



Commission on HIV

New Commissioner Orientation

April 9, 2026

Ryan White Program Overview

Ryan White CARE Act Overview

- First enacted on August 18, 1990, the **Ryan White Comprehensive AIDS Resources Emergency (CARE) Act** created the largest federally funded program in the U.S. dedicated to supporting people with HIV, called the **Ryan White HIV/AIDS Program (RWHAP)**
- Named after Ryan White, an Indiana teenager who became a national advocate for AIDS research and awareness after contracting HIV through a contaminated blood transfusion



Ryan White HIV/AIDS Program

- Began as “emergency relief” for overburdened healthcare systems at a time when effective treatment was not available
- Amended and reauthorized in 1996, 2000, 2006, and 2009 with updates made to address the **evolving needs of people with HIV**
- RWHAP aims to **improve quality of life** and provide care and support services for people with HIV who are low-income, uninsured, or under-insured

Key Acronyms

RWHAP: Ryan White HIV/AIDS Program



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Ryan White HIV/AIDS Program

- Administered by **HIV/AIDS Bureau (HAB)** of **Health Resources and Services Administration (HRSA)** under **Department of Health and Human Services (HHS)**
- RWHAP goal is to improve health outcomes and reduce the spread of HIV
- Provides grants to states, cities, and community-based organizations to fund **medical and support services for people with HIV**
- Composed of five “parts”; Part A, B, C, D, and F

Key Acronyms

HRSA: Health Resources and Services Administration

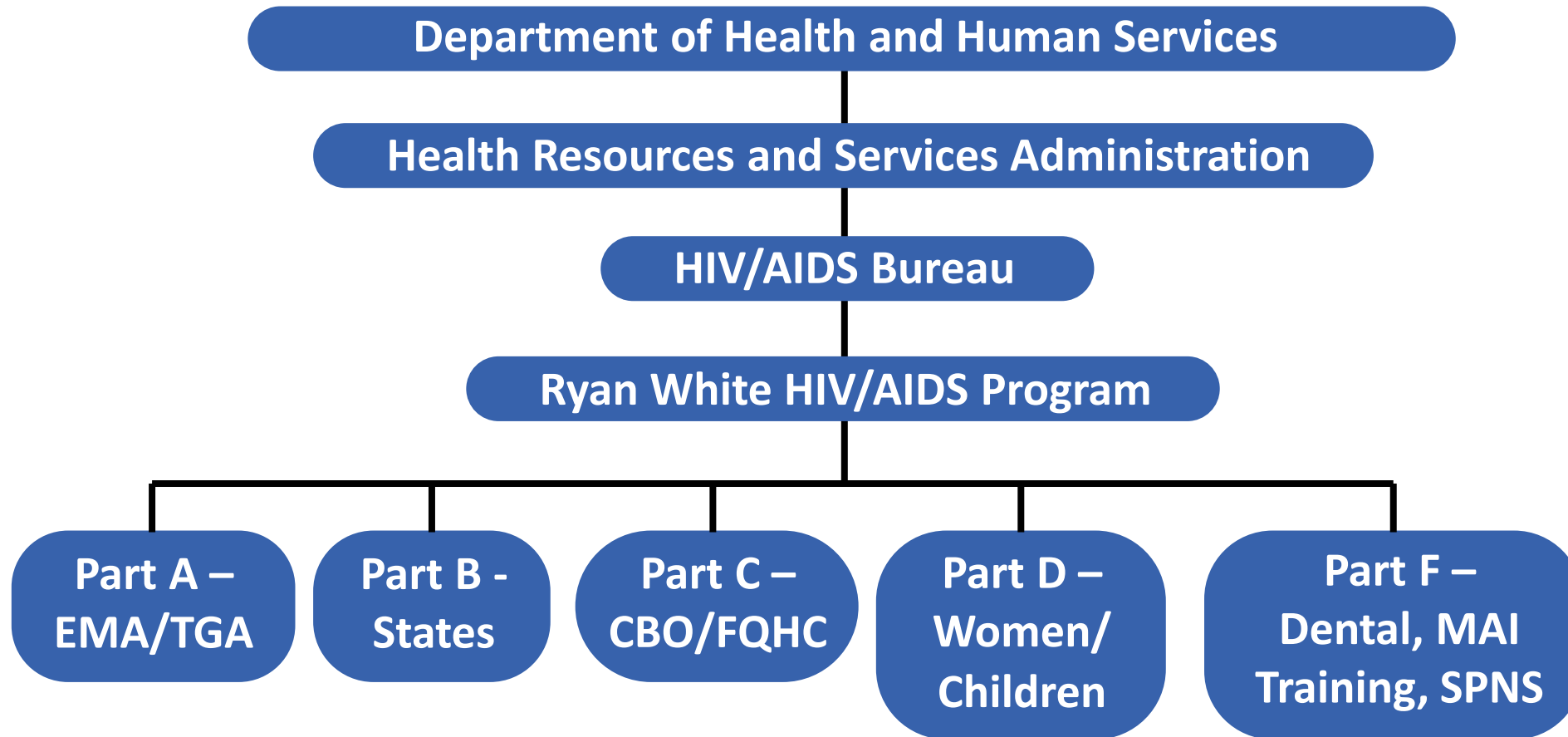
RWHAP: Ryan White HIV/AIDS Program



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Ryan White HIV/AIDS Program



Key Acronyms

HRSA: Health Resources and Services Administration

RWHAP: Ryan White HIV/AIDS Program



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Ryan White HIV/AIDS Program

- **Eligibility:** To receive RWHAP services clients must provide:
 - Documentation of HIV diagnosis
 - Documentation of residency in Los Angeles County
 - Documentation that their income does not exceed 500% Federal Poverty Level (FPL)

- RWHAP is **critical** to ensure people with HIV are:
 - Linked to and retained in care
 - Have access to medications
 - Achieve **viral suppression** and remain virally suppressed

Key Acronyms

RWHAP: Ryan White HIV/AIDS Program



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Ryan White HIV/AIDS Program: Part A

Grants for Metropolitan areas hardest hit by the epidemic

- Provides funding to EMAs/TGAs severely affected by the HIV epidemic to provide access to high quality, community-based care for people with HIV (PWH) who have lower incomes
- **Eligible Metropolitan Areas (EMAs):**
 - $\geq 2,000$ new cases of AIDS reported in the past 5 years
 - $\geq 3,000$ PLWH
 - Must establish Planning Councils
- **Transitional Grant Areas (TGAs):**
 - 1,000-1,999 new cases of AIDS reported in the past 5 years
 - $\geq 1,500$ PLWH

Reminders

LA County = EMA

Commission on
HIV = Planning
Council



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Ryan White HIV/AIDS Program: Part A

Grants for Metropolitan areas hardest hit by the epidemic

- RWHAP Part A funds are divided into formula, supplemental, and Minority AIDS Initiative funds
 - **Formula Funds:** award amount based on number of persons with HIV/AIDS in the EMA or TGA
 - **Supplemental Funds:** award amount based on increasing prevalence rates, demonstrated need/service gaps, and a disproportionate impact on vulnerable populations
 - **Minority AIDS Initiative Funds:** allocated based on EMA/TGA's percentage of all living HIV disease cases among racial and ethnic minorities

Reminders

LA County = EMA

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Ryan White HIV/AIDS Program: Part A

Grants for Metropolitan areas hardest hit by the epidemic

- Congress appropriates funds for all RWHAP parts annually
- EMAs/TGAs must submit a grant application to HRSA to receive RWHAP Part A formula, supplemental, and MAI funds
- The **Division on HIV and STD Programs** (DHSP) within the Los Angeles County Department of Public Health prepares the RWHAP Part A application every three years with input from the Planning Council
 - The program year begins on March 1st
 - Program Year 36: March 1, 2026 - February 28, 2027

Reminders

Part A = EMA/
TGA

Part B = States

Part C = CBOs/
FQHCs

Part D = Women
& children

Part F = Dental,
training, MAI &
SPNS



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Ryan White HIV/AIDS Program: Part B, C, and D

RWHAP Part B

- Grants for States and territories and the AIDS Drug Assistance Program (ADAP)
- ADAP provides access to medications and health coverage
- Support HIV care and treatment for people with HIV who have low incomes

RWHAP Part C

- Grants for community-based organizations and federally qualified health centers
- Provide comprehensive primary medical care and support services for people who have low incomes
- Early Intervention Services and Capacity Building

RWHAP Part D

- Grants for HIV care for women, infants, children, and youth with HIV
- Support family-centered services
- Outreach, prevention, medical & psychosocial care, and improved access to clinical trials



Ryan White HIV/AIDS Program: Part F

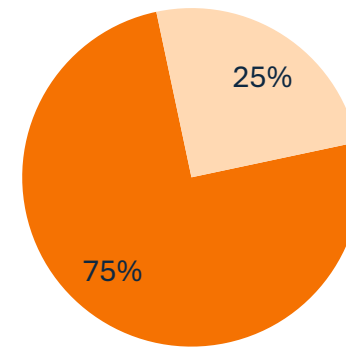
Grants for multiple programs, including dental, clinical training, research and demonstration projects and global initiatives

- **Dental Programs:** Funding for oral health care and to support training of dental and dental hygiene providers
- **AIDS Education and Training Centers (AETCs):** National and regional centers providing education, technical assistance and training for health care providers who treat people with HIV
- **Minority AIDS Initiative (MAI):** Provides funding to improve access to HIV care and health outcomes for minority populations disproportionately affected by HIV
- **Special Projects of National Significance (SPNS):** Supports development, implementation, and evaluation of evidence-based, evidence-informed, and emerging interventions to improve/enhance HIV care & effective service delivery



RWHAP Part A Services

- RWHAP Part A provides a comprehensive system of care for people with HIV through **two service categories**:
 - ➊ **Core medical services** are essential for the diagnosis, treatment, and management of HIV
 - ➋ **Support services** help clients achieve medical outcomes by addressing social, financial, and logistical barriers to care
- At least **75% of funds** must be spent on **core medical services**, and no more than 25% may be spent on support services, unless HRSA approves a waiver



- Core Services
- Support Services

Reminders

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



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RHWAP Service Categories

Core Medical Services

- AIDS Drug Assistance Program (ADAP)
- Local AIDS Pharmaceutical Assistance Program (LPAP)
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice Services
- Medical Case Management including Treatment Adherence Services
- Medical Nutrition Therapy
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

Supportive Services

- Childcare Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
 - Legal Services
 - Permanency Planning
- Outreach Services
- Psychosocial Support
- Referral for Healthcare and Support Services
- Rehabilitation
- Respite Care
- Substance Abuse (Residential)

Why is RWHAP Important?

- Focus on reaching underserved communities and individuals who may not have access to healthcare services
- Provides **comprehensive HIV/AIDS medical care, treatment, and support services** in the U.S. for approximately 500,000 people annually
- Focus on **community planning** for HIV care and treatment services
- **Payor of Last Resort** - Provides funding when no other resources are available

2024 RWHAP Annual Report Data



Served 601,853 clients
More than 50% of people with diagnosed HIV in the U.S.



More than 91% of clients receiving RWHAP medical care were virally suppressed

Viral suppression affords optimal health outcomes – significant public health benefit



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Ryan White HIV/AIDS Program

Ryan White Program 2030

- Framework designed to sustain high-quality care & treatment for people receiving RWHAP services
- **Expand efforts to identify and engage individuals with HIV who are undiagnosed or out-of-care**
- Leverage partnerships, focusing interventions, and engaging communities to bring more people into care

Ending the HIV Epidemic

- Funding aimed to reduce HIV infections by 90% in ten years
- RWHAP plays key role - agency lead for the EHE initiative's “care pillar”
- **COH does not have oversight over EHE activities or funds.** DHSP receives funds - has planning & oversight responsibilities



Planning Council (Commission on HIV) Overview

In 2013, the Commission on HIV became an integrated HIV/AIDS and STD prevention and care planning council

Who We Are

- The Los Angeles County Commission on HIV (COH) is the federally required **RWHAP Part A Planning Council** for the Los Angeles EMA
- Responsible for the planning, allocation, coordination, and delivery of HIV/AIDS and STD services in Los Angeles County
- COH is comprised of volunteers appointed by the LA County Board of Supervisors
 - Membership reflects the diversity of LA County and includes people with HIV, providers, public health professionals, and community representatives
 - At least **33% of members must be unaffiliated people with HIV** who receive RWHAP Part A services



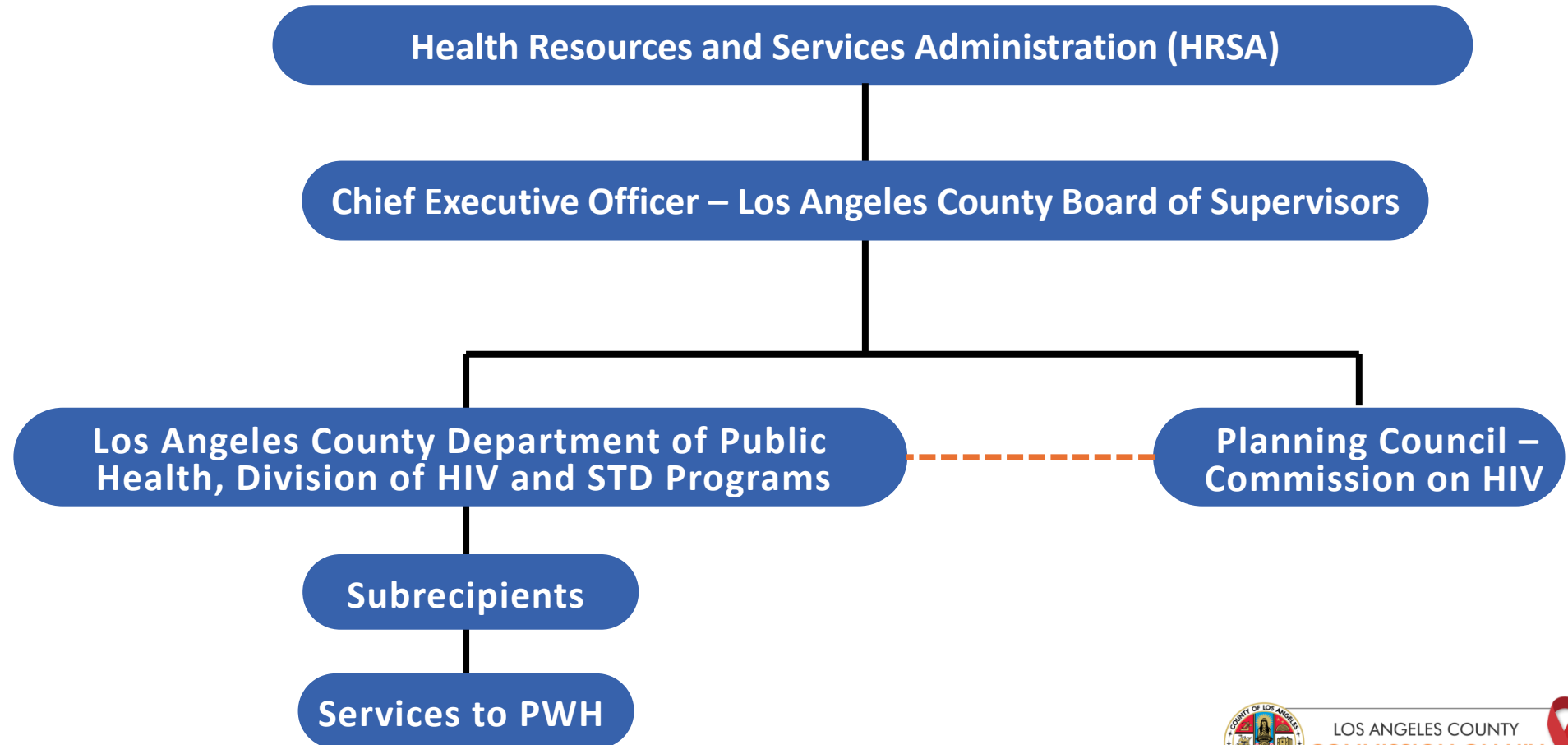
Authority and Governance

COH is housed as an independent commission within the Executive Office of the **LA County Board of Supervisors**

Established by LA County Ordinance 3.29 & is governed by Bylaws

Ordinance: Commission creation & legal foundation

Bylaws: outlines internal structure, operations, and procedures



What We Do

Federally
mandated role
is to carry out
the Ryan White
HIV/AIDS
*Program Part A
planning
council
responsibilities*

- Responsible for countywide **planning**, community engagement, and aligning HIV prevention and care priorities
- Funded solely through RWHAP which has a limited scope with respect to direct HIV prevention activities
 - COH's prevention-related role is tied to the development and support of the Integrated HIV Plan
- Carries out responsibilities in coordination with:
 - **Ryan White Part A Recipient** - Division of HIV & STD Programs within the LAC Department of Public Health
 - Structured input from providers, consumers and community stakeholders



Core Responsibilities

Core responsibilities include:

- Assess the scope and impact of HIV epidemic in LA County
- Establish service priorities and make recommendations for allocation of RWHAP Part A funds
- Evaluate the efficiency and effectiveness of HIV services and the administrative mechanisms used to delivery them
- Participate in integrated planning efforts for the organization and delivery of HIV-related medical and support services
- Ensure meaningful community and consumer input through public meetings and other engagement strategies
- Monitor service outcomes to promote accountability, equity, and continuous quality improvement

Legislatively
mandated
responsibilities
that all
Planning
Councils must
complete



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Why are Planning Councils Important

No other federal health program has:

- Planning council as decision maker on how funds are used
- Defined membership composition
- Requires a high level of consumer participation

- Support **Community driven planning and decision-making** bringing together people with HIV, service providers, and community members to advise how funding should be used
- Keep the **decision-making process open, fair, and based on data**
- Ensure that **people with HIV have a strong voice** in shaping services
- Help the community **identify gaps in care** and decide which services should be the highest priority
- Work with public health agencies to improve the quality of HIV services over time



Planners vs. Advocates

The Commission does not engage in advocacy

Advocacy-related efforts are deferred to the County's Legislative Affairs and Intergovernmental Relations (LAIR) Office

Commission members are **planners** which are not the same as advocates

Planners:

- Consider the **entire community** and multiple issues
- Seek win-win versus win-lose
- Listen to others/ask questions
- Come prepared- review data and reports; ask questions
- Use **data to make decisions** - not 'impassioned pleas'
- **Understand the boundaries and scope of the Commission**



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Collaboration Between COH and DHSP

The planning council and the recipient are **two independent entities** with legislative authority and roles

- **Recipient (DHSP):** receives and administers funds and is responsible for contracting with providers (subrecipients) who provide care and treatment
- **Planning Council (COH):** decide service priorities and how best to use available funds to help support a system of care for PWH
- Planning Council and Recipient **work closely together** to complete:
 - Needs assessments
 - Integrated planning
 - Gathering community input
 - Coordination of services

Effectiveness depends on:

- Understanding of distinct roles
- Regular communication
- Information-sharing
- Collaboration
- Ongoing consumer / community involvement



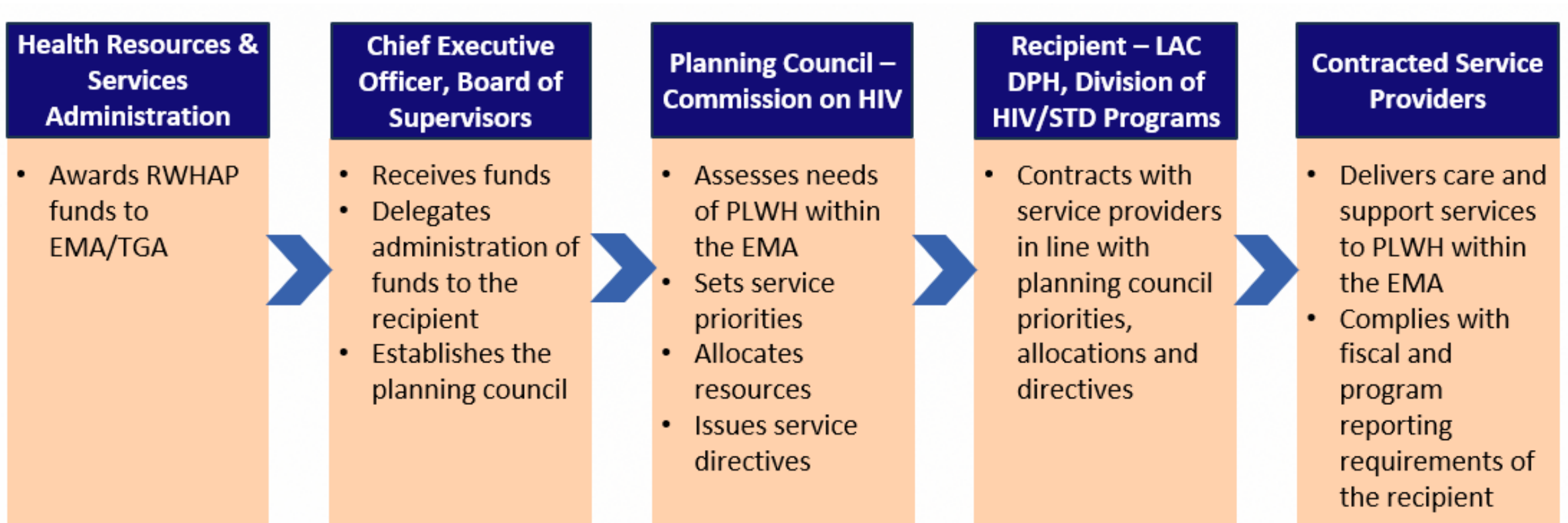
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Roles and Responsibilities Table

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient - DHSP	Planning Council - COH
Establish Planning Council	✓		
Appoint Planning Council members	✓		
Needs Assessment		✓	✓
Integrated Planning		✓	✓
Priority Setting			✓
Resource Allocation			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Service Standard Development			✓
Clinical Quality Management		✓	<i>Contributes</i>
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

Flow of RWHAP Part A Decision Making



Membership Overview

Membership

Reminders

HRSA = Health
Resources and
Services
Administration

EMA = Eligible
Metropolitan Area

Planning Council =
Commission on
HIV

- HRSA requires EMAs to establish a planning council whose membership reflects the demographics of people with HIV in the region
 - Legislatively mandated planning council with defined membership composition (**15 HRSA required membership categories**) and at least **33 percent unaffiliated consumer representation**
- Membership is grounded in **Parity, Inclusion, and Representation (PIR)** - principle in maintaining membership that is equitable, inclusive, and reflective of communities most impacted by HIV
 - Helps ensure that planning and decision-making are grounded in diverse perspectives, lived experience, and community need



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Membership Structure

Members are nominated through an **open nominations process** and appointed by the LA County Board of Supervisors (BOS)

- **32 full-member seats**, including three designated non-voting seats:
 - RWHAP Part A Recipient representative (DHSP)
 - Part B representative
 - Medicaid/Medi-Cal agency representative
- Structure includes Commissioners, Alternates, and Committee-only members:
 - **Commissioner**: Voting member appointed by BOS
 - **Alternate**: Assigned to a commissioner and step in when the commissioner is not available. Does not vote unless assigned commissioner is absent
 - **Committee-only Member**: Voting member on one of the Commission's standing committees. Does not require BOS appointment



Membership Categories

There are 15 HRSA required membership categories that must be represented:

- Health care providers, including FQHCs
- Community-based organizations serving affected populations and AIDS service organizations
- Social service providers, including providers of housing and homeless services
- Mental health providers
- Substance use providers
- Local public health agencies
- Hospital planning agencies or health care planning agencies
- Affected communities, including people with HIV/AIDS, members of a federal recognized Indian tribe as represented in the population, individuals co-infected with hepatics B or C, and historically underserved groups and subpopulations
- Non-elected community leaders
- State government (including the State Medicaid/Medi-Cal agency)
- The agency administering the program Part B
- Recipients of Part C
- Recipients of Part D
- Recipients of other federal HIV programs, including but not limited to providers of HIV prevention services
- Representatives of individuals who formerly were federal, State, or local prisoners released from custody of the penal system during the preceding three years and had HIV as of the date on which the individuals were so released.



Membership Categories

Reminders

Legislatively mandated membership composition:

- **15 HRSA required** membership categories
- At least **33 percent unaffiliated consumer** representation

- **Unaffiliated Consumers (11)** : Consumer of RWHAP Part A services who is not aligned or affiliated with RWHAP Part A funded providers as employees, consultants, or Board members

Membership composition includes additional seats not mandated by HRSA:

- **HIV Research Representative (1)**: Representative from a local academic research institution with subject matter expertise in HIV research and data translation
- **BOS Representatives (5)**: Representatives recommended by each of the five supervisorial offices



Membership Roster

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



Seat Terms

All members (Commissioners, Alternates, and Committee-only members) are appointed to **serve on one committee**

Membership term is for **two years**:

- Commissioners may serve up to **three consecutive two-year terms** (6 years total). Must reapply every two years
- Upon completion of three consecutive terms, commissioners must vacate their seat and **remain off for one year** before reapplying/considered eligible to serve
- Alternates and Committee-only members are subject to the same term limits

Note: Initial cohort following the restructure (March 2026) will have some seats with a one-year term



Member Requirements

All members must complete and/or abide by the following:

- **Duty Statement**
- **Form 700** - Assuming, Annual, Leaving
- **Commission Code of Conduct** - All Commission members, vendors and contractors, and members of the public are expected to adhere to the code of conduct at Commission and sponsored meetings and events
- Active participation on your committee
- Participation in the annual **priority setting and resource allocation** (PSRA) process
- Participation in **all trainings**
- **Volunteer** for COH-sponsored activities/events

Do not ignore Form 700 emails from the Executive Office. Failure to complete the form will result in a daily fine



Member Requirements

Conflict of Interest (COI) - All members must sign conflict of interest disclosure form every year

- Must be updated if affiliations change
- Must declare conflict of interest before discussions begin
- **Do not vote on matters where there is a conflict of interest** (includes priority setting and resource allocation)

In decision making about priorities and allocations, members with a conflict of interest can answer questions but **cannot initiate discussions about service categories where they have a conflict of interest**



Member Stipends & Reimbursement

Unaffiliated member:

Person with HIV who is not employed by, serving on the board of, or volunteering with a RWHAP-funded agency

Stipends are not wages, salary, or compensation

Stipends are intended to help offset costs of participation for people with HIV who engage in the work of the Commission

Stipends are available only to **unaffiliated members** who:

- Access RWHAP services
- Are **not employed** by, serving on board of, or volunteering with any **DHSP RWHAP-funded agency**
- Are in active standing under the Commissioner Duty Statement

Unaffiliated consumers may also request **reimbursement** for:

- Transportation to/from meetings (mileage, public transportation, and/or rideshare)
- Childcare
- Meals associated with attending a meeting



Member Grievance Policy

Formal process for **addressing disputes, complaints, or alleged misconduct** between Commission members related to internal Commission matters, including violations of the Code of Conduct, Bylaws, and other Commission policies

- Grievances should be **submitted in writing** to Commission Co-chairs and Executive Director
- Executive Committee reviews and determines appropriate action which include:
 - No action
 - Further investigation
 - Corrective Action Plan
 - Referral to County Counsel

Provides a **fair and structured process for resolving disputes** while protecting the integrity, safety, and effective functioning of the Commission



Committees & Working Units

COH Caucuses

- Aging Caucus
- Black/African American Caucus
- Consumer Caucus
- Transgender Caucus
- Women's Caucus

COH Taskforces

- Housing

- COH carries out much of its work through a strong **committee and subordinate working unit(s) structure**
- Commissioners are required to be a member of at least **one standing committee** and adhere to attendance requirements
- Subordinate working units (caucuses, taskforce, subcommittee, etc.) may be created, as needed and appropriate, to harness broader community input and strengthen PWH voices in community planning:
 - **Caucuses:** subsets of Commission members who are members of “key or priority populations” and are ongoing, as needed
 - **Taskforce:** established to address a specific issue or need and are time limited



Commission on HIV Structure

Flow of Decision-Making Process



Executive Committee

Committees + Subordinate Working Units

Los Angeles County Board of Supervisors, Executive Office

Commission Staff



Executive Committee

Membership and Community Engagement Committee

Planning, Priorities and Allocations Committee

Standards and Best Practices Committee

Caucuses and Other Working Units



Standing Committees

Executive Committee

- Oversees all COH operational & administrative activities
- Ensures work of all committees and subordinate working units is aligned, compliant, and advancing the COH's mission
- Composed of the co-chairs of the COH, committees, and subordinate working units
- Includes three elected at-large members

Membership & Community Engagement (MCE) Committee

- Leads recruitment, training, orientation, stakeholder engagement, and resource development to support COH operations
- Ensures compliant and representative COH membership
- Oversees the work of subordinate working units
- Includes three elected at-large members



Standing Committees

Planning, Priorities, & Allocations (PP&A) Committee

- Leads needs assessment, integrated planning oversight, priority setting, resource allocations, and RWHAP fiscal monitoring activities
- Ensures COH's decisions are data-informed, respond to need, align with continuum of services, and coordinate with DHSP and partners

Standards and Best Practices (SBP) Committee

- Leads development of service standards, directives, assessment of the efficiency of the administrative mechanism, and supports clinical quality management activities
- Focuses on strengthening the quality, consistency, and effectiveness of the HIV service delivery system



Planning Council Co-Chair Roles

- Represent the planning council (Commission on HIV) externally
- Ensure **federal mandates are met**
- Advise the planning council and recipient staff about planning council activities and actions
- **Work closely with COH support staff & assigned recipient staff** to develop agendas for COH meetings and ensure needed information & materials are available for committee meetings
- **Prepare for and preside over** COH and Executive Committee meetings
- Report Executive committee actions and recommendations to the full Commission
- **Keep membership informed**

Additional Leadership: Committee/Subordinate Work Unit Co-Chairs

- Leadership at committee/work unit level
- Guide the work of a specific committee
- Support the planning council's overall duties & goals



Meeting Calendar

Meeting dates and times are subject to change

In-person attendance required

- April 9, 2026
9:00am - 3:00pm
- May 14, 2026
9:00pm - 12:30pm
- July 9, 2026
9:00am - 12:30pm
- **Data Summit
Summer/Fall 2026 -TBD**
- September 10, 2026
9:00am - 12:30pm
- January 14, 2026
9:00am - 12:30pm
- February 11, 2027
9:00pm - 3:00pm
Annual Conference

Quorum is essential to conducting committee business

Please plan travel to meetings accordingly to ensure you arrive early or on time!



LOS ANGELES COUNTY
COMMISSION ON HIV



Attendance

All commission meetings are conducted **in person**

Under **SB 707** (Brown Act provisions), members may attend virtually for “just cause” up to two times per year if:

- You are ill
- You are caring for someone who is immunocompromised
- You are serving on active military duty

Members who have a disability under the **Americans with Disabilities Act (ADA)** and require a reasonable accommodation may request to attend virtually. Must notify staff & must ensure Brown Act compliance

Brown Act Compliance: Virtual Attendance



Audio and video must be on at all times

For the duration of the meeting



Announce if there is anyone age 18 or older present in the room

Must notify staff in advance if unable to attend a meeting



LOS ANGELES COUNTY
COMMISSION ON HIV



Commission Website

<https://hiv.lacounty.gov/>

Primary source for all COH related content and information

Meeting Information

- Meeting agendas & packet materials
- Link for virtual/remote participation in meetings
- Workplan and calendar
- COH-related events

Application & Member Resources

- Membership application & required paperwork
- Bylaws & other governing documents
- Mandatory Training, Reports/Data, Policies/Procedures, etc.

Commission Work & HIV Resources

- Work products of the Commission (Service Standards, Integrated HIV Plan, etc.)
- HIV-related resources (RWP Fact sheets, RWP Part A Manual, local resources)



LOS ANGELES COUNTY
COMMISSION ON HIV



Agenda & Meeting Packet

- Meeting materials are posted at least 72 hours prior to meeting
- **Review the materials** ahead of the meeting. Meeting packets are subject to change
- **Print version of the packet will not be available.** Staff will project packet during the meeting
- If attending in person, do not join the virtual platform
- **Allow enough time** to arrive at least 5-10 minutes early. Don't forget to sign in!



LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEETING
Thursday, April 9, 2026
9:00am-3:00pm (PST)
Jesse Owens Park Auditorium
9651 S. Western Ave., Los Angeles, CA 90047
Map/Directions – [CLICK HERE](#)

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

Register Here to Join Virtually
<https://lacountyboardofsupervisors.webex.com/weblink/register/r1733254418c23a6d71289acfcdef4523>

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

Public Comments
Public Comment is an opportunity for members of the public to address the Commission on an agenda item or other matter within the Commission's subject matter jurisdiction. Comments are limited to two minutes per person, will be made part of the official record, and may be provided in person or submitted electronically to hivcomm@lachiv.org. Electronic comments should include your name, the related agenda item, and whether you would like your comment stated during the meeting.

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.

Hard copies of materials will not be provided in support of the County's green initiative to reduce waste. Agendas and supporting materials will be available electronically on the Commission website; agendas are posted at least 72 hours in advance in accordance with the Ralph M. Brown Act. If the supporting materials are not yet available, please check back prior to the meeting, as materials remain subject to change.

Visit us online: <http://hiv.lacounty.gov>
Get in touch: hivcomm@lachiv.org
Subscribe to the Commission's Email List:
<https://tinyurl.com/y83ynuzt>

together.
WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL



LOS ANGELES COUNTY
COMMISSION ON HIV



Commission Support Staff Role

Staff are here to support your success on the COH by providing guidance, resources and administrative support

- Encourage member involvement and retention, with special focus on consumers
- Oversee a training program for members
- Staff committees and full Commission meetings
- Serve as liaison with the recipient (DHSP) and help the COH manage its budget
- Help the COH carry out its legislative responsibilities and operate effectively
- Provide expertise on Ryan White legislative requirements and HRSA regulations & expectations

Commissioners are responsible for:

- Doing the work
- Participating fully
- Contributing the effort needed to carry out Planning Council activities

Staff Contact Information

Primary means of **communication is by email**

- All staff are available to respond to and refer inquiries to the appropriate staff member
- Main Phone Number: 213.738.2816
Main Email: hivcomm@lachiv.org
- Information sharing = hivcomm@lachiv.org
Formal COH business = COH staff email

**Interim
Executive
Director:**

Dawn McClendon (she/her/hers)
Lead staff Executive Committee &
Full Commission

 213.509.9199

 dmcclendon@lachiv.org

Jose Rangel-Garibay (he/him/his)

Lead staff Standards and Best
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 213.308.9987

 jgaribay@lachiv.org

Lizette Martinez (she/her/hers)

Lead staff Planning, Priorities &
Allocations Committee

 213.304.3846

 lmartinez!@lachiv.org

Sonja Wright (she/her/hers)

Lead staff Membership & Community
Engagement Committee

 213.359.6578

 sdwright@lachiv.org



LOS ANGELES COUNTY
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Member Best Practices

- Learn the **Ryan White CARE Act legislation**
- Follow the Commission Code of Conduct
- Be familiar with Ryan White services
- Understand and help manage **conflicts of interest**
- Listen, learn, and teach others
- Use **data as the basis for decision-making**, not impassioned pleas
- Think about service categories, not individual provider issues
- **Focus on the needs of all people with HIV**, not individual needs
- Focus on your responsibility for helping develop a seamless, accessible system of care for all people with HIV



Questions?



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