Additional seats such as academic, dental service representative, etc. can be included as non-voting participants		**8/28: Decline**
10		DSHP	One jurisdiction wrote into their bylaws that a maximum of 1/3 of the voting members can be a subrecipient employee or board member.		**8/28: Decline**
11		DSHP	Given the fiscal situation, I recommend to change the meeting frequency language to at least four times a year. You can have more meetings if necessary.	Current proposed language reduces the current 10 COH meetings to 6 meetings per year.	**8/28: Decline**
12		DSHP	Recommend including language that indicates meetings will be held virtually or in different locations across the County based on epicenters of disease, and will be held in the late afternoon or evenings to foster inclusiveness/representativeness and increase access and participation	• The COH must comply with the Brown Act and cannot have exclusively virtual meetings for the full COH and standing committees. Aside from trainings and social events, all COH and Committee meetings must be conducted in person. • Consider additional costs for renting venues in late afternoons or evenings.	
13	7/25/25	DHSP	Only 13 HRSA Required Seats. Recommend to further reduce number of voting members	Per HRSA Part A Manual 2025 version, the State Medicaid and Part B representatives are *"[considered two separate categories.]*	

14	7/25/25	DHSP	Would be helpful to know what will happen to the workgroups and taskforce and caucuses	Article IX, Section 6. Other Working Units. The Commission and its committees may create other working units such as subcommittees, ad-hoc committees, caucuses, task forces, or work groups, as they deem necessary and appropriate. Meeting with current Caucuses and task force co-chairs will be held on 8/14/25 to Walk through some of the legal considerations around standing meetings and determine a more intentional and streamlined meeting schedule moving forward.	
15	7/25/25	DHSP	Under Conflict of Interest: Employees and board members of subrecipient agencies can provide information and participate in the discussion. They cannot make a recommendation for allocation or vote on the service category of conflict.	HRSA 2023 Site Visit Finding Excerpt: "*Based on the review of the meeting minutes for the commission and its Planning, Priority and Allocations Committee, it is evident that several of these commissioners* ***participated in allocations/reallocation discussions and voted on allocations including for the service categories for which their agencies are funded,*** *most recently in June 2022 on a revised FY 2023 RWHAP Part A funding allocation. Citation: Section 2602(b)(5)(C) of the PHS Act".*	

				As a result of HRSA's finding, stronger language has been included:	
16	7/25/25	DHSP	Under "Background", first bullet: Also reference the August 2023 HRSA letter	Reference: "Health Resources and Services Administration (HRSA) Guidance: "The planning council/planning body (PC/PB) (and its support staff) carry out complex tasks to ensure smooth and fair operations and processes. The development of bylaws, policies and procedures, memoranda of understanding, grievance procedures, and trainings are crucial for the success of the PC/PB. The work also involves establishing and maintaining a productive working relationship with the recipient, developing and managing a budget, and ensuring necessary staff support to accomplish the work. Establishing and operationalizing these policies, procedures, and systems facilitates the ability of the PC/PB to effectively meet its legislative duties and programmatic expectations." [Ryan White HIV/AIDS Program Part A Manual, March 2023, III Chapter 5 (Planning Council and Planning Body Operations)."	
17	7/25/25	DHSP	Under Article I, Section 4: Item D and I are similar. I would keep I and delete item D. Refers to the comprehensive HIV plan.	Reference: d. Develop a comprehensive plan for the organization and delivery of health and support services; i. Develop a local comprehensive HIV plan that is based on assessment of service needs and gaps and that includes a defined continuum of HIV services, monitor the implementation of that plan, assess its effectiveness, and collaborate with the RWHAP recipient - the County of	

				Los Angeles Department of Public Health (DPH) Division of HIV and STD Programs ("DHSP") to update the plan on a regular basis. Per Section 2602(b)(4)(D) of the PHS Act, the comprehensive plan must contain the following . . .	
18	7/25/25	DHSP	Under Article I, Section 4, k; delete "B and CDC prevention." Establish priorities and allocations of RWHAP Part A ~~and B and CDC prevention~~ funding in percentage and/or dollar amounts to various services;,,,,"	Reference: k. Establish priorities and allocations of RWHAP Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review DHSP's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations, and comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to DHSP on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the BOS and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;	
19	7/25/25	DHSP	Under Article I, Section 4, m: Not a HRSA RWP Part A PC requirement. Refers to "Plan and develop HIV and public health services responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response."	COH is a federally mandated integrated planning body under HRSA Part A, responsible for prevention, care, and treatment planning. HRSA (via the Integrated HIV Prevention and Care Plan Guidance) and CDC require collaboration between Ryan White planning councils and local health departments to produce a single integrated plan.	

20	7/25/25	DHSP	Under Article I, Section 4, q, r: Delete q and r. q. Act as the planning body for all HIV programs in DPH or funded by the County; and r. Make recommendations to the BOS, DHSP, and other departments concerning the allocation and expenditure of funding other than RWHAP Part A, B and CDC prevention funds expended by DHP and the County	COH is a federally mandated integrated planning body under HRSA Part A, responsible for prevention, care, and treatment planning. HRSA (via the Integrated HIV Prevention and Care Plan Guidance) and CDC require collaboration between Ryan White planning councils and local health departments to produce a single integrated plan.	
21	7/25/25	DHSP	Under Article I, Section 5: delete "RWHAP". Section 5. Federal and Local Compliance: These Bylaws ensure that the Commission meets all ~~RWHAP~~, HRSA, and CDC requirements and adheres to Chapter 29 of the Los Angeles County Code.		
22	7/25/25	DHSP	Under Article II, Section 2 Composition: 32 members. Recommend to further reduce the number of voting members. There are 15 HRSA RWP Part A required seats, 2 co-chairs, and 33% UA.	The BOS has required that representatives be included as part of the membership.	
23	7/25/25	DHSP	Under Article II, Section 2b: (at least 11 unaffiliated consumers). Reduced number of PC members will decrease this number.		
24	7/25/25	DHSP	Under Article II, Section 2, C: Change to non-voting member. C. One representative from a local academic institution with subject matter expertise in HIV research and data translation.		

25	7/25/25	DHSP	Under Article II, Section 11, DHSP Role and Responsibility. Deletions and additions. DHSP, despite being a non-voting representative, plays a pivotal role in the Commission's work. As the RWHAP Recipient and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological data (including surveillance) and ~~surveillance data~~ fiscal information to guide the Commission's ~~decision-making~~ priority setting and resource allocation process.		
26	7/25/25	DHSP	Under Article II, Section 2, Conflict of Interest. Can we add...all members must sign a conflict of interest statement annually and the document will be retained by COH support staff...or something that refers to the HRSA legislative requirement?	Current practice now is that all COH members complete a COI form specific to HRSA annually and 1 required by the County (IRS Form 700). HRSA-specific COI form is retained in each members' electronic folder.	
27	7/25/25	DHSP	Under Article III, Member Requirements, Section 3, Conflict of Interest, C. Deletions and additions. C. Further, in accordance with HRSA Part A Manual 2023, Conflict of Interest, Page 38, dictates that all members must declare conflicts of interest required to recuse themselves from ~~discussion~~ recommending an allocation amount and/or voting concerning that area of conflict. ~~Or funding for those services and/or to those agencies~~.		

28	7/25/25	DHSP	Article V, Meetings, Section 1, B "The Commission and committee meetings are subject to the Brown Act." Given the political environment, there needs to be a "safe space" for some discussions that are not recorded.	The Brown Act and the Roberts Rules of Order require that minutes or an official record of actions taken must be maintained. Official meeting records are the meeting minutes/summaries. Meetings are recorded to assist staff write the minutes. The Brown Act grants the public the right to record meetings, provided it doesn't cause a persistent disruption. The Act ensures transparency by requiring open meetings, public participation, and the ability for individuals to record proceedings.	
29	7/25/25	DHSP	Article V, Meetings, Section 5. Regular Meetings. Can we list fewer number of meetings as the minimum? Maybe 2? 3? 4? Add language to indicate virtual or different meeting locations based on geographic disease burden and alternate meeting times (i.e. late afternoon or evenings) to increase representativeness and inclusion.	• The COH must comply with the Brown Act and cannot have exclusively virtual meetings for the full COH and standing committees. • Consider additional costs for renting venues in late afternoons or evenings.	
30	7/25/25	DHSP	Article VI, Resources, Section 2. Operational Budgeting and Support. Deletions and additions. "Operational support for the Commission is principally derived from the Executive Office of the Board and RWHAP Part A ~~and CDC~~		

			~~prevention funds~~ and other funds managed by DHSP. ~~And Net County Costs ("NCC") managed by DHSP.~~ A. The total amount of each year's operational budget is negotiated annually with DHSP and the Executive Office of the Board, in accordance with County budgeting guidelines, and approved by the DHSP Director and the Commission's Executive Committee. B. Projected Commission operational expenditures are allocated from FWHAP Part A administrative funding, ~~CDC prevention, and NCC funding~~, in compliance with relevant guidance and allowable expenses ~~for each funding stream~~ per HRSA.		
31	7/25/25	DHSP	Article VI, Resources, Section 3 Other Support. Additions. Section 3. Other Support. Activities beyond the scope of RWHAP Part A planning councils and CDC HPS, as defined by HRSA and CDC guidance, are supported by other sources, including NCC and the Executive Office of the Board, as appropriate.		
32	7/25/25	DHSP	Article VII. Policies and Procedures, Section 1 Policy/Procedure Manual. Section 1. Policy/Procedure Manual. The Commission develops and adopts policies and procedures consistent with ~~RWHAP,~~		

			HRSA RWHAP, and the CDC requirements……"		
33	7/25/25	DHSP	Article VII. Policies and Procedures, Section 3 Grievance Procedures. Section 3. Grievance Procedures. The Commission's Grievance Process is incorporated by reference into these Bylaws. The Commission's grievance procedures must comply with ~~RWHAP,~~ HRSA RWHAP and, CDC, and Los Angeles County…..		
34	7/25/25	DHSP	Article VII. Policies and Procedures, Section 5 Conflict of Interest Procedures. Section 5. Conflict of Interest Procedures. The Commission's conflict of interest procedures must comply with the HRSA RWHAP legislation, ~~HRSA guidance,~~ CDC, State of California, and Los Angeles County requirements…..		
35	7/25/25	DHSP	Article XI. Membership and Community Engagement Committee, Section 1. Voting Membership. Maybe most of these can be non-voting participants; refers to Cities of Los Angeles, Pasadena, Long Beach, and West Hollywood, representatives from the youth community; academics/behavioral scientists; members assigned by the Commission Co-Chairs; and the Commission Co-Chairs when attending.		

36	7/25/25	J. Arrington	On Page 20 of 24 - XI. MEMBERSHIP AND COMMUNITY ENGAGEMENT COMMITTEE: Section 2. Responsibilities. Letter L - Identifying, accessing, and expanding other financial resources to support the Commission's special initiatives (what does this intel/mean?) and ongoing operational needs.		
37	7/25/25	J. Arrington	Page 17 of 24 - IX. COMMISSION WORK STRUCTURES: Section 5. Meetings. All committee meetings are open to the public, and the public is welcome to attend and participate. While members of the public do not have voting privileges, they play a critical role in informing discussions. If this fits this or any category on the bylaws, can we add vendors/contractors sign/or agree to COH Code of Conduct while attending meetings?		
38	7/25/25	J. Arrington	This newly drafted version of the COH Bylaws is better. I am glad to see a section from the current version be removed as follows: Section 4. Unaffiliated Consumer Membership. 1. At least one (1) unaffiliated consumer member must be co-infected with Hepatitis B or C; and 2. At least one (1) unaffiliated consumer member must be a person who was incarcerated in a Federal, state or local facility within the past three (3) years and who has a HIV diagnosis as of the date of release, or is a representative of the recently incarcerated described as such. In the current version of the Bylaws was it too	See proposed changes to the bylaws. These are required by the legislation. See proposed changes to the bylaws to focus on the 15 seats required by the legislation. These seats are reflected on the membership composition.	

			much information to keep the members who are recommended descriptions? Such as: On Section 2. Composition. 1. An HIV specialty physician from an HIV medical provider, 2. A Community Health Center/Federally Qualified Health Center ("CHC"/ "FQHC") representative, 3. A mental health provider, 4. A substance abuse treatment provider, 5. A housing provider, etc……Will it be listed elsewhere?		
39	7/10/25	R. Archuleta	Being the Consumers and those living with HIV are the main reasons why the Ryan White Program and Planning Councils were formed, why is the Consumer Caucus only a Caucus and not a Standing Committee?		
40	7/28/25	E. Ahiati (HRSA Project Officer)	**Standards and best practices. Section 2 A.** "Working with DHSP and other bodies to develop and implement a quality management plan and its subsequent operationalization" .	PO Comment: The development of a quality management plan is the subrecipient's responsibility. The PC contributes but is not responsible.	
41	7/28/25	E. Ahiati (HRSA Project Officer)	**Policies and procedures- section 2**- "The Division of Metropolitan HIV/AIDS Program/HIV/AIDS Bureau (DMHAP/HAB) at HRSA requires RWHAP Part A planning councils to submit their grievance and conflict of interest policies and Bylaws for review by the RWHAP Part A project officer". .	PO Comment: HRSA does not require councils to submit their grievance and conflict of interest policies and bylaws for review by the project officer. However, the recipient can share these policies with the PO for additional input and guidance. It's also helpful to the PO to become familiar with the PC's bylaws	
42	7/28/25	E. Ahiati (HRSA Project Officer)	**Section 5. Commission member compensation**: "subsets of Commission members, may be compensated for their service on the Commission contingent upon	PO Comment: Are the subsets of members referring to unaligned consumers?	

			available funding as determined by the Executive Director and in compliance"		
43	8/28/25	Joe Green	One of the comments suggests we remove Prevention from our roles and responsibilities. On paper, we are an integrated planning body, and I am absolutely opposed to separating Prevention and Care. I do believe we could do more. Over the years, we plucked the low hanging prevention fruit that includes: • Development of Prevention Service Standards • PSRA processes have that include EIS, linkage, and retention • Prevention stakeholder engagement through prevention members • Needs assessments identifying prevention service needs and gaps (focus groups, listening sessions, surveys) • Review of data (incidence, prevalence, testing rates, late diagnoses, viral suppression outcomes) The question then becomes: What else can an integrated planning body do to support Prevention? I would welcome the opportunity to work with DHSP to strengthen our partnership NOT, in my opinion put Care and Prevention in separate silos. The question of a Prevention Committee was raised during the listening sessions but didn't go anywhere (I am in support of a Prevention	Defer to 9/18 Special Executive Committee Meeting Focused Discussion on the Commission's Role in Prevention Planning as an Integrated HIV Planning Body – See Discussion Recap	

			Committee). To further our prevention efforts, in our restructuring, we are proposing the creation of a Membership and Community Engagement Committee where Prevention and Care can be **equally addressed**. This can only happen if our partner, DHSP truly supports the Commission's prevention efforts. Under the CDC NOFO (page 28 Items 6b and 6c), it clearly states that an HIV Planning Group needs to exist (item 6b) and under Item 6c; we must conduct and facilitate and HIV planning process and the development of an Integrated HIV Prevention and Care Plan. I believe that if prevention planning was further incorporated into the HIV Commission we would go further towards reducing transmission of HIV. In addition, we should keep all references to CDC prevention in our bylaws.		
44	8/28/25	Joe Green	As to comment 26 regarding the budget, I disagree. believe the proposed language in the bylaws is more than adequate and allows for true negotiations with DHSP. Therefore, I would recommend we retain any and all references to CDC and NCC as funding sources (potentially from the Executive Offices).		
45	8/28/25	Joe Green	As for who should be eligible to vote in the		

			new body, I don't think there is a need to preclude voting by prevention and care providers. I believe that it is sufficient for a commissioner to state their conflicts at the beginning of meetings.		
46	8/28/25	Joe Green	As to the composition of the Commission, I understand why we need to reduce the size of the Commission but would offer that we rethink precluding the 4 cities from being full commissioners and voting members. I believe that their commitment to the commission deserves a vote.		
47	8/28/25	Joe Green	As for the time, location and number of meetings, I concur with DHSP that we should have evening meetings and take the meetings to where the disease burden and prevention efforts are most prevalent. I also believe we should consider having meetings on Saturdays if the body agrees. I do not agree that we should have less meetings but keep the proposed bylaws at a minimum of 6 meetings with the following caveats: 2 meetings should focus on prevention; 2 focus on care (with one meeting for Directives); 1 annual meeting and 1 annual retreat (to occur at the beginning of the fiscal year).		
48	8/28/25	Joe Green	I concur with County Counsel that we should have an odd number of commissioners to avoid ties with votes.		
49	8/28/25	Joe Green	As to comment 43, based on our track record for reviewing and updating bylaws, I believe we should incorporate the 4 – yet to be	A proposed update to the bylaws includes an annual review of the bylaws.	

			elected Supervisors	The BOS will not expand from five to nine supervisors until 2032	
OTHER QUESTIONS/ITEMS TO CONSIDER					
50			Do we need to specify number of meetings per year for the Commission and Committees in the bylaws?		
51			Add California Planning Group (CPG) representative language to reflect the State's process. **NOMINATED CPG MEMBERS** Nominated CPG members are appointed by the local planning body that they are representing. Their appointment to the CPG is confirmed by the "Letter of Nomination" that the CPG receives from each planning body. Nominated members serve as liaisons and share the work that is being done in their local community with the CPG membership, occasionally this may include additional meetings with other nominated members, and after, take the information learned from the CPG meetings and go back to their local planning body to provide detailed updates of the information shared during CPG meetings. The CPG will appoint only one nominated member per planning body to serve a full term. If a local planning body has two Co-Chairs, they must choose one to appoint to CPG. A nominated CPG membership is not a rotating position. Should the appointed member fall ill or resign, the second Co-chair		

			can assume the position.		
QUESTIONS FROM BYLAWS REVIEW TRAINING (JULY 23, 2025)					
52			Can termed out members apply to be members of the standing committees?	Consider challenges with meeting quorum with large numbers of committee members. Having termed out Commissioners serve as voting members on a standing committee is not in alignment with the spirit and intent of member rotations. Excerpt from HRSA PC Expectations Letter: "*To ensure the PC/PB are reflective of the demographics of the population of individuals with HIV in the jurisdiction, HRSA HAB expects the PC/PB to establish term limits and membership rotations."*	
53			Can we add the additional 4 Board members as part of Board expansion under Measure G.	This change in the BOS is not set to be implemented until 2032. Adding additional members that do not yet exist is not recommended.	
54			Can we reduce the number of pages for the bylaws to make it easier for the consumers to read?	Proposed document eliminated 4 pages and staff will use links, where appropriate, to reduce the pages.	
55			How will the staggered terms be handled?	When the updated ordinance becomes effective, the new members appointed by the Board of Supervisors will be seated. The	

				Commission shall classify its members by lot so that 16 members' terms will expire after one (1) year and 17 will expire after two (2) years. Thereafter, each membership term shall be two (2) years.	
56			Where did the City representatives go?	See voting members of the Membership and Community Engagement Committee.	
57			Will new members for the newly restructured COH still have to go through the BOS approval?	Yes. All Commissioners serve at the pleasure of the Board and are appointed by the Board.	
58			If current members who reapply are accepted, will we automatically be assigned on the same committee?	Not necessarily. Co-Chairs will review the members' committee interest selection and reflectiveness across committees.	
59			For unaffiliated consumers applicants, will there be difference between current members who wish to reapply versus new applicants? Will new applicants get an advantage? It takes a while to learn about the COH, especially for some unaffiliated consumers. Consumers deserve the opportunity learn even if they do not have previous experience.	The Operations Committee is currently revising the membership application form and interview questions to better ascertain best candidates to serve on the COH.	
60			Consider keeping city representatives from Los Angeles, West Hollywood, Long Beach, and Pasadena as non-voting		

			members of the full body.		
61			Consider creating an inclusive, all populations Consumer Committee instead of a Caucus.		

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

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

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