



LOS ANGELES COUNTY COMMISSION ON HIV



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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).



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:

- Fernandefio 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



MEMBER OATH OF OFFICE

(Updated 4.7.26)

I, [state your name], do solemnly swear that, during my service as a Commissioner of the Los Angeles County Commission on HIV, appointed by the Los Angeles County Board of Supervisors, I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California, that I take this obligation freely and without any mental reservation or purpose of evasion; and that I will well and faithfully serve the people and communities of Los Angeles County with integrity, respect, and accountability, set aside personal interests in service of the collective good, uphold the Commission's Code of Conduct, and carry out my responsibilities in support of equitable, informed, and community-centered HIV planning.



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	3/12/26	3/1/27	
2	Community-Based & AIDS Service Orgs (CBO/ASO)	Robert	Bolan, MD		LGBTQ+ Center	SBP	3/12/26	3/1/28	
3	Social & Housing Service Providers	Cesar	Corona		Tarzana Treatment Center	MCE	3/12/26	3/1/27	
4	Mental Health Providers	TJ	Griffin, LMSW		Men's Health Foundation	MCE	3/12/26	3/1/28	
5	Substance Use Providers	Eric	Mattern		Tarzana Treatment Center	SBP	3/12/26	3/1/27	
6	Local Public Health Agencies (Division of HIV/STD Programs [DHSP]) *Non-Voting	Mario	Pérez, MPH		DHSP	EXEC	3/12/26	3/1/28	
7	Health & Hospital Planning Agencies						3/12/26	3/1/27	
8	Affected & Disproportionately Impacted Communities	Emmanuel	Sanchez-Ramos, DrPH, MPH		APLA Health	SBP	3/12/26	3/1/28	
9	Non-Elected Community Leaders	Raniyah	Copeland, MPH		No affiliation/Equity & Impact Solutions	PP&A	3/12/26	3/1/27	
10	State Government (Medicaid/Medi-Cal) *Non-Voting						3/12/26	3/1/28	
11	Ryan White Part B Administrator (CDPH Office of AIDS) *Non-Voting	LeRoy	Blea		CDPH, Office of AIDS	PP&A	3/12/26	3/1/27	
12	Ryan White Part C Recipients	Jasmine	Brown, MSW		Charles Drew University	PP&A	3/12/26	3/1/28	
13	Ryan White Part D / CYF Providers	Mikhaela	Cielo, MD		LAC Dept of Health Services	SBP	3/12/26	3/1/27	
14	Other Federally Funded HIV Programs	Robert	Contreras, MBA		Bienestar	PP&A	3/12/26	3/1/28	
15	Formerly Incarcerated Individuals Living with HIV						3/12/26	3/1/27	
16	Unaffiliated Representative - SPA 1	Montana	Volby		No affiliation	SBP	3/12/26	3/1/28	
17	Unaffiliated Representative - SPA 2	Shawn	Pleasants		No affiliation	PP&A	3/12/26	3/1/27	
18	Unaffiliated Representative - SPA 3	Felipe	Gonzalez		No affiliation	PP&A	3/12/26	3/1/28	
19	Unaffiliated Representative - SPA 4	Jeronimo	Barajas		No affiliation	PP&A	3/12/26	3/1/27	
20	Unaffiliated Representative - SPA 5						3/12/26	3/1/28	Christopher Webb (REACH LA)
21	Unaffiliated Representative - SPA 6	Angela	Hunt		No affiliation	MCE	3/12/26	3/1/27	
22	Unaffiliated Representative - SPA 7	Vilma	Mendoza		No affiliation	MCE	3/12/26	3/1/28	
23	Unaffiliated Representative - SPA 8						3/12/26	3/1/27	Stevie Bieneman (AFH)
24	Unaffiliated Representative - At Large #1	Ish	Herrera		No affiliation	MCE	3/12/26	3/1/28	
25	Unaffiliated Representative - At Large #2						3/12/26	3/1/27	Dontá Morrison, PhD (UCLA CARES)
26	Unaffiliated Representative - At Large #3	Jack	Miller		No affiliation	MCE	3/12/26	3/1/28	
27	Board of Supervisors Office #1 Representative	Al	Ballesteros, MBA		JWCH Institute	PP&A	3/12/26	3/1/27	
28	Board of Supervisors Office #2 Representative	Darryn	Harris		St. Johns Community Health	PP&A	3/12/26	3/1/28	
29	Board of Supervisors Office #3 Representative	Katja	Nelson, MPP		APLA Health	PP&A	3/12/26	3/1/27	
30	Board of Supervisors Office #4 Representative						3/12/26	3/1/28	
31	Board of Supervisors Office #5 Representative	Jonathan	Weedman		Via Care	MCE	3/12/26	3/1/27	
32	HIV Academic/Scientist Representative	Paul	Nash, Cpsychol, AFBPsS, FHEA		No Affiliation/USC	PP&A	3/12/26	3/1/28	
TOTAL MEMBERSHIP: 32									
TOTAL VOTING MEMBERSHIP: 29									
QUORUM: 15									
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.									



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



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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 4/7/26

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 MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALMANZAN	Gerardo	No affiliation	No Ryan White or prevention contracts
ALVAREZ	Miguel	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	AI	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
BARRAJAS	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 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
CONTRERAS	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
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
DOLAN	Caitlyn	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
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			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GERSH	Lauren	APLA Health & Wellness	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management 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
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 (YMMS)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
GUTIERREZ	Joaquin	Unaffiliated representative	Medical Transportation Services
			No Ryan White or prevention contracts
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
HUNT	Angela	Unaffiliated Member	Medical Transportation Services
			No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts
JOHNSON	LeiLani	Unaffiliated 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 (YMMS)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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 Populations (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	Children's Hospital Los Angeles	Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Biomedical HIV Prevention Services
			Medical Transportation Services
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
MILLER	Paul	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
MORRISON	Donta	UCLA CARE	No Ryan White or prevention contracts
MULLEN	Sadie	No affiliation	No Ryan White or prevention contracts
MURILLO	Ismael	Unaffiliated Member	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 MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management 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 III (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 Management 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
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	Daniel	LAC Consumer & Business Affairs	No Ryan White or prevention contracts

COMMISSION 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 Management 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	Harold	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
Medical Transportation Services			
SANTIAGO	Draya	Unaffiliated Member	No Ryan White or prevention contracts
SARMIENTO	Harold	The Wound Saviors	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
TATE	Stephen	Unaffiliated Member	No Ryan White or prevention contracts
WEBB	Christopher	REACH LA	HTS - Social and Sexual Networks

COMMISSION 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	Unaffiliated Member	No Ryan White or prevention contracts



COMMITTEE ASSIGNMENTS

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

EXECUTIVE COMMITTEE		
Meeting Schedule TBD		
Number of Voting Members= TBD Number of Quorum= TBD		
COMMITTEE MEMBER	DESIGNATION	FULL/COMMITTEE
TBD	Co-Chair, COH/Exec	Commissioner
TBD	Co-Chair, COH/Exec	Commissioner
	At Large Member	
	At Large Member	
	At Large Member	
	MCE Committee Co-Chair	
	MCE Committee Co-Chair	
	PP&A Committee Co-Chair	
	PP&A Committee Co-Chair	
	SBP Committee Co-Chair	
	SBP Committee Co-Chair	
	DHSP (Non-Voting)	
<i>Membership pending election of Commission & Committee Co-Chairs</i>		

MEMBER & COMMUNITY ENGAGEMENT (MCE) COMMITTEE		
CLICK HERE FOR MEETING SCHEDULE & WORK PLAN		
Number of Voting Members= 26 Number of Quorum= 14		
COMMITTEE MEMBER	DESIGNATION	FULL/COMMITTEE
TBD	Committee Co-Chair	Commissioner
TBD	Committee Co-Chair	Commissioner
Miguel Alvarez		Committee Member
Jayda Arrington		Committee Member
Stevie Bieneman		Alternate
Cesar Corona		Commissioner
Erika Davies	City of Pasadena Rep	Committee Member
Dahlia Ale-Ferlito	City of Los Angeles Rep	Committee Member
Joaquin Gutierrez		Committee Member

Committee Assignment List

Updated: March 3, 2026

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Ish Herrera		Commissioner
Angela Hunt		Commissioner
TJ Griffen, LMSW		Commissioner
Preston Locklear		Committee Member
Kiante McKinley, DSW, ACSW		Committee Member
Vilma Mendoza		Commissioner
Paul Miller		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
Daniel Rojas		Committee Member
Ishmael Salamanca	City of Long Beach Rep	Committee Member
Stephen Tate		Committee Member
Christopher Webb		Alternate
Jonathan Weedman		Commissioner
David Valenzuela		Committee Member

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE

[CLICK HERE FOR MEETING SCHEDULE & WORK PLAN](#)

Number of Voting Members= 20 | Number of Quorum=11

COMMITTEE MEMBER	DESIGNATION	FULL/COMMITTEE
TBD	Committee Co-Chair	Commissioner
TBD	Committee Co-Chair	Commissioner
Leo Vasquez Alvarez		Committee Member
Al Ballesteros, MBA		Commissioner
Jeronimo Barrajas		Commissioner
Jasmine Brown, MSW		Commissioner
Robert Contreras, MBA		Commissioner
Raniyah Copeland, MPH		Commissioner
Robert Gamboa, MPP		Committee Member
Felipe Gonzalez		Commissioner
Darryn Harris		Commissioner
Stephanie Johnson, MA		Committee Member
Rob Lester		Committee Member
Miguel Martinez, MPH		Committee Member
Jack Miller		Commissioner
Ismael Murillo		Committee Member

Committee Assignment List

Updated: March 3, 2026

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Paul Nash, CPsychol AFBPsS FHEA		Commissioner
Katja Nelson, MPP		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		
Number of Voting Members = 18 Number of Quorum = 10		
COMMITTEE MEMBER	DESIGNATION	FULL/COMMITTEE
TBD	Committee Co-Chair	Commissioner
TBD	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
Caitlyn Dolan		Committee Member
Arlene Frames		Committee Member
Lauren Gersh		Committee Member
Joseph Green		Committee Member
LeiLani Johnson		Committee Member
Roberto Lara, MPH		Committee Member
Eric Mattern		Commissioner
Byron Patel, RN, ACRN		Commissioner
Emmanuel Sanchez-Ramos, DrPH, MPH		Commissioner
Draya Santiago		Committee Member
Harold Sarmmiento, DNP, MSN, AGPCNP-BC, CWS, AAHIVS, HIV PCP, AACRN, CMSRN, CCRN		Committee Member
Montana Volby		Commissioner

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



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			Jun 25	Aug 27	Sep 24		Jan 28
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	Jan 19
Standards & Best Practices (SBP) Committee		Apr 20	Jun 15	Aug 17	Oct 19		
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 3.5.26)

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

- | | |
|---|--|
| <ul style="list-style-type: none"> • COH: Commission on HIV • DHSP: Division on HIV and STD Programs, LA County Dept of Public Health • BOS: Board of Supervisors • HRSA: Health Resources and Services Administration • MCE: Membership and Community Engagement Committee • PP&A: Planning, Priorities, and Allocations Committee • SBP: Standards and Best Practices Committee | <ul style="list-style-type: none"> • EO: LA County BOS Executive Office • CEO LAIR: LA County Chief Executive Office Legislative Affairs and Intergovernmental Relations • OA: California Office of AIDS • CHIPTS: Center for HIV Identification, Prevention, and Treatment Services. <p style="text-align: right;">Lead Committee Color Legend: EXEC MCE PP&A SBP</p> |
|---|--|

#	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 Provider, community, and academic partners, stakeholder groups	Sep-Feb	DHSP to provide annual update on directives. 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 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* <i>*may be delayed one year due to COH restructure</i>
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. Virtual summit to be held in June with priorities and allocations up for final COH approval in Sept.* <i>* Must be submitted to HRSA at the end of Sept.</i>
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 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 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



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

COMMISSION ON HIV (COH)

FEBRUARY 12, 2026 MEETING MINUTES

JESSE OWENS PARK AUDITORIUM

9651 S. Western Avenue, Los Angeles, CA 90047

CLICK [HERE](#) FOR MEETING PACKET

1. ADMINISTRATIVE MATTERS

A. CALL TO ORDER, ROLL CALL/COI & MEETING GUIDELINES/REMINDERS

The meeting was called to order at 9:11 AM with greetings from the LA County Commission on HIV (COH) Co-chairs.

ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, J. Arrington, L. Blea, A. Burton, M. Cielo, K. Donnelly, A. Frames, F. Gonzalez, J. Gutierrez, I. Herrera (AB2449), T. Jones, L. Kochems, L. Martinez-Real, L. Maultsby, V. Mendoza, K. Nelson, B. Patel (AB2449), I. Salamanca, L. Spencer, J. Weedman, D. Campbell, and J. Green.

B. APPROVAL OF AGENDA

MOTION #1: Approve meeting agenda, as presented or revised. **✓ Passed by Consensus**

C. COUNTY LAND ACKNOWLEDGEMENT

The County's Land Acknowledgement was read to recognize the land originally and still inhabited and cared for by the Tongva, Tataviam, Kizh, and Chumash Peoples; see meeting packet for full statement.



D. CONSENT CALENDAR

MOTION #2: Approve meeting agenda, as presented or revised. **√ Passed by Consensus**

- Mental Health Service Standards: Approved without objection.
- Proposed Membership slate acknowledged with formal approval to occur later as agendaized.

E. APPROVAL OF MEETING MINUTES

MOTION #3: Approve meeting minutes, as presented or revised. **√ Passed by Consensus**

2. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment

Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org.

None.

B. Commissioner Comment

Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission.

See addendum.

3. ADMINISTRATIVE REPORTS – I

A. COH Staff Report

Dawn McClendon, Interim Executive Director, provided the staff report, noting that this meeting marks the final session of the current membership cohort. Appreciation was expressed for commissioners' service and leadership.

a. Ordinance Amendments & Bylaws

- Amendments to the bylaws (approved December 11) were presented at the Health and Mental Health Cluster meeting.



- The ordinance amendments and approval of the new cohort are scheduled for the March 3rd Board of Supervisors (BOS) agenda. Upon approval, the new cohort will take effect on March 12, 2026.

b. Ralph M. Brown Act SB 707

Pursuant to SB 707 (effective January 1, 2026):

- Expanded “just cause” for remote participation.
- ADA-classified disabilities (including individuals living with HIV) may request remote accommodation and count toward quorum.
- The Brown Act was distributed electronically to commissioners (January 15th).

c. BOS Executive Office (EO) Sunset Review

The BOS Executive Office has removed the Commission’s Sunset Review from the current schedule due to the comprehensive restructuring process.

d. Monthly Reports to BOS EO

- Commissions are required to submit progress reports to the Board Executive Office.
- Initially biweekly; adjusted to monthly reporting.
- Two reports have already been submitted highlighting Commission activities.

B. COH Co-Chair Report

(1) Commission & Division of HIV and STDs (DHSP) Prevention Planning Collaborative

The Commission and DHSP are partnering on a prevention planning collaborative to discuss how to strengthen and set priorities for HIV prevention planning in Los Angeles County. A meeting was held among Commission members, DHSP staff, and selected community stakeholders on January 14, 2026.

- A follow-up meeting is scheduled immediately after today’s Commission meeting.
- In-person participation prioritized; limited virtual access available upon request.

(2) Upcoming Meetings

- Board of Supervisors consideration of ordinance amendments: March 3, 2026
- Inaugural meeting of new Commission cohort: March 12, 2026, 9:00 a.m.

(3) Proposed 2026 Work Plan & Meeting Schedule

- Draft work plan and meeting schedule presented for review (page 53 of the meeting packet).
- To be formally reviewed and approved by the new Commission cohort.



(4) Conferences, Meetings & Trainings

Commissioners shared upcoming events and opportunities:

- National Latino HIV Conference – April 21-23
- NMAC Biomedical Summit April 8-10
- International AIDS Conference (IAS) – July 26-31
- National Ryan White Conference – August 4-7 (reserved for Co-Chairs and designated representative)
- U.S. Conference on AIDS (USCHA)– September 17-20

Advocacy in Sacramento included meetings with state legislators to discuss HIV policy, particularly issues affecting older adults living with HIV and individuals with disabilities.

C. **Division of HIV/STD Programs (DHSP) (RWP Grantee/Part A Rep) Report**

Mario Perez, Director, DHSP, provided the following report:

(1) State Budget & ADAP Rebate Fund

- The Governor's proposed budget reflects a smaller deficit than previously anticipated.
- In 2025, the Legislature approved repayment of \$75 million toward a \$900 million loan from the ADAP Rebate Fund to the Department of Finance.
 - \$65 million designated for HIV prevention.
 - \$9 million for Disease Intervention Specialists (DIS).
 - \$1 million for harm reduction.
- Approximately \$65 million remains available for allocation.

DHSP requested bridge funding (approximately \$11 million, or one-quarter of last year's allocation) to prevent disruption to Ryan White services pending federal award notice. The state approved this request.

Since that request:

- DHSP received an initial partial Ryan White award of approximately \$13 million.
- Planning is underway to determine allocation pending final federal funding amounts.

(2) Federal Funding Threats

- Proposed federal cancellations include:
 - CDC HIV prevention cooperative agreements.



- STD control funding.
- DIS infrastructure funding (years four and five of a five-year award were previously rescinded, resulting in a \$400 million reduction nationally).
- DIS funding provided through the ADAP Rebate Fund expires 30 June 2026 and is not currently included in the proposed FY 2026–2027 state budget.

If termination notices are issued, DHSP may request additional ADAP Rebate Fund allocations, structured as a loan (repayable within 180 days if federal funds are restored) or converted to a grant if not restored.

(3) Impact Across California

- Programs in San Francisco and at institutions including UCSF, UCLA, and UC San Diego have reportedly been recommended for termination.
- The \$65 million ADAP Rebate Fund must be considered in the context of statewide need.
- California represents approximately 15% of the national HIV epidemic.
- Los Angeles County (LAC) accounts for approximately 1,400 new HIV infections annually (of ~4,000 statewide).

(4) Local Fiscal Conditions

- LAC Department of Public Health (DPH) continues to face a significant deficit.
- A departmental hiring freeze has been implemented.
- 121 staff reassigned department-wide; 15 additional DHSP staff pending reassignment.
- Since May 2025, DHSP has lost 93 staff (approximately one-third of workforce) through reassignment or layoffs.

(5) Public Health Clinic Consolidation

- STD services are being consolidated from 12 to 6 public health sites.
- Sites will remain open; however, staffing and service delivery models will change.
- Capacity is projected to remain at approximately 15,000–17,000 STD visits annually.
- Community-based organizations (CBOs) may assume certain service delivery roles.

(6) 340B Program Implications

- If CDC HIV prevention and STD grants are terminated, community-based organizations may lose eligibility pathways to participate in the 340B Drug Pricing Program (unless qualified via FQHC status or Ryan White funding).
- Loss of 340B eligibility would significantly reduce program income for many CBOs.



(7) Ballot Measure – Local Revenue

Commissioner Jonathan Weedman referenced a proposed half-cent sales tax measure placed on the June primary ballot.

- Estimated to generate up to \$1 billion over five years.
- Public Health would receive 10% (approximately \$100 million over five years), subject to voter approval and departmental allocation decisions.

(8) Advocacy Updates

Commissioner Katja Nelson provided additional context:

- State advocacy efforts include outreach to the LGBTQ Caucus, Department of Finance, and CDPH.
- Federal advocacy is ongoing in coordination with congressional offices.
- Rescission packages may require congressional approval within 45 days; uncertainty remains regarding process.
- Commissioners and stakeholders encouraged to contact legislators.

4. PRESENTATION: LAC DEPARTMENT OF HEALTH SERVICES (DHS) HIV CASCADE UPDATES ON POSITIVE CARE PROGRAM

Presenters:

- Dr. Chris Brown, Director of Primary Care Services, Los Angeles County Department of Health Services
- Dr. Rishi Belani, HIV Primary Care Physician; Primary Care Director, Ambulatory Care Network

A. Overview of Positive Care Clinics (PCC)

- DHS serves approximately 500,000 primary care patients.
- Eight Positive Care Clinics (PCCs):
 - Four located within medical centers (including Los Angeles General Medical Center and Harbor-UCLA).
 - Four within the Ambulatory Care Network, geographically distributed (including High Desert, MLK, and Long Beach).
- Services include longitudinal HIV primary care, opportunistic infection management, behavioral health, and care coordination.



B. Staffing & Panel Adjustments

- Staffing models remain consistent despite previous Ryan White funding transitions.
- Panel sizes reduced from 1,000 to 700 patients per full-time PCC provider (compared to 1,300 in general primary care).
- Some attrition has occurred; staffing models under review amid broader county hiring constraints.

C. HIV Cascade Outcomes (2021–2025)

- Patients engaged in DHS HIV care increased from ~5,000 (2021) to nearly 7,000 (2025).
- Viral suppression and retention rates have remained stable despite external funding and immigration enforcement challenges.
- Approximately 20% of primary care visits are conducted via telehealth (phone or video).

D. Enhanced Care Management (ECM)

- DHS discontinued participation as an ECM provider in October 2025; eligible patients transitioned to non-DHS providers.

E. Rapid Start Pathway

- Implemented in partnership with DHSP.
- Enables direct linkage from community testing sites to PCC appointments.
- Approximately 70 patients linked to care to date.
- Expansion underway to include rapid linkage from DHS emergency departments, urgent care, and specialty settings with goal of ART initiation within 24–48 hours.

F. Funding Structure

- Staffing is primarily county funded.
- Revenue sources include:
 - Medi-Cal capitation (LA Care, Molina, Health Net).
 - Global Payment Program (GPP) supplemental revenue.
 - Ability-to-pay program for uninsured patients.
 - Limited Medicare fee-for-service.

G. Gender-Affirming Care

- DHS continues to provide gender-affirming services, including for minors, with commitment to continuity of care despite policy uncertainty.



- No significant reduction in transgender patient engagement reported within PCC clinics.

H. Specialty Care & eConsult

- HIV specialty consultation is available via eConsult for DHS primary care providers.
- Most patients living with HIV are impaneled in PCCs.
- Specialty access for non-impaneled patients remains limited; emphasis placed on rapid linkage and empanelment.

I. Key Challenges Identified

- Funding uncertainty impacting workforce stability.
- Staff attrition and hiring freezes.
- Immigration enforcement presence affecting patient willingness to seek in-person care.
- Broader reimbursement changes (e.g., PPS to fee-for-service transitions) impacting FQHC partners.

5. COMPREHENSIVE EFFECTIVENESS REVIEW & RESTRUCTURING PROJECT

Dr. Leon Maultsby and AJ King (Next Level Consulting) presented on behalf of the Ad Hoc Work Group, which consisted of Kevin Donnelly, Terry Smith, Paulina Zamudio, AJ, and Dr. Maultsby. The presentation summarized the multi-year restructuring process and clarified the action requested of the Commission.

A. Background & Process Overview

- Restructuring began in 2024 with the establishment of the Bylaws Task Force.
- Findings, along with feedback from the Health Resources and Services Administration (HRSA) Technical Assistant (TA) site visit, indicated the need for modernization and structural realignment.
- Consultants AJ King and Collaborative Research (CR) were contracted in January 2025 to support a comprehensive assessment.
- Recommendations were shared throughout 2025, and the revised bylaws were approved in December 2025.
- A 30-day public comment period was implemented.
- Recruitment for new membership was broadly disseminated.

The restructuring reduced Commission membership from 51 to 32 seats to right-size and modernize the body, improve effectiveness, and prepare for complex funding and planning responsibilities.



B. New Membership Structure

Under the revised bylaws:

- 32 total Commission seats
 - 15 HRSA-required category seats
 - 11 unaffiliated consumer seats
 - 5 Board of Supervisors seats
 - 1 HIV academic researcher/scientist seat

C. Application & Review Process

- 94 total applications received: 53 for full Commission membership, the remaining for committee-only participation
- 18 current members reapplied for full membership
- 7 current members applied for committee-only participation

Applications were scored (0–5 scale) during interviews. Scores informed but did not solely determine outcomes.

The Ad Hoc Work Group met on February 6th for a full day of deliberation to develop a recommended slate.

The approach mirrored the 2013 integration process, utilizing an independent workgroup model.

Selection considerations included:

- Collective effectiveness of the slate
- Balance and complementarity
- Parity and inclusiveness
- Space for new voices
- Commitment, collaboration, and preparedness

The group emphasized that the focus was on building an effective planning body rather than evaluating individual worth.

D. Questions & Clarifications

Commissioners requested clarification regarding the “non-elected community leader” seat. It was noted that HRSA guidelines identify required categories but do not provide a detailed operational definition. The Ad Hoc Work Group relied on available statutory language and guidance materials during deliberations.



Clarification was also provided that notifications to selected applicants had been sent the evening prior and that attendance at today's meeting was not required for acknowledgment.

E. Introduction of Proposed Members

Several of the proposed members present (in person and online) briefly introduced themselves, including representatives from: (1) Tarzana Treatment Center, (2) St. John's Community Health, (3) APLA Health, and (4) the Los Angeles LGBT Center.

Community members and long-term survivors also introduced themselves and expressed appreciation for the opportunity to serve.

F. Vote on Proposed Membership Slate

A roll call vote was conducted.

Vote Tally:

- 17 Yes: D. Ale-Ferlito, M. Alvarez, A. Burton, M. Cielo, K. Donnelly, A. Frames, F. Gonzalez, I. Herrera, L. Kochems, L. Martinez-Real, L. Maulsby, V. Mendoza, K. Nelson, B. Patel, I. Salamanca, L. Spencer, and J. Weedman.
- 3 No: J. Arrington, T. Jones, and D. Campbell.
- 1 Abstention: J. Green

Result: Motion passed. The proposed membership slate was approved.

J. Green offered congratulations to incoming members and appreciation to outgoing commissioners for their service and leadership.

6. COMMUNITY PARTNER/REPRESENTATIVE REPORTS – I

D. California Office of AIDS (OA) Report (Part B Representative)

Leroy Blea, MPH, Part B Representative, provided programmatic and policy updates from the California Office of AIDS.

(1) OA Voice Newsletter

- January and February issues of the OA Voice newsletter are now available online.
- Newsletter includes:
 - ADAP services utilization data
 - PrEP services utilization data
 - Updates organized by six Social Determinants of Health (SDOH) domains



- Commissioners were encouraged to reference the structure as a potential model for reporting local work through an SDOH lens.
- The December issue featured remarks from Dr. Ramos recognizing statewide commissions and planning bodies for their impact.

(2) Integrated Plan Update

- California's Integrated HIV Prevention and Care Plan is currently being updated.
- Drafts will be released for public review in March and April.
- Concurrence presentations are scheduled across jurisdictions in May.
- Existing versions of the plan are available online to preview structure and formatting.
- An additional priority population is being added: people living with HIV aged 50 and older.

L. Blea thanked the Commission and staff for contributing data and feedback incorporated into the statewide needs assessment and meta-analysis process.

(3) ADAP Program Update

AIDS Drug Assistance Program (ADAP) in California has transitioned to an open formulary model as of January.

Key changes:

- All FDA-approved medications included except select exclusions based on safety or cost.
- Covered medications increased from 378 to over 1,500.
- Formulary now more closely aligns with Medi-Cal coverage.
- Goal: Improve continuity of care for individuals transitioning between ADAP and MediCal.

Research indicates broader formularies are associated with improved health outcomes and increased patient-directed care options.

(4) Medi-Cal Representation to Planning Bodies

The Office of AIDS is collaborating with the California Department of Health Care Services (DHCS) to designate a named Medi-Cal representative for each planning council/commission in the state.



- Interim engagement: Michael Freeman (Assistant Deputy Director for Medi-Cal Eligibility) is visiting jurisdictions informally.
- A permanent representative will be named in April.
- A joint OA/DHCS letter outlining onboarding and process details will be released.
- Position funded through OA administrative funds (no impact to direct service allocations).

(5) Ending the Syndemic Symposium

The 5th Annual **Ending the Syndemic Symposium** will be held virtually:

- Dates: 29 September 29 thru October 1
- Time: 12:00 PM – 4:00 PM daily
- Focus areas include:
 - Social determinants of health
 - Racial equity
 - Housing First
 - Health access for all

Details available in the latest OA Voice issue.

(6) Cross-Jurisdictional Engagement

In response to a question regarding lessons learned from attending other planning councils:

- Common themes include challenges with membership recruitment and representation.
- Opportunities identified for cross-jurisdictional learning and shared best practices.
- Improved direct communication channels to senior OA leadership, including Dr. Ramos.
- OA reaffirmed commitment to maintaining California's data transparency and inclusive epidemic language despite federal policy uncertainties.

E. Housing Opportunities for People Living with AIDS (HOPWA) Report

Matthew Muhonen provided updates on the local implementation of the Housing Opportunities for Persons With AIDS (HOPWA) program.

(1) Client Services – Quarters 1 & 2

- 4,088 clients served cumulatively by the end of Quarter 2.
- On track to exceed last year's total.



(2) STRMU & PHP Funding Increase

Funding was reallocated to address anticipated shortfalls in:

- STRMU (Short-Term Rent, Mortgage, and Utility Assistance)
- PHP (Permanent Housing Placement – security deposit and first month’s rent)
- Contract administering these grants increased by \$900,000 for the current program year.
- Funds allocated to APLA Health (CCA program).

(3) Scattered Site Master Lease Expansion

- Contract with Volunteers of America Los Angeles increased by \$500,000.
- Expected to add 17 new scattered site master lease units.
- VOA cited strong landlord relationships and capacity to expand.

(4) Capital Development – Alvarado Kent Project

- \$2.4 million in savings allocated to the Alvarado Kent capital development project.
- Project: 81 total units.
- HOPWA set-aside expected to increase to 20–30 units.
- Project anticipated completion later this year.

(5) Federal Funding Outlook (PY 2026–2027)

- Preliminary indication of a slight federal funding increase next year.
- Final award amount pending.

(6) Redefinition of “Federal Benefits”

A recent federal redefinition of “federal benefits” may expand restrictions affecting eligibility based on immigration status.

Current Status:

- Applies only to public entities at this time.
- In Los Angeles County, only housing authorities administer TBRA (Tenant-Based Rental Assistance), and they already operate with documentation requirements.
- No clients will lose housing at this time due to this change.

Future Risk:

- Potential broader expansion of the definition could impact additional HOPWA clients.



- Staff are currently assessing scope of potential impact and identifying alternative funding streams to ensure housing continuity.

F. Ryan, White Program (RWP) Parts C, D, and F Report

- **Part C:** No major updates; funding stable.
- **Part D:** No report.
- **Part F:** No report.

G. Cities, Health Districts, Service Planning Area (SPA) Report

(1) City of Los Angeles – Dahlia Ale-Ferlito

- \$3.5 million in opioid settlement funds approved (3-year allocation) to create seven service zones citywide. RFP in development; contracts anticipated July 1.
- \$200,000 allocated for fentanyl test kit mailing program (city residents).
- \$3 million allocated toward a respite center in MacArthur Park, modeled after the Skid Row Health Hub.

B. City of Long Beach – Ismael Salamanca

- Central Health Clinic remains appointment-only (Medi-Cal patients).
- Increased demand for injectable PrEP; linkage ongoing.
- Rapid Start HIV program available at 2525 Grand Avenue.
- Fentanyl test kit and naloxone mailing program available to 90802–90815 ZIP codes (LongBeach.gov/harmreduction).
- LGBTQ Center Long Beach now billing Medi-Cal; hiring medical biller.
- CARE program experiencing furloughs; AIDS Healthcare Foundation (PCH & Redondo) expanding rapid HIV testing and STI screening.
- Transgender Day of Visibility (TDOV) event scheduled March 29 at Bixby Park.

7. STANDING COMMITTEE REPORTS – I

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

- Reviewed Q1–Q2 expenditure report (Program Year 35).
- Approximately \$19.7M expended (March–August 2025).
- Approximately \$30.7M remaining across Part A, MAI, and Part B funds.
- Contingency planning paused pending federal funding clarity.

B. Operations Committee



- Did not meet in January due to restructuring work.
- Significant time devoted to membership transition process.

C. Standards & Best Practices

- Adopted 2026 Work Plan and meeting calendar (for new cohort review).
- Approved Mental Health Service Standards.
- Moving to 3rd Monday, 10:00 AM–12:00 PM (subject to change).

D. Public Policy Committee

- Final meeting held; committee sunsetting under restructuring.
- Transition document and 2026 policy priorities approved.
- Future policy work to be integrated into Executive Committee structure, consistent with HRSA Ryan White guidelines.

E. Caucus, Task Force, and Work Group Reports

- **Aging Caucus:** Did not meet; pending new structure.
- **Black Caucus:**
 - Participated in community event at Jesse Owens Park (Black History Month).
 - Conducted youth listening session at UCLA with Guardian Scholars (~27 participants).
- **Consumer Caucus:** Did not meet; appreciation expressed.
- **Transgender Caucus:** Paused pending new cohort.
- **Women's Caucus:** Did not meet; regrouping pending.

8. MEMBER APPRECIATION & ACKNOWLEDGMENT OF SERVICE

Outgoing commissioners shared reflections and guidance. Themes included:

- Be present and participate.
- Take up space; be visible and vocal.
- Practice kindness and cultural humility.
- Continue showing up—even if not seated as voting members.
- Maintain unity in challenging political environments.
- Use data, science, and partnerships to guide system planning.

Acknowledgment was given to staff leadership, including Dawn McClendon and AJ King, for stewarding the restructuring process.



9. MISCELLANEOUS

- A. Public Comment.** *(Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)*

See Addendum.

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

No new committee business.

- C. Announcements** *(Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.)*

- A novella premiere was promoted featuring Latino characters navigating sexual health, including PrEP and DoxyPEP. The event is scheduled for tomorrow at Epic Downey and will include an on-site registration table. Outreach efforts focus on engaging younger Latino audiences through social media platforms such as Instagram, YouTube, and TikTok.
- Announcement: East Los Angeles Women's Center hosting 8th Annual Women & Girls Health Fair (March 14, East LA Civic Center) in recognition of National Women and Girls HIV/AIDS Awareness Day.

- D. Adjournment and Roll Call: Adjournment for the meeting of December 11, 2025.**

The meeting was adjourned at 12:10 PM. Jim Stewart conducted roll call.

ROLL CALL (PRESENT): D. Ale-Ferlito, M. Alvarez, L. Blea, A. Burton, M. Cielo, K. Donnelly, A. Frames, F. Gonzalez, J. Gutierrez, I. Herrera (AB2449), L. Kochems, L. Martinez-Real, L. Maulsby, V. Mendoza, K. Nelson, I. Salamanca, J. Weedman, D. Campbell, and J. Green.



MOTION AND VOTING SUMMARY

MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus	MOTION PASSED
MOTION 2: Approve December 11, 2025, Commission on HIV meeting minutes, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 3: Approve Consent Calendar, as presented or revised.	Passed by Consensus.	MOTION PASSED
MOTION 4: Approve the proposed 2026 membership roster as presented or revised.	Passed by Consent Calendar.	MOTION PASSED
MOTION #5: Approve the Health Service Standards as presented or revised.	Passed by Consent Calendar.	MOTION PASSED

DRAFT



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TEL : (213) 738-2816 EML: HIVCOMM@LACHIV.ORG WEB: <http://hiv.lacounty.gov>

**PUBLIC COMMENTS FOR THE
FEBRUARY 12, 2026 COMMISSION MEETING**

All public comments received become a part of the official record.

Commissioners	Comment(s)
Kevin Donnelly	In-person: Reflected on the Commission’s transition and legacy, emphasizing that today’s commissioners are “the giants” continuing the work of those who came before. He expressed appreciation for members’ dedication and commitment.
TJ Griffin (incoming commissioner)	In-person: Expressed appreciation and commitment to bold leadership.
Jim Stewart (consultant)	In-person: Reflected on 25 years of service to the Commission and its growth.



LOS ANGELES COUNTY
COMMISSION ON HIV



This packet includes only the essential information you will need to begin your service. For the full set of materials, policies, schedules, meeting documents, and resources, please refer to the Commission website.

New Member Welcome and Orientation Packet

April 2026

Contents

1. Welcome
2. About the Commission
3. Membership and Meeting Participation at a Glance
4. Key Member Expectations
5. Brown Act Basics
6. Parliamentary Procedure Basics
7. Staff and Support Contacts
8. Where to Find More Information and Helpful Links

First 30 Days

- Review the Commission website and save it as a bookmark.
- Note your assigned committee and upcoming meeting dates.
- Complete required forms and training courses, including Form 700 where applicable.
- Watch for emails from Commission staff and the Executive Office.
- Reach out to staff with questions early rather than waiting until the next meeting.

1. Welcome

Welcome to the Los Angeles County Commission on HIV. Thank you for your willingness to serve and for what you bring to this work. Your perspective, lived experience, and commitment matter.

This packet is intended to be a simple take-with-you guide. It covers the basics you will most likely need as you get started, while the Commission website remains the primary source for fuller materials, policies, schedules, and resources.

2. About the Commission

The Los Angeles County Commission on HIV serves as the federally required Ryan White HIV/AIDS Program Part A planning council for the Los Angeles Eligible Metropolitan Area and also serves as the local integrated prevention and care planning body.

The Commission is established by Los Angeles County Ordinance 3.29 and governed by its bylaws. It is housed as an independent Commission within the Executive Office of the Los Angeles County Board of Supervisors.

In simple terms, the Commission's role is planning. That includes assessing needs, reviewing information from the community and service system, setting service priorities, making resource

allocation decisions for Ryan White Part A funds, supporting integrated planning, and helping ensure meaningful community input.

The Commission works closely with the Los Angeles County Department of Public Health, Division of HIV and STD Programs, which is the Ryan White Part A recipient. The two have separate roles, but shared purpose in supporting an effective system of HIV care.

3. Membership and Meeting Participation At a Glance

Membership Type	At a Glance
Commissioner	A full-seat member appointed by the Board of Supervisors. Commissioners are voting members unless they serve in a designated non-voting seat.
Alternate	Supports the work of the Commission and serves in place of a regular member when that member is absent. If the regular member is absent, the Alternate may participate and vote in the member's place.
Committee-only Member	Approved by the Commission to serve on a standing committee without Board of Supervisors appointment. Committee-only members help broaden community participation and subject matter expertise.

Standing committees

The Commission carries out much of its work through four standing committees: Executive, Membership and Community Engagement, Planning, Priorities, and Allocations, and Standards and Best Practices.

Meeting participation

Commission and committee meetings are conducted in person. Members should plan ahead and arrive early or on time, as quorum is essential to conducting business. Limited remote participation may be available under the Brown Act for just cause or as a disability-related reasonable accommodation.

4. Key Member Expectations

Attend and participate

Members are expected to attend their required meetings, participate thoughtfully, review materials in advance, and stay engaged in the work of the Commission.

Read materials before meetings

Agendas and packet materials are posted in advance. Members should review them before the meeting so discussion can be focused and productive.

Communicate with staff

If you are unable to attend a meeting, notify staff as early as possible. Written notice helps staff properly track attendance and support Brown Act compliance when applicable.

Complete required forms and training

Members are responsible for completing all required forms and training, including Form 700 where applicable, conflict of interest disclosures, and any required County or Commission onboarding items.

Serve in a respectful and community-centered way

Members are expected to follow the [Commission's Code of Conduct](#) and help maintain a respectful environment for members, staff, presenters, and the public.

Remember the role: Planner

Advocacy and planning are both important, but the Commission's formal role is planning. Members should help ground decisions in the needs of people living with HIV across Los Angeles County, not solely one program, provider, or personal interest.

Use care around conflicts of interest

Members must disclose real or perceived conflicts of interest and follow Commission policy regarding participation and voting where conflicts exist.

Conflict of Interest and Voting

- All members must disclose any real or perceived conflict of interest before discussion begins.
- In particular, if a member works for, consults with, sits on the board of, or is otherwise affiliated with an agency or organization funded in the very service category being voted on, that member must recuse themselves from the vote on that service category.
- A member with that type of conflict may answer factual questions if called upon, but may not participate in the related discussion, advocate for the category, or otherwise attempt to influence the vote.
- Members should update their disclosure forms as affiliations change and should ask staff for guidance whenever they are unsure whether a conflict exists.

5. Brown Act Basics

Do I have to attend meetings in person?

Yes. Commission meetings are conducted in person unless a member qualifies for remote participation under applicable Brown Act provisions or as a disability-related reasonable accommodation.

When can I attend remotely for just cause?

A member may attend remotely for qualifying just-cause circumstances such as illness, caregiving needs, care of an immuno-compromised family member, military service, or other qualifying circumstances under the law and Commission guidance.

What do I need to do if I attend remotely?

Notify staff as early as possible. If remote participation is approved, keep your audio and video on throughout the meeting unless a disability-related physical condition requires audio-only participation, and disclose whether anyone age 18 or older is present in the room with you.

Do I count toward quorum, and can I vote if I attend remotely?

If you are attending remotely for just cause, your remote participation and vote may only be counted once in-person quorum has first been established at the meeting.

What if I have a disability and need reasonable accommodation?

Members with a disability as defined under the ADA may request reasonable accommodation to participate remotely. Approved remote participation is treated the same as in-person attendance for quorum, participation, and voting.

What happens if there is a technical disruption during a meeting?

If a technical disruption occurs, staff must attempt to restore access for up to one hour. If access cannot be restored, the body may recess, continue, or adjourn the meeting as allowed by law.

6. Parliamentary Procedure Basics

The Commission uses parliamentary procedure to help meetings run fairly, orderly, and efficiently. The questions below focus only on the basic 101 rules members are most likely to use in meetings.

What is parliamentary procedure?

It is a set of rules for how a body conducts business in a fair and orderly way so members can be heard, and decisions can be made clearly.

What is a motion?

A motion is a formal proposal by a member that the body take specific action. Most decisions begin with a motion.

What does it mean to second a motion?

A second simply means another member wants the motion to be considered. It does not necessarily mean the seconder agrees with the motion.

How do I speak during a meeting?

Wait to be recognized by the chair before speaking. The chair helps manage discussion so members can be heard in an orderly way.

What is debate?

Debate is the discussion that takes place after a motion is before the body and before the vote is taken.

What is an amendment?

An amendment is a proposed change to a motion. It allows the body to adjust the wording or substance of a motion before acting on it.

What is quorum?

Quorum is the minimum number of members who must be present for the body to conduct official business. For the Commission, 29 seats are voting seats, which means a quorum of 15 voting members must be present for the Commission to act.

What is a point of order?

A point of order is raised when a member believes the rules or proper procedure are not being followed.

What vote is needed for most actions?

Most routine motions are decided by a majority vote, unless a different threshold is required by law, the bylaws, or another governing rule.

7. Staff and Support Contacts

Main Phone	213.738.2816
Main Email	hivcomm@lachiv.org
Executive / Full Commission Support	Dawn McClendon 213.509.9199 dmcclendon@lachiv.org
Planning, Priorities, and Allocations	Lizette Martinez 213.304.3846 lmartinez@lachiv.org
Membership and Community Engagement	Sonja Wright 213.359.6578 sdwright@lachiv.org
Standards and Best Practices	Jose Rangel-Garibay 213.308.9987 jgaribay@lachiv.org

8. Where to Find More Information and Helpful Links

The Commission website is the primary source for fuller information between meetings, including agendas and meeting materials, schedules and workplans, bylaws and governing documents, member resources and required forms, reports and data, Commission work products, and additional policies and procedures.

Please refer to the website for the full orientation materials, meeting updates, and other important resources.

Helpful Commission Links

About the Commission

<https://hiv.lacounty.gov/about-us/>

Commission History / Living History

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/5d5a079f-3b47-402d-a441-692c6fd2f88c/COH_LivingHistory_Updated040526.pdf

Commission Meetings

<https://hiv.lacounty.gov/meetings/>

Membership

<https://hiv.lacounty.gov/membership/>

Member Resources

<https://hiv.lacounty.gov/member-resources/>

Resources

<https://hiv.lacounty.gov/resources/>

Ryan White Program Resources

Ryan White HIV/AIDS Program (HRSA)

<https://ryanwhite.hrsa.gov/>

RWHAP Part A Manual (HRSA)

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/part-a-program-manual.pdf>

Ryan White Program Service Fact Sheets

https://publichealth.lacounty.gov/dhsp/DPHSexualHealthServices/HealthEducationLibrary/RWHAP_FactSheets/RW_FactSheets_10.24.pdf

RWP Planning Council Primer

<https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/fe258d9f-6d79-424f-a800-fce7e49ea576/Planning%20Council%20Primer.pdf>

DHSP & County Information for You

Get Protected LA

<https://getprotectedla.com/impositivela/>

Division of HIV and STD Programs (DHSP)

<https://publichealth.lacounty.gov/dhsp/InfoForYou.htm>

LA County Public Health

<https://www.lapublichealth.org/>

Commission website: <https://hiv.lacounty.gov/>



Commission on HIV

New Commissioner Orientation

April 9, 2026

Ryan White Program Overview

Ryan White CARE Act Overview

- First enacted on August 18, 1990, the **Ryan White Comprehensive AIDS Resources Emergency (CARE) Act** created the largest federally funded program in the U.S. dedicated to supporting people with HIV, called the **Ryan White HIV/AIDS Program (RWHAP)**
- Named after Ryan White, an Indiana teenager who became a national advocate for AIDS research and awareness after contracting HIV through a contaminated blood transfusion



Ryan White HIV/AIDS Program

- Began as “emergency relief” for overburdened healthcare systems at a time when effective treatment was not available
- Amended and reauthorized in 1996, 2000, 2006, and 2009 with updates made to address the **evolving needs of people with HIV**
- RWHAP aims to **improve quality of life** and provide care and support services for people with HIV who are low-income, uninsured, or under-insured

Key Acronyms

RWHAP: Ryan White HIV/AIDS Program



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Ryan White HIV/AIDS Program

- Administered by **HIV/AIDS Bureau (HAB)** of **Health Resources and Services Administration (HRSA)** under **Department of Health and Human Services (HHS)**
- RWHAP goal is to improve health outcomes and reduce the spread of HIV
- Provides grants to states, cities, and community-based organizations to fund **medical and support services for people with HIV**
- Composed of five “parts”; Part A, B, C, D, and F

Key Acronyms

HRSA: Health Resources and Services Administration

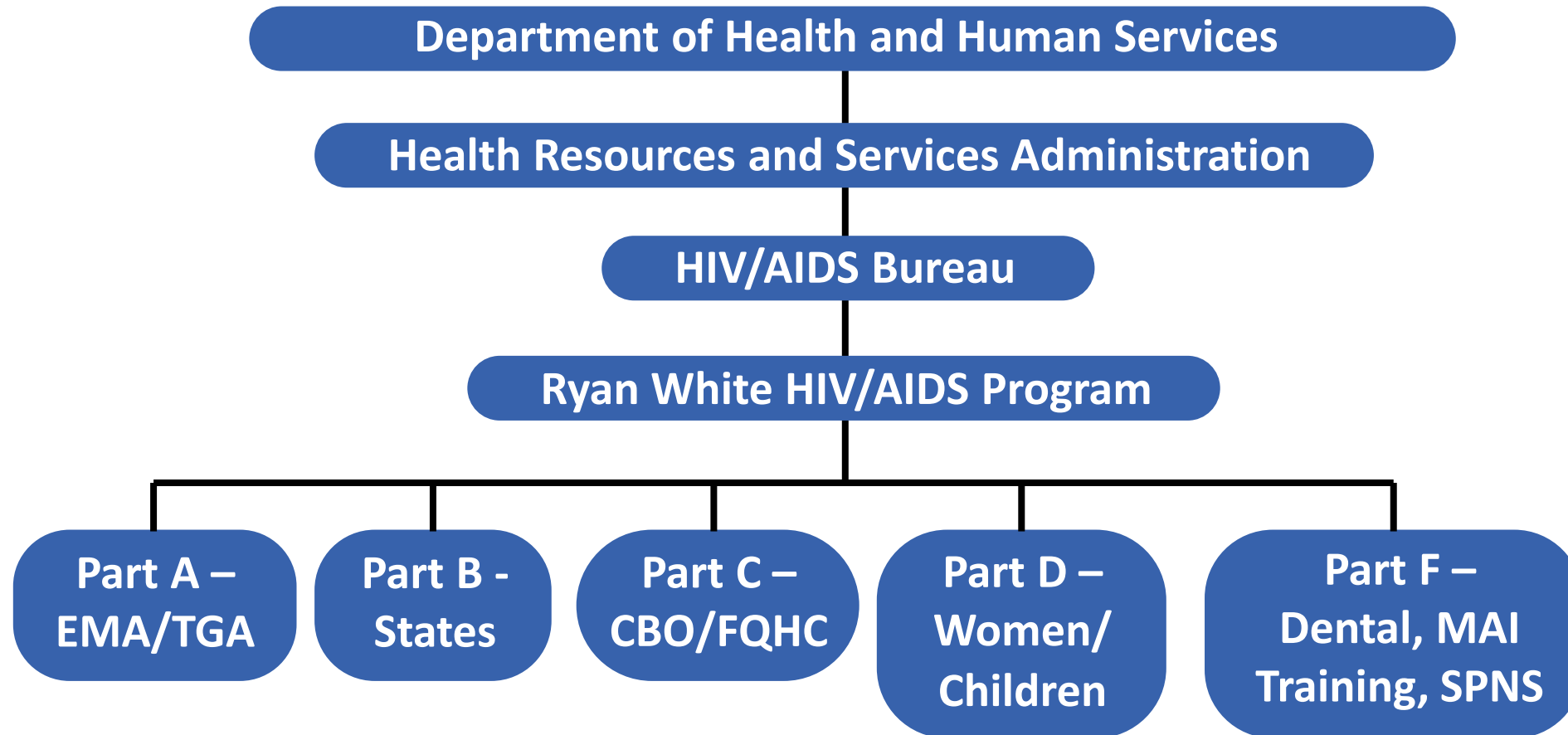
RWHAP: Ryan White HIV/AIDS Program



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Ryan White HIV/AIDS Program



Key Acronyms

HRSA: Health Resources and Services Administration

RWHAP: Ryan White HIV/AIDS Program



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Ryan White HIV/AIDS Program

- **Eligibility:** To receive RWHAP services clients must provide:
 - Documentation of HIV diagnosis
 - Documentation of residency in Los Angeles County
 - Documentation that their income does not exceed 500% Federal Poverty Level (FPL)

- RWHAP is **critical** to ensure people with HIV are:
 - Linked to and retained in care
 - Have access to medications
 - Achieve **viral suppression** and remain virally suppressed

Key Acronyms

RWHAP: Ryan White HIV/AIDS Program



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Ryan White HIV/AIDS Program: Part A

Grants for Metropolitan areas hardest hit by the epidemic

- Provides funding to EMAs/TGAs severely affected by the HIV epidemic to provide access to high quality, community-based care for people with HIV (PWH) who have lower incomes
- **Eligible Metropolitan Areas (EMAs):**
 - $\geq 2,000$ new cases of AIDS reported in the past 5 years
 - $\geq 3,000$ PLWH
 - Must establish Planning Councils
- **Transitional Grant Areas (TGAs):**
 - 1,000-1,999 new cases of AIDS reported in the past 5 years
 - $\geq 1,500$ PLWH

Reminders

LA County = EMA

Commission on
HIV = Planning
Council



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Ryan White HIV/AIDS Program: Part A

Grants for Metropolitan areas hardest hit by the epidemic

- RWHAP Part A funds are divided into formula, supplemental, and Minority AIDS Initiative funds
 - **Formula Funds:** award amount based on number of persons with HIV/AIDS in the EMA or TGA
 - **Supplemental Funds:** award amount based on increasing prevalence rates, demonstrated need/service gaps, and a disproportionate impact on vulnerable populations
 - **Minority AIDS Initiative Funds:** allocated based on EMA/TGA's percentage of all living HIV disease cases among racial and ethnic minorities

Reminders

LA County = EMA

Commission on
HIV = Planning
Council



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Ryan White HIV/AIDS Program: Part A

Grants for Metropolitan areas hardest hit by the epidemic

- Congress appropriates funds for all RWHAP parts annually
- EMAs/TGAs must submit a grant application to HRSA to receive RWHAP Part A formula, supplemental, and MAI funds
- The **Division on HIV and STD Programs** (DHSP) within the Los Angeles County Department of Public Health prepares the RWHAP Part A application every three years with input from the Planning Council
 - The program year begins on March 1st
 - Program Year 36: March 1, 2026 - February 28, 2027

Reminders

Part A = EMA/
TGA

Part B = States

Part C = CBOs/
FQHCs

Part D = Women
& children

Part F = Dental,
training, MAI &
SPNS



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Ryan White HIV/AIDS Program: Part B, C, and D

RWHAP Part B

- Grants for States and territories and the AIDS Drug Assistance Program (ADAP)
- ADAP provides access to medications and health coverage
- Support HIV care and treatment for people with HIV who have low incomes

RWHAP Part C

- Grants for community-based organizations and federally qualified health centers
- Provide comprehensive primary medical care and support services for people who have low incomes
- Early Intervention Services and Capacity Building

RWHAP Part D

- Grants for HIV care for women, infants, children, and youth with HIV
- Support family-centered services
- Outreach, prevention, medical & psychosocial care, and improved access to clinical trials



Ryan White HIV/AIDS Program: Part F

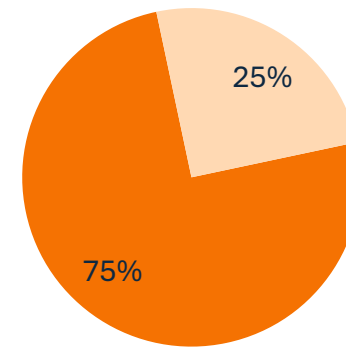
Grants for multiple programs, including dental, clinical training, research and demonstration projects and global initiatives

- **Dental Programs:** Funding for oral health care and to support training of dental and dental hygiene providers
- **AIDS Education and Training Centers (AETCs):** National and regional centers providing education, technical assistance and training for health care providers who treat people with HIV
- **Minority AIDS Initiative (MAI):** Provides funding to improve access to HIV care and health outcomes for minority populations disproportionately affected by HIV
- **Special Projects of National Significance (SPNS):** Supports development, implementation, and evaluation of evidence-based, evidence-informed, and emerging interventions to improve/enhance HIV care & effective service delivery



RWHAP Part A Services

- RWHAP Part A provides a comprehensive system of care for people with HIV through **two service categories**:
 - ➊ **Core medical services** are essential for the diagnosis, treatment, and management of HIV
 - ➋ **Support services** help clients achieve medical outcomes by addressing social, financial, and logistical barriers to care
- At least **75% of funds** must be spent on **core medical services**, and no more than 25% may be spent on support services, unless HRSA approves a waiver



- Core Services
- Support Services

Reminders

Policy Clarification Notice (PCN) 16-02 - provides program guidance for service categories for RWHAP services



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RHWAP Service Categories

Core Medical Services

- AIDS Drug Assistance Program (ADAP)
- Local AIDS Pharmaceutical Assistance Program (LPAP)
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice Services
- Medical Case Management including Treatment Adherence Services
- Medical Nutrition Therapy
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

Supportive Services

- Childcare Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
 - Legal Services
 - Permanency Planning
- Outreach Services
- Psychosocial Support
- Referral for Healthcare and Support Services
- Rehabilitation
- Respite Care
- Substance Abuse (Residential)

Why is RWHAP Important?

- Focus on reaching underserved communities and individuals who may not have access to healthcare services
- Provides **comprehensive HIV/AIDS medical care, treatment, and support services** in the U.S. for approximately 500,000 people annually
- Focus on **community planning** for HIV care and treatment services
- **Payor of Last Resort** - Provides funding when no other resources are available

2024 RWHAP Annual Report Data



Served 601,853 clients
More than 50% of people with diagnosed HIV in the U.S.



More than 91% of clients receiving RWHAP medical care were virally suppressed

Viral suppression affords optimal health outcomes – significant public health benefit



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COMMISSION ON HIV



Ryan White HIV/AIDS Program

Ryan White Program 2030

- Framework designed to sustain high-quality care & treatment for people receiving RWHAP services
- **Expand efforts to identify and engage individuals with HIV who are undiagnosed or out-of-care**
- Leverage partnerships, focusing interventions, and engaging communities to bring more people into care

Ending the HIV Epidemic

- Funding aimed to reduce HIV infections by 90% in ten years
- RWHAP plays key role - agency lead for the EHE initiative's “care pillar”
- **COH does not have oversight over EHE activities or funds.** DHSP receives funds - has planning & oversight responsibilities



Planning Council (Commission on HIV) Overview

In 2013, the Commission on HIV became an integrated HIV/AIDS and STD prevention and care planning council

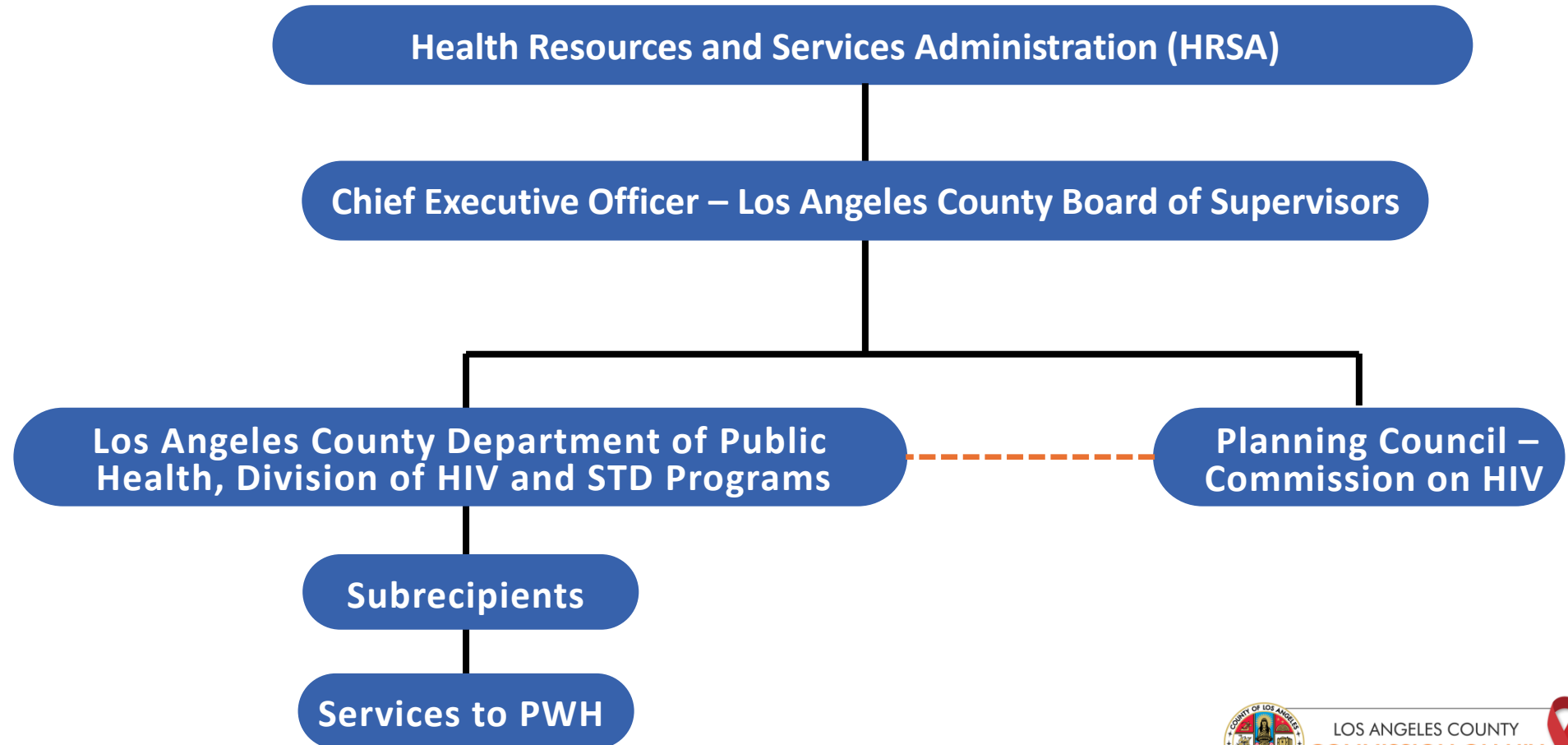
Who We Are

- The Los Angeles County Commission on HIV (COH) is the federally required **RWHAP Part A Planning Council** for the Los Angeles EMA
- Responsible for the planning, allocation, coordination, and delivery of HIV/AIDS and STD services in Los Angeles County
- COH is comprised of volunteers appointed by the LA County Board of Supervisors
 - Membership reflects the diversity of LA County and includes people with HIV, providers, public health professionals, and community representatives
 - At least **33% of members must be unaffiliated people with HIV** who receive RWHAP Part A services



Authority and Governance

COH is housed as an independent commission within the Executive Office of the **LA County Board of Supervisors**



Established by LA County Ordinance 3.29 & is governed by Bylaws

Ordinance: Commission creation & legal foundation

Bylaws: outlines internal structure, operations, and procedures

What We Do

Federally
mandated role
is to carry out
the Ryan White
HIV/AIDS
*Program Part A
planning
council
responsibilities*

- Responsible for countywide **planning**, community engagement, and aligning HIV prevention and care priorities
- Funded solely through RWHAP which has a limited scope with respect to direct HIV prevention activities
 - COH's prevention-related role is tied to the development and support of the Integrated HIV Plan
- Carries out responsibilities in coordination with:
 - **Ryan White Part A Recipient** - Division of HIV & STD Programs within the LAC Department of Public Health
 - Structured input from providers, consumers and community stakeholders



Core Responsibilities

Core responsibilities include:

- Assess the scope and impact of HIV epidemic in LA County
- Establish service priorities and make recommendations for allocation of RWHAP Part A funds
- Evaluate the efficiency and effectiveness of HIV services and the administrative mechanisms used to delivery them
- Participate in integrated planning efforts for the organization and delivery of HIV-related medical and support services
- Ensure meaningful community and consumer input through public meetings and other engagement strategies
- Monitor service outcomes to promote accountability, equity, and continuous quality improvement

Legislatively
mandated
responsibilities
that all
Planning
Councils must
complete



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COMMISSION ON HIV



Why are Planning Councils Important

No other federal health program has:

- Planning council as decision maker on how funds are used
- Defined membership composition
- Requires a high level of consumer participation

- Support **Community driven planning and decision-making** bringing together people with HIV, service providers, and community members to advise how funding should be used
- Keep the **decision-making process open, fair, and based on data**
- Ensure that **people with HIV have a strong voice** in shaping services
- Help the community **identify gaps in care** and decide which services should be the highest priority
- Work with public health agencies to improve the quality of HIV services over time



Planners vs. Advocates

The Commission does not engage in advocacy

Advocacy-related efforts are deferred to the County's Legislative Affairs and Intergovernmental Relations (LAIR) Office

Commission members are **planners** which are not the same as advocates

Planners:

- Consider the **entire community** and multiple issues
- Seek win-win versus win-lose
- Listen to others/ask questions
- Come prepared- review data and reports; ask questions
- Use **data to make decisions** - not 'impassioned pleas'
- **Understand the boundaries and scope of the Commission**



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Collaboration Between COH and DHSP

The planning council and the recipient are **two independent entities** with legislative authority and roles

- **Recipient (DHSP):** receives and administers funds and is responsible for contracting with providers (subrecipients) who provide care and treatment
- **Planning Council (COH):** decide service priorities and how best to use available funds to help support a system of care for PWH
- Planning Council and Recipient **work closely together** to complete:
 - Needs assessments
 - Integrated planning
 - Gathering community input
 - Coordination of services

Effectiveness depends on:

- Understanding of distinct roles
- Regular communication
- Information-sharing
- Collaboration
- Ongoing consumer / community involvement



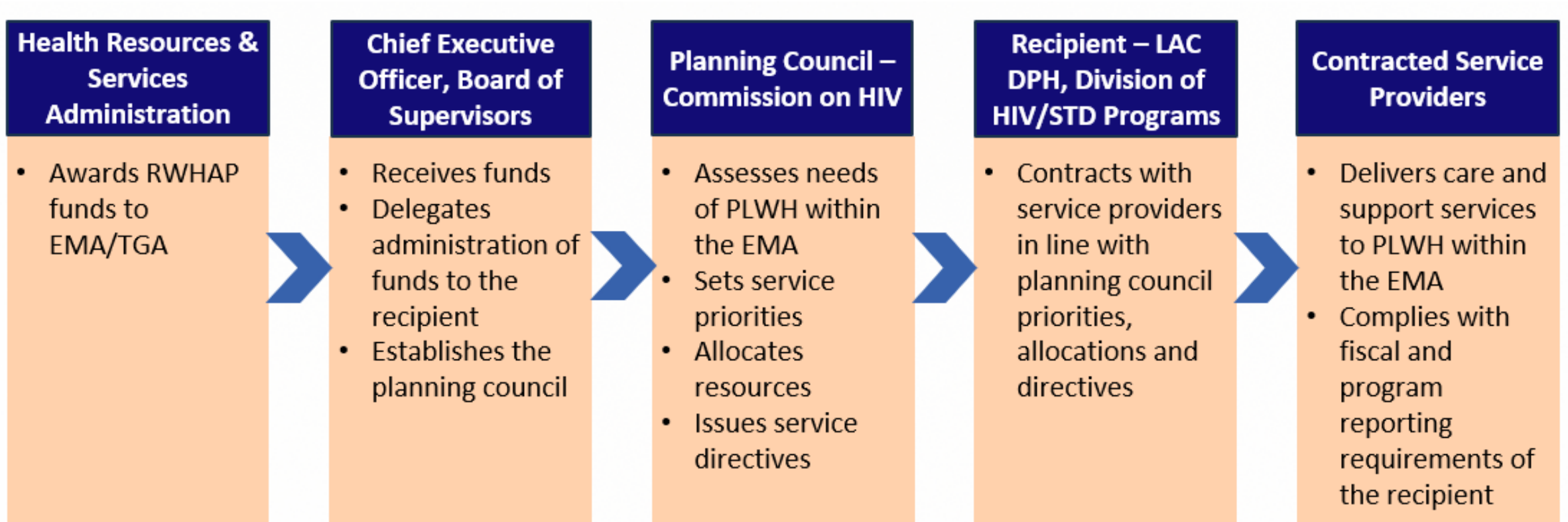
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Roles and Responsibilities Table

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient - DHSP	Planning Council - COH
Establish Planning Council	✓		
Appoint Planning Council members	✓		
Needs Assessment		✓	✓
Integrated Planning		✓	✓
Priority Setting			✓
Resource Allocation			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Service Standard Development			✓
Clinical Quality Management		✓	<i>Contributes</i>
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

Flow of RWHAP Part A Decision Making



Membership Overview

Membership

Reminders

HRSA = Health
Resources and
Services
Administration

EMA = Eligible
Metropolitan Area

Planning Council =
Commission on
HIV

- HRSA requires EMAs to establish a planning council whose membership reflects the demographics of people with HIV in the region
 - Legislatively mandated planning council with defined membership composition (**15 HRSA required membership categories**) and at least **33 percent unaffiliated consumer representation**
- Membership is grounded in **Parity, Inclusion, and Representation (PIR)** - principle in maintaining membership that is equitable, inclusive, and reflective of communities most impacted by HIV
 - Helps ensure that planning and decision-making are grounded in diverse perspectives, lived experience, and community need



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COMMISSION ON HIV



Membership Structure

Members are nominated through an **open nominations process** and appointed by the LA County Board of Supervisors (BOS)

- **32 full-member seats**, including three designated non-voting seats:
 - RWHAP Part A Recipient representative (DHSP)
 - Part B representative
 - Medicaid/Medi-Cal agency representative
- Structure includes Commissioners, Alternates, and Committee-only members:
 - **Commissioner**: Voting member appointed by BOS
 - **Alternate**: Assigned to a commissioner and step in when the commissioner is not available. Does not vote unless assigned commissioner is absent
 - **Committee-only Member**: Voting member on one of the Commission's standing committees. Does not require BOS appointment



Membership Categories

There are 15 HRSA required membership categories that must be represented:

- Health care providers, including FQHCs
- Community-based organizations serving affected populations and AIDS service organizations
- Social service providers, including providers of housing and homeless services
- Mental health providers
- Substance use providers
- Local public health agencies
- Hospital planning agencies or health care planning agencies
- Affected communities, including people with HIV/AIDS, members of a federal recognized Indian tribe as represented in the population, individuals co-infected with hepatics B or C, and historically underserved groups and subpopulations
- Non-elected community leaders
- State government (including the State Medicaid/Medi-Cal agency)
- The agency administering the program Part B
- Recipients of Part C
- Recipients of Part D
- Recipients of other federal HIV programs, including but not limited to providers of HIV prevention services
- Representatives of individuals who formerly were federal, State, or local prisoners released from custody of the penal system during the preceding three years and had HIV as of the date on which the individuals were so released.



Membership Categories

Reminders

Legislatively mandated membership composition:

- **15 HRSA required** membership categories
- At least **33 percent unaffiliated consumer** representation

- **Unaffiliated Consumers (11)** : Consumer of RWHAP Part A services who is not aligned or affiliated with RWHAP Part A funded providers as employees, consultants, or Board members

Membership composition includes additional seats not mandated by HRSA:

- **HIV Research Representative (1)**: Representative from a local academic research institution with subject matter expertise in HIV research and data translation
- **BOS Representatives (5)**: Representatives recommended by each of the five supervisorial offices



Membership Roster

Seat Code	Seat Category	First Name	Last Name	Org/Agency Affiliation *RWP Contracted	Proposed Committee Assignment(s)	Term: Start Date	Term: End Date	Alternates
1	Health Care Providers (FQHCs)	Byron	Patel	LGBTQ+ Center	SBP	3/12/26	3/1/27	
2	Community-Based & AIDS Service Orgs (CBO/ASO)	Robert	Bolan	LGBTQ+ Center	SBP	3/12/26	3/1/28	
3	Social & Housing Service Providers	Ceasar	Corona	Tarzana Treatment Center	MCE	3/12/26	3/1/27	
4	Mental Health Providers	TJ	Griffin	Men's Health Foundation	MCE	3/12/26	3/1/28	
5	Substance Use Providers	Eric	Mattern	Tarzana Treatment Center	SBP	3/12/26	3/1/27	
6	Local Public Health Agencies (Division of HIV/STD Programs [DHSP]) *Non-Voting	Mario	Pérez	DHSP	EXEC	3/12/26	3/1/28	
7	Health & Hospital Planning Agencies					3/12/26	3/1/27	
8	Affected & Disproportionately Impacted Communities	Emmanuel	Sanchez-Ramos	APLA Health	SBP	3/12/26	3/1/28	
9	Non-Elected Community Leaders	Raniyah	Copeland	No affiliation/Equity & Impact Solutions	PP&A	3/12/26	3/1/27	
10	State Government (Medicaid/Medi-Cal) *Non-Voting					3/12/26	3/1/28	
11	Ryan White Part B Administrator (CDPH Office of AIDS) *Non-Voting	LeRoy	Blea	CDPH, Office of AIDS	PP&A	3/12/26	3/1/27	
12	Ryan White Part C Recipients	Jasmine	Brown	Charles Drew University	PP&A	3/12/26	3/1/28	
13	Ryan White Part D / CYF Providers	Mikhaela	Cielo	LAC Dept of Health Services	SBP	3/12/26	3/1/27	
14	Other Federally Funded HIV Programs	Robert	Contreras	Bienestar	PP&A	3/12/26	3/1/28	
15	Formerly Incarcerated Individuals Living with HIV					3/12/26	3/1/27	
16	Unaffiliated Representative - SPA 1	Montana	Volby	No affiliation	SBP	3/12/26	3/1/28	
17	Unaffiliated Representative - SPA 2	Shawn	Pleasants	No affiliation	PP&A	3/12/26	3/1/27	
18	Unaffiliated Representative - SPA 3	Felipe	Gonzalez	No affiliation	PP&A	3/12/26	3/1/28	
19	Unaffiliated Representative - SPA 4	Jeronimo	Barajas	No affiliation	PP&A	3/12/26	3/1/27	
20	Unaffiliated Representative - SPA 5					3/12/26	3/1/28	Christopher Webb (REACH LA)
21	Unaffiliated Representative - SPA 6	Angela	Hunt	No affiliation	MCE	3/12/26	3/1/27	
22	Unaffiliated Representative - SPA 7	Vilma	Mendoza	No affiliation	MCE	3/12/26	3/1/28	
23	Unaffiliated Representative - SPA 8					3/12/26	3/1/27	Stevie Bieneman (AFH)
24	Unaffiliated Representative - At Large #1	Ish	Herrera	No affiliation	MCE	3/12/26	3/1/28	
25	Unaffiliated Representative - At Large #2					3/12/26	3/1/27	Dontá Morrison (UCLA CARES)
26	Unaffiliated Representative - At Large #3	Jack	Miller	No affiliation	PP&A	3/12/26	3/1/28	
27	Board of Supervisors Office #1 Representative	Al	Ballesteros	JWCH Institute	PP&A	3/12/26	3/1/27	
28	Board of Supervisors Office #2 Representative	Darryn	Harris	St. Johns Community Health	PP&A	3/12/26	3/1/28	
29	Board of Supervisors Office #3 Representative	Katja	Nelson	APLA Health	PP&A	3/12/26	3/1/27	
30	Board of Supervisors Office #4 Representative					3/12/26	3/1/28	
31	Board of Supervisors Office #5 Representative	Jonathan	Weedman	Via Care	MCE	3/12/26	3/1/27	
32	HIV Academic/Scientist Representative	Paul	Nash	No Affiliation/USC	PP&A	3/12/26	3/1/28	
	TOTAL MEMBERSHIP: 32							
	TOTAL VOTING MEMBERSHIP: 29							
	QUORUM: 15							
	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.							



Seat Terms

All members (Commissioners, Alternates, and Committee-only members) are appointed to **serve on one committee**

Membership term is for **two years**:

- Commissioners may serve up to **three consecutive two-year terms** (6 years total). Must reapply every two years
- Upon completion of three consecutive terms, commissioners must vacate their seat and **remain off for one year** before reapplying/considered eligible to serve
- Alternates and Committee-only members are subject to the same term limits

Note: Initial cohort following the restructure (March 2026) will have some seats with a one-year term



Member Requirements

All members must complete and/or abide by the following:

- **Duty Statement**
- **Form 700** - Assuming, Annual, Leaving
- **Commission Code of Conduct** - All Commission members, vendors and contractors, and members of the public are expected to adhere to the code of conduct at Commission and sponsored meetings and events
- Active participation on your committee
- Participation in the annual **priority setting and resource allocation** (PSRA) process
- Participation in **all trainings**
- **Volunteer** for COH-sponsored activities/events

Do not ignore Form 700 emails from the Executive Office. Failure to complete the form will result in a daily fine



Member Requirements

Conflict of Interest (COI) - All members must sign conflict of interest disclosure form every year

- Must be updated if affiliations change
- Must declare conflict of interest before discussions begin
- **Do not vote on matters where there is a conflict of interest** (includes priority setting and resource allocation)

In decision making about priorities and allocations, members with a conflict of interest can answer questions but **cannot initiate discussions about service categories where they have a conflict of interest**



Member Stipends & Reimbursement

Unaffiliated member:

Person with HIV who is not employed by, serving on the board of, or volunteering with a RWHAP-funded agency

Stipends are not wages, salary, or compensation

Stipends are intended to help offset costs of participation for people with HIV who engage in the work of the Commission

Stipends are available only to **unaffiliated members** who:

- Access RWHAP services
- Are **not employed** by, serving on board of, or volunteering with any **DHSP RWHAP-funded agency**
- Are in active standing under the Commissioner Duty Statement

Unaffiliated consumers may also request **reimbursement** for:

- Transportation to/from meetings (mileage, public transportation, and/or rideshare)
- Childcare
- Meals associated with attending a meeting



Member Grievance Policy

Formal process for **addressing disputes, complaints, or alleged misconduct** between Commission members related to internal Commission matters, including violations of the Code of Conduct, Bylaws, and other Commission policies

- Grievances should be **submitted in writing** to Commission Co-chairs and Executive Director
- Executive Committee reviews and determines appropriate action which include:
 - No action
 - Further investigation
 - Corrective Action Plan
 - Referral to County Counsel

Provides a **fair and structured process for resolving disputes** while protecting the integrity, safety, and effective functioning of the Commission



Committees & Working Units

COH Caucuses

- Aging Caucus
- Black/African American Caucus
- Consumer Caucus
- Transgender Caucus
- Women's Caucus

COH Taskforces

- Housing

- COH carries out much of its work through a strong **committee and subordinate working unit(s) structure**
- Commissioners are required to be a member of at least **one standing committee** and adhere to attendance requirements
- Subordinate working units (caucuses, taskforce, subcommittee, etc.) may be created, as needed and appropriate, to harness broader community input and strengthen PWH voices in community planning:
 - **Caucuses:** subsets of Commission members who are members of “key or priority populations” and are ongoing, as needed
 - **Taskforce:** established to address a specific issue or need and are time limited



Commission on HIV Structure

Flow of Decision-Making Process



Executive Committee

Committees + Subordinate Working Units



Standing Committees

Executive Committee

- Oversees all COH operational & administrative activities
- Ensures work of all committees and subordinate working units is aligned, compliant, and advancing the COH's mission
- Composed of the co-chairs of the COH, committees, and subordinate working units
- Includes three elected at-large members

Membership & Community Engagement (MCE) Committee

- Leads recruitment, training, orientation, stakeholder engagement, and resource development to support COH operations
- Ensures compliant and representative COH membership
- Oversees the work of subordinate working units
- Includes three elected at-large members



Standing Committees

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

- Leads needs assessment, integrated planning oversight, priority setting, resource allocations, and RWHAP fiscal monitoring activities
- Ensures COH's decisions are data-informed, respond to need, align with continuum of services, and coordinate with DHSP and partners

Standards and Best Practices (SBP) Committee

- Leads development of service standards, directives, assessment of the efficiency of the administrative mechanism, and supports clinical quality management activities
- Focuses on strengthening the quality, consistency, and effectiveness of the HIV service delivery system



Planning Council Co-Chair Roles

- Represent the planning council (Commission on HIV) externally
- Ensure **federal mandates are met**
- Advise the planning council and recipient staff about planning council activities and actions
- **Work closely with COH support staff & assigned recipient staff** to develop agendas for COH meetings and ensure needed information & materials are available for committee meetings
- **Prepare for and preside over** COH and Executive Committee meetings
- Report Executive committee actions and recommendations to the full Commission
- **Keep membership informed**

Additional Leadership: Committee/Subordinate Work Unit Co-Chairs

- Leadership at committee/work unit level
- Guide the work of a specific committee
- Support the planning council's overall duties & goals



Meeting Calendar

Meeting dates and times are subject to change

In-person attendance required

- April 9, 2026
9:00am - 3:00pm
- May 14, 2026
9:00pm - 12:30pm
- July 9, 2026
9:00am - 12:30pm
- **Data Summit
Summer/Fall 2026 -TBD**
- September 10, 2026
9:00am - 12:30pm
- January 14, 2026
9:00am - 12:30pm
- February 11, 2027
9:00pm - 3:00pm
Annual Conference

Quorum is essential to conducting committee business

Please plan travel to meetings accordingly to ensure you arrive early or on time!



LOS ANGELES COUNTY
COMMISSION ON HIV



Attendance

All commission meetings are conducted **in person**

Under **SB 707** (Brown Act provisions), members may attend virtually for “just cause” up to two times per year if:

- You are ill
- You are caring for someone who is immunocompromised
- You are serving on active military duty

Members who have a disability under the **Americans with Disabilities Act (ADA)** and require a reasonable accommodation may request to attend virtually. Must notify staff & must ensure Brown Act compliance

Brown Act Compliance: Virtual Attendance



Audio and video must be on at all times

For the duration of the meeting



Announce if there is anyone age 18 or older present in the room

Must notify staff in advance if unable to attend a meeting



LOS ANGELES COUNTY
COMMISSION ON HIV



Commission Website

<https://hiv.lacounty.gov/>

Primary source for all COH related content and information

Meeting Information

- Meeting agendas & packet materials
- Link for virtual/remote participation in meetings
- Workplan and calendar
- COH-related events

Application & Member Resources

- Membership application & required paperwork
- Bylaws & other governing documents
- Mandatory Training, Reports/Data, Policies/Procedures, etc.

Commission Work & HIV Resources

- Work products of the Commission (Service Standards, Integrated HIV Plan, etc.)
- HIV-related resources (RWP Fact sheets, RWP Part A Manual, local resources)



LOS ANGELES COUNTY
COMMISSION ON HIV



Agenda & Meeting Packet

- Meeting materials are posted at least 72 hours prior to meeting
- **Review the materials** ahead of the meeting. Meeting packets are subject to change
- **Print version of the packet will not be available.** Staff will project packet during the meeting
- If attending in person, do not join the virtual platform
- **Allow enough time** to arrive at least 5-10 minutes early. Don't forget to sign in!



LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEETING
Thursday, April 9, 2026
9:00am-3:00pm (PST)
Jesse Owens Park Auditorium
9651 S. Western Ave., Los Angeles, CA 90047
Map/Directions – [CLICK HERE](#)

Agenda and meeting materials will be posted on our website at
<https://hiv.lacounty.gov/meetings>

Register Here to Join Virtually
<https://lacountyboardofsupervisors.webex.com/weblink/register/r1733254418c23a6d71289acfcdef4523>

Notice of Teleconference
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616, Sacramento, CA 95814

Public Comments
Public Comment is an opportunity for members of the public to address the Commission on an agenda item or other matter within the Commission's subject matter jurisdiction. Comments are limited to two minutes per person, will be made part of the official record, and may be provided in person or submitted electronically to hivcomm@lachiv.org. Electronic comments should include your name, the related agenda item, and whether you would like your comment stated during the meeting.

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

Hard copies of materials will not be provided in support of the County's green initiative to reduce waste. Agendas and supporting materials will be available electronically on the Commission website; agendas are posted at least 72 hours in advance in accordance with the Ralph M. Brown Act. If the supporting materials are not yet available, please check back prior to the meeting, as materials remain subject to change.

together.
WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Visit us online: <http://hiv.lacounty.gov>
Get in touch: hivcomm@lachiv.org
Subscribe to the Commission's Email List:
<https://tinyurl.com/y83ynuzt>



LOS ANGELES COUNTY
COMMISSION ON HIV



Commission Support Staff Role

Staff are here to support your success on the COH by providing guidance, resources and administrative support

- Encourage member involvement and retention, with special focus on consumers
- Oversee a training program for members
- Staff committees and full Commission meetings
- Serve as liaison with the recipient (DHSP) and help the COH manage its budget
- Help the COH carry out its legislative responsibilities and operate effectively
- Provide expertise on Ryan White legislative requirements and HRSA regulations & expectations

Commissioners are responsible for:

- Doing the work
- Participating fully
- Contributing the effort needed to carry out Planning Council activities

Staff Contact Information

Primary means of **communication is by email**

- All staff are available to respond to and refer inquiries to the appropriate staff member
- Main Phone Number: 213.738.2816
Main Email: hivcomm@lachiv.org
- Information sharing = hivcomm@lachiv.org
Formal COH business = COH staff email

**Interim
Executive
Director:**

Dawn McClendon (she/her/hers)
Lead staff Executive Committee &
Full Commission

☎ 213.509.9199

✉ dmcclendon@lachiv.org

Jose Rangel-Garibay (he/him/his)

Lead staff Standards and Best
Practices Committee

☎ 213.308.9987

✉ jgaribay@lachiv.org

Lizette Martinez (she/her/hers)

Lead staff Planning, Priorities &
Allocations Committee

☎ 213.304.3846

✉ lmartinez!@lachiv.org

Sonja Wright (she/her/hers)

Lead staff Membership & Community
Engagement Committee

☎ 213.359.6578

✉ sdwright@lachiv.org



LOS ANGELES COUNTY
COMMISSION ON HIV



Member Best Practices

- Learn the **Ryan White CARE Act legislation**
- Follow the Commission Code of Conduct
- Be familiar with Ryan White services
- Understand and help manage **conflicts of interest**
- Listen, learn, and teach others
- Use **data as the basis for decision-making**, not impassioned pleas
- Think about service categories, not individual provider issues
- **Focus on the needs of all people with HIV**, not individual needs
- Focus on your responsibility for helping develop a seamless, accessible system of care for all people with HIV



Questions?



LOS ANGELES COUNTY
COMMISSION ON HIV



INTRODUCTION TO PARLIAMENTARY PROCEDURE

JAMES H. STEWART

PROFESSIONAL REGISTERED PARLIAMENTARIAN

www.mr-parliamentarian.com

jhstew@earthlink.net

What Does Parliamentary Procedure Do?

- ❖ Protects the rights of the members and of the minority**
- ❖ Gives a decision making process that can be trusted**
- ❖ Provides a process for effective, efficient and ordered decision making**

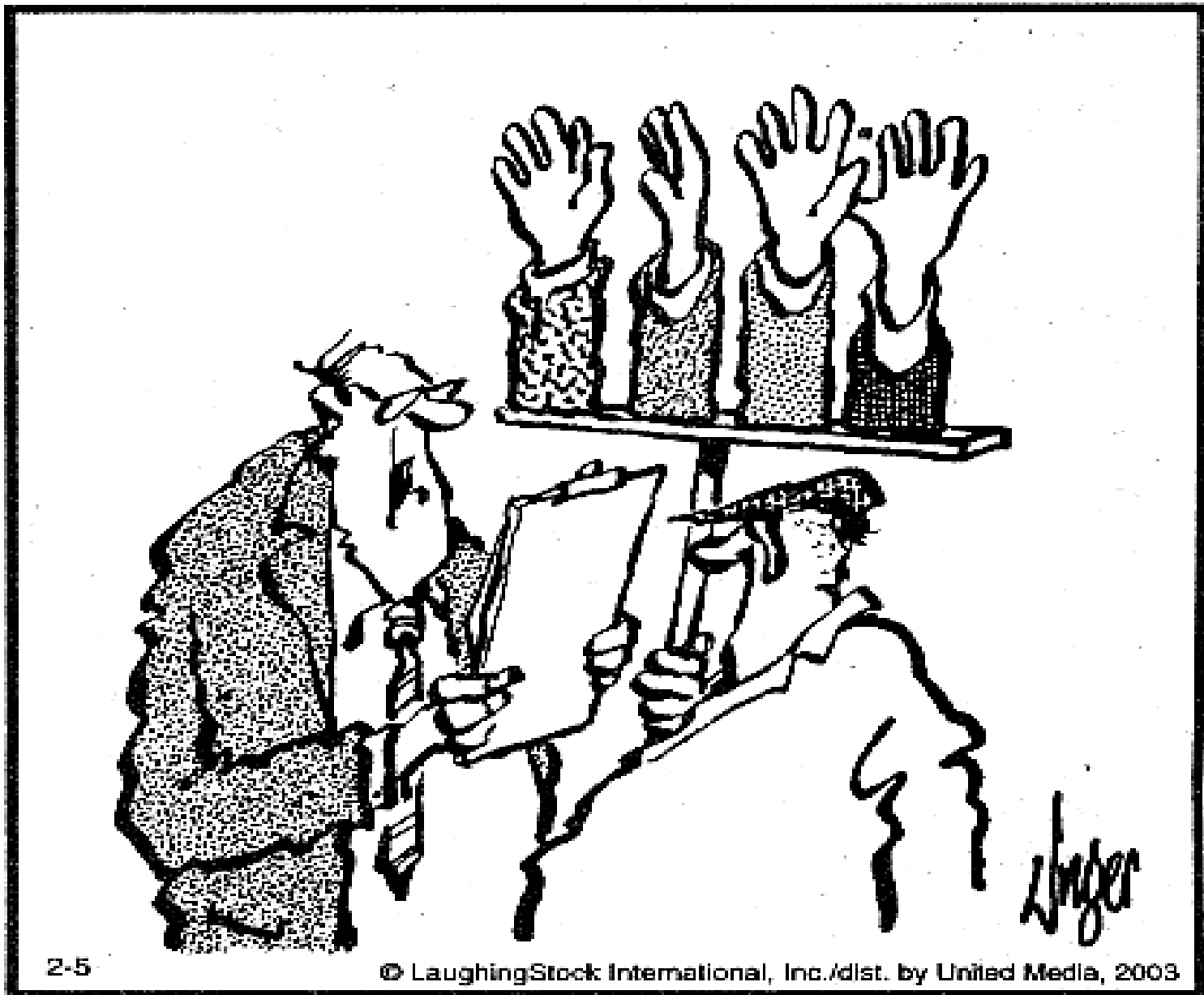
QUORUM

- ❖ **A quorum is the number of voting members that must be present in order to legally conduct business**
- ❖ **Majority under Brown Act**

VOTING

**The freeman casting
with unpurchased hand
The vote that shakes
the turrets of the land**

Oliver Wendell Holmes



2-5

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“That was close! We won by two votes.”

VOTING UNDER BROWN ACT

- Brown act requires each person's vote be recorded by name
- Only two methods allowed
 - Unanimous consent
 - Roll Call

PROCESS ISSUES

- Voters are not allowed to Explain a vote – that constitute debate
- Vote may not be interrupted until complete
- A member may change their vote up until the time the result is announced by the chair, there after only with unanimous consent of the body

ABSTENTION

- **No one can be compelled to vote**
- **Abstention is NOT a vote – it does not count - EVER**
- **Normally not ask for, except under Brown Act**

True or False

- **The chair can only vote to break a tie.**
- **Truth – The chair can vote on any question, but normally only votes on a ballot vote or when it makes a difference.**

DISCUSSION vs DEBATE

- Discussion is talk about a general topic and does not generally lead to a conclusion
- Debate is formal statements for or against a specific proposition (motion)



RESPECTFUL DEBATE
ENGENDERS
RESPECTED DECISIONS

Basic Rules of Debate

- ❖ **No debate without a motion pending**
- ❖ **Debate only the IMMEDIATE PENDING question**
- ❖ **All remarks addressed to the chair**
- ❖ **No one speaks without being recognized by the chair**
- ❖ **No one speaks twice till all have spoken once**
- ❖ **No one speaks more than twice without the approval of the assembly**
- ❖ **Time limit may be imposed**

DECORUM DURING DEBATE

- ❖ **ISSUES - NOT PEOPLE**
- ❖ **Confine remarks to the merits of the pending question**
- ❖ **Refrain from attacking members or members motives**
- ❖ **Address all remarks to the chair**
- ❖ **Avoid use of members names**
- ❖ **Remain quiet during others comments**
- ❖ **Refrain from disturbing the assembly**

Chairs Duties During Debate

- ❖ Chair maintains appearance of neutrality**
- ❖ Chair does not debate**
- ❖ Chair should recognize members in order of request or alternate pro & con**
- ❖ Chair must impose time limit evenly**
- ❖ Chair must enforce rules of decorum**
- ❖ Chair may vote on any question (LAST)**

Hierarchy of Motions

- **98 motions in RONR**
- **No lower rank motion can be made**

MOTIONS FROM THE FLOOR

- **Member “rises”**
- **Member is recognized by the chair**
- **Member says “I Move...’**
- **Another member seconds**
- **Chair state the motion “It is moved and seconded that...”**
- **Chair asks for debate**
- **Chair ask for vote (ayes & noes)**
- **Chair states if motion passed or lost**
- **Chair goes to next business in order**

MOTIONS FROM THE FLOOR

- **Procedural Motions such as: postpone, refer to committee, extend debate, end debate, recess, reconsider, etc. are permitted under Brown Act.**
- **Amend (change words) may or may not be allowed, depending on the change itself, may require postponing to the next meeting and re-notecing the proposed motion**



I SO MOVE

True or False

- **There can only be one motion on the floor at a time.**
- **FALSE**
- **Truth – There can be several motions on the floor at the same time – but the body only debates and votes on one at a time.**
 - **Main Motion**
 - **Amendment**
 - **Postpone**
 - **Refer**
 - **End debate and vote**

True or False

- **The Secunder must agree with the motion.**
- **Truth – The Secunder does not have to agree with the motion, the Secunder is only agreeing that the motion is worthy of debate.**

Main Motion

- **A motion which brings a NEW piece of business before the assembly**

POSTPONE INDEFINITELY

- **ACTION:** To stop consideration of a pending question without voting on it. Kills it for this session.
 - **Must be Seconded**
 - **Debatable**
 - **Majority Vote**

AMEND

- **ACTION - To alter words in a motion**
 - **Add words**
 - **Remove words**
 - **Remove and add words**
 - **Substitute motion**

AMEND

- **Must be seconded**
- **Is Debatable**
- **Is Amendable**
- **Adheres on referral**
- **Majority vote**

TRUE OR FALSE

- **Amendments must be “accepted” by the maker and the seconder.**
- **Truth – Once the amendment is stated by the chair, it ‘belongs’ to the assembly, they can amend it as they wish.**



**FRIENDLY
AMENDMENTS**

REFER

to committee

- **ACTION: Sends the Main Motion and all adhering motions to a committee for consideration and recommendation**
 - **Standing or Special committee**
 - **Motion can create the committee**
 - **Can have time limit**
 - **Can be recalled if committee does not act**

REFER

to committee

- **Must be seconded**
- **Debatable**
- **Amendable**
- **Majority Vote**

POSTPONE DEFINITELY

- **ACTION:**
 - **Postpones consideration until a specific time**
 - **Must be seconded**
 - **Amendable as to time**
 - **Majority vote**

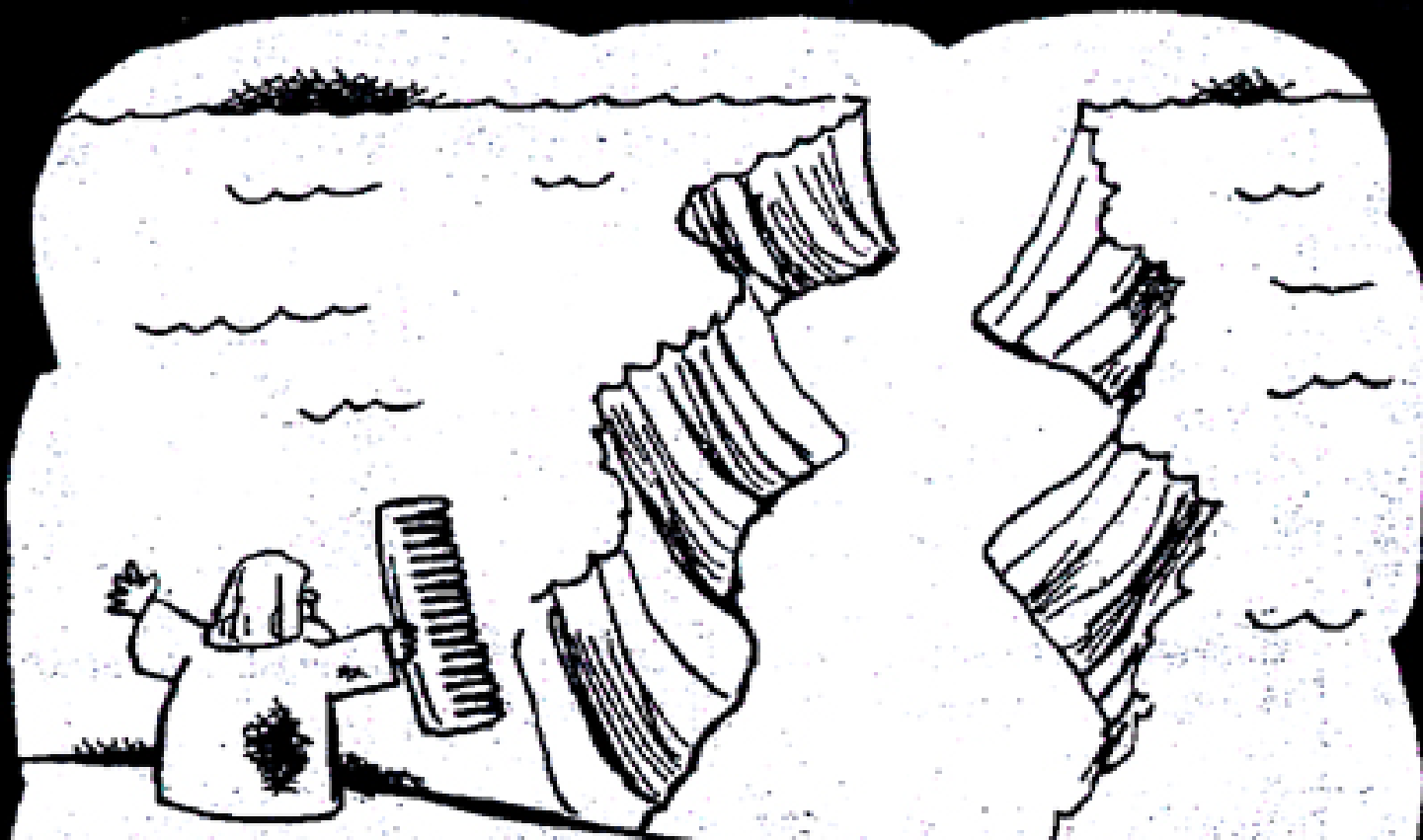
Limit or Extend Debate

- **Action: To change to time allotted for debate, Individual or total.**
 - **Must be seconded**
 - **Not Debatable**
 - **Amendable**
 - **2/3 vote**

MOVE TO END DEBATE

- **ACTION:** Ends debate, proceed to vote on the pending question
- **Alternate form: call the question**
 - **Must be seconded**
 - **Not debatable**
 - **Not amendable***
 - **Requires 2/3 vote**

RANDOLPH ITCH 2 a.m.



Moses
tried all morning
to get the part straight .



Guidelines for County Commissions and Advisory Bodies

Legislative Advocacy

- Advocacy on bill and budget proposals is coordinated by the Chief Executive Office's Legislative Affairs and Intergovernmental Relations (CEO-LAIR) Branch, in coordination with the Board of Supervisors' (Board) offices and County departments.
- Designated CEO-LAIR Advocates based in Washington, D.C. and Sacramento represent the County's advocacy positions on bills and budget proposals.
- According to the Board Policy Manual, departments and County commissions, committees, task forces, and other advisory bodies are not allowed to independently take positions or advocate on legislation or budget proposals on behalf of the County.

Advocacy Recommendations from County Commissions and Advisory Bodies

- A County commission, committee, task force, or other advisory body (commission) that wants to recommend that the Board of Supervisors take an advocacy position on State or federal legislation or on budget items must first submit their proposed recommendation to CEO-LAIR for review and guidance.
- CEO-LAIR will review the recommendation and advise the commission if the County has an existing position on the bill or budget proposal.
- If the County does not have a position on a proposal, a commission can make a formal recommendation to the Board to support or oppose legislation or budget proposals.
- To do so, the commission must place the recommendation for consideration and vote on an upcoming commission meeting agenda as an Action Item.
- Ahead of the commission meeting where the recommendation will be considered, CEO-LAIR will provide a summary of the legislation or budget proposal and note if the commission's recommendation is consistent with existing Board policy (See sample Memo of Findings).
- Should the commission adopt the recommendation that the Board take a support or oppose position on legislation or budget proposals, that recommendation would then be transmitted to the Board, along with a copy of the CEO-LAIR's Memo of Findings, via a letter from the Commission.

Guidance and Assistance

- Please contact CEO-LAIR at (213) 974-1100 or legislativeaffairs@ceo.lacounty.gov for guidance and assistance before an item related to legislation or budget proposals is placed on your commission's agenda for consideration.



Welcome to the Division of HIV and STD Programs

Michael Green, PhD, MHSA, MA

Chief, Planning and Development

Division of HIV and STD Programs

April 9, 2026





Establishment of the Los Angeles County Division of HIV and STD Programs

Overview of Los Angeles County and the People we Serve

DHSP Organizational Structure

Partnerships and Community Engagement

Current DHSP Funding Streams

Prevention and Care Services Across the HIV Care Continuum



Establishment of the Los Angeles County HIV/AIDS Program



The Los Angeles County Office of AIDS Programs and Policy (OAPP) was established in 1985 to develop a coordinated and strategic response to the growing HIV/AIDS epidemic.

250

MMWR

June 5, 1981

Dengue – Continued

Editorial Note: Dengue type 4 frequently occurs in Southeast Asia, the South Pacific, and Africa. How it was introduced onto St. Barthelemy, a small and relatively remote island in the Caribbean, remains unknown. However, French health authorities have reported to CAREC that an outbreak of dengue-like illness has been observed on St. Barthelemy, beginning in February or March, but has since declined. In the absence of reports of an ongoing outbreak of dengue in the Caribbean, the risk that travelers to this area will acquire dengue is probably small.

Dengue types 2 and 3 have been present in the Caribbean at least since the 1960s. Dengue type 1 was first recognized in that area when an outbreak in Jamaica in 1977 was followed by numerous outbreaks on other Caribbean islands and in Central America. All these dengue types, as well as type 4, usually cause an illness that is clinically mild and typically of short duration.

Pneumocystis Pneumonia – Los Angeles

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-



Los Angeles County Office of AIDS Programs and Policy

- Responsible for the overall administration, budgeting, planning, program oversight, and contract procurement for HIV prevention and care services
- In 1991, LAC was 1 of 16 jurisdictions to receive the first emergency care and treatment funding from HRSA (Ryan White Title I/Part A)

2006

OAPP moved from the Los Angeles County Department of Health Services to the **Los Angeles County Department of Public Health**

Los Angeles County Division of HIV and STD Programs

2011

OAPP, HIV Epidemiology Program, and the Sexually Transmitted Disease Program were merged to form the **Los Angeles County Division of HIV and STD Programs (DHSP)**

- DHSP is charged with developing and managing public health surveillance and programmatic response to HIV and STDs in Los Angeles County.
- Data, planning, fiscal management, monitoring and contract oversight, quality assurance and quality improvement, technical assistance, and community engagement are **co-located in one unique County program.**
- DHSP is an integrated program which supports **syndemic** planning and a coordinated response for Sexually Transmitted Diseases (STDs) including HIV.



Division of HIV and STD Program's Mission and Vision





Mission

- To prevent and control the spread of HIV and STDs through epidemiologic surveillance, implementation of evidence-based programs, coordination of prevention, care and treatment services, and the creation of policies that promote health.

Vision

- New HIV and STD infections have been eliminated and persons with STD and HIV infections have improved health outcomes through access to high quality prevention, care, and treatment services.



Los Angeles County Profile

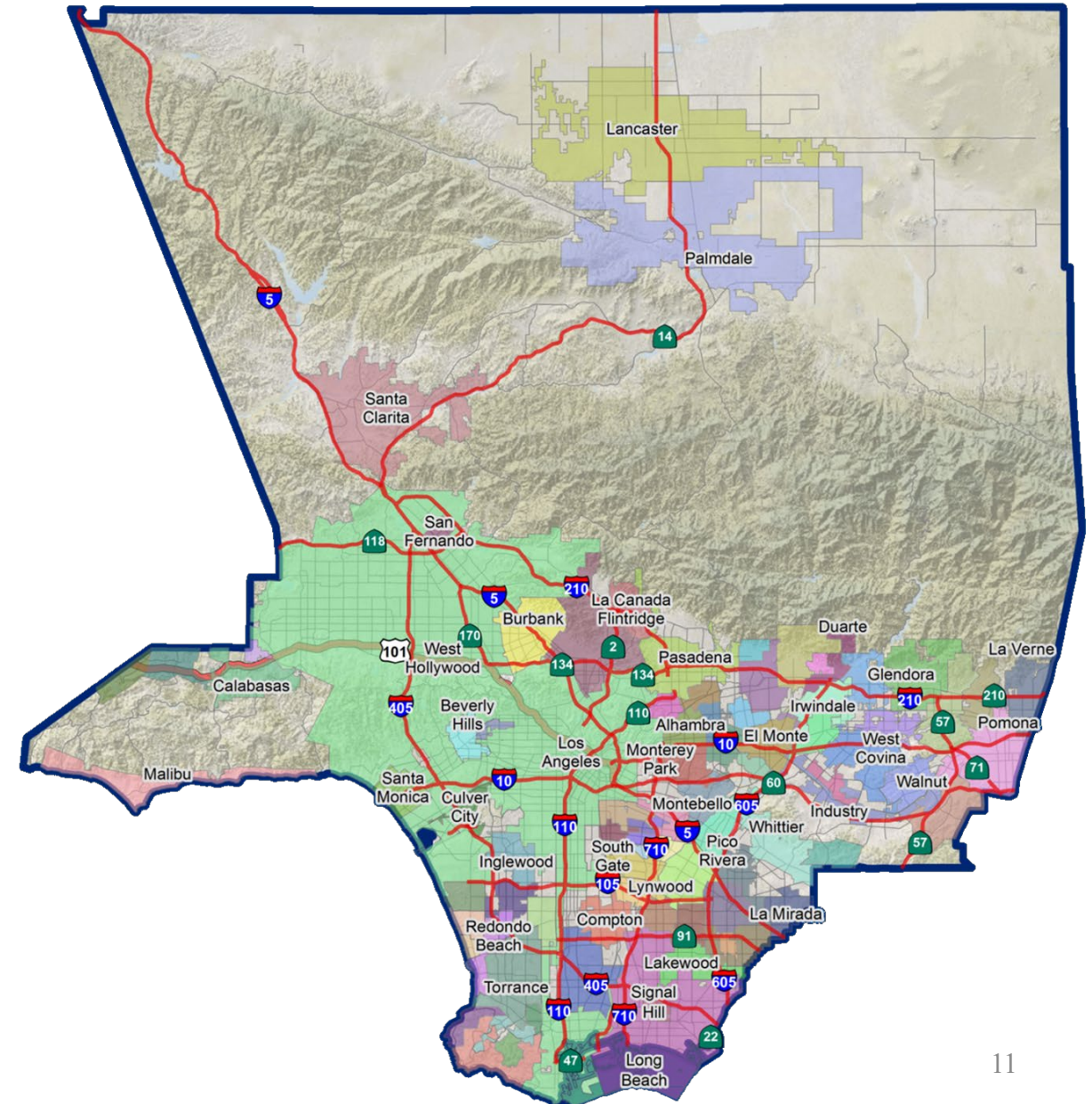


Los Angeles County (LAC) Geography



- Over 4,084 sq. miles
- 88 incorporated cities
- Over 100 unincorporated areas
- Urban, suburban, and rural areas
- 26 health districts
- ~1 of every 4 Californians lives in Los Angeles County (26%)

- 9.7 million residents
- Most populous county in the United States
- Greater population than 40 individual states
- One of the most racially/ethnically diverse counties in the United States
- 1 in 3 residents were not born in the US
- 224 different languages are spoken
- 55.1% speak another language (not English) at home
- 9% LGBTQ+
- 1 in 4 households are food insecure



- Unemployment rate is 5%
- In 2025 more than 72,000 persons were homeless on any given night
- Average daily inmate population is more than 12,700
- Fentanyl overdose deaths increased 1,058% between 2016 to 2024
- 1 in 4 Angelenos have a mental health disorder
- 1 in 3 youth reported a mental, emotional, developmental, or behavioral issue in the past year





Introduction to HIV in Los Angeles County Through Data

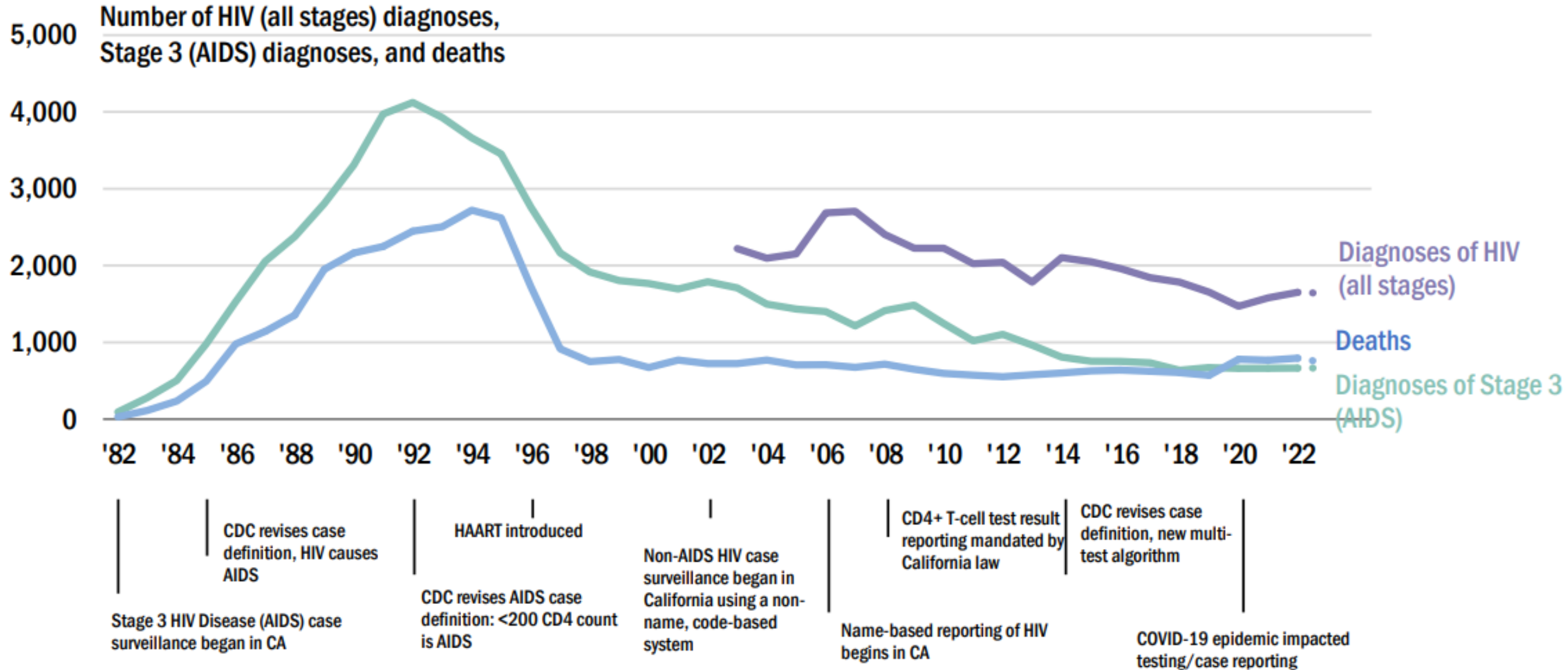


History of HIV Surveillance in LAC



1982	Stage 3 HIV Disease (AIDS) case surveillance began in LAC
2002	Non-AIDS HIV case surveillance began in California using a non-name, code-based system
2006	California law revised to require reporting of HIV cases and laboratory test results indicative of HIV infection by name
2008	CD4+ T-cell test result reporting mandated by California law
2011	California law changed to allow use of HIV surveillance data for public health purposes – such as linking newly infected persons to care
2013	Use of new HIV testing algorithm for California laboratories was approved by a State Emergency Public Health Regulation to allow for better identification of acute HIV
2016	California law required reporting of acute HIV infection within one day of diagnosis

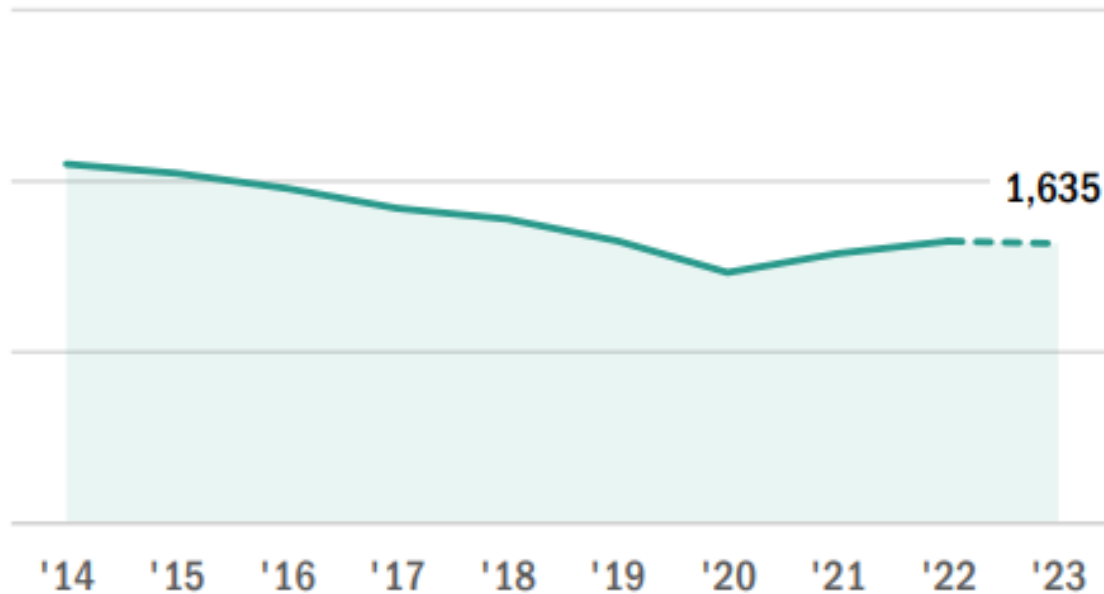
HIV Diagnosis, AIDS Diagnosis, and Deaths among persons reported with HIV in LAC, 1982-2023



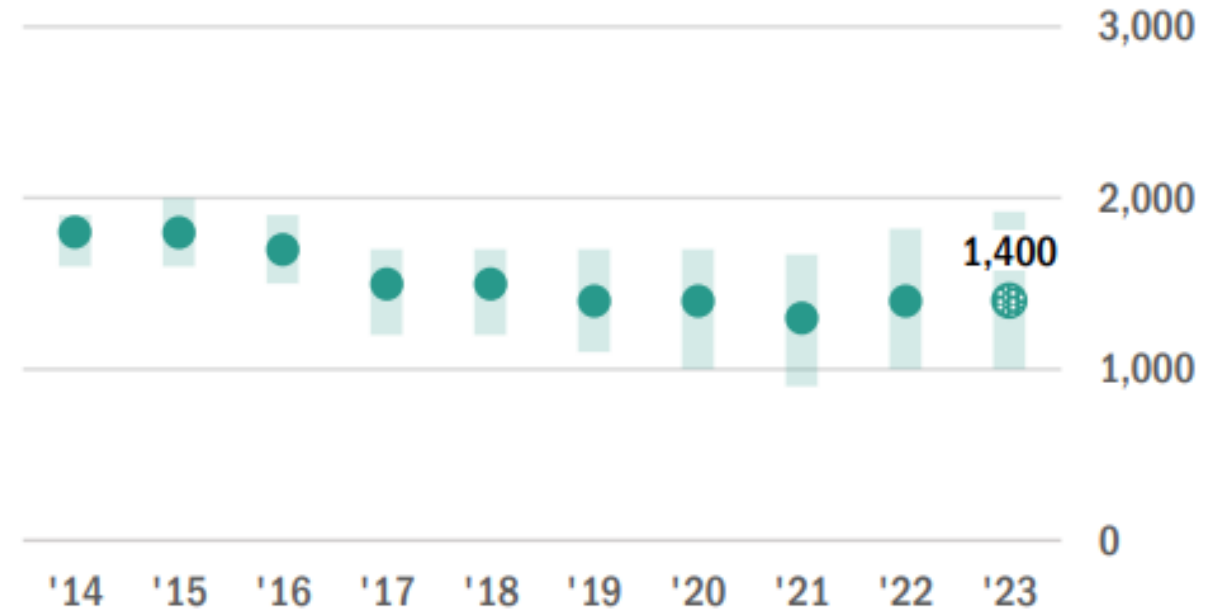
New HIV Diagnoses and New HIV Infection Trends, 2014-2023



Number of new HIV diagnoses by year



Estimated number and 95% CI of new HIV infections by year



New HIV Diagnoses by Year= Number of people living with HIV (PLWH) who **received an HIV diagnosis** in a calendar year.

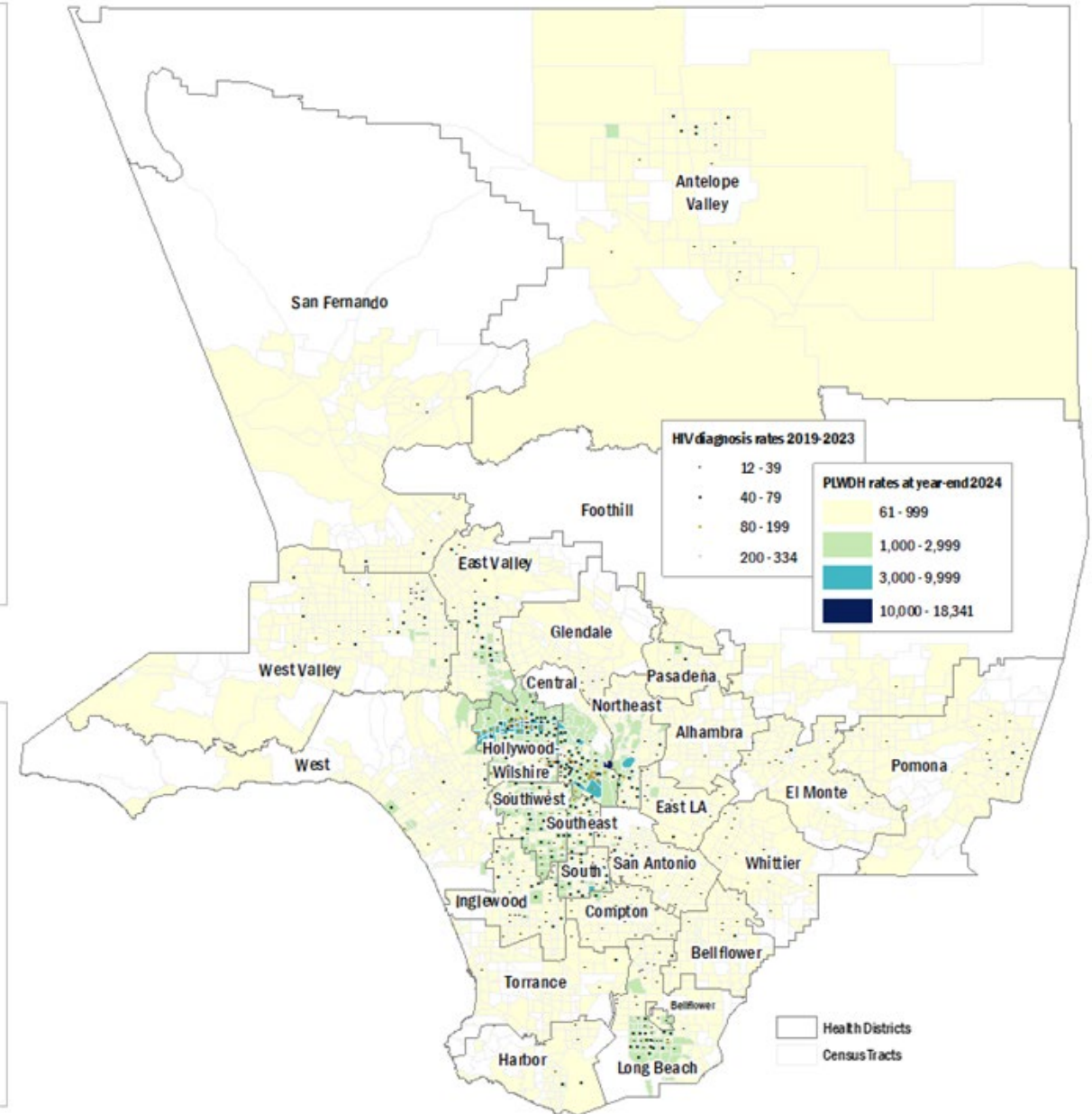
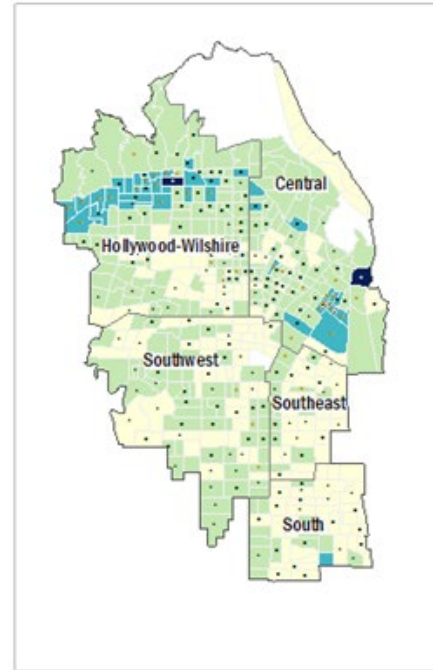
Estimated number of New HIV Infections by Year=Number of people who **acquired HIV** in the calendar year.

Where are new HIV diagnoses being identified in LAC?



The HIV epicenters with the **highest rates** in Los Angeles County are **Hollywood-Wilshire Health District** and **Central Health District**.

The **highest density of new diagnoses** is in the **central and southern regions** of Los Angeles County.



N= 1,635 Newly Diagnosed Cases in Los Angeles County in 2023

Gender

- **Male** **81.5%**
- Female 14.0%
- Transgender 4.5%

Race/Ethnicity

- White 15.7%
- Black 18.0%
- **Latinx** **59.1%**
- Asian 4.8%
- Other 2.4%

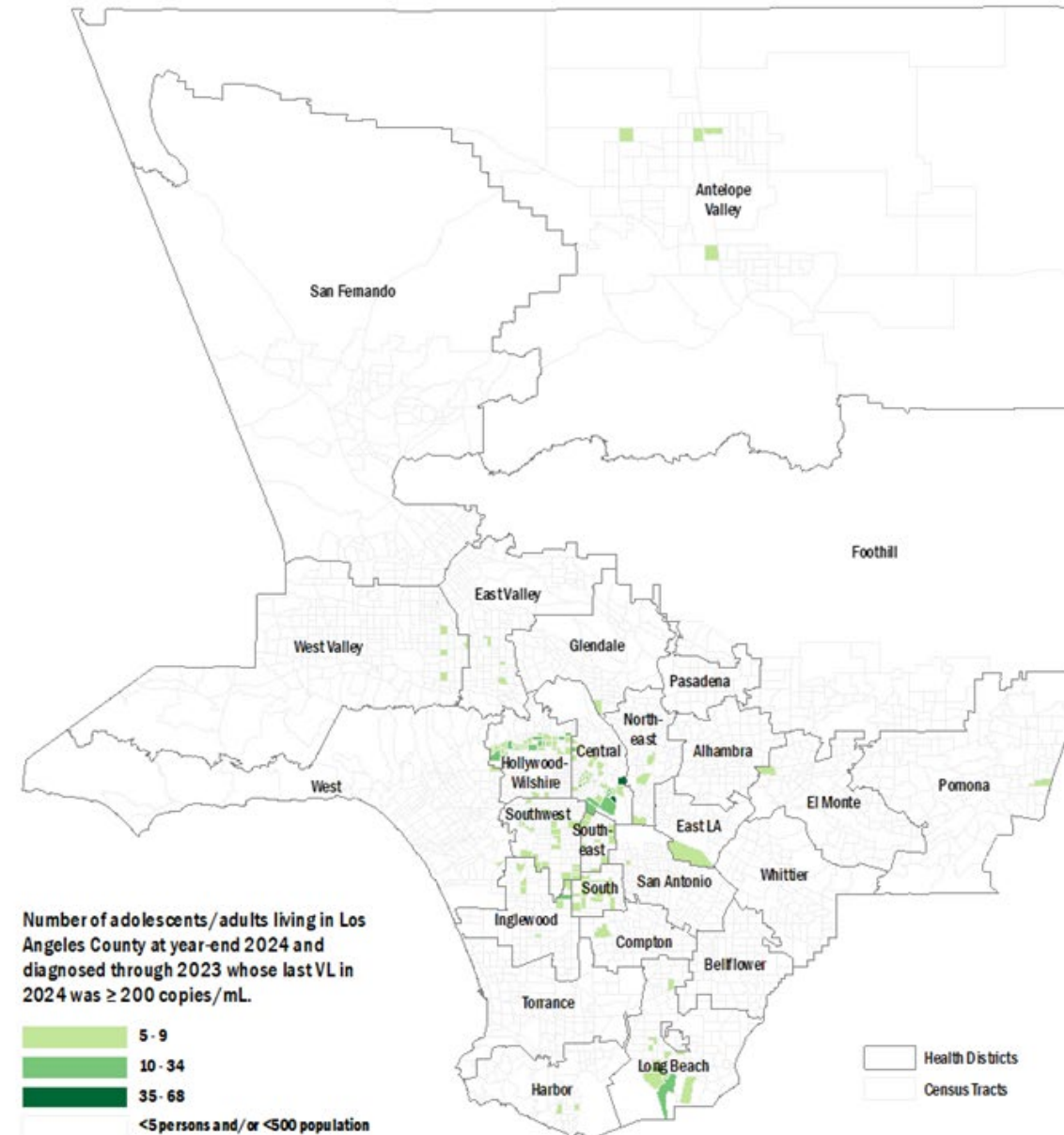
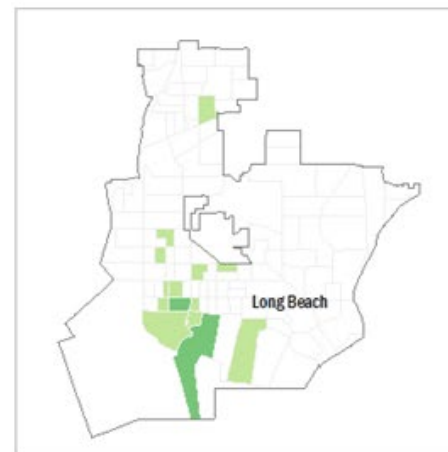
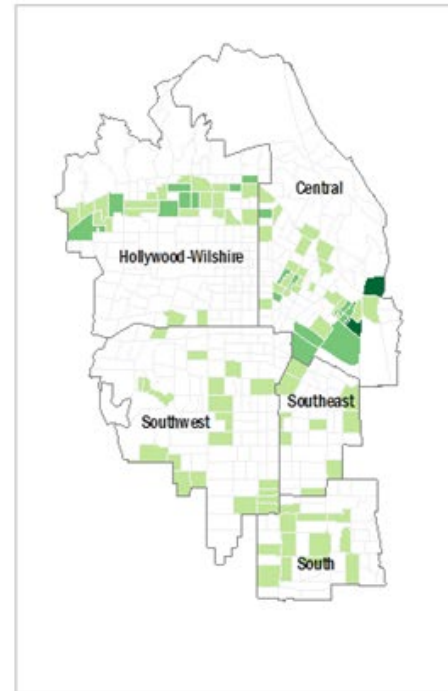
Age at Diagnosis

- 13-19 2.9%
- **20-29** **31.0%**
- **30-39** **33.0%**
- 40-49 19.4%
- 50-59 9.2%
- 60+ 4.5%

What geographic area has the highest level of unsuppressed viral load?



Census tracts located in the **Central** and **Hollywood-Wilshire Health Districts** had the **highest** levels of **unsuppressed viral load**. These are locations where a robust public health response is needed to 1) identify networks of ongoing transmission and 2) deploy rapid interventions to minimize transmission. Other **emerging hotspots** of transmission that require close monitoring are in the **Southwest, Southeast, South, and Long Beach Health Districts**. We have zoomed in on the six HDs with the highest levels of unsuppressed VL in the maps to the left.



An **estimated 56,600** (Range 54,900-58,400) **people were living with HIV in Los Angeles County at year-end 2023.** This included persons unaware of their HIV status.



Estimated
Number
Unaware of
Positive HIV
Status





Number of Living Persons Age 13 or Older Diagnosed with HIV at year-end 2024



Number of
persons living
with
diagnosed HIV

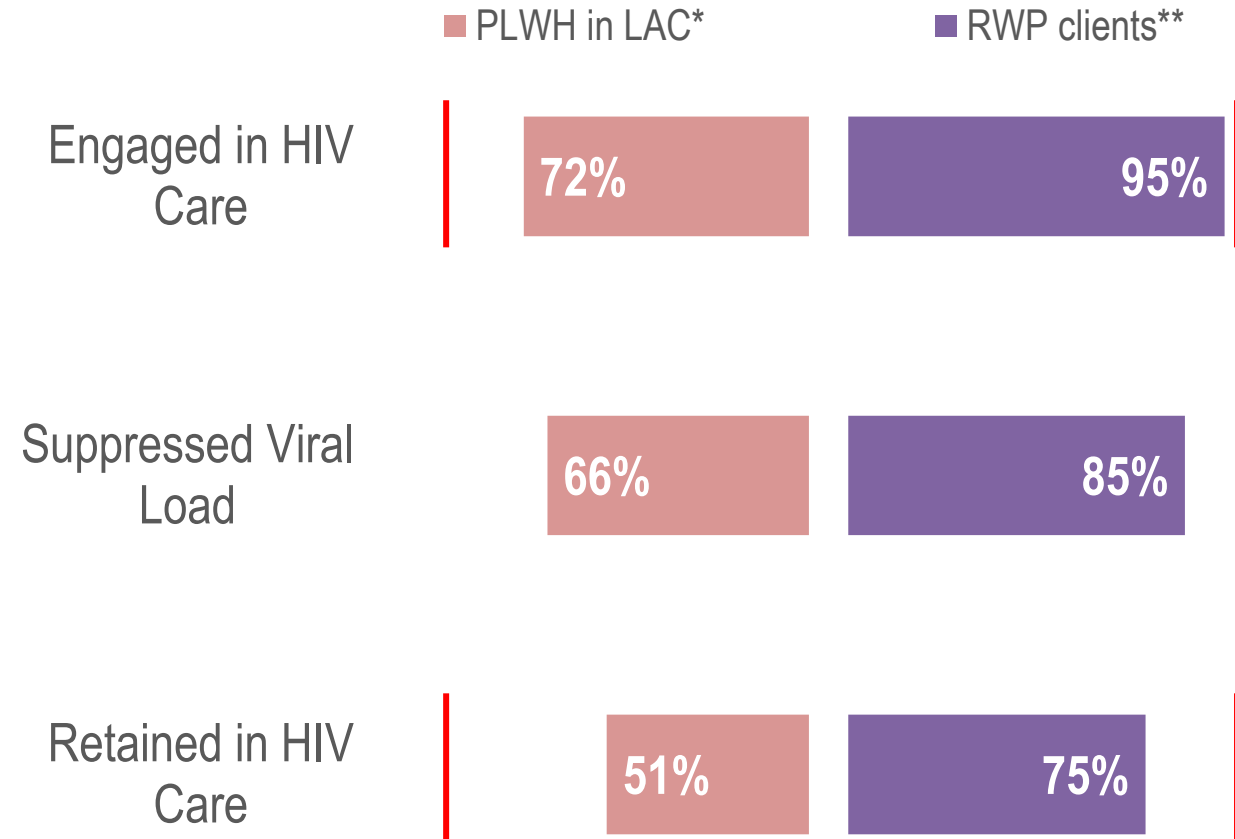


What were the HIV Care Continuum Outcomes for RWP clients in Year 34?



In Year 34 (2024-2025), 15,843 clients utilized one or more RWP service

Engagement^a, retention in care^b and viral load suppression^c percentages were higher for RWP clients compared to all PLWH in LAC, Year 34 (2024-2025).



— 95% Target

^a**Engagement in Care** defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/5/2025

^b**Retention in care** defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12-month period based on HIV laboratory data as of 5/5/2025

^c**Viral suppression** defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 5/5/2025

* Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2023. <http://publichealth.lacounty.gov/dhsp/Reports/HIV/2023AnnualHIVSurveillanceReport.pdf>

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



Ending the HIV Epidemic in Los Angeles County





	EHE 2025 targets	EHE 2030 targets	LAC results
Estimated number of new HIV infections (including diagnosed and undiagnosed infections) ¹	380	150	1,400 [880-1,800] (2023)
Estimated number of persons living with undiagnosed HIV in LAC ¹	n/a	n/a	4,900 [3,200-6,700] (2023)
Number of new HIV diagnoses ²	450	180	1,635 (2023)
Estimated percentage of PLWH with knowledge of their HIV-positive status ¹	95%	95%	91% [89% - 94%] (2023)
Percentage of newly diagnosed persons linked to HIV care within one month of diagnosis ²	95%	95%	79% (2023)
Percentage of persons living with diagnosed HIV (PLWDH) with viral suppression ²	95%	95%	66% (2024)
Estimated percentage of HIV-negative persons with indications for PrEP who have been prescribed PrEP ³	35%	50%	N/A



Overview of the Los Angeles County Department of Public Health



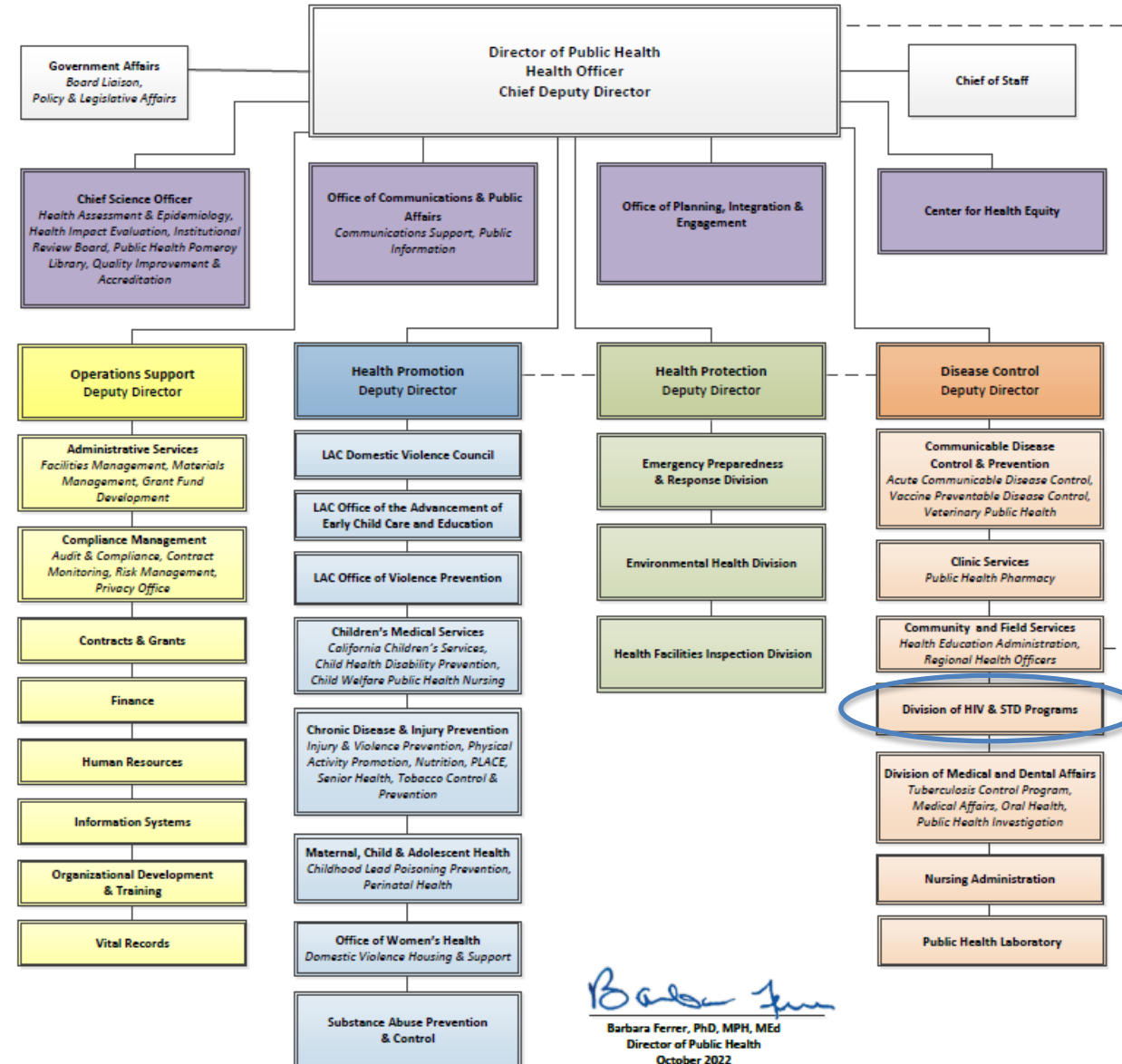
Los Angeles County Department of Public Health (DPH)



- **Vision**
 - Healthy People in Healthy Communities
- **Mission**
 - To protect health, prevent disease and injury, and promote health and well-being for everyone in Los Angeles County



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH



Barbara Ferrer

Barbara Ferrer, PhD, MPH, MEd
Director of Public Health
October 2022

Communicable Disease Control & Prevention



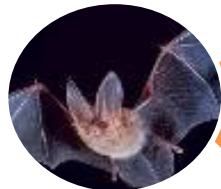
Prevent communicable diseases



Screen & treat TB and HIV/STIs



Disease surveillance, outbreak response & preparedness

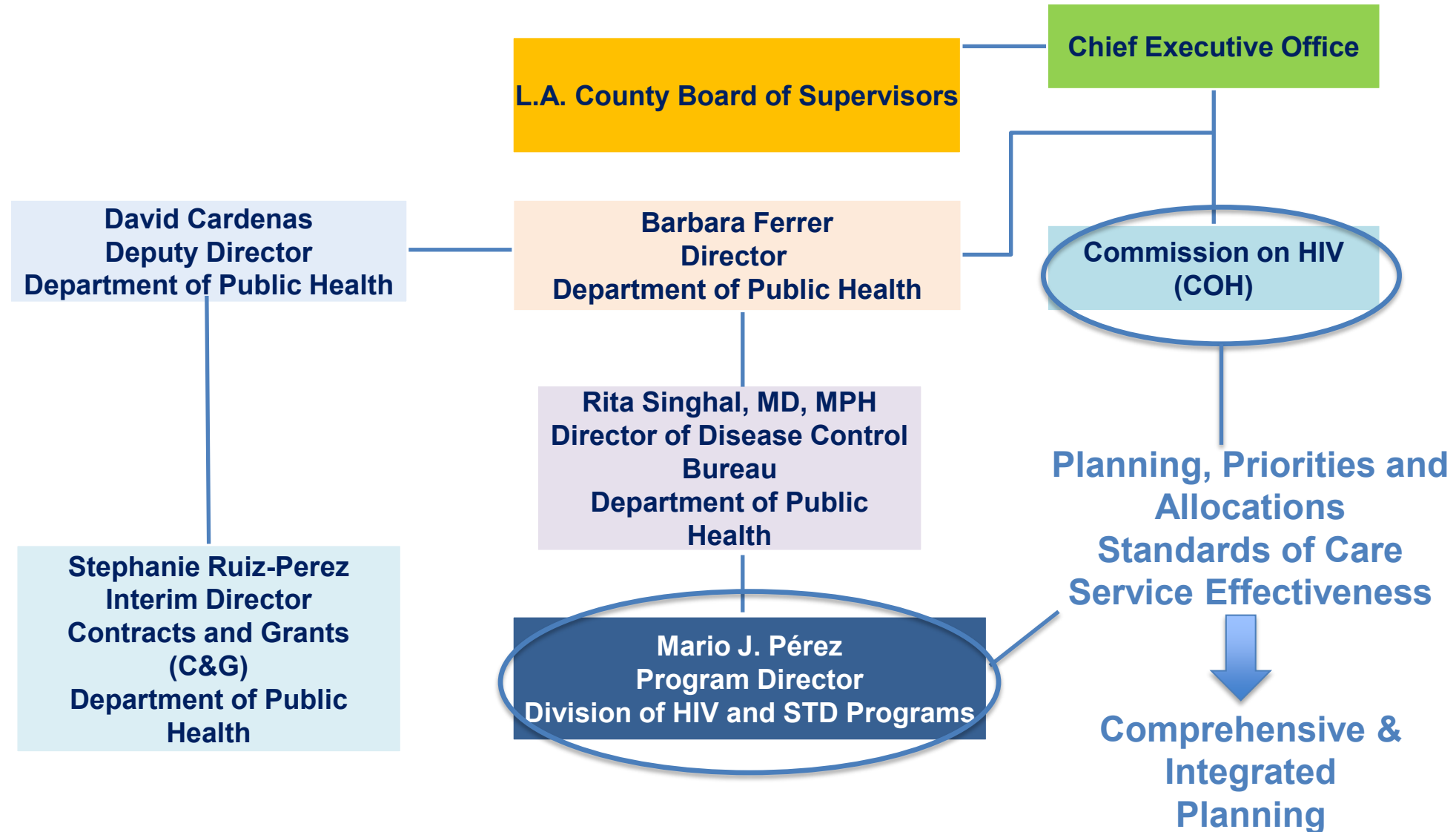


Veterinary public health activities & rabies control



Public Health Lab

Where is DHSP in the larger Los Angeles County Structure?





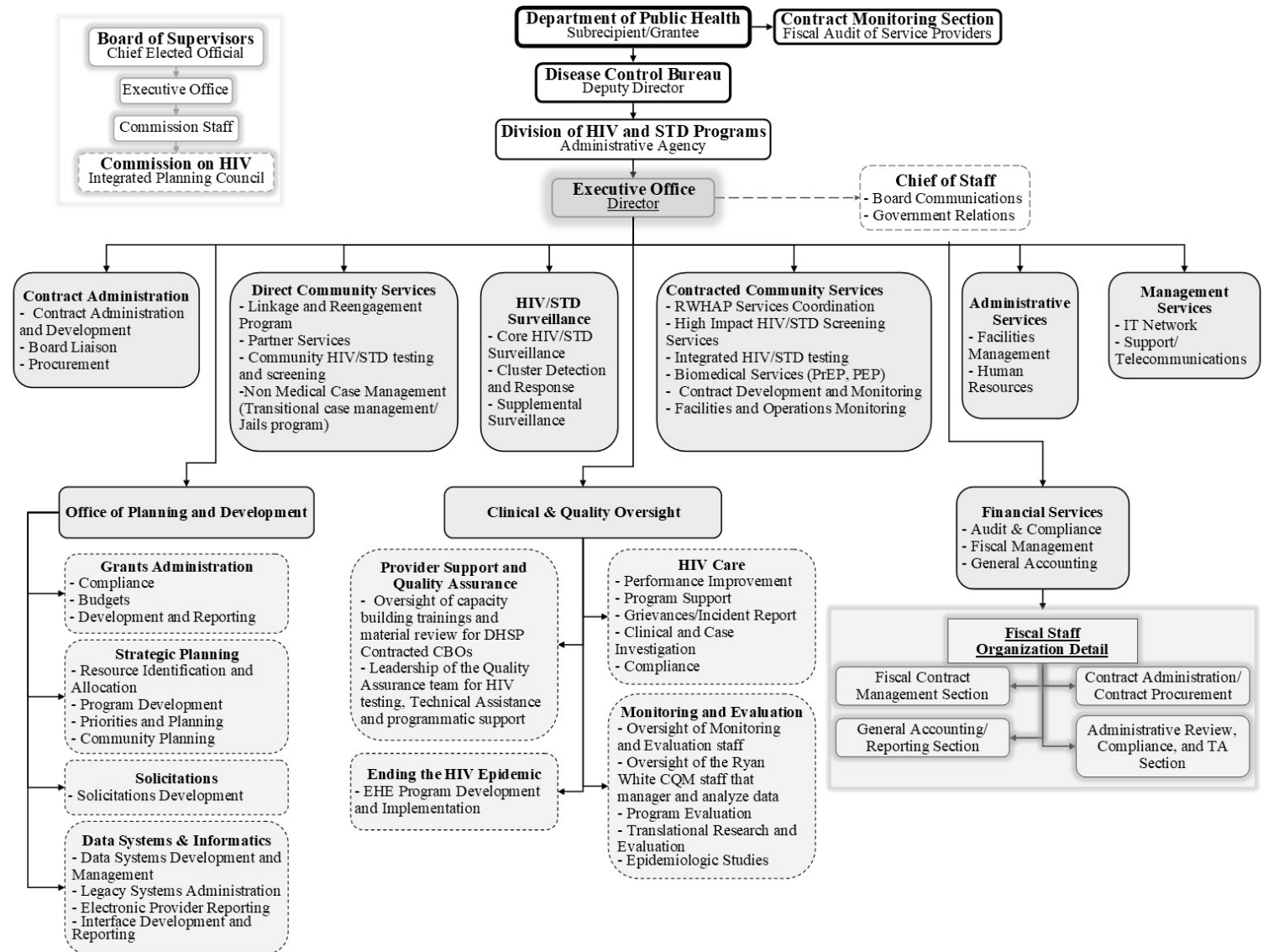
DHSP Organizational Structure



What is DHSP's organizational structure?



- Executive Office
- Administrative Services
- Management Services
- Financial Services
- Planning and Development
- Contract Administration
- Direct Community Services
- Contracted Community Services
- HIV/STD Surveillance
- Clinical and Quality Oversight



- Liaison and participant on local, State, and national advisory councils and groups e.g. National Alliance of State and Territorial AIDS Directors, National Coalition of STD Directors, Los Angeles Commission on HIV, etc.
- Primary liaison to the Los Angeles County Department of Public Health Executive Office
- Collaborates with community providers, local, State and federal elected officials, and government agencies
- Responsible for managing, planning and guiding the annual investment of local, State, and federal resources that support a responsive and comprehensive HIV and STD service delivery system by bridging policy, funding, and community needs
- Includes a Chief of Staff who guides and supports the DHSP workforce

- Staff recruitment and human resources
- Facilities management
- Information technology and telecommunications

DHSP's New Address:

555 W. 5th Street, 34th floor

Los Angeles, CA 90013

Main Line: (213) 351-8000



- Oversees contract administration and development
 - 146 contracts with 41 CBOs or healthcare centers (2025)
 - 14 Memoranda of Understanding (MOUs) with CBOs, universities, and county departments (2025)
 - 22 Master Agreements or Data Use Agreements (2025)
- DHSP Procurement
- Liaison to the Los Angeles County Board of Supervisor
 - Accepts grant awards
 - Approves contracts
 - Notifies Board of grant or contract changes





- Performs accounting, fiscal management, and fiscal **monitoring** or audit reviews for 180 contracts, MOUs, and agreements (2025)
- Receives and process contractor invoices and disburse payments
- Assists in the development of grant budgets and track grant expenditures
- **Assures** fiscal compliance with grant and legislative requirements
- Provides technical assistance to contractors on fiscal related items



- Manages mandatory HIV and STD reportable disease data systems including case reporting, data verification, cleaning, merging, analysis, and data transfers/submissions for ALL reported HIV and STD cases annually
- Provides technical assistance to health care providers and laboratories on case reporting
- Designs bio-behavioral and supplemental surveillance protocols, collects data, and conducts analyses (e.g. National HIV Behavioral Surveillance, cluster detection and response and Medical Monitoring Program)



- Develops and updates HIV and STD data dashboards that reflect ongoing changes in the syndemic and identifies trends and disease clusters to inform response activities
- Produces annual HIV Surveillance Report, STD Surveillance Report, manuscripts, data tables, presentations, fact sheets, and summary briefs to paint a detailed picture of the HIV and STD syndemic in Los Angeles County

- Staff provides direct HIV and STD testing and education within the community and participates in outreach events
- Implements the Linkage and Re-engagement Program and assists with other linkage and re-engagement activities as needed
 - Navigation and case management services
 - Building rapport
 - Provide referral and linkage to services (e.g. housing, legal, etc.)
 - Escort to appointments
 - Provide support, appointment reminders, and health education



- Implements public health initiative (I Know program) designed to increase testing for chlamydia and gonorrhea particularly among young people by offering free home test kits
- Conducts Partner Services
- Provides rapid syphilis testing in carceral settings

- Supervising program managers and program managers are responsible for managing and **monitoring** all DHSP-funded contracts for HIV Prevention and Care services, STD Screening, social marketing, and condom distribution
 - **Assures** that scope of work (SOW) goals are met and **assesses** if program implementation is aligned with the SOW and best practices
 - How many clients are linked to care, receive partner services, retained in care, or are virally suppressed?
 - How quickly are clients linked to care?
 - What is the HIV testing or STD screening positivity percentage?
 - How many people were newly diagnosed?
 - How many people are enrolled in PrEP?
 - How can we increase these numbers?





- **Monitors** all contracts for compliance with all DHSP, State, and federal contract requirements through desk review and multi-day site visits
- **Monitors** and **assesses** expenditures by reviewing monthly reports, invoices, and budgets
- **Assesses** if program and services are beneficial to clients
- Works with providers to negotiate contracts and make budget modifications
- Provides technical assistance on client recruitment, retention, workforce development, referrals, collaboration with other service providers
- First point of contact



- Staffed with medical doctors, public health nurses, health program analysts and health educators to develop, **monitor** and **disseminate** current and medically accurate recommendations for HIV and STD treatment and care.
- Hosts a quarterly Medical Advisory Committee providing a forum for medical and public health professionals to advise DHSP in the development and implementation of HIV and STD care, treatment and prevention programs, and HIV and STD related quality **assurance** and quality management policies
- Nursing staff conducts congenital syphilis surveillance and case management activities



- Provides oversight and implementation of the Ending the Epidemics program
- Clinical Quality Management unit is responsible for developing DHSP's HIV Clinical Quality Management Plan, designing and implementing a quality improvement program, reviewing Ryan White Program data to identify disparities between populations by service category, obtaining consumer and provider input on quality of services, and providing technical assistance and training to Ryan White Program providers to improve quality and equity in services.
- Collaborates with the Commission on HIV to develop the HIV Standards of Care

- Monitoring and Evaluation staff are responsible for collecting, processing, validating, cleaning, analyzing, evaluating (including cost benefit analysis), and reporting DHSP program data
 - HIV testing and STD screening: storefronts, clinics, emergency departments, mobile testing units, commercial sex venues, outreach events, Los Angeles County public health clinics
 - Ryan White Program services
 - PrEP Centers of Excellence
 - Pharmacy PrEP
- Develops and updates program data dashboards
- Produces annual HIV and STD Testing Report and other data summaries and presentations which are posted on the DHSP website to inform planning and agency quality improvement activities



- Comprised of four units: Grant Management, Solicitations, Data Systems and Informatics, and Strategic Planning
- Supports grant development, grant management and compliance, strategic planning, new program development, community planning, solicitation development and service procurement, data system development and informatics for programmatic data.



How We Plan



- **Identify** the problem
- If multiple problems, **prioritize**
- Search for answers
 - Reviewing data and research results
 - Talking to providers and affected populations
 - Conducting research studies and needs assessments
- Compare data and answers to get a macro-level view of the problem



- Who's getting HIV?
- Where are the new infections occurring?
- Who and Why are some populations not accessing services?
- Who's getting diagnosed late? Why?
- Who's in care but not virally suppressed? Why?
- Why haven't the number of new infections decreased in the past decade?
- Are these data or results correct?
- What are some possible explanations for the findings?
- What's working?
- What's not working?





- Review the data
- Convene and participate in local, regional, State, and national planning meetings
- Obtain ideas from providers and affected populations
- Engage non-traditional partners in planning conversations
- Review programs and services from other jurisdictions
- Develop a program, service, or intervention



- Explore public-private partnerships
- Monitor and identify new funding or new funding opportunities
- Develop competitive grant applications



- Primary point of contact between funder and DHSP
- Develops, manages, and monitors grant budgets
- Prepares and submits fiscal, progress reports, and monthly update reports
- **Monitors and assesses compliance** with grant and legislative requirements, conditions of award, and planning council allocations (when applicable)
- Tracks staff time and effort for 200 DHSP employees



- Packages and submits required data
- Coordinates and facilitates site visits
- Reviews and monitors allocation of all DHSP funding
- Ensures grant compliance in order to retain grant funds and secure funding in the future

- Determines if the service will be performed by DHSP staff or through a contract, MOU, Master Agreement, Master Agreement Work Order, Purchase Order....
- Identifies a procurement method-Request for Proposals, Request for Applications, Invitation for Bids, Request for Bids, Request for Qualifications, Request for Qualifications and Proposals....
- Develops the solicitation
- Reviews and evaluates proposals/bids
- Convenes workgroup to select service providers and determines recommended funding amounts for new contracts



- Staff develops and maintains multiple systems for inputting, collecting, and storing HIV and STD program data
- Develops data crosswalks to map and match variables across multiple data bases
- Ensures data required by funders are collected to meet grant requirements and maintain funding

- Utilizes specialized technology to securely receive electronic health data from remote providers to decrease data reporting burden
- Provides technical assistance to agency staff on data reporting
- Explores advancements in technology and design and build a new data system to replace outdated HIV Casewatch
- e2LA is a centralized system that can track eligibility, enrollment, and services across the continuum of care from prevention services through care services, invoicing and payment, and generates agency-level reports. This new program was launched in March 2026.



- Reviews and interprets multiple sources of data to assess if services are making an impact on HIV health outcomes
- Compiles a resource inventory to determine what services and financial resources are in Los Angeles County annually
- Develops or contributes to the development of strategic plans, comprehensive HIV plans, integrated plans, and or implementation blueprint documents
- Monitors policy or changes in the healthcare landscape and forecast impact on funding, services, or client needs
- Coordinates or participates in planning discussions and activities to address new challenges in improving HIV health outcomes and decreasing STD rates

How can the planning council and other groups contribute to the DHSP planning cycle?



- Ask questions-who, what, when, where, how, why?
- Search for answers by conducting needs assessments, obtaining consumer feedback and suggestions, review and triangulate data and information
- Review and interpret data to assess if services are making an impact in HIV health outcomes
- Provide input on what services are needed and program development
- Assist with prioritizing service needs
- Allocate Ryan White Part A and MAI grant resources

How can the planning council and other groups contribute to the DHSP planning cycle? (cont.)



- Help identify champions who will support our mission to End the Epidemics
- Network and bring non-traditional partners to the table
- Develop or contribute to the development of strategic plans, comprehensive HIV plans, integrated plans, and or implementation blueprint documents
- Actively and consistently participate in planning discussions



Partnerships and Community Engagement



Working Together

- Academic Institutions
- AIDS Service Organizations
- California Department of Public Health
- California Primary Care Association
- Commission on HIV
- Community Based Organizations
- Consumers and persons-at-risk for HIV
- Faith-based Organizations
- Federal partners (CDC, HRSA)
- Federally Qualified Healthcare Centers
- Healthcare Clinics
- HOPWA
- Hospitals



System of Partnerships

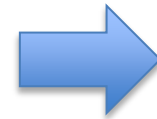


- Los Angeles County Department of Health Services
- Los Angeles County Department of Homeless Services and Housing
- Los Angeles County Department of Public Health
- Los Angeles County Maternal, Child and Adolescent Health Program
- Los Angeles County Mental Health Department
- Los Angeles County Public Health Clinics
- Los Angeles County Substance Abuse Prevention and Control Program
- National Alliance of State and Territorial AIDS Directors
- National Association of County and City Health Officials
- National Coalition of STD Directors



Sources of Funding





DHSP



Agencies for
contracted
services



Commission on
HIV for HIV care
service planning
tasks

Staff, administration,
recipient required activities,
direct services



**High Impact HIV
Prevention and
Surveillance Programs**
~\$0M (not received yet)

**Medical Monitoring
Project (MMP)**
~\$874,000

**National HIV Behavioral
Surveillance (NHBS)**
~\$620,000

**STD Prevention and
Control for Health
Departments (PCHD)**
~\$3.3M

**Ryan White
Part A/MAI**
~\$13.1M (partial
award)

**Ending the HIV
Epidemic (EHE)**
~\$2.0M (partial
award)

**Ryan White
Part B**
~\$7.7M

**HIV Surveillance
(State Block Grant)**
~\$2.1M

**Syphilis Outbreak
Strategy**
~\$2.0M

**STI Prevention and
Control**
~\$2.6M

**Disease Intervention
Specialist Workforce
Development**
~\$3.3M

HIV County Funds
~\$19.1M



DHSP Services Across the HIV Continuum of Care



HIV Care Continuum



No, Low HIV Risk

- Social Marketing
- Capacity Building
- Routine HIV Testing in Healthcare Sites (e.g. Emergency Departments)
- Condom Distribution

High Risk for HIV

- Geospatial Analysis
- Cluster Detection and Response
- Street Medicine
- Engagement and Overdose Prevention Program
- Targeted storefront testing
- Testing via mobile testing units
- Targeted testing in clinics
- Testing in sexual health clinics
- Testing in wellness centers
- Testing in emergency departments
- Social Network Testing
- Testing in Commercial Sex Venues
- Partner Services and field case investigation/follow-up
- Multiple morbidity testing via mobile testing units and clinics targeting people at high risk for HIV
- STD Screening
- Rapid syphilis testing in jails
- Home test kit distribution programs
- PrEP/PEP at Centers of Excellence
- Pharmacy PrEP Programs
- Condom Distribution
- Outreach and Community Health Promotion
- Community Embedded Disease Intervention Specialists
- Navigation Services
- Behavioral Interventions and Health Education
- Social Marketing
- Workforce Development and Technical Assistance

HIV Positive, Unaware

- Surveillance
- Geospatial Analysis
- Cluster Detection and Response
- Street Medicine
- Engagement and Overdose Prevention Program
- Targeted storefront testing
- Testing via mobile testing units
- Targeted testing in clinics
- Testing in sexual health clinics
- Testing in wellness centers
- Testing in emergency departments
- Social Network Testing
- Testing in Commercial Sex Venues
- STD Screening
- Rapid syphilis testing in jails
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- Partner Services and field case investigation/follow-up
- Multiple morbidity testing via mobile testing units and clinics targeting people at high risk for HIV
- PrEP/PEP Screening at Centers of Excellence
- Pharmacy PrEP Programs
- Condom Distribution
- Outreach and Community Health Promotion
- Community Embedded Disease Intervention Specialists
- Navigation Services
- Behavioral Interventions and Health Education
- Social Marketing
- Workforce Development and Technical Assistance
- Rapid ART Program
- HIV Core Medical Services
- Emergency Rental Assistance
- Mental Health
- Oral Health
- Nonmedical Case Management
- Housing Services
- Legal Services
- Linkage and Re-engagement Program
- Nutritional Support Services
- Benefits Specialty Services
- Transportation Services
- Data2Care

HIV Positive, Not in Care

- Surveillance
- Geospatial Analysis
- Cluster Detection and Response
- Street Medicine
- Engagement and Overdose Prevention Program
- Testing in emergency departments
- STD Screening
- Rapid syphilis testing in jails
- Partner Services and field case investigation/follow-up-Multiple morbidity testing via mobile testing units and clinics targeting people at high risk for HIV
- Data2Care
- Rapid ART Program
- Emergency Rental Assistance
- Mental Health
- Oral Health
- Nonmedical Case Management
- Housing Services
- Legal Services
- Linkage and Re-engagement Program
- Nutritional Support Services
- Benefits Specialty Services
- Transportation Services
- Outreach and Community Health Promotion
- Community Embedded Disease Intervention Specialists
- Navigation Services
- Behavioral Interventions and Health Education
- Social Marketing
- Workforce Development and Technical Assistance

HIV Positive, Not Retained in Care

- Data2Care
- HIV Core Medical Services
- Medical Care Coordination
- Linkage and Re-engagement Program
- Emergency Rental Assistance
- Mental Health
- Oral Health
- Nonmedical Case Management
- Housing Services
- Legal Services
- Nutritional Support Services
- Benefits Specialty Services
- Transportation Services
- Outreach and Community Health Promotion
- Community Embedded Disease Intervention Specialists
- Navigation Services
- Surveillance
- Geospatial Analysis
- Street Medicine
- Engagement and Overdose Prevention Program
- STD Screening
- Rapid syphilis testing in jails
- Behavioral Interventions and Health Education
- Social Marketing
- Workforce Development and Technical Assistance

HIV Positive, In Care, Not Virally Suppressed

- iCARE Contingency Management Program
- HIV Core Medical Services
- Medical Care Coordination
- Emergency Rental Assistance
- Mental Health
- Oral Health
- Nonmedical Case Management
- Housing Services
- Legal Services
- Nutritional Support Services
- Benefits Specialty Services
- Transportation Services
- Outreach and Community Health Promotion
- Community Embedded Disease Intervention Specialists
- Navigation Services
- Surveillance
- Geospatial Analysis
- Street Medicine
- Engagement and Overdose Prevention Program
- STD Screening
- Rapid syphilis testing in jails
- Behavioral Interventions and Health Education
- Social Marketing
- Workforce Development and Technical Assistance

HIV Positive, In Care, Virally Suppressed

- HIV Core Medical Services
- Emergency Rental Assistance
- Mental Health
- Oral Health
- Nonmedical Case Management
- Housing Services
- Legal Services
- Nutritional Support Services
- Benefits Specialty Services
- Transportation Services
- Street Medicine
- Engagement and Overdose Prevention Program
- STD Screening
- Rapid syphilis testing in jails
- Workforce Development and Technical Assistance



Questions and Discussion



Integrated Plan Update: Process and Timeline

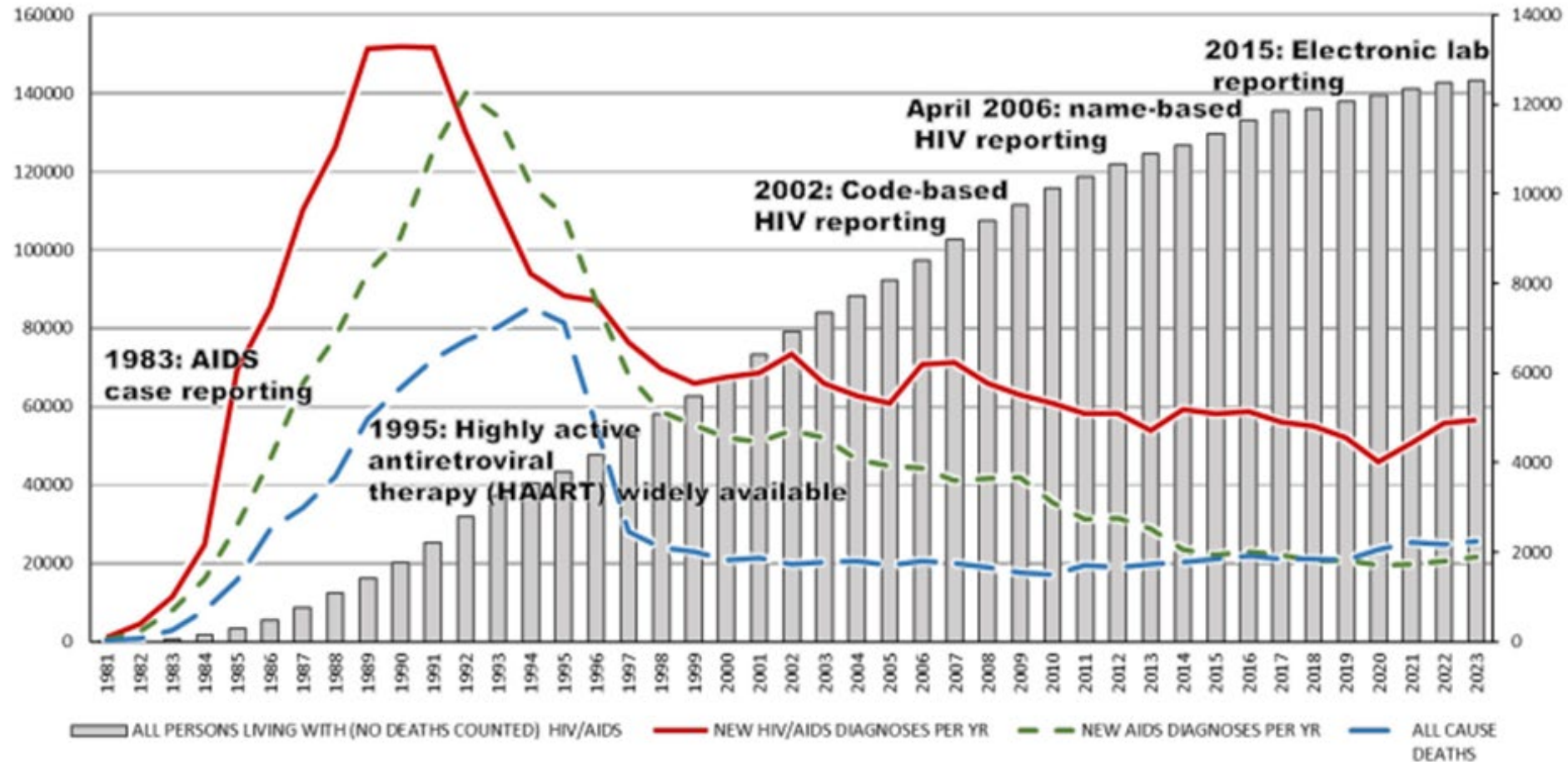
Los Angeles
Commission on HIV
April 9, 2026

Leroy Blea, MPH
Ending the Epidemics Manager, State Part B Rep.
California Department of Public Health, Office of AIDS

Overview

- Integrated Plan History
- Role of the Planning Council
- Key Elements of the Integrated Plan
- Timeline for Review
- Addressing Challenges
- What's next?
- Resources
- Questions?

HIV/AIDS Diagnoses, Deaths and Persons Living with HIV or AIDS in California: 1981-2023

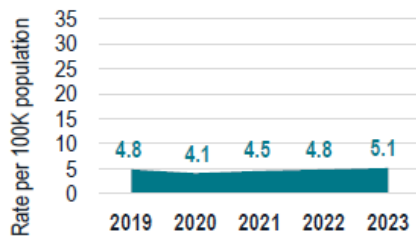


Source: [HIV/AIDS Epidemiology and Health Disparities in California, 2022](#)

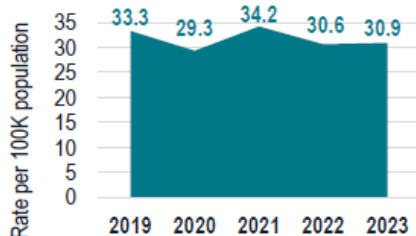
THE DATA

Human Immunodeficiency Virus (HIV)

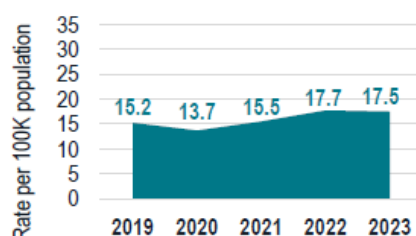
Asian



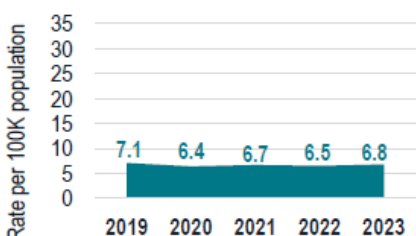
Black/African American



Latine



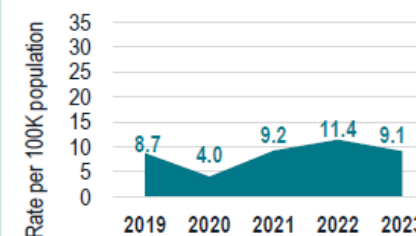
White



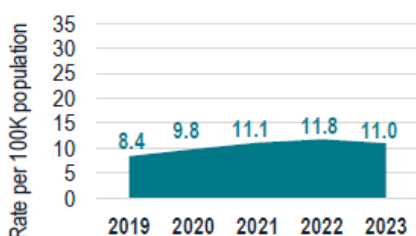
Latine and White people make up most new HIV diagnoses, while Latine and Black/African American people are most overrepresented in new HIV diagnoses.

In 2023, Black/African American people were 4.5x more likely and Latine people were 2.6x more likely to be diagnosed with HIV than White people.

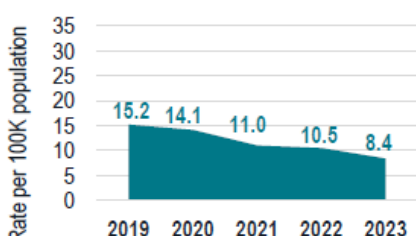
American Indian/Alaska Native



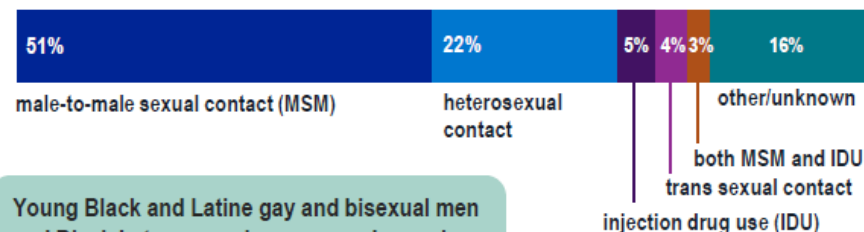
Native Hawaiian/Pacific Islander



Multiple races



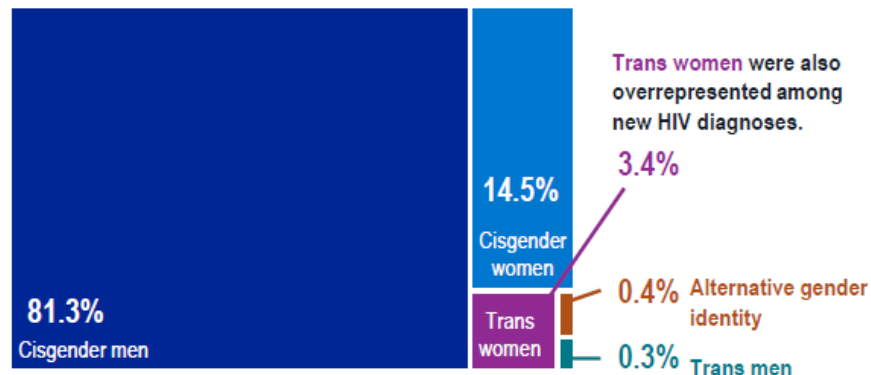
Male-to-male and heterosexual contact continue to be the most common transmission categories for people newly diagnosed with HIV (2023).



Young Black and Latine gay and bisexual men and Black heterosexual women are becoming infected with HIV at especially high rates.

Perinatal cases (ages <12 years) made up <0.1% of new diagnoses.

Cisgender men continue to make up most new HIV diagnoses (2023).⁴



Trans women were also overrepresented among new HIV diagnoses.

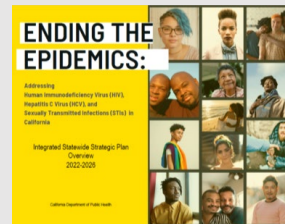
4. Data are for people ages 12+ (non-perinatal cases).

MAKING THE CONNECTION: Multiple Initiatives

National HIV/AIDS
Strategy and
Getting to Zero

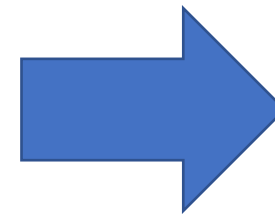
State; County
EHE plans

CA Strategic Plan to
address HIV, HCV,
and STIs*



Ending the Epidemics Plan: Why and how at a high-level

Implementation Blueprint: Details how



...plus, other programmatic initiatives (*i.e. GTZ, HIV Prevention Group Plans, etc*)

* Strategies proposed meet legislative and programmatic requirements for CDC DHAP and HRSA HAB. **CDPH OA/STDCB Leadership**

The Integrated Plan:

- Collaboration for a Collective Impact
- Syndemic Focus
- Social Justice/SDH Lens
 - Racial equity
 - Housing first
 - Health access for all
 - Mental health and substance use
 - Economic justice
 - Stigma free

ENDING THE EPIDEMICS:

Addressing
Human Immunodeficiency Virus (HIV),
Hepatitis C Virus (HCV), and
Sexually Transmitted Infections (STIs) in
California

Integrated Statewide Strategic Plan
Overview
2022-2026

California Department of Public Health



ENDING THE EPIDEMICS

STI·HIV·HEPC

OAVOSH
STRATEGIC PLAN

RACIAL EQUITY

- 1 Leadership & Workforce Development
- 2 Racial/Ethnic Data Collection & Stratification
- 3 Equitable Distribution of Funding & Resources
- 4 Community Engagement
- 5 Racial & Social Justice Training

HOUSING FIRST

- 1 Data Collection & Use
- 2 Infrastructure Changes
- 3 New Models of Housing Access
- 4 Street Medicine Strategies
- 5 Low-barrier Housing Options

HEALTH ACCESS FOR ALL

- 1 Redesigned Care Delivery
- 2 Trauma-Informed & Responsive Services
- 3 Fewer Hurdles to Healthcare Coverage
- 4 Culturally & Linguistically Relevant Services
- 5 Collaboration & Streamlining

MENTAL HEALTH & SUBSTANCE USE

- 1 Overdose Prevention in Correctional Settings
- 2 Mental Health & Substance Use Disorder Treatment Through Telehealth
- 3 Build Harm Reduction Infrastructure
- 4 Expand Low-Threshold SUD Treatment Options
- 5 Cross-Sector Collaboration

ECONOMIC JUSTICE

- 1 Workforce Development
- 2 Employment for People with Lived Experience
- 3 Equitable Hiring Practices & Fair Pay
- 4 Leadership Development
- 5 Universal Hiring & Housing Policies

STIGMA FREE

- 1 Nothing About Us Without Us
- 2 Reframe Policies & Messaging
- 3 Positive, Accurate Information
- 4 Acknowledge Medical Mistrust
- 5 Ongoing Partnerships

HIV Planning Councils, Groups and Commissions: Roles

- Review the plan
- Concurrence Letter
- Advise implementation
- Communicate with community partners about the plan
- Help monitor the plan by reviewing updates and making suggestions to improve implementation
- Reference the plan in your planning and implementation activities throughout the year
- **Continue your great work!**



Key Elements of the Integrated Plan: Approach

- Extension of our sydemic focus
- Social determinants of health lens: a long-term investment, shift in thinking
- Revision: update data and add PLWH 50+ as a priority population
- Leverage existing community engagement and work
- Meet requirements laid out by the Integrated Plan Guidance
- High-level-not proscribe work but to leave room for local activities, needs and innovation
- Flexibility to manage the risk of the shifting policy and funding environment

Key Elements of the Integrated Plan: Priority Populations

- People of Color
- Young People (15-29)
- Gay and bisexual men and other men who have sex with men
- People who are trans and gender non-conforming
- People experiencing homelessness
- People who are incarcerated or justice involved
- People who use drugs
- People who exchange sex for drugs, housing and or other resources
- Cis-gender women and people who can become pregnant
- Migrant and immigrant communities, including people who are undocumented
- PLWH 50+

Key Elements of the Integrated Plan: Community Engagement

- PrEP gap analysis listening sessions (n=200) (2025, 2026)
- Annual Ending the Syndemic Symposium: 200-500 registrants per year (2022, 2023, 2024, 2025, 2026)
- Provider survey (n=130) (2022)
- Regional listening sessions (n=17, 300) (2022)
- Local community engagement (2025)
 - Commission meetings discussing the Integrated Plan
 - HIV Commission Annual Meeting
 - HIV Commission Caucus meetings, reports and recommendations

Key Elements of the Integrated Plan: Needs Assessment and Statewide Coordinated Statement of Need

- Review and report key findings
 - PrEP gap analysis listening sessions (2025)
 - Provider survey (n=130) (2022)
 - Regional listening sessions and webinars (2022)
 - Local community engagement
- Findings support overall approach of addressing HIV as a syndemic with STIs and HCV through a social determinants of health lens

Key Elements of the Integrated Plan: Situational Analysis

- High-level discussion of key aspects of the syndemic in California and across Local Health Jurisdictions
- Gaps and Strengths
- Organized by EHE pillar: Diagnose, Treat, Prevent, Respond

Key Elements of the Integrated Plan: Workplan

1. Increase the estimated percentage of Californians living with HIV who know their serostatus
2. Reduce the number of new HIV diagnoses in California
3. Increase the number of Californians at high risk for HIV infection who are on PrEP
4. Decrease the percentage of persons with new HIV diagnoses in California that are diagnosed with Stage 3 (AIDS) within twelve months of diagnosis (i.e., late diagnosis)
5. Increase the percentage of sexually active PLWH in care who are tested at least once in a year for gonorrhea, syphilis, and chlamydia
6. Increase the percentage of newly diagnosed persons in California linked to HIV medical care within 1 month of their HIV diagnosis
7. Increase the percentage of Californians newly diagnosed with HIV who are virally suppressed within six months of diagnosis
8. Increase the percentage of Californians with diagnosed HIV infection who are virally suppressed
9. Increase the percentage of Californians with diagnosed HIV infection who are in HIV medical care (at least 1 visit per year)
10. Increase the percentage of California AIDS Drug Assistance Program clients with public or private health insurance
11. Reduce the percentage of Californians with diagnosed HIV infection who are experiencing homelessness
12. Reduce the age-adjusted death rate among Californians with diagnosed HIV infection

Key Elements of the Integrated Plan: Concurrence

- Yes, I have reviewed the plan
- Yes, I have had an opportunity to provide input to the plan
- Yes, concur (agree) with the general approach of the plan
- Yes, I agree to help inform the implementation of the plan by receiving regular reports and providing suggestions to help improve the ongoing work

Options: Concur, concur with reservations, do not concur

Key Action Items and Timeline

- Process presentations to HIV Councils/Commissions, Groups; invitations to LHJs (Jun/Jul/Aug 2025)
- Data Collection/Consultation/Community Engagement (Sep.2025-Feb.2026)
- Initial Draft Complete (April 2026)
- 2-Week Review/Comment Period (April 2026) (ETA to begin April 17th)
- Revisions (May 2026)
- Concurrence Presentations (May 2026)
- Due to HRSA/HAB/CDC (June 30, 2026)
- Plan Activities Begin (January 2027)
 - Ending the Syndemic Symposium 2027 (CDPH, CPG, Co-author EMAs/TGAs)
 - Final PrEP Gap Analysis Report (2027) (CDPH)
 - Final ADAP Gap Analysis Report (2027) (CDPH)
 - Five-year Retrospective Surveillance Report (2027) (CDPH)
 - Local Implementation Activities for EMAs/TGAs- Community Engagement, Review Reports (2027-2031)

Addressing Challenges

Challenge

- Chaotic policy and funding environment
- Resources threatened
- Language restrictions
- Program restrictions
- No revised National HIV/AIDS Strategies targets through 2030/31

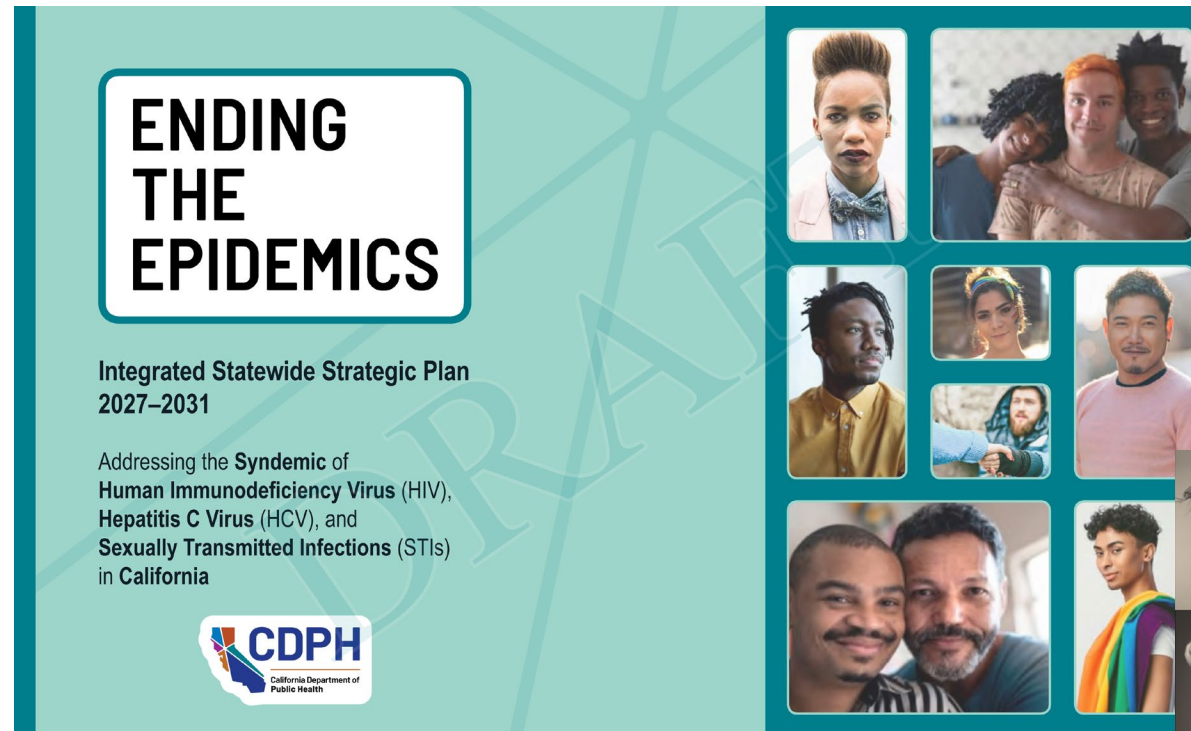
Response

- Collective action strategy
- Leverage existing community engagement and share resources
- Internal and external to CA strategy
- Addressed at the State level
- Use existing goals and data to inform target outcomes

Tools for Communication and Planning: California Statewide Integrated Strategic Plan and Implementation Blueprint

30 strategies organized across six social determinants of health:

- Racial equity
- Housing first
- Health access for all
- Mental health and substance use
- Economic justice
- Stigma free



What's Next: Implementation Blueprint

- Specific activities under each of the 30 strategies (156) Community suggestions, not mandates
- Technical assistance toolkit
- Language bank for RFPs, reports, grants
- Resources to customize the Implementation Blueprint



ENDING THE EPIDEMICS: IMPLEMENTATION BLUEPRINT

in support of realizing the 30 strategies highlighted in
*California's Integrated Statewide
Strategic Plan for addressing
HIV, HCV, and STIs from 2022-2026*

Examples from County Partners

- **San Francisco** - organized multiple SF plans under a local customized version of the Implementation Blueprint
- **Sacramento**-implemented Street Medicine
- **Santa Clara** - focused on the Housing First section of the Strategic Plan
- **San Diego**- used the Implementation Blueprint to justify their End Hep C integrated activities
- **Kern**- working on a local version of the Implementation Blueprint that will highlight harm reduction activities
- **Mountain Region** -looking to mature their continuum of care through a SoDH lens

Resources

- [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021](#)
- [California HIV Surveillance Report – 2023](#)
- [HIV/AIDS Epidemiology and Health Disparities in California - 2023](#)
- [CA-Epi-Profile-2017-2021.pdf](#)
- [America's HIV Epidemic Analysis Dashboard | AHEAD](#)
- [CDPH_StratPlan2021_FINAL_ADA.pdf \(ca.gov\)](#)
- [Implementation-Blueprint.pdf](#)
- [California Consortium EHE Plan](#)
- <https://facenteconsulting.com/cdph-technical-assistance-request-portal/> (planning support to use the Implementation Blueprint)

Contact Information: Leroy.Blea@cdph.ca.gov

Thank you! Questions?

ENDING THE EPIDEMICS:

Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California

Integrated Statewide Strategic Plan Overview 2022-2026

California Department of Public Health

The cover features a yellow background on the left with a grid of 12 diverse people's faces on the right.

ENDING THE EPIDEMICS

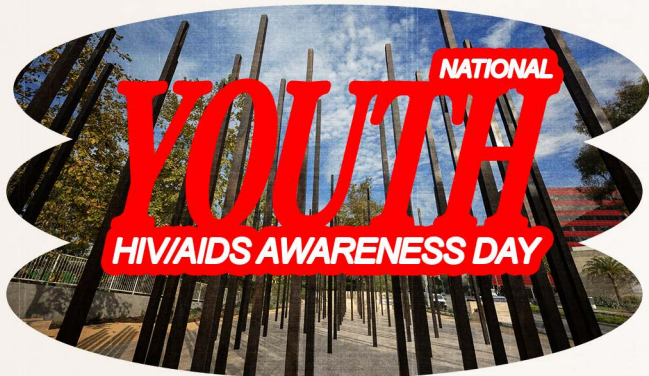
Integrated Statewide Strategic Plan 2027-2031

Addressing the **Syndemic** of Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California

CDPH
California Department of Public Health

The cover features a teal background with a large 'DRAFT' watermark, a white box containing the title, and a grid of 10 diverse people's faces on the right.

IN PARTNERSHIP WITH THE CITY OF WEST HOLLYWOOD



@STORIES: THE AIDS MONUMENT

SEXUAL HEALTH RESOURCE FAIR
+ GUIDED HISTORY TOUR

THURSDAY, APRIL 9, 4 TO 6 PM
WEST HOLLYWOOD PARK



STORIES
THE AIDS MONUMENT

one
INSTITUTE





You're Cordially Invited to Tour Project Angel Food's The Chuck Lorre Family Foundation Kitchen & Campus

*Thursday, April 30 · 2:00 p.m.
922 Vine St., Los Angeles, CA*

Join the LA County Commission on HIV for a private tour of Project Angel Food's new kitchen, doubling our size and tripling our capacity.

The tour will be given by Project Angel Food CEO Richard Ayoub.

Thanks to community partners like you who believe in nourishing our neighbors with love, dignity and medically tailored meals, we're able to deepen our impact through this new kitchen.

We can't wait to see you.

RSVP by April 23
www.angelfood.org/commissiononhiv





We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

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





Estamos Escuchando



Comparta sus inquietudes con nosotros.

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

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

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

