together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL



EXECUTIVE COMMITTEE MEETING

Thursday, October 22, 2026 | 1:00PM – 3:00PM (PST)

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

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

TO JOIN THE MEETING VIRTUALLY, PLEASE USE THE LINK BELOW

https://bos-lacounty-gov.zoom.us/webinar/register/WN_9z7oAxxsSLOdpHgzJnOX3Q

PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to address the Commission on an agenda item or other matter within the Commission's subject matter jurisdiction. Comments may be provided in person or submitted electronically to https://forms.cloud.microsoft/g/sTQqRq5dH7.

ACCOMMODATIONS

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

510 S. Vermont Avenue, 14th Floor, Los Angeles, CA 90020
MAIN: 213.738.2816 | EMAIL: hivcomm@lachiv.org | WEB: https://hiv.lacounty.gov

(REVISED) AGENDA FOR THE REGULAR MEETING OF THE EXECUTIVE COMMITTEE

THURSDAY, OCTOBER 22, 2026 | 1:00 PM—3:00 PM

510 S. Vermont Ave, Los Angeles, CA 90020
Terrace Level Conference Room
Validated Parking: 523 Shatto Place, Los Angeles CA 90020

As a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending a Commission on HIV meeting.

MEMBERS OF THE PUBLIC MAY JOIN VIRTUALLY BY REGISTERING HERE:
https://bos-lacounty-gov.zoom.us/webinar/register/WN_9z7oAxxsSLOdpHgzJnOX3Q

COMMISSION CO-CHAIRS: Alvaro Ballesteros, MBA and Katja Nelson, MPP

AGENDA POSTED: October 14, 2026

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to address the Commission on an agenda item or other matter within the Commission's subject matter jurisdiction. Comments may be provided in person or submitted electronically to https://forms.cloud.microsoft/g/sTQqRq5dH7.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission office at hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

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

SUPPORTING DOCUMENTATION: Supporting documents are available on the Commission's website https://hiv.lacounty.gov/meetings.

1. ADMINISTRATIVE MATTERS

- **A.** Call to Order and Roll Call — 1:00 PM—1:03 PM
- **B.** Code of Conduct, Meetings Guidelines & Reminders — 1:03 PM—1:05 PM
- **C.** Approval of the Agenda **MOTION #1** — 1:05 PM—1:07 PM
- **D.** Approval of Prior Meeting Minutes **MOTION #2** — 1:07 PM—1:10 PM

2. PUBLIC COMMENT 1:10 PM—1:15 PM

3. ADMINISTRATIVE REPORTS

A. COH Staff Report 1:15 PM – 1:20 PM

(1) County/Commission Operational Updates
   a. 2024-2026 Community Engagement Findings Draft Report
   b. February 11, 2027 Annual Conference Planning Workgroup Updates

B. Co-Chairs Report 1:20 PM – 1:40 PM

(1) Welcome Executive Committee At-Large Member, TJ Griffin
(2) 2026-2027 COH Workplan & Meeting Schedule Review
(3) Executive At-Large Seat Vacancy Update
(4) September 10, 2026 Commission Meeting Debrief
(5) January 14, 2027 Commission Meeting Agenda Development
   a. Standing Reports & Updates
   b. Membership Applications (if applicable)
   c. Measure ER Updates
   d. 2/11/27 Annual Conference Planning Updates
   e. Committee-related Actions/Motions
(6) LA County Prevention Advisory Workgroup Updates
(7) Measure ER Updates
(8) HIV Policy and Legislative Updates
   a. LA County CEO Overview of the November 3, 2026, General Election Ballot Measures
   b. CA Six-bill Legislative Package Protecting LGBTQ+ Communities
(9) New Business Items or Emergent Issues Requiring Commission Attention and Direction
(10) Conferences, Meetings & Trainings
   a. 2026 USCHA Follow Up/Feedback
   b. October 14, 2026 2026 ALIANZA Conference
   c. October 30, 2026 COH x DHSP Data Summit

C. Division of HIV and STD Programs (DHSP) Report 1:40 PM – 2:00 PM

(1) Ryan White Program Funding & Services Update
(2) CDC HIV Prevention Funding & Services Update
(3) Housing Updates
(4) Other Updates

5. DISCUSSION

A. CDPH, Office of AIDS Community Planning Group (CPG) COH Representative Nominations & Selection **MOTION #3** 2:00 PM – 2:15 PM

(1) Raniyah Copeland
(2) Dr. Emmanuel Sanchez-Ramos
(3) Nolan Ross Same-Weil
(4) Dr. Tony Mills

6. STANDING COMMITTEE REPORTS 2:15 PM – 2:50 PM

A. Membership & Community Engagement (MCE) Committee

(1) Membership Management
   a. Welcome New Members
   b. New Member Applicant | James Kelly **MOTION #4**
   c. Standards & Best Practices Committee-Only Member | DeJohn Smith **MOTION #5**
(2) Policy & Procedure Proposed Revisions
   a. Proposed Revisions to Attendance Policy **MOTION #6**
   b. Proposed Revisions to Committee-Only Member Policy **MOTION #7**
   c. Proposed Revisions to New Membership Application & Selection Process **MOTION #8**
   d. Revised Priority Setting & Resource Allocation (PSRA) Process & Framework **MOTION #9**
(3) Caucus Updates
   a. Consumer Caucus & Community Caucus
(4) Recruitment, Community Engagement & Outreach
   a. 9/22 USCHA Tea Dance & 10/17 Taste of Soul
   b. Focused outreach and recruitment efforts
(5) 2026 Meeting Schedule

B. Planning, Priorities and Allocations (PP&A) Committee

(1) October 30, 2026 Data Summit
(2) Ryan White Program Years 37-40 Planning & Updates
(3) 2026 Meeting Schedule

C. Standards and Best Practices (SBP) Committee

(1) Committee-Only Member Applicant, DeJohn Smith
(2) Draft PY 35 Assessment of the Effectiveness of the Administrative Mechanism (AEAM) Findings Report Updates
(3) Universal Service Standards & Client Bill of Rights Review Updates
(4) Oral Health Service Standards | Open for Public Comment: 10/20-11/1
(5) Service Standards Review Calendar
(6) 2026 Meeting Schedule

NEXT STEPS 2:50 PM—2:55 PM

A. Task/Assignment Recap

B. Agenda Development for the Next Meeting

8. ANNOUNCEMENTS 2:55 PM—3:00 PM

9. ADJOURNMENT **3:00 PM**

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve the agenda order, as presented or revised.
MOTION #2	Approve the prior Committee meeting minutes, as presented or revised.
MOTION #3	Approve the Commission's CPG Representative, as selected.
MOTION #4	Approve new member applicant, James Kelly, as presented, and forward to full Commission for final recommendation.
MOTION #5	Approve Standards & Best Practices Committee-Only Member, DeJohn Smith, and forward to full Commission for approval.
MOTION #6	Approve the revised Attendance Policy and forward to full Commission for final approval.
MOTION #7	Approve the revised Committee-only Membership Policy, and forward to full Commission for final approval.
MOTION #8	Approve the revised Membership Application & Selection Process, and forward to full Commission for final approval.
MOTION #9	Approve the revised Priority Setting and Resource Allocation (PSRA) Process & Framework, and forward to full Commission for final approval.

EXECUTIVE COMMITTEE MEMBERSHIP			
Member Name		**Membership Seat**	**Committee/Role**
Al	Ballesteros, MBA	Board of Supervisors Office #1 Representative	Commission Co-Chair
Katja	Nelson, MPP	Board of Supervisors Office #3 Representative	Commission Co-Chair
Donta	Morrison, PhD	Alternate	Executive Committee At-Large
TJ	Griffin, LMSW	Mental Health Providers	Executive Committee At-Large
Ish	Herrera	Unaffiliated Representative, At-Large #1	Membership & Community Engagement Committee Co-Chair
Vilma	Mendoza	Unaffiliated Representative, SPA 7	Membership & Community Engagement Committee Co-Chair
Caitlyn	Dolan	Committee-Only Member	Standards & Best Practices (SBP) Committee Co-Chair
Montana	Volby	Unaffiliated Representative, SPA 1	Standards & Best Practices (SBP) Committee Co-Chair
Jeronimo	Barajas	Unaffiliated Representative - SPA 4	Planning, Priorities & Allocations (PP&A) Committee Co-Chair
Stephanie	Johnson	Committee-Only Member	Planning, Priorities & Allocations (PP&A) Committee Co-Chair
Mario	PFrez (Non-Voting)	DHSP/Part A Representative	DHSP Director
Quorum = 6			

Executive Committee: Keeping the Work Moving

The Executive Committee helps keep the Commission's work organized, connected, and moving forward. It supports the Co-Chairs, helps shape agendas, tracks work across committees and caucuses, and makes sure the right items come before the full Commission when needed.

What is the Executive Committee?

It is the Commission's leadership and coordinating body. It helps organize the work, support the Co-Chairs, and keep committee and caucus work aligned with the bylaws, workplan, and Ryan White Part A responsibilities.

Why does it exist?

The Commission has several Ryan White Part A planning responsibilities, including needs assessment, priority setting, allocation recommendations, service standards, integrated planning, and evaluating the local HIV service system. The Executive Committee helps make sure that work stays focused, timely, and coordinated. Put simply ... it helps the Commission not lose the thread.

Does it replace the full Commission?

No. The full Commission remains the primary decision-making body. The Executive Committee helps identify what needs attention and move items forward for discussion, recommendation, or action by the full body.

Can it act on behalf of the Commission?

Yes, in certain time-sensitive situations. When something cannot reasonably wait until the next full Commission meeting, the Executive Committee may act on behalf of the Commission, consistent with the bylaws and applicable policies. Any action taken should be reported back to the full Commission for transparency and shared understanding.

What is a simple way to understand its role?

Think of the Executive Committee like **air traffic control**. It does not fly every plane or decide every destination. But it helps coordinate movement, manage timing, prevent things from colliding, and make sure the right items land safely with the full Commission.

What does it do?

The Executive Committee helps:

- Support the Commission Co-Chairs;
- Review and coordinate agenda items;
- Track committee and caucus work;
- Identify items needing follow-up, referral, or full Commission action;
- Elevate time-sensitive or cross-cutting issues;
- Act on behalf of the Commission when something cannot reasonably wait, as allowed; and
- Protect the role of the full Commission by making sure major decisions come back to the full body when required.

How does it create more leadership opportunities

The Executive Committee includes **three at-large seats** that are specific to the Executive Committee. These seats help more members step into leadership, especially unaffiliated representatives whose lived experience and community perspective are central to the Commission's work. At-large members are also assigned to the Membership & Community Engagement Committee, creating a direct link between leadership, recruitment, reflectiveness, and community engagement.

Bottom line: The Executive Committee helps the Commission stay organized, responsive, and accountable. It does not replace the full Commission. It helps guide the flow of work so the full Commission can focus on the decisions, discussions, and responsibilities.

Source: Commission bylaws, prior Commission practice, and Ryan White Part A planning council guidance.

LOS ANGELES COUNTY
COMMISSION ON HIV

Hybrid Meeting Guidelines

(Updated 6.11.26)

- ☐ 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 via Zoom** 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 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 • FAX (213) 637-6748
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Approved by COH 6/8/23

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.)

LOS ANGELES COUNTY COMMISSION ON HIV

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 Contracted	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	Ceasar	Corona		Tarzana Treatment Center	MCE	3/17/26	3/1/27	
4	Mental Health Providers	TJ	Griffin, LMSW		Men's Heath 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	Tony	Mills, MD		Men's Health Foundation		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	Paola	Buenrostro		East Los Angeles Wome's Center		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	Malik Henry (AMAAD)
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)[Exec A
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	Nolan	Ross Samé-Weil		LA. CADA	SBP	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	SBP	3/17/26	3/1/28	
	TOTAL MEMBERSHIP: 32								
	TOTAL VOTING MEMBERSHIP (SEATED): 28								
	QUORUM: 14								
	Vacant Seats								
	**To establish staggered terms for the new membership cohort, one half of members were appointed to an initial one-year term and the other half to an initial two-year term. Thereafter, all terms will be two years. Staggered terms support continuity and are denoted by blue and white shading.*								

LOS ANGELES COUNTY COMMISSION ON HIV

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

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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

Planning Council/Planning Body Reflectiveness Table
(Use most recent HIV Prevalence data)

Provide data source and year of data: 2024 Annual HIV Surveillance Report: PLWDH as of 2024

Race/Ethnicity	HIV Prevalence in EMA/TGA		Total Members of the PC/PB		Unaffiliated RWHAP Part A Clients on PC/PB		
	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	**If you do NOT meet reflectiveness, please describe the efforts being done to improve upon that demographic category.**
White, not Hispanic	11735	22.52%	8	29.63%	1	12.50%	
Black, not Hispanic	9689	18.59%	7	25.93%	3	37.50%	
Hispanic	25865	49.63%	10	37.04%	4	50.00%	
Asian/Pacific Islander	2171	4.17%	1	3.70%		0.00%	
American Indian/Alaska Native	350	0.67%		0.00%		0.00%	
Multi-Race	2223	4.27%	1	3.70%		0.00%	
Other/Not Specified	79	0.15%		0.00%		0.00%	
Total	52112	100%	27	100%	8	100%	
Sex	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
Male	46059	88.38%	20	74.07%	6	75.00%	
Female	6053	11.62%	7	25.93%	2	25.00%	*(1) NGC
Total	52112	100%	27	100%	8	100%	
Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
13-19 years	89	0.17%		0.00%		0.00%	
20-29 years	2995	5.75%	1	3.70%		0.00%	
30-39 years	10508	20.16%	6	22.22%	2	25.00%	
40-49 years	10742	20.61%	8	29.63%	1	12.50%	
50-59 years	12884	24.72%	5	18.52%	3	37.50%	
60+ years	14894	28.58%	7	25.93%	2	25.00%	
Total	52112	100%	27	100%	8	100%	

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 10/20/26

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 & COMMITTEE-ONLY 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	**Al**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
			Medical Transportation Services
BARAJAS	**Jeronimo**	Unaffiliated Member	No Ryan White or prevention contracts
BIENEMAN	**Stevie**	AIDS Healthcare Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Benefits Specialty
			Mental Health
			Oral Healthcare Services
			STD-Screening, Diagnosis, & Treatment
			HIV Testing Storefront
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			HIV and STD Prevention in Long Beach
BLEA	**Leroy**	California Department of Public Health, Office of AIDS	Part B Grantee

COMMISSION & COMMITTEE-ONLY 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
BUENROSTRO	**Paola**	East Los Angeles Women's Center	High Impact HIV Prevention
CIELO	**Mikhaela**	Los Angeles General Hospital	No Ryan White or prevention contracts
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
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	Biomedical HIV Prevention Services
			Core HIV Services (AOM, MCC, & PSS)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	No Ryan White or prevention contracts
DOLAN	**Caitlyn**	Men's Health Foundation	Biomedical HIV Prevention Services
			Core HIV Services (AOM, MCC, & PSS)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care 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
GERSH	**Lauren**	APLA Health & Wellness	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet 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	Biomedical HIV Prevention Services
			Core HIV Services (AOM, MCC, & PSS)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Data to Care Services
GUTIERREZ	**Joaquin**	REACH LA	HTS - Social and Sexual Networks
HARRIS	**Darryn**	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
HENRY	**Malik**	AMAAD Institute	No Ryan White or prevention contracts
HUNT	**Angela**	Unaffilated Member	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts
JOHNSON	**LeiLani**	Unaffilited Member	No Ryan White or prevention contracts
JOHNSON	**Stephanie**	Men's Health Foundation	Biomedical HIV Prevention Services
			Core HIV Services (AOM, MCC, & PSS)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
LARA	**Roberto**	AMAAD	No Ryan White or prevention contracts
LESTER	**Rob**	Men's Health Foundation	Biomedical HIV Prevention Services
			Core HIV Services (AOM, MCC, & PSS)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care 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

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
MCKINLEY	**Kiante**	AIDS Healthcare Foundation (AHF)	Core HIV Services (Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC) and & Provider Support Services (PSS))
			Benefits Specialty
			Mental Health
			Oral Healthcare Services
			STD-Screening, Diagnosis, and Treatment
			HIV Testing Storefront
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			HIV and STD Prevention in Long Beach
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MILLER	**Jack**	Unaffiliated Member	No Ryan White or prevention contracts
MILLS	**Tony**	Men's Health Foundation	Biomedical HIV Prevention
			Core HIV Services (AOM, MCC, & PSS)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care 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 & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet 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 Managemenet 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
			HIV Testing and Viral Hepatitis 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 & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SALAMANCA	**Ismael**	City of Long Beach	Benefits Specialty
			Biomedical HIV Prevention Services
			Transportation Services
SANCHEZ-RAMOS	**Emmanuel**	APLA Health	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet 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 Ill (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
SAME-WEIL	**Nolan Ross**	Los Angeles Centers for Alcohol & Drug Abuse (L.A. CADA)	No Ryan White or prevention contracts
SANTIAGO	**Draya**	Unaffilited Member	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 & COMMITTEE-ONLY 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**	Unaffilited Member	No Ryan White or prevention contracts

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(DRAFT) MINUTES FOR THE REGULAR MEETING OF THE EXECUTIVE COMMITTEE

DATE: Thursday, August 27, 2026 from 1:00 PM-3:00 PM.

LOCATION: 510 S. Vermont Ave. Terrace Level Conference Room (9th Floor), Los Angeles, CA 90020

CALL TO ORDER: Meeting was called to order at approximately 1:12 PM.

CO-CHAIRS: Al Ballesteros, MBA and Katja Nelson, MPP.

SUPPORTING DOCUMENTATION: Supporting documents are available on the Commission's website https://hiv.lacounty.gov/executive-committee/

EXECUTIVE COMMITTEE MEMBERSHIP P = Present | A = Absent| SB707 = Remote Participation			
Al Ballesteros, MBA (Co-Chair)	P	Katja Nelson, MPP (Co-Chair)	P
Jeronimo Barajas	P	Caitlin Dolan	P
Ish Herrera	P	Stephanie Johnson	P
Vilma Mendoza	P	Dr. DontÌ Morrison	P
Mario J. Perez, MPH	P	Montana Volby	P

ADMINISTRATIVE MATTERS	**MOTION #1:** Approval of the Agenda, with the Standing Committee Reports moved before the Commission Operations Update. Approved by consensus. **MOTION #2:** Approval of the May 28, 2026 meeting minutes. Approved by consensus.
PUBLIC COMMENT	No public comment was provided. Written public comment was included in the meeting packet.
COMMITTEE NEW BUSINESS ITEMS	There were no committee new business items.

REPORTS

Commission Operations Update - Dawn McClendon, Interim Executive Director

- Staff continue working with the Board of Supervisors Executive Office and the DHSP to close out Program Year 35 and manage Program Year 36 operating budget. Staff remain focused on responsible spending and maintaining enough support for the Commission to carry out its responsibilities.
- The 2026 core training series is complete, and recordings are available on the Commission website. A member knowledge assessment and individual check-ins are planned for October, followed by a virtual refresher training in December.

- The 2027-2031 Integrated HIV Prevention and Care Plan was submitted with the Commission's concurrence letter. The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) began their review on August 12, 2026. The Planning, Priorities and Allocations Committee will help monitor implementation and identify matters needing Commission attention.
- Staff introduced a proposed Ryan White Community and Provider Knowledge Exchange focused on helping community members understand available services, navigate the Ryan White system, and strengthen referrals among providers. The Membership and Community Engagement (MCE) Committee will help shape the event, which is being considered for December 2026 or January 2027.
- The 2027 Annual Conference is scheduled for February 11, 2027. Staff will invite members to help develop the theme, agenda, speakers, activities, and overall experience.
- Members were invited to recommend a Commission or committee member who may be interested in serving as a volunteer social media content creator. Staff will share the draft responsibilities.
- The Commission agreed to host a virtual Measure ER community input session with the DHSP. Members discussed the importance of coordinated Commission messaging and participation across the Department of Public Health input sessions.

Commission Co-Chairs' Report - Al Ballesteros and Katja Nelson

- The Co-Chairs welcomed Dr. DontÌ Morrison as the first Executive At-Large member. Two Executive At-Large seats remain open to full Commissioners and committee-only members, with continued encouragement for unaffiliated members and people with lived experience to consider serving.
- The Committee reviewed the 2026-2027 work plan and meeting schedule. Members supported keeping the current schedule and calling an additional meeting only if time-sensitive business arises before the January 2027 full Commission meeting.
- The California Department of Public Health Office of AIDS Community Planning Group representative seat remains open. Staff will continue outreach, and the full Commission will elect the representative.
- The September 10, 2026 Commission agenda will include standing committee and caucus reports, Program Year 36 reallocations, preliminary Program Year 37 allocations, membership recommendations, and a Community Partner Spotlight from the City of Los Angeles AIDS Coordinator's Office.
- The Los Angeles County Prevention Advisory Workgroup met August 13, 2026, to continue discussing the future of prevention services amid funding uncertainty. The next workgroup meeting was scheduled for October 20, 2026, for workgroup members.
- Members received state and federal policy updates, including the state legislative calendar, federal appropriations, proposed changes to federal grantmaking oversight, public charge implementation, and anticipated repayment of state ADAP rebate funds.

Conference Updates

- Katja Nelson, Ish Herrera, and Dawn McClendon reported on the National Ryan White Conference. The Commission presented its restructuring process and heard how other planning bodies are making data more useful and accessible. Members also discussed lessons

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from the International AIDS Conference (IAC), including the effect of global funding reductions on participation and programs.
- Upcoming events included the PAETC Collaboration and Care Conference, the USCHA, and the 2026 Aging with HIV Conference.

DHSP Report - Mario J. Perez

- Program Year 36 spending was below the expected level during the first four months. Providers will be asked to submit timely invoices and improve spending projections because federal flexibility to carry forward unspent funds may be reduced.
- DHSP is monitoring risks to community health centers, the federal 340B Drug Pricing Program, and future federal awards. It is also working to understand how Medi-Cal disenrollment may affect Ryan White services and the ADAP rebate fund.
- New benefits specialty contracts total approximately $2 million annually. Providers were urged to fill vacancies quickly so staff can help people maintain or regain health coverage and prepare for upcoming Medi-Cal work requirements.
- DHSP is exploring options to help people maintain employer-sponsored or other commercial health insurance when they fall outside current premium assistance eligibility.
- Prevention contracts serving approximately 60 programs through 23 agencies run through November 2026, with an extension planned through May 2027. A new multi-year prevention solicitation is expected in the fall, subject to available funding.
- DHSP is reviewing directly funded prevention programs affected by federal changes and is monitoring related litigation and delayed state funding.
- DHSP has begun discussions with telehealth providers to better understand their role in sexual health and biomedical prevention services.
- DHSP is also reviewing housing investments and possible new approaches to serve more people living with HIV, prevent homelessness, and make better use of available resources.

Standing Committee Reports

Membership and Community Engagement Committee: The committee reviewed six applications and forwarded recommendations for Dr. Tony Mills, Paola Buenrostro, and Malik Henry. It also recommended vacating two committee-only seats because of non-attendance. The committee supported retaining the Consumer Caucus and bringing other community interests together under a Community Caucus, with time-limited workgroups created for population-specific needs.

Planning, Priorities and Allocations Committee: The committee reviewed Program Year 35 expenditures and identified underspending in mental health services and increased demand for food and transportation. It approved Program Year 36 reallocations and preliminary Program Year 37 allocations. Members were asked to submit feedback on the revised Priority Setting and Resource Allocation framework by September 8, 2026.

Standards and Best Practices Committee: The committee reviewed its service standards tracker and the Program Year 35 Assessment of the Efficiency of the Administrative Mechanism (AEAM). Approval of the Universal Service Standards and Client Bill of Rights was postponed so a workgroup could review extensive public comment and confirm alignment with HRSA guidance. Oral health service standards were added to the work plan, with an additional meeting proposed for November 2, 2026.

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DISCUSSION ITEMS

Measure ER Community Input

Members discussed how the Commission could bring a clear and consistent message to the Department of Public Health's community input process. Concerns included federal and state funding losses, reductions in sexually transmitted infection services, possible Medi-Cal disenrollment, gaps in dental care, and threats to Human Immunodeficiency Virus and lesbian, gay, bisexual, transgender, and queer health services.

Members supported coordinating participation across Service Planning Area and countywide sessions, including involvement by Board of Supervisors district representatives. Staff will confirm and distribute the session schedule and registration information.

Program Year 36 Reallocations

Motion #11: Approve the Program Year 36 reallocations as presented or revised and authorize the DHSPto make adjustments up to 10 percent above or below the approved allocation as expenditure categories require, without returning to the Commission.

Vote: Yes: Jeronimo Barajas, Caitlin Dolan, Ish Herrera, and Montana Volby | No: 0 | Abstain: Dr. DontÌ Morrison and Vilma Mendoza

Outcome: Passed.

Preliminary Program Year 37 Allocations

Motion #12: Approve the preliminary Program Year 37 allocations as presented or revised and authorize the DHSP to make adjustments up to 10 percent above or below the approved allocation as expenditure categories require, without returning to the Commission.

Vote: Yes: Jeronimo Barajas, Caitlin Dolan, Ish Herrera, and Montana Volby | No: 0 | Abstain: Dr. DontÌ Morrison and Vilma Mendoza

Outcome: Passed.

Committee-Only Membership

Motion #9: Recommend vacating Leilani Johnson's Standards & Best Practices (SBP) Committee-only seat due to non-attendance.

Vote: Yes: Dr. DontÌ Morrison, Jeronimo Barajas, Caitlin Dolan, Ish Herrera, Vilma Mendoza, and Montana Volby | No: 0 | Abstain: 0

Outcome: Passed.

Motion #10: Recommend vacating Draya Santiago's Standards and Best Practices Committee-only seat due to nonattendance.

Vote: Yes: Dr. DontÌ Morrison, Jeronimo Barajas, Caitlin Dolan, Ish Herrera, Vilma Mendoza, and Montana Volby | No: 0 | Abstain: 0

Outcome: Passed.

Membership Recommendations

Motion #3: Recommend Dr. Tony Mills for the Hospital and Health Care Planning seat.

Vote: Yes: Dr. DontÌ Morrison, Jeronimo Barajas, Caitlin Dolan, Ish Herrera, Vilma Mendoza, and Montana Volby | No: 0 | Abstain: 0

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Outcome: Passed.

The Committee discussed Jeffrey Young's application for the unaffiliated representative Service Planning Area 5 seat, including his knowledge, passion, and the importance of collaborative participation.

Motion #5: Recommend Jeffrey Young for the unaffiliated representative Service Planning Area 5 seat.

Vote: Yes: Dr. DontÌ Morrison | No: Jeronimo Barajas, Ish Herrera, Vilma Mendoza | Abstain: Caitlin Dolan, Montana Volby

Outcome: Did not pass.

Motion #4 & 6: The Membership and Community Engagement Committee did not recommend Salvador Silva-Velasco or Demetrius Baxter for membership at this time. Members encouraged continued participation and learning about the Commission's work.

Motion #7: Recommend Paola Buenrostro for the Other Federally Funded HIV seat, effective upon the September 1, 2026 vacancy.

Vote: Yes: Dr. DontÌ Morrison, Jeronimo Barajas, Caitlin Dolan, Ish Herrera, Vilma Mendoza, and Montana Volby | No: 0 | Abstain: 0

Outcome: Passed.

Motion #8: Recommend Malik Henry for an unaffiliated alternate seat.

Vote: Yes: Dr. DontÌ Morrison, Jeronimo Barajas, Caitlin Dolan, Ish Herrera, Vilma Mendoza, and Montana Volby | No: 0 | Abstain: 0

Outcome: Passed.

Meeting Extension

The Committee approved extending the meeting by five minutes to complete its remaining business.

ANNOUNCEMENTS	The MCE Committee will continue planning the Community and Provider Knowledge Exchange in connection with World AIDS Day. Staff will share information to help members attending the USCHA coordinate transportation.

ACTION ITEMS	
RESPONSIBLE PARTY	**ITEM**
Commission staff	Share the draft responsibilities for the volunteer social media content creator role.
Commission staff	Invite members to participate in planning the February 11, 2027 Annual Conference.
Commission staff	Continue outreach for the two Executive At-Large vacancies and the CDPH OA CPG representative.
Commission staff	Confirm and distribute the Measure ER input session schedule and registration information.
Commission Co-Chairs, Board representatives, and staff	Coordinate Commission participation and consistent messaging for the Measure ER input sessions.

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Commission Co-Chairs, Commission staff, and DHSP	Identify next steps for the Commission's housing discussion.
Commission staff	Forward the approved membership and committee-only seat recommendations to the September 10, 2026 full Commission meeting.
Commission staff	Ask members attending the USCHA whether they would like to coordinate transportation.

NEXT MEETING	The next Executive Committee meeting is Thursday, October 22, 2026, from 1:00 PM-3:00 PM at the Vermont Corridor.
ADJOURNMENT	The meeting adjourned at approximately 3:07 PM.

PREPARED BY: Dawn P. McClendon	**APPROVAL DATE:** Pending

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LOS ANGELES COUNTY
COMMISSION ON HIV

2024 -2026 COMMUNITY ENGAGEMENT

FINDINGS

What We Heard Across Listening Sessions, Focus Groups, Surveys and Community Events



October 2026

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INTRODUCTION

The Los Angeles County Commission on HIV regularly creates opportunities to hear directly from people living with HIV, communities most impacted by HIV, service providers, and other community partners. As the Ryan White HIV/AIDS Program Part A Planning Council for Los Angeles County, hearing from people with lived experience is a core part of our planning responsibility. Federal Ryan White guidance calls on planning councils to assess the needs of people with HIV and to create meaningful opportunities for people with HIV, including people who are not planning council members, to participate in needs assessment and comprehensive planning through community meetings, listening sessions, caucuses, focus groups, and other forms of engagement.

For the Commission, this means intentionally lifting the voices of people living with and impacted by HIV, especially communities disproportionately impacted by HIV and communities that may not always have an easy pathway into traditional planning spaces. Community input helps us understand not only what services people need, but what it is actually like to find care, enter services, navigate systems, and stay connected.

These findings do not represent every person or every experience in Los Angeles County. They reflect what participants shared and are one part of the Commission's broader needs assessment process. They should be considered alongside epidemiologic data, Ryan White service data, and other information used to guide priority setting, resource allocation, service standards, and planning. Most importantly, this report helps keep community voice where it belongs: at the center of the planning process.

BACKGROUND

This report brings together qualitative insights from a range of Commission-led community engagement activities conducted across Los Angeles County between 2024 and 2026, including listening sessions, focus groups, educational events, community forums, surveys, needs assessment activities, caucus activities, and other engagement opportunities (see Appendix A).

These activities created opportunities to hear directly from people living with and impacted by HIV, priority populations, service providers, and other community partners about the barriers, needs, strengths, and lived experiences that influence HIV prevention, care, access, retention, and overall well-being.

Taken together, the findings provide a broader picture of what communities are experiencing, what is working, where gaps remain, and what people say is needed to strengthen HIV prevention and care in Los Angeles County.

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A NOTE ABOUT THE FINDINGS

Listening sessions, focus groups, and community conversations reflect the experiences of the people who participated and should not be read as representing every person in Los Angeles County. Where this report includes survey percentages, those findings describe the people who responded to that specific activity and should not be treated as countywide prevalence estimates.

THEMES WE HEARD OFTEN

Throughout our community engagement activities, participants repeatedly identified specific named needs, including:

- **People need to feel safe before they can use a service** - Stigma, discrimination, racism, transphobia, homophobia, language barriers, and judgment all affect whether someone feels comfortable seeking care.
- **Finding the service can be as hard as receiving it** - People repeatedly described not knowing what exists, whether they qualify, where to go, or what happens after a referral.
- **The system asks people to do too much of the navigating** - Consumers often have to connect providers, repeat their story, follow up on referrals, understand multiple benefit systems, and advocate for basic information themselves. Streamlined service access and insurance navigation is needed including strengthening coordination among Ryan White providers, Benefits Specialty Services, Medi Cal enrollment systems, DPSS, and legal services.
- **Trust and respect are part of quality** - People stay connected when they feel heard, believed, respected, and able to speak openly without judgment. Culturally and linguistically responsive care is needed across all communities.
- **Mental health cannot be separated from HIV care** - Trauma, grief, depression, isolation, stigma, and stress surfaced in several communities and affect quality of life and engagement in care.
- **Whole-person care matters** - Housing, dental care, aging, sexual health, gender-affirming care, benefits, employment, family, and relationships all affect HIV health.
- **Trusted community approaches work** - Peer navigators, community health workers, culturally rooted organizations, faith leaders, and other trusted messengers can help people engage in services.
- **Access is practical** - A service may exist, but long waits, limited hours, distance, transportation, cost, paperwork, and insurance issues can still put it out of reach.

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WHAT WE HEARD AT-A-GLANCE

FEEL SAFE Stigma and discrimination affect access.	**FIND SERVICES** People need clear, current information.	**NAVIGATE LESS** Systems should carry more of the burden.	**BUILD TRUST** Respect and feeling heard are part of quality.
MENTAL HEALTH Emotional well-being is connected to HIV care.	**WHOLE-PERSON CARE** Housing, dental, aging and other needs matter.	**TRUSTED COMMUNITY** Peers and community partners help people connect.	**PRACTICAL ACCESS** Hours, distance, cost and paperwork matter.

SHARED THEMES ACROSS COMMUNITIES

Stigma, Culture of Silence, and Trust

Stigma emerged as a central barrier across populations. Faith-based norms reinforced silence around sexuality, discouraging open dialogue and care-seeking behaviors. SGL Black men described intergenerational stigma and shame, which limited disclosure even when they were aware of U=U or used PrEP. Women reported persistent stigma in families, communities, and some clinical environments, leading many to disclose their HIV status only to a small, trusted circle due to fear of judgment or breaches of confidentiality. Black immigrant participants highlighted confidentiality concerns and fear of community-level information sharing as significant obstacles to engagement. Transgender women described misgendering, deadnaming, humiliating interactions, and denial of services, directly contributing to shame and avoidance of care. Black transgender participants also described barriers shaped by the combined effects of anti-Black racism and transphobia, including misgendering, provider knowledge gaps, identification-document issues, and difficulty finding affirming services.

Older adults experience stigma with additional complexity, facing both HIV-related and age-related discrimination. Aging with HIV was associated with isolation and reluctance to seek support, particularly among older women who reported cultural stigma surrounding loneliness. These experiences reveal the need for safe, supportive environments where older adults can openly address aging-related challenges without fear of dismissal or judgment.

Access Barriers — Hours, Geography, Transportation, and Continuity

Access barriers significantly affected HIV prevention and care engagement. In the Antelope Valley, centralized services, limited evening and weekend availability, and long travel times—often exceeding

two hours—created major obstacles. Women in South LA described long wait times, frequent provider changes, and inconsistent follow-up, which undermined continuity of care. Participants across sessions expressed confusion about the services HIV providers offer and emphasized the need for proactive scheduling of preventive care such as Pap smears, mammograms, and STI testing.

Medi-Cal enrollment/renewal were described as paperwork heavy and time sensitive, with digital literacy and income documentation requirements posing barriers, especially for clients without conventional pay stubs or computer skills. Benefits Specialty Services were viewed as a critical bridge across Ryan White, Medi Cal, SSI, and other benefits; participants stressed the need for stronger training and early legal referrals when denials/appeals arise.

For adults aged 50+, access challenges combined with health-insurance complexity and declining mobility created additional barriers. Many older adults relied almost exclusively on their primary care providers to navigate services due to unfamiliarity with available programs. Aging-focused events reinforced that service navigation remains a substantial barrier and that older adults want more assistance identifying and accessing community-based or medical resources. Service sustainability was also highlighted; funding cuts threaten critical programs supporting older adults aging with HIV.

Housing Stability, Affordability, and Safety

The Housing Task Force's 2025 Housing Needs Assessment included 50 responses and reinforced that housing instability is closely connected to health and engagement in care. Nearly half of respondents reported some form of homelessness or housing instability in the prior two years. Housing costs, deposits, waitlists, credit, and housing quality and safety were common concerns.

The bottom line: housing is part of HIV care. Stable housing supports rest, safety, privacy, medication storage, food access, and the ability to stay connected to care.

Provider Competency, Cultural Responsiveness, and Biomedical Knowledge

Across population groups, participants described provider competency gaps in discussing PrEP, PEP, and doxy-PEP. Spanish-speaking women noted that providers often failed to ask comprehensive sexual-health questions, resulting in missed prevention opportunities. Black women identified dismissive care, delayed diagnoses, and communication barriers. Transgender women emphasized the importance of affirming clinics where identities are respected. Non-traditional providers described insufficient referral pathways and limited integration with existing HIV systems.

Adults aged 50+ highlighted the importance of providers who understand HIV and aging, including cognitive changes, chronic conditions, and the behavioral impacts of social isolation. Medicare education sessions demonstrated the need for stronger provider support in helping older adults navigate insurance benefits.

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Mental Health and Wraparound Supports

Mental-health needs were prevalent across sessions. Women described depression, suicidality, trauma, grief, and the need for integrated trauma-informed mental-health care, preferably delivered by female and Spanish-speaking therapists. Antelope Valley stakeholders cited long mental-health wait times and substandard care among a large unhoused population requiring wraparound services. Transgender women expressed a desire for whole-person care that integrates HIV prevention, gender-affirming care, mental health support, housing, employment programming, and spiritual care.

Adults aged 50+ described loneliness and social isolation as major contributors to weakened immunity, insomnia, decreased energy, and reduced adherence. Many older adults relied on faith communities, HIV support groups, hobbies, and positive self-talk to manage isolation, but these strategies were not always sufficient. They requested more support for social connection and mental-health integration tailored to older adults.

Information, Language Access, and Resource Visibility

Spanish-speaking women emphasized the need for linguistically and culturally concordant mental-health resources, noting that reliance on interpreters disrupted trust. Immigrant participants requested discreet information channels to navigate stigma and language barriers. Across sessions, participants called for a centralized, vetted resource hub listing culturally competent and LGBTQ-affirming providers.

Older adults reported that clinics rarely display relevant age-specific events or information, limiting visibility of support groups, educational sessions, and social programs essential for maintaining connection and engagement.

WHAT WE HEARD BY POPULATION, COMMUNITY, AND SYSTEM

The short summaries below lift what came through most clearly from each community engagement activity listed in Appendix A. They are intended to make the range of voices visible while keeping the report grounded in what participants actually shared.

Black Faith Communities

Participants described silence and shame around sexuality in some faith settings, while also seeing churches and faith leaders as potentially powerful partners in sexual health education and community support.

What came through most clearly: affirming faith partnerships, safer spaces for LGBTQ+ people and youth, and trusted faith-based messengers.

Source: Faith-Based Community Listening Session, April 26, 2024

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Black Immigrant Communities and African Diaspora

Participants described stigma around HIV, sexuality, and mental health. Language, culture, and limited access to trusted health information also shaped whether people sought care.

What came through most clearly: information developed with communities, not simply translated, along with trusted messengers and culturally responsive mental health support.

Source: Black Non-U.S.-Born Immigrant Community Listening Session, August 11, 2024

Women Over 50: Loneliness and Social Isolation

Women over 50 described loneliness, social isolation, and stigma as important parts of their health experience. Participants discussed the value of social connection, supportive spaces, and mental-health supports that recognize the realities of aging with HIV.

What came through most clearly: age-responsive support, opportunities for connection, and spaces where older women can talk openly about loneliness, aging, and HIV without judgment.

Source: Loneliness and Social Isolation: Women Over 50 Educational Event, September 23, 2024

Same-Gender-Loving, Gay and Bisexual Men

Participants raised stigma, medical mistrust, limited knowledge of resources, and gaps in provider knowledge about HIV and sexually transmitted infection prevention. Some described having to educate their own providers.

What came through most clearly: inclusive sexual health education, knowledgeable providers, simpler referrals, and safer spaces for honest conversations about sexuality, prevention, and HIV.

Source: Same-Gender-Loving Men Listening Session, September 26, 2024

Black Women

Women described feeling dismissed or not taken seriously in healthcare. Some spoke about symptoms being minimized, having to repeat their stories, and not receiving proactive sexual health information.

What came through most clearly: care that listens, respects lived experience, improves continuity, and connects physical, sexual, and mental health.

Source: Black Women's Listening Session, October 22, 2024

Antelope Valley Communities

Geography added another layer to access. Participants raised limited services, lack of awareness of resources, provider knowledge gaps, stigma, and the need for services outside central locations and during evenings or weekends.

What came through most clearly: more local access, extended hours, better HIV and sexually transmitted infection education, and one easy place to find current service information.

Source: Antelope Valley Listening Session, October 28, 2024

Ryan White Dental Consumers and Providers

Consumers described confusion about eligibility, dental coverage, and where to go for care. Long waits, travel, insurance coordination, and limited awareness of Ryan White dental benefits also created barriers.

What came through most clearly: clearer dental information, easier referrals, better coordination with other coverage, and less burden on consumers.

Source: Ryan White Program Dental Services Listening Session, April 10, 2025

Black-Led and Black-Serving Organizations

Organizations described small staff, burnout, limited infrastructure, complicated contracting processes, and funding systems that can be difficult for smaller organizations to navigate. Participants also stressed that Black-led and Black-serving are not the same thing.

What came through most clearly: sustainable support, simpler and more transparent funding processes, ongoing capacity building, and meaningful involvement before decisions are made.

Source: Black-Led & Black-Serving Sexual Health Providers Focus Group, April 30, 2025

Black Non-Traditional HIV Providers

Doulas, pharmacists, nurses, mental health professionals, holistic healers, and other community providers said people already come to them with sexual health questions. They did not always have enough HIV prevention training or a reliable place to refer people.

What came through most clearly: practical HIV prevention training, clear referral pathways, current resource information, and recognition of trusted community providers as part of the system.

Source: Non-Traditional HIV Provider Listening Session, May 13, 2025

Transgender Women Living with HIV

Participants said trust and feeling seen mattered. They wanted care to include intimacy, disclosure, emotional support, partner protection, and the relationship between HIV treatment and gender-affirming care.

What came through most clearly: gender-affirming providers, peer support, stronger referral networks, and care that treats the whole person.

Source: Transgender Women Listening Session, June 4, 2025

Spanish-Speaking Women Living with HIV in East Los Angeles

Women valued providers who showed empathy and understood HIV, but a shortage of Spanish-speaking mental health professionals made it harder to have deeply personal conversations without an interpreter. Stigma, trauma, grief, and depression also surfaced.

What came through most clearly: bilingual and bicultural mental health care, trauma-informed care, and routine attention to sexual health and emotional well-being.

Source: East Los Angeles/Spanish-Speakers Women's Listening Session, June 14, 2025

Women Living with HIV in South Los Angeles

Women described uneven access to sexual health services. Long waits, provider changes, weak follow-up, and uncertainty about available services often meant they had to advocate for themselves.

What came through most clearly: clear information, better follow-up, shorter waits, and respectful, nonjudgmental communication.

Source: South Los Angeles Women's Sexual Health Listening Session, June 30, 2025

Black Transgender Community

Participants described the combined effects of anti-Black racism and transphobia. Misgendering, provider knowledge gaps, identification-document issues, and difficulty finding affirming services created barriers.

What came through most clearly: Black transgender-led and affirming services, peer navigation, provider accountability, and better connections to housing, employment, mental health, and gender-affirming care.

Source: Centering the Voices of the Black Transgender Community, July 9, 2025

Ryan White Program & Medi-Cal Navigation

Consumers, providers, case managers, enrollment workers, and system partners described a process that can be slow, paperwork-heavy, and difficult to manage without hands-on help. Short renewal windows, long waits with DPSS, proof-of-income requirements, digital and basic literacy barriers, and late or missed notices can create problems.

What came through most clearly: engage early, explain the process in plain language, provide in-person help when needed, strengthen Benefits Specialty Services training, use early reminders and authorized representatives where appropriate, and improve coordination between Ryan White, Medi-Cal, DPSS, and legal services.

Source: Navigating the Ryan White Program & Medi-Cal Listening Session and Follow-Up Survey, July 10, 2025

People with HIV Experiencing Housing Instability

The Housing Needs Assessment included 50 responses. Nearly half reported some form of homelessness or housing instability in the prior two years. Housing costs, deposits, waitlists, credit, and unsafe housing conditions were common concerns.

What came through most clearly: housing stability that supports medication storage, safety, privacy, rest, food access, and continued connection to care.

Source: Housing Needs Assessment, August 2025

People Aging with HIV

Older adults and providers emphasized the need to connect HIV care with aging services, Medicare and benefits navigation, legal support, peer connection, and other services people may need as they age.

What came through most clearly: better coordination between HIV and aging systems, practical benefits navigation, peer support, and person-centered care.

Source: The Power of Aging: Navigating Services in Times of Uncertainty, September 19, 2025

Black Youth and Young Adults

The Black Caucus, in partnership with First Star Bruin Guardian Scholars and the Los Angeles County Youth Commission, held a listening session with 25 youth and young adults. Most participants reported feeling okay going to a doctor or clinic (96%), feeling treated respectfully (80%), and knowing where to go for healthcare or support (84%). At the same time, 48% said they felt confident asking questions, 62% expressed some level of nervousness about appointments, and 46% knew how to change their doctor if needed. Youth also emphasized clear communication, whole-person check-ins, flexibility, choice, and being able to speak up safely with providers.

What came through most clearly: youth want care that is respectful, easy to understand, flexible, and gives them a real voice in decisions. Trusted adults are an important support, and creative, culturally responsive health education may help young people engage more comfortably.

Source: Black Caucus x LAC Youth Commission Listening Session (with First Star Bruin Guardian Scholars), February 7, 2026

A SHARED POINT FROM COMMUNITY AND PROVIDERS

People often rely on relationships and trusted community organizations to bridge the gap between a service existing and a person actually reaching it. Across the engagement activities, peer navigators, community health workers, trusted messengers, and strong referral relationships repeatedly showed up as part of access - not simply an added benefit.

FACILITATORS FOR ENGAGEMENT

What helps people connect to care and stay connected?

Across populations and geographic areas, participants consistently described many of the same things that help people engage in HIV prevention and care. Much of what we heard was not necessarily about creating something new, but about making the existing system easier to navigate, more connected, and more responsive to the people using it.



FEEL SAFE & RESPECTED

Build cultural responsiveness, language access, and gender-affirming care into service quality. People are more likely to engage when they feel heard, respected, and free from judgment, misgendering, stigma, and discrimination.



MAKE CONNECTIONS STICK

Warm handoffs, peer navigation, referral follow-through, and stable provider relationships help people feel supported rather than left to navigate the system on their own.



USE TRUSTED MESSENGERS

Community-rooted organizations, culturally aligned providers, peers, faith communities, and other trusted messengers can help bridge mistrust and create more comfortable pathways into care.



MAKE INFORMATION EASY TO FIND

People need clear, current, plain-language information about services, eligibility, and where to go. Information should be available in multiple languages and formats and shared beyond traditional HIV settings.



CARE FOR THE WHOLE PERSON

Mental health, housing, dental care, aging, employment, mobility, social connection, and other needs all affect a person's ability to stay healthy and connected to care.



MAKE ACCESS PRACTICAL

Hours, distance, transportation, wait times, cost, and paperwork matter. Services may exist, but if they are difficult to reach or navigate, they may still be inaccessible.

The Bottom Line: People stay connected when care is safe, trusted, coordinated, easy to navigate, and responsive to their whole life - not just their HIV status.

CLOSING: WHAT WE CARRY FORWARD

This report is not the end of the conversation. It is a reflection of what people chose to share with us across listening sessions, surveys, focus groups, community events, and other engagement activities. Those voices give us important context about what is working, where people continue to experience barriers, and what may need more attention as we plan for the future. Community input is one part of the broader picture and should be considered alongside epidemiologic, Ryan White service, and other planning data.

What we heard reinforces something simple: **services work better when people can find them, trust them, access them, and feel respected when they use them.** The Commission's responsibility is to keep listening, continue filling the gaps in what we know, and make sure community experience remains connected to the decisions we make about priorities, resources, service standards, and the broader HIV system.

Most importantly, we want the people and communities who shared their experiences to see that their voices matter; not only because we listened, but because what we heard helps shape what comes next.

ACKNOWLEDGMENTS

The Commission on HIV extends its sincere thanks to everyone who participated in the listening sessions, surveys, focus groups, community events, caucus activities, and other engagement opportunities reflected in this report.

We are especially grateful to the people living with and impacted by HIV who shared their experiences, perspectives, and ideas with us. We also thank our Caucuses, community-based organizations, service providers, peer leaders, academic and system partners, and everyone who helped create spaces for these conversations to happen.

Your time, honesty, and willingness to speak openly help the Commission better understand what is working, where gaps remain, and what communities need from the HIV prevention and care system.

Thank you for trusting us with your voices. Our responsibility is to make sure what we heard continues to inform the work.

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APPENDIX A: Data Sources

April 26, 2024	Faith-Based Community Listening Session
August 11, 2024	Black Non-U.S.-Born Immigrant Community Listening Session
September 23, 2024	Loneliness and Social Isolation: Women Over 50 Educational Event
September 26, 2024	Same-Gender-Loving Men Listening Session
October 22, 2024	Black Women's Listening Session
October 28, 2024	Antelope Valley Listening Session
April 10, 2025	Ryan White Program Dental Services Listening Session
April 30, 2025	Black-Led & Black-Serving Sexual Health Providers Focus Group
May 13, 2025	Non-Traditional HIV Provider Listening Session
June 4, 2025	Transgender Women Listening Session
June 14, 2025	East Los Angeles/Spanish-Speakers Women's Listening Session
June 30, 2025	South Los Angeles Women's Sexual Health Listening Session
July 9, 2025	Centering the Voices of the Black Transgender Community
July 10, 2025	Navigating the Ryan White Program & Medi-Cal Listening Session and Follow-Up Survey
August 2025	Housing Needs Assessment
September 19, 2025	The Power of Aging: Navigating Services in Times of Uncertainty
February 7, 2026	Black Caucus x LAC Youth Commission Listening Session (with First Star Bruin Guardian Scholars)

DRAFT

Stay Connected with the Commission

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510 S. Vermont Avenue | Los Angeles, CA 90020

2027 ANNUAL CONFERENCE

Proposed Theme & Framework

"Beyond the Blueprint: Being Seen, Heard, and Healed in Advocacy"

PURPOSE

"Beyond the Blueprint" is about moving past plans, data, and numbers to hear the people behind them. The conference will center real stories and real barriers, then identify practical solutions to reach people who are undiagnosed, re-engage those who have fallen out of care, and sustain people in care. The experience will be intentionally designed to be immersive, interactive, and useful.

PROPOSED PROGRAM FRAMEWORK

- Keynote speaker to frame the theme and set the tone for the day.
- DHSP State of HIV and STIs in Los Angeles County, including gaps across diagnosis, linkage, retention, and viral suppression.
- SAPC R95 framework presentation: invite a presenter to explore how the R95 approach may help us think differently about reaching, engaging, and re-engaging people through an HIV lens.
- Storytelling-centered community panels featuring people who have fallen out of care, re-engaged in care, or experienced barriers to entering care. Connect with MCC teams to help identify potential panel participants.
- Provider voices on what they have learned from working with people who have fallen out of care, including strategies that helped with outreach, re-engagement, and sustaining care.

WORKSHOPS & IMMERSIVE ELEMENTS

- Policy & Legislation: HR 1, Public Charge, Measure ER, 340B, PRWORA, and other policy changes affecting access to HIV care and services.
- Ryan White Community & Provider Knowledge Exchange: lift awareness of Ryan White Program services, resources, providers, referrals, and how to connect people to care.
- Strategic Planning Session: facilitated discussion focused on practical solutions the Commission, providers, and community can carry forward.
- Ryan White Continuum of Care Journey Map: workshop or poster experience showing the journey from diagnosis and linkage through retention and viral suppression, including where people may fall out of care and opportunities to reconnect.
- Use music, movement, visual elements, and short interactive activities throughout the day to reduce conference fatigue and support an immersive experience.

PEOPLE & FACILITATION

- Identify an emcee to help connect the day, maintain energy, and reinforce the conference theme.
- Intentionally incorporate Commission members throughout the day as facilitators, moderators, storytellers, table hosts, or discussion leads.
- Include a mini community recognition/awards component.

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FORMAT & LOGISTICS

Mix of plenary and breakout sessions, with high-impact community panels in the main room. February 11, 2027 at The California Endowment. Redwood Room will serve as the main space, with Lombard and Sequoia available for breakouts/workshops and the patio available for lunch or activities. Sponsorship for food, translation/interpreter needs and other expenses are being explored.

NEXT STEPS

- Receive Executive Committee feedback and general buy-in on the theme, direction, and framework.
- Begin identifying keynote, emcee, presenters, panelists, facilitators, and workshop leads early.
- Refine session topics, flow, logistics, and assignments; share the framework with full Commission by email and request feedback, since next full meeting is in January.

EXECUTIVE COMMITTEE INPUT REQUESTED

Feedback and general buy-in on the proposed theme, program direction, and immersive framework so planning can continue.

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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~~	Nov 2	Feb 8
Caucuses: Consumer & Community	First meeting: Nov 6						

Subject to Change

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."

Subject to Change

2026 Commission on HIV Master Work Plan *Subject to Change

(Updated 8.21.26)

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	
• **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	• **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. Lead Committee Color Legend: EXEC MCE PP&A SBP

SUBJECT TO CHANGE

#	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* **may be delayed one year due to COH restructure*
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.* ** Must be submitted to HRSA at the end of Sept.*
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	DHSP 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

SUBJECT TO CHANGE

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

SUBJECT TO CHANGE

EXECUTIVE COMMITTEE AT-LARGE MEMBERS
DUTY STATEMENT

Revised 6/1/26

Executive Committee At-Large Members provide additional leadership, perspective, and support to the Executive Committee and the full Commission. At-Large Members help strengthen communication across the Commission, support thoughtful decision-making, and ensure the Executive Committee remains connected to the needs and experiences of members and communities most impacted by HIV.

1. Eligibility and Composition

The Commission may elect three Executive Committee At-Large Members.

- At-Large Members serve on both the Executive Committee **and** the Membership & Community Engagement (MCE) Committee.
- At-Large seats are open to both full Commission members and committee-only members in good standing.
- At least one At-Large Member must be an unaffiliated representative.
- At-Large Members should reflect the Commission's commitment to community voice, lived experience, equity, inclusion, and reflectiveness.
- Members remain accountable to the seat, constituency, caucus, committee, or community perspective they bring to the Commission's work.

2. Participation & Leadership Oversight

At-Large Members help keep the Commission's leadership structure connected, coordinated, and moving forward. Their role supports the partnership between the Executive Committee and the Membership & Community Engagement Committee, while helping ensure important issues, follow-up items, and time-sensitive matters are elevated and addressed appropriately.

- Serve as members of both the Executive Committee and the Membership & Community Engagement (MCE) Committee.
- Support the partnership between the Executive Committee and MCE Committee, including the operational connection previously held through the former Operations Committee and now aligned with the Commission's current structure.
- Attend Executive Committee, MCE Committee, relevant Commission meetings, workgroups, and planning discussions.
- Support agenda-setting, coordination, follow-through, and continuity of work between meetings.

- Help identify issues, gaps, and opportunities that may need Executive Committee, MCE Committee, or full Commission attention.
- Assist with urgent or time-sensitive matters between Commission meetings, consistent with applicable rules and procedures.

3. Representation and Communication

At-Large Members are expected to be present, prepared, and engaged in the work of both the Executive Committee and the Membership & Community Engagement (MCE) Committee.

- Listen to and elevate issues of concern to people living with HIV, people at risk for HIV, and communities most impacted by HIV and STIs.
- Engage with full members, committee-only members, caucuses, providers, consumers, government representatives, and the public.
- Support clear communication between the Executive Committee, MCE Committee, standing committees, caucuses, and the full Commission.
- Represent Commission decisions and direction accurately, even when personal views may differ.
- Promote respectful dialogue and help create space for different perspectives.

4. Representation and Communication

At-Large Members help bring forward a broad range of perspectives and support clear communication across the Commission.

- Listen to and elevate issues of concern to people living with HIV, people at risk for HIV, and communities most impacted by HIV and STIs
- Engage with full members, committee-only members, caucuses, providers, consumers, government representatives, and the public
- Support communication between the Executive Committee, MCE Committee, and other Commission bodies
- Represent Commission decisions and direction accurately, even when personal views may differ
- Promote respectful dialogue and help create space for different perspectives

5. Knowledge, Mentorship, and Equity

At-Large Members are expected to bring a working knowledge of the Commission's role, HIV planning processes, and the communities most impacted by HIV. They also help support leadership development across the Commission by sharing knowledge, mentoring newer members, and modeling equity, reflectiveness, and inclusion in how they participate, represent, and lead.

- Understand the Commission's structure, bylaws, policies, workplans, and planning responsibilities.
- Understand Ryan White Program requirements, local HIV planning processes, HIV service delivery systems, and the Brown Act, Robert's Rules, and conflict of interest requirements.
- Support newer members and committee-only members as they learn Commission processes.
- Share knowledge and context in a way that is accessible, respectful, and useful.
- Promote meaningful participation from diverse communities and perspectives.
- Lead with cultural humility and respect for lived experience.

6. Leadership Conduct and Accountability

At-Large Members are expected to model fairness, accountability, and good judgment.

- Act in the best interest of the Commission and the communities it serves
- Set aside personal interests when carrying out the role
- Be mindful of real, perceived, and potential conflicts of interest
- Maintain confidentiality when appropriate and transparency when required
- Support inclusive, respectful, and community-centered decision-making
- Help ensure members' and stakeholders' rights are respected

COMMITMENT TO THE ROLE

At-Large Members must be willing and able to:

- Dedicate time and effort to Executive Committee, MCE Committee, and Commission responsibilities
- Attend meetings consistently and maintain good standing
- Work collaboratively with Co-Chairs, members, committee leadership, and staff
- Lead with integrity, fairness, and respect
- Support the Commission's mission, decisions, and community-centered work

TERM OF SERVICE

Executive Committee At-Large Members serve 2-year terms.

Welcome!
While you wait, visit...

menti.com
9253 2505



...and share your recommendation(s) on how to increase uptake of proven/evidence-based HIV prevention interventions.

Use the post-it notes if you prefer.



HIV Prevention Planning for Los Angeles County

The California Endowment
August 13, 2026

GET PROTECTED LA

LA COUNTY HIV Ending the HIV Epidemic

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

Agenda for Today



- Welcome and Prevention Advisory Workgroup Business
- Director’s Remarks, Fiscal Update, and Discussion
- Guided Discussion
- Action Items, Evaluation, and Announcements

The Prevention Advisory Workgroup is a planning body that intends to shape the strategic direction of HIV/STD prevention in LA County.

Goals:

Ensure HIV prevention services are maintained and improved.

Plan across health systems to achieve HIV prevention goals.

Progress:

April 28, 2026

- Prevention Planning Goals
- HIV Prevention Landscape
- HIV testing focus

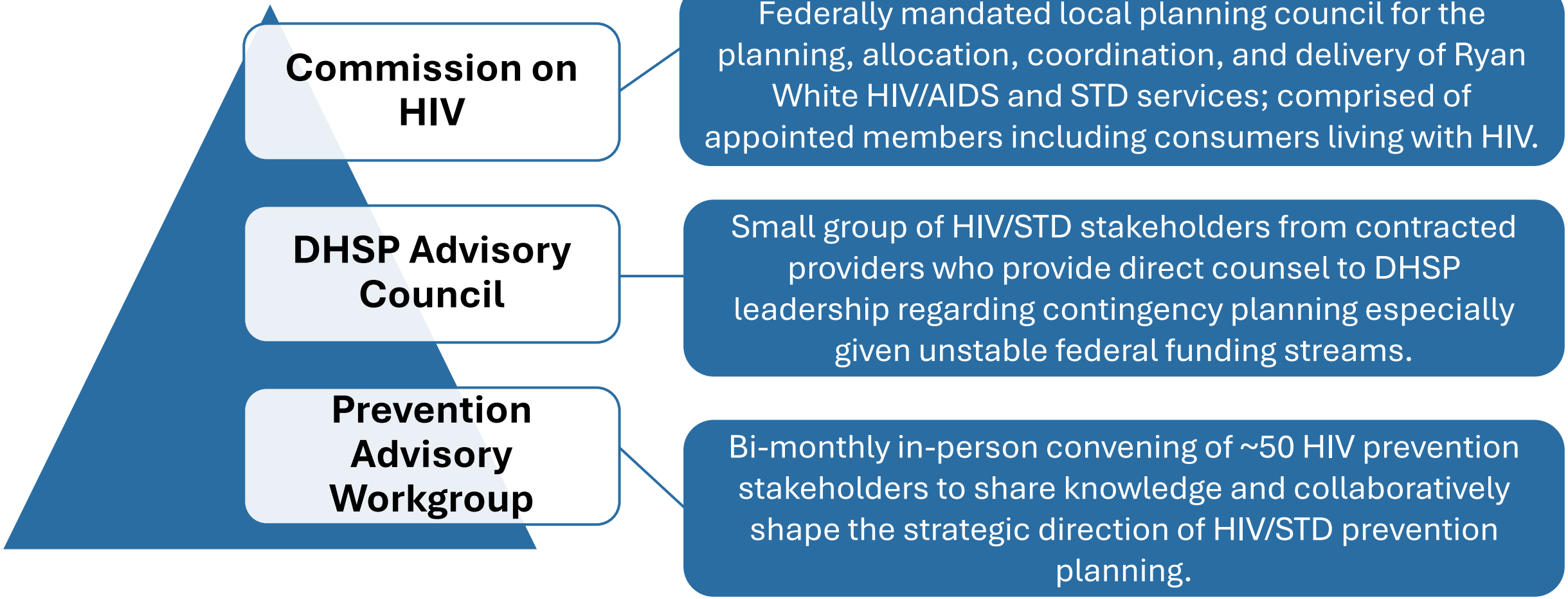
June 2, 2026

- Biomedical Prevention focus
- Medi-Cal changes

Aug 13, 2026

- Fiscal Update and Discussion
- Biomedical Prevention Strategies

HIV/STD-related planning efforts in Los Angeles County take multiple forms and support DHSP's decision-making regarding priority setting and resource allocation.



Prevention Advisory Workgroup Business

1. Health Education Resource Packets

UCLA

- Reentry populations, people who inject drugs
- PrEP

AltaMed

- Cisgender women
- Sexual health, HIV prevention (PrEP & PEP)

REACH LA

- Black & Latinx MSM
- PrEP, HIV testing

APAIT

- LGBTQ+ Youth
- HIV/STDs, PrEP/PEP, HIV treatment, behavioral health

Submit a request here:

2. LGBTQIA+ Youth Input Opportunity



Director's Remarks and Fiscal Update

Mario J. Pérez, MPH
Division of HIV and STD Programs

GET PROTECTED LA U=U

LA COUNTY HIV Ending the HIV Epidemic

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

Key Dates Tied to HIV Prevention Funding, Renewals and Solicitations

Grant	Description	Key Date
PS24-0047	**Start of CDC HIHPS 12-Month Funding Cycle** (Base, Surveillance, EHE – PS24-0047) • June 1, 2026 - Nov 1, 2026: Funding Term for Current DHSP HIV Prevention Portfolio • Dec 1, 2026 - May 31, 2027: Proposed Extended Funding Term	June 1, 2026
PS22-2209	**Grant/Contract Term Ended:** Transgender Status-Neutral Community-to-Clinic Models to End the HIV Epidemic (Transcend) • 1 community-based organization ($500k/yr)	June 29, 2026
	CDC HIHPS Supplemental Funding NOA to Grantees Anticipated	Summer 2026
PS21-2102	**Grant/Contract Term Ends:** Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations Year 5 Supplemented Extension Annual Performance • 6 community-based organizations ($444k/yr each)	Sept 30, 2026
	Scheduled Release of DHSP HIV/STD Prevention RFP	Fall 2026
PS22-2203	**Grant/Contract Term Ends:** Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color • 4 community-based organizations($400k/yr each)	March 31, 2027
PS24-0047	**Start of Next CDC HIHPS Funding Cycle** (Base, Surveillance, EHE, Supplemental?)	June 1, 2027
PS24-0047	**Grant/Contract Term Ends:** High-Impact HIV Prevention & Surveillance Programs for Health Departments	May 31, 2029

Measure ER
Passed June 2026

45%	Dept of Health Services (DHS) to support low to no cost care
22%	DHS public hospitals and clinics
10%	Public Health essential services (DPH and community partners)
5%	Non-profit health agencies serving low-income and underserved populations
5%	Eligible nonprofit community hospitals
4%	School-based health programs overseen by L.A. Care
3%	DPSS for Medi-Cal outreach, enrollment, and volunteer initiatives

...and other smaller percentages for Correctional Health Services, in-home health services, Pasadena and Long Beach.

DHSP/County Actions

- LA County responded to the OMB rule change which would shift grant decision making to political appointees.

- LA County commented on legislation to modernize 340B program that could be harmful to clinics and community-based organizations.

- Communicated with Senator Schiff's office on the impacts of not renewing direct CDC funding to CBOs for HIV prevention

Discussion Focus

How can DHSP support their contracted providers to accept and spend funding based on year-to-year changes in funding?

Break



Discussion Focus

How can DHSP support their contracted providers to accept and spend funding based on year-to-year changes in funding?

Please submit the meeting evaluation here:

Next meeting:
October 20, 2026
10am-12pm



Sign up for the DHSP listserv:
EHEInitiative@ph.lacounty.gov

GET PROTECTED LA

LA COUNTY HIV Ending the HIV Epidemic

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

California Planning Group (CPG)
Functions, Structure and Work Products

CPG Functions

The CPG has two primary functions: planning and advising

Planning: CPG members will inform the development, implementation, and revision of California's Integrated HIV Surveillance, Prevention, and Care Plan (Integrated Plan), as outlined in the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) "Integrated HIV Prevention and Care Plan Guidance, Including the Statewide Coordinated Statement of Need, CY 2017-2021".

Examples of planning activities:

- Utilize data and program updates provided by Office of AIDS (OA) to give feedback regarding the OA response to trends in the HIV epidemic, shifts in priority, and emerging populations
- Provide feedback on whether the Integrated Plan continues to be the most effective way to help California meet the goals outlined in the National HIV/AIDS Strategy and address the statewide epidemic
- Assist in the needs assessment, unmet need, and gap analysis process
- Act as "roving ambassadors" to maintain the feedback loop between OA and consumers, stakeholders, and collaborative partners

Advising: CPG members will advise and consult OA on issues related to the OA mission. These issues may be identified by OA or by the CPG in the course of its work.

Examples of advising activities:

- Advise OA regarding any updates that may need to be incorporated within the Integrated Plan
- Provide review and input on the revised OA allocation formulas
- Provide review and input on the new OA Standards of Care for Ryan White Part B services
- Participate on the review panel for OA's California AIDS Clearinghouse of HIV educational materials

- Work with OA to develop effective engagement and communication strategies with partners and stakeholders
- Offer recommendations for ensuring a coordinated approach in accessing HIV prevention, care, and treatment services for the highest-risk populations

CPG Structure

- 20-25 voting members
  - Two Community Co-Chairs as elected by the CPG membership
  - Two State Co-Chairs as appointed by OA
  - The CPG membership will meet in person twice a year if allowed by state travel policies (as OA pays for CPG travel expenses). Teleconferences or webinars may be scheduled to address specific planning or advisory needs.
- Non-voting advisory members/collaborative partners/technical advisors as needed: members in this category may represent key populations and stakeholders as well as those affiliated with HIV service delivery networks who are not primarily HIV service providers. Members in this category may also include subject matter experts appointed by OA. Meeting participation will be on an ad hoc basis via briefing, teleconference, and/or email consultation

CPG Work Products

- Annual letters of concurrence for the *Integrated Plan*
- Revisions/updates to CPG Governance document
- CPG Member Profiles
- Documentation of CPG member feedback/input provided during planning and advisory activities

DR. EMMANUEL SANCHEZ-RAMOS
2026 Commission x CDPH CPG Representative Nominee
Statement of Interest

For 10/22/26 Executive Committee Consideration

- **Why do you want to be a member of the CPG?**

I want to serve on the CDPH Community Planning Group (CPG) because I feel a responsibility to the communities that have shaped my career and given me the opportunity to do work that matters to me. For nearly 15 years, I have worked alongside people affected by HIV, learning from their experiences and advocating for services that meet their needs. Much of what I know about public health comes from the people I've met along the way, and I want to bring their perspectives into conversations where decisions are made. Pursuing my Doctor of Public Health degree was part of that goal. I wanted to grow beyond my current role and help shape solutions.

- **Your lived or professional experience related to HIV, STIs, hepatitis C, or people who use drugs.**

I have spent 12 years at APLA Health, beginning in nutrition and supportive services before transitioning into my current role as Program Coordinator for HIVE, serving adults aged 50 and older living with HIV. Earlier in my career, I also participated in the Hepatitis C Task Force under Brian Risley's mentorship, helping organize and lead several hepatitis C summits that brought together providers, community organizations, and advocates.

Working with long-term HIV survivors, persons who inject drugs, and individuals who have faced stigma, discrimination, and barriers to healthcare has taught me to look beyond medical outcomes and recognize the importance of dignity, social connection, and quality of life. Although my recent work focuses on older adults living with HIV, an often-overlooked population, my experience at APLA Health has exposed me to the needs of people across different ages and backgrounds. I've learned that effective prevention and care must reflect those differences rather than take a one-size-fits-all approach. I'm also grateful to work under Jeff Bailey, whose mentorship and support have allowed me to continue my education while growing professionally.

- **Your knowledge of HIV testing, prevention, care, support services, and community resources.**

Working across programs at APLA Health has given me a strong understanding of the HIV care continuum, from testing and early diagnosis to linkage to care, treatment, viral suppression, and ongoing support. I've collaborated across departments to connect clients with medical care, nutrition, mental health services, housing resources, prevention education, and social support. I also lead APLA Health's monthly HIV 101 training for new employees, interns, and volunteers, providing education on HIV history, transmission, testing, treatment, prevention, and stigma. This responsibility reflects my commitment to preparing others entering the field while keeping my own knowledge current through collaboration with our clinical teams. I stay informed about prevention strategies, including U=U, PrEP, PEP, and Doxy-PEP, and my doctoral research has further strengthened my ability to translate scientific evidence into accessible, culturally responsive sexual health education.

DR. EMMANUEL SANCHEZ-RAMOS
2026 Commission x CDPH CPG Representative Nominee
Statement of Interest

For 10/22/26 Executive Committee Consideration

- **Experience with HIV planning bodies, data, community engagement, U=U, PrEP, or Doxy-PEP**

Besides currently serving on the Los Angeles County Commission on HIV, Standards and Best Practices Committee and Prevention Advisory Committee. I also recently joined the Board of Directors of Triangle Care Management in the Coachella Valley, where I hope to contribute my experience to organizational planning, community partnerships, and improving access to services. Beyond these roles, I've helped plan, coordinate, and present at statewide HIV and aging conferences, hepatitis C summits, and sexual health conferences. These experiences have allowed me to bring together community members, healthcare providers, researchers, and advocates to share knowledge, address gaps in services, and discuss emerging priorities in HIV and STI prevention.

My DrPH training has further strengthened my skills in research, data analysis, and program evaluation. For my dissertation, I conducted mixed-methods research examining STI prevention education among older adults. The study found significant improvements in STI knowledge, while participant interviews highlighted ongoing barriers involving stigma, provider communication, and access to information. Through these experiences, I've learned that data helps us identify gaps, but listening to communities helps us understand what's behind them. I want to bring both perspectives to the CPG and help ensure that statewide planning reflects the experiences and needs of the communities we serve.

- **Any other experience or perspective you would bring to the CPG**

As a bilingual English- and Spanish-speaking public health professional, I care deeply about improving access for communities facing language, cultural, and systemic barriers. My years of working directly with communities, developing programs, and building partnerships have prepared me to contribute to public health planning beyond my current role.

I understand the CPG's responsibility as a planning body and would approach the role with preparation, consistency, collaboration, and a willingness to learn from others. I also want to help strengthen communication between the CPG and the Los Angeles County Commission on HIV. I feel I'm at a point in my career where I'm ready to take on greater responsibility. Not because I have all the answers, but because I've spent years doing the work, listening, learning, and preparing for opportunities like this one. I value working as part of a team and would welcome the opportunity to collaborate with others who share a commitment to improving public health.

For me, serving on the CPG would be more than another appointment. It would be an opportunity to give back to the communities that have given me so much and ensure their voices are part of the decisions shaping public health across California. I also hope that by having a seat at the table, I can help open doors for others who look like me, come from similar backgrounds, and share the same desire to make a difference. I want others to see that we belong in these spaces, that our experiences matter, and that we, too, can help lead meaningful change.

NOLAN ROSS SAME-WEILL
2026 Commission x CDPH CPG Representative Nominee
Statement of Interest

For 10/22/26 Executive Committee Consideration

Your lived or professional experience related to HIV, STIs, hepatitis C, or people who use drugs.

I am a person living with HIV. I was diagnosed at age 29, when my illness had already progressed to AIDS, with a CD4 count of 17 and opportunistic illnesses such as Kaposi sarcoma and pneumocystis pneumonia. This experience showed me the serious consequences of late diagnosis and disconnection from care, and it strongly motivates my commitment to supporting California's goal of ending the epidemics. My lived experience also includes homelessness, mental health and substance use challenges, and justice involvement. I have maintained sustained recovery since October 31, 2015. Professionally, I serve as Director of Development at the Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA), and I hold CADC II and ICADC credentials. My background in recovery and behavioral health has shown me that individuals should not be required to resolve every other challenge in their lives before accessing HIV, STI, or hepatitis C prevention and care.

Your knowledge of HIV testing, prevention, care, support services, and community resources.

L.A. CADA serves communities disproportionately affected by HIV, hepatitis C, STIs, homelessness, and justice involvement. Our services include HIV and STI testing, PrEP and PEP navigation, medication for addiction treatment, syringe services, naloxone distribution, fentanyl test strips, and linkage to medical and supportive care. My role gives me a view of how these services connect, and I am actively building my knowledge of the full HIV care continuum, from testing and linkage through retention and viral suppression. I work across departments to lead an agency-wide approach to care for people experiencing homelessness, serious mental illness, substance use disorders, and justice involvement. I am especially proud of the relationships I have built with Medi-Cal managed care plans and the CalAIM initiatives I have worked to secure since 2024. In 2026, we are rolling these out across the agency, offering Enhanced Care Management services to expand our reach in the community. Bringing clinical, outreach, and support teams together around this work has shown me how housing, transportation, insurance, and stigma shape whether people stay engaged in care, and how much stronger services become when teams share a common plan. I also believe hepatitis C screening and treatment belong in services for people who use drugs, and I am eager to learn how that integration is taking shape across California.

NOLAN ROSS SAME-WEILL
2026 Commission x CDPH CPG Representative Nominee
Statement of Interest

For 10/22/26 Executive Committee Consideration

Experience with HIV planning bodies, data, community engagement, U=U, PrEP, or Doxy-PEP.

I was recently appointed to the Los Angeles County Commission on HIV, representing Supervisorial District 4, and I am in the initial stages of my planning work. Through the Commission, I am learning how planning bodies utilize surveillance and service data, needs assessments, and community input to establish priorities. I am also becoming familiar with the Ending the Epidemic Integrated Statewide Strategic Plan. I view the CPG as an opportunity to further develop this knowledge at the state level while contributing my perspective from lived experience and community-based services. I value data for the patterns it reveals, but I recognize that quantitative outcomes often require community voices to explain underlying causes. U=U is personally significant to me; beyond its scientific validity, it is a powerful tool for reducing stigma and supporting individuals in envisioning fulfilling lives after diagnosis. Through L.A. CADA, I have observed the importance of PrEP access and persistence, PEP as a time-sensitive intervention, and Doxy-PEP as an emerging STI prevention strategy that requires clear counseling, follow-up, and equitable access. My community engagement includes LGBTQIA2S+ health advocacy, Pride and sober-community organizing, and service as an At-Large Commissioner on the Long Beach Equity and Human Relations Commission.

Any other experience or perspective you would bring to the CPG.

As a Filipino gay man living with HIV and in long-term recovery, I would contribute a perspective that includes communities often underrepresented in statewide planning, such as Asian American and Pacific Islander communities, individuals in recovery, justice-impacted populations, and those navigating both HIV and behavioral health systems. I am particularly interested in how harm reduction, hepatitis C, and STI services can be integrated with HIV services as part of a comprehensive, whole-person approach, reflecting the realities of care for people who use drugs. My experience with managed care and CalAIM has provided practical insight into how programs reach individuals at the community level, and I hope to offer this perspective as the CPG considers how statewide strategies are implemented in practice. I would approach membership with humility and dedication: preparing thoroughly for meetings, participating consistently, listening and learning from experienced members, and facilitating information sharing between the Los Angeles County Commission on HIV and the CPG. I would bring honesty, compassion, and a strong commitment to making statewide plans meaningful for the people they are intended to serve.

RANIYAH COPELAND
2026 Commission x CDPH CPG Representative Nominee
Statement of Interest

For 10/22/26 Executive Committee Consideration

1. Why do you want to be a member of the CPG?

I want to bring my experience leading HIV strategy at the community, institutional, and national levels to California's statewide planning. From leading the Black AIDS Institute to serving on the Presidential Advisory Council on HIV/AIDS (PACHA) and founding Equity & Impact Solutions (EIS), my work has focused on connecting community priorities with the decisions and resources that shape the HIV response.

As a Los Angeles County Commission on HIV member, I would strengthen communication between local and statewide planning—bringing our priorities and lessons into CPG discussions and sharing information and resources with the Commission. I understand the CPG's planning and advisory role and would bring informed recommendations, active participation, and follow-through.

2. Your lived or professional experience related to HIV, STIs, hepatitis C, or people who use drugs

My career has focused on HIV, sexual health, and improving health outcomes for Black communities. I began at Planned Parenthood and later joined the Black AIDS Institute, where I worked in training, capacity building, and program leadership before becoming President and CEO.

Today, as Founder and CEO of Equity & Impact Solutions (EIS), I lead HIV strategy work with leading institutions shaping the response, including pharmaceutical companies, public health agencies, and community organizations. Our work spans strategic planning, community engagement, prevention and treatment education, workforce development, and partnerships.

3. Your knowledge of HIV testing, prevention, care, support services, and community resources

Through my leadership at the Black AIDS Institute and EIS, I bring extensive knowledge of HIV testing, PrEP, treatment education, U=U, linkage to care, and sustained engagement in services. My work connects HIV science with practical education, institutional strategy, and community partnerships.

I also understand that available services do not automatically translate into access. Housing, transportation, mental health, substance use, stigma, and trust affect whether people can connect with and remain in care. In CPG discussions, I would examine where

people encounter barriers, which communities are being missed, and how providers and community resources can work together more effectively.

4. Experience with HIV planning bodies, data, community engagement, U=U, PrEP, or Doxy-PEP

My experience includes federal advisory leadership through PACHA, service on the Los Angeles County Commission on HIV, and participation in the County's Ending the HIV Epidemic Steering Committee.

Appointed to PACHA in 2021, I contributed to national HIV policy and planning discussions. My leadership included co-facilitating a discussion on molecular HIV surveillance from a community perspective, examining public health data practices alongside community concerns and trust.

In 2022, I presented findings to the Commission's Black Caucus from PrEP marketing focus groups with Black men who have sex with men, transgender women, and cisgender women. Through EIS, I also use surveys, interviews, and organizational assessments to inform strategies and programs. I bring experience translating evidence and community input into recommendations institutions can act on.

5. Any other experience or perspective you would bring to the CPG

I bring the perspective of a Black woman public health leader who has led a national HIV organization and now advises institutions shaping the response. My studies at UC Berkeley and my MPH from Charles Drew University inform how I connect community experience, institutional practices, and health outcomes. I am proudly born and raised in LA and my higher education exemplifies California's best institutions.

Leading organizations has taught me to ask practical questions: Do priorities reflect what communities need? Do providers have the resources to deliver? How will we know whether the approach is working?

I would bring that strategic and operational perspective, respect for the expertise of people living with HIV, a commitment to ensuring community participation meaningfully informs planning decisions, and a deep love for my people and this state.

MEN'S HEALTH FOUNDATION

October 12, 2026

RE: CPG representation

To the Leadership of the LA County Commission on HIV:

I would like to express my interest in the CPG representative vacancy that was addressed at the most recent LAC COH meeting. I am honored to once again be a part of the Commission. In the past, I always wanted to participate in the CPG but I was overwhelmed with clinical commitments. Having stepped back from daily clinical care, my schedule is more open and more flexible. This is why I reapplied for a Commission seat and why I am so interested in the CPG.

Many people look at me and see the doctor. First and foremost, however, I am a man living with HIV. I was most likely infected in 1981, diagnosed in 1987 and told immediately that I was "too far gone" for AZT. When I was diagnosed with PCP in 1996 and my T cells were 30, I was unresponsive to two drug therapy and was given investigational medication that was designated for a patient that had died. Fortunately, the medication worked for me, and I began my journey back to health. No matter who I became after that or who I will become in the future, my true self is always rooted in being a person living with HIV.

I had my first HIV clinic in San Franciso in 1986. My friends came to see me as patients, I diagnosed them with HIV, and they died. I wasn't strong enough at that moment to be an HIV doctor. I practiced other types of medicine, but I always knew I was supposed to be an HIV provider. In 1999, I moved to LA and started a small HIV practice focusing on combatting stigma and providing compassionate high-level care. I founded the non-profit Men's Health Foundation in 2014 to provide that high level of care to all patients regardless of their ability to pay. We focus on HIV/STD testing and treatment. We believe in prevention and we were early champions of PrEP and DoxyPep. When chosen as one of LA County's PrEP Centers of Excellence, we created a PCC (Prevention Care Coordination) program based on the successful MCC (Medical Care Coordination) that we were engaged in and we achieved high levels of PrEP acceptance and persistence. We recognized Hep C was an issue and tested and treated aggressively. We saw Mpox strike our community and we tested and vaccinated our patients. As SUD became more a part of our mission, we expanded into SUD care, adding addictionologists and behavioral health specialists to our team. Our goal was to always provide the highest level of care for our patients and for our community.

We do a large amount of infectious disease related clinical research We are actively engaged in trials focusing on HIV (treatment and prevention) and STDs (diagnosis and treatment). We led cutting edge research in Hep C and Covid-19. Clinical research keeps us

on the forefront of new treatments. I feel this is a unique experience that could be particularly beneficial for both the COH and the CPG.

I served on the LA County Commission on HIV from October 2015 till January 2024. I love working with the community and I love working with planning bodies. At Men's Health Foundation, we have a set of Guiding Values that are an ever-present lantern to guide us. The first two values are "We are on the same team" and "We trust each other." These values enable us to work together as an organization knowing we operate in a safe space. I am proud of CDPH and AO and the work they continue to do through difficult times. I admire the goals of the Ending the Epidemics Integrated Statewide Strategic Plan and I strive to be a part of the solution. I fight every day to create health equity, and I believe in equity as a guiding principle in all my endeavors.

I would be honored to be selected to represent the LAC COH on the CPG.

Thank you.



Anthony Mills MD

CEO and Founder, Men's Health Foundation

Los Angeles, California

AGN. NO.

REVISED MOTION BY SUPERVISORS HOLLY J. MITCHELL AND LINDSEY P. HORVATH October 20, 2026

Preserving HIV Prevention Capacity in Los Angeles County

For the past three decades, the federal Centers for Disease Control and Prevention (CDC) has invested in community-based HIV prevention as an essential complement to the work of State and local health departments. Beginning in 1996, CDC funding supported HIV testing, health education, and risk-reduction services in jurisdictions heavily impacted by HIV, including Los Angeles County (County). Over time, these investments expanded to include linkage to care, biomedical HIV pre- and post-exposure prophylaxis (PrEP and PEP), training, social marketing and capacity-building interventions.

Initially, CDC awarded HIV prevention cooperative agreements to states and a limited number of large urban jurisdictions most affected by the epidemic. Over time, CDC expanded its funding to additional State and local health departments, while also providing direct grants to nearly 100 community-based organizations (CBOs) nationwide. In federal fiscal year 2024, CDC awarded $40 million in core funding to 96 CBOs and their clinical partners, as well as an additional $14 million to 36 CBOs conducting targeted HIV prevention activities in disproportionately impacted communities. These direct federal investments complement HIV prevention services

- MORE -

MOTION

MITCHELL _____

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SOLIS _____

funded by the State and County, helping to sustain a critical network of community-based providers.

Rather than recompeting these CBO funding programs, CDC has begun shifting resources through State and local health departments. On July 14, 2026, CDC issued updated supplemental guidance for PS24-0047, which is the CDC's Notice of Funding Opportunity for High-Impact HIV Prevention and Surveillance Programs for health departments. This funding mechanism sets the rules and resources for how health departments nationwide carry out core HIV prevention and surveillance activities. The updated guidance announced noncompetitive supplemental funding for health department recipients. Under this approach, instead of continuing direct CBO awards, CDC intends to establish a supplemental pool of funding for which health departments may apply and, at their discretion, allocate resources to CBOs. This change could result in fewer resources than under the current direct funding model and would likely end the longstanding practice of CBOs receiving HIV prevention funding directly from CDC. The supplemental funding supports one-time expansions of HIV testing, surveillance improvements, and PrEP and PEP activities from June 1, 2026, through May 31, 2027. The Department of Public Health (DPH) received its supplemental award on September 11, 2026. The timing of the award, coupled with the fact that the supplemental funding was not initially intended to replace funding for formerly CDC-funded CBOs, has created challenges in determining how best to program these resources while preserving continuity of critical HIV prevention services.

To mitigate the risk of service disruptions, DPH intends to invest a portion of its High-Impact HIV Prevention and Surveillance supplemental funding in local CBOs that had previously been funded directly by CDC. This investment is intended as a temporary bridge, not a permanent replacement for federal CBO funding, to preserve critical HIV prevention capacity and maintain continuity of services while DPH conducts a competitive resolicitation of its broader HIV prevention portfolio. Bridge funding would continue through May 31, 2027, with new contracts anticipated to begin June 1, 2027, coinciding

with the next CDC HIV Prevention Cooperative Agreement period for the County.

Maintaining this community-based infrastructure is particularly important given the growing intersection between HIV and homelessness in the County. Recent local surveillance data indicate that the HIV rate among people experiencing homelessness increased from 23 per 100,000 in 2020 to 32 per 100,000 in 2024, a 39 percent increase. Among approximately 1,560 County residents newly diagnosed with HIV in 2024, 16 percent reported experiencing homelessness during the previous 12 months, compared with 11 percent in 2020. This represents a 45 percent increase in the proportion of newly diagnosed residents reporting recent homelessness. Many clients served by the programs proposed for bridge funding are themselves experiencing homelessness or are at risk of losing their housing.

Allowing these community-based services to lapse during the transition in federal funding could create a significant service gap at a time when the populations they serve are experiencing increasing vulnerability. Maintaining CBO capacity through May 2027 will help preserve access to HIV testing, PrEP and PEP, linkage to care, and other essential prevention services, while providing the County with sufficient time to establish a sustainable, competitively procured HIV prevention network for the next funding cycle.

I WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Delegate authority to the Director of the Department of Public Health (DPH), or designee, to enter into nine new HIV prevention sole-source contracts, listed in Attachment A, up to a total maximum obligation of $2,167,761, effective upon execution approval through May 31, 2027, utilizing Centers for Disease Control and Prevention (CDC) High-Impact HIV Prevention and Surveillance supplemental funds awarded to DPH on September 11, 2026. This authority includes permission for DPH to:
    a. Waive the County of Los Angeles' (County) open competitive solicitation and bidding requirements, the requirement to comply with the County's Sole Source Policy, and any other applicable County contracting requirements;
    b. Reallocate funds between contract budgets;

c. Increase or decrease in funding above or below the annual base maximum obligation, based on the availability of federal resources, effective upon execution of an amendment; and

d. Execute change notices to the contracts to:

   i. Authorize modifications to the budget with corresponding modifications to the statement of work and/or scope of work, that are within the same scope of services, as necessary;

   ii. Make modifications to Contractor's or County's administration;

   iii. Change hours of operation and/or service locations; and

   iv. Immediately suspend or terminate any contract upon written notice to the contractor for failure to perform and/or fully comply with contractual requirements, and terminate any contract for convenience, including cancellation without cause and/or in response to federal, State, or County budget reductions, upon written notice to the contractor, subject to review and approval by County Counsel and notification to the Board of Supervisors and Chief Executive Officer.

2. Delegate authority to the Director of DPH, or designee, to amend any of the 67 currently existing DPH funded HIV prevention service contracts listed in Attachment B, to add additional High-Impact HIV Prevention and Surveillance funding at any amount, as needed, to support expanded services. This authority will extend from the effective date of execution through November 30, 2026, and is subject to review and approval by County Counsel, and notification to the Board of Supervisors and the Chief Executive Officer.

# # #

(VG)

ATTACHMENT A

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES- PRESERVING PREVENTION CAPACITY

No.	Contractor Name	Contract No.	Proposed Term Annual Maximum Obligation 11/1/26- 5/31/27	Service Planning Area (SPA) Served	Supervisorial District Served
HIV TESTING SERVICES (HTS)		**FUNDING SOURCE(S): [CDC HIHPS]**			
1	Altamed Health Services Corporation	PH-Pending	$ 254,328	4 & 7	TBD-sites being finalized
2	APLA Health & Wellness	PH-Pending	$ 294,417	4,6, & 8	TBD-sites being finalized
3	Bienestar Human Services, Inc.	PH-Pending	$ 294,417	2,3,4,7 & 8	TBD-sites being finalized
4	JWCH Institute, Inc.	PH-Pending	$ 268,000	4,6, & 7	TBD-sites being finalized
5	Los Angeles LGBT Center	PH-Pending	$ 296,000	4 & 6	TBD-sites being finalized
6	REACH LA	PH-Pending	$ 83,333	4 & 6	TBD-sites being finalized
7	St. John's Community Center	PH-Pending	$ 250,000	4 & 6	TBD-sites being finalized
8	Via Care Community Health Center	PH-Pending	$ 223,599	7	TBD-sites being finalized
	TOTAL HTS =8		**$ 1,964,094**		
STD SCREENING, DIAGNOSIS AND TREATMENT SERVICES (STD)		**FUNDING SOURCE(S): [CDC HIHPS]**			
9	Altamed Health Services Corporation	PH-Pending	$ 203,667	TBD	TBD-sites being finalized
	TOTAL STD=1		**$ 203,667**		
	GRAND TOTAL		**$ 2,167,761**		

ATTACHMENT B

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES

No.	Contractor Name	Contract No.	Service Planning Area (SPA) Served	Supervisorial District Served
HIV TESTING (HTS) - STOREFRONT (STF)				
1	AIDS Healthcare Foundation	PH-004093	4	3 & 5
2	Bienestar Human Services, Inc.	PH-004097	2, 3 , 4, 6, & 7	1, 2, & 3
3	Charles R. Drew University of Medicine & Science	PH-004098	6	2
4	Children's Hospital of Los Angeles	PH-004099	4	2
5	East Valley Community Health Center, Inc.	PH-004101	3	1
6	El Proyecto del Barrio, Inc.	PH-004102	2	3
7	JWCH Institute, Inc.	PH-004104	1, 4 & 7	1, 4, & 5
8	Los Angeles LGBT Center	PH-004106	4	3
9	Tarzana Treatment Centers, Inc.	PH-004109	1 & 2	3 & 5
10	The Wall Las Memorias Project	PH-004110	4	1
11	Venice Family Clinic	PH-004111	5	3
TOTAL HTS - STF = 11				
No.	**Contractor Name**	**Contract No.**	**SPA Served**	**Supervisorial District Served**
HIV TESTING (HTS)- SOCIAL AND SEXUAL NETWORKS (SSN)				
12	Bienestar Human Services, Inc.	PH-004114	2, 3, 4, 6, & 8	1, 2, 3, & 4
13	Charles R. Drew University of Medicine & Science	PH-004115	4 & 6	1 & 2
14	Los Angeles LGBT Center	PH-004121	6	2
15	Realistic Education in Action Coalition to Foster Health d.b.a. REACH LA	PH-004122	4	1
16	St. John's Well Child & Family Center	PH-004123	6	2
TOTAL HTS - SSN= 5				
HIV TESTING & SYPHILIS TESTING IN COMMERCIAL SEX VENUES (CSV)				
17	JWCH Institute, Inc.	PH-004125	2 & 4	2, 3, & 5
TOTAL HTS - CSV = 1				
COMPREHENSIVE HIV AND STD TESTING AND STD TREATMENT IN THE CITY OF LONG BEACH (CHSTST-LB)				
18	AIDS Healthcare Foundation	PH-003778	8	4
19	One in Long Beach, d.b.a. The Center	PH-003781	8	4
TOTAL HIV/STD-LB =2				

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES

No.	Contractor Name	Contract No.	Service Planning Area (SPA) Served	Supervisorial District Served
STD, SCREENING, DIAGNOSIS AND TREATMENT SERVICES (STD-STDS)				
20	AIDS Healthcare Foundation	PH-004126	6	2
21	Central City Community Health Center	PH-004128	6	2
22	Children's Hospital of Los Angeles	PH-004129	4 & 6	2 & 3
23	JWCH Institute, Inc.	PH-004131	1, 4, & 7	1, 4, & 5
24	Los Angeles LGBT Center	PH-004132	4	3
25	Northeast Valley Health Corporation	PH-004133	2	3
26	Tarzana Treatment Centers, Inc.	PH-004134	2	3
27	Watts Healthcare Corporation	PH-004135	6	2
TOTAL STD-SDTS = 8				
SEXUAL HEALTH EXPRESS CLINICS (SHEx-C)				
28	AIDS Healthcare Foundation	PH-004155	4	3
29	APLA Health & Wellness	PH-004156	6	2
30	Men's Health Foundation	PH-004158	4 & 6	2 & 3
TOTAL SHEx-C=3				
STD INFERTILITY PREVENTION PROJECT (STD-IPP)				
31	Essential Access Health	PH-000749	6	2
TOTAL STD IPP = 1				

No.	Contractor Name	Contract No.	SPA Served	Supervisorial District Served
HIGH IMPACT HIV PREVENTION (HIHP)				
32	APLA Health & Wellness	PH-001026	4 & 6	2 & 3
33	Asian American Drug Abuse Program, Inc.	PH-001027	6 & 8	2 & 4
34	Being Alive People w/HIV/AIDS Coalition	PH-001028	4	3
35	Bienestar Human Services	PH-001029	2,3, & 4	1 & 3
36	East Los Angeles Women's Center	PH-001035	7	4
37	Tarzana Treatment Centers, Inc.	PH-001047	1	5
38	Tarzana Treatment Centers, Inc.	PH-001062	2 through 8	1,2,3, & 4
TOTAL HIHP =7				

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES

BIOMEDICAL HIV PREVENTION (BHP)- MASTER AGREEMENTS				
39	APLA Health & Wellness	PH-003079	N/A	N/A
40	Children's Hospital Los Angeles	PH-003081	N/A	N/A
41	City of Long Beach Department of Health & Human Services	PH-003082	N/A	N/A
42	Dignity Health d.b.a. St. Mary's Medical Center	PH-003083	N/A	N/A
43	JWCH Institute, Inc.	PH-003084	N/A	N/A
44	Los Angeles LGBT Center	PH-003085	N/A	N/A
45	Men's Health Foundation	PH-003078	N/A	N/A
46	Northeast Valley Health Corporation	PH-003086	N/A	N/A
47	St. John's Community Health	PH-003087	N/A	N/A
48	Tarzana Treatment Centers, Inc.	PH-003088	N/A	N/A
49	Via Care Community Health Center	PH-003898	N/A	N/A
50	Watts Health Care Corporation	PH-003973	N/A	N/A
TOTAL BHP MASTER AGREEMENTS = 12				
BHP MASTER AGREEMENT WORK ORDERS				
51	APLA Health & Wellness	PH-003079-W3	4, 6, & 8	2, 3, & 4
52	Children's Hospital Los Angeles	PH-003081-W3	4	3
53	City of Long Beach Department of Health & Human Services	PH-003082-W3	8	4
54	Dignity Health d.b.a. St. Mary's Medical Center	PH-003083-W3	8	4
55	JWCH Institute, Inc.	PH-003084-W3	1, 3, 4, 6, & 7	1, 3, 4, & 5
56	Los Angeles LGBT Center	PH-003085-W3	4	3
57	Men's Health Foundation	PH-003078-W3	4, 6, & 8	2 & 3
58	Northeast Valley Health Corporation	PH-003086-W2	2	3
59	St. John's Community Health	PH-003087-W2	6	2
60	Tarzana Treatment Centers, Inc.	PH-003088-W3	2	3
61	Via Care Community Health Center	PH-003898-W2	7	1
62	Watts Health Care Corporation	PH-003973-W2	6	2
TOTAL BHP MASTER AGREEMENT WORK ORDERS =12				
PROMOTING HEALTHCARE ENGAGEMENT AMONG AT-RISK POPULATION (PHEARP)				
63	Bienestar Human Services, Inc.	PH-003440	6 & 8	2 & 4
64	In the Meantimes Men's Group, Inc.	PH-003438	6	2
65	Los Angeles LGBT Center	PH-003437	4 & 6	2 & 3
66	Los Angeles LGBT Center	PH-003441	4	2
67	Men's Health Foundation	PH-003439	6 & 8	2
TOTAL PHEARP CONTRACTS = 5				
GRAND TOTAL OF ALL CONTRACTS = 67				

AGN. NO. _____

MOTION BY SUPERVISOR LINDSEY P. HORVATH October 20, 2026

Improving Health Departmental Integration

Individuals have unique health care needs that span across the three Los Angeles County health departments: Los Angeles Health Services (LAHS), Department of Mental Health (DMH), and Department of Public Health (DPH). To ensure improved access and delivery of healthcare, over the last few years, the Los Angeles County Board and the three health departments have explored how to better collaborate and integrate.

On August 11, 2015, the Board adopted a motion to develop the Health Agency to create an overarching structure focused on health integration while preserving the distinct functions of the three health departments. The Health Agency model included the creation of a budget unit, director, and staff, as well as noting the relationship between LAHS, DMH, and DPH, with each department maintaining separate status as County departments. The Health Agency structure was formally approved by the Board on September 29, 2015, via adoption of a corresponding ordinance in the County code.

In the absence of a Health Agency Director, on February 18, 2020, the Board adopted a motion to transition the Health Agency via a pilot, to the Alliance for Health Integration (AHI). AHI was established as a shared governance team with funding from

	MOTION
MITCHELL	_____
HORVATH	_____
HAHN	_____
BARGER	_____
SOLIS	_____

the three health departments. It was tasked with supporting the health department's workforce, building partnerships, and promoting health care access across the County while still respecting each of the department's unique charge and scope. AHI was charged with the following priorities: 1) Integrate and develop prevention, treatment, and healing services; 2) Improve access to health care; and 3) Improve organizational effectiveness. While the Board transitioned from the Health Agency to AHI, the County Code was not amended to formally establish AHI. As a result, the Health Agency remains the entity codified in the County Code, and the positions and budget structure supporting AHI continue to reside within the framework originally established for the Health Agency.

On March 1, 2023, AHI's 6.0 staff were transitioned to DMH to address urgent operational needs. As AHI was no longer generating expenses, each department redirected the funding within their respective departments to fund other existing needs. AHI, as an organization unit has remained with no funding or positions. Board action is required to delete the Health Agency/AHI budget unit from the County Ordinance to zero out the budget.

On May 21, 2024, the Board adopted the motion, "Next Steps for the Alliance for Health Integration", directing the Chief Executive Office (CEO), in collaboration with the health departments to retain a consultant to conduct an evaluation of AHI and provide recommended options for Board consideration. The recommendations would support the collaboration between the three health departments to improve access to comprehensive health care. The report prepared by TurningWest Inc. (Consultant) was included in the CEO's report back to the Board on March 11, 2025.

The Consultant facilitated 39 individual and group interviews with the Board's health deputies; former AHI staff; LAHS, DMH, and DPH leadership and staff; other County departments; and external stakeholders, including representatives from labor and community-based organizations. This discovery process found that:

- AHI was challenged by organizational limitations;
- There was misalignment between the collaboration needs of health departments and the task of AHI;
- A perception gap exists in how much "collaboration" is occurring; and
- Effective collaboration requires both formal and informal structures.

The Consultant developed comprehensive criteria for analyzing eight organizational design options. The options fell across a continuum from the least restrictive to the most formal structure and were scored using a Decision Matrix Scale (ranging from 0 – 20 points). The options consisted of the following:

1. Implement No Change (7 points)
2. Increase Communication (16 points)
3. Create Collaborative Forum (18 points)
4. Establish Collaborative Units within the Health Depts (11 points)
5. Reinstate AHI as Independent Unit (10 points)
6. Reinstate AHI Reporting to the CEO (9 points)
7. Create Supra-Ordinate Structure Over the Health Depts (9 points)
8. Merge the Health Departments (10 points)

The report recommends that, in lieu of a formal AHI structure, the three health departments establish a collaborative forum, where the three health department directors

and key staff come together monthly. Since the publishing of the report the three health department Directors have increased communication, which transitioned to collaborating closely on several important issues. It is unclear how effective increased communication has been, or if a formal structure is needed to ensure that the three health departments are better leveraging programing, resources and funding, and ensuring that there is no wrong door to access services across the three departments.

During these uncertain financial times, it is critical that collaboration among the three health departments and other departments is strengthened to better leverage existing resources so that we may better provide healthcare for vulnerable populations. Individuals' unique healthcare needs can only be fully addressed if comprehensive care is available and accessible.

I, THEREFORE MOVE that the Board of Supervisors direct:

1. County Counsel to, in the next 180 days, amend the County Code to repeal Chapters 2.73 and 6.83, Los Angeles County Health Agency, and any other amendments to the County Code necessary to effectuate that change, and return to the Board for any additional authorities required; and
2. The Chief Executive Office to, in the next 180 days, take all administrative and budgetary steps necessary to close the Health Agency in a future budget phase.

I, FURTHER MOVE that the Board of Supervisors direct Los Angeles Health Services (LAHS), the Department of Mental Health (DMH), and the Department of Public Health (DPH) to report back verbally in Health Cluster and in writing to the Board in 60 days on the extent and effectiveness of existing increased communication among the three health departments on efforts to coordinate services, programs, policies, funding,

data, and operations for populations and priorities that cross departmental responsibilities. The report should include, but not be limited to the following:

1. Identify how the three health department Directors and staff are collaborating, and the frequency.
2. A summary of significant collaborative projects.
3. A framework for continued regular engagement among the three department heads and report to the Board in writing biannually on the status of significant collaborative efforts, including successes and barriers. The report should include but is not limited to notable collaboration with the Department of Homeless Services and Housing (HSH), as well as other county departments whose responsibilities intersect with health-related funding, populations, services or outcomes.

# # #

LPH:aa

BOARD OF SUPERVISORS | Hilda L. Solis First District | Holly J. Mitchell Second District | Lindsey P. Horvath Third District | Janice Hahn Fourth District | Kathryn Barger Fifth District

Chief Executive Office.

COUNTY OF LOS ANGELES
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, CA 90012
(213) 974-1101 ceo.lacounty.gov

CHIEF EXECUTIVE OFFICER
Joseph M. Nicchitta

September 24, 2026

To: Supervisor Hilda L. Solis, Chair
Supervisor Holly J. Mitchell, Chair Pro Tem
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Joseph M. Nicchitta
Chief Executive Officer

Joseph M. Nicchitta (Sep 24, 2026 10:27:08 PDT)

OVERVIEW OF THE NOVEMBER 3, 2026, GENERAL ELECTION BALLOT MEASURES

This memorandum is to provide the Board of Supervisors with information regarding the statewide propositions on the November 3, 2026, General Election Ballot.

- Proposition 1: Authorizes Bonds for Housing Affordability Programs. Legislative Statute.
  County Position: None

- Proposition 2: Increases State's Rainy Day Fund. Legislative Constitutional Amendment.
  County Position: None

- Proposition 3: Provides Permanent Funding for Schools and Healthcare by Extending Existing Tax on High Incomes. Initiative Constitutional Amendment.
  County Position: None

- Proposition 4: Repeals Prohibition Against Public Funding of Election Campaigns. Legislative Statute.
  County Position: None

- Proposition 5: Changes Recall Election Process for Statewide Officers. Legislative Constitutional Amendment.
  County Position: None

- Proposition 37: Creates Loan Program for Middle-Income Buyers of Qualified New Homes. Initiative Statute.
  County Position: None

- Proposition 38: Authorizes Bonds for Immunology Research. Initiative Statute.
  County Position: None

- Proposition 39: Prohibits Citizens from Voting Unless they Present Government-Issued Identification. Initiative Constitutional Amendment.
  County Position: None

- Proposition 40: Imposes One-Time Tax on Certain Taxpayers. Initiative Constitutional Amendment and Statute.
  County Position: None

- Proposition 41: Prohibits New State Taxes that Exclude Revenues from State Spending Limit. Requires Audits for New State Special Taxes. Initiative Constitutional Amendment.
  County Position: None

- Proposition 42: Prohibits New State Personal Property Taxes and Certain Retroactive State Taxes. Initiative Constitutional Amendment.
  County Position: None

- Proposition 43: Limits Voters' Ability to Raise Revenues for Local Government Services. Legislative Constitutional Amendment.
  County Position: None

- Proposition 44: Requires Community Health Clinics Spend 90 percent of Revenue on Program Services. Initiative Statute.
  County Position: None

- Proposition 45: Modifies Environmental Review for Certain Projects. Initiative Statute.
  County Position: None

The Attachment provides a summary of each proposition and comments from affected County departments.

Should you have any questions concerning this matter, please contact me or Angela C. Ovalle, Acting Branch Manager, at (213) 974-1348 or aovalle@ceo.lacounty.gov.

JMN:JG:ACO
AM:dr

Attachment

c: All Department Heads

County of Los Angeles
Legislative Affairs & Intergovernmental Relations

FACT SHEET

Proposition 1: Authorizes Bonds for Housing Affordability Programs. Legislative Statute.

COUNTY POSITION: NONE

If approved by voters, Proposition 1 would authorize the issuance of $11.25 billion in general obligation bonds for affordable housing and homeownership programs administered by the State. On June 25, 2026, Governor Gavin Newsom signed Senate Bill (SB) 417 (Limon), the Veterans and Affordable Housing Bond Act of 2026, which placed the bond on the November 3, 2026, ballot for voter approval.

Bond revenues would be distributed across a range of affordable housing and homeownership programs:

Affordable Housing

- $5.1 billion for the Multifamily Housing Program (MHP) for new construction, rehabilitation, and preservation of permanent and transitional rental housing for lower-income households.
- $1.15 billion for supportive housing through MHP. Funds may be used as operating subsidy reserves.
    - Up to 15 percent may be available as grants for acquisition, conversion or rehabilitation of interim housing to permanent housing.
    - $150 million must be used for the development or acquisition of youth housing.
- $750 million for the Portfolio Reinvestment Program to preserve existing affordable housing projects at risk of market-rate conversations.
- $500 million for the Infill Infrastructure Grant Program to support high-density affordable and mixed-income housing in infill sites.
- $450 million for housing for agricultural employees and their families.
- $350 million for new affordable student housing projects.
- $200 million to fund the acquisition and rehabilitation of unrestricted housing units, with long-term affordability restrictions.
- $200 million to finance housing and housing-related services for tribal governments.
- $200 million for grants or loans to local housing trust funds that demonstrate innovative, cost-saving approaches to sustaining and increasing affordable housing.

Homeownership

- $1.25 billion for the CalVet Home Loan Program to support veterans with home purchases.
- $600 million for the CalHOME program to assist development projects that involve multiple home ownership units.
- $500 million for the MyHome down payment assistance program.

Background. According to the California Department of Housing and Community Development (HCD), the State must plan for more than 2.5 million homes by 2031 to meet prospective housing demand. More than one million units are needed for low-income households, where the shortfall in housing supply is the most acute. The California Housing Partnership finds that while California has funded more than 23,000 affordable homes in 2025, the State only funds 20 percent of what is needed to meet its housing goals.

Due to restricted rents and high development costs, housing developers rely on public subsidies from federal, State, and local governments to finance affordable housing projects. The State's largest affordable housing program, MHP, provides low-interest, long-term financing for affordable housing development and preservation. The first round of 2023 HCD Multifamily Finance Super Notice of Funding Availability received more than $3.5 billion in requests, an oversubscription of 4:1. MHP, in particular, was oversubscribed at a ratio of 10:1, indicating high demand for limited State resources.

Voter-approved bonds are one of the primary sources of funding for affordable housing production in the State. In 2018, voters approved of the Veterans and Affordable Housing Bond Act of 2018, which authorized $4 billion in bond funding, including $3 billion for affordable housing programs such as MHP and $1 billion for the CalVet program. According to the Legislative Analyst's Office (LAO), all funds associated with the bond have been committed to projects.

LAO Report. The LAO reports that bond funds from Proposition 1 would provide subsidies for up to 40,000 multifamily rental units statewide, as well as support up to 40,000 California households with homeownership assistance. LAO further reports that Proposition 1 would result in increased State General Fund (SGF) costs of $500 million to $600 million annually over 25 years to repay the housing bond.

County Impact. Proposition 1 may have direct, but minimal operational impacts on Los Angeles County (County), depending on how the affordable housing programs are structured. Further, Proposition 1 would provide substantial capital to expand construction, acquisition, and rehabilitation of affordable housing projects in the County. County departments and agencies note that by increasing the State's capacity to finance affordable housing development and other housing initiatives, the measure would help advance State and local housing and homelessness reduction goals.

According to the Los Angeles County Development Authority (LACDA), Proposition 1 would provide essential State financing for a substantial proportion of projects in the County's and the LACDA's purview and is critical to advancing the County's affordable housing goals. On an operational level, the LACDA reports that Proposition 1 may result in administrative impacts on the County and the agency, depending on how its funding is administrated or delegated to localities.

For example, if projects are required to submit as co-applicants or if funds are delegated through alternative processes in which the LACDA is tasked with administering funding awards, the County and/or the LACDA may need to dedicate staff and resources.

The Department of Homeless Services and Housing (HSH) reports that Proposition 1 is critical to helping the County meet the numeric targets adopted by the Board of Supervisors (Board) under Measure A, particularly related to increasing affordable housing units countywide. HSH also reports that the bond's carve-out for supportive housing funds for acquiring and converting interim housing to permanent housing directly supports ongoing work converting interim inventory into long-term supportive housing, and pairs with capitalized operating subsidy reserves that improve long-term project feasibility.

The Department of Consumer and Business Affairs reports that Proposition 1 would expand funding for California Housing Finance Agency (CalHFA) homebuyer programs, whose recipients may also qualify for grants through the County's down payment assistance program. With more financing available to homebuyers, particularly in an expensive housing market such as the County, Proposition 1 could help more homeowners purchase their first home and enhance the County's own homebuyer program.

Support. Housing California, the California Housing Consortium, League of California Cities, California State Association of Counties, Southern California Association of Non-Profit Housing, California Housing Partnership, California Apartment Association, Yes In My Backyard (YIMBY) Action, and United Brotherhood of Carpenters, among others.

Opposition. Reform California.

FACT SHEET

Proposition 2: Increases State's Rainy Day Fund. Legislative Constitutional Amendment.

COUNTY POSITION: NONE

If approved by the voters, Proposition 2 would amend the Constitution of the State of California (California Constitution), by amending Section 20 of Article XVI thereof, relating to increases to State reserves subject to voter approval.

The amendment would:

- *Save More in the Rainy Day Fund.* Proposition 2 would require the State to make deposits into the rainy day fund until it reaches 20 percent of SGF taxes (instead of ten percent of SGF taxes). In addition, the State would make even larger deposits in years when revenues from taxes on investment gains are very high, like when the stock market is booming.

- *Extend and Expand Extra Debt Payments.* Proposition 2 would also require the State to make extra debt payments through 2040 (instead of through 2030). These debt payments would be the same as the amount initially deposited into the rainy day fund each year. In addition, the amount set aside for extra debt payments could be used for an expanded set of purposes. Specifically, these payments could be used to make required payments to schools and community colleges, repay borrowing from other State funds, and repay certain loans from the federal government.

- *Change How Rainy Day Fund Deposits Count Toward the State Appropriations Limit.* Deposits into the rainy day fund would not count toward the State appropriations limit (often referred to as the Gann Limit). Funds later withdrawn from the rainy day fund that were not counted when deposited would instead count against the Gann Limit in the Fiscal Year (FY) they are withdrawn or returned to the SGF.

- *Change How Other Deposits Count Toward the State Appropriations Limit.* The State has an account (the Projected Surplus Temporary Holding Account) to set aside funds when revenues are surging. By setting these funds aside, the State can avoid overspending when revenue estimates are particularly uncertain. Under Proposition 2, deposits into this account also would not count toward the Gann Limit. Instead, the money would count toward the Gann Limit when it is taken out of the Projected Surplus Temporary Holding Account. This exclusion could not be larger than ten percent of SGF taxes in each year.

Background. The California Constitution establishes the Budget Stabilization Account (BSA) and requires the State Controller to transfer from the SGF to the BSA, no later than October 1 of each FY, a sum equal to 1.5 percent of the estimated amount of SGF revenues for that FY.

- The California Department of Finance is required to report specified information to the Legislature, including:
  A. An estimate of the amount of SGF proceeds of taxes that may be appropriated for that FY;
  B. An estimate of the portion of that amount that is derived from personal income taxes paid on net capital gains; and
  C. The portion of the estimate in (B) that exceeds eight percent of the estimate made in (A).

  Notwithstanding the requirement for the State Controller to transfer 1.5 percent of SGF revenues for each FY from FY 2015-16 to FY 2029-30, the California Constitution instead requires 50 percent of that amount and 50 percent of the amount described in (C) to be transferred to the BSA. The California Constitution requires the remaining 50 percent to be appropriated for unfunded liabilities and other specified purposes.

  The California Constitution limits the amount that is required to be transferred to the BSA for any FY from exceeding an amount that would result in a balance in the account that, when the transfer is made, exceeds ten percent of the estimated amount of the SGF proceeds of taxes for the FY.

- The California Constitution creates the Public School System Stabilization Account (PSSSA) in the SGF and requires the State Controller to transfer specified amounts from the SGF to the account. Upon a proclamation by the Governor declaring a budget emergency, the Legislature may suspend or reduce transfers to the BSA or PSSSA, return funds in the BSA to the SGF, and appropriate funds in the PSSSA for the support of school districts and community college districts. The California Constitution defines "budget emergency" for these purposes to mean the existence of conditions of disaster or extreme peril, as declared by the Governor, or a determination by the Governor that estimated resources are inadequate to fund SGF expenditures for the current or ensuing FY at a level equal to the highest amount of total SGF expenditures estimated at the time of enactment of any of the three most recent Budget Acts.

  The California Constitution requires the Governor, within the first ten days of each calendar year, to submit to the Legislature a proposed budget for the FY commencing on July 1 of that calendar year. Under existing statutory law, the Director of Finance is required to submit a revised budget proposal to the Legislature on or before May 14.

- The California Constitution prohibits the total annual appropriations subject to limitation of the State and of each local government from exceeding the appropriations limit of the entity of government for the prior year, adjusted for the change in the cost of living and the change in population. The California Constitution defines "appropriations subject to limitation" of the State for these purposes.

LAO Report. The LAO reports that by continuing to require deposits into the rainy day fund until the balance reaches 20 percent of SGF taxes, Proposition 2 would help the State save more over time. In addition, by depositing more money when revenues are surging, the State likely would save more in the rainy day fund in certain years. More reserves would make balancing the budget somewhat easier when revenues decline. Furthermore, the LAO reports that by requiring the State to make extra debt payments through 2040, the State might make more debt payments than it would without Proposition 2.

County Impact. No direct impact on the County as the proposed increase to the BSA cap from ten percent to 20 percent is strictly a State budget matter.

County Counsel reports that the measure would not impact County operations directly, and it would not require implementation by any County department or agency. County Counsel also reports that the measure does not appear to require changes to County procedures, responsibilities, or service delivery. Furthermore, County Counsel reports that any fiscal effect on the County would probably be indirect and would depend on future State budget decisions affecting funding for County programs.

Support. No registered support.

Opposition. No registered opposition.

FACT SHEET

Proposition 3: Provides Permanent Funding for Schools and Health Care by Extending Existing Tax on High Incomes. Initiative Constitutional Amendment.

COUNTY POSITION: NONE

If approved by the voters, Proposition 3 would make permanent the existing 2012 voter-approved tax rates for high income Californians, currently set to expire in 2031. The affected tax rates, which are an additional one to three percent for the marginal tax rate, would apply to personal income after 2030 over about $371,000 for single filers, $743,000 for joint filers, and $505,000 for heads of household (adjusted annually for inflation).

Proposition 3 would maintain the current revenue allocation from the increased marginal tax rate to be deposited into the Education Protection Account (EPA), with 89 percent to K-12 schools and 11 percent to community colleges. If there are funds in excess of existing California Constitution education funding requirements, then 50 percent of the excess (not to exceed $2 billion per FY) would be allocated to the Department of Health Care Services for critical, emergency, acute, and preventive health care for children and their families, primarily through Medi-Cal programs.

Background. Voters approved Proposition 30 in 2012 to temporarily increase income tax rates on high-income taxpayers. In 2016, voters approved Proposition 55 to extend these higher rates until 2030. The top two percent of California taxpayers pay these higher rates. Propositions 30 and 55 did not contain mechanisms to adjust the bracket thresholds for inflation.

LAO Report. The LAO reports that Proposition 3 would bring in between $5 billion and $15 billion each year. The amount of money brought in by Proposition 3 would likely go up and down a lot from year to year because much of the revenue comes from taxing income that is closely tied to the stock market.

The LAO also notes that roughly 40 percent of the funding would go to schools and community colleges, and the rest would go to other State programs, including a portion being set aside for budget reserves the State could use to fund these programs when revenues decline.

County Impact. The Los Angeles County Office of Education (LACOE) receives funds each year from the EPA, which was created by Proposition 30. Each year, the State Department of Finance estimates the total amount of additional revenues that will be available for transfer into the EPA during the next FY, which shall be used to support instructional programs. For FY 2025-26, LACOE expected to receive $133,484 from the EPA for classroom instruction programs.

The Department of Public Health indicates that Proposition 3 would have no direct impact on the Department but could provide important ongoing revenue for Medi-Cal managed care programs and other programs aimed at providing health care services to children and families.

According to County Counsel, Proposition 3 concerns State income tax rates and revenue allocation and would not assign an implementation role to any County department. The measure would maintain an existing State tax and direct revenue to schools, community colleges, state health care programs, and the SGF, rather than to counties.

Support. California Federation of Teachers, California Professional Firefighters, California School Employees Association, California Teachers Association, AFSCME California, SEIU California, California Democratic Party, California Democratic Socialists of America, and California State PTA.

Opposition. California Taxpayers Association and Reform California.

FACT SHEET

Proposition 4: Repeals Prohibition Against Public Funding of Election Campaigns. Legislative Statute.

COUNTY POSITION: NONE

If approved by the voters, Proposition 4 would amend the Political Reform Act of 1974 (PRA) to authorize public campaign financing for candidates seeking elective office and allow the State and local governments to offer public campaign financing programs. The measure would remove existing prohibitions on public officers expending, and candidates accepting public funds for election campaigns.

The measure would require certain criteria for any public campaign financing program, including:

- The public funds are not earmarked for education, transportation, or public safety.
- The program does not discriminate based on party, or according to whether a candidate is a challenger or an incumbent.
- Candidates receiving public funds abide by expenditure limits and meet criteria that demonstrate broad-based support in the district in which they are running, such as a requirement to receive small-dollar contributions or vouchers from a specified number of voting-age residents.
- Public funds are not used for legal defense fees or fines or to repay a personal loan from the candidate to their campaign, and a candidate who receives public funds does not use any source of funds to repay a personal loan to their campaign after the campaign ends.

Proposition 4 would provide that the Fair Political Practices Commission (FPPC) is not responsible for administering or enforcing a local agency's system of public financing of candidates.

The measure would also increase the potential fine for a criminal violation of the State's ban on campaign contributions or expenditures by foreign entities to at least the amount contributed or expended, up to a maximum of three times that amount.

Background. In June 1974, California voters passed an initiative, the PRA, that created the FPPC and codified significant restrictions and prohibitions on candidates, officeholders, and lobbyists.

Amendments to the PRA by the Legislature must further the purposes of the proposition and require a two-thirds vote of each house of the Legislature, or the Legislature may propose amendments that do not further the purposes of the act by a majority vote, but such amendments must be approved by the voters to take effect.

Voters approved Proposition 73 in 1988, which amended the PRA, to prohibit public funding of campaigns for State and local elections. Charter cities are exempt from the current ban on public campaign financing.

Court decisions on previous legislation to authorize the creation of public financing programs ruled that they directly conflict with a primary purpose and mandate of the PRA, as amended by Proposition 73, to prohibit public funding of political campaigns, and would require approval of the voters to implement such a change.

SB 42 (Umberg) [Chapter 245, Statutes of 2025], which contains the provisions of Proposition 4, was approved by the Legislature and signed by the Governor in 2025. The bill required the Secretary of State to submit the provisions of the bill to the voters for approval at the November 3, 2026, statewide general election. The bill would only become effective upon approval of the voters. The Board adopted a motion on August 12, 2025, to support SB 42.

LAO Report. The LAO reports that Proposition 4 would not create a public campaign finance program. However, it would allow State and local governments to create such programs in the future. The cost of these programs could be significant for governments that choose to create them. The total cost would depend on which governments created such programs and how those programs would be designed.

The LAO also notes that, if approved, Proposition 4 would likely require the FPPC to hire more legal staff to help provide guidance to State and local government officials on creating public campaign finance programs under the PRA.

County Impact. The Registrar-Recorder/County Clerk (RR/CC) indicates that the impact would depend on action taken by the Board to implement a public campaign financing program. Likely costs of such a program could include changes to education, campaign filing, reporting, disclosure, administration, disbursal of public funds, investigation, and enforcement processes. There could also be a potential increase in the number of candidates if a public campaign financing program is implemented, which could affect the ballot length and associated costs.

According to County Counsel, Proposition 4 would not immediately alter how the County does business. This measure would enable, but not require, local governments to establish public campaign financing programs. For the County to create such a program, it would need to adopt a separate ordinance and/or charter amendment satisfying the requirements of SB 42, including establishing the amount of public funds to be set aside for qualifying candidates.

County Counsel also notes that the fiscal impact on the County is indeterminate at this time and would depend on whether the County chooses to adopt an enabling ordinance or charter amendment and the level of funding it decides to provide to qualifying candidates.

Support. ACLU of California, California Clean Money Action Fund, California Common Cause, Consumer Watchdog, End Citizens United, League of Women Voters of California, California Democratic Party, and California Working Families Party.

Opposition. California Taxpayers Association and Reform California.

FACT SHEET

Proposition 5: Changes Recall Election Process for Statewide Officers. Legislative Constitutional Amendment.

COUNTY POSITION: NONE

If approved by the voters, Proposition 5 would eliminate the successor election for a recalled State officer and instead provide that if a State officer is recalled, the office will remain vacant until filled in accordance with law. The measure would repeal the prohibition that prevents the officer subject to the recall from being a candidate to fill the office in a special election, but would prohibit the appointment of the same officer to fill the vacancy.

If the Governor is recalled, the Lieutenant Governor will become Governor for the remainder of the unexpired term. If the Governor is recalled before the close of the nomination period for the next statewide election during the first two years of the Governor's term, the measure provides for a special election to be held to replace the Governor, to be consolidated with the next statewide primary election and, if necessary, the subsequent statewide general election. The measure requires the Secretary of State (SOS) to perform the recall duties of the Governor when a recall is initiated, and requires the State Controller to perform the recall duties of the Governor and SOS if recalls of those two officers are initiated at the same time.

Background. Proposition 5 was approved to appear on the November 3, 2026, ballot when the Legislature passed Senate Constitutional Amendment (SCA) 1 [Chapter 204, Statutes of 2024], as part of a legislative effort to revise California's recall process for State officers. Former Senator Josh Newman introduced SCA 1 to address perceived flaws in the State's recall process, specifically, the concern that an official could be replaced without majority support under the current simultaneous successor election format.

LAO Report. The LAO reports that, if approved, the fiscal impact of Proposition 5 would depend on how often recalls occur and which offices are impacted. A statewide recall would trigger costs in all 58 counties, while a district-based recall would affect only the jurisdictions within that district. Costs could increase when a special election is required to fill a vacancy created by a recall, particularly when that special election cannot be consolidated with an already-scheduled election, potentially costing State and local elections officials millions of dollars.

At the same time, Proposition 5 could produce savings by removing the second question from the ballot in situations where a recalled office is filled by appointment or when a governor is recalled later in the term. Eliminating replacement-candidate listings would reduce printing, ballot preparation, and related administrative expenses, with potential savings also reaching millions per election.

Overall, the net fiscal effect remains uncertain because it depends on future recall scenarios, though any impact is expected to represent less than 0.1 percent of the SGF budget.

County Impact. If approved by voters, this measure would minimally impact the RR/CC's operations as it requires the Department to generate the ballot and conduct the recall election of a State officer in accordance with the measure.

Fiscal impact is estimated to be neutral as State recall elections are reimbursed by the State. This law will not affect the recall of local officers, including County elected officials.

Support. California Common Cause; Culver City Democratic Club; Indivisible CA; League of Women Voters of California; Lieutenant Governor Eleni Kounalakis; StateStrong; Santa Monica Democratic Club; and Secretary of State Shirley N. Weber, Ph.D., among others.

Opposition. Election Integrity Project California, Inc. and Reform California.

FACT SHEET

Proposition 37: Creates Loan Program for Middle-Income Buyers of Qualified New Homes. Initiative Statute.

COUNTY POSITION: NONE

If approved by voters, Proposition 37 would authorize the CalHFA to issue up to $25 billion in revenue bonds to establish a new State-administered down payment assistance program.

CalHFA would be required to use the bond proceeds to provide middle-class homeownership loans covering up to 17 percent of the home's purchase price for down-payment assistance. Eligible homes must be new construction or the first sale of a converted property, and priced below $1 to $1.5 million, depending on the county.

Borrowers must be a California resident for at least one year prior to the time of the application, earn less than 200 percent of the area median income and contribute at least three percent of the home's purchase price. Homebuyers must occupy the home as their primary residence. The bonds would be repaid through loan payments made by participating homebuyers.

Proposition 37 would also allow housing developer to opt into a "qualified builder option" if projects satisfy the housing requirements of the program. Developers that choose this option must comply with additional labor standards in exchange for modified construction-defect rules intended to provide developers with greater flexibility.

Background. California has one of the most expensive housing markets in the nation. According to the LAO, while home prices have stabilized in recent years, the income required to afford a mortgage on a bottom-tier or mid-tier home has increased faster than median household income. Several State and local homebuyer assistance programs seek to reduce financial barriers for first-time homebuyers and support intergenerational wealth through homeownership.

CalHFA currently offers two programs that assist eligible homebuyers with down payment and closing cost expenses. The CalHFA MyHome Assistance Program offers deferred-payment junior loans that provide up to three percent for a convention loan (or 3.5 percent for a government loan) of the home's purchase price or appraised value. In 2023, the State launched the Dream for All Shared Appreciation Loan, which provides first-generation and first-time homebuyers with down payment assistance of up to 20 percent of the home's purchase price, capped at $150,000. The loan, plus a portion of the appreciation in the home value, is repaid by the homeowner when the home is sold, transferred or the first mortgage is paid.

If approved by voters, Proposition 37 would create another State-administered down payment assistance program for first-time homebuyers.

LAO Report. The LAO reports, Proposition 37 would not result in direct State or local costs because it would use payments from homebuyers to repay bond investors. However, the LAO acknowledges several factors may influence the impact of the proposition, including the extent to which investors want to buy the bond, how much the loans available cost homebuyers relative to other down payment assistance programs and if the program results in increased home construction and homebuying.

County Impact. Since the loan program is structured, funded, and managed entirely by CalHFA, Proposition 37 would not have a direct fiscal or operational impact on the County. However, by expanding resources available to support homeownership, the measure could strengthen existing County initiatives that help first-time homebuyers.

The Department of Business and Consumer Affairs (DCBA) administers the Greenline Home Program, a County program that provides up to $35,000 toward down payment and closing costs for qualifying low- to moderate-income, first-time homebuyers. According to DCBA, due to the high cost of housing in the County, the program relies on the layering of multiple grants to get participants the funds needed to finalize a home purchase. DCBA reports that Proposition 37, if approved, could provide additional assistance for homebuyers currently participating in the County's program, increasing the chances that the County program will have success in achieving its own goals.

Support. Former Assembly Speaker Robert Hertzberg (sponsor), California State Controller Malia Cohen, California State Treasurer Fiona Ma, the California Democratic Party, the United Brotherhood of Carpenters and Joiners of America, Western States Regional Council of Carpenters, and the California Association of Realtors.

Opposition. Reform California.

FACT SHEET

Proposition 38: Authorizes Bonds for Immunology Research. Initiative Statute.

COUNTY POSITION: NONE

If approved by the voters, Proposition 38 would authorize $8.4 billion in State general obligation bonds to support immunology and immunotherapy research.

The measure would allocate the funding equally between:

1. A University of California-affiliated nonprofit medical research institute selected by the California Department of Public Health based on specified criteria; and

2. A grant program for public or nonprofit universities and institutions.

Background. Immunology is the study of the body's immune system and how it protects the body from abnormal cells and other causes of disease. Immunotherapy develops treatments that help the immune system fight diseases more effectively. The measure would require that at least $4.2 billion of the bond funds be used for immunology research on cancer, heart disease, and Alzheimer's disease. No more than two percent of total bond funds may be used for State administrative costs. Payments on the bond would come from the SGF.

LAO Report. The LAO reports that Proposition 38 would increase the State costs by $500 million to $600 million annually for about 20 years to repay the medical research bond. The State could recover part or all of this cost in subsequent decades if the funded research leads to discoveries that generate revenue.

County Impact. The Department of Health Services (Health Services) reports that while it has academic affiliations with institutions that conduct immunology research, the County does not participate in the research process.

The Department of Public Health (DPH) does not anticipate direct operational impacts if Proposition 38 is approved. DPH notes that greater research could lead to important breakthroughs in immunology treatments and could potentially result in improved health outcomes for County residents.

According to County Counsel, Proposition 38 would not affect County operations directly. There would be minimal direct impact on County departments. Potentially, there could be ancillary benefits to DPH if DPH is able to access research funding opportunities, though the measure does not specifically establish an obligation for the State to provide such funding to County health departments.

Support. ALS Association; Alzheimer's Association; American Nurses Association of California; California Black Health Network; Michelson Center for Public Policy; Parkinson Association of Northern California; and Reform California.

Opposition. None on file.

FACT SHEET

Proposition 39: Prohibits Citizens from Voting Unless they Present Government-Issued Identification. Initiative Constitutional Amendment.

COUNTY POSITION: NONE

If approved by the voters, Proposition 39 would require State and local elections officials to make "best efforts" using government data to verify that voters on the rolls are United States (U.S.) citizens, and would require county elections officials to report every year the percentage of registered voters whose citizenship status has been verified.

The measure would require new and existing voters to select a government-issued identification (ID) in their voter registration to vote by mail. The State would be required to provide a voter ID card at no cost to voters who request one.

Proposition 39 would also require voters to provide additional identifying information each time they cast a ballot in any election in California. Elections officials would be required to verify voters' identities before counting their ballots. The ID requirement would depend on whether a voter casts a ballot in person or by mail. When voting in person, a voter would be required to present a government-issued ID for verification. When voting by mail, a voter would be required to provide the last four digits of their selected government-issued ID number on the ballot envelope.

The measure would require the California State Auditor (Auditor) to report every odd-numbered year how well the State and each county comply with the proposition and make recommendations for improvement.

Proposition 39 would require the Legislature to pass additional laws to implement the measure and clarify details that are not defined in the proposition, such as which forms of identification could be used and what steps would be considered "best efforts" to verify the citizenship status of registered voters.

Background. Under current law, when registering to vote, individuals must state under penalty of perjury that they are U.S. citizens and provide information to verify their identify, such as their birthdate and driver's license or Social Security Number. Voters who do not provide this identifying information through the registration process may be asked to present identification the first time they vote.

Under existing law, elections officials are required to keep the voter rolls up to date by removing people who are no longer eligible to vote from the list, and receive regular updates from other government entities to identify people, such as those who have died.

Voters identify themselves when they vote in California, whether it is by signing on the ePollbook if they vote in person in the County, or by signing the envelope of their ballot if they vote by mail. Elections officials verify signatures for vote by mail ballots before counting them, but generally do not verify signatures from in-person voters before counting the ballots.

LAO Report. The LAO reports that Proposition 39 would increase State and local government costs by tens of millions of dollars to low hundreds of millions of dollars each year. The exact cost would depend on future choices made by the Legislature, State departments, local governments, and voters, such as the design and requirements of the voter identification card and the number of cards requested. There could also be some amount of savings due to fewer people registered to vote due to the removal of ineligible voters or eligible voters lacking government-issued identification. These savings would likely not exceed the costs of the measure.

County Impact. The RR/CC indicates that there would be significant costs associated with implementing Proposition 39, if it passes. These costs include:

- Developing new procedures, policies, and election worker training for the implementation of voter identification at the Vote Center;
- Updating the ePollbook interfaces/systems, voter databases, and Vote Center procedures;
- Updating the vote by mail envelope design and assigning additional staffing to provide voters who request by phone or electronically the government-issued ID the voter used when registering;
- Verifying the last four digits of a government-issued ID provided on all vote by mail ballots; and
- Developing and publishing the annual report required by Proposition 39.

RR/CC also notes that the ballot measures requirements would likely result in an anticipated increase in the time needed to process ballots and certify an election.

According to County Counsel, this measure would fundamentally alter how RR/CC conducts voter registration and elections administration and would represent a significant departure from existing State law. Currently, State law does not require proof of documentation of citizenship for voter registration – only self-attestation to U.S. citizenship under penalty of perjury is required. Proposition 39 would eliminate this self-attestation model and require documented proof of citizenship, creating an entirely new verification and compliance regime.

Support. Reform California and California Republican Party.

Opposition. American Civil Liberties Union, California Democratic Party, California Common Cause, Courage California, Disability Rights California, Equality California, League of Women Voters of California, Planned Parenthood Affiliates of California, California Nurses Association, California School Employees Association, California Teachers Association, and SEIU California.

FACT SHEET

Proposition 40: Imposes One-Time Tax on Certain Individuals and Trusts. Initiative Constitutional Amendment and Statute.

COUNTY POSITION: NONE

If approved by the voters, Proposition 40 would impose a one-time tax of up to five percent on taxpayers and trusts with covered assets valued over $1 billion. Covered assets would include businesses, securities, art, collectibles, and intellectual property, but would exclude real property and some pensions and retirement accounts. Ninety percent of these tax revenues would be allocated for health care, and ten percent for food assistance or education-related programs. The measure would prohibit using revenues to replace existing funding for these purposes and would exempt such tax revenues from constitutional requirements for school funding, budget reserves, and State spending limit. The tax would be retroactive and apply to taxpayers residing in the State as of January 1, 2026.

Background. The measure would create the 2026 Billionaire Tax Reserve Fund, where all taxes, interest, and penalties resulting from the initiative would be deposited. The fund would have two sub-accounts, the Billionaire Tax Health Account and the Billionaire Tax Education and Food Assistance Account, which would provide funding for Medi-Cal and other health coverage programs for low- and moderate-income individuals; health care access, benefits, and services; public education from K-14; and food assistance programs such as CalFresh, California Food Assistance Program, CalFood, or California's Universal Meals Program for school meals.

If Proposition 41 or 42 on this same ballot receive more "yes" votes than Proposition 40, then Proposition 40 could be prevented from becoming law even if it is approved by a majority of voters.

LAO Report. The LAO reports that Proposition 40 would raise tens of billions of dollars over several years from a new wealth tax, though actual revenue is uncertain. Billionaires could take steps to lower their tax bills, such as leaving California or shifting wealth tied to stock prices, potentially reducing State income taxes. These actions could shrink State income tax revenue by less than $1 billion annually, meaning less funding for the SGF, which finances public services such as education, health care, and prisons.

County Impact. DPH reports that Proposition 40 could provide funding to offset recent State budget cuts to Medi-Cal benefits and eligibility, particularly for immigrant communities. Restoring benefits or waiving proposed premiums could improve coverage retention, reduce unreimbursed use of DPH clinics, and lessen revenue losses in the Drug Medi-Cal program. DPH also notes that the measure could help replace SNAP-Ed (CalFresh Healthy Living) funding eliminated under H.R. 1.

The Department of Public Social Services (DPSS) notes that the measure would direct some funds to backfill safety-net programs affected by State and federal funding shifts, including Medi-Cal and CalFresh, without replacing existing funding. However, it does not specify how funds would be allocated or the criteria for distribution. DPSS further notes that it cannot determine whether the additional revenue would ultimately benefit the intended programs. Assessing this would require complex economic forecasting, as the tax could simultaneously increase program funding and create broader economic effects, such as higher unemployment or increased caseloads, that influence whether the benefits outweigh the costs.

According to County Counsel, if approved, Proposition 40 could provide the County with a substantial increase in revenue. However, significant uncertainties affect actual County benefit. The State has not determined how revenues will be allocated to counties. The wealth tax may face challenges that could delay or prevent implementation. Revenue collections could fall below estimates due to economic conditions and taxpayer behavior. High-net-worth individuals may relocate to other states to avoid the wealth tax or may find ways to adjust their income to reduce their tax payments, resulting in loss of State income tax revenues that could exceed Proposition 40 revenues collected. The State may offset existing General Fund allocations to counties based on anticipated Proposition 40 revenues, reducing net County benefit even if collections underperform. County Counsel further reports that the County departments could face new compliance requirements. Implementation could require increased staffing in the Auditor-Controller's office and system modifications to track restricted funds. All departments receiving funds would need to establish baseline documentation and maintain records proving revenues expanded rather than replaced existing services. The measure's one-time designation creates uncertainty about program sustainability if the tax is not renewed.

Support. U.S. Senator Bernie Sanders; U.S. Representative Ro Khanna; California Superintendent of Public Instruction Tony Thurmond; Democratic Party of California; Teamsters California; UNITE HERE Local 11; and California Democratic Socialists of America.

Opposition. Governor Gavin Newsom; Gubernatorial Candidate Steve Hilton; California Business Roundtable; California Council for Affordable Housing; California Housing Consortium; California Medical Association; California Primary Care Association; California Professional Firefighters; California State Sheriffs' Association; California Teachers Association; California YIMBY; Housing Action Coalition; Planned Parenthood Affiliates of California; Reform California; and State Building and Construction Trades Council of California.

FACT SHEET

Proposition 41: Prohibits New State Taxes that Exclude Revenues from State Spending Limit. Requires Audits for New State Special Taxes. Initiative

COUNTY POSITION: NONE

If approved by the voters, Proposition 41 would amend the California Constitution, by adding Article XXIV thereof, relating to audits of programs funded by new State special taxes and prohibiting new State taxes that are excluded from existing voter-approved State spending limit.

The amendment would:

1. *Require One-Time Audits Before Special Taxes Appear on the Ballot Through the Voter Initiative Process Pre-Election Audits for Special Tax Initiatives.*

   - Require the Auditor, to review each program that would receive funds from a new or increased special tax proposed through the voter initiative process.
   - This audit would occur after supporters collect 25 percent of the signatures needed to qualify a measure for the ballot, which is before it is known whether the initiative will qualify for the ballot.
   - Require the audit to evaluate:
     - Whether the program obtains resources cost-effectively;
     - Whether spending is efficient and goals are being met;
     - Fraud, waste, abuse risks and safeguards;
     - Compliance with laws and internal policies;
     - The reliability of data used;
     - Accountability and oversight structures;
     - Cost comparisons with similar non-government programs; and
     - Ways to cut costs by at least ten percent annually.
   - Allow the Auditor to seek input from the LAO.
   - Require the Auditor to write an executive summary of findings that would have to:
     - Be sent to State leaders;
     - Posted publicly; and
     - Printed in the official voter guide if the initiative qualifies.
   - If a proposed voter initiative with a special tax qualifies for the ballot, Proposition 41 requires the Auditor's summary to be included in the Voter Information Guide (VIG).
   - If voters approve the special tax, the cost of the one-time audit would be paid from the new tax revenues.

2. *Ongoing Audits of Programs Receiving Funds from New or Increased Special Taxes.*

    - Require the Auditor to periodically review programs that receive funding from special taxes created or increased by the Legislature or by voters after January 1, 2026.
    - These ongoing audits would happen every four years.
    - Require, for any special tax enacted on or after January 1, 2026, that:
        - The Auditor conducts ongoing audits every four years;
        - The audits evaluate the same factors as pre-election audits plus recommendations to improve effectiveness and reduce taxpayer burden;
        - The Auditor invites input from both LAO and the public; and
        - The audit costs be reimbursed from the tax revenue.
    - Specify that the cost of this ongoing work would be paid using the new tax revenue.

3. *State Appropriations Limit.*

    - Require, beginning January 1, 2026, that:
        - No new State tax be exempted from the State spending limit (Gann limit); and
        - The State does not enforce any tax enacted after that date if it is exempted from the limit.

4. *Applicability*

    - The article applies to all statewide initiatives submitted on or after January 1, 2026.

5. *Conflicting Measures*

    - Provide that if another initiative is on the same ballot, it would:
        - Set different audit rules or exempt taxes from the spending limit;
        - Override the other if it receives more votes; and
        - If overridden but the other measure is later struck down, become effective again.

6. *Severability*

    - Provide that if any part is found invalid, the rest remains in effect.

7. *Effective Date:*

    - Make the measure effective as soon as legally possible and becomes operative immediately.

8. Legal Defense:

- Provide that if the measure is legally challenged and State officials refuse to defend it:
  - The State Attorney General (AG) must appoint independent counsel to defend the measure; and
  - Funding for legal defense is continuously appropriated from the SGF.

Background. *Elections Administration:* The Secretary of State oversees elections across the state and prepares and mails the State VIG.

VIG: California citizens may propose State laws and constitutional amendments through the statewide initiative process. Supporters of an initiative collect signatures from registered voters to qualify their initiative for the ballot. State law sets how many valid signatures supporters must collect to qualify their initiative for the ballot. Supporters notify the Secretary of State once they have gathered 25 percent of the necessary signatures.

Special Taxes: State taxes can be raised by the Legislature or by voters. When a special tax is created, the revenue from that tax is dedicated to a specific purpose or program. For example, certain fuel taxes can only be used to pay for public roads and other transportation programs.

Auditor: The Auditor is an independent and nonpartisan office in State government. It reviews how well the State and local governments follow the law, use money, and run their programs. These reviews are called audits. An audit may give recommendations to help improve government operations and efficiency. Some audits happen regularly over time while other audits are done only once.

LAO Report. The LAO reports that Proposition 41 would increase the Auditor costs by creating new and ongoing audit requirements. The costs would depend on (1) the number of new or increased special taxes that are proposed and approved and (2) the complexity of the programs being audited. These costs likely would be in the range of the low millions of dollars per year but would grow over time. The one-time and ongoing audit costs associated with special taxes approved by voters or the Legislature would be paid from the revenues collected by the special taxes. One-time audit costs associated with special taxes that do not ultimately appear on the ballot or are rejected by voters would be paid from the SGF. (The SGF is the account the State uses to pay for most public services, including education, health care, and prisons).

The LAO also reports that Proposition 41 would require a summary of the Auditor's review to appear in the VIG when a voter initiative with a special tax appears on the ballot. These audit summaries could add several pages to the VIG, which would increase State printing and mailing costs by a few hundred thousand dollars per qualified initiative.

Furthermore, the LAO reports that Proposition 41 would require the Auditor to make recommendations for programs to reduce costs or improve efficiency. Proposition 41 could result in savings or improved services if policymakers implement the Auditor's recommendations and those recommendations prove effective. Any resulting savings would depend on future decisions and are not known.

The LAO concludes that net fiscal effect of Proposition 41 is unknown as it depends on future decisions by voters, the Legislature, and other policymakers.

County Impact. The Chief Executive Office – Budget Operations and Management Branch (CEO-BOMB) reports that Proposition 41 would not impact the County's current tax revenues but could make it more difficult to enact future proposed tax measures.

County Counsel reports that Proposition 41 would cap certain government spending and establish mandatory State audits for programs funded by newly enacted special taxes. It would also act as a poison pill to the one-time billionaire tax (Proposition 40), which is written explicitly to exempt its expected revenue from the State spending limit. If both propositions pass but Proposition 41 receives more votes, then it will effectively void Proposition 40, which would result in a reduction of revenue for public healthcare services and education and food assistance programs that would have been generated. The precise fiscal impact to the County is indeterminable.

Support. Building a Better California and Californians for a More Transparent and Effective Government.

Opposition. No registered opposition.

FACT SHEET

Proposition 42: Prohibits New State Personal Property Taxes and Certain Retroactive State Taxes. Initiative Constitutional Amendment.

COUNTY POSITION: NONE

If approved by the voters, Proposition 42 would amend the California Constitution, by adding Article VIII thereof, relating to prohibiting the imposition of new taxes on personal property, including the ownership or control of retirement holdings, individually-owned assets, and other forms of personal savings as well as requiring all new taxes to only apply prospectively.

The amendment would:

1. *Prohibit New Taxes on Financial Assets or Other Personal Property*

   - Prohibit the State from imposing new taxes on retirement holdings, individually owned assets, or other personal savings (such as 401(k)s, IRAs, mutual funds, business interests, digital assets, or personal property). Existing taxes in place before December 31, 2025, would be unaffected.

2. *No Retroactive Taxes*

   - Prohibit the State from applying retroactive taxes to activities, conditions, or residency statuses that existed before the tax's effective date.
     - Provide an exception for limited retroactive taxes (up to 365 days) only if the Governor declares an emergency (natural disaster, civil disorder, foreign attack) or a fiscal emergency, and the tax revenue is used strictly for that emergency.

3. *Application to Initiatives*

   - Provide that these rules apply to statewide ballot measures voted on beginning in 2026.

4. *Conflicting Ballot Measures*

   - Provide that if this measure appears alongside another initiative that tries to impose prohibited taxes or retroactive taxes, this measure would override the other if it received more votes. If another measure overrides it but is later struck down in court, this measure would become fully effective.

5. *Severability*

- Provide that if any part of this measure is ruled invalid, the remaining portions will still stand.

6. *Effective Date*

- Provide that the measure becomes effective and operative as soon as legally possible.

7. *Liberal Interpretation*

- Provide that the measure must be interpreted broadly to achieve its intended purpose.

8. *Guaranteed Legal Defense*

- Provide that if the Governor and AG refuse to defend the measure in court, the AG would have to appoint independent counsel and that funding for that counsel would be automatically provided by the SGF to ensure vigorous defense.

Background. *Certain Personal Property Is Taxed in California*. Both the State and local governments tax the ownership of certain personal property. These taxes are based on the property's value. Personal property is all the things that people own other than real estate. One example of these kinds of taxes is the vehicle license fee that car and truck owners pay to the Department of Motor Vehicles each year. Another example is the property taxes owners of business equipment pay to counties each year.

Ownership of Financial Assets Is Not Taxed. The ownership of many types of personal property is not taxed. One major example is financial assets like stocks and investment accounts. Although the State does tax income people make from their financial assets, there is no tax for simply owning those assets.

LAO Report. The LAO reports that Proposition 42 would restrict the options the State has to raise taxes in the future. This could make it somewhat harder for the State to raise taxes. This could reduce future tax revenues. When and by how much future revenues would be reduced is unclear.

County Impact. CEO-BOMB reports that the County does not receive any revenue directly from income taxes, capital gain taxes, or corporation taxes which are major sources of revenue for the SGF. The tax revenues that could impact the County's ability to increase taxes in the future could be from "individually owned assets" and "personal property." It is unclear what taxes would be included. To the extent that such taxes would include real property (secured and unsecured), then the County

may not be able to add new taxes on property-related taxes such as those added to property tax bills from voter-approved bonds and assessment, or parcel taxes.

County Counsel reports that Proposition 42 would amend the California Constitution to prohibit the enactment of any new State tax, enacted or effective on or after January 1, 2026, that taxes the ownership or control of personal property, including retirement accounts, financial assets, investment accounts, business interests, intellectual property, and other forms of personal savings. The measure would also prohibit retroactive State taxes that impose liability based on conduct, activities, or taxpayer status occurring before the tax's effective date.

County Counsel also reports that limited exceptions are provided for taxes enacted by the Legislature in response to certain declared physical or fiscal emergencies, provided the revenues are expressly limited to addressing the emergency.

Furthermore, County Counsel reports that Proposition 42 proposition would not directly modify the County's current property tax administration because California does not impose taxes on most financial assets or retirement accounts.

Support. California Black Chamber of Commerce; California Enlisted Association of the National Guard of the United States; California Multicultural Business Alliance; California Senior Alliance; California Small Business Association; California Taxpayers Association; Contra Cost Taxpayers Association; Disabled American Veterans Department of California; Placer County Taxpayers Association; Reform California; and Ventura County Taxpayers Association.

Opposition. No registered opposition.

FACT SHEET

Proposition 43: Limits Voters' Ability to Raise Revenues for Local Government Services. Legislative Constitutional Amendment.

COUNTY POSITION: NONE

If approved by the voters, Proposition 43 would amend the California Constitution, by adding Section 4.5 to Article XIIIA thereof, relating to prohibiting local governments, or their voters via the initiative power, from imposing special taxes unless and until the tax receives a two-thirds voter approval.

The constitutional amendment would provide that:

- Beginning on January 1, 2027, no local government, including the electorate of a local government exercising the initiative power, may impose, extend, or increase any special tax, unless and until that tax is submitted to the electorate and approved by a two-thirds vote.
- Provide that no local government, including the electorate of a local government exercising the initiative power, may impose ad valorem taxes on real property except as otherwise provided in the California Constitution.

Background. *Local Governments in California.* California has many local governments. These include cities, counties, special districts, and school districts.

Vote Thresholds for Local Taxes. The California Constitution allows local governments to increase taxes with local voter approval. Tax increases can be put on a ballot by voters or a local governing board (such as a city council or board of supervisors). Increases in some types of local taxes require a two-thirds vote to approve them, while other types of taxes require a majority (more than half) vote to approve them. Some local tax increases are approved permanently, while others are approved for a limited period of time. Before those taxes expire, voters can be asked whether to extend them.

LAO Report. The LAO reports that Proposition 43 would make it harder for local governments to pass certain taxes. As a result, local governments' tax revenues could be lower in the future than they otherwise would be. The actual revenue impact is unknown and would depend on future decisions by local governments and voters.

County Impact. CEO-BOMB reports that Proposition 43 would not impact current revenues to the County, but it would make it more difficult to pass future special taxes because all new special taxes would require two-thirds voter approval. Also Proposition 43 would prohibit the County from imposing ad valorem taxes on real property (except as otherwise provided in the California Constitution).

CEO-BOMB also notes that Proposition 13 already caps the ad valorem tax at one percent of assessed value at the time of sale, and it restricts annual increases to a maximum of two percent. Thus, CEO-BOMB is not sure how a county could impose greater ad valorem taxes (i.e., a tax levied based on the assessed value of a property) on real property unless Proposition 43 is referring to voter-approved bonds and assessments that can be included on property tax bills to fund, for instance, local public schools, public libraries, infrastructure, etc.

CEO-BOMB notes that the key impact of Proposition 43 would be that if the State wanted to increase property tax rates in the future, it would now require two-thirds voter approval rather than a simple majority.

County Counsel reports that Proposition 43 would require two-thirds vote by electorate to enact, extend or increase local special tax initiatives and prohibit local governments and ballot initiatives from enacting ad valorem property taxes except those authorized elsewhere in the California Constitution. The restriction also applies to citizen initiatives, which currently only need a simple majority vote to be approved.

County Counsel also reports that if approved by the voters, Proposition 43 would make it more difficult for the County and other local governments to secure funding for public services such as affordable housing, homelessness programs, local public schools, and transit projects, among others. The precise fiscal impact is indeterminable.

Support. Howard Jarvis Taxpayers Association and Reform California.

Opposition. Evolve California.

FACT SHEET

Proposition 44: Requires Community Health Clinics Spend 90% of Revenue on Program Services. Initiative Statute.

COUNTY POSITION: NONE

If approved by the voters, Proposition 44 would require nonprofit Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes to spend at least 90 percent of their revenue on program services advancing their charitable purpose, including but not limited to patient services, rather than management and overhead. The measure would allow the California Department of Public Health to waive the spending requirement in exceptional circumstances. It would also authorize the AG to publish guidance defining qualifying expenditures. The measure would impose monetary penalties for noncompliance, which may be refunded if FQHCs become compliant within five years. It would also authorize criminal charges for false reports and schemes to artificially increase spending ratio.

Background. An FQHC is an organization that receives federal funds to provide prevention and primary services in an outpatient clinic setting in underserved areas. An FQHC Look-Alike meets all the same eligibility requirements as an FQHC but does not receive federal Health Center Program grant funding. They do receive the same Medi-Cal/Medicaid reimbursement rates as FQHCs. These clinics spend most of their revenue on patient care (about 80 percent on average), with the rest covering administrative and other costs. Proposition 44 would limit other expenses to no more than ten percent. The AG would further define allowable health care and non-health-care costs, and clinics could request temporary waivers in certain cases.

LAO Report. The LAO reports that Proposition 44 would increase State costs in the low tens of millions of dollars annually to enforce the new requirements, much of which would be covered by fees and penalties charged to the affected entities.

County Impact. Health Services is concerned that although Proposition 44 would not apply to County-operated clinics, it could set a concerning precedent for how these clinics are regulated in the future.

According to DPH, although the measure is not expected to directly impact its own operations, it could significantly disrupt operations at the FQHC partners that DPH relies on and refers residents to.

County Counsel notes that because FQHCs form an important part of the health care safety net for the uninsured and underinsured, Health Services could be affected if Proposition 44 negatively impacts FQHCs financially. FQHCs nationwide reportedly are experiencing financial stress because of federal Medicaid cuts. FQHC representatives are concerned that Proposition 44 could negatively affect their ability to recruit and retain talented and experienced executive leaders and other

management level staff. County Counsel further notes that Proposition 44 would not alter how the County does business. Health Services does not operate FQHCs, and it already has a legal obligation under Welfare and Institutions Code section 17000 to care for the medically indigent. However, disrupted operations to the County's FQHCs simply may add to Health Services' uninsured and under-insured patient load if the FQHCs must turn patients away because the cost of any assessed penalties impacts their ability to provide health care. This would be considered a medium impact on County operations.

Support. SEIU-UHW West.

Opposition. California Medical Association; American College of Emergency Physicians, California; California Academy of Family Physicians; Community Clinic Association of Los Angeles County; Clínica Monseñor Oscar A. Romero; Complete Care Community Health Center; Eisner Health; JWCH Institute/ Wesley Health Center; Northeast Valley Health Corporation; Planned Parenthood Affiliates of California; California Children's Hospital Association; California Hospital Association; APLA Health; California Primary Care Association; AltaMed; LA County Business Federation; and Chinatown Service Center.

FACT SHEET

Proposition 45: Modifies Environmental Review for Certain Projects. Initiative Statute.

COUNTY POSITION: NONE

If approved by the voters, Proposition 45 would create special procedures under the California Environmental Quality Act (CEQA) and the Permit Streamlining Act (PSA) that apply only to "essential projects."

This measure would set deadlines for the lead agencies to complete reviews and approvals, including 365 days to issue a final decision and complete the environmental impact assessment for a complete application, 180 days to complete a negative declaration, and 90 days for all other determinations. This measure would shorten public comment periods to 15 days for Mitigated Negative Declarations and 30 days for Environmental Impact Reports. If lead agencies fail to meet deadlines, applicants can request a public hearing that the agency must complete and issue a final decision within 60 days.

Proposition 45 would establish a new pre-application screening for tribal cultural resources and changes to CEQA's existing tribal consultation process; change the "project alternative analysis" by allowing an applicant-developed single "project alternative;" establish payment of prevailing wages/project labor agreements for all essential projects and with special labor rules for housing projects; and limit the basis for challenging the approval of an essential project based upon defects in the environmental document.

This measure would also define essential projects to mean the following:

- A housing project that constructs residential units, mixed-use developments, transitional housing, farmworker housing, group living accommodations, student housing, senior housing, subdivisions or common interest developments, or converts existing commercial buildings to residential use.
- A water project that constructs, expands, repairs, replaces, improves, or directly or indirectly augments a public water system or systems described in the State's Water Resilience Portfolio.
- A public health project that constructs a medical treatment facility.
- A public safety project that constructs a first responder facility or a wildfire risk reduction project.
- A transportation project that utilizes fuel tax revenues exclusively for planning, constructing, improving, maintaining, and operating public streets and highways, including associated environmental mitigation and administrative costs.

Proposition 45 would also make changes to the judicial review process for essential projects. The measure would, among other changes, require courts to resolve challenges within 270 days of filing, limit the scope of review and the content of the

administrative record, and apply remedies only on the portion of an approval found non-compliant, until the non-compliance is corrected. This measure would prohibit the extension of public comment periods except in cases of a court order.

Background. Under current law CEQA requires State and local agencies, as lead agencies, to identify, analyze, and mitigate, if possible, the environmental impacts of proposed projects before their approval. The lead agency determines if the proposed project may have significant impacts on the environment. The lead agency will determine the type of environmental document that is necessary, if a project is not CEQA-exempt. Environmental documents include a mitigated negative declaration where significant impacts can be mitigated or an environmental impact report (EIR) which is a full environmental analysis. The EIR includes the consideration of project alternatives, including a "no project alternative," and mitigation measures to reduce the impacts of the proposed project to a level of insignificance. The current timelines for CEQA are generally considered discretionary not mandatory. CEQA timelines include completing an initial study within 30 days of receiving the application, completing and adopting a negative declaration or mitigated negative declaration within 180 days once the application is complete, and 365 days to complete and certify an EIR from the date the application is complete.

The PSA expedites project development permits by setting time limits for State and local government agencies to approve or disapprove a project. The PSA clock does not start until the applicant submits a complete permit application. The agency has 30 days after an application is submitted in which to inform the applicant of whether the application is complete. If the agency does not inform the applicant within that 30-day period, the application will be deemed complete if the application is for a development project, even if the application is deficient. A new 30-day period begins with each re-submission of an application, such as to correct deficiencies. The PSA applies to development projects, which includes a project involving the issuance of a permit for construction or reconstruction but not a permit to operate. Although the PSA generally applies only to development projects that require the exercise of discretion, housing development projects that are subject to a ministerial approval process are subject to the PSA.

LAO Report. The LAO reports that Proposition 45 would cost State and local governments tens of millions of dollars annually, potentially exceeding $100 million annually, to implement new project review and court challenge procedures for eligible projects. Fees paid by project applicants and people filing lawsuits would partly cover these costs. In the longer term there may be more significant positive or negative fiscal effects for state and local governments. The overall effect depends, in part, on how the new procedures change the number of eligible projects that are built and whether those projects have different environmental impacts.

County Impact. Proposition 45 would streamline and make more predictable environmental review and permitting procedures for essential projects, help deliver essential projects more quickly while reducing costs associated with project

reviews. Proposition 45 may require new County-funded staffing for departments to adjust internal procedures and shift workload. This measure would present significant administrative challenges for the departments acting as lead agencies to complete a full and robust technical review of complex project proposals within the expedited timelines, which would reduce certainty about comprehensive project impacts and adherence to County standards. The automatic remedies and revised procedures may be difficult to implement for complex projects. Further, the fixed deadlines may compromise elements of project applications that are outside the control of the lead agency responsible for the project's approval.

The Department of Public Works (DPW) is supportive of efforts to streamline CEQA procedures and reduce delays in approval times. DPW frequently serves as a lead, coordinating, or permitting agency for CEQA-related projects, therefore procedural clarity and firm deadlines will help address administrative costs, workload prioritization, and staffing challenges. DPW believes Proposition 45's special procedures would help expedite the planning and construction of water and transportation infrastructure projects. DPW reports that Proposition 45 does not explain how the expedited timelines will address technical study completion and State agency requests for information which typically start a new timeline for determinations. DPW reports that predictable timelines for essential projects could also help safeguard grant funding by ensuring that project milestones are completed before funding deadlines expire. The initial implementation phase may require additional staffing and administrative costs. However, in the long-term, DPW anticipates that projects which qualify for existing CEQA exemptions may experience minor to moderate savings, while larger or more complex transportation and water infrastructure projects could receive more significant savings from accelerated environmental review, shorter regulatory approval timelines, and reduced litigation-related delays. DPW expects administrative and procedural changes to persist until the State issues guidance, new procedures are fully implemented, and relevant case law provides greater certainty regarding Proposition 45's special procedures and administrative requirements.

The Department of Beaches and Harbors (DBH) reports that Proposition 45 may benefit certain lessee projects through project streamlining (such as an upcoming 100-percent affordable housing project), reduced CEQA litigation risk, and lower project costs. DBH notes that future capital projects may qualify for the special procedures of Proposition 45. DBH does not report direct fiscal impacts from Proposition 45.

The Department of Parks and Recreation (LA County Parks) reports that Proposition 45 would likely have no impact on department projects generally. Further, certain fuel management projects that may qualify for the special procedures of Proposition 45 are typically small in scale and currently exempt from CEQA. LA County Parks notes that, for project applicants, this measure may provide streamlined alternatives analysis for an EIR, limited processes for public comments, and expedited judicial review. LA County Parks does not report direct fiscal impacts from Proposition 45.

The Department of Regional Planning (DRP) reports that while Proposition 45 could reduce processing times and litigation uncertainty for qualifying projects, the proposed deadlines and automatic remedies would substantially change current department processes, CEQA procedures, and may be difficult to implement for complex discretionary projects.

DRP also reports that the applicability of Proposition 45's special procedures may not provide additional benefits to projects which qualify for by-right or ministerial approvals. The special procedures would benefit subdivisions, large discretionary housing projects, clean-energy projects, medical and educational facilities, broadband projects, and other major developments.

According to DRP, the most significant concern is that the mandatory timelines and automatic remedies in Proposition 45 do not adequately account for complex technical studies, applicant-caused delays, consultation, public-notice requirements, and the practical steps necessary to bring major discretionary projects to hearing. CEQA schedules, for instance, are often affected by matters outside the lead agency's control, including changing project descriptions, incomplete applicant responses, financing changes, seasonal biological surveys, records searches, mandatory consultation, data collection, mapping, and complex technical studies. In addition, fixed deadlines may reduce the time available for independent and technically sound analysis, development of effective avoidance or mitigation measures, and informed public and decision-maker review. Further, the measure provides no certainty for how to address incomplete applications against the deadline to accept a project application. DRP notes that Proposition 45 would increase departmental workload, but the measure does not provide additional funding for staff, consultant support, legal review or case-management technology that may be needed for implementation.

County Counsel reports that Proposition 45 would significantly affect County administrative procedures resulting in the need to train staff and allocate resources to meet expedited review deadlines. Furthermore, the expedited review timelines for local agencies may be infeasible for complex projects where technical review is more involved, such as for clean energy projects, data centers, telecommunications infrastructure, and battery energy storage systems.

Support. American Clean Power – California; Associated General Contractors of California; California Building Industry Association; California Business Roundtable; California Chamber of Commerce California Hospital Association; California Water Association; Housing Action Coalition; NAACP California/Hawaii State Conference; and State Assembly Member Buffy Wicks.

Opposition. American Nurses Association of California; California Bicycle Association; Center for Environmental Health; Clean and Healthy California; Greenbelt Alliance; National Parks Conservation Association; Sierra Club California; and State Building and Construction Trades Council of California.

https://www.gov.ca.gov/2026/09/26/governor-newsom-signs-legislation-protecting-the-lgbtq-community-pushing-back-on-attacks-by-the-trump-administration/

Sep 26, 2026

Governor Newsom signs legislation protecting the LGBTQ community, pushing back on attacks by the Trump administration

What you need to know: Governor Newsom announced he signed a six-bill package responding to recent direct attacks on LGBTQ individuals by the federal government. The legislative package includes LGBTQ Caucus-priority bills that strengthen privacy protections and offer critical support and resources to vulnerable individuals, including veterans.

SACRAMENTO – Today, Governor Gavin Newsom announced that he signed legislation answering recent direct attacks on LGBTQ individuals by the Trump administration, strengthening protections for private information and vulnerable youth, and expanding access to critical resources and services.

The Trump administration has launched an all-out assault on the LGBTQ community, using medical records to target U.S. servicemembers and civilians alike, hurting countless people and betraying hard-won trust. California will not stand for it.

Governor Gavin Newsom

The bills signed today are priority bills for the LGBTQ caucus, adding to California's nation-leading protections and resources for the LGBTQ community. They include:

✅ Stronger privacy protections, by both limiting the sharing of sexual orientation, gender identity, and intersex data, and requiring healthcare providers and institutions to notify the California Attorney General (AG) when they receive a subpoena regarding protected healthcare activity, and authorizing the AG to respond and intervene.

✅ Support for LGBTQ servicemembers by providing critical housing, employment, and transition-to-civilian-life support to servicemembers discharged as a result of President Trump's ban on trans servicemembers from the military. This follows legislation the Governor signed in 2022 to help LGBTQ veterans discharged under "Don't Ask, Don't Tell" update their records and access education, health, burial, and other benefits available to honorably discharged service members.

✅ Updates to California's longstanding ban on conversion therapy to protect vulnerable LGBTQ youth following the U.S. Supreme Court's ruling striking down another state's ban on conversion therapy — a dangerous practice that targets LGBTQ youth and falsely claims to change sexual orientation or gender identity.

✅ Provisions to create safe, supportive environments for LGBTQ youth to succeed by ensuring resources at public higher education institutions are available to students at satellite campuses.

✅ Strengthening California's HIV prevention strategy by enhancing access to vital HIV prevention medications such as PrEP and PEP so Californians can continue to obtain medication critical in the fight against HIV/AIDS, even as the HIV services are rolled back at the federal level.

"California continues to show what it means to stand with LGBTQ+ people and protect the dignity, safety, and freedom of every Californian," said Assemblymember Chris Ward, Chair of the California Legislative LGBTQ Caucus. "I'm grateful to Governor Newsom for signing this year's LGBTQ Caucus priority legislation and for his partnership in turning our commitment to equality into meaningful action. For the past eight years, Governor Newsom has been a steadfast ally to our community, and as he enters his final year in office, these signatures are another lasting testament to that commitment. I'm proud that this final chapter of his administration's LGBTQ+ record will include legislation that makes a real difference in the lives of LGBTQ+ Californians and their loved ones, and helps carry forward California's legacy of leading with equality, dignity, and compassion."

"Every LGBTQ+ Californian deserves to feel valued in all aspects of their life—from the classroom and the workplace to their home and community," said Senator Sabrina Cervantes, Chair-Elect of the California Legislative LGBTQ Caucus. "I'm proud of the work our Caucus has done to advance legislation that meets the real needs of our community, and I thank Governor Newsom for signing these important bills. This progress reflects what we can accomplish when we work together to build a California where LGBTQ+ people and their families can live with greater safety, opportunity, and dignity."

The legislation signed today includes:

- AB 1775 by Assemblymember Christopher Ward (D-San Diego) — Veterans.
- AB 1930 by Assemblymember Rick Chavez Zbur (D-Hollywood) — Abortion or gender-affirming health care services: subpoenas, discovery requests, or other requests for information.

- SB 934 by Senator Scott Wiener (D-San Francisco) — Sexual orientation or gender identity change efforts.
- SB 1023 by Senator John Laird (D-Santa Cruz) — Health care coverage: antiretroviral drugs, drug devices, and drug products.
- SB 1114 by Senator Christopher Cabaldon (D-Yolo) — Data collection: sexual orientation, gender identity, and intersex status: disclosure.
- SB 1328 by Senator Sabrina Cervantes (D-Riverside) — Public postsecondary education: Equity in Higher Education Act: campus contact.

For the full text of the bills, visit leginfo.legislature.ca.gov.

California stands in support of the LGBTQ community

Across dozens of bills signed since 2019, Governor Newsom and the Legislature have strengthened protections in schools; expanded access to care; improved data collection and accountability; protected data privacy; and invested in safer communities.

The 2026-27 Budget Act appropriated $66 million to the California Department of Health Care Access and Information to support continued access to care for patients who do not have coverage, or who have lost coverage, for abortion or gender-affirming care, including $30 million to the Uncompensated Care Program, $10 million to support access to gender affirming care services for children and youth, and $26 million over three years to help organizations maintain and develop capacity to provide gender affirming care.

STANDING COMMITTEES AND CAUCUSES
KEY TAKEAWAYS REPORT | OCTOBER 2026

Executive Committee

The Committee last met in August and did not meet in September. The next meeting will be held Thursday, October 22, 2026 at 1-3PM. Meeting information can be found HERE.

Key agenda items for the October 22, 2026 meeting include:

- Community Engagement Findings: Review of the draft 2024–2026 Community Engagement Findings Report, which brings together themes and feedback from the Commission's recent engagement activities.
- 2027 Annual Conference: Update from the Annual Conference Planning Workgroup as planning continues for the February 11, 2027 conference.
- Executive Committee Leadership: Welcome new Executive At-Large member TJ Griffin.
- State Office of AIDS Community Planning Group Representative: Select the Commission's representative.
- Membership Policies: Consider proposed revisions to the Attendance Policy, Committee-Only Member Policy, and Membership Application & Selection Process.
- PSRA Process: Consider the revised Priority Setting and Resource Allocation Process & Framework and receive updates on the October 30 Data Summit and Program Years 37–40 planning.
- Assessment of the Administrative Mechanism: Consider the draft PY35 AEAM Findings Report, along with updates on Universal Service Standards, the Client Bill of Rights, and Oral Health Service Standards.
- DHSP Updates: Receive updates on Ryan White Program funding and services, CDC HIV prevention funding, housing, and other emerging issues.
- Other Updates: Measure ER, HIV policy and legislative developments, the November 3 ballot measures overview, USCHA follow-up, and upcoming Commission events and trainings. Several items approved by the Executive Committee will move forward to the full Commission at its January 14, 2027 meeting for final action, including proposed membership policy revisions, the revised PSRA Process & Framework, and the AEAM Findings Report.

Action needed from full body:

The Executive Committee's role is to help guide, review and move Commission business forward. At each meeting, members may be asked to:

- □ Review and act on recommendations coming from committees or staff.
- □ Provide input and direction on emerging issues, priorities and upcoming Commission business.
- □ Help shape future agendas and workplans so the Commission stays focused on its responsibilities and priorities.
- □ Surface concerns, questions or issues that may need broader Commission attention.
- □ Support coordination across committees and make sure work is moving forward in a connected way.
- □ Advance appropriate items to the full Commission for final consideration or approval.

Membership and Community Engagement Committee

The Committee last met in August and did not meet in September. The next meeting will be held Thursday, October 22, 2026 at 10AM-12PM. Key agenda items for the October 22, 2026 meeting:

- Welcome the following new members: Dr. Anthony Mills, Paola Buenrostro, and Malik Henry.
- Attendance Mini-Training and Review: Conduct a brief training session on attendance requirements and meeting participation expectations. Review the attendance roster and conduct follow-up tasks based on the Committee's recommendations.
- Membership Applications Update: Provide an update on the current status of membership applications, including applications received, pending reviews, approvals, and any outstanding follow-up actions.
- Discussion on Membership Size and Limits: Discuss possible committee-only membership caps and potential needs or considerations for future appointments.
- Review of Policies and Procedures: Review updates to the following policies to ensure they align with the current Commission structure:
    - 08.3204 – Commission and Committee Meeting Absences: Review attendance expectations, absence reporting requirements, and procedures for addressing repeated or unexcused absences.
    - 09.1007 – Non-Commission Committee Appointments: Discuss the process, eligibility requirements, and procedures for appointing individuals who are not members of the Commission to serve on committees.
    - 09.4205 – Commission Membership Evaluation, Nomination and Approval Process: Review the procedures for evaluating prospective members, submitting nominations, and obtaining the required approvals for Commission membership.

Action needed from full body:

- □ Please attend the MCE Committee meeting on October 22, 2026, from 10:00 a.m. to 12:00 p.m. at the Vermont Corridor to participate in discussions on committee membership size limits and updates to policies and procedures. Your participation and input are appreciated.

Planning, Priorities, and Allocations Committee

Link to the September 15, 2026 Planning, Priorities, and Allocations Committee meeting packet can be found HERE.

Key outcomes/results from the meeting:

- The committee reviewed the Ryan White Program Year 36 Quarter 1 Expenditure Report (March 1 to May 31). Expenditures are slightly lower than expected due to delayed invoicing following the launch of the new E2LA data management system, but most issues have since been resolved.
- DHSP is tracking changes to Medi-Cal enrollment (such as work requirements and public charge rules) that could impact thousands of people with HIV in 2027. Work is underway with the state to support people via health insurance premium assistance and benefit specialist programs. Plans are underway to expand benefits specialty services and ensure training for providers assisting clients with eligibility and insurance navigation.

- The committee reviewed the revised Priority Setting and Resource Allocation Framework, including definitions, rules, voting eligibility, conflict-of-interest rules, and the multi year planning process. Key revisions include:
    - Allocation adjustment flexibility increased from 10% to 25%, acknowledging funding instability and the need for more responsive mid-year adjustments. Committee held an extensive discussion on the implications of the 25% threshold. Some members noted concerns, while others acknowledged the necessity due to federal funding uncertainty.
    - DHSP must still report all shifts to PP&A, Executive Committee, or full Commission promptly.
    - Within 90 days of grant year end, DHSP may shift funds as needed to ensure full utilization, with documentation and justification required.
    - Quarterly expenditure reporting strengthened (written report required five business days before meetings) to allow the committee ample time to review reports ahead of scheduled meetings.
- The next PP&A Committee meeting will be held on Tuesday November 17, 2026.

Action needed from full body:

- □ Members should stay informed of any federal funding cuts that may impact the Ryan White Care Continuum and continue to monitor updates to Medi-Cal and public charge.
- □ Register to attend the October 30 all-day Data Summit.
- □ Encourage consumers to participate in meeting to provide ongoing input and feedback on the Ryan White Program.

Standards and Best Practices Committee

Link to the August 17, 2026, *Standards and Best Practices* Committee meeting packet can be found HERE.

Key outcomes/results from the meeting:

- The Universal Standards Review Workgroup met on September 21, 2026, and October 5, 2026, and reviewed public comments received on August 16, 2026, regarding the Universal Service Standards and Client Bill of Rights and Responsibilities documents. The workgroup examined the comments and made decisions on how to address them including revisions to the documents and requesting regular updates from the DHSP Clinical Quality Management (CQM) team at future SBP Committee meetings. The group also decided to redesign the documents for better readability and accessibility; COH staff will draft a redesigned version of the document and share with the workgroup by October 23, 2026. The next workgroup meeting will be held on October 27, 2026, from 2pm-3pm via Zoom; click here to register. A copy of meeting materials for the workgroup can be found on the SBP Committee webpage.
- On October 19, 2026, the Committee will discuss the draft PY35 AEAM report, the Oral Health Services standards, and review a committee-only membership application.

Action needed from full body:

- □ Attend the October 19, 2026, SBP Committee meeting and participate in the discussion regarding the Oral Health Service standards review.

- Participate in the Universal Standards Review Workgroup. For more information contact COH staff.

Caucuses

At its September 10 meeting, the Commission approved a new caucus structure that maintains the Consumer Caucus and creates a broader Community Caucus. The Community Caucus brings the population-specific caucuses together under one structure, with the flexibility to create time-limited, population-specific workgroups as needed to lead focused activities and bring community priorities back to the Commission.

The Consumer Caucus and Community Caucus will meet on Friday, November 6, from 12:00–1:30 PM and 2:00–3:30 PM, respectively. Lunch and raffle prizes will be provided.

For more information regarding the Caucuses, click HERE. Click HERE to view the November 6, 2026 Save the Date flyer.

Community Engagement Activities

- The Commission participated in the Community Tea Dance on Thursday, September 17, hosted by NMAC, the National HIV/AIDS and Aging Network, and Silver Circle in recognition of National HIV/AIDS and Aging Awareness Day. We hosted an informational table to share Commission resources, connect with community members, and increase awareness of ways to participate in our work.
- The Commission on HIV is back at Taste of Soul for the fourth year in a row! Stop by the County Pavilion on Saturday, October 17, from 10 AM to 4 PM. We'll be sharing HIV information and referring people to onsite testing. Those who complete testing can enter a raffle for a $25 gift card.

JAMES KELLY

COMMISSION MEMBERSHIP APPLICANT

(REFER TO HARD COPY PROVIDED DURING MEETING)

COMMITTEE-ONLY SEAT APPLICATION SUMMARY FOR DEJON SMITH TO THE STANDARDS AND BEST PRACTICES COMMITTEE

BACKGROUND:

Dejon Smith (He/Him/His) applied for a full Commissioner seat and indicated they were also open to serving as an Alternate or in a Committee-only role if a full seat was not available. Based on their application and the current open seats on the Commission roster, he did not meet the requirements for any of the available full Commission (COH) seats. The Membership and Community Engagement (MCE) Committee forwarded the application to the SBP Committee for consideration as a Committee-only member.

APPLICATION SUMMARY:

- Age: 30-39 years old
- Gender Identity: Man
- Race/Ethnicity: Black or African American
- 12 years of Lived Experience
- 15 years of Professional Experience
- Currently employed at REACH LA
    - Ryan White Program-funded agency
    - CDC-funded agency
- Has not served on an advisory board
- Was recommended to apply by Aaron Mason, LMFT at REACH LA
- Does not use or receive HIV prevention services in Los Angeles County
- Lives/Works in Supervisorial District 2 (Holly Mitchell) and SPA 6 (South Los Angeles)
- Somewhat unprepared to serve on the COH; Familiar with the COH's work
- Interested in assuming a leadership role on the COH.
- Represents the following categories:
    - Community Based Organizations serving affected populations/AIDS Services Organizations;
    - Affected communities, including people living with HIV/AIDS, members of a federally recognized Indian Tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations;
    - Recipient of other federal HIV programs including but not limited to providers of HIV prevention services

Please tell us more about why you wish to serve on the Los Angeles County Commission on HIV or one of its committees.

I want to serve on the Los Angeles County Commission on HIV because I've spent most of my career on the front lines of HIV prevention and care, from working as an HIV Testing Counselor with the AIDS Healthcare Foundation in New York, where I provided testing and counseling to at risk populations and ran a mobile testing unit to reach people where they gathered, to serving as Health Promotion Associate with Gay Men of African Descent, facilitating outreach and group interventions within Black gay and same gender loving communities. That experience, along with my current work as a Caseworker and Patient Navigator at REACH LA in Los Angeles, where I project manage three community programs and see firsthand how gaps in coordination and resources affect people's access to care, has given me a grounded understanding of what communities actually need. Having worked across New York, Chicago, and Los Angeles with populations that are often underserved, including youth, people of color, and LGBTQ+ communities, I want to bring that frontline perspective into the county's decision-making process and help ensure the people most affected by HIV have a real voice in sharing its response.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

Most of my career has been rooted in direct community health work rather than formal board services. At REACH LA in Los Angeles, I serve as both a Caseworker and Patient Navigator, and I project manage three community programs, Zen Folk, Positive Practice, and Case Management (Let's Get U to U), which includes gathering community health data, identifying unmet needs in the neighborhoods we serve, running outreach for new populations, and personally getting clients to their appointments and those interested, reaching viral suppression. Earlier in my carer I work with the AIDS Healthcare Foundation in New York providing HIV counseling and testing to at risk populations, including supporting a mobile testing unit that met people where they gathered, and with Gay Men of African Descent, known as GMAD, where I screened and counseled clients for HIV testing and facilitated group interventions.

Before moving into public health work, I managed the office of Youth Pride Services in Chicago, where I coordinated events, fundraisers, and workshop for underserved youth and youth of color, and served as a facilitator for programs like Brotha2Brotha and Positive Relationships. I don't currently hold any board or commission seats, but nearly every I've held has put me directly in service of communities I'm part of.

Policies and Procedures Review Tracker – October 2026

MCE Committee Working Draft

Purpose: This working tracker helps the MCE Committee review the Commission's policies and procedures, identify items that need revision, confirm items that are moot or reference-only, and flag where new policies may be needed.

Review tracks: Keep As-Is | Revise | Cross-Committee Review | Moot / Retire | Use the MCE Notes / Decision column to document the committee's direction and next steps.

Master Policy and Procedure Tracker

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
01.0000	**Federal**					
01.0000	Federal	Ryan White Care Act Legislation	Sunset; policy not needed.	**Moot / Retire**	Federal	
01.3000	Federal	Health Resource and Services Administration (HRSA) Guidelines	Sunset; policy not needed.	**Moot / Retire**	Federal	
02.0000	**State of California**			**Moot/Retire**		
03.0000	**Los Angeles County**					
03.2000	Los Angeles County	Commission Ordinance	**Duplicate**	**Moot/Retire**		
03.2005	Los Angeles County	County Ordinance 3.29	Revised March 17, 2026	**Reference Only Priority: Medium**	Staff / County Counsel as needed	Bylaw updates can trigger Ordinance changes.
04.0000	**DPH**			**Moot/Retire**		

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
05.0000	**LAC Service Delivery System**					
05.8001	LAC Service Delivery System	COH Grievance Continuum of Care Grievance Process	Last approved in 2013. Revise policy; content remains relevant but needs updating. Refer to SBP.	**Cross-Committee Review Priority: Medium**	SBP / MCE	
05.8002	LAC Service Delivery System	COH Grievance Process for PP&A Priority Setting & Resource Allocation (PSRA) of HIV Services	Last approved in 2012 Revise policy; content remains relevant but needs updating. Refer to PP&A.	**Cross-Committee Review Priority: Medium**	PP&A / MCE	
06.0000	**Commission Governance**					
06.1000	Commission Governance	Commission By-Laws v9	Revised 12/2025. Annual review scheduled for Nov/Dec 2026. As part of the revised Bylaws, the Commission must conduct an annual review for relevancy and accuracy.	**Cross-Committee Review Priority: High**	MCE/All Committees/Caucuses	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
07.0000	**Duty Statements**					
07.1001	Duty Statements	Duty Statement, Commissioner	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.1002	Duty Statements	Duty Statement, Alternate	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.1003	Duty Statements	Duty Statement, Committee Member	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.2001	Duty Statements	Duty Statement, Commission Co-Chair	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.2002	Duty Statements	Duty Statement, Executive Committee At-Large Member	Updated 2026 as part of restructure	**Cross-Committee Review** **Priority: Medium**	MCE	
07.2003	Duty Statements	Duty Statement, Committee Co-Chair	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3001	Duty Statements	Duty Statement, Supervisorial District Office Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3003	Duty Statements	Duty Statement, Service Planning Area (SPA) Unaffiliated Consumer Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3005	Duty Statements	Duty Statement, City of Los Angeles Representative	No longer full members; moot?	**MCE Review Needed** **Priority: Medium**	MCE	
07.3006	Duty Statements	Duty Statement, City of Long Beach Representative	No longer full members; moot?	**MCE Review Needed** **Priority: Medium**	MCE	
07.3007	Duty Statements	Duty Statement, City of Pasadena Representative	No longer full members; moot?	**MCE Review Needed** **Priority: Medium**	MCE	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
07.3008	Duty Statements	Duty Statement, City of West Hollywood Representative	No longer full members; moot?	**MCE Review Needed** **Priority: Medium**	MCE	
07.3009	Duty Statements	Duty Statement, Department of Public Health (DPH), Part A Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3010	Duty Statements	Duty Statement, Part B Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3011	Duty Statements	Duty Statement, Part C Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3012	Duty Statements	Duty Statement, Part D Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3014	Duty Statements	Duty Statement, Healthcare System Representative	Updated 2026 as part of restructure – merged with 07.3015	**Keep As-Is** **Priority: Low**	MCE	
07.3015	Duty Statements	Duty Statement, Healthcare Provider				
07.3016	Duty Statements	Duty Statement, State Office of AIDS (OA) Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
07.3017	Duty Statements	Duty Statement, Medi-Cal Representative	Updated 2026 as part of restructure	**Keep As-Is** **Priority: Low**	MCE	
08.0000	**Commission Policies**					
08.1102	Commission Policies	Subordinate Commission Working Units	Revised in 2016.	**MCE Review Needed** **Priority: Medium**	MCE / Executive	
08.1104	Commission Policies	Commission and Committee Co-Chair Elections and Terms	Revised in 2026 as part of restructure.	**Keep As-Is** **Priority: Low**	MCE / Executive	
08.1302	Commission Policies	Commission Sponsorship of Events	Revised in 2016.	**MCE Review Needed** **Priority: Medium**	MCE / Executive	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
08.1306	Commission Policies	Commission Compliance with the Health Insurance Portability and Accountability Act (HIPPA)	Moot/Retire. Item is operational rather than policy-level.	**Moot/Retire** **Priority: Low**	MCE / Executive	
08.2104	Commission Policies	Transfer of Meeting Authority to the Parliamentarian in the Absence of Co-Chairs	Convert to procedure; item is operational rather than policy-level. Refer to Roberts' Rules of Order.	**Moot/Retire** **Priority: Low**	MCE / Executive	
08.2107	Commission Policies	Consent Calendar	Adopted 2008	**Keep As-Is** **Priority: Low**	MCE / Executive	
08.2109	Commission Policies	Meeting Minutes and Summaries	Revised 2008. Convert to guidance/reference; does not establish a formal requirement.	**Moot/Retire** **Priority: Low**	MCE/Staff	
08.2110	Commission Policies	Speaker Time Limits at Commission and Committee Meetings	Convert to guidance/reference; does not establish a formal requirement	**MCE Review Needed** **Priority: Medium**	MCE / Executive	
08.2203	Commission Policies	Teleconferencing at Commission/Committee Meetings	Sunset; covered elsewhere – Brown Act.	**Moot/Retire** **Priority: Low**	MCE / Executive	
08.2301	Commission Policies	Voting Procedures	Approved in 2019. Aligns with Robert's Rules of Order, Brown Act & HRSA Guidance	**Keep As-Is** **Priority: Low**	MCE / Executive	
08.2303	Commission Policies	Document Distribution at Meetings	Convert to procedure/guidance; item is operational rather than policy-level.	**Moot / Retire**	MCE / Executive	
08.3100	Commission Policies	Representation of Commission by Members	Approved 2016. Revise policy; content remains relevant but may updating	**MCE Review Needed** **Priority: Low**	MCE / Executive	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
08.3106	Commission Policies	Voting Privileges of Non-Commissioners	Sunset; covered elsewhere – Bylaws & Voting.	**Moot / Retire**	MCE / Executive	
08.3107	Commission Policies	Consumer Definitions and Health Resources Administration and Services (HRSA) Related Rules and Requirements	Convert to guidance/reference; does not establish a formal requirement.	**Moot / Retire**	MCE / Executive	
08.3108	Commission Policies	Conflict of Interest	Revise policy; content remains relevant but needs updating.	**MCE Review Needed Priority: Medium**	MCE / Executive	
08.3201	Commission Policies	Attendance	Retain as policy; still needed for governance and consistency.	**MCE Review Needed Priority: Medium**	MCE	**Pending Final Review 10/22/26**
08.3204	Commission Policies	Commission and Committee Meeting Absences	Consider sunset/merge with Attendance Standards	**MCE Review Needed Priority: Medium**	MCE	
08.3302	Commission Policies	Intra-Commission Grievance Process	Approved 2020. Revise policy; content remains relevant but needs updating	**MCE Review Needed Priority: Medium**	MCE	
09.0000	**Committee Policies**					
09.1007	Committee Policies	Non-Commission Committee Appointment	Approved 2019. Revise policy; content remains relevant but needs updating due to restructure.	**MCE Review Needed Priority: High**	MCE	**Pending Final Review 10/22/26**
09.2102	Committee Policies	Executive Committee At Large Elections	Sunset; covered elsewhere (Voting)	**Moot; Retire**	EXEC/MCE	
09.2203	Committee Policies	Executive Director Performance Appraisal Procedure	Refer to EXEC	**EXEC Review Needed Priority: Medium**	Executive	

#	Area	Policy / Procedure	Staff Notes	Review Track	Lead / Partner	MCE Notes / Decision
09.4204	Committee Policies	Commission Candidate Interviews	Approved 2011. Revise policy; content remains relevant but needs updating. Consider merge with 09.4205.	**MCE Review Needed** **Priority: High**	MCE	**Pending Final Review 10/22/26**
09.4205	Committee Policies	Commission Membership Evaluation, Nomination and Approval Process	Approved 2018. Revise policy; content remains relevant but needs updating. Consider merge with 09.4204.	**MCE Review Needed** **Priority: High**	MCE	
09.5203	Committee Policies	Priority- and Allocation-Setting Process and Framework	Currently pending revisions by PP&A; will come back to MCE for adoption.	**Cross-Committee Review** **Priority: Medium**	PP&A / MCE	**PP&A Updated at its September meeting; moving through approval process.**
09.6202	Committee Policies	Standards of Care Development & Oversight	Refer to SBP	**Cross-Committee Review** **Priority: Medium**	SBP / MCE	
09.7201	Committee Policies	Unaffiliated Member Stipends	Updated April 2026 as part of the restructure	**Keep As-Is** **Priority: Low**	MCE / Executive/CC	
10.0000	**Office and Staffing**					
10.1002	Office and Staffing	e-Dissemination of Non-Commission Sponsored Information and Materials	Convert to procedure; item is operational rather than policy-level.	**Moot; Retire** **Priority: Low**	Staff/County	

New Policy / Procedure Development Log

Use this section when MCE identifies a gap that is not covered by an existing policy or procedure.

Potential Policy / Procedure	Why It May Be Needed	Recommended Lead / Partner	MCE Direction / Next Step
08.3201/Attendance	Update to align with revised Bylaws and practices post-restructure	MCE	Final review pending at 10/22 MCE meeting
08.3204: Commission & Committee Meeting Absences	Update to align with revised Bylaws and practices post-restructure	MCE	Final review pending at 10/22 MCE meeting
09.4204: Commission Candidate Interviews	Update to align with revised Bylaws and practices post-restructure	MCE	Final review pending at 10/22 MCE meeting
09.4205: Commission Membership, Evaluation, Nomination and Approval Process	Update to align with revised Bylaws and practices post-restructure	MCE	Final review pending at 10/22 MCE meeting
09.5203: Committee Policies Priority- and Allocation-Setting Process and Framework	Update to align with revised Bylaws and practices post-restructure	PP&A	PP&A approved at its September meeting; moving through approval process.

Potential Policy / Procedure	Why It May Be Needed	Recommended Lead / Partner	MCE Direction / Next Step

MCE Committee Policy & Procedure Review Guide

Companion guide for the MCE Committee tracker tool - June 2026

Purpose: Use this guide when reviewing each policy/procedure item to determine whether it should be retained, revised, converted, combined, sunset, or developed as a new policy. The goal is to keep the Commission's policies and procedures current, useful, and tied to governance, compliance, transparency, and accountability.

HRSA basis: The HRSA HAB Ryan White HIV/AIDS Program Part A Manual states that planning council/planning body operations depend on structures that include comprehensive policies and procedures subject to periodic review and revision. It also notes that bylaws, policies and procedures, MOUs, grievance procedures, and trainings are crucial to PC/PB success. [1]

Policy vs. Procedure

Item	Plain-language meaning	Use when the item...
Policy	What is required, allowed, prohibited, or expected.	Creates a rule, standard, authority, formal expectation, member responsibility, compliance requirement, or decision-making framework.
Procedure	How the work gets done.	Explains steps, timelines, responsible parties, templates, staff workflow, or implementation details that support a policy or recurring task.

Quick Review Test

Ask these questions

1. Does this create a rule, requirement, or formal expectation?
2. Does it affect members, consumers, voting, appointments, grievances, funding decisions, public participation, or compliance?
3. Is it required by HRSA, County Code, the Brown Act, bylaws, ordinance, or another authority?
4. Does it need to be applied consistently over time?
5. Would confusion, inconsistency, or challenge be likely if it was not written down?

Simple decision rule: If the item tells people what must happen or protects fairness, compliance, authority, or accountability, it may need to be policy. If it mainly explains how to complete a task, it is likely a procedure, guidance, checklist, template, or desk reference.

[1] Source: HRSA HAB, Ryan White HIV/AIDS Program Part A Manual, Section III, Chapter 5, Planning Council and Planning Body Operations, pp. 35-37. The manual states that bylaws, policies and procedures, MOUs, grievance procedures, and trainings are crucial for PC/PB success and that comprehensive policies and procedures should be subject to periodic review and revision.

Commission and Committee Attendance Policy #08.3204

Original approval November 24, 2008 | Last revision August 10, 2023 | Proposed revision pending 10/22/26 MCE approval

Purpose. This policy explains attendance expectations, how to report an absence, and how the Commission reviews attendance concerns.

Who this applies to. This policy applies to Full Members, Alternates, and Committee-only members. Attendance is recorded separately for Commission meetings and each committee assignment. Committee-only membership does not, by itself, require attendance at Commission meetings.

Overall attendance expectations. All members are expected to attend meetings and required activities connected to their role, come prepared to participate, and tell Commission staff as soon as possible when they cannot attend. Regular attendance and active participation help the Commission and its committees maintain quorum and carry out their work.

Full Members and Alternates. Full Members and Alternates are expected to attend regularly scheduled Commission meetings, their assigned committee meetings, priority-setting and allocation meetings, orientation, required trainings, and the Annual Conference.

Committee-only members. Committee-only members are expected to attend meetings of the committee to which they are assigned and required activities relevant to their role. Their committee attendance is reviewed under this policy.

Regular review and staff follow-up. The MCE Committee (MCE) will regularly review attendance records for Full Members, Alternates, and Committee-only members to identify people who may need follow-up. Staff will contact a member when two consecutive absences from meetings of the same body remain without notice after the 14-day reporting period. Staff may contact a member sooner when attendance or participation raises a concern.

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Formal attendance letter. After reviewing the attendance record and any staff follow-up, if a member has been deemed out of compliance with this Attendance Policy, MCE will decide whether to issue a formal attendance letter. The letter will list the meetings missed, explain how the member has fallen short of attendance expectations, and set a deadline for the member to contact the Executive Director about whether they wish to continue serving. The member may correct the record or explain their circumstances. If the member wishes to continue serving, the Executive Director will work with them on a corrective action plan, which may include a leave of absence or reassignment to another committee, where appropriate. Voluntary resignation may also be discussed. Staff will document the outcome and report back to MCE.

Action for Full Members and Alternates. Under Article III, Section 6 of the Bylaws, the Commission may recommend that a Full Member's or Alternate's seat be vacated after three months of consecutive absences. The Board of Supervisors decides whether to remove or replace a Full Member or Alternate. An attendance letter or corrective action plan does not itself remove the member or suspend voting privileges.

Action for committee-only members. If excessive absences remain unresolved, MCE may recommend removal of a Committee-only member to the Executive Committee and/or the full Commission, as appropriate. Committee-only members are approved by the Commission, rather than appointed by the Board of Supervisors. An attendance letter or corrective action plan does not itself end a committee appointment or suspend voting privileges.

Reporting an absence. Members should tell Commission staff as soon as they know they will miss a meeting, preferably before it begins. Notice may be sent by email or text and should identify the member and meeting. A member may give the reason in general terms; medical or other sensitive details are not required. Staff will record the absence as excused when the member provides a reason within 14 calendar days after the meeting. Without notice by that deadline, staff will record it as unexcused.

Excused absences. Reasons may include illness, personal or family emergency, vacation or travel, work conflicts, and other circumstances that make attendance impractical. Staff will consider circumstances individually, including disability-related needs, caregiving, transportation, technology, and other participation barriers. An excused absence remains an absence in the attendance record.

Extended absence. A member who expects an extended absence should contact the Executive Director as soon as practicable, share an estimated return date if known, and update staff if it changes. A leave of absence may be granted for up to three months. The Executive Director and MCE will review the circumstances and discuss next steps if a longer absence is anticipated. A leave does not waive the Bylaws' separate provision allowing a recommendation after three months of consecutive absences.

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Recordkeeping. Staff will maintain separate attendance records for the Commission and each committee and document notices, follow-up, letters, and corrective action plans. MCE will review the records regularly. Staff will report Full Member and Alternate attendance to the Board of Supervisors quarterly as required by Los Angeles County Code section 3.29.060 and Article III, Section 1 of the Bylaws. Any membership recommendation will follow the Bylaws and applicable Commission procedures.

Related authority. Commission Bylaws, Article II, Section 1, and Article III, Sections 1, 2, 5, and 6; Los Angeles County Code section 3.29.060. Required training and voting eligibility are governed by the applicable Bylaws and policies.

Approved By: _____ Date: _____

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Committee review points

- Staff follow-up after two consecutive absences without notice is proposed; the Bylaws separately allow a recommendation after three months of consecutive absences. However, given the reduced meeting schedule, follow-up after two consecutive absences may be most appropriate.
- Confirm whether to retain the 14-day notice period or shorten it to seven.
- Confirm the Committee-only membership review route under the forthcoming revised membership policy.

Changes from the August 2023 policy

- ✓ **Purpose**: Replaced the explanation of how to claim an absence with a short statement of the policy's attendance and follow-up purpose.
- ✓ **Scope:** Separated Full Members and Alternates from committee-only members. Attendance is tracked separately for the Commission and each assigned committee.
- ✓ **Participation:** Added overall expectations and separate expectations for Full Members and Alternates and for committee-only members.
- ✓ **Thresholds**: Removed the old three-consecutive meeting and six-per-year prohibition, which no longer fits the reduced schedule. Added staff follow-up when two consecutive absences from the same body remain without notice after the 14-day reporting period. MCE reviews attendance regularly and decides whether a formal letter is warranted.
- ✓ **Formal response**: Added an MCE-directed attendance letter, a stated deadline to contact the Executive Director, and an individualized corrective action plan. Listed leave, committee reassignment where appropriate, and voluntary resignation as possible outcomes.
- ✓ **Authority**: Distinguished Board-appointed Full Members and Alternates from Commission-approved committee-only members. MCE may recommend committee-only removal to the

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Executive Committee and/or full Commission. Removed the old link between absences and possible suspension of voting privileges.

- ✓ **Excused reasons and notice**: Retained the 14-day period pending MCE review, broadened examples beyond the old limited list, allowed general descriptions of sensitive circumstances, and retained email or text notice.
- ✓ **Extended absence**: Retained a leave of absence of up to three months, removed the outdated Operations Committee reference, and clarified that a leave does not waive the Bylaws' three-month consecutive-absence provision.
- ✓ **Equity and records**: Replaced a separate unaffiliated-consumer exception with individualized consideration of barriers for all members. Added records of notices, letters, and plans; retained quarterly Board reporting.

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LOS ANGELES COUNTY
COMMISSION ON HIV

Committee-Only Membership Policy #09.1007

Original approval January 11, 2007 | Last approved revision July 11, 2019; Proposed revision pending 10/22/26 MCE approval

Purpose. This policy explains how a standing committee identifies, reviews, nominates, and welcomes a Committee-only member. Committee-only membership brings lived and professional experience into committee work and creates another way for community members to participate.

Who may serve. A Committee-only member serves on one or more standing committees without holding a seat on the full Commission. The member may vote and count toward quorum on a committee to which the Commission has approved their assignment, but may not vote on matters before the full Commission. Committee-only members are approved by the Commission; they are not appointed by the Board of Supervisors.

Committee needs and size. Each standing committee will periodically review the skills, lived experience, community perspectives, workload, and quorum needed to do its work. Before recruiting, it will identify the need for additional members and the criteria it will use to consider applicants. The committee will consider its total size and ability to maintain quorum. To limit the influence of any one organization, no more than two voting members affiliated with the same agency may serve on a standing committee.

Recruitment and application. Commission staff will promote opportunities and invite applications from people with relevant lived or professional experience. Applicants will complete the Commission's universal membership application, including their interest, relevant experience, committee preference, and disclosures required for the role. A Board of Supervisors appointment application is not required for Committee-only service. Staff will explain the meeting, training, attendance, and conflict-of-interest expectations before the committee acts.

Review by the standing committee. The committee seeking a member will review applications against its stated needs and criteria, provide a fair opportunity for applicants to be considered, and vote on whether to recommend a candidate. The committee's recommendation will identify the proposed assignment and explain how the candidate meets its needs. A Committee-only candidate cannot be nominated to a committee without that committee's recommendation.

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MCE review and Commission approval. The committee will forward its recommendation and application to the Membership and Community Engagement (MCE) Committee. MCE will verify that the application and required disclosures are complete, review the committee's criteria and process for consistency with this policy, and forward its recommendation to the Executive Committee and/or full Commission through the normal agenda process. If MCE has a concern, it will return the matter to the recommending committee for discussion before making a different recommendation. The full Commission decides whether to approve the appointment. Voting membership begins on the date of Commission approval; staff will then update the roster and orientation records.

Participation and leadership. An approved Committee-only member has the same voting and quorum status as other voting members of their assigned committee and may participate in its working groups. Committee-only members may be considered for committee co-chair roles under the Bylaws' election process; committee co-chairs also serve on the Executive Committee. A Committee-only member already assigned to MCE may also be considered for election by the full Commission as an Executive Committee At-Large member. Neither role gives them a vote at full Commission meetings unless the Board of Supervisors separately appoints them to a Commission seat.

Terms and renewal. The term begins on the date the Commission approves the Committee-only appointment and lasts two years. A member may serve up to three consecutive two-year terms, subject to the Bylaws. Before a term ends, the member should submit a renewal application and the committee should review the continuing need and the member's participation. Renewal requires a new committee recommendation and Commission approval. Any exception to term limits must follow the Bylaws and applicable authority.

Member responsibilities. Committee-only members must follow the Commission's Code of Conduct, conflict-of-interest requirements, attendance policy, applicable trainings, and the duty statement for their role. They should prepare for meetings, contribute respectfully, and disclose circumstances that affect their eligibility or ability to participate.

Attendance, resignation, and removal. Members should notify staff if they can no longer serve. MCE will review attendance concerns under Policy 08.3204 and may recommend removal for excessive unresolved absences to the Executive Committee and/or full Commission. For other concerns, MCE will coordinate with the committee, provide the member an opportunity to respond, and bring any proposed action through the appropriate Commission process. The Commission decides whether to end a Committee-only appointment.

Records and notice. Staff will retain the application, committee recommendation, MCE review, Commission action, term dates, training record, and any renewal or departure notice. Staff will notify the applicant and committee of the Commission's decision and provide orientation after approval.

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Related authority. Los Angeles County Code sections 3.29.010(G), 3.29.050, and 3.29.060(E); Commission Bylaws, Article II, Sections 1, 3, and 10, and Articles VIII through XI; Attendance Policy 08.3204.

Approved By: _____ Date: _____

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Committee review points

Committee size. Members who provided feedback suggested a standard cap to protect quorum. Decide whether to set one limit for all standing committees, e.g., suggested 20ppl max; allow committee-specific limits approved by MCE or the Commission, or use the proposed size review without a fixed cap. The old two-per-agency rule is retained here with a Commission exception; confirm whether it should remain.

Changes from the August 2023 policy

- ✓ **Name and authority**. Replaces "Non-Commissioner Committee Appointments" with "Committee-Only Membership." Removes the obsolete 2004 ordinance quotation and Board appointment rationale.
- ✓ **Application and selection.** The old Board appointment and committee-specific application are removed.
- ✓ **Appointment and voting**. The standing committee recommends; the Executive Committee and/or Commission approves. A committee-only member votes and counts toward quorum on their approved committee, but has no full Commission vote.
- ✓ **Membership need**. Participates in committee-driven recruitment and criteria, adds review of committee size and quorum, and keeps a proposed two-per-agency limit for MCE discussion.
- ✓ **Application**. Uses the Commission's universal membership application and removes the Board appointment application.
- ✓ **Co-chair eligibility**. The old policy barred committee-only co-chairs. The revised Bylaws elect committee co-chairs from committee membership and include committee co-chairs and committee-only members in Executive Committee membership.
- ✓ **MCE review**. Replaces Operations Committee references with MCE and clarifies the review and referral path while preserving the originating committee's recommendation.
- ✓ **Leadership**. Removes the old bar on committee-only co-chairs and clarifies that Committee-only members assigned to MCE may be considered for Executive Committee At-Large election by the full Commission. Neither role provides a full Commission vote.

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- ✓ **Terms**. Retains two-year terms, adds the Bylaws' three-term limit and renewal process, and ties the start date to Commission approval.
- ✓ **Accountability**. Adds attendance, training, conflict-of-interest, recordkeeping, resignation, and removal steps consistent with Commission approval authority.

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Commission Membership Application Review and Selection Policy #09.4205

Original Approval: 9/6/2004 | Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17; 9/14/17; 05/10/18; 2/9/23; 1/11/24 | Proposed revision pending 10/22/26 MCE approval

Purpose. This policy sets out how the Commission recruits, reviews, evaluates, and nominates candidates for Full Member and Alternate seats, including renewals. It supports an open process using publicized criteria, representation requirements, and clear communication with applicants.

Scope and authority. This policy applies to candidates for Board of Supervisors (Board)-appointed Commission seats. Alternates follow the same open nomination, evaluation, and scoring process as Full Members. Committee-only membership is addressed in Policy 09.1007; those members are approved by the Commission rather than appointed by the Board of Supervisors.

Recruitment and open applications. The Membership & Community Engagement Committee (MCE) will develop recruitment strategies and lead efforts to fill vacancies. MCE will regularly review the Commission's overall composition to identify recruitment needs and opportunities. HRSA requires planning council membership to reflect the demographics of the local HIV epidemic. DHSP provides the HIV prevalence information used to assess how well the Commission's composition reflects Los Angeles County. Recruitment is a Commission-wide effort, and members are encouraged to support outreach and help connect prospective applicants with the Commission. Candidates may apply directly or be recommended by stakeholders, including a member of the Board of Supervisors or a Supervisorial office. Board-recommended applicants will receive full consideration and follow the same application, interview, evaluation, and nomination process as all other applicants. The Commission, with support from staff and MCE, will seek candidates who meet the requirements for available membership categories and help the Commission reflect the communities affected by HIV across Los Angeles County. Recruitment should include meaningful outreach to unaffiliated consumers and populations disproportionately impacted by HIV.

Application and initial review. To initiate the Commission's application review process, candidates must submit the Commission-approved application. Staff will acknowledge receipt, check completeness and seat qualifications, request missing information, and explain the time commitment, committee assignments, orientation, training, and appointment steps. Staff will help applicants complete the form when needed, and verify relevant information or references when appropriate. Applicants employed by agencies contracted to provide Ryan White Program services through DHSP must submit a letter from their employer confirming support for their Commission

service. Staff will complete its review and schedule the interview within 60 days of receiving the application, barring reasonable delays, such as missing information or scheduling conflicts. Staff will document the reason for any delay and keep the candidate informed. The Board of Supervisors' Statement of Qualifications remains a separate County appointment requirement. A candidate may withdraw at any time before Board appointment by contacting staff.

Interview and conflicts. Eligible candidates for Full Member or Alternate seats will be interviewed. Candidates applying for Committee-only membership may be referred to a committee. Renewing members must reapply and may be interviewed if MCE determines an interview would be useful.

Staff will convene an interview panel of at least three MCE members and provide the panel with a consistent set of core questions approved by MCE, along with the scoring criteria, in advance. The interview is a two-way conversation: reviewers may ask the core questions and relevant follow-up questions, and candidates will have time to ask questions.

Reviewers will avoid unnecessary questions about private health or other sensitive matters. Any information needed to establish a seat qualification will be handled confidentially. A reviewer with a personal, employment, reference, or other material conflict involving a candidate must disclose the conflict and recuse from evaluating that candidate. Staff will arrange a replacement reviewer as needed and document the recusal.

Evaluation and scoring. The interview panel will evaluate and score each candidate using Commission-approved criteria and forms, then submit its recommendation to the MCE Committee for consideration.

The criteria should address the qualifications for the open seat, relevant lived or professional experience, ability to fulfill member duties, and contribution to required representation and reflectiveness. Reviewers will score candidates independently using the adopted form and submit a summary score sheet, including whether the candidate met any applicable threshold. If more than one candidate is interviewed for the same seat, the panel will also document any material reasons for recommending one qualified candidate over another.

Scores will inform the decision but will not, by themselves, guarantee a nomination. Changes to the evaluation criteria or scoring forms require Commission approval. MCE may maintain or update routine instructions for using the approved forms, provided those instructions do not change the criteria or scoring method. MCE may request clarification or a second interview and update the documented evaluation accordingly.

Seat and composition review. Before recommending a candidate, MCE will verify the seat description and vacancy, applicable qualifications, term information, and current Commission and committee composition. The review will address the Bylaws' required representation, the requirement that at least 33 percent of Commission members be unaffiliated RWHAP Part A

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consumers, reflectiveness of both the full membership and unaffiliated consumers, and participation by impacted communities.

To support balanced representation, limit the potential for undue influence by any one agency, and protect and lift the consumer voice, no more than two individuals affiliated with the same agency may serve on the Commission at one time. No more than two individuals affiliated with the same agency may serve on any one committee at a time. Committee counts include Commission members assigned to the committee and Committee-only members.

Staff will maintain a current vacancy and nominations matrix that tracks Commission and committee composition. MCE will consider more than one candidate for a seat when feasible and document outreach and the reason for proceeding with one candidate when the pool is limited.

Renewal review. A member seeking another term must submit a renewal application before the term expires. MCE will review the member's eligibility, seat fit, attendance and participation under the current Attendance Policy, committee service, required training, and any documented corrective action plan. MCE will consider the member's explanation and support needs. A member may request an interview to discuss their renewal. A concern does not automatically bar renewal; MCE will document its recommendation and any conditions or follow-up. Term limits follow the Bylaws.

MCE recommendation and Commission action. MCE will consider the evaluation, seat fit, composition needs, and any conflicts in a committee meeting and recommend a candidate for a specified seat to the Executive Committee, followed by the full Commission. Staff will provide the Commission with the recommendation and appropriate supporting materials while protecting sensitive applicant information. The Commission decides whether to nominate the candidate to the Board of Supervisors. MCE may defer a recommendation for a stated reason and revisit it when the issue is resolved.

Board appointment and onboarding. After Commission approval, staff will forward the nomination through the County's appointment process and keep the candidate informed. The Board will provide the applicant its Statement of Qualifications through its own electronic process. The Board of Supervisors appoints Full Members and Alternates. Commission approval alone does not confer a seat or voting rights. Staff will notify the candidate of Board action, record the appointment and term, coordinate committee assignment with the Commission Co-Chairs, and arrange orientation and required training. A seat change requiring Board action will follow the same approval and appointment route.

Applicant communication and records. Staff will communicate with applicants when an application is incomplete, when MCE defers or declines to recommend, when the Commission acts, and when the Board acts. For a deferral, staff will state the next review step and whether updated materials are needed. MCE will keep evaluations, scoring records, recusal records, vacancy and composition

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reviews, recommendations, and notices in accordance with County retention and confidentiality requirements. Applicants may correct factual information and may reapply for a future opportunity.

Policy consolidation. Upon Commission adoption, this policy supersedes former Policies 09.4203 (Commission Membership Applications) and 09.4204 (Commission Candidate Interviews) for Full Member and Alternate applications and interviews. Committee-only application and selection procedures remain in Policy 09.1007.

Related authority. Commission Bylaws, Articles II, III, IV, and XI; Los Angeles County Code Chapter 3.29; Policies 09.1007 and 08.3204; applicable Ryan White Part A membership requirements. The Commission-approved application, seat duty statements, and evaluation forms implement this policy.

Approved By: _____ Date: _____

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Committee review points

Confirm the target time for application review and applicant updates. The prior 60-day evaluation deadline should be considered considering MCE meeting frequency and staff capacity.

Changes from the former policies

- ✓ **Combined Policy 09.4205 (membership evaluation and nominations), Policy 09.4203 (applications), and Policy 09.4204** (candidate interviews) into one process for Board-appointed Full Members and Alternates. Committee-only membership remains under Policy 09.1007.
- ✓ **Transferred recruitment, screening, interviews, evaluation, scoring, and recommendations** from the former Operations Committee to MCE, while making recruitment a Commission-wide effort supported by members.
- ✓ **Added review of HIV prevalence information provided by DHSP** to assess reflectiveness of the Commission and unaffiliated consumers, alongside required membership categories and the 33 percent unaffiliated consumer requirement among voting Commission members.
- ✓ **Applied the no-more-than-two-per-agency limit** to Commission membership and to membership on each committee. Added tracking of committee composition and stated the purpose of limiting imbalance and undue agency influence while protecting and lifting the consumer voice.
- ✓ **Clarified open recruitment and public availability of selection criteria upon request,** outreach to unaffiliated consumers and disproportionately affected communities, and full, consistent consideration of applicants recommended by Board of Supervisors members or Supervisorial offices.

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- ✓ **Retained staff support, completeness checks, and relevant verification**. Set a 60-day application-to-interview target, subject to reasonable documented delays; require an employer support letter before MCE review for applicants employed by DHSP-contracted Ryan White service agencies; and treat the Board Statement of Qualifications as a separate County appointment requirement.
- ✓ **Updated interviews to use a panel of at least three MCE members**, approved core questions, an applicant FAQ, time for candidate questions, conflict disclosure and recusal, staff-arranged replacement reviewers, and careful handling of sensitive information. Retained MCE discretion to interview renewing members and applicable open-meeting requirements.
- ✓ **Clarified that the interview panel evaluates and scores independently** using Commission-approved criteria and forms, then submits a summary scoresheet and recommendation to MCE. Added comparative review and documented reasons when more than one qualified candidate seeks the same seat; a score alone does not guarantee nomination.
- ✓ **Removed the former automatic 60-point cutoff and highest-score selection rule**. Any qualifying threshold must be established through the Commission-approved process and reflected on the summary scoresheet.
- ✓ **Replaced the categorical two-application requirement and one-year temporary hold** with consideration of more than one candidate when feasible, documented outreach, and a recorded reason when the pool is limited.
- ✓ **Replaced outdated absence thresholds** for renewals with the current Attendance Policy and individualized review of participation, training, committee service, and corrective action.
- ✓ **Clarified the sequence**: MCE recommendation, Executive Committee recommendation, full Commission nomination, Board appointment, then onboarding. Commission approval alone does not confer a Board-appointed seat or vote.

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Policy #09.5203

Priority Setting and Resource Allocations (PSRA) Framework and Process

September 2026

Purpose

To establish the process used by the Los Angeles County Commission on HIV to set service priorities and allocate Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative funds, as applicable, consistent with its federally mandated planning responsibilities.

Policy

This policy supports an informed, transparent, and data-driven process for setting priorities, allocating resources, and developing recommendations for the Recipient, the Division of HIV and STD Programs (DHSP). The process is informed by data, community input, public comment, committee review, and final Commission action.

The PSRA process is led by the Commission's Planning, Priorities and Allocations (PP&A) Committee. Final approval of the complete priorities and allocations shall be presented by the PP&A Co-Chairs to the full Commission for a roll-call vote.

PSRA may be conducted on a multi-year planning basis to support continuity and long-term planning. Allocations shall be reviewed at least annually and revised as needed to remain responsive to the final grant award, community needs, service gaps, expenditure and utilization trends, and federal requirements.

The PSRA Framework and Process shall be reviewed regularly and updated as needed.

Definitions

Priorities: The list of Ryan White HIV/AIDS Program service categories ranked in order of importance based on the needs of people with HIV in Los Angeles County. A service category must be prioritized before it can be considered for funding.

Allocations: The amount or percentage of Ryan White Part A and Minority AIDS Initiative funds, as applicable, assigned to each prioritized service category.

Directives: Guidance from the Commission to the Recipient on how to best address identified priorities, service needs, gaps, and barriers. Directives may include recommendations related to service interventions, populations, geographic areas, access issues, and provider capacity.

Minority AIDS Initiative (MAI): A Ryan White HIV/AIDS Program funding component intended to improve access to HIV care and health outcomes for racial and ethnic minority communities disproportionately impacted by HIV.

Community Agreement

Community agreements are shared expectations established at the beginning of the PSRA process to support respectful dialogue, active listening, transparency, shared accountability, and consensus-building.

Voting Eligibility

Voting eligibility helps ensure that members participating in PSRA decisions have completed the required disclosures, training, and data review needed to make informed and transparent decisions. To be eligible to vote, members must:

- **A.** Submit annual Conflict-of-Interest form before participating in priority setting and resource allocation discussions or meetings.
- **B.** Complete the mandatory annual Needs Assessment and PSRA training before participating in priority setting and resource allocation discussions or meetings. Committee-only members of the PP&A Committee and Standards and Best Practices Committee must complete this training to be eligible to vote on PSRA-related matters.
- **C.** Attend or view recordings of all required data presentations before participating in priority setting and resource allocation discussions or meetings.

Conflict of Interest

Conflict of Interest requirements help protect the integrity of the PSRA process by ensuring that members disclose any real or perceived conflicts and refrain from participating in decisions where those conflicts may affect, or appear to affect, their objectivity.

- **A.** Members affiliated with a funded Ryan White HIV/AIDS Program Part A or Minority AIDS Initiative provider must disclose all funded service categories in which they have a real or perceived conflict of interest at the beginning of the applicable meeting or discussion.

B. Members with a conflict of interest may not initiate discussion on a service category for which they have a conflict. However, they may answer direct questions from other members, staff, or the facilitator when clarification is needed.

C. Members are expected to self-monitor and disclose conflicts during PSRA discussions.

D. Members with a conflict of interest must abstain from voting on individual service categories for which they have a conflict. Members who must abstain due to conflict of interest on individual service category votes shall be counted as abstentions for those specific votes.

E. Conflict of interest does not apply when voting on the final slate. A slate consists of all prioritized service categories and proposed allocations.

Voting

A consensus-building approach shall be used during PSRA discussion and deliberation to help members review data, consider options, and work toward general agreement.

Consensus-building shall guide the development of recommendations but shall not replace formal voting requirements.

Formal action, including approval of service priorities, allocation recommendations, amendments, and final approval of the complete priorities and allocations, shall be made by roll-call vote.

Data Sources

The PSRA process shall be informed by multiple data sources made available throughout the program year and during the PSRA process. Eligible voting members shall consider the full body of information provided, including documented needs, service gaps, utilization, expenditures, community input, and applicable federal requirements when setting priorities and allocating resources.

Examples of data sources for decision-making include, but are not limited to:

A. Epidemiologic data, including incidence, prevalence, HIV-related health outcomes, co-occurring conditions, and trends among communities most impacted by HIV.
B. Needs assessment findings, including service needs, barriers to care, and gaps identified by people with HIV.
C. Expenditure and service utilization data.
D. HRSA performance measures, clinical outcomes, and quality management data.
E. HIV testing, linkage to care, and early identification data.
F. Unmet need and out-of-care data.
G. Information regarding other funding streams and resources, including Ending the HIV Epidemic, HOPWA, SAMHSA, Medi-Cal, and other relevant programs.

H. Plans and strategies for engaging people with HIV who are newly diagnosed, out of care, not retained in care, or not virally suppressed.
I. Community input gathered through listening sessions, focus groups, public meetings, surveys, community forums, and other engagement activities.
J. Service system capacity, provider capacity, and service availability.
K. Final grant award amounts, funding availability, and applicable federal requirements.
L. California and Los Angeles County Integrated HIV Prevention and Care Plans.

Public Comment

Public comment shall be provided in accordance with the Brown Act and the Commission's public comment procedures.

Members of the public shall have an opportunity to provide comment before the body takes formal action on PSRA-related items. Public comment is intended to inform the process and ensure community voice is heard.

Once member deliberation begins, members of the public may observe the discussion but may not participate in deliberations or decision-making unless permitted under the Commission's meeting procedures.

Principles and Criteria for Decision-Making

The following principles and criteria are intended to guide PSRA discussions and decisions. They help ensure that priorities and allocations are based on documented need, community voice, service gaps, equity, and the overall responsibility to support a strong HIV care continuum for people with HIV in Los Angeles County.

A. Decisions shall be based on documented needs.
B. Services shall be responsive to the epidemiology of HIV in the Los Angeles County service area.
C. Consumer perspectives, lived experience, and community preferences shall be considered in setting priorities and allocating resources.
D. Priorities should strengthen the HIV care continuum, including access to basic health care, medications, supportive services, and services that help reduce avoidable hospitalization.
E. Decisions should address the overall needs of people with HIV in the service area and should not be based solely on narrow advocacy interests or in the interests of providers.
F. Services should be culturally responsive and accessible to the communities most impacted by HIV.
G. Services should focus on the needs of underserved communities and people experiencing the greatest barriers to care.
H. Equitable access to services should be considered across geographic areas, populations, and service needs.

I. When a decision must be made between funding a wider range of services and ensuring access to key services that support entry into and retention in care, priority shall be given to services that help people with HIV access and remain connected to essential HIV care, including primary medical care and medications.

Priority Setting Process

The priority setting process shall consider the full range of services needed to support a comprehensive HIV care continuum for people with HIV, regardless of how those services are currently funded. The process shall also consider unmet need, service gaps, and demonstrated demand for services.

A. The list of HRSA-fundable service categories, including core medical and support services, and the definitions of those services shall be presented.

B. Prioritization Worksheet

1. Each eligible voting member shall receive a Prioritization Tool that lists all allowable service categories.
2. In making their decisions, members should rely on data provided during presentations, information shared throughout the program year, and other approved data sources.
3. Each eligible voting member shall individually rank the allowable service categories using the Prioritization Tool.
4. Prioritization selections shall not be confidential. Results of Prioritization Tools shall be tallied by Commission staff.

C. Aggregating the Prioritization

1. Commission staff shall collect and tally the results of Prioritization Tools.
2. The service category demonstrating the highest rated need shall be ranked number 1. The service category with the second highest rated need shall be ranked number 2, and so on.
3. All service categories receiving a vote shall be ranked and placed on the list of categories to be considered for funding. Service categories that receive no votes shall not be considered for funding.
4. Commission staff and/or the facilitator shall present the ranked list of service categories to the PP&A Committee for discussion and roll-call vote.

Resource Allocation Process

Resource allocation is the process of assigning available Ryan White Part A and MAI funds, as applicable, to prioritized service categories. Resource allocation occurs after service priorities have been established and is intended to ensure that funding decisions are data-informed, responsive to community needs, aligned with the approved priorities and consistent with Ryan White HIV/AIDS Program requirements.

A. Resource allocation shall occur after priority setting has been completed.
B. Resource allocation decisions shall consider relevant data and requirements, including but not limited to documented need, service gaps, expenditure trends, utilization data, service capacity, community input, funding availability, MAI requirements, and the Ryan White requirement that at least 75% of service funds be used for core medical services, unless a waiver has been approved.
C. Recipient staff, Commission staff, and/or PP&A co-chairs, or any combination thereof, may provide allocation recommendations based on service gaps, expenditure trends, utilization data, service capacity, funding requirements, and other relevant information.
D. An explanation shall be provided regarding how the proposed allocation slate was developed.
E. The floor shall be opened for members to make a motion to adopt, amend, or reject the proposed allocation slate.
F. Once a motion has been made and seconded, discussion shall occur before a vote is taken. Discussion may include up to three comments in support of the motion and three comments in opposition to the motion, unless otherwise modified by the Chair or facilitator to support fair and orderly discussion.
    1. Eligible, non-conflicted members may discuss data previously provided during data presentations or shared as part of the PSRA process and may ask clarifying questions.
    2. Members may not introduce new, unsupported, or anecdotal information that has not been previously provided or made available for review as part of the PSRA process.
G. If the proposed allocations are rejected or amended, members may make motions to adjust allocations by service category. Each category shall be considered independently on a line-by-line basis, beginning with the highest-ranked priority.
    1. Allocation discussions shall continue through the list of prioritized services until a complete allocation slate is developed.
    2. The motion, discussion, and voting process shall continue until the total allocation equals the available funding amount or the original funding amount presented for allocation.
    3. Not all prioritized service categories are required to receive funding.
H. Once complete allocations have been developed and seconded, a final vote may be taken. Members may vote on the final proposed slate, subject to the Commission's Conflict of Interest policy.
I. Once approved by the PP&A Committee, the recommended allocations shall be forwarded to the Executive Committee and full Commission for final review and approval.
J. Once approved by the full Commission, the final priorities and allocations shall be transmitted to the Recipient for use in the Ryan White Part A application, Notice of Award implementation, contracting, and other grant management processes, consistent with federal requirements and Commission-approved directives.

Directives

The Standards and Best Practices (SBP) Committee, in collaboration with the PP&A Committee, is responsible for developing recommended directives to be submitted to the Commission for approval.

Following the PSRA process, the SBP Committee and the PP&A Committee shall review gaps, barriers, service needs, and recommendations identified through data presentations, reports, community input, and other information shared throughout the program year. Together, the committees shall discuss, refine, and develop recommended directives for Commission consideration and approval.

Once approved by both committees, the recommended directives shall be forwarded to the Executive Committee and then to the full Commission for review and approval.

Approved directives shall be transmitted to the Recipient, DHSP, for consideration and implementation, if deemed feasible by DHSP.

DHSP shall provide a written response to both committees identifying which directives are feasible, which are not feasible, and, where applicable, the anticipated timeline for implementation. DHSP shall also provide periodic updates to the Commission regarding implementation.

Allocation Adjustments and Reallocation

The Commission recognizes that allocation adjustments and reallocations may be needed during the grant year to respond to expenditure trends, utilization, provider capacity, service demand, final award amounts, or other grant management needs.

For purposes of this policy, allocation adjustment refers to any change to Commission-approved funding amounts during the grant year. Reallocation refers specifically to moving funds between approved service categories after the initial allocations have been adopted.

Any change to Commission-approved allocations must remain consistent with Ryan White HIV/AIDS Program requirements and Commission-approved priorities, allocations, and directives. Changes must also be documented and communicated to the Commission in a timely and transparent manner.

The Planning, Priorities and Allocations (PP&A) Committee shall review expenditure and utilization information **at least quarterly** to identify significant variances and determine whether an allocation adjustment, reallocation, or other Commission action is needed.

A. Adjustments or Reallocations Within an Approved Threshold

The Recipient may make allocation adjustments or reallocations of up to 25% within or across approved funded service categories, provided the change remains consistent with Commission-approved priorities, allocations, directives, and Ryan White requirements.

Any adjustment or reallocation made under this authority shall be reported to the PP&A Committee, Executive Committee, and/or full Commission at the earliest scheduled meeting. The Commission reserves the right to modify or remove this allowance if it no longer supports transparency or alignment with Commission-approved priorities.

B. Adjustments or Reallocations Above the Approved Threshold

Proposed allocation adjustments or reallocations exceeding 25% shall be reviewed by the PP&A Committee and forwarded to the Executive Committee and/or full Commission for review and approval before implementation, unless urgent grant management timelines require expedited action.

When expedited action is needed and the full Commission is not scheduled to meet in time, the matter may be brought to the Executive Committee for review and direction, consistent with the Commission's bylaws, policies, and Brown Act requirements. Any expedited action shall be reported to the full Commission at the earliest opportunity.

The PP&A Committee will be notified of all reallocations, including instances where urgent, last-minute adjustments must be communicated at the earliest opportunity. Any proposal to allocate funding to a Service Category not included in the original service category allocation must receive approval from the Commission.

Beginning ninety (90) days prior to the end of the grant term, DHSP shall have full authority to shift allocations across service categories as necessary to ensure full utilization of grant funds, provided such shifts do not alter the scope of work, performance outcomes, or compliance with funding requirements. DHSP must document and justify all shifts executed during this period and communicate them in writing to the PP&A Committee at the earliest opportunity.

C. Use of Funds Within the Same Service Category First

When possible, unexpended funds should first be used within the same service category to support providers, programs, or services that can use the funds and meet demonstrated need.

If funds cannot reasonably be used within the same service category, the Recipient may move funds to another approved service category within the 25% threshold or recommend a reallocation above the threshold based on expenditure trends, service demand, provider capacity, documented need, and Commission-approved priorities.

D. Final Allocation Reporting

DHSP shall provide a report of final allocations for the grant term no later than ninety (90) days following the close of the grant year. The final allocation report shall include a summary of expenditures, allocation shifts, and any variances from the approved budget.

E. Documentation

All allocation adjustments and reallocations shall include written documentation of the service categories affected, amount moved, reason for the change, supporting data or expenditure trend. This process is intended to provide the Recipient with reasonable flexibility to manage the grant while ensuring the Commission remains informed and engaged in its priority setting, resource allocation, and reallocation responsibilities.

Quarterly Financial Reporting

The Planning, Priorities and Allocations (PP&A) Committee shall receive a written expenditure report by service category at least once per quarter. The report shall be provided **at least five business days** before the scheduled PP&A Committee meeting.

The report shall include a spreadsheet showing approved allocations, year-to-date expenditures, remaining balances, and unobligated funds by service category, along with a written explanation of any significant over- or underspending, unobligated balances, expenditure concerns, and any recommended allocation adjustments or reallocations.

A Recipient representative shall provide an update to the PP&A Committee highlighting any unexpected expenditure levels, projected shortfalls, projected underspending, or recommended adjustments requiring Committee review or Commission action.

APPROVED BY: _____ DATED: _____

Dawn P. Mc Clendon, Interim Executive Director

Original Approval: May 1, 2011
Revision(s): July 11, 2024; September 15, 2026

LOS ANGELES COUNTY
COMMISSION ON HIV

COME BACK. COME THROUGH.

Your voice helps shape HIV planning and services in LA County.

FRIDAY, NOVEMBER 6, 2026

CONSUMER CAUCUS

12:00–1:30 PM

We're reconvening! If you access HIV prevention or care services in LA County, share your experiences and help inform the Commission's HIV planning and priorities.

COMMUNITY CAUCUS

2:00–3:30 PM

Join our first meeting! This space brings together the former Aging, Black, Women's, and Transgender Caucuses to lift up community needs and inform the Commission's work.

Former, current, and new folx are welcome.

Come as you are. Bring your voice and invite someone along.

FOOD + RAFFLES PROVIDED

IN PERSON AT THE COMMISSION OFFICE

510 S. Vermont Avenue, 9th Floor • Los Angeles, CA 90020

Save the date • Agenda and additional meeting details to follow

SERVICE STANDARDS REVISION DATE TRACKER FOR PLANNING PURPOSES

Last updated: 8/13/26

KEYWORDS AND ACRONYMS	
HRSA: Health Resources and Services Administration	**COH:** Commission on HIV
RWHAP: Ryan White HIV/AIDS Program	**DHSP:** Division on HIV and STD Programs
HAB PCN 16-02: HIV/AIDS Bureau Policy Clarification Notice 16-02 RWHAP: Eligible Individuals & Allowable Uses of Funds	**SBP Committee:** Standards and Best Practices Committee
	PLWH: People Living With HIV

GENERAL

Document Name	Description	Notes
Universal Service Standards	Apply to all services and covers areas such as non-discriminatory service delivery, client confidentiality, quality care, and grievance procedures. The SBP Committee reviews this document on a bi-annual basis or as needed per community stakeholder, service provider agency, or COH member request.	**Currently under review** **Last approved by COH: 1/11/2024**
Client Bill of Rights and Responsibilities	Empowers clients to advocate for themselves and work in partnership with their service providers to achieve the best possible HIV/AIDS care and treatment. Service provider agencies are required to provide clients with a copy of this document when receiving HRSA RWHAP services.	**Currently under review** **Last approved by COH: 1/11/2024**
Prevention Services	HIV and STI prevention services are those services used alone or in combination to prevent the transmission of HIV and STIs and may include Biomedical, Non-Biomedical, and Harm Reduction services.	Prevention standards **are not** required by CDC or HRSA but are developed by the COH to support inclusive, status-neutral prevention and care planning. **Last approved by COH: 1/11/2024**

CORE SERVICES

Service and Service Category	HRSA PCN 16-02 Service Description	Notes
Service Category: AIDS Drug Resistance Program Treatments	State-administered program authorized under RHWAP Part B to provide U.S. Food and Drug Administration (FDA)- approved medications to low-income clients living with HIW who have no coverage or limited health care coverage.	ADAP contracts directly with agencies and is administered by the California Department of Public Health, Office of AIDS.

LOS ANGELES COUNTY COMMISSION ON HIV

CORE SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
Early Intervention Services (PH Clinics) *Service Category: Early Intervention Services*	EIS is a combination of services rather than a stand-alone service and must include: • Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV • Referral services to improve HIV care and treatment services at key points of entry • Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse care. • Outreach services and Health Education/Risk Reduction related to HIV diagnosis	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 5/2/2017**
Home-Based Case Management *Service Category: Home and Community-Based Health Services*	Provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include: • Appropriate mental health, developmental, and rehabilitation services • Day treatment or other partial hospitalization services • Durable medical equipment • Home health aide services and personal care services in the home	**Upcoming DHSP solicitation. Consider scheduling review in 2027.** Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 9/92022**
Service Category: Hospice Services	End-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are: • Mental health counseling • Nursing care • Palliative therapeutics • Physician services • Room and board	**Last approved by COH: 5/2/2017**
Medical Care Coordination (MCC) *Service Category: Medical Case Management, including Treatment Adherence Services*	Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes specialty care providers. Medical Case Management includes all types of case management encounters	Currently funded for RW PY36 (3/1/2026-2/28/27). **MCC:** Last approved by the COH on 1/11/2024

CORE SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
	(e.g. face-to-face, phone contact, and any other forms of communication). Key activities include: • Initial assessment of service needs • Development of a comprehensive, individualized care plan • Timely and coordinated access to medically appropriate levels of health and support services and continuity of care • Continuous client monitoring to assess the efficacy of the care plan • Re-evaluation of the care plan at least every 6 months with adaptations as necessary • Ongoing assessment of the client's and other key family members' needs and personal support systems • Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments • Client-specific advocacy and/or review of utilization of services May also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible.	**Treatment Education Services**: Last approved by the COH on 5/2/2017
Medical Nutrition Therapy *Service Category: Medical Nutrition Therapy*	Includes: • Nutrition assessment and screening • Dietary/nutritional evaluation • Food and/or nutritional supplements per medical provider's recommendation • Nutrition education and/or counseling These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.	**Last approved by COH: 5/2/2017**
Mental Health Services *Service Category: Mental Health Services*	Provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a	**Upcoming DHSP solicitation. Consider scheduling review in 2027.**

CORE SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
	mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 5/2/5017.**
Oral Health Services *Service Category: Oral Health Care*	Activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.	**Upcoming DHSP solicitation. Review scheduled for October 2026.** Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 4/13/2023**
Ambulatory Outpatient Medical (AOM) services *Service Category: Outpatient/Ambulatory Health Services*	Provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits. Allowable activities include: • Medical history taking • Physical examination • Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing • Treatment and management of physical and behavioral health conditions • Behavioral risk assessment, subsequent counseling, and referral • Preventative care and screening • Pediatric developmental assessment • Prescription and management of medication therapy • Treatment adherence • Education and counseling on health and prevention issues • Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology.	**Last approved by COH: 2/13/2025**
Service Category: Substance Abuse Outpatient Care	Provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:	**Last approved by COH: 1/13/2022**

CORE SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**

	• Screening
	• Assessment
	• Diagnosis and/or
	• Treatment of substance use disorder, including:
	  o Pretreatment/recovery readiness programs
	  o Life-saving overdose prevention and response services or supplies such as opioid reversal supplies, substance test kits, and overdose reversal and training services
	  o Behavioral health counseling associated with substance use disorder
	  o Medication assisted therapy
	  o Neuro-psychiatric pharmaceuticals
	  o Relapsed prevention	

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
Child Care Services *Service Category: Child Care Services*	Intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.	**Last approved by COH: 7/8/2021**
Emergency Rental Assistance *Service Category: Emergency Financial Assistance*	Limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by ADAP, or another HRSA RWHAP-allowable cost needed to improve health outcomes. EFA must occur as direct payment to an agency or through a voucher program.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 2/13/2025** **Updates from DHSP:** Program currently only provides rental assistance. Clients must be facing eviction to qualify, the limit is $5,000 per year, per client, and applications are through Benefits Specialists.

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
Nutrition Support Services *Service Category: Food bank/Home Delivered meals*	Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: Personal hygiene products; Household cleaning supplies; Water filtration/purification systems in communities where issues of water safety exist.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 8/10/2023**
Service Category: Health Education/Risk Reduction	Provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.	**Last approved by COH: 4/10/2025**
Housing Services: Residential Care Facility for Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF) *Service Category: Housing*	Provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy service on behalf of the eligible client, as well as fees associated with these activities.	Currently funded for RW PY36 (3/1/2026-2/28/27) with RW Part B funds. **Last approved by COH: 4/10/2025**
Legal Services **Permanency Planning** *Service Category: Other Professional Services, Legal Services*	Provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include: Legal services provide to and/or on behalf of the HRSA RWHAP=eligible PLWH and involving legal matters related to or arising from their HIV disease, including: • Assistance with public benefits such as Social Security Disability Insurance (SSDI) • Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP • Preparation of: o Healthcare power of attorney	**Upcoming DHSP solicitation. Consider scheduling review in November 2026.** Currently funded for RW PY36 (3/1/2026-2/28/27) with RW Part B funds. **Last approved by COH: 7/12/2018**

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
	o Durable powers of attorney o Living wills Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including: • Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney • Preparation for custody, or adoption Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.	
Language Services *Service Category: Linguistic Services*	Include interpretation and translation activities, both oral and written to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWAHP-eligible services.	**Last approved by COH: 5/2/2017**
Medical Transportation *Service Category: Medical Transportation*	Provision of nonemergency transportation that enable an eligible client to access or be retained in core medical and support services.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 2/13/2025**
Benefits Specialty Services (BSS) **Patient Support Services (PSS)** **Transitional Case Management (TCM): Justice-Involved Individuals, Youth, and Older Adults 50+** *Service Category: Non-Medical Case Management*	Provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. Non-Medical Case Management (NMCM) provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public, private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone	**BSS**: Currently funded for RW PY36 (3/1/2026-2/28/27). Last approved by COH 9/8/2022. **PSS:** Currently funded for RW PY36 (3/1/2026-2/28/27). Last approved by COH 12/11/2025 **TCM Justice-Involved, Youth, and Older Adults 50+:** Last approved by COH 10/9/2022

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
	contact, and many other forms of communication. Key activities include: Initial assessment of service needs; Development of a comprehensive, individualized care plan; Timely and coordinated access to medically appropriate levels of health and support services and continuity of care; client-specific advocacy and/or review of utilization services; continuous client monitoring to assess the efficacy of the care plan; Re-evaluation of the care plan at least every 6 months with adaptations as necessary; Ongoing assessment of the client's and other key family members' needs and personal support systems.	
Linkage and Reengagement Program *Service Category: Outreach Services*	Provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.	Currently funded for RW PY36 (3/1/2026-2/28/27). **Last approved by COH: 5/2/2017**
Psychosocial Support Services *Service Category: Psychosocial Support Services*	Provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services category may include: • Bereavement counseling • Caregiver/respite support (HRSA RWHAP Part D) • Child abuse and neglect counseling • HIV support groups • Nutrition counseling provided by a non-registered dietitian • Pastoral care/counseling services	**Last approved by COH: 9/10/2020**
Referral Services *Service Category: Referral for Health Care and Support Services*	Directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans.	**Last approved by COH: 5/2/2017**
Substance Use Disorder Transitional Housing	Activities provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:	Currently funded for RW PY36 (3/1/2026-2/28/27) with RW Part B funds.

SUPPORT SERVICES		
Service and Service Category	**HRSA PCN 16-02 Service Description**	**Notes**
Service Category: Substance Abuse Services (residential)	• Pretreatment/recovery readiness programs • Behavioral health counseling associated with substance use disorder • Medication assisted therapy • Neuro-psychiatric pharmaceuticals • Relapse prevention • Detoxification, if offered in a separate licensed residential setting	**Last approved by COH: 1/13/2022**

JOIN US FOR THE

2026 Data Summit

Data to Decisions: Preparing for Ryan White Planning

Friday, October 30, 2026	9:00AM - 3:00PM	510 S Vermont Ave Los Angeles CA 90020	Food & raffles	RSVP Required

Join us for a full day of learning and capacity-building designed to help members and community partners better understand how data is used in Ryan White planning and priority setting and resource allocation.



COME DRESSED WITH YOUR HALLOWEEN SPIRIT!

There will be food, raffles, and prizes for those who are dressed in their Halloween best!

RSVP REQUIRED

Scan QR code or click: https://forms.cloud.microsoft/g/8bU7xCjiHy

WHAT TO EXPECT

- Data 101 & Epidemiology 101
- Data sources used in PSRA
- Ryan White Funding 101
- Understanding Utilization & Expenditure Data
- Community Voice & Lived Experience as Data
- Interactive PSRA exercises & group discussion

WHO SHOULD ATTEND?



Open to Commission members, committee-only members, community partners, providers and the public.

Come learn, ask questions, and build confidence in using data to inform Ryan White planning and decisions.

LOS ANGELES COUNTY COMMISSION ON HIV

COUNTY OF LOS ANGELES Public Health Division of HIV and STD Programs



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

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





Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

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

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

