LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
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https://tinyurl.com/y83ynuzt

****CHANGE IN LOCATION****

COMMISSION ON HIV MEETING

Thursday, February 12, 2026
9:00am-12:00pm (PST)

JESSE OWENS PARK AUDITORIUM
9651 S. WESTERN AVE., LOS ANGELES, CA 90047
MAP/DIRECTIONS – CLICK HERE

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

Register Here to Join Virtually (CORRECTED LINK)

https://lacountyboardofsupervisors.webex.com/weblink/register/r484c0ffcb51f2cdd0af7722225ca2467

Notice of Teleconferencing Sites

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

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

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

Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: https://hiv.lacounty.gov/membership
For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV (COH)

THURSDAY, FEBRUARY 12, 2026 | 9:00 AM – 12:00 PM

****CHANGE IN MEETING LOCATION****
JESSE OWENS PARK AUDITORIUM
9651 S. WESTERN AVE., LOS ANGELES, CA 90047
MAP/DIRECTIONS – CLICK HERE

NOTICE OF TELECONFERENCING SITES
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE *CORRECTED LINK:
HTTPS://LACOUNTYBOARDOFSUPERVISORS.WEBEX.COM/WEBLINK/REGISTER/R484C0FFCB51F2CDD0AF7722225CA2467
JOIN BY PHONE: 1-213-306-3065 Access code: 2530 735 2200

AGENDA POSTED: February 9, 2026
SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: http://hiv.lacounty.gov or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, email your Public Comment to hivcomm@lachiv.org or submit electronically HERE. All Public Comments will be made part of the official record.
ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

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

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

1. ADMINISTRATIVE MATTERS

A.	Call to Order & Roll Call w/ Statements of Conflict of Interest		9:00 AM – 9:03 AM
B.	Code of Conduct & Meeting Guideline Reminders		9:03 AM – 9:05 AM
C.	Approval of Agenda	**MOTION #1**	9:05 AM – 9:07 AM
D.	County Land Acknowledgment		9:07 AM – 9:09 AM
E.	Consent Calendar	**MOTION #2**	9:09 AM – 9:12 AM
F.	Approval of Meeting Minutes	**MOTION #3**	9:12 AM – 9:15 AM

2. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment *(Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE, or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)* 9:15 AM – 9:17 AM

B. Commissioner Comment *(Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. Comments may not exceed 2 minutes per member.)* 9:17 AM – 9:20 AM

3. ADMINISTRATIVE REPORTS – I 9:20 AM – 9:45 AM

A. COH Staff Report

(1) County/COH Operational Updates
   a. Revised Ordinance Approval
   b. Ralph M. Brown Act SB 707
   c. BOS Executive Office (EO) Sunset Review
   d. Monthly Reports to BOS EO

B. COH Co-Chair Report

(1) COH x DHSP Prevention Planning Collab – Follow Up Stakeholder Meeting Immediately Following COH Meeting
(2) March 12, 2026 Inaugural Meeting & Orientation (Jesse Owens Park Auditorium)
(3) 2026 Proposed Workplan & Meeting Schedule
(4) Conferences, Meetings & Trainings (*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. April 8-10 NMAC Biomedical HIV Prevention Summit
   b. July 26-31 International AIDS Conference (IAS)
   c. August 4-7 National Ryan White Conference: Abstract Submission
   d. September 17-20 United States Conference on AIDS (USCHA): Host Committee Participation

C. Division of HIV/STD Programs (DHSP) (RWP Grantee/Part A Rep) Report 9:45 AM – 10:00 AM

(1) Ryan White Program Funding & Services Update
(2) CDC HIV Prevention Funding & Services Update
(3) EHE Program and Funding Update
(4) Other Updates

4. PRESENTATION: LAC DEPARTMENT OF HEALTH SERVICES (DHS) HIV CASCADE UPDATES ON POSITIVE CARE PROGRAM 10:00 AM – 10:30 AM

Christopher O. Brown, MD, MPH, FACP, FASAM (he/him), Director of Primary Care, LA County Health Services, Health Sciences Associate Clinical Professor, David Geffen School of Medicine

5. COMPREHENSIVE EFFECTIVENESS REVIEW & RESTRUCTURING PROJECT 10:30 AM – 11:00 AM

A. Overview Refresher
B. Proposed 2026 Membership Roster **MOTION #4**
C. Next Steps

6. COMMUNITY PARTNER/REPRESENTATIVE REPORTS – I 11:00 AM – 11:25 AM

D. California Office of AIDS (OA) Report (Part B Representative)
(1) California Planning Group (CPG) Updates
(2) California Integrated HIV Plan Updates
E. Housing Opportunities for People Living with AIDS (HOPWA) Report
F. Ryan White Program (RWP) Parts C, D, and F Report
G. Cities, Health Districts, Service Planning Area (SPA) Report

7. STANDING COMMITTEE REPORTS – I 11:25 AM – 11:40 AM

(Updates from committees, caucuses, and task forces are summarized in the Key Takeaways document included in the meeting packet. Attendees are encouraged to review the document for the latest highlights, action items, and key developments across the Commission's working bodies.)

A. Planning, Priorities & Allocations (PP&A) Committee
(1) PY 36 PP&A Meeting Schedule and Workplan
(2) PSRA Contingency Plan Updates
B. Operations Committee
C. Standards and Best Practices (SBP) Committee
(1) Mental Health Service Standards **MOTION #5**
(2) Service Standards Schedule
D. Public Policy Committee (PPC)
(1) County, State and Federal Policy & Budget Updates
(2) Sunset/Transition Activities

E. Caucus, Task Force, and Work Group Reports 11:25 AM – 11:40 AM

(1) Aging Caucus
(2) Black Caucus
(3) Consumer Caucus
(4) Transgender Caucus
(5) Women's Caucus
(6) Housing Taskforce

8. MEMBER APPRECIATION & ACKNOWLEDGEMENT OF SERVICE 11:40 AM – 11:50 AM

A moment to honor the service of the current Commission cohort and invite members to share practical guidance, lessons learned, and words of wisdom for the incoming cohort as part of a thoughtful transition and warm handoff.

9. MISCELLANEOUS

A. Public Comment 11:50 AM – 11:55 AM

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

B. Commission New Business Items 11:55 AM – 11:57 AM

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

C. Announcements 11:57 AM – 12:00 PM

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

D. Adjournment and Roll Call 12:00 PM

Adjournment of the regular February 12, 2026, Commission meeting with thanks and gratitude to current Commission members for their service, leadership, and the care they have brought to this work.

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
MOTION #4	Approve the proposed 2026 membership roster as presented or revised
CONSENT CALENDAR	
MOTION #5	Approve the Mental Health Service Standards as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEMBERS			
Danielle Campbell, PhD, MPH, Co-Chair	*Joseph Green, Co-Chair*	Dahlia Alé-Ferlito	Miguel Alvarez
Jayda Arrington	Al Ballesteros, MBA	LeRoy Blea (Non-Voting)	Alasdair Burton
Mikhaela Cielo, MD	Sandra Cuevas	Mary Cummings (LOA)	Erika Davies
Kevin Donnelly	Arlene Frames	Arburtha Franklin	Rev. Gerald Green (**Alternate) (LOA)
Felipe Gonzalez	Joaquin Gutierrez (**Alternate)	David Hardy, MD	Ismael Herrera
Terrance Jones	Lee Kochems, MA	Leonardo Martinez-Real	Leon Maultsby, MHA, DBH
Vilma Mendoza	Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Byron Patel, RN
Mario J. Pérez, MPH (Non-Voting)	Dechelle Richardson (LOA)	Daryl Russell	Ismael Salamanca
Sabel Samone-Loreca (**Alternate)	Harold Glenn San Agustin, MD	DeeAna Saunders	LaShonda Spencer, MD
Lambert Talley (*Alternate)	Carlos Vega-Matos (**Alternate)	Jonathan Weedman	
MEMBERS:		**31**	
QUORUM:		**16**	

LEGEND:

Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum
Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member
Non-Voting= Not counted toward quorum
LoA = Leave of Absence; not counted towards quorum

LOS ANGELES COUNTY
COMMISSION ON HIV

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

VISION

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

MISSION

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

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Approved by COH 6/8/23

CODE OF CONDUCT

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

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

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

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

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

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

WHAT IS A LAND ACKNOWLEDGMENT?

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

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

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

HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

JUNE 23, 2020

The Board of Supervisors (Board) approves a motion, authored by LA County Supervisor Hilda L. Solis, to adopt the Countywide Cultural Policy.

JULY 13, 2021

The Board supports a motion to acknowledge and apologize for the historical mistreatment of California Native Americans by Los Angeles County.

OCTOBER 5, 2021

The Board directs the LA County Department of Arts and Culture (Arts and Culture) and the LA City/County Native American Indian Commission (LANAIC) to facilitate meetings with leaders from local Tribes to develop a formal land acknowledgment for the County.

"THE SPIRIT OF OUR ANCESTORS LIVES WITHIN US. THE TRUE DESCENDANTS OF THIS LAND HAVE BECOME THE TIP OF THE SPEAR AND WILL CONTINUE TO SEEK RESPECT, HONOR, AND DIGNITY, ALL OF WHICH WERE STRIPPED FROM OUR ANCESTORS. IT IS OUR MOST SINCERE GOAL TO WORK TOGETHER AS WE BEGIN TO CREATE THE PATH FORWARD TOWARD ACKNOWLEDGMENT, RESTORATION, AND HEALING."

—Donna Yocum, Chairwoman of the San Fernando Band of Mission Indians

NOVEMBER 2021 – MARCH 2022

With help from an outside consultant, Arts and Culture and LANAIC conduct extensive outreach to 22 tribal governments, with generally 5 tribal affiliations, that have ties to the LA County region, as identified by the California Native American Heritage Commission. Five Tribes agree to participate on a working group.

MARCH 30 – SEPTEMBER 30, 2022

Over five facilitated sessions, the working group contributes recommendations, guidance, and historic and cultural information that informs the development of the County's land acknowledgment.

OCTOBER 18, 2022

LANAIC Commissioners approve a recommendation for the Board to adopt the Countywide Land Acknowledgment.

NOVEMBER 1, 2022

The Board adopts the Countywide Land Acknowledgment.

DECEMBER 1, 2022

The Countywide Land Acknowledgment begins to be verbally announced and displayed visually at the opening of all Board meetings.

"TRUTH IS THE FIRST STEP TO THE RECOVERY OF OUR STOLEN LAND AND BROKEN PROMISES…WE ARE STILL HERE."

—Robert Dorame, Tribal Chair of the Gabrielino Tongva Indians of California

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

PARLIAMETARY PROCEDURES – QUICK GUIDE

BASED ON ROBERTS RULES OF ORDER (2025)

1. QUORUM

A quorum is the minimum number of members who must be present to conduct official business. No motions or votes can occur without a quorum. The Commission's quorum is 20 members (as stated on the agenda and subject to change). If quorum is lost during the meeting, only informational updates or discussion may continue—no actions or votes can be taken until quorum is reestablished.

2. MAKING A MOTION

Members propose action by saying, "I move that…". Requires a second before discussion. Only one motion on the floor at a time.

3. SPEAKING & DISCUSSION

Raise your hand and wait to be recognized. Stay on topic; avoid side conversations. Speak once before speaking again.

4. VOTING (ROLL CALL)

The Co-Chair will call for a roll call vote for all motions requiring Commission action. Each member responds "Yes," "No," or "Abstain" when their name is called. Results are recorded in the official minutes, and abstentions are noted when stated aloud.

5. AMENDING

Say, "I move to amend the motion by…". Requires a second, then vote on the amendment first.

6. POINT OF ORDER

Used to address a procedural error or breach in decorum. Co-Chair pauses to rule or clarify.

7. POINT OF CLARIFICATION (PROPERLY: POINT OF INFORMATION)

Ask factual questions during discussion. Say, "Point of Information," and wait to be recognized.

8. TABLING / POSTPONING

To delay an item: "I move to table…" or "…postpone until [date]."

9. DECORUM & RESPECT

Speak through the Co-Chair. Be concise and kind. Uphold the Code of Conduct—respect, integrity, and collaboration.

10. QUICK TIP

When in doubt—ask! Co-Chairs and staff are here to help keep meetings inclusive and on track.

LOS ANGELES COUNTY COMMISSION ON HIV

2026 MEMBERSHIP ROSTER| UPDATED 2.3.26

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2024	June 30, 2026	
3	City of Long Beach representative	1	PP&A	Ismael Salamanca	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	SBP	Dahlia Ale-Ferlito	AIDS Coordinator's Office, City of Los Angeles	July 1, 2024	June 30, 2026	
5	City of West Hollywood representative	1	PP&A	Dee Saunders	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP **Non Voting*	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2024	June 30, 2026	
7	Part B representative	1		Leroy Blea	California Department of Public Health, Office of AIDS	July 1, 2024	June 30, 2026	
8	Part C representative			***Vacant***		July 1, 2024	June 30, 2026	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2024	June 30, 2026	
11	Provider representative #1	1	OPS	Leon Maultsby, DBH, MHA	In The Meantime Men's Group, Inc	July 1, 2023	June 30, 2025	
12	Provider representative #2			***Vacant***		July 1, 2024	June 30, 2026	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2024	June 30, 2026	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6			***Vacant***		July 1, 2024	June 30, 2026	
17	Provider representative #7	1	SBP	David Hardy ,MD	University of Southern California	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2024	June 30, 2026	
19	Unaffiliated representative, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	
20	Unaffiliated representative, SPA 2			***Vacant***		July 1, 2024	June 30, 2026	
21	Unaffiliated representative, SPA 3	1	OPS	Ish Herrera	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Joaquin Gutierrez (OPS)
22	Unaffiliated representative, SPA 4	1	PP	Jeremy Mitchell (aka Jet Finley) ***(LOA)***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	Lambert Talley (PP&A)
23	Unaffiliated representative, SPA 5			***Vacant***	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
24	Unaffiliated representative, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
25	Unaffiliated representative, SPA 7	1	EXC|OPS	Vilma Mendoza	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
26	Unaffiliated representative, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated representative*	July 1, 2024	June 30, 2026	Carlos Vega-Matos (PP&A)
27	Unaffiliated representative, Supervisorial District 1	1	PP	Leonardo Martinez-Real	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
28	Unaffiliated representative, Supervisorial District 2			***Vacant***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
29	Unaffiliated representative, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated representative*	July 1, 2023	June 30, 2025	Sabel Samone-Loreca (SBP)
30	Unaffiliated representative, Supervisorial District 4			***Vacant***		July 1, 2024	June 30, 2026	
31	Unaffiliated representative, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
32	Unaffiliated representative, at-large #1			***Vacant***	*Unaffiliated representative*	July 1, 2024	June 30, 2026	everend Gerald Green (PP&A) ***(LOA)***
33	Unaffiliated representative, at-large #2	1	PPC	Terrance Jones	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
34	Unaffiliated representative, at-large #3	1	EXC|PP&A	Daryl Russell, M.Ed	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
35	Unaffiliated representative, at-large #4	1	EXC	Joseph Green	*Unaffiliated representative*	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2024	June 30, 2026	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhDC, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2024	June 30, 2026	
39	Representative, Board Office 4			***Vacant***		July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2024	June 30, 2026	
41	Representative, HOPWA			***Vacant***		July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA	*Unaffiliated representative*	July 1, 2024	June 30, 2026	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	EXC|OPS	Alasdair Burton	No affiliation	July 1, 2024	June 30, 2026	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3			***Vacant***		July 1, 2024	June 30, 2026	
47	HIV stakeholder representative #4			***Vacant***		July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings ***(LOA)***	Bartz-Altadonna Community Health Center	July 1, 2024	June 30, 2026	
49	HIV stakeholder representative #6	1	EXC|OPS	Dechelle Richardson ***(LOA)***	No affiliation	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7			***Vacant***		July 1, 2024	June 30, 2026	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2024	June 30, 2026	
	TOTAL:	**35**						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Overall total: 40

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 2/4/26

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
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
			Medical Transportation Services
BLEA	**Leroy**	California Department of Public Health, Office of AIDS	Part B Grantee
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	No Affiliation	No Ryan White or prevention contracts
CIELO	**Mikhaela**	Los Angeles General Hospital	No Ryan White or prevention contracts
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	No Ryan White or prevention contracts
DAVIS (PPC Member)	**OM**	Aviva Pharmacy	No Ryan White or prevention contracts
DOLAN (SBP Member)	**Caitlyn**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FINLEY	**Jet**	Unaffiliated representative	No Ryan White or prevention contracts
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	**Gerald**	Minority AIDS Project	Benefits Specialty
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	**Joaquin**	Unaffiliated representative	No Ryan White or prevention contracts
HARDY	**David**	University of Southern California	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
LESTER (PP&A Member)	**Rob**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	In the Meantime Men's Group	Promoting Healthcare Engagement Among Vulnerable Populations
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	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 Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
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
RICHARDSON	**Dechelle**	No Affiliation	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated representative	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAMONE-LORECA	**Sabel**	Minority AIDS Project	Benefits Specialty
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
SAN AGUSTIN	**Harold**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
			Medical Transportation Services
SAUNDERS	**Dee**	City of West Hollywood	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
TALLEY	**Lambert**	Grace Center for Health & Healing	No Ryan White or prevention contracts
VEGA-MATOS	**Carlos**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC

Division of HIV and STDs Contracted Community Services

The following list and addendum present the conflicts of interest for Commission members who represent agencies with Part A/B and/or CDC HIV Prevention-funded service contracts and/or subcontracts with the County of Los Angeles. For a list of County-contracted agencies and subcontractors, please defer to Conflict of Interest & Affiliation Disclosure Form.

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
Case Management Home-Based	Libertana Home Health
	Caring Choice
	The Wright Home Care
	Cambrian
	Care Connection
	Envoy
Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store
	Foothill AIDS Project
	JWCH
	Project Angel
Oral Health	Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
STD-Ex.C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy
	Caring Choice
	Health Talent Strategies
	Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA
	SJW
HTS - Storefront	LabLinc Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	

Service Category	Organization/Subcontractor
AOM	
Vulnerable Populations (YMSM)	APAIT
	AMAAD
HTS - Storefront	Center for Health Justice
	Sunrise Community Counceling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service forr Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	

Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar
	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Poplulations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy
	Cambrian
	Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home
	Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech
	Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
TEL. (213) 738-2816
WEBSITE: hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

COMMITTEE ASSIGNMENTS

Updated: February 3, 2026
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 10 | Number of Quorum= 6**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Danielle Campbell, PhDc, MPH	**Co-Chair, Comm./Exec.***	**Commissioner**
Joseph Green	**Co-Chair, Comm./Exec.***	**Commissioner**
Miguel Alvarez	Co-Chair, OPS	Commissioner
Alasdair Burton	At-Large	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Arlene Frames	Co-Chair, SBP	Commissioner
Vilma Mendoza	Co-Chair, OPS	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Dèchelle Richardson *(LOA)*	At-Large	Commissioner
Darryl Russell	Co-Chair, PP&A	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 10:00 AM-12:00 PM** **Number of Voting Members= 7 | Number of Quorum= 4**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Miguel Alvarez	**Committee Co-Chair***	**Commissioner**
Vilma Mendoza	**Committee Co-Chair***	**Commissioner**
Jayda Arrington	*	Commissioner
Alasdair Burton	At-Large	Commissioner
Joaquin Gutierrez *(alternate to Ish Herrera)*	*	Alternate
Ismael Herrera	*	Commissioner
Leon Maultsby, DBH, MHA	*	Commissioner
Dèchelle Richardson *(LOA)*	At-Large	Commissioner

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 13| Number of Quorum= 8**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Daryl Russell, M.Ed	**Committee Co-Chair***	Commissioner
Al Ballesteros, MBA	*	Commissioner
Felipe Gonzalez	*	Commissioner
Reverend Gerald Green *(LOA)*	*	Alternate
Rob Lester	*	Committee Member
Miguel Martinez, MPH	*	Committee Member
Harold Glenn San Agustin, MD	*	Commissioner
Ismael Salamanca	*	Commissioner
Dee Saunders	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Carlos Vega-Matos *(alternate to Kevin Donnelly)*	*	Alternate
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st Monday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 7 | Number of Quorum= 3**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
	Committee Co-Chair*	Commissioner
Mary Cummings *(LOA)*	*	Commissioner
Jet Finley *(alternate to Terrance Jones)* ***(LOA)***	*	Alternate
OM Davis *(LOA)*	*	Committee Member
Terrance Jones	*	Commissioner
Lee Kochems	*	Commissioner
Leonardo Martinez-Real	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	Commissioner

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 11 | Number of Quorum = 6		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Arlene Frames	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Dahlia Alè-Ferlito	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Sandra Cuevas	*	Commissioner
Caitlyn Dolan	*	Committee Member
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Sabel Samone-Loreca *(alternate to Arlene Frames)*	*	Alternate
Mark Mintline, DDS	*	Committee Member
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner

AGING CAUCUS
Regular meeting day/time: 2nd Tuesday Every Other Month @ 1pm-3pm **Co-Chairs: Kevin Donnelly & Paul Nash** ***Open membership****

CONSUMER CAUCUS
Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting **Co-Chairs: Damone Thomas & Ismael (Ish) Herrera** ***Open membership to consumers of HIV prevention and care services****

BLACK CAUCUS
Regular meeting day/time: 3rd Thursday of Each Month @ 4PM-5PM (Virtual) **Co-Chairs: Leon Maultsby & Dechelle Richardson** ***Open membership****

TRANSGENDER CAUCUS
Regular meeting day/time: 3rd Thursday Quarterly @ 10AM-11:30 AM **Co-Chairs: Chi Chi Navarro & Diamond Paulk** ***Open membership****

WOMEN'S CAUCUS

Regular meeting day/time: Virtual - 3rd Monday Bi-monthly @ 2-3:00pm
The Women's Caucus Reserves the Option of Meeting In-Person Annually
Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo
Open membership

HOUSING TASKFORCE

Regular meeting day/time: Virtual – 4th Friday of Each Month @ 9AM – 10AM
Co-Chairs: Katja Nelson & Dr. David Hardy
Open membership

LOS ANGELES COUNTY
COMMISSION ON HIV

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

COMMISSION ON HIV (COH)

December 11, 2025 MEETING
MINUTES

BURTON W. CHACE PARK COMMUNITY MEETING ROOM
13650 Mindanao Way, Marina Del Rey, CA 90292
CLICK HERE FOR MEETING PACKET

TELECONFERENCE SITES:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

1. ADMINISTRATIVE MATTERS

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

The meeting was called to order at 10:02 AM with greetings from the LA County Commission on HIV (COH) Co-chairs.

ROLL CALL (PRESENT): D. Ale-Ferlito (online), M. Alvarez, J. Arrington, A. Ballesteros, A. Burton(online), M. Cielo, S, Cuevas (AB2449), E. Davis (AB2449), K. Donnelly, A. Franklin, F. Gonzalez, J. Gutierrez, D. Hardy, I. Herrera, T. Jones, W. King, L. Kochems, L. Martinez-Real, L. Maultsby, V. Mendoza, P. Nash, K. Nelson, B. Patel, M. Perez (online), D. Russell, I. Salamanca, M. Sattah, J. Weedman, D. Campbell, and J. Green.

B. APPROVAL OF AGENDA

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

C. COUNTY LAND ACKNOWLEDGEMENT

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

D. CONSENT CALENDAR

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

The Parliamentarian introduced the Consent Calendar, which included the following three items:

1. Approval of the proposed revisions to the Bylaws of the Los Angeles County Commission on HIV, as presented.
2. Approval of the proposed revisions to Ordinance 3.29, as presented.
3. Approval of the Patient Support Services Standards, as presented.

Commissioners were asked whether any items should be pulled from the Consent Calendar. Hearing none, and with no objections raised, all items on the Consent Calendar were approved unanimously.

E. APPROVAL OF MEETING MINUTES

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

2. HOLDING SPACE FOR OUR COMMUNITIES – REFLECTIVE SILENCE

The Commission paused to hold space in recognition of World AIDS Day, honoring the communities impacted by HIV/AIDS and reflecting on the collective efforts undertaken by commissioners, staff, and community members. A moment of reflection was observed.

3. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment

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

See addendum.

B. Commissioner Comment

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

See addendum.

4. COMPREHENSIVE EFFECTIVENESS REVIEW & RESTRUCTURE PROJECT

Presentation: Overview of Approved Bylaws Revisions

Former Commissioner AJ King was introduced to present the changes approved on the Consent Calendar related to the restructuring of the Commission bylaws. The presentation provided an overview of the rationale, guiding principles, and key changes, followed by an opportunity for questions.

Purpose and Context

AJ explained that the restructuring responds to multiple factors, including ongoing and anticipated federal and local funding reductions, limited staff capacity, findings from a 2023 HRSA site visit, and feedback from commissioners, committees, caucuses, and the public regarding efficiency and impact. The revisions also aim to modernize and clarify bylaw and ordinance language.

Guiding Principles

The bylaw revisions were guided by:

- Compliance with HRSA Planning Council requirements
- Legal review by County Counsel
- Equity-centered design principles, with intentional inclusion of people with lived experience of HIV
- Compliance with the Brown Act
- Transparent engagement with commissioners and the public

Key Bylaw Changes

Membership Structure

- Commission membership reduced from 51 to 32 seats
- Addition of three non-voting seats (DHSP representative, CDPH Part B representative, and Medi-Cal representative) to ensure HRSA compliance and facilitate quorum
- Inclusion of HRSA-required categories, five Board of Supervisors representatives, one HIV researcher/scientist, and a minimum of 33% unaffiliated consumers (11 seats)

Terms and Expectations

- Members may serve up to three consecutive two-year terms (maximum of six years), followed by a required one-year break unless waived
- All applicants are required to interview
- Expansion of committee-only membership to include non-commissioners with lived or professional experience who may serve as full voting members on committees

Committee Structure

- Operations Committee restructured and renamed as the Membership and Community Engagement Committee (MCE), with expanded responsibilities
- Public Policy Committee sunsetted; its functions will be absorbed by the Executive Committee

- Committee co-chair terms extended from one year to two years

Membership and Community Engagement Committee Composition

- Executive Committee at-large members
- City representatives from Los Angeles, Pasadena, Long Beach, and West Hollywood
- Inclusion of a youth representative to elevate youth perspectives
- Additional members appointed by Commission co-chairs

Conflict of Interest and Code of Conduct

- Strengthened conflict-of-interest provisions aligned with HRSA requirements, including recusal from funding discussions and votes for members affiliated with funded agencies
- Expanded Code of Conduct to include vendors and contractors, with enhanced expectations for professionalism across all Commission activities

Meeting Frequency

- Commission and committees will meet at least six times per year, with flexibility based on committee needs, to reduce staff burden and improve quorum

Stipends

- Stipends increased up to $500, contingent on funding availability
- Eligibility includes individuals living with HIV who use Ryan White services and are not employed by a Ryan White–funded agency

Leadership and Policy Changes

- Co-chair responsibilities expanded to include representation on the California Planning Group (CPG)
- Policy development responsibilities formerly held by the Public Policy Committee (PPC) will be jointly shared by the Standards and Best Practices (SBP) and the Planning, Priorities & Allocations (PP&A) Committees

Modernization of Documents

- Bylaws and ordinance language updated for clarity, readability, formatting consistency, and inclusion of cross-references and hyperlinks

Ordinance Alignment and Timeline

- Revisions to the ordinance are underway and subject to approval by the Board of Supervisors to align with the updated bylaws
- Membership application launch scheduled for December 15

- Application review and interviews to occur in December and January
- Final selections anticipated in February, with onboarding preparation
- Target date for seating the new Commission Cohort is March 1, pending Board of Supervisors appointments
- Spring and summer to focus on training and capacity building

Acknowledgments

AJ King expressed appreciation to commissioners, committee and caucus leaders, community members, DHSP, County Counsel, Commission staff, consulting partners, and Commission co-chairs for their engagement, feedback, and dedication throughout the restructuring process.

The Chair opened the floor for questions and discussion, noting the volume and complexity of information presented.

A. Franklin asked for clarification regarding the "cleaning up" of language in the bylaws and whether specific guidance was provided.
Response: Staff explained that the language updates focused on modernization and inclusivity, including the use of gender-neutral terms (e.g., replacing gendered pronouns with "they") and person-centered language (e.g., "people living with HIV" rather than "HIV-positive people"). The changes also reflected feedback from listening sessions and corrected inconsistencies and outdated phrasing.

J. Weedman expressed appreciation for the Commission's collective expertise and raised questions regarding the reapplication and interview process for the restructured Commission. He emphasized the importance of retaining experienced members while ensuring equity and clarity in the appointment process, particularly for seats appointed by the Board of Supervisors.
Response: Staff acknowledged the depth of experience among current commissioners and explained that the reduction from 51 to 32 seats necessitates a reapplication process to align with revised membership categories. Current commissioners are strongly encouraged to reapply. While the final interview panel composition is still being determined, it may include former commissioners without conflicts of interest, academic partners, and representatives from other planning councils. Final selections will be made using equitable review criteria, and recommendations from Supervisorial offices will continue to be honored for designated seats.

J. Arrington asked whether the new two-year term limit for co-chairs applies to Commission co-chairs, committee co-chairs, or caucus leadership.
Response: It was clarified that the two-year term limit applies only to committee co-chairs. Commission co-chair considerations are separate and will be discussed at the upcoming Executive Committee meeting.

Dr. King raised questions regarding the absorption of Public Policy responsibilities into the Executive Committee, particularly who would carry out specialized policy work.
Response: Staff explained that Executive Committee membership may be expanded through committee-only members, including individuals serving as public policy champions. The Executive Committee may also appoint

subcommittees as needed, though they will not be standing committees defined in the bylaws.

Dr. King further requested clarification on how membership downsizing would be operationalized, and which seats would be eliminated or rolled over.
Response: Staff explained that reductions primarily affect unaffiliated consumer and stakeholder categories, while HRSA-mandated categories remain. City representatives will transition from full Commission membership to committee-only roles within the Membership and Community Engagement Committee (MCE). Board of Supervisors appointees, Planning Agency representation, and required HRSA categories will remain.

Clarification on HIV Researcher/Scientist Seat
Questions were raised regarding the definition of the HIV researcher/scientist role. Staff clarified that the seat is intended for individuals with formal research training and expertise in HIV research and data translation, regardless of whether they are clinicians or affiliated with academic institutions. The purpose is to support evidence-based planning and effective translation of complex research into Commission and community decision-making.

L. Kochems raised a concern regarding the language of the newly approved bylaws related to the HIV researcher/scientist seat, noting that the text specifies affiliation with a local academic research institution, which may be more restrictive than prior social and behavioral science representation. This distinction was acknowledged for further consideration and clarification.

D. Russell asked how committee co-chairs would be elected under the new structure, particularly given service-length requirements.
Response: Staff clarified that election procedures remain unchanged. For the newly seated Commission, standard tenure requirements may be waived for initial appointments to ensure continuity and functionality, with nominations and elections occurring at the first and second committee meetings, respectively.

Dr. Nash confirmed that the bylaw revisions had already been approved on the Consent Calendar and asked about options for reconsideration. It was clarified that reconsideration would require a majority vote. Dr. Nash emphasized the importance of continuity of institutional knowledge, noting that the Commission has undergone multiple sunset-and-recreation cycles. While acknowledging the need for new members, he stressed the value of retaining experienced leadership to ensure stability.

Dr. Nash also asked where interviews and selection decisions would be housed administratively.
Response: Staff clarified that the Commission staff, together with an appointed interview panel, will manage the application and interview process. Panel composition will be informed by recommendations from commissioners and committees and will function as a search committee overseeing equitable review and selection.

Dr. Nash concluded by thanking staff, commissioners, and community members for the extensive engagement process, noting that the restructuring effort spanned approximately 14 months of listening sessions, committee work, and public input.

A. Ballesteros shared that while he may not seek a Commission seat under the new structure, he is interested in remaining engaged through committee service. He asked about the process for becoming a committee-only member and when committee work would begin, emphasizing the urgency of maintaining momentum given current challenges.

Response:
Staff explained that committee-only membership no longer requires Board of Supervisors approval, which significantly reduces barriers to participation. Interested individuals must apply for committee-only membership, after which applications are reviewed by the relevant committee, elevated to the Executive Committee, and finalized by the full Commission. Committee co-chairs will remain in place temporarily to ensure continuity and leadership stability during the transition.

It was confirmed that all individuals, both commissioners and committee-only members, must reapply under the new structure.

Dr. Maultsby expressed appreciation for the co-chairs and staff for leading a complex and challenging restructuring process. She emphasized the importance of commissioner accountability, noting that the bylaws revisions were approved via the Consent Calendar despite the volume and complexity of the materials. She reminded the Commission that members have the responsibility to thoroughly review materials prior to voting and to pull items for discussion when clarification is needed. Commissioner Dr. Maultsby stressed that informed decision-making is essential to maintaining the integrity and effectiveness of the Commission's work.

5. ADMINISTRATIVE REPORTS- I

A. COH Staff Report

Dawn McClendon provided updates on next steps following the Commission's approval of the bylaws:

- While the bylaws were approved by the Commission, the ordinance revisions must still proceed through County review and approval.
- The ordinance is currently under review by County Counsel, after which it will advance to the Health Deputies Cluster meeting, and subsequently to the Board of Supervisors (BOS).
- Commissioners were encouraged to attend the Health Deputies and Board meetings when the item is considered. Staff committed to keeping the Commission informed throughout the process.
- 2025 Board Annual Report: Preparation is underway. Committees and caucus leadership will be contacted to provide highlights and measurable outcomes to ensure comprehensive representation of the Commission's work.
- Sunset Review: The Board of Supervisors has requested a five-year sunset review of the Commission. An extension was granted, moving the deadline to February 1. Staff may seek input from co-chairs during the process.

- DHS Positive Care / Positive Choice Program: Staff have been coordinating with the Department of Health Services (DHS) leadership to clarify the impact of funding cuts and staffing changes on patient services. Updated cascade data and details on the current HIV model of care will be brought back to the Commission.
- Medicaid/Medi-Cal Seat Filled: Staff announced that the Medi-Cal seat has been filled for the first time in the Commission's history. The appointed representative's report was included in the meeting packet, with additional information to be shared on a later agenda item.

B. COH Co-Chair Report

The floor was opened for feedback on the Annual Conference. Commissioners shared positive reflections, noting:

- Appreciation for the use of local speakers and community-based expertise.
- Recognition of the resiliency and hope demonstrated by presenters despite challenging times.
- Inspiration drawn from the conference that reaffirmed commitment to the Commission's work.

Additional feedback highlighted calls to action raised during the conference, particularly the importance of engaging family members, communities, and networks beyond Los Angeles County to raise awareness about the impacts of HIV funding cuts nationwide.

The Co-Chair also provided follow-up from a subordinate working group leadership call, noting discussions around whether to explore the creation of a consumer committee in the future. It was clarified that such a change would eliminate existing caucuses, and the topic may be revisited during future bylaw reviews.

Upcoming meetings were announced:

- Operations Committee meeting at 10:00 a.m.
- Executive Committee meeting at 1:00 p.m.

Both meetings are scheduled for December 18 at the Vermont Corridor location.

A draft 2026 meeting schedule was referenced and will be reviewed, with venue locations to be evaluated during the first quarter of the year.

Conferences, Meetings, and Trainings

The Co-Chair introduced this agenda item as an opportunity for commissioners to share recent conferences, meetings, and trainings they have attended.

Several commissioners noted participation in World AIDS Day events and Transgender Day of Remembrance activities throughout the community.

Dr. L. Maultsby shared participation in the required Implicit Bias training facilitated by DHS. The training, which originated from recommendations of a Black task force, focused on culturally responsive care for Black patients and people of color. She highlighted the value of seeing a task force recommendation translated into a concrete training initiative and praised the presenters. The training took place on December 2.

Dr. D. Hardy reported on the opening of the AIDS Monument of Los Angeles on November 16, marking the first public opening since planning began in 2012. Located near West Hollywood Park along San Vicente Boulevard, the monument was described as an abstract and reflective space honoring those lost to HIV/AIDS while encouraging continued advocacy and forward-looking action. Commissioner Harley expressed hope that the site will serve as a focal point for future community events and advocacy efforts.

J. Green recognized Rob Lester, who received an award at the Paul Stark HIV Awards, congratulating him on the honor.

M. Alvarez shared attendance at a storytelling event on December 1, including participation in the post-event reception, noting the value of community engagement and connection.

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

Mario Perez, Director. Division of HIV and STDs (DHSP) provided the following report:

Federal Budget and Ryan White Funding

- DHSP is monitoring federal budget developments closely due to potential impacts on Ryan White and CDC funding.
- Concerns raised about HHS/HERSA proposed formula changes for Ryan White Part A and B allocations:
  - Proposed allocation based on last known patient address may be inaccurate and untimely.
  - This could result in resource shifts that do more harm than good if surveillance data is incomplete or outdated.
  - DHSP, alongside AIDS United, sent a letter to HERSA urging reconsideration of this approach and its timing.
- Potential funding reductions noted for:
  - Ryan White Parts C, D, and F
  - CDC programs
  - Medicaid changes

Funding Updates

- National HIV Behavioral Surveillance grant ends this month; no continuation award received yet.
- Ryan White Part A award timeline is uncertain; CDC HIV prevention award for June 1 start also pending.
- Current HIV prevention contracts extended five months through May (end of CDC HIPS grant).
- CDC STD PrEP grant expires in February; guidance for new STD control efforts is still pending.

- Overall funding environment described as uncertain and challenging.

Community Engagement and Advocacy

- Commended efforts for World AIDS Day events; emphasized continued community mobilization for prevention and care.
- Highlighted disappointment that the White House did not recognize World AIDS Day for the first time in 38 years.

County-Level Strategies and Funding Sources

- DHSP is exploring departmental and county-level support to offset potential shortfalls.
- The Department is facing a $24 million budget deficit through June 30; additional pressures from broader county and state budgets.
- ADAP Rebate Fund identified as a potential resource for ongoing HIV prevention, care, and treatment needs.
- Advocacy with Sacramento officials to ensure ADAP fund repayment and proper utilization emphasized.

Food Security and Part B Funding

- DHSP using Part A, Part B, and MAI resources to support Ryan White programs addressing food insecurity.
- Food and nutrition providers exempted from fund reductions to maintain support for vulnerable populations.
- Emphasis on continued support for regional food banks and SNAP benefit gaps.

EHE Program Updates

- EHE funding recommended for elimination in two out of three federal budget proposals; Senate retains funding.
- EHE funds are set to expire in February; status beyond March 1 is uncertain.
- CDC EHE dollars are coupled with the HIPS award, requiring close monitoring.
- DHSP remains committed to EHE goals and national HIV prevention targets through 2030.

Action Items / Follow-Up:

- Provide commission with a copy of the HRSA letter regarding proposed Ryan White funding formula changes.
- Continue monitoring federal budget developments affecting Ryan White, CDC, HUD/HOPWA, and EHE funding.
- Explore use of ADAP Rebate Fund and county-level resources to mitigate funding gaps.
- Maintain communication with food and nutrition program partners to ensure uninterrupted services.

6. COMMUNITY PARTNER/ REPRESENTATION REPORTS – I

D. California Office of AIDS (OA) Representative

The Co-Chairs noted that the Office of AIDS representative was unable to attend. Commissioners were directed to the Office of AIDS report included in the meeting packet.

Commission leadership noted strong and increasing representation within the California Planning Group (CPG) and emphasized the importance of continued collaboration with state partners to advance shared goals.

- The Youth Committee is planning an intergenerational podcast and has identified the need for stronger youth engagement, particularly following observations of limited youth participation at World AIDS Day events.
- The Aging Caucus has emphasized the importance of intergenerational knowledge transfer to strengthen advocacy and leadership continuity.
- The Women's Committee is undergoing a strategic planning process. Key initiatives include updates to the Women and PrEP infographic, which now includes versions tailored separately for providers and patients. The committee is also exploring a statewide PrEP needs assessment to address low uptake among women and rising HIV diagnoses in certain populations.

An update was provided regarding the Integrated Plan to End the HIV Epidemic. Staff confirmed that needs assessment data is currently being gathered and shared with the California Department of Public Health. Meetings with state partners are occurring biweekly, and a draft review is anticipated early next year, at which time the Commission will have an opportunity to provide feedback.

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

Matthew Muhonen provided the following key highlights:

- Client Growth: The HOPWA program currently serves 3,160 clients, up from 2,858 at the end of Q1. Of these, 446 are newly enrolled clients. The program is on track to serve slightly more clients than in previous years.
- Housing Expansion Opportunities:
  - Alvarado Camp Project**:** Near completion; potential to increase HIV-designated units from 10 to 29 if a $2.4M funding gap is covered by HOPWA funds.
  - Home, Inc. Partnership**:** Exploring subcontracting or contract arrangements to expand housing units for HOPWA clients, with supportive services provided by regional offices or existing providers.
- Transitional Housing Trends: There is an uptick in extended stays in transitional and emergency housing, limiting program turnover. While HUD guidelines allow flexibility, long-term occupancy slows access for new clients.
- Barriers to Permanent Housing: Key factors include:

- Mental health challenges and limited in-house support
- Comfort and established routines in transitional housing
- Increased financial responsibility in permanent housing

- Supportive Services: Employment and other services are provided, but proactive, hands-on support may be needed to address barriers effectively.
- Next Steps: Commissioners suggested conducting a formal needs assessment to identify barriers and optimize transitions from temporary to permanent housing. A technical assistance provider is developing a framework that could focus on this area.

The HOPWA program continues to grow and adapt to client needs. Expansion projects and partnerships offer opportunities to increase housing capacity. Understanding client barriers to transitioning into permanent housing remains a priority to maximize program impact.

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

Part C – No reports.

Part D | Dr. M. Cielo – No reports.

Part F – Sandra Cuevas

- Internal faculty and staff assignments for 2026 are being finalized.
- Engaged with key stakeholders in Southern California to map services and funding outside Ryan White to better understand the broader HIV care landscape and identify opportunities for alignment.

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

City of Long Beach| I. Salamanca reported:

- Secured CDPH funding to extend HIV/STI surveillance programs, including field-based treatment for pregnant individuals and infants.
- Appointed a new experienced field agent, Lori, to support field investigations, surveillance, and team needs amid staffing shortages.
- Unveiled the Long Beach HIV Strategic Plan 2025–2030; online posting pending review by the new city health officer, Dr. Cliff Okata.
- HIV planning group continues to meet; new co-chair Diane Berkeholder appointed. Next meeting scheduled for January 14.
- World AIDS Day event was held with over 250 attendees; included community engagement and stakeholder participation.

City of Los Angeles | D. Ale-Ferlito reported:

- Developing an RFP for harm reduction services with city council funding (~$3.5M for seven locations, plus $3M for a drop-in center near MacArthur Park).
- ACO phone lines will be discontinued; communications consolidated through the department's main line.
- World AIDS Day virtual event released findings from a study on trauma and HIV among Native communities; report expected in February.
- Technical assistance funds ($3,000–$4,500) remain available for capacity-building initiatives.

City of Pasadena |E. Davies reported:

- Conducted a World AIDS Day social media campaign highlighting local efforts.
- Integrating HIV/STI testing into outreach for unhoused populations; planning self-test kit distribution.
- Received a Proposition 47 grant to expand medical and psychiatric services for people experiencing homelessness; upcoming RFP for peer navigation services.
- Budget planning for FY2027 underway to identify funding opportunities and evaluate programs amid limited resources and staffing challenges.
-

City of West Hollywood | COH Co-chairs reported:

- AIDS monument was unveiled; Paul Starke Warrior Awards held to recognize community members.
- Planning "Community Health Hubs" vending machines to provide harm reduction supplies; location adjusted due to accessibility concerns.

7. STANDING COMMITTEE REPORTS – I

The following provides a summary of reports:

Planning, Priorities & Allocations (PP&A)

- Last Meeting: November 18
- Focus: Contingency planning for Program Year 36 (starting March 1)
- Projected Funding: ~$33.5M for direct services
  - $24.8M – Ryan White Part A (HERSA)
  - $3.3M – Minority AIDS Initiative
  - $5.3M – Ryan White Part B (state award)
  - Note: Does not include supplemental awards (not guaranteed)
- Challenges: Significant reduction from previous year ($41M → $33.5M) requires strategic prioritization and possible service reductions.
- Concerns: Delayed federal awards could disrupt service continuity; potential federal cuts may impact non-Ryan White providers and ripple through the local HIV service network.
- Committee Requests: Modeling minimum funding levels to avoid destabilizing critical services (housing, oral health).

- Next Meeting: January 20, Vermont Corridor

Stakeholders are encouraged to monitor federal, state, and local funding changes and explore partnerships outside HIV-specific services to support the Ryan White system.

Operations (OPS) Committee

- Interview questions and application process for new commission members reviewed
- Timeline (corrected):
  - Applications available next week (not Dec 12)
  - Deadline: Jan 9, 2026
  - Interviews: Jan 10–18
  - Cohort selection: Jan 19
  - Executive Committee approval: Jan 23
  - Appointments/nominations finalized: Feb 12
  - First full commission meeting: Mar 12
- The Committee simplified the application process; active participation is encouraged.
- Staff are working with IT to ensure application compliance, and to ensure targeted outreach to current members and agencies

Standards & Best Practices (SBP)

- Update: No December meeting
- Current Activity: Public comment period open for Mental Health Service Standards
  - Closes: January 6
  - Next meeting: January 6, Remote Corridor
- Request: Review the document and submit comments for consideration

Public Policy (PPC) Committee

- Next Meeting: January 5
- Focus:
  - Revising Policy Priorities for 2026
  - Creating a PPC activities transition document for the new Commission
- Key Issues Highlighted:
  - Ryan White funding uncertainty, Continuing Resolution until end of January. Senate supports flat funding; House proposed significant cuts
  - State advocacy: Potential use of banked ADAP funds as interim support for impacted programs
  - HUD Continuum of Care / NOFA delays – Funding delays and shift to transitional housing increase challenges for LA County
- Action Ideas:
  - Engage state-level officials for flexibility and repayment of ADAP funds
  - Coordinate with other Ryan White planning committees across California to amplify advocacy

Active advocacy for both federal and state funding solutions is crucial, especially regarding ADAP and housing support.

1. Aging Caucus

- Did not meet in November.
- Shared newsletter summarizing the September 19 "Power of Aging" educational event (National HIV & Aging Awareness Day).
- Co-chairs plan to meet before the new year to determine future meeting schedule.
- Participation invitation extended to those interested.

2. Black Caucus

- Held the 3rd Annual World AIDS Day event as a town hall focused on Black sexual health and equitable funding.
- Event included speakers, updates from listening sessions, organizational needs assessments, and open dialogue.
- Recognition given to Dr. King for the Minority Health Institute 2025 award.

3. Consumer Caucus

- Did not meet in November.
- Last meeting was on December 3.
- Reviewed stipend revisions (approved).
- Reported accomplishments: resource events, listening sessions, dental sessions, and transition support between medical services.
- Next meeting in January (date TBD).

4. Transgender Caucus

- We did not meet in November or December.
- Co-chairs attended the December 3 Caucus Work Group meeting.
- Awaiting decisions on commission restructuring (possible consolidation of caucuses).
- Maintaining engagement via email updates.

5. Women's Caucus

- Did not meet in November.
- Completed listening sessions and provided recommendations for women-centered programming.
- Completed annual work plan; will resume meetings in 2026.

6. Housing Task Force

- Did not meet recently due to ongoing system changes.
- Planning to schedule a meeting in January to finalize recommendations.

8. MISCELLANEOUS

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

See addendum.

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

No new committee business.

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

- Novella premiere reminder. A novella premiere was promoted featuring Latino characters navigating sexual health, including PrEP and DoxyPEP. The event is scheduled for tomorrow at Epic Downey and will include an on-site registration table. Outreach efforts focus on engaging younger Latino audiences through social media platforms such as Instagram, YouTube, and TikTok.
- Recognition of staff and commission members for their long-term contributions.
- Personal reflections shared about growth and positive changes in the organization.
- Reminder for commission photo and lunch after roll call.

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

The meeting was adjourned at 1 PM. Jim Stewart conducted roll call.

ROLL CALL (PRESENT): D. Ale-Ferlito (online), M. Alvarez, J. Arrington, A. Ballesteros, A. Burton(online), M. Cielo, S, Cuevas (AB2449), E. Davis (AB2449), K. Donnelly, A. Franklin, F. Gonzalez, D. Hardy, T. Jones, L. Kochems, L. Martinez-Real, L. Maultsby, V. Mendoza, P. Nash, K. Nelson, B. Patel, D. Russell, I. Salamanca, M. Sattah, J. Weedman, D. Campbell, and J. Green.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus	**MOTION PASSED**
MOTION 2: Approve the November 13, 2025, Commission on HIV meeting minutes, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 3: Approve Consent Calendar, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 4: Approve the proposed revisions to the Bylaws of the Los Angeles County Commission on HIV, as presented or revised.	Passed by Consent Calendar.	**MOTION PASSED**
MOTION #5: Approve the proposed revisions to Ordinance 3.29, as presented or revised, and elevate to the Board of Supervisors for review and approval.	Passed by Consent Calendar.	**MOTION PASSED**
MOTION #5: Approve the Patient Support Services standard as presented or revised and forward to DHSP for implementation.	Passed by Consent Calendar.	**MOTION PASSED**

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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PUBLIC COMMENTS FOR THE DECEMBER 11, 2025 COMMISSION MEETING

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

Member(s) of the Public	Comment(s)
Kimberly Dobay	In-person: The speaker shared their lived experience as a person living with HIV for nearly 40 years. The speaker spoke about the critical importance of comprehensive HIV services, including case management, psychiatric care, peer support groups, and medical monitoring. The speaker emphasized how funding cuts directly impact her quality of life and the lives of others living with HIV, including her daughter. The speaker expressed concerns regarding reductions in HIV funding and urged continued advocacy to protect life-saving services.
Dominic Calhoun – AIDS Healthcare Foundation	Online: Results from the Black Caucus World AIDS Day event were shared, noting that approximately 20 participants accessed testing, STI, and PrEP services. A question was raised regarding how the commission plans to implement inter-agency sexual health campaigns through social media and marketing. The response indicated that this topic will be discussed further, and that DHSP and the Black Caucus are already collaborating on population-specific campaigns.
Commissioners	**Comment(s)**
Arburtha Franklin	Commissioner Franklin announced her retirement from the TransLatin@ Coalition, effective December 31, 2025, with her departure from the Commission anticipated in January 2026. She expressed gratitude for the inspiration and collaboration experienced through the Commission and shared her intention to continue advocacy work in the future.
Dr. Martin Sattah	Dr. Sattah shared that he will be traveling to his home country to care for his mother and, as a result, will not be renewing his application to the Commission. He reflected on the challenges faced during his tenure, including funding changes and system pressures, and emphasized the importance of unity, focus, and collaboration in continuing to serve patients effectively.
Daryl Russell	Commissioner Russell addressed the issue of anticipated budget cuts, noting that additional and more significant reductions may be forthcoming. He encouraged proactive planning to determine how

	essential services can continue to be delivered under constrained budgets.

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LOS ANGELES COUNTY
COMMISSION ON HIV

Ralph M. Brown Act Updates

Effective Date: January 1, 2026

This handout summarizes recent updates and clarifications related to the Brown Act, **pertaining to subsidiary bodies such as the Commission on HIV**.

Remote Participation & "Just Cause"

Expanded Just Cause includes:

- Personal illness
- Caregiving responsibilities
- Military service
- Care of an immunocompromised family member
- Other qualifying circumstances under statute

Invocation of just cause must be reflected in the meeting minutes. Minutes must not include medical or personal details, and no information may be included that would violate HIPAA or privacy protections.

Disability & Reasonable Accommodation

Commissioners with a physical or mental disability, as defined by the Americans with Disabilities Act, may request a reasonable accommodation to participate in meetings remotely. When approved, remote participation is treated the same as in-person attendance for purposes of quorum, voting, and participation. Remote participation will include both audio and video, except that a Commissioner may participate by audio only if a physical condition related to their disability requires them to remain off camera. The Commissioner must disclose whether any individual age 18 or older is present in the room.

AB 2449 Extension

AB 2449 provisions allowing limited remote participation have been extended through 2030. All associated conditions and transparency requirements remain in effect.

Technical Disruptions During Meetings

If a technical disruption occurs, staff must attempt to restore access for up to one hour. If restoration is unsuccessful, the body may make a finding on the record and recess, continue, or adjourn the meeting.

Remote Meetings During a Proclaimed Local Emergency

Remote meetings remain allowable when there is a proclaimed local emergency assumably declared by the BOS/Health Officer.

Transparency & Information Requirements

A copy of the Brown Act must be provided to all Commissioners.

Los Angeles County Commission on HIV and Division of HIV and STD Programs

(Updated) HIV Prevention Planning Discussion – Meeting Summary

Wednesday, January 14, 2026
10:00am-12:00pm

Commission on HIV Office
510 S. Vermont, Los Angeles, CA 90020
14th floor, Conference Room 14K16
*Please check in with security on the 9th floor

Attendees:

Miguel Alvarez, Dahlia Ale-Ferlito, Al Ballesteros, LeRoy Blea (remote), Dr. Danielle Campbell, Dr. Siri Chirumamilla, Jesse Clark, Joaquin Gutierrez, Dr. Michael Green, Uyen Kao, Lizette Martinez, Miguel Martinez, Dawn Mc Clendon, Katja Nelson, Pamela Ogata, Mario J. Pérez, Julie Tolentino, Paulina Zamudio

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Purpose of the Meeting

This meeting was convened to create space for an honest, grounding conversation about where HIV prevention planning in Los Angeles County has been, where it is now, and what is realistically possible moving forward. The intent was to align understanding between the Commission and DHSP, ground the discussion in historical context, surface current challenges, and begin asking the necessary question: what does prevention planning look like now?

This was a listening, grounding, and alignment discussion — not a decision-making meeting.

Historical Context: How Prevention Planning Worked

Participants grounded the discussion in the early years of HIV prevention planning in Los Angeles County, dating back to the mid-1990s.

During that period:

- The Prevention Planning Committee (PPC) was a dedicated, CDC-funded body focused exclusively on prevention planning.
- Planning centered on science, epidemiology, and policy, and was grounded in shared data and evidence.

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- Parity, Inclusion, and Representation (PIR) were core principles, ensuring diverse and equitable participation.
- All participants had access to the same tools, data, and information, creating a common understanding of the work.
- Prevention providers were required by DHSP to participate, which ensured consistent engagement and accountability.
- Strong partnerships existed with academic and research institutions, including CHIPTS, to share prevention science and research.
- UCSF produced fact sheets focused on impacted communities (for example, Black women), ensuring prevention planning reflected both data and lived experience.
- A comprehensive needs assessment was conducted, most recently in 2016, and was critical in elevating community voice.
- This period was described as a strong marriage of science and programs, with planning clearly informing practice.

This grounding was shared not to suggest returning to past structures, but to clarify that today's challenges are largely the result of lost funding, infrastructure, authority, and participation requirements — not a lack of will or expertise.

Integration and the Commission's Role Since 2013 (Updated)

It was acknowledged during the discussion that when the Commission integrated in 2013, it was not fully positioned to meet the moment in terms of assuming the entire role previously held by the Prevention Planning Committee.

While the Commission serves as a HRSA-mandated planning body operating as an integrated planning body, it did not fully absorb all prevention planning functions previously supported by dedicated CDC funding and infrastructure. That said, participants were clear that the Commission has made meaningful and substantive efforts to advance prevention planning within its scope and authority, including:

- Developing prevention standards
- Creating a status-neutral continuum spanning prevention, care, and treatment
- Conducting multiple community listening sessions that elevated community voice across the entire sexual health continuum, not exclusively care and treatment
- Developing a comprehensive HIV Plan that explicitly includes prevention planning and prevention-related activities
- Engaging members of the prevention community through planning and engagement efforts
- Conducting a Knowledge, Attitudes, and Beliefs (KAB) assessment to assess knowledge and skills related to prevention

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- Responding to DHSP requests for prevention priorities when prevention funding was compromised, and providing priority recommendations that DHSP subsequently implemented

These efforts reflect intentional work by the Commission to support prevention planning, even in the absence of clear federal guidance, a formal prevention planning mandate, or dedicated prevention planning funding.

What Changed: Barriers and Challenges Now

Participants were clear that the current prevention planning environment is fundamentally different and more constrained.

Key challenges discussed included:

- Loss of dedicated CDC funding for prevention planning, significantly reducing capacity for structured planning, staffing, and facilitation.
- Elimination of required participation by prevention providers, contributing directly to fewer prevention stakeholders in planning environments.
- Defunding of behavioral prevention, narrowing prevention efforts largely to testing and biomedical strategies.
- A resource-deprived environment, where the immediate priority is preventing growth in new HIV infections.
- Limited large-scale stakeholder collaboration and reduced participation in Commission meetings; much prevention work now occurs outside public planning spaces.
- No comprehensive needs assessment since 2016, limiting systematic access to community voice.
- CDC's shift away from evidence-based behavioral prevention after jurisdictions could not demonstrate sustained behavioral change.
- Despite significant investments, HIV incidence has not declined as expected.
- Unlike the Ryan White Program, CDC HIV prevention does not require a community planning body, resulting in limited formal accountability.
- Very minimal guidance from HRSA and CDC on integrated prevention and care planning.
- Reduced regional and state-level coordination, though an opportunity exists to re-engage through integrated plan development.
- EHE funding was rolled into the CDC HIV Prevention grant; while many positive outcomes emerged, progress was dampened by COVID.
- Loss of partnerships with large systems (hospitals, schools, and others) that previously played a role in prevention.

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Core Questions Raised During the Discussion

What Does Prevention Look Like Now?

Participants emphasized that prevention today should:

- Reflect a status-neutral approach
- Offer a menu of services across prevention, care, and support
- Be clear about who is delivering which services
- Explore how partners can help address funding gaps (e.g., 340B resources, big pharma)

There was recognition that prevention planning must adapt to today's constraints while remaining strategic and intentional.

Community Engagement and Representation

A recurring concern was the lack of a robust community planning apparatus. Participants discussed:

- The need to intentionally engage prevention consumers and HIV-negative individuals in the new Commission cohort
- The reality that broad and large-scale participation has diminished
- The importance of rebuilding trust, access, and meaningful engagement

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Priority Populations for Prevention Focus

Participants identified populations where prevention efforts could have the greatest impact, including:

- Black transgender women
- Latina transgender women
- Black women
- Young Latino gay men
- People experiencing homelessness

These populations were discussed in the context of disproportionate impact and ongoing gaps in prevention access.

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System Coordination and Opportunities

Several coordination opportunities were noted:

- Second District (SD2) will convene a stakeholder group to determine how Opioid Settlement funds are allocated, presenting an opportunity for alignment with HIV prevention.
- DHSP noted the EHE Steering Committee has been reduced to an ad hoc structure, and there is an opportunity to better connect that group with the Commission.
- It was suggested that EHE Steering Committee members be invited into prevention planning conversations, ideally in person, to discuss strategy.
- CHIPTS noted a continued focus on collaboration, though no funding is currently available.
- The City of Los Angeles AIDS Coordinator's Office has technical assistance mini-grants that may support prevention-related efforts.

Recommendations

The recommendations were identified to support continued prevention planning:

- Establish a structure for an ongoing prevention coalition to support coordination, engagement, and planning.
- Develop regular email updates to share prevention information and maintain communication with partners.
- Identify partners to support meeting space for in-person prevention planning and coalition meetings.

Agreed-Upon Next Steps

- Conduct a comprehensive inventory of existing HIV prevention-related resources to clarify what programs, funding, and infrastructure are currently available (DHSP)
- Coordinate a follow up meeting with prevention stakeholders for continued prevention planning. (DMcClendon (COH) & JTolentino (DHSP))

Closing

The conversation repeatedly returned to the central question: **what now?** Participants acknowledged that the landscape has changed — funding, authority, players, and guidance are not what they once were. At the same time, there was clear agreement that **prevention planning cannot stop**. This meeting marked an important pause to recalibrate, reconnect, and begin shaping a prevention planning approach that reflects today's realities.

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2026 Commission on HIV Master Work Plan *Subject to Change

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

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

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#	Objective	Lead Committee/ Working Unit	Partners needed	Timeline	Notes/Comments
1	Develop 2026 workplan	Executive, MCE, PP&A, SBP, All working units		March-June	
2	Develop Annual Report to BOS	Executive, MCE, PP&A, SBP, All working units	All committees and working units	Jan-Feb	
3	Conduct Commissioner Orientation	Executive, MCE		March	
4	Conduct subordinate working unit orientation	Executive, MCE, PP&A, SBP, All working units	All Committees and working units	Mar-Apr	
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	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		Quarterly	
19	Ensure COH membership and recruitment align with all federal requirements	MCE	All committees and caucuses	Ongoing	
20	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
21	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* **may be delayed one year due to COH restructure*
22	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.

#	Objective	Lead Committee/ Working Unit	Partners needed	Timeline	Notes/Comments
					Virtual summit to be held in June with priorities and allocations up for final COH approval in Sept.* ** Must be submitted to HRSA at the end of Sept.*
23	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
24	Conduct review/revisions of service standards, as needed.	SBP	DHSP, all working units, Executive	September	
25	Conduct the Assessment of the Efficiency of the Administrative Mechanism	SBP	DHSP, All RWP Part A providers	Oct-Feb, ongoing	
26	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.
27	Develop and monitor program directives	SBP PP&A	DHSP	Ongoing	
28	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

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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

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LOS ANGELES COUNTY
COMMISSION ON HIV

2026 Commission on HIV Master Calendar

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

2026–2027 At-a-Glance Planning Grid

Focus Area / Timeframe	Jan–Feb 2026	Mar–Apr 2026	May–June 2026	Jul–Aug 2026	Sep–Oct 2026	Nov–Dec 2026	Jan–Feb 2027
Full Commission Meetings		Mar 12/April 9	May 14	Jul 9	Sep 10		Jan 14 / Feb 11 – Annual Conference
Executive Committee		Mar 26 / Apr 23	Jun 25	Aug 27	Sep 24		Jan 28
Membership & Community Engagement (MCE) Committee		Mar 26 / Apr 23	Jun 25	Aug 27	Sep 24		Jan 28
Planning, Priorities & Allocations Committee		Mar 17 / Apr 21	May 19	Jul 21	Sep 15	Nov 17	Jan 19
Standards & Best Practices (SBP) Committee	Feb 8	Mar 16 / Apr 20	Jun 15	Aug 17	Oct 19		
Caucuses	Refer to MCE Committee						

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LOS ANGELES COUNTY
COMMISSION ON HIV

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."

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LA County Health Services Positive Care Services Report Back

Chris Brown, MD

Director of Primary Care

LA County Health Services Administration

Hrishi Belani, MD

Co-Chair, LA Health Services HIV Best Practices Committee

Director of Primary Care, Ambulatory Care Network

DHS HIV Services Overview

Agenda

- Positive Care (PCC) Clinics Overview
- Updates since last report back
- Review of HIV Cascade data
- Next steps

Primary Care Positive Care Clinics (PCC)

- Scope of care for patients empaneled to PCC clinics
  - Longitudinal primary care
  - HIV care
  - Infectious Diseases care (e.g., OI, immune reconstitution)
  - Mental health support
  - Complex care management

DHS HIV Services Overview

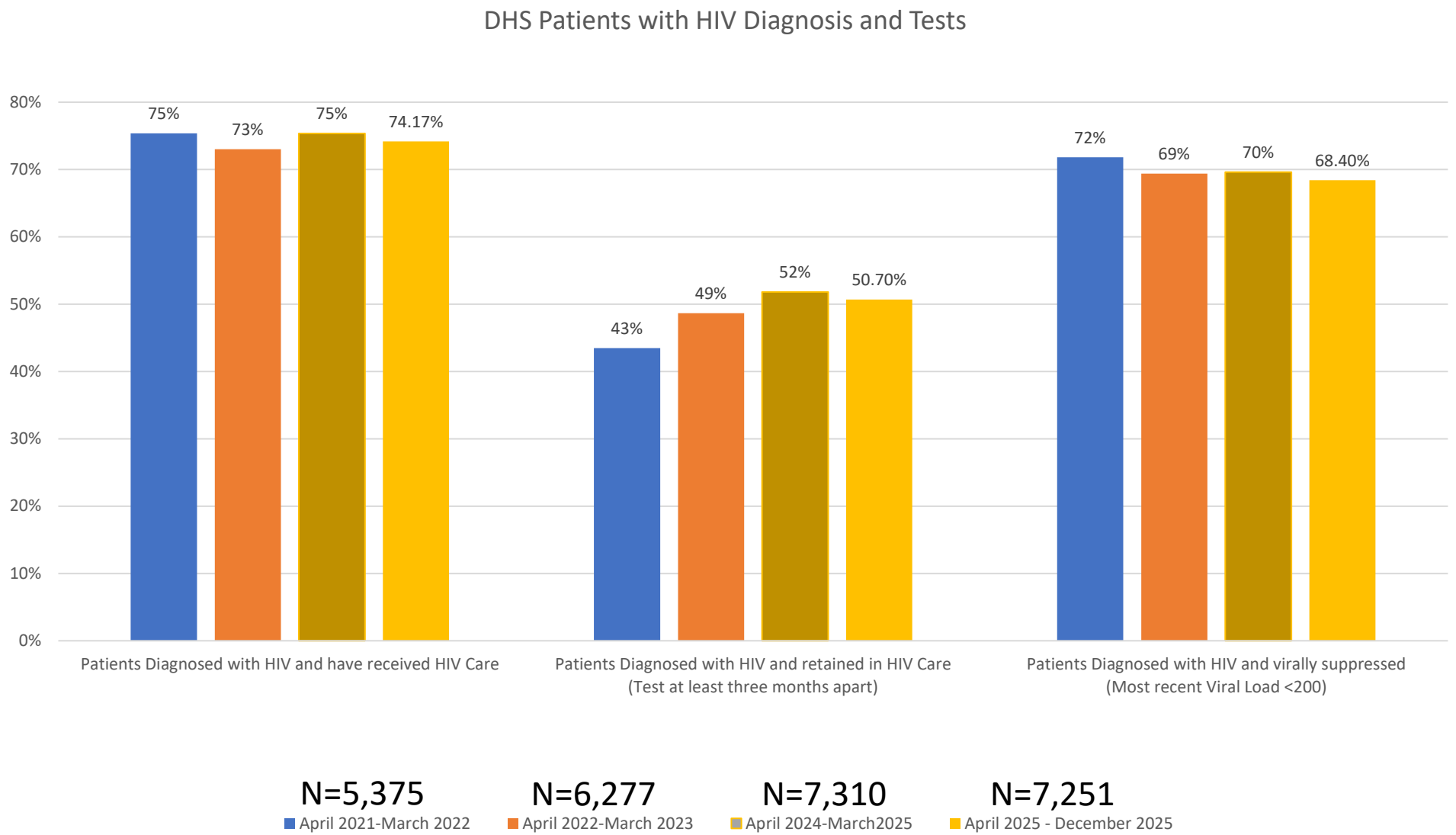
DHS PCCs

- 4 medical-center based
  - 2 at LA General (MCA, Rand Schrader)
  - Harbor-UCLA
  - Olive View-UCLA
- 4 in Ambulatory Care Network
  - High Desert
  - Hubert H. Humphrey
  - Martin Luther King, Jr.
  - Long Beach Comprehensive

Updates Since 2023 DHS Report Back

- PCC staffing plan has remained unchanged
  - Some PCCs have faced challenges in staffing due to attrition
- PCC provider-to-patient panel size DECREASED from 1,000 patients per full-time provider to 700 patients
  - Accounting for the complexity of our patients' care needs
  - In response to HIV Commission recommendations

No significant changes in clinical outcomes 2021-2025



Increased PCC Enrollment and Rapid Start

- Increase in patient enrollment into DHS PCCs largely due to MediCal expansion (5,000 patients in 2022 → 7,000 patients in 2025)
- Ongoing care management for PCC patients
- HIV Rapid Start pathway: DHS-eligible patients (established or new HIV) linked from DPH-supported community clinics to same or next day appointments in PCC clinics (2024)
- No significant change in percentage of patients receiving care, maintained in care and maintaining viral suppression.

DHS PCCs: Next steps

- Expand Rapid Start workflow for DHS-eligible patients seen in various clinical settings in DHS (e.g., urgent care, emergency room, etc.).

Questions?

- Thank you

Commission Restructure & Membership Transition

Proposed 2026–2028 Membership Slate

Los Angeles County Commission on HIV

February 12, 2026

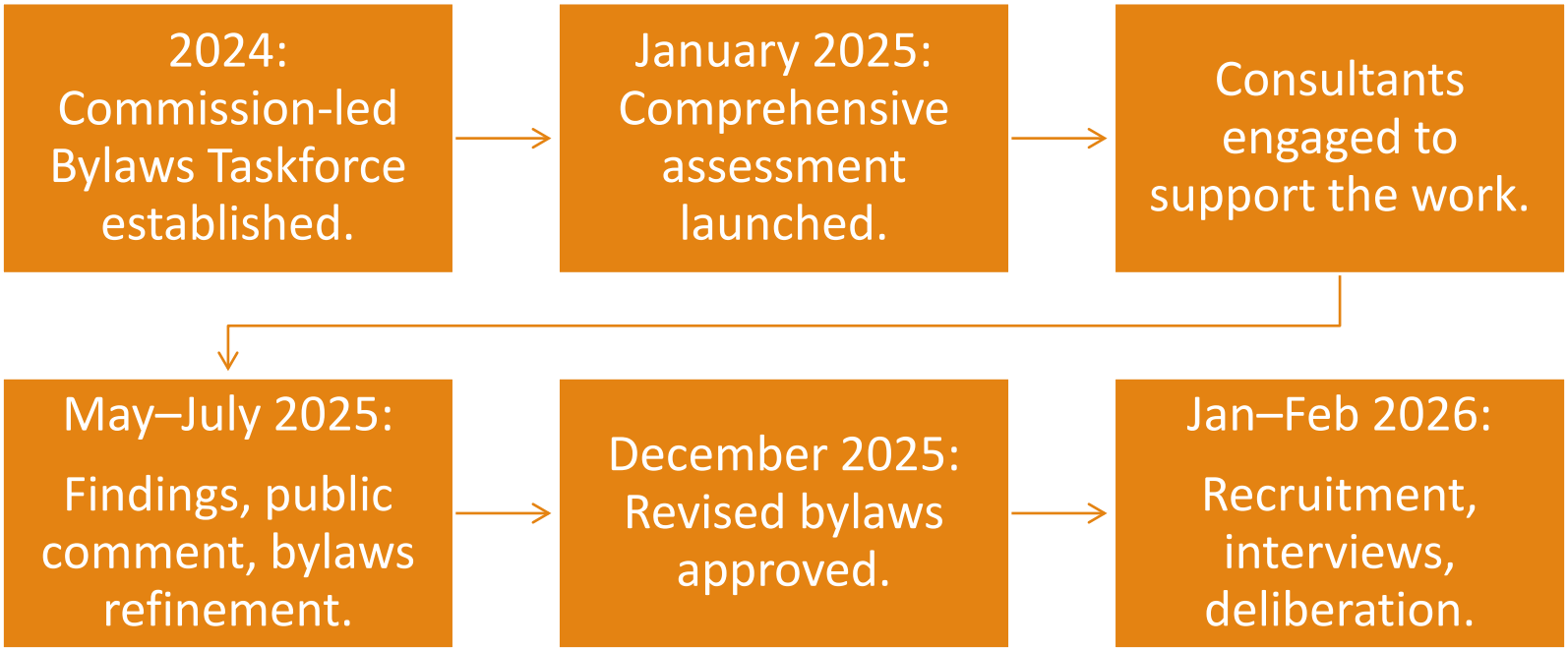
Ad Hoc Workgroup

Kevin Donnelly, AJ King, Leon Maultsby, Terry Smith & Paulina Zamudio

LOS ANGELES COUNTY
COMMISSION ON HIV

Anchored in the Intention of the Restructure

Improve	Modernize	Prepare
Improve effectiveness.	Modernize the Commission.	Prepare for complex funding and planning work.



Commission Restructure: How We Got Here

Community workgroups convened to support understanding and input

Monthly **Commission and Executive Committee** discussions

Trainings and informational sessions offered to walk through changes

FAQs and written materials developed and shared publicly

A **30-day public comment period** on proposed bylaws

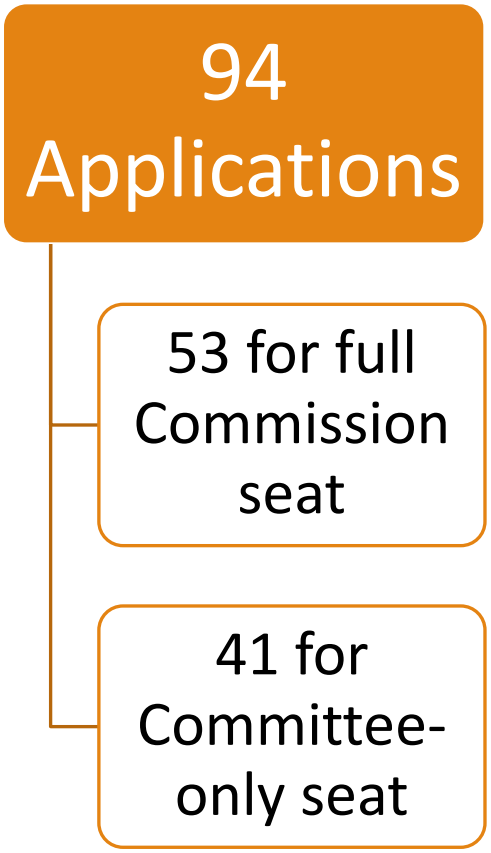
Open, broadly disseminated **recruitment** and structured interviews

Community-Wide Engagement & Transparency

Available Commissioner Seats

Category	Number of Seats
HRSA Required	15
Board of Supervisor Appointed	5
HIV Researcher	1
Unaffiliated Consumers	33% of total = 11
TOTAL	**32**

Applications Received



Committee-Only Membership

7 current members applied for Committee-Only membership.

Committee-Only roles are integral to the new structure.

Assignments will be finalized February 20, 2026.

How Applications Were Evaluated

Composite score from application and interview.

0–5 scale, averaged for consistency.

Quantitative and qualitative review.

Role of the Independent Ad Hoc Workgroup

- Established to ensure fairness, balance, and independence
- Time-limited membership, held to the same standards as interview panelists
- Met for a full day on February 6, 2026 to deliberate and develop a recommendation
- **Mirrors the independent workgroup approach used during the 2013 integration to select a new membership cohort**

Additional Factors Considered

Engagement and participation.

Years of service and space for fresh voices.

Conduct and collaboration.

Collective balance of the slate.

Training, Capacity Building & Shared Responsibility

Ongoing training and orientation must be strengthened

Capacity building is a shared responsibility of the Commission

Members seated at the planning table must be present, engaged, and prepared

Sustaining reflectiveness requires intentional recruitment and onboarding over time

Training and recruitment together support an effective and accountable planning body

Next Steps & Action

Commission consideration and vote.

Committee-Only assignments finalized February 20.

New cohort seated March 12, 2026.

Closing Thought

Voice, participation, and contribution do not begin or end with a single seat at this table.

They live in how we show up for our communities, how we stay engaged, and how we carry the work forward … together.

This transition reflects structure, not worth.
It honors what has been built and creates space for what is needed next.

As we move forward, may we remain rooted in purpose, guided by care, and committed to ensuring that people impacted by HIV continue to be heard, valued, and served.

This work doesn't belong to one cohort … it belongs to the community.

LOS ANGELES COUNTY COMMISSION ON HIV

(Proposed) Membership Roster
2/12/26

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

Commission Restructure Transition & Timeline (Updated 2.5.26 – Subject to Change)

Note: The Executive Committee (EC) will continue decision-making in keeping with this timeline if a COH meeting is cancelled.

Phase 1: Restructure Report & Recommendations

Task/Activity	Responsible Party	Timeline / Status
Present restructuring report and recommendations.	Consultants	May 8, 2025 – COH Meeting • Timeline walk-through provided • Full presentation at 5/22/25 EC meeting ✅ Completed
Present restructuring report and recommendations.	Consultants	May 22, 2025 – Executive Committee Meeting • Straw poll result: Exhibit B and reduced membership seats ✅ Completed

Phase 2: Drafting & Review of Updated Bylaws

Task/Activity	Responsible Party	Timeline / Status
Present updated proposed bylaws (based on restructuring report, recommendations, and feedback). Begin 30-day public comment period. Send bylaws and ordinance to County Counsel (CoCo) for review.	Commission Staff, Consultants, COH Co-Chairs	June 26, 2025 – Executive Committee Meeting ✅ Completed
Present updated proposed bylaws; coordinate final layers of review (CoCo, EO) and prepare for BOS approval of ordinance. Cover letter to BOS to include timeline and March 1, 2026 start date (aligned with RW Program Year).	Commission Staff	July 10, 2025 – COH Meeting Public comment: June 27 – July 27, 2025 ✅ Completed in Part

Phase 3: Executive Committee & Final COH Actions

Task/Activity	Responsible Party	Timeline / Status
Executive Committee review of proposed bylaws changes (in lieu of cancelled COH meetings) to prepare for final COH vote.	Executive Committee	July – November 2025 ✅ Completed full review of public comments.
COH approve bylaws and submit ordinance to BOS for approval.	Commission Staff, Commissioners	December 11, 2025 ✅ Approved. County Counsel and Parliamentarian were subsequently consulted and confirmed that approval by consent was appropriate.
Updated BOS Health Deputies on approved revised Bylaws, membership drive, and proposed Ordinance Review revisions.	Commission staff	December 17, 2025 ✅ Completed. Sent comprehensive update to BOS Health Deputies and BOS EO.

Phase 5: Review of Proposed Revisions to Ordinance

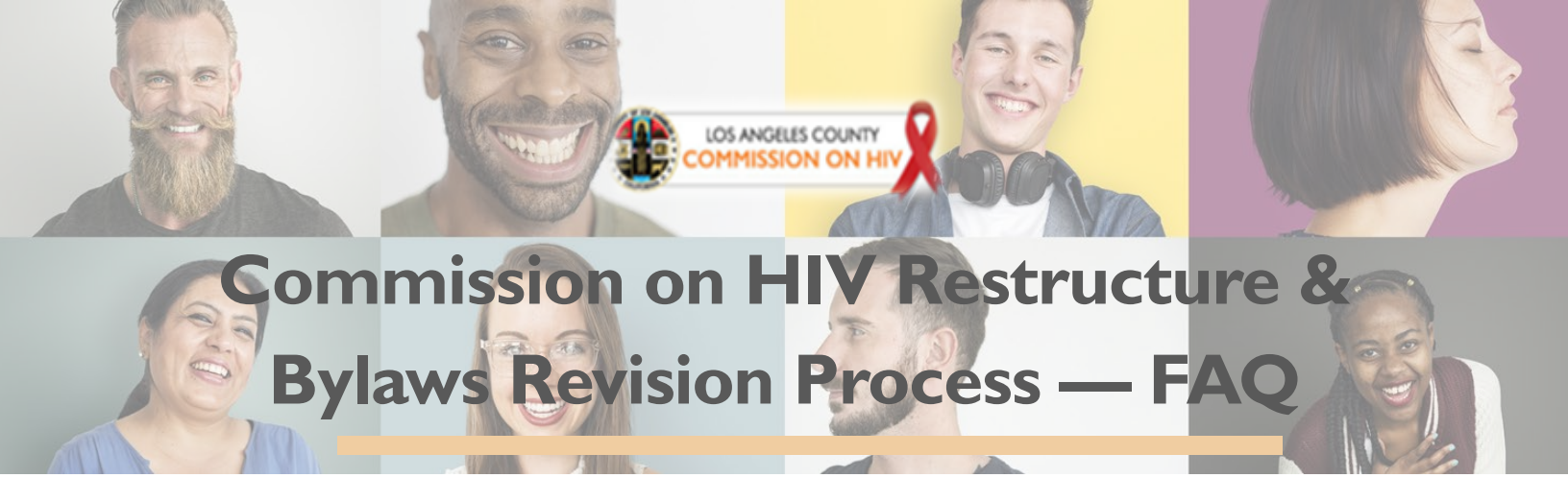
Task/Activity	Responsible Party	Timeline / Status
Work with County Counsel to review, clarify, and align proposed Ordinance revisions with the approved Bylaws in preparation for BOS review and approval.	Commission Staff & County Counsel	December 11, 2025 to January 30, 2026 ✅ Completed
Submit proposed Ordinance to the CEO HMHS for inclusion on the February 11 HMHS agenda as a precursor to placement on the BOS agenda for approval.	Commission Staff, County Counsel & Executive Office	January 30, 2025 ✅ Completed
BOS approval of revised Ordinance	Commission Staff	March 3, 2026 ⏳ Pending

Phase 4: Membership Transition & Recruitment

Task/Activity	Responsible Party	Timeline / Status
Highlight proposed restructure COH at Annual Conference.	COH Co-Chairs	November 13, 2025 ✅ Completed
Disseminate transitional membership application and open nominations process to all stakeholder constituencies (including current Commissioners).	Commission Staff	December 17, 2025 – January 9, 2026 ✅ Completed
Organize and verify applications for completeness and accuracy.	Commission Staff	Application deadline: January 9, 2026 ✅ Completed

Phase 5: Membership Interview & Selection Process		
Task/Activity	**Responsible Party**	**Timeline / Status**
Conduct membership interviews. *Proposed Interview Panel includes academic partners, EO Commission Services representative, former Co-chairs/members not reapplying, 1–2 members from other neighboring planning councils, 1–2 consumers not reapplying, Collaborative Research / Next Level Consulting, COH staff.*	Interview Panel (5–6 members)	January 9–23, 2026 ✅ Completed
Select initial cohort of candidates to recommend for nomination. *Independent Ad hoc workgroup established by COH co-chairs to ensure a fair, transparent, and conflict of interest-free process; membership is time-limited and subject to the same criteria as interview panelists.*	Independent Ad Hoc Workgroup	February 6, 2026 ⏳ Pending
COH approves initial cohort.	Commissioners	February 12, 2026 ⏳ Pending
Forward nominations to EO/BOS for appointment.	Commission Staff	February 12, 2026 ⏳ Pending

Phase 6: BOS Appointments & Launch		
Task/Activity	**Responsible Party**	**Timeline / Status**
BOS appointment of first cohort of new members	BOS	February – Early March 2026 ⏳ Pending
First meeting of newly restructured Commission on HIV.	—	March 12, 2026 ⏳ Pending



Commission on HIV Restructure & Bylaws Revision Process — FAQ

****Updated 12.8.25****

FAQ OVERVIEW

We're restructuring to strengthen how the Commission operates, improve efficiency, and stay aligned with federal and local requirements. Change brings questions, so here's what/why/how in one place.

BYLAWS AND ORDINANCE IN THE RESTRUCTURE

Q: What is an ordinance?

An ordinance is a law passed by the Los Angeles County Board of Supervisors. It establishes the Commission, defines its authority, and sets its overall structure. Ordinances are the legal foundation for how the Commission operates. Our current Ordinance 3.029 can be found **HERE**

Q: What are bylaws?

Bylaws are the Commission's internal rules. They guide our day-to-day operations—such as membership categories, meeting procedures, and committee responsibilities. Our current Bylaws can be found **HERE**

Q: How do ordinances and bylaws connect to the restructure?

The Board of Supervisors must update the ordinance to legally change the Commission's size and structure. Simultaneously, the Commission is updating its bylaws to match the ordinance and provide the details for how the new structure will function in practice.

In short: Ordinances set the framework, bylaws fill in the details, and both need to be updated as part of the restructure.

COMMISSION ON HIV RESTRUCTURE & BYLAWS REVISION PROCESS — FAQ

WHY IS THE COMMISSION RESTRUCTURING?

- County direction (Measure G). All commissions were asked to review operations for efficiency and sustainability. To learn more about Measure G, CLICK HERE.
- Sustainability: Budget constraints and quorum challenges made the 51-member model unsustainable.
- HRSA findings: HRSA called for clearer conflict-of-interest processes, term limits, expanded community engagement, and stronger structural alignment.
- Community workgroups: In March 2025, commissioner and community workgroups recommended a streamlined model.

WHAT ARE THE MAIN CHANGES BEING PROPOSED? *SUBJECT TO UPDATES

- Membership reduced from 51 to 32 seats
- Commission and committee meetings reduced from 10 to six annually.
- Term limits: Maximum 3 consecutive 2-year terms + 1-year break (effective Mar 2026).
- Committee co-chair terms extended to 2 years.
- Committees: Public Policy → Executive; Operations → Membership & Community Engagement
- Expanded committee-only membership to individuals with lived experience
- Consumer stipends proposed *up to* $500/month **contingent upon available funding*
- Conflict-of-interest rules strengthened. Members must declare conflicts related to RWP-funded agencies/services and recuse from related funding discussion/votes.
- Updated Code of Conduct to cover public/vendors and inclusion of the Commission's Inter-Personal Grievance Policy.
- DHSP, Part B and Medicaid/Medi-Cal representatives will serve as a non-voting members and will not be counted toward quorum.

HOW WAS COMMUNITY INPUT INCLUDED?

The restructure process began with meetings between DHSP and the Commission in late 2024 and early 2025, followed by community workgroups in March 2025. Their input was compiled into a formal report reviewed and approved by the Executive Committee in May. A public comment period in June–July 2025 drew 51 responses on stipends, conflicts of interest, caucuses, membership size, quorum, Brown Act compliance, and meeting frequency, with additional input from County Counsel, DHSP, and HRSA.

COMMISSION ON HIV RESTRUCTURE & BYLAWS REVISION PROCESS — FAQ

WHAT HAPPENS TO CAUCUSES AND CONSUMER VOICE?

Caucuses remain vital spaces to lift community perspectives. They won't be on a fixed standing schedule; instead, they'll use the PURGE decision tool to meet. Unaffiliated consumer members must make up 33% of the membership. Consumer voice is lifted through 11 unaffiliated consumer seats, expanded committee-only membership, the Membership & Community Engagement Committee, and additional community engagement activities.

WHAT ABOUT STIPENDS?

As part of the proposed changes to the bylaws, there is a proposal to raise the Unaffiliated Consumer Stipend Program limit to $500/month (from $150/month à la carte), contingent upon funding and approvals*. Stipends must follow HRSA guidelines and County protocols.

Quick definition: A stipend is a fixed amount of financial support provided to help *offset* costs like transportation, meals, or participation expenses. It is not a salary or wage, and it is not considered compensation for employment and cannot include automatic cost-of-living increases.

*This proposal must still be approved by the full Commission as part of the bylaw changes. Any increase will only be implemented if funding is available.

WHAT IS THE TIMELINE – WHEN DOES THE NEW RESTRUCTURE TAKE EFFECT? *SUBJECT TO CHANGE

- June 27-July 27, 2025 – Public Comment period for Proposed Changes to Bylaws
- August - November 2025 – Executive Committee continues review of Public Comments
- December 11, 2025 – Commission votes on final bylaws and submits ordinance to BOS for review and approval. **The proposed bylaw updates are contingent upon the Board of Supervisors' approval of the ordinance, which mirrors the changes outlined in the bylaws.*
- December 2025 – January 2026 – Outreach and membership application campaign launch. ** All members must reapply.*
- January – February 2026 – Applications reviewed and BOS appointments.
- Mar 12, 2026 – First meeting of the restructured Commission.

HOW WILL CURRENT MEMBERS BE AFFECTED?

Current members who wish to continue serving must reapply for membership. Committee assignments will change to match new structure. Takes effect once the new membership is seated in March 2026 (term limits not retroactive).

HOW WILL CONFLICTS OF INTEREST BE MANAGED?

All members must complete annual conflict-of-interest forms. Members with conflicts must recuse themselves from related votes and discussions. This addresses HRSA findings and ensures transparency.

WHERE CAN I LEARN MORE OR GET INVOLVED?

- CLICK HERE: Restructure materials & proposed bylaws
- CLICK HERE: April 2025 Bylaws Training **Current members will be required to view the training recording ahead of December 11th vote.*
- QUESTIONS: hivcomm@lachiv.org

STANDING COMMITTEES AND CAUCUSES REPORT
KEY TAKEAWAYS | FEBRUARY 2026

Operations Committee

The Operations Committee did not meet in January.

Key outcomes/results from the meeting:

- Staff met with the Operations Co-Chairs on Tuesday, January 27, and informed them that all standing committees will be formally recognized at the February 12 Commission meeting.
- The Co-Chairs were also informed that the Ad Hoc Workgroup to support COH membership selection will be convened on Friday, February 6. It is anticipated that a new membership cohort will be selected at that time.

Action needed from full body:

- ✓ The Co-Chairs encourage everyone to continue their membership recruitment and information-sharing efforts by promoting community attendance at Operations and full Commission meetings and subscription to the Commission's email listserv.

Executive Committee

Link to the February 5, 2026, Executive Committee meeting packet can be found HERE.

Key outcomes/results from the meeting:

- The Committee rescheduled its January meeting to February 5, 2026 in order to prioritize and complete the multi-phased membership drive as part of the COH restructuring process.
- As previously shared through ongoing updates, the 2026 membership drive for the first cohort of the restructured COH concluded on January 9, with more than 90 applications received. Of these, 53 were for full membership and the remaining were for Committee-Only membership. Interviews for applicants seeking full membership seats were completed by interview panelists on January 23.
- An independent ad hoc workgroup was established to select applicants for the proposed membership roster. The workgroup is comprised of the same individuals and meets the same criteria as those previously selected by the Operations and Executive Committees, ensuring continuity, fairness, and appropriate management of conflicts of interest. The workgroup met on Friday, February 6 to finalize the proposed membership slate. The proposed membership slate will be presented at the February 12 COH meeting for approval.
- Proposed amendments to the County Ordinance have been confirmed for inclusion on the Health and Mental Health Services (HMHS) Cluster March 3 meeting agenda. Members were encouraged to attend the meeting in person in support of this process and the COH.
- Staff presented a proposal for the March 12, 2026 meeting, which includes an all-day orientation featuring overview presentations by key partners, an introduction to the COH,

member roles and responsibilities, expectations, and required County trainings, including Form 700 and Brown Act requirements.

- The HIV prevention planning collaboration among the COH, DHSP, and community stakeholders continues. A follow-up in-person meeting will be held immediately after the February 12, 2026 COH meeting at Jesse Owens Park Auditorium. All are welcome to attend.
- The Committee reviewed a proposed COH 2026 workplan and meeting schedule outlining Commission activities, tasks, and timelines aligned with legislative mandates and required deadlines.
- The Committee discussed upcoming conferences and training opportunities, including the submission of an abstract to the National Ryan White Conference to highlight COH's restructuring process during a period of significant change in the HIV landscape. The COH has also requested participation on the Host Committee for the United States Conference on HIV/AIDS (USCHA), which will be held in Anaheim, California.
- Mario J. Perez, Director of the Division of HIV and STD Programs (DHSP), shared that Ryan White Program Year 35 concludes on February 28, and DHSP is actively quantifying expenditures to fully maximize the award. He noted that this has been an unusually challenging program year due to shifting funding and uncertainty. Planning for Program Year 36 is underway and may include temporary reductions in service contracts until the full award is received, as it is operationally easier to scale services up than down.
- The CDPH Office of AIDS approved DHSP's request for $11.5 million in ADAP Rebate funding to address potential delays or gaps in Ryan White funding for Program Year 36. Use of these funds is subject to contingencies, including a 180-day repayment requirement and expenditure within the current program year.
- HRSA issued a partial Ryan White award of $13 million.
- DHSP has not yet received formal notification from CDC regarding HIV prevention surveillance funding allocations.
- DHSP was also notified of a $1.4 million clawback related to National HIV Behavioral Surveillance funds that had already been awarded.
- At the state level, the Governor's proposed budget reflects a lower deficit than previously projected; however, continued advocacy remains necessary.
- Locally, the County has made its first and second payments toward lawsuit settlements, contributing to significant budget pressures. DPH, along with other departments, is experiencing deep deficits and is implementing austerity measures, including heightened scrutiny of expenditures. Identifying opportunities to subsidize or offset activities will be increasingly important.
- Lastly, DHSP has relocated to temporary offices in the Gas Tower and expects to remain there for approximately one year before moving into its permanent location adjacent to the Vermont Corridor.

Action needed from full body:

- ✓ Review and vote on the proposed membership slate for the restructured Commission at the February 12, 2026 COH meeting.
- ✓ Attend the HMHS Cluster Meeting on February 11, 11:30AM to support the proposed Ordinance amendments ahead of consideration by the Board of Supervisors.
- ✓ Participate in the HIV Prevention Planning Collaboration meeting immediately following the February 12 COH meeting to help shape next steps and build shared understanding.
- ✓ Stay informed about Ryan White Program updates.

Planning, Priorities, and Allocations Committee

Link to the January 20, 2026 Planning, Priorities, and Allocations Committee meeting packet can be found HERE.

Key outcomes/results from the meeting:

- DHSP staff provided an expenditure report for Q1 and Q2 of RWP Part A and Minority AIDS Initiative (MAI) program year 35 (March 2025 through August 2025). The report also includes expenditures for the first 6 months of RWP Part B (April 2025 through September 2025). DHSP noted delays in invoice processing and are working to reconcile Q3 expenditures. See meeting packet for expenditures by service category.
    - Total expenditures for March 2025 through August 2025 total approximately $19.7 million with a remaining balance of approximately $30.7 million of Part A, MAI, and Part B funds. See meeting packet for total funding for direct services for Part A, MAI and Part B funds. Most service categories are on pace to expend their full allocation amounts except for Mental Health Services which may require a reallocation at a later date.
- The committee also received federal funding updates on proposed appropriations bills (now approved) noting mostly flat funding across the board with some minor changes.
    - The Ryan White Part A Program was flat funded and Ryan White Partc C, D and F were protected as well as Ending the HIV Epidemic (EHE).
    - Additionally, Title X family planning funding is being restored. Centers for Disease Control and Prevention (CDC) HIV Prevention is flat funded at a little over $1 billion.
    - Global programming at the CDC is flat funded. Minority AIDS Initiatives (MAI) within HHS had a modest $4 million reduction.
    - Substance Abuse and Mental Health Services (SAMHSA) MAI is flat funded and Housing Opportunities for Persons with AIDS (HOPWA) received a $24 million increase from FY 2025 funding.
    - The Nation Institute for Health also received a $400 million increase.
- The committee paused contingency planning discussions as a result of the federal funding updates.
- The committee reviewed and approved the proposed meeting calendar for the upcoming RW program year, noting the calendar was subject to change based on need. PP&A Committee co-chairs worked with Commission staff and DHSP staff to create a calendar that was equitable and

took into consideration PP&A mandated responsibilities and needs and DHSP and Commission staff capacity. See meeting packet for committee calendar.

Action needed from full body:

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

Standards and Best Practices Committee

Link to February 3, 2026, Standards and Best Practices Committee meeting packet can be found HERE.

Key outcomes/results from the meeting:

- Adopted the 2026 Standards and Best Practices Committee workplan. This document defines the scope, priorities, and core activities of the Standards and Best Practices 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 Part A legislative and program expectations, CDC/HRSA integrated planning guidance, and the Commission's restructure governance model.
- Approved the Mental Health service standards.

Action needed from full body:

- ✓ Attend the next Standards and Best Practices Committee meeting on March 16, 2026, learn more about the Committee's role, scope, and responsibilities. Meeting date is subject to change; Commission staff will follow-up with any updates.

Public Policy Committee

Link to the February 2, 2026, Public Policy Committee meeting packet can be found HERE.

Key outcomes/results from the meeting:

- Completed a set of recommendations that outline the policy-related activities that will transition to the Executive Committee once the new Commission cohort is established.
- Approved the 2026 Policy Priorities. This document recommends policy issues for the Commission to endorse and prioritize in effort to preserve, protect, and expand services that are critical to ending the HIV epidemic.

Action needed from full body:

- ✓ Review the recommendations to the Executive Committee regarding the continuation of policy-related activities within the new Commission structure.
- ✓

Aging Caucus*

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

Black Caucus*

The Black Caucus did not meet in the month of January, but continues its outreach and community efforts by participating in the following activities:

- The Black Caucus will participate in a Black History Month community event in partnership with Los Angeles County Parks & Recreation at the Jesse Owens Park Auditorium on Thursday, February 5, from 6:00 p.m. to 8:00 p.m. This event will provide opportunities for on-site tabling and community engagement/recruitment, while uplifting National Black HIV/AIDS Awareness Day (NBHAAD) through education, dialogue, and visibility. AIDS Healthcare Foundation (AHF) will also offer free mobile HIV testing, with gift card incentives available. Event themes include Historically Black Colleges and Universities (HBCUs) and Black-owned businesses.
- The Black Caucus, in partnership with First Star Bruin Guardian Scholars and the LA County Youth Commission, will host a Youth Community Listening Session, offering a safe and supportive space created by and for young people, at UCLA on Saturday, February 7, from 10:00 a.m. to 2:00 p.m.

Consumer Caucus*

The Consumer Caucus did not meet in the month of January.

Transgender Caucus*

The Transgender Caucus did not meet in the month of January.

Women's Caucus*

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

Housing Task Force*

The Housing Task Force did not meet in the month of January.

All **Caucuses and Task Forces are temporarily paused as we transition to the new membership.*

All* ***Caucuses and Task Forces are temporarily paused as we transition to the new membership.*

County of Los Angeles
Legislative Affairs & Intergovernmental Relations

LEGISLATIVE RECOMMENDATIONS

Guidelines for County Commissions and Advisory Bodies

Legislative Advocacy

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

Advocacy Recommendations from County Commissions and Advisory Bodies

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

Guidance and Assistance

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

LOS ANGELES COUNTY
COMMISSION ON HIV

PUBLIC POLICY COMMITTEE ACTIVITIES TRANSITION DOCUMENT

PURPOSE: The Public Policy Committee (PPC) developed this document to outline the policy-related activities that will transition to the Executive Committee once the new Commission cohort is established.

BACKGROUND: As part of the Commission restructuring process, the PPC was sunset as of February 2, 2026. Within the new Commission structure, the Executive Committee will absorb some of the core activities the PPC was responsible for completing. The Executive Committee will act in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with the Commission Bylaws Article VI, Section 3, no Ryan White HIV/AIDS Program (RWHAP) Part A funds are used to support policy-related activities. Activities beyond the scope of RWHAP Part A are conducted in alignment with County legislative protocols and are supported through non-RWHAP Part A resources. The Commission Bylaws, Article X, Section 3, Subsections L thru O, outline policy-related activities beyond the scope of the RWHAP Part A.

RECOMMENDATIONS: To ensure the continuation of policy-related activities within the new Commission structure, the Public Policy Committee proposes that the Executive Committee adopt the following recommendations:

- Add a standing agenda item for both the Executive Committee and the full Commission meetings focused on public policy to ensure ongoing visibility.
- Designate a qualified individual within the committee and/or Commission to provide regular updates to the Commission leadership and membership on:
    - Policy issues impacting the local HIV service delivery system
    - Local, state, and federal legislative and budget advocacy opportunities
- Determine the scope and responsibilities for the "Public Policy" designee.
- Establish narrowly focused, time-limited workgroup(s) or taskforce(s), as needed, to address specific policy issues.
- Establish policy priorities consistent with the service priorities set by the COH through the Priority Setting and Resource Allocation (PSRA) process and the Integrated HIV Care and Prevention Plan.
- Collaborate with the Los Angeles Chief Executive Office (CEO) Legislative Affairs and Intergovernmental Relations (LAIR) to provide training to educate and support Commission members, consumers, providers, and the public in engaging with legislative process.
- Initiate and advance policy efforts that strengthen HIV care, treatment, prevention, and related services.
- Facilitate communication and recommend policy positions to government and legislative officials, the Board of Supervisors, County departments, and other stakeholders, in alignment with County legislative protocols.

LOS ANGELES COUNTY
COMMISSION ON HIV
510 S. Vermont Ave. Floor 14, Los Angeles, CA 90020
(213) 738-2816 | hivcomm@lachiv.org

2025 PUBLIC POLICY PRIORITIES

The Public Policy Committee (PPC) of the Los Angeles County Commission on HIV (COH) developed the "2025 Public Policy Priorities" document with the purpose of providing a framework to guide the development of the PPC's 2025-26 Legislative Docket; Items included are not intended to be exhaustive. The PPC and COH are committed in supporting and encouraging innovative efforts to reduce bureaucracy and barriers to accessing services, increase funding, and enhance HIV and Sexually Transmitted Infection (STI) care and prevention service delivery in Los Angeles County. With a renewed urgency, the PPC remains steadfast in its commitment to preserve, protect, and maintain services critical to ending the HIV epidemic.

The PPC recommends the Commission on HIV endorse and prioritize the following issues. The PPC will identify and support legislation, local policies, procedures, and regulations in 2025 that address the following priorities (listed in no order):

Funding

a. Maintain and preserve federal funding for Medicaid, Medicare, and HIV/AIDS programs such as the Ryan White HIV/AIDS Program (RWHAP) and the Ending the HIV Epidemic (EHE) initiative; And support stronger compatibility between the RWHAP, Medicaid, and other systems of care.

Systemic and Structural Racism

a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; and criminalization.
b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in Black/African American, Latino, and other at higher risk for the acquisition and transmission of HIV disease.
c. Address the impact of humanitarian crises on the HIV continuum of care and service delivery including HIV/STI prevention services.

Racist Criminalization and Mass Incarceration

a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration.

Housing

a. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS.
b. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
c. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

Mental Health

a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.

Sexual Health and Wellness

a. Increase access to care and treatment for People Living with HIV/AIDS (PLWHA).
b. Increase access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs.

Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction.

c. Increase comprehensive HIV/STI counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
d. Advance and enhance routine HIV testing and expanded linkage to care.
e. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.
f. Preserve funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Use and Harm Reduction

a. Advocate for substance use services to PLWHA including services and programs associated with methamphetamine use and HIV transmission.
b. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County.

Consumers

a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWH/A) and those at risk of acquiring HIV with a focus on young MSM, African American MSM, Latino MSM, transgender persons, women of color, and the aging.
b. Incentivize participation by affected populations in planning bodies and decision-making bodies.

Aging (Older Adults 50+)

a. Create and expand medical and supportive services for PLWHA ages 50 and over.

Women's Health and Wellness

a. Create and expand medical and supportive services for women living with HIV/AIDS such as family housing, transportation, mental health, childcare, and substance abuse.
b. Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

Transgender Health and Wellness

a. Create and expand medical and supportive services for transgender PLWHA.
b. Promote and maintain funding for the Transgender Wellness Fund.

General Health Care

a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
b. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
c. Provide trauma informed care and harm reduction strategies in all HIV health care settings.

Service Delivery

a. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine.

Data

a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.

Workforce

a. Support legislation and policies that combat workforce shortage crisis and protect and increase workforce capacity and incentive people to join/stay in the HIV workforce.

LOS ANGELES COUNTY
COMMISSION ON HIV

Proposed 2026 Public Policy Priorities

PURPOSE: To ensure the continuation of policy-related activities within the new Commission structure, the Executive Committee will establish policy priorities consistent with the service priorities set by the Commission through the Priority Setting and Resource Allocation (PSRA) process and the Integrated Plan.

BACKGROUND: The Executive Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 3, no Ryan White HIV/AIDS Program (RWAHP) Part A funds are used to support policy-related activities. Activities beyond the scope of the RWHAP Part A are conducted in alignment with County legislative protocols and are supported through non-RWHAP resources.

RECOMMENDATIONS: The Executive Committee recommends that the Commission endorse and prioritize the following issues to preserve, protect, and expand services that are critical to ending the HIV epidemic:

Funding for local, state, and federal HIV/AIDS Programs

- Defend, maintain, and expand funding for the Ryan White HIV/AIDS Program; Ending the HIV Epidemic initiative; Housing Opportunities for persons with AIDS (HOPWA) program; the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP); and HIV, Sexually Transmitted Infections (STI), and viral hepatitis prevention and healthcare services.

Access to Prevention and Healthcare Services for People Living with HIV/AIDS (PLWH)

- Expand access and reduce barriers for HIV healthcare and support services (housing, mental health and wellness) for People Living with HIW (PLWH) focusing on those most vulnerable to HIV including women, transgender individuals, black, and Latino individuals.
- Expand access and reduce barriers for HIV/STI prevention, healthcare, and support services for those most vulnerable including access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP) for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs. Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction services (e.g. syringe exchange programs, safe administration sites, and over-dose prevention strategies).

Eliminating Systemic and Structural Racism

- Defend and promote health equity by addressing social determinants of health including healthcare, housing, education, quality jobs, and safe environments and their impact on the HIV continuum of care and service delivery including HIV/STI prevention services.
- Reduce criminalization of PLWH and those most vulnerable to HIV including those who exchange sex for money (e.g. commercial sex work).

Workforce and Service Delivery Improvements

- Increase incentives for people to join and stay in the HIV workforce to combat staff shortages
- Promote collecting, analyzing, and using data while protecting privacy to improve health outcomes and eliminate health disparities among PLWH.
- Incentivize and encourage the empowerment and engagement of PLWH and those most vulnerable to HIV in planning bodies and community advisory boards.

Service Standard Development

LOS ANGELES COUNTY COMMISSION ON HIV

KEYWORDS AND ACRONYMS

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

WHAT ARE SERVICE STANDARDS?

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

WHAT ARE SERVICE CATEGORIES?

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

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

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

HRSA/HAB GUIDANCE FOR SERVICE STANDARDS

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

COH SERVICE STANDARDS

Universal Service Standards	• General agency policies and procedures
	  ○ Intake and Eligibility
	  ○ Staff Requirements and Qualifications
	  ○ Cultural and Linguistic Competence
	  ○ Referrals and Case Closures
	• Client Bill of Rights and Responsibilities

Category-Specific Service Standards	• Include link to Universal Service Standards • Core Medical Services • Support Services
Service Standards General Structure	• Introduction • Service Overview • Service Components • Table of Standards & Documentation requirements

REMINDER

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

DEVELOPING SERVICE STANDARDS

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

SERVICE STANDARD DEVELOPMENT PROCESS

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

together.

WE CAN END HIV IN OUR COMMUNITY ONCE AND FOR ALL

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LOS ANGELES COUNTY COMMISSION ON HIV

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

MENTAL HEALTH SERVICES

(Approved by SBP on 02/03/26)

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

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

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

Service Standards: Ryan White HIV/AIDS Programs

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Introduction

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

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.

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

Service Description

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessments, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professional typically include psychiatrists, psychologists, and licensed clinical social workers. Mental Health Services are allowed only for People Living with HIV (PLWH) who are eligible to receive HRSA RWHAP services.

Mental Health Service Components

Mental Health Services are short-term or sustained therapeutic interventions provided by mental health professionals who specialize in-for clients experiencing acute and/or ongoing psychological distress. See Appendix A for a description of mental health professionals.

Mental Health Services include:

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

SCREENING AND ASSESSMENT

Agencies contracted to provide mental health services will screen clients and conduct an assessment as appropriate. A mental health assessment is completed during a collaborative interview in which the client's biopsychosocial history and current presentation are evaluated to determine diagnosis and treatment plan.

Reassessments are indicated when there is significant change in the client's status, or when the client re-enters treatment. To reduce client assessment burden, agencies should utilize existing assessments such as those performed by Medical Care Coordination (MCC) teams, as a tool to inform treatment plan development. Clients receiving crisis intervention or drop-in psychotherapy groups require a brief assessment of the presenting issues that supports the mental health treatment modality chosen.

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

TREATMENT PLANS

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

TREATMENT PLANS	
STANDARD	DOCUMENTATION
Mental health assessments and treatment plans are developed concurrently and collaboratively with the client. Treatment plans must be finalized within two weeks of the completion of the mental health assessment and developed by the same mental health provider that conducts the mental health assessment.	Completed, signed treatment plan on file in client chart to include: • Statement of problem(s), symptom(s) or behavior(s) to be addressed in treatment • Goals and objectives • Interventions and modalities proposed • Frequency and expected duration of services • Referrals (e.g. day treatment programs, substance use treatment, etc.)

Client treatment plans are reviewed and/or revised at a minimum of every 12 months.	Documentation of treatment plan revision in client chart.
Treatment plans completed by unlicensed providers will be cosigned by licensed clinical supervisor.	Co-signature of licensed provider on file in client record.

TREATMENT PROVISION

Treatment provision consists of ongoing contact and clinical interventions with (or on behalf) of the client necessary to achieve treatment plan goals. All modalities and interventions in mental health treatment will be guided by the needs expressed in the treatment plan See **Appendix B** for Descriptions of Treatment Modalities.

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

INFORMED MEDICATION CONSENT

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

INFORMED MEDICATION CONSENT

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

CRISIS INTERVENTION

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

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

TRIAGE/REFERRAL/COORDINATION

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

TRIAGE/REFERRAL/COORDINATION	
STANDARD	DOCUMENTATION

As needed, providers will refer clients to full range of mental health services including: • Neuropsychological testing • Day treatment programs • In-patient hospitalization	Signed, dated progress notes to document referrals in client chart.
As needed, providers will refer to other services including case management, treatment advocacy, peer support, medical treatment, and dental treatment.	Signed, dated progress notes to document referrals in client chart.
Providers will maintain regular contact with a client's primary care provider as clinically indicated.	Documentation of contact with primary medical providers in progress notes.

CASE CONFERENCES

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

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

CLIENT RETENTION AND CASE CLOSURE

Agencies will strive to retain clients in mental health treatment. A broken appointment policy and procedure to ensure continuity of service and retention of clients is required. Follow-ups can include telephone calls, written correspondence and/or direct contact, and efforts to maintain a client's participation in care. Case closure is a systematic process for discharging clients from mental health services. The process includes the completion of a Case Closure Summary (CCS) to be maintained in the client record. Case closure will be initiated if the patient does not receive mental health services or is unable to be contacted within a one-year period.

CLIENT RETENTION AND CASE CLOSURE	
STANDARD	DOCUMENTATION

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

STAFFING REQUIREMENTS AND QUALIFICATIONS

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

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

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

All staff will participate in orientation and training before beginning treatment provision. If providers are unlicensed, they must be clinically supervised in accordance with the requirements of the licensing board of their respective professions. Graduate-level interns must be supervised according to the requirement of their respective programs and to the degree that ensures appropriate practice.

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

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

- HIV disease and current medical treatments
- Medication interactions (for psychiatrists)
- Psychosocial issues related to HIV/AIDS
- Cultural issues related to communities affected by HIV/AIDS
- Mental disorders related to HIV and other medical conditions
- Mental disorders that can be induced by prescription drug use
- Adherence to medication regimens
- HIV/AIDS legal and ethical issues
- Sexuality, gender, and sexual orientation issues
- Substance use theory, treatment, and practice

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

STAFFING REQUIREMENTS AND QUALIFICATIONS	
STANDARD	MEASURE
Agencies will ensure that all staff providing psychiatric treatment services will be licensed, supervised by a medical doctor board-eligible in psychiatry, accruing hours toward licensure or a registered graduate student enrolled in counseling, social work, psychology or marriage and family therapy program.	Documentation of licensure/professional/student status on file.

Mental health providers are trained and knowledgeable in HIV/AIDS. Agencies will provide orientation prior to providing services.	Documentation of training on file.
Treatment providers will practice according to California state law and the ethical codes of their respective professional organizations.	Chart review will ensure legally and ethically appropriate practice.
Psychiatric treatment providers will possess skill, experience and licensing qualifications appropriate to provision of psychiatric treatment services.	Resume and current license on file.
Unlicensed psychiatric and mental health professionals will receive supervision in accordance with state licensing requirements. The Division on HIV and STD Programs (DHSP) will be notified immediately in writing if a clinical supervisor is not available.	Documentation of supervision on file.
Mental health service staff will complete documentation required by program.	Administrative supervisor will review documentation periodically.

ADMINSTRATIVE SUPERVISION

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

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

UTILIZING INTERNS, ASSOCIATES, AND TRAINEES

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

UTILIZING INTERNS, ASSOCIATES, AND TRAINEES	
STANDARD	MEASURE
Programs using IATs will provide an orientation and training program of no less than 24 hours to be completed before IATs begin providing services.	Documentation of training/orientation on file at provider agency.

IATs will be assigned cases appropriate to experience and scope of practice and that can likely be resolved over the course of the IAT's internship.	Record of case assignment on file at provider agency.
Programs will provide IATs with clinical supervision in accordance with all applicable rules and standards.	Record of clinical supervision on file at provider agency.
IATs will inform clients of their status as an intern and the name of the supervisor covering the case.	Internship notification form, signed by the client and the therapist on file in client chart.
Termination/transition/transfer will be addressed at the beginning of assessment, treatment inception and six weeks prior to termination.	Signed, dated progress notes confirming termination/transition/transfer on file in client chart.
At termination the IAT and client will discuss accomplishments, challenges, and treatment recommendations.	Signed, dated progress notes detailing this discussion on file in client chart.
Clients requiring services beyond the IAT's internship will be referred immediately to another clinician.	Singed, dated, Client Transfer Form (CTF) in client chart.
All clients place don a waiting list will be offered the following options: • Telephone contact • Transition group • Crisis counseling	Signed, dated CTF that details the transfer plan on file in client chart.

Appendix A: Mental Health Service Providers

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

Licensed Practitioners:

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

and facility administrator. Additionally, the NP must furnish and order medications under a psychiatrist's supervision.

To qualify for prescribing medications, NPs must complete:

- At least six months of psychiatrist-supervised experience in the ordering of medications or devices
- A course in pharmacology covering the medications to be furnished or ordered

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

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

  They provide HIV/AIDS mental health treatment services as follows:

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

Unlicensed Practitioners:

- **Marriage family therapist (MFT) interns; psychological assistants, post-doctoral fellows and trainees; and social work associates:** Interns, assistants, fellows, and associates are accumulating supervised experience as part of their preparation for licensing or certification. They have completed graduate work in counseling, psychology or social work. These providers required direct supervision by a licensed mental health practitioner as mandated by their respective licensing bodies.

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

Appendix B: Description of Treatment Modalities

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

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

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

Family counseling/psychotherapy: The impact of HIV on the family system can be enormous. The overall goal of family counseling/psychotherapy is to help families improve their functioning, given the complications of living with HIV. Interventions with the family system can be especially effective in helping children and caregivers with behavioral problems and symptoms.

Couples counseling/psychotherapy: This modality is most appropriate where the presenting problem is dissatisfaction or conflict within a relationship that impacts a person living with HIV. In cases of domestic violence, couples counseling should not begin until the provider determines the appropriateness of this modality based upon the progress both parties have made in individual or group treatment and the fact that current violence is no longer a risk. If these criteria are not met, members of such couples should be referred for individual or group treatment.

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

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

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

Group treatment can be provided in a variety of formats:

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

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

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

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

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

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

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

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

Programs utilizing IATs will give thoughtful attention to:

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

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

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

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

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

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

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

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

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

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

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

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

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