LOS ANGELES COUNTY COMMISSION ON HIV

# Zoom Meeting FAQ

**Quick guide for joining Commission hybrid meetings**

## We are moving from WebEx to Zoom.
## Same meeting, same community space ... just a new virtual room.

LINK

### 1. Join with the link

Click the Zoom link in the agenda or meeting notice. No registration is needed unless the notice says otherwise.

MUTE

### 2. Start on mute

Please keep your mic muted until it is your turn to speak. This keeps the audio clear for everyone.

HAND

### 3. Public comment

When public comment opens, use Raise Hand. Staff will call on speakers and help with unmuting.

CHAT

### 4. Chat + helpful links

Chat may be used for meeting links, reminders, or support. Please keep comments respectful and meeting-related.

CC

### 5. Captions + access

Look for CC or Show Captions. For interpretation or other access needs, contact staff as early as possible.

HELP

### 6. Quick fixes

No sound? Click Join Audio. Video issue? Click Start Video. Connection trouble? Leave and rejoin, or call in by phone if listed.

| Mute/Unmute | Start Video | Raise Hand | Chat | Captions |
|---|---|---|---|---|
| Bottom left | Bottom left | Reactions or More | Toolbar | CC / Show Captions |

**Quick reminder: Zoom is just the room. Your voice and participation are still the most important part.**

**Questions? Email hivcomm@lachiv.org or check the meeting notice for call-in details.**

LOS ANGELES COUNTY
COMMISSION ON HIV

# Hybrid Meeting Guidelines

**(Updated 6.11.26)**

- ☐ 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/. 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** can be submitted in person 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, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via Zoom** to mitigate any potential streaming interference for those joining virtually.

- ☐ Attendees joining online should **remain muted** unless called upon.

- ☐ Commissioners and Committee-only members invoking **SB 707 for "Just Cause"** must communicate their intentions to staff no later than one hour before the meeting. Members requesting to join pursuant to SB 707 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.

- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A conflicts of interest** on the record. A list of conflicts can be found in the meeting packet, courtesy of staff.

***If you experience challenges in logging into the virtual meeting, please contact Commission staff at hivcomm@lachiv.org for assistance. Please note that staff may have limited availability during meetings and responses may be delayed. We appreciate your patience and will follow up as soon as we're able.***

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COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

# VISION

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

# MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).

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**Approved by COH 6/8/23**

# CODE OF CONDUCT

**APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23**
Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)**

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.)

# OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

AS ADOPTED BY THE BOARD OF SUPERVISORS ON NOVEMBER 1, 2022 AND UPDATED NOVEMBER 4, 2025

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants—past, present, and emerging—as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the:

- Fernandeño Tataviam Band of Mission Indians
- Gabrielino Tongva Indians of California Tribal Council
- Gabrieleno/Tongva San Gabriel Band of Mission Indians
- Gabrieleño Band of Mission Indians – Kizh Nation
- Yuhaaviatam of San Manuel Nation
- San Fernando Band of Mission Indians
- Coastal Band of Chumash Nation
- Gabrielino/Tongva Nation
- Gabrielino Tongva Tribe

**To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at lanaic.lacounty.gov.**

## WHAT IS A LAND ACKNOWLEDGMENT?

A land acknowledgment is a statement that recognizes an area's original inhabitants who have been forcibly dispossessed of their homelands and is a step toward recognizing the negative impacts these communities have endured and continue to endure, as a result.

**"THIS IS A FIRST STEP IN THE COUNTY OF LOS ANGELES ACKNOWLEDGING PAST HARM TOWARDS THE DESCENDANTS OF OUR VILLAGES KNOWN TODAY AS LOS ANGELES...THIS BRINGS AWARENESS TO STATE OUR PRESENCE, *E'QUA'SHEM*, WE ARE HERE."**

—Anthony Morales, Tribal Chairman of the Gabrieleno/Tongva San Gabriel Band of Mission Indians

LOS ANGELES COUNTY
COMMISSION ON HIV

# Membership Roster

(Approved by COH 2/12/26; BOS Appointment Effective 3/17/26)

| Seat Code | Seat Category | First Name | Last Name | Membership Type | Org/Agency Affiliation *RWP Contracted | Proposed Committee Assignment(s) | Term: Start Date | Term: End Date | Alternates |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Health Care Providers (FQHCs) | Byron | Patel, RN, ACRN | | LGBTQ+ Center | SBP | 3/17/26 | 3/1/27 | |
| 2 | Community-Based & AIDS Service Orgs (CBO/ASO) | Robert | Bolan, MD | | LGBTQ+ Center | SBP | 3/17/26 | 3/1/28 | |
| 3 | Social & Housing Service Providers | Ceasar | Corona | | Tarzana Treatment Center | MCE | 3/17/26 | 3/1/27 | |
| 4 | Mental Health Providers | TJ | Griffin, LMSW | | Men's Heath Foundation | MCE | 3/17/26 | 3/1/28 | |
| 5 | Substance Use Providers | Eric | Mattern | | Tarzana Treatment Center | SBP | 3/17/26 | 3/1/27 | |
| 6 | Local Public Health Agencies (Division of HIV/STD Programs [DHSP]) ***Non-Voting** | Mario | Pérez, MPH | | DHSP | EXEC | 3/17/26 | 3/1/28 | |
| 7 | Health & Hospital Planning Agencies | | | | | | 3/17/26 | 3/1/27 | |
| 8 | Affected & Disproportionately Impacted Communities | Emmanuel | Sanchez-Ramos, DrPH, MPH | | APLA Health | SBP | 3/17/26 | 3/1/28 | |
| 9 | Non-Elected Community Leaders | Raniyah | Copeland, MPH | | No affiliation/Equity & Impact Solutions | PP&A | 3/17/26 | 3/1/27 | |
| 10 | State Government (Medicaid/Medi-Cal) ***Non-Voting** | | | | | | 3/17/26 | 3/1/28 | |
| 11 | Ryan White Part B Administrator (CDPH Office of AIDS) ***Non-Voting** | LeRoy | Blea | | CDPH, Office of AIDS | PP&A | 3/17/26 | 3/1/27 | |
| 12 | Ryan White Part C Recipients | Jasmine | Brown, MSW | | Charles Drew University | PP&A | 3/17/26 | 3/1/28 | |
| 13 | Ryan White Part D / CYF Providers | Mikhaela | Cielo, MD | | LAC Dept of Health Services | SBP | 3/17/26 | 3/1/27 | |
| 14 | Other Federally Funded HIV Programs | | | | | | 3/17/26 | 3/1/28 | |
| 15 | Formerly Incarcerated Individuals Living with HIV | | | | | | 3/17/26 | 3/1/27 | |
| 16 | Unaffiliated Representative - SPA 1 | Montana | Volby | | No affiliation | SBP | 3/17/26 | 3/1/28 | |
| 17 | Unaffiliated Representative - SPA 2 | Shawn | Pleasants | | No affiliation | PP&A | 3/17/26 | 3/1/27 | |
| 18 | Unaffiliated Representative - SPA 3 | Felipe | Gonzalez | | No affiliation | PP&A | 3/17/26 | 3/1/28 | |
| 19 | Unaffiliated Representative - SPA 4 | Jeronimo | Barajas | | No affiliation | PP&A | 3/17/26 | 3/1/27 | |
| 20 | Unaffiliated Representative - SPA 5 | | | | | | 3/17/26 | 3/1/28 | Christopher Webb (REACH LA) |
| 21 | Unaffiliated Representative - SPA 6 | Angela | Hunt | | No affiliation | MCE | 3/17/26 | 3/1/27 | |
| 22 | Unaffiliated Representative - SPA 7 | Vilma | Mendoza | | No affiliation | MCE | 3/17/26 | 3/1/28 | |
| 23 | Unaffiliated Representative - SPA 8 | | | | | | 3/17/26 | 3/1/27 | Stevie Bieneman (AHF) |
| 24 | Unaffiliated Representative - At Large #1 | Ish | Herrera | | No affiliation | MCE | 3/17/26 | 3/1/28 | |
| 25 | Unaffiliated Representative - At Large #2 | | | | | | 3/17/26 | 3/1/27 | Dontá Morrison, PhD (UCLA CARES)[Exec A |
| 26 | Unaffiliated Representative - At Large #3 | Jack | Miller | | No affiliation | PP&A | 3/17/26 | 3/1/28 | |
| 27 | Board of Supervisors Office #1 Representative | Al | Ballesteros, MBA | | JWCH Institute | PP&A | 3/17/26 | 3/1/27 | |
| 28 | Board of Supervisors Office #2 Representative | Darryn | Harris | | St. Johns Community Health | PP&A | 3/17/26 | 3/1/28 | |
| 29 | Board of Supervisors Office #3 Representative | Katja | Nelson, MPP | | APLA Health | PP&A | 3/17/26 | 3/1/27 | |
| 30 | Board of Supervisors Office #4 Representative | Nolan | Ross Samé-Weil | | LA. CADA | SBP | 3/17/26 | 3/1/28 | |
| 31 | Board of Supervisors Office #5 Representative | Jonathan | Weedman | | Via Care | MCE | 3/17/26 | 3/1/27 | |
| 32 | HIV Academic/Scientist Representative | Paul | Nash, Cpsychol, AFBPsS, FHEA | | No Affiliation/USC | SBP | 3/17/26 | 3/1/28 | |
| | **TOTAL MEMBERSHIP: 32** | | | | | | | | |
| | **TOTAL VOTING MEMBERSHIP (SEATED): 25** | | | | | | | | |
| | **QUORUM: 13** | | | | | | | | |
| | Vacant Seats | | | | | | | | |
| | **To establish staggered terms for the new membership cohort, one half of members were appointed to an initial one-year term and the other half to an initial two-year term. Thereafter, all terms will be two years. Staggered terms support continuity and are denoted by blue and white shading.* | | | | | | | | |

LOS ANGELES COUNTY COMMISSION ON HIV

# HRSA REQUIRED SEAT CATEGORY REFERENCE SHEET

*For Full Members Appointed to HRSA-Required Categories*

All Full Members are expected to follow the general Commissioner Duty Statement, including active participation, two-way communication, committee service, and voting in the best interest of Los Angeles County. In addition, members appointed to HRSA-required categories are expected to help bring forward the perspective connected to their seat category.

**How to use this sheet:** Members in these seats should know which category they represent, stay informed about issues and trends connected to that category, bring that perspective into Commission discussions, and share relevant Commission information back to the sector, community, or system connected to their seat, as appropriate.

| HRSA Seat Category | What this category represents | What this member is expected to help bring forward |
|---|---|---|
| **Health Care Provider** | Providers delivering HIV-related or general health care services, including FQHCs | Clinical realities, care access issues, treatment barriers, service delivery challenges, and opportunities to improve health outcomes |
| **Community-Based Organization / AIDS Service Organization** | Organizations rooted in community and serving populations affected by HIV | Community perspective, service access issues, outreach realities, and barriers experienced by clients and communities |
| **Social Service Provider** | Providers of support services, including housing and homeless services | Social and structural needs affecting care engagement, stability, and quality of life |
| **Mental Health Provider** | Providers delivering mental health services | Mental health needs, behavioral health access issues, and how mental health affects engagement in care and wellness |
| **Substance Use Provider** | Providers delivering substance use services | Substance use trends, treatment access issues, harm reduction needs, and the impact of substance use on HIV outcomes |
| **Local Public Health Agency** | Local government public health representation | Public health system perspective, population-level trends, coordination across systems, and local public health priorities |
| **Hospital Planning Agency / Health Care Planning Agency** | Health care planning entities or hospital-related planning bodies | Health system planning perspective, coordination issues, capacity concerns, and broader service system needs |

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| HRSA Seat Category | What this category represents | What this member is expected to help bring forward |
|---|---|---|
| **Affected Communities** | People and communities most impacted by HIV, including people with HIV and historically underserved populations | Lived and community experience, disparities, barriers, unmet need, and what affected communities are experiencing on the ground |
| **Non-Elected Community Leader** | Community leaders without elected office who are engaged in civic or community life | Grassroots community perspective, leadership insight, and connections to local priorities and concerns |
| **State Medicaid Agency** | The state agency overseeing Medicaid/Medi-Cal | Medi-Cal policy and system perspective, coverage and access issues, and implications for low-income people with HIV |
| **Ryan White Part B Representative** | The agency administering Ryan White Part B | State-funded Ryan White system perspective, coordination across Parts, and service access issues relevant to Part B |
| **Ryan White Part C Representative** | Part C grantees providing outpatient early intervention services | Early intervention and outpatient care perspective, service delivery issues, and care access for people with HIV |
| **Ryan White Part D Representative / Equivalent** | Part D grantees, or equivalent entities serving women, infants, children, youth, and families | The needs of women, children, youth, and families affected by HIV, including family-centered service considerations |
| **Other Federal HIV Program Representative, including HIV Prevention** | Grantees of other federal HIV programs, including prevention providers | Prevention system perspective, linkage between prevention and care, and opportunities for coordination across the continuum |
| **Formerly Incarcerated Person with HIV** | Individuals with HIV who were formerly incarcerated and released within the prior 3 years | Reentry realities, continuity of care needs, structural barriers, stigma, and justice-involved community perspective |

# Planning Council/Planning Body Reflectiveness Table
# (Use most recent HIV Prevalence data)

Provide data source and year of data: 2024 Annual HIV Surveillance Report: PLWDH as of 2024

| Race/Ethnicity | HIV Prevalence in EMA/TGA | | Total Members of the PC/PB | | Unaffiliated RWHAP Part A Clients on PC/PB | | |
|---|---|---|---|---|---|---|---|
| | Number | Percentage (include % with # ) | Number | Percentage (include % with # ) | Number | Percentage (include % with # ) | **If you do NOT meet reflectiveness, please describe the efforts being done to improve upon that demographic category.** |
| White, not Hispanic | 11735 | 22.52% | 7 | 28.00% | 1 | 12.50% | |
| Black, not Hispanic | 9689 | 18.59% | 7 | 28.00% | 3 | 37.50% | |
| Hispanic | 25865 | 49.63% | 9 | 36.00% | 4 | 50.00% | |
| Asian/Pacific Islander | 2171 | 4.17% | 1 | 4.00% | | 0.00% | |
| American Indian/Alaska Native | 350 | 0.67% | | 0.00% | | 0.00% | |
| Multi-Race | 2223 | 4.27% | 1 | 4.00% | | 0.00% | |
| Other/Not Specified | 79 | 0.15% | | 0.00% | | 0.00% | |
| **Total** | 52112 | 100% | 25 | 100% | 8 | 100% | |
| | | | | | | | |
| **Sex** | Number | Percentage (include % with # ) | Number | Percentage (include % with # ) | Number | Percentage (include % with # ) | |
| Male | 46059 | 88.38% | 19 | 76.00% | 6 | 75.00% | |
| Female | 6053 | 11.62% | 6 | 24.00% | 2 | 25.00% | *(1) NGC |
| **Total** | 52112 | 100% | 25 | 100% | 8 | 100% | |
| | | | | | | | |
| **Age** | Number | Percentage (include % with # ) | Number | Percentage (include % with # ) | Number | Percentage (include % with # ) | |
| 13-19 years | 89 | 0.17% | | 0.00% | | 0.00% | |
| 20-29 years | 2995 | 5.75% | | 0.00% | | 0.00% | |
| 30-39 years | 10508 | 20.16% | 6 | 24.00% | 2 | 25.00% | |
| 40-49 years | 10742 | 20.61% | 8 | 32.00% | 1 | 12.50% | |
| 50-59 years | 12884 | 24.72% | 5 | 20.00% | 3 | 37.50% | |
| 60+ years | 14894 | 28.58% | 6 | 24.00% | 2 | 25.00% | |
| **Total** | 52112 | 100% | 25 | 100% | 8 | 100% | |

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# COMMITTEE ASSIGNMENTS

Committee assignments reflect each member's designated committee placement and may be adjusted as needed to support parity, inclusiveness, reflectiveness, and overall balance.

| EXECUTIVE COMMITTEE | | |
|---|---|---|
| Meeting Schedule TBD<br>Number of Voting Members= 9 \| Number of Quorum= 5 | | |
| **COMMITTEE MEMBER** | **DESIGNATION** | **FULL/COMMITTEE** |
| **Al Ballesteros, MBA** | **Co-Chair, COH/Exec** | Commissioner |
| **Katja Nelson, MPP** | **Co-Chair, COH/Exec** | Commissioner |
| Ishmael Herrera | MCE Committee Co-Chair | Commissioner |
| Vilma Mendoza | MCE Committee Co-Chair | Commissioner |
| Jeronimo Barajas | PP&A Committee Co-Chair | Commissioner |
| Stephanie Johnson, MA | PP&A Committee Co-Chair | Committee-Only |
| Caitlyn Dolan | SBP Committee Co-Chair | Committee-Only |
| Montana Volby | SBP Committee Co-Chair | Commissioner |
| Dontá Morrison, PhD | Exec At-Large | Alternate |
| Mario J. Pérez, MPH | DHSP (Non-Voting) | Commissioner |

| MEMBERSHIP & COMMUNITY ENGAGEMENT (MCE) COMMITTEE | | |
|---|---|---|
| CLICK HERE FOR MEETING SCHEDULE & WORK PLAN<br>Number of Voting Members= 23 \| Number of Quorum= 12 | | |
| **COMMITTEE MEMBER** | **DESIGNATION** | **FULL/COMMITTEE** |
| **Ishmael Herrera** | **Committee Co-Chair** | Commissioner |
| **Vilma Mendoza** | **Committee Co-Chair** | Commissioner |
| Jayda Arrington | | Committee Member |
| Stevie Bieneman | | Alternate |
| Ceasar Corona | | Commissioner |
| Erika Davies | City of Pasadena Rep | Committee Member |
| Dahlia Ale-Ferlito | City of Los Angeles Rep | Committee Member |
| Joaquin Gutierrez | | Committee Member |
| Angela Hunt | | Commissioner |
| TJ Griffen, LMSW | | Commissioner |
| Preston Locklear | | Committee Member |
| Kiante McKinley, LCSW, DSW, ACSW | | Committee Member |
| Dontá Morrison, PhD | | Alternate |
| Sadie Mullen | | Committee Member |
| Kevin Nguyen | | Committee Member |

| | | |
|---|---|---|
| Ujuonu Nwizu | | Committee Member |
| David Cerda Orozco | | Committee Member |
| Elizabeth Pacheco | | Committee Member |
| David Rojas | | Committee Member |
| Ishmael Salamanca | City of Long Beach | Committee Member |
| David Valenzuela (Leave of Absence) | | Committee Member |
| Christopher Webb | | Alternate |
| Jonathan Weedman | | Commissioner |

| PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE | | |
|---|---|---|
| CLICK HERE FOR MEETING SCHEDULE & WORK PLAN<br>Number of Voting Members= 16\| Number of Quorum=9 | | |
| **COMMITTEE MEMBER** | **DESIGNATION** | **FULL/COMMITTEE** |
| **Jerónimo Barajas** | **Committee Co-Chair** | Commissioner |
| **Stephanie Johnson, MA** | **Committee Co-Chair** | Commissioner |
| Leo Vasquez Alvarez | | Committee Member |
| LeRoy Blea (Non-Voting) | | |
| Jasmine Brown, MSW | | Commissioner |
| Robert Contreras, MBA | | Commissioner |
| Raniyah Copeland, MPH | | Commissioner |
| Robert Gamboa, MPP | | Committee Member |
| Felipe Gonzalez | | Commissioner |
| Darryn Harris | | Commissioner |
| Rob Lester | | Committee Member |
| Miguel Martinez, MPH | | Committee Member |
| Jack Miller | | Commissioner |
| Shawn Pleasants | | Commissioner |
| Glen San Augstin, MD | | Committee Member |
| Maria Skelton | | Committee Member |
| LaShonda Spencer, MD | | Committee Member |

| STANDARDS AND BEST PRACTICES (SBP) COMMITTEE | | |
|---|---|---|
| CLICK HERE FOR MEETING SCHEDULE & WORK PLAN<br>Number of Voting Members = 17 \| Number of Quorum = 9 | | |
| **COMMITTEE MEMBER** | **DESIGNATION** | **FULL/COMMITTEE** |
| **Caitlyn Dolan** | **Committee Co-Chair** | **Commissioner** |
| **Montana Volby** | **Committee Co-Chair** | **Commissioner** |
| Gerardo Almanzan | | Committee Member |
| Oscar Arellano, MSW | | Committee Member |
| Robert Bolan, MD | | Commissioner |
| Mikhaela Cielo, MD | | Commissioner |

| | | |
|---|---|---|
| Anthony Corona, MPA | | Committee Member |
| Johnny Cross, MPH | | Committee Member |
| Arlene Frames (Leave of Absence) | | Committee Member |
| Lauren Gersh | | Committee Member |
| Joseph Green | | Committee Member |
| LeiLani Johnson (Leave of Absence) | | Committee Member |
| Roberto Lara, MPH | | Committee Member |
| Eric Mattern | | Commissioner |
| Byron Patel, RN, ACRN | | Commissioner |
| Paul Nash, CPsychol AFBPsS FHEA | | Commissioner |
| Nolan Ross Samé-Weil, MBA-HCA | | Commissioner |
| Emmanuel Sanchez-Ramos, DrPH, MPH | | Commissioner |
| Draya Santiago (Leave of Absence) | | Committee Member |

## AGING CAUCUS

Regular meeting day/time: TBD
Co-Chairs: TBD
**Open membership**

## BLACK CAUCUS

Regular meeting day/time: TBD
Co-Chairs: TBD
**Open membership**

## CONSUMER CAUCUS

Regular meeting day/time: TBD
Co-Chairs: TBD
**Open membership to consumers of HIV prevention and care services**

## TRANSGENDER CAUCUS

Regular meeting day/time: TBD
Co-Chairs: TBD
**Open membership**

## WOMEN'S CAUCUS

Regular meeting day/time: TBD
Co-Chairs: TBD
*Open membership*

## HOUSING TASKFORCE

Regular meeting day/time: TBD
Co-Chairs: TBD
*Open membership*

LOS ANGELES COUNTY
COMMISSION ON HIV

# COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/02/26

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

| COMMISSION & COMMITTEE-ONLY MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **ALMANZAN** | **Gerardo** | No affiliation | No Ryan White or prevention contracts |
| **VAZQUEZ ALVAREZ** | **Leo** | LACADA | No Ryan White or prevention contracts |
| **ARRELANO** | **Oscar** | Homeless Outreach Program Integrated Care System (HOPICS) | No Ryan White or prevention contracts |
| **ARRINGTON** | **Jayda** | Unaffiliated representative | No Ryan White or prevention contracts |
| **BALLESTEROS** | **Al** | JWCH, INC. | Benefits Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Mental Health |
| | | | Oral Health |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HTS - Syphilis, DX Link TX - CSV |
| | | | Biomedical HIV Prevention |
| | | | Data to Care Services |
| | | | Medical Transportation Services |
| **BARAJAS** | **Jeronimo** | Unaffiliated Member | No Ryan White or prevention contracts |
| **BIENEMAN** | **Stevie** | AIDS Healthcare Foundation | Benefits Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Mental Health |
| | | | Oral Health |
| | | | Medical Transportation Services |
| | | | HIV & STD LB |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | Sexual Health Express Clinics (SHEx-C) |
| **BLEA** | **Leroy** | California Department of Public Health, Office of AIDS | Part B Grantee |

| COMMISSION & COMMITTEE-ONLY MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **BOLAN** | **Robert** | LA LGBT Center | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Vulnerable Populations (YMSM) |
| | | | Vulnerable Populations (Trans) |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HTS - Social and Sexual Networks |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| **BROWN** | **Jasmine** | Oasis Clinic (Charles R. Drew University/Drew CARES) | Core HIV Medical Services - PSS |
| | | | HTS - Storefront |
| | | | HTS - Social and Sexual Networks |
| **CIELO** | **Mikhaela** | Los Angeles General Hospital | No Ryan White or prevention contracts |
| **COPELAND** | **Raniyah** | Equity Impact Solutions | No Ryan White or prevention contracts |
| **CORONA** | **Anthony** | Watt's Healthcare | Core HIV Medical Services - MCC & PSS |
| | | | Biomedical HIV Prevention Services |
| | | | Oral Health |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | Medical Transportation Services |
| **CORONA** | **Ceasar** | Tarzana Treatment Center | Benefit Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Intensive Care Management |
| | | | Substance Use Transitional Hsg |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HERR |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| | | | HIV Testing and Viral Hepatitis Services |
| **CROSS** | **Johnny** | Men's Health Foundation | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Biomedical HIV Prevention Services |
| | | | Vulnerable Population (YMSM) |
| | | | Sexual Health Express Clinics (SHEx-C) |
| | | | Data to Care Services |
| | | | Medical Transportation Services |
| **DAVIES** | **Erika** | City of Pasadena | No Ryan White or prevention contracts |

| COMMISSION & COMMITTEE-ONLY MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **DOLAN** | **Caitlyn** | Men's Health Foundation | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Biomedical HIV Prevention Services |
| | | | Vulnerable Poplulations (YMSM) |
| | | | Sexual Health Express Clinics (SHEx-C) |
| | | | Data to Care Services |
| | | | Medical Transportation Services |
| **ALE-FERLITO** | **Dahlia** | City of Los Angeles AIDS Coordinator | No Ryan White or prevention contracts |
| **FRAMES** | **Arlene** | Unaffiliated representative | No Ryan White or prevention contracts |
| **GAMBOA** | **Robert** | LA LGBT Center | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Vulnerable Populations (YMSM) |
| | | | Vulnerable Populations (Trans) |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HTS - Social and Sexual Networks |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| **GERSH** | **Lauren** | APLA Health & Wellness | Benefit Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Intensive Case Managemenet Services |
| | | | Nutrition Support (Food Bank/Pantry Service) |
| | | | Oral Health |
| | | | STD-Ex.C |
| | | | High Impact Prevention |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| | | | Data to Care Services |
| | | | Residential Facility For the Chronically Ill (RCFCI) |
| **GONZALEZ** | **Felipe** | Unaffiliated representative | No Ryan White or Prevention Contracts |
| **GREEN** | **Joseph** | Unaffiliated representative | No Ryan White or prevention contracts |
| **GRIFFEN** | **TJ** | Men's Health Foundation | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Biomedical HIV Prevention Services |
| | | | Vulnerable Populations (YMSM) |
| | | | Sexual Health Express Clinics (SHEx-C) |
| | | | Data to Care Services |
| | | | Medical Transportation Services |

| COMMISSION & COMMITTEE-ONLY MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **GUTIERREZ** | **Joaquin** | REACH LA | HTS - Social and Sexual Networks |
| **HARRIS** | **Darryn** | St. John's Well Child and Family Center (SJW) | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Oral Health |
| | | | HTS - Social and Sexual Networks |
| | | | Mental Health |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| **HUNT** | **Angela** | Unaffilated Member | No Ryan White or prevention contracts |
| **HERRERA** | **Ismael "Ish"** | Unaffiliated representative | No Ryan White or prevention contracts |
| **JOHNSON** | **LeiLani** | Unaffilited Member | No Ryan White or prevention contracts |
| **JOHNSON** | **Stephanie** | Men's Health Foundation | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Biomedical HIV Prevention Services |
| | | | Vulnerable Populations (YMSM) |
| | | | Sexual Health Express Clinics (SHEx-C) |
| | | | Data to Care Services |
| | | | Medical Transportation Services |
| **LARA** | **Roberto** | AMAAD | No Ryan White or prevention contracts |
| **LESTER** | **Rob** | Men's Health Foundation | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Biomedical HIV Prevention Services |
| | | | Vulnerable Poplulations (YMSM) |
| | | | Sexual Health Express Clinics (SHEx-C) |
| | | | Data to Care Services |
| | | | Medical Transportation Services |
| **LOCKLEAR** | **Preston** | LA LGBT Center | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Vulnerable Populations (YMSM) |
| | | | Vulnerable Populations (Trans) |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HTS - Social and Sexual Networks |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| **MARTINEZ** | **Miguel** | No affiliation | No Ryan White or prevention contracts |

| COMMISSION & COMMITTEE-ONLY MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **MATTERN** | **Eric** | Tarzana Treatment Center | Benefit Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Intensive Care Management |
| | | | Substance Use Transitional Hsg |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HERR |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| | | | HIV Testing and Viral Hepatitis Services |
| **MCKINLEY** | **Kiante** | LA LGBT Center | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Vulnerable Populations (YMSM) |
| | | | Vulnerable Populations (Trans) |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HTS - Social and Sexual Networks |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| **MENDOZA** | **Vilma** | Unaffiliated representative | No Ryan White or prevention contracts |
| **MILLER** | **Jack** | Unaffiliated Member | No Ryan White or prevention contracts |
| **MORRISON** | **Donta** | UCLA CARE | No Ryan White or prevention contracts |
| **MULLEN** | **Sadie** | No affiliation | No Ryan White or prevention contracts |
| **NASH** | **Paul** | University of Southern California | No Ryan White or prevention contracts |
| **NGUYEN** | **Kevin** | Saban  Community Clinic | No Ryan White or prevention contracts |

| COMMISSION & COMMITTEE-ONLY MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **NELSON** | **Katja** | APLA Health & Wellness | Benefits Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Intensive Case Managemenet Services |
| | | | Nutrition Support (Food Bank/Pantry Service) |
| | | | Oral Health |
| | | | STD-Ex.C |
| | | | HERR |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| | | | Data to Care Services |
| | | | Residential Facility For the Chronically Ill (RCFCI) |
| **NWIZU** | **Ujuonu** | Public Health Alliance | No Ryan White or prevention contracts |
| **CERDA OROZCO** | **David** | No affiliation | No Ryan White or prevention contracts |
| **PACHECO** | **Elizabeth** | Tarzana Treatment Center | Benefit Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Intensive Case Managemenet Services |
| | | | Substance Use Transitional Hsg |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HERR |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| | | | HIV Testing and Viral Hepatitis Services |
| **PATEL** | **Byron** | Los Angeles LGBT Center | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Vulnerable Populations (YMSM) |
| | | | Vulnerable Populations (Trans) |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HTS - Social and Sexual Networks |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| **PERÉZ** | **Mario** | Los Angeles County, Department of Public Health, Division of HIV and STD Programs | Ryan White/CDC Grantee |
| **PLEASANTS** | **Shawn** | Unaffiliated Member | No Ryan White or prevention contracts |
| **ROJAS** | **David** | LAC Consumer & Business Affairs | No Ryan White or prevention contracts |

| COMMISSION & COMMITTEE-ONLY MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **SALAMANCA** | **Ismael** | City of Long Beach | Benefits Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Biomedical HIV Prevention Services |
| | | | HTS - Social and Sexual Networks |
| | | | Medical Transportation Services |
| **SANCHEZ-RAMOS** | **Emmanuel** | APLA Health | Benefit Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Intensive Case Managemenet Services |
| | | | Nutrition Support (Food Bank/Pantry Service) |
| | | | Oral Health |
| | | | STD - ExC |
| | | | High Impact Prevention |
| | | | Biomedical HIV Prevention Services |
| | | | Medical Transportation Services |
| | | | Data to Care Services |
| | | | Residential Facility For the Chronically Ill (RCFCI) |
| **SAN AGUSTIN** | **Glen** | JWCH, INC. | Benefits Specialty |
| | | | Core HIV Medical Services - AOM; MCC & PSS |
| | | | Mental Health |
| | | | Oral Health |
| | | | STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS) |
| | | | HTS - Storefront |
| | | | HTS - Syphilis, DX Link TX - CSV |
| | | | Biomedical HIV Prevention Services |
| | | | Data to Care Services |
| | | | Medical Transportation Services |
| **SAME-WEIL** | **Nolan Ross** | Los Angeles Centers for Alcohol & Drug Abuse (L.A. CADA) | No Ryan White or prevention contracts |
| **SANTIAGO** | **Draya** | Unaffilited Member | No Ryan White or prevention contracts |
| **SKELTON** | **Maria** | No affiliation | No Ryan White or prevention contracts |
| **SPENCER** | **LaShonda** | Oasis Clinic (Charles R. Drew University/Drew CARES) | Core HIV Medical Services - PSS |
| | | | HTS - Storefront |
| | | | HTS - Social and Sexual Networks |
| **WEBB** | **Christopher** | REACH LA | HTS - Social and Sexual Networks |

| COMMISSION & COMMITTEE-ONLY MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|---|---|---|---|
| **WEEDMAN** | **Jonathan** | ViaCare Community Health | Biomedical HIV Prevention |
| | | | Core HIV Medical Services - AOM & MCC |
| **VALENZUELA** | **David** | LAC Department of Public Health | No Ryan White or prevention contracts |
| **VOLBY** | **Montana** | Unaffilited Member | No Ryan White or prevention contracts |

LOS ANGELES COUNTY
COMMISSION ON HIV

# 2026 - 2027 Training Schedule

***(Subject to change)***

To meet the Ryan White HIV/AIDS Program (RWHAP) Part A requirements, the Commission on HIV must provide appropriate orientation and annual training that enables members to be fully active participants and to fulfill their legislative responsibilities. Training sessions will educate members to understand their roles, responsibilities, and expectations for participation, how work is undertaken, and how formal decisions are made.

- Training sessions listed below are **mandatory** for all Commissioners, Alternates, and Committee-only members. Additional sessions on topics not listed may be included as appropriate.
- Training sessions are open to the public.
- Training sessions will be held virtually, unless otherwise noted.
- Training session recordings will be made available on our website.
- Certificates of Completion will be provided and attendance will be recorded.
- For questions or assistance, contact Commission staff at hivcomm@lachiv.org.

**CLICK ON THE TRAINING TOPIC TO REGISTER**

| TRAINING TITLE | DATE AND TIME |
|---|---|
| ~~Commission on HIV Orientation~~ | ~~April 9, 2026~~<br>~~9am – 3pm (in person)~~ |
| ~~**Co-Chair Orientation & Leadership Development**~~ | ~~May 20, 2026~~<br>~~12pm - 1pm~~ |
| ~~**Needs Assessment Overview and Priority Setting and Resource Allocation (PSRA)**~~ | ~~June 3, 2026~~<br>~~12pm – 1pm~~ |
| ~~**Service Standards Overview and Development**~~ | ~~July 22, 2026~~<br>~~12pm – 1pm~~ |
| **Data Summit** ***In Person** | October 30, 2026<br>9am – 3pm |
| Member Knowledge & Self-Assessment Survey | Released late October/November 2026 |
| **Refresher Training** | January 2027<br>TBD |

Revised 9/9/26

# 2026 Commission on HIV Master Calendar

This calendar complements the 2026 Commission, Committee, and Caucus Workplans and provides a high-level, one-page view of standing meeting schedules and governance alignment. Dates shown reflect proposed standing meetings and may be refined as needed based on operational, programmatic, or governance considerations.

### 2026–2027 At-a-Glance Planning Grid

| Focus Area / Timeframe | Jan–Feb 2026 | Mar–Apr 2026 | May–June 2026 | Jul–Aug 2026 | Sep–Oct 2026 | Nov–Dec 2026 | Jan–Feb 2027 |
|---|---|---|---|---|---|---|---|
| **Full Commission Meetings** | | April 9 | May 14 | Jul 9 | Sep 10 | | Jan 14 / Feb 11 – Annual Conference |
| **Executive Committee** | | May 28 | Jun 25 | Aug 27 | Oct 22 | | Jan 28/Feb 25 |
| **Membership & Community Engagement (MCE) Committee** | | Apr 23 | Jun 25 | Aug 27 | Oct 22 | | Jan 28/Feb 25 |
| **Planning, Priorities & Allocations (PP&A) Committee** | | Apr 21 | Jun 16 | Aug 18 | Sep 15 | Nov 17 | Feb 16 |
| **Standards & Best Practices (SBP) Committee** | | Apr 20 | May 18/Jun 15 | Aug 17 | Oct 19 | Nov/Dec (TBD) | Feb 8 |
| **Caucuses** | Refer to MCE Committee | | | | | | |

## Standing Meeting Framework

1. **Full Commission meets on the second Thursday, 9AM-12PM**, as reflected in the calendar or as otherwise instructed by the Commission or Executive Committee.
2. **Executive Committee meets on the fourth Thursday, 1-3PM**, as reflected in the calendar or as otherwise instructed by the Executive Committee.
3. **Membership and Community Engagement (MCE) Committee meets on the fourth Thursday, 10AM-12PM**, as reflected in the calendar or as otherwise instructed by the Executive Committee.
4. **Planning, Priorities & Allocations (PP&A) Committee meets on the third Tuesday, 1:30-3:30PM**, as reflected in the calendar or as otherwise instructed by the Committee.
5. **Standards & Best Practices (SBP) Committee meets on the third Monday, 10AM-12PM**, as reflected in the calendar or as otherwise instructed by the Committee.

Pursuant to the Commission Bylaws approved on December 11, 2025, "[T]he Commission and its committees shall meet a minimum of six (6) times per year. Meetings shall be held at a time and location determined by the Co-Chairs, the Executive Committee, or committee Co-Chairs. The Executive Committee, Co-Chairs, or committee Co-Chairs may convene additional meetings as needed to meet operational and programmatic needs. The Commission's Annual Conference replaces one regularly scheduled Commission meeting."

# 2026 Commission on HIV Master Work Plan *Subject to Change

(Updated 8.21.26)

This Workplan guides the activities of the Los Angeles County Commission on HIV for the Ryan White HIV/AIDS Program (RWHAP) Part A Program Year (March 1 – February 28) and serves as a governance and planning document aligned with the Commission's revised Bylaws and applicable federal, state, and County requirements. The Workplan outlines Commission-level planning, oversight, needs assessment, priority setting, evaluation, and community engagement activities. To promote clarity and shared accountability, lead committees responsible for each activity are identified through color coding throughout the Workplan. Designed to support coordination across the Commission, its committees, and caucuses, this Workplan guides meeting and planning cycles and may be refined as needed to reflect programmatic, structural, or operational changes, while remaining aligned with governing requirements.

| ACRONYMS & LEGEND | |
|---|---|
| • **COH:** Commission on HIV<br>• **DHSP:** Division on HIV and STD Programs, LA County Dept of Public Health<br>• **BOS:** Board of Supervisors<br>• **HRSA:** Health Resources and Services Administration<br>• **MCE:** Membership and Community Engagement Committee<br>• **PP&A:** Planning, Priorities, and Allocations Committee<br>• **SBP:** Standards and Best Practices Committee | • **EO:** LA County BOS Executive Office<br>• **CEO LAIR:** LA County Chief Executive Office Legislative Affairs and Intergovernmental Relations<br>• **OA:** California Office of AIDS<br>• **CHIPTS:** Center for HIV Identification, Prevention, and Treatment Services.<br><br>Lead Committee Color Legend: EXEC MCE PP&A SBP |

| # | Objective | Lead Committee/ Working Unit | Partners needed | Timeline | Notes/Comments |
|---|---|---|---|---|---|
| 1 | Review/Update 2026 workplan | Executive, MCE, PP&A, SBP, All working units | | April-June | |
| 2 | Develop Annual Report to BOS | Executive, MCE, PP&A, SBP, All working units | All committees and working units | Jan-March | |
| 3 | Conduct Commissioner Orientation | Executive, MCE | | April | |
| 4 | Conduct subordinate working unit orientation | Executive, MCE, PP&A, SBP, All working units | All Committees and working units | April-June | |
| 5 | Establish policy priorities and updates to Commissioners, as needed. | Executive | CEO LAIR, DHSP | Ongoing | |
| 6 | Plan and implementation of the COH Annual Conference | Executive, Annual Conference Planning Workgroup | OA, DHSP<br>Provider, community, and academic partners, stakeholder groups | Sep-Feb | DHSP to provide annual update on directives.<br><br>DHSP and OA provide progress on integrated plan. |
| 7 | Establish and monitor Commission Operational Budget | Executive | DHSP, EO | Ongoing | |
| 8 | Establish and monitor MOU with DHSP | Executive | DHSP | Ongoing | |
| 9 | Develop COH Agenda | Executive | DHSP, OA, all committees & working units | Ongoing | |
| 10 | Monitor progress on COH workplan | Executive | All committees and working units | Ongoing | Report at Executive and COH meeting or as needed. Standing co-chair report includes progress update. |
| 11 | Complete HRSA Application and Reporting Requirements | Executive | MCE, PP&A, DHSP | Jul-Sep, ongoing | |

| # | Objective | Lead Committee/ Working Unit | Partners needed | Timeline | Notes/Comments |
|---|---|---|---|---|---|
| 12 | Conduct COH administrative and operational oversight activities, as appropriate. | Executive | All committees and working units | Ongoing | |
| 13 | Conduct annual COH Bylaw Administrative Review | Executive<br>MCE | HRSA PO, County Counsel | Jan-Feb 2027 | Collaborate with MCE to review associated policies. |
| 14 | Conduct HIV Prevention Planning, as appropriate | Executive | DHSP, CHIPTS, prevention providers/stakeholders | Ongoing | |
| 15 | Develop and conduct Commissioner Orientation & Mandatory Training | MCE | All Committees and Caucuses | Ongoing | |
| 16 | Develop, review, and implement COH Policies and Procedures, revise as needed. | MCE | Executive | Ongoing | Approval process from MCE to EC to COH |
| 17 | Develop and implement Mentorship Program | MCE | All committees and caucuses | Ongoing | |
| 18 | Review membership participation and attendance | MCE | Executive | Quarterly | |
| 19 | Coordinate outreach/public awareness efforts to educate and engage the community about the Commission and promote access to HIV prevention, care, and support services. | MCE | All committees and caucuses | Ongoing | |
| 20 | Ensure COH membership and recruitment align with all federal requirements | MCE | All committees and caucuses | Ongoing | |
| 21 | Identify and pursue additional funding to support the Commission's special initiatives and operational needs. | MCE | Executive | Ongoing | |

| # | Objective | Lead Committee/ Working Unit | Partners needed | Timeline | Notes/Comments |
|---|---|---|---|---|---|
| 22 | Collaborate with CA Office of AIDS and DHSP to develop 2027-2031 Integrated HIV Plan | PP&A | DHSP, CDPH OA, All committees and working units | Ongoing | Final COH approval in May and submission to HRSA in June |
| 23 | Complete annual needs assessment | PP&A | All working units, DHSP, MCE, EO PIO | Ongoing | Needs assessments must conclude before data summit; Data to be reviewed during data summit*<br>**may be delayed one year due to COH restructure* |
| 24 | Conduct priority setting and resource allocation process | PP&A | DHSP, All committee and working units | Ongoing | All voting members must complete the PSRA training & attend the virtual data summit to be eligible to vote.<br>Virtual summit to be held in June with priorities and allocations up for final COH approval in Sept.*<br>** Must be submitted to HRSA at the end of Sept.* |
| 25 | Review and monitor RWHAP Part A/MAI expenditures | PP&A | DHSP, all working units, All other HIV providers not receiving Part A funds | Quarterly | Schedule to be determined in collaboration with DHSP; data needed to help identify other funding sources for HIV services within LAC |
| 26 | Conduct review/revisions of service standards, as needed. | SBP | DHSP, all working units, Executive | September | |
| 27 | Conduct the Assessment of the Efficiency of the Administrative Mechanism | SBP | DHSP, All RWP Part A providers | Oct-Feb, ongoing | |
| 28 | Review and monitor Clinical Quality Management Reports | SBP<br>Consumer Caucus | DSHP CQM | Ongoing | Request service category evaluation reports from DHSP CQM team; this would augment the service utilization reports the COH currently receives. |
| 29 | Develop and monitor program directives | SBP<br>PP&A | DHSP | Ongoing | |
| 30 | Compile best practices as related to HIV care and prevention | SBP | | Ongoing | |

# Committee Roles & Responsibilities Matrix

## Description / Purpose

This matrix outlines the core roles, responsibilities, and scope of authority for each standing committee, ad hoc workgroup, and caucus of the Commission on HIV. It is intended to promote clarity, accountability, and alignment with the Commission's revised Bylaws, the Ryan White HIV/AIDS Program Part A Planning Guide, and HRSA Integrated HIV Prevention and Care Planning requirements. Committees operate within their defined scope and bring recommendations forward to the full Commission for consideration and action, as appropriate.

## Standing Committees

### Executive Committee

- Governance oversight and coordination across committees and caucuses
- Finalizes full Commission meeting agendas with staff
- Ensures alignment of committee and caucus workplans with Commission priorities and the Integrated HIV Plan
- Addresses time-sensitive or procedural matters as delegated
- Elevates committee recommendations to the full Commission

### Membership & Community Engagement Committee (MCE)

- Oversees recruitment, onboarding, retention, and engagement of members and committee-only members
- Monitors reflectiveness and compliance with federal and ordinance requirements
- Oversees member orientation and required trainings
- Supports community engagement and outreach

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

- Oversees needs assessment activities and data review
- Leads the Priority Setting and Resource Allocation (PSRA) process
- Identifies service gaps, disparities, and emerging needs
- Ensures alignment with the Integrated HIV Plan
- Develops planning and funding recommendations

### Standards and Best Practices (SBP) Committee

- Reviews and recommends standards of HIV care
- Reviews quality management findings and system improvement opportunities
- Incorporates consumer perspectives on access and quality of care
- Coordinates with DHSP and partners on care standards
- Brings standards-related recommendations forward

## Ad Hoc Committees & Workgroups

- Established for a defined purpose, scope, and timeframe
- Conduct time-limited or task-based work
- Report findings and recommendations to the sponsoring body
- Sunset upon completion unless formally extended

## Caucuses

- Provide culturally specific perspectives and lived experience
- Identify emerging issues and community priorities
- Support community engagement and education
- Serve in an advisory capacity

## Committee-Only Members

- Serve on assigned committees and contribute technical or lived expertise
- May vote on matters within their assigned committee, as permitted by the Bylaws
- Do not vote on actions of the full Commission
- Support committee discussions and deliverables

# Welcome!
# While you wait, visit...

menti.com
**9253 2505**

**...and share your recommendation(s) on how to increase uptake of proven/evidence-based HIV prevention interventions.**

**Use the post-it notes if you prefer.**

# HIV Prevention Planning for Los Angeles County

The California Endowment
August 13, 2026

GET PROTECTED LA U=U

LA COUNTY .HIV Ending the HIV Epidemic

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

# Agenda for Today

- Welcome and Prevention Advisory Workgroup Business
- Director’s Remarks, Fiscal Update, and Discussion
- Guided Discussion
- Action Items, Evaluation, and Announcements

# The Prevention Advisory Workgroup is a planning body that intends to shape the strategic direction of HIV/STD prevention in LA County.

## Goals:

Ensure HIV prevention services are maintained and improved.

Plan across health systems to achieve HIV prevention goals.

## Progress:

### April 28, 2026

- Prevention Planning Goals
- HIV Prevention Landscape
- HIV testing focus

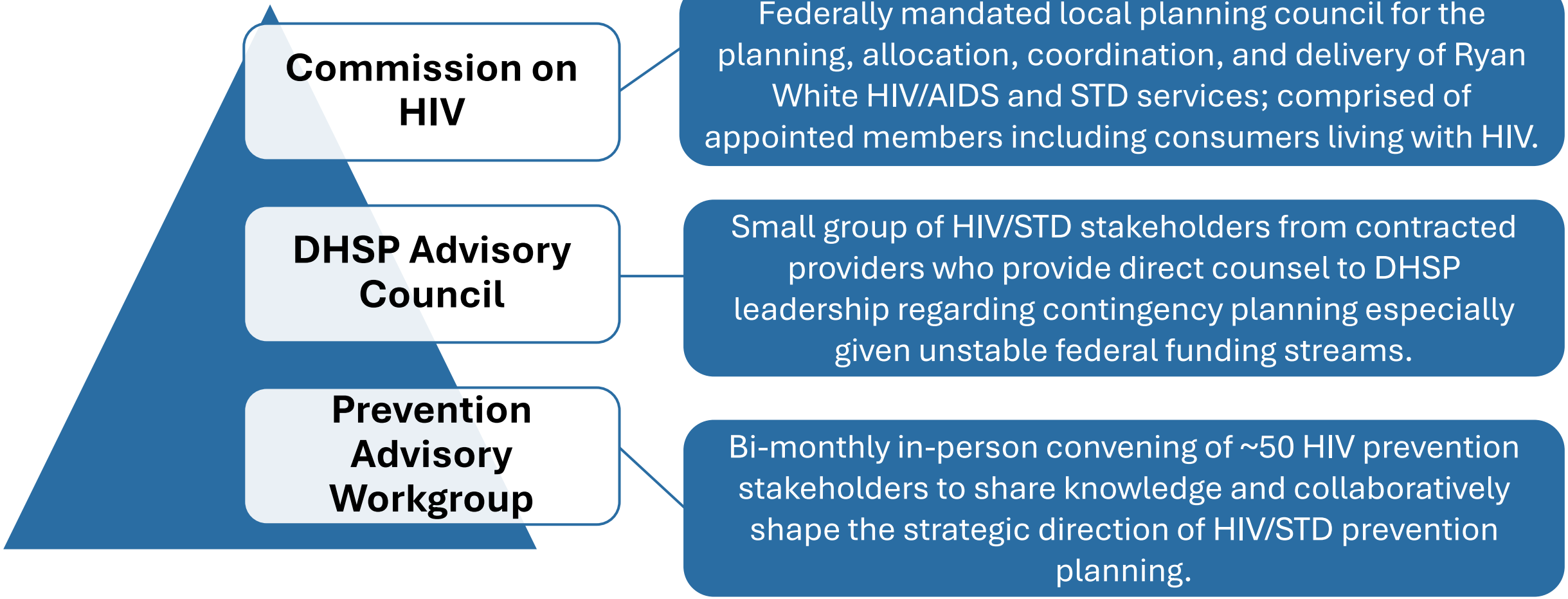
### June 2, 2026

- Biomedical Prevention focus
- Medi-Cal changes

### Aug 13, 2026

- Fiscal Update and Discussion
- Biomedical Prevention Strategies

# HIV/STD-related planning efforts in Los Angeles County take multiple forms and support DHSP's decision-making regarding priority setting and resource allocation.



# Prevention Advisory Workgroup Business

## 1. Health Education Resource Packets

### UCLA

- Reentry populations, people who inject drugs
- PrEP

### AltaMed

- Cisgender women
- Sexual health, HIV prevention (PrEP & PEP)

### REACH LA

- Black & Latinx MSM
- PrEP, HIV testing

### APAIT

- LGBTQ+ Youth
- HIV/STDs, PrEP/PEP, HIV treatment, behavioral health

**Submit a request here:**

## 2. LGBTQIA+ Youth Input Opportunity

# Director's Remarks and Fiscal Update

Mario J. Pérez, MPH
Division of HIV and STD Programs

GET PROTECTED LA U=U

LA COUNTY .HIV Ending the HIV Epidemic

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

# Key Dates Tied to HIV Prevention Funding, Renewals and Solicitations

| Grant | Description | Key Date |
|---|---|---|
| PS24-0047 | **Start of CDC HIHPS 12-Month Funding Cycle** (Base, Surveillance, EHE – PS24-0047)<br>• June 1, 2026 - Nov 1, 2026: Funding Term for Current DHSP HIV Prevention Portfolio<br>• Dec 1, 2026 - May 31, 2027: Proposed Extended Funding Term | June 1, 2026 |
| PS22-2209 | **Grant/Contract Term Ended:** Transgender Status-Neutral Community-to-Clinic Models to End the HIV Epidemic (Transcend)<br>• 1 community-based organization ($500k/yr) | June 29, 2026 |
| | **CDC HIHPS Supplemental Funding NOA** to Grantees Anticipated | Summer 2026 |
| PS21-2102 | **Grant/Contract Term Ends:** Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations Year 5 Supplemented Extension Annual Performance<br>• 6 community-based organizations ($444k/yr each) | Sept 30, 2026 |
| | **Scheduled Release of DHSP HIV/STD Prevention RFP** | Fall 2026 |
| PS22-2203 | **Grant/Contract Term Ends:** Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color<br>• 4 community-based organizations($400k/yr each) | March 31, 2027 |
| PS24-0047 | **Start of Next CDC HIHPS Funding Cycle** (Base, Surveillance, EHE, Supplemental?) | June 1, 2027 |
| PS24-0047 | **Grant/Contract Term Ends:** High-Impact HIV Prevention & Surveillance Programs for Health Departments | May 31, 2029 |

# Measure ER
# Passed June 2026

**45%** Dept of Health Services (DHS) to support low to no cost care

**22%** DHS public hospitals and clinics

**10%** Public Health essential services (DPH and community partners)

**5%** Non-profit health agencies serving low-income and underserved populations

**5%** Eligible nonprofit community hospitals

**4%** School-based health programs overseen by L.A. Care

**3%** DPSS for Medi-Cal outreach, enrollment, and volunteer initiatives

*...and other smaller percentages for Correctional Health Services, in-home health services, Pasadena and Long Beach.*

# DHSP/County Actions

- LA County responded to the OMB rule change which would shift grant decision making to political appointees.

- LA County commented on legislation to modernize 340B program that could be harmful to clinics and community-based organizations.

- Communicated with Senator Schiff's office on the impacts of not renewing direct CDC funding to CBOs for HIV prevention

# Discussion Focus

How can DHSP support their contracted providers to accept and spend funding based on year-to-year changes in funding?

# Break

# Discussion Focus

How can DHSP support their contracted providers to accept and spend funding based on year-to-year changes in funding?

Please submit the meeting evaluation here:

# Next meeting:
# October 20, 2026
# 10am-12pm

Sign up for the DHSP listserv:
EHEInitiative@ph.lacounty.gov

GET PROTECTED LA U=U

LA COUNTY HIV Ending the HIV Epidemic

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

# HELP SHAPE THE FUTURE
## of Public Health in Los Angeles County

Measure ER is a voter-approved funding measure that provides ongoing support for essential County services, including public health.

LA County Department of Public Health wants to hear from people who live, work, and play in LA County. Join a community meeting to share your ideas and recommendations for how future Measure ER investments can improve the health and wellbeing of people and communities across LA County.

## YOU'RE INVITED

| Regional Meetings | Date | Time | Registration |
|---|---|---|---|
| **East LA and South Bay (In-Person)**<br>T. Mayne Thompson Park<br>14001 Bellflower Blvd.<br>Bellflower, CA 90706 | 9/15/2026 | 3:30pm–5:30pm | tinyurl.com/56bnzarx |
| **San Gabriel Valley (Virtual)** | 9/22/2026 | 10:00am–11:30am | tinyurl.com/SGVER1 |
| | 9/22/2026 | 3:30pm–5:00pm | tinyurl.com/SGVER |
| **Metro LA (In-Person)**<br>Hollywood-Wilshire Health Center<br>Kaiser Conference room<br>5205 Melrose Avenue<br>Los Angeles, CA 90038 | 9/23/2026 | 10:00am–12:00pm | bit.ly/4inpNko |
| **West and South LA (Virtual)** | 9/23/2026 | 10:00am–11:30am | tinyurl.com/y5496wet |
| | 9/24/2026 | 10:00am–11:30am | tinyurl.com/3esd438h |
| **San Fernando, Santa Clarita, and Antelope Valleys (Virtual)** | 9/29/2026 | 4:00pm–5:30pm | tinyurl.com/2jnbpjhh |

| Countywide Virtual Meetings | Date | Time | Registration |
|---|---|---|---|
| **English** | 9/22/2026 | 5:00pm–6:30pm | tinyurl.com/mvvpazyy |
| **Spanish** | 9/24/2026 | 5:00pm–6:30pm | tinyurl.com/3z2uy5ec |

**Contact: DPH-CommEngagement@ph.lacounty.gov**

County of Los Angeles Public Health

8/28/26

# AYÚDENOS A DARLE FORMA AL FUTURO
## de la salud pública en el condado de Los Ángeles

Medida ER es una medida de financiación aprobada por los votantes, la cual da apoyo continuo para servicios esenciales del condado, incluyendo la salud pública.

El Departamento de Salud Pública del Condado de Los Ángeles quiere escuchar a las personas que viven, trabajan y se divierten en el condado de Los Ángeles. Acompáñenos en una reunión comunitaria para compartir sus ideas y recomendaciones sobre cómo las futuras inversiones de Medida ER pueden mejorar la salud y el bienestar de las personas y comunidades en todo el condado de Los Ángeles.

# ¡LE INVITAMOS!

| Reuniones regionales | Fecha | Hora | Matriculación |
|---|---|---|---|
| **East LA/South Bay (en persona)**<br>Parque T. Mayne Thompson<br>14001 Bellflower Blvd.<br>Bellflower, CA 90706 | 9/15/2026 | 3:30pm–5:30pm | tinyurl.com/y6rpc375 |
| **Valle se San Gabriel** | 9/22/2026 | 10:00am–11:30am | tinyurl.com/SGVER1 |
| | 9/22/2026 | 3:30pm–5:00pm | tinyurl.com/SGVER |
| **Metro de LA (en persona)**<br>Centro de Salud Hollywood-Wilshire<br>Sala de conferencias Kaiser<br>5205 Melrose Avenue<br>Los Angeles, CA 90038 | 9/23/2026 | 10:00am–12:00pm | bit.ly/4y8PtWT |
| **Oeste y sur de Los Ángeles (virtual)** | 9/23/2026 | 10:00am–11:30am | tinyurl.com/y5496wet |
| | 9/24/2026 | 10:00am–11:30am | tinyurl.com/3esd438h |
| **Valles de San Fernando, Santa Clarita y del Antelope (virtual)** | 9/29/2026 | 4:00pm–5:30pm | tinyurl.com/2jnbpjhh |

| Reuniones virtuales a nivel del condado | Fecha | Hora | Matriculación |
|---|---|---|---|
| **Inglés** | 9/22/2026 | 5:00pm–6:30pm | tinyurl.com/mvvpazyy |
| **Español** | 9/24/2026 | 5:00pm–6:30pm | tinyurl.com/3z2uy5ec |

**Contactar: DPH-CommEngagement@ph.lacounty.gov**

County of Los Angeles Public Health

2026

# the ENDING THE SYNDEMIC Symposium V

The **Ending the Syndemic Symposium 5** is sponsored by the California Department of Public Health's Division of HIV, HCV, and STIs, and will offer an opportunity for California Local Health Jurisdictions, their funded Community Partners, and others to share best practices and innovations in serving the communities most impacted by **HIV**, **HCV**, and **STIs**.

## Objectives:

1. Communicate the ***Statewide Strategic Plan*** to end the "syndemic" of HIV, HCV, and STIs, including success stories and lessons learned from partners.
2. Review insights gained during implementation of State-sponsored initiatives and projects.
3. Identify opportunities for inclusion, integration, and collaboration across domains of public health and funding sources.
4. Discuss the next "best steps" to ending the syndemic of HIV, HCV, and STIs.

## Dates:

**Tuesday, September 29th:** 12 – 4 PM
**Wednesday, September 30th:** 12 – 4 PM
**Thursday, October 1st:** 12 – 4 PM

**Register Here**

Spanish language interpretation will be available for all panels and presentations.

CDPH California Department of Public Health

SACRAMENTO STATE COLLEGE OF CONTINUING EDUCATION

# STANDING COMMITTEES AND CAUCUSES
# KEY TAKEAWAYS REPORT | SEPTEMBER 2026

## Executive Committee

**Link to the August 27, 2026 Executive Committee meeting packet can be found HERE.**

**Key outcomes/action items from the meeting:**

Measure ER Community Input

- The Los Angeles County Department of Public Health (DPH) is hosting community input sessions across the County to hear directly from residents on how to prioritize needs and services in its spending plan for 10% of Measure ER funding.
    - The DPH will use feedback/recommendations from all sessions to inform its final recommendations.
    - The Commission will host a virtual session led by the DPH. Refer to the Measure ER flyer for additional information. Participation from the HIV community is vital to ensure the needs of people living with and impacted by HIV are heard.

Executive Committee and Commission Vacancies

- Two Executive Committee At-Large seats remain available for members currently serving on the MCE Committee. These members serve as liaisons between the MCE Committee and Executive Committee.
- The Commission has a vacancy for its California Department of Public Health, Office of AIDS Community Planning Group representative seat.

New Member Applicants

- The Committee approved three new member applicants to move forward to fill current Commission vacancies. The recommendations will move forward to the September 10 Commission meeting for final approval.

Caucus Restructure

- The Membership, Community Engagement (MCE) Committee approved a restructure of the Commission's caucuses.

Program Year 36 and 37 Reallocations & Data Summit

- The Committee approved the proposed Program Year 36 and Program Year 37 reallocations. The reallocations will move forward to the September 10 Commission meeting for final approval.
- The Commission's 2026 Data Summit will be held in person on October 30, 2026 from 9AM-3:30PM – all Commissioners and PP&A Committee members are required to attend. CLICK HERE TO REGISTER

Annual Conference Planning

- The Commission is beginning planning for its 2027 Annual Conference and is seeking members to participate in the Annual Conference Workgroup.

DHSP Updates

- Spending pace: About 25% of RWP PY36 funds have been spent vs. a typical 33% at this point; DHSP still expects to spend most allocations by year-end.

- Funding risks: Federal signals suggest MAI rollover may end; providers also face workforce reductions, 340B revenue impacts, a proposed OMB rule, and cuts to other federal funding.
- Medi-Cal: DHSP is seeing Medi-Cal disenrollments/drop-offs and is developing support mechanisms for eligible people with HIV who lose coverage, including premium assistance.
- Program actions: DHSP is preparing the HIV Prevention RFP and exploring support for agencies that have lost funding.
- Housing focus: DHSP is building an internal structure to inventory housing needs; Commission leadership will stay engaged to identify where the Commission can support.

**Action needed from full body:**

- □ Contact Commission staff if interested in one of the two Executive Committee At-Large seats.
- □ Contact Commission staff if interested in the California Department of Public Health, Office of AIDS Community Planning Group representative vacancy.
- □ Volunteer for the Annual Conference Workgroup if interested in helping shape the 2027 Annual Conference.
- □ Participate in and share information about the Measure ER community input sessions.

## Membership and Community Engagement Committee

**Link to the August 27, 2026 Membership and Community Engagement Committee meeting packet can be found** HERE.

**Key outcomes/results from the meeting:**

- The MCE Committee reviewed and approved to vacate the Standards and Best Practices Committee-only seats held by LeiLani Johnson and Draya Santiago.
- The Committee reviewed and deliberated on six membership applications and voted to approve four of the applications. Applicants not advancing will be encouraged to stay engaged by attending Commission meetings and engaging in other Commission-related activities.
- The Committee discussed the purpose, structure, and future organization of the Commission's caucuses. The Committee approved maintaining the Consumer Caucus as a separate space and establishing a Community Caucus to bring together the Commission's current priority population caucuses. The Community Caucus may create population- or issue-specific workgroups as needed.
- Committee members were reminded that three (3) policies and procedures have been distributed for review (08.3204 – Commission and Committee Meeting Absences, 09.1007 – Non-Commission Committee Appointments, 09.4205 – Commission Membership Evaluation, Nomination and Approval Process). Members who had not yet submitted feedback/revisions were asked to do so.
- Recruitment, Retention, and Engagement. Staff highlighted the following activities:
    - All of Us (flyers were distributed)
    - Models of Pride
    - Youth and Young Adult Recruitment Ideas (ongoing)

- USCHA adjacent activities (September)
- Taste of Soul (October)
- Ryan White & Community Provider Knowledge Exchange/WAD (December)

**Action needed from full body:**

- □ Review the three designated policies and submit feedback and proposed edits before the next MCE Committee meeting.
- □ Attend the next MCE Committee meeting on Thursday, October 22, 2026 from 10 a.m.- 12 p.m. to participate in the discussion on policy updates.

## Planning, Priorities, and Allocations Committee

**Link to the August 18, 2026 Planning, Priorities, and Allocations Committee meeting packet can be found HERE.**

**Key outcomes/results from the meeting:**

- DHSP staff provided a final expenditure report for Program Year 35 with a detailed breakdown of Part A and MAI expenditures across services categories. See meeting packet for more details.
- DHSP provided a presentation and review of recommended Program Year 36 Reallocations. DHSP noted the following:
  - Contracting delays within LA County mean initial allocations and contracts often do not align perfectly, creating mismatches. RFPs typically take 12-18 months to execute, and County contracting rules make mid-year corrections extremely slow.
  - Reallocating mid-cycle realigns allocation percentages to match real expenditures, current contract amounts, and actual services utilization, ensuring grant spend-down to avoid penalties with non-compliance. This may also require shifting from various funding streams including Ryan White Part B, EHE and other DHSP grants to help ensure RWP grant funds are spent.
  - Ninety-five percent of Part A funds must be spent each year in order to avoid penalties and future funding reductions.
- After some discussion, the committee decided to use the revised PY36 reallocations as the PY37 reallocations with the intent to revisit reallocation amounts after the full award for PY37 is received.

**Action needed from full body:**

- □ View the Priority Setting and Resource Allocation training recording, if you did not attend the live training.
- □ Provide feedback/suggestions on the revised Priority Setting and Resource Allocation Framework ahead of the next PP&A Committee meeting.
- □ Register to attend the upcoming 2026 Data Summit.

## Standards and Best Practices Committee

**Link to the August 17, 2026, *Standards and Best Practices* Committee meeting packet can be found HERE.**

**Key outcomes/results from the meeting:**

- Reviewed the Service Standards Revision Tracker; the Committee will review the Oral Health service standards at their October 19, 2026, meeting.
- COH staff completed key informant interviews with DHSP staff for the PY35 Assessment of the Efficiency of the Administrative Mechanism (AEAM). A draft PY35 AEAM report will be available for committee review at their October 19, 2026, meeting.
- Reviewed public comments received for the Universal Service Standards and the Client of Bill of Rights and Responsibilities (see meeting packet). The Committee also established a workgroup to conduct an in-depth review and submit revisions/recommendations to the SBP Committee for consideration.
- Added a committee meeting on November 2, 2026, from 10am-12pm at the Vermont Corridor.

**Action needed from full body:**

- □ Attend the October 19, 2026, SBP Committee meeting and participate in the discussion regarding the Oral Health service standards.
- □ Complete all mandatory training sessions and conflict-of-interest form.
- □ Participate in the Universal Service Standards Review Workgroup. For more information contact COH staff.

LOS ANGELES COUNTY
COMMISSION ON HIV

# Membership Applications for Commission Consideration

**September 10, 2026 Commission Meeting**

The following applicants were approved to move forward by the Membership & Community Engagement (MCE) Committee and the Executive Committee at their August 27, 2026 meetings, and are presented below for Commission consideration.

**Privacy Note:** Full membership applications are not included in the public meeting packet in order to protect applicant privacy. Only the applicants recommended to move forward and their proposed seats are listed below.

| APPLICANT | PROPOSED SEAT |
|---|---|
| **Dr. Tony Mills** | Healthcare / Hospital Planning Representative |
| **Paola Buenrostro** | Other Federally Funded HIV Programs |
| **Malik Henry** | Alternate |

## ACTION BEFORE THE COMMISSION

Consider approval of the applicants listed above for the proposed Commission membership seats.

LOS ANGELES COUNTY COMMISSION ON HIV

# PROPOSED CAUCUS FRAMEWORK

## Consumer Caucus + Community Caucus

**The idea is simple:** keep a dedicated space for consumer voice, create one broader space for priority populations, and use short-term workgroups when deeper community-specific work is needed.

## THE STRUCTURE

### CONSUMER CAUCUS

**Dedicated space for people living with HIV and people at risk for HIV.**

- Centers lived experience, service access, barriers, unmet needs, and care experiences.
- Supports meaningful consumer involvement in HIV prevention and care planning.
- Brings consumer priorities and recommendations into the Commission's work.

### COMMUNITY CAUCUS

**Dedicated space for priority populations to lift community voices, experiences, and perspectives.**

- Houses the former Black, Aging, Women's, and Transgender Caucuses, and includes Latine and other priority communities as needs emerge.
- Creates space to connect around shared needs while honoring community-specific experiences.
- Brings community themes and recommendations back through MCE and the Commission.

## WHEN A COMMUNITY NEEDS A DEEPER FOCUS

**Population-specific workgroups** can be created as needed for a focused planning activity, task, or emerging issue. They are short-term and end when the work is complete.

- Identify unmet needs and service barriers.
- Review service standards through a community lens.
- Gather community input and needs assessment feedback.
- Inform Priority Setting and Resource Allocation.
- Support recruitment, outreach, and reflectiveness.
- Address emerging issues and develop recommendations.

## HOW COMMUNITY VOICE MOVES FORWARD

| 1. CONNECT | 2. FOCUS | 3. BRING IT FORWARD |
|---|---|---|
| Consumer or Community Caucus identifies a need, concern, or priority. | A workgroup is created when community-specific attention is needed. | Themes and recommendations move through MCE to the appropriate committee or Commission. |

## LEADERSHIP

- Consumer Caucus and Community Caucus each have Co-Chairs.
- Former population-specific caucus leaders can stay connected to their communities, help identify needs, support outreach, and help lead focused workgroups when appropriate.
- Workgroups use a lead or facilitator as needed; they do not require permanent Co-Chair positions.

**OUR GOAL: Keep community voice strong, honor community-specific needs, and connect that voice directly to the Commission's planning and decision-making.**

*Commission policy will be revised to reflect the new caucus structure.*

## Ryan White Program Year 36 Reallocations - Part A [1,2]

| Service Category | Service Ranking | PC Revised PY 36 Allocation | PC Revised PY 36 Allocation Amount | Recommendation Reallocation 1 Percentage [3] | Recommendation Reallocation 1 Amount | Notes |
|---|---|---|---|---|---|---|
| **ADAP Treatments** | 9 | 0.00% | $ - | 0.00% | $ - | |
| **Child Care Services** | 18 | 0.00% | $ - | 0.00% | $ - | |
| **Early Intervention Services** (Testing Services) | 11 | 2.07% | $ 766,150 | 5.31% | $ 1,966,991 | DHS budget challenges. Increase to support HIV testing at PH STD |
| **Emergency Financial/Rental Assistance (ERA)** | 2 | 4.29% | $ 1,587,818 | 5.40% | $ 2,000,000 | Increase to address need and change in program model. Eviction notice no longer required. |
| **Health Education/Risk Reduction** | 13 | 0.00% | $ - | 0.00% | $ - | Supported by other DHSP funding |
| **Health Insurance Premium & Cost Sharing Assistance** | 15 | 0.00% | $ - | 0.00% | $ - | Currently provided by the State |
| **Home and Community-Based Services** (Intensive Case Management Home Based) | 17 | 3.96% | $ 1,465,678 | 4.02% | $ 1,488,988 | Approximate contract amount |
| **Home Health Care** | 16 | 0.00% | $ - | 0.00% | $ - | |
| **Hospice Services** | 28 | 0.00% | $ - | 0.00% | $ - | |
| **Housing:**<br>RCFCI (Part B)<br>TRCF (Part B) | 1 | 11.75% | $ 4,348,919 | 0.00% | $ - | Part B |
| **Legal Services** | 23 | 2.68% | $ 991,924 | 2.72% | $ 1,006,340 | Approximate contract amount |
| **Linguistic Services** (Language Services) | 27 | 0.00% | $ - | 0.00% | $ - | |
| **Local AIDS Pharmaceutical Assistance Program** | 22 | 0.00% | $ - | 0.00% | $ - | |
| **Medical Case Management** (Medical Care Coordination) | 6 | 16.05% | $ 5,940,438 | 18.51% | $ 6,852,645 | Approximate contract amount |
| **Medical Nutritional Therapy** | 26 | 0.00% | $ - | 0.00% | $ - | |
| **Medical Transportation** | 10 | 1.86% | $ 688,425 | 2.70% | $ 999,870 | Approximate contract amount |
| **Mental Health Services** | 3 | 3.64% | $ 1,347,239 | 3.70% | $ 1,367,756 | Approximate contract amount |
| **Non-medical Case Management:**<br>Benefits Specialty Services | 5 | 2.96% | $ 1,095,557 | 4.85% | $ 1,794,889 | Changes in policy, RW payor of last resport, eligibility screening critical, assistance accessing care and support services are needed |
| **Non-medical Case Management:**<br>Patient Support Services | 5 | 9.60% | $ 3,553,159 | 7.90% | $ 2,922,514 | Change in list of contractors, changes in policy, RW payor of last resport, access to care and support services critical service, support to |
| **Non-medical Case Management:**<br>Transitional Case Management-Jails | 5 | 0.00% | $ - | 0.00% | $ - | Services provided by other County programs (Office of Diversion and Re-entry) |
| **Nutrition Support:**<br>Food Bank<br>Home Delivered Meals | 7 | 8.27% | $ 3,060,899 | 12.35% | $ 4,569,871 | $3,204,153 Food Bank and $1,365,718 Home Delivered Meals |
| **Oral Health:** | 8 | 18.16% | $ 6,721,393 | 18.43% | $ 6,819,657 | $4,901,757 General and $1,917,900 Specialty |
| **Outpatient Medical Health** Services (Ambulatory Outpatient | 20 | 14.71% | $ 5,444,476 | 14.11% | $ 5,222,553 | Number of uninsured PLWH has increased, more people may need to |
| **Outreach Services:**<br>Linkage Re-engagement Program (LRP) | 14 | 0.00% | $ - | 0.00% | $ - | Supported by HRSA EHE |
| **Psychosocial Support Services** | 4 | 0.00% | $ - | 0.00% | $ - | |
| **Referral** | 24 | 0.00% | $ - | 0.00% | $ - | |
| **Rehabilitation** | 25 | 0.00% | $ - | 0.00% | $ - | |
| **Respite Care** | 21 | 0.00% | $ - | 0.00% | $ - | |
| **Substance Abuse Residential** | 19 | 0.00% | $ - | 0.00% | $ - | Supported by Part B and other DHSP funding |
| **Substance Abuse Services Outpatient** | 12 | 0.00% | $ - | 0.00% | $ - | |
| **Total** | | **100.00%** | **$ 37,012,074** | **100.00%** | **$ 37,012,074** | |
| | | | $ 37,012,074 | | $ 37,012,074 | |

Footnotes:

1) Approved by the Planning, Priorities, and Allocations Committee on 8/18/26

2) Approved by the Executive Committee on 8/28/26

3) Percentages and dollar amounts may not total to 100% because of rounding

## Ryan White Program Year 36 Reallocations - Minority AIDS Initative (MAI) [1, 2]

| Service Category | Service Ranking | PC Revised PY 36 Allocation Percentage | PC Revied PY 36 Allocation Amount | Recommendation Reallocation 1 Percentage[3] | Recommendation Reallocation 1 Amount | Notes |
|---|---|---|---|---|---|---|
| **ADAP Treatments** | 9 | 0.00% | $ - | 0.00% | $ - | |
| **Child Care Services** | 18 | 0.00% | $ - | 0.00% | $ - | |
| **Early Intervention Services** (Testing Services) | 11 | 0.00% | $ - | 0.00% | $ - | |
| **Emergency Financial/Rental Assistance** | 2 | 0.00% | $ - | 0.00% | $ - | |
| **Health Education/Risk Reduction** | 13 | 0.00% | $ - | 0.00% | $ - | |
| **Health Insurance Premium & Cost Sharing Assistance** | 15 | 0.00% | $ - | 0.00% | $ - | |
| **Home and Community-Based Services** (Intensive Case Management Home Based) | 17 | 0.00% | $ - | 0.00% | $ - | |
| **Home Health Care** | 16 | 0.00% | $ - | 0.00% | $ - | |
| **Hospice Services** | 28 | 0.00% | $ - | 0.00% | $ - | |
| **Housing:** Transitional Housing | 1 | 100.00% | $ 3,216,244 | 100.00% | $ 3,216,244 | No change |
| **Legal Services** | 23 | 0.00% | $ - | 0.00% | $ - | |
| **Linguistic Services** (Language Services) | 27 | 0.00% | $ - | 0.00% | $ - | |
| **Local AIDS Pharmaceutical Assistance Program** | 22 | 0.00% | $ - | 0.00% | $ - | |
| **Medical Case Management** (Medical Care Coordination) | 6 | 0.00% | $ - | 0.00% | $ - | |
| **Medical Nutritional Therapy** | 26 | 0.00% | $ - | 0.00% | $ - | |
| **Medical Transportation** | 10 | 0.00% | $ - | 0.00% | $ - | |
| **Mental Health Services** | 3 | 0.00% | $ - | 0.00% | $ - | |
| **Non-medical Case Management:** Benefits Specialty Services | 5 | 0.00% | $ - | 0.00% | $ - | |
| **Non-medical Case Management:** Patient Support Services | 5 | 0.00% | $ - | 0.00% | $ - | |
| **Non-medical Case Management:** Transitional Case Management-Jails | 5 | 0.00% | $ - | 0.00% | $ - | |
| **Nutrition Support:** Food Bank Home Delivered Meals | 7 | 0.00% | $ - | 0.00% | $ - | |
| **Oral Health:** | 8 | 0.00% | $ - | 0.00% | $ - | |
| **Outpatient Medical Health** Services (Ambulatory Outpatient Medical) | 20 | 0.00% | $ - | 0.00% | $ - | |
| **Outreach Services:** Linkage Re-engagement Program (LRP) | 14 | 0.00% | $ - | 0.00% | $ - | |
| **Psychosocial Support Services** | 4 | 0.00% | $ - | 0.00% | $ - | |
| **Referral** | 24 | 0.00% | $ - | 0.00% | $ - | |
| **Rehabilitation** | 25 | 0.00% | $ - | 0.00% | $ - | |
| **Respite Care** | 21 | 0.00% | $ - | 0.00% | $ - | |
| **Substance Abuse Residential** | 19 | 0.00% | $ - | 0.00% | $ - | |
| **Substance Abuse Services Outpatient** | 12 | 0.00% | $ - | 0.00% | $ - | |
| **Total** | | **100.00%** | **$ 3,216,244** | **100.00%** | **$ 3,216,244** | |
| | | | $ 3,216,244 | | $ 3,216,244 | |

Footnotes:

1) Approved by the Planning, Priorities, and Allocations Committee on 8/18/26

2) Approved by the Executive Committee on 8/28/26

3) Percentages and dollar amounts may not total to 100% because of rounding

## Ryan White Program Year 37 Reallocations - Part A [1,2]

| Service Category | Service Ranking | PC Revised PY 36 Allocation | PC Revised PY 36 Allocation Amount | Recommendation Reallocation 1 Percentage [3] | Recommendation Reallocation 1 Amount | Notes |
|---|---|---|---|---|---|---|
| **ADAP Treatments** | **9** | 0.00% | $ - | 0.00% | $ - | |
| **Child Care Services** | **18** | 0.00% | $ - | 0.00% | $ - | |
| **Early Intervention Services** (Testing Services) | **11** | 2.07% | $ 766,150 | 5.31% | $ 1,966,991 | DHS budget challenges. Increase to support HIV testing at PH STD |
| **Emergency Financial/Rental Assistance (ERA)** | **2** | 4.29% | $ 1,587,818 | 5.40% | $ 2,000,000 | Increase to address need and change in program model. Eviction notice no longer required. |
| **Health Education/Risk Reduction** | **13** | 0.00% | $ - | 0.00% | $ - | Supported by other DHSP funding |
| **Health Insurance Premium & Cost Sharing Assistance** | **15** | 0.00% | $ - | 0.00% | $ - | Currently provided by the State |
| **Home and Community-Based Services** (Intensive Case Management Home Based) | **17** | 3.96% | $ 1,465,678 | 4.02% | $ 1,488,988 | Approximate contract amount |
| **Home Health Care** | **16** | 0.00% | $ - | 0.00% | $ - | |
| **Hospice Services** | **28** | 0.00% | $ - | 0.00% | $ - | |
| **Housing:** RCFCI (Part B) TRCF (Part B) | **1** | 11.75% | $ 4,348,919 | 0.00% | $ - | Part B |
| **Legal Services** | **23** | 2.68% | $ 991,924 | 2.72% | $ 1,006,340 | Approximate contract amount |
| **Linguistic Services** (Language Services) | **27** | 0.00% | $ - | 0.00% | $ - | |
| **Local AIDS Pharmaceutical Assistance Program** | **22** | 0.00% | $ - | 0.00% | $ - | |
| **Medical Case Management** (Medical Care Coordination) | **6** | 16.05% | $ 5,940,438 | 18.51% | $ 6,852,645 | Approximate contract amount |
| **Medical Nutritional Therapy** | **26** | 0.00% | $ - | 0.00% | $ - | |
| **Medical Transportation** | **10** | 1.86% | $ 688,425 | 2.70% | $ 999,870 | Approximate contract amount |
| **Mental Health Services** | **3** | 3.64% | $ 1,347,239 | 3.70% | $ 1,367,756 | Approximate contract amount |
| **Non-medical Case Management:** Benefits Specialty Services | **5** | 2.96% | $ 1,095,557 | 4.85% | $ 1,794,889 | Changes in policy, RW payor of last resport, eligibility screening critical, assistance accessing care and support services are needed |
| **Non-medical Case Management:** Patient Support Services | **5** | 9.60% | $ 3,553,159 | 7.90% | $ 2,922,514 | Change in list of contractors, changes in policy, RW payor of last resport, access to care and support services critical service, support to |
| **Non-medical Case Management:** Transitional Case Management-Jails | **5** | 0.00% | $ - | 0.00% | $ - | Services provided by other County programs (Office of Diversion and Re-entry) |
| **Nutrition Support:** Food Bank Home Delivered Meals | **7** | 8.27% | $ 3,060,899 | 12.35% | $ 4,569,871 | $3,204,153 Food Bank and $1,365,718 Home Delivered Meals |
| **Oral Health:** | **8** | 18.16% | $ 6,721,393 | 18.43% | $ 6,819,657 | $4,901,757 General and $1,917,900 Specialty |
| **Outpatient Medical Health** Services (Ambulatory Outpatient | **20** | 14.71% | $ 5,444,476 | 14.11% | $ 5,222,553 | Number of uninsured PLWH has increased, more people may need to |
| **Outreach Services:** Linkage Re-engagement Program (LRP) | **14** | 0.00% | $ - | 0.00% | $ - | Supported by HRSA EHE |
| **Psychosocial Support Services** | **4** | 0.00% | $ - | 0.00% | $ - | |
| **Referral** | **24** | 0.00% | $ - | 0.00% | $ - | |
| **Rehabilitation** | **25** | 0.00% | $ - | 0.00% | $ - | |
| **Respite Care** | **21** | 0.00% | $ - | 0.00% | $ - | |
| **Substance Abuse Residential** | **19** | 0.00% | $ - | 0.00% | $ - | Supported by Part B and other DHSP funding |
| **Substance Abuse Services Outpatient** | **12** | 0.00% | $ - | 0.00% | $ - | |
| **Total** | | **100.00%** | **$ 37,012,074** | **100.00%** | **$ 37,012,074** | |
| | | | $ 37,012,074 | | $ 37,012,074 | |

Footnotes:

1) Approved by the Planning, Priorities, and Allocations Committee on 8/18/26

2) Approved by the Executive Committee on 8/28/26

3) Percentages and dollar amounts may not total to 100% because of rounding

## Ryan White Program Year 37 Reallocations - Minority AIDS Initative (MAI) [1, 2]

| Service Category | Service Ranking | PC Revised PY 36 Allocation Percentage | PC Revied PY 36 Allocation Amount | Recommendation Reallocation 1 Percentage[3] | Recommendation Reallocation 1 Amount | Notes |
|---|---|---|---|---|---|---|
| **ADAP Treatments** | 9 | 0.00% | $ - | 0.00% | $ - | |
| **Child Care Services** | 18 | 0.00% | $ - | 0.00% | $ - | |
| **Early Intervention Services** (Testing Services) | 11 | 0.00% | $ - | 0.00% | $ - | |
| **Emergency Financial/Rental Assistance** | 2 | 0.00% | $ - | 0.00% | $ - | |
| **Health Education/Risk Reduction** | 13 | 0.00% | $ - | 0.00% | $ - | |
| **Health Insurance Premium & Cost Sharing Assistance** | 15 | 0.00% | $ - | 0.00% | $ - | |
| **Home and Community-Based Services** (Intensive Case Management Home Based) | 17 | 0.00% | $ - | 0.00% | $ - | |
| **Home Health Care** | 16 | 0.00% | $ - | 0.00% | $ - | |
| **Hospice Services** | 28 | 0.00% | $ - | 0.00% | $ - | |
| **Housing:** Transitional Housing | 1 | 100.00% | $ 3,216,244 | 100.00% | $ 3,216,244 | No change |
| **Legal Services** | 23 | 0.00% | $ - | 0.00% | $ - | |
| **Linguistic Services** (Language Services) | 27 | 0.00% | $ - | 0.00% | $ - | |
| **Local AIDS Pharmaceutical Assistance Program** | 22 | 0.00% | $ - | 0.00% | $ - | |
| **Medical Case Management** (Medical Care Coordination) | 6 | 0.00% | $ - | 0.00% | $ - | |
| **Medical Nutritional Therapy** | 26 | 0.00% | $ - | 0.00% | $ - | |
| **Medical Transportation** | 10 | 0.00% | $ - | 0.00% | $ - | |
| **Mental Health Services** | 3 | 0.00% | $ - | 0.00% | $ - | |
| **Non-medical Case Management:** Benefits Specialty Services | 5 | 0.00% | $ - | 0.00% | $ - | |
| **Non-medical Case Management:** Patient Support Services | 5 | 0.00% | $ - | 0.00% | $ - | |
| **Non-medical Case Management:** Transitional Case Management-Jails | 5 | 0.00% | $ - | 0.00% | $ - | |
| **Nutrition Support:** Food Bank Home Delivered Meals | 7 | 0.00% | $ - | 0.00% | $ - | |
| **Oral Health:** | 8 | 0.00% | $ - | 0.00% | $ - | |
| **Outpatient Medical Health** Services (Ambulatory Outpatient Medical) | 20 | 0.00% | $ - | 0.00% | $ - | |
| **Outreach Services:** Linkage Re-engagement Program (LRP) | 14 | 0.00% | $ - | 0.00% | $ - | |
| **Psychosocial Support Services** | 4 | 0.00% | $ - | 0.00% | $ - | |
| **Referral** | 24 | 0.00% | $ - | 0.00% | $ - | |
| **Rehabilitation** | 25 | 0.00% | $ - | 0.00% | $ - | |
| **Respite Care** | 21 | 0.00% | $ - | 0.00% | $ - | |
| **Substance Abuse Residential** | 19 | 0.00% | $ - | 0.00% | $ - | |
| **Substance Abuse Services Outpatient** | 12 | 0.00% | $ - | 0.00% | $ - | |
| **Total** | | **100.00%** | **$ 3,216,244** | **100.00%** | **$ 3,216,244** | |
| | | | $ 3,216,244 | | $ 3,216,244 | |

Footnotes:

1) Approved by the Planning, Priorities, and Allocations Committee on 8/18/26

2) Approved by the Executive Committee on 8/28/26

3) Percentages and dollar amounts may not total to 100% because of rounding

# SAVE THE DATE

# 2026 Data Summit

## Data to Decisions: Preparing for PSRA

**Friday, October 30, 2026**

**9:00AM - 4:00PM**

**510 S Vermont Ave Los Angeles CA 90020**

**Food & raffles**

**RSVP Required**

Join us for a full day of learning and capacity-building designed to help members and community partners better understand how data is used in Ryan White planning and priority setting and resource allocation.

**RSVP REQUIRED**

**Scan QR code or click: https://forms.cloud.microsoft/g/8bU7xCjjHy**

## WHAT TO EXPECT

- Data 101 & Epidemiology 101
- Data sources used in PSRA
- Ryan White Funding 101
- Understanding Utilization & Expenditure Data
- Community Voice & Lived Experience as Data
- Interactive PSRA exercises & group discussion

## WHO SHOULD ATTEND?

Open to Commission members, committee-only members, community partners, providers and the public.

Come learn, ask questions, and build confidence in using data to inform priority setting and resource allocation decisions.

LOS ANGELES COUNTY COMMISSION ON HIV

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

# Service Standard Development

LOS ANGELES COUNTY COMMISSION ON HIV

## KEYWORDS AND ACRONYMS

**BOS:** Board of Supervisors
**COH:** Commission on HIV
**SBP:** Standards and Best Practices
**DHSP:** Division of HIV & STD Programs
**RFP:** Request for Proposal
**HRSA:** Health Resources and Services Administration
**HAB**: HIV/AIDS Bureau
**RWHAP:** Ryan White HIV/AIDS Program
**PSRA:** Priority Setting and Resource Allocations
**PCN**: Policy Clarification Notice

## WHAT ARE SERVICE STANDARDS?

**Service Standards** establish the minimal level of service of care for consumers IN Los Angeles County. Service standards outline the elements and expectations a RWHAP service provider must follow when implementing a specific Service Category **to ensure that all RWHAP service providers offer the same basic service components**.

## WHAT ARE SERVICE CATEGORIES?

**Service categories are the services funded by the RWHAP** as part of a comprehensive service delivery system for people with HIV to improve retention in medical care and viral suppression.

Services fall under two categories: **Core Medical Services** and **Support Services**. The COH develops service standards for 13 Core Medical Services, and 17 Support services. As an integrated planning body for HIV prevention and care services, the COH also develops service standards for 11 Prevention Services.

A key resource the SBP Committee utilizes when developing services standards is the HRSA/HAB PCN 16-02 which **defines and providers program guidance for each of the Core Medical and Support Services** and defines individuals who are eligible to receive these RWHAP services.

## HRSA/HAB GUIDANCE FOR SERVICE STANDARDS

- Must be consistent with Health and Human Services guidelines on HIV care and treatment and the HRSA/HAB standards and performance measures and the National Monitoring Standards.
- Should NOT include HRSA/HAB performance measures or health outcomes.
- Should be developed at the local level.
- Are required for every funded service category.
- Should include input from providers, consumers, and subject matter experts.
- Be publicly accessible and consumer friendly.

## COH SERVICE STANDARDS

| | |
|---|---|
| **Universal Service Standards** | • General agency policies and procedures<br>  ○ Intake and Eligibility<br>  ○ Staff Requirements and Qualifications<br>  ○ Cultural and Linguistic Competence<br>  ○ Referrals and Case Closures<br>• Client Bill of Rights and Responsibilities |
| **Category-Specific Service Standards** | • Include link to Universal Service Standards<br>• Core Medical Services<br>• Support Services |
| **Service Standards General Structure** | • Introduction<br>• Service Overview<br>• Service Components<br>• Table of Standards & Documentation requirements |

### REMINDER

**Service standards are meant to be flexible**, not prescriptive, or too specific. Flexible service standards allow service providers to adjust service delivery to meet the needs of individual clients and reduce the need for frequent revisions/updates.

## DEVELOPING SERVICE STANDARDS

Service standard development is a joint responsibility shared by DHSP and the COH. There is no required format or specific process defined by HRSA HAB. **The SBP Committee leads the service standard development process for the COH.**

## SERVICE STANDARD DEVELOPMENT PROCESS

| | |
|---|---|
| **SBP REVIEW**  | • Develop review schedule based on service rankings, DHSP RFP schedule, a consumer/provider/service concern, or in response to changes in the HIV continuum of care.<br>• Conduct review/revision of service standards which includes seeking input from consumers, subject matter experts, and service providers.<br>• Post revised service standards document for public comment period on COH website. |
| **COH REVIEW**  | • After SBP has agreed on all revisions, SBP holds a vote to approve.<br>• Once approved, the document is elevated to Executive Committee and COH for approval.<br>• COH reviews the revised/updates service standards and holds vote to approve. Once approved, the document is sent to DHSP. |
| **DISSEMINATION**  | • Service standards are posted on COH website for public viewing and to encourage use by non-RWP providers.<br>• DHSP uses service standards when developing RFPs, contracts, and for monitoring/quality assurance activities.<br>• |
| **CYCLE REPEATS** | • Revisions to service standards occur at least every 3 years or as needed.<br>• DHSP provides summary information to COH on the extent to which service standards are being met to assist with identifying possible need for revisions to service standards. |

**together.**

**WE CAN END HIV IN OUR COMMUNITY ONCE AND FOR ALL**

For additional information about the COH, please visit our website at: http://hiv.lacounty.gov

Subscribe to the COH email list: https://tinyurl.com/y83ynuzt


# Fast-Track Cities Initiative

Dahlia Ale-Ferlito, MPH

# CITY AIDS COORDINATOR'S OFFICE

The AIDS Coordinator's Office, established in 1989, is committed to developing and supporting programs and policies that prevent the transmission of the HIV virus and improve the quality of life for people living with HIV and AIDS in the City of Los Angeles.

### Contract Management

Develop and manage contracts with community-based organizations for AIDS education, prevention, and harm reduction/opioid remediation.

### Policy & Advisory

Work on HIV and harm reduction policy and planning activities and advise the mayor and city council on those and related topics.

### Capacity Building

Administer capacity-building assistance to community-based organizations.

### Research & Innovation

Provide funding and expertise for innovative research into HIV/AIDS risk behaviors, prevention, and harm reduction.

The AIDS Coordinator's Office is part of the Department on Disability.

# ACO-FUNDED HARM REDUCTION PROVIDERS & COMPREHENSIVE SERVICES

**AADAP:** Behavioral Health, Community Wellness, Youth Development, Workforce Development

**Being Alive:** Wellness center, ADAP, Support Groups

**Bienestar Human Services:** Medical Care, HIV Treatment and Prevention, Sexual Health, Mental Health, Substance Use Counseling, and Medication-Assisted Treatment

**Homeless Health Care LA:** Outreach, Wound Care, Wellness, Job Training, Hygiene, Behavioral Health, Housing Support

# ACO-FUNDED HARM REDUCTION PROVIDERS & COMPREHENSIVE SERVICES

**LACADA:** Outpatient Treatment Centers, Residential Treatment Centers, Crisis Residential Program, Recovery Bridge Housing

**The Sidewalk Project:** Arts, Wellness, Advocacy, Drop-In Services, Research

**SSG/HOPICS:** Supportive Services, Access Centers, Housing Placement, Re-Entry, Street-Based Engagement

**Tarzana Treatment Centers:** SUD Treatment, Mental Health, Medical Care, HIV Services, Youth Services, Community Education, Housing & Sober Living, Family Services, Vet Services, Research

# ACO-FUNDED HIV PREVENTION PROVIDERS

**REACH LA:** Linkage to HIV prevention, mental health, harm reduction, PrEP and linkage to HIV care

**AIDS HEALTHCARE FOUNDATION:** Linkage to HIV care, PrEP, and testing

**AIDS PROJECT LOS ANGELES:** Linking Black and Latinx cisgender women to social support and Life Skills workshops

**ST. JOHN'S COMMUNITY HEALTH:** Economic empowerment for TGNC clients, Trans-empowerment, HIV/STD prevention workshops and EBIs, Transmen specific support groups, linkage to PrEP

**EAST LOS ANGELES WOMEN'S CENTER:** Link cisgender Latina women to HIV/STI testing, sexual health workshops, Promotora program, convene community events

**PLANNED PARENTHOOD LOS ANGELES:** HIV/STI screening, PrEP and PEP education, clinic trainings, Youth engagement

# ACO-FUNDED SERVICES

## Harm Reduction

- Overdose prevention education and Naloxone distribution
- Fentanyl and Xylazine test strip distribution
- Outreach and engagement with drug users and unhoused individuals
- Syringe collection & Sharps container distribution
- Medication Assisted Treatment
- Substance use behavioral interventions
- Referrals to In-house short & long term substance use treatment, HIV/STD testing, Housing, Primary Care, Mental Health, & Prevention

## HIV Prevention

- HIV/STI testing & linkage to care
- Linkage to PEP & PrEP
- Access to life skills workshops, evidence-based interventions, social support, mental health
- Economic empowerment
- Community Events, Youth Engagement, Resource and Referral Promotion
- Clinical Trainings

# HARM REDUCTION PROGRAM METRIC HIGHLIGHTS

**18,278**
Unique clients served by harm reduction providers annually

**323,926**
Used syringes removed from the streets

**26,000+**
Homeless clients served

**1,138**
Reported overdose reversals (out of 1171 instances)

**3,493**
Referrals

**26,000+**
Fentanyl test strips distributed

**2,247**
Overdose Prevention Trainings

**46,307**
Naloxone doses distributed

# HIV PREVENTION PROGRAM METRIC HIGHLIGHTS

**15,412**
Unique clients served by HIV prevention providers annually

**18,318**
HIV tests provided

**2,048**
Homeless clients served

**5,371**
Referrals

# FUNDING

## Existing Services

**$1,180,000**
Total allocated for FY 26/27

**$890,000**
Harm Reduction
Allocated for FY 26/27
Opioid Settlement Funds

**$290,000**
HIV prevention
Allocated for FY 26/27

## New Services

**$3,000,000**
**Mac Arthur Park HealthHub**
(CF 23-0670-S2)

**$3,500,000**
**Harm Reduction/Opioid Abatement Regional Expansion**
(CF 23-0670-S2)

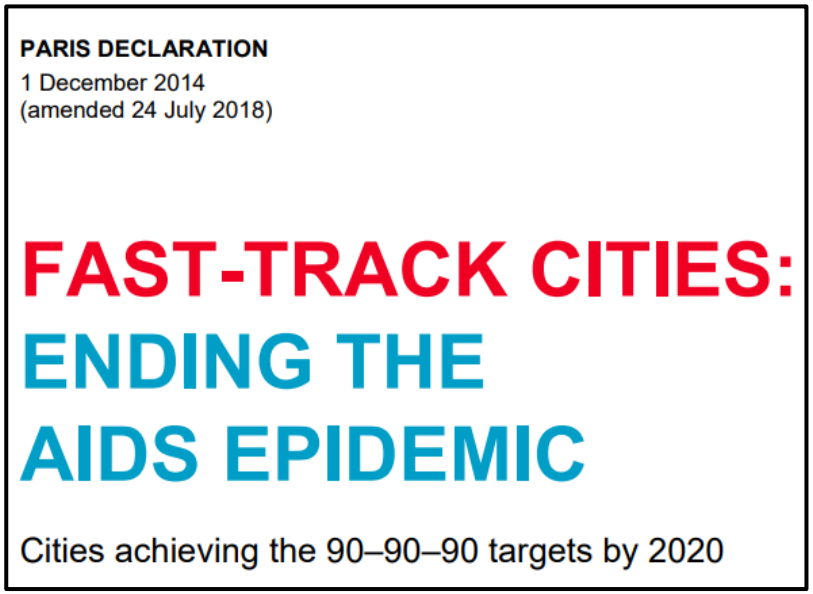
**$3,000,000**
**Online Fentanyl Testing Device Distribution Pilot**
(CF 24-1221) - Allocation pending CAO/CLA report.

*All of these services will be funded with Opioid Remediation Funds over 3 years.

# PUBLIC HEALTH & GOVERNMENT PARTNERS

- Los Angeles County Department Of Public Health
- Los Angeles County Department Of Health Services
- Los Angeles County Division Of Substance Abuse Prevention And Control
- Los Angeles County Division Of HIV And STD Prevention

# WHAT IS THE FAST TRACK CITIES INITIATIVE?




*The Fast-Track Cities initiative, launched on World AIDS Day 2014, is a dynamic global partnership that unites more than 350 cities worldwide with core partners—notably the Joint United Nations Programme on HIV/AIDS (UNAIDS), the International Association of Providers of AIDS Care (IAPAC); the United Nations Human Settlement Programme (UN-Habitat); and the City of Paris—to foster solidarity, share best practices, and promote concerted efforts towards achieving the UN Sustainable Development Goals.*

# PARIS DECLARATION ON FAST-TRACK CITIES ENDING THE HIV EPIDEMIC

*We stand at a defining moment in the AIDS response. Thanks to scientific breakthroughs, community activism and political commitment, we have a real opportunity to achieve the Sustainable Development Goals target of ending the AIDS epidemic by 2030.*

*Cities have been heavily affected by the epidemic and have been at the forefront of responding to HIV. Cities are uniquely positioned to lead Fast-Track action towards achieving the 90–90–90 and other targets by 2020. Attaining these targets will put us on a trajectory towards getting to zero new HIV infections and zero AIDS-related deaths.*

# LOS ANGELES JOINS THE FAST-TRACK CITIES INITIATIVE

## 10 YEARS IN THE MAKING

IAPAC
INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

ABOUT EDUCATION GUIDANCE

## Los Angeles Joins Fast-Track Cities

**IAPAC Welcomes the City of Los Angeles, CA, to the Global Fast-Track Cities Network**

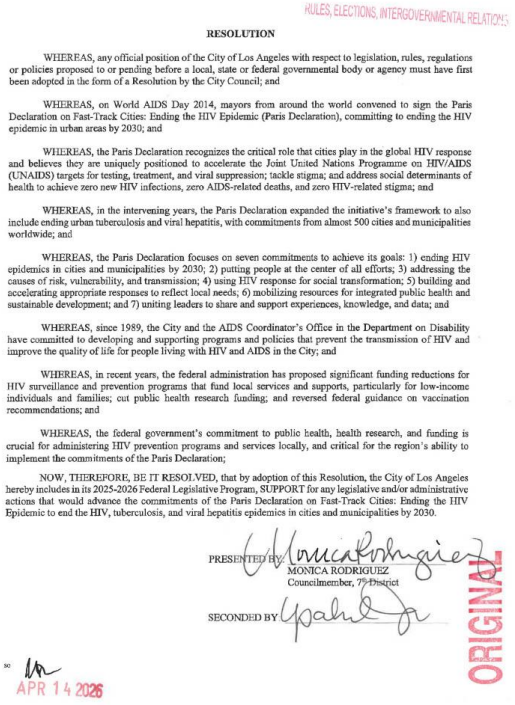
**Washington, DC, USA (July 7, 2026) —** The City of Los Angeles has joined the global Fast-Track Cities network, becoming part of the world's largest urban health initiative dedicated to advancing equitable, data-driven, and person-centered responses to HIV, tuberculosis (TB), viral hepatitis, and other pressing public health challenges. By joining more than 600 cities and municipalities worldwide, Los Angeles affirms its commitment to accelerating progress towards healthier, more resilient, and more inclusive communities through collaboration, innovation, and data-informed action.

As the second largest US city by population, Los Angeles is home to one of the largest and most diverse urban populations in the United States, but it also faces challenges similar to most US cities to close gaps across its HIV prevention and treatment continua. Participation in the Fast-Track Cities network will strengthen opportunities for collaboration with peer cities, expand access to technical assistance, and support the use of strategic data to improve health outcomes while reducing longstanding inequities affecting vulnerable populations.

# 7 COMMITMENTS FROM MAYORS

- End HIV Epidemics In Cities And Municipalities By 2030
- Put People At The Center Of Everything We Do
- Address The Causes Of Risk, Vulnerability, And Transmission
- Use Our HIV Response For Positive Social Transformation
- Build And Accelerate An Appropriate Response Reflecting Local Needs
- Mobilize Resources For Integrated Public Health And Sustainable Development
- Unite As Leaders

# CITY OF LOS ANGELES ADOPTED RESOLUTION



RULES, ELECTIONS, INTERGOVERNMENTAL RELATIONS

**RESOLUTION**

WHEREAS, any official position of the City of Los Angeles with respect to legislation, rules, regulations or policies proposed to or pending before a local, state or federal governmental body or agency must have first been adopted in the form of a Resolution by the City Council; and

WHEREAS, on World AIDS Day 2014, mayors from around the world convened to sign the Paris Declaration on Fast-Track Cities: Ending the HIV Epidemic (Paris Declaration), committing to ending the HIV epidemic in urban areas by 2030; and

WHEREAS, the Paris Declaration recognizes the critical role that cities play in the global HIV response and believes they are uniquely positioned to accelerate the Joint United Nations Programme on HIV/AIDS (UNAIDS) targets for testing, treatment, and viral suppression; tackle stigma; and address social determinants of health to achieve zero new HIV infections, zero AIDS-related deaths, and zero HIV-related stigma; and

WHEREAS, in the intervening years, the Paris Declaration expanded the initiative's framework to also include ending urban tuberculosis and viral hepatitis, with commitments from almost 500 cities and municipalities worldwide; and

WHEREAS, the Paris Declaration focuses on seven commitments to achieve its goals: 1) ending HIV epidemics in cities and municipalities by 2030; 2) putting people at the center of all efforts; 3) addressing the causes of risk, vulnerability, and transmission; 4) using HIV response for social transformation; 5) building and accelerating appropriate responses to reflect local needs; 6) mobilizing resources for integrated public health and sustainable development; and 7) uniting leaders to share and support experiences, knowledge, and data; and

WHEREAS, since 1989, the City and the AIDS Coordinator's Office in the Department on Disability have committed to developing and supporting programs and policies that prevent the transmission of HIV and improve the quality of life for people living with HIV and AIDS in the City; and

WHEREAS, in recent years, the federal administration has proposed significant funding reductions for HIV surveillance and prevention programs that fund local services and supports, particularly for low-income individuals and families; cut public health research funding; and reversed federal guidance on vaccination recommendations; and

WHEREAS, the federal government's commitment to public health, health research, and funding is crucial for administering HIV prevention programs and services locally, and critical for the region's ability to implement the commitments of the Paris Declaration;

NOW, THEREFORE, BE IT RESOLVED, that by adoption of this Resolution, the City of Los Angeles hereby includes in its 2025-2026 Federal Legislative Program, SUPPORT for any legislative and/or administrative actions that would advance the commitments of the Paris Declaration on Fast-Track Cities: Ending the HIV Epidemic to end the HIV, tuberculosis, and viral hepatitis epidemics in cities and municipalities by 2030.

PRESENTED BY: MONICA RODRIGUEZ
Councilmember, 7th District

SECONDED BY

APR 14 2026

ORIGINAL

*NOW, THEREFORE, BE IT RESOLVED, that by adoption of this Resolution, the City of Los Angeles hereby includes in its 2025-2026 Federal Legislative Program, SUPPORT for any legislative and/or administrative actions that would advance the commitments of the Paris Declaration on Fast-Track Cities: Ending the HIV Epidemic to end the HIV, tuberculosis, and viral hepatitis epidemics in cities and municipalities by 2030.*

# WHAT DOES THIS MEAN?

Access to the Fast Track Cities Institute and Annual Conferences to connect with more than 600 other cities.

*The Fast-Track Cities Institute leverages data-driven, equity-based public health policy and implementation science to mobilize and support cities and municipalities worldwide in their efforts to achieve ending the epidemics of HIV and TB and eliminating HCV and making cities and municipalities inclusive, safe, resilient, and sustainable.*

FAST-TRACK CITIES INSTITUTE

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

# NEXT STEPS

- Meet with the Fast Track Cities Institute to identify specific metrics that we will track and provide
  - Likely highlighting harm reduction and possibly services targeting people who are unhoused
- The City of Los Angeles will join in efforts to cross-share resources, collaborate, and address barriers to reaching the Paris Declaration goals, by working with other Fast-Track Cities.
- Our goal is to support and expand efforts that are being implemented by other local partners.


# THANK YOU!

NHAAN & SILVER CIRCLE PRESENT

# COMMUNITY TEA DANCE

## at Queens Lounge

OPEN TO THE PUBLIC

## Special Live Performance by Solita

THURSDAY, **SEPTEMBER 17**

6:00 PM – 8:00 PM

FREE HIV TESTING
6:00 PM – 8:00 PM

*An evening of music, dancing, community and connection.*

INFORMATIONAL TABLES • COMMUNITY RESOURCES

National HIV & Aging Advocacy Network

SILVER CIRCLE
THE PRIDE CENTER OF MARYLAND

**QUEENS LOUNGE**
515 N Main St, Santa Ana, CA 92701

# 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**

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