LOS ANGELES COUNTY COMMISSION ON HIV

Zoom Meeting FAQ

Quick guide for joining Commission hybrid meetings

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

LINK

1. Join with the link

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

MUTE

2. Start on mute

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

HAND

3. Public comment

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

CHAT

4. Chat + helpful links

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

CC

5. Captions + access

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

HELP

6. Quick fixes

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

Hybrid Meeting Guidelines

(Updated 6.11.26)

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

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

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

Membership Roster

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

HRSA REQUIRED SEAT CATEGORY REFERENCE SHEET

For Full Members Appointed to HRSA-Required Categories

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

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

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

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

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

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

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB		
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	**If you do NOT meet reflectiveness, please describe the efforts being done to improve upon that demographic category.**
White, not Hispanic	11735	22.52%	7	26.92%	1	12.50%	
Black, not Hispanic	9689	18.59%	7	26.92%	3	37.50%	
Hispanic	25865	49.63%	10	38.46%	4	50.00%	
Asian/Pacific Islander	2171	4.17%	1	3.85%		0.00%	
American Indian/Alaska Native	350	0.67%		0.00%		0.00%	
Multi-Race	2223	4.27%	1	3.85%		0.00%	
Other/Not Specified	79	0.15%		0.00%		0.00%	
Total	52112	100%	26	100%	8	100%	
Sex	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
Male	46059	88.38%	20	76.92%	6	75.00%	
Female	6053	11.62%	6	23.08%	2	25.00%	*(1) NGC
Total	52112	100%	26	100%	8	100%	
Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
13-19 years	89	0.17%		0.00%		0.00%	
20-29 years	2995	5.75%		0.00%		0.00%	
30-39 years	10508	20.16%	6	23.08%	2	25.00%	
40-49 years	10742	20.61%	8	30.77%	1	12.50%	
50-59 years	12884	24.72%	6	23.08%	3	37.50%	
60+ years	14894	28.58%	6	23.08%	2	25.00%	
Total	52112	100%	26	100%	8	100%	

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COMMITTEE ASSIGNMENTS

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

EXECUTIVE COMMITTEE		
Meeting Schedule TBD Number of Voting Members= 8 | Number of Quorum= 5		
COMMITTEE MEMBER	**DESIGNATION**	**FULL/COMMITTEE**
Al Ballesteros, MBA	**Co-Chair, COH/Exec**	**Commissioner**
Katja Nelson, MPP	**Co-Chair, COH/Exec**	**Commissioner**
Ishmael Herrera	MCE Committee Co-Chair	**Commissioner**
Vilma Mendoza	MCE Committee Co-Chair	**Commissioner**
Jeronimo Barajas	PP&A Committee Co-Chair	**Commissioner**
Stephanie Johnson, MA	PP&A Committee Co-Chair	**Committee-Only**
Caitlyn Dolan	SBP Committee Co-Chair	**Committee-Only**
Montana Volby	SBP Committee Co-Chair	**Commissioner**
Mario J. Pérez, MPH	DHSP (Non-Voting)	**Commissioner**

MEMBERSHIP & COMMUNITY ENGAGEMENT (MCE) COMMITTEE		
CLICK HERE FOR MEETING SCHEDULE & WORK PLAN Number of Voting Members= 24 | Number of Quorum= 13		
COMMITTEE MEMBER	**DESIGNATION**	**FULL/COMMITTEE**
Ishmael Herrera	**Committee Co-Chair**	**Commissioner**
Vilma Mendoza	**Committee Co-Chair**	**Commissioner**
Jayda Arrington		Committee Member
Stevie Bieneman		Alternate
Ceasar Corona		Commissioner
Erika Davies	City of Pasadena Rep	Committee Member
Dahlia Ale-Ferlito	City of Los Angeles Rep	Committee Member
Joaquin Gutierrez		Committee Member
Angela Hunt		Commissioner
TJ Griffen, LMSW		Commissioner
Preston Locklear		Committee Member
Kiante McKinley, LCSW, DSW, ACSW		Committee Member
Paul Miller		Committee Member
Dontá Morrison, PhD		Alternate
Sadie Mullen		Committee Member
Kevin Nguyen		Committee Member

Ujuonu Nwizu		Committee Member
David Cerda Orozco		Committee Member
Elizabeth Pacheco		Committee Member
David Rojas		Committee Member
Ishmael Salamanca	City of Long Beach	Committee Member
Christopher Webb		Alternate
Jonathan Weedman		Commissioner
David Valenzuela		Committee Member

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
CLICK HERE FOR MEETING SCHEDULE & WORK PLAN Number of Voting Members= 17| Number of Quorum=9		
COMMITTEE MEMBER	**DESIGNATION**	**FULL/COMMITTEE**
Jerónimo Barajas	**Committee Co-Chair**	Commissioner
Stephanie Johnson, MA	**Committee Co-Chair**	Commissioner
Leo Vasquez Alvarez		Committee Member
LeRoy Blea (Non-Voting)		
Jasmine Brown, MSW		Commissioner
Robert Contreras, MBA		Commissioner
Raniyah Copeland, MPH		Commissioner
Robert Gamboa, MPP		Committee Member
Felipe Gonzalez		Commissioner
Darryn Harris		Commissioner
Rob Lester		Committee Member
Miguel Martinez, MPH		Committee Member
Jack Miller		Commissioner
Paul Nash, CPsychol AFBPsS FHEA		Commissioner
Shawn Pleasants		Commissioner
Glen San Augstin, MD		Committee Member
Maria Skelton		Committee Member
LaShonda Spencer, MD		Committee Member

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
CLICK HERE FOR MEETING SCHEDULE & WORK PLAN Number of Voting Members = 14 | Number of Quorum = 8		
COMMITTEE MEMBER	**DESIGNATION**	**FULL/COMMITTEE**
Caitlyn Dolan	**Committee Co-Chair**	**Commissioner**
Montana Volby	**Committee Co-Chair**	**Commissioner**
Gerardo Almanzan		Committee Member
Oscar Arellano, MSW		Committee Member
Robert Bolan, MD		Commissioner

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

AGING CAUCUS

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

BLACK CAUCUS

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

CONSUMER CAUCUS

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

TRANSGENDER CAUCUS

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

WOMEN'S CAUCUS

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

HOUSING TASKFORCE

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

2026 Commission on HIV Master Calendar

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

2026–2027 At-a-Glance Planning Grid

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

Standing Meeting Framework

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

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

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MAIN: 213.738.2816 | EMAIL: hivcomm@lachiv.org | WEB: https://hiv.lacounty.gov

MINUTES FOR THE REGULAR MEETING OF THE COMMISSION ON HIV

DATE: Thursday, May 14, 2026 from 9:00 AM—12:00 PM.

LOCATION: Jesse Owens Park Auditorium; 9561 S. Western Avenue, Los Angeles, CA 90047.

CALL TO ORDER: Parliamentarian Jim Stewart called the meeting to order at 9:10 AM.

CO-CHAIRS: Al Ballesteros and Katja Nelson.

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

COMMISSION ON HIV MEMBERSHIP P = Present | A = Absent| SB707 = Remote Participation | PU = Public			
Al Ballesteros	P	Vilma Mendoza	P
Jeronimo Barajas	P	Jack Miller	P
Stevie Bieneman	P	Dontá Morrison	P
Leroy Blea	P	Paul Nash	P
Robert Bolan	PU	Katja Nelson	P
Jasmine Brown	P	Byron Patel	P
Mikhaela Cielo	P	Mario Pérez	P
Robert Contreras	EA	Shawn Pleasants	P
Raniyah Copeland	P	Emmanuel Sanchez-Ramos	P
Cesar Corona	P	Montana Volby	P
Eric Mattern	P	Christopher Webb	P
Felipe Gonzalez	P	Jonathan Weedman	EA
TJ Griffen	P		
Darryn Harris	P		
Ishmael Herrera	P		
Angela Hunt	P		

ADMINISTRATIVE MATTERS	**MOTION #1**: Approval of the Agenda. *Approved by consensus.* **MOTION #2**: Approval of Prior Meeting Minutes. *Approved by consensus.* **MOTION #3:** Approve draft Integrated HIV Prevention and Care Plan and supporting Concurrence Letter, as presented or revised. **YES** (23): A. Ballesteros, J. Barajas, S. Bieneman, J. Brown, M. Cielo, R. Copeland, C. Corona, E. Mattern, F. Gonzalez, TJ Griffin, D. Harris, I. Herrera, A, Hunt, V. Mendoza, J. Miller, D. Morrison, P. Nash, K.

	Nelson, B. Patel, S. Pleasants, E. Sanchez-Ramos, M. Volby, and C. Webb. **NO** (0): **ABSTAIN** (0): **OUTCOME**: *Motion passes*.
PUBLIC COMMENT	There were no public comments.
COMMITTEE NEW BUSINESS ITEMS	There were no new committee business items.
REPORTS	**COH STAFF REPORT** Dawn McClendon, Interim Executive Director for the Commission on HIV, welcomed attendees and provided the following key updates: (1) the transition to Zoom as the new virtual meeting platform, (2) the first cycle of committee meetings with newly elected co-chairs for each committee, and (3) plans for the 2027-2031 Draft Integrated HIV Prevention and Care Plan. **DIVISION OF HIV/STD PROGRAMS (DHSP) (RWP PART A RECIPIENT REPORT** Dr. Sonali Kulkarni, MD, MPH, Medical Director, presented an overview of how public health data is collected, including laboratory reports of HIV test results, medical provider reports, and behavioral surveys. The discussion covered two main data categories: case reporting (surveillance data) and program data from contractors. The presentation explained how different types of lab tests and provider reports help track HIV cases, monitor treatment effectiveness, and identify transmission patterns. Questions were raised about reporting for homeless populations and the timing of data dissemination, with Dr. Kulkarni noting that while internal analysis occurs regularly, public reporting may experience delays due to data completeness requirements. Mario Perez, Director, DHSP, provided updates on the Prevention Planning Workgroup, explaining its role in developing a targeted focus on HIV and STD prevention in LA County, including considerations for various partners and funding threats. He also discussed funding for HIV and STD prevention programs and explained that they are awaiting HRSA confirmation of the total award for March 2026 to February 2027, expected in late May or early June. The current CDC award covers services through May 31st, with a new award expected in late May or early June. To bridge the funding gap, the state provided $10 million from the ADAP rebate fund to continue prevention services for six months. Mario also announced the cancellation of a previous RFP for HIV and STD prevention due to

uncertainty in funding levels and mentioned that a new RFP is being developed to inventory current prevention interventions and their impact.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS (OA) (RWP PART B ADMINISTRATOR)

Commissioner and Part B representative Leroy Blea presented the California Department of Public Health's integrated plan, which addresses HIV as a syndemic through a social determinant of health lens, and outlined the process for concurrence and implementation. The plan includes strategies addressing social determinants of health and prioritizes specific populations, including transgender individuals, migrants, and people aging with HIV. Commissioners provided feedback suggesting more specific metrics and reporting details, with Leroy explaining that indicators would be reviewed and updated with the surveillance unit. The plan has been successfully adopted by several other jurisdictions, including San Francisco, Sacramento, and Santa Clara, with Los Angeles now joining as a partner.

Commissioner Blea explained that comments provided would be incorporated into the implementation blueprint, while the core 30 strategies would remain unchanged. A roll call vote was conducted to approve concurrence (see Administrative Matters for voting details).

HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS (HOPWA)/HOUSING-RELATED UPDATES

Myesha Hunter reported on HOPWA program updates, including serving 4,825 clients year-to-date and anticipating a $25.375 million grant for the upcoming program year.

Commissioner Cesar Corona provided updates on housing challenges from a provider perspective, noting increased difficulty in securing housing subsidies and resources due to funding cuts and program eliminations.

RYAN WHITE PROGRAM (RWP) PARTS C, D, AND F REPRESENTATIVE UPDATES

Reports were given for the Ryan White Part C and Part D programs, with Commissioner Jasmine Brown highlighting the continued need for accessible whole-person care and mental health support, and Commissioner Michaela Cielo reporting on upcoming studies and the need for clarity on Part D re-competition applications. For additional information, please refer to the Key Takeaways in the meeting packet, accessible HERE.

	STANDING COMMITTEE REPORTS Updates from committees, caucuses, and task forces are summarized in the Key Takeaways. The document covers the latest highlights, action items, and key developments across the Commission's working bodies and is accessible HERE.
DISCUSSION ITEMS	**COMMISSION CO-CHAIR OPEN NOMINATION & ELECTION** The election of co-chairs took place, with Commissioners Al Ballesteros and Katja Nelson being elected by consensus to serve as co-chairs for the Commission on HIV. Commissioner Ballesteros shared his personal journey with HIV and his activism since 1986, while Commissioner Nelson discussed her background in policy work at APLA Health and her commitment to continuing HIV-related policy efforts. **COMMUNITY PARTNER SPOTLIGHT** The Community Partners Spotlight featured Michael Dreskovich from Project Angel Food, who discussed the following key items: Kitchen Facilities and Operations • Equipped with a gas and electric stove attached to a generator for earthquake preparedness. • Smart & Final partnership for bulk purchasing and a cage-like spice area. • Freezer stores medically tailored meals, including dialysis-friendly and heart-healthy options. Meal Tailoring and Nutritional Support • Meals are medically tailored for various conditions like heart disease and HIV. • Dietitians review client meal plans and offer personalized advice. • Focus on adapting favorite foods like tacos to dietary needs rather than strict dietary restrictions. Organizational Growth and Future Plans • 12-week menu rotation with six meal categories and a team of 20 cooks. • Expansion plans include a second building with an edible herb garden and teaching kitchen. • Pilot grocery program to provide clients with ingredients and recipes for healthy cooking. Client Services and Community Impact • Serves individuals with various illnesses, not just HIV, since 2004. • No financial requirement for meals, with over 95% of clients below the poverty level. • Drivers build relationships with clients, providing a connection to the outside world.

	Crisis Response and Special Programs • Responded to crises like COVID-19, the Writers' Strike, and SNAP government shutdown. • Distributed gift cards and emergency support during crises. • Provides hand-delivered birthday bags to all clients, regardless of program or condition. For more information about Project Angel Food or to become a client, please visit https://www.angelfood.org/.
ANNOUNCEMENTS	There were no announcements.
ACTION ITEMS	
RESPONSIBLE PARTY	**ITEM**
COH STAFF	Staff will send details about Co-chairs' training. Training information can be found on the Commission's website at: https://hiv.lacounty.gov/member-resources.
COMMISSIONERS	• Contact Dawn McClendon at dmcclendon@lachiv.org if interested in applying for the Sergeant-at-Arms role. • Review the Standards and Best Practices Committee 2026 work plan and meeting calendar to identify ways to participate. • Attend the All-Caucus Kickoff meeting on June 23rd. • Review and provide comments on the longer version of the integrated plan when released for a 2-week review period.
NEXT MEETING	The next Commission on HIV meeting is Thursday, July 9, 2026, from 1:00 PM—3:00 PM at the California Endowment.
ADJOURNMENT	The meeting adjourned at 12:19 PM.
PREPARED BY: Dr. Sonja Wright	**APPROVAL DATE:**

LOS ANGELES COUNTY
COMMISSION ON HIV

2026 - 2027 Training Schedule

(Subject to change)

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

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

CLICK ON THE TRAINING TOPIC TO REGISTER

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

Revised 5/22/26

Prevention Planning Workgroup

The California Endowment

June 2, 2026

Agenda for Today

1. Workgroup Ground Rules
2. Director’s Remarks and Fiscal Update
3. CDC Workplan Guidance
4. Follow Up from First Meeting
5. Increasing PrEP Uptake & Discussion
6. Break
7. PrEP Access Changes & Discussion
8. Action Items and Announcements
9. Evaluation and Closing

Working Community Agreements

1. Approach all interactions with compassion, respect, and transparency.
2. Embrace diversity and use inclusive language.
3. Listen with intent.
4. Step up, step back.
5. Stay on topic.
6. Be solution-focused and action-oriented.
7. Put on your planner hat, take off your agency hat.
8. Represent and elevate voices not at the table.

Director’s Remarks and Funding Updates

CDC Updates and Workplan Guidance

CDC Updates and Workplan Guidance

- Workplans for many CDC grants (including HIHPS) need to be aligned with administration priorities (no SSPs, no harm reduction, etc.).
- Revised workplan for LAC has been submitted with only one change (removing language referring to SSPs).
- Meanwhile, CDC has authorized allowable expenses to be charged against HIHPS until the award notices are sent out (June 30 target).
- We encourage continued creativity in programming; it is DHSP's job to align the workplans with changes in federal requirements and guidance, and we will continue to tailor the language without changing the intent of the programming.

Follow Up from First Meeting

Workgroup Updates Based on Recommendations

1. **Group Name:** Prevention Advisory Workgroup

2. **August Meeting:** Open to the public. Workgroup members please sit in U-shape/front of the room.

3. **Subcommittees:** Ad hoc with clear outcomes.

4. **Action oriented workgroup:** As the group generates recommendations, DHSP will track and request support as needed.

HIV Education and Outreach/Detailing Support: DHSP will create tailored education materials/packets for those interested.

Action Plan Form

Inform DHSP of your priority population
(clinicians, faith-based community, etc.)

DHSP will create a packet of outreach materials
(PDF or printed)

Conduct education/detailing activities

Additional data from DHSP and across the health system

1. New Cases Diagnosed by Facilities
2. HRSA's Uniform Data System (UDS)
3. Meeting evaluation and other recommendations
4. Telehealth

Number of New HIV Cases Diagnosed in 2024 by Diagnosing Facility

Facility Name	#
AIDS HEALTHCARE FOUNDATION	173
KAISER PERMANENTE	138
LOS ANGELES GENERAL MEDICAL CENTER	78
LOS ANGELES LGBT CENTER	69
PLANNED PARENTHOOD	61
JWCH INSTITUTE	35
ST JOHNS COMMUNITY HEALTH	35
HARBOR UCLA MEDICAL CENTER	32
LAC DHS HEALTH CENTER	29
MENS HEALTH FOUNDATION	27
OLIVE VIEW MEDICAL CENTER	24
CEDARS-SINAI	22
JAIL TWIN TOWERS CORRECTIONAL FACILITY	22
LAC DPH HEALTH CENTER	21
AIDS PROJECT L.A.	20

Facility Name	#
BIENESTAR	20
ST MARY MEDICAL CENTER	17
ALTAMED	16
CALIFORNIA HOSPITAL MEDICAL CENTER	16
KECK MEDICINE OF USC	16
VENICE FAMILY CLINIC	14
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	13
UCLA MEDICAL CENTER	13
UCLA PRIVATE PRACTICE	13
MARTIN LUTHER KING JR OUTPATIENT CENTER	12
VA MEDICAL CENTER WEST LA	11
EAST VALLEY COMMUNITY HEALTH CENTER	9
EMANATE HEALTH	9
LAC DIVISION OF HIV AND STD PROGRAMS	9
PIH HEALTH	9
TARZANA TREATMENT CENTER	9

2024 Health Center Data from HRSA's Uniform Data System (UDS): HIV related metrics for healthcare system data

*Timeline: 12/1/23-11/30/24

Health Center Name	Total Patients	# Patients w/ HIV	# Patients w/ STIs	HIV tests # Patients	PrEP management # Visits	PrEP management # Patients	# Patients first diagnosed w/HIV*	# Patients seen within 30 days of diagnosis*	Linkage Rate	% Patients Aged 15-65 Tested for HIV
LA LGBT CENTER	16,126	3,026	2,546	10,440	7,544	3,483	71	57	80%	80%
APLA	12,974	2,376	1,059	7,754	5,149	2,094	--	--	--	93%
ALTA MED	295,386	1,405	2,170	37,287	1,555	557	23	22	96%	58%
JWCH INSTITUTE, INC.	69,651	1,358	1,089	18,892	228	175	99	85	86%	69%
NORTHEAST VALLEY HEALTH CORP	99,830	1,017	1,110	24,248	313	168	47	39	83%	79%
ST. JOHN'S	109,562	907	1,719	46,426	2,306	908	45	43	96%	79%
EAST VALLEY	31,744	457	395	6,625	289	84	--	--	--	65%
VENICE FAMILY CLINIC	40,941	310	489	9,472	59	23	--	--	--	76%
T.H.E. CLINIC, INC.	12,370	245	445	4,718	--	--	--	--	--	80%
LA CHRISTIAN HEALTH CENTERS	10,237	205	344	2,155	177	52	--	--	--	62%
THE LOS ANGELES FREE CLINIC	22,947	204	388	4,928	738	253	--	--	--	78%
WATTS HEALTHCARE	15,376	192	373	3,939	272	111	--	--	--	75%
BARTZ-ALTADONNA	20,503	154	380	5,779	272	90	--	--	--	74%

Additional Recommendations

Research/Additional Data

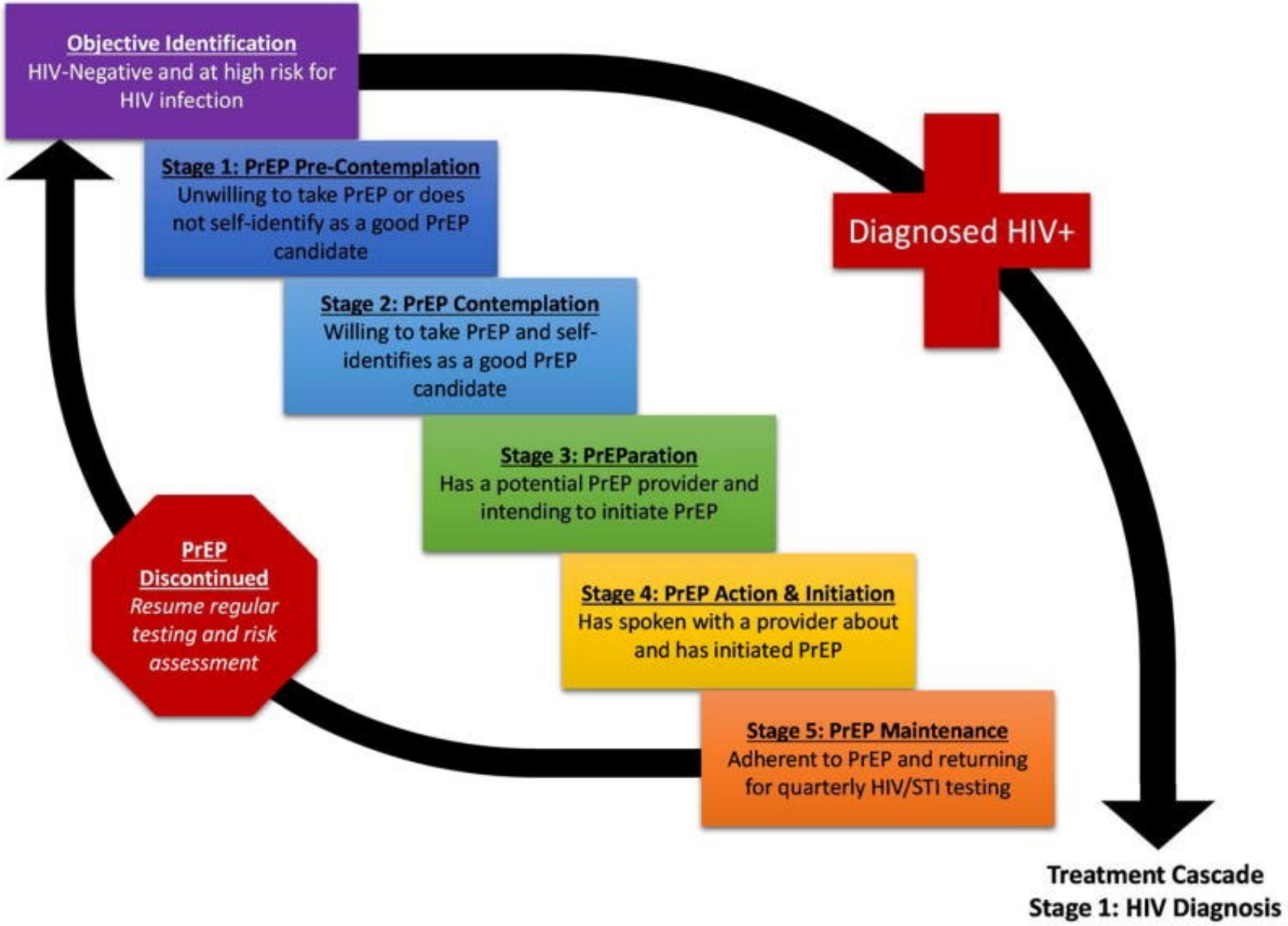
- Who is investing in HIV Prevention?
  - Private funders
  - Community organizations
- 340B optimization and non-traditional revenue streams
- Client surveys on what services they are interested in the most
- Compare % positivity between HIV only vs integrated HIV/STD testing modalities.

Telehealth Companies and Services

- Freddie
- Folx Health Care
- QCare+
- Mistr
- Healthvana
- Schedule meeting with telehealth companies
- In person numbers vs telehealth numbers

Increasing PrEP Uptake for Priority Populations

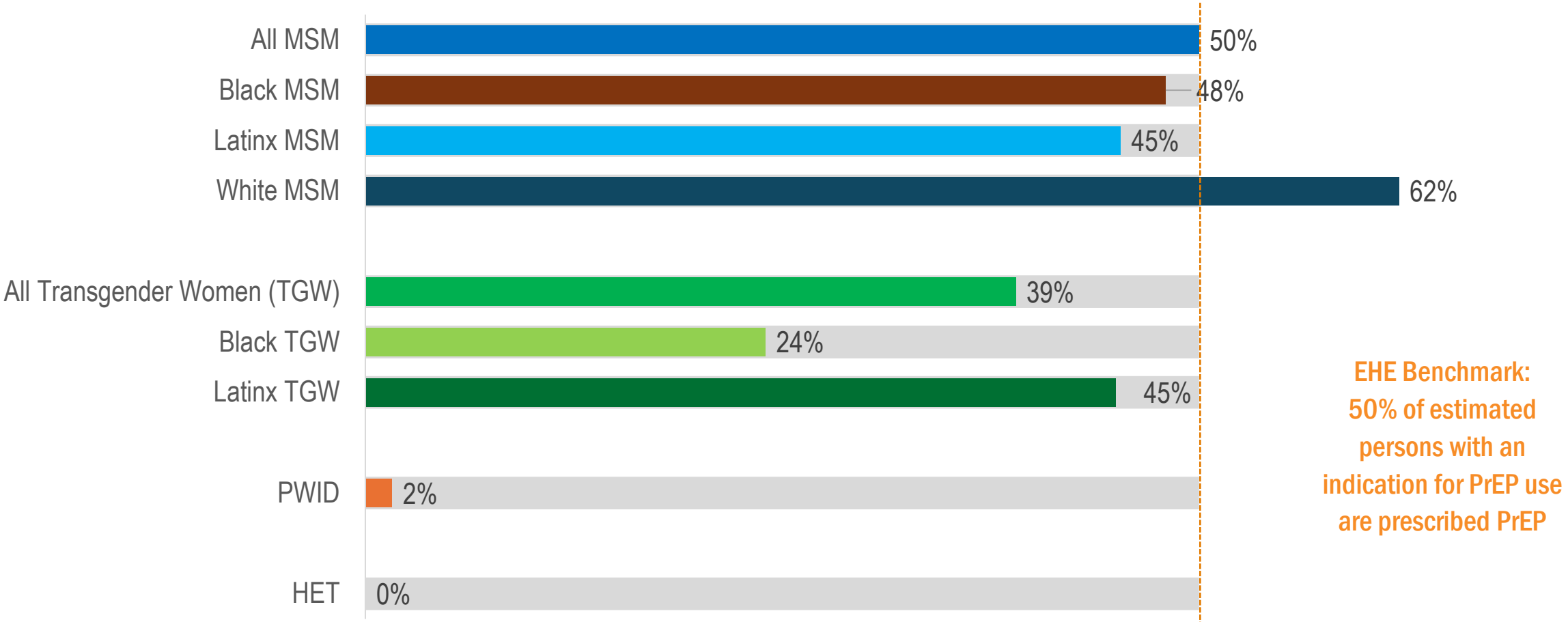
Stages of change of PrEP uptake and use



Taken from: "Uptake of HIV PrEP in a National Cohort of Gay and Bisexual Men in the United States." *JAIDS* March 2017.

Across NHBS surveyed populations, the highest uptake observed among MSM reaching 50% in 2023. White MSM were the only subgroup to surpass the EHE PrEP use benchmark.

PrEP Use during the past 12 months among NHBS Populations with a negative HIV test result, LAC 2019-2024[1]

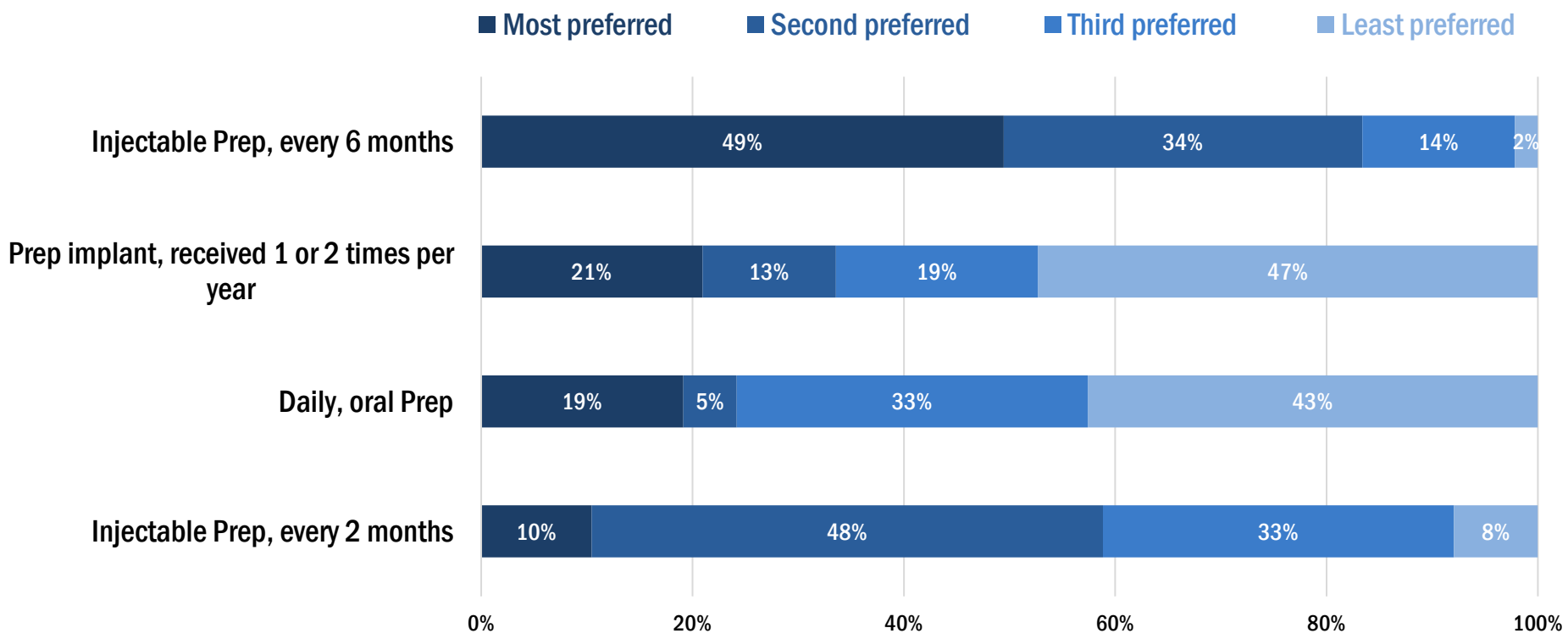


[1] MSM2023: A total of 577 HIV-negative MSM were included in the PrEP analysis, consisting of 234 Black MSM, 203 Latinx MSM, and 108 White MSM. Trans2023: a total of 350 HIV negative transgender women were included in the PrEP analysis, consisting of 98 black TGW and 222 Latinx TGW. PWID2024: A total of 496 HIV negative PWID included in this analysis in the PrEP analysis in 2024; HET2019: A total of 509 HET participated in NHBS-HET in 2019.

Source: HIV Surveillance data as of December 2024

The biannual injections were the most preferred (49%), followed by a PrEP implant received 1 or 2 times per year (21%), daily, oral PrEP (19%) and bimonthly injectable PrEP (10%).

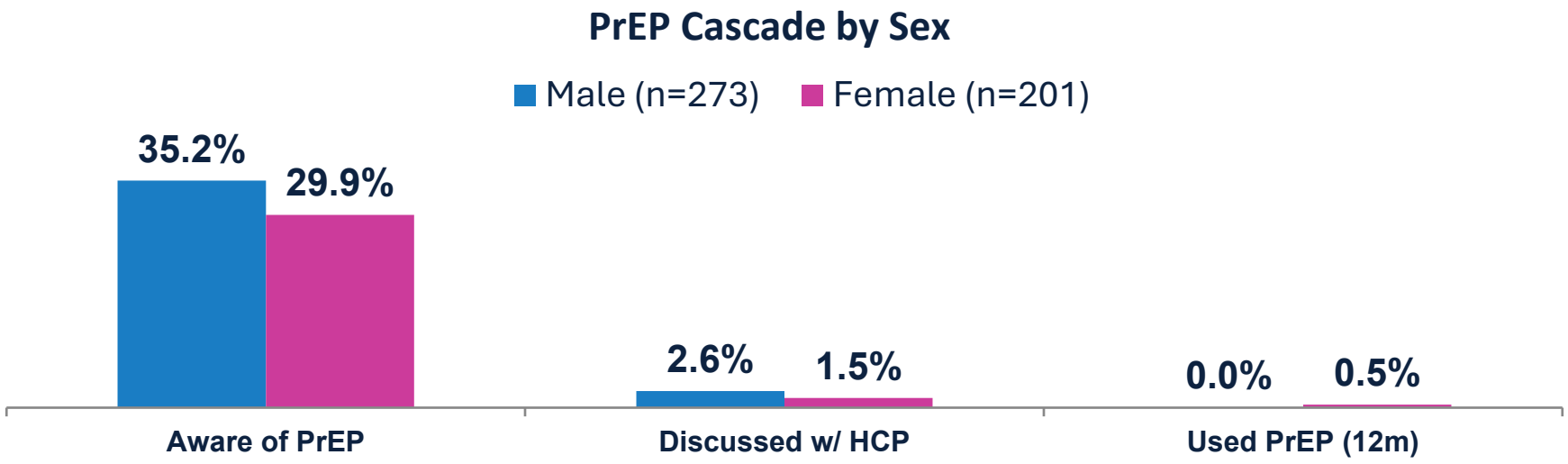
Preferences for different Long-Acting PrEP modalities among HIV negative NHBS-MSM participants reporting being Very or Somewhat Interested in Long-Acting PrEP (n=277), LAC 2023



Abbreviation: PrEP = pre-exposure prophylaxis; PEP = post-exposure prophylaxis; MSM = men who have sex with men; NHBS = National HIV Behavioral Surveillance

Source: HIV Surveillance data as of December 2024

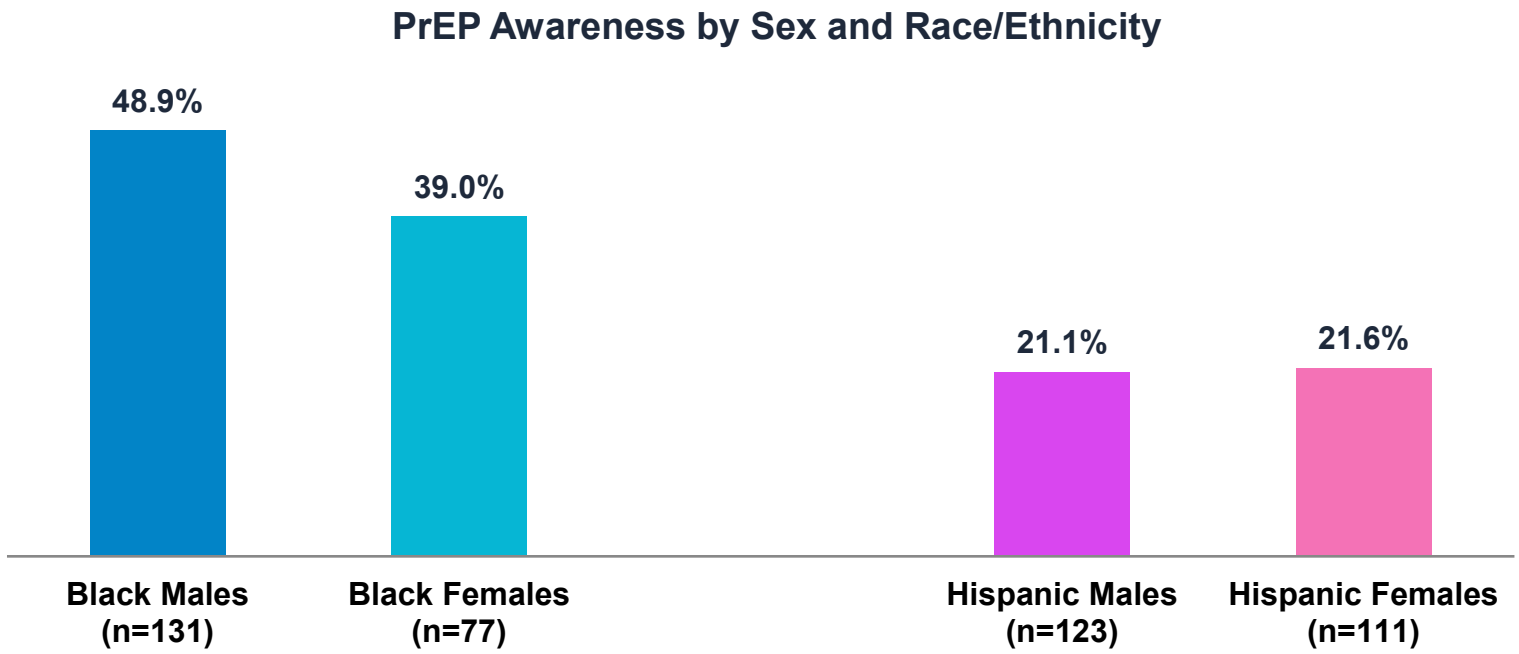
PrEP awareness, provider discussion and PrEP use among HIV-negative heterosexually active adults (n=474), 2025



Data source: National HIV Behavioral Surveillance (NHBS)-Heterosexual Cycle in 2025, Los Angeles County, among HIV-negative heterosexually active adults aged 18-60 with low socioeconomic status (≤high school education or income below the federal poverty level) residing in a high HIV morbidity neighborhood.

PrEP Awareness among HIV-negative heterosexually active adults, by Race/Ethnicity and Sex, 2025

PrEP awareness (32.9%) among heterosexually active adults is low, especially among Hispanic or Latino men and women (21.2% and 21.6%, respectively).



Data source: National HIV Behavioral Surveillance (NHBS)-Heterosexual Cycle in 2025, Los Angeles County, among HIV-negative heterosexually active adults aged 18-60 with low socioeconomic status (≤high school education or income below the federal poverty level) residing in a high HIV morbidity neighborhood.
Analysis limited to Black and Hispanic/Latino participants. White and Other racial groups excluded due to small sample sizes.

UDS Data: Top 20 FQHCs with most patients on PrEP (2024)

Health Center Name	Total Patients	# PrEP Visits	# Patients on PrEP
LOS ANGELES LGBT CENTER	16,126	7544	3483
APLA HEALTH & WELLNESS	12,974	5149	2094
ST. JOHN'S COMMUNITY HEALTH	109,562	2306	908
ALTA MED HEALTH SERVICES CORPORATION	295,386	1555	557
ALL-INCLUSIVE COMMUNITY HEALTH CENTER	13,328	627	403
THE LOS ANGELES FREE CLINIC	22,947	738	253
JWCH INSTITUTE, INC.	69,651	228	175
NORTHEAST VALLEY HEALTH CORPORATION	99,830	313	168
WATTS HEALTHCARE CORPORATION	15,376	272	111
VIA CARE COMMUNITY HEALTH CENTER, INC.	23,859	230	103
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER	20,503	272	90
EAST VALLEY COMMUNITY HEALTH CENTER INC	31,744	289	84
SAN FERNANDO COMMUNITY HOSPITAL	8,586	120	82
BENEVOLENCE INDUSTRIES INCORPORATED	13,684	173	71
SOUTHERN CALIFORNIA MEDICAL CENTER, INC.	19,180	134	67
CENTRAL NEIGHBORHOOD HEALTH FOUNDATION	25,778	355	61
LOS ANGELES CHRISTIAN HEALTH CENTERS	10,237	177	52
WESTSIDE FAMILY HEALTH CENTER	12,412	64	38
ASIAN PACIFIC HEALTH CARE VENTURE	16,001	92	34
UNIVERSAL COMMUNITY HEALTH CENTER	11,899	378	34

PrEP Highlights from DHSP's HIV Testing Report (Contracted Testing)

- Counseling about PrEP is expected at time of testing.
- Linkage to PrEP from DHSP supported testing sites is ~25%.
- 70% of clients declined to be referred to PrEP.

Testing Sites

- **Highest linkage to PrEP:** Storefront and Social Sexual Network (34%)
- **Lowest linkage to PrEP:** CSVs, Mobile Testing

Populations

- **Highest linkage to PrEP:** TG women (31%), Black/AA clients (32%) and ages 20-29 (30%)
- **Lowest linkage to PrEP:** Women (25%), Asian and multi-race (24%), and ages 13-19 (22%)

Discussion

1. **How do we reach the other priority populations who have not met the 2030 target of 50%?**

   Pick a population that has not reached our current goal and the steps that we can take to increase uptake (MSM, Cis women, Trans population, Spanish speaking population, etc.)

2. **From the agency and/or on-the-ground perspective, what prevention interventions are working and what are not?**

Medi-Cal changes that will impact patient/client access.

When?	What is Changing?
July 1, 2026	Dental coverage limit for adults with “Unsatisfactory Immigration Status” (UIS).
October 1, 2026	Immigrant Medicaid Eligibility Exclusion - Eliminates Medi-Cal and CHIP (Children’s Health Insurance Program) for many immigrants.
January 1, 2027	**New restrictions on provider tax rates, Medicaid work requirements, 6-month eligibility checks, and shortened retroactive eligibility. Individuals discontinued due to work requirements become ineligible for ACA coverage.**
January 4, 2027	PTC eligibility limited to certain immigrant groups. Advance PTC no longer available to consumers who lose Medi-Cal due to work requirements.
July 1, 2027	Adults aged 19-59 with UIS must pay $30 monthly premium to keep Medi-Cal coverage.
October 1, 2027	Provider tax cap reduction (.5% reduction each FY down to 3.5%).
January 1, 2028	Reductions in Medicaid state-directed payments to match Medicare.
October 1, 2028	Copayments for expansion population (up to $35 per service).
October 1, 2029	End of Centers for Medicare and Medicaid Services ability to waive certain improper payments.

CA CDPH PrEP-Assistance Program (PrEP-AP) Program

- Covers medical visits and laboratory tests associated with PrEP for uninsured and underinsured individuals, also assist with co-pays
- Patients have access to PrEP-AP formulary for STI treatment, vaccines
- Pharmaceutical company sponsored patient assistance programs for medications

Medical Services

- PrEP / PEP initiation and follow-up visits
- PrEP, PEP, and STI related care

Testing

- HIV testing
- STI screenings
- Hepatitis and pregnancy tests

Medications

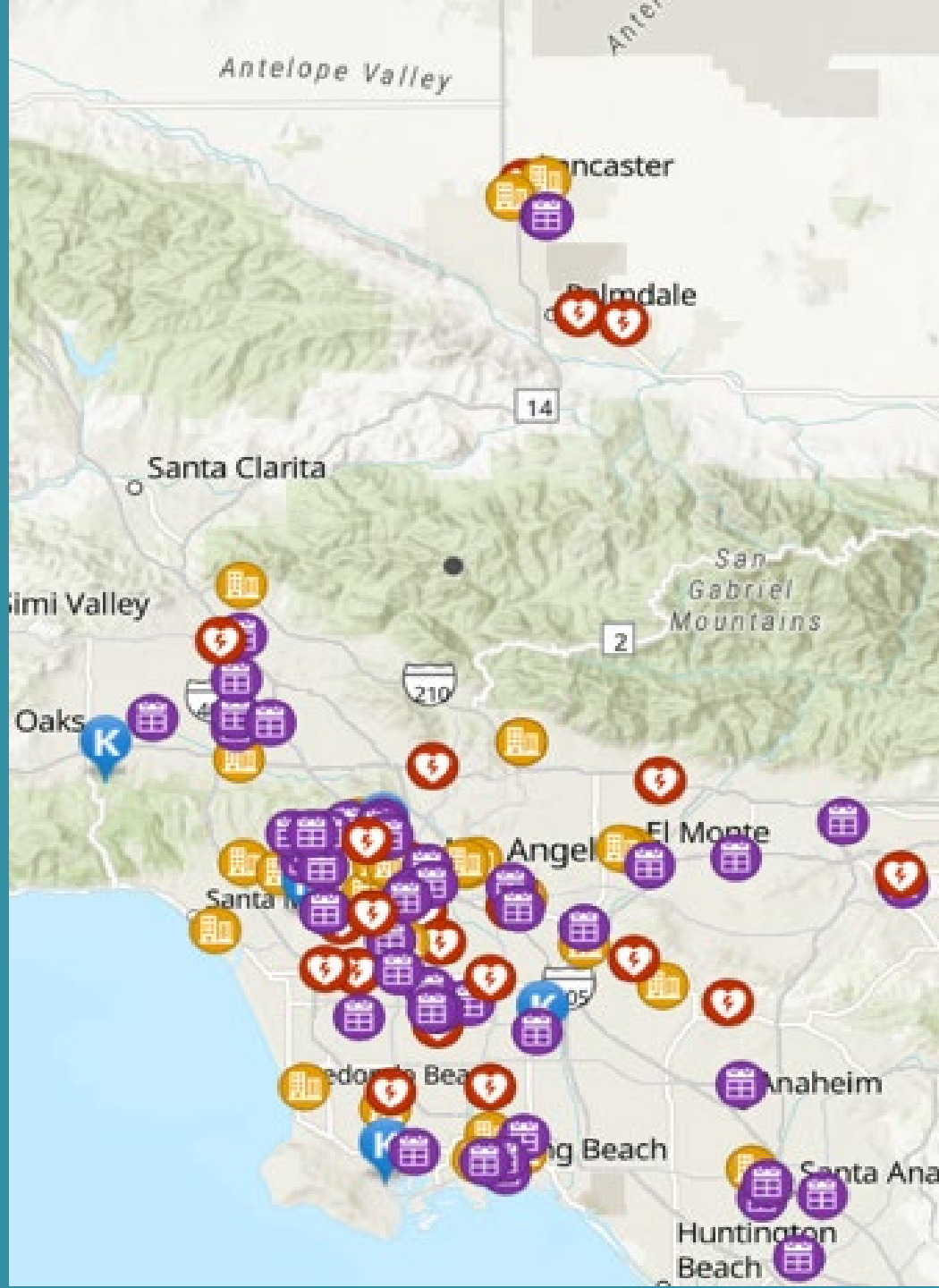
- PrEP & PEP to prevent HIV
- STI treatment & prevention
- Rapid ART (HIV treatment if you test positive)

CDPH PrEP-AP Program Sites

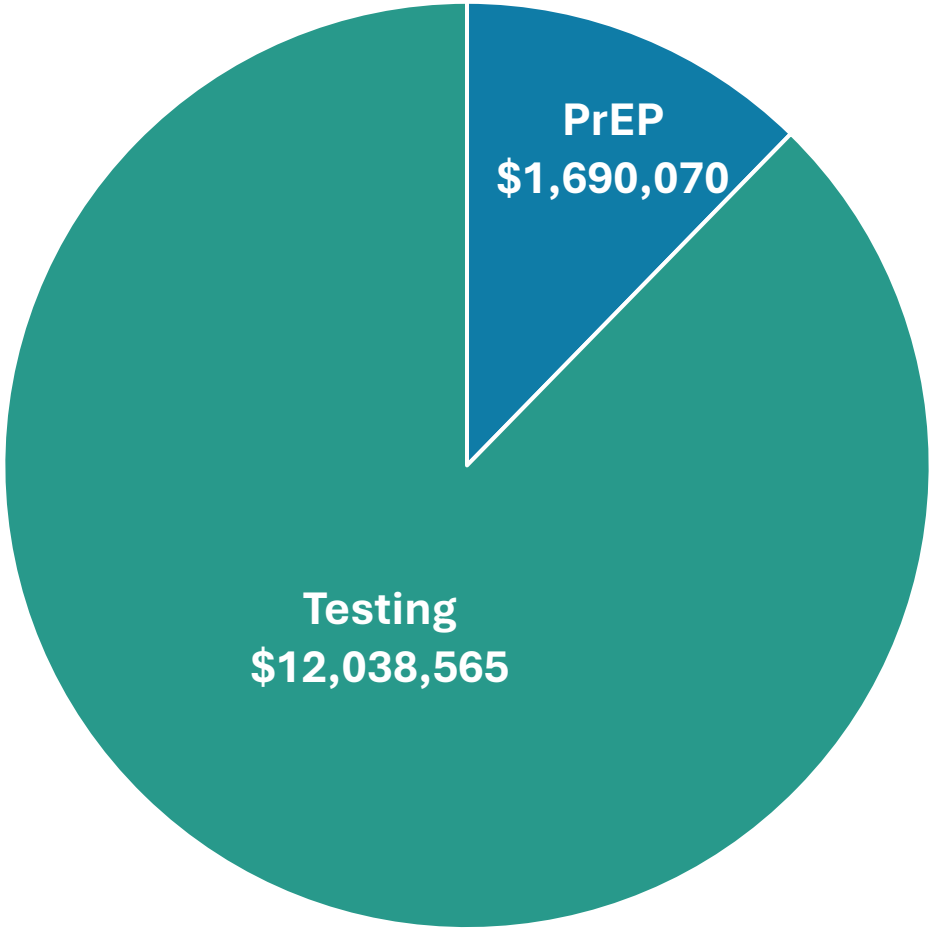
Legend

PrEP-AP Sites

- PREP-AP ENROLLMENT SITE
- PREP-AP CLINICAL PROVIDER SITE
- PREP-AP CLINICAL PROVIDER AND ENROLLMENT SITE
- PREP-AP ENROLLMENT SITE (KAISER CLIENTS ONLY)



DHSP HIV Prevention Investments – Contracted Services



Total Annual Funding Amount: $13,728,635

1. Biomedical Prevention (PrEP navigators)
2. Pharmacy PrEP/PEP Centers of Excellence

3. STD Screening, Diagnosis & Treatment
4. Storefront HIV Testing Services
5. Health Promotion among High-Risk Pops (formerly VPs)
6. Sexual Health Express Clinics (SHEx-C)
7. Emergency Department Routine Testing
8. High Impact Prevention Programs (formerly HERR)
9. Social and Sexual Network (SSN) HIV Testing Services
10. Integrated HIV/STD Testing in the City of Long Beach
11. Commercial Sex Venues (CSV)

Discussion

1. **Who will fall off insurance coverage due to new Medicaid/Medi-Cal re-enrollment and work requirements?**

2. **How should DHSP funds be used to support this population and what access related services should DHSP pay for?**

CDC funding can support PrEP navigation, screening, purchasing tests, health education, prevention staff, and 10% STD costs. CDC funding cannot pay for PrEP associated medical care or medications.

Reflection & Discussion Close Out

Action Items and Evaluation

1. Fill out the Action Plan Form.

2. Please fill out the meeting evaluation.

Action Plan Form

Meeting Evaluation

END THE EPIDEMICS

Californians Mobilizing to End HIV, STIs, Viral Hepatitis & Overdose

July 7, 2026

Agenda

- Housekeeping
- What we won!
- Open forum

Housekeeping

What we won!

- Governor signed budget & trailer bills on June 29
- Details of ETE's budget asks were in the health trailer bill, Senate Bill 164

What we won!

- Amended statute governing uses of the ADAP Rebate Fund to add:
  - DIS work
  - Ryan White Part A and B services
  - COPHRI
  - Housing support for PLWH “who are eligible for the Housing Opportunities for Persons with AIDS program based on income but are otherwise ineligible for the program, and are current residents of California”
- Did not include ETE’s proposed trailer bill language re: demonstration projects and Project Cornerstone–but that’s OK

What we won!

- Did not include ETE’s proposed trailer bill language re: Office of AIDS authority to backfill federal cuts
- But did include $50M “contingency fund” for cuts, like last year
- TBL for this fund is clearer than last year’s.
  - Community-based organizations are eligible
  - Entities are eligible if they provide Ryan White Part A or CDC prevention services
  - To ensure timely backfill, entities must request 45 days in advance of funding lapse
  - Entities can only request 3 months of funding at a time
  - Non-receipt of notice of award 45 days before funding lapse is sufficient

What we won!

- Lays out 4-year spending plan
- Year 1 (2026-27–this year)
  - $33.8M for **“PrEP and PEP initiation and retention projects”** (must be committed by 6/30/30)
  - $14.5M for **rapid antiretroviral therapy projects** (“ 6/30/30)
  - $14.1M for **“HIV and aging projects”** (“ 6/30/30)
  - $30M for **emergency department screening syndemic projects** (“ 6/30/29)
  - $550K for **hepatitis c test training** (spending timeline not specified)
  - **$25M** for **housing support for PLWH** (“ 6/30/**30**)
  - **$16.25M for COPHRI, annually for four years (i.e., thru 6/30/30)**
  - $640K for state overhead (basically), annually for four years

What we won!

- Year 2 (2027-28)
  - $30M for the Syphilis and Congenital Syphilis Outbreak Strategy (must be committed by 6/30/32)
  - $10M for the Harm Reduction Clearinghouse, annually for three years (i.e., thru 6/30/30)
    - Included language allowing funds to be used for costs associated with distribution of supplies
  - $5M for the 2TGI Wellness & Equity Fund, annually for three years (i.e., thru 6/30/30)
  - $3.4M for **“strategies to maintain HIV viral suppression among state prison inmates released to the community”** (must be committed by 7/1/31)

(cont.)

What we won!

- Year 2 (2027-28)
  - $200K, annually **for three years** (i.e., thru 6/30/30) for delivery of home HIV, STI, and HCV test kits through delivery services (e.g., Uber Eats)
  - **$19M** for **housing support for PLWH (spending timeline not specified)**
  - $25M, annually for **three years** (i.e., thru 6/30/30) to supplement CDC HIV prevention funding for CDPH and local public health departments
    - Includes language directing CDPH to set aside funding for migrant-farmworker outreach
  - $25M, annually for **three years** (i.e., thru 6/30/30) to supplement Ryan White funding for CDPH and local Ryan White jurisdictions

What we won!

- Year 3 (2028-29)
  - **$18M** for housing support for PLWH (must be committed by **6/30/30**)
    - In total, $62M for HIV housing
  - $10M for the Hepatitis C Prevention and Collaboration initiative (must be committed by 6/30/33)
  - $8M for hepatitis B demonstration projects (must be committed by 6/30/33)
  - $8.5M for condom distribution (spending timeline not specified)
- Year 4 (2029-30)
  - $30M for **emergency department screening syndemic projects** (must be committed by 6/30/32)

Next steps & shout-out's

- Some clean-up will probably be needed
- Monitoring of implementation will definitely be needed
- Shout-out's to:
  - Our ETE ancestors
  - The Mosaic twins
  - EQCA and LA LGBT Center
  - All of you!

Open forum

Health Care in Motion
Timely, Substantive Updates on Policy Shifts · Actionable Advocacy to Protect Health Care
June 23, 2026

New Grant Rule on Federal Financial Assistance Could Expand Government Surveillance

At the end of May, the Office of Management and Budget (OMB) released a sprawling Proposed Rule that would effectively redefine the relationship between the federal government and recipients of federal funds. Through an amendment to Title 2 of the Code of Federal Regulations—a broad framework that governs federal grants, cooperative agreements, and other federal financial assistance—the Proposed Rule seeks to substantially expand the powers of federal political appointees to monitor the speech and conduct of funding recipients.

Seemingly on a fast track, with an expected implementation date of October 1, 2026 and only a narrow 45 day comment period, the Proposed Rule is expected to be finalized before the upcoming fall. In its own words, the Proposed Rule is meant to implement "strong internal controls at Federal agencies and enhanced oversight regarding how Federal dollars are spent." The practical impact of these changes is that federal awards, including grants that many HIV organizations and providers rely upon, would become significantly politicized. Agencies would have new expansive powers to guide financial assistance to political allies, and funding recipients would be pressured to forego virtually all work that appears counter to federal policy priorities to maintain funding. Read on for more about the scope of the Proposed Rule, how it could impact access to healthcare, and how to take action against it.

Why Are We Discussing OMB?

Previous editions of Health Care in Motion (see here, here, and here) have discussed federal funding as a key tool in the weaponization of federal authority over healthcare access, public health, and efforts to improve health equity. Our past analysis has focused largely on the Department of Health and Human Services (HHS), which includes many agencies that oversee key health-focused grants. The OMB ule is important for health advocates to understand because the Proposed Rule seeks to implement a grant framework that would apply to all federal agencies and their grantmaking operations. While some of the policies in the Proposed Rule were previously included in OMB guidance, the Proposed Rule would elevate the text of Title 2 from guidance to binding regulation, forcing all federal grant programs to comply.

The Quiet Part Out Loud: Advancing Administrative Priorities

The Proposed Rule would introduce and revise several regulatory provisions that would impact (1) the kinds of work that can be federally funded and (2) the processes involved in obtaining and keeping federal grant funding. The Proposed Rule employs a number of mechanisms to advance and enforce a broad range of the

Trump Administration's legal interpretations and policy priorities. Several areas of the Proposed Rule are particularly impactful for public health and community service providers. Some of these are further discussed below.

Prohibition of Funding for Specific Subject Areas

The Proposed Rule would, if finalized, prohibit agencies from administering and grantees from using federal grant funds for specific subject areas. These prohibitions seek to codify the Administration's policy priorities on issues such as efforts to address racial inequities, gender affirming care, immigration, and reproductive choice, and to enshrine those positions in regulations that will cut off funding for grantees that in any way oppose these priorities.

"Disparate-Impact Liability" and DEI. Provisions in the Proposed Rule would require agencies to ensure that Federal awards are not used "in support of disparate-impact studies, disparate-impact litigation, or other related activities" or "to fund, promote, encourage, subsidize, or facilitate [Diversity, Equity, Inclusion and Accessibility (DEI or DEIA)] policies, principles, or practices that violate any applicable Federal anti-discrimination laws." The Proposed Rule includes in the definition of DEI those projects that are related to race and "intentional proxies for race," "including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation."

"Gender Ideology" and Gender-Affirming Care. The Proposed Rule would also require that federal grant funds not be "used to fund, promote, encourage, subsidize, or facilitate" "gender ideology," or "the so-called 'transition' of a child under 19 years of age from one sex to another." The Proposed Rule would codify into regulation the Administration's broad definition of "gender ideology," which is defined to "include[] the idea" that gender identity differs from sex. Moreover, the Proposed Rule notes that "gender ideology" includes "theories or ideologies that deny the biological reality of sex or the sex binary in humans, or endorse or advocate for the notion that sex is a chosen or mutable characteristic."

Immigration. In a different section of the Proposed Rule focused on Political Appointee approvals of grant applications (discussed below), agency Appointees would be required to ensure that federal discretionary awards not be used to "fund, promote, encourage, subsidize, or facilitate . . . illegal immigration."

Abortion. The Proposed Rule includes a new provision that states "[c]osts associated with elective abortions are unallowable, except as expressly authorized by Federal law." This provision would incorporate and expand upon the principles of the Hyde Amendment, which prohibits the use of Federal funds for abortion except in limited circumstances, into regulations applicable across agencies.

These broadly defined prohibitions will have a significant impact on wide swaths of federal grantees, including many recipients of federal grants working in public health. For instance, for organizations that work to end HIV and to support people living with HIV, acknowledging, evaluating, and addressing racial disparities in HIV outcomes, or the healthcare needs of transgender people living with HIV, are foundational aspects of the work. The Proposed Rule can also be read so as to not allow any federal grant funds (1) to be used to directly fund or indirectly support or advocate for gender-affirming care, and (2) to be used in any way that would support or affirm the existence of transgender people.

If the Rule is finalized, legal challenges to these prohibitions are likely, including claims that these prohibitions violate the First Amendment and conflict with the statutory requirements of the Ryan White Act and various other federal statutes.

Politicization of Grant Approval Processes

The Proposed Rule would also change who has the power to review and approve federal funding awards. At present, discretionary grant applications are reviewed by peer reviewers. For instance, as the Substance Abuse and Mental Health Services Administration (SAMHSA) describes, "SAMHSA uses peer reviewers who have specific knowledge, skills, and expertise related to each Notice of Funding Opportunity Announcement." As such, grant applications are reviewed and scored by experts in the relevant field.

The Proposed Rule would change this, requiring instead that senior political appointees in the agency be the ones to review grant applications. These reviews are to be explicitly political. The proposed regulation would require that senior appointees, in reviewing grant proposals, apply the principle that "discretionary awards must, where applicable, demonstrably advance the President's policy priorities." The proposed regulation would also require appointees to ensure that discretionary grant awards not be used to fund specific subjects, which, in addition to the prohibitions discussed above, also includes "any other initiatives that compromise public safety or promote anti-American values."

Restraints on Collaboration with Other Groups

The Proposed Rule would also disincentivize entities that seek to receive *any* grant funds from engaging in or affiliating with organizations engaged in activities contrary to the Administration's policy priorities. Specifically, the Proposed Rule would require that agencies conduct a risk assessment to evaluate applicants prior to issuing Federal awards, which would include consideration of whether the applicant has a "history of . . . engaging in activities or initiatives that are inconsistent with Federal civil rights laws" or "religious liberty laws", has a record of publishing "discredited or non-replicable studies," or has an "affiliation with organizations engaged in activities that violate Federal law, undermine public safety or national security, or advocate for the overthrow of the United States Government."

This provision could significantly chill federally-funded organizations' abilities to engage in myriad kinds of work even when that work isn't itself federally funded, such as work regarding race or gender equity (which could be tagged as activities "inconsistent with Federal civil rights laws") or gender-affirming care work (about which the Administration has asserted a number of claims, including rejecting studies that support the medical benefits of gender-affirming care).

Other Key Changes

The Proposed Rule also makes a number of changes that would impact public health research and direct services, as well as the basic science and medical research that are essential to develop new treatments and scientific breakthroughs. In particular, the Proposed Rule would allow grants to be terminated at any point, without warning. The Proposed Rule also sets limitations on publishing, presenting on, or communicating research findings—limiting the ability of federally funded science to be shared, replicated, and built upon.

The Proposed Rule would also limit language accessibility in the federal grant process, requiring that all Federal announcements, applications, and award information must be in English "to highlight the importance of recipients being able to understand Federal award requirements and program information in English."

What to Expect and How to Get Involved

The government is soliciting comments on the Proposed Rule, to be submitted by **July 13, 2026.**

Advocates and organizations should consider submitting comments, which, as explained in a recent Health Care in Motion, both provide decisionmakers an opportunity to hear stakeholder perspectives and bolster an administrative record that can be used in litigation challenging the finalized Rule.

Want to Submit a Comment and Don't Know Where to Start?
Consider reaching out to organizations that reflect your interests—many are writing comments and may have comment templates to use. Organizations and individuals across many disciplines have created resources, including the American Public Health Association, National Council of Nonprofits, the Solve ME/CFS Initiative, the American Astronomical Society, the American Sociological Association, the Consortium of Social Science Associations, the Association of Public & Land-Grant Universities, the American Alliance of Museums, the School Superintendents Association, and Elizabeth Ginexi, former NIH Scientific Program Official (see more analysis from Dr. Ginexi here).

If you are an HIV organization or provider, or just want to focus your comment on the impact the Proposed Rule will have on people living with or at risk of HIV, consider using this comment template.

Organizations are also hosting webinars to describe the Proposed Rule and provide instructions about how to write and submit comments. For instance, Lawyers for Good Government is hosting one such webinar on **June 23, 2026.** Learn more and register here.

For this Rule in particular, consider writing about the following issues:

- Whether and how the Proposed Rule would interfere with an organization's ability to fulfill its mission;
- Whether and how the Proposed Rule imposes burdens on an organization, including through the need to change existing programs, materials, trainings, etc. that the organization has invested time and resources to create;
- Whether and how the Proposed Rule would interfere with an organization's ability to meet other legal obligations, such as data collection or assessment regarding particular populations;
- Whether and how the Proposed Rule would create uncertainty or pressure around how the organization communicates in the course of its work; and
- Whether the length of the comment period (45 days) impacts an organization's ability to review the Proposed Rule and provide more thorough comments.

The Administration has expressed a plan to have a finalized Rule for implementation on October 1, 2026. Typically, final rules are substantially similar to proposed rules, even if comments are submitted to the agency. If the Rule is finalized in similar form to the proposed version, it is almost certain to be challenged in one or

more lawsuits. Whether the Rule would go into effect during the pendency of litigation will depend on whether federal courts elect to halt implementation of the Rule and retain the status quo for grant funding until the litigation is decided.

And, even if the Rule is eventually paused or struck down by courts, it is likely to command compliance in the interim and chill work done by organizations reliant on federal grant funding. As one recent article describes, some entities abolished DEI programs after the White House issued Executive Orders regarding DEI, before facing a formal threat of enforcement. It will be important for federal grant recipients to be aware of legal developments and in touch with legal counsel to determine what changes, if any, are required by federal law.

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Health Care in Motion is written by Carmel Shachar, Health Law and Policy Clinic Faculty Director; Kevin Costello, Litigation Director; Elizabeth Kaplan, Director of Health Care Access; Maryanne Tomazic, Clinical Instructor; John Card, Staff Attorney; and Rachel Zacharias, Clinical Fellow.

*For further questions or inquiries please contact us at **chlpi@law.harvard.edu**.*

National Council of Nonprofits

Champions for the public good

Comment Guide

Take Action! Oppose Harmful Proposed Changes to Federal Grantmaking, Impacting Nonprofits and Communities

June 2026

Overview

On May 29, 2026, the Office of Management and Budget (OMB) **proposed sweeping changes** to overhaul the set of rules, known as the Uniform Guidance, governing federal grants, cooperative agreements, and other monetary awards to nonprofits, state and local governments, and other grantees. For more information, read NCN's **chart of key provisions** in the OMB Uniform Guidance or the **full proposal** in its entirety.

If implemented, the proposal would create significant financial risk and instability for federal grantees, including nonprofits, making it more difficult to provide vital services to communities. The proposal attempts to grant unprecedented discretion to any administration to withhold, suspend, or terminate grants, or change terms and conditions mid-performance, forcing grantees to operate in a shifting environment. The proposal would allow an administration to determine federal awards based on partisan ideology, rather than objective criteria, community needs, and congressional intent, while decreasing public transparency throughout the process. If implemented, grantees will be faced with unpredictable financial, legal, and reputational risks that increase the costs of accepting federal awards while decreasing the benefits. Many effective and qualified grantees may be unable to accept those risks. This could lead to disruptions to essential services, including housing, community development, health, education, food, shelter, community services, disaster recovery, and more in communities and states nationwide.

The proposal also threatens important congressionally funded federal programs that help address longstanding racial, social, or other disparities or serve underserved communities. The proposal purports to bar any federal funding from being used to promote "unlawful" diversity, equity, and inclusion (DEI) efforts. However, many DEI-related practices and policies that the administration claims are unlawful have been upheld by courts as permissible under the law or can be administered lawfully.

The National Council of Nonprofits encourages nonprofits to submit public comments to register their opposition to the proposed harmful changes before July 13. Organizations can take further action by **signing a national letter** led by NCN and **contacting your members of Congress.**

Attached in this comment guide is 1) a summary of proposed changes, 2) points to raise in opposing the changes, 3) templates for nonprofits to submit comments that you can personalize.

Note: It is important to personalize the comments so that they each are individually considered and require a response from the agency. Comments that are too similar to other comments can be dismissed more easily by the agency.

DEADLINE TO SUBMIT: July 13, 2026

Summary of Proposed Changes

If implemented, the proposed changes to the OMB Uniform Guidance would significantly shift how federal grantmaking occurs and block federal efforts to address racial, social, and other disparities in communities nationwide.

For more information, read NCN's **chart of key provisions** in the OMB Uniform Guidance or the **full proposal** in its entirety.

Points to Raise in Opposing the Proposed Changes

- **The proposed changes would grant the executive branch seemingly unlimited discretion over federal grants, contrary to federal law.** Federal law makes clear that the executive branch does not have the authority to add across-the-board terms and conditions to federal grants beyond those that Congress has authorized. With this proposal, the administration is attempting to use the OMB Uniform Guidance to impose terms and conditions that have been blocked by federal judges for violating federal law or the U.S. Constitution.

- **The proposal would force grantees to operate in a shifting environment, making it more difficult to provide vital services to their communities.** Under the proposal, each new administration could make significant, substantive changes to federal grants, creating uncertainty for grantees. Federal agencies would be authorized to terminate or suspend discretionary grants without cause, and to change grant terms and conditions mid-performance. Agencies could terminate grants if subrecipients "damage the reputation" of the federal government, a term that is not defined. Onerous oversight and monitoring requirements could be applied across entire programs, regardless of the grantee's individual performance.

  Moreover, under the proposal, grantees would have limited ability to challenge certain funding disruptions. When a grant is terminated under the agency's discretion, the agency would not have to provide grantees with any administrative hearing or appeals process. Federal agencies could withhold federal discretionary grants indefinitely, if the agency determines that the grant does not "advance the president's policy priorities."

- **The proposal allows federal agencies to determine discretionary federal awards based on partisan ideology, not community needs or congressional intent**. OMB proposes to create a pre-approval process that allows political appointees to exclude grant proposals from consideration if the proposal is not consistent with "federal agency priorities and the national interest." Grantees would not know whether and why their proposal was rejected through this process, and they would be unable to challenge such actions. Moreover, the proposal directs agencies to consider a grantee's membership or affiliation with other organizations that "undermine public safety or national security" and grantees' engagement in "activities or

initiatives that are inconsistent with federal civil rights laws." These provisions could exclude grantees that work to advance racial equity or grantees that oppose an administration's policies. Taken together, these provisions would essentially allow any administration to disqualify a grantee it disfavors.

- **The proposal threatens important congressionally funded federal programs that help address longstanding racial, social, or other disparities or serve underserved communities.** The proposal purports to bar any federal funding from being used to promote "unlawful" diversity, equity, and inclusion (DEI) efforts or illegal immigration. However, many DEI-related practices and policies that the administration claims are unlawful have been upheld by courts as permissible under the law or can be administered lawfully. Grantees lawfully provide immigration legal services, humanitarian assistance to asylum seekers, or emergency shelter to migrants. Those most impacted are people of color and their communities, which have experienced historic and ongoing federal disinvestment.

- **The proposed changes force nonprofits to choose between applying for critical federal resources and their deeply held values and beliefs.** Many nonprofits hold core values around advancing DEI, welcoming immigrants, supporting LBGTQ people, or opposing the Administration's priorities or ideology. The proposed changes target nonprofits with these viewpoints, forcing them to decide between core values and focused work, and their ability to serve communities through federal programs.

- **The proposal deters participation in federal programs, harming the communities federal programs were intended to serve.** If implemented, grantees will be faced with unpredictable financial, legal, and reputational risks that increase the costs of accepting federal awards while decreasing the benefits. Many effective and qualified grantees may be unable to accept those risks. This could lead to disruptions to essential services, including housing, community development, health, education, food, shelter, community services, disaster recovery, and more in communities and states nationwide. By undermining the administration of federal programs, the proposal would harm every community that relies on federal grantees to deliver essential services.

How to Submit a Comment

Here are a few tips for filing comments with any government agency or oversight body:

- Take the deadline for filing comments seriously. **Comments are due by July 13, 2026.**

- Typically, there is no required format for your comments. Your comments can be a sentence, or a paragraph, or a long statement. Your comments can be anything from one sentence to a complete economic analysis; they may be long, short, or anything in between, and can express support, or dismay…suggest revisions, different approaches, or request that the proposed changes be abandoned completely. But providing constructive critiques that connect what is proposed to your actual experience will strengthen the comments, as will identifying what you agree with (and why) and what you suggest could be different (and why).

- One of the most useful things you can provide is a concrete description of how the proposal would affect you, your work, and the communities you serve.

    - If you anticipate that the proposal will interfere with one or more projects that you are working on, you could describe how the proposal would make such projects more expensive, less effective, or even potentially impracticable. You could then explain how the specific communities you serve would be harmed if your work is more expensive, less effective, or impracticable.

    - If you have made investments or other plans in reliance on the availability of grants, you could describe what actions you have taken (including hiring additional staff, acquiring physical assets and real property, and developing institutional capacity) and how the proposal will affect those investments.

- If you use an online form, your comments may be limited to simple text. Do not assume that hyperlinks will work or that footnotes will be visible.

- Maintain a respectful tone even if the comments express strenuous disagreement with proposed regulations.

- Assume that whatever you file as comments will be made publicly available. Do not include any personally identifiable information that you would not want to be made public.

- Finally, remember that your voice DOES matter. In fact, your comments may be the only ones offering the uniquely informed perspective that everyone one else will benefit from in years to come. So, take a big breath – and press SEND!

How to submit your comments:

- Submit your comments using the "Comment" button at **https://www.regulations.gov/document/OMB-2026-0034-0001**. Or, you can submit a comment via regulations.gov by searching for the OMB docket number OMB-2026-0034.

- Make sure your comment references "OMB-2026-0034, Office of Management and Budget (OMB) Regulation for Federal Financial Assistance."

- The government will not accept comments submitted by fax or by email or comments submitted after the comment period closes.

- For assistance, contact Andrew Reisig or Joel Savary at the OMB Office of Federal Financial Management via email at ***MBX.OMB.Grants@OMB.eop.gov***.

- If you require an accommodation or cannot otherwise submit your comments via www.regulations.gov, contact ***regulationshelpdesk@gsa.gov*** or by phone at 1-866-498-2945.

Template Comment Letter

DEADLINE TO SUBMIT: July 13, 2026

This template should be *personalized and include specific information* about your organization, the communities it serves, and the impact of the proposed changes.

[Your Full Name]
[Organization/Affiliation]
[City, State]
[Email]

Re: OMB-2026-0034, Office of Management and Budget (OMB) Regulation for Federal Financial Assistance.

To Whom It May Concern,

Thank you for the opportunity to provide comments on the proposal to revise several parts of the OMB Guidance for Federal Financial Assistance located in title 2 of the Code of Federal Regulations (CFR), subtitle A (OMB-2026-0034, Office of Management and Budget (OMB) Regulation for Federal Financial Assistance).

Introduce yourself and your organization.

My name is [Your Name], and I am [Title/Organization]. [ADD A SENTENCE ABOUT HOW YOUR ORGANIZATION SERVES YOUR COMMUNITIES, INCLUDING BY USING FEDERAL GRANTS].

Explain how your organization and the communities you serve would be harmed by the proposed changes.

The proposed changes to the OMB Guidance for Federal Financial Assistance would harm my organization and my community by [ADD WHETHER YOUR ORGANIZATION HAS APPLIED FOR OR RECEIVED A FEDERAL GRANT, AND THE IMPACT THE PROPOSED CHANGES WILL HAVE ON YOUR ORGANIZATION].

Point to a specific issue from the previous pages, explain how it affects you, why you oppose it, and what changes should be made.

My organization strongly opposes the proposed changes and the impact they will have on our organization and the community we serve. [EXPLAIN THE IMPACT THE SPECIFIC PROVISIONS WOULD HAVE ON YOUR WORK, INCLUDING THE COMMUNITIES YOU SERVE].

Close

Thank you for considering this input.

Sincerely,

[Your Name]

Congressional In-District Meetings & Events Toolkit

Summer & Fall 2026

Table of Contents

Introduction

Why meet or do an event with your Member of Congress or their staff

One of the most impactful ways that people can advocate for federal funding is to request an in-district meeting with your Representative and Senators or their staff, or invite them to a local event. Members of Congress and their staff respond well to constituent information and stories. When they know that constituents are engaged locally, they will be more likely to remember their issues and needs and may be more open to their requests. In-district meetings and events are ideal ways to share stories and experiences and advocate for increases for federal HIV and related programs.

Additionally, in-district meetings and events help constituents and advocates develop a relationship with a Member of Congress and/or their staff. Doing local meetings and events demonstrates that constituents are active members of the community with important concerns. Congressional offices also understand that for each active constituent, their family, friends, neighbors, and colleagues (who likely are voters) often share their concerns. Doing in-district meetings and events with Congressional offices is a good way to introduce yourself and begin communication that can endure and provide additional advocacy opportunities in the future.

Using the #CutsKillQuilt to Engage Members of Congress

Since last year, the Save HIV Funding Campaign has told Congress that proposed cuts would increase the HIV epidemic in the U.S. by eliminating HIV prevention services and reducing access to HIV care, treatment, and supports. The Campaign also has urged Members of Congress to increase funding for federal HIV programs as flat funding is insufficient when local, state and other federal resources, such as Medicaid and insurance subsidies, are contracting.

An effective way to engage members of Congress on these issues is to use visual advocacy, such as displays of #CutsKill Quilt panels In addition to making a more traditional request for a meeting or event participation, asking a Congressional office to hang a #CutsKill quilt panel or attend an event involving the quilt creates a tangible action on which to engage that office - and this action centers the connection between HIV funding requests and the needs of local people living with or vulnerable to HIV.

As we move through a Summer and Fall of Pride activities, multiple HIV awareness days, rallies, and other advocacy - including World AIDS Day on December 1st - the #CutsKill Quilt is an effective visual reminder of the stakes in the battle to fully fund HIV programs.

Ways to use advocate with #CutsKill quilt panels include:

- First, **please let us know that you plan to request an in-district meeting** by completing this **sign up link** **Request an in-district meeting and present a local quilt panel** during the meeting. ***Please note*** that you or your organization would keep the quilt panel - the idea would be to show it to the Congressional office during your visit and ask the office to display it connected to a particular event and then return it to you.

#CutsKill Quilt Displayed at the U.S. Capitol, Sept. 2025. Courtesy of Getty Images

You also could ask a Congressional office to:

- **Hang your local quilt panel in its in-district office or outside of its DC office for an awareness Day** (or line it up for World AIDS Day).
- **Attend a local event and present a quilt panel there.** (Again, retain ownership of the panel, but feature the quilt panel at the event and ask the office to display it in one of their Congressional offices.)
- **Promote a photo of a local quilt panel or a local *digital* quilt panel** in the media and on their Congressional social media platforms.
- **Ask the Congressional office to create its own digital #CutsKill quilt panel and share it** on social media as part of their recognition of awareness days or other events.

- **Post your organization's digital #CutsKill quilt panel and tag your members of Congress** with an advocacy message to increase funding for HIV programs.

To use the #CutsKill quilt in your advocacy, you can make your own physical panel or a digital panel. If you have questions or need assistance with quilt-related issues, please contact Michael Chancley from the Save HIV Funding Campaign at **michael@prep4all.org.**

Advocacy Opportunities Related to the Election

2026 will bring Midterm elections on November 3rd. The election brings with it opportunities for organizations and individuals to engage candidates for Congressional seats or sitting members of Congress at public debates, speeches, town hall meetings, candidate forums, and other events. **We encourage individuals to ask candidates questions about their support for increasing federal funding for HIV prevention, treatment, research, housing and related programs.**

Nonprofits and other entities should know and be mindful of the limitations regarding election activities. In particular, 501(c)(3) nonprofit organizations are **strictly prohibited** from endorsing or opposing candidates for elected public office. They must remain ***non-partisan*** and cannot distribute campaign materials or link to partisan content. **Some general guidelines include:**

- **Individual Activity:** Employees of nonprofits may personally support or oppose candidates, but they **cannot use the organization's resources**, facilities, or personnel to do so.
- **Resource Usage:** Organizations are prohibited from using their financial resources to support candidates and must ensure any distributed voting information is **entirely non-partisan**.
- **Permitted Activities:** Nonprofits can provide resources for members to learn about ***allowable election activities***, such as sharing basic voter information or non-partisan "How to Vote" guides.

For more information about engaging candidates as a nonprofit organization, we recommend these Alliance For Justice resources:

- https://afj.org/resource/the-rules-of-the-game-a-guide-to-election-related-activities-for-501c3-organizations/
- https://afj.org/article/nonprofits-elections-the-fine-art-of-remaining-nonpartisan/
- https://www.bolderadvocacy.org/wp-content/uploads/2018/06/Election_Checklist_for_501c3_Public_Charities.pdf

Best Practices for In-District Meetings and Events

In-district meetings and events with Congressional offices work best when participants have planned and prepped, including developing a clear request. Meeting scheduling, agenda development, participant prep, and timely follow-up help advocates to build relationships with Congressional offices and advance advocacy goals. This section outlines tips and best practices to help you achieve these outcomes.

Find Your Group

You don't have to do meetings alone! In fact, it's often more powerful for a legislator or their staff to **hear from multiple people representing different local perspectives**. Important people to include in a meeting (when possible) are people living with HIV, people using PrEP, local HIV/healthcare providers, local leaders, and family members - we encourage people to work together to create powerful meetings. ***Meetings will be most persuasive*** if the group includes a direct constituent living or working in the district and/or people who provide services in or to the district.

It may be easier to gather a group for a meeting with a Senate office since they represent the entire state. Gathering different perspectives might be a bit harder for a specific Congressional district, especially one that is away from a population center or that does not have strong HIV programs, organizations, or service providers. We encourage people to support each other and work together to maximize participation. ***This might involve someone attending a meeting in-person and then having someone join that meeting virtually or by phone.***

The Save HIV Funding Campaign is organizing people who are advocating for increasing federal funding for HIV programs. We are happy to put people who are interested in doing meetings in touch with each other. If you want help in finding your group, **please complete this in-district sign up link** and reach out to **Bill McColl at bmccoll@colliercollective.org and Jenny Collier at jcollier@colliercollective.org.**

Find Your Members of Congress

1. **Each person has a Member of the House of Representatives and two Senators** representing them.
2. **To identify your members of Congress**, please visit: https://ballotpedia.org/Who_represents_me

3. Review this Key Congressional Office *and if Congressional offices from your region are listed,* ***please prioritize them for in-district meetings.***
4. **If your Senators and Representatives of Congress are not on this list,** ***please still reach out*** to meet with them - each in-district meeting is important and counts!
5. **If you believe that a Congressional office may be hostile to you or your group** or a meeting may result in a negative outcome, ***then please skip that meeting***.

If you have questions, please email Bill McColl at bmccoll@colliercollective.org and Jenny Collier at jcollier@colliercollective.org **-** they are happy to help!

Request an In-District Meeting or Event

1. **Please complete this sign up form** if you plan to request an in-district meeting or event.

2. **Please also email the following people** to let them know:
    a. Bill McColl *bmccoll@colliercollective.org*
    b. Jenny Collier jcollier@colliercollective.org
    c. Maxx Boykin *maxx@prep4all.org*

3. **Please contact Brooks Johnson at bjohnson@colliercollective.org** to get the contact info for the appropriate Congressional staff to contact to request a meeting.

4. **Please consider using or adapting the template email below** to request the in-district meeting or invite Congressional staff from the district office to a local event.

Email Template to Request a Congressional Meeting

Dear [NAME],

I am writing on behalf of [X people or organizations], including [identify people in the meeting] who are constituents [if you don't have constituents, remove that phrase] to request an in-district meeting with [Sen. or Rep. ____ or the name of the staff person] to discuss federal funding for HIV programs. We would appreciate meeting [suggest either the Congressional district office if it's close enough **or** a local HIV clinic or HIV organization location] on [date] or another mutually convenient time soon.

As people living with or vulnerable to HIV and local HIV programs wrestle with shrinking federal resources to support these lifesaving services, we would like to discuss and describe the impact that federal HIV funding has had on our district and relay concerns about how cuts or shortfalls are impacting constituents.

Thank you so much for your time and consideration of this request, and we look forward to hearing from you soon.

Sincerely,

<Your Name>

<Your Town, State> (this lets them know that you are a constituent)

<cell phone number> (helpful for contact purposes)

Plan Your Meeting

Once you have set a date for the meeting, ***we suggest that you:***

1. ***Plan your meeting in advance with the group who will attend by having a pre-meeting***.
2. Develop a meeting agenda ahead of time
3. Time the meeting during your pre-meeting, as ***you may only have 20 to 30 minutes total for the actual meeting.***

Please check out below the suggested **meeting goals** and **agenda items**.

A. *Meeting Goals. The goals of your advocacy meetings are to:*

1. **Educate policymakers** about the importance of HIV programs to you.
    a. ***If you are a person living with HIV or someone on PrEP,*** explain what programs you rely on (such as the Ryan White Program, Medicaid, PrEP access programs) and how important they are.
    b. ***If you deliver HIV services***, work at a clinic, or do research, explain the importance of federal funding in supporting your work.
2. **Develop a relationship** with Congressional offices and staff and offer to be a resource to them.
    a. If you are associated with an HIV services program and have authorization from the program, you may wish to **invite the Congressional office to visit** the program.
    b. ***Please note***, if you plan to schedule a visit to your local clinic or HIV services organization, please contact **Bill McColl at bmccoll@colliercollective.org** and **Jenny Collier at jcollier@colliercollective.org** to get **tips for conducting an effective Congressional visit** to a local program.

B. *Suggested Meeting Agenda*

Sections C-G below describe a typical meeting averaging approximately 30 minutes. Please feel free to design **the meeting agenda to best communicate local issues and concerns** and to **fit into the amount of time allocated** for the meeting/visit. ***Please note*** *that sometimes meetings can be short as 15 minutes or as long as an hour. When scheduling your meeting, please ask the amount of time you will have and plan the agenda for that duration.*

C. *Greetings and Introductions (3-5 minutes)*

1. **Thank** the office for meeting with you.
2. **Introduce meeting participants** and explain your interest in HIV.
3. Give the Member or staffer an opportunity to introduce themselves as well.

D. *What To Talk About (10-20 minutes)*

1. **Urge Congress to allocate robust Fiscal Year 2027 (FY27) funding for HIV programs**

a. **Background:** The House Appropriations Committee has passed FY27 funding bills that would cut HIV prevention, care, and treatment by **approximately $1 billion.** The Senate Appropriations Committee has yet to pass its bills.
b. **Requests:** During your meetings, urge Congress to**:**
    i. **Increase funding for domestic and global HIV programs.**
        1. Highlight program requests that are **especially meaningful to meeting participants** and give **real life examples** of why that funding is important.
    ii. **Include guardrails in FY27 spending bills** to ensure that the Administration spends FY27 funding promptly and in the way Congress intends.

2. **Also urge Congress to:**
    a. Reject additional cuts to health care and support programs, including HIV programs, through a "Reconciliation 3.0" bill or other legislation.
        i. Congress must reject proposals that would increase costs - including health care costs - for people and families, including people living with or at risk for HIV.
        ii. People and families are struggling to make ends meet and already face rising costs of health care, food, housing, medications, and other necessities.
    b. **Reverse Medicaid cuts and the loss of federal insurance premium subsidies** to increase insurance coverage for individuals and families nationwide.
    c. **Block implementation of the White House Office of Management and Budget (OMB) proposed rule that would politicize and cut federal grants and resources,** including for federal HIV and related programs. (See The Trump Administration Seeks to End Nonpartisan Grantmaking: Center for Budget and Policy Priorities)

E. Tell your personal story (5-10 minutes)

1. **Describe current needs through an example** - *tell a personal story about your experience if you are a directly impacted person or about your experience providing services if you are a service provider.*
2. **Focus on *local* impacts of proposed funding cuts by describing:**

a. ***Vulnerable populations:*** The people who have been or would be impacted by cuts, including people living with or vulnerable to HIV/AIDS, LGBTQ+ individuals, people with substance use disorders, unhoused people, and other underserved communities.
b. ***Service disruptions:*** HIV prevention and treatment, mental health services, substance use disorder treatment, housing assistance, transportation to care, nutrition services, and other essential supports that have been or would be disrupted or terminated.
c. ***Job losses:*** Layoffs of healthcare professionals, social workers, case managers, and support staff are occurring or are anticipated.
d. ***Public health crisis:*** An increase in HIV transmission rates, overdose deaths, and other negative health outcomes is occurring or would be expected.

F. Additional Talking Points (as time permits)

1. **HIV programs have a more than 40-year history of bipartisan support.**
2. ***Provide background on HIV in your state with state-specific fact sheets***
    a. Ask the staffer how familiar they are with HIV services and programs.
    b. Describe the need for HIV services in your state or the member's district.
3. **Talking Points** (You do not need to cover all talking points – consider highlighting the points that relate best to your experience and concerns.)
    a. **HIV care, treatment, and prevention initiatives currently are facing extreme challenges,** and some states are shutting down or implementing severe cost containment measures – including treatment waitlists – because of years of flat federal funding, recent cuts, and increased costs. ***Increased federal funding is needed now to address these dramatic and potentially life-threatening shortfalls.***
    b. **Ryan White HIV/AIDS Program**
        i. ***Increasing funding for all parts of the Ryan White Program is critical***.
        ii. The Ryan White Program ensures that individuals living with HIV have access to the care and treatment they need – successful treatment results in viral suppression that helps people to stay healthy while preventing HIV transmission.
        iii. The program serves more than 600,000 people nationwide – more than half of the people living with HIV in the U.S. – and it provides care in rural, urban, and suburban jurisdictions.

iv. There is more pressure now on Ryan White Program resources because of cuts to public (Medicaid) and private insurance and increased costs, making increased funding for this program essential.

v. The program has helped ***more than 90% of its clients*** achieve viral suppression, which indicates HIV treatment success and prevention of HIV transmission.

vi. 40% of people living with HIV access treatment through Medicaid. Loss of Medicaid coverage because of recent cuts and new work requirements will require more people to seek HIV care through the Ryan White program. More people needing Ryan White Program support will further stress limited program funding, **resulting in the need to increase this funding**

c. **Ending the HIV Epidemic (EHE) initiative:**

i. Since 2017, the bipartisan Ending the HIV Epidemic (EHE) initiative has reduced new HIV cases by 21% in America's most highly affected jurisdictions compared to 6% nationally.

ii. Cuts to EHE funding would put all recent progress at risk and increase human and financial costs:

iii. Five thousand Americans still die from AIDS-related causes each year and approximately 39,000 people acquire HIV annually. Those numbers will grow if there are cuts to HIV programs.

iv. Every new HIV case in the US translates to between $500,000 – $1.1 million in lifetime healthcare costs.

d. **HIV Prevention at CDC**

i. **90% of CDC Division of HIV Prevention funding goes directly to state and local health** departments and community-based organizations to:

1. Provide surveillance, testing, linkage to care, responses to HIV outbreaks and more.
2. Help expand access to Pre-Exposure Prophylaxis (PrEP), a medication that is 99% effective at preventing HIV when taken as directed.
    a. **Expanding access to PrEP will help end the HIV epidemic in the US**. 2 out of 3 people who could benefit from PrEP do not access it, with significant disparities among the people most heavily impacted by HIV.

ii. HIV prevention is cost-effective.

1. Each year, there are approximately 32,000 new cases of HIV, and each new case has expected lifetime medical costs of more than $500,000.
2. This equals ***$16 billion in new lifetime medical costs each year***.

e. **HIV Research at NIH**
   i. U.S. research funds have led to the creation of effective HIV treatment and prevention, including PrEP and research confirming that people living with HIV who achieve an undetectable viral load through treatment cannot transmit HIV.
   ii. HIV research also has contributed to breakthroughs in other diseases, including cancer, TB, and viral hepatitis.

f. **HIV/AIDS Housing**
   i. Housing is the #1 unmet need for people living with HIV – 2 out of 5 PLWHA who need housing assistance do not get it.
   ii. The Department of Housing and Urban Development's (HUD's) **Housing Opportunities for People with AIDS (HOPWA)** program is the only federal program that directly provides supportive and affordable housing for low-income people living with HIV.
   iii. Stable housing is associated with better health outcomes, including a 20% higher viral suppression rate.
   iv. HOPWA provides housing to 55,000 households and supportive services to over 100,000 individuals, as well as services to help people obtain and retain housing.

g. **PEPFAR and Global HIV Programs**
   i. Since 2003, PEPFAR has helped save approximately 26 million lives and prevented millions of new HIV cases by expanding treatment, prevention, and care in more than 50 countries.
   ii. PEPFAR strengthens health systems, economies, and political stability in partner countries, which supports U.S. national security and helps prevent future disease and outbreaks in the United States.

G. Meeting Wrap Up (5 minutes):

1. Ask how you can be a **resource on issues related to HIV**, and ***what is the best way to stay in touch?***

2. **If you work for an HIV services program, invite the office and member of Congress to visit your program or clinic.** Ask whom you should contact to issue the invitation.
3. **Thank** the staff for their time and consideration!

F. Meeting Materials:

It is helpful to use materials when meeting with Congressional offices to help make your points. **Consider sharing the following materials that describe federal HIV program funding requests and the impact of these programs on your state when meeting with or engaging Congressional offices. These materials include:**

1. **State-specific 1 pagers** identifying the amount and impact of CDC HIV Prevention, Ryan White Program, and HIV research funding provided to your state.
2. **AIDS Budget & Appropriations Coalition (ABAC) materials, including:**
    a. Funding Chart: This chart contains the HIV community's federal funding requests for domestic HIV programs.
    b. ABAC FY26 Community Letter to Appropriators: This letter to Congress describes the ABAC funding requests for FY26 and the federal HIV programs these requests support.

Meeting Follow Up

1. Send an email to the staffer **thanking them** for meeting with you.
2. **Share meeting materials (described above) electronically**, especially state information.
3. **Make sure to CC: everyone who attended the meeting with you** so that you are all in contact.
4. **When you hear about new developments, write back again in reply to this email** as a way to remind the staffer about your meeting and to remind them of your concerns. **The goal is to stay in touch with Congressional offices and build a relationship** that allows you to communicate your concerns as they come up in the future.

To Report Out Meetings and/or Get Support

Please report out on your meeting, ask question, and get help by contacting:

1. Bill McColl at **bmccoll@colliercollective.org**
2. Jenny Collier at **jcollier@colliercollective.org**
3. Brooks Johnson at **bjohnson@colliercollective.org**

Thanks so much!

Tips for successful engagement of Congressional offices

As you engage with Congressional offices, please consider these tips:

- **Know the legislator, the district and its demographics** as well as possible. You can see their bios, recent statements and other information on their websites and social media accounts.
- **Provide information about who you are and what you do, and share how to contact you in the future.**
- **Come prepared.** Bring brochures or other relevant information, such as local HIV-related data or data about how much funding your group, institution or state receives. Use the **meeting materials** described earlier in this toolkit.
- **Know the "other side's" positions** and be ready to respectfully respond to them.
- **Always come with an "ask."** In addition to making an "ask" for federal funding for HIV programs, other asks could include an invitation to an event or a visit to your clinic or a local organization.
- **Make your case, briefly and persuasively.** Be specific about what you want the legislator to do and when.
- **Tell a personal story** and incorporate local issues and data whenever possible to help make the point.
- **Establish a time when you will expect to receive an answer or follow-up.**
- **Find ways to stay connected.** Ask to be on the legislator's health advisory committee, receive a regular newsletter, and/or attend local events.
- **Follow up promptly with a thank you email, digital copies of meeting materials, and any other promised information** for the legislators and/or staff with whom you met.
- **Don't answer questions you don't know the answer to.** If the legislator or their staff ask a question and you don't know the answer, please say that you will research the issue and get back to them later. After the meeting, please contact Bill McColl at bmccoll@colliercollective.org and Jenny Collier at jcollier@colliercollective.org from the Save HIV Funding campaign to discuss the question and how best to respond.
- **Be polite, but feel empowered.** As a constituent, legislators work for you and the other individuals they represent, and you have a right to talk to them and their staff about issues that concern you and impact their constituents!

Resources

Quilt Resources:

- **Quilt making Instructions: https://docs.google.com/document/d/1hbwlGeyg4we1FLPGN7pP5SgmzSSh9B6qcPRfbFsbAk8/edit?tab=t.0**
- **Digital Quilt:**
  - **https://savehivfunding.org/digital-quilt/**
  - **https://savehivfunding.org/virtual-quilt-guidance/**

Additional #SaveHIVFunding Campaign In-District Meeting Resources:

- Save HIV Funding Campaign Training Video
- Congressional Calendar: This calendar shows the planned Congressional recesses and may be helpful in trying to choose a date to meet. Please be aware that the dates may change but this is usually accurate.

State Level Data and Profiles:

- SHF State-specific 1 pagers identifying the amount and impact of CDC HIV Prevention, Ryan White Program, and HIV research funding provided to your state.
- CDC HIV Prevention State Profiles
- AIDSVu
- PrEPVu

Appropriations Resources:

- **AIDS Budget & Appropriations Coalition (ABAC) materials**
- Funding Chart: This chart contains the HIV community's federal funding requests for domestic HIV programs.
- ABAC FY26 Community Letter to Appropriators: This letter to Congress describes the ABAC funding requests for FY26 and the federal HIV programs these requests support.

Other issues:

Information and fact sheets on the impact of implementation of the FY25 budget reconciliation bill, otherwise known as the "One Big Beautiful Bill Act" or OBBBA.

- The AIDS Institute Policy Brief: H.R. 1 – Deep Cuts to Medicaid and ACA Coverage Threaten Progress Against HIV
- The AIDS Institute Policy Brief: Premium Tax Credit and Enhanced Premium Tax Credit Explainer.
- Defending Medicaid: Families USA
- Medicaid Work Reporting Requirements: Implementation Update After CMS' Interim Final Rule: FamiliesUSA

- Tell Congress: Uphold your promise and protect Medicaid: FamiliesUSA Action

In Closing

In-district meetings provide a valuable opportunity to connect with Congressional offices on issues important to you and your community - ***thank you for connecting with Congressional offices locally!***

We would appreciate it if you could **please let the #SaveHIVFunding Campaign team know when you complete in-district meetings and/or outreach related to your local events or the #CutsKill Quilt - *we want to hear how these conversations go as they are critical to our advocacy!***

To update the Campaign on these issues, or if you have questions or need support, please do not hesitate to contact:

- Bill McColl at bmccoll@colliercollective.org
- Jenny Collier at jcollier@colliercollective.org

Finally, **thank you** for supporting Save HIV Funding Campaign's in-district advocacy, ***we appreciate you!***

Updated: July 2026

the OA Voice

CDPH California Department of Public Health

Issue: July 2026

INSIDE:

This newsletter is organized to align with the six Social Determinants of Health found in the *Ending the Epidemics Integrated Statewide Strategic Plan*, addressing the syndemic of HIV, HCV, and STIs in California. More about the *Strategic Plan* is available on the Office of AIDS (OA) website.

STAFF HIGHLIGHT

Tony Mixon

Please join OA in welcoming **Tony Mixon** to the ADAP Branch! Tony has accepted an Analyst II position, within the Client Services Unit.

Tony brings a strong and diverse fiscal background to our team. His experience includes leading an Accounts Payable unit for the County of Riverside, coordinating year-end closeout processes, and providing budgetary support to Local Health Jurisdictions. Throughout his work, Tony has consistently helped organizations maintain accurate, comprehensive fiscal information aligned with departmental standards.

Tony began his State service in March 2022 as an Associate Governmental Program Analyst, with OA. During that time, he led process improvement efforts, served as Contract Manager for HIV Prevention grant awardees, coordinated invoice payments, initiated contract amendments, and supported budget development for RFAs. He also ensured grantees met deliverables while offering fiscal and contractual guidance. Most recently, he served as a Contracts and Grants Specialist at the Richmond Campus, supporting the Center for Laboratory Sciences – Infectious Diseases Laboratory Division with contract development, administration, and budget-related projects. Fun fact: Tony enjoys exploring moderate-level

hiking trails at regional parks. Welcome back to OA, Tony!

Annie Zhou

In addition, please join us in welcoming **Annie Zhou** back to the CARE Branch. Annie will join the Care Business Unit, as an Analyst II. Annie has previously served in several capacities, including roles within the CDPH Financial Management Branch Accounting Section, the OA Support Branch, the OIDPR Finance and Contracts Unit, as well as financial services at other state agencies. Annie has

more than 30 years of experience in fiscal management, accounting, budgeting, and financial reporting across government, public, and private sectors, and will bring a broad and diverse background to the team.

Annie holds a bachelor's degree in accounting and economics and studied Finance at Harvard Business School. In her free time, she enjoys cooking, exercising, watching movies, TV shows, and sports, especially Golden State Warriors basketball games! Annie also loves traveling and exploring historic locations.

Join us in welcoming Annie back to OA!

COMMUNITY PARTNER SPOTLIGHT

Sacramento Pride

On Sunday, June 14th, OA, the California Health and Human Services Agency (CalHHS), and other state departments marched in the Sacramento Pride parade. According to the California Natural Resources Agency, over 500 state workers, friends, and families from 31 offices, agencies, departments, and board and commissions participated in support of our LGBTQ+ communities. Each department/agency proudly displayed banners to show their support for the community and to celebrate Pride!

The parade provided an opportunity for OA to interact with the community and provide educational sexual health information. We distributed information for free HIV/STI test kits, passed out approximately 500 condoms, and 500 packets of lube. For the children, OA passed out beads, Pride flags, and stickers. In addition, we supplied the Sacramento LGBT Center with condoms and lube for the festival. We took pride in celebrating and fostering relationships with the community we serve and look forward to doing it again next year!

For a schedule of Pride events in California, check out our Celebrate Pride webpage.

GENERAL UPDATES

Mpox

OA continues its commitment to providing updated information related to mpox. We have

partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed.

Mpox digital assets continue to be available for LHJs and CBOs on DCDC's Campaign Toolkits website.

Also, please refer to the DCDC website to stay informed of mpox updates.

OA's HIV Laws Webpage

As mentioned before, OA has revamped its HIV Laws webpage. This page contains organized links to state laws and regulations, as well as associated fact sheets and letters, all relating to OA's programs on HIV prevention, treatment, care, surveillance, and harm reduction. The page will be updated as new items are identified.

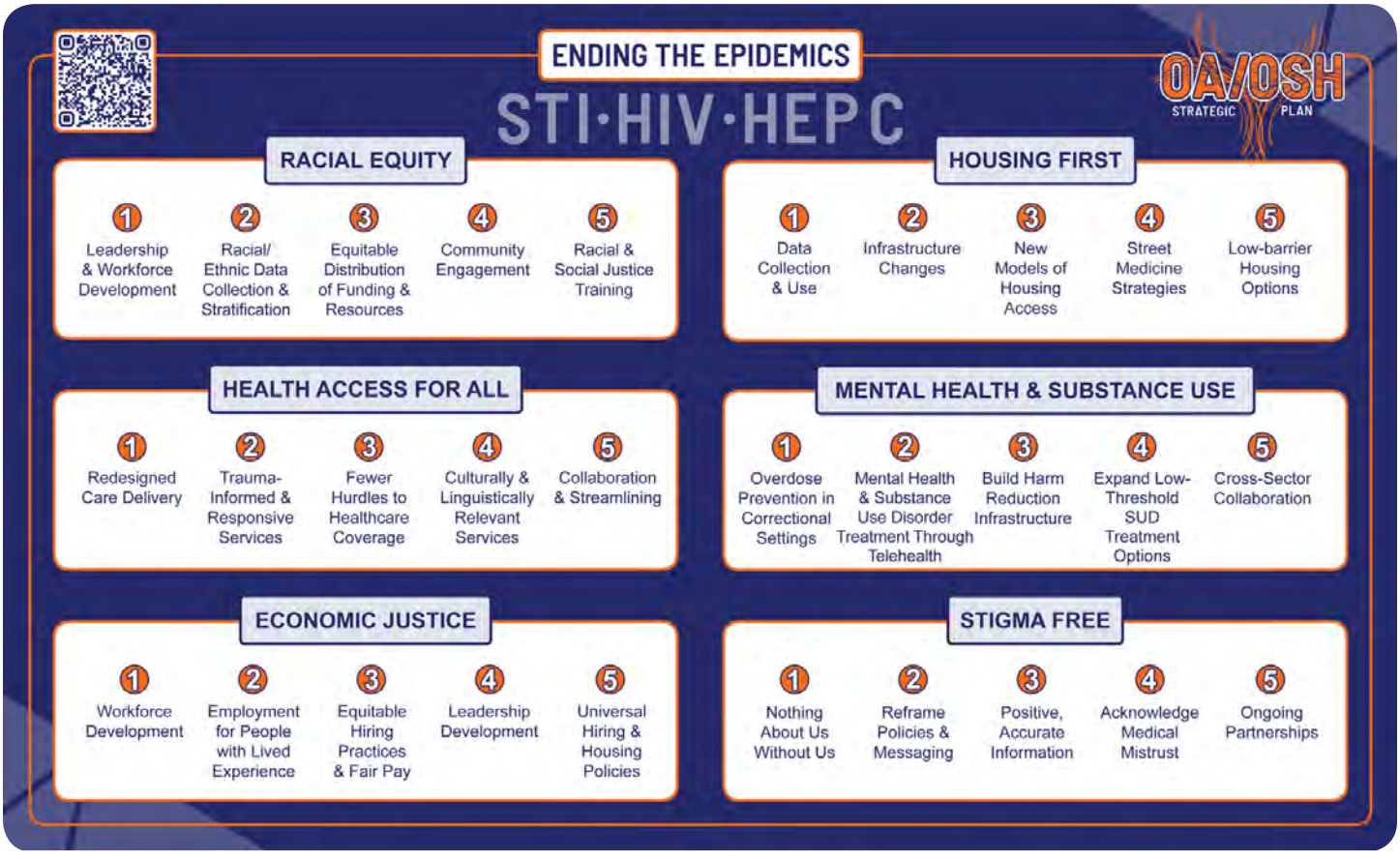
HIV/STI/HCV Integration

As we await word on the new Chief of the Division of HIV, HCV, and STIs position, we continue to align our services in a coordinated syndemic manner to better serve individuals at risk of acquiring HIV, STIs, and HCV. We will continue to keep you updated as we learn more.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/OSH

The **visual below** is a high-level summary of our *Strategic Plan* that organizes 30 Strategies across six Social Determinants of Health.

OA and OSH would like you to continue to use and share the *Strategic Plan* and the *Implementation Blueprint*. These documents address HIV as a syndemic with HCV and other STIs, through Social Determinants of Health.



For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can vist Facente Consulting's webpage.

HEALTH ACCESS FOR ALL

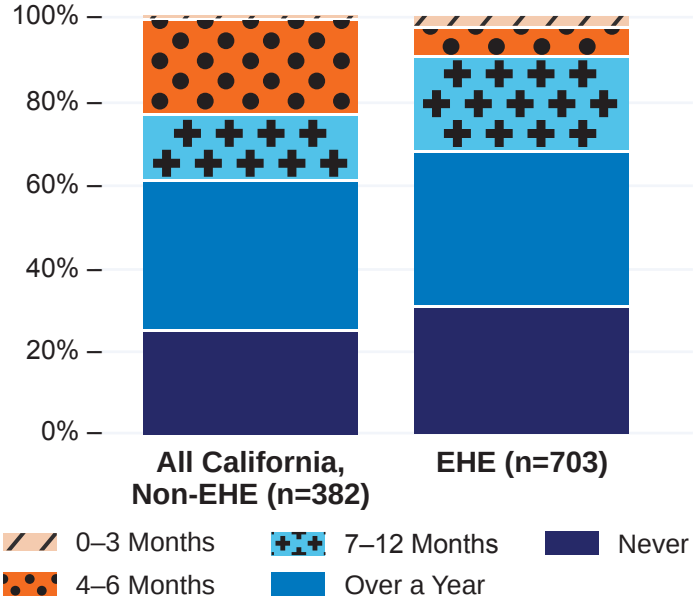
Strategy 1: Redesigned Care Delivery

OA continues to implement its **Building Healthy Online Communities (BHOC)** self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. The program, TakeMeHome (TMH) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

TAKEMEHOME

In May, 382 individuals in 39 counties ordered self-test kits, with 278 (72.8%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program's initiation in September 1, 2020, and May 31, 2026, 24,041 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 410 (58.3%) of the 703 total tests distributed in EHE counties. Of those ordering rapid tests, 220 (75.1%) ordered 2 tests.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, May 2026



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	49.9%	56.9%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	39.8%	46.7%
Were 17-29 years old	44.5%	37.3%
Of those sharing their number of sex partners, reported 3 or more in the past year	44.4%	46.5%

Since September 2020, 2,479 test kit recipients have completed the anonymous follow up survey from EHE counties, and 1,121 responses from the California expansion since January 2023.

Take Me Home Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	95.3%	94.5%
Identify as a man who has sex with other men	44.3%	47.8%
Reported having been diagnosed with an STI in the past year	8.0%	9.1%

HEALTH ACCESS FOR ALL

Strategy 3: Fewer Hurdles to Healthcare Coverage

As of June 30, 2026, there are 335 PrEP-AP enrollment sites and 269 clinical provider sites that currently make up the PrEP-AP Provider network.

Data on active PrEP-AP clients can be found in the three tables displayed on the last page.

As of June 30, 2026, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the **table below**.

RACIAL EQUITY

Strategy 4: Community Engagement

Volunteer Opportunity at the United States Conference on HIV/AIDS (USCHA)

Several Members of the California Planning Group (CPG) and OA staff have joined the Host Committee for this year's US Conference on HIV/AIDS (USCHA). The theme of the conference is *United and Unbreakable: The HIV Movement at 45*, and is scheduled for **September 17–20 in Anaheim, CA**.

The host committee is looking for 200 volunteers to assist in showing attendees why California is the place to be. Volunteers will help with activities including bag stuffing, registration, staffing various lounges, session monitors, and directional support. If selected to volunteer, the commitment is a total of 8 hours of time throughout the conference and volunteers will receive free registration to the conference (travel and accommodations will not be provided). Preference will be given to volunteers located in California.

For more information on how to become a volunteer, visit NMAC's webpage.

View the volunteer application.

For questions regarding *The OA Voice*, please send an e-mail to angelique.skinner@cdph.ca.gov.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from May
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	576	-0.35%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,233	-1.06%
Medicare Premium Payment Program (MPPP)	2,645	-0.45%
Total	**9,454**	**-1.86%**

Source: ADAP Enrollment System

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	287	11%	---	---	---	---	5	0%	292	11%
25 - 34	863	33%	---	---	---	---	96	4%	959	36%
35 - 44	745	28%	1	0%	---	---	79	3%	825	31%
45 - 64	422	16%	---	---	2	0%	73	3%	497	19%
65+	18	1%	---	---	54	2%	6	0%	78	3%
TOTAL	**2,335**	**88%**	**1**	**0%**	**56**	**2%**	**259**	**10%**	**2,651**	**100%**

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	157	6%	---	---	33	1%	21	1%	---	---	49	2%	5	0%	27	1%	292	11%
25 - 34	577	22%	3	0%	81	3%	60	2%	4	0%	170	6%	9	0%	55	2%	959	36%
35 - 44	553	21%	5	0%	48	2%	56	2%	2	0%	125	5%	3	0%	33	1%	825	31%
45 - 64	307	12%	1	0%	30	1%	19	1%	---	---	114	4%	3	0%	23	1%	497	19%
65+	13	0%	---	---	4	0%	3	0%	---	---	56	2%	---	---	2	0%	78	3%
TOTAL	**1,607**	**61%**	**9**	**0%**	**196**	**7%**	**159**	**6%**	**6**	**0%**	**514**	**19%**	**20**	**1%**	**140**	**5%**	**2,651**	**100%**

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	45	2%	1	0%	2	0%	8	0%	1	0%	18	1%	---	---	9	0%	84	3%
Male	1,478	56%	6	0%	177	7%	148	6%	5	0%	464	18%	17	1%	103	4%	2,398	90%
Trans	76	3%	1	0%	13	0%	3	0%	---	---	21	1%	2	0%	6	0%	122	5%
Unknown	8	0%	1	0%	4	0%	---	---	---	---	11	0%	1	0%	22	1%	47	2%
TOTAL	**1,607**	**61%**	**9**	**0%**	**196**	**7%**	**159**	**6%**	**6**	**0%**	**514**	**19%**	**20**	**1%**	**140**	**5%**	**2,651**	**100%**

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 06/30/2026 at 12:02:11 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

EXECUTIVE COMMITTEE AT-LARGE MEMBERS
DUTY STATEMENT

Revised 6/1/26

Executive Committee At-Large Members provide additional leadership, perspective, and support to the Executive Committee and the full Commission. At-Large Members help strengthen communication across the Commission, support thoughtful decision-making, and ensure the Executive Committee remains connected to the needs and experiences of members and communities most impacted by HIV.

1. Eligibility and Composition

The Commission may elect three Executive Committee At-Large Members.

- At-Large Members serve on both the Executive Committee **and** the Membership & Community Engagement (MCE) Committee.
- At-Large seats are open to both full Commission members and committee-only members in good standing.
- At least one At-Large Member must be an unaffiliated representative.
- At-Large Members should reflect the Commission's commitment to community voice, lived experience, equity, inclusion, and reflectiveness.
- Members remain accountable to the seat, constituency, caucus, committee, or community perspective they bring to the Commission's work.

2. Participation & Leadership Oversight

At-Large Members help keep the Commission's leadership structure connected, coordinated, and moving forward. Their role supports the partnership between the Executive Committee and the Membership & Community Engagement Committee, while helping ensure important issues, follow-up items, and time-sensitive matters are elevated and addressed appropriately.

- Serve as members of both the Executive Committee and the Membership & Community Engagement (MCE) Committee.
- Support the partnership between the Executive Committee and MCE Committee, including the operational connection previously held through the former Operations Committee and now aligned with the Commission's current structure.
- Attend Executive Committee, MCE Committee, relevant Commission meetings, workgroups, and planning discussions.
- Support agenda-setting, coordination, follow-through, and continuity of work between meetings.

- Help identify issues, gaps, and opportunities that may need Executive Committee, MCE Committee, or full Commission attention.
- Assist with urgent or time-sensitive matters between Commission meetings, consistent with applicable rules and procedures.

3. Representation and Communication

At-Large Members are expected to be present, prepared, and engaged in the work of both the Executive Committee and the Membership & Community Engagement (MCE) Committee.

- Listen to and elevate issues of concern to people living with HIV, people at risk for HIV, and communities most impacted by HIV and STIs.
- Engage with full members, committee-only members, caucuses, providers, consumers, government representatives, and the public.
- Support clear communication between the Executive Committee, MCE Committee, standing committees, caucuses, and the full Commission.
- Represent Commission decisions and direction accurately, even when personal views may differ.
- Promote respectful dialogue and help create space for different perspectives.

4. Representation and Communication

At-Large Members help bring forward a broad range of perspectives and support clear communication across the Commission.

- Listen to and elevate issues of concern to people living with HIV, people at risk for HIV, and communities most impacted by HIV and STIs
- Engage with full members, committee-only members, caucuses, providers, consumers, government representatives, and the public
- Support communication between the Executive Committee, MCE Committee, and other Commission bodies
- Represent Commission decisions and direction accurately, even when personal views may differ
- Promote respectful dialogue and help create space for different perspectives

5. Knowledge, Mentorship, and Equity

At-Large Members are expected to bring a working knowledge of the Commission's role, HIV planning processes, and the communities most impacted by HIV. They also help support leadership development across the Commission by sharing knowledge, mentoring newer members, and modeling equity, reflectiveness, and inclusion in how they participate, represent, and lead.

- Understand the Commission's structure, bylaws, policies, workplans, and planning responsibilities.
- Understand Ryan White Program requirements, local HIV planning processes, HIV service delivery systems, and the Brown Act, Robert's Rules, and conflict of interest requirements.
- Support newer members and committee-only members as they learn Commission processes.
- Share knowledge and context in a way that is accessible, respectful, and useful.
- Promote meaningful participation from diverse communities and perspectives.
- Lead with cultural humility and respect for lived experience.

6. Leadership Conduct and Accountability

At-Large Members are expected to model fairness, accountability, and good judgment.

- Act in the best interest of the Commission and the communities it serves
- Set aside personal interests when carrying out the role
- Be mindful of real, perceived, and potential conflicts of interest
- Maintain confidentiality when appropriate and transparency when required
- Support inclusive, respectful, and community-centered decision-making
- Help ensure members' and stakeholders' rights are respected

COMMITMENT TO THE ROLE

At-Large Members must be willing and able to:

- Dedicate time and effort to Executive Committee, MCE Committee, and Commission responsibilities
- Attend meetings consistently and maintain good standing
- Work collaboratively with Co-Chairs, members, committee leadership, and staff
- Lead with integrity, fairness, and respect
- Support the Commission's mission, decisions, and community-centered work

TERM OF SERVICE

Executive Committee At-Large Members serve 2-year terms.

STANDING COMMITTEES AND CAUCUSES
KEY TAKEAWAYS REPORT | JULY 2026

Executive Committee

Link to the May 28, 2026 Executive Committee meeting packet can be found HERE.

Key outcomes/action items from the meeting:

The Executive Committee met on May 28, 2026. The Committee did not meet in June.

- Key discussion items included operational updates and reminders regarding Commission's PY 35 Operational budget closeout and PY 36 budget planning, Form 700, Live Scan, Commissioner ID badges, and the annual Conflict of Interest survey.
- Staff also provided updates on the 2026 training series, including completion of the Co-Chair Leadership Training and the required PSRA/Needs Assessment training scheduled for June 3, 2026.
- The Committee received an update on the final FY 2026 Ryan White Part A/MAI award totaling $45,531,463, a slight decrease of approximately 1.7% from FY 2025. DHSP also reported receiving the final HRSA EHE award, which included an approximate $1 million increase, bringing the total EHE award to approximately $8.6 million. DHSP noted that no prevention service gaps are anticipated at this time.
- The Committee discussed the role of the Executive Committee under the Commission's new structure. Members noted that the Committee may be most useful for leadership direction, issue spotting, and addressing conflicts, while avoiding duplication of items that can move directly to the full Commission. Further discussion may be needed during the annual bylaws review.
- Additional updates included Joaquin Gutierrez accepting the Sergeant-at-Arms role for full Commission meetings, review of the 2026 Commission work plan and meeting schedule, discussion of three vacant Executive At-Large seats, and updates on prevention planning, CDPH Office of AIDS Community Planning Group representation, upcoming conferences, and standing committee activities.

Next Steps/ Action needed from full body:

- Staff will continue working with the Executive Office and DHSP on the Commission's PY 35 Operational budget closeout and PY 36 budget planning, Commissioner ID badge logistics, and outstanding member requirements. Staff will also open Executive At-Large nominations and share the opportunity during June MCE Committee meetings.
- Commissioners and committee-only members should complete any outstanding Form 700, Live Scan, and Conflict of Interest survey requirements, as applicable, and attend or view the required PSRA/Needs Assessment training if participating in PSRA-related decisions.

Membership and Community Engagement Committee

Link to the June 26, 2026 *Membership and Community Engagement* Committee meeting packet can be found here.

Key outcomes/results from the meeting:

- The Committee discussed the 2026 training schedule, accessible **here**.
- Staff thanked those who attended the June 23 All-Caucus Kickoff Meeting, which successfully reactivated the Commission's caucuses following the organizational restructure.
- Interest in establishing a Latino Caucus, with further discussion planned for the August MCE Committee meeting.
- Members interested in serving as Caucus Co-Chairs were encouraged to submit nominations. One co-chair for each caucus must be a full Commissioner.
- The Committee will conduct its quarterly attendance review at the August meeting.
- Executive At-Large nominations were opened; anyone interested can email staff.
- Staff member Dr. Sonja Wright led a Membership Lifecycle training, accessible HERE.
- The committee was led through a proxy membership application review exercise to strengthen their understanding of the review process and the multiple layers of MCE, helping prepare them for upcoming policy edits and updates.
- Staff introduced the committee's policy review assignment, focusing initially on four priority policies:
    - Attendance Policy (08.3201)
    - Non-Commission Committee Appointment Policy (09.1007)
    - Commission Candidate Interview Policy (09.4204)
    - Commission Membership Evaluation, Nomination, and Approval Process (09.4205)

Action needed from full body:

- □ Complete the Conflict-of-Interest form and all mandatory training sessions. Click **HERE** to access the Conflict-of-Interest form. Training recordings and registration links can be found **HERE**.
- □ Review the four designated policies and submit feedback and proposed edits before the next MCE Committee meeting.
- □ Agendize Latino Caucus discussion on the next MCE agenda.
- □ The next MCE Committee meeting will be held on **Thursday, August 27, 2026** from 10am-12pm on the 9th floor of the Vermont Corridor (510 S. Vermont Ave. Los Angeles, CA 90020).

Planning, Priorities, and Allocations Committee

Link to the June 16, 2026 Planning, Priorities, and Allocations Committee meeting packet can be found HERE.

Key outcomes/results from the meeting:

- The final Ryan White award amount for Program Year 2026 was received totaling $45.5 million- representing a 1.7% decrease from the previous year due to shifts in CDC surveillance-based allocation formulas. A decrease was expected, as HRSA is now using CDC HIV surveillance data based on where services are received rather than location of diagnosis.
- DHSP staff provided an in-depth overview of Ryan White grants management, last fiscal years' contracting constraints, and the annual reconciliation process. Key points included:

    - The 2025 funding environment was unusually difficult due to significant delays in federal award notices causing uncertainty for both the county and contracted providers. NOA (notice of award) was delayed (received at the end of July), complicating contracting for a grant year that begins on March 1.
    - Cost-shifting between Part A, MAI, and Part B is being employed to ensure no federal dollars go unspent, especially since Part A funds cannot be carried over from year to year.
    - DHSP confirmed the continued use of Heluna Health as a third-party administrator to expedite contracting but noted county rules limit how much funding can pass through a single administrator.
- A draft expenditure report for fiscal year 2025 was shared but is not final as DHSP is still in the process of reconciling invoices. DHSP received an extension from HRSA to finalize fiscal year 2025 expenditure reporting; DHSP is working to determine if reallocation will be needed ahead of the next PP&A meeting.
- DHSP is requesting to carry over $2,000,000 in Minority AIDS Initiative (MAI) funds from FY 2025 to FY 2026 to be used to support AOM services, given the possible increase in clients that may lose Medi-Cal eligibility. The base portion of the FY 2026 MAI award (approx.$3.2 million) will continue to support housing services.
- COH staff provided an overview of the Priority Setting and Resource Allocation Framework policy reviewing key elements around process, voting eligibility, decision-making guidelines, and conflicts of interest. Revisions will be made to the Priority Setting and Resource Allocation Framework to include clearer language around reallocation and DHSP notification and the committee will review and approve the edits at the next meeting.

Next steps and action needed from full body:

- □ Members who have not completed the conflict-of-interest form and reviewed the Needs Assessment and Priority Setting and Resource Allocation Training should do so as soon as possible. These are required to be eligible to vote on priority setting and resource allocation decisions.
- □ The next PP&A Committee meeting will be held on Tuesday, August 18, 2026 at 1:30pm on the 9th floor of the Vermont Corridor (510 S. Vermont Ave. Los Angeles, CA 90020). The meeting may be extended to 3 hours if reallocation is needed.

Standards and Best Practices Committee

Link to the June 15, 2026, Standards and Best Practices Committee meeting packet can be found HERE.

Key outcomes/results from the meeting:

- Conducted detailed review of the Program Year 35 (PY35) Assessment of the Efficiency of the Administrative Mechanism (AEAM) survey tools and launched the Commissioner and Provider AEAM surveys; submission deadline is August 7, 2026.

- Reviewed updated drafts of the Universal Service Standards and the Client Bill of Rights and Responsibilities and announced a public comment period ending on August 14, 2026.
- The next SBP Committee meeting will be held on Monday August 17, 2026, from 10am-12pm on the 9th floor of the Vermont Corridor building.

Action needed from full body:

- Review and provide comments on the Universal Service Standards and the Client Bill of Rights and Responsibilities. The documents can be found on the SBP Committee webpage here: https://hiv.lacounty.gov/standards-and-best-practices-committee/ Submit comments to hivcomm@lachiv.org by August 14, 2026.
- Complete the PY 35 AEAM Commissioner Survey by August 7, 2026. The survey link can be found on the SBP Committee webpage here: https://hiv.lacounty.gov/standards-and-best-practices-committee/

All Caucuses (Aging Caucus, Black Caucus, Consumer Caucus, Women's Caucus & Transgender Caucus)

Key outcomes/results from the meeting:

The June 23, 2026, **All-Caucus Kick-Off Meeting** was well attended, with more than **40 participants** joining for an evening of reconnection, community input, and shared learning.

- Staff provided an overview of the purpose and role of caucuses within the Commission's planning work, and current caucus Co-Chairs introduced themselves and shared their hopes for the future of their respective caucuses.
- Participants engaged in activities to share what brought them to the space, which communities they are connected to, and what they are seeing, hearing, and experiencing related to HIV services, needs, and care gaps. Key themes included building community, strengthening collaboration, identifying service gaps and community needs, addressing mistrust in systems and providers, improving whole-person care, client assessments, care planning, and service coordination, and creating more stability and clarity for the work ahead.
- DHSP's Clinical Quality Management team also presented on **Nutrition Support Services** and received feedback from participants on ways to improve the service. Co-Chair nominations were opened for all caucuses, and special thanks were extended to **Gilead Sciences** for providing dinner.

Next Steps/Action needed from full body:

- Staff will work with current Co-Chairs to schedule the first individual caucus meetings.
- Co-Chair nominations will remain open until caucus elections begin.
- The **Membership and Community Engagement Committee** will further discuss the possible establishment of a **Latino Caucus**.
- Staff will summarize engagement activity feedback to help inform future caucus planning, community engagement, and needs assessment efforts.

Black Caucus

The Black Caucus, in partnership with Gilead Sciences, hosted an educational dinner on June 18, 2026, leading up to Juneteenth and in recognition of Pride month. The discussion focused on advancements in HIV prevention, including Yzetugo, and was presented by Dr. William King. The event was well attended and created space for meaningful conversation about engaging Black communities in PrEP education, access, and prevention efforts.

Transgender Caucus

The Transgender Caucus, in partnership with Gilead Sciences, hosted an educational dinner on June 8, 2026, in recognition of Pride Month. Presented by Dr. LaShonda Spencer, the discussion focused on best practices for keeping transgender communities connected to HIV care, prevention, and supportive services. The event was well attended and received positive feedback, creating space for meaningful conversation around access, engagement, and strengthening care connections for transgender communities.

Community Engagement & Recruitment Proposed Workplan

Simple strategy framework for the MCE Recruitment & Outreach Workgroup

Purpose: To develop a simple, community-centered strategy that helps the Commission strengthen recruitment, outreach, and community engagement. The workgroup will help identify practical ways to fill active membership gaps, support reflectiveness, increase awareness of the Commission, and create more opportunities for community members and partners to participate. The workgroup will develop the strategy, while the full MCE Committee will help carry it out through outreach activities, tabling, partner engagement, Community Partner Spotlights, educational and awareness activities, and relationship-building opportunities.

Issues We Are Trying to Solve

1. **Membership vacancies**
   Fill active membership gaps and support pending appointments so the Commission remains fully seated and functional.
2. **Reflectiveness and community voice**
   Strengthen representation and participation from communities most impacted by HIV, including people with lived experience and priority populations identified through data and community input.
3. **Awareness and participation**
   Increase understanding of what the Commission is, why it matters, and how community members, partners, and stakeholders can participate.
4. **Realistic outreach with limited resources**
   Create outreach and engagement strategies that are practical, low-cost, member-supported, and easy to track so progress can be measured over time.

Vacancies and Priority Outreach Population

Focus	Status	Simple Action
Health & Hospital Planning Agencies	(1) Active vacancy	Ask hospital/health planning partners for recommendations.
Formerly Incarcerated Individual Living with HIV	(1) Active vacancy	Connect with reentry, peer, housing, and justice-involved HIV networks.
Youth, Black women with lived experience, Transgender, API	Priority outreach populations	Build trusted pathways through caucuses, public comment, committees, and future membership.
SD4 and Medicaid/Medi-Cal seats	Pending/in process	Monitor; no broad recruitment needed right now.

(Proposed) Community Engagement Activities

Community engagement activities help the Commission stay connected to the people, programs, and communities most impacted by HIV. These activities create opportunities to share information, build awareness of the Commission's role, listen to community experiences, and strengthen relationships with partners and community members.

The purpose is to make sure the Commission's work is informed by real community voice, not just formal meeting discussions or data alone. Community engagement also helps create welcoming pathways for people to participate through public meetings, caucuses, committees, outreach events, and future membership opportunities.

Activity	Purpose / What to Track
Tabling and outreach events	Share information, collect interest cards/feedback, and track people reached.
Community Partner Spotlight	Highlight programs, services, and partnerships that inform Commission work, such as the Project Angel Food tour.
Educational and awareness events	Help the Commission stay connected to community by sharing information, building understanding, and hearing directly from people most impacted by HIV. These activities may include presentations, educational dinners, partner events, caucus-led activities, listening sessions, tabling, and resource sharing. The goal is to increase awareness of the Commission, strengthen relationships, encourage participation, and bring community voice back into the Commission's planning work.
Relationship-building mixer	Create informal opportunities for Commissioners, committee-only members, partners, and invited stakeholders to build relationships, strengthen trust, and support collaboration outside of regular meetings. These activities should remain focused on connection and general networking, not Commission business or decision-making. Because the Commission is subject to the Brown Act, any discussion of matters within the Commission's jurisdiction must follow applicable Brown Act requirements.
Partner meeting drop-ins	Ask partners for 5-10 minutes on existing agendas to introduce the Commission and invite participation.

Resources Available to Support Outreach

Elevator pitch • COH promotional materials (limited) • Tablecloth • Application/interest form • QR code/link to Commission information • Sign-in or feedback form • Staff contact for follow-up

How We Will Measure Progress

Events attended • MCE members participating • People reached • Feedback collected • Partner contacts made • Interested participants identified • Applications/referrals received • Follow-up completed

Funding and Support Needs to Identify

Promotional items and outreach materials • Educational and awareness activities • Non-work related mixers and relationship-building activities • Community engagement participation support where allowable • Partner sponsorships, in-kind support, donated space, or shared event costs

Workgroup Next Step

Bring a draft strategy back to MCE naming priority audiences, suggested activities, member roles, needed materials, funding/support needs, and simple measures of progress.

MCE Committee Policy & Procedure Review Guide

Companion guide for the MCE Committee tracker tool - June 2026

Purpose: Use this guide when reviewing each policy/procedure item to determine whether it should be retained, revised, converted, combined, sunset, or developed as a new policy. The goal is to keep the Commission's policies and procedures current, useful, and tied to governance, compliance, transparency, and accountability.

HRSA basis: The HRSA HAB Ryan White HIV/AIDS Program Part A Manual states that planning council/planning body operations depend on structures that include comprehensive policies and procedures subject to periodic review and revision. It also notes that bylaws, policies and procedures, MOUs, grievance procedures, and trainings are crucial to PC/PB success. [1]

Policy vs. Procedure

Item	Plain-language meaning	Use when the item...
Policy	What is required, allowed, prohibited, or expected.	Creates a rule, standard, authority, formal expectation, member responsibility, compliance requirement, or decision-making framework.
Procedure	How the work gets done.	Explains steps, timelines, responsible parties, templates, staff workflow, or implementation details that support a policy or recurring task.

Quick Review Test

Ask these questions

1. Does this create a rule, requirement, or formal expectation?
2. Does it affect members, consumers, voting, appointments, grievances, funding decisions, public participation, or compliance?
3. Is it required by HRSA, County Code, the Brown Act, bylaws, ordinance, or another authority?
4. Does it need to be applied consistently over time?
5. Would confusion, inconsistency, or challenge be likely if it was not written down?

Simple decision rule: If the item tells people what must happen or protects fairness, compliance, authority, or accountability, it may need to be policy. If it mainly explains how to complete a task, it is likely a procedure, guidance, checklist, template, or desk reference.

[1] Source: HRSA HAB, Ryan White HIV/AIDS Program Part A Manual, Section III, Chapter 5, Planning Council and Planning Body Operations, pp. 35-37. The manual states that bylaws, policies and procedures, MOUs, grievance procedures, and trainings are crucial for PC/PB success and that comprehensive policies and procedures should be subject to periodic review and revision.

LOS ANGELES COUNTY
COMMISSION ON HIV

NEW REQUEST PROCESS

Invite the Commission to Your Community Event

Hosting a community event, resource fair, panel, listening session, or outreach activity?

The Los Angeles County Commission on HIV welcomes requests to participate in outreach and community engagement activities that support HIV education, awareness, needs assessment, community connection, and opportunities to get involved in the Commission's work.

Requests may include:

- Resource tables and tabling
- Speaking opportunities or panel participation
- Community events, outreach activities, and listening sessions
- Sharing Commission materials, resources, and membership information

2 Weeks Notice

Submit requests at least two weeks in advance.

Staff Review

Participation is subject to review, capacity, and availability.

No Event Fees

The Commission is unable to cover participation fees or costs.

Submit an Outreach & Community Engagement Request

Use the form to request Commission participation in tabling, speaking opportunities, community events, resource fairs, and other outreach activities.

https://forms.office.com/g/AzzWK2DHA2

Participation is not confirmed unless explicitly confirmed by Commission staff.

LOS ANGELES COUNTY
COMMISSION ON HIV

PULL UP A SEAT

Your experience , your voice, and your community matter.

Your voice matters. Help shape the future of HIV prevention and care services in Los Angeles County.

VACANCIES:

- **Unaffiliated Representative Seats**
  People living with HIV who receive Ryan White services and are not affiliated with a Ryan White-funded agency.
  May be eligible for stipends and allowable expense reimbursement.

- **Young people and young adult**
  Who care about HIV prevention, care, sexual health, reducing stigma, and improving access to services are invited to share their voices in HIV planning. This includes helping shape services, bringing a fresh community perspective to the Los Angeles County Commission on HIV, and ensuring young people are part of the conversation-no experience required, just a commitment to community and health.

- **Hospital/Healthcare agent planning Representative**
  A representative from a hospital, health system, healthcare planning agency, or related healthcare planning body.

- **Previously Incarcerated Individual Living With HIV / Representative**
  A person living with HIV who was released from custody within the last three years, or a representative from an agency serving, supporting, or representing formerly incarcerated individuals living with HIV.

Do you want to make a difference? It's easy to apply!

LOS ANGELES COUNTY
COMMISSION ON HIV

LEVANTA UN ASIENTO

Tu experiencia, tu voz y tu comunidad importan.

Tu voz importa. Ayude a dar forma al futuro de los servicios de prevención y atención del VIH en el condado de Los Ángeles.

VACANTES:

- **Asientos de representante no afiliados**
  Personas que viven con el VIH que reciben servicios de Ryan White y no están afiliadas a una agencia financiada por Ryan White. Puede ser elegible para estipendios y reembolso de gastos permitidos.

- **Jóvenes y adultos jóvenes**
  Quienes se preocupan por la prevención del VIH, el cuidado, la salud sexual, la reducción del estigma y la mejora del acceso a los servicios están invitados a compartir sus voces en la planificación del VIH. Esto incluye ayudar a dar forma a los servicios, aportar una nueva perspectiva comunitaria a la Comisión del Condado de Los Angeles sobre el VIH y garantizar que los jóvenes sean parte de la conversación, sin necesidad de experiencia, solo un compromiso con la comunidad y la salud.

- **Representante de planificación del agente de atención médica**
  Un representante de un hospital, sistema de salud, agencia de planificación de atención médica u organismo de planificación de atención médica relacionado.

- **Individuo previamente encarcelado que vive con el VIH / Representante**
  Una persona que vive con el VIH que fue liberada de la custodia en los últimos tres años, o un representante de una agencia que sirva, apoye o represente a personas anteriormente encarceladas que viven con el VIH.

¿Quieres marcar la diferencia?
¡Es fácil aplicar!

LOS ANGELES COUNTY
COMMISSION ON HIV

Priority Setting and Resource Allocation FAQ

Purpose: This FAQ explains how priorities are set and resources are allocated, why the process matters, how conflicts of interest are managed, and how consumers/clients and providers meaningfully participate.

1. What is priority setting and resource allocation?

Priority setting is the process of ranking service categories by their importance in providing a comprehensive system of care for people with HIV based on community needs, equity, and outcomes. Resource allocation is the process of distributing funds across prioritized categories to maximize impact and reduce disparities. Priority setting and resource allocation is a data-driven process and must use a variety of data to determine priorities and allocate funds.

2. Why is priority setting and resource allocation important?

Priority setting and resource allocation (PSRA) is the single most important legislative responsibility of a planning council. PSRA is critical because it links federal Ryan White Program funding to the real needs of people living with HIV, ensures equitable access, meets legal requirements, and uses data-driven, collaborative decision-making to improve health outcomes and reduce HIV transmission.

3. What information is used to set priorities and determine allocations?

Planning councils use a data-driven, structured process to set priorities and allocate funds, ensuring decisions are based on evidence rather than anecdotal information. In setting priorities and allocating funds, planning councils rely on a variety of data that includes, but is not limited to local epidemiological data, service utilization metrics, community needs assessments, cost/utilization data, unmet need and out-of-care data, and information regarding other funding streams and resources (for resource allocation only).

4. Who participates in PSRA and why is participation important?

While only eligible voting members can take formal action on PSRA decisions, community participation is still essential to the process. PSRA is a collaborative, multi-stakeholder process that involves a variety of stakeholders including state and local health departments, healthcare providers, community organizations, advocacy groups, and people living with HIV/AIDS. PSRA is not just a technical funding decision — it's a community-driven process. Participation allows diverse perspectives to be integrated into the decision-making process and helps ensure transparency that RWP resources are allocated to the services and populations that need them most, in the most effective and equitable way possible. Consumers bring insight from lived experience (e.g., access barriers, cultural responsiveness) that data alone can miss. Providers offer operational expertise (e.g. capacity, workforce, compliance) to ensure feasibility and sustainability. Balanced participation makes decisions both responsive and implementable.

Revised 6/10/26

5. How does voting work?

To be eligible to vote, you must:

- Be an appointed voting member of the Commission on HIV or a Planning, Priorities and Allocations (PP&A) Committee-only member.
- Attend the annual PSRA training or view the recording (and notify staff that you have reviewed the materials).
- Attend or view all PSRA-related data presentations.
- Complete the annual conflict of interest form and submit it to Commission staff.

During meetings dedicated to PSRA, members with a conflict of interest may not initiate discussion on a service category for which they have a conflict. However, they may answer direct questions from other members, staff, or the facilitator when clarification is needed. Members with a conflict of interest must abstain from voting on *individual service categories* for which they have a conflict. Members with a conflict of interest can, however, vote on a slate. A slate consists of all prioritized service categories and proposed allocations.

6. Why is managing conflict of interest important?

Managing conflict of interest helps protect the integrity of the PSRA process by ensuring that members disclose any real or perceived conflicts and refrain from participating in decisions where those conflicts may affect, or appear to affect, their objectivity. It protects public trust by making sure that decisions are free from self-dealing or favoritism, ensures fairness and equity by preventing allocations to skew toward specific interests or organizations and it supports HRSA funding compliance.

7. How can RWP consumers/clients and service providers participate in PSRA effectively?

<u>For consumers/clients</u>

- Gather lived-experience evidence: Participate in needs assessment activities, gather input from other consumers noting specific barriers (e.g., transportation, wait times, eligibility hurdles, language access, stigma).
- Pair stories with data: Confirm that lived experience aligns with the data.
- Clarify desired outcomes: Frame needs as outcomes (e.g., “Reduce time to first appointment from 30 to 10 days”).

<u>For providers</u>

- Operational readiness: Summarize capacity, workforce constraints, and quality metrics (e.g., retention, completion rates).
- Feasibility insights: Identify what is feasible and any cost drivers.
- Equity checks: Note how your service affects underserved populations and what adjustments are needed to reach them (e.g., hours, mobile sites, bilingual staff).

<u>For both</u>

- Before the vote: Attend listening sessions, submit comments, share barriers/solutions, review draft materials.
- During deliberations: Provide concise, evidence-informed input that reflects both needs and feasibility.
- After decisions: Help monitor implementation, identify unintended consequences, and recommend corrections.

FY 2026 RWP Grant Awards (Full Awards)

Service Category	Current FY 2026 Award Amount and Carryover	Anticipated Carryover from FY 2025 to FY 2026	10% Administration and CQM, Planning, Evaluation (if applicable)	Amount Available for Direct Services
HRSA Part A	$41,957,859	$0	$4,195,785	$37,762,074
HRSA MAI	$3,573,604	$2,000,000	$357,360	$5,216,244
Part B	$7,705,173	$0	$770,517	$6,934,656
HRSA EHE	$8,609,891	$1,750,722	$2,152,473	$8,208,140
	$61,846,527	**$3,750,722**	**$7,476,135**	**$58,121,114**

RW Service Categories by Grant

HRSA Part A	MAI	Part B
Ambulatory Outpatient Medical	Housing (Transitional)	Housing (RCFCI)
Oral Health Care		Housing (TRCF)
Intensive Case Management Home Based		Substance Use Disorder Residential Services
Medical Care Coordination		
Mental Health		
Early Intervention Services (PH Clinics)		
Non-Medical Case Management (Benefits Specialty Services)		
Non-Medical Case Management (Provider Support Services)		
Non-Medical Case Management (Transitional Case Management Jails)		
Medical Transportation		
Nutritional Support Services (Food Bank/Home Delivered Meals)		
Legal Services		
Emergency Rental Assistance		
Outreach Services (Linkage and Reengagement Program)		

Ryan White Program Fiscal Year 2025 - Part A

Priority Ranking	Service Category	YR 35 Part A COH Allocation Percentages	YR 35 Part A COH Approximate Allocation Amount	YR 35 Part A Actual Expenditure Percentage	YR 35 Part A Final Expenditures	Variance (YR 35 Final Part A Expenditures – YR 35 COH Approximate Allocation Amount)	Other Funding Support
		[1]	*[2]*	*[3]*	*[4]*	*[4-2]*	
	CORE SERVICES						
20	Outpatient/Ambulatory Medical Care	17.11%	$ 6,384,771	1.98%	$ 743,015	($5,641,755.68)	Part B
8	Oral Health Care	21.30%	$ 7,948,312	18.45%	$ 6,920,965	($1,027,346.83)	
17	Home And Community-Based Health Services (Intensive Case Management Services Home Based)	6.50%	$ 2,425,541	3.79%	$ 1,423,171	($1,002,370.17)	
6	Medical Case Management Services (Medical Care Coordination)	29.00%	$ 10,821,645	17.41%	$ 6,530,211	($4,291,434.22)	
3	Mental Health Services	0.02%	$ 7,463	0.12%	$ 45,886	$38,422.80	
26	Medical Nutrition Therapy	0.00%	$ -	0.00%	$ -	$0.00	
11	Early Intervention Services (PH STD Clinics)	0.00%	$ -	10.25%	$ 3,842,611	$3,842,611.00	
22	Local Aids Pharmaceutical Assistance Program	0.00%	$ -	0.00%	$ -	$0.00	
15	Health Insurance Premium & Cost Sharing	0.00%	$ -	0.00%	$ -	$0.00	
16	Home Health Care	0.00%	$ -	0.00%	$ -	$0.00	
28	Hospice Services	0.00%	$ -	0.00%	$ -	$0.00	
12	Substance Abuse Services Outpatient	0.00%	$ -	0.00%	$ -	$0.00	
9	Aids Drug Assistance Program Treatments	0.00%	$ -	0.00%	$ -	$0.00	
22	Local Aids Pharmaceutical Assistance Program	0.00%	$ -	0.00%	$ -	$0.00	
15	Health Insurance Premium & Cost Sharing	0.00%	$ -	0.00%	$ -	$0.00	
16	Home Health Care	0.00%	$ -	0.00%	$ -	$0.00	
28	Hospice Services	0.00%	$ -	0.00%	$ -	$0.00	
	CORE SERVICES TOTAL	**73.93%**	**$ 27,587,732**	**52.01%**	**$ 19,505,859**	**($8,081,873.11)**	
	Core Medical Waiver was approved for FY 2025						
	SUPPORTIVE SERVICES						
18	Child Care Services	0.00%	$ -	0.00%	$ -	$0.00	
5	Case Management Services Non-Medical (Benefits Specialty Services)	3.95%	$ 1,473,983	2.98%	$ 1,117,989	($355,993.71)	
5	Case Management Services Non-Medical (Provider Support Services)	0.00%	$ -	7.91%	$ 2,966,750	$2,966,750.00	
5	Case Management Services Non-Medical (Transitional Case Management Jails)	1.58%	$ 589,593	0.58%	$ 217,858	($371,735.08)	
27	Linguistic Services	0.00%	$ -	0.00%	$ -	$0.00	
10	Medical Transportation Services	1.84%	$ 686,615	1.85%	$ 692,491	$5,876.27	
7	Nutritional Support Services (Food Bank/Home Delivered Meals)	7.79%	$ 2,906,918	10.46%	$ 3,922,011	$1,015,093.20	
1	Housing Services (Transitional Residential Care Facilities/Residential Care Facilities for the Chronically Ill, Transitional Housing)	0.91%	$ 339,576	15.01%	$ 5,629,094	$5,289,518.24	Part B, MAI
19	Substance Use Disorder Residential Services	0.00%	$ -	0.00%	$ -	$0.00	Part B, Non-Drug MediCal
23	Legal Services	2.00%	$ 746,320	2.17%	$ 814,230	$67,909.64	
2	Emergency Rental Assistance	8.00%	$ 2,985,281	3.99%	$ 1,495,318	($1,489,963.44)	HRSA EHE
14	Outreach Services (LRP And Data 2 Care)	0.00%	$ -	3.04%	$ 1,140,295	$1,140,295.00	
13	Health Education/Risk Reduction	0.00%	$ -	0.00%	$ -	$0.00	
4	Psychosocial Support Services	0.00%	$ -	0.00%	$ -	$0.00	
24	Referral	0.00%	$ -	0.00%	$ -	$0.00	
25	Rehabilitation	0.00%	$ -	0.00%	$ -	$0.00	
21	Respite Care	0.00%	$ -	0.00%	$ -	$0.00	
	SUPPORTIVE SERVICES TOTAL	**26.07%**	**$ 9,728,286**	**47.99%**	**$ 17,996,036**	**8,267,750**	
	DIRECT SERVICES TOTAL	**100.000%**	**37,316,018**	**100.00%**	**$ 37,501,895**		
	Quality Management	0.00%			$ 814,124		
	Administrative Services (Includes Planning Council)	0.00%			$ 4,257,334		
	QM & ADMIN TOTAL				**$ 5,071,458**		
	PART A GRAND TOTAL				**$ 42,573,353**	-	

Notes:

(1) Allocation based on priorities set by HIV Commission on September 12, 2024. Full YR 35 grant award is $42,573,353

YR 35 Direct Services Amount for Estimate COH Allocation Amount **$37,316,018**

Ryan White Program Fiscal Year 2025 - Minority AIDS Initiative (MAI)

Priority Ranking	Service Category	YR 35 MAI COH Allocation Percentages	YR 35 MAI COH Approximate Allocation Amount	YR 35 MAI Actual Expenditure Percentage	YR 35 MAI Final Expenditures	Variance (YR 35 Final MAI Expenditures – YR 35 COH Approximate Allocation Amount)	Other Funding Support
		[1]	*[2]*	*[3]*	*[4]*	*[4-2]*	
	CORE SERVICES						
20	Outpatient/Ambulatory Medical Care	0.00%	$ -	0.00%	$ -	$0.00	Part B
8	Oral Health Care	0.00%	$ -	0.00%	$ -	$0.00	Part A
17	Home And Community-Based Health Services (Intensive Case Management Services Home Based)	0.00%	$ -	0.00%	$ -	$0.00	Part A
6	Medical Case Management Services (Medical Care Coordination)	0.00%	$ -	0.00%	$ -	$0.00	Part A
3	Mental Health Services	0.00%	$ -	0.00%	$ -	$0.00	Part A
26	Medical Nutrition Therapy	0.00%	$ -	0.00%	$ -	$0.00	
11	Early Intervention Services (PH STD Clinics)	0.00%	$ -	0.00%	$ -	$0.00	Part A
22	Local Aids Pharmaceutical Assistance Program	0.00%	$ -	0.00%	$ -	$0.00	
15	Health Insurance Premium & Cost Sharing	0.00%	$ -	0.00%	$ -	$0.00	
16	Home Health Care	0.00%	$ -	0.00%	$ -	$0.00	
28	Hospice Services	0.00%	$ -	0.00%	$ -	$0.00	
12	Substance Abuse Services Outpatient	0.00%	$ -	0.00%	$ -	$0.00	
9	Aids Drug Assistance Program Treatments	0.00%	$ -	0.00%	$ -	$0.00	
22	Local Aids Pharmaceutical Assistance Program	0.00%	$ -	0.00%	$ -	$0.00	
15	Health Insurance Premium & Cost Sharing	0.00%	$ -	0.00%	$ -	$0.00	
16	Home Health Care	0.00%	$ -	0.00%	$ -	$0.00	
28	Hospice Services	0.00%	$ -	0.00%	$ -	$0.00	
	CORE SERVICES TOTAL	**0.00%**	**$ -**	**0.00%**	**$ -**	**$0.00**	
	Core Medical Waiver was approved for FY 2025						
	SUPPORTIVE SERVICES						
18	Child Care Services	0.00%	$ -	0.00%	$ -	$0.00	
5	Case Management Services Non-Medical (Benefits Specialty Services)	0.00%	$ -	0.00%	$ -	$0.00	Part A
5	Case Management Services Non-Medical (Provider Support Services)	0.00%	$ -	0.00%	$ -	$0.00	Part A
5	Case Management Services Non-Medical (Transitional Case Management Jails)	0.00%	$ -	0.00%	$ -	$0.00	Part A
27	Linguistic Services	0.00%	$ -	0.00%	$ -	$0.00	
10	Medical Transportation Services	0.00%	$ -	0.00%	$ -	$0.00	Part A
7	Nutritional Support Services (Food Bank/Home Delivered Meals)	0.00%	$ -	0.00%	$ -	$0.00	Part A
1	Housing Services (Transitional Residential Care Facilities/Residential Care Facilitie	100.00%	$ 3,350,149	100.00%	$ 1,350,149	($2,000,000.00)	Part A
19	Substance Use Disorder Residential Services	0.00%	$ -	0.00%	$ -	$0.00	Part B, Non-Drug MediCal
23	Legal Services	0.00%	$ -	0.00%	$ -	$0.00	
2	Emergency Rental Assistance	0.00%	$ -	0.00%	$ -	$0.00	Part A, HRSA EHE
14	Outreach Services (LRP And Data 2 Care)	0.00%	$ -	0.00%	$ -	$0.00	Part A
13	Health Education/Risk Reduction	0.00%	$ -	0.00%	$ -	$0.00	
4	Psychosocial Support Services	0.00%	$ -	0.00%	$ -	$0.00	
24	Referral	0.00%	$ -	0.00%	$ -	$0.00	
25	Rehabilitation	0.00%	$ -	0.00%	$ -	$0.00	
21	Respite Care	0.00%	$ -	0.00%	$ -	$0.00	
	SUPPORTIVE SERVICES TOTAL	**100.00%**	**$ 3,350,149**	**100.00%**	**$ 1,350,149**	**($2,000,000)**	**Potential Carryover from FY 2025 to FY 2026**
	DIRECT SERVICES TOTAL	**100.000%**	**3,350,149**	**100.00%**	**$ 1,350,149**		
	Quality Management	0.00%			$ -		
	Administrative Services (Includes Planning Council)	0.00%			$ 372,238		
	QM & ADMIN TOTAL				**$ 372,238**		
	PART A GRAND TOTAL				**$ 1,722,387**	**-**	

Notes:

(1) Allocation based on priorities set by HIV Commission on September 12, 2024. Full YR 35 grant award is $3,722,387

YR 35 Direct Services Amount for Estimate COH Allocation Amount **$3,350,149**

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	• Revisions to service standards occur 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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

Public Comment Period for the draft
Universal Service Standards and Client Bill of Rights and Responsibilities

Posted: June 30, 2026

The Los Angeles County Commission on HIV (COH) announces an opportunity for the public to submit comments for the draft **Universal Service Standards and Client Bill of Rights and Responsibilities** revised by the Standards and Best Practices Committee. Comments from consumers, providers, HIV prevention and care stakeholders, and the public are welcome.

A draft of the document is posted to the COH website and can be found at: **https://hiv.lacounty.gov/standards-and-best-practices-committee/.**

Comments can be submitted via email to **HIVCOMM@LACHIV.ORG.**

Additionally, consumers of Ryan White Services can request that a physical copy of the service standards be mailed to their home address. For more information, please contact Jose Rangel-Garibay at **jgaribay@lachiv.org** or (213) 738-2816.

After reading the document, consider responding to the following questions when providing public comment:

1. Are the Universal Service Standards and Client Bill of Rights and Responsibilities reasonable and achievable for providers? Why or why not?

2. Do the Universal Service Standards and Client Bill of Rights and Responsibilities meet consumer needs? Why or why not? Give examples of what is working/not working.

3. Is there anything missing from the Universal Service Standards and Client Bill of Rights and Responsibilities related to HIV prevention and care?

4. Do you have any additional comments related to the Universal Service Standards and Client Bill of Rights and Responsibilities or Ryan White services?

Public comments are due by August 14, 2026.

LOS ANGELES COUNTY
COMMISSION ON HIV

UNIVERSAL SERVICE STANDARDS AND CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

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

Los Angeles County Commission on HIV
510 S. Vermont Ave. 14th Floor, Los Angeles, CA 90020
(213) 738-2816 | hivcomm@lachiv.org
REVISED: 06/10/26 | APPROVED BY COH: PENDING

Table of Contents

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

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

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

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

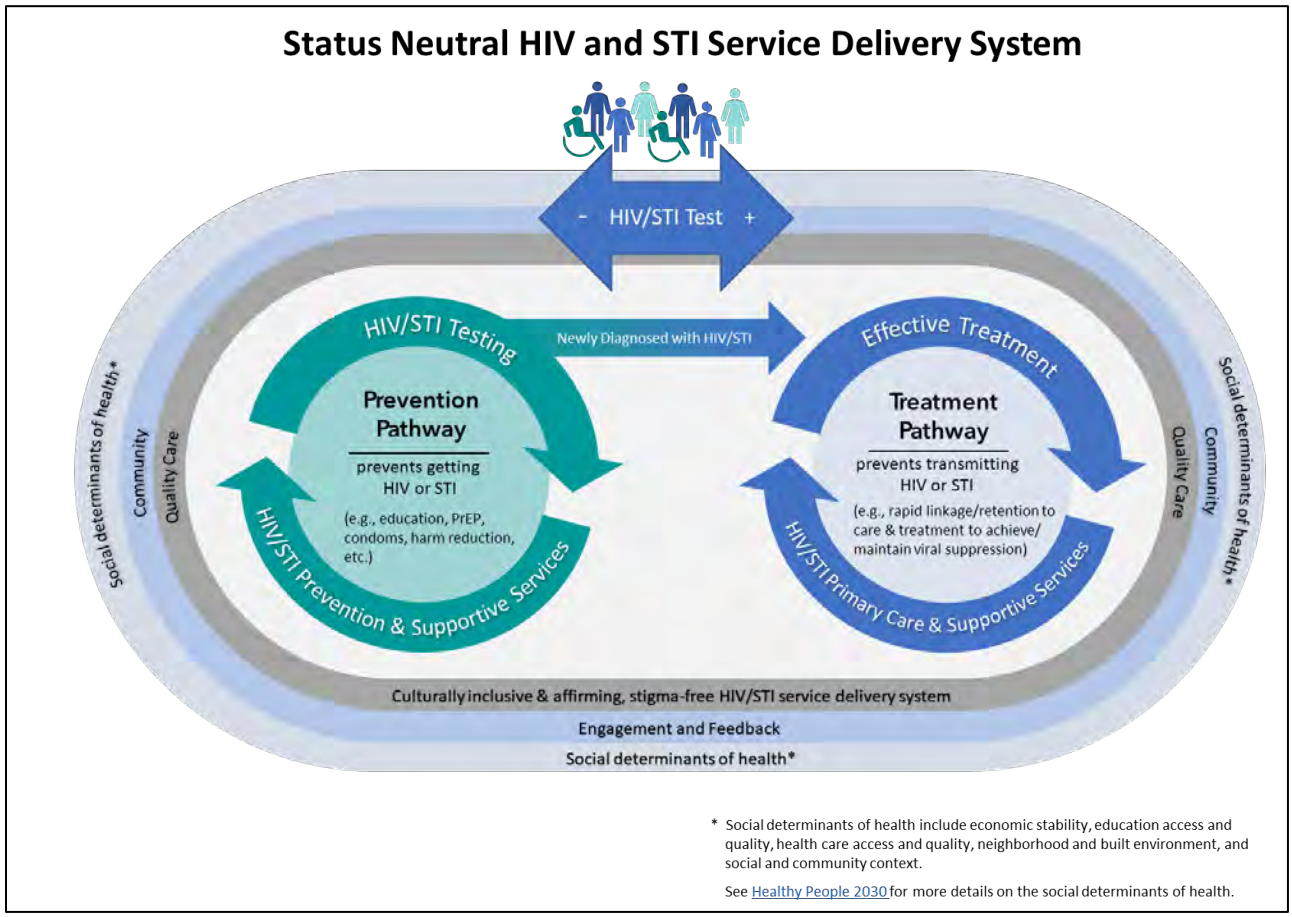
Service Standards: Ryan White HIV/AIDS Programs

Introduction

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

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

Figure 1—Status Neutral HIV and STI Service Delivery System Framework
(*Adapted from the Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care Framework)*



General Eligibility Requirements for Ryan White Services

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

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

Universal Service Standards Overview

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

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

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

Section 1.0—General Service Provider Agency Policies

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

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

Section 2.0—Client Rights and Responsibilities

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

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

Section 3.0—Staff Requirements and Qualifications

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

Section 4.0—Cultural and Linguistic Competence

CULTURAL AND LINGUISTIC COMPETENCE	
STANDARD	**DOCUMENTATION**
Recruit, promote, and support a culturally and linguistically diverse workforce that reflects and responds to the population served.	Written policy and documentation at service provider agency.
Service provider agencies develop or use existing culturally and linguistically appropriate policies	Written policy and documentation at service provider agency.

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

Section 5.0—Intake and Eligibility

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

Section 6.0—Referrals

REFERRALS AND CASE CLOSURE	
STANDARD	**DOCUMENTATION**
Service provider agencies will maintain a comprehensive list of providers for HIV-related and other service referrals. Staff will make referrals based on client assessments and reassessments, using identified agency resources.	All recommended referrals must be documented in client files at service provider agency.
Service provider agencies will follow-up with referrals made to ensure services were delivered as appropriate.	Documentation that the service provider agency follow-up with referrals.

Section 7.0—Case Closure

REFERRALS AND CASE CLOSURE	
STANDARD	**DOCUMENTATION**
Service provider agencies must establish a case closure procedure that includes documented justification and, when appropriate, a transition plan to other services or providers.	Written case closure procedure on file at service provider agency.
Cases may be closed if the client: • Relocates outside the service area • Is no longer eligible for RWHAP services • Discontinued services • No longer needs services • Poses a risk to the service provider agency, staff, or other clients • Misuses services or violates the service agreement • Is deceased • Has had no direct contact with the service provider agency for 12 months despite repeated outreach attempts	All contact attempts and communication methods must be documented, along with the justification for case closure.

Service provider agencies must have a transition procedure to support clients leaving services and ensure a smooth handoff.	Completed transition summary should be placed in the client file and signed by the client and supervisor when possible.
Service provider agencies will establish or use an existing due process policy for involuntary client removal, including a sequence of verbal and writer warnings before final notice and case closure.	Due Process policy kept on file at service provider agency.

Appendix A: Ryan White Part A Service Categories

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

- Core Medical services which are essential for the diagnosis, treatment, and management of HIV
- Support services which help clients achieve medical outcomes by addressing social, financial, and logistical barriers to care

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

Core Medical Services	Supportive Services
• AIDS Drug Assistance Program (ADAP) • Local AIDS Pharmaceutical Assistance Program (LDAP) • Early Intervention services (EIS) • Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals • Home and Community-based Health Services • Home Health Care • Hospice Services • Medical Case Management, including Treatment Adherence Services • Medical Nutrition Therapy • Oral Health Care • Outpatient/Ambulatory Health Services • Substance Use Outpatient Care	• Childcare Services • Emergency Financial Assistance • Food Bank/Home Delivered Meals • Housing • Linguistic Services • Medical Transportation • Non-Medical Case Management Services • Other Professional Services, including Legal Services and Permanency Planning • Outreach Services • Psychosocial Support Services • Referral for Healthcare and Support Services • Rehabilitation Services • Respite Care • Substance Use Services (Residential)

Appendix B: Client Bill of Rights and Responsibilities

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

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

1. Respective Treatment and Preventive Services
    a. Receive considerate, respectful, professional, confidential, and timely care and preventive services (including screenings and vaccinations) in a safe, client-centered, trauma informed environment without bias.
    b. Receive equal, unbiased care appropriate to your age and needs, in compliance with federal and state laws and regulations.
    c. Receive information about your providers' qualifications, including their experience with HIV/AIDS care.
    d. Be informed of the names and work phone numbers of the staff responsible for your care.
    e. Have safe accommodations to protect personal property while receiving services.
    f. Receive culturally and linguistically appropriate services, including clear explanations in your preferred language and dialect.
    g. Review your medical records and obtain copies upon request, subject to reasonable service provider agency policies and applicable fees.
2. Competent, High-Quality Care
    a. Have your care provided by competent, qualified professionals who follow HIV treatment stands as set forth by the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, the California Department of Health Services, and the County of Los Angeles Department of Public Health.
    b. Have access to these professionals at convenient times and locations.
    c. Receive appropriate referrals to other medical, mental health, or care services.
    d. Have their phone calls and/or emails answered within 1-5 business days based on the urgency of the matter.
3. Participate in Treatment Decision-Making Process
    a. Receive clear, up-to-date information in understandable terms about your diagnosis, treatment options, medications (including common side effects), and expected outcomes.
    b. Actively participate with your providers in discussing treatment choices.
    c. Make the final treatment decision after receiving all relevant information and your provider's recommendations.
    d. Access patient-specific education and reliable self-management resources.

e. Refuse any recommended treatment, be informed of potential health impacts, and consequences, and retain the right to change your mind later.
f. Be informed about and offered the chance to participate in eligible clinical research studies.
g. Refuse to participate in research without any penalty.
h. Decline services or end participation in any program without bias or negative impact on your care.
i. Be informed of service provider agency procedures for addressing misunderstandings, complaints, or grievances.
j. Receive a response to any complaint or grievance withing 45 days.
k. Be informed about external ombudsman or advocacy resources, including how to reach relevant federal complaint centers (CMS).

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

    To support your care, you are responsible for:
    a. Participating in creating and following your treatment or service plan to the best of your ability.
    b. Providing accurate, complete information about your health history, medications, and other treatments; reporting changes promptly.
    c. Telling your provider when you do not understand information given to you.
    d. Following the agreed-upon treatment plan and understanding the consequences of non-adherence or using alternative treatments.
    e. Understanding that cases may be closed if the client:
        i. Moves out of the service area
        ii. Is no longer eligible for RWHAP services
        iii. Discontinue services
        iv. No longer need services
        v. Pose a risk to the service provider agency, staff, or other clients
        vi. Misuse services or violate the service agreement

vii. Is deceased
viii. Has no direct contact with the agency for 12 months despite repeated outreach

f. Keeping appointments or notifying the agency promptly if unable to attend.
g. Keeping the service provider agency informed of how to reach you confidentially.
h. Following service provider agency rules and conduct guidelines.
i. Treating providers and other clients with respect.
j. Avoiding profanity, abusive language, threats, violence, weapons, theft, vandalism, and any form of sexual harassment or misconduct.
k. If living with substance use disorder, being open with your provider about your substance use so appropriate support can be provided.

For more help or information:

Start by discussing any complaint or grievance with your provider or the service provider agency's client services representative or patient advocate. If the issue is not resolved in a reasonable timeframe, or if you prefer to speak with someone outside the service provider agency, you may call the number below for confidential, independent assistance.

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

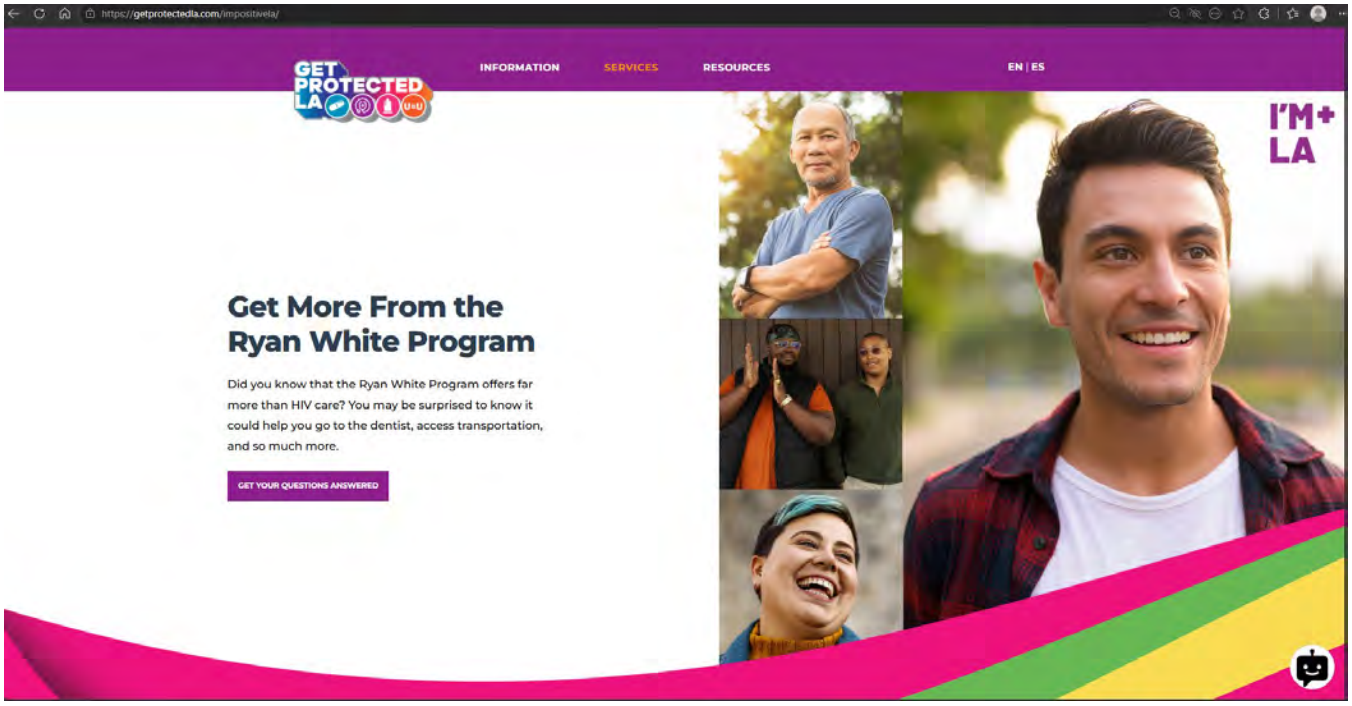
Appendix C: Division on HIV and STD Programs Customer Support Program

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

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

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

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



All Caucus Kick-Off Meeting Summary

Tuesday, June 23, 2026 | 4:00PM – 6:00PM

Meeting Materials: CLICK HERE

At-a-Glance

Strong Participation	Community Feedback	Connection + Engagement
The All-Caucus Kick-Off Meeting brought together more than 40 participants from all five caucuses for an evening of strong engagement, community voice, and shared learning.	Attendees participated in discussions and activities that gathered feedback on community needs, service experiences, and ways caucuses can better support the Commission's work.	Participants connected across caucus spaces, enjoyed dinner provided by Gilead Sciences, and took part in a raffle for four $50 gift cards.

Purpose of the Meeting

The Commission on HIV convened the All-Caucus Kick-Off Meeting to bring together the Aging, Black, Consumer, Transgender, and Women's Caucuses after a period of transitions and to reaffirm the purpose and value of these caucus spaces. Caucuses are designed to elevate community voices and lived experiences within the Commission's planning efforts. Their role is not to function independently, but to strengthen the ways the Commission listens, learns, and responds to what communities are observing and experiencing.

The meeting gathered over 40 community members, consumers, providers, partners, and caucus leaders to explore how caucus input supports the Commission's Ryan White Program planning. This included discussions on service standards, needs assessments, recruitment, outreach, engagement, identifying service gaps, and advancing the Integrated HIV Prevention and Care Plan.

The room was full and the engagement was strong, showing that an all-caucus format can work when the purpose is clear and the space is welcoming. Co-Chair nominations opened for each caucus, elections will follow once caucus meetings are scheduled, and four $50 gift cards were raffled.

Community Feedback on Caucus' Priorities

Participants filled out an engagement worksheet during the meeting and joined group discussions; a copy of the worksheet is included in the meeting materials. Participants expressed a strong desire for deeper connection, clearer communication, more meaningful community engagement, and better coordinated services. Many attended to learn about the Commission and its caucuses, explore ways to get involved, and help community needs are clearly represented. Several participants shared that they left the meeting feeling more informed and reminded them that they are not doing this work alone. They also shared appreciation for Commission staff, while noting that more people are needed at the table to help move the work forward. Participants highlighted several areas where caucuses can offer helpful input over the next year: community engagement, HIV education and awareness, recruitment and outreach, needs assessment, service standards, reviewing community feedback, and identifying barriers, gaps, and community needs.

Common Themes

Whole-person care: Care should reflect the full reality of people's lives, not just one diagnosis or service need.	**Culturally responsive care:** Need for better provider education, cultural humility, and respect.
Service navigation: Weak referrals, unclear steps for getting help, and the need for better coordination between providers and Community-based organizations.	**Awareness and outreach:** Many people still do not know what services are available, where to go, or how to get connected.
Stigma and mistrust: Stigma, misinformation, and past harm continue to shape whether people feel safe accessing services.	**Shared and specific needs:** Many barriers overlap across communities, while some needs may require focused workgroups, task forces, or listening sessions.
Missing voices: Need to hear more from people aging with HIV, youth, Indigenous communities, immigrant communities, and others who aren't fully represented.	**Action and accountability:** Community feedback should help shape next steps and come back to the community.

Nutrition Support Services Feedback

The Division on HIV and STD Programs' (DHSP) Clinical Quality Management team presented on Nutrition Support Services and gathered feedback from consumers and providers. Participants learned what the service offers, how it fits into the Ryan White system, and how it supports whole person care. Feedback highlighted barriers such as low awareness, paperwork challenges, eligibility questions, and the need for better coordination among nutrition services, case management, food programs, and medical care. Participants also emphasized that nutrition needs are closely linked to housing, transportation, income, health, and overall stability. Overall, the input gave DHSP and the Commission clearer insight into how the service is understood, where access is difficult, and where better communication and coordination are needed.

Latino/Latine Caucus Recommendation

Participants discussed the idea of creating a Latino/Latine Caucus, with mixed opinions. Some felt communities might be stronger combined under one caucus, while others supported creating a Latino/Latine Caucus since other priority groups have their own. The conversation raised broader questions about the purpose of caucuses, capacity, representation, and sustainability, as well as whether certain community needs are better addressed through a caucus, workgroup, task force, or other focused engagement approach. The Membership and Community Engagement (MCE) Committee will continue exploring these issues as part of its caucus oversight role.

Key Outcomes and Next Steps

- ✓ Staff will schedule the first individual caucus meetings and support next steps.
- ✓ Co-chair nominations are now open for caucuses; elections will happen once those meetings are scheduled.
- ✓ The Membership and Community Engagement (MCE) Committee will review the request for a Latino/Latine Caucus and discuss broader questions about the caucus structure.
- ✓ Staff will use engagement feedback to guide caucus planning, community engagement, needs assessment, recruitment, outreach, and service feedback.

Final Thoughts

The June 23 All Caucus Kick-Off Meeting was a meaningful step in bringing the caucuses back together with clearer purpose, stronger connection, and renewed community engagement. The feedback shared will help guide next steps, strengthen how caucuses support the Commission's planning work, and ensure that community voice and lived experience remain centered in the work ahead.

Need help Accessing HIV or STD Services?

If you or someone you know is having difficulty accessing services from a HIV service provider, or has concerns about the quality of services received, the DHSP Customer Support Program can help.

Contact: dhspsupport@ph.lacounty.gov | (800) 260-8787
Online: http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

Center for HIV Identification, Prevention, and Treatment Services: A Brief Overview

UYEN KAO, MPH

EXECUTIVE DIRECTOR, CHIPTS

UNIVERSITY OF CA, LOS ANGELES

JULY 9, 2026 | COMMISSION ON HIV MEETING

CHIPTS

Center for HIV Identification, Prevention and Treatment Services

Who We Are

- CHIPTS is a collaboration of multi-disciplinary HIV researchers from UCLA, Charles Drew University of Medicine and Science, Friends Research Institute, and the RAND Corporation.
- Funded by the National Institutes of Mental Health P30MH058107
- Currently co-led by Drs. Raphael Landovitz, Steve Shoptaw, Uyen Kao
- Our mission is to eliminate new HIV infections and improve health outcomes for key populations with HIV-associated comorbidities.

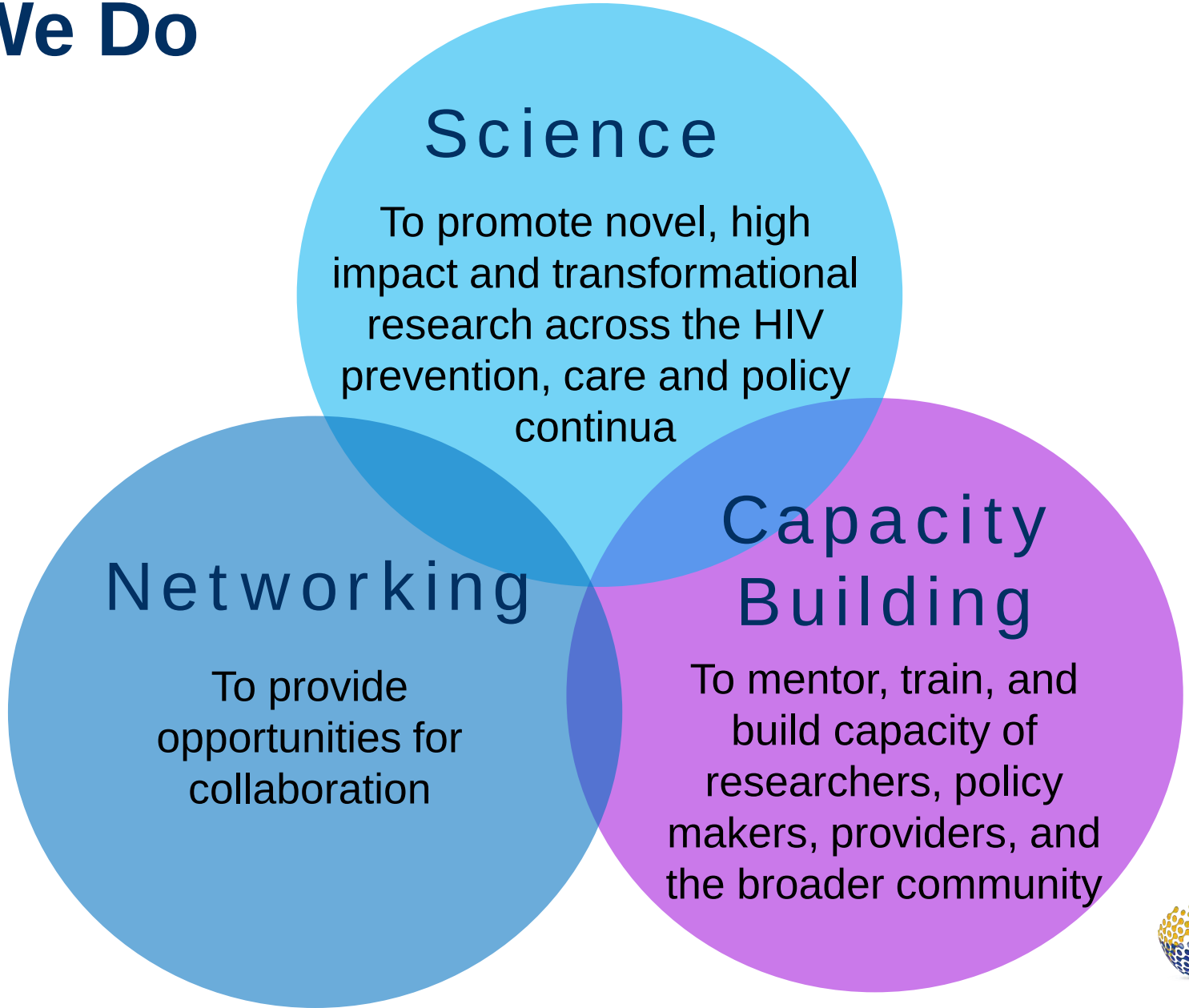
UCLA

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE
CDU

FRI
FRIENDS RESEARCH INSTITUTE

RAND
CORPORATION

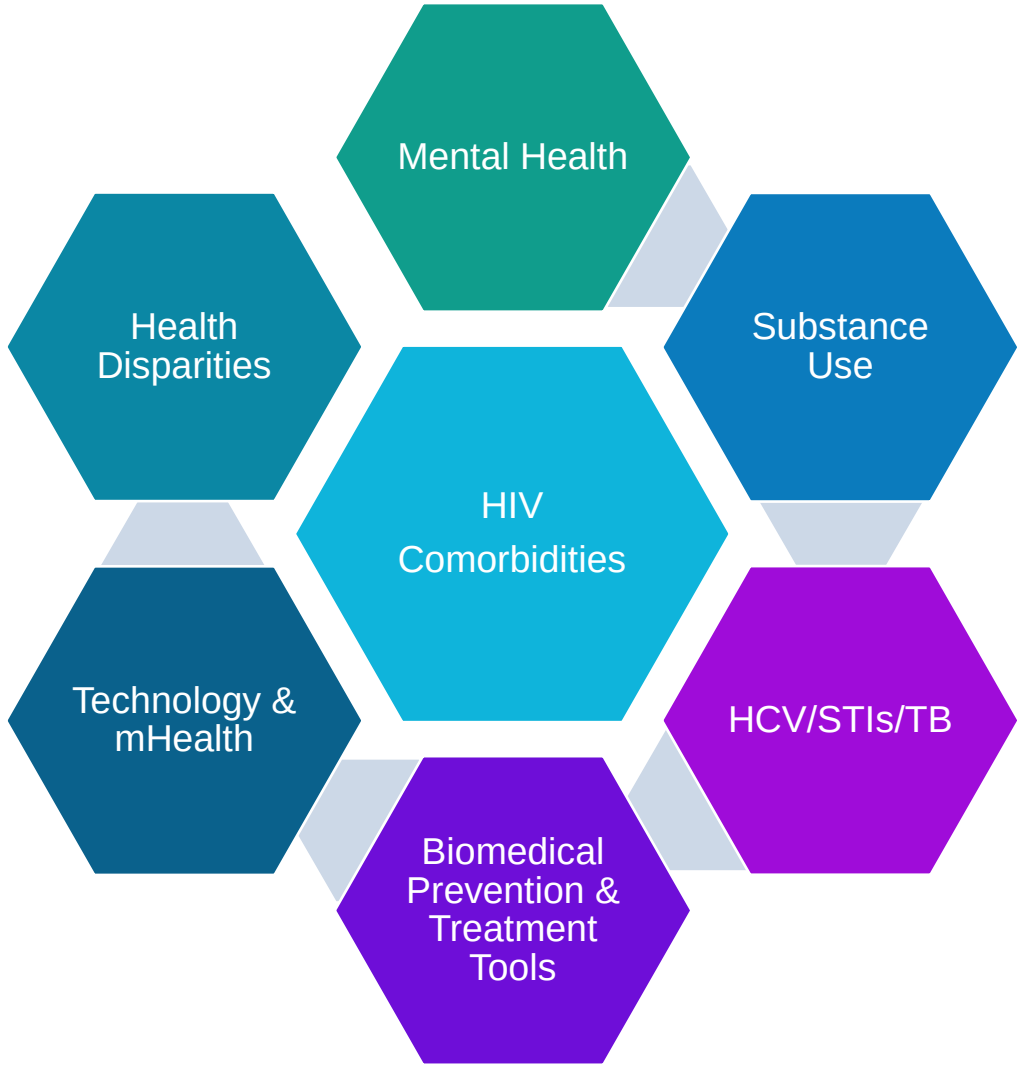
What We Do



CHIPTS
Center for HIV Identification, Prevention and Treatment Services

Cross-Cutting Research Themes

- Syndemics
- Resilience
- Medical mistrust
- Social justice
- Carceral systems
- Implementation Science



Admin Core

Provide scientific, programmatic, and administrative leadership to the overall center; promote collaborative and multidisciplinary work among its scientists and partners

Development Core

Invest in innovative, early stage research, support emerging investigators and promote dissemination of findings

Methods Core

Focus on guiding measurement, statistical methods, and implementation science across the center's aims and initiatives, maximizing innovation and impact

Combination Prevention Core

Promote research on combination behavioral, biomedical, technological and structural interventions to reduce HIV incidence and to improve viral suppression, especially in key populations and those with substance use and mental health disorders

Policy Impact Core

Optimize public health impact and science implementation by providing evidence on policy options to guide HIV prevention policy

CROSS CORE COLLABORATION

Key HIV Milestones

1987 — First antiretroviral therapy (ART) to treat HIV

1994 — First study decreasing perinatal transmission

1997 — Highly active ART as new standard of care

1999 - DEBI/Replicating Effective Programs

2006 — First one pill highly active ART

2008-2011 — Benefits of early ART evaluated; Treatment as prevention evaluated

2012 — PrEP approved

2015 — WHO recommends ART immediately after diagnosis

2017 — Research data supports launch of U=U

UNDETECTABLE U=U UNTRANSMITTABLE

2019 — EHE initiative established by the 1st Trump Administration

Ending the HIV Epidemic

2021 — Long-acting injectable approved for HIV prevention

2025

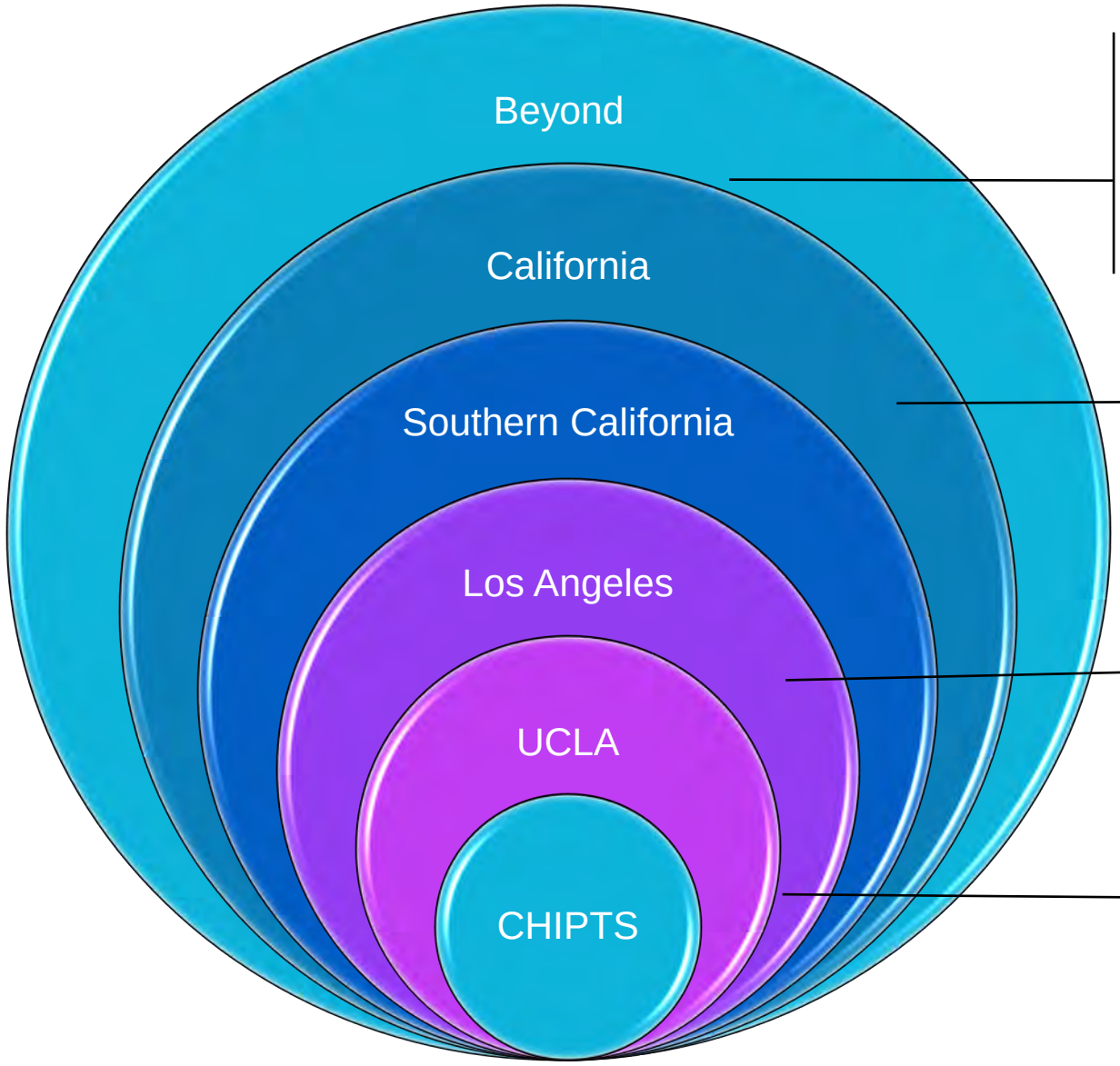
NIH National Institutes of Health
Office of AIDS Research

Source: Donenberg, NIH, 1/29/2026

CHIPTS Priorities & Key Research Areas

	Center Priorities	Key Research Areas
1998-2006 Director: Rotheram-Borus	Behavioral risk reduction through condom use and HIV testing and treatment	• Promotion of condom use, HIV testing, and status disclosure • Adherence to antiretroviral therapy • Methods to estimate HIV incidence and risk factors
2007-2016 Director: Rotheram-Borus	Development and application of combination bio-behavioral HIV prevention	• Formative planning to potentially launch PrEP-based prevention • Adherence to PrEP and antiretroviral therapy • Stigma and resilience in HIV prevention and treatment
2017-2026 Directors: Shoptaw/Landovitz	Integrated strategies to End the HIV Epidemic	• Development and evaluation of long-acting PrEP agents • Addressing behavioral/biological co-morbidities of HIV • Applied Implementation Science to End the HIV Epidemic
2027-2031 Director: Clark	Development, evaluation and implementation of context-specific, nationally-relevant HIV prevention strategies	• Identification of regional epidemiology to guide development of context-specific, interdisciplinary prevention strategies • AI and machine learning tools to advance statistical analysis • Use of Implementation Science to guide the delivery, adaptation, and replication of effective prevention strategies

Multi-Level Impact & Contribution



- Leadership in HPTN, ATN, ACTG, CTN, etc.
- HIV Implementation Research Network (CHESHIRE)
- Collaboration with NIMH-funded AIDS Research Centers
- Contribution to CDC HIV Compendium of Best Practices (EBIs)
- Multi-site Rapid START Study (NISH 001)

- California HIV/AIDS Policy Research Centers
- EHE Regional Learning Collaborative Series
- CA Statewide HIV/Aging Initiative
- Partnered with SOA/PACE EHE needs assessment

- Research and Community Colloquia Series
- CHIPTS HIV Next Generation conferences
- Community events, think tanks, trainings to build capacity
- Collaborations with local CBOs, FQHCs, ACO, DHSP, COH
- Supported 20 NIH EHE research projects 2019-2025

- Collaborations with UCLA-CDU CFAR, CTSI, 3R IS Hub, PAETC
- Innovative programs e.g. Bridge, pilot awards, Community Kick Start, Data Sprints to support early-career researchers


Meth & HIV Summit 2019


CA EHE Regional Meeting 2020

World AIDS Day 2021


Digital PreP EHE Meeting 2020

LAI Satellite Meeting at R4P 2018


CHIPTS CAB Planning Meeting


Medical Mistrust Training 2019


Stigma & HIV Meeting 2018


COH Annual Meeting 2019

3rd National Ending the HIV Epidemic Partnerships for Research Meeting April 15-16, 2024

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

2026 HIV Next Generation Conference

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

CHIPTS HIV Prevention Strategic Planning Meeting February 17, 2026

Future CHIPTS

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

Key Takeaways – Ways CHIPTS Can Help

- We are more than an HIV research center.
- We partner with communities to drive the development of scientific innovation.
- We serve as a trusted resource at the local, regional, state, national, and global levels.
- We catalyze new collaborations through strategic networking opportunities.
- We advance the dissemination of public health and scientific findings to inform community planning, clinical best practices, and effective intervention implementation.

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

THANK YOU!

Visit our website: https://chipts.ucla.edu/

Join our listserv: https://bit.ly/4ss8Qql

Email: chipts@mednet.ucla.edu

Contact:

Uyen Kao, MPH

Executive Director

ukao@mednet.ucla.edu

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

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