









Quick guide for joining Commission hybrid meetings

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

<p style="text-align: center;"></p> <p style="text-align: center;">1. Join with the link</p> <p>Click the Zoom link in the agenda or meeting notice. No registration is needed unless the notice says otherwise.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">2. Start on mute</p> <p>Please keep your mic muted until it is your turn to speak. This keeps the audio clear for everyone.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">3. Public comment</p> <p>When public comment opens, use Raise Hand. Staff will call on speakers and help with unmuting.</p>
<p style="text-align: center;"></p> <p style="text-align: center;">4. Chat + helpful links</p> <p>Chat may be used for meeting links, reminders, or support. Please keep comments respectful and meeting-related.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">5. Captions + access</p> <p>Look for CC or Show Captions. For interpretation or other access needs, contact staff as early as possible.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">6. Quick fixes</p> <p>No sound? Click Join Audio. Video issue? Click Start Video. Connection trouble? Leave and rejoin, or call in by phone if listed.</p>

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

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

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



Hybrid Meeting Guidelines

(Updated 4.27.26)

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

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

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

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

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

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

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

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

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



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816

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

VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at-risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County. The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).



CODE OF CONDUCT

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)



OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

AS ADOPTED BY THE BOARD OF SUPERVISORS ON NOVEMBER 1, 2022 AND UPDATED NOVEMBER 4, 2025

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants—past, present, and emerging—as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the:

- Fernandefio Tataviam Band of Mission Indians
- Gabrielino Tongva Indians of California Tribal Council
- Gabrieleno/Tongva San Gabriel Band of Mission Indians
- Gabrieleño Band of Mission Indians – Kizh Nation
- Yuhaaviatam of San Manuel Nation
- San Fernando Band of Mission Indians
- Coastal Band of Chumash Nation
- Gabrielino/Tongva Nation
- Gabrielino Tongva Tribe

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at lanaic.lacounty.gov.

WHAT IS A LAND ACKNOWLEDGMENT?

A land acknowledgment is a statement that recognizes an area's original inhabitants who have been forcibly dispossessed of their homelands and is a step toward recognizing the negative impacts these communities have endured and continue to endure, as a result.

"THIS IS A FIRST STEP IN THE COUNTY OF LOS ANGELES ACKNOWLEDGING PAST HARM TOWARDS THE DESCENDANTS OF OUR VILLAGES KNOWN TODAY AS LOS ANGELES...THIS BRINGS AWARENESS TO STATE OUR PRESENCE, E'QUA'SHEM, WE ARE HERE."

—Anthony Morales, Tribal Chairman of the Gabrieleno/Tongva San Gabriel Band of Mission Indians



Membership Roster

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

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



HRSA REQUIRED SEAT CATEGORY REFERENCE SHEET

For Full Members Appointed to HRSA-Required Categories

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

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

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



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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/11/26

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALMANZAN	Gerardo	No affiliation	No Ryan White or prevention contracts
VAZQUEZ ALVAREZ	Leo	LACADA	No Ryan White or prevention contracts
ARRELANO	Oscar	Homeless Outreach Program Integrated Care System (HOPICS)	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
BARRAJAS	Jeronimo	Unaffiliated Member	No Ryan White or prevention contracts
BIENEMAN	Stevie	AIDS Healthcare Foundation	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			Medical Transportation Services
			HIV & STD LB
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
Sexual Health Express Clinics (SHEX-C)			
BLEA	Leroy	California Department of Public Health, Office of AIDS	Part B Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
BOLAN	Robert	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
BROWN	Jasmine	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
CIELO	Mikhaela	Los Angeles General Hospital	No Ryan White or prevention contracts
CONTRERAS	Robert	Bienestar	Nutrition Support (Food Bank/Pantry Service)
			Vulnerable Populations (Trans)
			High Impact Prevention
			HTS - Storefront
			HTS - Social and Sexual Networks
			STD-SDTS
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services
COPELAND	Raniyah	Equity Impact Solutions	No Ryan White or prevention contracts
CORONA	Anthony	Watt's Healthcare	Core HIV Medical Services - MCC & PSS
			Biomedical HIV Prevention Services
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			Medical Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CORONA	Ceasar	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
HIV Testing and Viral Hepatitis Services			
CROSS	Johnny	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Population (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
DAVIES	Erika	City of Pasadena	No Ryan White or prevention contracts
DOLAN	Caitlyn	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
ALE-FERLITO	Dahlia	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
FRAMES	Arlene	Unaffiliated representative	No Ryan White or prevention contracts
GAMBOA	Robert	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GERSH	Lauren	APLA Health & Wellness	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts
GRIFFEN	TJ	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
GUTIERREZ	Joaquin	Unaffiliated representative	No Ryan White or prevention contracts
			Core HIV Medical Services - AOM; MCC & PSS
HARRIS	Darryn	St. John's Well Child and Family Center (SJW)	Oral Health
			HTS - Social and Sexual Networks
			Mental Health
			Biomedical HIV Prevention Services
			Medical Transportation Services
HUNT	Angela	Unaffiliated Member	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts
JOHNSON	LeiLani	Unaffiliated Member	No Ryan White or prevention contracts
JOHNSON	Stephanie	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Medical Transportation Services
LARA	Roberto	AMAAD	No Ryan White or prevention contracts
LESTER	Rob	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
LOCKLEAR	Preston	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ	Miguel	No affiliation	No Ryan White or prevention contracts
MATTERN	Eric	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MCKINLEY	Kiante	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MILLER	Jack	Unaffiliated Member	No Ryan White or prevention contracts
MILLER	Paul	St. John's Well Child and Family Center (SJW)	Core HIV Medical Services - AOM; MCC & PSS
			Oral Health
			HTS - Social and Sexual Networks
			Mental Health
			Biomedical HIV Prevention Services
			Medical Transportation Services
MORRISON	Donta	UCLA CARE	No Ryan White or prevention contracts
MULLEN	Sadie	No affiliation	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	No Ryan White or prevention contracts
NGUYEN	Kevin	Saban Community Clinic	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
NWIZU	Ujuonu	Public Health Alliance	No Ryan White or prevention contracts
CERDA OROZCO	David	No affiliation	No Ryan White or prevention contracts
PACHECO	Elizabeth	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
PATEL	Byron	Los Angeles LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
Medical Transportation Services			
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PLEASANTS	Shawn	Unaffiliated Member	No Ryan White or prevention contracts
ROJAS	David	LAC Consumer & Business Affairs	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SALAMANCA	Ismael	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services
SANCHEZ-RAMOS	Emmanuel	APLA Health	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD - ExC
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically III (RCFCI)
SAN AGUSTIN	Glen	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
Medical Transportation Services			
SANTIAGO	Draya	Unaffiliated Member	No Ryan White or prevention contracts
SARMIENTO	Harold	The Wound Saviors	No Ryan White or prevention contracts
SKELTON	Maria	No affiliation	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
WEBB	Christopher	REACH LA	HTS - Social and Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC
VALENZUELA	David	LAC Department of Public Health	No Ryan White or prevention contracts
VOLBY	Montana	Unaffiliated Member	No Ryan White or prevention contracts



COMMITTEE ASSIGNMENTS

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

EXECUTIVE COMMITTEE		
Meeting Schedule TBD		
Number of Voting Members= 7 Number of Quorum= 4		
COMMITTEE MEMBER	DESIGNATION	FULL/COMMITTEE
TBD	Co-Chair, COH/Exec	Commissioner
TBD	Co-Chair, COH/Exec	Commissioner
Jack Miller	At Large Member	
Ish Herrera	MCE Committee Co-Chair	
Vilma Mendoza	MCE Committee Co-Chair	
Jeronimo Barajas	PP&A Committee Co-Chair	
Stephanie Johnson, MA	PP&A Committee Co-Chair	
Caitlyn Dolan	SBP Committee Co-Chair	
Montana Volby	SBP Committee Co-Chair	
Mario Perez	DHSP (Non-Voting)	
<i>Membership pending election of Commission & Committee Co-Chairs</i>		

MEMBERSHIP & COMMUNITY ENGAGEMENT (MCE) COMMITTEE		
CLICK HERE FOR MEETING SCHEDULE & WORK PLAN		
Number of Voting Members= 24 Number of Quorum= 13		
COMMITTEE MEMBER	DESIGNATION	FULL/COMMITTEE
Ish Herrera	Committee Co-Chair	Commissioner
Vilma Mendoza	Committee Co-Chair	Commissioner
Jayda Arrington		Committee Member
Stevie Bieneman		Alternate
Cesar Corona		Commissioner
Erika Davies	City of Pasadena Rep	Committee Member
Dahlia Ale-Ferlito	City of Los Angeles Rep	Committee Member
Joaquin Gutierrez		Committee Member
Angela Hunt		Commissioner
TJ Griffen, LMSW		Commissioner
Preston Locklear		Committee Member

Committee Assignment List

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Kiante McKinley, DSW, ACSW		Committee Member
Paul Miller		Committee Member
Dontá Morrison, PhD		Alternate
Sadie Mullen		Committee Member
Kevin Nguyen		Committee Member
Ujuonu Nwizu		Committee Member
David Cerda Orozco		Committee Member
Elizabeth Pacheco		Committee Member
David Rojas		Committee Member
Ishmael Salamanca	City of Long Beach	Committee Member
Christopher Webb		Alternate
Jonathan Weedman		Commissioner
David Valenzuela		Committee Member

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
CLICK HERE FOR MEETING SCHEDULE & WORK PLAN		
Number of Voting Members= 20 Number of Quorum=11		
COMMITTEE MEMBER	DESIGNATION	FULL/COMMITTEE
Jerónimo Barajas	Committee Co-Chair	Commissioner
Stephanie Johnson, MA	Committee Co-Chair	Commissioner
Leo Vasquez Alvarez		Committee Member
Al Ballesteros, MBA		Commissioner
LeRoy Blea		
Jasmine Brown, MSW		Commissioner
Robert Contreras, MBA		Commissioner
Raniyah Copeland, MPH		Commissioner
Robert Gamboa, MPP		Committee Member
Felipe Gonzalez		Commissioner
Darryn Harris		Commissioner
Rob Lester		Committee Member
Miguel Martinez, MPH		Committee Member
Jack Miller		Commissioner
Paul Nash, CPsychol AFBPsS FHEA		Commissioner
Katja Nelson, MPP		Commissioner
Shawn Pleasants		Commissioner
Glen San Augstin, MD		Committee Member
Maria Skelton		Committee Member
LaShonda Spencer, MD		Committee Member

Committee Assignment List

Updated: May 11, 2026

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
CLICK HERE FOR MEETING SCHEDULE & WORK PLAN		
Number of Voting Members = 18 Number of Quorum = 10		
COMMITTEE MEMBER	DESIGNATION	FULL/COMMITTEE
Caitlyn Dolan	Committee Co-Chair	Commissioner
Montana Volby	Committee Co-Chair	Commissioner
Gerardo Almanzan		Committee Member
Oscar Arellano, MSW		Committee Member
Robert Bolan, MD		Commissioner
Mikhaela Cielo, MD		Commissioner
Anthony Corona, MPA		Committee Member
Johnny Cross, MPH		Committee Member
Arlene Frames		Committee Member
Lauren Gersh		Committee Member
Joseph Green		Committee Member
LeiLani Johnson		Committee Member
Roberto Lara, MPH		Committee Member
Eric Mattern		Commissioner
Byron Patel, RN, ACRN		Commissioner
Emmanuel Sanchez-Ramos, DrPH, MPH		Commissioner
Draya Santiago		Committee Member
Harold Sarmiento, DNP, MSN, AGPCNP-BC, CWS, AAHIVS, HIV PCP, AACRN, CMSRN, CCRN		Committee Member

Committee Assignment List

Updated: May 11, 2026

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AGING CAUCUS

Regular meeting day/time: TBD

Co-Chairs: TBD

Open membership

BLACK CAUCUS

Regular meeting day/time: TBD

Co-Chairs: TBD

Open membership

CONSUMER CAUCUS

Regular meeting day/time: TBD

Co-Chairs: TBD

Open membership to consumers of HIV prevention and care services

TRANSGENDER CAUCUS

Regular meeting day/time: TBD

Co-Chairs: TBD

Open membership

WOMEN'S CAUCUS

Regular meeting day/time: TBD

Co-Chairs: TBD

Open membership

HOUSING TASKFORCE

Regular meeting day/time: TBD

Co-Chairs: TBD

Open membership

2026 Commission on HIV Master Work Plan *Subject to Change

(Updated 3.5.26)

This Workplan guides the activities of the Los Angeles County Commission on HIV for the Ryan White HIV/AIDS Program (RWHAP) Part A Program Year (March 1 – February 28) and serves as a governance and planning document aligned with the Commission’s revised Bylaws and applicable federal, state, and County requirements. The Workplan outlines Commission-level planning, oversight, needs assessment, priority setting, evaluation, and community engagement activities. To promote clarity and shared accountability, lead committees responsible for each activity are identified through color coding throughout the Workplan. Designed to support coordination across the Commission, its committees, and caucuses, this Workplan guides meeting and planning cycles and may be refined as needed to reflect programmatic, structural, or operational changes, while remaining aligned with governing requirements.

ACRONYMS & LEGEND

- | | |
|---|---|
| <ul style="list-style-type: none"> • COH: Commission on HIV • DHSP: Division on HIV and STD Programs, LA County Dept of Public Health • BOS: Board of Supervisors • HRSA: Health Resources and Services Administration • MCE: Membership and Community Engagement Committee • PP&A: Planning, Priorities, and Allocations Committee • SBP: Standards and Best Practices Committee | <ul style="list-style-type: none"> • EO: LA County BOS Executive Office • CEO LAIR: LA County Chief Executive Office Legislative Affairs and Intergovernmental Relations • OA: California Office of AIDS • CHIPTS: Center for HIV Identification, Prevention, and Treatment Services. <p>Lead Committee Color Legend: EXEC MCE PP&A SBP</p> |
|---|---|

#	Objective	Lead Committee/ Working Unit	Partners needed	Timeline	Notes/Comments
1	Review/Update 2026 workplan	Executive, MCE, PP&A, SBP, All working units		April-June	
2	Develop Annual Report to BOS	Executive, MCE, PP&A, SBP, All working units	All committees and working units	Jan-March	
3	Conduct Commissioner Orientation	Executive, MCE		April	
4	Conduct subordinate working unit orientation	Executive, MCE, PP&A, SBP, All working units	All Committees and working units	April-June	
5	Establish policy priorities and updates to Commissioners, as needed.	Executive	CEO LAIR, DHSP	Ongoing	
6	Plan and implementation of the COH Annual Conference	Executive, Annual Conference Planning Workgroup	OA, DHSP Provider, community, and academic partners, stakeholder groups	Sep-Feb	DHSP to provide annual update on directives. DHSP and OA provide progress on integrated plan.
7	Establish and monitor Commission Operational Budget	Executive	DHSP, EO	Ongoing	
8	Establish and monitor MOU with DHSP	Executive	DHSP	Ongoing	
9	Develop COH Agenda	Executive	DHSP, OA, all committees & working units	Ongoing	
10	Monitor progress on COH workplan	Executive	All committees and working units	Ongoing	Report at Executive and COH meeting or as needed. Standing co-chair report includes progress update.
11	Complete HRSA Application and Reporting Requirements	Executive	MCE, PP&A, DHSP	Jul-Sep, ongoing	

#	Objective	Lead Committee/ Working Unit	Partners needed	Timeline	Notes/Comments
12	Conduct COH administrative and operational oversight activities, as appropriate.	Executive	All committees and working units	Ongoing	
13	Conduct annual COH Bylaw Administrative Review	Executive MCE	HRSA PO, County Counsel	Jan-Feb 2027	Collaborate with MCE to review associated policies.
14	Conduct HIV Prevention Planning, as appropriate	Executive	DHSP, CHIPTS, prevention providers/stakeholders	Ongoing	
15	Develop and conduct Commissioner Orientation & Mandatory Training	MCE	All Committees and Caucuses	Ongoing	
16	Develop, review, and implement COH Policies and Procedures, revise as needed.	MCE	Executive	Ongoing	Approval process from MCE to EC to COH
17	Develop and implement Mentorship Program	MCE	All committees and caucuses	Ongoing	
18	Review membership participation and attendance	MCE	Executive	Quarterly	
19	Coordinate outreach/public awareness efforts to educate and engage the community about the Commission and promote access to HIV prevention, care, and support services.	MCE	All committees and caucuses	Ongoing	
20	Ensure COH membership and recruitment align with all federal requirements	MCE	All committees and caucuses	Ongoing	
21	Identify and pursue additional funding to support the Commission's special initiatives and operational needs.	MCE	Executive	Ongoing	

#	Objective	Lead Committee/ Working Unit	Partners needed	Timeline	Notes/Comments
22	Collaborate with CA Office of AIDS and DHSP to develop 2027-2031 Integrated HIV Plan	PP&A	DHSP, CDPH OA, All committees and working units	Ongoing	Final COH approval in May and submission to HRSA in June
23	Complete annual needs assessment	PP&A	All working units, DHSP, MCE, EO PIO	Ongoing	Needs assessments must conclude before data summit; Data to be reviewed during data summit* <i>*may be delayed one year due to COH restructure</i>
24	Conduct priority setting and resource allocation process	PP&A	DHSP, All committee and working units	Ongoing	All voting members must complete the PSRA training & attend the virtual data summit to be eligible to vote. Virtual summit to be held in June with priorities and allocations up for final COH approval in Sept.* <i>* Must be submitted to HRSA at the end of Sept.</i>
25	Review and monitor RWHAP Part A/MAI expenditures	PP&A	DHSP, all working units, All other HIV providers not receiving Part A funds	Quarterly	Schedule to be determined in collaboration with DHSP; data needed to help identify other funding sources for HIV services within LAC
26	Conduct review/revisions of service standards, as needed.	SBP	DHSP, all working units, Executive	September	
27	Conduct the Assessment of the Efficiency of the Administrative Mechanism	SBP	DHSP, All RWP Part A providers	Oct-Feb, ongoing	
28	Review and monitor Clinical Quality Management Reports	SBP Consumer Caucus	DSHP CQM	Ongoing	Request service category evaluation reports from DHSP CQM team; this would augment the service utilization reports the COH currently receives.
29	Develop and monitor program directives	SBP PP&A	DHSP	Ongoing	
30	Compile best practices as related to HIV care and prevention	SBP		Ongoing	

Committee Roles & Responsibilities Matrix

Description / Purpose

This matrix outlines the core roles, responsibilities, and scope of authority for each standing committee, ad hoc workgroup, and caucus of the Commission on HIV. It is intended to promote clarity, accountability, and alignment with the Commission's revised Bylaws, the Ryan White HIV/AIDS Program Part A Planning Guide, and HRSA Integrated HIV Prevention and Care Planning requirements. Committees operate within their defined scope and bring recommendations forward to the full Commission for consideration and action, as appropriate.

Standing Committees

Executive Committee

- Governance oversight and coordination across committees and caucuses
- Finalizes full Commission meeting agendas with staff
- Ensures alignment of committee and caucus workplans with Commission priorities and the Integrated HIV Plan
- Addresses time-sensitive or procedural matters as delegated
- Elevates committee recommendations to the full Commission

Membership & Community Engagement Committee (MCE)

- Oversees recruitment, onboarding, retention, and engagement of members and committee-only members
- Monitors reflectiveness and compliance with federal and ordinance requirements
- Oversees member orientation and required trainings
- Supports community engagement and outreach

Planning, Priorities & Allocations Committee (PP&A)

- Oversees needs assessment activities and data review
- Leads the Priority Setting and Resource Allocation (PSRA) process
- Identifies service gaps, disparities, and emerging needs
- Ensures alignment with the Integrated HIV Plan
- Develops planning and funding recommendations

Standards and Best Practices (SBP) Committee

- Reviews and recommends standards of HIV care
- Reviews quality management findings and system improvement opportunities
- Incorporates consumer perspectives on access and quality of care
- Coordinates with DHSP and partners on care standards
- Brings standards-related recommendations forward

Ad Hoc Committees & Workgroups

- Established for a defined purpose, scope, and timeframe
- Conduct time-limited or task-based work
- Report findings and recommendations to the sponsoring body
- Sunset upon completion unless formally extended

Caucuses

- Provide culturally specific perspectives and lived experience
- Identify emerging issues and community priorities
- Support community engagement and education
- Serve in an advisory capacity

Committee-Only Members

- Serve on assigned committees and contribute technical or lived expertise
- May vote on matters within their assigned committee, as permitted by the Bylaws
- Do not vote on actions of the full Commission
- Support committee discussions and deliverables



2026 Commission on HIV Master Calendar

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

2026–2027 At-a-Glance Planning Grid

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



Standing Meeting Framework

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

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



LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Avenue, 14th Floor, Los Angeles CA 90020 • TEL (213) 738-2816 EMAIL: hivcomm@lachiv.org • WEBSITE: <http://hiv.lacounty.gov>

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

COMMISSION ON HIV (COH)

APRIL 9, 2026 MEETING MINUTES

JESSE OWENS PARK AUDITORIUM

9561 S. Western Avenue, Los Angeles, CA 90047

CLICK [HERE](#) FOR MEETING PACKET

TELECONFERENCE SITES:

California Department of Public Health, Office
of AIDS 1616 Capitol Ave, Suite 74-61,
Sacramento, CA 95814

1. ADMINISTRATIVE MATTERS

A. CALL TO ORDER, ROLL CALL/COI & MEETING GUIDELINES/REMINDERS

The meeting was called to order at 9:08 AM by Parliamentarian Jim Stewart.

ROLL CALL (PRESENT): A. Ballesteros, S. Bieneman, L. Blea (online), R. Bolan, J. Brown, C. Corona, E. Mattern, F. Gonzalez, TJ Griffin, D. Harris, I. Herrera, A. Hunt, V. Mendoza, J. Miller, D. Morrison, B. Patel, S. Pleasants, E. Sanchez-Ramos, M. Volby, C. Webb, and J. Weedman.

B. CODE OF CONDUCT AND COUNTY [LAND ACKNOWLEDGEMENT](#)

Commissioner Angela Hunt read the Code of Conduct and commissioner Cesar Corona read the County Land Acknowledgment.

C. OPENING REMARKS AND OVERVIEW OF THE DAY

Interim Executive Director, Dawn McClendon, delivered welcoming remarks, grounding the meeting in the Commission's vision for a comprehensive, accessible, and equitable HIV

prevention and care system, and its mission to remain responsive to the evolving needs of communities across Los Angeles County. She recognized long-serving members, former commissioners, community partners, Department of Public Health partners, staff, and consultants, while emphasizing community-driven advocacy, collaboration, resilience, and shared responsibility in the face of funding challenges and broader system pressures.

D. CEREMONIAL OATH OF OFFICE

Commissioners were sworn in by Ivonne Umana on behalf of the Los Angeles County Board of Supervisors Executive Office and affirmed their commitment to uphold the U.S. and California Constitutions, serve with integrity, respect, and accountability, follow the Commission's Code of Conduct, and support equitable, community-centered HIV planning.

E. INTRODUCTION OF NEW COMMISSION MEMBERSHIP

Facilitated by AJ King, commissioners introduced themselves, sharing:

- Name and pronouns
- Organizational affiliation (if applicable)
- Motivation for serving

F. APPROVAL OF AGENDA

MOTION #1: Approve meeting agenda, as presented or revised. **✓ Passed by Consensus**

G. APPROVAL OF MEETING MINUTES

MOTION #2: Approve meeting minutes, as presented or revised. **✓ Passed by Consensus**

2. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment

Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org.

No public comment.

B. Commissioner Comment

Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission.

No commissioner comments.

3. MEMBERSHIP ORIENTATION: RYAN WHITE HIV/AIDS PROGRAM, PLANNING COUNCIL, AND MEMBERSHIP OVERVIEW

Presentation slides can be accessed [HERE](#).

AJ King provided an overview of the Ryan White HIV/AIDS Program, including its history, structure, funding, and connection to the Commission's responsibilities. Commission staff also reviewed the distinct but collaborative roles of the Commission as the planning council and DHSP as the recipient, along with an overview of membership roles, requirements, and expectations.

4. MEMBERSHIP ORIENTATION: ADMINISTRATIVE AND OPERATIONAL PROCEDURES

A. Ralph M. Brown Act Overview

Nora Zarubian, Office of County Counsel, provided a general overview of the Ralph M. Brown Act and its application to the commission.

B. Parliamentary Procedure and Robert's Rules of Order Overview

Jim Stewart provided an overview of parliamentary procedure, referencing Robert's Rules of Order as the governing framework for meeting conduct.

C. County Legislative Process and Advocacy

Amanda Meere, LA County Chief Executive Office – Legislative Affairs and Intergovernmental Relations (CEO LAIR) led a presentation on the:

- Legislative processes (state and federal)
- Distinction between commission action, advocacy, and county processes
- Guidelines for permissible advocacy by commissioners

Attendees were encouraged to utilize CEO LAR resources, including the department website, which contains legislative tools, policy platforms, and district mapping information.

5. COMMISSION CO-CHAIR OPEN NOMINATIONS

Co-Chair nominations were opened for a 30-day period, with elections scheduled for the May 14 Commission meeting. Members were invited to self-nominate or nominate other eligible full Commission members, and nominees will be asked to provide brief presentations during the election meeting. Nominations received included Al Ballesteros, who accepted; Katja Nelson and Shawn Pleasants, who will respond later; Angela Hunt; and Maria Skelton, with clarification provided that only full Commission members are eligible. Dontá Morrison was also nominated but is not eligible because he serves as an Alternate member.

- ✓ The facilitator reminded members that nominations would remain open throughout the 30-day nomination period.
- ✓ Members may continue to submit nominations for themselves or others up to the election on May 14.
- ✓ The nomination period for the current meeting session was formally closed.

6. RYAN WHITE HIV/AIDS PROGRAM: DIVISION OF HIV AND STD PROGRAMS (DHSP) PART A RECIPIENT OVERVIEW

Mario J. Pérez, Director, DHSP, provided an overview of Ryan White service categories, updated consumer-facing service fact sheets, and outreach efforts to improve awareness and access.

The presentation also covered Los Angeles County's HIV program history, confidentiality protections, county demographics, epidemiological and geographic trends, disproportionate impacts among Latino communities, males, and younger adults, and the growing intersection of HIV with homelessness, substance use, and mental health.

MPérez also reviewed the HIV care continuum, funding and fiscal challenges, federal policy uncertainty, emergency preparedness for major events, housing instability, service coordination needs, and ongoing HIV prevention efforts, including improving PrEP access among disproportionately affected communities.

7. RYAN WHITE HIV/AIDS PROGRAM: CDPH OFFICE OF AIDS (OA) PART B RECIPIENT OVERVIEW

Leroy Blea provided a condensed overview of California's integrated HIV planning process on behalf of the California Department of Public Health, Office of AIDS, including its history, purpose, syndemic framework, role of planning councils and commissions, and anticipated concurrence process.

The presentation highlighted ongoing HIV disparities affecting Black and Latino communities, younger populations, transgender individuals, women, and older adults, as well as the plan's focus on stigma, mental health, substance use, housing instability, health care access, PrEP uptake, and social determinants of health.

The draft integrated plan will be provided to the membership for review and feedback, with a consensus vote anticipated at the May 14 Commission meeting. Commissioners were encouraged to refer to the presentation slides in the meeting packet for additional details, including the draft plan components, timeline, federal submission requirements, and next steps for local review, concurrence, and implementation.

8. MISCELLANEOUS

- A. Public Comment. (Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically [HERE](#), or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)**

There were no public comments.

- B. Commission 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, or where the need to act arose after the posting of the agenda.)**

There were no new committee business.

- C. Announcements (Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.)**

- ✓ Commissioners will be tabling at a community event in West Hollywood Park at the 8th Monument in recognition of National Youth HIV and AIDS Awareness Day. The event is scheduled from 4:00–6:00 PM, with commissioners present to represent the commission.
- ✓ A reminder was provided regarding a partnership with Project Angel Food to tour their new kitchen. The tour is scheduled for April 30 at 2:00 PM, with RSVP required.
- ✓ The Commission announced that its abstract, “Right-Sizing to Maximize Impact and Effectiveness: Streamlining the Los Angeles County Commission on HIV Through Community and Stakeholder Collaboration,” was accepted for presentation at the 2026 National Ryan White Conference. The incoming/elected co-chair is expected to attend, with travel expenses covered by the commission.
- ✓ An upcoming community partner presentation by the Center for HIV Identification, Prevention, and Treatment Services will be rescheduled to May due to scheduling considerations.

D. Adjournment and Roll Call: Adjournment for the meeting of April 9, 2026.

The meeting was adjourned at 3:17 PM. Jim Stewart conducted roll call.

ROLL CALL (PRESENT): A. Ballesteros, S. Bieneman, L. Blea (online), R. Bolan, J. Brown, M. Cielo, C. Corona, E. Mattern, F. Gonzalez, TJ Griffin, D. Harris, I. Herrera, A. Hunt, V. Mendoza, J. Miller, D. Morrison, K. Nelson, B. Patel, M. Perez, S. Pleasants, E. Sanchez-Ramos, M. Volby, C. Webb, and J. Weedman.

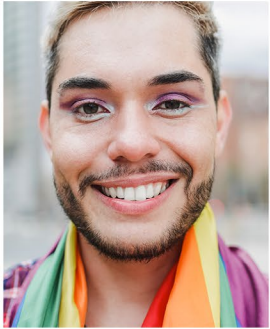
MOTION AND VOTING SUMMARY

MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus	MOTION PASSED
MOTION 2: Approve December 11, 2025, Commission on HIV meeting minutes, as presented or revised.	Passed by Consensus.	MOTION PASSED

DRAFT



LOS ANGELES COUNTY
COMMISSION ON HIV



RESILIENCE



in UNCERTAIN

TIMES:



Advancing HIV Planning Together

2025-26 Annual Report
March 2026

Submitted to the Los Angeles County Board of Supervisors

Prepared by Commission staff in partnership with Commissioners, committees, caucuses, and community stakeholders.



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MESSAGE TO THE BOARD OF SUPERVISORS

Ryan White Program Year 35 (RWPY35: March 1, 2025 – February 28, 2026) was a year of both continuity and change. The Commission maintained its core Ryan White planning responsibilities: including needs assessment, community engagement, service standards, resource allocation, and preparation for the next Integrated HIV Prevention and Care Plan —while also completing a major governance restructuring intended to strengthen effectiveness, compliance, and public accountability.

Throughout 2025 and into early 2026, the Commission worked in a complex environment shaped by fiscal uncertainty and disruptions across prevention infrastructure. Even with limited capacity, Commissioners, community members, public health partners, and County stakeholders showed up consistently, asked hard questions, and stayed focused on what matters most: ensuring people living with HIV and communities most impacted by HIV can access high-quality care and support services across Los Angeles County.

VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at-risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS within the communities of Los Angeles County.

The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).

SOLIDARITY STATEMENT IN SUPPORT OF TRANSGENDER, GENDER EXPANSIVE, INTERSEX, AND TWO-SPIRIT (TGI2S+) COMMUNITIES

(APPROVED BY THE COMMISSION ON HIV 4/10/25)

The Transgender Caucus of the Los Angeles County Commission on HIV condemns all forms of hate and violence and remains steadfast in solidarity with our Transgender, Gender Expansive, Intersex, and Two-Spirit (TGI2S+) community. The HIV/AIDS movement knows too well that the proliferation of disinformation created with the aim of restricting access to healthcare has real-life consequences. The harmful rhetoric of the current administration against the TGI2S+ community is rooted in the same forms of racism, discrimination, sexism, and misogyny that continue to hinder our progress in ending HIV/AIDS.

We recognize the contributions and leadership of TGI2S+ people who continue to enrich the LGBTQ+ civil rights and the HIV/AIDS movements. We acknowledge the achievements of TGI2S+ people in the United States and across the world and recognize their bravery and resilience in their hard-fought work for equality, inclusion, and the full recognition of their human rights. We are determined to advocate fiercely, and unapologetically, for the safety, health, and well-being of our TGI2S+ community. This is not just our responsibility; it is our moral imperative. In the face of societal and political challenges that attempt to divide us, we affirm our unwavering stance:

- Every person—regardless of sexual orientation, gender identity, gender expression, background, disabilities, immigration status, race, faith, culture, or housing situation—deserves to be seen, feel safe, and supported.
- We reject any attempt to undermine dignity, create division, or deny the right to gender-affirming care, HIV prevention and care service delivery, and to be safe in the workplace.
- We call on our allies to speak out against the demonization of the TGI2S+ community and remain diligent and committed to actively engaging in policy action that promotes health equity, eliminates barriers, and addresses social determinants of health.
- We stand in memoriam of our TGI2S+ community members, siblings, and loved ones who have been lost to hateful acts of violence, police brutality, and HIV/AIDS. We celebrate the strength, joy, and courage of our TGI siblings who remind us that visibility is both a powerful act of resistance and ray of hope.

In solidarity,

Transgender Caucus of the Los Angeles County Commission on HIV

If you are interested in joining us in developing a progressive and inclusive agenda to address the disproportionate impact of HIV/STDs within our TGI2S+ communities in Los Angeles County, please contact us at hivcomm@lachiv.org.

KEY HIGHLIGHTS OF RWPY35

RWPY35 is best understood through a few defining moments, each connected by one throughline: community voice shaped the work.

1. Commission Restructure: Modernizing Governance to Strengthen Accountability

The Commission advanced its Comprehensive Effectiveness Review & Restructuring Project to modernize governance, strengthen compliance, reduce administrative burden, and build a planning body that is more nimble and more reflective of communities most impacted by HIV.

2. February 13 Consumer Resource Fair: Theme “Love Begins with Me”

The Commission’s caucuses hosted a whole-person resource fair led by the Consumer Caucus, bringing community members and providers together for access, connection, and care—housing, benefits enrollment, legal resources, wellness, and more.

3. November 13 Annual Conference: Theme “Resilience in Uncertain Times”

The Commission convened community, providers, researchers, and policymakers for a conference grounded in honesty and shared purpose—reinforcing that progress requires aligned messaging, coordinated outreach, and relationship-based partnership across sectors.

4. Planning, Priorities, and Allocations (PP&A) Committee Contingency Planning: Funding Stewardship Amid Prevention and Care Uncertainty

Across the year, the PP&A Committee and the full Commission engaged in allocation scenario review and contingency planning in response to uncertainty affecting prevention infrastructure and the broader HIV care continuum. The Commission approved three contingent funding scenarios to support continuity of services and responsible planning under shifting conditions.



5. Preparing for the 2027-2031 Integrated HIV Plan

During RWPY35, the Commission also remained engaged in preparation for the next Integrated HIV Prevention and Care Plan for 2027-2031, which will be led by the California Department of Public Health

6. World AIDS Day: Standing with Community (Dec 1)

The Commission issued a [World AIDS Day message](#) honoring remembrance, resilience, and shared responsibility, and the Black Caucus hosted a community townhall focused on Black sexual health and the fight for funding—centered in community voice, clinical insight, research, and a shared call to action.

1. COMMISSION OVERVIEW & MANDATE

The Los Angeles County Commission on HIV serves as the County’s Ryan White HIV/AIDS Program (RWHAP) Part A planning body. The Ryan White Program, administered by the Health Resources and Services Administration (HRSA), supports comprehensive HIV care and support services for low-income, uninsured, and underinsured people living with HIV.

In Los Angeles County, the Division of HIV and STD Programs (DHSP) serve as the Part A grant recipient, and the Commission fulfills the planning body responsibilities required under federal law and County ordinance. These responsibilities include conducting needs assessments, setting service priorities, allocating resources, developing service standards, and ensuring planning decisions are informed by community voice and data.

Core planning responsibilities:

- Needs assessment and identification of HIV service gaps and barriers
- Priority setting and resource allocation within the Ryan White Part A portfolio
- Service standards development and approval to support consistent service quality
- Community engagement and meaningful involvement of people with lived experience
- Integrated HIV planning, including review and concurrence on the federally required Integrated HIV Prevention and Care Plan in partnership with state and local public health entities
- Governance practices that uphold public accountability and conflict-of-interest safeguards

2. RWPY35 SYSTEM CONTEXT

RWPY35 occurred during a period of fiscal volatility and programmatic uncertainty. Meeting discussions reflected shifting funding conditions and acute strain within prevention infrastructure. The Commission’s planning work, particularly allocation contingency planning, was shaped by the need to protect continuity of services and respond to real-time impacts reported by providers and public health partners.



3. MAJOR HIGHLIGHTS OF 2025

3.1 Comprehensive Effectiveness Review & Restructuring Project

RWPY35 marks the culmination of the Commission’s Comprehensive Effectiveness Review & Restructuring Project. The restructure was designed to modernize governance, strengthen compliance, reduce administrative burden, and build a membership structure that is both more nimble and more reflective of the communities most impacted by HIV.

Why the Commission restructured

The restructuring aligned with the County’s Measure G to modernize commissions for sustainability, efficiency, and accountability. It also responded to HRSA technical assistance findings emphasizing stronger conflict-of-interest safeguards, clearer term limits, improved committee structure, and consistent planning procedures. Additional drivers included quorum challenges associated with the previous 51-seat structure, budget constraints, and the evolving HIV landscape requiring more specialized planning capacity.

Community input and transparency

The restructuring incorporated extensive community and stakeholder engagement, including workgroups, structured feedback opportunities, and multiple public comment periods. Public input addressed issues such as stipend supports, conflict-of-interest rules, committee and caucus structure, quorum and attendance challenges, Brown Act requirements, and meeting frequency. County Counsel, DHSP partners, and other stakeholders also contributed to review and refinement.

Approved governance changes

- Membership was reduced from 51 to 32 full voting members.
- Committee structure streamlined and aligned to core planning functions.
- Operations Committee evolved into the Membership & Community Engagement (MCE) Committee under the new structure.
- Public Policy Committee sunset, elevating applicable policy and legislative activities to the Executive Committee
- Meeting schedule adjusted to reduce administrative burden while supporting required public engagement.
- Conflict-of-interest provisions strengthened, and Code of Conduct updated.
- Term limits clarified: up to three consecutive two-year terms, followed by a required break period.
- Expanded committee-only participation to support stakeholder involvement and expertise

Countywide Membership Recruitment Effort

As part of the restructuring process, the Commission launched a robust countywide membership drive to recruit a diverse, reflective, and engaged body of stakeholders from across Los Angeles County. Outreach was broad and intentional, with efforts focused on reaching consumers and clients, service providers, academia, community partners, and others connected to HIV prevention, care, treatment, housing, and support services. This outreach reflected the Commission’s commitment to ensuring that the next membership cohort would be grounded in community voice and informed by the lived and professional experiences of those most connected to the work.

The membership drive resulted in more than 93 applications, including 53 for full membership and the remaining for committee-only membership. The strong response reflected broad interest in the Commission’s work and affirmed the importance of creating multiple pathways for participation. It also demonstrated meaningful engagement from stakeholders across sectors who are invested in helping shape the future of HIV planning in Los Angeles County.

This recruitment effort was an important part of the Commission’s broader transition to a smaller, more agile structure while maintaining broad opportunities for engagement. It helped lay the groundwork for a membership body that is better positioned to reflect the communities most impacted by HIV and to carry the Commission’s work forward with accountability, inclusiveness, and care.

This work followed two major Commission milestones. First, the Commission approved its revised Bylaws on December 11, 2025, a historic moment that strengthened the foundation for how the Commission governs, plans, and remains accountable to the communities it serves. Then, at the Commission’s February 12, 2026, meeting, a new membership slate was approved, ushering in a new cohort of diverse stakeholders prepared to carry the work forward.

“We stand on the shoulders of giants”, stated former Commissioner Kevin Donnelly, “... and this new membership will stand on the shoulders of those serving now, because they are the giants.” This transition reflects a warm handoff, honoring those who have served and helped sustain the Commission through years of planning, advocacy, and community leadership.



3.2 February 13 Consumer Resource Fair: “Love Begins with Me”[\[a\]](#)

On February 13, 2025, over 200 community members braved the rain to attend the Consumer Resource Fair at The California Endowment. Hosted by the caucuses of the Commission and led by the Consumer Caucus, the event reflected the theme “Love Begins with Me,” emphasizing self-care, empowerment, and access to resources that support whole-person care for people living with and impacted by HIV.

More than 60 County vendors and service providers participated, offering housing assistance, legal aid, financial literacy, mental health services, employment opportunities, technology access, food assistance, and on-site enrollment support. Attendees were given a “passport” and encouraged to visit multiple vendor and resource tables, speak with representatives, and collect stamps or signatures along the way. The passport activity served as an interactive strategy to promote meaningful engagement between participants and providers throughout the event.

The activity helped create a more intentional flow of interaction, encouraged participants to explore a broader range of services and supports, and increased exposure to resources they may not have otherwise accessed. More than 57 completed passports were submitted, and five participants were selected to receive \$100 Visa gift cards as an added incentive for participation.

Workshops included a housing rights and legal advocacy session led by the Inner-City Law Center. Wellness was also part of the day through movement opportunities, including Zumba sessions led by Commission staff, Jose Rangel-Garibay, and Division of HIV and STD Programs (DHSP) staff, Paulina Zamudio.

Vendor feedback praised the structure and turnout and lifted challenges providers continue to face in meeting community needs, including difficulty reaching those who need help most and ongoing barriers to accessible housing resources. Attendees shared that the fair stood out because they left with tangible resources—not just brochures—reinforcing that people are more than a diagnosis.

The event was supported by volunteers and students from Charles Drew University and USC, with sponsorship from the City of Los Angeles AIDS Coordinator’s Office, Gilead Sciences, Charles Drew University, and The California Endowment ... with appreciation extended to Commission staff for coordination and planning.



3.3 November 13 Annual Conference: “Resilience in Uncertain Times: Advancing HIV Science, Policy, and Community Together”

On November 13, 2025, the Commission held its Annual Conference at St. Anne’s Event & Conference Center, bringing together community members, partners, Commissioners, service providers, researchers, and policymakers for a day rooted in honesty, connection, and collective purpose. The conference opened with a welcome, moment of silence, and land acknowledgment led by Commission Co-Chairs Dr. Danielle Campbell and Joseph Green.

The day included opening remarks from Dr. Marisa Ramos, Chief, California Department of Public Health, Office of AIDS, and a [written message from Congresswoman Maxine Waters](#) reaffirming commitment to protecting HIV prevention, care, housing, and research programs. The conference also included a segment on “Reimagining the Commission,” led by Commissioner Green and consultant AJ King, walking attendees through the restructure and the vision behind strengthening the Commission’s ability to respond to community needs with clarity and purpose. DHSP Director Mario J. Pérez, MPH, delivered a State of HIV & STIs in Los Angeles County overview to ground the conversation in current conditions and persistent gaps.

The day included several panel discussions focusing on research, policy, and community engagement. The research panel emphasized that scientific breakthroughs only matter when communities can access them and when research is guided by lived experience. The policy panel centered the reality that policy choices determine who is protected and who is left behind, with an emphasis on coalition-building and strategic advocacy to safeguard essential programs. The keynote address (Robert Gamboa, Los Angeles LGBT Center) focused on the PrEP and PEP Are Prevention Act (H.R. 5127) and reinforced that systems of care are built with communities, not for communities.

In the closing session, the conference participants identified shared priorities. The final calls to action were:

- Strengthen authentic relationship-building across community, Commissioners, partners, and policymakers.
- Develop a universal sexual health marketing campaign that agencies can adapt and use countywide.
- Create a coordinated, all-agency social media campaign to expand awareness of HIV prevention services throughout Los Angeles County.



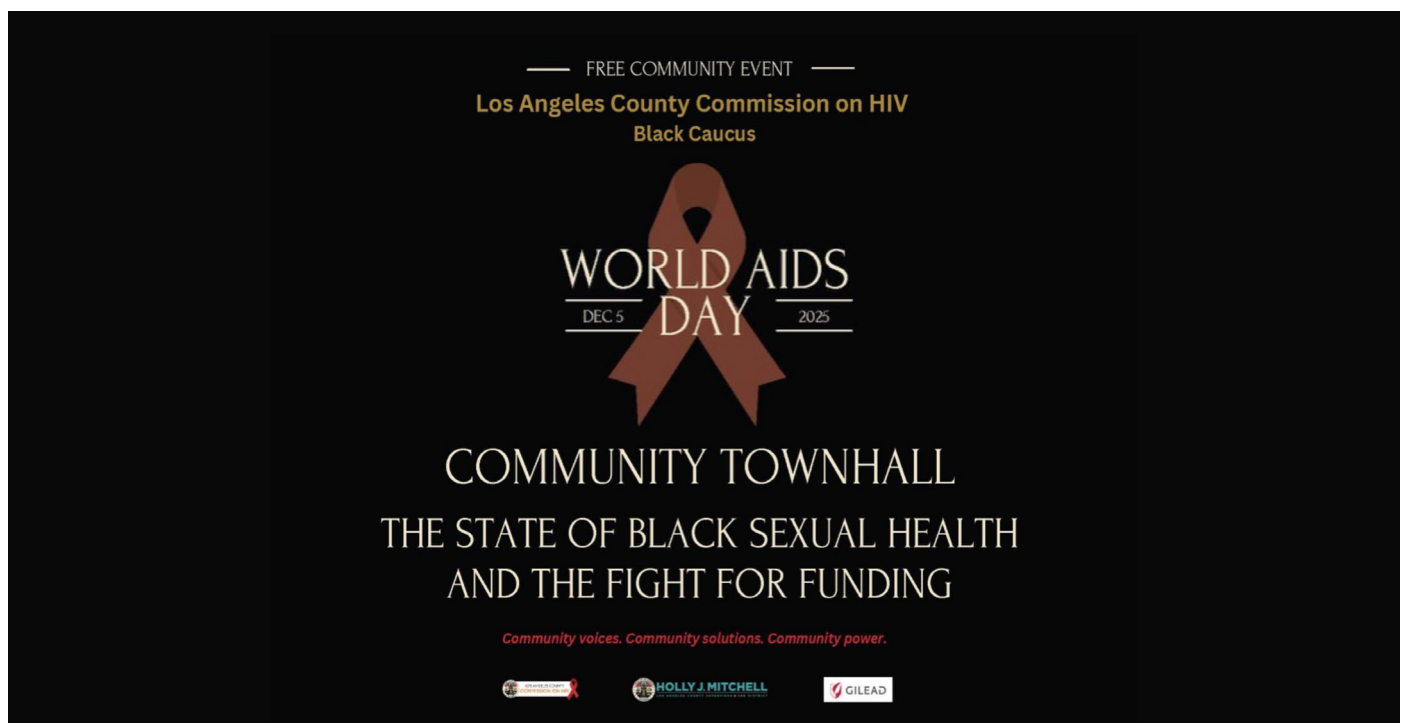
3.4 World AIDS Day (December 1)

On December 1, 2025, the Commission issued a World AIDS Day message honoring remembrance, reflection, and renewed commitment. The message recognized major milestones reached during the year including structural reforms, strengthened standards and policies, expanded community engagement through listening sessions, and continued uplifting the voices of those most impacted, made possible through partnership with community members, providers, advocates, County partners, and Commissioners.



The message also acknowledged that the work remains unfinished, naming funding shifts and persistent disparities that continue to harm Black, Latine/s/x, Transgender, same gender loving and sexual minority men, women, youth, older adults, and people experiencing housing instability and reaffirmed the need to stay connected, aligned, and committed to doing this work together.

In addition, in commemoration of World AIDS Day, the Black Caucus hosted a community townhall on December 5, 2025: “The State of Black Sexual Health and the Fight for Funding,” held at Jesse Owens Community Regional Park Gymnasium. The program included opening remarks from DHSP Director Mario J. Pérez, MPH; clinical and research insights from Dr. Leo Moore and Dr. Nina Harawa; a community data spotlight led by Black Caucus Co-Chair and member, Dr. Leon Maultsby and Roxanne Lewis; and an open community dialogue facilitated by Dr. Dontá Morrison. The townhall also featured a [Charles R. Drew University DREW Cares Women & PrEP promotional video](#) presented by Shellye Jones and offered community resources, free HIV testing courtesy of AIDS Healthcare Foundation (AHF), and engagement activities.



4. STANDING COMMITTEES

4.1 Executive Committee (Co-Chairs: Dr. Danielle Campbell & Joseph Green)

The Executive Committee played a critical role in shepherding the Commission's restructure during periods when full Commission meetings were not held. The Committee helped maintain continuity and momentum throughout a significant period of transition. The Executive Committee also served as a steward of the Commission's planning activities amid uncertainty, helping to advance key matters and support the stability and continuity of the Commission's work.

4.2 Operations Committee (Co-Chairs: Miguel Alvarez & Vilma Mendoza)

The Operations Committee advanced governance and planning support that strengthened Commissioner readiness, improved compliance alignment, and reinforced the membership infrastructure needed to carry the Commission's work through transition. Documented accomplishments include development and approval of a comprehensive 2025 Work Plan; coordinated commissioner trainings (Ryan White Care Act overview and membership responsibilities, bylaws review); a comprehensive bylaws review aligned with HRSA requirements and 2023 technical assistance findings; quarterly Parity, Inclusion, and Representation (PIR) review; improvements to recruitment and engagement strategies; and review and enhancement of the Mentorship Program including a one-page FAQ sheet.

4.3 Standards & Best Practices Committee (Co-Chairs: Erika Davies & Arlene Frames)

The Standards & Best Practices (SBP) Committee supported service quality and consistency through training and service standard development. SBP held a mini training on January 7, 2025, covering the service standard development process and SBP's role. In 2025, SBP revised advanced revisions for several service standards including Temporary Housing Services (RCFCI, TRCF, TH), Permanent Supportive Housing Services, Transitional Case Management (Justice-Involved Individuals, Youth, Older Adults 50+), Non-Medical Case Management (Patient Support Services), and Mental Health Services. SBP also highlighted collaboration between Transitional Case Management staff and Benefits Specialty Services staff in a challenging budget environment.

4.4 Public Policy Committee (Co-Chairs: Lee Kochems & Katja Nelson)

The Public Policy Committee (PPC) developed policy priorities and a 2025 legislative docket to provide community perspectives on HIV, STDs, reproductive rights, access to care, and social justice inequities. The committee received training from CEO Legislative Affairs and Intergovernmental Relations on legislative processes and advocacy mechanisms available to commissions. The Commission continues to serve as a resource partner and community sounding board on policy issues that affect HIV prevention and care and the social conditions shaping health outcomes.

4.5 Planning, Priorities & Allocations Committee (Co-Chairs: Kevin Donnelly & Daryl Russell)

Throughout 2025, the Planning, Priorities & Allocations (PP&A) Committee operated amid persistent uncertainty regarding the stability of federal HIV funding and potential funding cuts. The committee

conducted detailed reviews of funding trends, HRSA guidance, and local service utilization and expenditure data, and engaged in scenario planning over several months to prepare for funding fluctuations and protect continuity of care. The committee emphasized protecting core HIV medical services while also reinforcing that support services—food, housing-related services, transportation—are essential to retention in care and viral suppression. The committee also elevated prevention as integral to the continuum, particularly amid strain affecting prevention providers and infrastructure.

At the May 8, 2025, Commission meeting, the full body reviewed allocation scenarios developed through the PP&A committee and approved three contingent funding scenarios through RWP35.

5. CAUCUSES AND TASKFORCE

Staying Grounded ... How We Convene with Purpose

As part of the Commission's broader efficiency review and in response to real capacity constraints, there were ongoing discussions about how to strengthen the effectiveness of caucuses, task forces, and other subordinate working units while keeping their work clearly tied to the Commission's core planning charge.

One clear step forward was the development of the PURGE tool, created by staff as a simple, consistent way to decide when a working unit should be convened:

- **Purpose** - Is there a clear purpose or deliverable?
- **Urgency** - Is the matter time-sensitive?
- **Readiness** - Are materials and leadership readiness confirmed?
- **Goal Alignment** - Does the topic align with Commission goals or an approved motion?
- **Engagement** - Will there be sufficient participation to justify convening a meeting

5.1 Aging Caucus

(Co-Chairs: Kevin Donnelly and Dr. Paul Nash)

The Aging Caucus elevated the needs and resilience of older adults living with HIV and emphasized partnership, consumer leadership, and education. The year culminated in [The Power of Aging](#) event on September 19 in honor of National HIV and Aging Awareness Day, including consumer and provider panels and sessions focused on Medicare and lifelong learning.





5.2 Black Caucus

(Co-Chairs: Dr. Leon Maultsby, Dr. Danielle Campbell, and Dechelle Richardson)

Throughout 2025, the Black Caucus focused on creating intentional space for honest dialogue, connection, and community-informed engagement around the disproportionate impact of HIV on Black/African American communities across Los Angeles County. The year centered on listening, storytelling, and convening, ensuring Black voices were not only present, but meaningfully reflected in conversations about sexual health, HIV prevention, care, and systems-level challenges.

The year included National Black HIV/AIDS Awareness Day activities, including a **community game night** designed to foster connection, reduce stigma, and create accessible entry points for conversation about sexual health and wellness, including shared meals, resources, and onsite HIV testing. The Caucus also shared an **infographic** highlighting key insights from Black community listening sessions to amplify community voice and inform ongoing dialogue and action.

Building on that engagement, the Caucus facilitated and uplifted insights from listening sessions centered on **non-traditional HIV providers, members of the transgender community in partnership with the Transgender Caucus, and Black-led service organizations**, focused on gaps in access, challenges navigating systems, workforce and capacity constraints, and the importance of culturally grounded, community-led approaches.

In parallel, the Caucus launched the **Black Voices for HIV Health & Wellness campaign**, a community-led storytelling effort inviting Black people living with HIV, working in the

Join Us
BLACK VOICES FOR HIV HEALTH & WELLNESS
 Join the movement by sharing and using #LACOHBlackCaucus and #BlackVoices4HIVHealthWellness

Black Voices for HIV Health & Wellness is a community-led storytelling campaign led by the Los Angeles County Commission on HIV Black Caucus that honors the real-life experiences of Black people living with, working in the field of, and caring for those impacted by HIV in Los Angeles County. Whether you're a consumer, provider, advocate, or ally—**your story matters.**

At a time when HIV funding and services are being threatened across the country, our Black communities are at greater risk of being left behind. That's why now, more than ever, **we must speak up.**

By **sharing our truths** through **short videos, written reflections, and creative expressions**, we shine a light on the continued need for **accessible, affirming, and culturally responsive HIV services.** Together, we'll raise awareness, inspire action, and remind the world that behind every number is a name, a face, and a story that deserves to be heard—and protected.

- Short videos (up to 2 minutes)
- Written testimonials (250 words or less)
- Artwork or creative content that reflects your experience

All submissions will be reviewed and may be featured on our social media and advocacy platforms as part of our campaign to center Black voices and push for the resources we deserve. Let's raise our voices—together. Send your submissions along with your social media handle(s) or any questions to hivcomm@lachiv.org.

field, and caring for those impacted to share experiences through short videos, written reflections, and creative expression.

For the third year in a row, the Caucus participated in **Taste of Soul**, connecting with more than 300 community members through outreach, education, resource sharing, and a brief survey to expand awareness of prevention, care, and supportive services.

The year culminated with the [World AIDS Day 2025 Community Townhall](#) on December 5, held at Jesse Owens Community Regional Park Gymnasium, featuring clinical, research, community, and systems-level perspectives, facilitated dialogue, and onsite HIV testing through AHF's mobile testing van. The Caucus expressed gratitude to the office of Supervisor Holly J. Mitchell for support and sponsorship.

In early 2026, the Black Caucus continued its commitment to community engagement through activities aligned with [Black History Month](#) and National Black HIV/AIDS Awareness Day (NBHAAD).

The Black Caucus participated in a Black History Month event hosted by the Los Angeles County Department of Parks and Recreation, where members tabled, shared educational resources, and delivered a brief presentation encouraging community members to know their HIV status as an act of self-care and community responsibility. Attendees were invited to access free, confidential HIV testing provided onsite by AIDS Healthcare Foundation (AHF), with gift card incentives provided to those who participated.

The Black Caucus also convened a [Youth Listening Session](#) in partnership with the Los Angeles County Youth Commission and First Star Bruin Guardian Scholars, bringing together 25 youth and young adults to share their experiences navigating healthcare and accessing sexual health information.

Participants emphasized the importance of clear communication from providers, holistic approaches to care that include mental health, and healthcare environments that respect youth autonomy and lived experiences. These insights reinforced the need for youth-centered, culturally responsive approaches to HIV prevention and care moving forward.

Together, these activities reflect the Black Caucus' continued commitment to uplifting Black voices, supporting youth engagement, and strengthening HIV prevention and care through community-centered dialogue and outreach.

5.3 Consumer Caucus

(Co-Chairs: Alasdair Burton, Vilma Mendoza & Ish Herrera)

In 2025, the Consumer Caucus advanced meaningful involvement by people living with HIV/AIDS (MIPA) by keeping lived experience at the center of Commission planning and decision-making. The Caucus elevated consumer voice throughout the restructuring process so that community realities informed membership changes, committee alignment, and stipend planning, while also supporting leadership transitions and reaffirming the Caucus' role in the Commission's planning work.



The Caucus strengthened community engagement through two listening sessions designed to surface barriers and translate feedback into actionable recommendations. This included a [Dental Services listening session](#) focused on access challenges and service gaps, with a written summary and plans for follow-up provider and consumer input, and a Ryan White Program and Medi-Cal listening session where over 30 participants contributed recommendations related to eligibility, transitions, and continuity of care.

The Caucus also brought lived experience directly into service standards work, providing early input on Housing Services standards prior to Commission approval, offering feedback on Dental Services standards and priorities for additional data collection, and reviewing Patient Support Services standards, including eligibility questions and outreach encouraging broad consumer participation during public comment.

A major focus of the year was strengthening and clarifying stipend policy. The Caucus completed a multi-month review of stipend requirements, expectations, and accountability, pending Commission and Board action.

The Caucus also reinforced consumer participation and advocacy during a period of funding uncertainty. It elevated concerns about HIV funding cuts, encouraged deeper community advocacy and public comment, and supported outreach strategies to boost participation, including meeting-location flexibility and resource support.

The Caucus updated and aligned its 2025 workplan with evolving Commission priorities, prepared fall and winter sessions focused on standards review, website and forms training, and updated CQM presentations, and adapted to new Brown Act guidance through PURGE-driven scheduling tool and strengthened compliance practices.

In partnership with the Commission's caucuses, the Consumer Caucus also helped lead and coordinate the February 13 Consumer Resource Fair, which drew over 200 attendees and more than 60 vendors and service providers, expanding access to housing assistance, legal aid, food assistance, mental health services, benefits enrollment supports, and other whole-person resources.

Finally, the Caucus kept community wellness visible throughout the year by reinforcing routine check-ins that grounded the work in what people are experiencing right now, including the simple practice of asking, "How are you doing ... what do you need right now?"



5.4 Transgender Caucus

(Co-Chairs: Chi-Chi Navarro, Diamond Paulk & Rita Garcia)

In 2025, the Transgender Caucus continued to affirm safety, dignity, and access to care for Transgender, Gender Expansive, Intersex, and Two-Spirit (TGI2S+) communities through its [statement of solidarity](#). In response to harmful rhetoric and ongoing threats to gender-affirming care, the Caucus reaffirmed that every person deserves to be seen, feel safe, and supported, and rejected efforts to create division or deny access to HIV prevention and care services and safe workplace protections.

THE BLACK CAUCUS PRESENTS
CENTERING THE VOICES OF THE BLACK TRANSGENDER COMMUNITY IN LA COUNTY

The **Black Caucus of the Los Angeles County Commission on HIV**, in partnership with the **Transgender Caucus**, and **AMAAD Institute**, invite **Black transgender individuals** to join a dedicated **in-person** community listening session focused on your lived experiences, insights, and needs related to **sexual health, wellness, and healthcare access**. This is a space to speak freely, be heard, and help shape systems of care that reflect and respect your identity, truth, and brilliance.

We want to hear from you about:

- Barriers to accessing sexual and reproductive health services
- Experiences of stigma, discrimination, and resilience in care settings
- What culturally responsive and affirming care looks like
- What support, resources, and advocacy are needed

Wednesday, July 9, 2025 @ 5-7PM
**South Los Angeles - exact location will be shared upon confirmed registration*

Participants will receive:
✓ \$50 Visa Gift Card (while supplies last) ✓ Light Refreshments
✓ Community Resources

Spaces are limited to ensure an intimate, respectful space. Capacity is capped at 25 participants. Registration is required.

REGISTER HERE: <https://tinyurl.com/45emdskb>

The Caucus also partnered with the Black Caucus and AMAAD Institute to conduct a [listening session](#) on AMAAD in South Los Angeles, centered on the voices and experiences of the Black transgender community. Facilitated by Transgender Caucus co-chair, Diamond Paulk, the session focused on stigma, safety, and structural barriers impacting access to culturally responsive, affirming care. Participants emphasized the need for providers who deliver care with dignity and respect, stronger cultural humility in clinical settings, and wraparound “one-stop” models that reduce barriers and support overall wellness.

5.5 Women’s Caucus

(Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo)

In 2025, the Women’s Caucus conducted [listening sessions](#) across Los Angeles County to better understand the needs of women living with HIV and those impacted by HIV, with attention to [monolingual Spanish-speaking women](#), women of color, and transgender women. Themes included mental health gaps, healthcare inconsistencies, stigma and discrimination, the need for women-centered and trans-affirming spaces, structural barriers, and gaps in inclusive sexual health education. Across all sessions, women demonstrated resilience, advocacy, and a strong desire to be partners in shaping services that affect their lives. Recommendations included expanding trauma-informed, culturally competent mental health services and developing women-centered clinics and programs, including women-only support groups inclusive of cisgender and transgender women.

**SESION DE ESCUCHA ESTE DE LOS ANGELES:
ATENDIENDO LAS NECESIDADES DE
SALUD SEXUAL DE LAS MUJERES**

LOS ANGELES COUNTY
COMMISSION ON HIV

VALORAMOS SU VOZ. SUS EXPERIENCIAS IMPORTAN

Esta sesión de escucha tiene como objetivo recopilar ideas de mujeres que viven con o están afectadas por el VIH, para comprender mejor sus necesidades de salud sexual y atención del VIH. Toda la información personal compartida durante la sesión permanecerá confidencial. Su privacidad y comodidad son nuestra máxima prioridad.

QUÉ ESPERAR:

- Comparta sus experiencias en un ambiente seguro y de apoyo
- Conéctese con otras mujeres que entienden su trayectoria.
- **El espacio es limitado; Favor de registrarse para confirmar su participación**
- Recibirá una tarjeta de regalo de \$25

Oficinas Administrativas de MCA (Keck Medicine of USC)
1640 Marengo St. Suite #300
Los Angeles, CA 90033

18, Junio 2025
10am a 12pm

REGÍSTRESE AHORA

<https://tinyurl.com/258kmyec>

¿POR QUÉ ASISTIR?

Sus comentarios ayudarán a informar el desarrollo de servicios de atención médica electivos y adaptados a las experiencias de las mujeres.

****Esta sesión de escucha será solo en persona y se llevará a cabo en español ****

5.6 Housing Focus: Housing Task Force (HTF)

(Co-Chairs: Katja Nelson & Dr. David Hardy)

Housing stability remains central to health outcomes for PLWH and those at risk. The HTF convened deeper conversations with Ryan White housing and legal service providers and Housing Opportunities for Persons with AIDS (HOPWA) to better understand housing needs and service gaps. To ensure consumer voice directly informed planning, the HTF administered a [Housing Needs Survey](#) (SurveyMonkey; July–August; N=50) as a needs assessment activity intended to help inform planning efforts, service standards development, priority setting and resource allocations, and policy strategies.

The survey reflected both stability and vulnerability: the most common current housing situation was renting (41%), followed by subsidized housing/housing assistance programs (24%) and staying with a friend/relative (16%). Nearly half of respondents reported no unstable housing experiences in the last two years (48%), while others reported instability including temporarily staying with family/friends without contributing to rent (29%) and living outside or in places not meant for shelter (27%). The most common barriers to obtaining housing in the past 12 months were not having enough money for a deposit (47%) and not being able to find affordable housing (33%); challenges maintaining housing included difficulty paying rent, mortgage, or utilities (47%). Respondents also described how housing and basic needs pressures can interfere with health, including not having money to pay rent (33%), not having enough food (20%), and not feeling safe (20%). If respondents lost their current housing, the most common expectations were living with friends/family (42%) or living on the streets (40%).

In addition to survey work, the HTF monitored housing access issues affecting clients and service systems, including federal housing budget updates and Section 8 updates through the Housing Authority of the City of Los Angeles (HACLA), including notices to applicants/participants, changes effective August 1, 2025, and a pause in processing housing applications and voucher issuance affecting applicants/participants, as documented in HTF materials.

6. CHALLENGES AND LESSONS LEARNED

- Funding volatility required ongoing contingency planning and disciplined stewardship.
- Prevention infrastructure strain created downstream impacts and reinforced the need to keep prevention centered in planning.
- Staff capacity constraints increased the urgency of streamlining governance, meeting cadence, and administrative processes.
- Structural change requires transparency and care; the Commission relied on clear communication and equitable safeguards to maintain integrity during transition.

7. LOOKING AHEAD TO RWPY36

In the early months of 2026, many Commission meetings, standing committee meetings, and caucus meetings were placed on a brief hiatus to allow for a thoughtful and intentional transition. We are grateful to everyone who supported this process along the way ... Commissioners, committee and caucus leaders, community members, providers, County partners, and Commission staff.

We also recognize that this brief reprieve matters. In times of uncertainty, our communities need room to breathe. Our hope is that this pause offers a measure of respite, and that we return with renewed focus, clarity, and energy to do what this Commission exists to do: improve the lives of people living with and impacted by HIV in Los Angeles County.

With the governance structure modernized and the membership transition near completion, the Commission enters RWPY36 positioned to operate as a smaller, more nimble planning body while maintaining broad participation through committee-only membership pathways. The Commission will continue to center community voice, strengthen prevention planning, and support service quality through continued standards review and data-informed prioritization. RWPY36 will also bring forward the Commission's role in review and concurrence of the 2027-2031 Integrated HIV Prevention and Care Plan, led by the California Department of Public Health Office of AIDS in partnership with local jurisdictions, including Los Angeles County, with community review, concurrence, submission, and implementation planning advancing through 2026.

COMMISSION STAFF: SUSTAINING THE WORK IN UNPRECEDENTED ECONOMIC TIMES

RWPY35 unfolded amid economic uncertainty across the County. As departments navigated curtailment exercises and workforce pressures, Commission staffing capacity remained under strain. At the same time, the Commission prepared for a major leadership transition with the anticipated retirement of Executive Director Cheryl Barrit, creating a dual challenge: sustaining the day-to-day requirements of a federally mandated planning body while carrying the intensive workload of a full governance restructure and membership transition.

Prior to approval of the Commission's smaller, less frequent meeting structure, staff supported more than 145 public meetings annually, reflecting the scale of public-facing operations, Brown Act requirements, and community access maintained throughout the year.

Even under these constraints, staff kept the Commission moving with consistency, care, and creativity. Staff held the line on compliance and transparency, protected the integrity of the public process, and ensured community voice remained accessible through meeting operations, committee and caucus support, and ongoing communication with Commissioners, applicants, County partners, and community stakeholders. Staff also managed complex restructuring deliverables and membership transition logistics while balancing competing deadlines and evolving requirements.

In a year where capacity was tight, staff leaned on creative problem-solving and steady collaboration to streamline processes, reduce unnecessary administrative burden, and keep planning work on track. Despite economic pressure and staffing constraints, staff's commitment and service mindset helped ensure the Commission met its required planning functions and strengthened its foundation for the year ahead.

We express our appreciation and gratitude to Cheryl Barrit for her leadership and service as Executive Director for nearly ten years. Her steady guidance and commitment to the work helped the Commission through important years of planning, partnership, and community engagement.

- Cheryl Barrit, MPIA ... former Executive Director (retired August 31, 2025)
- Dawn McClendon ... Interim Executive Director/Assistant Director
- Jose Rangel-Garibay, MPH ... Health Program Analyst II
- Lizette Martinez, MPH ... Health Program Analyst I
- Sonja Wright, DACM ... Senior Board Specialist



CLOSING IN GRATITUDE

With gratitude, we recognize every person who contributed to this work ... Commissioners, committee and caucus members, consumers, service providers, the Division of HIV and STD Programs, County partners, and members of the public. RWPY35 required perseverance, honesty, and careful stewardship, and this body met the moment with steady care for community. Thank you for the time you gave, the questions you asked, and the communities you lifted. Your voice strengthened planning conversations, reinforced accountability, and kept real needs visible during a time of uncertainty. The foundation built through this service will continue to guide the Commission as it moves forward under its new structure and new membership.

COMMISSION MEMBERS

**Please note: the following list reflects the Commissioners who have served throughout RWPY 35.*

Danielle Campbell, PhD, MPH, Co-Chair

Joseph Green, Co-Chair

Aaron Raines

Al Ballesteros, MBA

Alasdair Burton

Andre Molette

Arburtha Franklin

Arlene Frames

Bridget Gordon

Byron Patel, RN

Carlos Vega-Matos

Dahlia Ale-Ferlito

Daryl Russell, MEd

David Hardy, MD

Dechelle Richardson

Dee Saunders

Erica Robinson

Erika Davies

Felipe Gonzalez

Gerald Green

Harold Glenn San Agustin, MD

Ish Herrera

Ismael Salamanca

Jayda Arrington

Jeremy Mitchell

Joaquin Gutierrez

Jonathan Weedman

Justin Valero, MA

Karl Halfman, MA

Katja Nelson, MPP

Kerry Ferguson

Kevin Donnelly

Kevin Stalter

Lambert Talley

LaShonda Spencer, MD

Lee Kochems, MA

Leon Maultsby, DBH, MHA

Leonardo Martinez-Real

LeRoy Blea

Lilieth Conolly

Mario Pérez, MPH

Martin Sattah, MD

Mary Cummings

Miguel Alvarez

Mikhaela Cielo, MD

Paul Nash, CPsychol AFBPsS FHEA

Rita Garcia

Russell Ybarra

Sabel Samone-Loreca

Sandra Cuevas

Terrance Jones

Vilma Mendoza

William D. King, MD, JD, AAHIVS

In Memoriam: Commissioner Russell Ybarra & Former Commissioner Dean Page

During RWPY35, the Commission mourned the loss of Commissioner Russell Ybarra, who had served on the Commission since 2023. Russell was a committed advocate for people living with HIV, particularly those navigating housing and other essential needs, and helped ensure that consumer voice remained centered in the Commission's work. During this same period, the Commission also mourned the loss of former Commissioner Dean Page, who served on the Los Angeles County Commission on HIV from 2006 to 2011 and was a dedicated advocate for people living with HIV and Hepatitis C. Dean was remembered for his passion, his leadership in Cold City Blues, which raised funds to support addiction and recovery efforts, and his longstanding commitment to leading support groups and educating communities. The Commission honors both Russell and Dean for their service, advocacy, and lasting impact on the communities they served.







2026 - 2027 Training Schedule (Subject to change)

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

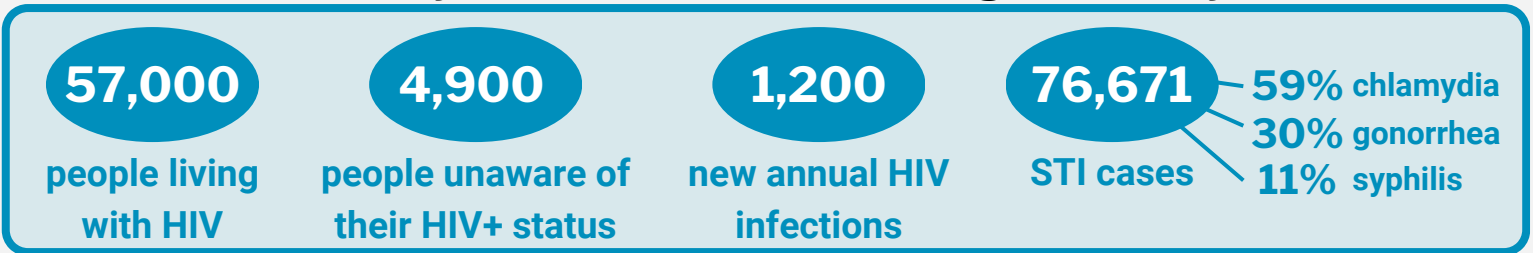
- Training sessions listed below are mandatory for Commissioners and Alternates and must be completed annually. Committee-only members are strongly encouraged to attend. Additional sessions on topics not listed may be included as appropriate.
- Training sessions are open to the public.
- Training sessions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

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

Key Activities

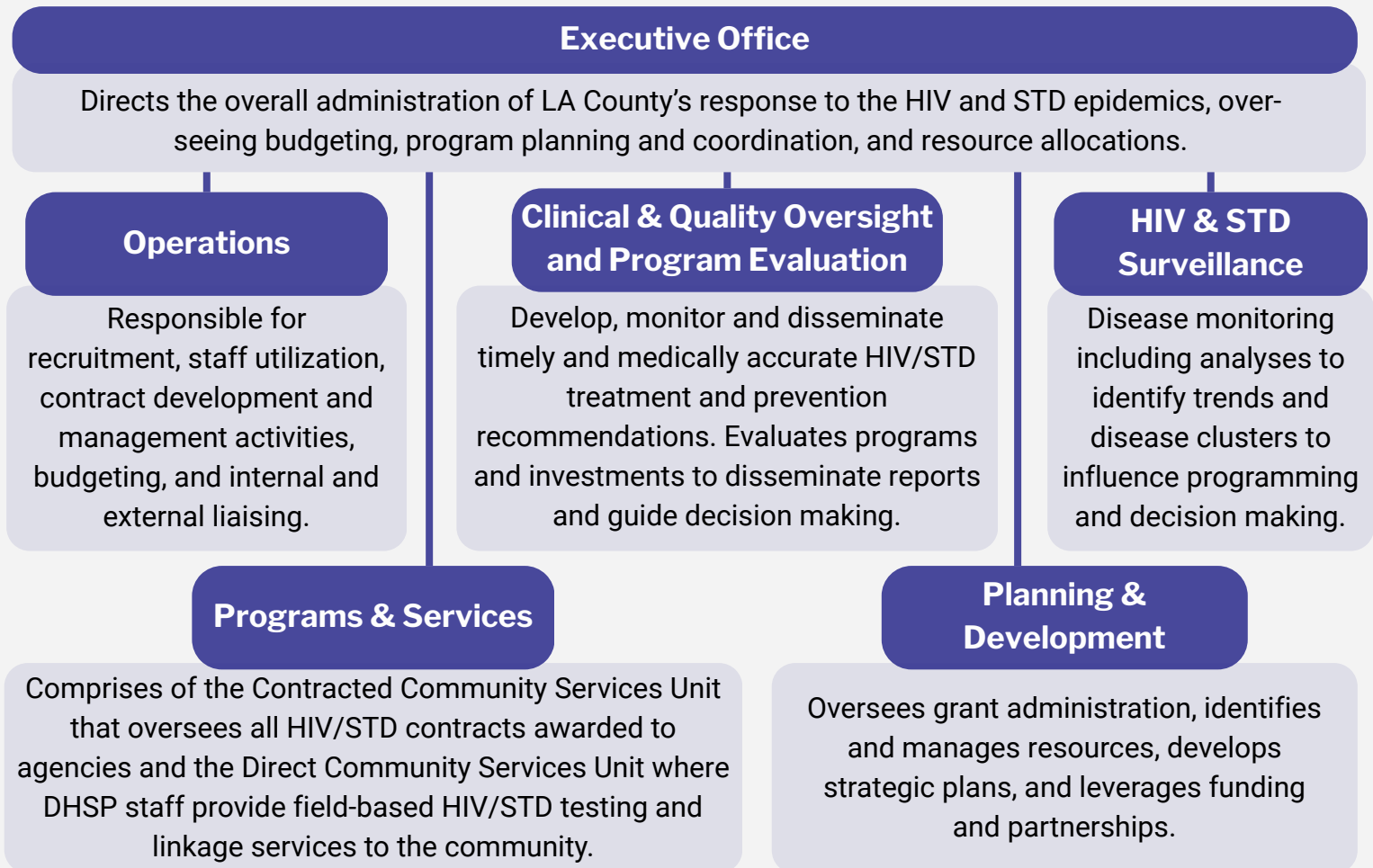
	Collect, analyze, and share reports of new HIV and STD cases.		Promote and support HIV/STD testing and biomedical prevention so people know their status and take steps to protect their health.
	Support a network of HIV care and support services to promote the health of people with HIV.		Develop and advance policies that promote effective HIV/STD control.

Key HIV/STD Metrics in Los Angeles County



See [HIV Snapshot 2025](#)  and [STI Snapshot 2024](#)  for more information.

Organizational Structure



Key Program Metrics and Overview

40+ Programs

73+ Partner Agencies

15,800+ Ryan White Clients

84k+ HIV/STD Prevention Clients

HIV Treatment and Care

DHSP funds 7 focus areas across 24 organizations.

- Ambulatory Outpatient Medical (AOM) Care
- Medical Care Coordination (MCC)
- Linkage & Reengagement Program
- Home-Based/Intensive Case Management
- Oral Health
- HIV Street Medicine
- Mental Health and Spanish Language Mental Health

HIV Supportive Services

DHSP funds 8 focus areas across 25 organizations.

- Early Intervention Services
- Benefits Specialty Services
- Transportation
- Legal Services
- Nutrition (Food Bank and Home Delivered Meals)
- HIV Contingency Management (iCARE Program)
- Patient Supportive Services
- Housing (Transitional Supportive Housing, Transitional Residential Care Facilities, Residential Care Facilities for the Chronically Ill, Residential Substance Use Services, Emergency Rental Assistance)

HIV Prevention & Testing

DHSP supports 7 focus areas across 45 organizations.

- HIV Testing (Storefront, Social & Sexual Networks, Commercial Sex Venues, Integrated HIV/STD Testing in Long Beach, Sexual Health Express Clinics, Community-Based & Correctional Testing)
- Self-Testing Initiative (Test Kit Distribution, TakeMeHome)
- PrEP/PEP Centers of Excellence (COEs) & Pharmacy PrEP/PEP COEs
- Education & Testing (Health in Your Hands, Health Education Risk Reduction)
- Engagement & Overdose Prevention (EOP) Hubs
- Community Health Ambassador Program
- Partner Services

STD Prevention, Testing & Treatment

DHSP supports 5 focus areas across 35 organizations.

- Clinic Testing/Screening
- Community Based & Correctional Testing
- Self-Testing Initiative (I Know Program and Syphilis First to Know Distribution)
- Clinical Field Team & Specialized Syphilis Investigation Team
- Partner Services

Data to Action

Cluster Detection and Response activities and administering Biobehavioral Surveys and Reports.

Trainings and Technical Assistance

DHSP offers over 15 ongoing trainings in addition to technical assistance and as needed trainings for clinics and organizations.

Community Engagement

Community engagement is invaluable to DHSP's planning and development process for HIV/STD services. DHSP relies on partnerships with the Commission on HIV and other community stakeholders to guide the HIV/STD response.



Learn more at <http://publichealth.lacounty.gov/dhsp/>.
Access resources at GetProtectedLA.com.

This document provides a high-level overview and is not intended to serve as a comprehensive reference.

DHSP Data to Action: How does DHSP get data?

Sonali Kulkarni, MD, MPH

Medical Director, Division of HIV and STD Programs

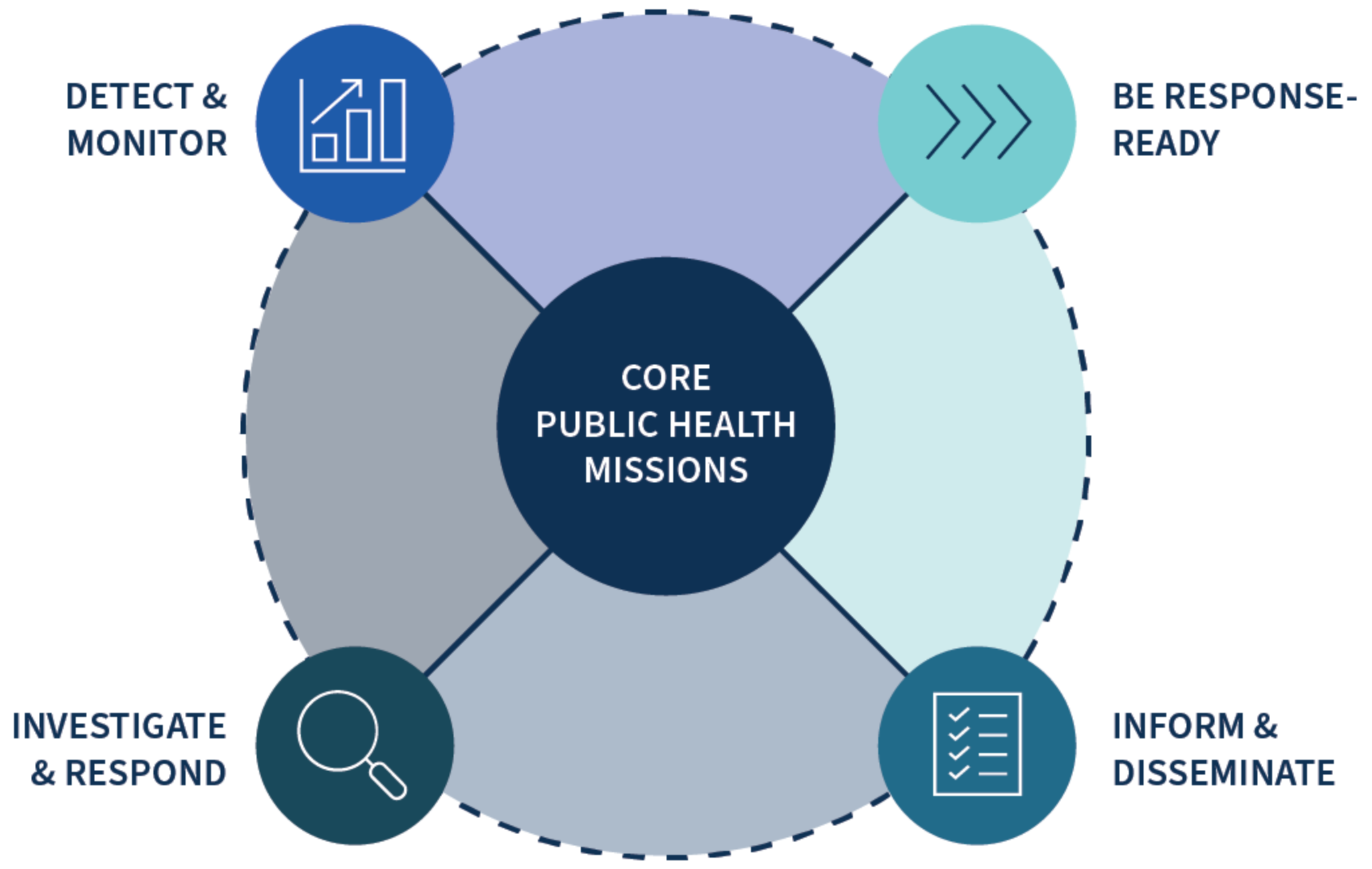
LA County Department of Public Health

May 14, 2026



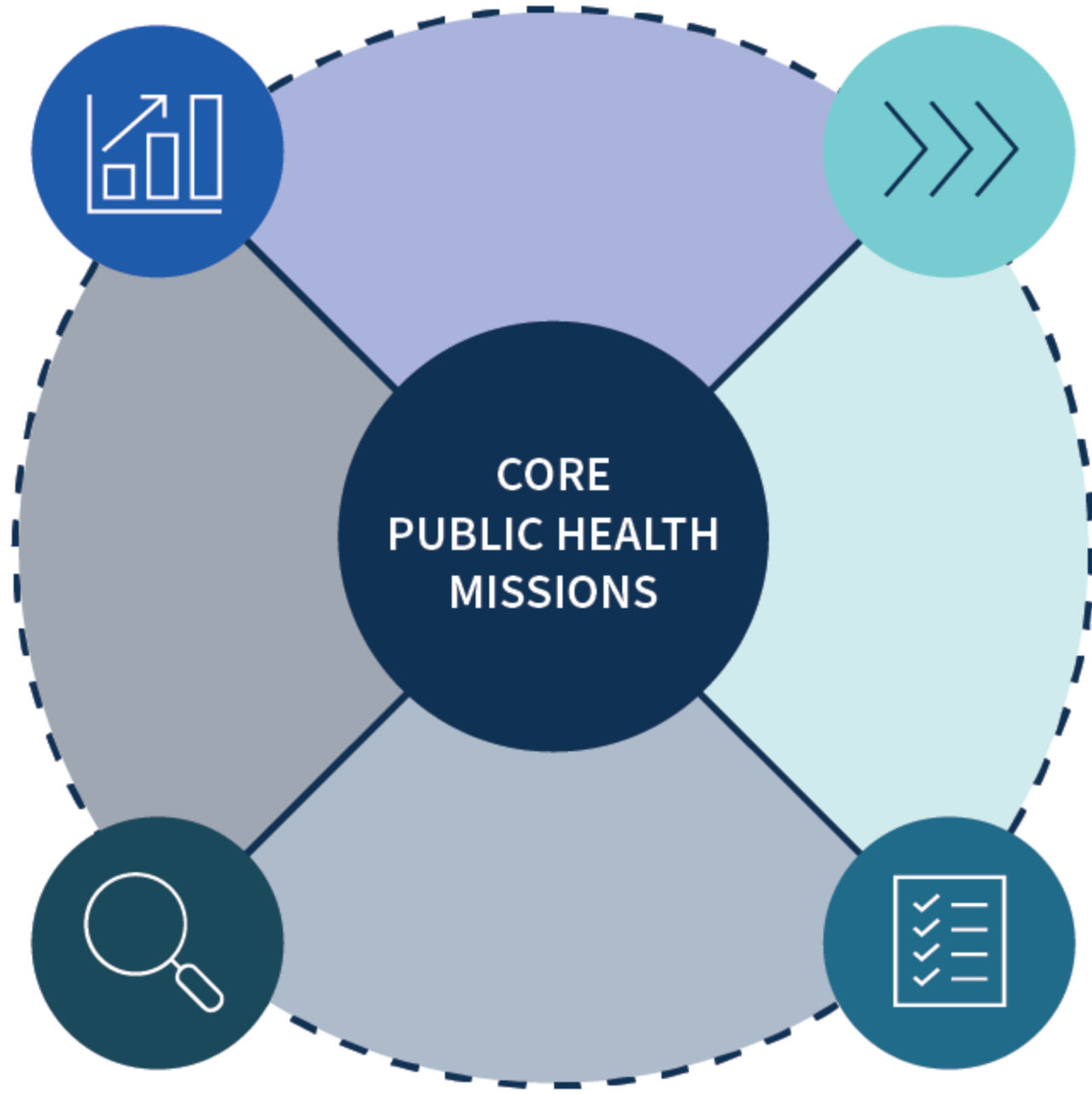
Ending
the
HIV
Epidemic







**DETECT &
MONITOR**



**BE RESPONSE-
READY**



**INVESTIGATE
& RESPOND**



**INFORM &
DISSEMINATE**



Two types of data are reported to DHSP.



**“SURVEILLANCE” OR
“CASE REPORTING” DATA
MANDATED BY LAW**



**PROGRAM DATA
REQUIRED TO BE SUBMITTED
BY DHSP CONTRACTORS**

Surveillance (or Case Reporting)

- Tracks the spread of diseases among a population
- Case counting
 - Laboratory reporting
 - Provider reporting



HIV Lab Reporting is usually automated, electronic, and includes name, sex and address.

1) Positive HIV tests

- Reactive HIV diagnostic tests
 - HIV antigen/antibody blood tests
 - HIV rapid tests



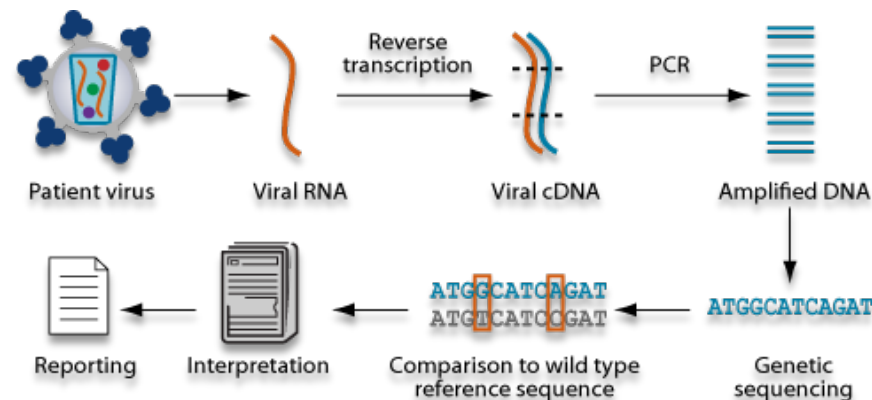
2) Markers of HIV status

- HIV viral load (aka HIV RNA, HIV NAAT)
- CD4 count
- DPH receives Viral Load and CD4 counts for all county residents, regardless of HIV status
 - Patients initiating HIV PrEP
 - Patients with complex medical conditions may have levels of CD4 checked

HIV Lab Reporting (continued)

3) HIV Genotype (aka drug resistance testing)

- Genotype of the virus only, not the person's genes.
- Looks to see how the structure of HIV virus may have changed.
- Helps medical provider select medications for patient.
- Useful to public health to track drug resistance in the population.
- Genotype mutations can be used to find a social or sexual network where there is ongoing HIV transmission.




Provider Reporting

1. Labs only report results and basic patient information.

2. Provider reporting gives more detailed information, done manually.

- Sex and Gender Identity
- Transmission risk
- Prior PrEP or ART use
- Incarceration history
- Stage of HIV, any opportunistic infections
- Partner information (if known)
- Pregnancy status



**COUNTY OF LOS ANGELES
CONFIDENTIAL PROVIDER
HIV/AIDS ADULT CASE REPORT**

Patients ≥13 Years of Age at Time of Diagnosis

Please return completed form to:
COUNTY OF LOS ANGELES, DEPARTMENT OF PUBLIC HEALTH
 555 W. 5TH STREET, 34TH FLOOR – DHSP/HCS
 LOS ANGELES, CA 90013
For questions or to report via phone: (213) 351-8516

HEALTH DEPARTMENT USE ONLY

Doc. source: _____ Stateno: _____
 Report Medium: _____ Cityno: _____
 Surveillance method: _____

1. PROVIDER/FACILITY INFORMATION	
Person completing form: _____	Phone: _____ Date completed: _____
Physician: _____	Physician Phone: _____
Facility Name: _____	Phone: _____
Facility Address/City/State/Zip: _____	
Facility Type: <i>Inpatient:</i> <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____ <i>Outpatient:</i> <input type="checkbox"/> Private Physician <input type="checkbox"/> Adult HIV Clinic <input type="checkbox"/> Other: _____ <i>Screening, Diagnostic, Referral Agency:</i> <input type="checkbox"/> STD Clinic <input type="checkbox"/> Other: _____ <i>Other Facility:</i> <input type="checkbox"/> ER <input type="checkbox"/> Laboratory <input type="checkbox"/> Corrections <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	

2. PATIENT INFORMATION	
Patient Last Name: _____	First Name: _____ Middle Name: _____
AKA (Chosen Name, Preferred Name, Nickname, Previous Last Name, etc.) _____	
Address Type: <input type="checkbox"/> Residential <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Homeless <input type="checkbox"/> Postal <input type="checkbox"/> Foster Home <input type="checkbox"/> Shelter <input type="checkbox"/> Temporary <input type="checkbox"/> Military <input type="checkbox"/> Other	
Current Street Address: _____	
City: _____	Zip Code: _____ State: _____ Phone #: _____
Date of Birth: _____	Social Security #: _____ Medical Record #: _____
Vital Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead	Date of Death: _____ State of Death: _____ Status: <input type="checkbox"/> HIV <input type="checkbox"/> AIDS
Country of Birth: <input type="checkbox"/> U.S. <input type="checkbox"/> Other/ U.S. Dependency (specify): _____	
Sex assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Current gender identity: <input type="checkbox"/> Male <input type="checkbox"/> Transgender Man (Female-to-Male) <input type="checkbox"/> Female <input type="checkbox"/> Transgender Woman (Male-to-Female) <input type="checkbox"/> Non-Binary / Gender Nonconforming <input type="checkbox"/> Unknown <input type="checkbox"/> Additional gender identity (specify): _____	
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Not Hispanic/Non-Latinx <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Unknown <input type="checkbox"/> Japanese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian	

3. RESIDENCE/FACILITY AT HIV/AIDS DIAGNOSIS	
<input type="checkbox"/> Check if patient address/facility at HIV diagnosis are same as current (if checked, leave the rest of this section blank)	
Address at time of diagnosis if different than current address: _____	
Facility of HIV Diagnosis: _____	Phone: _____
Facility Address/City/State/Zip: _____	
Facility Type: <i>Inpatient:</i> <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____ <i>Outpatient:</i> <input type="checkbox"/> Private Phys. <input type="checkbox"/> HIV Clinic <input type="checkbox"/> Other: _____ <i>Screening, etc.:</i> <input type="checkbox"/> STD Clinic <input type="checkbox"/> Other: _____ <i>Other:</i> <input type="checkbox"/> ER <input type="checkbox"/> Lab <input type="checkbox"/> Corrections <input type="checkbox"/> Unknown	

4. PATIENT HISTORY and RISK FACTORS ²	
Check all that apply:	
Sex with male.....	Yes No Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sex with female.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Injection drug use.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Perinatal infection with HIV.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Heterosexual relations with:	
Injection drug user.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bisexual male.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Person with documented HIV/AIDS....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other documented risk (specify): _____	

5. CLINICAL: ACUTE HIV INFECTION AND OPPORTUNISTIC ILLNESSES									
Suspect Acute HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
Clinical signs/symptoms consistent with acute retroviral syndrome? (e.g., fever, malaise/fatigue, myalgia, pharyngitis, rash, lymphadenopathy) <input type="checkbox"/> Yes → Date of sign/symptom onset: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown									
OPPORTUNISTIC ILLNESSES¹									
<input type="checkbox"/> Candidiasis, esophageal <input type="checkbox"/> Coccidioidomycosis, disseminated or extrapulmonary <input type="checkbox"/> Cryptococcosis, extrapulmonary <input type="checkbox"/> Cytomegalovirus disease (other than in liver, spleen, nodes) <input type="checkbox"/> Herpes simplex: chronic ulcer(s) (>1 mo duration) bronchitis, pneumonitis or esophagitis <input type="checkbox"/> Kaposi's sarcoma	<table border="0" style="width: 100%; font-size: x-small;"> <tr> <td style="width: 50%;">Diagnosis date _____</td> <td style="width: 50%;">Diagnosis date _____</td> </tr> <tr> <td><input type="checkbox"/> Mycobacterium avium complex or M.kansasii, disseminated or extrapulmonary</td> <td><input type="checkbox"/> M. tuberculosis, pulmonary</td> </tr> <tr> <td><input type="checkbox"/> Pneumocystis pneumonia</td> <td><input type="checkbox"/> Toxoplasmosis of brain, onset at >1 mo. age</td> </tr> <tr> <td><input type="checkbox"/> Wasting syndrome due to HIV</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	Diagnosis date _____	Diagnosis date _____	<input type="checkbox"/> Mycobacterium avium complex or M.kansasii, disseminated or extrapulmonary	<input type="checkbox"/> M. tuberculosis, pulmonary	<input type="checkbox"/> Pneumocystis pneumonia	<input type="checkbox"/> Toxoplasmosis of brain, onset at >1 mo. age	<input type="checkbox"/> Wasting syndrome due to HIV	<input type="checkbox"/> Other: _____
Diagnosis date _____	Diagnosis date _____								
<input type="checkbox"/> Mycobacterium avium complex or M.kansasii, disseminated or extrapulmonary	<input type="checkbox"/> M. tuberculosis, pulmonary								
<input type="checkbox"/> Pneumocystis pneumonia	<input type="checkbox"/> Toxoplasmosis of brain, onset at >1 mo. age								
<input type="checkbox"/> Wasting syndrome due to HIV	<input type="checkbox"/> Other: _____								

6. PREGNANCY	
Is patient currently pregnant? <input type="checkbox"/> Yes → Expected delivery date: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	

7. TREATMENT SERVICES/REFERRALS	
Has this patient been informed of their HIV infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is there evidence of linkage to HIV medical care? <input type="checkbox"/> Yes; provide date of first visit for HIV care documented by provider: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	

^{1,2}Footnotes on reverse
 Revised 01/14/2026

To download this form, go to <http://www.publichealth.lacounty.gov/dhsp/reportcase.htm>
 PLEASE DO NOT SEND THE REPORT BY E-MAIL OR FAX

Please turn over and complete reverse side of form

Collectively, the data provides a detailed picture of the current state of the epidemic in LA County.

Positive HIV test

Case counts

**Viral loads /
CD4 counts**

Engagement and retention in HIV care

Genotypes

Identify social/sexual networks where HIV is spreading

Provider Reports

More detailed information (transmission risk factors, sex and gender, pregnancy, housing, etc.)

DHSP uses the information to inform programs and policies (aka data to action).

**Surveillance reports
(raw counts, mapping)**

Regular review to inform action

**Dissemination to stakeholders,
policy leaders**

Example:

Recent increase in number of ciswomen diagnosed with HIV who reported being homeless at the time of diagnosis

Additional Data Collection – Behavioral Surveys (CDC)

National HIV Behavioral Survey

- Representative surveys in high yield community venues to ask about risk behaviors among populations
- Alternating years:
 - Men who have sex with Men
 - High risk heterosexuals
 - People who use drugs
 - Transgender persons

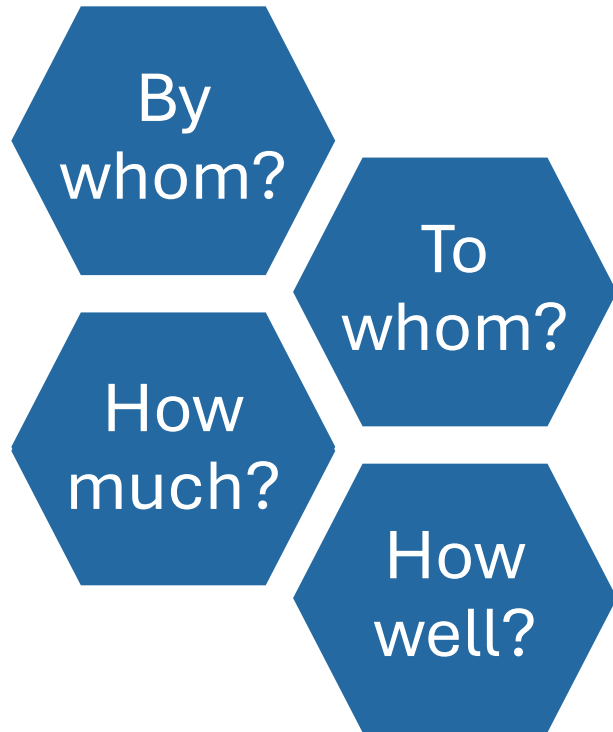
Medical Monitoring Project

- Representative sample of people with HIV to understand their health and health care use
- Includes chart reviews as well as individual interview of PLWH

These projects allow us to contribute to the national picture as well as what is going on locally.

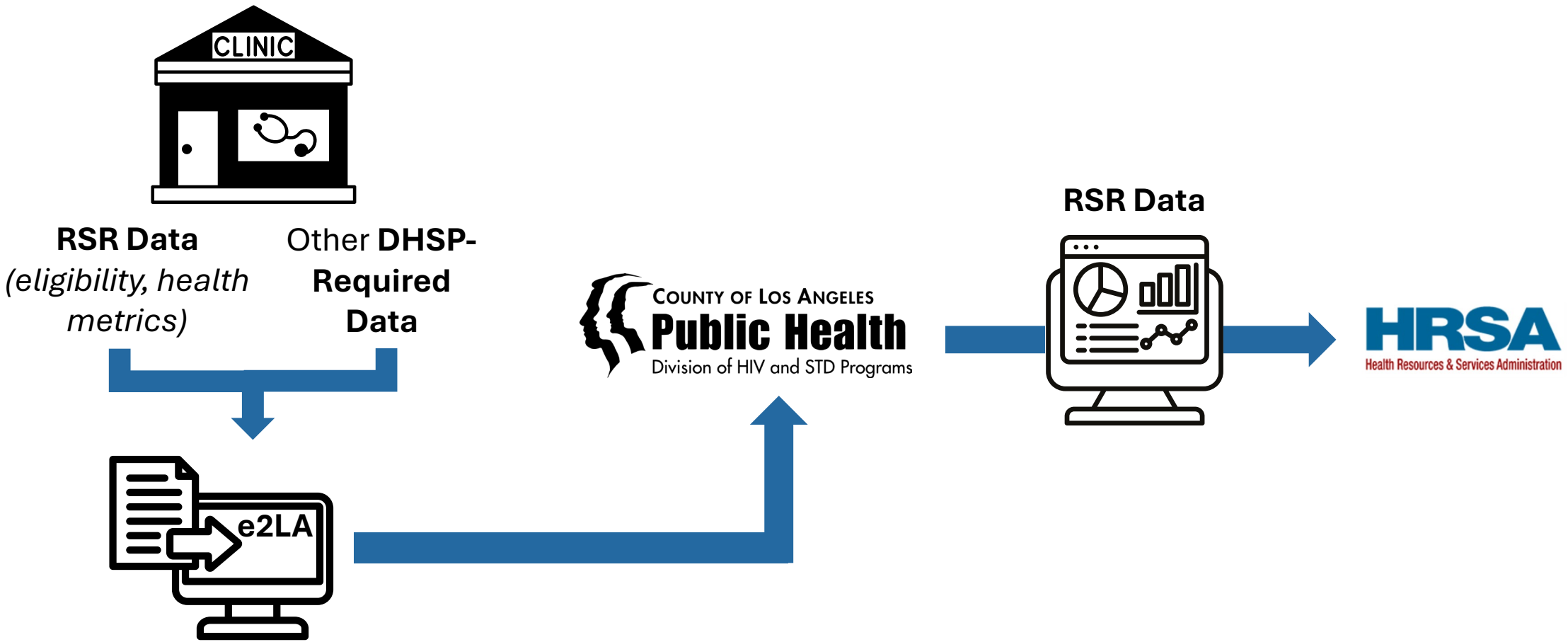
Program data collected by DHSP from contracted providers monitors how well programs and services are delivered.

Allows us to evaluate:



- Contracted Partners
 - Ryan White Program (HIV Treatment and Supportive Services)
 - HIV/STI Prevention
- DHSP delivered direct client services (DCS Unit at DHSP)

Clinics provide Ryan White Service Report (RSR) data and other DHSP-required data to DHSP, and every Spring DHSP shares RSR data with HRSA as required.





Integrated Plan: Review, Concurrence

Los Angeles HIV Commission
May 14, 2026

Leroy Blea, MPH
Ending the Epidemics Manager, State Part B Rep.
California Department of Public Health, Office of
AIDS

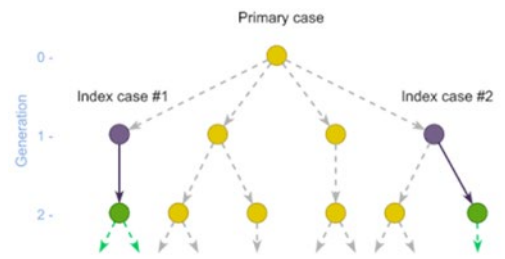
Overview

- **Integrated Plan: Looking back and Looking forward**
- **Key Elements**
- **Priority Populations**
- **Feedback**
- **Q and A**
- **Concurrence Vote**

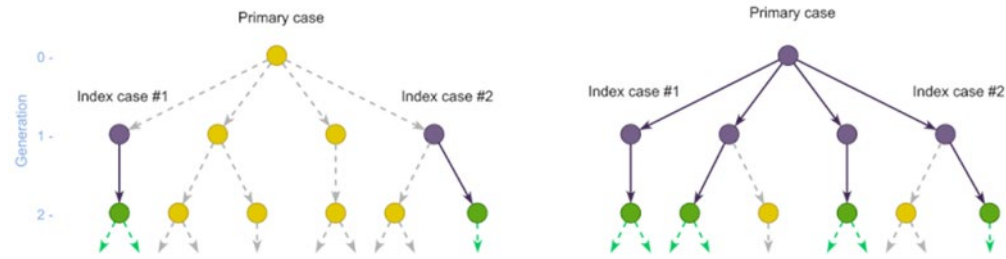
Successes



(A) Forward contact tracing only



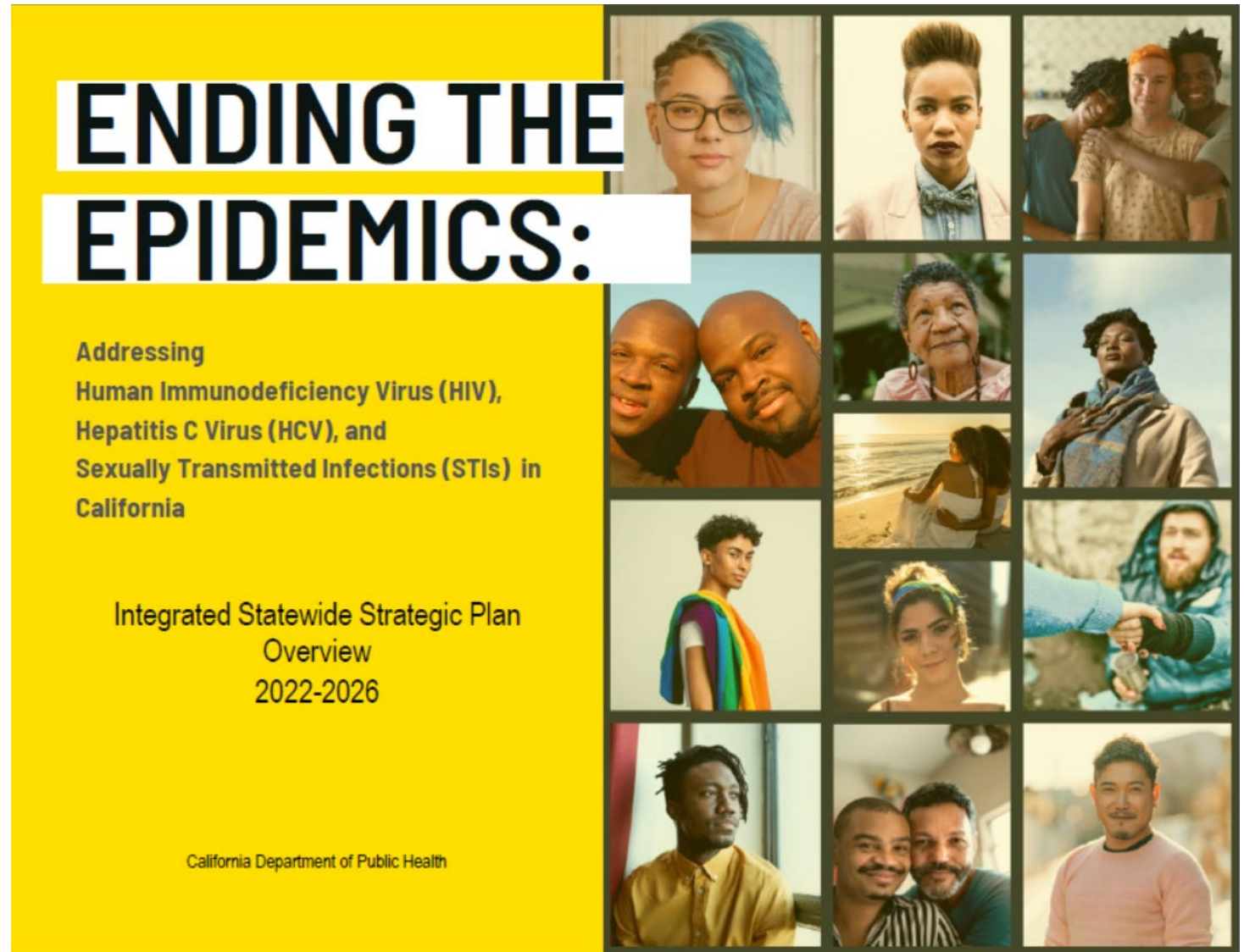
(B) Forward + backward contact tracing



- Undetected case
- Detected case
- Quarantined case
- ⋈ Untraced transmission
- ↓ Traced transmission
- ⋈ Transmission prevented

The Integrated Plan:

- Collaboration for a Collective Impact
- Syndemic Focus
- Social Justice/SDH Lens
 - Racial equity
 - Housing first
 - Health access for all
 - Mental health and substance use
 - Economic justice
 - Stigma free



ENDING THE EPIDEMICS:

Addressing
Human Immunodeficiency Virus (HIV),
Hepatitis C Virus (HCV), and
Sexually Transmitted Infections (STIs) in
California

Integrated Statewide Strategic Plan
Overview
2022-2026

California Department of Public Health

The cover features a vibrant yellow background on the left side. The right side is a collage of 12 small, square photographs showing diverse individuals and groups of people in various settings, representing the community affected by the epidemics. The text is prominently displayed in bold, black, sans-serif font.

Key Elements of the Integrated Plan: Approach

- Extension of our sydemic focus
- Social determinants of health lens: a long-term investment, shift in thinking
- Revision: People who are aging with HIV, older adults with HIV
- Leverage existing community engagement
- High-level-not proscribe work but to leave room for local activities, needs and innovation
- Flexibility to manage the risk of the shifting policy and funding environment



ENDING THE EPIDEMICS

STI·HIV·HEPC



RACIAL EQUITY

- 1 Leadership & Workforce Development
- 2 Racial/ Ethnic Data Collection & Stratification
- 3 Equitable Distribution of Funding & Resources
- 4 Community Engagement
- 5 Racial & Social Justice Training

HOUSING FIRST

- 1 Data Collection & Use
- 2 Infrastructure Changes
- 3 New Models of Housing Access
- 4 Street Medicine Strategies
- 5 Low-barrier Housing Options

HEALTH ACCESS FOR ALL

- 1 Redesigned Care Delivery
- 2 Trauma-Informed & Responsive Services
- 3 Fewer Hurdles to Healthcare Coverage
- 4 Culturally & Linguistically Relevant Services
- 5 Collaboration & Streamlining

MENTAL HEALTH & SUBSTANCE USE

- 1 Overdose Prevention in Correctional Settings
- 2 Mental Health & Substance Use Disorder Treatment Through Telehealth
- 3 Build Harm Reduction Infrastructure
- 4 Expand Low-Threshold SUD Treatment Options
- 5 Cross-Sector Collaboration

ECONOMIC JUSTICE

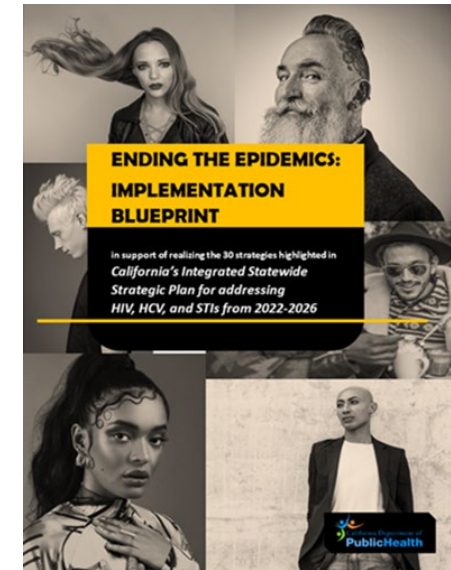
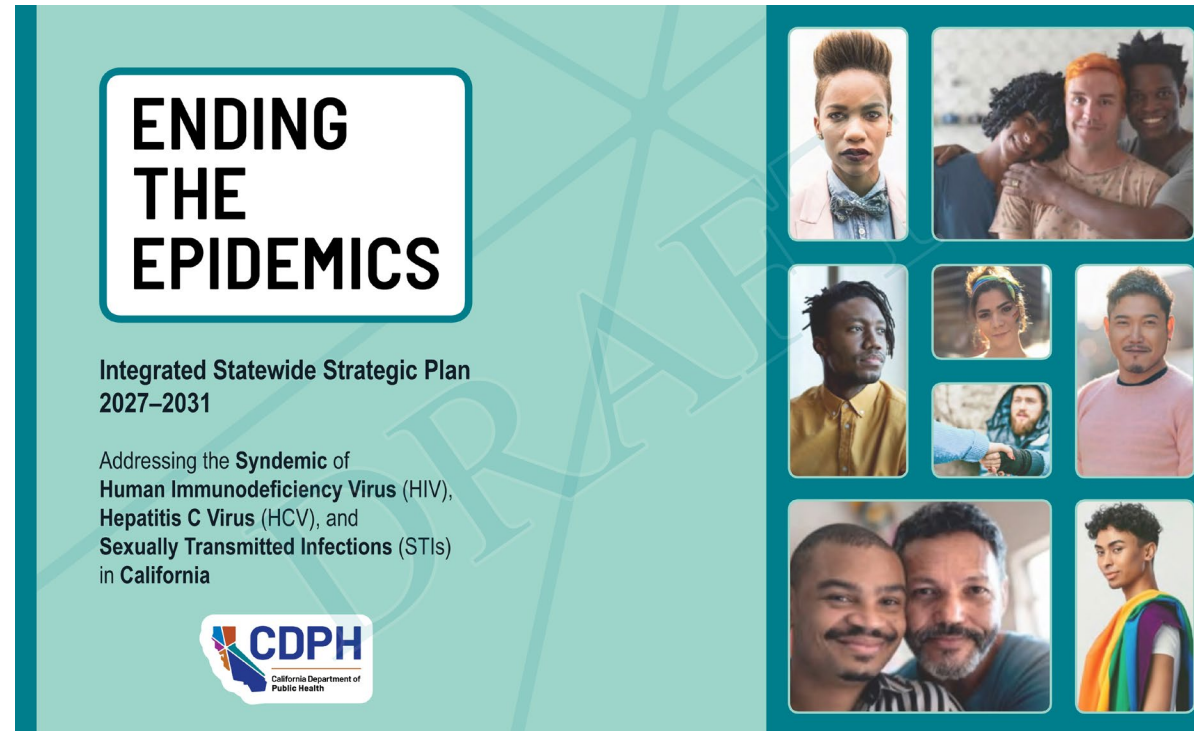
- 1 Workforce Development
- 2 Employment for People with Lived Experience
- 3 Equitable Hiring Practices & Fair Pay
- 4 Leadership Development
- 5 Universal Hiring & Housing Policies

STIGMA FREE

- 1 Nothing About Us Without Us
- 2 Reframe Policies & Messaging
- 3 Positive, Accurate Information
- 4 Acknowledge Medical Mistrust
- 5 Ongoing Partnerships

Tools for Communication and Planning: California Statewide Integrated Strategic Plan and Implementation Blueprint

- Ending the Epidemics Integrated Statewide Plan 2027-2031 (Internal)
- Implementation Blueprint (Internal)



Strategy Partners

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

The People: Priority Populations

- People of Color, especially Blacks/African Americans, Latine, & Indigenous people
- Young people (ages 15-29 years)
- Gay and bisexual men, and other men who have sex with men
- People who are trans or gender non-conforming
- People who use drugs, including people who inject drugs
- People experiencing homelessness
- People who are incarcerated or who are justice involved
- People who exchange sex for drugs, housing, and/or other resources
- Cis-gender women and people who can become pregnant
- Migrant and immigrant communities, including people who are undocumented
- People who are aging with HIV, especially older adults with HIV

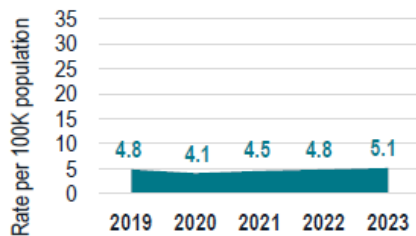
Key Elements of the Integrated Plan: Community Engagement

- PrEP gap analysis listening sessions (CPG) (2025, 2026)
- Annual Ending the Syndemic Symposium (CPG): 200-500 registrants per year (2022, 2023, 2024, 2025, 2026)
- Provider survey (n=130) (2022)
- Regional listening sessions (CPG) (n=17, 300) (2022)
- Local community engagement (2025)
 - Local Planning Council meetings and events

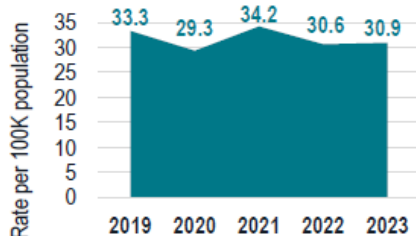
THE DATA

Human Immunodeficiency Virus (HIV)

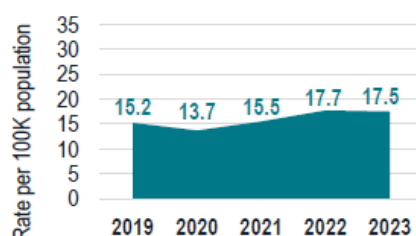
Asian



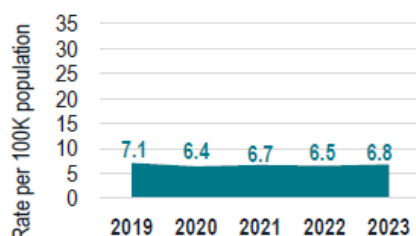
Black/African American



Latine



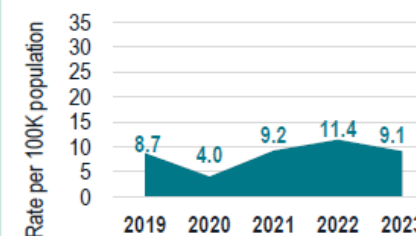
White



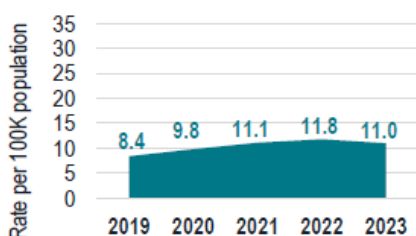
Latine and White people make up most new HIV diagnoses, while Latine and Black/African American people are most overrepresented in new HIV diagnoses.

In 2023, Black/African American people were 4.5x more likely and Latine people were 2.6x more likely to be diagnosed with HIV than White people.

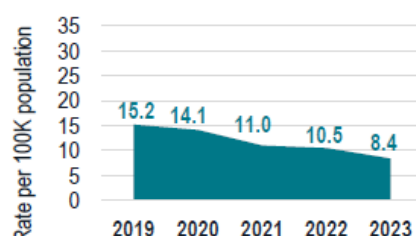
American Indian/Alaska Native



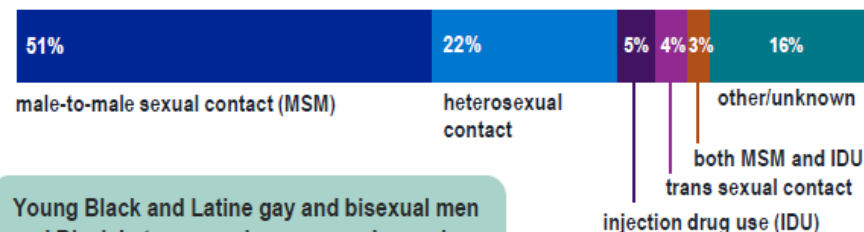
Native Hawaiian/Pacific Islander



Multiple races



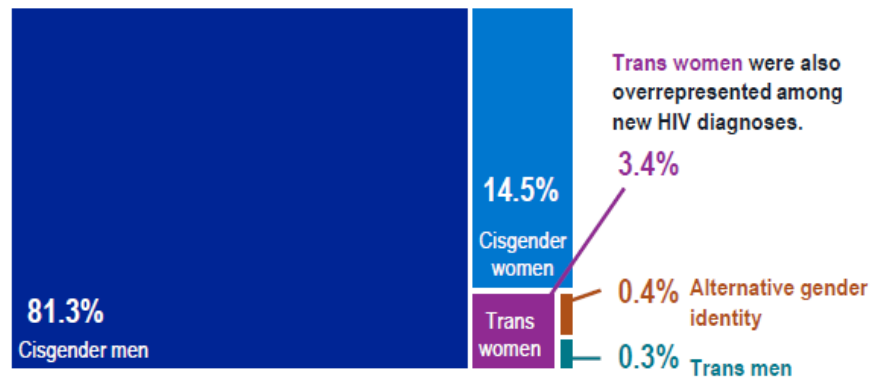
Male-to-male and heterosexual contact continue to be the most common transmission categories for people newly diagnosed with HIV (2023).



Young Black and Latine gay and bisexual men and Black heterosexual women are becoming infected with HIV at especially high rates.

Perinatal cases (ages <12 years) made up <0.1% of new diagnoses.

Cisgender men continue to make up most new HIV diagnoses (2023).⁴



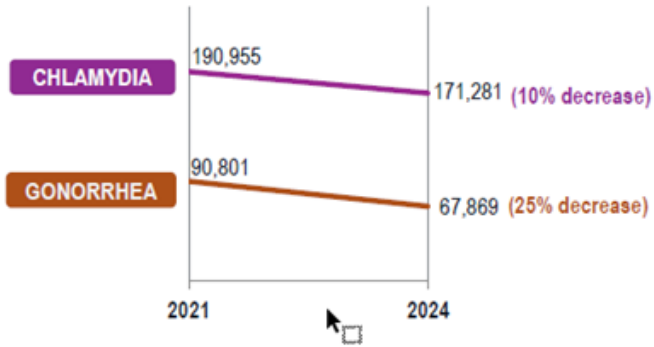
Trans women were also overrepresented among new HIV diagnoses.

4. Data are for people ages 12+ (non-perinatal cases).

THE DATA

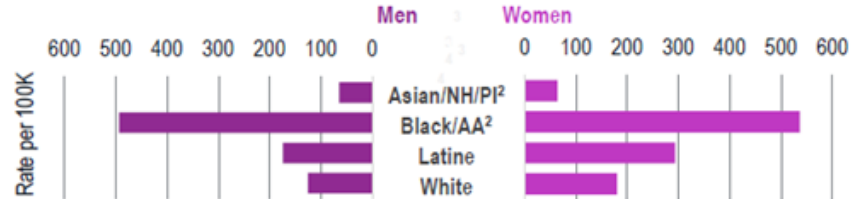
Sexually Transmitted Infections (STIs)

The number of **chlamydia** and **gonorrhea** cases in California have consistently decreased for the last three years between 2021 – 2024.

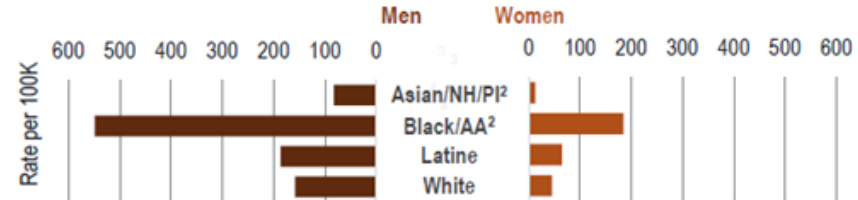


Chlamydia continues to be more commonly diagnosed among women, while **gonorrhea** and **syphilis** continue to be more common among men.¹

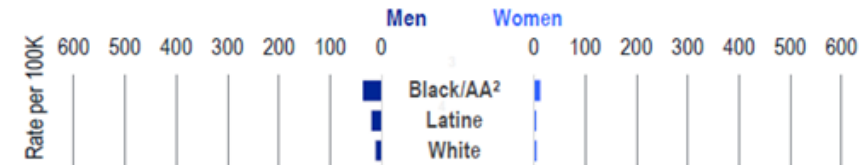
CHLAMYDIA Rate of chlamydia cases per 100K people in CA, 2024



GONORRHEA Rate of gonorrhea cases per 100K people in CA, 2024



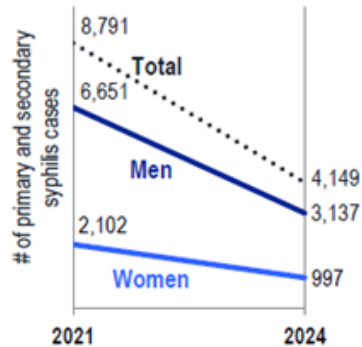
SYPHILIS Rate of primary and secondary syphilis cases per 100K people in CA, 2024



For all three STIs, people who are Black or African American bear the most disproportionate burden of disease relative to their population size.

SYPHILIS

Syphilis decreased for both men and women by 53% between 2021 and 2024.¹



CONGENITAL SYPHILIS

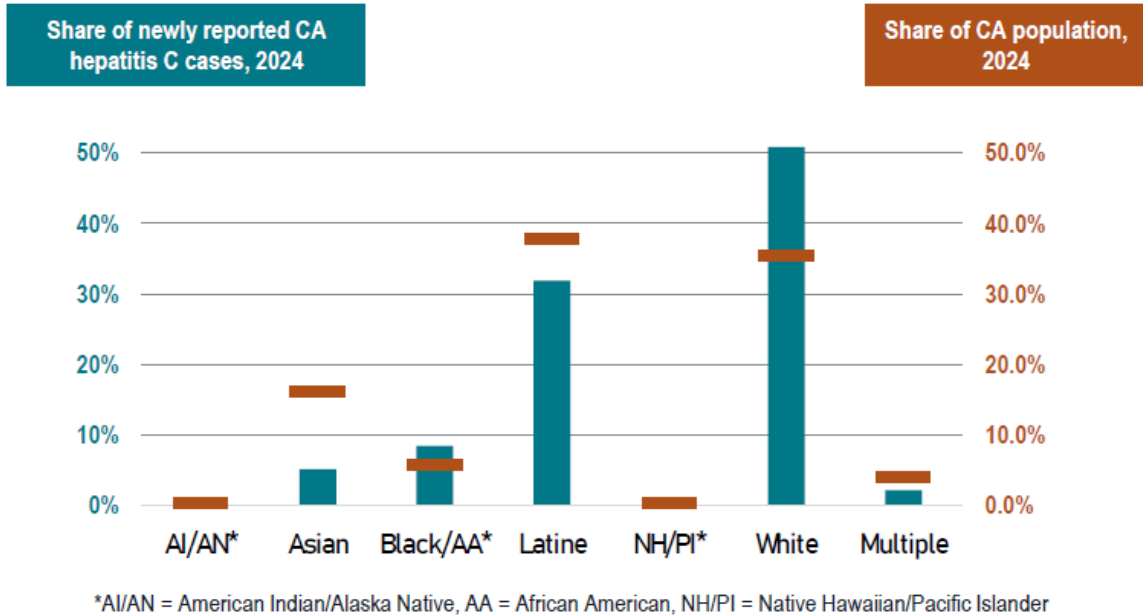
Congenital syphilis cases peaked in 2022 and have been declining since, but remain high overall.



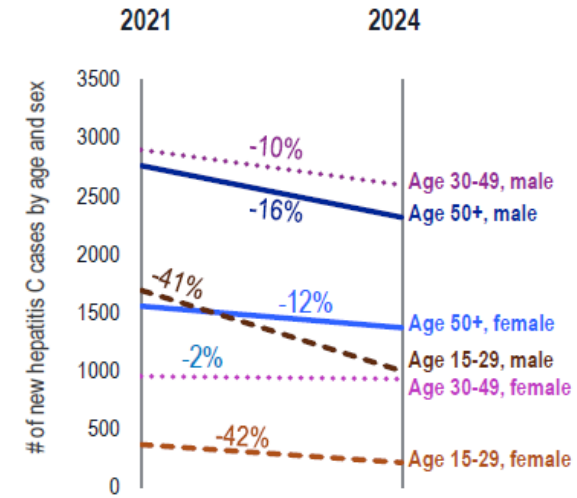
1. Per data regulations, the following categories are not shown to protect data confidentiality due to small numbers: rates and counts of all STIs for trans women and trans men, chlamydia rates for American Indian/Alaska Native populations, gonorrhea rates for American Indian/Alaska Native populations, and primary and secondary syphilis rates for American Indian/Alaska Native and Asian populations.
 2. NH/PI = Native Hawaiian/Pacific Islander; AA = African American

THE DATA Hepatitis C Virus (HCV)

American Indian/Alaska Native, Black/African American, and White people in California continue to be overrepresented in newly reported hepatitis C cases relative to their population size.



Newly reported chronic HCV cases decreased among both men and women from 2021-2024.³ This decrease is notable given that cases were increasing from 2014 – 2018, when the last strategic plan for ending the epidemics was published.



With respect to gender,³ there were:

- 31** new cases of chronic hepatitis C for every 100,000 males in CA in 2024.
- 13** new cases of chronic hepatitis C for every 100,000 females in CA in 2024.

People in prison make up 11% of chronic hepatitis C cases but <1% of the California population.

Prison-based hepatitis C viral testing and treatment is addressing this disparity.

Viral testing for hepatitis C virus



Clearance/cure of hepatitis C virus



While great strides have been made in prison, in the general population only 1 in 3 people with active hepatitis C infection achieves cure or clearance. More work is needed to close this gap!

3. In 2024, two cases reported a gender identity not listed in these figures, such as transgender man, transgender woman, non-binary, or identity not listed. 11 newly reported chronic hepatitis C cases were missing gender information altogether.

Key Action Items and Timeline

- Process presentations to HIV Councils/Commissions, Groups; invitations to LHJs (Jun/Jul/Aug 2025)
- Data Collection/Consultation/Community Engagement (Sep.2025-Feb.2026)
- Initial Draft Complete (April 2026)
- 2-Week Review/Comment Period (April 2026) (ETA to begin week of April 20th)
- Revisions and language edits (May 2026)
- Concurrence Presentations (May 2026)
- Due to HRSA/HAB/CDC (June 30, 2026)
- Plan Activities Begin (January 2027)
 - Ending the Syndemic Symposium 2027 (CDPH, CPG, Co-author EMAs/TGAs)
 - Final PrEP Gap Analysis Report (2027) (CDPH)
 - Final ADAP Gap Analysis Report (2027) (CDPH)
 - Five-year Retrospective Surveillance Report (2027) (CDPH)
 - Local Implementation Activities for EMAs/TGAs- Community Engagement, Review Reports (2027-2031)

Comparison Table: December 2024 vs. February 2025 Integrated HIV Prevention and Care Plan Guidance

Category	December 2024 Plan	February 2025 Plan	Examples of Changes
Epidemiological Data Updates	Reports 89.7% viral suppression (2022) among RWHAP clients.	Updates viral suppression rate to 90.6% (2023) among RWHAP clients.	Data updated for latest progress reporting.
Terminology on Health Equity	Uses terms " health inequities ", " equity ", and " advancing health equity " frequently.	Removes direct mentions of "health inequities" and replaces them with "addressing social and structural barriers."	Removed: "Advance health equity" → Replaced with: "Ensuring access to all available tools to improve HIV health outcomes."
Health Inequities	"Address health inequities in HIV care"	"Reduce barriers to HIV prevention and care services"	Framing inequities as barriers
Disproportionately Affected Groups	"Black, Latino, and AI/AN communities are disproportionately impacted by HIV."	"Populations with the highest burden of HIV require targeted services."	Less specificity; broader terminology
Whole-Person Approach	"Improve HIV care using a whole-person approach."	"Address structural and social barriers to HIV prevention and care."	Expands focus beyond medical care
Focus on Disproportionately Affected Communities	Lists specific racial/ethnic groups disproportionately impacted by HIV (e.g., Black, Latino, AI/AN).	Replaces direct group mentions with " people and communities disproportionately impacted by HIV. "	Removed: "Black, Latino, American Indian/Alaska Native" → Replaced with: "populations with the highest burden of HIV."

HIV Planning Councils, Groups and Commissions: Roles

- Review the plan
- Concurrence Letter
- Advise implementation
- Communicate with community partners about the plan
- Help monitor the plan by reviewing updates and making suggestions to improve implementation
- Reference the plan in your planning and implementation activities throughout the year
- **Continue your great work!**



Key Elements of the Integrated Plan: Concurrence

- Yes, I have reviewed the plan
- Yes, I have had an opportunity to provide input to the plan
- Yes, concur (agree) with the general approach of the plan
- Yes, I agree to help inform the implementation of the plan by receiving regular reports and providing suggestions to help improve the ongoing work

Options: Concur, concur with reservations, do not concur

Feedback

Methods: Verbal comments at monthly meetings updates to Planning Councils, 2-week comment period, survey link, direct emails

Positive- support for syndemic focus, through a social determinants of health lens, support succinct statements, support list of priority populations

Critique/Suggestions- more information on metrics and outcomes measures, revise concurrence letter to make more specific, improve cover art

Other- general suggestions for interventions that work, language refinements to how priority populations are named, social media strategies to reach hardly-reached

Indicators-Implementation Blueprint

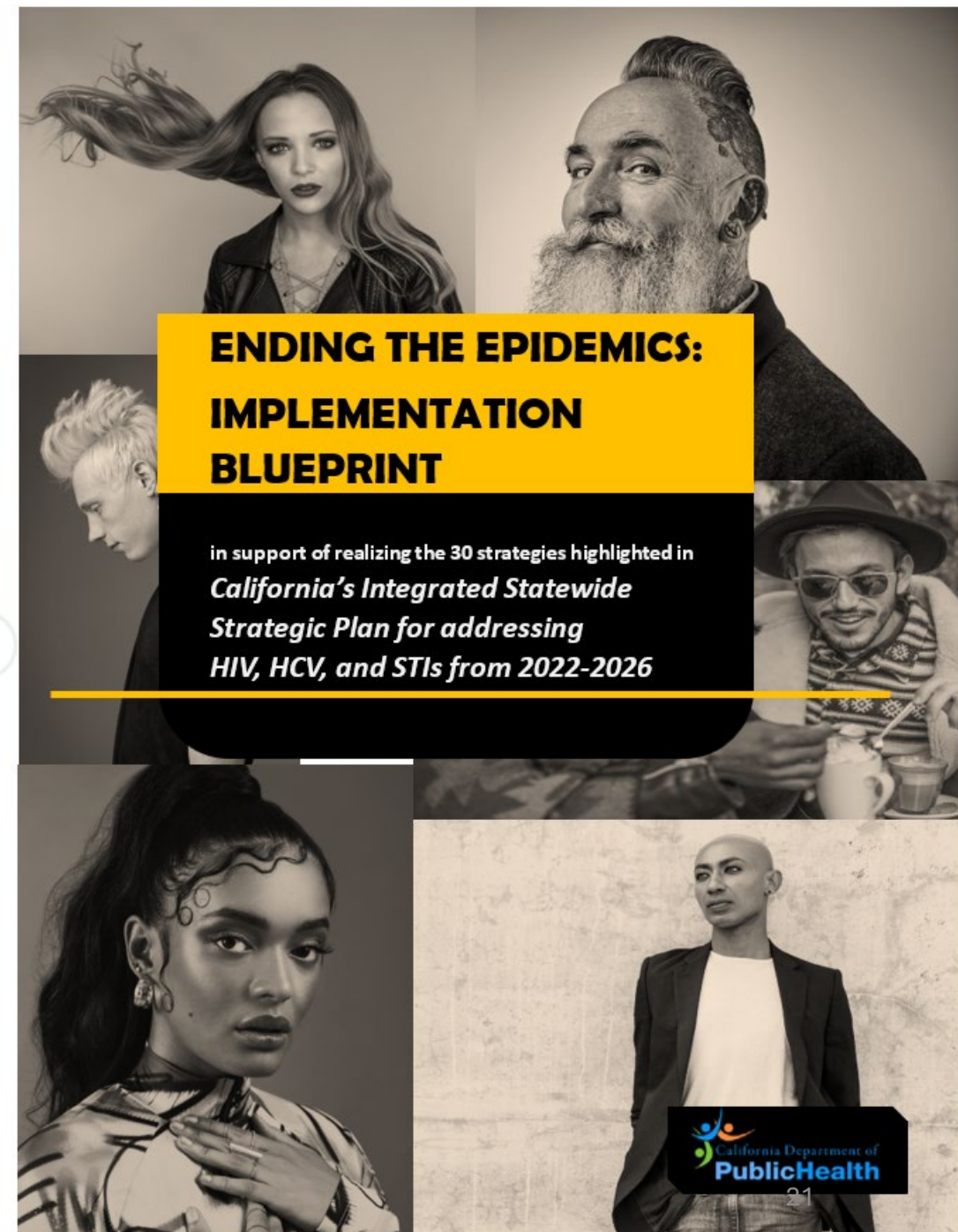
1. **Increase the estimated percentage of Californians living with HIV who know their serostatus to 95% (86.1%, 2024)**
2. **Reduce the number of new HIV diagnoses in California by at least 50%, to fewer than 2,500/year (4538, 2024)**
3. **Increase the number of Californians at high risk for HIV infection who are on PrEP to 60,000 (79648, 2024)**
4. **Decrease the percentage of persons with new HIV diagnoses in California that are diagnosed with Stage 3 (AIDS) within twelve months of diagnosis (i.e., late diagnosis) to less than 17% (24.5%, 2024)**
5. **Increase the percentage of sexually active PLWH in care who are tested at least once in a year for gonorrhea, syphilis, and chlamydia to at least 75% (MMP)**
6. **Increase the percentage of newly diagnosed persons in California linked to HIV medical care within 1 month of their HIV diagnosis to at least 85% (80.0%, 2024)**
7. **Increase the percentage of Californians newly diagnosed with HIV who are virally suppressed within six months of diagnosis to at least 75% (63.8%, 2024)**
8. **Increase the percentage of Californians with diagnosed HIV infection who are virally suppressed to at least 80% (68.4%, 2024)**
9. **Increase the percentage of Californians with diagnosed HIV infection who are in HIV medical care (at least 1 visit per year) to at least 90% (68.4%, 2024)**
10. **Increase the percentage of California AIDS Drug Assistance Program clients with public or private health insurance to at least 85% (66%, 2024)**
11. **Reduce the percentage of Californians with newly diagnosed HIV infection who are experiencing homelessness to less than 5% (5.9%, 2023) (All Diagnosed HIV infection 1%, 2024)**
12. **Reduce the age-adjusted death rate among Californians with diagnosed HIV infection to less than 650 per 100,000 per year (1151 per 100,000, 2024, 2000 Census)**

Partner Outcomes

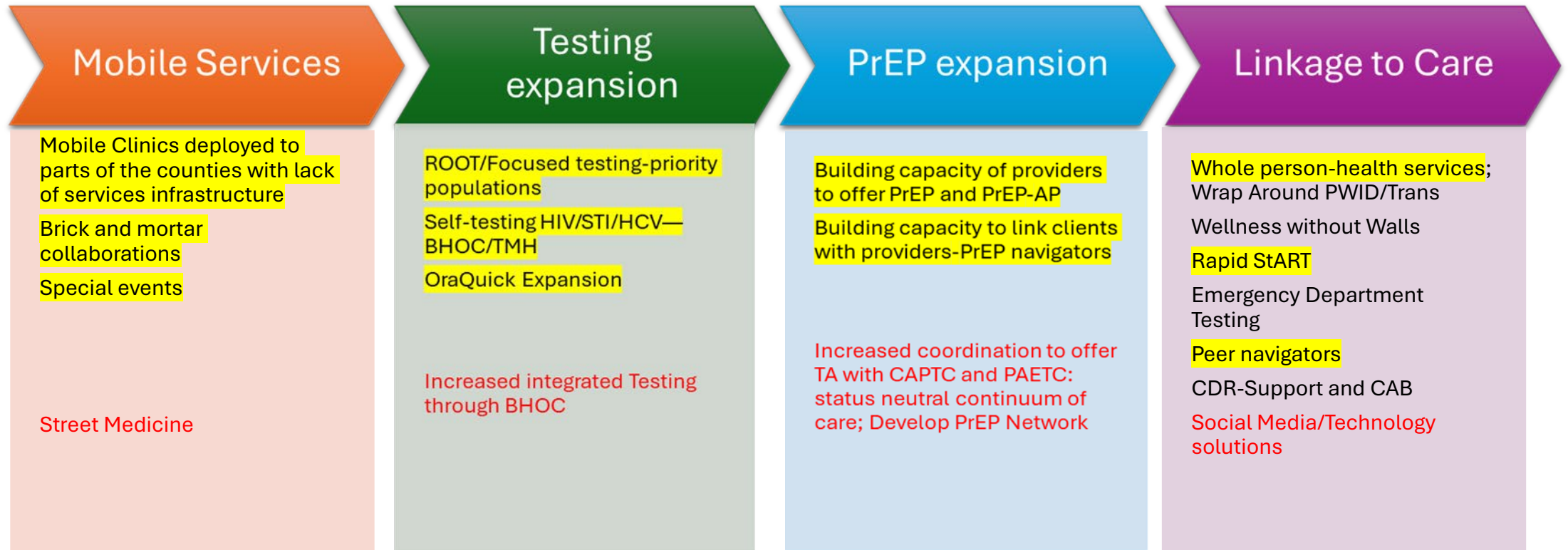
- **San Francisco**- multiple SF plans under a local customized version of the Implementation Blueprint
- **Sacramento**- Evolved mobile services to Street Medicine
- **Santa Clara**- working the Housing First section of the Strategic Plan
- **San Diego**- using the Implementation Blueprint to justify their End Hep C integrated activities
- **Kern**- working on a local version of the Implementation Blueprint that will highlight harm reduction especially. About 75% of the activities are related to harm reduction
- **Mountain Region**-Referencing social determinants of health strategies in strengthening their continuum of care

Implementation Blueprint

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



Selected Resulting Interventions





Selected Initiatives and Highlights

“Do it from home” Takemehome.org videos

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

Takemehome.org / HIV & STI testing

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

Color.com / Tele PrEP & PEP

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

Real Talk

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



Resources

- [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027-2031](#)
- [California HIV Surveillance Report – 2023](#)
- [HIV/AIDS Epidemiology and Health Disparities in California - 2023](#)
- [CA-Epi-Profile-2017-2021.pdf](#)
- [America's HIV Epidemic Analysis Dashboard | AHEAD](#)
- [CDPH_StratPlan2021_FINAL_ADA.pdf \(ca.gov\)](#)
- [Implementation-Blueprint.pdf](#)
- [California Consortium EHE Plan](#)
- <https://facenteconsulting.com/cdph-technical-assistance-request-portal/> (planning support to use the Implementation Blueprint)

Contact Information: Leroy.Blea@cdph.ca.gov

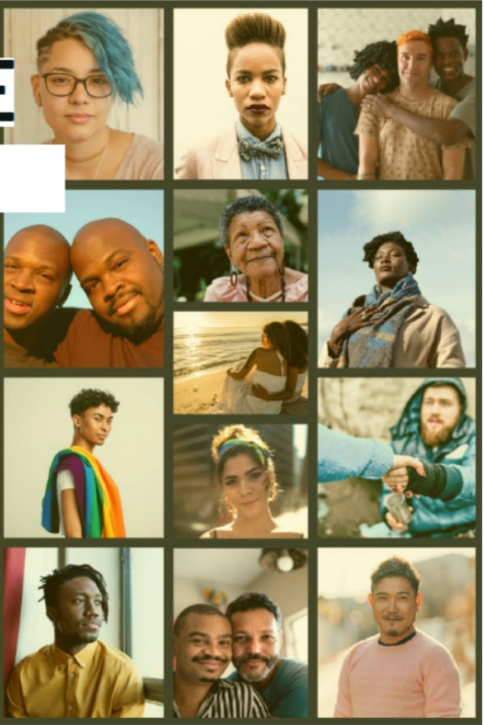
Thank you! Questions?

ENDING THE EPIDEMICS:

Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California

Integrated Statewide Strategic Plan Overview 2022-2026



California Department of Public Health



ENDING THE EPIDEMICS

Integrated Statewide Strategic Plan 2027-2031

Addressing the **Syndemic** of Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California



Key Elements of the Integrated Plan: Concurrence

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- Yes, I have had an opportunity to provide input to the plan
- Yes, concur (agree) with the general approach of the plan
- Yes, I agree to help inform the implementation of the plan by receiving regular reports and providing suggestions to help improve the ongoing work

Options: Concur, concur with reservations, do not concur

INSIDE:

- Awareness
- Updates
- Strategic Plan
- Health Access for All
- Racial Equity

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

STAFF HIGHLIGHT

➤ **Glorietta Kundeti**

OA is pleased to share that **Glorietta Kundeti** is our new HIV Surveillance Section Chief (Research Scientist Supervisor II) in the OA. Over the past six years, Glorietta has demonstrated unwavering dedication within OA, beginning as a Research Scientist (RS) III in the Care Evaluation Monitoring Section, progressing to interim Chief of the ADAP Fiscal Forecasting Evaluation and Monitoring Section, and most recently leading as the Data Management Unit Chief in our Surveillance Section.

Before joining OA, Glorietta spent four years with CalREDIE as both an ELR analyst and a surveillance system data analyst, followed by two years as a RS II in the Infectious Disease Branch Statistics and Surveillance Section. Her academic credentials include an MPH in Epidemiology from Loma Linda University and a BS in Microbiology from the University of California, Davis.

Glorietta lives in Sacramento with her husband Hemanth and their beloved Toyota Prius (2008 produced a great Prius model). She enjoys many little things with a good cup of coffee.

Please join us in congratulating Glorietta on her well-deserved promotion!



➤ **2026 Black Box Workshop**

Nabeeh Hasan and **Triston Mosbacher** both attended this year's Black Box workshop in Washington, D.C., which took place April 6–7. The Black Box Project is a national CDC-funded HIV surveillance data matching project, operated by a team from Georgetown University, who hosted the event. OA has been a consistent participant in the project since late 2021, with Triston frequently collaborating with Georgetown staff to help test and ensure smooth operation of their systems.

The workshop consisted of Black Box participants from across the country, representing approximately forty jurisdictions. Triston led a discussion section focused on Western participating jurisdictions, seeking to identify challenges unique to these jurisdictions and potential opportunities for more routine data sharing between them. In recognition of his contributions to the Black Box Project, Triston was presented with an award at the end of the workshop.

Congratulations, Triston!

HIV AWARENESS

➤ National HIV Vaccine Awareness Day

May 18 is National HIV Vaccine Awareness Day (HVAD). On this day, we honor the scientists, health professionals, researchers, and clinical trial volunteers dedicated to finding an effective preventive HIV vaccine. Many treatments and preventive measures exist to help those living with or impacted by HIV/AIDS; however, a vaccine would help us achieve the goal of ending HIV. During these turbulent times, we want to highlight and stress the importance for the need of scientific innovation. HVAD provides an opportunity to educate communities about the importance of preventative HIV vaccine research.

➤ National Asian & Pacific Islander HIV/AIDS Awareness Day

May 19 is National Asian & Pacific Islander HIV/AIDS Awareness Day (NAPIHAAD). NAPIHAAD is observed to promote testing, reduce HIV stigma, and improve prevention and treatment within the Asian, Native Hawaiian, and Pacific Islander (A/PI) communities. Cultural stigma around sexual health and orientation is common in API communities. As a result, members tend to avoid HIV testing, prevention, and care due to familial shame and stigma.

NAPIHAAD is meant to educate, promote the need for culturally competent care and API-lead community organizations, and end the shame about HIV/AIDS in API communities.

GENERAL UPDATES

➤ Mpox

OA continues its commitment to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed.

Mpox digital assets continue to be available for LHJs and CBOs on DCDC's [Campaign Toolkits](#) website.

Also, please refer to the [DCDC website](#) to stay informed of mpox updates.

➤ Office of STIs & HCV (OSH)

We are pleased to share a new Dear Colleague Letter (DCL) highlighting the importance of [HIV genotypic drug resistance testing](#). Conducting this testing at entry into HIV care provides immediate clinical benefit by guiding the selection of an individualized antiretroviral therapy (ART) regimen. The letter reviews current ART guidelines regarding how to incorporate HIV drug resistance testing into common clinical scenarios.

In addition, the letter describes how these data can support public health efforts by helping departments understand patterns of HIV transmission and respond to evidence of rapid spread.

Please share this letter with HIV clinical providers in your organization or network.

➤ OA's HIV Laws Webpage

We wanted to mention again that OA has updated its [HIV Laws webpage](#) in an effort to improve awareness of important legislative information relating to HIV. This page contains organized links to state laws and regulations, as well as associated fact sheets and letters, all relating to OA's programs on HIV prevention, treatment, care, surveillance, and harm reduction. OA will continue to update this webpage with new links and resources in-line with the passage of new legislative bills.

➤ HIV/STI/HCV Integration

As a reminder, the position announcement for the new Chief of the Division of HIV, HCV, and STIs was released last October and was closed on November 15th. As we await word on its progress, we continue to align our services in a coordinated syndemic manner to better serve individuals at risk of acquiring HIV, STIs, and HCV.

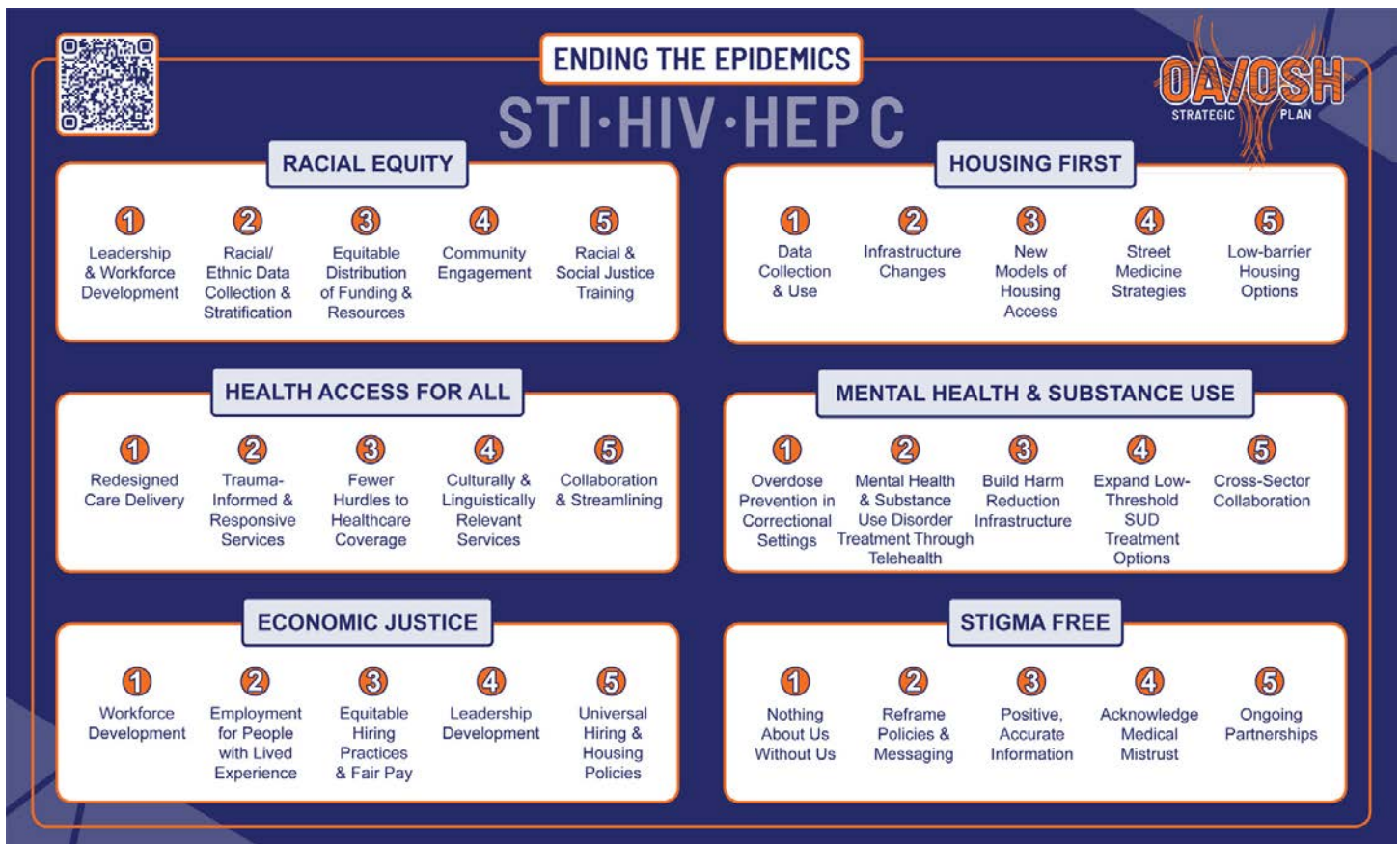
As always, we will continue to keep you updated as we learn more.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/OSH

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

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

For technical assistance in implementing the *Strategic Plan*, California LHJs and CBOs can visit [Facente Consulting's webpage](#).



HEALTH ACCESS FOR ALL

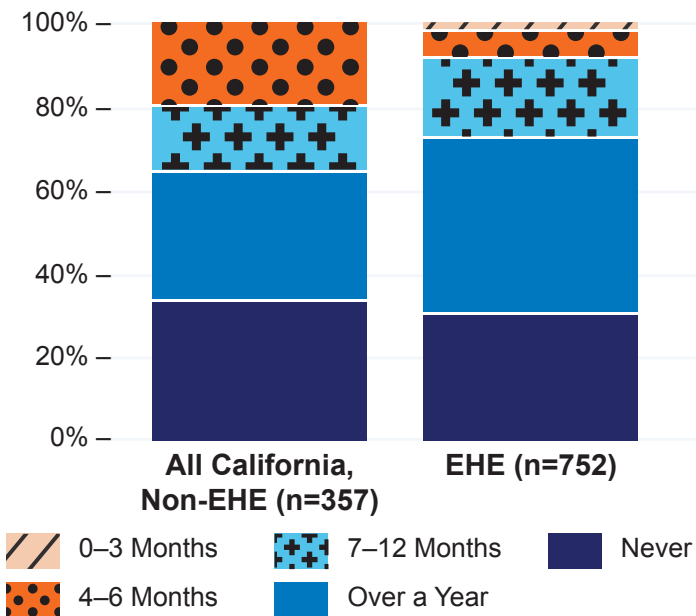
TAKEMEHOME

➤ Strategy 1: Redesigned Care Delivery

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

In March, 357 individuals in 37 counties ordered self-test kits, with 249 (69.8%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. Between the program's initiation in September 1, 2020, and March 31, 2026, 22,628 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 500 (66.5%) of the 752 total tests distributed in EHE counties. Of those ordering rapid tests, 192 (76.2%) ordered 2 tests.

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



Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	45.2%	50.2%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	37.9%	39.0%
Were 17-29 years old	41.8%	40.3%
Of those sharing their number of sex partners, reported 3 or more in the past year	39.0%	40.2%

Since September 2020, 2,355 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 1044 responses from the California expansion since January 2023.

Survey Highlights	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	95.2%	94.8%
Identify as a man who has sex with other men	44.9%	49.0%
Reported having been diagnosed with an STI in the past year	8.0%	9.3%

HEALTH ACCESS FOR ALL

➤ Strategy 3: Fewer Hurdles to Healthcare Coverage

As of April 30, 2026, there are 309 PrEP-AP enrollment sites and 232 clinical provider sites that currently make up the [PrEP-AP Provider network](#).

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on the next page of this newsletter.

As of April 30, 2026, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the [table below](#).

RACIAL EQUITY

➤ Strategy 4: Community Engagement

California Planning Group (CPG) – Spring 2026 Meeting Announcement

The CPG and OA will host the Spring In-Person CPG Meeting from May 12–14. Attendance

will be by invitation only. The meeting theme is *Navigating Troubled Waters and Riding the Wave of Success Together*. It will include a state-led presentation on access to and coverage of long-acting injectables as well as a capacity building session on navigating change during uncertain times. It will also have dedicated time for committee work, including a group assignment on PrEP gaps, extended breakout session, and team-building activities.

For more information, visit our [CPG webpage](#).

➤ Strategy 5: Racial and Social Justice Training

The Centers for Disease Control and Prevention (CDC) offers free capacity building assistance (CBA) through training, technical assistance, and other resources to reduce HIV infection and improve health outcomes for people with HIV in the United States. Its CBA Provider Network provides CBA on a vast variety of HIV prevention related topics! To submit a CBA request, please contact the Local Capacity Building and Program Development Unit at CBA@cdph.ca.gov.

For [questions regarding The OA Voice](#), please send an e-mail to angelique.skinner@cdph.ca.gov.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from March
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	560	-1.41%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,275	-0.51%
Medicare Premium Payment Program (MPPP)	2,638	3.09%
Total	9,473	1.17%

Source: ADAP Enrollment System

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	263	10%	---	---	---	---	6	0%	269	10%
25 - 34	861	33%	---	---	---	---	97	4%	958	37%
35 - 44	742	28%	1	0%	---	---	80	3%	823	31%
45 - 64	390	15%	1	0%	3	0%	78	3%	472	18%
65+	24	1%	---	---	65	2%	7	0%	96	4%
TOTAL	2,280	87%	2	0%	68	3%	268	10%	2,618	100%

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

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	146	6%	1	0%	32	1%	19	1%	---	---	46	2%	3	0%	22	1%	269	10%
25 - 34	584	22%	2	0%	85	3%	61	2%	4	0%	160	6%	8	0%	54	2%	958	37%
35 - 44	533	20%	4	0%	54	2%	62	2%	1	0%	136	5%	4	0%	29	1%	823	31%
45 - 64	292	11%	1	0%	26	1%	18	1%	---	---	116	4%	---	---	19	1%	472	18%
65+	15	1%	---	---	4	0%	4	0%	---	---	70	3%	---	---	3	0%	96	4%
TOTAL	1,570	60%	8	0%	201	8%	164	6%	5	0%	528	20%	15	1%	127	5%	2,618	100%

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

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	39	1%	---	---	2	0%	11	0%	1	0%	15	1%	---	---	4	0%	72	3%
Male	1,447	55%	7	0%	184	7%	151	6%	3	0%	485	19%	13	0%	101	4%	2,391	91%
Trans	77	3%	---	---	13	0%	2	0%	1	0%	18	1%	1	0%	5	0%	117	4%
Unknown	7	0%	1	0%	2	0%	---	---	---	---	10	0%	1	0%	17	1%	38	1%
TOTAL	1,570	60%	8	0%	201	8%	164	6%	5	0%	528	20%	15	1%	127	5%	2,618	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 04/30/2026 at 12:02:01 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

STANDING COMMITTEES AND CAUCUSES KEY TAKEAWAYS REPORT | MAY 2026

Membership & Community Engagement Committee

Link to the April 23, 2026 Membership & Community Engagement Committee meeting packet can be found [HERE](#).

Key outcomes/results from the meeting:

- COH staff led a “Committee Orientation” presentation, which provided an overview of the role and responsibilities of the Membership & Community Engagement Committee.
- The committee reviewed their meeting calendar and approved their 2026 work plan.
- Ish Herrera and Vilma Mendoza were elected as committee co-chairs.
- The Membership and Community Engagement Committee established a recruitment workgroup to develop strategies for filling the Commission’s vacant seats. The committee members who volunteered for the work group are Stevie Bieneman, Ish Herrera, Kevin Nguyen, and David Cerda Orozco.
- The next meeting for the Membership & Community Engagement Committee will be on Thursday, June 25, 2026, from 10am - 12pm at the Vermont Corridor.

Action needed from full body:

- Attend the upcoming virtual Needs Assessment and Priority Setting & Resource Allocation mandatory training on June 3, 2026 from 12pm – 1pm to become familiar with these key RWP planning council responsibilities.

Executive Committee

The Executive Committee did not meet in the month of April. The first meeting of the Executive Committee will be held on May 28, 2026 from 1pm-3pm at the Vermont Corridor.

Planning, Priorities, and Allocations Committee

Link to the April 21, 2026 Planning, Priorities, and Allocations Committee meeting packet can be found [HERE](#).

Key outcomes/results from the meeting:

- COH staff led a “Committee Orientation” presentation which provided an overview of the role and responsibilities of the Planning, Priorities, & Allocations Committee.
- The committee reviewed their meeting calendar and approved their 2026 workplan.
- Jeronimo Barrajas and Stephanie Johnson were elected as committee co-chairs.

Action needed from full body:

- Attend the upcoming virtual Needs Assessment and Priority Setting & Resource Allocation mandatory training on June 3, 2026 from 12pm – 1pm to become familiar with these key RWP planning council responsibilities.

Standards and Best Practices Committee

Link to the April 20, 2026, Standards and Best Practices Committee meeting packet can be found [HERE](#).

Key outcomes/results from the meeting:

- The Standards and Best Practices Committee elected Caitlin Dolan and Montana Volby as Committee co-chairs.
- COH staff led a “Committee Orientation” presentation which provided an overview of the role and responsibilities of the Standards and Best Practices Committee.
- The next meeting for the Standards and Best Practices Committee will be on Monday May 18, 2026, from 10am-12pm at the Vermont Corridor.

Action needed from full body:

- Review the Standards and Best Practices Committee 2026 workplan and meeting calendar to learn more about the activities of the Committee and identify ways to participate. Both documents can be found on the meeting packet [HERE](#).

Aging Caucus

The Aging Caucus did not meet in the months of April and May.

Black Caucus

The Black Caucus did not meet in the months of April and May.

Consumer Caucus

The Consumer Caucus did not meet in the months of April and May.

Transgender Caucus

The Transgender Caucus did not meet in the months of April and May.

Women’s Caucus

The Women’s Caucus did not meet in the months of April and May.

Housing Task Force

The Housing Task Force did not meet in the months of April and May.



Community Partner Spotlight: Commission on HIV Tour of Project Angel Food's Newly Renovated Campus



On April 30, 2026, Commissioners and staff from the Los Angeles County Commission on HIV participated in an engaging and informative tour of the newly renovated [Project Angel Food](#) campus. The visit offered the Commission a firsthand look at the organization's expanded facilities, its creative new design elements, and the innovative plans underway to further enhance services for clients living with serious illness, including people living with HIV.

Attendees were warmly welcomed by CEO Richard Ayoub, who generously dedicated time to walk the group through the renovated space and share insights into the vision guiding Project Angel Food's growth. His thoughtful overview highlighted how the upgraded campus will support increased meal production capacity, improve workflow for staff and volunteers, and strengthen the organization's long-standing commitment to food as medicine.

One of the most memorable features of the new campus is the striking exterior mural created by renowned Los Angeles artist Robert Vargas. The vibrant, larger-than-life artwork serves as a visual celebration of community, compassion, and resilience—values deeply embedded in Project Angel Food's mission. Attendees noted how the mural not only beautifies the neighborhood but also stands as a public testament to the organization's decades of service.



In addition to exploring the completed renovations, attendees were briefed on the future expansion plans, including development of a rooftop garden designed to serve as a learning and engagement hub. This planned garden will provide space for growing fresh ingredients, deepen community connections, and create new opportunities for nearby schoolchildren to participate in hands-on educational activities focused on nutrition, urban agriculture, and health.

The visit offered a meaningful window into Project Angel Food's continued evolution and its unwavering commitment to nourishing the health and well-being of the Los Angeles community. The Commission extends sincere appreciation to Project Angel Food's Michael Draskovic for coordinating and organizing the visit and looks forward to ongoing collaboration in support of shared community goals.

PROJECT ANGEL FOOD






PROJECT
ANGEL
FOOD

THE CHUCK LORRE
FAMILY FOUNDATION

CAROL AND JERRY COBEN
CITY OF WEST HOLLYWOOD
ANNA BETH AND JOHN GOODMAN
EUGENE KAPALOSKI AND DAN RENBERG
DAVID AND ASHLEY KRAMER
TULLY IELAND
THE CONNIE FRANK FOUNDATION
RALPH M. PARSONS FOUNDATION
THOMAS SAFRAN
MARTIN A. STRAUSSMAN, JR.
STABLEMANISED FUND
STEVEN E. TISCH







Eugene
Kapasoski
& Dan
Renberg

Kitchen
Reception









No:
Eating/Drinking
Chewing Gum

PROJECT
ANGEL
FOOD

American Panel

OLIVER
Helping People Feed People
oliver.com

OLIVER
Helping People Feed People
oliver.com





109
ELECTRICAL
ROOM

CAUTION
CUIDADO





4 - 1 LB 13 OZ (29 OZ) (822g) BULKPAK
NET WT 7.25 LB (3.29kg)

Cheerios
Toasted Whole Grain Oat Cereal

Gluten Free

K-12
REGULATION
READY

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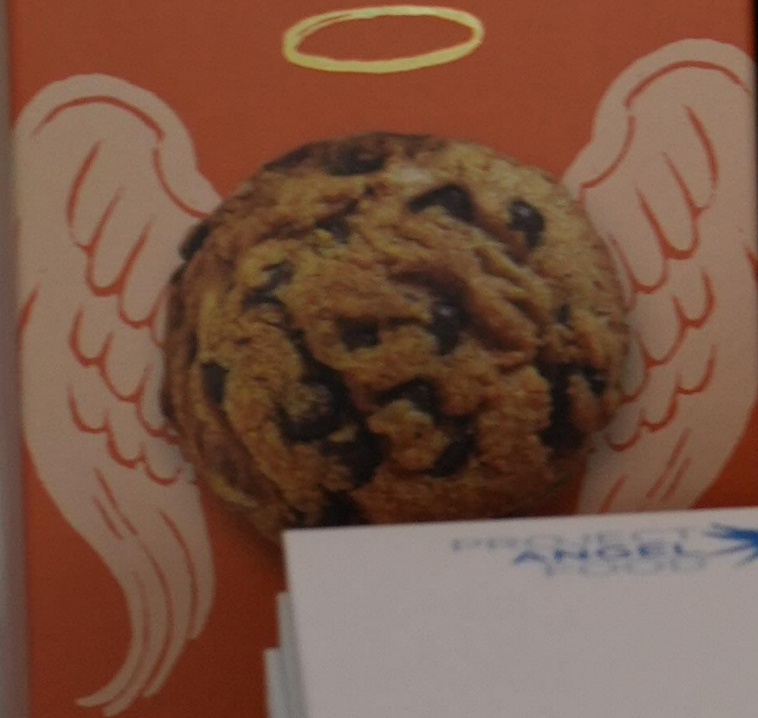






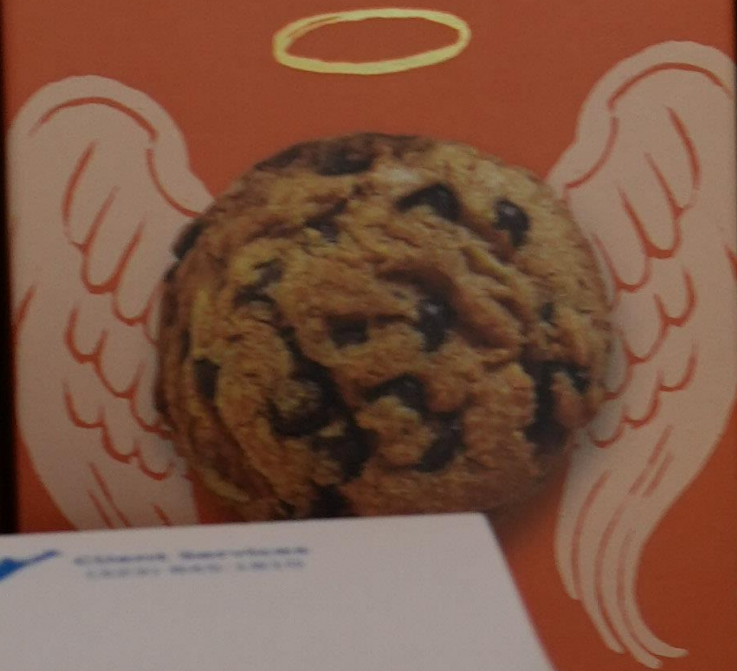
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THE DO•GOODING
GOOD COOKIES



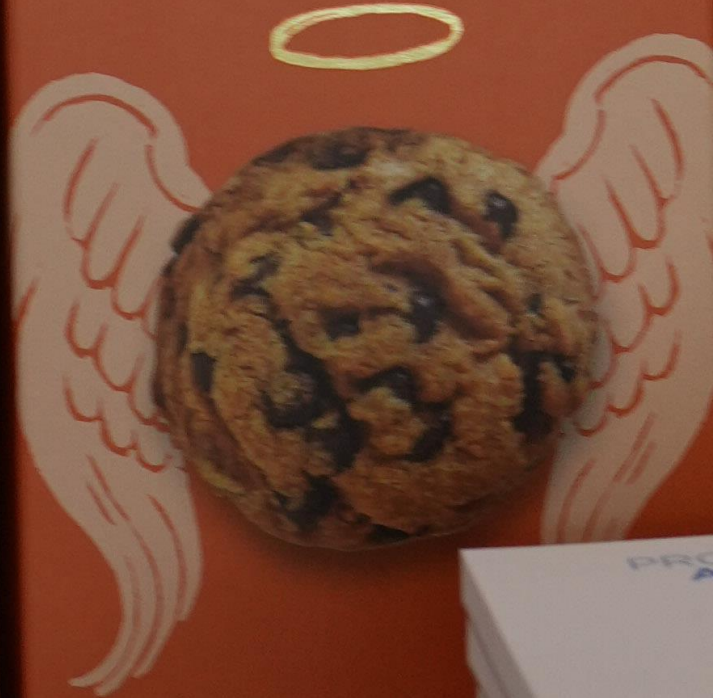
chocolate
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THE DO•GOODING
GOOD COOKIES



chocolate
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THE DO•GOODING
GOOD COOKIES



NET WEIGHT
7.5 OZ (212 G)



chocolate
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THE DO•GOODING
GOOD COOKIES



chocolate
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THE DO•GOODING
GOOD COOKIES

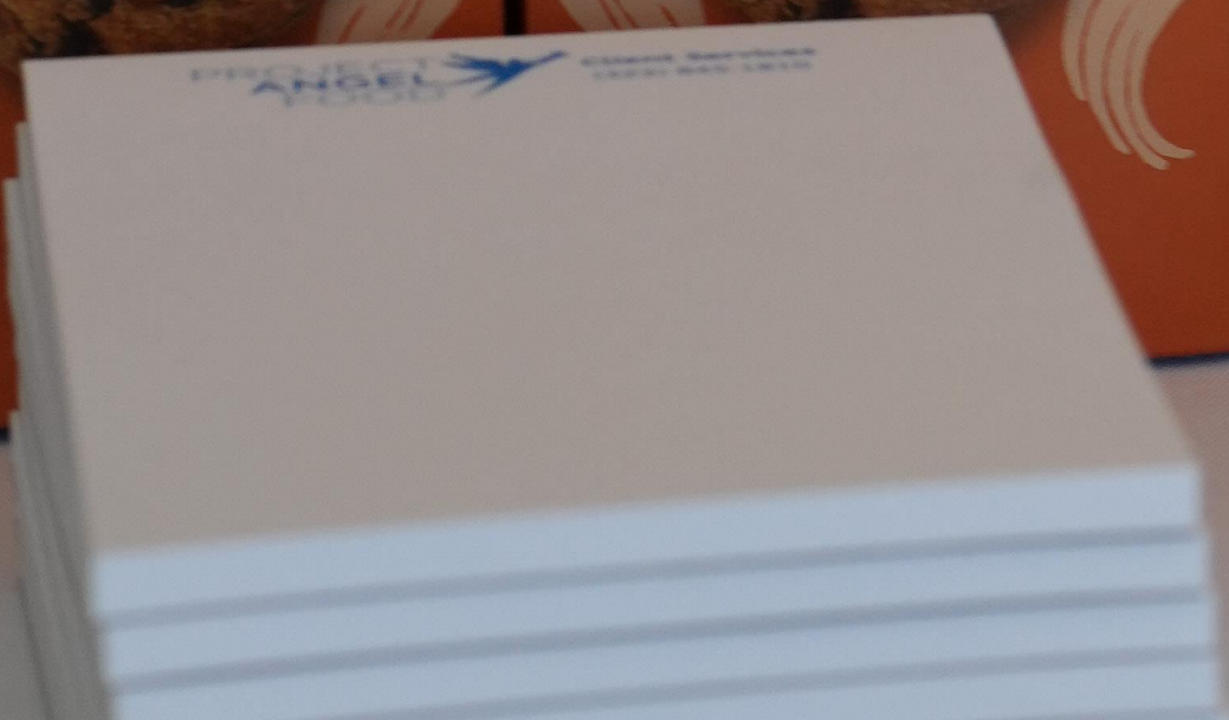


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7.5 OZ (212 G)



chocolate
chip

THE DO•GOODING
GOOD COOKIES









LEVEL 1 EVACUATION PLAN
N VINE STREET LOS ANGELES, CA 90038

- PRIMARY EXIT ROUTE
- ALTERNATE EXIT ROUTE
- YOU ARE HERE
- FIRE EXTINGUISHER
- ALARM
- ELEVATOR
- EXIT
- STAIR

FIRE ALARM - SOUNDS LIKE HORN
VISUAL ALARM - LOOKS LIKE STROBE LIGHTS
CASE OF FIRE EMERGENCY USE STAIRS FOR EXIT—DO NOT USE ELEVATORS
EMERGENCY TELEPHONE NUMBER: 911









YOU ARE HERE
FIRE EXTINGUISHER
ALARM
ELEVATOR
EXIT
STAIR

LIVE HORN
LIKE

Sharon Brown
Community Health

Jonathan Weedman
Via Care Community Health





PROJECT
ANGEL
FOOD

THE CHUCK LORRE
FAMILY FOUNDATION

S. MARK TAPER
FOUNDATION

STATE OF CALIFORNIA

CAROL HIGGINS CLARK
BOB COHEN

COUNTY OF LOS ANGELES

DO
FREE

THE ROSE

AUDREY
CHARITA

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DARREN ST









UCLA

PROJECT
ANGEL
FOOD













THOMAS G. ROGILLIO II
COOKLINE 3



















Sana Wright
Los Angeles County
Commission 2014-2018





JAMES CURTIS & CHRISTOPHER GUEST
INDIAN VOLUNTEER CENTER







Jasmine Brown
Charles R Drew University

Angela Hunt



















207
FREEZER 2

USE CAUTION
ENTERING
AND WORKING
IN THIS AREA

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BULKPAK
Cheerios
Toasted Whole Grain Oat Cereal

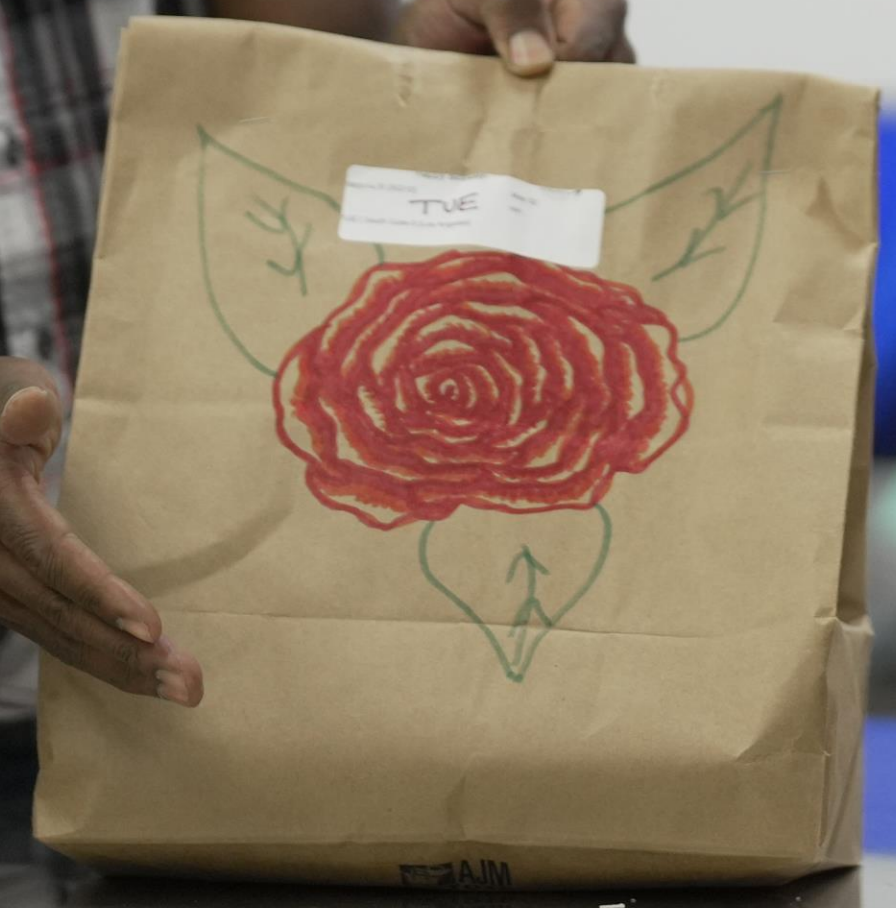
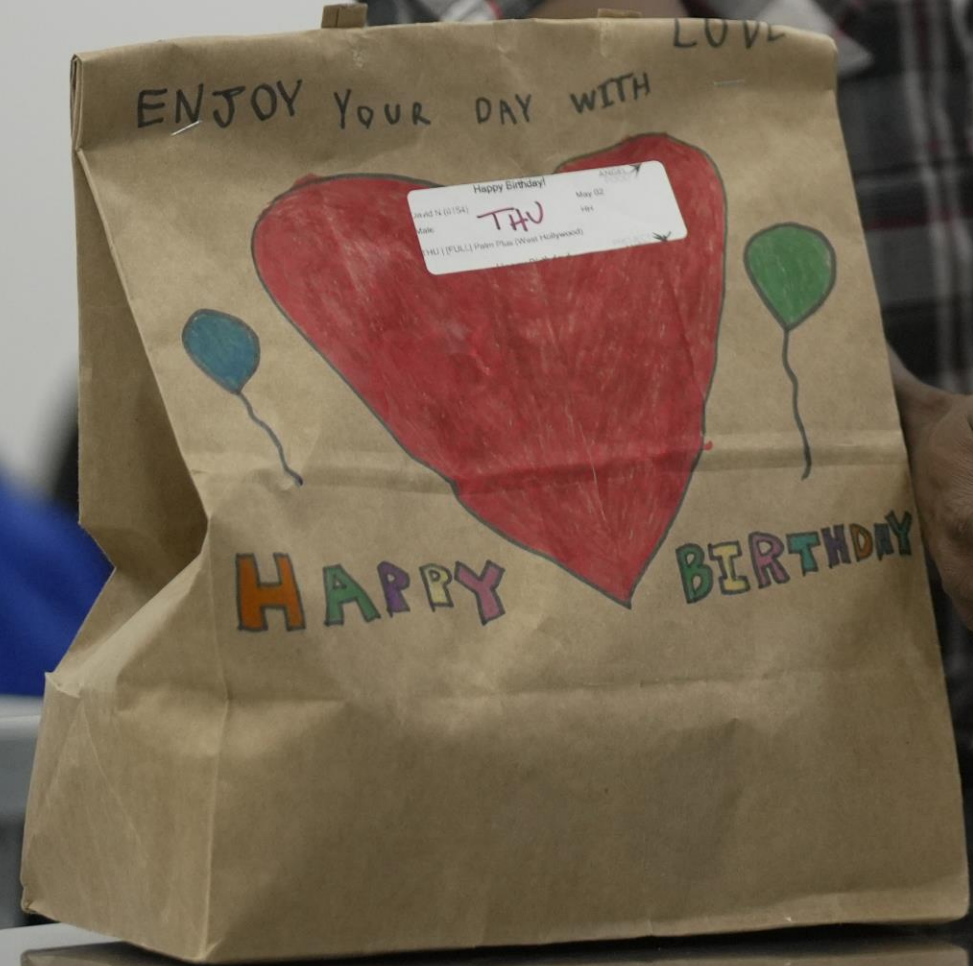


Kunal Herrera
Los Angeles County
Commission 2018

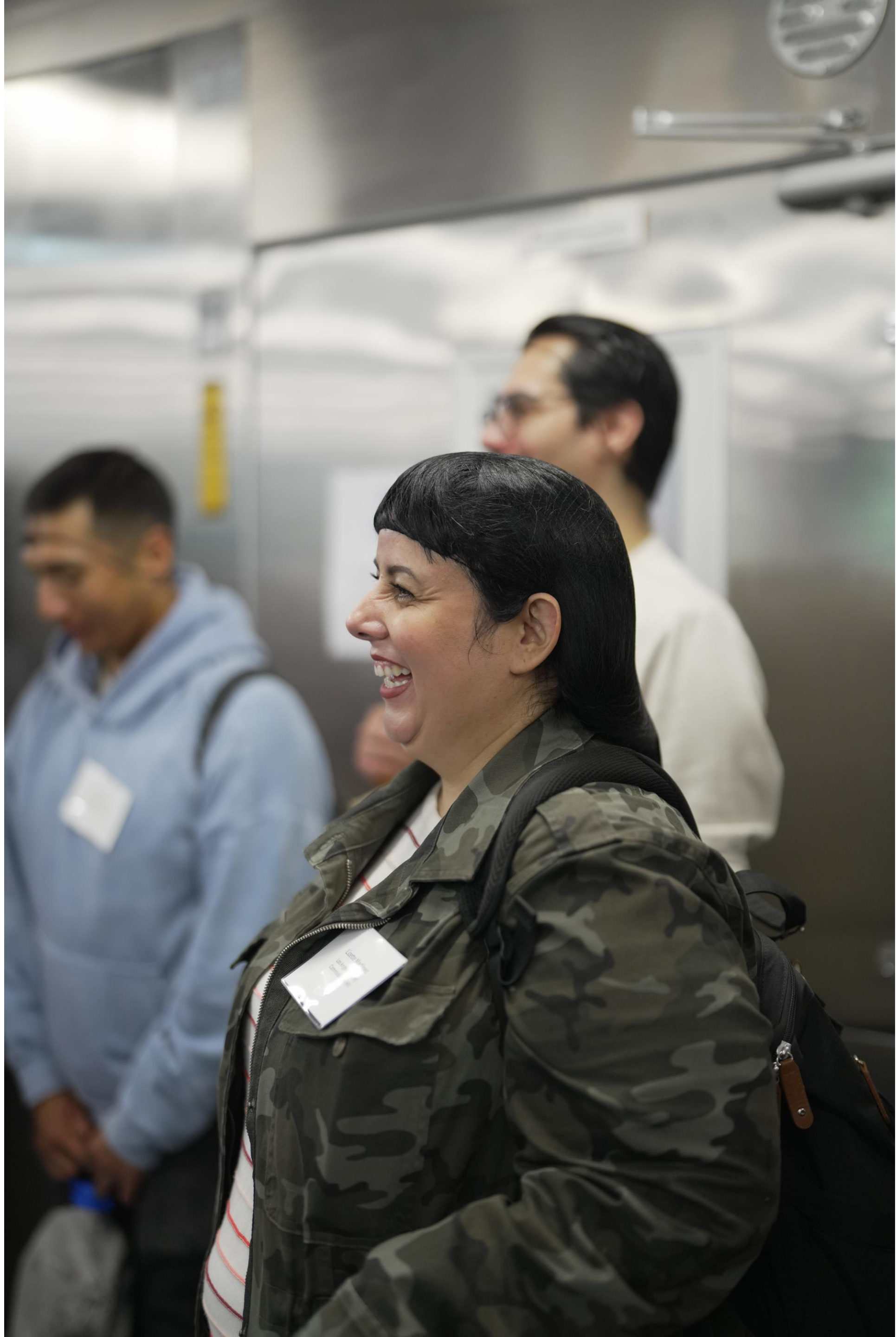
PRO.
ANO.
FOC.
Kidney
and Cho
Mea







EXIT





We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

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





Estamos Escuchando



Comparta sus inquietudes con nosotros.

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

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

En el sitio web:
[http://publichealth.lacounty.gov/
dhsp/QuestionServices.htm](http://publichealth.lacounty.gov/dhsp/QuestionServices.htm)

