



LOS ANGELES COUNTY
COMMISSION ON HIV



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PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, July 15, 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/planning-priorities-and-allocations-committee>**

Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/web link/register/r91b29d0e7bdbc805d4ee791a8dfac776>

Public Comments

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

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

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

Accommodations

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

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

**AGENDA FOR THE REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV
PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE**

TUESDAY, JULY 15, 2025 | 1:00 PM – 3:00 PM

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

Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r91b29d0e7bdbc805d4ee791a8dfac776>

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

Password: PLANNING Access Code: 2530 359 6818

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair Carlos Vega-Matos (Alternate)	Daryl Russell Co-Chair	Al Ballesteros, MBA	Lilieth Conolly (LOA) Rev. Gerald Green (Alternate)
Felipe Gonzalez	Michael Green, PhD	William King, MD, JD	Rob Lester (Committee-only)
Miguel Martinez, MPH, MSW (Committee-only)	Ismael Salamanca	Harold Glenn San Agustin, MD	Dee Saunders
LaShonda Spencer, MD	Lambert Talley (Alternate)		
QUORUM: 8			

AGENDA POSTED: July 10, 2025

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 join the virtual meeting via your smart device and post your Public Comment in the Chat box - or- email your Public Comment to <mailto:hivcomm@lachiv.org> -or- submit your Public Comment electronically [here](#). All Public Comments will be made part of the official record.

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.

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

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

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, Los Angeles, CA 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.*

I. ADMINISTRATIVE MATTERS

- | | | |
|---|------------------|-------------------|
| 1. Call to Order & Meeting Guidelines/Reminders | | 1:00 PM – 1:03 PM |
| 2. Roll Call & Conflict of Interest Statements | | 1:03 PM – 1:05 PM |
| 3. Approval of Agenda | MOTION #1 | 1:05 PM – 1:07 PM |
| 4. Approval of Meeting Minutes | MOTION #2 | 1:07 PM – 1:10 PM |

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

5. 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.

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

- | | |
|---------------------------------------|-----------------|
| 7. Executive Director/Staff Report | 1:16 PM—1:23PM |
| a. Operational and Commission Updates | |
| 8. Co-chair Report | 1:24 PM—1:29 PM |

9. Division on HIV and STD Programs (DHSP) Report

1:30 PM—2:00 PM

V. DISCUSSION

2:01 PM—2:55 PM

10. California State Integrated HIV Plan Overview

VI. NEXT STEPS

2:56 PM – 2:57 PM

11. Task/Assignments Recap

12. Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS

2:58 PM – 3:00 PM

13. Opportunity for members of the public and the committee to make announcements.

VIII. ADJOURNMENT

3:00 PM

14. Adjournment for the meeting of July 15, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Planning, Priorities and Allocations Committee minutes, as presented or revised.



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 or via email at hivcomm@lachiv.org.
Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.
- ☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
- ☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

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



LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH
6/8/23

510 S. Vermont Ave 14th 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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COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/7/25

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.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & Linked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Biomedical HIV Prevention
			Transportation Services
CIELO	Mikhaela	Los Angeles General Hospital	Biomedical HIV Prevention
CONOLLY	Lilieth	No Affiliation	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	HIV Testing Storefront HIV Testing & Sexual Networks
DAVIS (PPC Member)	OM	Aviva Pharmacy	No Ryan White or prevention contracts
DOLAN (SBP Member)	Caitlyn	Men's Health Foundation	Biomedical HIV Prevention Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Sexual Health Express Clinics (SHEX-C) Transportation Services Data to Care 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	High Impact HIV Prevention Benefits Specialty Nutrition Support Sexual Health Express Clinics (SHEX-C) Data to Care Services Biomedical HIV Prevention Oral Healthcare Services Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) HIV and STD Prevention Services in Long Beach Transportation Services Residential Care Facility - Chronically Ill Intensive Case Management
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	Connect To Protect LA/CHLA	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
HARDY	David	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
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	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	Leonardo	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NASH	Paul	University of Southern California	Biomedical HIV Prevention Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	High Impact HIV Prevention Benefits Specialty Nutrition Support Sexual Health Express Clinics (SHEX-C) Data to Care Services Biomedical HIV Prevention Oral Healthcare Services Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) HIV and STD Prevention Services in Long Beach Transportation Services Residential Care Facility - Chronically Ill Case Management
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront HIV Testing Social & Sexual Networks STD Screening, Diagnosis and Treatment High Impact HIV Prevention Biomedical HIV Prevention Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RAINES	Aaron	No Affiliation	No Ryan White or prevention contracts
RICHARDSON	Dechelle	No Affiliation	No Ryan White or prevention contracts
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SALAMANCA	Ismael	City of Long Beach	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			HIV Testing & Sexual Networks
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.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
SAUNDERS	Dee	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
VEGA-MATOS	Carlos	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts



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

**PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A)
COMMITTEE MEETING MINUTES
June 17, 2025**

COMMITTEE MEMBERS			
P = Present P* = Present as member of the public; does not meet AB 2449 requirements A = Absent EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	Rob Lester	P
Daryl Russell, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Al Ballesteros, MBA	A	Ismael Salamanca	P
Lilieth Conolly	LOA	Harold Glenn San Agustin, MD	P
Rita Garcia	A	Dee Saunders	P
Felipe Gonzalez	P	LaShonda Spencer, MD	A
Reverend Gerald Green	A	Lambert Talley	A
Michael Green, PhD, MHSA	P	Carlos Vega-Matos	EA
William King, MD, JD	EA	Jonathan Weedman	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit			
DHSP STAFF			
Paulina Zamudio, Victor Scott, Pamela Ogata, Anahit Nersisyan, Sona Oksuzyan, Janet Cuanas			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website. Click [HERE](#).

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

D. Russel, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:05pm.

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

C. Barrit, Executive Director, conducted roll call and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): K. Donnelly, D. Russell, F. Gonzalez, M. Green, R. Lester, M. Martinez, I. Salamanca, D. Saunders, H. San Agustin, J. Green

3. Approval of Agenda

MOTION #1: Approve the Agenda Order (✓Passed by Consensus)

4. Approval of Meeting Minutes

MOTION #2: Approval of Meeting Minutes (✓Passed by Consensus)

II. PUBLIC COMMENT

5. Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.

There was no public comment.

III. COMMITTEE NEW BUSINESS

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

There was no committee new business.

IV. REPORTS

7. Executive Director/Staff Report

- C. Barrit, reminded the committee that the next full body Commission on HIV meeting will be on July 10th from 9am – 12pm at the Vermont Corridor. The meeting will cover the Commission restructuring and commissioners should review the restructuring report included in the packet before the meeting and come prepared for a discussion
- C. Barrit announced that the next COH mandatory training will be on Wednesday, June 25 at 12pm-1pm and will cover policy priorities and legislative docket development. All trainings are open to the public and invited all interested individuals to attend. See [training schedule](#) flyer for registration information.

8. Co-chair Report

a. Program Year 35-37 Directives

- K. Donnelly reported that the Commission on HIV (COH) is still waiting for a response from DHSP on the Program Year 35-37 (PY35-37) Directives. The committee is awaiting a formal response from the Division of HIV and STD Programs (DHSP) before modifications can be made.

b. Women's Caucus Listening Session Updates

- K. Donnelly announced that, to date, the Women's Caucus has held two of their three listening sessions – one for transgender women and one for Spanish-speaking women. The final listening session will be on June 30 from 3pm -5pm in Willowbrook. See [event flyer](#) for more details.

9. Division of HIV and STD Programs Report

a. Unmet Needs in Los Angeles County Report

- DHSP staff, S. Oksuzyan and J. Cuanas, provided a report on Unmet Needs in Los Angeles County for the year 2022. The report outlined unmet needs for all populations living in LA County, including Ryan White Program (RWP) clients and non-RWP individuals. See [meeting packet](#) for more details.
- Committee members requested the group marked as “women of color” be separated by race/ethnicity to determine which specific race/ethnic groups are impacted most and to help determine potential interventions to target specific populations.
- DHSP staff, M. Green, also provided an update on federal grants. As of June 17, there is still no word on whether or not the CDC HIV prevention grant that was supposed to start on June 1 will be distributed. All calls with CDC staff scheduled with DHSP for early June were cancelled and rescheduled to early July.
- DHSP received their first official notice of grant cancellation from CDC for the Medical Monitoring Project (MMP). MMP is an HIV care and treatment surveillance (patient chart review combined with some patient interviews to contextualize care and treatment that is received) project that DHSP has received funding for since 2007. There has been no additional news or partial notices of award for all other grants aside from what has already been shared. DHSP is continuing to have discussions with the board offices to request additional funds to support prevention services. Additionally, DHSP has been going through cost-saving exercises to reduce costs. To date, 40 contract staff were released and 41 permanent county staff are in the process of being reassigned to other programs within the Department of Public Health (DPH) and DHSP is looking at reducing rent costs and working with the Commission on HIV to also reduce commission costs, as they are part of the overall administrative budget under RWP.
- K. Nelson, member of the public, provided federal and state government/policy updates. She noted that in a Centers for Disease Control and Prevention (CDC) HIV Prevention call project officers are generally telling grantees that CDC prevention awards could be coming at the end of June. She added that the Department of Government Efficiency (DOGE) is looking at awards on a case-by-case basis adding to the delay. At the state level, the one-time AIDS Drug Assistance Program (ADAP) budget request is in the legislative budget and the next move is to put pressure on the governor to make sure that he signs the budget securing \$65 million in funds for prevention services. After the budget is signed, the next step would be to determine how the funding will be distributed across all the counties. Finally, at the local level, the public health motion what was on the June 17 board agenda has been continued to

the July 1 Board of Supervisors meeting.

- K. Nelson added that even if CDC funding and state funding are secured for prevention services the funding is only available for this fiscal year and, at this point, ongoing federal funding is not guaranteed. More information regarding federal funding will likely come in the fall. K. Nelson asked when DHSP plans to make adjustments to RWP contracts based on the current \$21 million partial award if additional funding is not guaranteed. M. Green replied that DHSP anticipates sending communications to provider agencies within the next 45 days if no additional funding is awarded. He reminded the group that DHSP kept prevention contracts open through December to allow resources to quickly be moved through the system if funding is secured. He noted that if CDC indicated ongoing prevention funding conversations will need to be had as to whether or not to extend existing contracts beyond December or to go back to the prevention solicitation awards.
- P. Zamudio added that the priorities that the committee identified in previous discussions are being taken into account. In addition, DHSP is also realigning its portfolio of funded providers (care and prevention) to ensure that contracts do not have more money than total federal and state grant awards.
- H. San Agustin requested a living document that medical providers can refer to identify what services (RWP and other non-RWP services) are available to patients, such as Emergency Rental Assistance. P. Zamudio noted that all funded RWP services are still available, and the list of services can be found on the get protected LA [website](#). She added that some providers have chosen to pause services until their contracts are signed or if an agency is currently going through an adjustment. All the original contracts have received their fully executed contract and have been signed or are in the process of signing. DHSP has not reduced or ended any RWP contracts that started on March 1, 2025.

V. DISCUSSION ITEMS

10. 2027-2031 Integrated HIV Plan Overview & Preparation

- Commission staff, C. Barrit, provided an overview of the 2027-2031 Integrated HIV Plan guidance. The presentation covered guidance provided by the Health Services and Resources Administration (HRSA) and the CDC; see [meeting packet](#) for details.
- J. Green asked if the HRSA program officer has answered initial questions on who takes the lead in writing the Integrated HIV Plan. C. Barrit noted that the plan is a collaborative effort between the planning council (COH) and the recipient (DHSP) and the program officer indicated, for her portfolio of recipients, the recipient takes the lead in writing the plan but would seek additional clarity. Commission staff are awaiting a response from the HRSA program officer.
- C. Barrit noted that the national advisory board for integrated plans is pushing for more succinct and shorter integrated plans. They also acknowledge with the current political climate some goals may need to be scaled back and adjusted.
- J. Green asked if there was guidance if the planning council is not in concurrence. C. Barrit

responded that the council would send a letter on nonconcurrence and would need to explain why.

- C. Barrit then opened the discussion on how to prepare and plan for developing the 2027-2031 Integrated HIV Plan to the committee. Given tight budget restraints outside consultants, that were used in previous iterations of the integrated plan, are not feasible.
- The option of aligning with the California state plan was suggested. It was noted the LeRoy Blea will be joining the Commission on HIV in place of Karl Halfman. LeRoy planned an instrumental role in developing the California HIV Integrated Plan. DHSP is open to exploring the possibility of leveraging the state plan but needs more information on their plan.
- M. Martinez expressed reservations on leveraging the state plan noting that it was vague. C. Barrit added that jurisdictions that decided to leverage the state plan incorporated sections with more detail to meet the specific needs of the jurisdiction(s). M. Martinez also expressed concern about how we will address and prioritize our priority populations given the current administrations views again diversity, equity and inclusion (DEI).

VI. NEXT STEPS

11. Task/Assignments Recap

- a. Commission staff will work with co-chairs to develop the agenda for the July PP&A Committee meeting.

12. Agenda Development for the Next Meeting

- a. Review the California State HIV Plan.

VII. ANNOUNCEMENTS

13. Opportunity for Members of the Public and the Committee to Make Announcements

There were no announcements.

VIII. ADJOURNMENT

14. Adjournment for the Regular Meeting of June 17, 2025.

The meeting was adjourned by K. Donnelly at 2:46pm.



Los Angeles County Commission on HIV

REVISED 2025 TRAINING SCHEDULE

**SUBJECT TO CHANGE*

- All training topics listed below are mandatory for Commissioners and Alternates.
- All trainings are open to the public.
- Click on the training topic to register.
- Certificates of Completion will be provided.
- All trainings are virtual via Webex.
- For questions or assistance, contact: hivcomm@lachiv.org

[Commission on HIV Overview](#)

February 26, 2025 @ 12pm to 1:00pm

[Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities](#)

~~March 26, 2025~~ @ 12pm to 1:00pm
April 2, 2025

[Priority Setting and Resource Allocations Process](#)

April 23, 2025 @ 12pm to 1:00pm

[Service Standards Development](#)

May 21, 2025 @ 12pm to 1:00pm

[Policy Priorities and Legislative Docket Development Process](#)

June 25, 2025 @ 12pm to 1:00pm

[Bylaws Review](#)

July 23, 2025 @ 12pm to 1:00pm



Syndemic Efforts to End the HIV Epidemic: Integrated Plan Update

Planning, Priorities and Allocations
Committee Meeting

Los Angeles County Commission on HIV

July 15, 2025

Leroy Blea, MPH

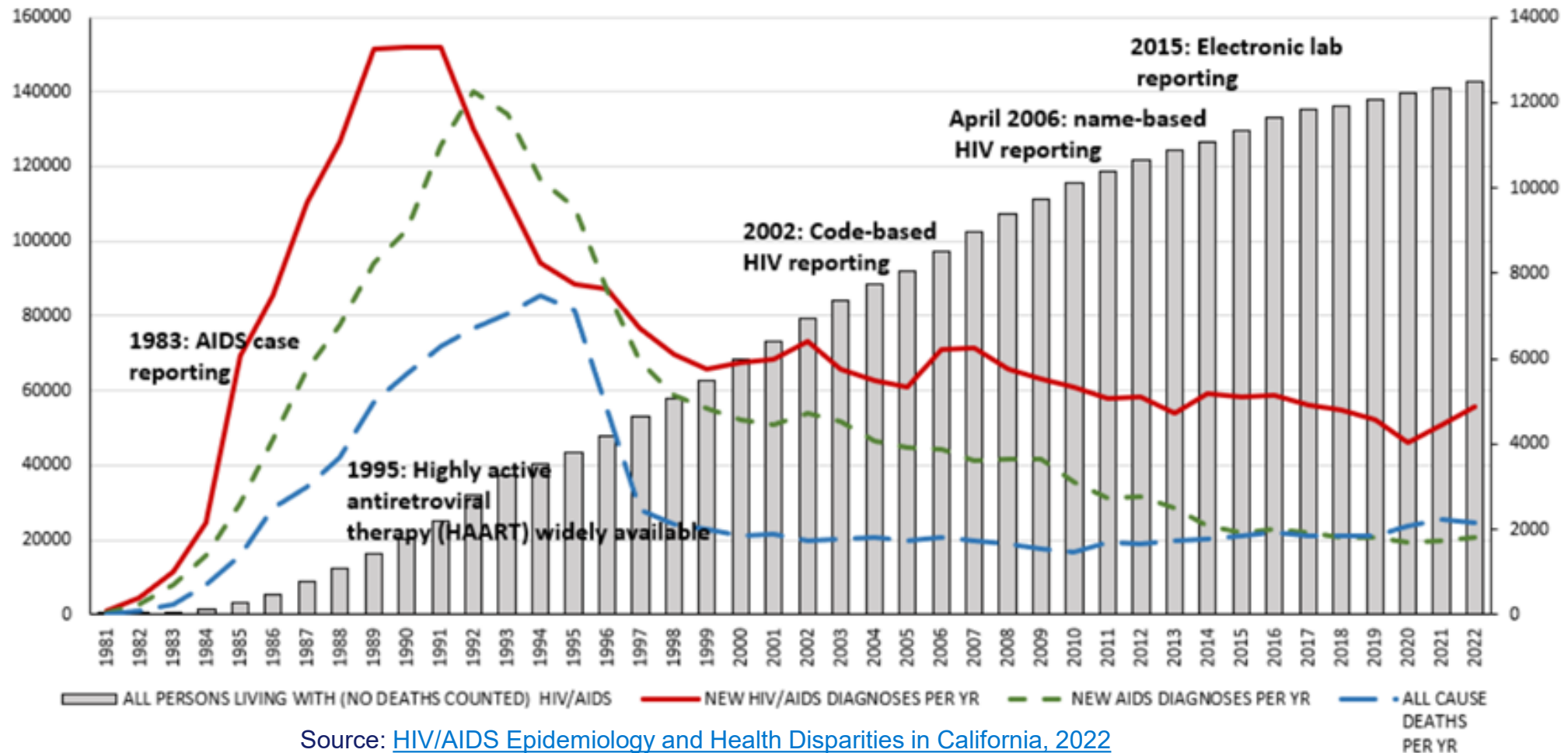
Ending the Epidemics Manager

California Department of Public Health, Office of AIDS

Overview

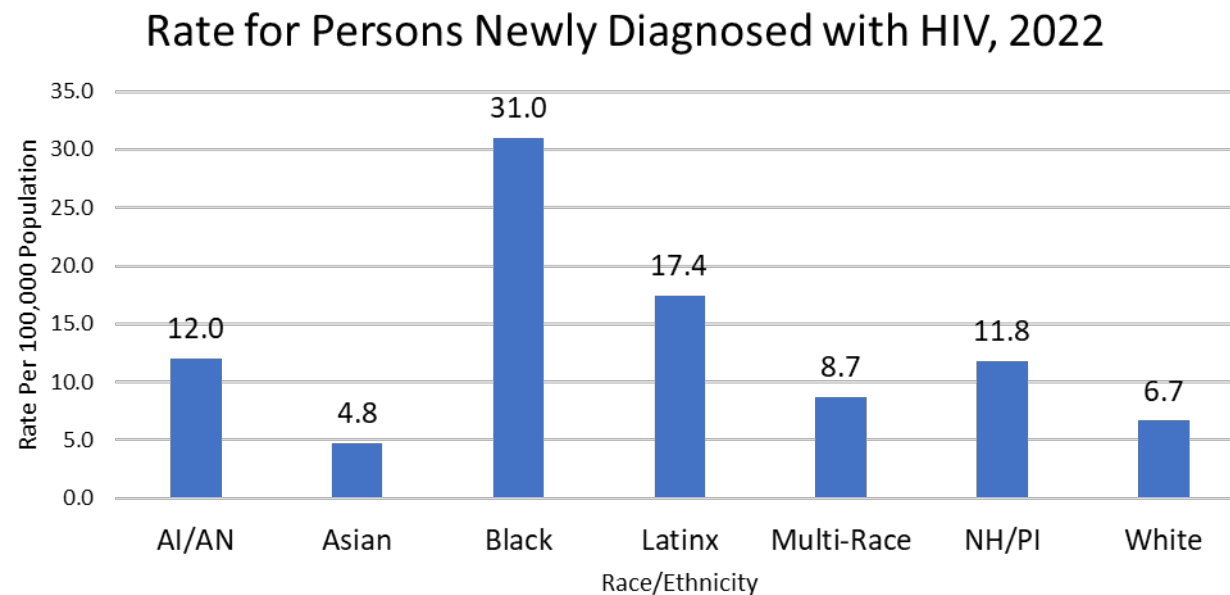
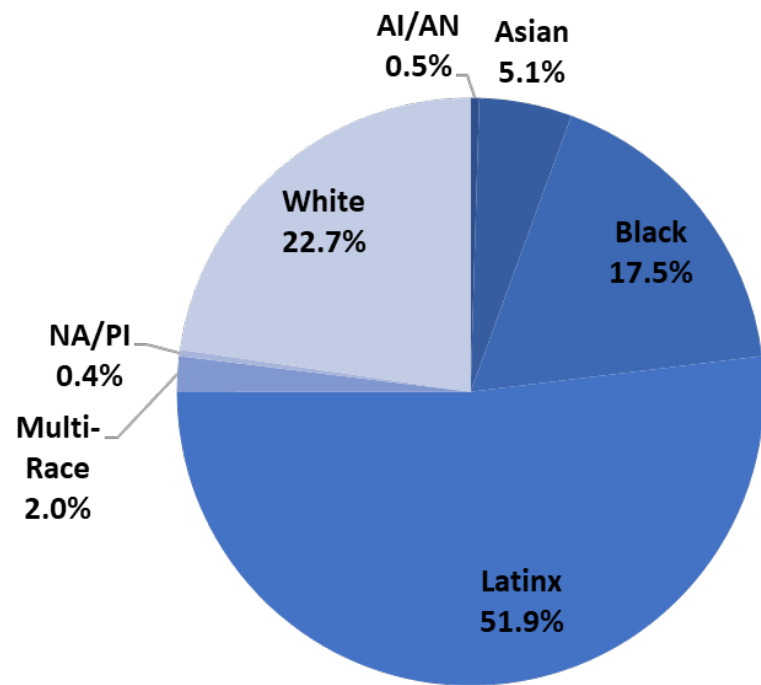
- **Looking back and forward**
- **EHE Plans and Outcomes**
- **Integrated Strategic Plan**
- **Implementation Blueprint**
- **What's next?**
- **Resources**

HIV/AIDS Diagnoses, Deaths and Persons Living with HIV or AIDS in California: 1981-2022



Source: [HIV/AIDS Epidemiology and Health Disparities in California, 2022](#)

Race/Ethnicity of Persons Newly Diagnosed with HIV: California, 2022



Source: HIV/AIDS Surveillance, eHARS data as of December 31, 2023

California Consortium EHE Plans

- *Community Engagement*
- Epidemiological Snapshot
- Situational Analysis
- EHE Plans

Counties:

Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego. Los Angeles and San Francisco.

June 2019

Ending the HIV Epidemic: A Plan for America

HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Our four strategies – diagnose, treat, protect, and respond – will be implemented across the entire U.S. within 10 years.

GOAL: HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

- 75%** reduction in new HIV infections in 5 years and at least **90%** reduction in 10 years.
- 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) and syringe services programs (SSPs).
- Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.

Geographical Selection: Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

*2016-2017 data

Ending the HIV Epidemic

www.HIV.gov

Selected Pilot Interventions: Linking to programs and services

Mobile Services

- Deployed to parts of the counties with lack of services infrastructure
- Brick and mortar collaborations
- Street Medicine

Testing Expansion

- Focused/ROOT
- Self-testing HIV/STI/HCV
- OraQuick Expansion

PrEP Expansion

- Building capacity of providers to offer PrEP
- Building capacity to link clients with providers-PrEP navigators
- Tele PrEP/PEP

Linkage to Care/Prevention

- Emergency Departments Testing
- Peer navigators/Peer involvement
- Technology solutions/Social Media



Selected Current Initiatives and Highlights

“Do it from home” Takemehome.org videos

- In 6 months, 10.2 M Impressions BIPOC in EHE Counties @\$0.03/view
- 23% increase in avg monthly orders
- These spots are running on Ru Paul's Drag Race on MTV Fridays through April to close out the campaign.

Takemehome.org / HIV & STI testing

- Since launce 3/23 we’ve seen 16.5K orders
- This fiscal year we've seen 9K+ actions (orders or referrals to TTMH) with a \$38 cost/action.

Color.com / Tele PrEP & PEP

- This fiscal year we've seen 341 consults @ \$427
- 74% of users who made an attempt for services qualified for services, 62% of users who scheduled a consult originated from the CDPH campaign

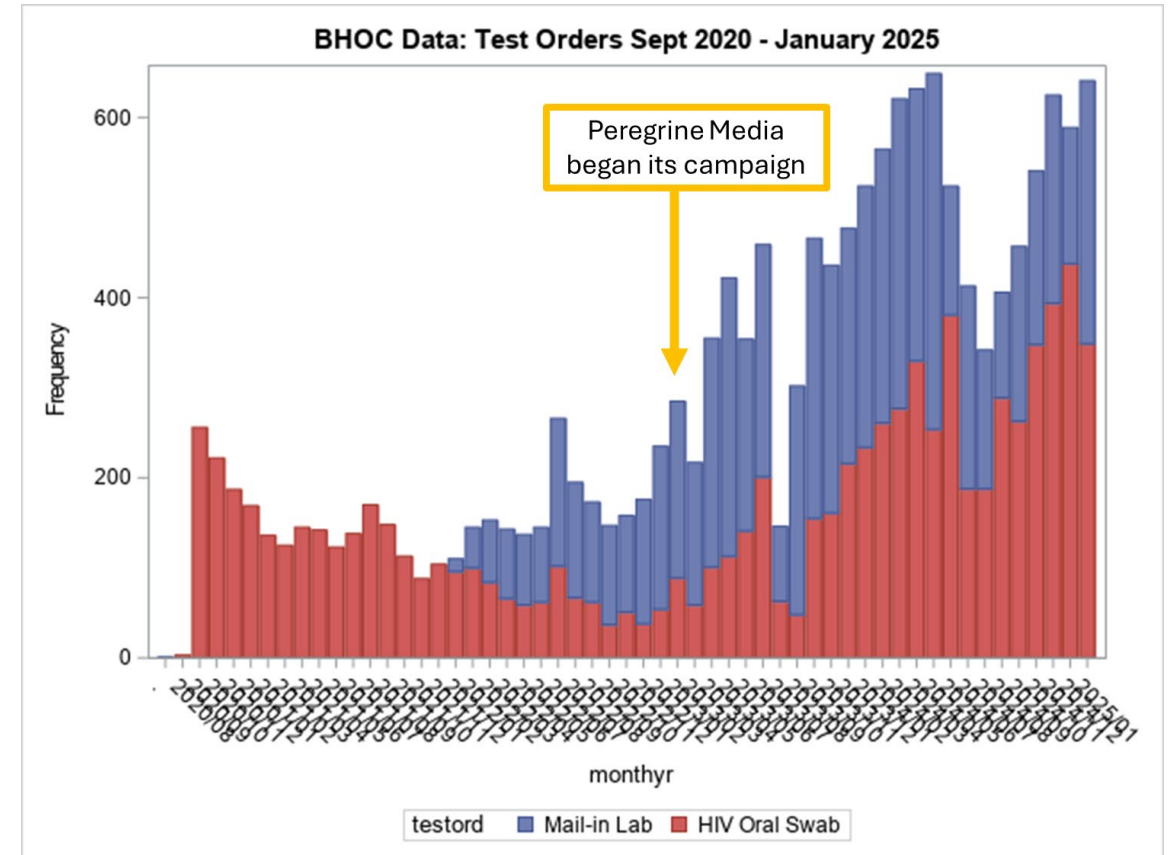
Real Talk

- Our latest series ran in EHE counties prioritizing our young BIPOC populations
- This series ran on YouTube, Facebook, Instagram and CTV
- 6.6M impressions, 6K clicks, 4.5M views to priority populations with an average CPV of \$0.02.



Social Media Lessons Learned

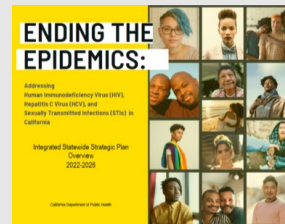
- Social media efforts increased program utilization
- Increases our reach to younger, blacker and browner populations
- Use social media providers with existing relationships with dating sites – leverage them
- Pilot media to see what works best
- Creative developed for one project can be adapted to other media: billboards, radio, bus ads
- Customize messages to the site and users
- Respect that each site has intrinsic value to the users
- Ads with call-to-action messages and buttons influence behavior
- Evaluation challenge – we do not see everything that these ads are influencing – health seeking behavior is a proxy
- Use of surveillance matching can help evaluate outcomes



MAKING THE CONNECTION: Multiple Initiatives

National HIV/AIDS
Strategy and
Getting to Zero

State; County
EHE plans



CA Strategic Plan to
address HIV, HCV,
and STIs*

**Ending the Epidemics Plan: Why
and how at a high-level**

**Implementation Blueprint: Details
how**

...plus, other programmatic
initiatives (*i.e. GTZ, HIV
Prevention Group Plans, etc*)

* Strategies proposed meet legislative and
programmatic requirements for CDC DHAP
and HRSA HAB. **CDPH OA/STDCB Leadership**

California Statewide Integrated Strategic Plan and Blueprint

30 strategies organized across six social determinants of health:

- Racial equity
- Housing first
- Health access for all
- Mental health and substance use
- Economic justice
- Stigma free



Implementation Blueprint

- Specific activities under each of the 30 strategies (156) Community suggestions, not mandates
- Feasibility/scoping phase
- Technical assistance toolkit
- Language bank for RFPs, reports, grants
- Resources to customize the Implementation Blueprint

ENDING THE EPIDEMICS: IMPLEMENTATION BLUEPRINT

in support of realizing the 30 strategies highlighted in
*California's Integrated Statewide
Strategic Plan for addressing
HIV, HCV, and STIs from 2022-2026*

Strategy Partners

- California Correctional Health Care Services (CCHCS)
- California Department of Corrections and Rehabilitation (CDCR)
- California Department of Social Services (CDSS)
- California Pathways into Public Health Initiative (Cal-PPH)
- Department of Education (CDE)
- Department of Health Care Services (DHCS)
- Department of Housing and Community Development (DHCD)
- Pacific AIDS Education and Training Center (PAETC)
- California STD/HIV Prevention Training Center (CA PTC)

HIV Planning Councils Groups and Commissions: Roles

- Review and improve the plan (done)
- Concurrence (done)
- Advise the content and role-out of the Implementation Blueprint (ongoing)
- Participate in Strategy Meetings (ongoing)
- Communicate with community Stakeholders (ongoing)
- Help monitor the plan through updates (ongoing)



Revised Integrated Plan Guidance (2027- 2031)

- Released in February 2025
- Similar requirements for integrating HIV prevention, care and surveillance
- Needs Assessment
- Community Engagement
- Language changes to reflect policy shifts
 - “Health equity,” becomes, “ensuring access to all available tools to improve health outcomes.”
 - Framing “inequities” as “barriers”
 - removes mention of specific racial and ethnic groups and replaces if phrases like, “populations with the highest burden of HIV.”
- Workplan guidance more defined
- Due in June 2026

Integrated Planning (2022-2026) (2027-2031)

Challenges

Uncertainty of funding

Unclear and shifting guidance for allowable activities

Multi-county collaboration takes coordination, time, and resources

Workplan guidance much more defined this year

Finishing out 2022-2026 in current environment

Strengths

- Collective Impact
- Collaboration with STDCB
- Ability to sync with other state-wide plans
- Existing model- internal and external communications tools
- 2 Gap analyses can be used as our needs assessment: PrEP and ADAP
- Ability to leverage all existing work in each LHJ-develop an overall California logic model
- Capacity to do virtual community engagement: Syndemic Symposium
- Implementation Blueprint based workplans

Key Elements of the California 2027-2031 Integrated Planning Process

- Syndemic work through a social determinants of health lens
- Updates to the Integrated Plan and Implementation Blueprint
- Collective impact
- Statewide gap analyses: ADAP and PrEP
- Leverage needs assessments of all Part A LHJs
- Use of legacy data
- Data-based interventions and workplan
- Meets all requirements set out by HRSA/HAB/CDC

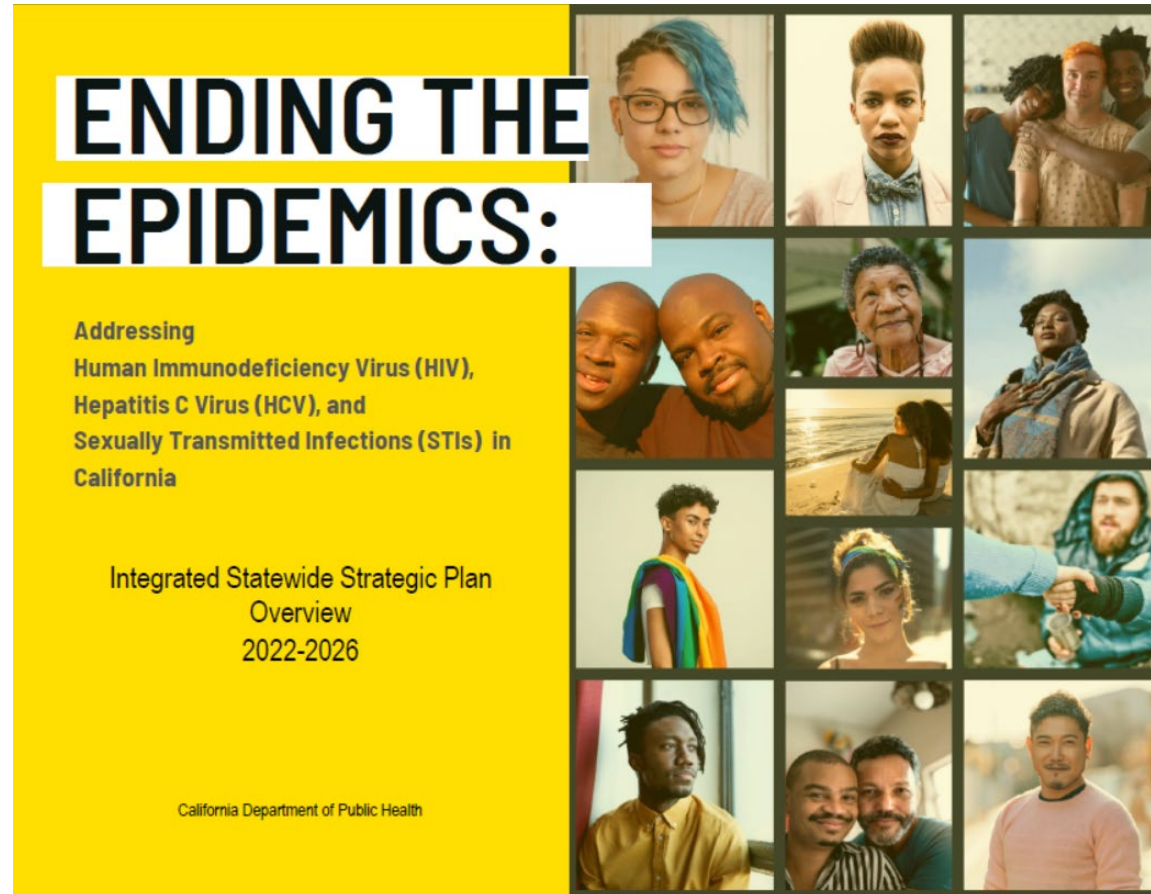
Timeline of Integrated Plan (2027-2031)

- Process presentations to HIV Councils/Commissions, Groups; invitations to LHJs (Jun/Jul/Aug 2025)
- Data Collection/Consultation/Community Engagement (Sep/Oct/Nov 2025)
- Initial Draft and Updates Complete (December 2025)
- Internal OA Review (January 2026)
- External Comment Period (February 2026)
- Concurrence Roadshow (March/April/May 2026)
- Due to HRSA/HAB/CDC (June 2026)

Resources

- [California HIV Surveillance Report – 2023](#)
- [HIV/AIDS Epidemiology and Health Disparities in California, 2022](#)
- [CA-Epi-Profile-2017-2021.pdf](#)
- [America's HIV Epidemic Analysis Dashboard | AHEAD](#)
- [CDPH StratPlan2021 FINAL ADA.pdf \(ca.gov\)](#)
- [Implementation-Blueprint.pdf](#)
- [California Consortium EHE Plan](#)
- <https://facenteconsulting.com/cdph-technical-assistance-request-portal/> (planning support to use the Implementation Blueprint)
- **Contact Information: Leroy.Blea@cdph.ca.gov**

Thank you!





2027-2031 Integrated HIV Plan Overview and Preparation

Planning, Priorities and Allocations Committee

June 17, 2025

Background

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

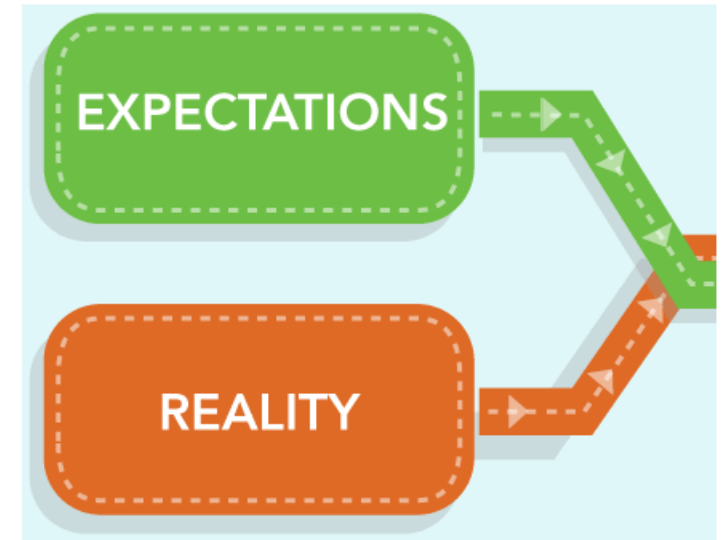
- Reduce reporting burden and ensure coordination across grant recipients,
- Streamline the work of health department staff and HIV planning groups, and
- Promote coordination and community engagement in designing systems of HIV prevention and care.



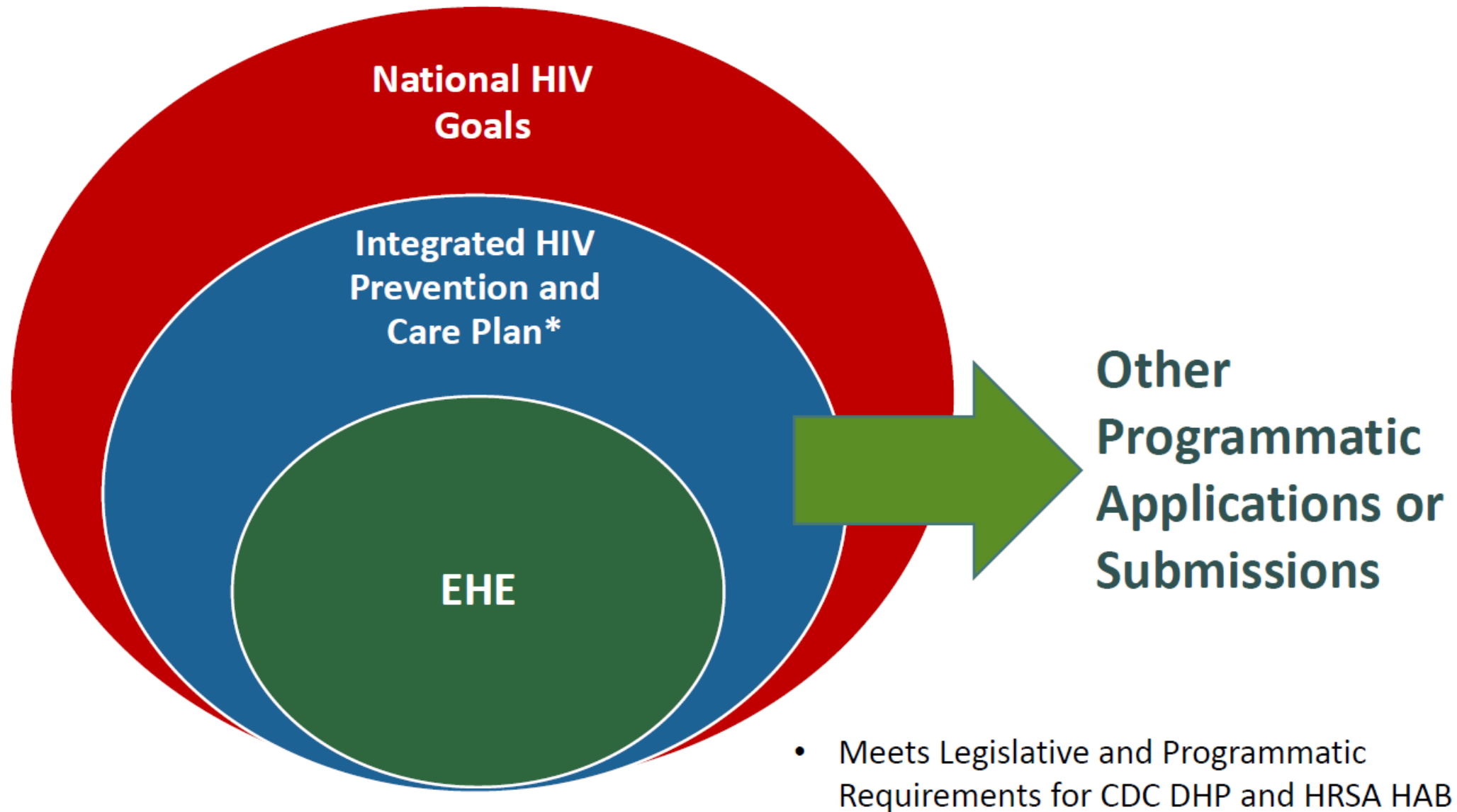
HRSA and CDC Joint Expectations

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



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



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

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

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

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

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

