



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

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<https://tinyurl.com/y83ynuzt>



## EXECUTIVE COMMITTEE "SPECIAL" MEETING

Thursday, September 18, 2025

1:00PM – 3:00PM (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020

Validated Parking @ 523 Shatto Place, LA 90020

*\*As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

### Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/r98e4c0f62bda458afb46388eaa452>

To Join by Telephone: 1-213-306-3065

Password: SPECIAL Access Code: 2539 205 2536

### Public Comments

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

- Emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)
- Submitting electronically at [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS)

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

### Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or 213.738.2816.



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

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: <https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



## LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH  
6/8/23

510 S. Vermont Ave 14<sup>th</sup> Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

### CODE OF CONDUCT

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.)

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)

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## HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS

(Updated 7.15.24)

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
- ☐ The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
- ☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet.
- ☐ **Public Comment** for members of the public can be submitted in person, electronically @ [https://www.surveymonkey.com/r/public\\_comments](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*
- ☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
- ☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

*If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial [HERE](#) or contact Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).*



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



510 S. Vermont Ave., 14<sup>th</sup> Floor, Los Angeles CA 90020

MAIN: 213.738.2816 EML: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <https://hiv.lacounty.gov>

**AGENDA FOR THE SPECIAL MEETING OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV  
EXECUTIVE COMMITTEE**

**Thursday, September 18, 2025 | 1:00PM-3:00PM**

510 S. Vermont Ave, Terrace Level Conference, Los Angeles, CA 90020

*Validated Parking: 523 Shatto Place, Los Angeles 90020*

*\*As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held.*

**MEMBERS OF THE PUBLIC:**

**To Register + Join by Computer:**

<https://lacountyboardofsupervisors.webex.com/weblink/register/r98e4c0f62bda458afbbb466388eaa452>

To Join by Telephone: 1-213-306-3065

Password: SPECIAL Access Code: 2539 205 2536

EXECUTIVE COMMITTEE MEMBERS			
<i>Danielle Campbell, PhDc, MPH, Co-Chair</i>	<i>Joseph Green, Co-Chair</i>	Miguel Alvarez (OPS Committee)	Alasdair Burton (Executive At-Large)
Erika Davies (SBP Committee)	Kevin Donnelly (PP&A Committee)	Arlene Frames (SBP Committee)	Arburtha Franklin (Public Policy Committee)
Vilma Mendoza (OPS Committee)	Katja Nelson, MPP (Public Policy Committee)	Mario J. Pérez, MPH (DHSP Non-Voting)	Dechelle Richardson (Executive At-Large)
Daryl Russel (PP&A Committee)			
QUORUM: 7			

**AGENDA POSTED:** September 12, 2025

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

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may submit in person, email to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org), or submit electronically [here](#). All Public Comments will be made part of the official record.

**ACCOMMODATIONS:** Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours’ notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org).

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

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

## **I. ADMINISTRATIVE MATTERS**

- |   |                          |
|---|--------------------------|
| <b>1. Call to Order &amp; Meeting Guidelines/Reminders</b>                | <b>1:00 PM – 1:03 PM</b> |
| <b>2. Introductions, Roll Call, &amp; Conflict of Interest Statements</b> | <b>1:03 PM – 1:05 PM</b> |

## **II. DISCUSSION**

- |  |                         |
|--|-------------------------|
| <b>3. Level Setting: Goals &amp; Objectives of Discussion</b>  | <b>1:05 PM – 1:15PM</b> |
| (a) Share intended outcomes for today’s meeting  |                         |
| (b) Clarify how this discussion informs the Commission’s restructuring, bylaws, and integrated prevention/care planning responsibilities   |                         |
| <b>4. Prevention Planning within the Scope of the Commission</b>   | <b>1:15 PM – 1:45PM</b> |
| (a) Review of the Commission’s role as an integrated HIV prevention and care planning body –<br><i>Refer to Discussion Guide</i>   |                         |
| <ul style="list-style-type: none"><li>• Clarifying scope of responsibilities and expectations from HRSA, CDC, and County guidance</li><li>• Overview of existing prevention-related activities (e.g., service standards, PSRA, stakeholder engagement, needs assessments, data review)</li></ul> |                         |
| <b>5. DHSP Feedback and Perspectives</b>   | <b>1:45 PM – 2:15PM</b> |
| (a) Department of Public Health – Division of HIV & STD Programs (DHSP) to share their expectations for the Commission’s role in prevention planning   |                         |
| (b) Discussion and Q&A   |                         |
| (c) Intended Outcomes  |                         |

**6. Stakeholder Perspectives**

**2:15 PM – 2:45PM**

- (a) Input from invited prevention partners/stakeholders
- (b) Identifying opportunities for collaboration and alignment

**5. Next Steps for Commission Planning**

**2:45 PM – 2:50PM**

- (a) Summarize agreed upon actions, assignments, and follow-up items

**III. PUBLIC COMMENT**

**2:50 PM – 2:55 PM**

- 6. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee.** *For those who wish to provide public comment may do so in person, electronically by clicking [here](#), or by emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).*

**VI. ANNOUNCEMENTS**

**2:55 AM – 3:00 PM**

- 7. Opportunity for members of the public and the committee to make announcements.**

**VII. ADJOURNMENT**

**3:00 PM**

- 8. Adjournment of the special meeting of the Executive Committee on September 18, 2025.**





## 2025 MEMBERSHIP ROSTER | UPDATED 9.2.25

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

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

LOA: Leave of Absence

Overall total: 44



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/2/25

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

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



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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	Joaquin	Unaffiliated representative	No Ryan White or prevention contracts
HARDY	David	University of Southern California	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts
JONES	Terrance	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated representative	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LESTER (PP&A Member)	Rob	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Biomedical HIV Prevention Services
MARTINEZ-REAL	Leonardo	Unaffiliated representative	Medical Transportation Services
			No Ryan White or prevention contracts
MAULTSBY	Leon	In the Meantime Men's Group	Promoting Healthcare Engagement Among Vulnerable Populations
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
PATEL	Byron	Los Angeles LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	No Affiliation	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated representative	No Ryan White or prevention contracts
SALAMANCA	Ismael	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services

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

### Division of HIV and STDs Contracted Community Services

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

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

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC
	EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN
	Spanish Telehealth Mental Health Services
	Translation/Transcription Services
	Public Health Detailing
	HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
Service Category	Organization/Subcontractor
Community Engagement and Related Services	AMAAD
	Program Evaluation Services
	Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar
	CHLA
	The Walls Las Memorias
	Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups
	Translatin@ Coalition
	CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice
	Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	



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



## DISCUSSION GUIDE: 9/18/25 SPECIAL EXECUTIVE COMMITTEE MEETING

### Focus: Prevention Planning as a Ryan White Program Integrated HIV Prevention & Care Planning Body

#### Purpose

Clarify the Commission's role in HIV prevention planning as an integrated prevention and care planning body. Today's conversation will guide restructuring, bylaws updates, and the Commission's 2026 workplan.

#### Goals & Objectives

- Level set on the Commission's scope & responsibility as a Ryan White Program integrated HIV prevention & care planning body
- Review current prevention-related activities
- Clarify expectations from HRSA and CDC
- Hear directly from DHSP on prevention planning expectations
- Gather stakeholder perspectives and identify opportunities for alignment
- Establish next steps to strengthen prevention planning within the Commission

#### Guiding Questions

1. **Current Role:** What prevention activities are we already doing? Are they enough to meet federal requirements of an integrated planning body?
  - a. Refer/review to subsequent sections in this guidance, specifically: Expectations of an Integrated HIV Prevention & Care Planning body; Reference: Integrated HIV Prevention & Care Planning Chart; and, Appendix: Authority Citations for Integrated HIV Prevention & Care Planning
2. **DHSP Expectations:** What does DHSP see as the Commission's role in prevention planning? Where are the gaps? How can DHSP strengthen the Commission's prevention activities
3. **Stakeholder Input:** What priorities or needs should be elevated in prevention planning?
4. **Next Steps:** How should prevention planning be reflected in bylaws, committee work, and the annual workplan? Or, no changes necessary.

#### Key Takeaway

This meeting is about clarity, alignment, and setting a roadmap for how prevention planning is integrated into the Commission's work moving forward.



## EXPECTATIONS OF AN INTEGRATED HIV PREVENTION & CARE PLANNING BODY

### *What's Expected of an Integrated Planning Body?*

#### Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027- 2031

- ☐ **Single Integrated Plan:** Jurisdictions must submit one unified 5-year Integrated HIV Prevention and Care Plan that covers both RWP and CDC prevention requirements.
- ☐ **Representation:** The planning process must include people with HIV (per HRSA's 33% mandate) and at-risk populations, prevention providers, and other stakeholders (per CDC).
- ☐ **Needs Assessment:** Must assess needs of both PLWH and people at risk of HIV, addressing barriers to prevention, testing, care, and treatment.
- ☐ **Priority Setting & Resource Allocation:** Planning Councils must still set priorities and allocate RWP Part A dollars, but integrated planning bodies are also expected to align with CDC prevention priorities and identify strategies for prevention resource use.
- ☐ **Monitoring & Evaluation:** The plan must describe how the jurisdiction will monitor implementation, assess effectiveness, and adjust activities across both prevention and care.
- ☐ **Alignment with National Goals:** Plans must align with the National HIV/AIDS Strategy (NHAS), the Ending the HIV Epidemic (EHE) initiative, and related federal guidance.

## REFERENCE: INTEGRATED HIV PREVENTION & CARE PLANNING CHART

Area	HRSA (Part A)	CDC(Prevention)	Integrated Body	What We Currently Do
Authority	Statutory (RWP)	Guidance (co-op agreements)	Must satisfy both	Operate under HRSA, incorporate CDC
Focus	Care, treatment, PLWH	Prevention for at-risk	Full continuum	PSRA, service standards, prevention members
Membership	33% PLWH, providers	At-risk, prevention providers	Blend both	Maintain PLWH, include prevention reps
Needs Assessment	PLWH	At-risk populations	Joint	Surveys, listening sessions
Priority Setting	Service priorities & funds	Priority pops & strategies	Both	PSRA annually, prevention via data review
Standards	Service standards	Evidence-based prevention	Both	Prevention standards
Integrated Plan	Contribute to 5-year plan	Contribute to 5-year plan	Joint	Draft in collaboration w/ CDPH OA & DHSP using a syndemic approach
Data Review	Surveillance, viral suppression	Testing, PrEP, incidence	Both	Review combined epi & utilization data
Engagement	PLWH	At-risk	Inclusive	Listening sessions and other community engagement activities
Evaluation	AEAM	Prevention effectiveness	Cross-evaluate	AEAM incl prevention services
Alignment	HRSA/HAB law	CDC/NHAS/EHE	Dual compliance	Align with HRSA & CDC



## APPENDIX: AUTHORITY CITATIONS FOR INTEGRATED HIV PREVENTION & CARE PLANNING

### HRSA (Ryan White Program – Part A Planning Councils)

Statutory Authority: Ryan White HIV/AIDS Treatment Extension Act of 2009, Section 2602(b). This statute requires Planning Councils in Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs).

Key Requirement: Planning Councils must establish membership composition, set service priorities, allocate funds, and develop service standards for Ryan White Program services.

[Ryan White Program Part A Manual](#)

### CDC (HIV Prevention Planning Guidance)

Authority Source: CDC HIV Prevention and Surveillance Cooperative Agreement Guidance, most recently PS22-2203: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the U.S.

Key Requirement: Health departments receiving CDC prevention funding must engage communities, providers, and stakeholders in HIV prevention planning, including identifying priority populations, strategies, and evaluating prevention outcomes.

<https://www.highergov.com/document/ps24-0047-nofo-final-pdf-335500/>

### Integrated HIV Prevention and Care Plan

Joint Requirement: Both HRSA and CDC require jurisdictions to develop a 5-year Integrated HIV Prevention and Care Plan that combines prevention and care activities. Plans must align with the National HIV/AIDS Strategy (NHAS) and Ending the HIV Epidemic (EHE) goals.

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-prevention-care-plan-guidance-2027-2031.pdf>

### Commission on HIV Ordinance

Statutory Authority: Ordinance 3.29.090 Duties.

Key Requirement: Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance, the Commission is authorized to: *\*highlight added for emphasis*

[Los Angeles County, California, Code of Ordinances >> Title 3 - ADVISORY COMMISSIONS AND COMMITTEES >> Chapter 3.29 COMMISSION ON HIV >> Ordinance 3.29.090 Duties](#)

#### ❖ Comprehensive HIV Plan

Develop and regularly update a countywide HIV plan in collaboration with DHSP that assesses service needs and gaps across the continuum of care and **prevention services** and monitor its implementation and effectiveness.

#### ❖ Standards of Care

Establish standards for the delivery of HIV care, treatment, and **prevention services**.



#### ❖ **Funding Priorities & Allocations**

Set priorities and allocate Ryan White Part A/B and CDC prevention funds across service categories and monitor consistency of expenditures with Commission priorities and the comprehensive HIV plan.

#### ❖ **Evaluation**

Evaluate service effectiveness, efficiency, and outcomes — including rapid fund disbursement and alignment with Commission-established prevention priorities.

#### ❖ **Integrated Response**

Plan and develop service responses that address HIV alongside STDs and other co-morbidities, deploying best practices in STD clinics and adapting them to broader health platforms.

#### ❖ **Policy Role**

Study, advise, and recommend to the Board of Supervisors and DHSP on policies related to HIV, including prevention strategies.

#### ❖ **Community Engagement & Education**

Inform, educate, and disseminate prevention-related information to consumers, target populations, providers, policymakers, and the public to build capacity for prevention and care.

#### ❖ **Accountability**

Report annually to the Board of Supervisors on County progress toward ending HIV, including prevention indicators developed with DHSP.

#### ❖ **Planning Body Role**

Serve as the planning body for all County HIV programs, including those funded outside of Ryan White and CDC, ensuring prevention is integrated throughout.

### **Commission on HIV Mission & Vision**

**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 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).



## LOS ANGELES COUNTY COMMISSION ON HIV 2023 PREVENTION PLANNING WORKGROUP WORK PLAN **DRAFT**/FOR REVIEW (2.28.23)

**Prioritization Considerations:** Select activities that are feasible and within the influence/capacity of the Prevention Planning Workgroup (PPW). PPW was established to infuse and strengthen prevention efforts in the Commission on HIV's planning and priority setting processes and discussions.

Approval Date:		Revision Dates:	
#	TASK/ACTIVITY	TARGET COMPLETION DATE	COMMENTS/SUGGESTIONS
1	Develop a strategy and timeline for integration to the Priority, Planning and Allocation Committee with the intent to focus on both HIV care and prevention using a status neutral approach.	Dec 2023	Attendance at PP&A meetings. Integrate by end of 2023. Develop understanding of status neutral approach to align prevention and care efforts.
2	Create a training schedule of knowledge gaps identified by the analysis of the knowledge, attitudes, and beliefs (KAB) survey to build Commissioner capacity. Key topics include: <ul style="list-style-type: none"> <li>• Status Neutral</li> <li>• STIs</li> <li>• PrEP</li> </ul> Health district data and use for planning efforts	In progress	<ul style="list-style-type: none"> <li>• Format (virtual or in-person)</li> <li>• Schedule</li> </ul> Identify presenters how to use for planning
3	Review and develop an understanding of the status neutral approach to HIV care and prevention.	In progress	How does this translate to prevention planning?
4	Review Prevention Standards and work with the Standards and Best Practices Committee to revise standards using a status neutral framework.	May/July/Aug	
5	Provide prevention recommendations to PP&A to inform integration efforts as related to: <ul style="list-style-type: none"> <li>• In-person and self-testing for HIV, STIs, and HCV</li> <li>• PrEP utilization</li> <li>• Access to syringe exchange and other harm reduction programs and services</li> </ul>	Dec 2023	



**LOS ANGELES COUNTY COMMISSION ON HIV 2023 PREVENTION PLANNING WORKGROUP  
WORK PLAN **DRAFT**/FOR REVIEW (2.28.23)**

DRAFT

# 2027-2031 Integrated HIV Plan Overview and Preparation

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Planning, Priorities and Allocations Committee

June 17, 2025

# Background

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The Integrated Plan Guidance built upon CDC and HRSA's efforts to:

- Reduce reporting burden and ensure coordination across grant recipients,
- Streamline the work of health department staff and HIV planning groups, and
- Promote coordination and community engagement in designing systems of HIV prevention and care.

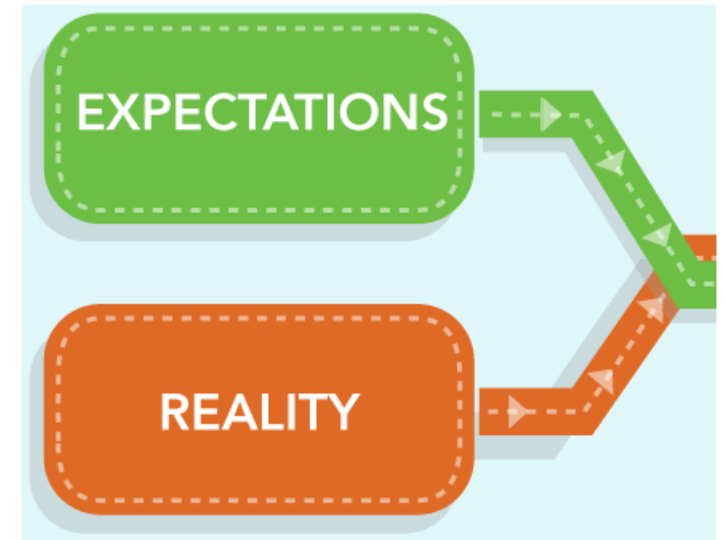


# HRSA and CDC Joint Expectations

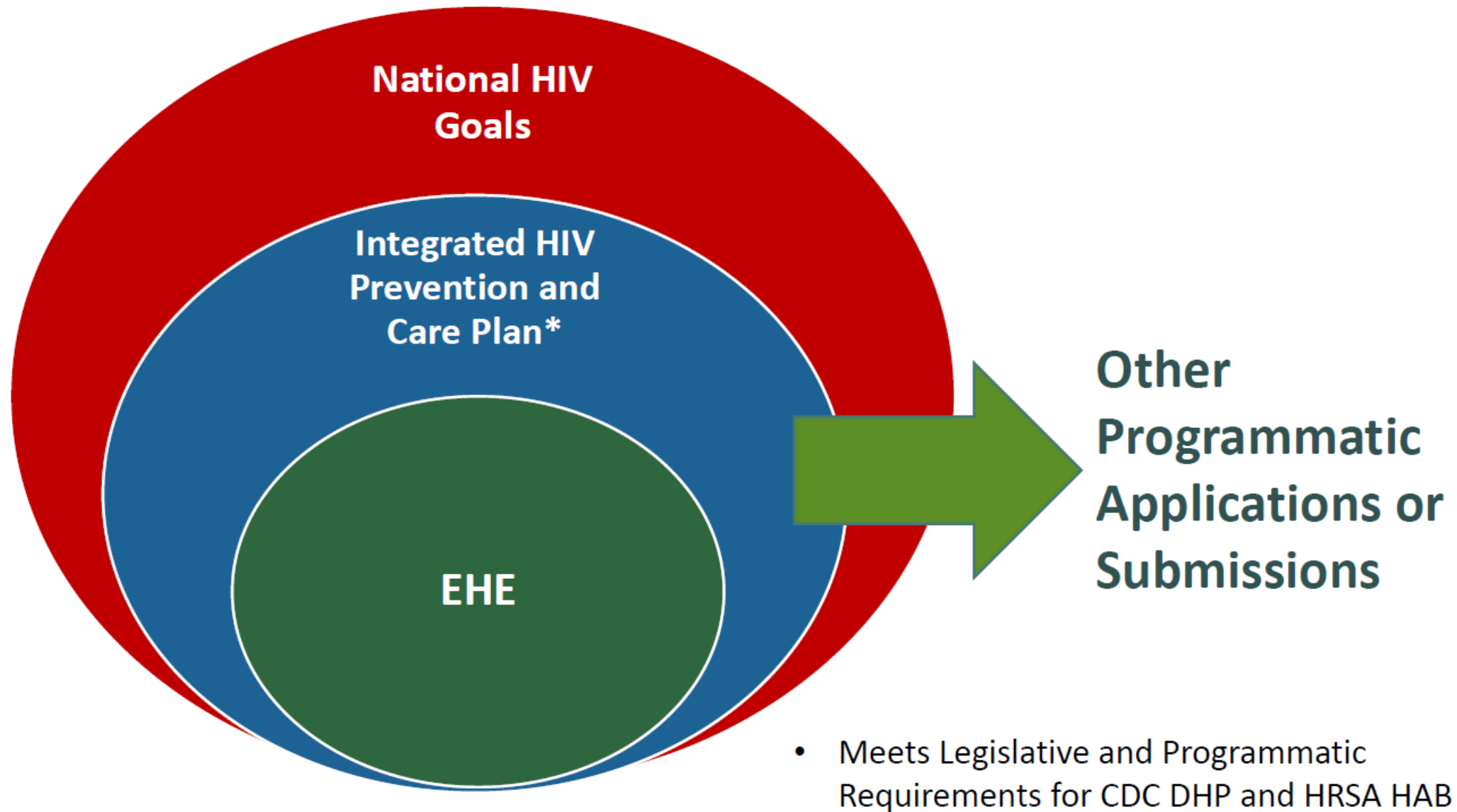
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Your Integrated HIV Prevention and Care Plan should:

- Reflect the community's vision regarding how best to deliver HIV prevention, care, and treatment services.
- Details how various plans (including Ending the HIV Epidemic Plans) work together in a jurisdiction to further national HIV goals.
- Serve as a living document and roadmap to guide each jurisdiction's HIV prevention and care service planning throughout the year.



# Connection to National Initiatives & Plans





# Overview of Integrated HIV Prevention and Care Guidance

## Standardization of templates

Suggested template for interactive Work Plan developed

## Clarity on Letter of Concurrences (LOC)

Language and table included in the guidance and checklist to reiterate requirements for LOC

## Guidance on page limit

MAXIMUM number of pages is 100. There is no minimum page requirement

# IP 3.0 - Key Updates

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## **Inclusion of Ryan White Program 2030 Vision**

Guidance includes a new objective to  
prioritize reaching those with HIV who are  
undiagnosed or out-of-care

# CY 2027-2031 Integrated Prevention and Care Plan

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Section I: Introduction



Section II: Community Engagement and Planning Process



Section III: Contributing Data Sets and Assessments



Section IV: Situational Analysis



Section V: Goals and Objectives



Section VI: Implementation, Monitoring, and Jurisdictional Follow Up



Section VII: Letters of Concurrence

# Integrated Plan Guidance Checklist Sections

# Section I: Introduction of Integrated Plan and SCSN

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**Purpose:** To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission

## SECTION COMPONENTS

- Description
- Approach
- Documents Submitted to Meet Requirements



# Section II: Community Engagement and Planning Process

---

**Purpose:** To describe how the jurisdiction's planning approach engaged community members and key partners, fulfilled legislative and programmatic requirements, and addresses the HIV care and prevention needs of people with HIV and people vulnerable to HIV.

## SECTION COMPONENTS

1. Jurisdiction Planning Process
2. Entities Involved in Planning Process
3. Role of RWHAP Part A Planning Council/Planning Body
4. Role of Planning Bodies and Other Entities
5. Collaboration with RWHAP Parts – SCSN requirement
6. Engagement of People with HIV – SCSN requirement
7. Priorities
8. Updates to Other Strategic Plans Used to Meet Requirements

# Section III: Contributing Data Sets and Assessments

---

**Purpose:** To analyze qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction; to determine the services needed by individuals to access and maintain HIV prevention, care and treatment services; to identify barriers for individuals accessing those services; and to assess gaps across the HIV Prevention and HIV Care Continuums of Care.

## SECTION COMPONENTS

1. Data Sharing and Use
2. Epidemiologic Snapshot
3. HIV Prevention, Care and Treatment Resource Inventory
4. Strengths and Gaps
5. Approaches and Partnerships
6. Needs Assessment
  - a. Priorities
  - b. Actions Taken
  - c. Approach

# Section IV: Situational Analysis

---

**Purpose:** To provide an overview of strengths, challenges, and identified needs across the HIV prevention and care continuum. This snapshot should synthesize information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III.

## SECTION COMPONENTS

1. Situational Analysis
2. People and Communities Disproportionately Impacted by HIV

# Section V: Goals and Objectives

---

**Purpose:** To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a comprehensive, coordinated approach for all HIV prevention and care funding.

Structured to include strategies that accomplish the following:

- Diagnose all people with HIV as early as possible
- Treat people with HIV rapidly and effectively to reach sustained viral suppression
- Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs)
- Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

# Section VI: Implementation, Monitoring, and Jurisdictional Follow Up

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**Purpose:** To describe the infrastructure, procedures, systems, and/or tools that will be used to support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases:

- Implementation
- Monitoring
- Evaluation
- Improvement
- Reporting and Dissemination

# Section VII: Letters of Concurrence

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**Purpose:** To provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the state/territory or jurisdiction.

A letter of concurrence is required from Planning Councils regardless of the type of plan submitted.

## Appendix 6

Sample Letter of Concurrence or Concurrence with Reservations between Planning Body and State or Local Health Department or Funded Agency

Dear (Name):

The [insert name of Planning Body, e.g. planning council, advisory council, HIV planning group, planning body] [insert *concurs or concurs with reservations*] with the following submission by the [insert name of State/Local Health Department/ Funded Agency] in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV Prevention (DHP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2027-2031.

The planning body (e.g. planning council, advisory council, HIV planning group, planning body) has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The planning body [insert *concurs or concurs with reservations*] that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

[Insert the process used by the planning body to provide input or review the jurisdiction's plan.]

[If applicable, insert how jurisdictions with directly funded states and cities plan to coordinate their HIV Planning process.]

The signature(s) below confirms the [insert *concurrence or concurrence with reservations*] of the planning body with the Integrated HIV Prevention and Care Plan.

Signature:  
Planning Body Chair(s)

Date:



## Submission Expectations

Each HRSA and CDC-funded jurisdiction needs to participate in the completion and submission of an Integrated Plan.

The Integrated Plan should include information on who is responsible for developing the Integrated Plan within the jurisdiction (i.e., RWHAP Part A planning councils/body(ies), RWHAP Part B advisory groups, and CDC HIV planning bodies).

The Integrated Plan should define and provide the goal(s), which allows the jurisdiction to articulate its approach for how it will address HIV prevention, care, and treatment needs in its service areas and accomplish the national HIV goals.

# Submission Requirements

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Submissions due to CDC DHP and HRSA HAB **no later than 11:59 PM ET on June 30, 2026**

Submissions **should be no longer than 100 pages** not including the completed checklist and no smaller than 11pt font

## **Required components of submission**

- Integrated HIV Prevention and Care Plan Submission
- Completed *CY 2027 – 2031 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist*
- Signed letter(s) from the HIV planning group/body indicating concurrence, concurrence with reservations, or non-concurrence with the plan

HRSA and CDC will provide more details at a later date about where to submit completed plans

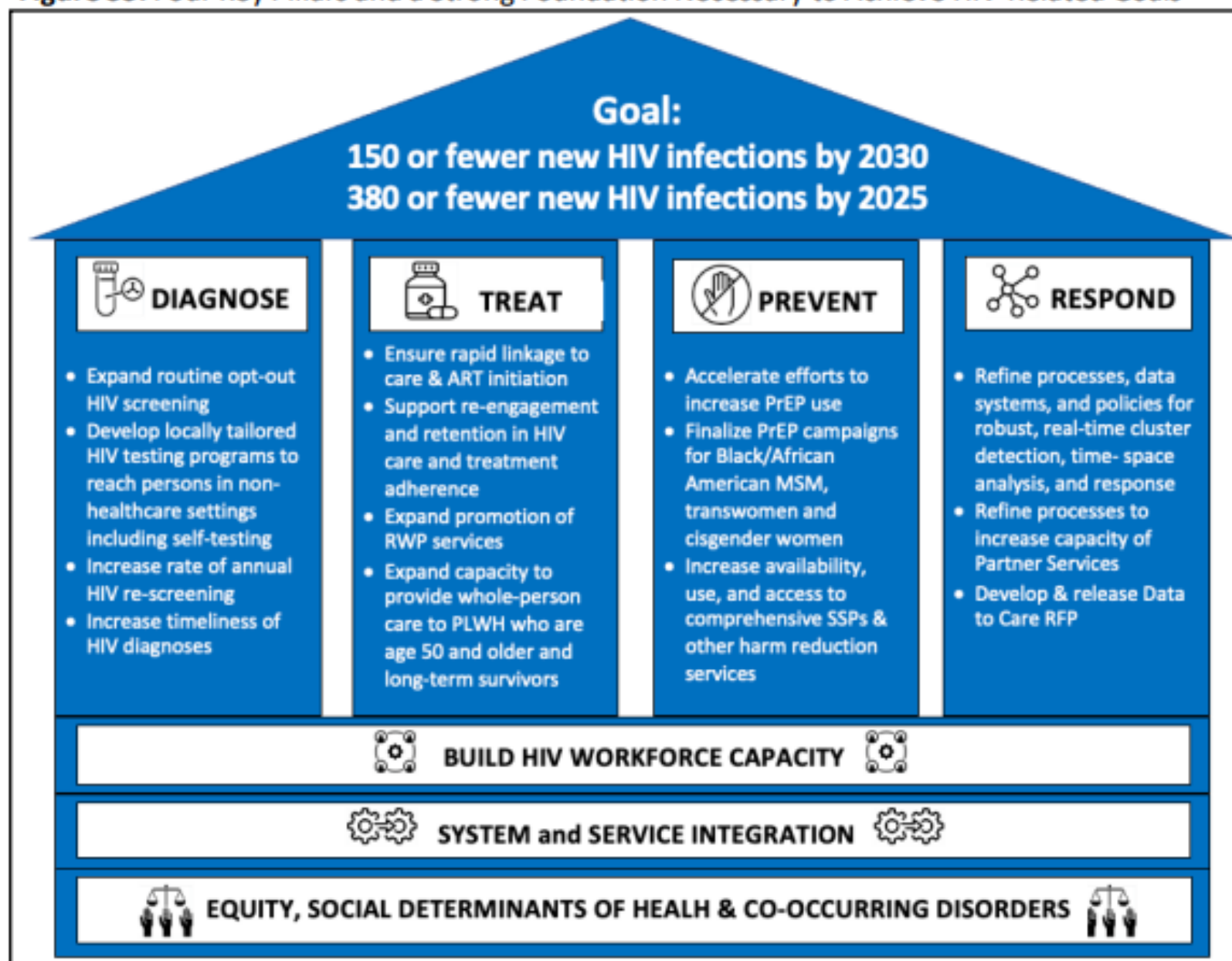


# Planning for 2027-2031 Integrated HIV Plan

Things to consider:

- Create new plan?
- Revise existing plan? What changes need to be made?
  - What are the top priorities?
- What data do we have? Do we need more data?
- What stakeholders are at the table? Who is missing?
- What needs assessments do we have? Is there anything missing?
- Timeline for completion
- Other thoughts?

**Figure 33:** Four Key Pillars and a Strong Foundation Necessary to Achieve HIV-Related Goals





# ***THE POWER OF AGING: NAVIGATING SERVICES IN TIMES OF UNCERTAINTIES***

**September 19, 2025 | 9:30am - 3:00pm**

**Lunch will be provided.**

**Vermont Corridor**

**510 S. Vermont Ave 9<sup>th</sup> Floor, Los Angeles, CA 90020**

**VALIDATED PARKING: 523 SHATTO PL, LA 90020**

**Scan QR code to  
RSVP.**



Questions? Email  
[hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or  
call 213-738-2816



LOS ANGELES COUNTY  
**COMMISSION ON HIV**





# 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](mailto:dhspsupport@ph.lacounty.gov)

On the web:

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





# Estamos Escuchando

*Comparta sus inquietudes con nosotros.*

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

**(800) 260-8787**

## ¿Por qué debería llamar?

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

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

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

## ¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:  
[dhspsupport@ph.lacounty.gov](mailto:dhspsupport@ph.lacounty.gov)

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

