

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL



STANDARDS AND BEST PRACTICES COMMITTEE MEETING

Monday, June 15, 2026
10:00 am - 12:00 pm (PST)

510 S. Vermont Ave. Terrace Level Conference Rooms (9th Floor), Los Angeles, CA 90020
Validated parking: 523 Shatto Place, Los Angeles, CA 90020

Agenda and meeting materials will be posted on our website at
<https://hiv.lacounty.gov/standards-and-best-practices-committee/>

TO JOIN VIRTUALLY, PLEASE USE THE LINK BELOW

https://bos-lacounty.gov.zoom.us/webinar/register/WN_vJDwUZ6ERFWtg6a_vEchOQ

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. 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.

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

Get in touch: hivcomm@lachiv.org

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LOS ANGELES COUNTY
COMMISSION ON HIV





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

AGENDA FOR THE REGULAR MEETING OF THE STANDARDS AND BEST PRACTICES COMMITTEE

MONDAY, JUNE 15, 2026 | 10:00 AM—12:00 PM

510 S. Vermont Ave.
Terrace Level Conference Room (9th Floor), Los Angeles, CA 90020
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.

TO JOIN THE MEETING VIRTUALLY, PLEASE REGISTER USING THE LINK BELOW:

https://bos-lacounty-gov.zoom.us/webinar/register/WN_vJDwUZ6ERFWtg6a_vEchOQ

COMMITTEE CO-CHAIRS: Caitlin Dolan and Montana Volby

AGENDA POSTED: June 10, 2026

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.

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 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 la Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a HIVComm@lachiv.org, por lo menos 72 horas antes de la junta.

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

1. ADMINISTRATIVE MATTERS

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| A. Call to Order and Roll Call | 10:00 AM—10:05 AM |
| B. Code of Conduct and Meetings Guidelines | 10:05 AM—10:07 AM |

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| C. | Approval of the Agenda | MOTION #1 | 10:07 AM—10:09 AM |
| D. | Approval of Prior Meeting Minutes | MOTION #2 | 10:09 AM—10:10 AM |
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| 2. | <u>PUBLIC COMMENT</u> | | 10:10 AM—10:15 AM |
| | Opportunity for members of the public to address the Commission on agenda items or other matters within the subject matter jurisdiction of the Commission. For those who wish to provide public comment may do so in person or by emailing hivcomm@lachiv.org . | | |
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| 3. | <u>COMMITTEE NEW BUSINESS ITEMS</u> | | 10:15 AM—10:20 AM |
| | 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. | | |
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| 4. | <u>REPORTS</u> | | |
| | A. | Commission on HIV (COH) Staff Report | 10:20 AM—10:25 AM |
| | | i. Operational and Commission Updates | |
| | B. | Co-Chair Report | 10:25 AM—10:35 AM |
| | | i. 2026 SBP Workplan and Meeting Calendar Updates | |
| | C. | Division of HIV and STD Programs (DHSP) | 10:35 AM—10:45 AM |
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| 5. | <u>DISCUSSION</u> | | 10:45 AM—11:50 AM |
| | A. | Assessment of the Efficiency of the Administrative Mechanism Updates | |
| | | MOTION #3: <i>Launch the Assessment of the Efficiency of the Administrative Mechanism for Ryan White Program Year 35 (March 1, 2025—February 28, 2026).</i> | |
| | B. | Universal Service Standards and Client Bill of Rights and Responsibilities Review | |
| | | MOTION #4: <i>Announce a 60-day public comment period for the Universal Service Standards and the Client Bill of Rights and Responsibilities.</i> | |
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| 6. | <u>NEXT STEPS</u> | | 11:50 AM—11:55 AM |
| | A. | Task/Assignment Recap | |
| | B. | Agenda Development for the Next Meeting | |
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| 7. | <u>ANNOUNCEMENTS</u> | | 11:55 AM—12:00 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. | | |
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| 8. | <u>ADJOURNMENT</u> | | 12:00PM |
|----|---------------------------|--|----------------|

PROPOSED MOTION(S)/ACTIONS(S)	
MOTION #1	Approve the agenda order, as presented or revised.
MOTION #2	Approved the prior Committee meeting minutes, as presented or revised.
MOTION #3	Launch the Assessment of the Efficiency of the Administrative Mechanism for Ryan White Program Year 35 (March 1, 2025—February 28, 2026).
MOTION #4	Announce a 60-day public comment period for the Universal Service Standards and the Client Bill of Rights and Responsibilities.

STANDARDS AND BEST PRACTICES COMMITTEE MEMBERSHIP		
Gerardo	Almazan	Committee-Only Member
Oscar	Arellano	Committee-Only Member
Robert	Bolan, MD	Community-Based & AIDS Service Orgs (CBO/ASO)
Mikhaela	Cielo, MD	Ryan White Part D / CYF Providers
Anthony	Corona	Committee-Only Member
Johnny	Cross	Committee-Only Member
Caitlin	Dolan	Committee-Only Member
Arlene	Frames	Committee-Only Member
Lauren	Gersh	Committee-Only Member
Joseph	Green	Committee-Only Member
LeiLani	Johnson	Committee-Only Member
Roberto	Lara	Committee-Only Member
Eric	Mattern	Substance Use Providers
Byron	Patel, RN, ACRN	Health Care Providers (FQHCs)
Emmanuel	Sanchez-Ramos, DrPH, MPH	Affected & Disproportionately Impacted Communities
Draya	Santiago	Committee-Only Member
Montana	Volby	Unaffiliated Representative - SPA 1
QUORUM: 9		



Hybrid Meeting Guidelines

(Updated 6.11.26)

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

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

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

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

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

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

- Commissioners and Committee-only members invoking **SB 707 for "Just Cause"** must communicate their intentions to staff no later than one hour before the meeting. Members requesting to join pursuant to SB 707 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges.

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

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



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.)



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MINUTES FOR THE REGULAR MEETING OF THE STANDARDS AND BEST PRACTICES COMMITTEE

DATE: Monday, May 18, 2026 from 10:00 AM—12:00 PM.

LOCATION: 510 S. Vermont Ave. Terrace Level Conference Room (9th Floor), Los Angeles, CA 90020

CALL TO ORDER: COH staff called the meeting to order at 10:05am.

CO-CHAIRS: Caitlin Dolan and Montana Volby

SUPPORTING DOCUMENTATION: Supporting documents are available on the Commission’s website <https://hiv.lacounty.gov/standards-and-best-practices-committee/>

STANDARDS AND BEST PRACTICES COMMITTEE MEMBERSHIP			
P = Present A = Absent SB707 = Remote Participation PU = Public			
Gerardo Almazan	P	Joseph Green	EA
Oscar Arellano	A	LeiLani Johnson	A
Robert Bolan, MD	P	Roberto Lara	P
Mikhaela Cielo, MD	EA	Eric Mattern	P
Anthony Corona	P	Byron Patel, RN, ACRN	P
Johnny Cross	P	Emmanuel Sanchez-Ramos, DrPH, MPH	P
Caitlin Dolan	P	Draya Santiago	A
Arlene Frames	P	Harold Sarmiento	P
Lauren Gersh	P	Montana Volby	P

ADMINISTRATIVE MATTERS	<p>MOTION #1: Approval of the Agenda. <i>Approved by consensus.</i></p> <p>MOTION #2: Approval of Prior Meeting Minutes. <i>Approved by consensus.</i></p>
PUBLIC COMMENT	There were no public comments.
COMMITTEE NEW BUSINESS ITEMS	There were no committee new business items.
REPORTS	<p><u>COMMISSION ON HIV (COH) STAFF REPORT</u></p> <p>Dawn Mc Clendon-Musson, Interim-Executive Director, announced that Al Ballesteros and Katja Nelson were elected as COH co-chairs; the next Executive Committee meeting will be on May 28th, 2026, from 1pm-3pm at the Vermont Corridor. She noted that the COH approved the draft integrated HIV prevention and care plan led by the California Department of Public Health (CDPH) Office of AIDS; the plan outlines a roadmap on how to meet the needs of those living with HIV from a syndemic approach. She shared that the COH is an integrated care and prevention planning body; however, the COH’s</p>

	<p>prevention scope is very limited. An independent prevention planning group has been established in partnership with DHSP which is comprised of selected prevention stakeholders; regular updates will be shared between the two bodies. She announced that the COH's 2025 Annual Report was released on May 14, 2026; the report is required by the Board of Supervisors. She added that a training schedule is now available on the COH website. The training sessions are conducted virtually (recordings are available) and are required for all commission members, including committee-only members. Lastly, she shared that the next COH meetings will be on July 9th and September 10th at the California Endowment.</p> <p><u>CO-CHAIR REPORT</u></p> <p>Caitlin Dolan, SBP committee co-chair, led an overview of the SBP committee 2026 workplan. She highlighted the core committee responsibilities and timeline for activities. D. Mc Clendon-Musson noted that the committee addresses service categories and services and does not have purview over service provider oversight; DHSP is responsible for conducting service provider oversight through their contract monitoring activities. A copy of the document is included in the meeting packet.</p> <p>MOTION #3: Approve the Standards and Best Practices Committee 2026 workplan, as presented or revised. <i>Approved by consensus.</i></p> <p><u>DIVISION ON HIV AND STD PROGRAMS (DHSP) REPORT</u></p> <p>There was no DHSP report.</p>
DISCUSSION ITEMS	<p><u>ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM (AEAM) OVERVIEW</u></p> <p>Jose Rangel-Garibay, COH staff, led an overview of the AEAM report for Program Years (PY) 33 and 34. J. Rangel-Garibay presented the report methodology, which included surveys for COH members, providers/agencies, DHSP staff, and key informant interviews. The discussion highlighted challenges in survey response rates and the need for better engagement with providers. The committee also discussed potential recommendations, including bringing DHSP representatives to future meetings and potentially strengthening contract language regarding participation in COH activities. The committee set a timeline to review results in August, with committee members assigned to review the current tool and suggest improvements before the next meeting.</p> <p>The following questions were discussed:</p> <ul style="list-style-type: none"> • How do you determine who receives the AEAM survey? DHSP maintains a list of service provider agencies that receive Ryan White contracts; COH staff reach out to key staff in those agencies and request that they complete the survey. COH staff experience challenges in getting survey responses from agencies.

	<ul style="list-style-type: none"> Is the survey required of all providers? Yes, it is a HRSA requirement for Ryan White contractors. <p>The committee members made the following recommendations:</p> <ul style="list-style-type: none"> Recommend a penalty for not completing the AEAM survey, such as withholding contract funding. Consider adding stronger contract language instructing contracted providers to participate in COH-related activities including completing the AEAM survey annually. Recommend that DHSP staff remind contracted providers to complete the AEAM survey. <p><u>UNIVERSAL SERVICE STANDARDS AND CLIENT BILL OF RIGHTS AND RESPONSIBILITIES OVERVIEW</u></p> <p>J. Rangel-Garibay led an overview of the Universal Standards document, explaining that these standards apply to all services and include both provider responsibilities and client rights. The document covers areas such as non-discriminatory service delivery, client confidentiality, quality care, and grievance procedures. J. Rangel-Garibay invited committee members to provide feedback on the language and content of the standards.</p> <p>The committee also discussed the client bill of rights and responsibilities, explaining that agencies must ensure all clients receive equal quality care without discrimination, whether in-person or through telehealth services. The committee noted that some content needs updates and will be addressed at the next meeting.</p> <p>The committee discussed how to better communicate and display the client rights and service standards documents emphasizing the importance of ensuring clients are aware of these documents. The committee explored various approaches including posting physical copies in waiting rooms, using digital methods like texting forms, and incorporating educational presentations led by agency staff with lived-experience. The discussion highlighted challenges around client attention spans and competing priorities during intake processes, with committee members agreeing that different organizations may need different solutions.</p>
ANNOUNCEMENTS	There were no announcements.
ACTION ITEMS	
RESPONSIBLE PARTY	ITEM
COH STAFF	<ul style="list-style-type: none"> COH will invite DHSP staff to the next committee meeting, so they share their perspectives on the PY 33 and 34 AEAM reports and insights for the committee to consider for the upcoming AEAM for PY 35.

	<ul style="list-style-type: none">• COH will prepare the AEAM survey questions for committee review.• COH staff will prepare the Universal Service Standards and Client Bill of Rights and Responsibilities for committee review.
NEXT MEETING	The next Standards and Best Practices Committee meeting is Monday June 15, 2026, from 10:00am—12:00pm at the Vermont Corridor.
ADJOURNMENT	The meeting adjourned at 11:30am.

PREPARED BY: Jose Rangel-Garibay	APPROVAL DATE:
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COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/22/26

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

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALMANZAN	Gerardo	No affiliation	No Ryan White or prevention contracts
VAZQUEZ ALVAREZ	Leo	LACADA	No Ryan White or prevention contracts
ARRELANO	Oscar	Homeless Outreach Program Integrated Care System (HOPICS)	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	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
			Medical Transportation Services
BARAJAS	Jerónimo	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
			Core HIV Medical Services - AOM; MCC & PSS

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
BOLAN	Robert	LA LGBT Center	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 & COMMITTEE-ONLY 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 & COMMITTEE-ONLY 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	Medical Transportation Services
			No Ryan White or prevention contracts
HARRIS	Darryn	St. John's Well Child and Family Center (SJW)	Core HIV Medical Services - AOM; MCC & PSS
			Oral Health
			HTS - Social and Sexual Networks
			Mental Health
			Biomedical HIV Prevention Services
HUNT	Angela	Unaffiliated Member	Medical Transportation Services
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
LARA	Roberto	AMAAD	Medical Transportation Services
			No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
LESTER	Rob	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
LOCKLEAR	Preston	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ	Miguel	No affiliation	No Ryan White or prevention contracts
MATERN	Eric	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services

COMMISSION & COMMITTEE-ONLY 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 & COMMITTEE-ONLY 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
HIV Testing and Viral Hepatitis Services			
PATEL	Byron	Los Angeles LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
Medical Transportation Services			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PLEASANTS	Shawn	Unaffiliated Member	No Ryan White or prevention contracts
ROJAS	David	LAC Consumer & Business Affairs	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SALAMANCA	Ismael	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services
SANCHEZ-RAMOS	Emmanuel	APLA Health	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD - ExC
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
SAN AGUSTIN	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 Savors	No Ryan White or prevention contracts
SKELTON	Maria	No affiliation	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
WEBB	Christopher	REACH LA	HTS - Social and Sexual Networks

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



LOS ANGELES COUNTY
COMMISSION ON HIV



CONFLICT OF INTEREST FORM



SCAN ME



2026 - 2027 Training Schedule

(Subject to change)

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

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

CLICK ON THE TRAINING TOPIC TO REGISTER

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



2026 STANDARDS AND BEST PRACTICES COMMITTEE MASTER WORKPLAN (*SUBJECT TO CHANGE*)

PURPOSE

To define the scope, priorities, and core activities of the **Standards & Best Practices (SBP) Committee** during the Ryan White Program Year (March 1, 2026 – February 28, 2027), in alignment with the revised Commission Bylaws, Ryan White HIV/AIDS Program (RWHAP) Part A legislative and program expectations, CDC/HRSA integrated planning guidance, and the Commission's restructured governance model. The SBP Committee leads the Commission's work to strengthen the quality, consistency, and effectiveness of the HIV service delivery system by supporting clinical quality management, developing and maintaining service standards, identifying best practices, assessing service effectiveness, and advancing service system improvements in coordination with DHSP and other Commission working units.

CRITERIA

Activities included in this workplan are selected based on their ability to:

- Fulfill SBP responsibilities defined in the Commission Bylaws;
- Support compliance with RWHAP Part A, HRSA expectations, CDC/HRSA integrated planning guidance, Brown Act, and County requirements;
- Strengthen quality management and performance/outcomes accountability across the HIV service continuum;
- Promote consistent, evidence-informed standards and best practices in HIV prevention and care;
- Identify service gaps and recommend feasible system improvements and directives; and
- Align with Commission and staff capacity, recognizing a bi-monthly meeting schedule.

CORE COMMITTEE RESPONSIBILITIES

The SBP Committee is responsible for:

- Supporting DHSP's Clinical Quality Management Plan and reviewing aggregate quality, utilization, and outcomes data to assess service effectiveness;
- Identifying, reviewing, and recommending service standards, best practices, and outcome measures across the HIV care continuum;
- Evaluating service effectiveness, including outcomes, cost effectiveness, capacity, access, and service models;
- Identifying service gaps, system inefficiencies, and improvement opportunities, and recommending corrective actions to DHSP and the Commission;
- Recommending service delivery improvements and implementation directives, in coordination with the Planning, Priorities & Allocations Committee;
- Conducting the Assessment of the Administrative Mechanism and overseeing implementation of adopted recommendations;
- Promoting consistency and quality in HIV services countywide through system-level review (not individual provider oversight); and
- Carrying out additional responsibilities as assigned by the Commission or Board of Supervisors.

2026 STANDARDS AND BEST PRACTICES COMMITTEE MASTER WORKPLAN *(SUBJECT TO CHANGE)*

ACRONYMS

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

#	OBJECTIVE	TASKS/ACTIVITIES	TIMELINE	NOTES/COMMENTS
1	Establish committee leadership.	<ul style="list-style-type: none"> Hold nominations for committee co-chairs. Elect committee co-chairs. 	April	COMPLETED
2	Develop 2026 committee workplan.	<ul style="list-style-type: none"> Review and adopt annual workplan <i>(subject to change)</i>. Establish meeting calendar <i>(subject to change)</i>. 	May	COMPLETED
3	Monitor progress on committee workplan.	<ul style="list-style-type: none"> Provide monthly updates/reports to Executive Committee and COH. 	Ongoing	
4	Conduct committee orientation.	<ul style="list-style-type: none"> Review role, scope, and responsibilities of committee. 	April	COMPLETED
5	Assist with development of the BOS Annual Report	<ul style="list-style-type: none"> Outline SBP Committee key accomplishments and challenges Submit accomplishments and challenges to Executive Committee for incorporation into BOS Annual Report. 	Jan-Feb 2027	
6	Conduct review/revisions of service standards, as needed.	<ul style="list-style-type: none"> Conduct review/revisions of service standards, as needed. Develop schedule based on service rankings, DHSP RFP schedule, consumer/provider concern, or in response to changes in the HIV care continuum. Review service utilization reports. Collaborate with DHSP, COH committees and caucuses, and RWHAP Part A providers. 	Ongoing	Finalize review of Universal Service Standards and Client Bill of Rights and Responsibilities.
7	Conduct the Assessment of the Efficiency of the Administrative Mechanism.	<ul style="list-style-type: none"> Review assessment tool, revise as needed. Conduct assessment for PY 35 (Mar 1, 2025-Feb 28, 2026) Collaborate with DHSP and RWHAP Part A providers. Analyze and report findings. 	May-Aug	Launch assessment tool June; Analyze findings and submit report to EC in August; COH review in September.

2026 STANDARDS AND BEST PRACTICES COMMITTEE MASTER WORKPLAN (SUBJECT TO CHANGE)

8	Review and monitor clinical quality management activities.	<ul style="list-style-type: none"> • Review report(s) on clinical quality management activities led by DHSP. • Review service category evaluation report(s). • Identify strategies for addressing findings. • Collaborate with DHSP; review service category evaluation report(s). 	Ongoing	
9	Develop and monitor program directives.	<ul style="list-style-type: none"> • Develop and define directives for implementation of services and service models. • Ensure priorities and implementation efforts are consistent with needs, the HIV care continuum, and service delivery. • Develop strategies to address unmet need. • Collaborate with PP&A Committee. 	Ongoing	
10	Compile best practices as related to HIV care and prevention.	<ul style="list-style-type: none"> • Identify, collect, and disseminate best practices for reducing HIV transmission, improving health outcomes, and optimizing quality of life and self-sufficiency for all PLWH. 	Ongoing	



2026 STANDARDS AND BEST PRACTICES COMMITTEE MEETING CALENDAR (SUBJECT TO CHANGE)

MONTH	KEY ACTIVITIES
April 20, 2026 10am-12pm	<ul style="list-style-type: none"> • Nominate and elect committee co-chairs • Conduct committee orientation training • Review and adopt 2026 committee workplan
May 18, 2026 10am-12pm	<ul style="list-style-type: none"> • Review Assessment of the Efficiency of the Administrative Mechanism (AEAM) assessment tool • Develop service standard development schedule
June 15, 2026 10am-12pm	<ul style="list-style-type: none"> • Launch AEAM assessment tool for PY35 • Continue review of Universal Service Standards and Client Bill of Rights and Responsibilities
August 17, 2026 10am-12pm	<ul style="list-style-type: none"> • Review program directives • Review service standards
October 19, 2026 10am-12pm	<ul style="list-style-type: none"> • Review service standards • Review clinical quality management report(s)
November 2026 **CANCELED**	<p align="center"><i>Limited Executive Committee activity in recognition of the holiday period</i></p>
December 2026 **CANCELED**	<p align="center"><i>Limited Executive Committee activity in recognition of the holiday period</i></p>
February 8, 2027 10am-12pm	<ul style="list-style-type: none"> • Draft 2027-28 committee workplan and meeting calendar • Draft service standard development schedule



**Assessment of the Efficiency of the Administrative Mechanism
Ryan White Program Year (PY) 35
Commission Member Survey**

Purpose: The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) mandates the Los Angeles County Commission on HIV (COH) to conduct an annual Assessment of the Efficiency of the Administrative Mechanism (AEAM). This assessment is a review of how quickly and well the Ryan White HIV/AIDS Program Part A recipient, the Division of HIV and STD Programs (DHSP), Los Angeles County Department of Public Health, carries out the process to contract with and pay providers in a timely manner for delivering HIV-related services to meet the needs of people living with HIV (PLWH) throughout our Eligible Metropolitan Area (EMA).

The Los Angeles County Commission on HIV, as the federally mandated local planning council, is responsible for conducting the AEAM. The completion of the annual AEAM is a federal requirement under the Ryan White HIV/AIDS Program and your cooperation is greatly appreciated.

Please be open and honest in your responses. Your responses are confidential and will be kept private. All responses will be summarized, and individual responses will not be reported to DHSP or the Commission.

Instructions: Please complete all sections and provide responses based on Ryan White Program Year 35 (PY35) which begins March 1, 2025 and ends February 29, 2026. The survey will take 15-20 minutes to complete. If you have any questions, please contact Jose Rangel-Garibay, Health Program Analyst II, Los Angeles County Commission on HIV at 213-308-9987 or jgaribay@lachiv.org.

Please complete your survey by August 7, 2026. Completed surveys will be entered into a raffle to receive a \$100 Visa Gift Card. Thank you!

The contact information requested below is for gift card raffle purposes only. It will allow Commission staff to contact you in case you win the raffle.

Q1. First and Last Name

Q2. Email and phone number

Commissioners only:

1. How long have you served as a commissioner and/or Alternate on the Los Angeles County Commission on HIV?
 - Less than 1 year
 - 1-3 years
 - 4-6 years
 - 7 years or more

2. Which committee were you a member of during the Ryan White Program Year 35 priority setting and resource allocation process? **Program Year 35 is defined as March 1, 2025 – February 28, 2026.**
 - Operations
 - Planning, Priorities and Allocations
 - Public Policy
 - Standards and Best Practices
 - N/A-I was not a member
 - Comments

3. During the Ryan White Program 35 planning cycle, do you recall any of the following DHSP reports being provided as a part of the priority setting and resource allocation process?
 - Ryan White Program Expenditure Reports
 - Service utilization data
 - Needs assessment data
 - Program and Expenditures updates
 - Prevention data (such as HIV/STD Testing Services; National HIV Behavioral Surveillance Project; LAC Apps-Based Survey; Contacted Biomedical Services; Contracted HIV Education and Risk Reduction (HERR) Services); Contracted Vulnerable Populations Services)
 - HIV and STD Surveillance data
 - Comments

5. Please state the degree to which you agree with the following statement: *There is opportunity for consumer participation and input in the planning, priority setting and resource allocation process.*
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Comments

6. Please state the degree to which you agree with the following statement: *During the PY 35 planning cycle, I was notified of planning, priority setting and resource allocation activities and meetings.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Comments

7. Please state the degree to which you agree with the following statement: *In terms of structure and process, the Commission on HIV is effective as a planning body.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

8. Please state the degree to which you understand the following:

- Structure of the Commission on HIV (Completely understand; Somewhat understand; Mostly don't understand; Don't understand at all; N/A; Comments)
- Role of the Commission on HIV (Completely understand; Somewhat understand; Mostly don't understand; Don't understand at all; N/A; Comments)
- Process(es) of the Commission on HIV (Completely understand; Somewhat understand; Mostly don't understand; Don't understand at all; N/A; Comments)

9. Please state the degree to which you agree with the following statements: *The Commission on HIV has prepared me to make decisions related to:*

- Service standards (Strongly agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree; N/A; Comments)
- Allocation/Reallocation Process (Strongly agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree; N/A; Comments)
- Service Category Prioritization (Strongly agree; Agree; Neither Agree nor Disagree; Disagree; Strongly Disagree; N/A; Comments)

10. Please indicate the degree to which you believe the priorities and allocations established by the Commission on HIV in the Ryan White Program Years 35 were followed by DHSP.

- A great deal
- A lot
- A moderate amount
- A little
- Not at all
- Comments



**Assessment of the Efficiency of the Administrative Mechanism (AEAM)
Ryan White Program Year (PY) 35
Provider Survey**

Please complete the survey below.

Purpose: The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) mandates the Los Angeles County Commission on HIV (COH) to conduct an annual Assessment of the Efficiency of the Administrative Mechanism (AEAM). This assessment is a review of how quickly and well the Ryan White HIV/AIDS Program Part A recipient, the Division of HIV and STD Programs (DHSP), Los Angeles County, Department of Public Health, carries out the process to contract with and pay providers in a timely manner for delivering HIV-related services to meet the needs of people living with HIV (PLWH) throughout our Eligible Metropolitan Area (EMA).

The Los Angeles County Commission on HIV, as the federally mandated local planning council, is responsible for conducting the AEAM. The completion of the annual AEAM is a federal requirement under the Ryan White HIV/AIDS Program and your cooperation is greatly appreciated.

Your responses will be kept private and confidential. All responses will be summarized in aggregate; no individual responses will be reported to DHSP or the Commission. Therefore, please be open and honest with your responses.

Instructions: Please complete all sections and provide responses based on Program Year 35 (PY35) (March 1, 2025 - February 28, 2026). The survey will take 15-20 minutes to complete. If you have any questions, please contact Jose Rangel-Garibay, Health Program Analyst II, Los Angeles County Commission on HIV, at 213-308-9987 or jgaribay@lachiv.org.

Kindly complete the survey by August 7, 2026. Completed surveys will be entered into a raffle to receive a \$100 Visa Gift Card. One response per agency only. Thank you!

The contact information requested below is for gift card raffle purposes only. It will allow Commission staff to contact you in case you win the raffle.

Q1. First and Last Name

Q2. Name of Provider Agency

Q3. Title/Position

Q4. Email and phone number

Q5. How long have you been employed in the agency you are representing in response to this survey?

- Less than 2 years
- 2 to 5 years
- 6 years or more

Request for Proposals (RFP) Process and Selection of Service Providers

Q1. List the most recent Request for Proposals (RFPs) from DHSP that your agency applied for? Please specific RFP number, service category and submission date.

Q2. Please state the degree to which you agree with the following statement: *The DHSP RFP provided clear instructions, outlined all policies and procedures of the procurement process, and expectations of work requirements/responsibilities.*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Q3. Please state the degree to which you agree with the following statement: The DHSP competitive RFP procurement process is fair and all potential service providers are given a fair and equitable opportunity to apply.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Service Agreement(s) Process

Q1. When was your contract fully executed for PY 35? (March 1, 2025 - February 28, 2026)

Q2. For your most recent contract with DHSP, how long did it take to complete the contract negotiation?

Q3. Did you have any issues and/or challenges with executing the contract? ___YES ___NO

Q4. Describe issues and/or challenges with executing the contracts, including factors within your respective agencies.

Q5. Have any of these issues and/or challenges affected your ability to deliver services to clients?
___YES ___NO

Q6. Please describe how these challenges were handled.

Service Provider Invoicing and Payment

Q1. During PY 35 (March 1, 2025 - February 28, 2026), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoices?

- a. 5-10 days
- b. 11-20 days
- c. 21-30 days
- d. 31 days or more

Q2. Please describe any factors contributing to the delay in reimbursements, including factors within your own respective agencies. Include steps taken to address delays in reimbursements.

Communications with DHSP

Q1. Please check the average response time from DHSP regarding invoicing questions.

1. 5-10 days
2. 11-20 days
3. 21-30 days
4. 31 days or more

Q2. Please state the degree to which you agree with the following statement. *Our Contract Monitor provides clear and consistent responses to our questions and request for information, programmatic guidance, and technical assistance?*

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

Q3. Please state the degree to which you agree with the following statement. *Our Contract Monitor responds to our questions in a timely manner?*

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

Q4. Please select the average response time for reprogramming/budget modifications request from your Contract Monitor.

1. 5-10 days
2. 11-20 days
3. 21-30 days
4. 31 days or more

Q5. In terms of the process for program monitoring, are you clear on the expectations prior to the site visit and monitoring?

1. Very clear
2. Clear
3. Somewhat clear
4. Not clear

Q6. Did you or any staff member at your agency request technical assistance/training?

- a. Yes
- b. No
- c. Unsure – or comment box

Q7. Was technical assistance/training delivered?

- a. Yes
- b. No
- c. Unsure – or comment box

Q8. Did technical assistance/training meet your needs in helping you (or your agency) effectively address challenges?

- a. Yes
- b. No
- c. Unsure – or comment box

Q9. Additional Comments:



**Assessment of the Efficiency of the Administrative Mechanism
Ryan White Program Year (PY) 35
PY35 = March 1, 2025—February 28, 2026
Recipient Survey (Division on HIV and STD Programs)**

Background and Purpose:

The Ryan White HIV/AIDS Treatment Extension Act requires each Ryan White HIV/AIDS Program (RWHAP) Part A program’s planning council or body (PC/B) to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.”[Section 2602(b)(4)(E)]. This AEAM survey is aimed at securing information from the recipient regarding solicitations, contracts execution, and payments to subrecipients.

REQUEST FOR PROPOSALS/SOLICITATIONS:

1. How many Requests for Proposals (RFPs) were released for the PY 35 Ryan White Program? {0-10}
2. If RFPs were released in PY 35, list the service categories and the number of proposals received per service category. {List service categories from DHSP Fact sheets online}
3. Of the proposals received in PY 35, how many were new service providers? {1-10}
4. Of these proposals, how many service providers were awarded contracts for Ryan White program funds? {0-10; OTHER}

EXECUTING CONTRACTS WITH SERVICE PROVIDERS:

1. How many contracts were fully executed in PY35? {0-10; OTHER}
2. In general, what is the average timeframe for executing service agreements? {14 days; 15-30 days; 31-45 days; 46-60 days; 61+ days; Other}

PAYMENT: Service Provider Reporting and Invoicing Process

1. During PY 35, what was the average amount of time in days between receipt of a complete monthly report and invoice from a service provider and the issuance of a payment? {14 days; 15-30 days; 31-45 days; 46-60 days; 61+ days; Other}

Interview:
RFPs/ Solicitations

1. Please describe the process used to review proposals for PY 35.
2. During PY 35, what work was undertaken by the Recipient to encourage new providers to apply for Ryan White Part A funds; such as outreach to potential new service providers.

Contract Execution:

1. Describe key factors that contribute to delays in executing agreements with service providers?
2. Were there any contracts that were terminated and what was the reason for contract termination? {Yes/No}
3. How were services handled for terminated contracts?

Payment

1. Please describe the monthly report review and invoice payment process.
2. List/describe any factors contributing to the delay in payments to service providers.
3. List any technical assistance or training provided to service providers aimed at improving knowledge and skills related to invoicing and monthly reporting requirements.

Successes and Improvements

1. List/describe improvements made and/or successes regarding:
 - A. RFPs
 - B. Contracting
 - C. Payments
 - D. Technical assistance
 - E. Training
 - F. Capacity building assistance efforts



**Assessment of the Efficiency of the Administrative Mechanism
Ryan White Program Year (PY) 35
Document Review**

(To be conducted by COH staff by reviewing meeting minutes and other relevant documentation)

USE OF FUNDS: Priorities, Resource Allocations, Directives and Reprogramming

1. Describe the COH's PSRA process as defined in policies and procedures.
2. Did the COH follow its PSRA process, policies and procedures?
3. List of data, fiscal, and programmatic reports received from the Recipient to help inform the PSRA process:
4. List PP&A and COH meeting dates and approval dates for PY 33 allocations, reallocations, and directives.
5. List PP&A and COH meeting dates and approval dates for PY 34 allocations, reallocations, and directives.



LOS ANGELES COUNTY
COMMISSION ON HIV



UNIVERSAL SERVICE STANDARDS AND CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

SERVICE STANDARDS FOR RYAN WHITE HIV/AIDS PROGRAM CARE
AND TREATMENT SERVICES

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

REVISED: 06/10/26 | APPROVED BY COH: PENDING

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

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

[HRSA HAB Policy Clarification Notice \(PCN\) # 16-02: The use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#)

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

[Service Standards: Ryan White HIV/AIDS Programs](#)

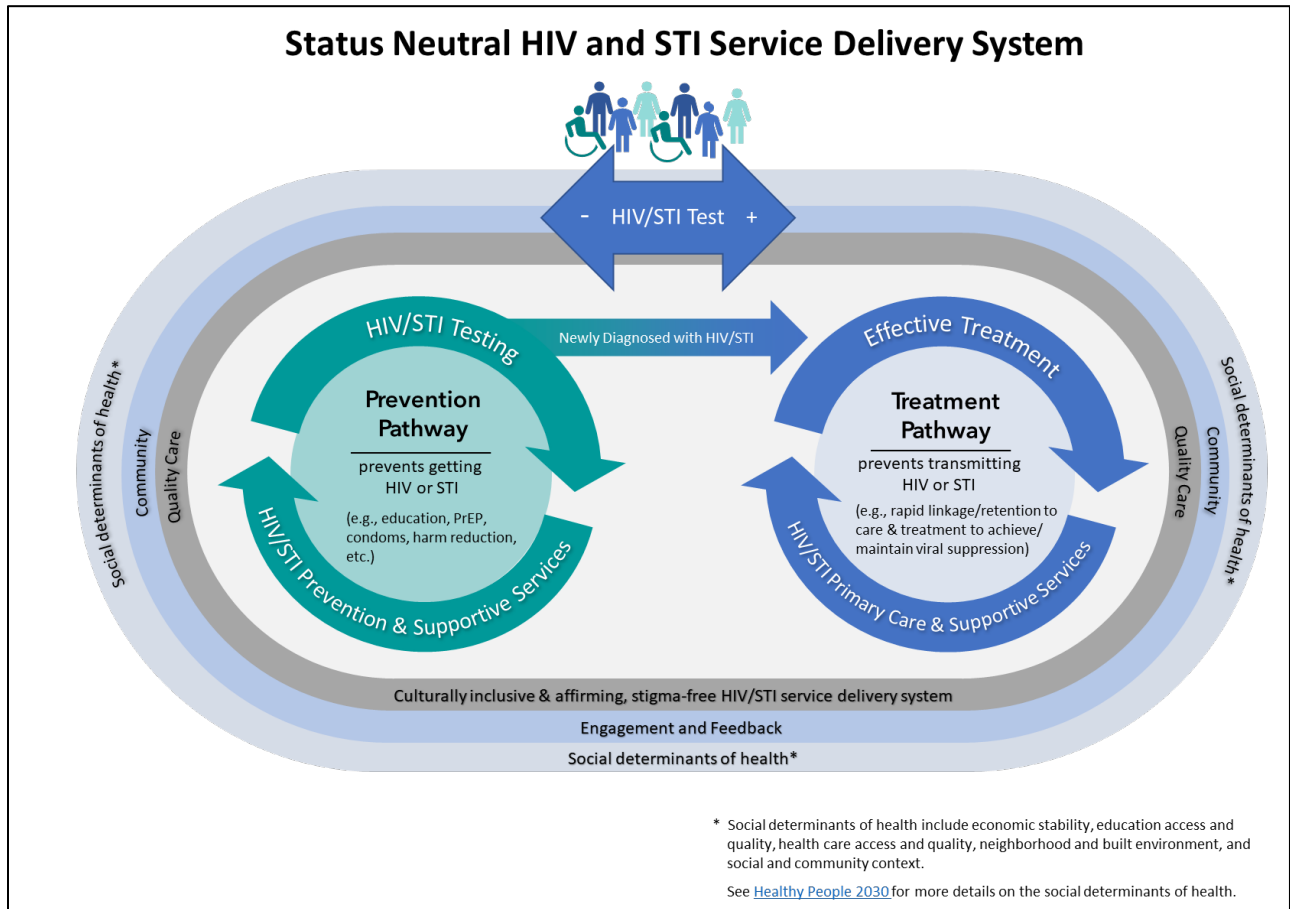
Introduction

Ryan White HIV/AIDS Part A Program (RWHAP) service standards define the minimum expectations for how RWHAP service providers in Los Angeles County must deliver each service category, ensuring consistent, high-quality care across all funded agencies. Service providers are encouraged to exceed these minimums. The Universal Service Standards and the Client Bill of Rights Responsibilities were developed by the Los Angeles County Commission on HIV, incorporating input from service providers, consumers, and the Standards and Best Practices Committee, and reflect current national and federal HIV care guidelines to support optimal health for living with HIV (PLWH).

Service providers are encouraged to use a status-neutral framework that treats all clients the same, regardless of HIV or STI status, and connects them to appropriate prevention, care, and support services. This approach address social determinants of health, reduces disparities, and helps ensure rapid linkage to treatment for newly diagnosed clients and ongoing prevention for those who test negative. See Figure 1 for an example. More information on the status-neutral HIV and STI service delivery framework and related prevention standards is available here <https://hiv.lacounty.gov/our-work> under the “Ryan White Program Service Standards” tab.

Figure 1—Status Neutral HIV and STI Service Delivery System Framework

(Adapted from the Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care Framework)



General Eligibility Requirements for Ryan White Services

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

Given the barriers with attaining documentation, service provider agencies are expected to follow the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP) guidance for using self-attestation forms for documentation eligibility for Ryan White services.

Universal Service Standards Overview

The purpose of the Universal Service Standards is to ensure service providers:

- Provide accessible, nondiscriminatory services to all PLWH in Los Angeles County
- Educate staff and clients on the importance of maintaining an undetectable viral load
- Protect client rights and ensure quality of care
- Safeguard client confidentiality, support client autonomy, and maintain a fair grievance process

- Deliver client-centered, age-appropriate, culturally and linguistically competent services
- Accurately assess client needs and support active involvement in treatment planning
- Ensure high quality services through trained and experienced staff
- Ensure telehealth services match the quality of in-person care
- Comply with all federal, state, and local safety, sanitation, and public health requirements
- Prevent IT security risks and protect client data and records
- Inform clients about services, determine eligibility and collect necessary information during intake
- Coordinate care and provide referrals to meet client needs

Section 1.0—General Service Provider Agency Policies

GENERAL SERVICE PROVIDER AGENCY POLICIES	
STANDARD	DOCUMENTATION
Service provider agencies must have a client confidentiality policy that follows all local, state, and federal laws to protect client’s HIV status, behavioral risk information, and use of services. The policy must also explain how confidentiality and patient information are protected when using telehealth, including required technology safeguards.	Written client confidentiality policy on file at service provider agency.
Service provider agencies must provide their service eligibility requirements upon request, and those requirements must follow DHSP guidance and HRSA’s Policy Clarification Notice #16-02.	Written eligibility requirements on file at service provider agency.
Service provider agencies must have a Release of Information form that specifies the receiving party, the information shared, the duration of consent, and the client’s signature. The form must meet HIPPA disclosure requirements and comply with the California Medi-Cal telehealth policy.	Completed Release of Information form on client file at service provider agency.
Service provider agencies must have a grievance policy that gives clients a way to address concerns about unfair treatment or poor service. The policy must outline how clients can file a grievance and include information about the Los	Written grievance policy on file at service provider agency.

Angeles County DHSP Customer Support Program (1-800-260-8787). This information must be visibly posted onsite or provided at the start of a telehealth visit.	
Client files must be securely stored—physically locked or password protected—and accessible only to authorized staff.	Written IT policies that outline how client information is protected on file at service provider agency.
Service provider agencies must keep clear, legible progress notes for each client that document every communication or service provided, including the date and the service delivered. Notes should also include any recommended referrals to needed services.	Progress notes maintained in individual client files at service provider agency.
Service provider agencies must have a crisis management policy that address how to respond to mental health crises and dangerous behaviors from clients or staff.	Written crisis management policy on file at service provider agency.
Service provider agencies must have a policy on Universal Precautions Procedures and maintain documentation that staff have been trained in these precautions.	Documentation of staff training in personnel files at service provider agency.
Service provider agencies must follow all relevant state and federal workplace and safety laws and all sites must meet ADA accessibility requirements.	Signed confirmation of compliance with applicable regulations on file at service provider agency.

Section 2.0—Client Rights and Responsibilities

CLIENT RIGHTS AND RESPONSIBILITIES	
STANDARD	DOCUMENTATION
Service provider agencies ensure services are accessible to all individuals who meet the service-specific eligibility criteria.	Written eligibility requirements on file at service provider agency.
Service provider agencies collect and incorporate input from PLWH to ensure services are client-centered.	Written documentation showing how client input is collected and used in service planning and evaluation.

<p>Clients have the right to choose whether to use telehealth or in-person services (as applicable), and appointments must follow the client’s preferred mode of care. Service provider agencies ensure clients receive the IT support and training needed to use telehealth services effectively.</p>	<p>Written checklists or “how-to” guides before telehealth visits, delivered by email or posted on the service provider agency website.</p>
<p>Service provider agencies provide clients with a copy of the Client Bill of Rights and Responsibilities (Appendix B).</p>	<p>Signed Client Bill of Rights and Responsibilities document on client file at service provider agency.</p>

Section 3.0—Staff Requirements and Qualifications

STAFF REQUIREMENTS AND QUALIFICATIONS	
STANDARD	DOCUMENTATION
<p>Staff meet the minimum qualifications for their positions and have the knowledge, skills, and abilities needed to effectively serve their communities. If a position requires a license, staff must hold the appropriate license to provide services. Service provider agencies must adopt policies that support hiring people living with HIV in all appropriate areas of service delivery.</p>	<p>Hiring policy, staff resumes and copy of license (as appropriate) on file at service provider agency.</p>
<p>Staff participate in training relevant to their job duties, program needs, and the Ryan White Program service category.</p>	<p>Documentation of completed training on file at service provider agency.</p>
<p>Staff must coordinate with both Ryan White-funded and non-funded programs to ensure all client needs are met.</p>	<p>Documentation of staff efforts to coordinate client services across systems kept on file at service provider agency.</p>

Section 4.0—Cultural and Linguistic Competence

CULTURAL AND LINGUISTIC COMPETENCE	
STANDARD	DOCUMENTATION
<p>Recruit, promote, and support a culturally and linguistically diverse workforce that reflects and responds to the population served.</p>	
<p>Service provider agencies develop or use existing culturally and linguistically appropriate policies</p>	

and practices and provide ongoing training to ensure staff consistently apply them.	
Clearly inform individuals—verbally and in writing, and in their preferred language—about available language assistance services. Ensure interpreters are competent; avoid using untrained individuals or minors.	
Offer easy-to-understand print and multimedia materials and signage in the primary languages of the service population at all clinic entry points and client service areas.	

Section 5.0—Intake and Eligibility

INTAKE AND ELIGIBILITY	
STANDARD	DOCUMENTATION
Service provider agencies must have an intake procedure for determining client eligibility.	Written procedure describing intake workflow on file at service provider agency. Documentation must verify residency in Los Angeles County, Income at or below the Federal Poverty Level (FPL) set by the Division on HIV & STD Programs and confirmed HIV diagnosis.
Service provider agencies must complete an intake for clients which includes a review of client rights and responsibilities, explanation of available services, covers confidentiality and grievance policies, assess immediate needs, and obtains permission to release information as appropriate. Service provider agencies must begin intake process within 5 days of initial contact and be completed within 30 days. If the client does not complete intake within 30 days, document all contact attempts and the methods used in the client file.	Complete intake in client file at service provider agency.

Section 6.0—Referrals and Case Closure

REFERRALS AND CASE CLOSURE	
STANDARD	DOCUMENTATION

<p>Service provider agencies must establish a case closure procedure that includes documented justification and, when appropriate, a transition plan to other services or providers.</p>	<p>Written case closure procedure on file at service provider agency.</p>
<p>Service provider agencies will maintain a comprehensive list of providers for HIV-related and other service referrals. Staff will make referrals based on client assessments and reassessments, using identified agency resources.</p>	<p>All recommended referrals must be documented in client files at service provider agency.</p>
<p>Cases may be closed if the client:</p> <ul style="list-style-type: none"> • Relocates outside the service area • Is no longer eligible for RWHAP services • Discontinued services • No longer needs services • Poses a risk to the service provider agency, staff, or other clients • Misuses services or violates the service agreement • Is deceased • Has had no direct contact with the service provider agency for 12 months despite repeated outreach attempts 	<p>All contact attempts and communication methods must be documented, along with the justification for case closure.</p>
<p>Service provider agencies must have a transition procedure to support clients leaving services and ensure a smooth handoff.</p>	<p>Completed transition summary should be placed in the client file and signed by the client and supervisor when possible.</p>
<p>Service provider agencies will establish or use an existing due process policy for involuntary client removal, including a sequence of verbal and writer warnings before final notice and case closure.</p>	<p>Due Process policy kept on file at service provider agency.</p>

Appendix A: Ryan White Part A Service Categories

The Ryan White HIV/AIDS Program Part A provides a comprehensive system of care for people living with HIV through two service categories:

- Core Medical services which are essential for the diagnosis, treatment, and management of HIV

- Support services which help clients achieve medical outcomes by addressing social, financial, and logistical barriers to care

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

Core Medical Services	Supportive Services
<ul style="list-style-type: none"> • AIDS Drug Assistance Program (ADAP) • Local AIDS Pharmaceutical Assistance Program (LDAP) • Early Intervention services (EIS) • Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals • Home and Community-based Health Services • Home Health Care • Hospice Services • Medical Case Management, including Treatment Adherence Services • Medical Nutrition Therapy • Oral Health Care • Outpatient/Ambulatory Health Services • Substance Use Outpatient Care 	<ul style="list-style-type: none"> • Childcare Services • Emergency Financial Assistance • Food Bank/Home Delivered Meals • Housing • Linguistic Services • Medical Transportation • Non-Medical Case Management Services • Other Professional Services, including Legal Services and Permanency Planning • Outreach Services • Psychosocial Support Services • Referral for Healthcare and Support Services • Rehabilitation Services • Respite Care • Substance Use Services (Residential)

Appendix B: Client Bill of Rights and Responsibilities

Service provider agencies are responsible to provide clients with a copy of the “Client Bill of Rights and Responsibilities” in all service settings, including telehealth. The purpose of this document is to empower clients to advocate for themselves and work in partnership with their service providers to achieve the best possible HIV/AIDS care and treatment.

Developed by people living with HIV in Los Angeles County, this Bill of Rights and Responsibilities affirms that individuals entering or receiving HIV/AIDS care, treatment, or support services have the right to:

1. Respective Treatment and Preventive Services
 - a. Receive considerate, respectful, professional, confidential, and timely care and preventive services (including screenings and vaccinations) in a safe, client-centered, trauma informed environment without bias.
 - b. Receive equal, unbiased care appropriate to your age and needs, in compliance with federal and state laws and regulations.

- c. Receive information about your providers' qualifications, including their experience with HIV/AIDS care.
 - d. Be informed of the names and work phone numbers of the staff responsible for your care.
 - e. Have safe accommodations to protect personal property while receiving services.
 - f. Receive culturally and linguistically appropriate services, including clear explanations in your preferred language and dialect.
 - g. Review your medical records and obtain copies upon request, subject to reasonable service provider agency policies and applicable fees.
2. Competent, High-Quality Care
- a. Have your care provided by competent, qualified professionals who follow HIV treatment stands as set forth by the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, the California Department of Health Services, and the County of Los Angeles Department of Public Health.
 - b. Have access to these professionals at convenient times and locations.
 - c. Receive appropriate referrals to other medical, mental health, or care services.
 - d. Have their phone calls and/or emails answered within 1-5 business days based on the urgency of the matter.
3. Participate in Treatment Decision-Making Process
- a. Receive clear, up-to-date information in understandable terms about your diagnosis, treatment options, medications (including common side effects), and expected outcomes.
 - b. Actively participate with your providers in discussing treatment choices.
 - c. Make the final treatment decision after receiving all relevant information and your provider's recommendations.
 - d. Access patient-specific education and reliable self-management resources.
 - e. Refuse any recommended treatment, be informed of potential health impacts, and consequences, and retain the right to change your mind later.
 - f. Be informed about and offered the chance to participate in eligible clinical research studies.
 - g. Refuse to participate in research without any penalty.
 - h. Decline services or end participation in any program without bias or negative impact on your care.
 - i. Be informed of service provider agency procedures for addressing misunderstandings, complaints, or grievances.
 - j. Receive a response to any complaint or grievance withing 45 days.
 - k. Be informed about external ombudsman or advocacy resources, including how to reach relevant federal complaint centers (CMS).
4. Confidentiality and Privacy
- a. Receive a copy of the service provider agency's Notice of Privacy Policies and Procedures.

- b. Have your HIV status kept confidential and receive an explanation of confidentiality policies and any exceptions.
 - c. Request restricted access to specific parts of your medical record.
 - d. Authorize or withdraw permission for others to access your medical record, except for providers and billing.
 - e. Question information in your medical record and request written corrections (your provider may accept or decline with explanation).
5. Billing Information and Assistance
- a. Receive clear information about all potential charges and provider payment policies.
 - b. Receive information about financial assistance programs and help accessing any benefits for which you may qualify.
6. Client Responsibilities

To support your care, you are responsible for:

- a. Participating in creating and following your treatment or service plan to the best of your ability.
- b. Providing accurate, complete information about your health history, medications, and other treatments; reporting changes promptly.
- c. Telling your provider when you do not understand information given to you.
- d. Following the agreed-upon treatment plan and understanding the consequences of non-adherence or using alternative treatments.
- e. Understanding that cases may be closed if the client:
 - i. Moves out of the service area
 - ii. Is no longer eligible for RWHAP services
 - iii. Discontinue services
 - iv. No longer need services
 - v. Pose a risk to the service provider agency, staff, or other clients
 - vi. Misuse services or violate the service agreement
 - vii. Is deceased
 - viii. Has no direct contact with the agency for 12 months despite repeated outreach
- f. Keeping appointments or notifying the agency promptly if unable to attend.
- g. Keeping the service provider agency informed of how to reach you confidentially.
- h. Following service provider agency rules and conduct guidelines.
- i. Treating providers and other clients with respect.
- j. Avoiding profanity, abusive language, threats, violence, weapons, theft, vandalism, and any form of sexual harassment or misconduct.
- k. If living with substance use disorder, being open with your provider about your substance use so appropriate support can be provided.

For more help or information:

Start by discussing any complaint or grievance with your provider or the service provider agency's client services representative or patient advocate. If the issue is not resolved in a reasonable

timeframe, or if you prefer to speak with someone outside the service provider agency, you may call the number below for confidential, independent assistance.

Division on HIV and STD Programs, Customer Support Program 1-800-260-8787, 8am-5pm, Monday—Friday

Appendix C: Division on HIV and STD Programs Customer Support Program

The Division of HIV and STD Programs (DHSP) Customer Support Program helps clients who experience difficulty accessing services from DHSP-funded providers in Los Angeles County. If you or someone you know is having trouble obtaining HIV or STD services or has concerns about service quality, the program can assist.

Contact the Customer Support Program by email at dhspsupport@ph.lacounty.gov, online at <http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>, or by phone at 1-800-260-8787. Reaching out will not affect your access to services, and your name and personal information can be kept confidential.

Appendix D: Get Protected LA and I'M+ LA Online Resources

The Division of HIV and STD Programs (DHSP) offers Get Protected LA and I'M+ LA, online resources with information about free or low-cost HIV care and support services available through the Ryan White Program for eligible people living with HIV in Los Angeles County regardless of insurance status. Visit: <https://getprotectedla.com/impositvela/>



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

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





Estamos Escuchando



Comparta sus inquietudes con nosotros.

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

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

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

