LOS ANGELES COUNTY
COMMISSION ON HIV

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

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EXECUTIVE COMMITTEE "SPECIAL" MEETING

Thursday, December 18, 2025
1:00PM – 3:00PM (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020

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

Agenda and meeting materials will be posted on our website at https://hiv.lacounty.gov/executive-committee

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/rf7fc80b753388adb9a6c44d82e25a39a

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

Password: EXECUTIVE Access Code: 2530 722 4549

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

(REVISED) AGENDA FOR THE SPECIAL MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

EXECUTIVE COMMITTEE

Thursday, December 18, 2025 | 1:00PM-3:00PM

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

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/rf7fc80b753388adb9a6c44d82e25a39a
To Join by Telephone: 1-213-306-3065
Password: EXECUTIVE Access Code: 2530 722 4549

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. Pérez, MPH (DHSP)	Dechelle Richardson - LOA (Executive At-Large)	Daryl Russel (PP&A Committee)
QUORUM: 7			

AGENDA POSTED: December 15, 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 th'e 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. Executive Director/Staff Report 1:15 PM – 1:20 PM

A. Commission (COH)/County Operational Updates

(1) 12/9 HRSA PO COH x DHSP Call
(2) COH Sunset Review Cycle
(3) 2025 BOS Annual Report Preparation
(4) DHS Positive Choice Program Updates
(5) Ralph M. Brown Act Updates Per SB 707
(6) Technical Assistance Funding Opportunities

8. Co-Chair Report 1:20 PM – 2:10 PM

A. November 13, 2025 Annual Conference: Calls to Action Next Steps
B. December 11, 2025 Commission Meeting | FOLLOW UP & FEEDBACK
   (1) COH Restructure Next Steps & Discussion (refer to agenda item #C)
   (2) Recommendation to Coordinate a Letter Writing Campaign Among State RWP planning councils to CDPH Office of AIDS Regarding ADAP Rebate Funds
C. COH Effectiveness Review & Restructuring Project
   (1) Bylaws/Ordinance Follow Up & Next Steps
   (2) COH/Committee/Caucus Co-Chair Terms Amid Restructure
   (3) Membership Drive
      a. Newly Revised Membership Application
      b. Revied Commissioner Duty Statement
      c. Interview Process
D. 2026 COH Workplan & Meeting Schedule Development (Jan-March 2026)
E. 2026 National Ryan White Conference Call for Abstract
F. 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 2:10 PM – 2:25 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 2:25 PM – 2:40 PM

A. Planning, Priorities and Allocations (PP&A) Committee
   (1) 2027-2031 Integrated HIV Plan Preparation Updates
   (2) Proposed PY 36 PP&A Meeting/Activity Schedule
B. Operations Committee
   (1) Revised Membership Materials
   (2) Membership Management Updates
C. Standards and Best Practices (SBP) Committee
   (1) Mental Health Service Standards – Public Comment Due January 4, 2026
   (2) Service Standards Schedule
D. Public Policy Committee (PPC)
   (1) County, State and Federal Policy & Budget Updates
      a. HRSA Proposal: Improving Ryan White HIV/AIDS Program Part A and B Formula Awards Using Most Recent Address Data
      b. Public Charge Rule Updates
      c. CMS To Share Immigration Status w/ DHS
      d. HUD-Funded Programs Classified as Federal Public Benefits

Caucus, Task Force, and Work Group Reports: 2:40 PM – 2:50 PM

A. Aging Caucus
   - LA County Local Aging & Disability Services: Public Hearings
B. Black/AA Caucus
C. Consumer Caucus
D. Transgender Caucus
E. Women's Caucus
F. Housing Task Force

V. NEXT STEPS 2:50 PM – 2:55 PM

12. Task/Assignments Recap

13. Agenda development for the next meeting

VI. ANNOUNCEMENTS 2:55 AM – 3:00 PM

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

VII. ADJOURNMENT 3:00 PM

15. Adjournment of the special Executive Committee meeting on December 18, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the meeting minutes, as presented or revised.

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.)

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

☐ This meeting is a **Brown-Act meeting** and is being recorded.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

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

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

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

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

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

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

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

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 12.8.25

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			***Vacant***		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	1	OPS	Leon Maultsby, DBH, MHA	In The Meantime Men's Group, Inc	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	SBP	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	
20	Unaffiliated representative, SPA 2			***Vacant***		July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4	1	PP	Jeremy Mitchell (aka Jet Finley) ***(LOA)***	*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	everend Gerald Green (PP&A) ***(LOA)***
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	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA			***Vacant***		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA	*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 (LOA)	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	EXC|OPS	Dechelle Richardson ***(LOA)***	No affiliation	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS ***(LOA)***	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:	**37**						

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: 42

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, October 23, 2025

COMMITTEE MEMBERS P = Present | A = Absent | EA=Excused Absence | AB2449=Virtual | Public: Virtual *Not eligible for AB2449 | LOA=LeaveofAbsence			
Danielle Campbell, PhD, MPH, Co-Chair	P	Arlene Frames	EA
Joseph Green, Co Chair	P	Arburtha Franklin	P
Miguel Alvarez	P	Vilma Mendoza	P
Alasdair Burton	P	Katja Nelson	P
Erika Davies	EA	Mario J. Perez	P
Kevin Donnelly	EA	Dechelle Richardson (LOA)	EA
		Dary Russell	P
COMMISSION STAFF AND CONSULTANTS			
Dawn Mc Clendon; 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 Danielle Campbell called the meeting to order at 1:05 PM and reviewed meeting protocols.

2. **INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS**
   Commissioner DCampbell conducted roll call; quorum subsequently reached.

3. **ROLL CALL (PRESENT)**: Miguel Alvarez, Vilma Mendoza, Arburtha Franklin, Mario J. Perez, Daryl Russell, Joseph Green and Danielle Campbell.

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. *Meeting minutes not available.*

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.**

   Commissioner Daryl Russell requested that the Planning, Priorities & Allocations (PP&A) Committee agendize a discussion at a future meeting to explore the lack of provider participation in delivering peer support services.

IV. REPORTS

8. **COH STAFF REPORT**

   A. Commission (COH)/County Operational Updates

   (1) COH Workplan and Meeting Schedule. The restructure timeline has been adjusted to allow for a deeper assessment of the Commission's role in integrated planning — especially prevention planning. The updated bylaws are now scheduled for Commission approval on December 11, 2025, held at Chace Burton Park. All members will be required to complete (or refresh) bylaws training before that vote. A restructuring FAQ is also available to support members through the process.

   (2) November 13, 2025, Annual Conference. Staff is working with leadership to confirm speakers and finalize the program. A final agenda will be provided as we get closer to the date.

(3) November & December Meeting Schedule. Historically, the Operations and Executive Committees do not hold their regularly scheduled meetings in November and December due to the holiday period, instead convening once in early December. December 18, 2025, was recommended as the date for the final meeting of 2025.

8. Co-Chair Report

A. 2025 Annual Conference Planning – Updates. The Co-Chairs expressed their appreciation to members for their contributions and noted their anticipation of a successful Annual Conference.

B. December 11, 2025, COH Meeting Agenda Development. Preliminary discussion included agenda development, meeting logistics, and key items anticipated for action, including bylaws revisions and service standards.

C. 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*). Commissioner Green shared that there are currently six Los Angeles representatives serving on the CPG and noted that a comprehensive report will be provided at the next meeting.

10. Division of HIV and STD Programs (DHSP) Report. Mario J. 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. DHSP hosted two all-provider meetings covering funding updates, SOGI data collection efforts, and plans to replace CaseWatch.
B. The National Behavioral Surveillance System will end on December 31, 2025, pausing behavioral surveillance for gay, bisexual, trans, and other higher-risk populations.
C. Proposed federal cuts to the Ryan White Program include $2.7M from MAI, $7.5M from EHE, and an overall $31M reduction to RWP.
D. DHSP remains committed to comprehensive data collection but will shift how data is packaged to comply with new federal executive orders.
E. MPérez emphasized the urgency of maximizing Medi-Cal enrollment and noted that DHSP is partnering with the Department of Social Services to provide trainings for providers.
F. There are currently three MPox cases in Long Beach (CLAD II).
G. MPérez encouraged coalition-building around advocacy efforts to support more flexible use of ADAP rebate funds, which will require legislative engagement.

H. MPérez also stressed the importance of active participation in Los Angeles County Affordable Housing Solutions Agency (LACAHSA) meetings, especially as we work to stay at the forefront of the housing conversation given anticipated cuts to housing subsidies.

11. Standing Committee Reports

A. Planning, Priorities and Allocations (PP&A) Committee. At its October 21, 2025, meeting,

- DHSP staff (S. Oksuzyan) presented the PY 34 Ryan White Program utilization report focused on support services, noting increased utilization in Emergency Financial Assistance, Housing Support, and Nutrition Support, and decreased utilization in Benefits Specialty and Linkage and Re-Engagement services.
- Higher engagement, retention in care, and viral suppression rates were observed among clients utilizing Substance Use Residential, Benefits Specialty, and Housing Support services.
- Staff summarized women-centered programming recommendations developed by the Women's Caucus, identifying expansion of peer support groups as the top priority.
- DHSP noted limited provider uptake of peer support services and discussed potential strategies, including provider and consumer engagement, volunteer-based peer support models, and alignment with emerging Medicaid requirements.
- The Committee reviewed key activities and proposed meeting schedules for the upcoming program year, expressing general support for a bimonthly meeting schedule with a virtual data summit.
- Staff will revise the proposed meeting calendars for future discussion.

B. Operations Committee. At its October 21, 2025, meeting:

- Focused on revising and refining interview questions for prospective Commission members to improve efficiency, consistency, and fairness across interviews.
- Emphasized the importance of clearly communicating time commitments and preparation expectations to candidates.
- Reached consensus on removing redundant questions and providing clearer context during interviews to enhance the candidate experience.
- Reviewed member attendance and, considering the ongoing Commission restructuring, recommended informal outreach to Jet Finley, Dechelle Richardson, Sabel-Samone Loreca, and Reverend Gerald Green to discuss attendance and future participation rather than issuing formal attendance letters.

B. Standards and Best Practices (SBP) Committee Commission staff reported, at its October 7, 2025, meeting,

- The Committee approved the Patient Support Services (PSS) service standards.
- The Committee reviewed the Mental Health (MH) service standards and discussed proposed revisions, including updates to the mental health assessment, pre-screening for group therapy, counseling requirements when new psychotropic medications are prescribed, consolidation of the crisis intervention section, and inclusion of the 988-crisis intervention line. The Committee will continue its review at the November meeting.

MOTION #3: Approve the Patient Support Services standard as presented or revised. (AppvdV: MAlvarez, ABurton, AFranklin, Mendoza, KNelson, DRussell, DCampbell & JGreen.

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

- The Governor had until October 12, 2025, to sign, veto, or allow bills passed by the Legislature to become law; several bills were under consideration, with some not advancing to the Governor's desk.
- Two bills impacting HIV-related and gender-affirming care were vetoed, including legislation addressing PrEP access and prior authorization requirements and a bill proposing extended therapy provisions related to gender-affirming care.
- Bills signed into law included measures related to health care data protections, policy and programmatic updates, abortion access protections, telehealth effectiveness, inclusive provisions related to paid family leave, sharing of testing information, and the expansion of street medicine programs.
- It was reported that enhanced SNAP benefits were expected to expire within approximately seven days, raising concerns regarding increased food insecurity.
- Updates were provided regarding County fiscal matters, including the transition from Measure A to Measure H, which is projected to generate less revenue than previously anticipated; the County is developing a framework to guide service reductions.
- Ongoing federal budget uncertainty, including the risk of a government shutdown, has delayed Continuum of Care Notices of Funding Award; potential federal policy shifts discussed included proposed limits on permanent housing funding and the introduction of work requirements, which may create additional barriers for impacted communities.

- The Public Policy Committee cancelled its October meeting and will determine at its November meeting whether to reschedule or cancel the December meeting due to a potential World AIDS Day scheduling conflict.

12. Caucus, Task Force, and Work Group Reports

A. Aging Caucus: The Aging Caucus did not meet in the month of October and highlighted the event summary and evaluation findings from the September 19th Power of Aging educational event via a newsletter. See newsletter for more details.

B. Black/AA Caucus: The Black Caucus finalized plans for and reported on its participation in the Taste of Soul event, held on October 18, 2025, in the Crenshaw District. Caucus members and staff engaged approximately 250–300 community members, shared information on HIV prevention and treatment, and distributed educational materials and supplies provided by partner organizations. The Caucus collected 100 paper surveys and 40 online surveys, which will be compiled and reviewed at a future meeting. The event was noted as a successful opportunity to engage the community and raise awareness of HIV's impact on Black and African American communities.

C. Consumer Caucus: The Consumer Caucus did not meet in the month of October.

D. Transgender Caucus: The Transgender Caucus did not meet in the month of October

E. Women's Caucus: The Women's Caucus did not meet in the month of October.

F. Housing Task Force: The Housing Task Force met on October 24, 2025, with the initial intention of sunsetting following completion of its early work. However, considering proposed cuts to housing services and the potential reduction of permanent housing options, the Task Force agreed to pause its sunset plans. Members emphasized the importance of prioritizing housing-insecure individuals and exercising care in how the needs of people with HIV are framed amid increased scrutiny.

The Task Force agreed to pause final recommendations pending greater clarity on the evolving funding landscape and to engage the newly established Department of Housing and Homeless Services to better understand coordination with HOPWA and other partners. The Task Force will provide a brief update at the December 11 Commission meeting and anticipates finalizing recommendations in January. Staff and co-chairs will coordinate outreach to schedule a departmental briefing.

V. DISCUSSION

13. COH EFFECTIVENESS REVIEW & RESTRUCTURING PROJECT.

- AJ King, Next Level Consulting, referenced the Restructure and Bylaws Revision FAQ as a resource outlining the key updates and changes associated with the Commission's ongoing effectiveness review and restructuring.
- Staff reminded members to refresh their understanding of the revised governance framework by completing the Bylaws training that was offered earlier in the year. To further support preparedness, staff will agendize a brief refresher of the restructure and Bylaws revision process at upcoming committee and caucus meetings.
- The Committee engaged in a thoughtful discussion regarding the Commission's role in HIV prevention planning, referencing the September 18, 2025 Special Executive Committee meeting**,** which convened prevention stakeholders to explore this issue. The Committee affirmed moving forward as an integrated planning body and noted that additional discussions will be needed to identify a responsive mechanism or model to effectively address prevention planning amid the current fiscal and policy challenges.
- The Committee completed its review of public comments received on the proposed Bylaws revisions as part of the ongoing effectiveness review and restructuring process, building on prior discussions and informed by guidance from County Counsel and HRSA.
- The proposed Bylaws revisions will be presented to the full Commission at its December 11, 2025 meeting. Members were encouraged to review the proposed revisions in advance, complete the required refresher training, and be prepared to engage in discussion and vote at the December 11 meeting.

VI. NEXT STEPS

14. Task/Assignments Recap

- ✓ All approved motions are final. The Patient Support Services (PSS) Service Standards will be forwarded to the December 11, 2025 Commission meeting for consideration and approval.
- ✓ Staff and Co-Chairs will finalize the program and continue preparations for the Annual Conference.
- ✓ Staff will follow up with DHSP to coordinate next steps related to the prevention planning discussion.

- ✓ Staff will schedule a follow-up meeting with subordinate working units to discuss the future structure of caucuses, including consideration of a Consumer Committee.
- ✓ Staff will finalize the proposed Bylaws revisions for presentation at the December 11, 2025 Commission meeting.
- ✓ The Committee will convene its next meeting on December 18, 2025.

15. Agenda development for the next meeting.

- ✓ Follow up next steps on the restructure process
- ✓ Additional items as appropriate

VII. ANNOUNCEMENTS

16. Opportunity for members of the public and the committee to make announcements.
Commissioner JGreen announced that the City of West Hollywood's Disabilities Advisory Board awarded its Nonprofit Award to The Vance North Necessities of Life Program (NOLP) at APLA Health.

.VIII. ADJOURNMENT

17. Meeting adjourned 3:54PM.

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; 10.09.25; 12.18.25
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 *Update: Vote on Proposed Bylaws Rescheduled Tentatively to December 11 COH Meeting.***~~
~~11/13/25 @ St. Anne's~~	~~**ANNUAL CONFERENCE** Theme: Resilience in Uncertain Times: Advancing Science, Policy, and Community Together~~
~~12/11/25 @ Chace Burton (MDR)~~	~~Vote on Revised COH Bylaws~~

***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.*

LOS ANGELES COUNTY
COMMISSION ON HIV

2025 Annual Conference Summary

"Resilience in Uncertain Times: Advancing HIV Science, Policy, and Community Together"

November 13, 2025 | St. Anne's Event & Conference Center

On November 13, 2025, the Los Angeles County Commission on HIV held its Annual Conference at St. Anne's Conference & Event Center, bringing together community members, partners, Commissioners, service providers, researchers, and policymakers for a day of honesty, connection, and collective purpose. The conference opened with a welcome, moment of silence, and land acknowledgment led by Commission Co-Chairs, Dr. Danielle Campbell and Joseph Green, grounding the room in reflection and community care.

Opening Remarks & Congressional Message

Dr. Marisa Ramos, Chief of the California Department of Public Health's Office of AIDS, offered opening remarks that were both grounding and forward-looking, reminding participants that partnership, courage, and alignment are essential during times of uncertainty.

Although unable to attend in person, Congresswoman Maxine Waters provided a written statement celebrating the conference theme and reaffirming her commitment to protecting HIV prevention, care, housing, and research programs. She highlighted her decades of advocacy and shared updates on two new federal bills designed to strengthen HIV prevention and sustain public health programs.

Reimagining the Commission

Commission Co-Chair, Joseph Green, and consultant, AJ King, walked attendees through the Commission's restructure, framing the vision behind this new era of impact and how it strengthens the Commission's ability to respond to community needs with clarity and purpose.

State of HIV & STIs in Los Angeles County

Mario J. Pérez, MPH, Director of the Division of HIV and STD Programs (DHSP), delivered an overview of the local HIV and STI landscape, grounding the room in where Los Angeles County stands, where gaps persist, and what coordinated, community-centered action is needed.

Panel Discussion: Science in Action, Research for Change - Advancing Global and Local Efforts to End HIV

Moderated by Dr. Danielle Campbell, this panel brought together Dr. Judith Currier, Dr. William King, Dr. Rhodri Dierst-Davies, and Dr. Leon Maultsby, who bridged innovation, implementation, and equity. They

emphasized that scientific breakthroughs matter only when communities can access them—and when research is guided by real-world lived experience.

Panel Discussion: Policy & Legislation - Safeguarding HIV Programs Amid Censorship and Funding Threats

Moderated by Commissioner Arburtha Franklin, panelists Katja Nelson, Bee Curiel, and Darryn Harris discussed funding cuts, Diversity, Equity and Inclusion (DEI) rollbacks, and censorship, emphasizing that policy determines who gets access, who gets protected, and who gets left behind. They centered on protecting essential programs through coalition-building and strategic advocacy.

Keynote Address: Resilience Through Policy – Advancing Equity and Access with the PrEP and PEP Are Prevention Act (H.R. 5127)

Keynote speaker Robert Gamboa of the Los Angeles LGBT Center delivered Resilience Through Policy – Advancing Equity and Access with the PrEP and PEP Are Prevention Act (H.R. 5127). He connected science, policy, and community in a way that helped the room see both the challenges and the path forward, emphasizing that we do not build systems of care *for* communities, but *with* communities. His address was powerful, timely, and deeply grounding for the work ahead.

Commission on HIV: A Year in Review

Midway through the afternoon, attendees viewed a special Commission highlight reel — a pre-recorded narration by former Commission on HIV Executive Director, Cheryl A. Barrit. The reel reflected on a year marked by major structural shifts, community-driven initiatives, and collective perseverance.

The video uplifted key accomplishments across the Commission's working committees and caucuses, including advancements in integrated planning, the launch of new community listening sessions, strengthened partnerships with DHSP, and progress on the Commission's comprehensive restructure.

It also highlighted the extraordinary work of Commissioners, staff, and community partners who continued to push forward in a year defined by both innovation and challenge. The reel served as a moment to pause, honor shared progress, and acknowledge the leadership, adaptability, and dedication that moved the work forward.

This segment grounded the room in the truth that the Commission's impact is the result of many hands and voices working together — a theme that echoed throughout the rest of the conference.

Panel Discussion: Community Engagement & Advocacy - Strategies for Collective Action

Moderated by Commissioner Miguel Alvarez, panelists Gerald Garth, Shellye Jones, Kevin Pizarro, and Thelma Garcia uplifted what it means to authentically engage community, centering care, trust, and

shared power. Gerald Garth reminded the room: “None of us have to do everything if all of us do something.”

Community Call to Action: From Reflection to Action

In the closing session, Commissioner Joaquin Guiterrez guided attendees through a democratic process to identify and vote on shared priorities. The final Calls to Action were:

- Strengthen authentic relationship-building across community, Commissioners, partners, and policymakers.
- Develop a universal sexual health marketing campaign that agencies can adapt and use countywide.
- Create a coordinated, all-agency social media campaign to expand awareness of HIV prevention services throughout Los Angeles County.

Community Moments

Michael Barajas of Gilead Sciences delivered a lunch presentation on Cultural Humility, anchoring the day in the reality that HIV work is rooted in people and relationships. Attendees also viewed LA Cumbia Del Movimiento by Bamby Salcedo, and the day closed with an Art Legacy Exhibition featuring artwork created by artists living with HIV more than two decades ago.

Closing Appreciation

The Commission expressed deep gratitude to all speakers, panelists, Commissioners, DHSP partners, community members, and Commission staff—Dawn, Jose, Lizette, and Sonja—whose support, leadership, and coordination made the day possible. Special thanks were extended to Gilead Sciences for sponsoring lunch and supporting the conference.

The 2025 Commission on HIV Annual Conference was a reminder that this work only moves forward when we move together—aligned, informed, and rooted in community.

CLICK HERE TO VIEW 2025 ANNUAL CONFERENCE

CLICK HERE TO VIEW PHOTOS

PARTICIPANT BIOS

Bylaws Adoption: Transition & Next Steps Overview

12.18.25 Executive Committee

Status Update

The Los Angeles County Commission on HIV has formally approved its revised Bylaws, marking a historic milestone and the third major bylaws revision in the Commission's history. While approved by the Commission, the Bylaws will take effect upon adoption of the corresponding Ordinance by the Board of Supervisors, anticipated March 2026.

What Happens Next

- County Counsel Review and Board of Supervisors Process
- Membership Application Launch
- Interview Panel Formation and Interviews
- Cohort Approval and Seating

Interview Panel Overview

The interview panel will include former Commissioners, community stakeholders, individuals with lived experience, and select Commission Services staff. Panelists will receive orientation, evaluation guidance, and equity-centered selection training.

Transition Timeline

- ✓ December 11, 2025: Bylaws Approved
- ✓ December 17, 2025: Applications Open & Panel Formed
- ✓ January 2026: Interviews Conducted
- ✓ February 2026: Cohort Approval
- ✓ March 2026: Ordinance Effective & New Cohort Seated

Looking Ahead

This transition is designed to be thoughtful, inclusive, and transparent, ensuring continuity while strengthening community voice and governance.

HAVE A SEAT AT THE TABLE.

Your voice, perspective, and experience matter here.

LOS ANGELES COUNTY COMMISSION ON HIV

Commission Membership

The **Los Angeles County Commission on HIV** is seeking engaged individuals with **lived experience, community knowledge, or professional expertise** who are prepared to have a **seat at the table** and **actively participate** in shaping **HIV planning, policy, and funding decisions** across **Los Angeles County.**

Open Seats Include:

- 15 HRSA Required Categories
- 11 Unaffiliated Consumer Members
- 5 Board of Supervisors Representatives
- 1 HIV Researcher / Scientist

Support for Unaffiliated Consumer Members

- Stipends (up to $500, contingent on funding availability)
- Childcare reimbursement
- Transportation reimbursement
- Supplies & participation support

Interested in serving?

Apply by January 9, 2026 to join the first cohort for the 2026–2028 term.

**Membership applications are accepted year-round until all seats are filled.*

APPLY HERE

hivcomm@lachiv.org

https://hiv.lacounty.gov

LOS ANGELES COUNTY
COMMISSION ON HIV

MEMBERSHIP FREQUENTLY ASKED QUESTIONS (FAQ)

What is the Commission on HIV?

The Los Angeles County Commission on HIV is the County's legislatively established planning body responsible for planning, developing recommendations, and community input for the Ryan White HIV/AIDS Program and other HIV prevention, care, and treatment efforts in Los Angeles County. The Commission makes recommendations on policies, funding priorities, and service needs—ensuring decisions are informed by community voice, lived experience, and public health data. *The Commission is not an advocacy or activism body and does not directly fund or contract with agencies to provide HIV services. The Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), oversees contracting with agencies to provide HIV services for people living with HIV/AIDS.*

What does it mean that the Commission is a public body?

The Commission on HIV operates as a public body and follows the Brown Act and other applicable governance and parliamentary requirements. This ensures meetings are publicly noticed, open to the public, and conducted transparently, with opportunities for public comment. Commissioners and committee members receive orientation and staff support. Prior experience with these processes is not required.

Why does the Commission matter?

Because decisions about HIV services should be informed by the people and communities most impacted. Serving on the Commission means having a real seat at the table.

How large is the Commission?

Beginning March 2026, the Commission will consist of 32 members, including required 15 Ryan White seats, 11 unaffiliated consumers, 5 Board of Supervisors representatives, and an HIV researcher/scientist.

Who should apply?

Community members who live or work in LA County and are passionate about HIV equity, including people living with HIV, advocates, providers, researchers, and public health professionals. No prior Commission or government experience required.

Are there different ways to participate?

The Commission offers committee-only membership opportunities for subject-matter experts and individuals with lived experience who want to contribute without serving as a full Commissioner. Committee-only members do not require appointment by the Board of Supervisors.

LOS ANGELES COUNTY
COMMISSION ON HIV

What is the time commitment and general expectations?

On average, approximately 10 hours per month.

- Commissioners: Commission meetings, committee meetings, and training
- Committee-only members: Committee meetings and related work

Members are expected to attend meetings in person, consistent with Brown Act requirements. Reasonable accommodations, including limited remote participation when permitted by law, may be available. Members must also have regular access to email, as most Commission communications are shared electronically.

Will I receive compensation for my time?

Stipends of *up to* $500 may be available for unaffiliated consumer members, contingent upon funding availability and participation requirements. Unaffiliated consumers are individuals with lived experience who are not employed by or representing a funded agency.

How are members selected?

Full Commissioners complete an application, interview process, Livescan background check, and are appointed by the Los Angeles County Board of Supervisors. Committee-only members complete an application and interview process, but do not require Board appointment.

How long is my term after becoming a member?

Commissioners and committee-only members serve two-year terms and may serve a maximum of three terms. After completing three terms, members must take a one-year break in service before reapplying.

I've submitted my application. When will I be notified that my application has been selected?

After applications close, submissions are reviewed for eligibility and alignment with the Commission's membership needs. All applicants will be notified and selected applicants will be invited to participate in a brief virtual interview in early January. Final recommendations will be presented to the Commission in February, and submitted to the Board of Supervisors for final appointment to be seated in March.

I am interest in applying but my current schedule will not allow me to participate. Is membership open year-round?

Yes. Applications are accepted on a rolling basis until all seats are filled. Priority consideration is given to applications received by the stated deadline.

How do I apply?

Application details and the submission link are available on our website https://hiv.lacounty.gov/membership-and-recruitment/ or you may email us at hivcomm@lachiv.org.

Membership Interview –
Frequently Asked Questions (FAQ) & Preparation Guide

(Updated 12.15.25)

This document provides an overview of the membership interview process, expectations of Commissioners, and guidance for applicants interested in serving on the Los Angeles County Commission on HIV. Interviews are designed to be welcoming, conversational, and informative.

Background

The Los Angeles County Commission on HIV is undergoing a major restructure to strengthen its role as the County's integrated HIV prevention and care planning body. This includes updating our bylaws and ordinance, reducing the size of the Commission for greater efficiency, aligning all functions with HRSA and CDC requirements, and ensuring membership reflects the communities most impacted by HIV in LA County.

As part of this transition, we are launching the **first cohort of the newly reconstituted 32-member Commission**, and all applicants will participate in a streamlined and transparent interview process designed to prioritize equity, reflectiveness, and community voice.

Membership Interview – Frequently Asked Questions (FAQ)

Is an interview required?

Yes. All candidates who apply for membership on the Commission are required to participate in an interview.

How long is the interview?

Interviews are approximately 30–45 minutes and will be held **virtually.** To ensure fairness for all applicants and to stay on schedule, panelists may guide the conversation to remain within the allotted time.

Who will conduct the interview?

Interviews are conducted by a diverse panel of 3–5 stakeholders, which may include former Commissioners, Commission support staff, consumers and community members, community partners, and subject-matter experts. Panelists are not applying for membership and therefore have no conflicts of interest in the selection process.

What is the purpose of the interview?

The interview helps us better understand your experience, lived expertise, planning perspective, and readiness to fulfill the duties of a Commissioner. Applicants are encouraged to review the Commissioner Duty Statement in advance.

How are final selections made?

Panelists evaluate applications based on interview responses, written application materials, available seats, and Parity, Inclusion & Reflectiveness (PIR) principles. Recommended candidates are reviewed by the Operations Committee, Executive Committee, full Commission, and ultimately appointed by the Los Angeles County Board of Supervisors.

How long does the process take?

For the first cohort under the newly restructured Commission, an expedited process is being used. The goal is to seat the new Commission by the March 12, 2026 meeting, aligning with the new Ryan White Program Year.

How is the Commission governed?

The Commission is an integrated HIV prevention and care planning body and operates in accordance with County ordinance, state statute, and federal requirements from HRSA and the CDC.

What is the Commission's role?

The Commission is a planning body—not an advocacy or activism body. Its role is to plan for all people in LA County living with, impacted by, or at risk for HIV to ensure equitable access to prevention and care services.

How is the newly restructured Commission composed?

The Commission consists of 32 members: 15 HRSA-required seats (including three non-voting seats), 11 unaffiliated persons living with HIV, 5 Board of Supervisors representatives, and 1 HIV researcher/scientist.

What does Parity, Inclusion & Reflectiveness (PIR) mean?

Parity ensures members are supported to participate fully; Inclusion ensures all voices have equitable opportunity; Reflectiveness ensures membership mirrors the demographics of the local HIV epidemic.

What should I know about committees?

The Commission has four standing committees that meet monthly. All Commissioners must serve on at least one committee. Applicants are encouraged to attend committee meetings while their application is under review.

What Makes a Strong Candidate?

Strong candidates bring lived experience and/or professional expertise, and a commitment to collaborative planning. You do not need to be an expert in HIV policy, but you should be ready to learn, engage, and participate consistently.

Strong candidates often demonstrate:

- Connection to communities impacted by HIV in LA County
- Experience on advisory boards, committees, or planning bodies
- Willingness to collaborate and listen
- Reliability and follow-through
- Understanding that Commission work is focused on planning, not advocacy

Interview Preparation Guide

Before your interview, we encourage you to review the Commissioner Duty Statement or Unaffiliated Consumer Duty Statement, revisit your application, and reflect on how your experience informs your planning perspective.

During the interview, expect a respectful and conversational discussion focused on your readiness to serve, your approach to collaboration, and your interest in equitable HIV planning.

**Membership applications are accepted year-round until all seats are filled.*

LOS ANGELES COUNTY
COMMISSION ON HIV

Membership Interview Questions

(Revised by Operations Committee 10.23.25)

1. What have you heard or learned about the Los Angeles County Commission on HIV (COH)? (This helps us understand your current awareness of our mission and work.)

2. What inspires you to serve on the Commission on HIV? (Please share your motivation or interest in contributing to this work.)

3. What skills, perspectives, or experiences would you bring to the Commission? (We value diverse lived and professional experiences that strengthen our work.)

4. Serving as a Commissioner requires a minimum commitment of 10 hours per month — which includes attending the full Commission meeting, your assigned committee or caucus meeting, preparing for meetings, and participating in trainings. Occasionally, there are additional events and activities. Are you able to commit to this level of participation?

5. In what ways have you been involved in your community? (This can include volunteer work, advocacy, mentorship, leadership, or other forms of engagement.)

6. What do you hope to gain or learn from your participation on the Commission?

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSIONER

DUTY STATEMENT

Candidates for membership on the Commission on HIV must complete a membership application and participate in the interview process. All applicants are evaluated and scored by the Commission's Operations Committee, consistent with Policy/Procedure #09.4205 (Commission Membership Evaluation and Nomination Process). Based on this evaluation, the Operations Committee recommends candidates to the full Commission. The Commission then nominates candidates to the Board of Supervisors by majority vote. Final appointments to the Commission are made by the Los Angeles County Board of Supervisors.

DUTIES AND RESPONSIBILITIES:

In order to be an effective, active member of the Commission on HIV, an individual must meet the following requirements of Commission membership:

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1. Representation and Accountability

- Possess knowledge of HIV/AIDS, STIs, impacted communities, and the organization or constituency the member represents.
- Provide consistent two-way communication between the Commission and the organization/constituency the member represents.
- Offer the perspective of the organization/constituency the member represents, while also sharing the Commission's positions with relevant partners.
- Participate in deliberations and cast votes based on what is best for the entire County, regardless of personal views or the preferences of the member's organization/constituency.

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2. Commitment and Participation

- Commit to serving a full two-year Commission term.
- Uphold the following expectations:
    - Respect the views of all members and stakeholders regardless of race, ethnicity, sexual orientation, gender identity, HIV status, or other factors.

    - Comply with the Commission's Code of Conduct, applicable HIPAA requirements, and all Commission policies, especially the Commission's **Attendance Policy #08.3204**
    - Adhere to the Ralph M. Brown Act and Robert's Rules of Order.
    - Approach deliberations with an open mind and consider the perspectives of others.
    - Actively participate in ongoing decision-making processes.
    - Support and communicate decisions made by the Commission when representing the Commission.
    - Devote a minimum of **ten hours per month** to Commission and committee meetings, preparation, and related responsibilities.
- Commissioners are required to attend and actively participate in:
    - Commission orientations and ongoing trainings
    - County commission orientations (as applicable)
    - Monthly Commission meetings
    - Assigned standing committee meetings
    - All relevant priority- and allocation-setting (PSRA) meetings
    - Consumer or other caucus meetings (**required for unaffiliated consumer members**)
    - The Commission's Annual Conference
- Participate in voluntary workgroups, task forces, and special meetings as needed for committee assignments or other Commission business.

Failure to meet requirements may result in removal from the Commission.

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3. Knowledge and Skill Development

Members are expected to commit to building and expanding their knowledge in the following areas:

- General information about HIV, STIs, and their impact on communities across Los Angeles County.
- The HIV/STI prevention and care continuum, low-income support services, and the broader health and human services delivery system.
- The Commission's multi-year HIV service priorities, resource allocations, and planning activities.
- The Ryan White Program, Medicaid/Medi-Cal, and other funding streams and service systems that support people living with or at risk for HIV.

COMMISSIONER

UNAFFILIATED CONSUMER MEMBER

Unaffiliated Consumer (UAC) members serve as critical voices on the Commission on HIV. They provide lived expertise on the Ryan White Program, represent the needs and experiences of people living with HIV, and help ensure that Commission priorities, strategies, and decisions remain grounded in community realities.

To be an effective UAC member, individuals must meet the following expectations:

DUTIES AND RESPONSIBILITIES:

To be an effective UAC member, individuals must meet the following expectations:

1. Representation and Accountability

Unaffiliated Consumer members must:

- Have lived experience as a person diagnosed with HIV and be a current consumer of Ryan White Program services.
- Not be affiliated with a Ryan White Part A–funded agency (i.e., not employed by, serving on its board, or consulting for any RWP Part A–funded organization).
- Maintain knowledge of HIV, STIs, and the communities they represent.
- Provide consistent two-way communication between the Commission and the consumer community.
- Share a **data-informed**, experience-grounded perspective on issues before the Commission.
- Cast votes based on what is best for people living with and affected by HIV across Los Angeles County—beyond personal opinions or individual program preferences.

2. Commitment and Participation

Unaffiliated Consumer members must:

- Commit to serving a full two-year Commission term.
- Uphold the following expectations:
    - Respect the views of all members and stakeholders regardless of race, ethnicity, sexual orientation, gender identity, HIV status, or other factors.
    - Comply with the Commission's Code of Conduct, applicable HIPAA requirements, and all Commission policies.
    - Adhere to the Ralph M. Brown Act and Robert's Rules of Order.
    - Approach deliberations with an open mind and consider the perspectives of others.
    - Actively participate in ongoing decision-making processes.
    - Support and communicate decisions made by the Commission when representing the Commission.
    - Devote a minimum of **ten hours per month** to Commission and committee meetings, preparation, and related responsibilities.
- UACs are required to attend and actively participate in:
    - Commission orientations and ongoing trainings
    - County commission orientations (as applicable)
    - Monthly Commission meetings
    - Assigned standing committee meetings
    - All relevant priority- and allocation-setting (PSRA) meetings
    - Consumer or other caucus meetings (**required for unaffiliated consumer members**)
    - The Commission's Annual Conference
- Participate in voluntary workgroups, task forces, and special meetings as needed for committee assignments or other Commission business.

Failure to meet requirements may result in removal from the Commission.

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3. Knowledge and Skill Development

Unaffiliated Consumer members are expected to build and expand their understanding of:

- General information about HIV, STIs, and their impact on Los Angeles County communities.
- The HIV/STI prevention and care continuum and the broader health and human services landscape.
- The County's Comprehensive HIV Plan and HIV Continuum.
- The Commission's priority- and allocation-setting process.

- CDC HIV prevention guidelines, Ryan White Program requirements, and related funding systems that affect consumers.

UAC members are also expected to:

- Understand the needs, challenges, and interests of other consumers.
- Stay familiar with how HIV prevention, care, and treatment services are delivered across LA County.
- Identify community concerns, barriers, trends, and opportunities to improve services.
- Provide authentic consumer insight to inform planning, evaluation, and policy discussions.

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4. Skills and Attributes

Unaffiliated Consumer members should demonstrate:

- Sensitivity to diverse communities and the ability to communicate across varied needs and experiences.
- A lived and/or professional commitment to HIV, STI, and health equity issues.
- Capacity to reflect principles of **Parity, Inclusion, and Reflectiveness (PIR)**.
- Ability to collaborate, problem-solve, and engage constructively.
- Comfort navigating conflict while striving for consensus where possible.
- Strong follow-through, reliability, and readiness to contribute to Commission operations.
- A focus on leadership development, mentorship, and supporting the engagement of other consumers.
- Awareness of personal and potential conflicts of interest, and willingness to disclose them appropriately.

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5. Commitment and Accountability

Unaffiliated Consumer members must:

- Prioritize the best interests of the Commission and the HIV community over personal agenda or agency-related concerns.
- Ensure the rights and voices of consumers and stakeholders are respected.
- Advocate consistently on behalf of people living with and at risk for HIV.
- Engage in transparent, regular, and active decision-making processes.
- Always approach Commission work with openness, respect, and integrity.

STANDING COMMITTEES AND CAUCUSES REPORT
KEY TAKEAWAYS | DECEMBER 2025

Operations Committee

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

Key outcomes/results from the meeting:

- The Operations Committee devoted the majority of the meeting to revising and refining interview questions for prospective commission members.
- The goal of streamlining the questions is to improve efficiency and ensure consistency across all candidate interviews.
- Members discussed the importance of clearly communicating time commitments and preparation expectations to prospective commissioners.
- The group completed a detailed review of the interview questions to maintain uniformity and fairness in the selection process.
- The Committee asks all to please be mindful of the upcoming Committee Restructure timeline dates:
    - ❖ December 11, 2025: COH approve bylaws and submit ordinance to BOS for approval.
    - ❖ December 12, 2025 – January 9, 2026: Disseminate transitional membership application and open nominations process to all stakeholder constituencies (including current Commissioners).
    - ❖ Application deadline: January 9, 2026: Organize and verify applications for completeness and accuracy.
    - ❖ January 10–18, 2026 (includes weekend interviews due to short turnaround): Conduct membership interviews.
    - ❖ January 19, 2026: Select initial cohort of candidates to recommend for nomination.
    - ❖ January 23, 2026: Executive Committee approves initial cohort.
    - ❖ February 12, 2026: COH approves initial cohort.
    - ❖ February 12, 2026: Forward nominations to EO/BOS for appointment.
    - ❖ February – Early March 2026: BOS appointment of first cohort of new members to restructured COH.
    - ❖ March 12, 2026: First meeting of newly restructured Commission on HIV.

Action needed from full body:

- □ Please join the Operations Committee for its next meeting on Thursday, December 18th, from 10:00 a.m. to 12:00 p.m. The Committee will review sample language for evaluating and scoring membership interviews.

Executive Committee

The Committee last met on October 23, 2025; the November meeting was canceled due to the holidays.

REMINDER: Holiday meeting schedule: The regularly scheduled meetings in November and December have been canceled; a December 18 meeting date has been confirmed.

Action needed from full body:

- □ Attend the November 13, 2025 Annual Conference and support implementation of the final program.
- □ Prepare for the December 11, 2025 vote on the revised Bylaws; surface any final questions or clarifications ahead of the meeting.
- □ Support the launch of the membership drive immediately following Bylaws approval (target: December 12, 2025).
- □ Stay informed of potential federal, state and local funding cuts and impacts on the HIV service system and look to non-HIV-related partners to complement and support the RWP.
- □ Continue to remain engaged in committee business and discussions

Planning, Priorities, and Allocations Committee

Link to the November 18, 2025 Planning, Priorities, and Allocations Committee meeting packet can be found HERE.

Key outcomes/results from the meeting:

- The committee had a robust conversation on contingency planning for the next program year (PY36).
- DHSP staff provided a brief overview of projected funding for PY36 with a total amount of funding for direct services at approximately $33.5 million; this total includes approximately $24.8 million for Health Resources and Services Administration (HRSA) RWP Part A, $3.3 million for Minority AIDS Incentive (MAI), and $5.3 million for HRSA Part B (award from the state); see meeting packet for more details. This total does not include the supplemental award amount, which is not guaranteed. The proposed PY36 estimate of $33.5M represents a major reduction from PY35's $41M, requiring strategic prioritization and possible service reductions. DHSP also noted that delayed federal awards may severely affect service continuity due to the County's constrained financial situation.
- HOPWA staff provided an overview of current HOPWA program and portfolio and current investments. As of quarter one of this year, HOPWA has served a total of 2,922 clients; last year the number totaled 3,860 clients. Funds were shifted this current year to support more long-term housing via tenant-based rental assistance (TBRA) programs. HOPWA has continued to receive level funding for years and is at capacity with the number of clients and types of programs that it can support resulting in long wait times for placement into permanent housing. Any increases in permanent supportive housing will result in decreases in one or more of the other areas/programs HOPWA supports.
- Potential federal cuts may impact non-RWP federally funded partners, leading to downstream effects on the local HIV service network. The committee must consider the cumulative impact of potential changes to the HUD Continuum of Care, HOPWA, Measure A, Medicaid/Medi-Cal redeterminations (potential loss of Medi-Cal coverage may shift more clients back to the RWP system) and other federal/state support services programs (such as SNAP).

- Difficult decisions are expected regarding RWP services can be sustained under reduced funding. Committee members requested modeling of minimum funding level to avoid system destabilization, particularly around housing and oral health services. The committee anticipates more clarity on federal funding by January 2026.
- DHSP provided their response to the PY35-PY37 Directives; see meeting packet for more details. It was noted that some of the directives were not feasible.
- The committee canceled their December meeting. The next PP&A Committee meeting will be on January 20, 2026 at the Vermont Corridor.

Action needed from full body:

- □ Stay informed of potential federal, state and local funding cuts and impacts on the HIV service system and look to non-HIV-related partners to complement and support the RWP.
- □ Continue to remain engaged in committee business and discussions, especially on matters related to funding.
- □ Encourage consumers and providers to attend PP&A committee meetings.

Standards and Best Practices Committee

The SBP Committee did not meet in the month of December.

Link to the November 4, 2025, *Standards and Best Practices Committee* meeting packet can be found HERE.

Key outcomes/results from the meeting:

- Announced public comment period for the Mental Health service standards from November 17, 2025, to January 6, 2025. The document can be accessed on the COH website **HERE.**
- **Canceled the December 2, 2025, SBP Committee meeting;** The next SBP Committee meeting will be on Tuesday January 6, 2025, from 10am-12pm at the Vermont Corridor.

Action needed from full body:

- □ Review the **Mental Health service standards document** and provide comments to assist the Standards and Best Practices Committee in their review of the document. Public comments are due on January 6, 2025.

Public Policy Committee

The Public Policy Committee did not meet in the month of December.

Link to the November 3, 2025, *Public Policy Committee* meeting packet can be found HERE.

Key outcomes/results from the meeting:

- The PPC will sunset on February 3, 2025. The Executive Committee will assume the activities and responsibilities of the PPC. The PPC will develop a "PPC Activities Transition" document to support the Executive Committee.
- **Canceled the December 1, 2025, PPC meeting;** The next PPC meeting will be on Monday January 5, 2025, from 1pm-3pm at the Vermont Corridor.

Action needed from full body:

- □ Attend January 5 and February 2 PPC meetings and share feedback to help inform the development of the "PPC Activities Transition" document.

Aging Caucus

The Aging Caucus did not meet in the month of November.

Key outcomes/results from the meeting:

- Last month, the caucus shared an event summary and evaluation findings from the September 19th Power of Aging educational event via a newsletter. This event commemorated National HIV and Aging Awareness Day and brought together consumers, service providers, advocates, and community members for a day of learning, connection, and empowerment. See newsletter for more details.

Action needed from full body:

- □ Encourage participation in future Aging Caucus meetings and continue to collaborate and share information on services and resources impacting older adults living with HIV.

Black Caucus

Link to the November 20, 2025, Black Caucus meeting packet can be found HERE.
Key outcomes/results from the meeting:

- The Caucus discussed successful outreach efforts at the Taste of Soul (TOS) event on October 18th. The survey collected from individuals who stopped by the booth revealed there are still misconceptions about HIV transmission within the community.
- The Caucus was informed that planning for the youth listening session is underway, and commissioners from the Los Angeles County Youth Commission will participate.
- Grant funding for the World AIDS Day (WAD) event was secured.
- The event will feature a health resource fair, a DJ, and complimentary haircuts for the community.

Action needed from full body:

- □ Please support the Black Caucus at their World AIDS Day event on Friday, December 5th, from 11 AM – 2PM.

Consumer Caucus

The Consumer Caucus did not meet in November. The Caucus held its last meeting on December 4, 2025 for the year; meeting packet can be found HERE. The Caucus reviewed and discussed its proposed revised stipend policy corresponding to the impending stipend increase. The Caucus also discussed its accomplishments for 2025 and set a preliminary work plan for 2026. The Caucus will meet again in January 2026; time to be determined.

Transgender Caucus

The Transgender Caucus did not meet in the month of November or December.

Key outcomes/results from the meeting:

- Caucus co-chairs will attend the "Caucus, Workgroup, and Taskforce Leadership Updates & Discussion" meeting on 12/3/25 to share feedback on upcoming changes to subordinate groups within the new COH structure.

Action needed from full body:

- □ Encourage participation in future Transgender Caucus meetings and continue to collaborate and share information on services and resources impacting the transgender, gender expansive, and intersex (TGI) community.

Women's Caucus

The Women's Caucus did not meet in the month of November.

Key outcomes/results from the meeting:

- The recommendations for women-centered programming were shared with the Planning, Priorities and Allocations committee for review and discussion at their October meeting.
- The caucus has completed their workplan for the year.

Action needed from full body:

- □ Encourage participation in future Women's Caucus meetings and continue to collaborate & share information on services/resources impacting women living with HIV.

Housing Task Force

The Housing Task Force did not meet in November. A meeting is planned for December or January, with the date still to be determined.

Michael Green, PhD, MHSA
Chief, Planning, Development, and Research
Division of HIV and STD Programs
600 S. Commonwealth Ave, 10th Floor
Los Angeles, CA 90005

November 17, 2025

Los Angeles County Commission on HIV
Ryan White Part A Planning Council
510 South Vermont Ave, 14th Floor
Los Angeles, CA 90020

SUBJECT: DHSP Response to COH Multi-Year Program Directives for Ryan White Part A and MAI Funds for Program Years (PY) 35, 36, and 37 and Centers for Disease Control and Prevention (CDC) Funding, Approved by the COH on 3.13.25

Dear Commissioners on HIV:

Thank you for the opportunity to respond to the directives outlined in the COH Mult-Year Program Directives for Ryan White Part A and MAI Funds for Program Years 35, 36, and 37 document dated March 13, 2025, regarding how to meet the priorities established by the Commission on HIV.

Our itemized responses on the status of the directives issued by the Commission are provided below, and each point is addressed in the order it was presented in the directives document.

Directive 1 [Access and Service Improvements]: Provide ongoing patient navigation support for clients as they navigate the various services available to them (whether Ryan White Program (RWP) related or not). Patient navigation services are a support system designed to help patients navigate the complexities of the healthcare system by identifying and overcoming barriers to accessing timely and appropriate care, often including assistance with scheduling appointments, understanding medical

information, finding financial resources, and coordinating transportation, all with the goal of improving overall health outcomes. Patient navigation services should guide patients through the continuum of healthcare and social services process and ensure timely receipt of services.
Directive 1 Response: We have already addressed this directive in our subrecipient contracts. For example, Linkage and Reengagement Program, Rapid and Ready, Benefits Specialty Services, Medical Care Coordination (MCC), and Patient Support Services all include patient navigation services to assist persons living with HIV (PLWH) through the continuum of healthcare and social services. While MCC provides patient support and case management to PLWH with high acuity, patient support services (PSS) provide similar services to all other RWP clients. PSS is a multidisciplinary team of specialists that may include Retention Outreach Specialists, Social Workers, Benefits Specialists, Housing Specialists, and or Substance Use Counselors to deliver interventions, link, and actively enroll PLWH into support services that address social determinants of health. The combined efforts of the PSS and MCC teams will help engage and retain RWP clients in care and achieve and maintain viral suppression.

Directive 2 [Access and Service Improvements]: Incentivize the use of long-acting injectable (LAI) antiretroviral therapy (ART) and injectable PrEP to address issues with medication adherence such as forgetting or pill fatigue, inability to store medications due to being unhoused, substance use, and other factors that hinder optimal viral suppression.
Directive 2 Response: HRSA Ryan White Part A funds cannot be used for direct cash payments or cash-equivalent incentives to clients. However, non-monetary support services that promote adherence to Long-Acting Injectable (LAI) antiretroviral treatment may be allowable. Providers are encouraged to offer LAI to patients when appropriate, and staffing is allowed for nursing staff to provide the services.

Directive 3 [Access and Service Improvements]: A) Expand promotion of Get Protected LA | The Ryan White Program to foster broader community awareness of local Ryan White-funded services, B) enhance the Get Protected LA website to include available services throughout the County and from various providers, C) increase county-wide awareness of the I'm Positive LA website through partnerships with non-traditional and new partners outside of the HIV sphere.
Directive 3 Response: Activities to address these directives are currently in

process. However, in 2025, DHSP has reduced investments in media due to shifts in funding to services. DHSP is working with an outside vendor to maximize the impact of the reduced investments to social marketing.

Directive 4 [Access and Service Improvements]: Based on clinic capacity, geographic need and patient demand, instruct contracted providers to increase access to appointments outside of traditional business hours (i.e., evenings and weekends).
Directive 4 Response: RWP subrecipients and prevention providers each have unique organizational policies, procedures, infrastructures, capacity, and resources (including staffing). Recent prevention and care and treatment Request for Proposals (RFPs) highly recommended the provision of services outside of traditional business hours. However, DHSP will not require expanded hours from subrecipients.

Directive 5 [Access and Service Improvements]: Expand services that address the unique needs of people living with HIV who use substances such as syringe service programs, offering free naloxone and drug testing resources, medication assisted treatment (MAT), referrals for mental/behavioral health, and support consistent antiretroviral therapy (ART) use. Additional examples include increased training for staff to avoid potential adverse drug reactions, case management services to facilitate coordinated care and timely referrals for additional services needed such as housing assistance, legal services, food assistance, Hepatitis C testing, contingency management, and peer support services to ensure ART adherence.
Directive 5 Response: As described in Directive Response 1, DHSP provided the flexibility for referrals and expanded case management through PSS. Additional expanded services will be considered where costs are allowable, and DHSP continues to partner with the County's SAPC program to expand access to these services.

Directive 6 [Access and Service Improvements]: Fund a full-time staff for minimum of two years to convene and facilitate provider collaborations, cross-referrals and community-wide promotion of HIV services in the Antelope Valley. Listening sessions held by the Commission in Antelope Valley in October 2024, identified both provider and consumer lack of knowledge of existing services and the need for provider collaboration, and relationship building to ensure engagement and retention of clients.

Directive 6 Response: Given limited RWP administrative funding and the current fiscal situation in the County, it is not possible to hire a full-time staff person to convene and facilitate provider collaborations, cross-referrals and community-wide promotion of HIV services in the Antelope Valley. These duties and activities could be completed by the SPA 1 Area Health Officer rather than DHSP staff.

Directive 7 [Workforce Capacity and Training]: Increase workforce capacity by providing ongoing training for frontline staff on reducing stigma in clinical settings such as creating more welcoming and inclusive physical environments. Examples include culturally, age, and gender-appropriate visuals and health education materials in waiting rooms and reception areas; text-based customer service satisfaction surveys to preserve anonymity; and offering language, reading and comprehension assistance (interpretation and translation services) to clients.
Directive 7 Response: DHSP continues to support this activity as funding allows.

Directive 8 [Workforce Capacity and Training]: Instruct core medical and support service providers to increase opportunities to hire individuals with lived experience that reflect the populations being served particularly women, people of a trans experience, Black/AA MSM, Latine/x MSM, formerly incarcerated, former substance users.
Directive 8 Response: Through RFPs, DHSP has noted that providers with lived experience that reflect the populations being served is a best practice when possible. DHSP will continue to ask subrecipients to provide culturally appropriate and gender affirming care; however, DHSP does not control staffing for subrecipients.

Directive 9 [Workforce Capacity and Training]: Increase training on Medi-Cal eligibility, enrollment, and re-enrollment processes and ensure staff are periodically screening clients for Medi-Cal and Denti-Cal eligibility. Counsel clients with undocumented status, or mixed status families, to dispel Public Charge inaccuracies and encourage enrollment in Medi-Cal.
Directive 9 Response: DHSP staff are looking into training options for BSS providers.

Directive 10 [Community Engagement and Collaborations]: A) Instruct contracted providers to participate in Commission on HIV meetings, events and other COH-related activities, as specified in funding contracts, and B) instruct contracted providers to support their clients and/or community advisory board members to participate on the local planning process, whether formally or informally, as specified in funding contracts.
Directive 10 Response: DHSP has met this directive. In response to recent changes and or proposed changes in healthcare policy, fiscal uncertainty, and need to align the RWP and prevention contracts with available funding, DHSP's Program Director, Mario Pérez, has asked subrecipients to participate in planning discussions. Also, the Chief of Contracted Community Services has asked community advisory board members to participate in the local planning process and promotes subrecipient participation in planning council meetings. DHSP will revisit attendance requirements in contract language following the completion of the restructuring of the planning council and its meeting schedule.

Directive 11 [Directives from Commission Caucuses]: Transgender: A) Housing services providers must have policies in place that protect the rights of transgender Gender Non-Conforming, and Intersex (TGI) People Living with HIV (PLWH); B) housing service providers must have staff trained in trauma-informed care strategies and practices; C) core medical and support service providers must have staff qualified to provide gender affirming/appropriate services to Transgender, Gender non-conforming, and Intersex people.
Directive 11 Response: DHSP continues to support improved access and representation through training and updates to contract language.

Directive 12 [Directives from Commission Caucuses]: Women: Recipient to work with the Women's Caucus to develop services that meet the needs of women including women who are pregnant or have children. Explore feasibility and process for funding at least two core medical providers that would offer comprehensive women's-centered services.
Directive 12 Response: DHSP has two direct service programs that specifically serve the needs of women, infants and children. First is the Linkage and Reengagement Program that provides intensive case management for pregnant persons living with HIV. The second program is screening all pregnant women in the emergency department at three DHS hospitals for HIV and SY and providing patient care and follow-up to positive cases (women and infants).

These two programs are not currently funded with RWP Part A, MAI, or Part B funds. In addition, HRSA directly funds three RWP Part D providers in Los Angeles County to provide care and treatment services that meet the needs of women including, women who are pregnant or have children.

Directive 13 [Directives from Commission Caucuses]: Older Adults/Aging: Ensure that Benefits Specialty Services are available within each Service Planning Area (SPA). Benefits Specialty services must also expand to include non-Ryan White services available for aging populations (50+) within Los Angeles County.
Directive 13 Response: DHSP has met this directive. DHSP supports BSS in all eight SPAs, and services are available to aging populations (50+).

Directive 14 [Directives from Commission Caucuses]: Black/African American**:** Develop pilot community engagement activities, e.g., incentivized coalition-building and ambassador programs that engage trusted influencers from diverse Black subpopulations, including transgender individuals, MSM, women, and youth. These initiatives will aim to foster connection, build trust, and raise HIV awareness by promoting available services and encouraging community-driven advocacy and support beyond traditional providers and spaces.
Directive 14 Response: RWP Part A and Part B grants do not support research or "pilot" projects. RWP grant funds can only be used for allowable services listed in PCN 16-02. DHSP currently does not have resources or other funding for "pilot" projects, but we encourage our providers to explore funding from other sources that can be used to support pilot programs and demonstration projects.

Thank you for your ongoing commitment to service preservation and equity. Please do not hesitate to contact me if you require any further information or clarification.

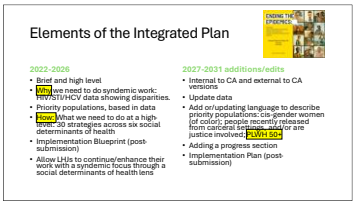
Regards,

Michael Green, PhD, MHSA
Chief, Planning, Development, and Research
Division of HIV and STD Programs
Los Angeles County Department of Public Health

Integrated Plan and other CDPH Updates December, 2025

A. Integrate Plan Update.

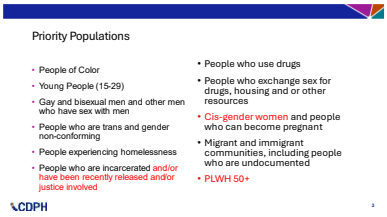
CDPH is pleased to collaborate with the Los Angeles EMA for the 2027-2031 integrated planning process. Attached to this narrative is a short slide deck summarizing some important information about the Integrated Plan. Leroy Blea was not available to attend today, but will be happy to answer process questions about these slides at the next regular Commission meeting or via email.



The "Elements of the Integrated Plan" (slide 2) shows the differences between the current plan and the revised plan currently in process. We are keeping many critical aspect of the last plan: it will be brief and high-level; it will out line the how and why we need to do syndemic work through a social determinants of health lens.

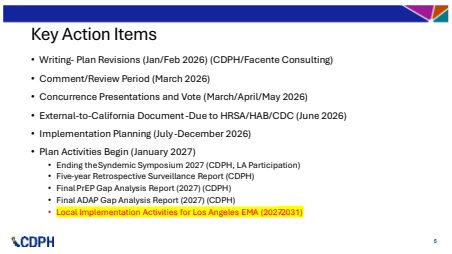
Additions and edits to the revised plan include the following:

1) We are currently updating the last plan with the most recent, mature surveillance data for HIV/AIDS, other STIs and HCV (2024).
2) We are updating language to the listed priority populations and adding an additional priority population (PLWH 50+) to the list of priority populations.
3) We are adding a "progress section" to highlight improvements in health outcomes.



Slide 3 "Priority Populations" shows current data-based priority populations populations with additions or current changes to language noted in red. As noted we are adding PLWH 50+ as a priority group. Language to describe other groups may be updated.

Slide 4, describes the roles and activities related to integrated planning that Part A planning commissions, groups and councils play. CDPH will detail what these roles entail in future updates.



Slide 5 describes key action items related to the Integrated Plan. As noted CDPH-OA in collaboration with Facente Consulting will be developing a draft plan for your review using data and key documents, reports and community engagement from all EMAs. This plan will be released to community review in March 2026. The HIV Commission will also have a presentation and a concurrence vote on this plan in April or May 2026. The external version of this plan will be submitted to HRSA/CDC in June of 2026. After we meet the deadline for submission, CDPH will work with each EMA to develop a more detailed implementation plan.

B. Medi-Cal Representative

CDPH-OA has met with the DHCS Medi-Cal eligibility unit to offer to pay for a portion of a position to serve as a Medi-Cal representative to all Part A planning Councils in California. They have agreed to provide assign a representative beginning in March/April 2026. Until then, a staff member of the DHCS Medi-Cal eligibility unit will be attending Part A planning councils, commissions and groups to observe informally and help develop the duty assignment for the staff person that will be long-term assigned to this role. This DHCS representative will be attending and coordinating with Leroy Blea's Part B role. A letter introducing this position will be sent jointly from CDPH-OA and DHCS by the end of December 2025.

C. Syndemic Symposium 2025

Dear Syndemic Partners- Thank you for helping to make this year's Ending the Syndemic Symposium a success! The Ending the Syndemic Symposium was co-sponsored annually by the California Department of Public Health, Office of AIDS and the California Planning Group.

This year's symposium focused on the themes of **Stigma Free Services**, **Economic Justice** and **Housing First**: three of the social determinants of health on which our work in California is organized. Over the three-day symposium, speakers addressed these themes and led participants to reflect on how they might implement work to center the health of the priority populations in our Ending the Epidemics: Integrated Statewide Strategic Plan and Ending the Epidemics: Implementation Blueprint.

Accessing conference materials. The event website will be live through December 2025, and we have published recordings and conference materials there in both English and Spanish. CDPH-OA is also building a permanent website to house this and previous years' symposium recordings and materials. This event is one of our annual community engagement events leveraged for the Integrated Plan scope of work.

Homepage: https://cvent.me/XyrV41

LOS ANGELES COUNTY
COMMISSION ON HIV

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

PUBLIC COMMENT PERIOD FOR THE DRAFT MENTAL HEALTH SERVICES (MH) SERVICE STANDARDS

Posted: November 7, 2025.

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft **Mental Health Services (MH)** service standards revised by the Standards and Best Practices Committee. The public comment period begins on November 7, 2025, and ends on January 6, 2026. A copy of the document is posted to the COH website and can be found at: https://hiv.lacounty.gov/service-standards.

Comments can be submitted via email to HIVCOMM@LACHIV.ORG.

Sections in red text are additions to the document. Sections that are marked with a ~~strikethrough~~ are proposed revisions. For any questions, please contact COH staff.

After reading the document, consider responding to the following questions when providing public comment:

1. Are the MH service standards reasonable and achievable for providers? Why or why not?
2. Do the MH service standards meet consumer needs? Why or why not? Give examples of what is working/not working.
3. Is there anything missing from the MH service standards related to HIV prevention and care?
4. Do you have any additional comments related to the MH service standards and/or MH services?

Public comments are due by January 6, 2026.

MENTAL HEALTH SERVICES

(Draft as of 11/07/25)

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

Human Resource Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) # 16-02 (Revised 10/22/18): Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

HRSA HAB, Division of Metropolitan HIV/AIDS Programs: National Monitoring Standards for Ryan White Part A Grantees: Program – Part A

Service Standards: Ryan White HIV/AIDS Programs

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Introduction

Service standards outline the elements and expectations a Ryan White HIV/AIDS Program (RWHAP) provider follows when implementing a specific service category. The purpose of service standards is to ensure that all RWHAP providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP-funded agency or provider may offer in Los Angeles County.

~~Service Description~~

~~Mental health treatment for PLWH attempts to improve and sustain a client's quality of life. Counseling and psychotherapy have been shown to be helpful in alleviating or decreasing psychological symptoms that can accompany a diagnosis of HIV. Psychiatric treatment for PLWH attempts to stabilize mental health conditions while improving and sustaining quality of life. Evidence based psychiatric treatment approaches and psychotherapeutic medications have proven effective in alleviating or decreasing psychological symptoms and illnesses that may accompany a diagnosis of HIV. Often, PLWH have psychological illnesses that pre-date their infection, but have been exacerbated by the stress of living with a chronic illness.~~

~~Mental health services include:~~

- ~~Mental health assessment~~
- ~~Treatment planning~~
- ~~Treatment provision~~
  - ~~Individual counseling/psychotherapy~~
  - ~~Family counseling/psychotherapy~~
  - ~~Group counseling/psychotherapy~~
  - ~~Psychiatric medication assessment, prescription and monitoring~~
  - ~~Drop-in psychotherapy groups~~
  - ~~Crisis intervention~~

General Eligibility Requirements for Ryan White Services

- Be diagnosed with HIV or AIDS with verifiable documentation.
- Be a resident of Los Angeles County
- Have an income at or below 500% of Federal Poverty Level.
- ~~Provide documentation to verify eligibility, including HIV diagnosis, income level, and residency.~~

Clients must provide documentation to verify eligibility, including HIV diagnosis, income level, and residency. Given the barriers with attaining documentation, contractors are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms for documentation eligibility for Ryan White services.

Service Description

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessments, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such

professional typically include psychiatrists, psychologists, and licensed clinical social workers. Mental Health Services are allowed only for People Living with HIV (PLWH) who are eligible to receive HRSA RWHAP services.

Mental Health Service Components

~~HIV/AIDS~~ Mental Health Services are short-term or sustained therapeutic interventions provided by mental health professionals who specialize in HIV ~~(see Appendix B for a description of mental health professionals)~~ for clients experiencing acute and/or ongoing psychological distress. ~~This document describes the following service components for Mental Health Services: Mental health Assessment, Treatment Plans, Treatment Provision, Documentation, Informed Medication Consent, Crisis Intervention,~~ See Appendix A for a description of mental health professionals.

Mental Health Services include:

- Individual, Family, and Group counseling/psychotherapy
- Psychiatric medication assessment, prescription and monitoring
- Drop-in psychotherapy groups
- Crisis intervention

~~MENTAL HEALTH~~ SCREENING AND ASSESSMENT

Agencies contracted to provide mental health services will screen clients and conduct an assessment as appropriate. A mental health assessment is completed during a collaborative interview in which the client's biopsychosocial history and current presentation are evaluated to determine diagnosis and treatment plan. Reassessments are indicated when there is significant change in the client's status, or when the client re-enters treatment. To reduce client assessment burden, ~~mental health providers~~ agencies should utilize existing assessments such as those performed by Medical Care Coordination (MCC) teams, as a tool to inform treatment plan development. ~~Persons~~ Clients receiving crisis intervention or drop-in psychotherapy groups require a brief assessment of the presenting issues that supports the mental health treatment modality chosen.

~~MENTAL HEALTH SERVICES: MENTAL HEALTH ASSESSMENT~~ SCREENING AND ASSESSMENT	
STANDARD	DOCUMENTATION
Mental health assessments will be completed by mental health provider within two visits, but in no longer than 30 days.	Completed assessment in client file to include: • Detailed mental health presenting problem • Psychiatric or mental health treatment history • Mental status exam • Complete DSM five axis diagnosis
Reassessment conducted as needed or at a minimum of once every 12 months.	Progress notes or new assessment demonstrating reassessment in client file.
For closed group/drop-in group therapy, providers will pre-screen clients to determine if the client is good fit for the group and if the group would provide a service that meets the client's need(s).	Completed pre-screen assessment in client file to include documentation of Informed Consent, explanation of the limits of confidentiality of

	participating in group therapy, and description of client mental health needs.
Assessments and reassessments completed by unlicensed providers will be cosigned by licensed clinical supervisors.	Co-signature of licensed provider on file in client chart.

TREATMENT PLANS

Agencies should develop treatment plans for clients receiving mental health services with the exception of clients receiving drop-in psychotherapy groups and crisis interventions. Treatment plans outline the course of treatment and are developed in collaboration with the client and their mental health service provider. Mental health assessments and treatment plans should be developed concurrently. Treatment plans must be finalized within two weeks of the completion of the mental health assessment. Treatment plans must be developed by the same mental health provider that conducts the mental health assessments. Treatment plans will be reviewed and revised at a minimum of every 12 months.

~~Treatment plans are developed in collaboration with the client and outline the course of treatment and are required for clients receiving all mental health services, excluding drop-in psychotherapy groups and crisis intervention services. A treatment plan begins with a statement of problems to be addressed in treatment and follows with goals, objectives, timeframes, interventions to meet these goals, and referrals. Mental health assessment and treatment plans should be developed concurrently; however, treatment plans must be finalized within two weeks of the completion of the mental health assessment. Treatment plans must be developed by the same mental health provider that conducts the mental health assessment. Treatment plans will be reviewed and revised at a minimum of every 12 months.~~

~~MENTAL HEALTH SERVICES:~~ TREATMENT PLANS	
STANDARD	DOCUMENTATION
Mental health assessments and treatment plans are developed concurrently and collaboratively with the client. Treatment plans must be finalized within two weeks of the completion of the mental health assessment and developed by the same mental health provider that conducts the mental health assessment.	Completed, signed treatment plan on file in client chart to include: • Statement of problem(s), symptom(s) or behavior(s) to be addressed in treatment • Goals and objectives • Interventions and modalities proposed • Frequency and expected duration of services • Referrals (e.g. day treatment programs, substance use treatment, etc.)
Client treatment plans are reviewed and/or revised at a minimum of every 12 months. ~~Review and revise treatment plan not less than once every twelve months.~~	Documentation of treatment plan revision in client chart.
~~Assessments and reassessments~~ Treatment plans completed by unlicensed providers will be cosigned by licensed clinical supervisor.	Co-signature of licensed provider on file in client record.

TREATMENT PROVISION

Treatment provision consists of ongoing contact and clinical interventions with (or on behalf) of the client necessary to achieve treatment plan goals. All modalities and interventions in mental health treatment will be guided by the needs expressed in the treatment plan. ~~Practitioners shall be knowledgeable about outcome research and utilize clinically proven treatment for their client's presenting problems. Treatment provision should be documented through progress notes and include the date and signature of the mental health provider. Progress notes completed by unlicensed providers will be cosigned by licensed clinical supervisor.~~ See **Appendix B** for Descriptions of Treatment Modalities.

~~MENTAL HEALTH SERVICES:~~ TREATMENT PROVISION	
STANDARD	DOCUMENTATION
Interventions and modalities will be determined by treatment plan.	Treatment plan signed and dated by mental health provider and client in client file.
~~Mental health providers will use outcome research and published standards of care, as appropriate and available, to guide their treatment.~~	~~Progress note signed and dated by mental health provider detailing interventions in client file.~~
Treatment, as appropriate, ~~will~~ may include counseling about: • Sexual health including prevention and HIV transmission risk behaviors • Stigma • Substance use • Treatment adherence • Development of social support systems • Community resources • Maximizing social and adaptive functioning • The role of spirituality and religion in a client's life • Disability, death, and dying • Exploration of future goals	Progress note, signed and dated by mental health provider detailing counseling sessions in client file.
Progress notes for all mental health treatment provided will document progress through treatment provision.	Signed, dated progress note in client chart to include: • Date, type of contact, time spent • Interventions/referrals provided • Progress toward Treatment Plan goals • Newly identified issues • Client response
Progress notes completed by unlicensed providers will be cosigned by licensed clinical supervisor.	Co-signature of licensed provider on file in client record.

INFORMED MEDICATION CONSENT

Informed Medication consent is required of every patient receiving psychotropic medications. Providers will comply with state laws and licensing board policies related to Informed Medication Consent for psychotropic medications.

~~MENTAL HEALTH SERVICES:~~ INFORMED MEDICATION CONSENT

STANDARD	DOCUMENTATION
An informed Medication Consent will be completed for all patients receiving psychotropic medications. Whenever a new psychotropic medication is prescribed, the client will receive counseling on medication benefits, risks, common side effects, side effect management, and timetable for expected benefit.	Completed, signed, and dated Informed Medication Consent on file in client chart indicating the patient has been counseled on: • Medication benefits • Risks • Common side effects • Side effect management • Timetable for expected benefit
Informed Medication Consents completed by unlicensed providers will be cosigned by medical doctor board-eligible in psychiatry.	Co-signature of licensed provider on file in client record.

CRISIS INTERVENTION

Crisis intervention is an unplanned service provided to an individual, couple or family experiencing ~~bio~~psychosocial distress. These services focus on reversing and stabilizing crisis-related deterioration of functioning. Crisis intervention can be provided face-to-face or ~~by telephone.~~ via telehealth as appropriate. ~~It is imperative that~~ client safety ~~is~~ must be assessed and addressed under ~~these~~ crisis situations. Crisis intervention services may occur as often as necessary to ensure client safety and maintenance of baseline functioning.

~~MENTAL HEALTH SERVICES:~~ CRISIS INTERVENTION	
STANDARD	MEASURE
Crisis intervention services will be offered to clients experiencing psychological distress. Client safety will be continuously assessed and addressed.	Signed, dated progress notes in client chart to include: • Date, time of day, and time spent with or on behalf of the client • Summary of crisis event • Interventions and referrals provided • Results of interventions and referrals • Follow-up plan
Progress notes completed by unlicensed providers will be cosigned by licensed clinical supervisor	Co-signature of licensed provider on file in client record.

TRIAGE/REFERRAL/COORDINATION

Clients requiring a higher level of mental health intervention than a given agency is able to provide must be referred to another agency capable of providing the service. These services may include neuropsychological testing, day treatment programs, and in-patient hospitalization. Referrals to other services including case management, treatment advocacy, peer support, medical treatment, and dental treatment will be made as appropriate. Agencies will maintain regular contact with the client's primary care provider as clinically indicated.

~~In certain cases, clients will require a higher level of mental health intervention than a given agency is able to provide. Mental health providers are responsible for referring these clients to additional mental health~~

~~services including neuropsychological testing, day treatment programs and in-patient hospitalization. Referrals to other services including case management, treatment advocacy, peer support, medical treatment and dental treatment will also be made as indicated. Regular contact with client's primary care clinic and other providers will ensure integration of services and better client care.~~

~~**MENTAL HEALTH SERVICES:**~~ **TRIAGE/REFERRAL/COORDINATION**	
STANDARD	DOCUMENTATION
As needed, providers will refer clients to full range of mental health services including: • Neuropsychological testing • Day treatment programs • In-patient hospitalization	Signed, dated progress notes to document referrals in client chart.
As needed, providers will refer to other services including case management, treatment advocacy, peer support, medical treatment, and dental treatment.	Signed, dated progress notes to document referrals in client chart.
~~Providers will attempt to make contact with a client's primary care clinic at minimum once a year, or as clinically indicated, to coordinate and integrate care. Contact with other providers will occur as clinically indicated.~~ Providers will maintain regular contact with a client's primary care provider as clinically indicated.	Documentation of contact with primary medical ~~clinics and~~ providers ~~to be placed~~ in progress notes.

CASE CONFERENCES

Programs will conduct monthly interdisciplinary discussions of selected ~~patients~~ clients to assist in problem-solving related to a ~~patient's~~ client's progress toward mental health treatment plan goals and to ensure that professional guidance and high-quality mental health treatment services are being provided. All members of the treatment team available, including case managers, treatment advocates, medical personnel, etc., are encouraged to attend. Documentation of case conferences shall be maintained within each client record in a case conference log.

~~**MENTAL HEALTH SERVICES:**~~ **CASE CONFERENCES**	
STANDARD	DOCUMENTATION
Interdisciplinary case conferences will be held for each active client based on acuity and need.	Case conference documentation, signed by the supervisor, on file in client chart to include: • Date, name of participants, and name of client • Issues and concerns • Follow-up plan • Clinical guidance provided • Verification that guidance has been implemented

CLIENT RETENTION AND CASE CLOSURE

~~Provider~~ Agencies will strive to retain clients in mental health treatment. A broken appointment policy and procedure to ensure continuity of service and retention of clients is required. Follow-up can include telephone calls, written correspondence and/or direct contact, and efforts to maintain a client's participation in care.

Case closure is a systematic process for discharging clients from mental health services. The process includes the completion of a Case Closure Summary (CCS) to be maintained in the client record. Case closure will be initiated if the patient does not receive mental health services or is unable to be contacted within a one-year period.

~~MENTAL HEALTH SERVICES:~~ CLIENT RETENTION AND CASE CLOSURE	
STANDARD	DOCUMENTATION
~~Programs~~ Agencies will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
~~Programs~~ Agencies will provide regular follow-up procedures to encourage and help maintain a client in mental health treatment.	Documentation of attempts to contact in progress notes. Follow-up may include: • Telephone calls • Written correspondence • Electronic Medical Record • Direct contact
~~Programs~~ Agencies will develop case closure criteria and procedures.	Case closure criteria and procedures on file at provider agency. Cases may be closed when the patient: • Successfully attains psychiatric treatment goals • Relocates out of the service area • Becomes eligible for benefits or other third-party payer (e.g. Medi-Cal, private medical insurance, etc.) • Has had no direct program contact in a one-year period • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Utilizes the service improperly or has not complied with the client services agreement • Had died
Regular follow-up will be provided to clients who have dropped out of treatment without notice.	Documentation of attempts to contact in progress notes.
A Case Closure Summary will be completed for each client who has terminated treatment.	Signed, and dated Case Closure Summary on file in client chart to include: • Course of treatment

	• Discharge diagnosis • Referrals made • Reason for termination
Case Closure Summaries completed by unlicensed providers will be cosigned by licensed clinical supervisor.	Co-signature of licensed provider on file in client chart.

STAFFING REQUIREMENTS AND QUALIFICATIONS

Providers of mental health services will be master's or doctoral level graduate students in counseling, marriage and family therapy, nursing (with specialized mental health training), psychiatry, psychology, or social work.

Psychiatric treatment services are provided by medical doctors' board-eligible in psychiatry or a Physician Assistant. A psychiatrist may work in collaboration with a psychiatric resident, or RN/NP. While state law governs prescription of medication, it is recommended that physicians licensed as such by the state of California shall prescribe all prescriptions for psychotropic medications. If an NP is utilized to provide medications, they must do so according to standardized protocol and under the supervision of a psychiatrist.

All staff ~~hired by provider agencies~~ will possess the ability to provide developmentally and culturally appropriate care to clients living with and affected by HIV. All clinical staff will have previous experience or training utilizing appropriate treatment modalities in practice.

All ~~hired~~ staff will participate in orientation and training before beginning treatment provision~~. Licensed providers are encouraged to seek consultation to address clinical, psychosocial, developmental, and programmatic issues, as needed.~~ If providers are unlicensed, they must be clinically supervised in accordance with the requirements of the licensing board of their respective professions. Graduate-level interns must be supervised according to the requirement of their respective programs and to the degree that ensures appropriate practice.

~~Practitioners~~ Mental health providers should have training and experience with HIV/AIDS related issues and concerns. Providers will participate in continuing education or Continuing Medical Education (CME) on the topics of HIV and mental health issues every two years.

Practitioners providing mental health services to people living with HIV should possess knowledge about the following:

- HIV disease and current medical treatments
- Medication interactions (for psychiatrists)
- Psychosocial issues related to HIV/AIDS
- Cultural issues related to communities affected by HIV/AIDS
- Mental disorders related to HIV and other medical conditions
- Mental disorders that can be induced by prescription drug use
- Adherence to medication regimens
- ~~Diagnosis and assessment of HIV-related mental health issues~~
- HIV/AIDS legal and ethical issues

- Sexuality, gender, and sexual orientation issues
- Substance use theory, treatment, and practice

Finally, practitioners and staff must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Mental health services providers are advised to seek legal advice when they are unsure about issues and the level/ethical ramifications of their actions.

~~Psychiatrists shall comply with existing laws regarding confidentiality, informed consent and client's rights, and shall conform to the standards and guidelines of the American medical Association and the American Psychiatric Association regarding ethical conduct, including:~~

- ~~**Duty to treat:** Practitioners have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV~~
- ~~**Confidentiality:** Maintenance of confidentiality is a primary legal and ethical responsibility of the psychiatric practitioner.~~
- ~~**Duty to warn:** Serious threats of violence against a reasonability identifiable victim must be reported. However, at present, in California, a person living with HIV engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality. Physicians, however, may notify identified partners who may have been infected, while other mental health providers are not permitted to do so.~~

~~Mental health services providers are advised to seek legal advice when they are unsure about issues and the level/ethical ramifications of their actions.~~

~~**MENTAL HEALTH SERVICES:**~~ **STAFFING REQUIREMENTS AND QUALIFICATIONS**	
STANDARD	MEASURE
~~Provider~~ Agencies will ensure that all staff providing psychiatric treatment services will be licensed, supervised by a medical doctor board-eligible in psychiatry, accruing hours toward licensure or a registered graduate student enrolled in counseling, social work, psychology or marriage and family therapy program.	Documentation of licensure/professional/student status on file.
~~It is recommended that physicians licensed as such by the state of California shall prescribe psychotropic medications.~~	~~Documentation of licensure on file.~~
~~New staff will completed orientation/training prior to providing services.~~	~~Documentation of training file.~~
~~Mental health staff are training and knowledgeable regarding HIV/AIDS and the affected community.~~	~~Training documentation on file maintained in each personnel record which includes:~~ ~~• Date, time, and location of the function~~ ~~• Function type~~ ~~• Name of the agency and staff members attending the function~~ ~~• Name of the sponsor or provider~~ ~~• Training outline, meeting agenda and/or minutes~~

~~Programs will provide and/or allow access to ongoing staff training and development of staff including medical, psychiatric and mental health HIV-related issues.~~	~~Training documentation on file maintained in each personnel record which includes:~~ • ~~Date, time, and location of the function~~ • ~~Function type~~ • ~~Name of the agency and staff members attending the function~~ • ~~Name of sponsor or provider~~ • ~~Training outline, meeting agenda, and/or minutes~~
Mental health providers are trained and knowledgeable in HIV/AIDS. Agencies will provide orientation prior to providing services.	Documentation of training on file.
~~Licensed staff are encouraged to seek consultation as needed.~~	~~Documentation of consultation on file.~~
Treatment providers will practice according to California state law and the ethical codes of their respective professional organizations.	Chart review will ensure legally and ethically appropriate practice.
Psychiatric treatment providers will possess skill, experience and licensing qualifications appropriate to provision of psychiatric treatment services.	Resume and current license on file.
Unlicensed ~~professional~~ psychiatric and mental health professionals will receive supervision in accordance with state licensing requirements. The Division on HIV and STD Programs (DHSP) will be notified immediately in writing if a clinical supervisor is not available.	Documentation of supervision on file.
Mental health service staff will complete documentation required by program.	Administrative supervisor will review documentation periodically.

ADMINSTRATIVE SUPERVISION

Programs will conduct client record reviews to assess that all required mental health documentation is completed properly in a timely manner and secured within the client records.

~~MENTAL HEALTH SERVICES:~~ ADMINISTRATIVE SUPERVISION	
STANDARD	MEASURE
Programs shall conduct record reviews to ensure appropriate documentation.	Client record review, signed and dated by reviewed on file to include: • Checklist of required documentation • Written documentation identifying steps to be taken to rectify missing or incomplete documentation • Date of resolution for omissions

UTILIZING INTERNS, ASSOCIATES, AND TRAINEES

A significant portion of mental health services are provided by interns, associates and trained (IATs). While this process expands capacity by developing a well-trained workforce and provides increased access through cost effective services, extra care must be taken to ensure that high quality, ethical counseling and psychotherapy services are maintained. See **Appendix C** for additional information on Utilizing Interns, Associates, and Trainees (IATs).

~~MENTAL HEALTH SERVICES:~~ UTILIZING INTERNS, ASSOCIATES, AND TRAINEES	
STANDARD	MEASURE
Programs using IATs will provide an orientation and training program of no less than 24 hours to be completed before IATs begin providing services.	Documentation of training/orientation on file at provider agency.
IATs will be assigned cases appropriate to experience and scope of practice and that can likely be resolved over the course of the IAT's internship.	Record of case assignment on file at provider agency.
Programs will provide IATs with clinical supervision in accordance with all applicable rules and standards.	Record of clinical supervision on file at provider agency.
IATs will inform clients of their status as an intern and the name of the supervisor covering the case.	Internship notification form, signed by the client and the therapist on file in client chart.
Termination/transition/transfer will be addressed at the beginning of assessment, treatment inception and six weeks prior to termination.	Signed, dated progress notes confirming termination/transition/transfer on file in client chart.
At termination the IAT and client will discuss accomplishments, challenges, and treatment recommendations.	Signed, dated progress notes detailing this discussion on file in client chart.
Clients requiring services beyond the IAT's internship will be referred immediately to another clinician.	Singed, dated, Client Transfer Form (CTF) in client chart.
All clients place don a waiting list will be offered the following options: • Telephone contact • Transition group • Crisis counseling	Signed, dated CTF that details the transfer plan on file in client chart.

Appendix A: Mental Health Service Providers

Providers of mental health services include licensed practitioners and unlicensed practitioners who practice under the supervision of a licensed mental health professional and as mandated by their respective licensing bodies. ~~HIV/AIDS~~ Mental health psychiatric treatment services are provided by medical doctors (MDs) board-eligible in psychiatry. A psychiatrist may collaborate with a psychiatric resident or registered nurse/nurse practitioner (RN/NP) under the supervision of a medical doctor board-eligible in psychiatry. All prescriptions shall be prescribed solely by physician licensed by the state of California.

Licensed Practitioners:

- **Licensed Clinical Social Workers (LCSW):** LCSWs possess a master's degree in social work (MSW). LCSWs are required to accrue 3,000 hours of supervised professional experience to qualify

for licensing. The Board o Behavioral Science Examiners regulates the provision of mental health services by LCSWs.

- **Licensed Marriage and Family Therapists (LMFT):** LMFTs possess a master's degree in counseling. LMFTs are required to accrue 3,000 hours of supervised counseling or psychotherapy experience to qualify for licensing. The Board of Behavioral Science Examiners regulates the provision of mental health services by LMFTs.
- **Nurse Specialists and Practitioners:** Registered nurses (RNs) who hold a master's degree as a nurse practitioner (NP) in mental health or a psychiatric nurse specialist (PNS) are permitted to diagnose and treat mental disorders. NPs may prescribe medications in accordance with standardized procedures or protocols, developed and approved by the supervising psychiatrist, NP and facility administrator. Additionally, the NP must furnish and order medications under a psychiatrist's supervision.

  To qualify for prescribing medications, NPs must complete:
  - At least six months of psychiatrist-supervised experience in the ordering of medications or devices
  - A course in pharmacology covering the medications to be furnished or ordered

  RNs who hold a bachelor's degree are permitted to provide psychoeducational services but are not allowed to diagnose or treat mental disorders independently. Nurses and NPs are regulated by the California State Board of Nursing.

- **Psychiatrists:** Psychiatrists are physicians (medical doctors or MDs) who have completed an internship and psychiatric residency ~~(most are three years in length)~~. They are licensed by the state medical board, which regulates their provision of services, to practice independently. They are certified or eligible for certification by the American Board of Psychiatry. They have ultimate clinical authority but function collaboratively with multidisciplinary teams, which may include psychiatric residents or NPs. They initiate all orders for medications.

  They provide HIV/AIDS mental health treatment services as follows:
  - Examination and evaluation of individual patients
  - Diagnosis of psychiatric disorders
  - Medication treatment planning and management
  - Medical psychotherapy
  - Supervision of allied health professionals through a defined protocol
  - Participation and leadership in interdisciplinary case conferences including signing off on diagnoses and treatment plans
- **Psychologists:** Psychologists possess a doctoral degree in psychology or education (PhD, PsyD, EdD). Psychologists are required to accrue 3,000 hours of supervised professional experience to qualify for licensing. The Board of Psychology regulates the provision of mental health services by psychologists.

Unlicensed Practitioners:

- **Marriage family therapist (MFT) interns; psychological assistants, post-doctoral fellows and trainees; and social work associates:** Interns, assistants, fellows, and associates are

accumulating supervised experience as part of their preparation for licensing or certification. They have completed graduate work in counseling, psychology or social work. These providers required direct supervision by a licensed mental health practitioner as mandated by their respective licensing bodies.

Marriage family therapist (MFT) trainees and social work interns: Trainees and interns are in the process of obtaining their master's degrees and completing the necessary practicum or field work in a site approved by their academic institutions. Trainees and interns require direct supervision by a licensed mental health practitioner at the approved site as mandated by their respective licensing bodies.

Appendix B: Description of Treatment Modalities

Ongoing psychiatric sessions: Mental health treatment should include counseling regarding knowledge of modes of transmission, prevention, risk and harm reduction strategies (as well as root causes and underlying issues related to increased HIV transmission behaviors). Substance use, treatment adherence, development of social support systems and community resources as indicated by the client's circumstance are important areas to be explored. Focus should also be placed on maximizing social and adaptive functioning. The role of and –when present in a client's life—spirituality and religion should be understood and utilized as a strength when present. If clients begin to deteriorate physically, emotional distress can be relieved by helping them prepare for disability, even death. For the client whose health has improved, exploration of future goals including returning to school or work is indicated. When a signed release has been completed, sources of support and care can be recommended to significant others and family members.

The provision of specific types of psychotherapy (behavioral, cognitive, post-modern, psychodynamic) is guided by the individual client's need and based on published practice guidelines and research. For those clients on psychotropic medications, side effects of these agents should be assessed at each visit, along with the provision of education regarding such medications, within the scope of the provider's practice. As indicated, these clients will be referred to the prescribing physician for further information.

Individual counseling/psychotherapy: Individual counseling or psychotherapy may be either short- or long-term in duration, depending on the needs outlined in the treatment plan. Short-term or brief therapy lasts up to 12 sessions and can be most useful when client goals are specific and circumscribed. Longer-term therapy provides a means to explore more complex issues that may interfered with a client's quality of life. Even in the case of longer-term therapy, specific, short-term, mutually defined goals are recommended to focus treatment and measure progress.

Family counseling/psychotherapy: ~~A family may be defined as either the family of origin or a chosen family (Bor, Miller & Goldman, 1993~~). The impact of HIV on the family system can be enormous. The overall goal of family counseling/psychotherapy is to help families improve their functioning, given the complications of living with HIV. Interventions with the family system can be especially effective in helping children and caregivers with behavioral problems and symptoms.

Couples counseling/psychotherapy: This modality is most appropriate where the presenting problem is dissatisfaction or conflict within a relationship that impacts a person living with HIV. In cases of domestic violence, couples counseling should not begin until the provider determines the appropriateness of this modality based upon the progress both parties have made in individual or group treatment and the fact that

current violence is no longer a risk. If these criteria are not met, members of such couples should be referred for individual or group treatment.

Group psychotherapy treatment: Group treatment can provide opportunities for increased social support vital to those isolated by HIV.

While groups may be led by a single leader, significant benefits arise when utilizing two co-facilitators:

- Fewer group cancellations due to facilitator absence
- Increased change that important individual and group issues will be explored
- Members can witness different skills and styles of the therapists
- Increased opportunity to work through transference relationships

Group treatment can be provided in a variety of formats:

- **Closed psychotherapy groups** typically require a process for joining and terminating. Closed groups usually have a set number of group members (between six and ten). This format provides an opportunity to build group cohesion and for members to take part in active interpersonal learning. These groups can be time limited or ongoing, issue specific or more general in content.
- **Open psychotherapy groups** do not require ongoing participation from clients. The group membership shifts from session to sessions, often requiring group leaders to be more structured and active in their approach. These groups can be especially useful to clients requiring immediate support, but unsure about making a commitment to ongoing treatment.

Drop-in groups can also be offered as a mental health service, as long as at least one of the leaders of the group is a mental health provider as defined in this standard.

- **Drop-in groups** do not have an ongoing membership. Instead of a psychotherapeutic focus, these groups focus on such functions as providing topic-specific education, social support and emotional encouragement. As such, they do not require inclusion in a client's treatment plan, nor is a full mental health assessment required to access this service.

Psychiatric evaluations, medication monitoring and follow-up: Psychiatrists shall use clinical presentation, evidence-based practice guidelines and specific treatment goals to guide the evaluation, prescription and monitoring of appropriate medication.

For medication monitoring and follow-up, visit frequency should be at a minimum:

- Once every two weeks in the acute phase
- Once every month in the sub-acute phase
- Once every three months in the maintenance phase

For those patients on psychotropic medication, side effects of these agents shall be assessed at each visit, along with the provision of education regarding their medications. In addition, these patients should regularly be counseled about the importance of adherence to psychotropic medications.

~~The American Psychiatric Association (2001) suggests the following general pharmacologic treatment guidelines, especially for those patients with symptomatic HIV disease:~~

- ~~Use lower starting doses and titrate more slowly~~
- ~~Provide the least complicated dosing schedules possible~~

- ~~Concentrate on drug side effect profiles to avoid unnecessary adverse effects~~
- ~~Be aware of drug metabolism/clearance pathways to minimize drug-drug interactions and possible organ damage~~

~~In general, refills shall not be written beyond three months of the last psychiatric visit. However, exception can be made in special circumstances or when the stability of the client warrants less frequent monitoring. Such exceptions shall be documented in client progress notes.~~

~~Psychiatrists must coordinate the provision of psychiatric care with primary care medical clinics and other related providers. Regular contact with a patient's primary care clinic and related providers will ensure integration of services and maintain care continuity.~~

Appendix C: Utilizing Interns, Associates, and Trainees (IATs)

Programs utilizing IATs will give thoughtful attention to:

- **Training:** Programs utilizing IATs will provide an orientation and training program of no less than 24 hours of instruction focusing on the specifics of providing HIV mental health services. This orientation/training will be completed before IATs begin providing services.
- **Case assignment:** IATs will only be assigned cases that are appropriate to their experience and scope of practice. Additionally, IAT should not be assigned cases that require an intervention that is longer term than the IAT's internship. Such cases should be referred to staff clinicians or referred out.
- **Supervision:** Programs will provide IATs with clinical supervision in accordance with all applicable rules and standards. Supervisors, or other appropriate mental health staff will always be available to IAT that they are providing direct services to clients.

IATs will explicitly inform their clients of their intern status at the beginning of treatment. A document that acknowledges IAT status and details the case supervisor's name will be signed by the client and IAT and placed in the client record. The issue of termination/transition/transfer (due to a therapist's IAT status) will be addressed at the beginning of the assessment, at treatment inception and revisited six weeks prior to IAT termination.

IATs will consult with the clinical supervisor prior to the termination/transition intervention with a client. As part of the termination process, the IAT and client will discuss the client's treatment accomplishments, challenges, preference for future treatment and treatment recommendation. As is true throughout the treatment process, the clinical supervisor will provide oversight for the termination/transition process and cosign the IAT documentation.

While every effort should be made to ensure that IATs will not provider services for clients whose Treatment Plans extend past the internship term, it is recognized that in some cases, clients require unanticipated additional and/or ongoing treatment to meet the stated goals of their treatment plans. In such cases, special care must be given to the transfer of these clients.

Programs will endeavor to transfer IAT clients immediately to another clinician or outside program.

If a client must be placed on a waiting list for transfer to another clinician or IAT, programs will provide the following options for ongoing monitoring and crisis care:

- **Telephone contact:** Existing mental health staff or IAT will attempt contact at least twice a month to every client on the transfer waiting list to monitor current mental status and asses for emergent crises.
- **Transition group:** All clients on a transfer waiting list will be offered the opportunity to attend a transition group or another existing support group to monitor current mental status and assess for emergent crises.
- **Crisis counseling:** Utilizing both monitoring mechanisms noted above, all clients on a transfer waiting list will be informed of the availability of crisis counseling designated for them on an as needed basis.

Program will complete a Client Transfer Form (CTF) detailing the transfer plan for each IAT transfer.

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

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

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

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

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Public Health
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