

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL



## EXECUTIVE COMMITTEE MEETING

Thursday, May 28, 2026 | 1:00pm – 3:00pm (PST)

510 S. Vermont Ave, Los Angeles, CA 90020

9<sup>th</sup> Floor Terrace Level Conference Room

Validated Parking: 523 Shatto Place, Los Angeles CA 90020

Agenda and meeting materials will be posted on our website at

<https://hiv.lacounty.gov/executive-committee>

The Commission will begin using Zoom as part of its ongoing exploration of virtual and hybrid meeting platforms. This transition is intended to improve accessibility, participation, and the overall meeting experience for attendees.

**TO JOIN THE MEETING VIRTUALLY, REGISTER HERE:**

[https://bos-lacounty-  
gov.zoom.us/s/87011155409?pwd=QY8a8DCie3g6eY4JOUNbCrBeXosCr8.1](https://bos-lacounty.gov.zoom.us/j/87011155409?pwd=QY8a8DCie3g6eY4JOUNbCrBeXosCr8.1)

### 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 may be provided in person or submitted electronically to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). Please 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](mailto:hivcomm@lachiv.org).

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

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

Subscribe to the Commission's Email List: <https://tinyurl.com/y83ynuzt>



LOS ANGELES COUNTY  
COMMISSION ON HIV





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COMMISSION ON HIV



510 S. Vermont Avenue, 14<sup>th</sup> Floor, Los Angeles, CA 90020  
MAIN: 213.738.2816 | EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) | WEB: <https://hiv.lacounty.gov>

## AGENDA FOR THE REGULAR MEETING OF THE EXECUTIVE COMMITTEE

**THURSDAY, MAY 28, 2026 | 1:00 PM—3:00 PM**

510 S. Vermont Ave, Los Angeles, CA 90020

Terrace Level Conference Room

Validated Parking: 523 Shatto Place, Los Angeles CA 90020

As a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending a Commission on HIV meeting.

**MEMBERS OF THE PUBLIC MAY JOIN VIRTUALLY BY REGISTERING HERE:**

<https://bos-lacounty-gov.zoom.us/j/87011155409?pwd=QY8a8DCie3g6eY4JOUNbCrBeXosCr8.1>

**AGENDA POSTED:** May 21, 2026

**VIRTUAL AND HYBRID MEETING PLATFORM:** The Commission will begin using Zoom as part of its ongoing exploration of virtual and hybrid meeting platforms. This transition is intended to improve accessibility, participation, and the overall meeting experience for attendees.

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. Public Comment is limited to two minutes each and will be made part of the official record. Public Comment may be provided in person during the meeting in accordance with the meeting procedures or may be submitted electronically at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

**ACCOMMODATIONS:** Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission office at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or leave a voicemail at 213.738.2816.

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

**SUPPORTING DOCUMENTATION:** Supporting documents are available on the Commission's website <https://hiv.lacounty.gov/meetings>.

**1. ADMINISTRATIVE MATTERS**

- |  |                  |                 |
|--|------------------|-----------------|
| <b>A.</b> Call to Order and Roll Call                      |                  | 1:00 PM—1:35 PM |
| <b>B.</b> Code of Conduct, Meetings Guidelines & Reminders |                  | 1:35 PM—1:40 PM |
| <b>C.</b> Approval of the Agenda                           | <b>MOTION #1</b> | 1:40 PM—1:42 PM |
| <b>D.</b> Approval of Prior Meeting Minutes                | <b>MOTION #2</b> | 1:42 PM—1:45 PM |

**2. PUBLIC COMMENT**

1:45 PM—1:50 PM

Opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Committee's consideration of the item, that is within the subject matter jurisdiction of the Committee. Public Comment is limited to two minutes each and will be made part of the official record.

**3. COMMITTEE NEW BUSINESS ITEMS**

1:45 PM—1:50 PM

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

**4. ADMINISTRATIVE REPORTS****A. COH Staff Report**

1:50 PM – 2:00 PM

- (1) County/Commission Operational Updates
  - a. PY 35/PY 36 Operational Budget Updates
  - b. Statement of Economic Form 700 & Live Scan/ID Badges Reminder
  - c. June 3 PSRA & Needs Assessment Required Training Reminder
- (2) PY 36 Ryan White Program Final Notice of Award
- (3) Call for Sergeant-at-Arms for COH meetings

**B. Co-Chairs Report**

2:00 PM – 2:20 PM

- (1) Welcome & Committee Overview
- (2) 2026-2027 COH Workplan & Meeting Schedule **MOTION #3**
- (3) Executive At-Large Seat Vacancies
- (4) July 9, 2026 COH Meeting Agenda Development
- (5) DHSP x COH Prevention Planning Workgroup Updates
- (6) CDPH, Office of AIDS (OA) Community Planning Group (CPG) Updates
- (7) HIV Policy and Legislative Updates
- (8) Conferences, Meetings & Trainings

An opportunity for members to share information and resources material to the COH's core functions, with the goal of advancing the Commission's mission.

- a. June 10 LAC Quality & Productivity Commission Leadership Conference
- b. [August 4-7 National Ryan White Conference](#)
- c. [September 17-20 United States Conference on AIDS \(USCHA\)](#)

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- C. Division of HIV and STD Programs (DHSP) Report** 2:20 PM – 2:30 PM
- (1) Ryan White Program Funding & Services Update
  - (2) CDC HIV Prevention Funding & Services Update
  - (3) Other Updates
- 5. STANDING COMMITTEE REPORTS** 2:30 PM – 2:45 PM
- A. Membership & Community Engagement Committee**
- (1) Recruitment & Outreach Workgroup
  - (2) Membership Application: Nolan Ross Samé-Weil, SD4 Representative **MOTION #4**
  - (3) 2026 Training Schedule
- B. Planning, Priorities and Allocations (PP&A) Committee**
- (1) 2027-2031 Integrated HIV Plan Updates
  - (2) PSRA Planning
- C. Standards and Best Practices (SBP) Committee**
- (1) Service Standards Review Schedule
    - a. Universal Standards Updates
  - (2) PY 35 Assessment of the Effectiveness of the Administrative Mechanism (AEAM)
- D. Caucus, Task Force, and Work Group Reports** 2:45 PM – 2:50 PM
- (1) Aging Caucus
  - (2) Black/AA Caucus
  - (3) Consumer Caucus
  - (4) Transgender Caucus
  - (5) Women’s Caucus
  - (6) Housing Task Force
- 6. NEXT STEPS** 2:50 PM—2:55 PM
- A.** Task/Assignment Recap
- B.** Agenda Development for the Next Meeting
- 7. ANNOUNCEMENTS** 2:55 PM—3:00 PM
- Opportunity for members of the public and Commission members to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.
- 8. ADJOURNMENT** 3:00PM

PROPOSED MOTION(S)/ACTION(S)	
<b>MOTION #1</b>	Approve the agenda order, as presented or revised.
<b>MOTION #2</b>	Approve the prior Committee meeting minutes, as presented or revised.
<b>MOTION #3</b>	Approve adoption of the 2026-2027 Workplan and Meeting Schedule, as presented or revised.
<b>MOTION #4</b>	Approve recommendation for new membership applicant, Nolan Ross Samé-Weil, to occupy SD4 Representative seat, as presented and forward to Board of Supervisors for appointment.

EXECUTIVE COMMITTEE MEMBERSHIP			
Member Name		Membership Seat	Committee/Role
Al	Ballesteros, MBA	Board of Supervisors Office #1 Representative	Commission Co-Chair
Katja	Nelson, MPP	Board of Supervisors Office #3 Representative	Commission Co-Chair
Ish	Herrera	Unaffiliated Representative, At-Large #1	Membership & Community Engagement Committee Co-Chair
Vilma	Mendoza	Unaffiliated Representative, SPA 7	Membership & Community Engagement Committee Co-Chair
Caitlyn	Dolan	Committee-Only Member	Standards & Best Practices (SBP) Committee Co-Chair
Montana	Volby	Unaffiliated Representative, SPA 1	Standards & Best Practices (SBP) Committee Co-Chair
Jeronimo	Barajas	Unaffiliated Representative - SPA 4	Planning, Priorities & Allocations (PP&A) Committee Co-Chair
Stephanie	Johnson	Committee-Only Member	Planning, Priorities & Allocations (PP&A) Committee Co-Chair
	Vacant		Executive Committee At-Large
	Vacant		Executive Committee At-Large
	Vacant		Executive Committee At-Large
Mario	Pfrez <b>(Non-Voting)</b>	DHSP/Part A Representative	DHSP Director
<b>Quorum = 5</b>			



## 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.)



## Hybrid Meeting Guidelines

(Updated 4.27.26)







- This meeting is a **Brown-Act meeting** and is being recorded.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
  
- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/>. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
  
- Please comply with the **Commission's Code of Conduct** located in the meeting packet.
  
- Public Comment** can be submitted in person or via email at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*
  
- For individuals joining in person, we respectfully ask that you **not simultaneously log into the virtual option of this meeting** to mitigate any potential streaming interference for those joining virtually.
  
- Attendees joining online should **remain muted** unless called upon.
  
- Commissioners and Committee-only members invoking **SB 707 for "Just Cause"** must communicate their intentions to staff no later than one hour before the meeting. Members requesting to join pursuant to SB 707 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges.
  
- Members will be required to explicitly state their agency's **Ryan White Program Part A and CDC HIV Prevention conflicts of interest** on the record. A list of conflicts can be found in the meeting packet, courtesy of staff.

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



Quick guide for joining Commission hybrid meetings

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

<p style="text-align: center;"></p> <p style="text-align: center;"><b>1. Join with the link</b></p> <p>Click the Zoom link in the agenda or meeting notice. No registration is needed unless the notice says otherwise.</p>	<p style="text-align: center;"></p> <p style="text-align: center;"><b>2. Start on mute</b></p> <p>Please keep your mic muted until it is your turn to speak. This keeps the audio clear for everyone.</p>	<p style="text-align: center;"></p> <p style="text-align: center;"><b>3. Public comment</b></p> <p>When public comment opens, use Raise Hand. Staff will call on speakers and help with unmuting.</p>
<p style="text-align: center;"></p> <p style="text-align: center;"><b>4. Chat + helpful links</b></p> <p>Chat may be used for meeting links, reminders, or support. Please keep comments respectful and meeting-related.</p>	<p style="text-align: center;"></p> <p style="text-align: center;"><b>5. Captions + access</b></p> <p>Look for CC or Show Captions. For interpretation or other access needs, contact staff as early as possible.</p>	<p style="text-align: center;"></p> <p style="text-align: center;"><b>6. Quick fixes</b></p> <p>No sound? Click Join Audio. Video issue? Click Start Video. Connection trouble? Leave and rejoin, or call in by phone if listed.</p>

<b>Mute/Unmute</b>	<b>Start Video</b>	<b>Raise Hand</b>	<b>Chat</b>	<b>Captions</b>
<b>Bottom left</b>	<b>Bottom left</b>	<b>Reactions or More</b>	<b>Toolbar</b>	<b>CC / Show Captions</b>

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

**Questions? Email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or check the meeting notice for call-in details.**



## Sergeant At Arms – General Responsibilities

### **Maintain Order During Meetings**

- Support the Chair in enforcing rules of decorum, ensuring discussions remain respectful and on-topic.
- Address and manage disruptions in a professional, impartial manner.

### **Support Commission Leadership**

- Assist Commission staff in preparing registration table and materials needed for meetings.
- Ensure adherence to Commission bylaws, operating procedures, and parliamentary guidelines.

### **Meeting and Event Preparation**

- Assist with setup/breakdown of meeting rooms, including seating arrangements and general clean up.
- Coordinate with staff to ensure materials such as agendas, sign-in sheets, and nameplates are ready and available.

### **Protocol and Procedure Enforcement**

- Ensure that Commissioners, presenters, and public attendees follow established protocols during meetings.
- Assist with managing speaker queues, time limits for comments, and adherence to agenda flow
- Help maintain structured public comment periods consistent with Commission guidelines.

### **Safety and Security Awareness**

- Monitor the meeting environment to help maintain a safe and respectful space for Commissioners, staff, and public participants.
- Support emergency procedures by helping guide participants during disruptions, evacuations, or unexpected situations.

### **Representation and Professional Conduct**

- Serve as an impartial facilitator who upholds the integrity and professionalism of the Commission.
- Model respectful engagement and help foster a collaborative environment.



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



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/11/26

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
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	Bienestar	Nutrition Support (Food Bank/Pantry Service)
			Vulnerable Populations (Trans)
			High Impact Prevention
			HTS - Storefront
			HTS - Social and Sexual Networks
			STD-SDTS
			Medical Transportation Services
			HIV Testing and Viral Hepatitis 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	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts
GRIFFEN	TJ	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
GUTIERREZ	Joaquin	Unaffiliated representative	No Ryan White or prevention contracts
			Core HIV Medical Services - AOM; MCC & PSS
HARRIS	Darryn	St. John's Well Child and Family Center (SJW)	Oral Health
			HTS - Social and Sexual Networks
			Mental Health
			Biomedical HIV Prevention Services
			Medical Transportation Services
HUNT	Angela	Unaffiliated Member	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 (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Medical Transportation Services
<b>LARA</b>	<b>Roberto</b>	AMAAD	No Ryan White or prevention contracts
<b>LESTER</b>	<b>Rob</b>	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
<b>LOCKLEAR</b>	<b>Preston</b>	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
<b>MARTINEZ</b>	<b>Miguel</b>	No affiliation	No Ryan White or prevention contracts
<b>MATTERN</b>	<b>Eric</b>	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
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 Ill (RCFCI)
NWIZU	Ujuonu	Public Health Alliance	No Ryan White or prevention contracts
CERDA OROZCO	David	No affiliation	No Ryan White or prevention contracts
PACHECO	Elizabeth	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case 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	David	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 III (RCFCI)
SAN AGUSTIN	Glen	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
Medical Transportation Services			
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
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.

<b>EXECUTIVE COMMITTEE</b>		
Meeting Schedule TBD		
Number of Voting Members= 7   Number of Quorum= 4		
<b>COMMITTEE MEMBER</b>	<b>DESIGNATION</b>	<b>FULL/COMMITTEE</b>
TBD	Co-Chair, COH/Exec	Commissioner
TBD	Co-Chair, COH/Exec	Commissioner
Jack Miller	At Large Member	
Ish Herrera	MCE Committee Co-Chair	
Vilma Mendoza	MCE Committee Co-Chair	
Jeronimo Barajas	PP&A Committee Co-Chair	
Stephanie Johnson, MA	PP&A Committee Co-Chair	
Caitlyn Dolan	SBP Committee Co-Chair	
Montana Volby	SBP Committee Co-Chair	
Mario Perez	DHSP (Non-Voting)	
<i>Membership pending election of Commission &amp; Committee Co-Chairs</i>		

<b>MEMBERSHIP &amp; COMMUNITY ENGAGEMENT (MCE) COMMITTEE</b>		
<a href="#">CLICK HERE FOR MEETING SCHEDULE &amp; WORK PLAN</a>		
Number of Voting Members= 24   Number of Quorum= 13		
<b>COMMITTEE MEMBER</b>	<b>DESIGNATION</b>	<b>FULL/COMMITTEE</b>
Ish Herrera	Committee Co-Chair	Commissioner
Vilma Mendoza	Committee Co-Chair	Commissioner
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
Angela Hunt		Commissioner
TJ Griffen, LMSW		Commissioner
Preston Locklear		Committee Member

**Committee Assignment List**

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Kiante McKinley, DSW, ACSW		Committee Member
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
David Rojas		Committee Member
Ishmael Salamanca	City of Long Beach	Committee Member
Christopher Webb		Alternate
Jonathan Weedman		Commissioner
David Valenzuela		Committee Member

<b>PLANNING, PRIORITIES &amp; ALLOCATIONS (PP&amp;A) COMMITTEE</b>		
<a href="#">CLICK HERE FOR MEETING SCHEDULE &amp; WORK PLAN</a>		
Number of Voting Members= 20   Number of Quorum=11		
<b>COMMITTEE MEMBER</b>	<b>DESIGNATION</b>	<b>FULL/COMMITTEE</b>
<b>Jerónimo Barajas</b>	<b>Committee Co-Chair</b>	Commissioner
<b>Stephanie Johnson, MA</b>	<b>Committee Co-Chair</b>	Commissioner
Leo Vasquez Alvarez		Committee Member
Al Ballesteros, MBA		Commissioner
LeRoy Blea		
Jasmine Brown, MSW		Commissioner
Robert Contreras, MBA		Commissioner
Raniyah Copeland, MPH		Commissioner
Robert Gamboa, MPP		Committee Member
Felipe Gonzalez		Commissioner
Darryn Harris		Commissioner
Rob Lester		Committee Member
Miguel Martinez, MPH		Committee Member
Jack Miller		Commissioner
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

**Committee Assignment List**

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<b>STANDARDS AND BEST PRACTICES (SBP) COMMITTEE</b>		
<a href="#">CLICK HERE FOR MEETING SCHEDULE &amp; WORK PLAN</a>		
Number of Voting Members = 18   Number of Quorum = 10		
<b>COMMITTEE MEMBER</b>	<b>DESIGNATION</b>	<b>FULL/COMMITTEE</b>
<b>Caitlyn Dolan</b>	<b>Committee Co-Chair</b>	<b>Commissioner</b>
<b>Montana Volby</b>	<b>Committee Co-Chair</b>	<b>Commissioner</b>
Gerardo Almanzan		Committee Member
Oscar Arellano, MSW		Committee Member
Robert Bolan, MD		Commissioner
Mikhaela Cielo, MD		Commissioner
Anthony Corona, MPA		Committee Member
Johnny Cross, MPH		Committee Member
Arlene Frames		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 Sarmiento, DNP, MSN, AGPCNP-BC, CWS, AAHIVS, HIV PCP, AACRN, CMSRN, CCRN		Committee Member

**Committee Assignment List**

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**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\**



## Executive Committee: Keeping the Work Moving

The Executive Committee helps keep the Commission's work organized, connected, and moving forward. It supports the Co-Chairs, helps shape agendas, tracks work across committees and caucuses, and makes sure the right items come before the full Commission when needed.

### What is the Executive Committee?

It is the Commission's leadership and coordinating body. It helps organize the work, support the Co-Chairs, and keep committee and caucus work aligned with the bylaws, workplan, and Ryan White Part A responsibilities.

### Why does it exist?

The Commission has several Ryan White Part A planning responsibilities, including needs assessment, priority setting, allocation recommendations, service standards, integrated planning, and evaluating the local HIV service system. The Executive Committee helps make sure that work stays focused, timely, and coordinated. Put simply ... it helps the Commission not lose the thread.

### Does it replace the full Commission?

**No.** The full Commission remains the primary decision-making body. The Executive Committee helps identify what needs attention and move items forward for discussion, recommendation, or action by the full body.

### Can it act on behalf of the Commission?

**Yes, in certain time-sensitive situations.** When something cannot reasonably wait until the next full Commission meeting, the Executive Committee may act on behalf of the Commission, consistent with the bylaws and applicable policies. Any action taken should be reported back to the full Commission for transparency and shared understanding.

### What is a simple way to understand its role?

Think of the Executive Committee like **air traffic control**. It does not fly every plane or decide every destination. But it helps coordinate movement, manage timing, prevent things from colliding, and make sure the right items land safely with the full Commission.

### What does it do?

The Executive Committee helps:

- Support the Commission Co-Chairs;
- Review and coordinate agenda items;
- Track committee and caucus work;
- Identify items needing follow-up, referral, or full Commission action;
- Elevate time-sensitive or cross-cutting issues;
- Act on behalf of the Commission when something cannot reasonably wait, as allowed; and
- Protect the role of the full Commission by making sure major decisions come back to the full body when required.

### How does it create more leadership opportunities

The Executive Committee includes **three at-large seats** that are specific to the Executive Committee. These seats help more members step into leadership, especially unaffiliated representatives whose lived experience and community perspective are central to the Commission's work. At-large members are also assigned to the Membership & Community Engagement Committee, creating a direct link between leadership, recruitment, reflectiveness, and community engagement.

**Bottom line:** The Executive Committee helps the Commission stay organized, responsive, and accountable. It does not replace the full Commission. It helps guide the flow of work so the full Commission can focus on the decisions, discussions, and responsibilities.

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



# 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
<b>Full Commission Meetings</b>		April 9	May 14	Jul 9	Sep 10		Jan 14 / Feb 11 – Annual Conference
<b>Executive Committee</b>		May 28	Jun 25	Aug 27	Oct 22		Jan 28/Feb 25
<b>Membership &amp; Community Engagement (MCE) Committee</b>		Apr 23	Jun 25	Aug 27	Oct 22		Jan 28/Feb 25
<b>Planning, Priorities &amp; Allocations (PP&amp;A) Committee</b>		Apr 21	Jun 16	Aug 18	Sep 15	Nov 17	Feb 16
<b>Standards &amp; Best Practices (SBP) Committee</b>		Apr 20	May 18/ Jun 15	Aug 17	Oct 19		Feb 8
<b>Caucuses</b>	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.”

**Prevention Planning Meeting 4/28/26**  
The California Endowment  
Meeting Notes

**Prevention Planning Framework**

Group purpose: Convene prevention stakeholders to disseminate evidence, breed innovation, and guide prevention planning and funding allocations to reach shared goals.

Short Term Goal:

- Share as much HIV Prevention data and information as possible to build shared understanding.
- Determine services to fund and at what level, e.g., what should DHSP prioritize/invest in that no one else will support (especially in a resource scarce environment)?

Mid-Range/Long Term Goal:

- Consider next iteration of services requiring support from a holistic approach
- Work with SAPC, DMH and DHS to adopt programming aligned with shared goals and address silos.

**Potential Next Steps and Considerations**

1. What is the HIV testing volume across the entire health system (i.e. not DHSP supported – FQHCs, Kaiser, etc.). Review UDS data.
2. How many HIV infections are averted due to STD testing (for integrated testing modalities)?
3. Include linkage to care data in cost effectiveness tables (also included in HIV testing report).
4. Detailing support from partner organizations, identify champions.
5. What are the top three interventions agencies should be investing in?
6. Leverage telehealth providers. Collect data from telehealth companies (Mistr, Q health, Folx health care) – who are they serving, what services are the most utilized, etc.
7. Change "biobehavioral surveillance" to biobehavioral surveys.
8. Invite SAPC, DMH, DHS to future meetings.
9. Consider subcommittees.

**Director's Remarks and Fiscal Update**

Every two weeks DHSP meets with DPH leadership to discuss fiscal budget and develop contingency plans for grants at risk of ending. County is unable to serve as a fiscal backstop at this time.

- DHSP requested \$11M from State ADAP rebate funds to backfill for Ryan White Part A grant from March through June 2026.
- DHSP received a partial Notice of Award for HRSA EHE (\$2M of projected \$7M). State has backfilled \$7.5M with ADAP rebate funds per DHSP's request.
- If DHSP receives full awards, repayment to the State must occur within 180 days.
- DHSP's CDC HIHPS grant (\$19M) is one of multiple LA County grants that were proposed for cancellation (among other grants across 4 States). Injunction in place that has stopped the cancellations for now.
- DHSP's CDC STD PCHD grant was received at the full amount (\$3.3M) with a 10% cap that can be invested in community-based services.

## **HIV Prevention Landscape in Los Angeles County**

New rapid at-home tests on the market include:

- HIV INSTI (finger stick), results in 1 minute and
- First to Know Syphilis (finger stick), results in 15 minutes.

Upcoming HIV Prevention Research:

- Inserts
- Patches
- Monthly pill – in stage 3 clinical trials
- Douches (vaginal and anal)
- bNabs – still in very early stages
- Ultra long acting injectables (LAIs): Study on 12 month intramuscular injectable at a higher dose. Seems promising, closest we may get to a vaccine. Results expected in early 2028.

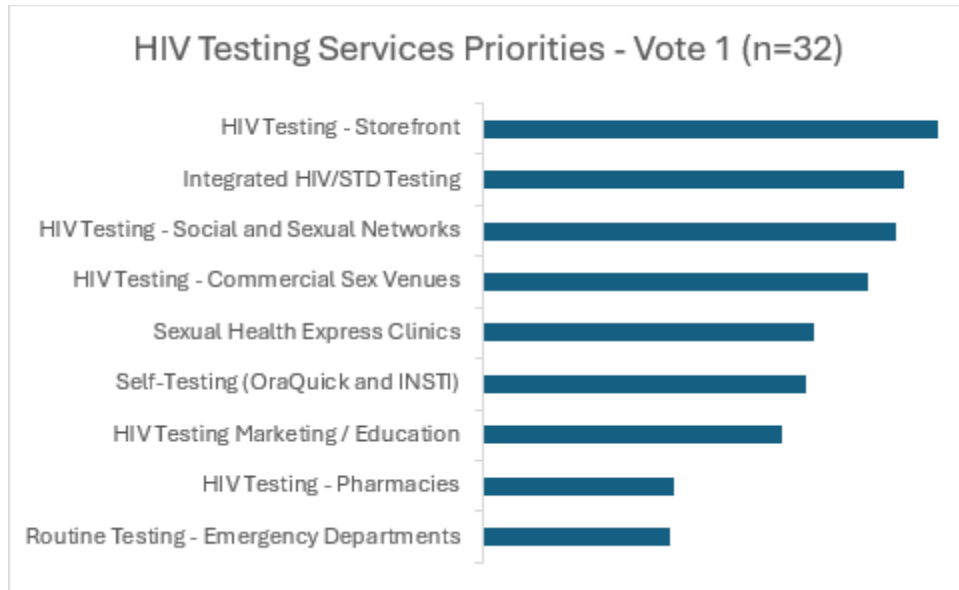
DHSP Inventory of Programs (see slides and table handouts for program descriptions)

Cost effectiveness

- Comparison of DHSP-funded HIV testing program modalities by cost per new HIV diagnosis and program costs (see slides).

## **Guided Discussion**

Ranked HIV testing services and engaging partners across the health system



- Emergency Department investments have seen high positivity in Bakersfield and other jurisdictions.
- Changes in Medi-Cal funding will lead to more people utilizing emergency departments for services.
- Seek private and philanthropic investments to support prevention.
- Storefronts allow relationship building and whole person approach/care with clients.
- Education is important to decrease stigma and increase comfortability accessing testing and services.
  - Consider health education, outreach materials, social media as well as clinical provider education (nurse practitioners, physician assistants, physicians in primary care, etc. through detailing and attending general clinical provider conferences).
    - Consider asking for support via RFPs.
  - Consider a universal sexual health campaign.
  - Trauma informed staff
  - Colleges/universities
- Consider integrated navigator role/staff that works as a generalist versus specific to one topic area.
- Gather information from telehealth providers to understand how young people are accessing services.

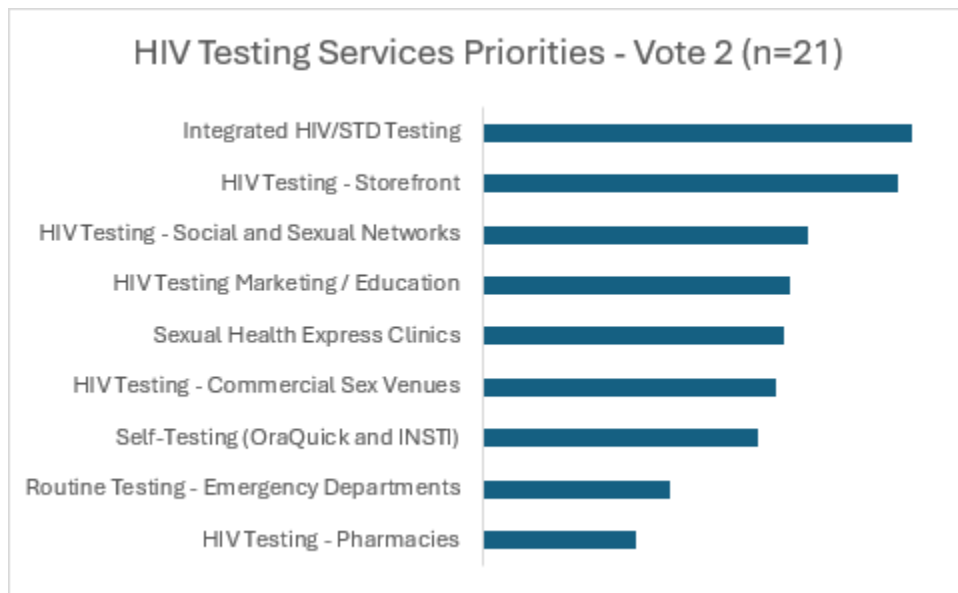
#### General prevention discussion

- Engage mental health and substance use sectors.
- Engage partners working in intimate partner violence and human trafficking.
- Include faith community in outreach, discussion, partnerships, dissemination of info.
- Need to create a culture of collaboration.

- With less resources to invest, what are the top interventions with highest return/impact? What is the perceived risk among younger generations? e.g., why/how did you become positive?
- How do we move the Medicaid system (the largest healthcare payor) into HIV prevention?
- How can this group elevate advocacy efforts?
- Rethink how we deliver Public Health. Need to look at a new model in how agencies deliver public health and address HIV, e.g., create a broad coalition.
- Bundle/layer prevention services to give the best return on investment.
- Pharmacies are an important healthcare access point in other countries (i.e. in response to Pharmacy PrEP/PEP Centers of Excellence Program that offers HIV testing and PrEP without a provider prescription)

Re-ranked HIV testing services. The biggest differences in ranking were:

- HIV Testing Marketing/Education moved from 7<sup>th</sup> to 4<sup>th</sup>
- Commercial Sex Venues dropped from 4<sup>th</sup> to 6<sup>th</sup>



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



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**...and share a word that  
best describes how you  
are feeling about  
HIV Prevention Planning  
efforts as you step into  
the meeting today.**





# HIV Prevention Planning for Los Angeles County

The California Endowment  
April 28, 2026



Ending  
the  
HIV  
Epidemic



# Agenda for Today



**Welcome and Meeting Purpose**



**Director's Remarks and  
Funding Updates**



**Prevention Planning Framework**



**Los Angeles County  
HIV Prevention Landscape**



**Guided Discussion**



**Action Items and Evaluation**

# Director's Remarks and Fiscal Update

Mario J. Pérez, MPH

Division of HIV and STD Programs

# Prevention Planning Framework

Julie Tolentino, MPH  
Senior Program Manager

# Planning Goals



1. Ensure HIV prevention services are maintained and improved.
2. Plan across health systems to achieve HIV prevention goals.

# How? This planning body will need to:



Understand HIV Prevention services and access across the County.



Increase cross sector participation.



Explore how partners can help address funding gaps.



Discuss impactful and accessible cost-effective programs to guide scarce resource allocation.

**Active participation  
drives success.**

Planning members  
are encouraged  
and expected to  
contribute  
meaningfully.



**Contribute Expertise**



**Define Goals**



**Shape the Future**

# Proposed Planning Group Structure & Responsibilities

## Responsibilities include:

1. Participate in bi-monthly meetings (April 28, June 2, August 13...)
2. Review pre-meeting materials to weigh in on discussions.
3. Conduct planning efforts outside of regular meetings as needed.

## Vote for the Planning Group name:

- *Prevention Planning Workgroup*
- *Prevention Advisory Workgroup*
- *Prevention Advisory Group*



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# Los Angeles County HIV Prevention Landscape

Sonali Kulkarni, MD, MPH  
Medical Director

There are 57,000 people living with HIV in LA County, not including approximately 4,900 people who are undiagnosed.



## New HIV infections

2024

**1200**

2025 Goal

**380**



## Knowledge of HIV status

2023

**91%**

2025 Goal

**95%**

<sup>1</sup>Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2023. Published December 2, 2024. <https://publichealth.lacounty.gov/dhsp/Reports/HIV2023AnnualHIVSurveillanceReport.pdf>. Accessed April 28, 2025.

<sup>2</sup>Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. Los Angeles County HIV Care Continuum Dashboard 2024. [http://publichealth.lacounty.gov/dhsp/DHSP\\_CareContinuum\\_D08.htm](http://publichealth.lacounty.gov/dhsp/DHSP_CareContinuum_D08.htm). Accessed April 28, 2025.

# What's New in HIV/STD Rapid Testing?

## Expanded In Home Testing Options

- Over the counter, commercially available

## HIV Rapid Tests

- Oral Swab (OraSure Oraquick) – 20 min
- Finger stick (INSTI) – 1 minute

## Syphilis Rapid Test

- Finger stick (First to Know) – 15 min



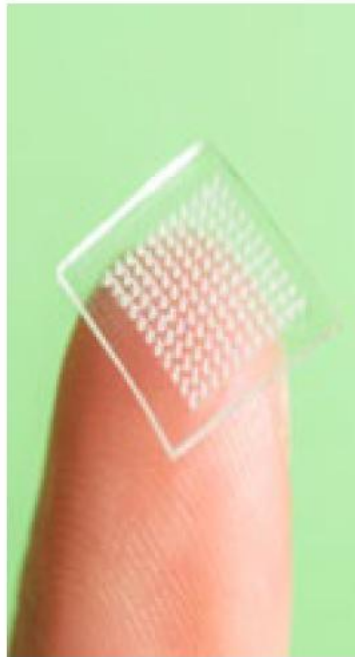
# HIV Prevention Research

## WHAT IS COMING?

Inserts



Microneedle Array Patches



Monthly Pill\*



Douches\*\*



bNabs and Vaccines



Ultra long-acting agents



# **Inventory of Prevention Services and Partners**

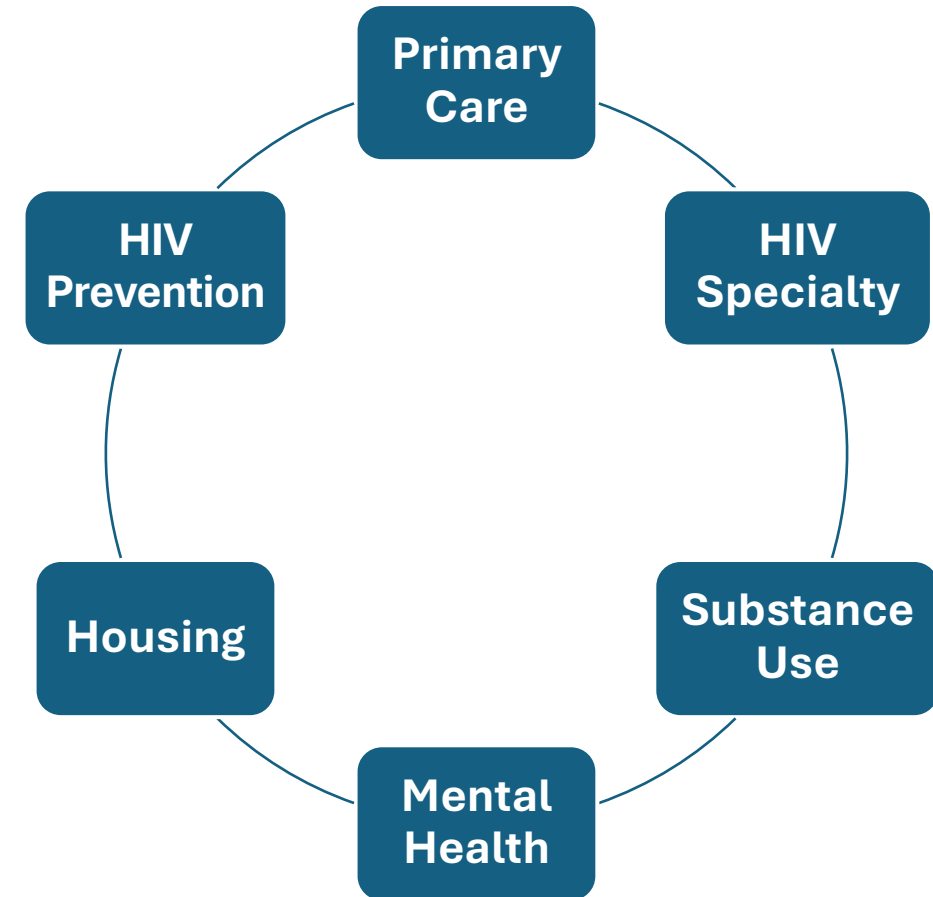
# HIV prevention is a system-wide effort that extends beyond public health/DHSP funded programs.

## Key Components:

- HIV testing
- Biomedical prevention (PrEP, PEP, DoxyPEP)
- Behavioral Interventions and Harm Reduction

## Where?

- **Health care:** Clinics / primary care / emergency departments / pharmacies / homeless health care
- **Non-healthcare:** Community based organizations / self-testing



# DHSP HIV Prevention Investments – Contracted Services

Category/Program	# Agencies	Annual Funding Amount
1. STD Screening, Diagnosis & Treatment	9	\$3,964,378
2. Storefront HIV Testing Services	11	\$2,465,830
3. Health Promotion among High-Risk Pops (formerly VPs)	4	\$1,504,999
4. Biomedical Prevention (PrEP navigators)	12	\$1,465,070
5. Sexual Health Express Clinics (SHEX-C)	3	\$1,366,378
6. Emergency Department Routine Testing	3	\$750,000
7. High Impact Prevention Programs (formerly HERR)	6	\$735,751
8. Social and Sexual Network (SSN) HIV Testing Services	5	\$664,562
9. Integrated HIV/STD Testing in the City of Long Beach	2	\$426,667
10. Pharmacy PrEP/PEP Centers of Excellence	3	\$225,000
11. Commercial Sex Venues (CSV)	1	\$160,000
	Total	\$13,728,635

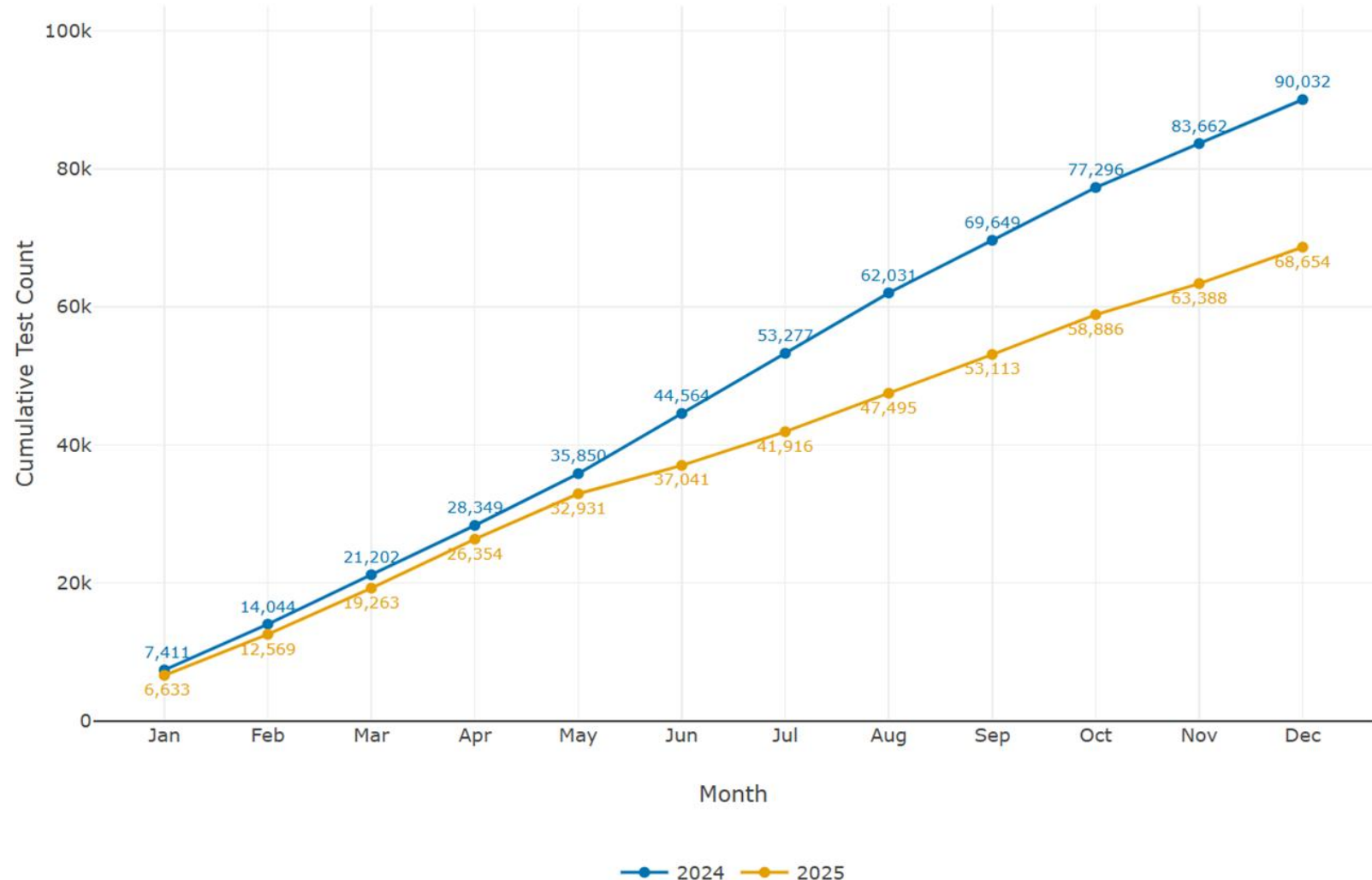
# Additional DHSP HIV Prevention Investments

Category/Program	Annual Funding Amount
1. DHSP Community Testing & Correctional Testing	\$1,041,755
2. HIV Self-Testing Initiative	\$600,000
3. STD self-testing (I Know Program)	\$578,342
4. Community Health Ambassador Program (CHAP)	\$17,000
5. HIV/STD Surveillance	\$4,177,631
6. Cluster, Detection, and Response	\$1,190,845
7. Biobehavioral Surveys and Reports	\$851,947
Total	\$8,457,520

# As a result of the lower testing volume and non-renewed contracts, there were 21,000 fewer HIV tests done in 2025 compared to 2024.

- The **blue** line represents cumulative HIV tests each month for 2024.
- The **orange** line represents cumulative HIV tests each month for 2025.

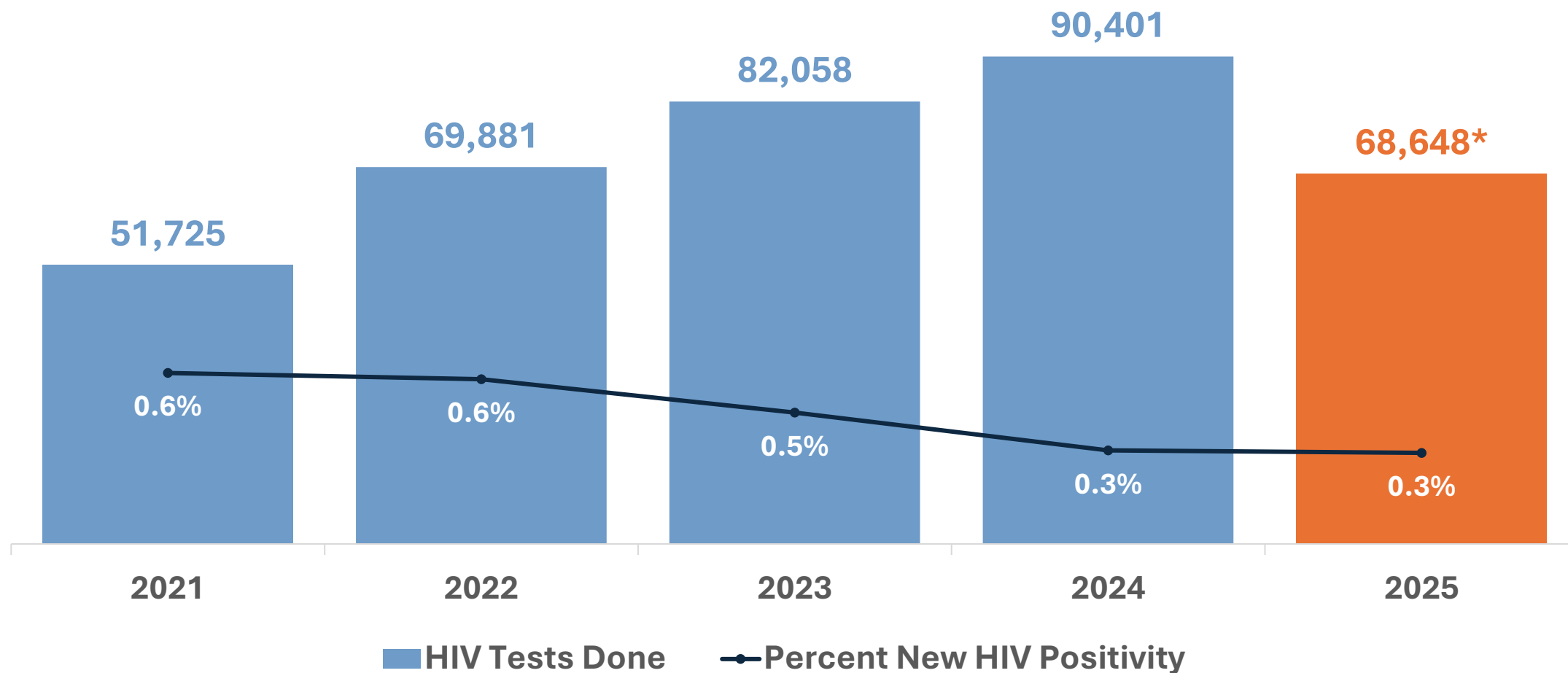
Cumulative Test Counts, 2024 vs 2025 (All Programs)



# **HIV Testing Program Effectiveness**

# From 2021-2024, DHSP contracted agencies HIV testing volume increased, followed by a decrease in 2025.

Contracted Agencies HIV Testing and New Positivity, 2021 - 2025



\*2025 data are preliminary and have not been finalized. Funding disruptions and contract turnover resulted in lower HIV testing volume.

# Contracted Community Testing (2024): HIV Performance Metrics & Cost Effectiveness

Contracted Community Testing Modalities	Total Expenditures	Total Number of HIV Tests Performed	Total Number of HIV Positive Tests	New HIV Positivity	Cost per New HIV-positive Diagnosis
<b>Commercial Sex Venues*</b>	\$77,783	465	6	1.3%	\$12,964
<b>Social &amp; Sexual Networks</b>	\$1,993,959	17,290	79	0.5%	\$25,240
<b>Integrated HIV/STD testing and treatment &amp; Mobile testing*</b>	\$1,158,641	10,565	39	0.4%	\$29,709
<b>Storefront</b>	\$4,110,212	39,497	125	0.3%	\$32,882
<b>Express Clinics*</b>	\$2,619,129	22,584	65	0.3%	\$40,294
<b>TOTAL</b>	<b>\$9,959,724</b>	<b>90,401</b>	<b>314</b>	<b>0.3%</b>	<b>\$31,719</b>

\*These modalities also provided associated STD testing for chlamydia, gonorrhea, or syphilis.

# Other Notable in-house DHSP HIV testing programs: HIV Performance Metrics & Cost Effectiveness

Other Notable DHSP-Supported HIV Testing Programs	Total Annual Expenditures	Total Number of HIV Tests Performed	Total Number of HIV Positive Tests	New HIV Positivity	Cost per HIV Test	Cost per New HIV-positive Diagnosis
<b>Take Me Home: HIV Self Test Kits</b>	\$144,662	3,111*	22	0.7%	\$47	\$6,576
<b>Community Health Ambassador Program (CHAP)</b>	\$50,435	146	7	4.8%	\$345	\$7,205
<b>Pharmacy PrEP/PEP Centers of Excellence</b>	\$1,114,346	935	11	N/A	\$1,192	N/A
<b>Emergency Department Routine Testing</b>	In progress			0.5-1%**	TBD	

Timelines: TMH Jan 2024-Dec 2024; CHAP Dec 2023-Jan 2026; PharmPrEP Mar 2024-Dec 2025

\*Tests distributed, not necessarily performed by client. ^Based on surveillance match. \*\*ED testing positivity from literature.

# **Guided Discussion: Prioritization of HIV Testing Services**

# What are we discussing?

Rank HIV testing services based on impact and funding priorities.

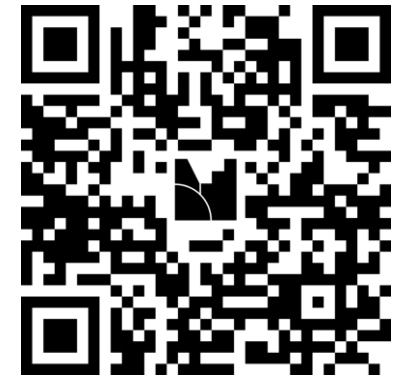
Role of partners across the healthcare system.

## **Planning best practices:**

- Focus on the needs of all people preventing HIV.
- Plan for LA County as a whole, not for individual agencies.

# Rank the HIV testing services in order of impact and based on the *allocation of public health funds and potential funding constraints.*

1. HIV Testing – Storefront
2. HIV Testing – Social and Sexual Networks
3. HIV Testing – Commercial Sex Venues
4. Sexual Health Express Clinics
5. HIV Testing – Pharmacies
6. Routine Testing – Emergency Departments
7. Integrated HIV/STD Testing
8. Self-Testing (Oraquick and INSTI)
9. HIV testing marketing and/or education

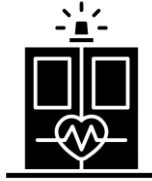


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# How do we engage partners across the health system based on these priorities?



**Primary Care**



**Urgent Care**



**HIV Specialty Care**



**Pharmacies**



**FQHCs and  
Community Clinics**



**County Dept of  
Mental Health**



**Hospitals / Emergency  
Departments**



**Substance  
Use Providers**



**Community Based  
Organizations**



**Housing  
Partners**



**Street Medicine  
Teams**

# Re-rank the HIV testing services in order of impact and based on the *allocation of public health funds and potential funding constraints.*

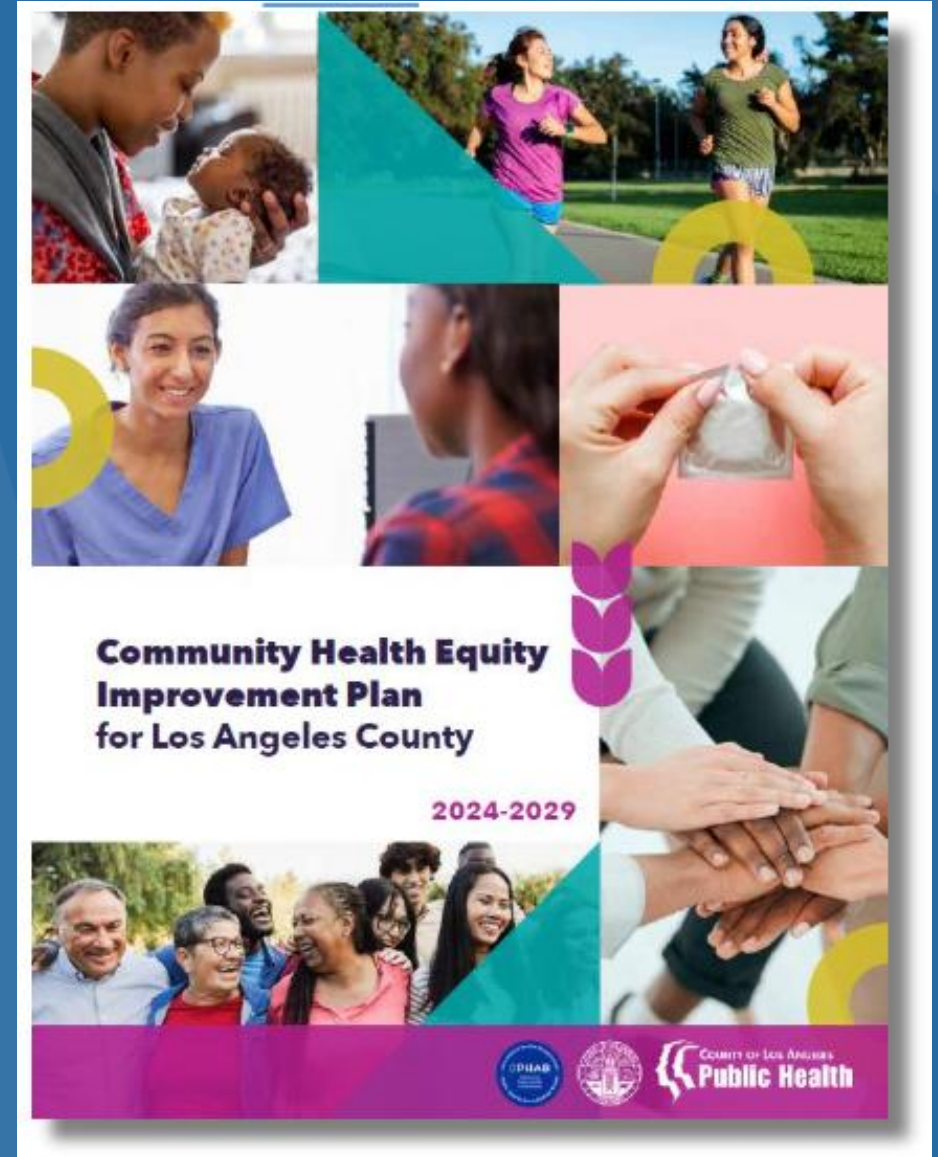
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8. Self-Testing (Oraquick and INSTI)
9. HIV testing marketing and/or education



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# Action Items and Evaluation

1. Public Health Community Health Equity Improvement Plan (CHEIP) Feedback
  - Review STD section and provide input
  - Email Lauren at [LSimao@ph.lacounty.gov](mailto:LSimao@ph.lacounty.gov)
2. Fill out the meeting evaluation. Signal commitment to being a member of the planning group.





**Next meeting:  
Tuesday, June 2, 2026  
9:30am-12:30pm**

Sign up for the DHSP listserv:  
[EHEInitiative@ph.lacounty.gov](mailto:EHEInitiative@ph.lacounty.gov)



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

**ANISH P. MAHAJAN, M.D., M.S., M.P.H.**  
Chief Deputy Director

313 North Figueroa Street, Suite 806  
Los Angeles, CA 90012  
TEL (213) 288-8117 • FAX (213) 975-1273

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

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March 6, 2026

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director *Barbara Ferrer*

**SUBJECT: ADDRESSING GAPS AND DISPARITIES TO HELP REDUCE SEXUALLY TRANSMITTED DISEASE RATES IN LOS ANGELES COUNTY (BOARD AGENDA ITEM OF AUGUST 2, 2022)**

This memorandum provides an update on Los Angeles County’s ongoing efforts to reduce sexually transmitted infections (STIs), including congenital syphilis, and reflects programmatic activity from June 2025 through November 2025, unless otherwise noted. In alignment with guidance from prior motions approved by your Board, the Los Angeles County Department of Public Health (Public Health) continues to advance a comprehensive and equity-focused STI response that prioritizes early case identification, rapid treatment, strengthened community partnerships, and initiatives that reduce barriers to care.

For consistency with prior reporting periods, this memorandum is organized into the following sections: (1) Improving the Early Identification of STD Cases; (2) Interrupting Disease Transmission through the Treatment of Cases and Their Partners; (3) Educating Consumers and Community Providers to Raise Awareness of STDs; and (4) Local, Federal, and State Program and Funding Updates. These sections describe recent surveillance trends, operational progress, collaboration with external partners, community awareness initiatives, and policy and funding developments.

This reporting period occurred amid significant federal funding uncertainty, requiring Public Health to adjust operations, reduce STI prevention staffing and funding levels, safeguard essential services, and mitigate disruptions to Los Angeles County’s HIV/STD prevention, testing, and treatment systems.

**STD Surveillance and Mpox Update**

**STD Surveillance**

Full year 2025 data are not yet available, so this analysis compares data from January 2025 through July 2025 with the same 7-month period in 2024. Preliminary 2025 data indicate that Los Angeles County is continuing to experience reductions in reported STIs, extending the downward trends noted in 2023 and 2024. From January through July 2025, early syphilis cases declined 34% compared to 2024 (from 2,139 to 1,405), signaling a continued decrease in recent infections. Congenital syphilis cases also declined by 6% during the same period (from 64 to 60). Early syphilis trends varied across populations, with cases decreasing 37% among males and 26% among females; among persons experiencing homelessness

(PEH), early syphilis cases declined 18% compared with a 36% decrease among non-PEH. No substantial differences were observed across racial or ethnic groups during the referenced time periods. Gonorrhea and chlamydia cases also continued to decline, decreasing by six% and 10%, respectively, from January to July 2025 compared to the same period in 2024. Finalized case numbers for 2025 will be available once annual surveillance data are complete and will be included in the next report to the Board.

Despite these encouraging reductions, STI rates in Los Angeles County remain unacceptably high, and Public Health continues to monitor trends closely. Updated surveillance findings will continue to be available through the online Los Angeles County HIV and STD Surveillance Dashboards.

### Mpox Surveillance

In addition to STI surveillance, Public Health continues to monitor mpox trends. Mpox is an infectious disease caused by the mpox virus, characterized primarily by rash and flu-like symptoms, and transmitted through close physical contact. Mpox data are reported using the most complete timeframe available (January 2025 through November 2025). Between January 1 and November 17, 2025, 161 mpox cases were reported, a decrease from 208 cases during the same period in 2024. Consistent with prior trends, most cases occurred among men who have sex with men (MSM). Among the 161 cases, 51% were among unvaccinated persons, 40% were among persons who had completed the mpox vaccination series, and 9% were among persons who were partially vaccinated. During the 11-month reporting period, eight individuals were hospitalized, all of whom were unvaccinated. No deaths were reported during this period. Public Health also launched a new mpox dashboard in 2025, updated biweekly with case and vaccination data, and available at: <https://shorturl.at/Rt6HI>.

Understanding the current mpox case trends also requires distinguishing between the two primary mpox clades circulating globally. Mpox viruses are grouped into two main clades: clade I, associated with outbreaks in several African countries since 2024 and linked to more severe illness; and clade II, historically found in West Africa, which caused the 2022 global outbreak, and which generally results in mild to moderate disease. Both clades are transmitted primarily through close contact.

In October 2025, Los Angeles County confirmed its first two cases of clade I mpox in adults with no recent travel to regions where this virus typically circulates. The City of Long Beach Department of Health and Human Services also reported a separate clade I case, bringing the County total to three. These represent the first clade I mpox cases in the United States without associated international travel. In response, Public Health initiated enhanced surveillance, including coordination with laboratories to ensure clade-specific testing of positive Orthopoxvirus specimens. Public Health also issued a Health Alert on October 17, 2025, referencing the CDPH Health Advisory: Community Spread of Clade I Mpox Within California, and a Dear Colleague Letter on October 21, 2025, emphasizing the importance of mpox vaccination for preventing both clade I and clade II infections. Continued mpox monitoring and reporting remain contingent on available funding and may be reduced or discontinued if funding constraints persist.

## **(1) IMPROVING THE EARLY IDENTIFICATION OF STD CASES**

### STD Screening, Diagnosis, Treatment & Counseling in Public Health Centers

As mentioned in a prior report, to increase Sexual Health Clinic (SHC) utilization, Public Health expanded clinic hours, improved clinic efficiency, and launched targeted social media campaigns, which led to increased clinic visits from 8,912 in 2023 to 17,517 in 2024. However, from January 2025 to October 2025, SHC visits (12,873) remained lower than projected.

Since then, facing significant fiscal challenges due to a more than \$50 million dollar cut in federal, state and local funding, Public Health is consolidating and ending clinic services on February 27, 2026, at seven locations, six of which have offered Sexual Health services. However, Public Health will continue to provide confidential, no-cost STI screening, diagnosis, treatment, and counseling services at the remaining public health centers: Central, Glendale (will close when North Hollywood reopens in 2027), Martin Luther King, Jr. Center for Public Health, Monrovia, Pacoima, and Whittier. Patients may also access HIV Pre-Exposure Prophylaxis (PrEP), family planning services, condoms, Pap smears, Narcan, fentanyl test strips, and COVID-19 test kits at these sites. Public Health is working closely with community-based organizations and clinical partners to connect impacted clients to appropriate STD prevention and treatment services.

#### Public Health Mobile Vaccine and Testing (MVT) Team

During the reporting period, and as part of the operational adjustments made in response to federal funding uncertainty, MVT discontinued STI testing, but continued to administer mpox vaccinations, respond to STI outbreaks, distribute harm-reduction supplies, and connect people experiencing homelessness (PEH) to STI and harm-reduction services. Between June 2025 and October 2025, the MVT Team served 1,288 PEH, distributed 794 units of naloxone and 776 fentanyl test strips, and administered 1,811 vaccines across 242 events at shelters, encampments, service hubs, and other high-impact settings. In December 2025, the majority of services ended due to the Department's worsening fiscal outlook. From January to June 2026, Public Health will continue to offer limited vaccine outreaches, referrals to STI services, and harm reduction supplies and referrals to the PEH population with Measure A funding, which will end June 30, 2026.

#### Third-Party Billing for STD Services

Public Health continues to bill Medi-Cal, Medicare, and private insurers for eligible SHC services and continues to seek reimbursement from the California Department of Public Health (CADPH) for clients who are uninsured or underinsured. Efforts to secure agreements with Medi-Cal managed care plans and to streamline internal billing processes to improve reimbursement continue. As noted in a previous report, an agreement with Health Net was executed in 2024. Public Health continues to actively negotiate agreements with LA Care and Kaiser Permanente.

#### Update on Community-Based HIV/STD Prevention Contracts

As noted in our last memorandum to your Board, Public Health took steps earlier this year to preserve the HIV and STD prevention contracting infrastructure despite significant federal funding award delays and ongoing federal funding uncertainty. Concurrently, Public Health identified a need to better align funded services with available resources and program priorities. The *Comprehensive HIV and STD Prevention Services in Los Angeles County Request for Proposals (RFP) #2024-104* was designed to support this realignment; however, its implementation was paused due to ongoing federal funding uncertainty. To address both issues, Public Health made targeted reductions to contracted services to ensure that essential HIV and STD prevention activities could continue without substantial gaps in care.

Since the last update and after a significant delay, Public Health received its High Impact HIV Prevention and Surveillance (HIHPS) award totaling \$19,788,675 from the Centers for Disease Control and Prevention (CDC), which supports services through May 31, 2026. Contract extensions with community-based providers were executed under delegated authority, allowing agencies to resume operations. Following these partial funding adjustments, contracted community-based agencies have gradually restored services that were reduced earlier in the year. Although several agencies experienced temporary

staffing losses and decreased service hours, most are now rebuilding capacity, and Public Health anticipates higher operational levels in the final quarter of 2025.

These funding and contract developments come as Los Angeles County continues to experience historically elevated STI rates. Although contracts remain in place, federal funding delays and resource adjustments have slowed progress tied to the screening, diagnosis, and prevention of STDs, especially among disproportionately impacted communities. As federal funding delays persist and future funding levels remain uncertain, support to stabilize provider capacity and protect core services remains paramount. Public Health is using this period to prioritize the most essential services and prepare for service levels that are congruent with available funding – which remains unclear.

### Syphilis Screening Efforts and Partnerships

#### **Community-Based Prevention Through Third-Party Administrators**

Public Health continues to support community-based STI prevention through partnerships with Rising Communities and Public Health Foundation Enterprises, Inc., doing business as Heluna Health. During the reporting period, Rising Communities purchased First to Know at-home syphilis tests for distribution in areas with elevated STI burden while Heluna Health administered the Los Angeles County Emergency Department Screening Program (LA EDSP) through the Public Health Institute's Bridge Center (Bridge Center) and supported additional HIV-related initiatives.

#### **At-Home HIV and Syphilis Testing**

From June 2025 through November 2025, Public Health distributed 173 First to Know at-home syphilis tests (through harm-reduction partners, an interim housing site, and a street medicine team). All tests were self-administered, either at home or on-site at partner locations. Three clients required assistance, and one test yielded a reactive result indicating possible syphilis infection. Distribution through the TakeMeHome platform was paused in June 2025 due to reduced funding, and Public Health is currently assessing options to sustain funding.

#### **Enhanced Screening Across DHS Emergency and Community Urgent Care Settings**

Routine syphilis screening continued at three Department of Health Services-operated emergency departments and 12 urgent care centers. From June 2025 through October 2025, more than 7,000 individuals of reproductive potential were screened for syphilis, and 127 tested positive for syphilis; 40% were Latinx, 25% were Black/African American, and 21% reported being unhoused.

In June 2025, Public Health expanded these efforts by contracting with Heluna Health to launch the previously mentioned LA EDSP in three community hospitals (Memorial Hospital of Gardena, Coast Plaza Hospital, and East Los Angeles Doctors Hospital) via the Bridge Center. These hospitals implemented routine opt-out HIV and syphilis screening, navigator-led linkage to care, and patient education, with a focused emphasis on individuals experiencing homelessness and those affected by syphilis or congenital syphilis. This two-year program is funded by the California Department of Public Health's Syphilis Outreach Strategy grant and will continue through June 2027.

## **(2) INTERRUPTING DISEASE TRANSMISSION THROUGH TREATMENT OF CASES AND PARTNERS**

### Public Health-Based Disease Investigation and Partner Services

Between January 2025 and June 2025, Public Health Investigators (PHIs) and Public Health Nurses (PHNs) continued to deliver essential Partner Services for syphilis and HIV cases, prioritizing timely treatment and confidential partner notification as strategies to interrupt ongoing transmission. During this

period, PHIs and PHNs interviewed 2,247 individuals diagnosed with syphilis. Of those interviewed, 15% had primary or secondary syphilis (early, infectious stage), 27% had early latent syphilis, and 58% had late-stage or unknown-duration syphilis. Partner Services staff confidentially notified 358 sexual partners or close contacts of possible syphilis exposure, with the index patient's identity kept anonymous. Among those notified, 72 individuals were successfully linked to treatment following a positive diagnosis, and 49 received preventive treatment.

#### Community Embedded Disease Intervention Specialist (CEDIS) Program

The federal funding uncertainty and service interruptions in May 2025 affected the Community Embedded Disease Investigation Specialist (CEDIS) Program, reducing staffing from 22 positions to nine staff across three provider agencies during this period. While the remaining CEDIS teams continued operating in clinics that diagnose the highest numbers of cases, the staff impacts limited investigation coverage, and some case investigations and partner follow-up activities experienced delays. As a result of these challenges, and as a complementary effort, PHIs and PHNs continued prioritizing the highest-risk cases and maintained essential partner notification and treatment efforts as best as possible.

From June 2025 through October 2025, CEDIS investigated approximately 20% of early syphilis cases and 13% of HIV cases, consistently achieving higher treatment, interview, and contact index outcomes than other investigative teams.

#### Specialized Investigation Team (SIT) for Persons of Reproductive Potential (PRP)

Public Health established the Specialized Investigation Team (SIT) in 2022 to reinvestigate persons with syphilis who remain untreated or unlocated, and to identify opportunities to improve systems and services for clients affected by this critical public health issue. The SIT provides treatment follow-up, partner services, and transportation and housing support to the most complex and disenfranchised clients impacted by syphilis. While staffing reductions affected data completeness between April 2025 and June 2025, the SIT documented 44 reopened cases, located 30% of clients, provided at least one treatment dose to 27% of clients, and achieved full treatment completion for 14% of clients. Housing support remained critical to ensuring treatment completion. A total of nine housing applications were submitted, and seven patients, including two pregnant individuals, were housed during treatment. All nine clients and partners completed care, supported by ongoing mental health, transportation, and housing linkages.

#### Bicillin Delivery Program and Shortage Update

A national shortage of Bicillin L-A (penicillin G benzathine) continues to affect Los Angeles County and jurisdictions nationwide. Because Bicillin –L-A is the only recommended treatment for pregnant persons with syphilis, Public Health strongly recommends reserving all 2.4 million–unit doses for pregnant persons and using 1.2 million–unit doses sparingly with other groups. Although Public Health is prepared to implement a centralized allocation and delivery process if needed, current supplies have been managed effectively without requiring this step. Public Health continues to monitor Countywide inventory and remains prepared to redistribute doses if urgent needs arise.

Public Health continues issuing treatment updates and coordinating closely with DPH Pharmacy, which is receiving limited but steady shipments of Bicillin –L-A to ensure adequate clinic supply and backup stock. The most recent communication from Public Health to service providers on this subject (July 14, 2025), advised prioritizing pregnant patients and noted the voluntary recall of select Bicillin –L-A lots. State partners, including the California HIV and STD Controllers Association, also report ongoing shortages, while the manufacturer (Pfizer) has not provided a firm recovery timeline. National supply stabilization is tentatively expected to occur in late 2026.

#### Public Health Emergency Housing Program for Treatment Completion

Public Health implements an emergency housing initiative that reduces communicable disease transmission by providing temporary housing, food, and transportation to persons either experiencing homelessness (PEH) or those at imminent risk of becoming homeless, and who need stable environments to isolate or complete treatment. Priority clients include persons of reproductive potential (PRP) diagnosed with syphilis or HIV, and individuals diagnosed with mpox requiring safe isolation. Housing stays average three to four weeks and support adherence to clinical care. From June 2025 through December 2025, the program housed 11 individuals (10 for syphilis treatment and 1 for mpox isolation). Historically, the Los Angeles County Affordable Housing, Homelessness Solutions, and Prevention Measure (Measure A) supported mpox-related housing; however, Measure A reductions have left these placements unfunded.

#### Essential Access Health: Expedited and Patient-Delivered Partner Therapy and Youth Services

Due to federal funding impacts, the STI prevention contract with Essential Access Health (EAH) was significantly curtailed. EAH has a long history of advancing sexual health education and community screening outreach, but several activities could no longer be supported, including the Spring into Love Youth Conference and the Teen Source mail-order condom program. Training and technical assistance services were also reduced, with providers receiving limited office-hour support rather than full trainings. In September 2025, EAH held three technical assistance sessions with 15 clinical agencies. Despite these constraints, the Expedited and Patient Delivered Partner Therapy (PDPT) program remained active. During the reporting period, EAH distributed 597 doses of doxycycline, 441 doses of azithromycin, and 705 doses of cefixime, supporting timely partner treatment and helping to reduce STI transmission.

#### Planned Parenthood Los Angeles (PPLA) Services

Essential Access Health's subcontract relationship with PPLA continued during the reporting period, although at a reduced funding level. This funding supports a CEDIS team at PPLA, consisting of one grant-funded position and one part-time position supported by PPLA resources. In addition to their disease investigation activities, the PPLA team also helped ensure treatment access during the ongoing Bicillin L-A shortage by providing appropriate doxycycline regimens for patients when Bicillin was unavailable.

#### Student Wellbeing Centers (SWBC)

SWBCs operated across 12 school districts in Los Angeles County, serving 45 high schools and two middle schools. Between June 2025 and November 2025, SWBCs distributed 2,147 condoms, delivered 110 classroom presentations/workshops, and conducted 37 STD-focused outreach activities, reaching more than 15,000 students.

#### Incarcerated Persons

Public Health continued syphilis screening at the women's Century Regional Detention Facility (CRDF), with testing coverage during day and night shifts. Between June 2025 and October 2025, staff conducted 700 rapid syphilis tests, identifying 34 reactive cases (5% positivity). The 9 confirmed new cases were treated while the clients were in custody. Due to recent staffing reductions, Public Health scaled back youth detention follow-up efforts, and these services are now limited to verifying treatment among reported syphilis cases only.

### **(3) EDUCATING CONSUMERS AND COMMUNITY PROVIDERS TO RAISE AWARENESS OF STDs**

#### Social Marketing Campaigns

Public Health is seeking funding to launch the online DoxyPEP campaign early this year. As shared previously, DoxyPEP, or doxycycline post-exposure prophylaxis, is an emerging biomedical prevention strategy in which individuals at increased risk for bacterial STIs take a dose of doxycycline after sex to reduce their likelihood of acquiring syphilis, chlamydia, or gonorrhea. The online campaign will focus on increasing community awareness and improving uptake among populations at elevated risk for STIs.

#### Public Health and Provider Training

As part of Public Health's First Friday continuing medical education (CME) series focused on STDs, Public Health organized two virtual trainings in June 2025 and August 2025 tied to navigating specialized health services and understanding the Public Health Refugee Health Program. Sessions included practical clinical guidance and cost-effective use of laboratory and treatment resources. Public Health also delivered virtual CME grand rounds at Adventist Health White Memorial on syphilis and congenital syphilis.

#### STD Awareness Among Youth

##### **STI Testing Program for Young Women: *I Know Program***

The Los Angeles County *I Know Program* is a home test kit program that offers a convenient and confidential option for individuals to screen for chlamydia and gonorrhea from the privacy of their home or any location where they feel comfortable. The program is currently available to young women, girls, transgender men, and any person with a vagina, ages 12 to 44. During this reporting period, the *I Know Program* expanded its eligible age range from 24 to 44 years and distributed 398 chlamydia/gonorrhea test kits - more than double the number distributed in the previous period. The program increases access for individuals facing socioeconomic, insurance, immigration, and other structural barriers. In addition, the program partnered with the Public Health Youth Advisory Council and engaged schools and youth-serving organizations across the County to broaden outreach and participation.

##### **Pocket Guide LA (PGLA)**

Public Health implemented an updated survey for clinics listed in Pocket Guide LA or PGLA, a mobile-friendly directory that helps youth locate Family PACT providers and STI services. The survey also allowed Public Health to identify additional youth-serving clinics for inclusion. PGLA's website hosting and data management were successfully transitioned to Public Health's Microsoft Azure cloud environment, providing a more reliable, secure, and cost-efficient platform. PGLA remains an essential resource for connecting youth to responsive sexual and reproductive health services.

### **(4) LOCAL, STATE, AND FEDERAL FUNDING UPDATE**

The Administration's proposed restructuring of the CDC along with the federal funding reductions that were proposed in H.R. 5304, the Department of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act of 2026, created significant uncertainty for state and local health departments receiving STD Prevention and Control for Health Departments (PCHD) grant funding. The Administration has proposed eliminating the CDC Division of HIV Prevention, as well as proposed merging the Division of STD Prevention with other branches. Were these proposals to move forward, it would cause massive disruption to funding state and local health departments, reducing technical assistance and laboratory support and cutting service delivery. At the same time, uncertainty surrounding grant terminations for the CDC's High Impact HIV Prevention and Surveillance (HIHPS) Programs for

Each Supervisor  
March 6, 2026  
Page 8 of 8

Health Departments presents additional risks to HIV prevention efforts. While Congress has thus far declined to implement these proposals, H.R. 7148, the Consolidated Appropriations Act, 2026 signed into law on February 3, 2026, included a \$10 million reduction in federal fiscal year 2026 appropriations for STD prevention. Public Health is closely monitoring these federal funding developments (along with local and State updates) to assess potential impacts on surveillance, field services, diagnostic capacity, and community-based services.

Public Health will continue to work with the CEO's Legislative Affairs and Intergovernmental Relations Division on these threats and update your Board if there are any changes to Los Angeles County's STD or HIV grant funding levels.

BF:rs:mjp:sr

c: Chief Executive Officer  
County Counsel  
Executive Office, Board of Supervisors



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

**ANISH P. MAHAJAN, M.D., M.S., M.P.H.**  
Chief Deputy Director

313 North Figueroa Street, Suite 806  
Los Angeles, CA 90012  
TEL (213) 288-8117 • FAX (213) 975-1273

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

**BOARD OF SUPERVISORS**

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Fourth District

**Kathryn Barger**  
Fifth District

March 18, 2026

TO: Each Supervisor

FROM: Barbara Ferrer,  
Director of Public Health

SUBJECT: **Protecting the Privacy of Transgender Los Angeles County Residents (Item 20, Board Agenda of March 3<sup>rd</sup>, 2026)**

This report is in response to your March 3, 2026 motion, *Protecting the Privacy of Transgender Los Angeles County Residents*, which directed the Department of Public Health (Public Health) and other departments to report back on the following directives.

**Directive 1: Direct the Directors of the Departments of Health Services, Mental Health Services, Public Health, Public Social Services, and Human Resources, in consultation with County Counsel, to:**

- a. Report back to the Board in writing in 30 days on their plans to implement Senate Bill (SB) 497 (Weiner), including safeguards to ensure compliance with the law and to prevent unauthorized disclosure of protected health information.**

Public Health has determined that SB 497 is not applicable to the department since we do not provide gender affirming health care or mental health care. However, we do have in place privacy policies and adhere to HIPAA and state polices which require that workforce members do not share any protected health information and only to law enforcement when they have a warrant or subpoena.

- b. Develop and implement staff training protocols for all relevant existing and new employees on SB 497's requirements, including privacy protections, prohibitions on data sharing, and mandatory procedures for addressing suspected violations, and report back to the Board in writing in 90 days on progress toward training and implementation of these protocols.**

While SB 497 is not applicable to Public Health, Workforce Members are required to take the following trainings 30 Days from Hire & then annually:

- Countywide Privacy Awareness Training
- Countywide Cybersecurity Awareness Training
- *HIPAA for Covered Entities*

Each Supervisor  
March 18, 2026  
Page 2 of 5

Please let me know if you have questions or need additional information.

BF:sv

Cc: Executive Office, Board of Supervisors  
Chief Executive Office  
County Counsel

**MOTION BY SUPERVISOR HOLLY J. MITCHELL**

**April 14, 2026**

**Creating Public-Facing Safety Net Dashboards to Track the Impact of H.R.1 and Other Health Policy Changes**

The County of Los Angeles (County) is home to the nation’s second-largest county health care system, the Department of Health Services (DHS), and the largest county mental health department, the Department of Mental Health (DMH). The County’s Department of Public Social Services (DPSS) manages the largest Medi-Cal enrollment in the State of California, and the Department of Public Health (DPH) is one of the largest public health departments in the nation.

DHS serves approximately 500,000 patients annually, regardless of insurance, income, or immigration status through a network of state-of-the-art treatment and research facilities, including Harbor-UCLA Medical Center, Los Angeles General Medical Center, Olive View-UCLA Medical Center, Rancho Los Amigos Rehabilitation Center, and the Ambulatory Care Network (ACN). The ACN operates 24 clinics across the County, including major centers such as the Martin Luther King Jr. Outpatient Center, the High Desert Regional Health Center, El Monte Comprehensive Health Center, and the San Fernando Health Center. The ACN is committed to providing world-class, compassionate health care that is safe and accessible to all patients, regardless of ability to pay.

Although DPH is not primarily responsible for providing direct healthcare services,

-MORE-

MOTION

Mitchell \_\_\_\_\_

Horvath \_\_\_\_\_

Hahn \_\_\_\_\_

Barger \_\_\_\_\_

Solis \_\_\_\_\_

MOTION BY SUPERVISOR HOLLY J. MITCHELL

April 14, 2026

Page 2

it plays a crucial safety-net role in delivering immunizations and in testing and treatment related to tuberculosis and sexually transmitted infections. DPH comprises 39 programs and multiple public health centers located throughout the County, serving its ten million residents.

DPSS administers Medi-Cal and additional essential safety net programs to millions of County residents, including CalFresh, CalWORKs, General Relief, the Cash Assistance Program for Immigrants, the Refugee Program, and In-Home Supportive Services.

H.R. 1 will result in significant reductions to critical health care and safety net funding across County health and social services departments, affecting thousands of current beneficiaries and destabilizing safety net hospitals. DHS anticipates a \$280 million loss in fiscal year 2025-26, and projects an annual deficit of approximately \$1.85 billion by fiscal year 2028-29, driven largely by Medicaid cuts. H.R. 1 is projected to result in approximately \$750 million per year in lost DHS revenue.

DPH projects a \$200 million to \$300 million reduction in federal and state funding. The department is forecasting a minimum \$24 million deficit this fiscal year, requiring clinic closures, personnel reassignments, and potential layoffs. Future deficits are expected to worsen as federal revenues decline.

Since the signing of H.R. 1, from July 2025 to February 2026, more than 200,000 County residents have lost full-scope Medi-Cal coverage. CalFresh has experienced similar declines, with over 100,000 individuals losing food assistance. These losses reflect the compounding effects of federal policy changes under H.R. 1, the expiration of COVID-era continuous coverage protections, and heightened fears regarding public charge rules.

In the face of threatened service reductions, lay-offs, and closures, it is critical that the public has timely and reliable access to information regarding impacts to the County's health and social services safety net. DPSS currently maintains a public-facing dashboard with monthly summary-level caseload data; however, additional data and analysis are necessary to understand the full scope of H.R. 1's impact. Early indicators point to disproportionate enrollment losses in certain geographic areas. Enhanced transparency

regarding enrollment trends, disenrollment patterns, and geographic disparities is essential to ensure the County can target interventions effectively and maintain equitable access to safety net services for vulnerable populations.

The Chief Executive Office's Chief Data Officer oversees the County's Information Hub, a cross-departmental data platform designed to advance a person-centered, 360-degree view of client services and improve care coordination and outcomes. Integrating public-facing safety net dashboards into a unified portal would provide the County with a centralized data-sharing system that is accessible and straightforward for policymakers, advocates, and County residents to navigate.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Direct the Director of the Department of Health Services (DHS), within 60 days, to add to its public-facing website, a dashboard that is updated monthly (or as it becomes available) and includes:
  - a. To the extent available, workload data from all County DHS facilities (each hospital and ambulatory care network site), including but not limited to visit volumes; wait times to be seen once patients arrive; wait times to receive specialty care appointments once requested; wait times for specialty care services once prescribed; and other quality and utilization metrics.
  - b. Visit volume broken down by specialty type.
  - c. Visit volume broken down by in-person and telephonic and/or virtual visits.
  - d. To the extent available, quality of care data, including compliance with federal and State standards, quality metrics, and patient experience scores.
2. Direct the Director of the Department of Public Health (DPH), within 60 days, to add to its public-facing website a dashboard that is updated monthly and includes clinic workload volumes, as well as patient cycle times and wait times, by service type and by clinic site.
3. Direct the Director of the Department of Mental Health (DMH), within 60 days, to add to its public-facing website a dashboard that is updated monthly and includes:
  - a. Workload data from DMH directly operated clinic-sites and outpatient programs (including Psychiatric Urgent Care Centers and Crisis Residential Treatment

- Programs), including client volumes; wait times for initial assessments and follow up appointments; and other service utilization metrics.
- b. Visit volume broken down by program, service type, and clinic-site (outpatient services, crisis services, specialty clinics), and by in-person versus telephonic and/or virtual encounters.
  - c. Data regarding access to care, including the average number of days from referral to first appointment across DMH directly operated programs.
4. Direct the Director of the Department of Public Social Services (DPSS), within 60 days, to add to its public-facing dashboard monthly updates that enable straightforward comparison of the following metrics across Supervisorial Districts, Service Planning Areas, office locations, and administered programs (CalFresh, Medi-Cal, CalWORKs, General Relief, Cash Assistance Program for Immigrants, Refugee Program, and In-Home Supportive Services) to the extent the data exists and is available:
- a. Application processing times in accordance with State reporting standards.
  - b. Caseload volumes.
  - c. Enrollment and disenrollment trends, with month-by-month comparisons.
  - d. To the extent available, program reach index rates (defined as the estimated percentage of eligible residents enrolled in each program).
  - e. Application approval and denial rates, including the top three reasons for denials.
5. Direct the Directors of DHS, DPH, DMH, and DPSS to ensure that each dashboard, directed in items 1 through 4, includes historical data beginning no later than January 1, 2025, so that policymakers and the public may assess pre-existing trends and attribute changes to specific policy events, including the implementation of H.R. 1.
6. Direct the Chief Executive Office's Chief Data Officer, in coordination with the Directors of DHS, DPH, DMH, and DPSS, to, within 90 days, report back in writing to the Board on the feasibility of integrating the dashboards described in directives 1 through 4 above into a unified, public-facing portal through the County's

MOTION BY SUPERVISOR HOLLY J. MITCHELL

April 14, 2026

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Information Hub, and to provide findings and a proposed implementation timeline.

# # #

(YV/EAVG)



2026 LEADERSHIP CONFERENCE



*Care*  
**REIMAGINED**

EMPOWERMENT, PRECISION, AND  
ACCOUNTABILITY IN COUNTY SERVICES

THE MUSIC CENTER  
DOROTHY CHANDLER PAVILION  
JUNE 10, 2026

EXECUTIVE OFFICE



BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

Los Angeles County Board of Supervisors  
Chief Executive Office  
Quality and Productivity Commission



# Care REIMAGINED

## **SPEAKERS**

### **Lisa M. Garrett**

Director of Personnel, Los Angeles County Department of Human Resources

### **Dr. Christina R. Ghaly**

Director, Los Angeles County Department of Health Services

### **Maral Karaccusian**

Director, Los Angeles County Department of Aging and Disabilities

### **Joseph M. Nicchitta**

Acting Chief Executive Officer, Los Angeles County Chief Executive Office

### **Brandon T. Nichols**

Director, Los Angeles County Department of Children and Family Services

### **Edward Yen**

Executive Officer, Los Angeles County Executive Office of the Board of Supervisors

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Supervisor, Third District

### **Janice Hahn**

Supervisor, Fourth District

### **Kathryn Barger**

Supervisor, Fifth District



**THE COUNTY OF LOS ANGELES  
QUALITY AND PRODUCTIVITY  
COMMISSION**



cordially invites you  
to attend the

**2026 LEADERSHIP CONFERENCE**

*Care*  
**REIMAGINED**

**Wednesday, June 10, 2026**

8:30 a.m. – 11:30 a.m.

**THE MUSIC CENTER**

Dorothy Chandler Pavilion – Grand Hall  
135 North Grand Avenue  
Los Angeles, CA 90012

8:30 a.m. – 9:00 a.m.

Registration

9:00 a.m. – 11:30 a.m.

Conference Speakers

Complimentary Parking in Lot 14 at  
135 North Grand Avenue, Los Angeles, CA 90012



Please RSVP by Friday, May 22, 2026  
Email Betty Belavek at [bbelavek@bos.lacounty.gov](mailto:bbelavek@bos.lacounty.gov)



**CONFERENCE OBJECTIVE**

Empowerment, precision, and accountability in County services.

# QUALITY AND PRODUCTIVITY COMMISSION

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## FIRST VICE CHAIR

William R. Wright

## SECOND VICE CHAIR

Joe Waz

## IMMEDIATE PAST CHAIR

Nichelle M. Henderson

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J. Shawn Landres, Ph.D.

Rodney C. Gibson, Ph.D.

Edward T. McIntyre

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Marsha D. Mitchell

Julian Cepeda

E. Scott Palmer

Barry Donelan

Jeffrey J. Penichet

Nancy G. Harris

Dion Rambo

Huasha Liu

Mark A. Waronek



If you have any questions, please contact  
Betty Belavek at [bbelavek@bos.lacounty.gov](mailto:bbelavek@bos.lacounty.gov)

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

### Membership & Community Engagement Committee

Link to the April 23, 2026 Membership & Community Engagement Committee meeting packet can be found [HERE](#).

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

- COH staff led a “Committee Orientation” presentation, which provided an overview of the role and responsibilities of the Membership & Community Engagement Committee.
- The committee reviewed their meeting calendar and approved their 2026 work plan.
- Ish Herrera and Vilma Mendoza were elected as committee co-chairs.
- The Membership and Community Engagement Committee established a recruitment workgroup to develop strategies for filling the Commission’s vacant seats. The committee members who volunteered for the work group are Stevie Bieneman, Ish Herrera, Kevin Nguyen, and David Cerda Orozco.
- The next meeting for the Membership & Community Engagement Committee will be on Thursday, June 25, 2026, from 10am - 12pm at the Vermont Corridor.

#### Action needed from full body:

- Attend the upcoming virtual Needs Assessment and Priority Setting & Resource Allocation mandatory training on June 3, 2026 from 12pm – 1pm to become familiar with these key RWP planning council responsibilities.

### Executive Committee

The Executive Committee did not meet in the month of April. The first meeting of the Executive Committee will be held on May 28, 2026 from 1pm-3pm at the Vermont Corridor.

### Planning, Priorities, and Allocations Committee

Link to the April 21, 2026 Planning, Priorities, and Allocations Committee meeting packet can be found [HERE](#).

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

- COH staff led a “Committee Orientation” presentation which provided an overview of the role and responsibilities of the Planning, Priorities, & Allocations Committee.
- The committee reviewed their meeting calendar and approved their 2026 workplan.
- Jeronimo Barrajas and Stephanie Johnson were elected as committee co-chairs.

#### Action needed from full body:

- Attend the upcoming virtual Needs Assessment and Priority Setting & Resource Allocation mandatory training on June 3, 2026 from 12pm – 1pm to become familiar with these key RWP planning council responsibilities.

## **Standards and Best Practices Committee**

Link to the April 20, 2026, Standards and Best Practices Committee meeting packet can be found [HERE](#).

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

- The Standards and Best Practices Committee elected Caitlin Dolan and Montana Volby as Committee co-chairs.
- COH staff led a “Committee Orientation” presentation which provided an overview of the role and responsibilities of the Standards and Best Practices Committee.
- The next meeting for the Standards and Best Practices Committee will be on Monday May 18, 2026, from 10am-12pm at the Vermont Corridor.

### **Action needed from full body:**

- Review the Standards and Best Practices Committee 2026 workplan and meeting calendar to learn more about the activities of the Committee and identify ways to participate. Both documents can be found on the meeting packet [HERE](#).

## **Aging Caucus**

The Aging Caucus did not meet in the months of April and May.

## **Black Caucus**

The Black Caucus did not meet in the months of April and May.

## **Consumer Caucus**

The Consumer Caucus did not meet in the months of April and May.

## **Transgender Caucus**

The Transgender Caucus did not meet in the months of April and May.

## **Women’s Caucus**

The Women’s Caucus did not meet in the months of April and May.

## **Housing Task Force**

The Housing Task Force did not meet in the months of April and May.

View results

Respondent

98

Anonymous

50:51

Time to complete

### Contact Information

1. First and Last Name \*

Nolan Ross Samé-Weil

2. Preferred Pronouns \*

He / Him / His

3. Home Address \*

*Example: 510 S. Vermont Ave*

[REDACTED]

4. City/Town \*

Long Beach

Enter your answer

5. State \*

CA

Enter your answer

6. ZIP/Postal Code \*

90802

Please enter at least 5 characters

7. Please confirm whether you have reliable, ongoing access to email, as this will be the Commission's primary means of communication. \*

- Yes
- No

8. Primary Email address \*

Please enter an email

10. Are you currently employed? \*

- Yes
- No

11. Please state the name and location of your employer

*Optional*

### LOS ANGELES COUNTY COMMISSION ON HIV OVERVIEW

The Los Angeles County Commission on HIV serves as the local planning council responsible for the planning, allocation, coordination, and delivery of HIV/AIDS care and prevention services. The Commission is composed of 32 members appointed by the Board of Supervisors, representing a diverse cross-section of providers, consumers, and community stakeholders. Notably, 33% of members are persons living with HIV who are consumers of services funded through the federal Ryan White HIV/AIDS Program. To learn more about the Commission on HIV, please visit our website at <https://hiv.lacounty.gov>

12. Are you applying for a full Commission seat or a Committee-only seat? \*

- Full Commissioner Seat:** Voting member appointed by the Board of Supervisors
- Committee-only Seat:** Voting member of assigned committee only; Appointment by Board of Supervisors not required.

13. If a full Commissioner seat is not available, would you like to be considered as an Alternate member? \*

*Alternate members are a great way to learn more about the Commission without the full commitment of regular membership. Alternates provide support by stepping in when a regular member is unavailable, are expected to attend meetings in their absence, and may vote on behalf of the regular member when called upon.*

Yes

No

14. If a full Commissioner seat is not available, would you like to be considered for a committee-only seat? \*

Yes

No

15. Have you ever served on an advisory board? \*

*Examples: Planning Body/Council, or a Community Advisory Board*

Yes

No

16. Please state the name, location (city/state), and length of time you served on the advisory board, planning body/council, or community advisory board. \*

Equity & Human Relations Commission (City of Long Beach) - Since October 2024

17. Were you recommended by an individual or organization? \*

Yes

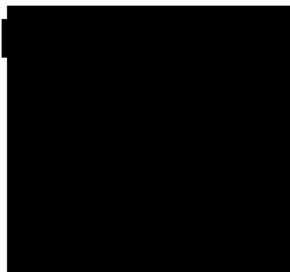
No

18. Please state the name of the person/organization that recommended you. \*

Judi Clarke

19. What is your HIV status? \*

*Applicants for the Commission on HIV or its committees are **not required** to provide personal health information, including HIV status. Responses to this question will be kept confidential.*



20. Are you a parent, guardian, or direct caregiver of a child with HIV under 19? \*

- Yes
- No
- Prefer not to answer

21. Do you use or receive Ryan White Program Part A HIV services in Los Angeles County? \*

*The Ryan White HIV/AIDS Program is a federal program under the Health Resources & Services Administration (HRSA) that supports a variety of free or low-cost services for people living with HIV in the United States. Eligible people living with HIV receive medical care, HIV medications, and other support services to help them remain in care and achieve viral suppression.*

- Yes, I use or receive Ryan White Program Part A services in Los Angeles County
- No, I do not use or receive Ryan white Program Part A services in Los Angeles County
- I am not sure/I need assistance to determine

22. Do you use or receive HIV prevention services in Los Angeles County? \*

*HIV prevention services can include:*

- *HIV testing*
- *HIV/STI health education/risk reduction counseling*
- *Pre-Exposure Prophylaxis (PrEP)*
- *Post-Exposure Prophylaxis (PEP)*
- *Condoms*
- *Sterile syringes and other harm reduction services*

- Yes, I use and/or receive HIV prevention services in Los Angeles County
- No I do not use or receive HIV prevention service in Los Angeles County
- I am not sure/ I need assistance to determine

23. Are you affiliated with a Ryan White Program-funded agency? \*

*Affiliated is defined as a person who is either a board member, employee, or a consultant of an agency who receives Ryan White Program funding through the Los Angeles County Division on STD and HIV programs (DHSP). Volunteers are considered unaffiliated. **If employed by a Ryan White Program-funded agency, you must provide a letter of support from your employer.***

- Yes
- No
- I am not sure/ I need assistance to determine

24. Are you affiliated with a CDC-funded agency? \*

*Affiliated is defined as one who is either a board member, employee, or a consultant of an agency who receives funding through the Los Angeles County Division on STD and HIV programs (DHSP). Volunteers are considered unaffiliated.*

- Yes
- No
- I am not sure/ I need assistance to determine

### **Demographic Information and Representation**

The Commission is composed of 32 members appointed by the Board of Supervisors and represent a broad and diverse group of providers, consumers, and stakeholders. The following questions will be used to determine membership eligibility, seat assignment, and to ensure federally mandated reflectiveness and representation requirements are met.

25. Please select your age range from the options below \*

- Under 12 years old
- 13 to 19
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 and over

26. What is your gender identity? \*

*If your gender identity is not listed below, please use the "other" space to share how you identify.*

- Woman
- Man
- Trans Woman
- Trans Man
- Non-Binary/ Gender Non-Conforming
- Prefer not to say
- Other

27. Race/Ethnicity **Please select all that apply** \*

*If your Race/Ethnicity is not listed below, please use the "other" space to share how you identify.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Multi-Race
- Other

28. Are you a member of a federally recognized American Indian Nation or Native Alaskan village? \*

- Yes
- No

29. Please indicate which Supervisorial District(s) you work, live, and/or receive HIV prevention, care and/or treatment services. \*

- Supervisorial District 1** (Hilda Solis)
- Supervisorial District 2** (Holly Mitchell)
- Supervisorial District 3** (Lindsay Horvath)
- Supervisorial District 4** (Janice Hanh)
- Supervisorial District 5** (Kathryn Barger)
- I am not sure/ I need help finding this information

30. Please indicate which Service Planning Areas (SPAs) you work, live, and/or receive HIV prevention, care and/or treatment services. \*

- SPA 1: Antelope Valley-** *Acton, Agua Dulce, Gorman, Lake Hughes, Lake Los Angeles, Lancaster, Littlerock, Palmdale, Quartz Hill, and others.*
- SPA 2: San Fernando and Santa Clarita Valley Region-** *Burbank, Calabasas, Canoga Park, Canyon Country, Encino, Glendale, La Canada-Flintridge, San Fernando, Sherman Oaks, Sun Valley, Van Nuys, Woodland Hills, and others.*
- SPA 3: San Gabriel Valley-** *Alhambra, Altadena, Arcadia, Azusa, Baldwin Park, Claremont, Covina, Diamond Bar, Monterey Park, Pasadena, Pomona, San Dimas, San Gabriel, San Marino, Temple City, Walnut, West Covina, and others.*
- SPA 4: Metropolitan Los Angeles-** *Boyle Heights, Central City, Downtown LA, Echo Park, El Sereno, Hollywood, Mid-City Wilshire, Monterey Hills, Mount Washington, Silverlake, West Hollywood, and Westlake*
- SPA 5: West Los Angeles-** *Bel Air, Beverly Hills, Brentwood, Culver City, Ladera, Malibu, Mar Vista, Marina Del Rey, Pacific Palisades, Palms, Playa Del Rey, Santa Monica, Venice, West LA, Westchester, and Westwood.*
- SPA 6: South Los Angeles-** *Athens, Compton, Crenshaw, Florence, Hyde Park, Lynwood, Paramount, Watts*
- SPA 7: East-** *Artesia, Bell, Bellflower, Bell Gardens, Cerritos, City of Commerce, City Terrace, Cudahy, Downey, East Los Angeles, Hawaiian Gardens, Huntington Park, La Habra Heights, Lakewood, La Mirada, Los Nietos, Maywood, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vernon, Walnut Park, Whittier, and others.*
- SPA 8: South Bay-** *Athens, Avalon, Carson, Catalina Island, El Segundo, Gardena, Harbor City, Hawthorne, Inglewood, Lawndale, Lennox, Long Beach, Hermosa Beach, Manhattan Beach, Palos Verdes Estates, Rancho Dominguez, Rancho Palos Verdes, Redondo Beach, Rolling Hills, Rolling Hills Estates, San Pedro, Torrance, Wilmington, and others.*

31. The Commission on HIV is required under the Ryan White HIV/AIDS Program Part A to include members who bring specific perspectives, expertise, lived experience, community connection, or official roles related to HIV prevention, care, treatment, and supportive services. For this section, "represent" may mean that you have lived experience, receive services, provide services, work with or advocate for the community listed, or serve in an official role connected to that category. Commission on HIV staff may follow up for clarification, if needed. Questions may be directed to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) \*

**Please select all that apply.**

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations serving affected populations/ AIDS Services Organizations
- Social Service Provider, including housing and homeless service provider
- Mental health provider
- Substance use provider
- Local Public Health Agency (e.g. Department of Public Health)
- Hospital Planning Agency or Health Care Planning Agency
- Affected communities, including people living with HIV/AIDS, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations
- Non-elected community leader
- State Government, including State Medicaid/Medi-Cal Agency
- Agency administering the Ryan White Program Part B
- Part C Provider
- Part D Provider (e.g. representative of organization with a history of serving children, youth, women, and families living with HIV)
- Recipient 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 the custody of the penal system during the preceding three years and had HIV as of the date on which the individuals were so released

32. Were you recommended by Supervisorial office to serve on the Commission? \*

- Yes
- No

33. Which Supervisorial office recommended you? \*

- Supervisorial District 1 (Hilda Solis)
- Supervisorial District 2 (Holly Mitchell)
- Supervisorial District 3 (Lindsay Horvath)
- Supervisorial District 4 (Janice Hanh)
- Supervisorial District 5 (Kathryn Barger)

34. Are you an HIV Research Representative from a local academic research institution with subject matter expertise in HIV research and data translation? \*

- Yes
- No

## Unaffiliated Consumers

The Ryan White HIV/AIDS Program Part A requires at least one-third (33%) of the Commission on HIV's voting membership to be consumers of Part A services who are not affiliated with any agency receiving Ryan White Part A funds. These seats help ensure that people directly impacted by HIV services have a meaningful voice in planning, priority setting, and resource allocation.

- Be HIV-positive and receive Ryan White Part A services
- Not be employed by, be a board member of, or a paid consultant of a Ryan White Part A-funded agency
- Be a resident of Los Angeles County.

35. I meet all three of the criteria above and would like to be considered for an Unaffiliated Consumer seat. \*

- Yes
- No

## Additional Information

Please provide detailed information so that we may assess your interest in, knowledge of, and commitment to the Commission on HIV.

36. Are you able to commit approximately 5-12 hours a month to the Commission, including preparing for meetings, attending **in-person** meetings, completing mandatory trainings, and other related activities? \*

- Yes
- No

37. Please tell us more about why you wish to serve on the Los Angeles County Commission on HIV or one of its committees. \*

I am deeply committed to serving on the Los Angeles County Commission on HIV because this work is both profoundly personal and professional to me. I have been living with HIV since I was 29 years old. At the time of my diagnosis, I was already AIDS positive, symptomatic and navigating significant substance use and mental health challenges. That period of my life was incredibly difficult, marked by instability and barriers to accessing consistent, compassionate care.

Now, at 43, I have successfully navigated those systems, achieved long-term recovery, and built a life grounded in purpose and service. My journey has given me a firsthand understanding of the gaps that exist in care, the impact of stigma, and the importance of integrated, trauma-informed support systems.

Because of this lived experience, I feel a strong responsibility to give back. I want to help ensure that others do not have to navigate these challenges alone or without the support they deserve. Serving on this Commission would allow me to share my perspective, advocate for more accessible and equitable care, and contribute to solutions that truly meet people where they are.

In addition to my personal journey, my professional work in behavioral health, substance use disorder services, and care coordination has equipped me with the tools to help bridge systems and improve outcomes for vulnerable populations. I am particularly passionate about addressing disparities affecting LGBTQIA2S+ communities, individuals experiencing homelessness, and those with co-occurring conditions. Overall, I see this as an opportunity to turn my lived experience into meaningful impact, helping to shape policies, strengthen systems of care, and support others on their path toward health, stability, and dignity.

38. Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served. \*

I am deeply involved in community service, advocacy, and behavioral health initiatives throughout Los Angeles County and Long Beach, with a strong focus on recovery, equity, HIV services, LGBTQIA2S+ inclusion, and community collaboration.

I have served in leadership and volunteer capacities with numerous nonprofit and community-based organizations, including L.A. CADA, California Families in Focus, Gay For Good, The LGBTQ Center Long Beach, South Coast Chorale, AIDS Food Store, NAPAFAASA and the Atlantic Alano Club. My involvement has ranged from volunteering and program support to strategic planning, fundraising, outreach, and board participation.

Professionally, I currently serve as Director of Development for L.A. CADA, where I oversee development, marketing, communications, community partnerships, and public engagement efforts. My work includes leading fundraising initiatives, strengthening community collaborations, coordinating public health campaigns, supporting behavioral health and recovery-focused programming, and advancing equitable access to care for underserved populations. I have also contributed to initiatives related to operations, Enhanced Care Management (ECM), workforce development, housing support, and integrated behavioral healthcare systems.

In addition to my professional work, I am a proud member of the recovery community and have been clean and sober since October 31, 2015. I actively use my lived experience to advocate for individuals affected by substance use disorders, mental health challenges, homelessness, and stigma. I frequently collaborate with community organizations and public agencies to share stories of recovery, promote education, and encourage compassionate, person-centered approaches to care.

I currently serve as a Commissioner on the Long Beach Equity & Human Relations Commission, representing District 2. In this role, I work alongside fellow commissioners and community leaders to address equity issues impacting historically underserved communities, including barriers to healthcare, behavioral health services, housing, and social inclusion. My participation includes policy discussions, public engagement, community advocacy, and supporting initiatives that promote equity, diversity, and human rights throughout the city.

I have also participated in the planning and coordination of numerous community events and public awareness initiatives, including Pride celebrations, recovery-focused events, overdose awareness activities, youth leadership initiatives, and community education campaigns. These experiences have strengthened my commitment to collaborative leadership, culturally responsive services, and ensuring that community voices remain central in decision-making processes.

39. How prepared are you to serve on the Commission? \*

- Very prepared:** Well-informed on the Commission's work
- Somewhat prepared:** Informed on the Commission's work
- Somewhat unprepared:** Familiar with the Commission's work
- Not prepared:** Unfamiliar with the Commission's work

40. Do you require reasonable accommodations to participate on the Commission? \*

Yes

No

41. Each appointed member will be assigned to one of the Commission's 3 standing Committees. **Select up to two committees you would like to be considered for.** \*

Please select 2 options.

**Membership and Community Engagement (MCE) Committee:** Leads outreach, recruitment, onboarding, and community engagement efforts.

**Planning, Priorities, and Allocations (PP&A) Committee:** Guides service priorities, funding recommendations, and planning decisions.

**Standards and best Practices (SBP) Committee:** Reviews and updates service standards and best practices to ensure effectiveness, quality and compliance.

42. Would you be interested in assuming a leadership role on the Commission? \*

Yes

No

## Statement of Qualifications

**Applicants applying for full membership are required to complete a Statement of Qualifications (SOQ) as part of the appointment process.** The SOQ is required by the Los Angeles County Board of Supervisors and must be submitted before an applicant can be appointed to the Commission on HIV. Once your application has been processed, you will receive an automated email requesting you to complete all sections, indicated "N/A" where applicable, and submit the form as instructed.

**Applicants applying for a committee-only seat are not required to complete the SOQ.**

## Application Submission

43. **I commit to:**

- Participate in Commission and assigned committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Commission or committees.
- Follow the Bylaws and Code of Conduct.
- Serve on at least one of the Commission's committees.
- **Participate according to the current meeting schedule.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Los Angeles County Commission on HIV.

\*

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, except personal contact information and personal health information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.



## 2026 - 2027 Training Schedule

*(Subject to change)*

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

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

**CLICK ON THE TRAINING TOPIC TO REGISTER**

TRAINING TITLE	DATE AND TIME
Commission on HIV Orientation	April 9, 2026 9am – 3pm (in person)
<a href="#"><u>Co-Chair Orientation &amp; Leadership Development</u></a>	May 20, 2026 12pm - 1pm
<a href="#"><u>Needs Assessment Overview and Priority Setting and Resource Allocation (PSRA)</u></a>	June 3, 2026 12pm – 1pm
<a href="#"><u>Service Standards Overview and Development</u></a>	July 22, 2026 12pm – 1pm
Data Related Trainings	Summer/Fall 2026 TBD
Member Knowledge & Self-Assessment Survey	Released late September 2026
<a href="#"><u>Refresher Training</u></a>	November 4, 2026 12pm – 1pm



# All Caucus Kick-Off Meeting

Reconnect. Share your voice. Help shape the work ahead.



DATE

**Tuesday**  
**June 23, 2026**



TIME

**4:00 PM -**  
**6:00 PM**



FORMAT

**In Person**



RSVP

**hivcomm@**  
**lachiv.org**

**Location:** LAC DMH Headquarters | 510 S. Vermont Avenue, 9th Floor Terrace Conference Room, Los Angeles, CA 90020

**Validated parking:** 523 Shatto Pl, LA 90020. Please access the building from the 9th floor of the parking structure.

Join us as we reconvene the Commission's caucuses to **reconnect, build community, and help shape** how caucuses will support the Commission's work moving forward. This space will **lift up community voice** to help inform the **Commission's planning, outreach, engagement, and needs assessment activities.**

**Caucuses:** Aging Caucus, Black/AA Caucus, Consumer Caucus, Women's Caucus, and Transgender Caucus



## What to expect

- A **grounding** on the role and purpose of caucuses
- Join DHSP Clinical Quality Management for a conversation about **Ryan White-funded Nutrition Support Services for people with HIV** and **help identify opportunities for quality improvement**
- **Brainstorm** community engagement ideas and share input to inform Commission planning and needs assessment work
- Opening caucus **Co-Chair** nominations
- **Dinner and raffle prizes**



## Co-Chair nominations

**Nominations open at this meeting.** At least one Co-Chair from each caucus must be a Commission member. Elections will be held at a later caucus meeting.



## Who is invited?

Caucus spaces are **dedicated community voice spaces** for individuals who identify with, represent, serve, or are directly connected to communities most impacted by HIV. Participation is prioritized for people with **lived experience.** Supportive partners and allies are welcome as appropriate.

**Dinner and raffle prizes will be provided. RSVP by emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).**

For more information on Caucuses, [click here.](#)