LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
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PUBLIC POLICY COMMITTEE REGULAR MEETING

Monday, November 3, 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/public-policy-committee/

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r498d3010585fb9e4182ebfe58016b376

Notice of Teleconferencing Sites

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

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.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at: https://www.surveymonkey.com/r/COHMembershipApp
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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 MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

PUBLIC POLICY COMMITTEE

MONDAY, NOVEMBER 3, 2025 | 1:00 PM – 3:00 PM

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

*For those attending in person, as a building security protocol, attendees entering form the first-floor lobby **must** notify security personnel that they are attending the Commission on HIV meeting to access the Terrace Level Conference Rooms (9th floor) where our meetings are held.*

NOTICE OF TELECONFERENCING SITE:
Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

MEMBERS OF THE PUBLIC WHO WISH TO JOIN VIRTUALLY, REGISTER HERE:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/r498d3010585fb9e4182ebfe58016b376
To Join by Telephone: 1-213-306-3065 U.S. Toll
Password: POLICY Meeting ID/Access Code: 2534 111 2097

Public Policy Committee Members:			
Katja Nelson, MPP *Co-Chair*	Arburtha Franklin *Co-Chair*	Mary Cummings	OM Davis *(LOA)*
Jet Finley *(Alt. to Terrance Jones)*	Terrance Jones	Lee Kochems, MA	Leonardo Martinez-Real
Paul Nash, PhD			
QUORUM: 5			

AGENDA POSTED: October 29, 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 join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to 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 á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2.	Introductions, Roll Call, & Conflict of Interest Statements		1:03 PM – 1:05 PM
3.	Approval of Agenda	**MOTION #1**	1:05 PM – 1:06 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:06 PM – 1:07 PM

II. PUBLIC COMMENT

1:07 PM – 1:10 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

1:10 PM – 1:15 PM

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. Legislative Affairs and Intergovernmental Relations (LAIR) Presentation 1:15 PM- 1:45 PM

8. COH Staff Report 1:45 PM – 2:00 PM
   a. Operational and Commission Updates

9. Co-Chair Report 2:00 PM – 2:15 PM
   a. 2025 Committee Meeting Calendar—Updates
   b. Transition Document

V. DISCUSSION ITEMS

10. 2025 Policy Priorities 2:15 PM – 2:25 PM
11. 2025 Legislative Docket—Updates 2:25 PM – 2:35 PM
12. State Policy & Budget—Updates 2:35 PM – 2:40 PM
13. Federal Policy-- Updates 2:40 PM – 2:45 PM
14. County Policy-- Updates 2:45 PM – 2:50 PM

VII. NEXT STEPS 2:50 PM – 2:55 PM

13. Task/Assignments Recap
14. Agenda development for the next meeting

VIII. ANNOUNCEMENTS 2:55 PM – 3:00 PM

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

IX. ADJOURNMENT 3:00 PM

16. Adjournment for the meeting of November 3, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Public Policy Committee minutes, as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

2025 MEMBERSHIP ROSTER| UPDATED 10.22.25

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

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: 42

LOS ANGELES COUNTY
COMMISSION ON HIV

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

Presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV (COH) are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the COH's website; meeting recordings are available upon request.

PUBLIC POLICY COMMITTEE MEETING MINUTES

Draft

September 15, 2025

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Terrance Jones	P
Arburtha Franklin	EA	Lee Kochems, MA, Co-Chair	P
Mary Cummings	A	Leonardo Martinez-Real	P
OM Davis	LOA	Paul Nash, PhD, CPsychol, AFBPsS, FHEA	P
COMMISSION STAFF AND CONSULTANTS			
Jose Rangel-Garibay			
MEMBERS OF THE PUBLIC			
Tonya (Misty)			

*Some participants may not have been captured. 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 and agenda materials can be found on the Commission's website at https://hiv.lacounty.gov/public-policy-committee/

I. ADMINISTRATIVE MATTERS

- **CALL TO ORDER & MEETING GUIDELINES/REMINDERS**
  The meeting was called to order at 10:05am.
- **INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS**
  Katja Nelson, Public Policy Committee (PPC) co-chair, led introductions.
- **APPROVAL OF AGENDA**
  MOTION #1: Approve the Agenda Order as presented or revised. ***(No quorum; no vote held).***
- **APPROVAL OF MEETING MINUTES**
  MOTION #2: Approve the Public Policy Committee minutes, as presented or revised. ***(No quorum; no vote held).***

II. PUBLIC COMMENT

- **OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMITTEE ON 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.**

There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

- **OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY SITUATION, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.**

  There were no committee new business items.

IV. REPORTS

- **COH STAFF REPORT**

Operational and Commission-- Updates

Jose Rangel-Garibay, COH staff, reported that the next Commission meeting will be on October 9, 2025, at Jesse Owens Regional Park; a meeting notice with additional details is forthcoming. The meeting will feature an update on the Commission restructuring and bylaws review projects. These items will also be discussed at the Executive Committee meeting on September 15, 2025. There will be a special meeting of the Executive Committee on September 18, 2025, focused on the Commission's role in prevention planning. Lastly, the Aging Caucus will be hosting an event on Friday September 19, 2025, titled "The Power Aging: Navigating Services in Times of Uncertainty" which will include consumer and provider panel discussions on navigating and accessing services; registration is now closed.

- **CO-CHAIR REPORT**

2025 Committee Meeting Calendar—Updates

K. Nelson provided an overview of the draft 2025 committee meeting calendar. She reported that the presentation from the presentation from the Chief Executive Office, Legislative Affairs and Intergovernmental Relations (CEO LAIR) has been rescheduled to the October 6, 2025, meeting due to scheduling conflicts at CEO LAIR. She noted that the December 1, 2025, PPC meeting lands on World AIDS Day and may conflict with related programming; the PPC will determine to either postpone or cancel the December 1, 2025, meeting during their next meeting calendar review. Lastly, she reminded PPC members that the PPC will be sunsetting as a result of the Commission restructure and adoption of new bylaws. Activities and projects led by PPC will be transitioned to the Executive Committee in the new body. A copy of the calendar is included in the meeting packet.

V. DISCUSSION ITEMS

- **2025 POLICY PRIORITIES**

  K. Nelson noted that the PPC will begin their review of Policy Priorities for 2026 in either December 2025 or January 2026. As a continuation of effort, K. Nelson recommended documenting the activities of the PPC in a transition document to share with the Executive Committee of the new body.

- **2025-2026 LEGISLATIVE DOCKET – UPDATES**

  K. Nelson provided an overview of the current bills on the 2025-26 Legislative Docket. She noted that the September 12, 2025, was the last day for each house to pass bills, and October 12, 2025, is

the last day for the Governor to either sign or veto bills. A copy for the docket is in the packet. The PPC added the following Senate Bills (SB) to the docket:

- SB 59 The Transgender Privacy Act
- SB 418 Ensure Equal Access to Care for All
- SB 450 LGBTQ+ Adoption Protections
- SB 497 Legally Protected Health Care Activity
- SB 590 Inclusive Paid Family Leave

- **STATE POLICY & BUDGET UPDATE**
  K. Nelson referenced the "End of Epidemics FY 2025-26 Budget Proposals" and the letter to Dr. Erica Pan, Director of the California Department of Public Health, regarding the End the Epidemics (EtE) request to incorporate into the AIDS Drug Assistance Program (ADAP) 2025-26 May Revision Estimate three investments community-based advocates have priorities. These investments are: (1) Authorizing up to $60 million for sustaining vital HIV prevention efforts; (2) $9 million in 2025-26, and &18 million in 2026-27 and 2027-28, for disease-investigation specialists (DIS); (3) $1 million in 2025-26 and $1 million in 2026-27 to support the purchase of rapid hepatitis C virus (HCV) testing equipment. Copies of the documents are included in the meeting packet.

- **FEDERAL POLICY UPDATE**
  K. Nelson shared that the House appropriations bill for FY 2026 proposes a $2 billion in cuts to HIV prevention funding; this would eliminate funding for the CDC's HIV prevention programs and Division of Adolescent Health; Eliminates funding for the Ending the HIV Epidemic (EHE) within the CDC; Eliminates funding for Ryan White Part C, D, and F; eliminates funding for the Minority AIDS Initiative; eliminates funding for Title X Family planning; creates a block grant for CDC STI, hepatitis, tuberculosis, and opioid-related work and cuts it by 24 million, note that this does not include HIV prevention. The likelihood of this bill to pass is not high but it sets a dangerous precent. This is also 2 weeks away from a potential Continuing Resolution or a federal government shutdown.
- **COUNTY POLICY UPDATE**
  K. Nelson shared that the new Los Angeles County Department of Homeless Services and Housing will launch on January 1, 2026; there have been a series of listening sessions for providers and community members to inform both the department and how Measure A funds will be spent. More information can be found here: https://homeless.lacounty.gov/

VI. NEXT STEPS

- **TASK/ASSIGNMENTS RECAP**
  - ➲ COH staff will update the 2025-26 Legislative Docket.

- **AGENDA DEVELOPMENT FOR THE NEXT MEETING**
  - CEO LAIR overview presentation

VII. ANNOUNCEMENTS

- **OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS**

There were no announcements.

VIII. ADJOURNMENT

- **ADJOURNMENT FOR THE MEETING OF SEPTEMBER 15, 2025.**

The meeting was adjourned at 2:00pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

PUBLIC POLICY COMMITTEE 2025 MEETING CALENDAR (Updated 10/30/25)

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
Jan. 6, 2025 10am to 12pm TK02	*** Time change due to room unavailability at 1pm**** Elect co-chairs. Review 2025 COH workplan and 2025 Committee meeting calendar Overview of PPC Core Responsibilities
Feb. 3, 2025 10am to 12pm TK02	***Time change due to room unavailability at 1pm****
Mar. 3, 2025 10am to 12pm TK02	Review 2025 Legislative Docket
Apr. 7, 2025	**MEETING CANCELED**
May 5, 2025	**MEETING CANCELED**
Jun. 2, 2025 10am-12pm TK02	2025 Legislative Docket Updates State and Federal Budget Updates
Jul. 7, 2025	**MEETING CANCELED**
Aug. 4, 2025	**MEETING CANCELED**
Sep. 15, 2025 1pm-3pm TK02	Review 2025 Legislative Docket
Oct. 6, 2025	**MEETING CANCELED**
Nov. 3, 2025 1pm-3pm TK11	CEO LAIR Presentation
Dec. 1, 2025 1pm-3pm TK02	Consider canceling due to potential conflicts with World AIDS Day Events/Programming.

Commission on HIV Restructure & Bylaws Revision Process — FAQ

FAQ OVERVIEW

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

BYLAWS AND ORDINANCE IN THE RESTRUCTURE

Q: What is an ordinance?

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

Q: What are bylaws?

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

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

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

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

COMMISSION ON HIV RESTRUCTURE & BYLAWS REVISION PROCESS — FAQ

WHY IS THE COMMISSION RESTRUCTURING?

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

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

- Membership reduced from 51 to 33 seats.
- Commission meetings reduced from 10 to six annually.
- Term limits: Maximum 3 consecutive 2-year terms + 1-year break (effective Mar 2026).
- Committees: Public Policy → Executive; Operations → Membership & Community Engagement
- Expanded committee-only membership requirement to individuals with lived experience.
- Consumer stipends proposed *up to* $500/month **contingent upon available funding*
- Conflict-of-interest rules strengthened. Members must declare conflicts related to RWP-funded agencies/services and recuse from related discussion/votes.
- Updated Code of Conduct to cover public/vendors and inclusion of the Commission's Inter-Personal Grievance Policy.
- DHSP Director will serve as a non-voting member and will not be counted toward quorum.

HOW WAS COMMUNITY INPUT INCLUDED?

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

WHAT HAPPENS TO CAUCUSES AND CONSUMER VOICE?

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

WHAT ABOUT STIPENDS?

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

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

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

WHAT IS THE TIMELINE – WHEN DOES THE NEW RESTRUCTURE TAKE EFFECT? *SUBJECT TO CHANGE (UPDATED 10.21.25)

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

HOW WILL CURRENT MEMBERS BE AFFECTED?

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

HOW WILL CONFLICTS OF INTEREST BE MANAGED?

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

WHERE CAN I LEARN MORE OR GET INVOLVED? (UPDATED 10.21.25)

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

LOS ANGELES COUNTY
COMMISSION ON HIV
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2025 PUBLIC POLICY PRIORITIES

Approved by COH on 03/13/25

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

With a renewed urgency, the PPC remains steadfast in its commitment to preserve, protect, and maintain services critical to ending the HIV epidemic. The PPC recommends the Commission on HIV endorse and prioritize the following issues. The PPC will identify and support legislation, local policies, procedures, and regulations in 2025 that address the following priorities (listed in no order):

Funding

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

Systemic and Structural Racism

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

Racist Criminalization and Mass Incarceration

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

Housing

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

Mental Health

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

Sexual Health and Wellness

a. Increase access to care and treatment for People Living with HIV/AIDS (PLWHA).

b. Increase access to prevention services such as Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), for the prevention of HIV, and Doxycycline PEP (Doxy PEP) for the prevention of STIs. Prevention services include HIV/STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, and harm reduction.
c. Increase comprehensive HIV/STI counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
d. Advance and enhance routine HIV testing and expanded linkage to care.
e. Maintain and expand funding for access and availability of HIV, STI, and viral hepatitis services.
f. Preserve funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Use and Harm Reduction

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

Consumers

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

Aging (Older Adults 50+)

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

Women's Health and Wellness

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

Transgender Health and Wellness

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

General Health Care

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

Service Delivery

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

Data

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

Workforce

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

Public Policy Committee
Key Annual Activities Transition Document
** FOR DISCUSSION**

Current Responsibilities for the PPC:

- Advocating public policy issues at every level of government that impact Commission efforts to implement an HIV service delivery plan for Los Angeles County, in accordance with the annual comprehensive care and prevention plans.
- Initiating policy initiatives in accordance with HIV service and prevention interests.
- Providing education and access to public policy arenas for the Commission members, consumers, providers, and the public.
- Facilitating communication between government and legislative officials and the Commission.
- Recommending policy positions on governmental, administrative and legislative action to the Commission and the Los Angeles County Board of Supervisors.
- Advocating specific public policy matters to the appropriate County departments, interests and bodies.
- Researching and implementing public policy activities in accordance with the County's adopted legislative agendas.
- Advancing specific Commission initiatives related to each body's work into the public policy arena.
- Other duties as assigned by the Commission or the Board of Supervisors.

Current Work Products for the PPC:

- Policy Priorities
- Legislative Docket
- Local/State/Federal Legislative Updates

LOS ANGELES COUNTY
COMMISSION ON HIV

2025-2026 Legislative Docket *(Last updated: 10/14/25)*

POSITIONS: SUPPORT | OPPOSE | SUPPORT w/AMENDMENTS | OPPOSE unless AMENDED | WATCH

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 4 (Arambula)	Covered California Expansion	This bill would require the California Health Benefit Exchange to design a program, upon appropriation by the Legislature, to allow individuals to obtain coverage regardless of immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB4	**SUPPORT**	In Com. on APPR: Held under submission. 05-23-25
AB 11 (Lee)	The Social Housing Act	This bill would enact the Social Housing Act and would establish a state housing authority with the goal of developing social housing to tackle California's chronic housing shortage. The housing would be publicly backed, mixed-income, affordable, and financially self-sustaining. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB11 How is this different from the CA Department on Housing and Community Development (HCD)? CA HCD serves as a program administrator that provides grants and loans and creates rental and homeownership opportunities for Californians. HCD does not manage properties or place individuals in affordable housing.	**SUPPORT**	In Coms. On HOUSING and G.O., Hearing canceled at the request of author. 06-26-25
AB 20 (DeMaio)	Homelessness: Housing First	This bill would end the "Housing First" homeless model currently used and replace it with a "People First" model, which will redirect funds to programs that require mental health and substance abuse treatment to address the root causes of homelessness. The bill would prioritize expansion of shelter beds over permanent supportive housing, impose work requirements on individuals receiving assistance, and require the removal of homeless camps near schools and in public areas. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB20	**WATCH**	In Com. on H. & C.D., failed passage. Without further action pursuant to Joint Rule 62(a) 05-21-25

APPROVED BY COH ON 4/10/25.

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 45 (Bauer-Kahan)	Privacy: Health Care Data	This bill would prohibit geofencing near healthcare facilities and expand protections for personally identifiable data collected within them, covering both patients and visitors. Secondly, this bill would strengthen research privacy protections by preventing the release of personally identifiable information if the subpoena is issued under a law that conflicts with California's legal standards. **Senate Amendments:** Clarifies that this bill does not alter any applicable law regarding a law enforcement agency's use of personal information, including geolocation information generated by an electronic monitoring device. Clarifies that this bill does not prohibit geofencing activities conducted by a labor organization if the geofencing does not result in the labor union's collection of names or personal information without the expressed consent of the individual and is for activities concerning workplace conditions, worker or patient safety, labor disputes or organizing. Further clarifies that if a third-party vendor, such as social media platform, is contracted to collect personal information on behalf of a labor or employee organization is prohibited from selling, using, or sharing the collected personal information for any purpose other than the activities described above. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB45	**SUPPORT**	*Approved by Governor.* *09-26-25*
AB 67 (Bauer-Kahan)	Attorney General: Reproductive Privacy Act: Enforcement	This bill grants the Attorney General authority to enforce penalties against local governments that obstruct reproductive healthcare, ensuring statewide accountability and access. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB67	**SUPPORT**	In Com. on APPR. Held under submission. 05-23-25
AB 73 (Jackson)	Mental Health: Black Mental Health Navigator Certification	This bill would require the Department of Health Care Access and Information (HCAI) to develop, upon appropriation by the Legislature, as a component of an existing Community Health Worker (CHW) certificate program, criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, and report related program data. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB73	**SUPPORT**	In Com. on APPR. Held under submission. 05-23-25
AB 82 (Ward)	Health Data Privacy and Safety	This bill expands existing protections for reproductive health care services to include gender-affirming health care services. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB82	**SUPPORT**	*Approved by Governor.* *10-13-25*

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 96 (Jackson)	Community Health Workers	This bill would expand the definition of community health workers (CHW) to include peer support specialists, who are people with personal experience with a particular health issue and help others going through the same thing. The bill also states that if a peer support specialist is certified, they will be considered to have completed all the education and training needed to be certified as a CHW. *https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB96*	**SUPPORT**	Re-referred to Committee on Health. 02-12-25
AB 229 (Davies)	Criminal Procedure: Sexually Transmitted Disease Testing	This bill would authorize a search warrant for evidence for any sexually transmitted disease where a defendant is accused or charged with a specified sex offense. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB229&search_keywords=HIV	**WATCH**	In Com. on APPR. Held under submission. 05-23-25
AB 257 (Flora)	Specialty Care Network Telehealth and Other Virtual Services	This bill would require the California Health and Human Services Agency, in collaboration with HCAI and DHCS to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of quality providers, defined to include, among others, rural health clinics and community health centers. *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB257*	**SUPPORT**	In Com. on APPR. Held under submission. 05-23-25
AB 260 (Aguiar-Curry)	Sexual and Reproductive Health Care	This bill would state the intent of the Legislature to enact legislation to ensure that patients can continue to access care, including abortion, gender-affirming care, and other sexual and reproductive health care in California, and to allow patients to access care through asynchronous modes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB260&search_keywords=HIV An urgency clause allows a bill to take effect immediately upon enactment, rather than waiting until January 1 of the following year, and requires a two-thirds majority vote in both legislative houses.	**SUPPORT**	*Approved by Governor.* *09-26-25*
AB 281 (Gallagher)	Comprehensive Sexual Health Education and Human Immunodeficiency Virus Prevention Education	This bill would amend Section 51938 of the Education Code to enhance parental rights and transparency in comprehensive sexual health and HIV prevention education. Key changes include allowing parents or guardians to inspect and copy educational materials, providing details on outside consultants or guest speakers, and clarifying notification and opt-out processes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB281&search_keywords=HIV	**WATCH**	Ordered to inactive file at the request of Assembly Member Gallagher. 06-12-25
AB 309 (Zbur)	Hypodermic needles and syringes	This bill would ensure that pharmacists maintain the discretion to furnish sterile syringes without a prescription and that adults may legally possess syringes solely for personal use, as part of the state's comprehensive strategy to prevent the spread of HIV and viral hepatitis. *https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB309*	**SUPPORT**	*Approved by Governor.* *09-09-25*

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 396 (Tangipa)	Needle and syringe exchange services	This bill would require an entity that provides needle and syringe exchange services to ensure that each needle or syringe dispensed by the entity is appropriately discarded and destroyed. The bill would require those entities to ensure that each needle or syringe dispensed by the entity includes a unique serial number. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB396	**OPPOSE**	Referred to Committee on Health. 02-18-25
AB 403 (Carrillo)	Medi-Cal Community Health Worker Services	This bill requires Department of Health Care Services (DHCS) to report annually on several aspects of the Medi-Cal Community Health Worker (CHW) benefit, including assessing outreach and education efforts by managed care plans, CHW spending and utilization, referrals by provider type, and demographic disaggregation of CHWs and Medi-Cal members receiving CHW services. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB403	**SUPPORT**	In Com. on APPR. Held under submission. 05-23-25
AB 543 (Gonzalez and Elhawary)	Medi-Cal: Field Medicine	This bill would introduce and integrate street medicine into Medi-Cal for persons experiencing homelessness. This bill would allow unhoused Californians to automatically qualify for full-scope Medi-Cal benefits during the eligibility process. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB543	**SUPPORT**	*Approved by Governor.* *10-06-25*
AB 554 (Gonzalez)	Protecting Rights, Expanding Prevention, and Advancing Reimbursement for Equity (PrEPARE) Act	This bill strengthens protections requiring health plans and insurers to cover all HIV pre-exposure prophylaxis (PrEP) medications—if they are FDA-approved and clinically effective—without patient cost sharing or other restrictions like prior authorization. The bill also ensure that local, community-based clinics can receive timely reimbursement for these drugs. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB554 ***Governor's Veto Message***: *"[…] I wholeheartedly support efforts to ensure affordable and accessible prevention and treatment of HIV/AIDS, and I share the author's desire to address politically motivated changes to long-standing preventive services requirements by the current hostile federal administration. This year's budget specifically codified the January 1, 2025; recommendations made by the U.S. Preventive Services Task Force for no-cost preventive services—ensuring the prior federal administration's guidelines are a matter of state law. S a result, the California Department of Public Health now has the explicit authority to modify or supplement these baseline guidelines based on recommendations and guidance from medical and scientific organizations.* *However, certain components of this measure raise concerns about affordability. By exceeding the cost-sharing provisions under the Affordable Care Act, this bill would result in increased costs to health plans, which would the be passed on to consumers. At a time when individuals are facing double-digit rate increases in their health care premiums across the nation, the state must weigh the potential benefits of all new mandates against the comprehensive costs to the entire health care delivery system."*	**SUPPORT**	*Vetoed by Governor.* *10-13-25*

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
AB 590 (Lee)	Social Housing Bond	This bill would enact the Social Housing Bond Act to build publicly developed and owned, mixed-income housing for Californians and place a bond measure on the November 2026 ballot to provide $950 million in funding dedicated to creating social housing in California. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB590	**SUPPORT**	Referred to Com. on Housing and Community Development. 03-03-25
AB 678 (Lee)	Interagency Council on Homelessness	This bill requires the California Interagency Council on Homelessness—in partnership with LGBTQ+ community organizations and housing providers—to take proactive steps to ensure that state homelessness programs provide safe, inclusive, and culturally competent services for unhouse LGBTQ+ Californians. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB678	**SUPPORT**	*Approved by Governor.* *10-10-25*
AB 688 (Gonzalez)	Telehealth for all Act of 2025	This bill would enact the Telehealth for all Act of 2025 which requires DHCS to publish a report every 2 years, beginning in 2028, that analyzes how telehealth is being used in the Medi-Cal Program. The report will utilize Medi-Cal data to look at how telehealth is helping people get care, the quality of care, and the costs, while also disaggregating the data based on location, race, and social determinants of health categories to identify disparities in accessibility of telehealth services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260AB688	**SUPPORT**	*Approved by Governor.* *10-07-25*
SB 41 (Wiener)	Pharmacy Benefit Manager (PBM) Regulation	This bill would require all PBMs be licensed and disclose basic information regarding their business practices to the licensing entity. This bill would also prohibit steering patients to affiliate pharmacies and instead allow patients to choose which in-network pharmacy best meets their needs. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB41	**SUPPORT**	*Approved by Governor.* *10-11-25*
SB 59 (Wiener)	The Transgender Privacy Act	This bill extends the confidentiality provisions that already apply to specified petitions by minors, including for a change of gender and sex identifier, to adults, as specified. This bill prohibits such records from being posted publicly. This bill authorizes an action to enforce any violations. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB59 **Assembly Amendments** remove the retroactivity provisions, delay the operative date of provisions, and make other technical and clarifying changes.	**SUPPORT**	*Approved by Governor.* *10-13-25*

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
SB 278 (Cabaldon)	Health data: HIV test results	This bill allows for a health care provider to share HIV test results with an individual's Medi-Cal managed care plan or external quality revie organization contracted by the Department of Health Care Services to conduct external quality reviews of Medi-Cal plans without the written authorization of the individual tested for the purpose of administering quality improvement programs designed to improve HIV care for Medi-Cal recipient. **Assembly Amendments** remove provisions allowing the Department of Public Health (CDPH) to share HIV test results with the Department of Health Care Services (DHCS) and the Medi-Cal plan a Medi-Cal recipient is assigned to for purposes of administering quality improvement programs, and provisions requiring DHCS, in consultation with CDPH, to develop an opt out mechanism for Medi-Cal recipients who do not wish to have this information shared by CDPH to DHCS or their plan. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB278	**SUPPORT**	*Approved by Governor.* *10-13-25*
SB 418 (Menjivar)	Ensure Equal Access to Care for All	This bill permits a person to receive coverage for a 12-month supply of federal Food and Drug Administration-approved prescription hormone therapy, and necessary supplies for self-administration, prescribed by an in-network provider and dispensed at one time, as specified. This bill prevents a person from being excluded form enrollment or participation in, denied the befits of, or subjected to discrimination by, any health plan or health insurer licensed in this state based on race, color, national origin, age, disability, or sex. Defines "discrimination on the basis of sex" to include, but not limited to, discrimination based on sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes. Contains an urgency clause that will make this bill effective upon enactment. https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202520260SB418 **Governor's Veto Message:** *"[…] I appreciate the author's intent to ensure patient access to the comprehensive care they need. While there are provisions of this bill that are worthy of support, I am concerned about the limitation on the use of utilization management, which is an important tool to ensure enrollees receive the right care at the time. Prohibiting this cost containment strategy is likely to result in an increase in enrollee premiums to offset costs incurred by health plans and insurers. At a time when individuals are facing double-digit rate increases in their health care premiums across the nation, we must take great care to not enact policies that further drive up the cost of health care, no matter how well-intended."*	**SUPPORT**	*Vetoed by Governor. In Senate. Consideration of Governor's veto pending.* *10-13-25*

APPROVED BY COH on 4/10/25.

BILL	TITLE	DESCRIPTION / COMMENTS	POSITION	STATUS
SB 450 (Menjivar)	LGBTQ+ Adoption Protections	This bill adds clarity to California adoption laws, including (1) the necessary contents of an adoption order; (2) the petitioners' obligation to provide information needed to complete an investigation into a proposed independent adoption; and (2) in what circumstances a state court has jurisdiction over adoption proceedings. **Assembly Amendments** clarified the bill's jurisdictional language; added requirements relating to the content of an adoption order; and clarified that, when an out-of-state home study for an independent adoption does not satisfy California requirements, the petitioners are responsible for providing, the additional documentation or information necessary to complete the independent adoption investigation. https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202520260SB450	**SUPPORT**	*Approved by Governor.* *10-13-25*
SB 497 (Wiener)	Legally Protected Health Care Activity	This bill enacts various safeguards against the enforcement of other states' laws that purport to penalize individuals from obtaining gender-affirming care that is legal in California. **Assembly Amendments** make clarifying changes regarding sharing information to comply with audits, investigations, accreditation standards or to provide treatment and direct medical care and make chaptering out amendments. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260SB497	**SUPPORT**	*Approved by Governor.* *10-13-25*
SB 590 (Durazo)	Inclusive Paid Family Leave	This bill expands, commencing on July 1, 2028, eligibility for benefits under the Paid Family Leave program to include individuals who take time off work to care for a seriously ill designated person, as defined. **Assembly Amendments** 1) delated the operative date on these changes from July 1, 2027 to July 1, 2028; and 2) added provisions requiring the individual to identify the designated person when seeking to take the leave and, under penalty or perjury, attest to how the individual is related by blood or the equivalent to a family relationship.	**SUPPORT**	*Approved by Governor.* *10-13-25*

Endnotes

(1) Under Joint Rule 56, bills introduced in the first year of the regular session that do not become carry-over bills shall be returned to the Chief Clerk of the Assembly or the Secretary of the Senate.

2023 TRAINING SERIES

Tips for Making Effective Written and Oral Public Comments

May 24, 2023

LOS ANGELES COUNTY
COMMISSION ON HIV

A LITTLE BIT ABOUT THE COMMISSION ON HIV

- Commission (PC) governed by Los Angeles County Ordinance 03.20.070 http://lacounty-ca.elaws.us/code/coor_title3_ch3.29
- Formally became an integrated PC in 2013
- PC is federally required in order to receive Ryan White funds for HIV/AIDS services
- Housed as an independent commission within the Executive Office of the Board of Supervisor (BOS) of the County of Los Angeles.
- Advise Division of HIV and STD Programs (DHSP) on how to prevent and reduce HIV infections via the integrated HIV plan (aka Comprehensive HIV Plan or CHP)
- 51 voting members; 1/3 (33%) must be unaffiliated consumers (UC)
- UC: PLWH and currently using a Ryan White (RW) Part A – funded service(s) and not employed by an agency receiving RW Part A funds.

Learning Objectives

- Gain practical knowledge and skills to make effective public comments (PC) to elected bodies.

- Practice skills with mock meetings and scenarios.

Why Make Public Comments?

Public input increases transparency and accountability

A form of civic duty and engagement in the political process

Community advocacy and mobilization tool

Key Resources

- Ralph M. Brown Act – governs open meetings for local government bodies
- "Public Testimony: public may comment on agenda items before or during consideration by the legislative body. Time must be set aside for public to comment on any other matters under the body's jurisdiction."

Los Angeles County Board of Supervisors Public Comments Guidelines

- Meeting agendas with PC instructions @ https://bos.lacounty.gov/
- Telephonic public comments available
- Limited to a **total** of 6 mins per speaker, per meeting
- 1 minute for one item
- 2 mins for multiple items
- 3 mins for multiple items and general public comment

How to participate: https://bos.lacounty.gov/board-meeting-agendas/how-to-participate

Los Angeles County Board of Supervisors Submitting PCs Online (cont'd)

1. To provide written comments on agenda items, use https://publiccomment.bos.lacounty.gov/
2. Complete information at the top of the comment page.
    1. **NOTE:** Required fields are First and Last names
3. Choose the agenda items that you wish to address.
4. Select In Favor, Oppose, Other
    1. **Optional:** You may submit comments for each item separately or upload a document with all of your comments. (Attachment limit is 5 documents)
5. Select "Next"
6. Verify the information is correct and select "Acknowledge" when you are ready to submit.
7. All comments submitted are public and viewable online.

Tips – Live Comments

- Always check the public comment procedures on the meeting agenda.
- Agendas are posted 72 hours ahead of a meeting.
- Keep your comments succinct. Adhere to time limits.
- **Testimonies should cover four basic things:**
  1. Who you are
  2. Why this topic matters to you
  3. What specific points you don't support *and what you do support*

Tips – Live Comments (cont'd)

1. **Be mindful of your tone.** Be aware of how your message will be received
2. Time is limited, so **keep it brief**.
3. **Be crystal clear.** Keep your words and your message simple to leave no room for confusion or misinterpretation.
4. **Be bulletproof.** If you make a claim, back it up with data and reputable sources.
5. Get a second (and third and even fourth) set of eyes to **review your statement**. Have an honest friend read or listen to your testimony to make absolutely sure your message is coming across effectively.

- **Time Limits**
  - 1-minute testimony = 130 words
  - 2-minute testimony = 260 words
  - 3-minute testimony = 390 words

Tips – Live Comments (cont'd)

Prioritize your message: Make sure your most critical point(s) is/are made in the first minute of your testimony. That way if your time gets cut short, it gets cut off at the end after your most important point has been made.

Be flexible: Be ready to adapt with shorter versions of your testimony if needed. If you're comfortable doing so, you can also adjust your testimony based on the comments made before you, such as eliminating a point that has already been covered and discussing something else in its place, or correcting misinformation in a previous testimony.

Resource: https://www.eli.org/sites/default/files/files-pdf/Verbal-Commenting_1.pdf

Practice & Scenarios

- Board item #11: Proclaiming April 2023 as “Fair Housing Month”
- *How would you prepare for a written public comment?*
- *What would you include in your written public comment?*
- *How will you follow-up with your written public comment submission?*

Practice & Scenarios

- General Public Comments (towards end of Board agenda)
- The Chair just announced that public comments will be limited to 1 min per person.
- HIV or STD is not on the Board's agenda but you want to speak about HIV/STDs.
- How will you prepare for a live comment (telephonic or in person)?
- What will you cover in your comments?
- How will you follow-up with your live public comments?


Q&A

HIV CONNECT
CONNECTING COMMUNITIES TO RESOURCES

https://hivconnect.org/

510 S. Vermont Ave, 14th Floor,
Los Angeles, CA 90020

hivcomm@lachiv.org

213.738.2816

Facebook: @HIVCommissionLA
Twitter: @HIVCommissionLA
Instagram: @HIVCommLA

LOS ANGELES COUNTY
COMMISSION ON HIV

KNOW YOUR HEALTH CARE RIGHTS

SB 221 (2022) ensures your right to **timely mental health care.** Your health insurance must offer therapy sessions within two weeks of your last appointment—unless your therapist says a longer wait is safe.

If they can't schedule you in-network, they must arrange care outside their network at no extra cost.

If your plan isn't following SB 221:

- Managed-Care Medi-Cal members can request an independent review from the Department of Managed Health Care.
- You can also request a state fair hearing online or by calling (855) 795-0634.

Do youth have mental health rights? YES!

Under SB 543 (2010), youth ages 12 and older can consent to their own mental health care if a provider determines they're mature enough to participate in treatment.

Parents or guardians may be involved **only if appropriate**, and services are **kept confidential** by law.

Children under 19 are eligible for full-scope Medi-Cal benefits, **regardless of immigration status**.

CALIFORNIA LGBTQ HEALTH AND HUMAN SERVICES NETWORK

KNOW YOUR HEALTH CARE RIGHTS

You have the right to a **Patients' Rights Advocate** who helps make sure your voice and needs are respected in medical settings.
If you can't reach your local advocate, contact:

California Office of Patients' Rights
(916) 504-5810 | disabilityrightsca.org
or
DHCS Mental Health Ombudsman
(800) 896-4042 | mhombudsman@dhcs.ca.gov

Gender Affirming Care is an Essential Health Benefit, considered medically necessary, under California law for all health plans licensed in the state, included Medi-Cal and Covered CA.

This is due to the Insurance Gender Nondiscrimination Act and the TGI Inclusive Care Act.

What is considered 'Medically Necessary'?

Prescription medications:

- Hormones
- Testoterone Blockers
- Puberty blockers

Services to treat gender dysphoria

- Chest removal/augmentation
- Facial feminization/masculization
- Tracheal shave
- Voice therapy/surgery
- Hair restoration
- Laser hair removal/electrolysis

CALIFORNIA LGBTQ HEALTH AND HUMAN SERVICES NETWORK

KNOW YOUR HEALTH CARE RIGHTS

How do I obtain Insurance Approval?

Ask your therapist for a detailed letter that includes WPATH standards and references to California law.

Submit the letter to your medical provider, who will file a prior authorization for your procedure or prescription.

If You're Denied:

1. File an appeal with your insurance agency.
2. If denied again, file a complaint:
   - DMHC (Managed Care Plans): (888) 466-2219 or visit HealthHelp.ca.gov
   - CA Department of Insurance: (800) 927-4357
   - Medi-Cal Members: Request an independent review from DMHC or a state fair hearing at (855) 795-0634

How to Write a Letter

Example Letter

CALIFORNIA LGBTQ HEALTH AND HUMAN SERVICES NETWORK

Working with Your Local Health Officer

KAT DEBURGH, MPH

KAREN MILMAN, MD, MPH


Del Norte
Siskiyou
Modoc
Trinity
Shasta
Lassen
Humboldt
Tehama
Plumas
Mendocino
Glenn
Butte
Sierra
Nevada
Lake
Colusa
Yuba
Placer
Sutter
El Dorado
Sonoma
Yolo
Napa
Solano
Sacra-mento
Amador
Alpine
Marin
Calaveras
Tuolumne
Contra Costa
San Joaquin
Mono
San Francisco
Alameda
Stanislaus
Mariposa
San Mateo
Santa Clara
Merced
Madera
Santa Cruz
San Benito
Fresno
Inyo
Tulare
Monterey
Kings
San Luis Obispo
Kern
San Bernardino
Santa Barbara
Ventura
Los Angeles
Riverside
Orange
San Diego
Imperial

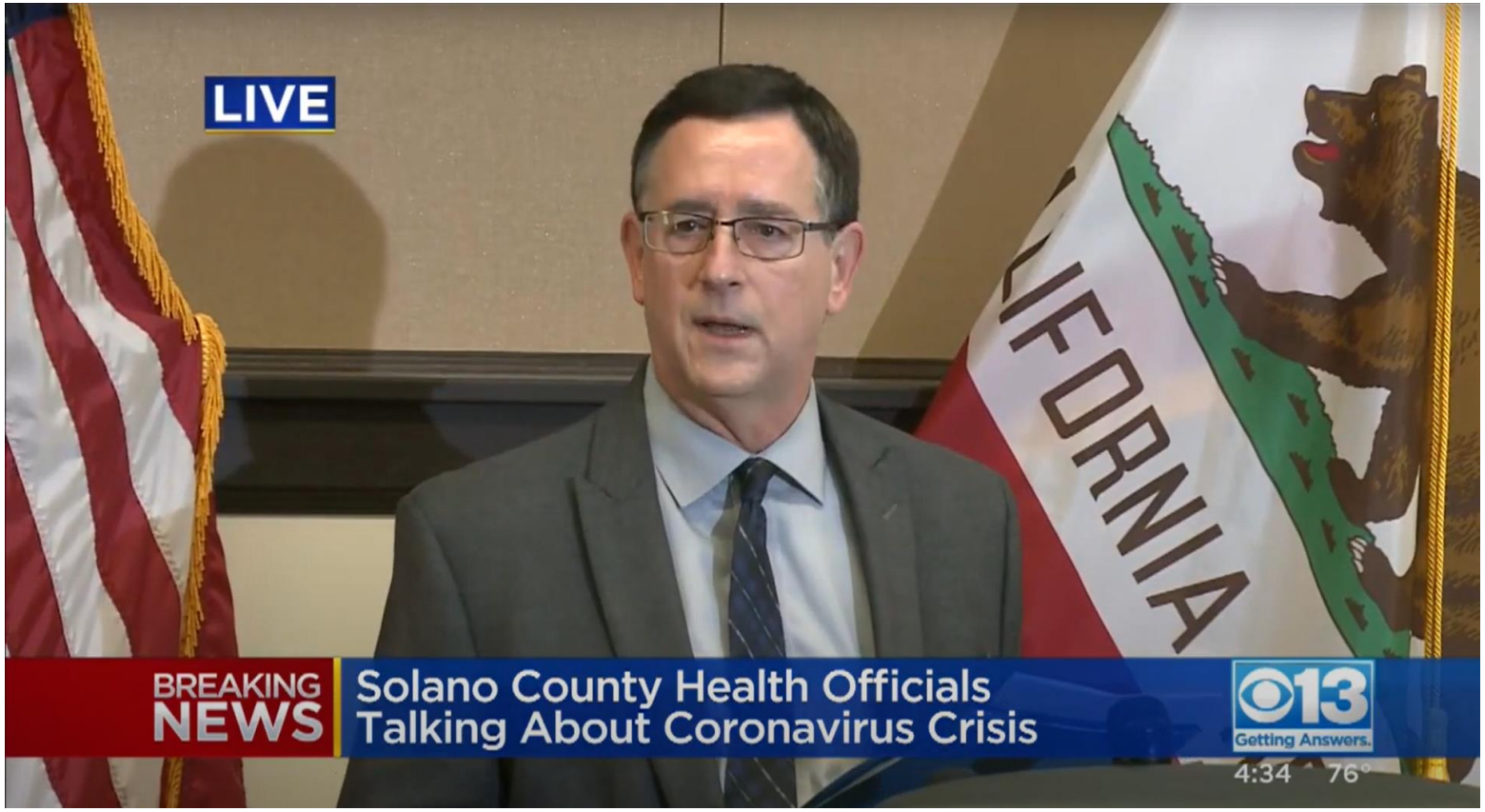
Health Officers Work on a Lot of Issues

There are over 170 distinct duties for the local health officer in California law.

Health officers must work on

- All communicable diseases
  - STIs
  - Tuberculosis
- Biohazardous waste
- Bioterrorism agents
- Boating sanitation
- Jail health

Health Officers Are Political Appointees



Strategic Collaboration

A partnership between two or more organizations that performs work through carefully designed, planned activities to obtain a common goal or achieve mutual benefits

The Health Officer Role, Responsibility and Limitations

Appointed official

Legal authority

Serves at the pleasure of the Board

- BOS political philosophy and style vary considerably
- May have restrictions from BOS on what they can stay or take a stand on

Works within the “executive branch” –specific processes and rules

Some Other Things to Understand About Government

Electeds!

More regulations than private world

- Transparency Requirements
  - Brown Act
  - Public Records
- Restrictions on what could be deemed political activity
  - Hatch Act (federal)
  - CA Government Code 9.5 Ethics in Government and Fair Political Practices
- Speech and Stance Restrictions
  - Legislative Platforms and BOS positions
  - General BOS philosophy
  - Funder restrictions on actions or speech
  - Changing world with federal government and funding
- Activity and Spending Restrictions
  - Grant/funder restrictions on activities or use of funds
  - Purchasing policies

Build the Relationship (In Advance)

Set up an introductory meeting

Schedule periodic check –ins

Communicate when things happen or come to your awareness

Don’t just talk about you (your org)

Talk to them first before going to their “boss” or the media

Assess the Political Landscape

Know your elected officials (county, city, state)

Know your own beliefs and where your org stands (what you can do)

Know where both your LHD and PHO stand on issues and their philosophy

Know who supports and detracts on what issues and how that will influence others

Think about how these fit together and how you can leverage where each person sits?

Identify Areas of Agreement and Priorities

Talk about where your interests overlap and what you can work on together

Understand that while there may be agreement on an issue, priorities may not always be the same

Ensure both parties understand competing demands on attention and resources

Discuss and Decide on Collaboration Goal

Long term collective impact

- Community Health Needs Assessment and Improvement Plans
- Collective Impact
- Legislative Policies/Ordinances

Awareness and education

Programs and services

System changes

Decide on Tactics

What actions are needed?

Who has the best capability to perform them?

- authority, resources, skills, power

What time frame?

Who is on point for visibility and questions?

Things PHO/LHD Can Do

Provide local data (when possible) and context and comparisons with other jurisdictions

Health officer can give quotes or make statements

Health officer can acknowledge the work/raise awareness of non-profit's efforts/give recognition

- At BOS
- At public events

Write and send letters of support for funding applications

Collaborate on joint grant applications

Coordinate efforts of their programs with yours

Things Non-Profits Can Do

Educate/advocate with elected officials

Interact with (local) media
- Press release and article quotes
- Statements of support
- Connection with “people and stories”

Issue reports

Host events (and invite PHO participation)

Coordinate resources
- Set joint goals
- Coordinate program efforts
- Provide staffing support
- Supply resources that government cannot

Speak up and support beyond their own focus area

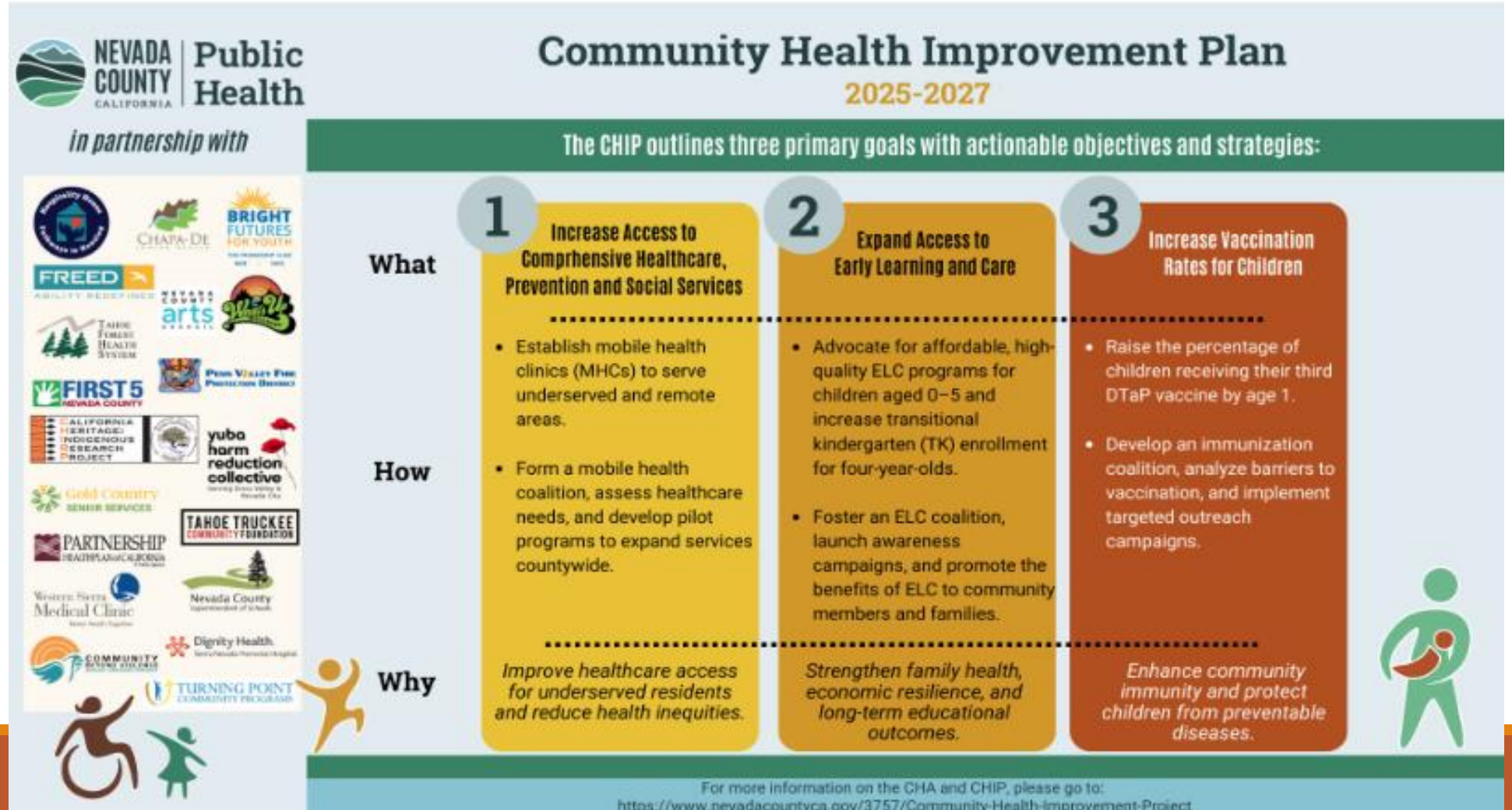
Example: Collective Impact

CACHI

Accountable Communities for Health

www.cachi.org

Example: CHNA/CHIP



Example: Policy Development or Change

NEWS

LET THE PUBLIC SPEAK

By CONTRIBUTED CONTENT
PUBLISHED: January 19, 2014 at 12:00 AM PST

Santa Rosa Takes First Step in New Tobacco Regulations

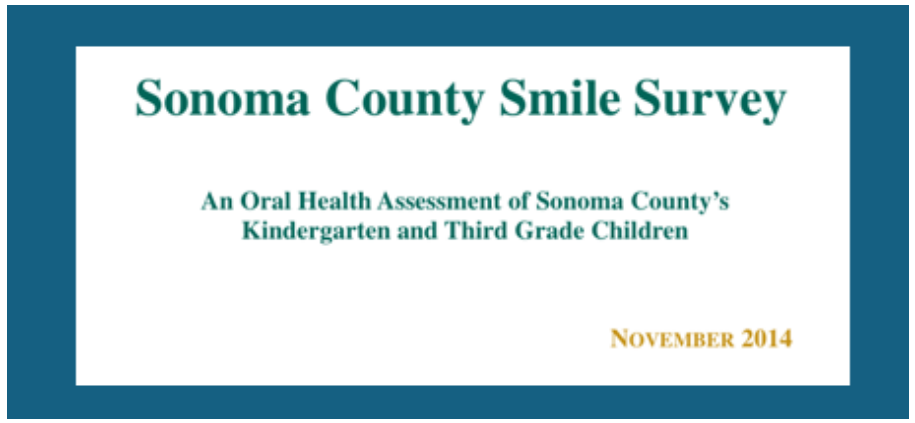
by jjohnstone | July 26, 2024

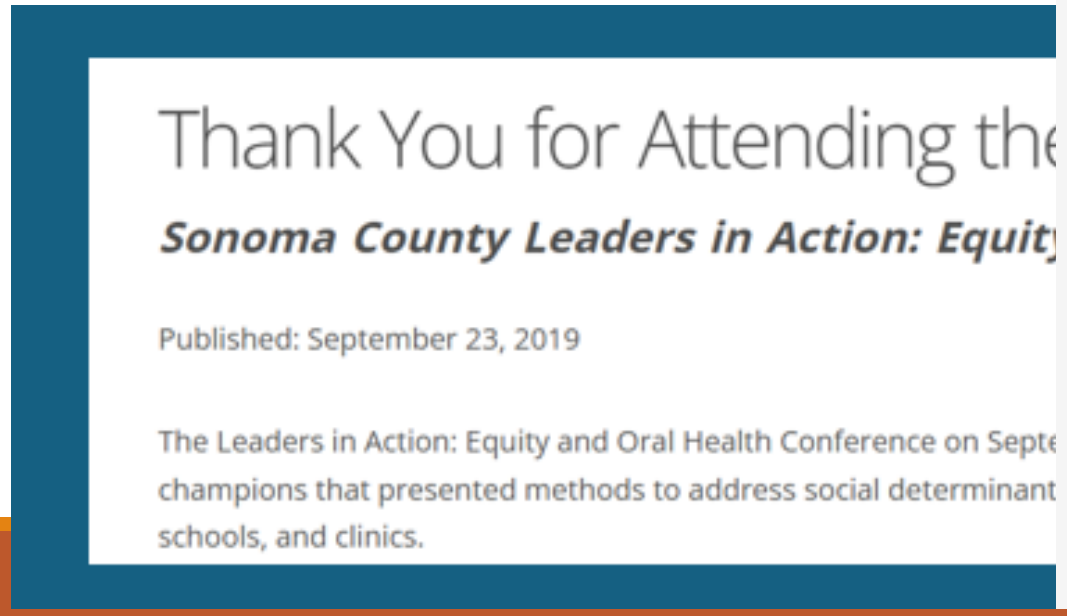
The Press Democrat

Opinion | Close to Home: Statewide smoking law has local...

Close to Home: Statewide smoking law has local roots

Example: Reports, Education, and Community Involvement





Example: Address Emerging Issues

Russian Riverkeeper
August 27, 2015 ·

RUSSIAN RIVERKEEPER

WHAT WE DO ABOUT US VOLUNTEER EVENTS RESOURCES

NEWS & PRESS

June 23, 2022

Harmful Algal Blooms Predicted for Early Return

RIVER FLOW

WADING INTO DANGER

Growth of toxic algae could make California's lakes unsafe

More Examples

Homeless outreach during communicable disease outbreaks

- Outreach and education
- Provide resources for clients/patients/impacted individuals

Pull together resources in emergencies

- Cold weather and warming stations
- Fires and shelters
- Mass vaccine sites and COVID

Public comment and support for health officer orders

Health Officers Want to Collaborate

Health Officer Directory

https://www.cdph.ca.gov/Programs/CCLHO/Pages/CCLHO-Health-Officer-Directory.aspx

Questions

KAT DEBURGH, EXECUTIVE DIRECTOR, HEALTH OFFICERS ASSOCIATION OF CALIFORNIA

916-286-9067

DEBURGH@YOURHOAC.ORG

TOWN HALL MEETING

Department of Homeless Services and Housing
Los Angeles County

October 27, 2025

Agenda

- Welcome
- Community Agreements
- Report back: September Town Hall
- Presentation
- Small Group Discussions
- Next Steps & Close

Community Agreements

Fostering community resilience through community collaboration

- Respect confidentiality
- Be present and engaged
- Respect the wisdom in the group
- One person speaks at a time
- Take space and make space
- Be patient with the technology and mindful of participants joining by Zoom
- Expect and accept non-closure
- Respect one another
- Recognize that conflict may arise, just respond respectfully

REPORT BACK ON MEASURING OUR SUCCESS

What are the most important measures of success?

Housing Stability and Engagement

- Sustaining housing
- Minimizing returns to homelessness
- Maintaining engagement with support services

System Efficiency

- Quick service connections
- Cost-effectiveness
- Efficient use of resources (e.g., vouchers)

What's working, what's not, and why

- Monitor key indicators to identify patterns and trends in homelessness.
- Evaluate the effectiveness of different programs and interventions.
- Use data to understand the underlying factors that contribute to homelessness.

Human Impact

- Share participant stories
- Demonstrate positive changes in individuals' lives

How do we balance being data-driven with partnering with smaller organizations that do not have the same capacity to collect data?

Data Collection Support

- Provide resources
- Technical assistance
- Simplify reporting requirements
- Budgeting Impacts

Collaboration and Intermediaries

- Use administrative intermediaries
- Create data-sharing agreements
- Build collaborative networks

Streamlining Data Systems

- User-friendly interfaces
- Accessibility
- Integration

Valuing Qualitative Data

- Collect anecdotal stories
- Conduct interviews and focus groups
- Use qualitative data to inform

How do we ensure that our focus on being data-driven is helping us reduce racial and ethnic disparities and not furthering disparities?

Disparity Analysis

- Are certain racial or ethnic groups waiting longer for housing, being denied services more often, or experiencing worse outcomes (e.g., returns to homelessness)?
- Examine disaggregated data (data broken down by race, ethnicity, etc.) to identify specific inequities that may be hidden in overall numbers.
- Ask "why?" and investigate the reasons behind disparities.

Resource Allocation

- Target resources to communities with the greatest needs
- Invest in culturally specific services
- Address systemic barriers

Equity and Inclusion

- Ensure data collection is free of biases
- Include diverse populations in the process
- Recognize the limitations of data

System Evaluation

- Evaluate programs for their impact on different racial and ethnic groups
- Identify unintended consequences
- Be willing to make changes

LOGO.

Are there models of how to incorporate qualitative data into performance measurement that we can learn from?

Storytelling

- Use success stories
- Highlight challenges
- Incorporate insights from community-based organizations (CBOs)

Conduct focus groups and interviews

- Talk directly to people who are experiencing homelessness. This can provide valuable insights into their experiences and needs.

Gather testimonials and feedback

- Soliciting feedback from clients, staff, and volunteers can help to identify areas where services can be improved.

If you could design one study or evaluation question that would move the system forward, what would it be?

- **System Efficiency (comparing lease-up timelines and construction costs):**
  - Comparing lease-up timelines by race/ethnicity
  - Comparing per-unit construction/subsidy costs
- **Data on mortality and earlier interventions (research into mortality rates):**
  - Research into mortality rates and health outcomes
- **Effectiveness of shared housing: Benchmarking Outcomes (looking into outcomes from Canada, Europe)**

October 27, 2025

Measure A Spending Plan Process FY 2026-27

Department of Homeless Services and Housing

Department of Homeless Services and Housing Townhall

Chief Executive Office.

County of Los Angeles Homeless Initiative

HOUSING FOR HEALTH

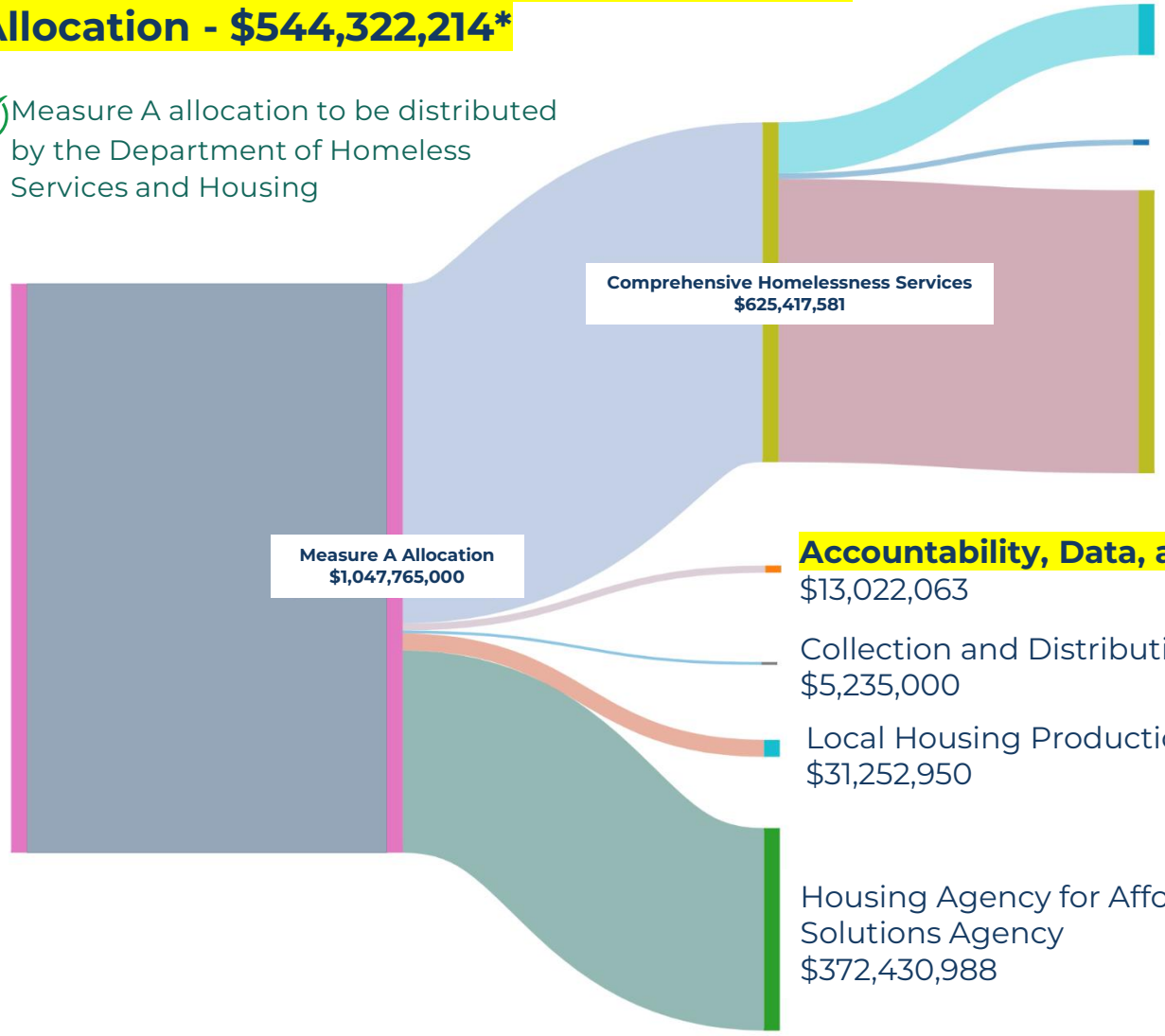
Measure A

- **Measure A** is an initiative **passed by a majority of voters** in LA County on November 5, 2024
- The ordinance imposes a **½ cent sales tax countywide to fund County homeless services,** and **repeals and replaces Measure H**, the ¼ cent sales tax for County homeless services set that was set to expire in 2027
- Measure A tax collection **began on April 1, 2025**

FY 2026-27 Projected Measure A Revenue

HSH Measure A Spending Plan Projected Allocation - $544,322,214*

Measure A allocation to be distributed by the Department of Homeless Services and Housing



Local Solutions Fund | Homeless Services and Housing
$93,758,850

Homelessness Solutions Innovations| Homeless Services and Housing
$10,313,474

Comprehensive Homelessness Services | Homeless Services and Housing
$520,986,677

Accountability, Data, and Research| Homeless Services and Housing
$13,022,063

Collection and Distribution Reasonable Cost Reimbursement| Auditor Controller
$5,235,000

Local Housing Production| Los Angeles County Development Authority
$31,252,950

Housing Agency for Affordable Housing and Prevention| Los Angeles County Affordable Housing Solutions Agency
$372,430,988

*Does not include Local Solutions Fund or 8% projected carryover from FY 2025-26

Developing the Measure A Spending Plan

The FY 2026-27 Measure A Spending Plan is shaped by two main components:

- **The Measure A ordinance language**, which determines what we can invest in, ensuring those investments are directly tied to Measure A outcomes
- **The fiscal deficit**, which determines how much we can invest across programs/services

Current and Anticipated Fiscal Landscape

New and/or expanded cost obligations & Loss of or Reductions in State/Federal/One-Time Funding		
Total increase to be absorbed by Measure A, reflecting growth and maintenance in existing Measure A-funded programs/services and loss of other funding streams	**$271,069,000**	Includes funding to maintain PSH and interim housing bed rates, Pathway Home, and costs associated with new housing sites opening.
Measure A Revenue Decrease		
Projected Decrease in FY 2026-27 Measure A Revenue	**$14,478,000**	Decrease in sales tax revenue due to consumer spending habits
Difference in One-Time Carryover Between FY 2025-26 and FY 2026-27		
$18,008,000		
Total Projected Deficit FY 2026-27		
-$303,555,000		

Fiscal Landscape: Deficit Scenario

	We need		We have		The gap
Comprehensive Homelessness Services:	**$865M** ESTIMATE TO **MAINTAIN** ALL CURRENTLY FUNDED EFFORTS IN FY 2026-27 (includes expected growth in PSH and IH portfolios, IH bed rate increase and Pathway Home)	–	**$562M** PROJECTED FY 2026-27 **MEASURE A ALLOCATION** (includes 8% projected carryover from FY 2025-26)	=	**-$303M** PROJECTED FY 2026-27 **DEFICIT**
Homelessness Solutions Innovations:	**$10.60M** ESTIMATE TO **MAINTAIN** ALL CURRENTLY FUNDED EFFORTS IN FY 2026-27	–	**$10.31M** PROJECTED FY 2026-27 **MEASURE A ALLOCATION**	=	**-$290K** PROJECTED FY 2026-27 **DEFICIT**
Accountability, Data and Research:	**$13.38M** ESTIMATE TO **MAINTAIN** ALL CURRENTLY FUNDED EFFORTS IN FY 2026-27	–	**$13.02M** PROJECTED FY 2026-27 **MEASURE A ALLOCATION**	=	**-$360K** PROJECTED FY 2026-27 **DEFICIT**

Fiscal Landscape: Deficit Scenario Model

Comprehensive Homelessness Services

Pillar Category	Total FY 2025-26 Approved Allocation	Estimated FY 2026-27 Funding Need
Prevent	$5,221,000	$5,221,000
Coordinate	$10,359,000	$10,359,000
Stabilize	$12,220,000	$12,220,000
Local Jurisdictions	$20,000,000*	$20,000,000
Administration	$23,005,000	$23,005,000
Connect (Outreach)	$62,672,000	$62,672,000
Interim Housing	$194,759,000	$302,553,000***
Permanent Housing	$266,473,000	$329,748,000****
Pathway Home	*$0***	*$100,000,000*
Total	**$594,709,000***	**$865,778,000**
FY 2026-27 Funding		**$562,223,000**
Projected FY 2026-27 Deficit		**-$303,555,000**

$133M

$100M

*Includes $10M allocated to Pathway Home
**Previously paid for with non-Measure A one-time funding
***Includes interim housing bed rate
****Maintenance due to loss of funding streams and anticipated growth

Spending Plan Process: A Phased Approach

The Measure A Spending Plan process has evolved into two phases, informed by community and partner feedback:

Phase 1: Rubric

- Refine criteria to reflect community and partner feedback
- Apply the rubric to assess all currently funded programs and services for potential curtailments or reductions using a scale
- Only the programs or services that meet the rubric criteria will advance to Phase 2 for further assessment

Phase 2: Program-Level Review

- Conduct detailed program-level reviews to determine where additional reductions or curtailments are needed
- Incorporate both quantitative and qualitative data and information into decision-making, including considerations elevated through community and partner engagement

Phase 1: Final Rubric Criteria

1. **Standing Obligations:** Is this program/service something that must comply with contractual/legal agreements?

2. **Measure A Goals, Target and Equity Metrics:** Does this program/service support the use of Measure A funding to achieve Measure A Goals 1 through 3, in alignment with the target or equity metrics per the ordinance?

    - **Goal 1:** Increase the number of people moving from encampments into permanent housing to reduce unsheltered homelessness with a focus on addressing gender, ethnic and racial disproportionality, disparities and inequities.
    - **Goal 2:** Reduce the number of people with mental illness and/or substance use disorders who experience homelessness with a focus on addressing gender, ethnic and racial disproportionality, disparities and inequities.
    - **Goal 3:** Increase the number of people permanently leaving homelessness with a focus on addressing gender, ethnic and racial disproportionality, disparities and inequities.

3. **Core Mission:** Does this program/service literally keep people housed in permanent housing, including the attached housing supportive services? If this program/service is not funded, will people lose their permanent housing?

4. **Fund Match:** Does this program/service use a funding source that requires a local fund match to maximize drawdown of state or federal dollars?

Rubric Criteria and Scoring Scale

Standing Obligations	Measure A Goals, Target and Equity Metrics	Core Mission	Fund Match
Yes or No If yes, this program/service must be funded and will advance to Phase 2	**4 –** Directly supports Measure A Goals 1, 2 or 3 and target and equity metrics; strong/explicit alignment **3 –** Moderately supports Measure A Goals 1, 2 or 3 and target and equity metrics; partial alignment **2 –** Indirectly or minimally supports Measure A Goals 1, 2 or 3 and target and equity metrics; weak alignment **1 –** No alignment with Measure A Goals 1, 2, or 3 or associated target or equity metrics	**4** – Explicitly supports keeping people housed in permanent housing; reduction or curtailment of funding would result in immediate loss of housing **3** – Moderately supports keeping people housed in permanent housing or supports housing stability; reduction or curtailment of funding would likely result in loss of housing in the short term (e.g., within several months), but not necessarily immediately **2** – Indirectly supports keeping people housed in permanent housing or supports housing stability; reductions or curtailment of funding may result in eventual loss of housing or cause housing insecurity **1** – Does not support or is unrelated to housing retention or stability	**4** – Requires a local match that enables significant drawdown of state or federal funds **3** – Requires a local match that enables moderate draw down of state or federal funds **2** – Requires a local match that enables minimal to low draw down of state or federal funding **1** – Does not require or provide a local match

Chief Executive Office.

County of Los Angeles Homeless Initiative

HOUSING FOR HEALTH

Strategic Decision Making

Phase 1: Rubric Findings

Phase 1: Methodology

Scoring Process

- **30 panelists** from **both HFH and CEO-HI** applied the rubric to programs/services based on their subject matter expertise

Calculating Totals

- Each program/service's scores across each criterion were **averaged**, and the resulting totals were rounded to calculate the **final score**

- Programs/services that **scored 6 or higher (≥50%)** - or that have any contractual/legal agreements - will **advance to Phase 2** for program- and site-level review

Programs/Services Curtailed in Phase 1

Coordinate

Regional Coordination
Supports the implementation and continuous quality improvement of the Coordinated Entry System (CES) infrastructure.

Youth Collaboration
Supports LAHSA's Homeless Youth Forum of Los Angeles and broader strategies to engage youth with lived experience to inform program and system planning efforts.

Education Coordinators
Supports LACOE and LAUSD to support children and youth at risk of or experiencing homelessness to enroll in school, access academic records, engage in educational planning, and enroll in post-secondary education where applicable.

Youth Homeless Demonstration Program (YHDP) Support
Supports YHDP CES staffing, move-in assistance, and compensation for youth feedback.

Referral, Access, and Data Unit
Supports DMH CES participation, including PSH matching, verification of eligibility for DMH housing, and data management.

Improved Coordination for Document Readiness
Supports MVA's streamlining the process to ensure veterans are document ready, facilitating faster access to essential identification and social security cards necessary for housing applications.

Programs/Services Curtailed in Phase 1

Prevent

Youth Family Reconnection
Supports LAHSA's therapeutic interventions to assist transition age youth (TAY) with building and strengthening positive relationships with biological or non-biological family.

Emergency Basic Support Services
Supports case management and financial assistance to families with closed DCFS cases/investigations and community families with no DCFS involvement experiencing housing insecurity.

Housing Related Assistance
Supports DCFS case management and housing navigation services for transition age youth participating in the Supervised Independent Living Program.

Programs/Services Curtailed in Phase 1

Connect (Outreach)

Encampment Assessments
Supports DPH Environmental Health with conducting assessments of homeless encampments, identifying environmental health hazards, and providing technical assistance to outreach teams and other agencies serving PEH.

Mobile Public Health Clinical Services for PEH
Supports coordination and delivery of low-barrier access to vaccination, screening, and harm reduction services for PEH throughout the County.

Campus Peer Navigation
Supports co-location of Youth CES staff at community college campuses to assist students at-risk of homelessness with accessing mainstream or CES resources to end their housing crisis.

Programs/Services Curtailed in Phase 1

Interim Housing

Interim Housing Staff and Administration
Supports staffing costs for DMH for staff who work with DHS and LAHSA to triage interim housing referrals as part of "air traffic control" and ensure appropriate placement.

Interim Housing Inspections
Supports regular inspections of interim housing facilities to ensure they are within approved living standards and comply with applicable laws and ordinances.

Emergency Housing
Supports PEH served by DPH Communicable Disease Programs in need of temporary lodging, meals, and transportation in order to complete recommended communicable disease treatment, isolation, and/or quarantine.

Programs/Services Curtailed in Phase 1

Permanent Housing

Housing Supportive Services Program (HSSP) Staff and Administration
Supports staffing and administrative costs for PSH programs including HSSP efforts administered by DMH.

Homeless Incentive Program
Supports the Homeless Incentive Program for participating Public Housing Authorities, which provides clients matched to federal subsidies with services such as move-in assistance and security deposits as well as operates landlord recruitment and incentive programs.

Programs/Services Curtailed in Phase 1

Stabilize

Benefits Advocacy
Supports DMH staff to conduct mental health assessments and provide mental health records to support applications for SSI, SSDI, CAPI, and veterans' benefits.

Benefits Advocacy
Supports MVA with providing veterans with benefits advocacy services.

Criminal Records Clearing Project
Supports services to clear felony and misdemeanor records at outreach events throughout the County via Public Defender mobile legal clinics, streamlining the expungement process for people experiencing or at risk of homelessness. These services help remove barriers to housing, employment, and government benefits.

Employment for Adults Experiencing Homelessness
Supports the Regional Initiative for Social Enterprises (LA:RISE) that unites the City of LA and County Workforce Development System with employment Social Enterprises to assist those impacted by homelessness get good jobs and remain employed.

Projected Deficit After Phase 1

Comprehensive Homelessness Services Projected Deficit:

$865M
ESTIMATE TO **MAINTAIN** ALL CURRENTLY FUNDED EFFORTS IN FY 2026-27
(includes expected growth in PSH and IH portfolios, IH bed rate increase and Pathway Home)

–

$562M
PROJECTED FY 2026-27 **MEASURE A ALLOCATION**
(includes 8% projected carryover from FY 2025-26)

=

$303M
PROJECTED FY 2026-27 **DEFICIT**

Comprehensive Homelessness Services Projected Deficit After Phase 1:

$303M
PROJECTED FY 2026-27 **DEFICIT**

–

$33M*
TOTAL **CURTAILMENTS** FROM PHASE 1

=

$270M
PROJECTED FY 2026-27 **DEFICIT AFTER PHASE 1**

*Does not include total associated staffing and administrative costs for all LAHSA programs/services curtailed in Phase 1

Programs/Services Advancing to Phase 2

Coordinate

Continuum of Care (CoC) Housing and Urban Development (HUD) Cash Match

Supports CES through a HUD Coordinated Assessment Expansion Grant, which includes cash matches for County HMIS Implementation and Domestic Violence CES Renewal.

Planning Grant Renewal

Supports LAHSA in receiving HUD Planning Grant funding of $1.5M to evaluate and identify obsolete or under-performing projects, and to reallocate these funds to create new PSH.

Programs/Services Advancing to Phase 2

Prevent

Problem-Solving
Supports the Problem-Solving program, which provides interventions to all populations at the start of their housing crisis or after they enter the system. Services include light touch housing resolution through conversation, mediation, negotiation, and cash assistance.

Homeless Prevention Case Management & Financial Assistance
Supports families, individuals, and youth at risk of homelessness through individualized, client-driven assistance, including rental arrears, rental assistance, and case management to retain existing or secure other permanent housing.

Programs/Services Advancing to Phase 2

Connect (Outreach)

Countywide Outreach System Staff and Administration
Supports staffing and administrative costs for regional outreach coordinators who engage and connect unsheltered PEH to needed resources and services with the ultimate goal of connecting them with permanent housing administered by LAHSA.

Countywide Outreach System/Multi-Disciplinary Teams (MDTs)
Supports MDTs who engage and connect unsheltered PEH with complex health and/or behavioral health conditions to needed resources and services. MDTs include a health specialist, mental health specialist, substance use specialist, peer with lived experience, and a generalist.

Housing Navigation
Supports housing navigation, which assists PEH with identifying, viewing, and inspecting units; reviewing and negotiating lease terms; financial assistance for application fees, transportation costs, and security deposits; as well as landlord incentives.

Safe Parking
Supports Safe Parking, which provides a safe and stable parking environment with supportive services for households experiencing homelessness who are living in their vehicles.

Programs/Services Advancing to Phase 2

Interim Housing

Interim Housing
Supports LAHSA's short-term housing and/or emergency beds for PEH with supportive services and case management. Programs serve populations including but not limited to women, older adults, individuals experiencing domestic/intimate partner violence (DV/IPV) and others.

Interim Housing
Supports DHS's stabilization housing, which provides 24-hour interim housing beds for PEH with supportive services and case management for people with complex health and/or behavioral health conditions who require a higher level of onsite supportive services, and recuperative care, which provides the same services as stabilization housing with added medical oversight.

Interim Housing
Supports DPH's Recovery Bridge Housing beds, which provide interim housing to clients co-enrolled in a substance use disorder treatment program.

Interim Housing
Supports CEO's maintenance of County-owned interim housing sites that are serviced by the County's Internal Services Department staff to ensure safe and hygienic conditions at all sites.

Transitional Housing for Transition Age Youth (TAY)
Supports Housing First, low-barrier, harm reduction-based transitional housing for TAY and is part of a crisis response program that provides safe, client-driven supportive services and access to 24-hour interim housing for young people ages 18 to 24.

Host Homes for TAY
Supports Host Homes, a Housing First and harm reduction-based housing model that is part of a crisis response program which provides safe, client-driven supportive services and access to community residents ("hosts") who also live in the housing unit.

Programs/Services Advancing to Phase 2

Permanent Housing

Shallow Subsidy
Supports the Shallow Subsidy program, which provides financial assistance for 35-40% of a household's monthly rent for a period of up to five years, as well as case management and housing-focused supportive services.

Time-Limited Subsidy (TLS)
Supports the TLS program, which connects families, individuals, and youth experiencing homelessness, as well as households fleeing/attempting to flee DV/IPV, and/or human trafficking who are experiencing homelessness, to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Subsidized Housing for Homeless Disabled Individuals Pursuing SSI
Supports DPSS rental subsidies for PEH or at risk of homelessness who are receiving General Relief benefits and pursuing Supplemental Security Income (SSI).

Intensive Case Management Services (ICMS)
Supports the ICMS program, which provides a range of tailored supportive services designed to meet the individual needs of clients in PSH, including outreach and engagement; intake and assessment; housing navigation; housing case management; housing stabilization; and connections to emergency financial assistance to avoid evictions; linkages to health, mental health, and substance use disorder services; benefits establishment; vocational assistance; and more.

Programs/Services Advancing to Phase 2

Permanent Housing

Rental Subsidies/Tenancy Support Services
Supports locally funded rental subsidies and Tenancy Support Services for a subset of PSH clients, which include move-in assistance, crisis intervention, health and safety visits, unit habitability inspections, support with reasonable accommodations, administration of timely rental payments, and coordination with landlords to address unit or tenancy issues.

Permanent Housing for Older Adults
Supports direct housing assistance for older adults who are homeless or at high-risk homelessness to support pathways to permanent housing while strengthening connections to the County's social safety net.

Client Engagement and Navigation Services (CENS)
Supports CENS Substance Use Disorder counselors serving clients living in project and tenant-based PSH.

Residential Property Services Section (RPSS)
Supports multi-year agreements between service providers and owners of multi-family buildings. Agreements provide owners with financial support for building property management, repairs and maintenance, and vacancies in exchange for providing affordable rental units to individuals and families.

Master Leasing
Supports LAHSA in centralizing the leasing of entire buildings and individual apartments to quickly and permanently house PEH through a range of incentives offered to property owners and developers to facilitate increased usage of tenant- based vouchers.

Programs/Services Advancing to Phase 2

Stabilize

Benefits Advocacy
Supports DHS Countywide Benefits Entitlements Services Team (CBEST) program, which provides people at risk of or experiencing homelessness with SSI, Social Security Disability Income (SSDI), and Cash Assistance Program for Immigrants (CAPI) benefits advocacy services. Funding is allocated to DPSS and matched to federal dollars then provided to DHS.

Legal Services
Supports legal services for clients that includes assistance with eviction prevention, landlord dispute resolution, credit resolution advocacy, criminal record expungement, and other legal services that relate to housing retention and stabilization, as well as resolving legal barriers that impact a person's ability to access permanent housing, social service benefits, and stable employment.

Programs/Services Advancing to Phase 2

Local Jurisdictions

Continuums of Care (CoCs)
Supports the Long Beach, Pasadena, and Glendale CoCs with a direct allocation of funding for homeless prevention, outreach, interim housing, housing navigation, housing location, and time limited subsidies.

Pathway Home
Supports Pathway Home efforts to resolve encampments countywide in partnership with local jurisdictions and unincorporated communities.

Chief Executive Office.

County of Los Angeles Homeless Initiative

HOUSING FOR HEALTH

Strategic Decision Making

Phase 2: Program-Level Review

Phase 2: Impact & Performance Review

Prioritizing Equity: Does this program/service address populations facing the greatest disparities (e.g., BIPOC, TAY, families, older adults)?

Areas of analysis for consideration/discussion*

- Would curtailments or reductions increase disproportionality or widen gaps in service access?
- Would funding reductions or curtailments reduce geographic equity (e.g., SPAs already under-resourced)?
- Are resources directed to high-need areas where gaps are largest?
- Would cuts exacerbate regional inequities or worsen access for marginalized populations?

Due to data limitations, not all analysis would be feasible for all program areas

Phase 2: Impact & Performance Review

Outcomes and Performance: Does this program/service demonstrate clear, measurable outcomes to show efficacy?

Areas of analysis for consideration/discussion*

- What is the cost per unit of service (e.g. bed, unit, slot) of this program/ service and is it justified relative to similar programs/services?
- Has it demonstrated reductions in racial, gender or ethnic disparities in positive outcomes?
- Is this program supporting system throughput?
- Can you measure cost per successful outcome (e.g. housing retention, exits to permanent housing)?

Due to data limitations, not all analysis would be feasible for all program areas

Phase 2: Impact & Performance Review

Leveraging Other Resources: In what ways has the administrator of the program/service leveraged or exhausted all other funding sources beyond Measure A to support this program/service?

Areas of analysis for consideration/discussion*

- Are there any other potential funding sources that could support this program/service and reduce or eliminate the reliance on Measure A?
- Has this program/service consistently demonstrated underspend in any of its existing funding sources, suggesting a need to right-size its Measure A investment?

Due to data limitations, not all analysis will be feasible for all program areas

Next Steps: Accountability, Data and Research (ADR)

*"The County shall spend funds allocated to it for **Accountability, Data, and Research** for uses intended to **promote accountability, oversight, universal data, and outcome evaluation** and to expand capacity for data collection and reporting..." - Measure A Ordinance*

- ADR funds were **fully programmed for the first time in FY 2025-26,** with activities only beginning a few months ago
- ADR funding will continue to advance efforts to **strengthen accountability, data integration (universal data) and evaluation**
- Because these foundational efforts are still taking shape, FY 2026-27 will focus on **continuing and strengthening current investments** focused on **statutory and core data-integration needs**
- The **proposed FY 2026-27 ADR budget** will be included in the draft Measure A Spending Plan released in November for **public feedback**

Next Steps: Homelessness Solutions Innovations

*"The County shall spend funds allocated to it for **Homelessness Solutions Innovations** on **new strategies and demonstration projects designed to achieve the goals…**This funding may be used to incubate and test new ideas for future, larger-scale spending…" - Measure A ordinance*

- Homelessness Solutions Innovations funds were **fully programmed for the first time in FY 2025-26.** We are currently assessing the impact to inform decisions about reallocating funds

- In FY 2026–27, the focus will be on **building evaluation capacity and generating learning** as we continue tracking progress, outcomes, and alignment with Measure A goals

- We are **developing an evaluation framework** to:
  - Assess the performance and outcomes of funded innovation projects
  - Determine which projects should remain innovation efforts, which are ready to transition to ongoing funding (contingent on available resources), and which may no longer be recommended for funding
  - Guide future funding recommendations to inform the FY 2027–28 Spending Plan and beyond

- The **proposed FY 2026-27 Homelessness Solutions Innovations budget** will be included in the draft Measure A Spending Plan released in November for **public feedback**

FY 2026-27 Spending Plan Timeline

SEPT 2025	OCT 2025	NOV 2025	DEC 2025	JAN 2026	MAY 2026	JULY 2026
Finalize Rubric and program-level review criteria by end of September	Complete Phase 1 and continue Phase 2	Finalize Draft Spending Plan and release for feedback and Public Comment period	Present Draft Board Letter with Recommended Spending Plan	Present Final Board Letter with Recommended Spending Plan at Board of Supervisors meeting	Final Spending Plan to be considered in County's Recommended Budget Phase	FY 2026-27 Service Provider Contracts executed under Department of Homeless Services and Housing

Register now!

FY 2026-27 Measure A Spending Plan Town Hall

Nov 13 at 10am

BREAKOUT GROUPS

Discussion Questions

- Do the reductions outlined in the Rubric results reflect the priorities of the community?
- How can the County reduce spending without exacerbating racial/ethnic/gender disparities and balance the needs of subpopulations experiencing homelessness?
- The Rubric reflects the first phase of reductions, but significantly more reductions must be made. How can HSH provide maximum transparency as we work through this challenging fiscal environment?

Next Town Hall Meeting

November 13th, 2025

10:00 am -12:30 pm PST

SCAN HERE

Thank You

CHANGE WELL PROJECT

PARTNERING TO STRENGTHEN COMMUNITY SYSTEMS

SAGE 2025 Virtual Housing Symposium

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CEO, SAGE

Cece Cox, CEO,
Resource Center

Vinny Eng, Strategic Advisor,
past Interim ED, Openhouse

Caitlin MacClean,
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Milken Institute

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NOVEMBER 12

1–5 PM ET

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HIV + STD Services Customer Support Line

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Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

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

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

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

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