

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL



PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE MEETING

Tuesday, April 21, 2026

1:30 pm - 3:30 pm (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/planning-priorities-and-allocations-committee/>

REGISTER HERE TO JOIN VIRTUALLY

<https://lacountyboardofsupervisors.webex.com/weblink/register/ra4e02a599efb55d001f32585fabd5ff9>

NOTICE OF TELECONFERENCING SITES

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

PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to address the Commission on an agenda item or other matter within the Commission's subject matter jurisdiction. Comments may be provided in person or submitted electronically to hivcomm@lachiv.org. Please include your name, the related agenda item, and whether you would like your comment stated during the meeting.

ACCOMMODATIONS

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

Visit us online: <http://hiv.lacounty.gov>

Get in touch: hivcomm@lachiv.org

Subscribe to the Commission's Email List: <https://tinyurl.com/y83ynuzt>



LOS ANGELES COUNTY
COMMISSION ON HIV





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

AGENDA FOR THE REGULAR MEETING OF THE PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE

TUESDAY, APRIL 21, 2026 | 1:30 PM—3:30 PM

510 S. Vermont Ave
Terrace Level Conference Room, Los Angeles, CA 90020
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://lacountyboardofsupervisors.webex.com/weblink/register/ra4e02a599e
fb55d001f32585fabd5ff9](https://lacountyboardofsupervisors.webex.com/weblink/register/ra4e02a599e fb55d001f32585fabd5ff9)

COMMITTEE CO-CHAIRS: Pending

AGENDA POSTED: April 16, 2026

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. Public Comment is limited to two minutes each and will be made part of the official record. Public Comment may be provided in person during the meeting in accordance with the meeting procedures or may be submitted electronically at hivcomm@lachiv.org.

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

1:30 PM—1:35 PM

- | | | |
|----|--|-----------------|
| B. | Code of Conduct and Meetings Guidelines/Reminders | 1:35 PM—1:40 PM |
| C. | Approval of the Agenda MOTION #1 | 1:40 PM—1:42 PM |
| D. | Approval of Prior Meeting Minutes MOTION #2 | 1:42 PM—1:45 PM |
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2. **PUBLIC COMMENT** 1:45 PM—1:50 PM
 Opportunity for members of the public to address the Commission on agenda items or other matters within the subject matter jurisdiction of the Commission. For those who wish to provide public comment may do so in person or by emailing hivcomm@lachiv.org.

 3. **COMMITTEE NEW BUSINESS ITEMS** 1:50 PM—1:53 PM
 Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

 4. **REPORTS**

A.	Commission on HIV (COH) Staff Report	1:53 PM—1:58 PM
	i. Welcome and Introductions	
B.	Co-Chair Report	1:58 PM—2:03 PM
	i. Co-Chair Nominations	
C.	Division of HIV and STD Programs (DHSP)	2:03 PM—2:08 PM
	i. Welcome and Introductions	
D.	California Department of Public Health, Office of AIDS (OA)	2:08 PM—2:18 PM
	i. 2027-2031 Integrated HIV Plan Feedback	

 5. **COMMITTEE ORIENTATION** 2:18 PM—3:03 PM
Overview of the role and responsibilities of the Planning, Priorities, and Allocations (PP&A) Committee.

 6. **DISCUSSION** 3:03 PM—3:23 PM

A.	2026 PP&A Workplan and Meeting Calendar	
	MOTION #3 – Approve the Planning, Priorities, and Allocations Committee 2026 workplan, as presented or revised.	
B.	Committee Co-Chair Elections	
	MOTION #4 – Approve the committee co-chair(s) as elected.	

 7. **NEXT STEPS** 3:23 PM—3:25 PM

A.	Task/Assignment Recap	
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B. Agenda Development for the Next Meeting

8. **ANNOUNCEMENTS**

3:25 PM—3:30 PM

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

9. **ADJOURNMENT**

3:30PM

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 Planning, Priorities, and Allocations Committee 2026 workplan, as presented or revised.
MOTION #4:	Approve the committee co-chair(s) as elected.

PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE MEMBERSHIP		
Al	Ballesteros, MBA	Board of Supervisors Office #1 Representative
Jeronimo	Barajas	Unaffiliated Representative - SPA 4
LeRoy	Blea	Ryan White Part B Administrator (CDPH Office of AIDS) *Non-Voting
Jasmine	Brown, MSW	Ryan White Part C Recipients
Robert	Contreras, MBA	Other Federally Funded HIV Programs
Raniyah	Copeland, MPH	Non-Elected Community Leaders
Robert	Gamboa	Committee-Only Member
Felipe	Gonzalez	Unaffiliated Representative - SPA 3
Darryn	Harris	Board of Supervisors Office #2 Representative
Stephanie	Johnson	Committee-Only Member
Rob	Lester	Committee-Only Member
Miguel	Martinez	Committee-Only Member
Jack	Miller	Unaffiliated Representative - At Large #3
Paul	Nash, CPsychol AFBPsS, FHEA	HIV Academic/Scientist Representative
Katja	Nelson, MPP	Board of Supervisors Office #3 Representative
Shawn	Pleasants	Unaffiliated Representative - SPA 2
Glen	San Agustin	Committee-Only Member
Maria	Skelton	Committee-Only Member
LaShonda	Spencer	Committee-Only Member
Leo	Vasquez Alvarez	Committee-Only Member
Quorum = 11		



HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS

(Updated 7.15.24)

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

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

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

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

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

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

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

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



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.)



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 4/16/26

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

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

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

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

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

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
NWIZU	Ujuonu	Public Health Alliance	No Ryan White or prevention contracts
CERDA OROZCO	David	No affiliation	No Ryan White or prevention contracts
PACHECO	Elizabeth	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			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	Daniel	LAC Consumer & Business Affairs	No Ryan White or prevention contracts

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

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



COMMISSION & COMMITTEE CO-CHAIRS DUTY STATEMENT

Revised 4/14/26

Co-Chairs provide leadership, direction, and support for the work of the Los Angeles County Commission on HIV and its standing committees. Co-Chairs facilitate meetings, guide planning efforts, support collaboration, and ensure work is carried out effectively and in alignment with the Commission's mission.

1. Leadership and Oversight

Co-Chairs are responsible for providing leadership and guidance to the Commission or assigned committee.

- Facilitate and guide Commission or committee work
- Support planning, coordination, and execution of priorities
- Work collaboratively with members and staff
- Ensure continuity of work between meetings
- Support consensus-building and decision-making
- Commission Co-Chairs: Serve as Co-Chairs of the Executive Committee and provide overall leadership

2. Meeting Facilitation

Co-Chairs serve as facilitators and help ensure meetings are effective, organized, and inclusive.

- Preside over meetings in a fair and organized manner
- Ensure adherence to Brown Act, Robert's Rules, and policies
- Guide discussion and ensure all voices are heard
- Maintain meeting flow and manage conflict respectfully

3. Representation and Communication

Co-Chairs help represent the Commission and support clear communication.

Commission Co-Chairs:

- Serve as spokespersons in coordination with staff
- Represent Commission decisions
- Represent Commission on CDPH Office of AIDS Community Planning Group
- Attend conferences such as the National Ryan White Conference as appropriate



All Co-Chairs:

- Support communication between committees and Commission
- Ensure alignment across bodies

4. Collaboration with Staff

Co-Chairs work in partnership with Commission staff to support effective operations.

- Coordinate on agendas and materials
- Participate in preparation meetings
- Support implementation of actions

5. Commitment and Participation

Co-Chairs are expected to demonstrate a high level of commitment and engagement.

- Attend Commission, committee, and relevant meetings
- Devote time beyond meetings for leadership duties
- Maintain good standing

6. Leadership Conduct and Accountability

Co-Chairs are expected to model leadership and accountability.

- Act in best interest of Commission and community
- Set aside personal interests
- Maintain neutrality when facilitating
- Foster inclusive and respectful environment

7. Knowledge and Skill Development

Co-Chairs are expected to maintain and build knowledge relevant to their role.

- Understand Commission roles and planning processes
- Understand HIV systems and impacted communities
- Understand Ryan White Program and policies

8. Leadership Readiness and Growth

Co-Chairs are expected to engage in ongoing development and growth.

- Reflect on leadership capacity
- Seek training and mentorship
- Support development of others



9. Equity, Reflectiveness, and Inclusion

Co-Chairs are expected to uphold the Commission's commitment to equity.

- Promote reflectiveness and inclusion
- Encourage diverse perspectives
- Lead with cultural humility

COMMITMENT TO THE ROLE

Co-Chairs must be willing and able to:

- Dedicate time and effort
- Work collaboratively
- Lead with integrity

TERM OF SERVICE

- Commission Co-Chairs: 2-year staggered terms
- Committee Co-Chairs: 2-year staggered term



Policy #08.1104

Co-Chair Elections & Terms

Revised 4/14/26

Purpose

This policy outlines the process, eligibility, and structure for electing Commission and Committee Co-Chairs. Co-Chairs provide leadership, support effective meeting facilitation, and help guide the Commission's planning and community engagement work.

For more detail on roles and responsibilities, please refer to the Commission & Committee Co-Chairs Duty Statement.

Definitions

Good Standing

A member who meets attendance requirements, follows the Code of Conduct, and actively participates in Commission or committee work.

Reflectiveness

Leadership that reflects the demographics and lived experiences of communities most impacted by HIV.

Committee-Only Member

An individual approved by the Commission to serve on a committee but not appointed as a full Commission member.

Structure

1. The Commission elects two (2) Co-Chairs.
2. Each standing committee elects two (2) Co-Chairs.
3. The Commission Co-Chairs also serve as Co-Chairs of the Executive Committee.

Terms of Office

1. Commission Co-Chairs serve staggered two-year terms.
2. Committee Co-Chairs also serve staggered two-year terms aligned with Commission leadership.
3. Terms may be extended due to lack of quorum, insufficient candidates, or delayed elections.



Eligibility

Commission Co-Chairs:

1. Must be a full Commission member
2. Must be in good standing
3. At least one must be a person with lived experience (PWH)
4. At least one must be a person of color
5. Strong consideration must be given to representation of women, including those who identify as female, in support of gender diversity in leadership

Committee Co-Chairs:

1. At least one Co-Chair must be a full Commission member
2. Second Co-Chair may be a full member or committee-only member
3. Strong consideration must be given to members with lived experience (PWH)
4. Strong consideration must be given to representation of women, including those who identify as female, in support of gender diversity in leadership.
5. Must be assigned to the committee
6. Must be in good standing
7. Must be actively engaged in committee work

Nominations

- Nominations open at a regular meeting prior to election
- Nominations remain open until the election takes place
- Members may nominate themselves or others
- Nominations may be submitted during meetings or through staff
- All nominees must provide a brief written or verbal statement prior to election

Election Process

- Co-Chairs are elected by majority vote
- Voting occurs in rounds if multiple candidates are present
- Lowest vote-getter is removed each round until a majority is reached
- If no majority is reached, nominations remain open
- If no candidates, current Co-Chairs may continue



Roles & Responsibility

- Facilitate meetings
- Represent the Commission or committee
- Provide leadership and oversight
- Support planning and coordination
- Commission Co-Chairs lead the Executive Committee

Leadership Readiness & Capacity

The Commission is committed to supporting members in stepping into leadership roles with clarity, confidence, and support.

To support this, members considering a Co-Chair role are encouraged to reflect on their readiness and capacity across the following areas:

- ✓ Understanding of Co-Chair duties and expectations
- ✓ Knowledge of the Commission's role, responsibilities, and key partners
- ✓ Vision for leadership and contributions to the Commission's work
- ✓ Ability to consistently attend and actively participate in meetings
- ✓ Time availability to meet leadership responsibilities, including meetings outside of regular Commission and committee meetings
- ✓ Communication and facilitation skills, including comfort with public speaking
- ✓ Ability to navigate and support conflict resolution in a constructive manner
- ✓ Ability to work collaboratively and support consensus-building
- ✓ Access to necessary technology (e.g., phone, computer, internet)
- ✓ Basic technical skills (e.g., email, virtual meetings, document review)
- ✓ Commitment to equity, inclusion, and reflectiveness
- ✓ Willingness to grow through training, mentorship, and ongoing development

This reflection is not used to determine eligibility, but rather to support members in assessing their readiness and identifying areas for growth. Commission staff are available to support members in preparing for leadership roles.

Disclosure: This policy was updated by the Interim Executive Director to align with the revised Bylaws and the Commission's new structure, while maintaining the core elements of the prior policy. The revisions were made to ensure consistency with the revised Bylaws and applicable HRSA, County, and Commission requirements. Under normal circumstances, a policy such as this would be routed through the Commission approval process. However, given the transition to a new membership and the need to finalize this policy in a timely manner, these updates were made to support immediate implementation.

APPROVED BY: *Dawn P. McClendon*

Dawn P. Mc Clendon, Interim Executive Director

DATED: 4/14/26



Co-Chair Elections & Terms FAQ

*A quick guide to Policy #08.1104, to help you understand the role, expectations,
& nomination process.*

Who can run for Co-Chair?

Commission Co-Chair

- Must be a full Commission member
- Must be in good standing
- At least one Co-Chair must be a person with lived experience (PWH)
- At least one Co-Chair must be a person of color
- Strong consideration must be given to representation of women, including those who identify as female

Committee Co-Chair

- At least one Co-Chair must be a full Commission member
- Second Co-Chair may be a full member or committee-only member
- Must be assigned to the committee
- Must be in good standing
- Must be actively engaged in committee work
- Strong consideration must be given to members with lived experience (PWH)
Strong consideration must be given to representation of women, including those who identify as female

What does “good standing” mean?

- Attending meetings consistently
- Participating in your assigned committee
- Following the Code of Conduct and Commission expectations

How do nominations work?

- Nominations open at a meeting prior to the election
- Nominations remain open until the election takes place
- Members may nominate themselves or others
- Nominations may be submitted during meetings or through staff

Do nominees need to provide a statement?

Yes. All nominees must provide a brief written or verbal statement prior to election.

Do I need to be present to be nominated?

No. You can be nominated even if you are not present, as long as your nomination is submitted before nominations close.

How are Co-Chairs elected?

- Co-Chairs are elected by majority vote
- Voting occurs in rounds if multiple candidates are present
- The lowest vote-getter is removed each round until a majority is reached
- If no majority is reached, nominations remain open and elections continue

How long is the term?

- Commission Co-Chairs: 2 years (staggered)
- Committee Co-Chairs: 2 years (staggered)

What does the role involve?

- Facilitating meetings
- Representing the Commission or committee
- Providing leadership and oversight
- Supporting planning and coordination
- Commission Co-Chairs lead the Executive Committee

What is the time commitment?

The Co-Chair role requires additional time beyond regular meetings, including preparation, coordination, and leadership responsibilities.

How do I know if I'm ready?

- Understanding of Co-Chair duties and expectations
- Knowledge of the Commission's role and responsibilities
- Ability to attend and actively participate in meetings
- Time availability for leadership responsibilities
- Communication and facilitation skills
- Ability to work collaboratively



- Access to necessary technology
- Willingness to grow through training and mentorship

This reflection is not used to determine eligibility.

What if I'm interested but not sure?

Commission staff are available to support members in preparing for leadership roles.

When do nominations close?

Nominations close when the election takes place at the meeting.

Who can I contact with questions?

Please contact Commission staff for support, questions, or help with the nomination process.



LOS ANGELES COUNTY
COMMISSION ON HIV



Planning, Priorities, and Allocations Committee Committee Orientation



April 21, 2026

Learning Objectives

- Learn about the Ryan White Program
- Learn about the purpose of the Commission on HIV its Bylaws and structure
- Learn about the Planning, Priorities, & Allocations Committee's responsibilities, core activities, attendance requirements, and meeting frequency
- Learn about the responsibilities of Commission support staff



Ryan White Program Overview

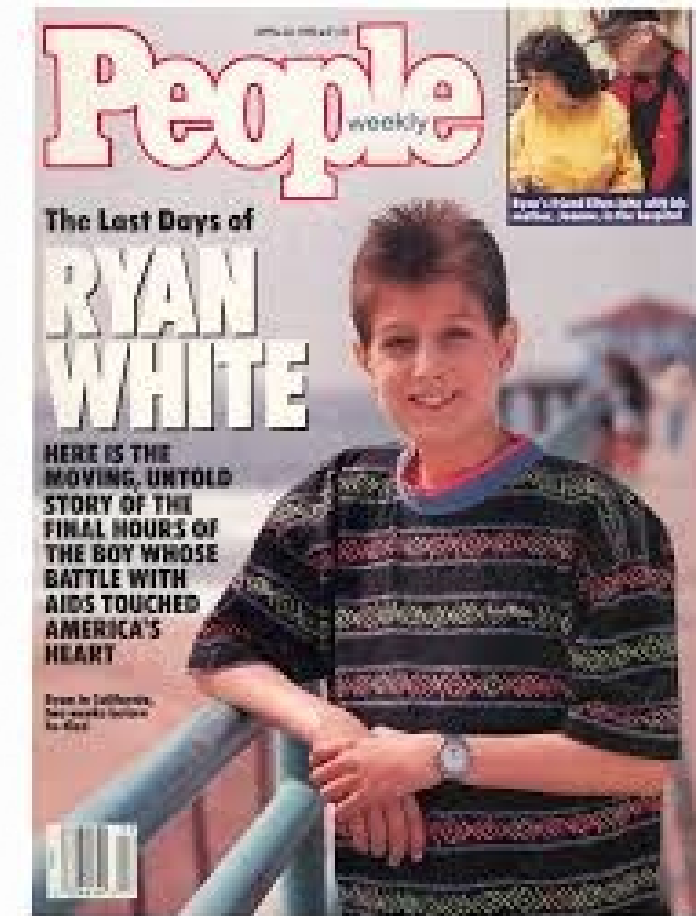


LOS ANGELES COUNTY
COMMISSION ON HIV

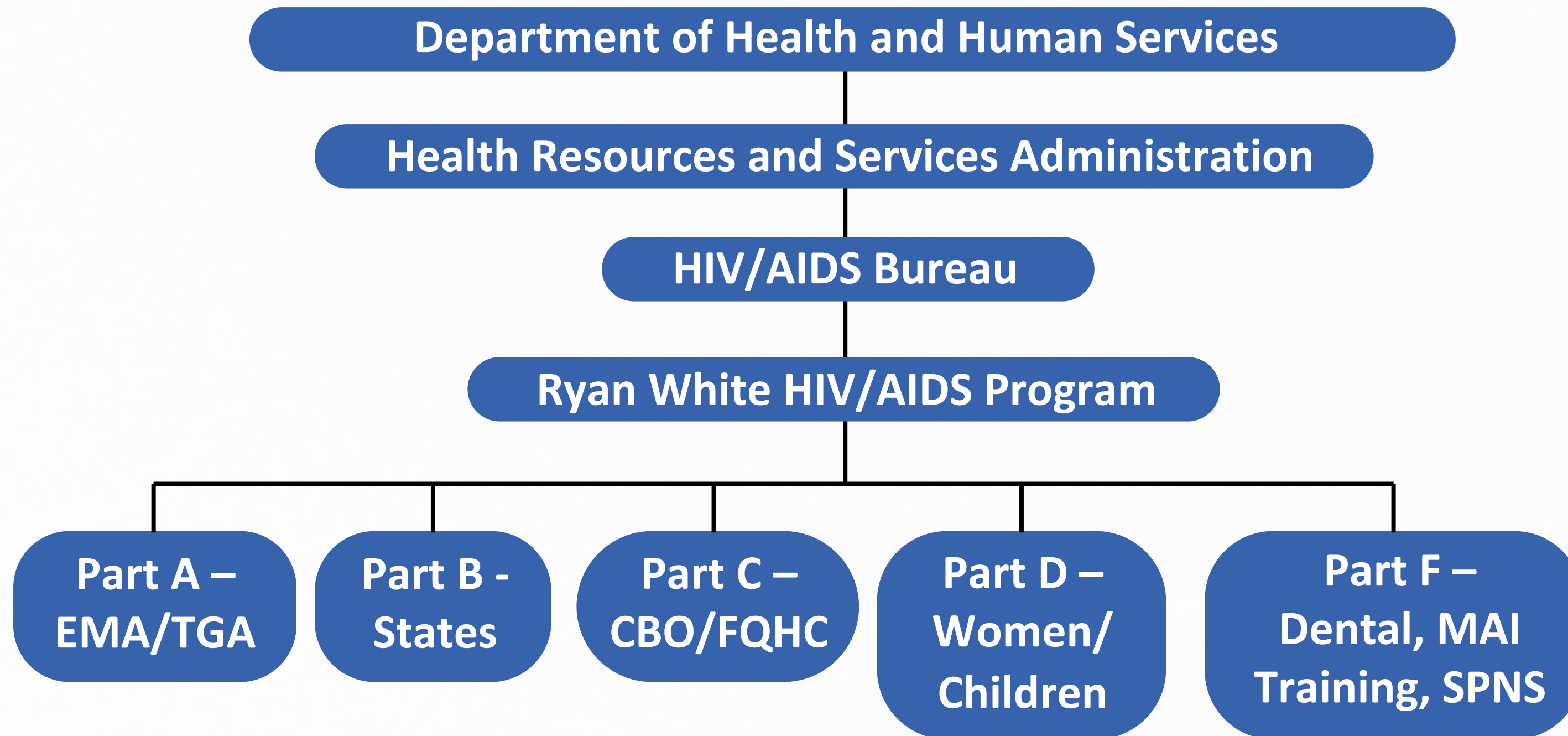


Ryan White CARE Act Overview

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



Ryan White HIV/AIDS Program



Key Acronyms

HRSA: Health Resources and Services Administration

RWHAP: Ryan White HIV/AIDS Program



LOS ANGELES COUNTY
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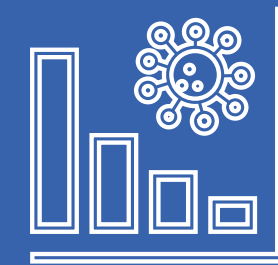
Why is RWHAP Important?

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

2024 RWHAP Annual Report Data



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



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

Viral suppression affords optimal health outcomes – significant public health benefit



LOS ANGELES COUNTY
COMMISSION ON HIV



Planning Council (Commission on HIV) Overview



LOS ANGELES COUNTY
COMMISSION ON HIV



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

COH = Planning Council

Who We Are

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

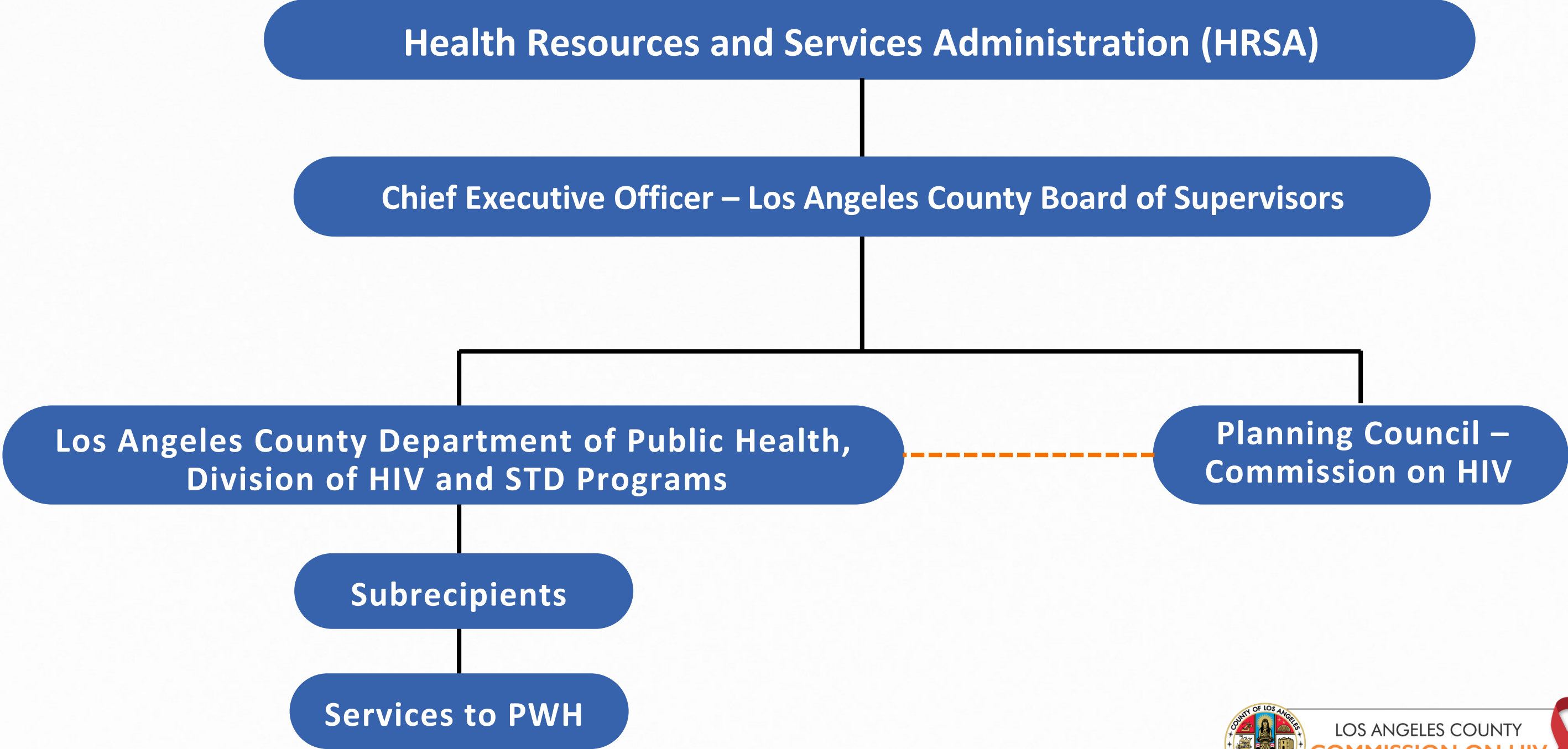


LOS ANGELES COUNTY
COMMISSION ON HIV



Authority and Governance

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



Established by LA County Ordinance 3.29 & is governed by Bylaws

Ordinance: Commission creation & legal foundation

Bylaws: outlines internal structure, operations, and procedures

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

What We Do

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

Roles and Responsibilities

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

Membership Structure

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

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



Member Requirements

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

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

Commissioners (aka full members) may have additional requirements



Committee members should know their conflicts and self-monitor

Conflict of Interest

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

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

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



Stipends & Reimbursement

Unaffiliated member:

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

Stipends are not wages, salary, or compensation

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

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

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

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

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



Commission on HIV Structure

Flow of Decision-Making Process



Executive Committee

Committees + Subordinate Working Units



Planning, Priorities, & Allocations Committee Overview



LOS ANGELES COUNTY
COMMISSION ON HIV



Committee Overview

The PP&A Committee serves as the Commission's primary decision-making body for:

Needs
Assessments

Integrated
Plan
Oversight &
Monitoring

Priority
Setting &
Resource
Allocation

RWHAP
Fiscal
Monitoring

Ensures that Commission decisions are **data-informed**, **responsive to need**, aligned with the continuum of services, and coordinated with DHSP and other partners to reduce gaps, avoid duplication, and **strengthen outcomes** across HIV prevention and care

Priority Setting
and Resource
Allocation (PSRA)
is the **single most
important
legislative
responsibility** of a
planning council



Committee Key Activities

Needs Assessment

- Process of **collecting information** about the needs of PWH
- Identify current **resources available** to meet identified needs
- Identify **unmet needs and gaps** in services

Priority Setting & Resource Allocation

- Determine what **services are most needed** by PWH
- **Decide how much funds** should be used for each service category
- Data-informed decisions
- **Conflict of Interest must be disclosed** and managed

Integrated HIV Plan

- **Blueprint for HIV service coordination** along the HIV prevention and care continuum
- **Identifies goals & strategies** to end the HIV epidemic
- Completed every 5 years



Needs Assessments

- **Epidemiologic Profile** - # and characteristics of PWH in EMA
- **Resource Inventory** - list of HIV providers with location and services provided
- Profile of provider capacity and capability - info on the **capacity of providers to meet needs of PWH** (which services are available, accessible, and appropriate to PWH and to specific sub-populations)
- **Estimate of Unmet Need** - # of PWH who are aware of their status but not engaged in care
- Estimate of **PWH Who are Unaware** of their status

Assessment of Service Needs and Barriers - info about service needs of PWH and barriers to getting services (info gather from surveys, focus groups, townhalls, etc.)



Priority Setting

Priority Setting - process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all PLWH in the EMA

Engagement + Retention in Care = Viral Suppression

Priorities should not be influenced by availability of funding or by who provides the funding for these services

Decisions are made based on data, not anecdotal information or “impassioned pleas”

Decisions on priorities should not consider sources or amounts of funding for these services

Members with a conflict of interest must recuse themselves from discussions and voting



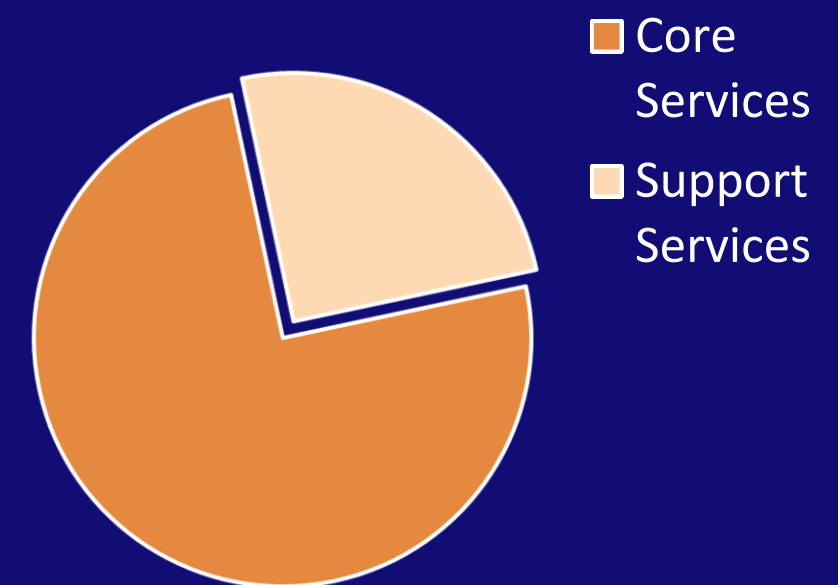
Resource Allocation

Resource Allocation - process of deciding how much RWHAP Part A funding to provide for each prioritized service category

- Must use a fair, data-based process that manages conflict of interest
- Recipient provides data & advice, but the **planning council is the decision maker**
- Funds may be allocated only to service categories that are legislatively approved for funding
 - **Core medical services** are essential for the diagnosis, treatment, and management of HIV
 - **Support services** help clients achieve medical outcomes by addressing social, financial, and logistical barriers to care

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

At least **75% of funds must be allocated to core services**, unless a waiver from HRSA is obtained



Resource Allocation

- Should consider:
 - **Utilization:** # & characteristics of clients in each service category
 - Needs assessment data on **service needs and gaps**
 - **Expenditures** and cost per client for each service category
 - Funds provided through **other funding streams**
 - Plans for bringing additional PLWH into care
- **Some highly ranked service categories may receive little or no funding**
- Allocations are included in the annual RWHAP Part A funding application
- Allocation amounts are shared with the recipient and are used to distribute the funds in contracting for services

Reminder: The Ryan White Program is the “Payor of Last Resort”

Ryan White resources will not be able to meet all identified needs

There is not enough funding to support every category

Ryan White Program Service Categories

Core Medical Services

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

Supportive Services

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



Program Year 36 Priorities & Allocations

Los Angeles County Commission on HIV
Program Year 36 (PY36) Reallocations - Part A

Service Category	Service Ranking	Approved PY 35 Allocations ⁽¹⁾	Revised PY 36 Allocations ⁽²⁾
ADAP Treatments	9	0.00%	0.00%
Child Care Services	18	0.00%	0.00%
Early Intervention Services (Testing Services)	11	2.07%	2.07%
Emergency Financial/Rental Assistance	2	4.29%	4.29%
Health Education/Risk Reduction	13	0.00%	0.00%
Health Insurance Premium & Cost Sharing Assistance	15	0.00%	0.00%
Home and Community-Based Services (Intensive Case Management Home Based)	17	3.96%	3.96%
Home Health Care	16	0.00%	0.00%
Hospice Services	28	0.00%	0.00%
Housing:			
RCFCI	1		
TRCF (Part B)		11.75%	11.75%
Legal Services	23	2.68%	2.68%
Linguistic Services (Language Services)	27	0.00%	0.00%
Local AIDS Pharmaceutical Assistance Program	22	0.00%	0.00%
Medical Case Management (Medical Care Coordination)	6	16.05%	16.05%
Medical Nutritional Therapy	26	0.00%	0.00%
Medical Transportation	10	1.86%	1.86%
Mental Health Services	3	3.64%	3.64%
Non-medical Case Management:			
Benefits Specialty Services	5	2.96%	2.96%
Non-medical Case Management:			
Patient Support Services	5	9.60%	9.60%
Non-medical Case Management:			
Transitional Case Management-Jails	5	0.00%	0.00%
Nutrition Support:			
Food Bank	7		
Home Delivered Meals		8.27%	8.27%
Oral Health:			
General	8		
Specialty		18.16%	18.16%
Outpatient Medical Health Services (Ambulatory Outpatient Medical)	20	14.71%	14.71%
Outreach Services:			
Linkage Re-engagement Program (LRP)	14	0.00%	0.00%
Psychosocial Support Services	4	0.00%	0.00%
Referral	24	0.00%	0.00%
Rehabilitation	25	0.00%	0.00%
Respite Care	21	0.00%	0.00%
Substance Abuse Residential	19	0.00%	0.00%
Substance Abuse Services Outpatient	12	0.00%	0.00%
Total		100.00%	100.00%

Los Angeles County Commission on HIV
Program Year 36 (PY36) Reallocations - Minority AIDS Initiative (MAI)

Service Category	Service Ranking	Approved PY 35 Allocations ⁽¹⁾	Revised PY 36 Allocations ⁽²⁾
ADAP Treatments	9	0.00%	0.00%
Child Care Services	18	0.00%	0.00%
Early Intervention Services (Testing Services)	11	0.00%	0.00%
Emergency Financial Assistance	2	0.00%	0.00%
Health Education/Risk Reduction	13	0.00%	0.00%
Health Insurance Premium & Cost Sharing Assistance	15	0.00%	0.00%
Home and Community-Based Services (Intensive Case Management Home Based)	17	0.00%	0.00%
Home Health Care	16	0.00%	0.00%
Hospice Services	28	0.00%	0.00%
Housing:			
Transitional (Rampart Mint)	1	100.00%	100.00%
Legal Services	23	0.00%	0.00%
Linguistic Services (Language Services)	27	0.00%	0.00%
Local AIDS Pharmaceutical Assistance Program	22	0.00%	0.00%
Medical Case Management (Medical Care Coordination)	6	0.00%	0.00%
Medical Nutritional Therapy	26	0.00%	0.00%
Medical Transportation	10	0.00%	0.00%
Mental Health Services	3	0.00%	0.00%
Non-medical Case Management:			
Benefits Specialty Services	5	0.00%	0.00%
Non-medical Case Management:			
Patient Support Services	5	0.00%	0.00%
Non-medical Case Management:			
Transitional Case Management-Jails	5	0.00%	0.00%
Nutrition Support:			
Food Bank	7		
Home Delivered Meals		0.00%	0.00%
Oral Health:			
General	8		
Specialty		0.00%	0.00%
Outpatient Medical Health Services (Ambulatory Outpatient Medical)	20	0.00%	0.00%
Outreach Services:			
Linkage Re-engagement Program (LRP)	14	0.00%	0.00%
Psychosocial Support Services	4	0.00%	0.00%
Referral	24	0.00%	0.00%
Rehabilitation	25	0.00%	0.00%
Respite Care	21	0.00%	0.00%
Substance Abuse Residential	19	0.00%	0.00%
Substance Abuse Services Outpatient	12	0.00%	0.00%
Total		100.00%	100.00%



Reallocation

Reallocation - process of moving funds from a prioritized service category following initial allocation

- Can be done at **any point** throughout the program year
- Recipient **cannot move funds** across service categories without prior **planning council approval**
 - Recipient can **make adjustments of up to 10%**
 - Recipient can, however, move funds from underspent providers to those in the *same service category* who are spending at a higher level
- Needed when some service categories are underspent and others have greater demand
- Requires **regular monitoring of expenditures**

Goal = **Spend total grant award** within the current program year

Allows the EMA to compete for supplemental funds in the next application cycle



Directives

Led by the
Standards and Best
Practices
Committee in
collaboration with
the PP&A
Committee

Directives - are the planning council's guidance to the recipient on how best to meet the service priorities and based on identified needs

- May include guidance on **services models** to use, increasing **access to care**, or targeting **specific populations** or **service areas**
- Should **consider the purpose** of the directive, what service categories should be targeted, how a directive may affect service costs and potential cost implications
- Should be **specific** and the planning council should receive **regular updates on progress** of the directive from the recipient



Integrated HIV Plan

- **Purpose:** Coordinates HIV prevention and care activities to close gaps, assessing resources, and ensuring data-driven resource allocation
- **Collaboration:** Requires collaboration between RWHAP Part A and CDC-funded prevention
- **Components:** Includes a situational analysis, identification of priority populations (e.g., Transgender persons), and specific, actionable goals to reach PWH who are out of care
- **Focus on Ending HIV:** It serves as a roadmap to align with the National HIV Strategy
- **Data-Driven:** Uses local surveillance data to inform the needs assessment, epidemiological profiles, and resource allocation
- **Community Input:** Incorporates community feedback and requires letters of concurrence from planning councils

A written plan that defines short- and long-term goals and objectives for delivering HIV services. Aligns RWHAP care resources with CDC prevention funds to reduce transmission & improve HIV health outcomes



Committee Co-Chair Roles

- Serve as “administrative officer” for committee
- Prepare for and **preside over meetings**
- Ensure **federal mandates are met**
- Encourage public and member input
- **Work closely with COH support staff & assigned recipient staff** to develop agendas for committee meetings and ensure needed information & materials are available for committee meetings
- Report committee actions and **recommendations to the Executive Committee** and full Commission
- **Keep membership informed**

Committee Co-Chairs are required to participate on the Executive Committee

Committee Meetings



Location

- > All meetings are held at the **Vermont Corridor** unless otherwise noted
- > 510 S. Vermont Ave,
Terrace Level Conference Rooms (9th Floor)
Los Angeles, CA 90020



Parking

- > Validated Parking
523 Shatto Place
Los Angeles, CA 90020
- > Must notify parking attendant/security personnel that you are attending a COH meeting
- > Metro - Vermont/Wilshire



Meeting Calendar

Meeting dates and times are subject to change

In-person attendance required

- April 21, 2026
1:30pm - 3:30pm
- June 16, 2026
1:30pm - 3:30pm
- August 18, 2026
1:30pm - 4:30pm
- Summer/Fall 2026 - TBD
Data Summit
- September 15, 2026
1:30pm - 3:30pm
- November 17, 2026
1:30pm - 3:30pm
- February 16, 2027
1:30pm - 3:30pm

Quorum is essential to conducting committee business

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



LOS ANGELES COUNTY
COMMISSION ON HIV



Attendance

All committee meetings are conducted **in person**

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

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

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

Brown Act Compliance: Virtual Attendance



Audio and video must be on at all times

For the duration of the meeting



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

Must notify staff in advance if unable to attend a meeting

Commission Website

Primary source for all COH related information

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

Meeting Information

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

Application & Member Resources

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

Commission Work & HIV Resources


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



Agenda & Meeting Packet

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

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



PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE MEETING
Tuesday, April 21, 2026
1:30 pm - 3:30 pm (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/planning-priorities-and-allocations-committee/>


REGISTER HERE TO JOIN VIRTUALLY
<https://lacountyboardofsupervisors.webex.com/weblink/register/ra4e02a599efb55d001f32585fabd5fff>

NOTICE OF TELECONFERENCING SITES
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616, Sacramento, CA 95814

PUBLIC COMMENTS
Public Comment is an opportunity for members of the public to address the Commission on an agenda item or other matter within the Commission's subject matter jurisdiction. Comments may be provided in person or submitted electronically to hivcomm@lachiv.org. Please include your name, the related agenda item, and whether you would like your comment stated during the meeting.

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

Visit us online: <http://hiv.lacounty.gov>
Get in touch: hivcomm@lachiv.org
Subscribe to the Commission's Email List: <https://tinypurl.com/y83vnuzt>



LOS ANGELES COUNTY
COMMISSION ON HIV

Commission Support Staff Role

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

Members are responsible for:

- Doing the work
- Participating fully
- Contributing the effort needed to carry out committee/COH activities

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



Staff Contact Information

Primary means of communication is by **email**

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

**For all things
PP&A
Committee:**

Lizette Martinez (she/her/hers)
Lead staff Planning, Priorities, &
Allocations Committee

 213.304.3846

 lmartinez@lachiv.org

Dawn McClendon (she/her/hers)

Interim Director & Lead staff Executive
Committee and full Commission

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 dmcclendon@lachiv.org

Jose Rangel-Garibay (he/him/his)

Lead staff Standards and Best
Practices Committee

 213.308.9987

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Sonja Wright (she/her/hers)

Lead staff Membership and Community
Engagement Committee

 213.359.6578

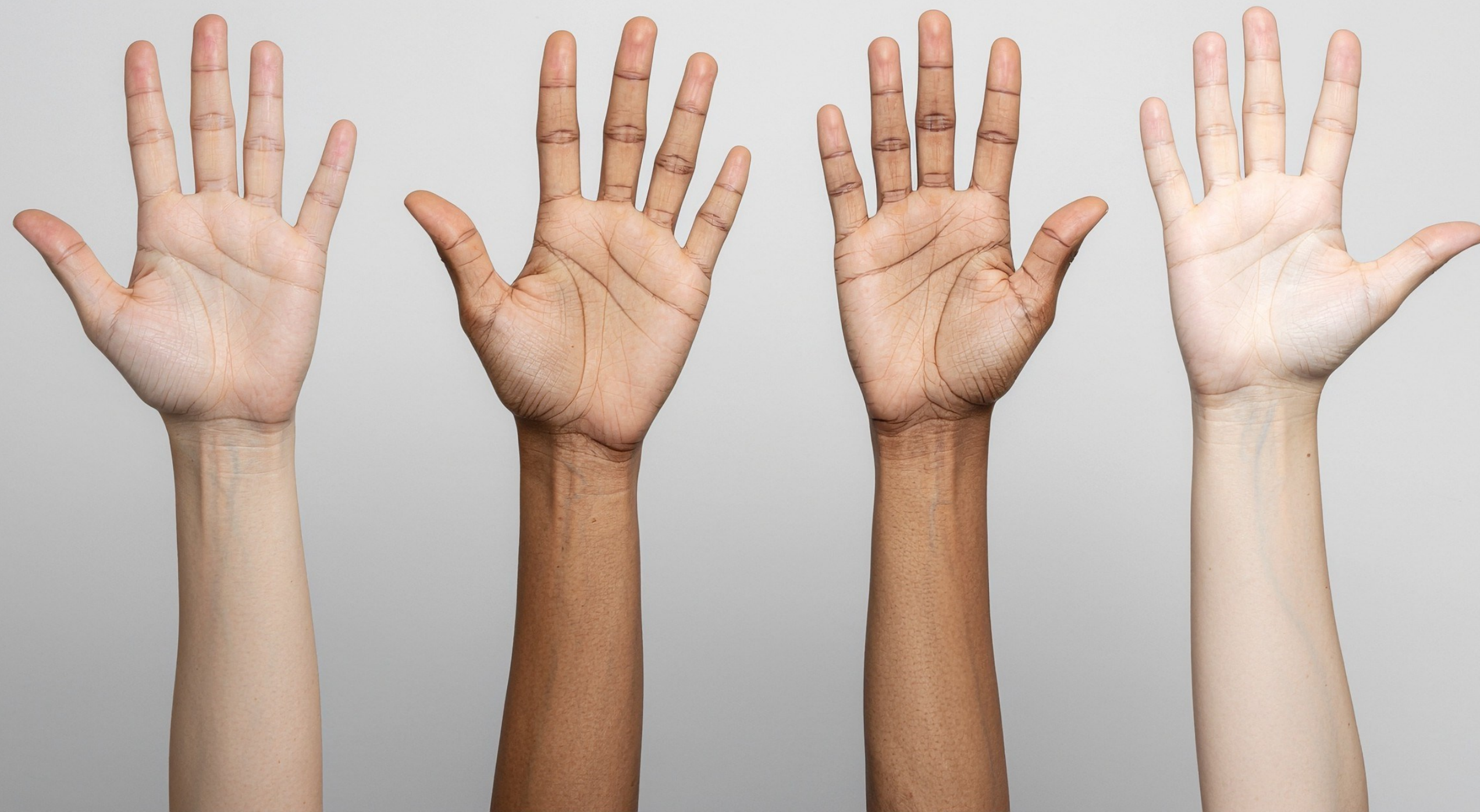
 sdwright@lachiv.org



LOS ANGELES COUNTY
COMMISSION ON HIV



Questions?



LOS ANGELES COUNTY
COMMISSION ON HIV



Los Angeles County Commission on HIV
Program Year 36 (PY36) Reallocations - Part A

Service Category	Service Ranking	Approved PY 35 Allocations ⁽¹⁾	Revised PY 36 Allocations ⁽²⁾
ADAP Treatments	9	0.00%	0.00%
Child Care Services	18	0.00%	0.00%
Early Intervention Services (Testing Services)	11	2.07%	2.07%
Emergency Financial/Rental Assistance	2	4.29%	4.29%
Health Education/Risk Reduction	13	0.00%	0.00%
Health Insurance Premium & Cost Sharing Assistance	15	0.00%	0.00%
Home and Community-Based Services (Intensive Case Management Home Based)	17	3.96%	3.96%
Home Health Care	16	0.00%	0.00%
Hospice Services	28	0.00%	0.00%
Housing:			
RCFCI	1		
TRCF (Part B)		11.75%	11.75%
Legal Services	23	2.68%	2.68%
Linguistic Services (Language Services)	27	0.00%	0.00%
Local AIDS Pharmaceutical Assistance Program	22	0.00%	0.00%
Medical Case Management (Medical Care Coordination)	6	16.05%	16.05%
Medical Nutritional Therapy	26	0.00%	0.00%
Medical Transportation	10	1.86%	1.86%
Mental Health Services	3	3.64%	3.64%
Non-medical Case Management:			
Benefits Specialty Services	5	2.96%	2.96%
Non-medical Case Management:			
Patient Support Services	5	9.60%	9.60%
Non-medical Case Management:			
Transitional Case Management-Jails	5	0.00%	0.00%
Nutrition Support:			
Food Bank	7		
Home Delivered Meals		8.27%	8.27%
Oral Health:			
General	8		
Specialty		18.16%	18.16%
Outpatient Medical Health Services (Ambulatory Outpatient Medical)	20	14.71%	14.71%
Outreach Services:			
Linkage Re-engagement Program (LRP)	14	0.00%	0.00%
Psychosocial Support Services	4	0.00%	0.00%
Referral	24	0.00%	0.00%
Rehabilitation	25	0.00%	0.00%
Respite Care	21	0.00%	0.00%
Substance Abuse Residential	19	0.00%	0.00%
Substance Abuse Services Outpatient	12	0.00%	0.00%
Total		100.00%	100.00%

1) Approved by Planning, Priorities, and Allocations Committee on 8/19/25; Approved by Exec. Committee on 8/28/25

2) Recommended by Planning, Priorities, and Allocations Committee on 9/16/25; Approved by Exec. Committee on 9/25/25

Los Angeles County Commission on HIV

Program Year 36 (PY36) Reallocations - Minority AIDS Initiative (MAI)

Service Category	Service Ranking	Approved PY 35 Allocations ⁽¹⁾	Revised PY 36 Allocations ⁽²⁾
ADAP Treatments	9	0.00%	0.00%
Child Care Services	18	0.00%	0.00%
Early Intervention Services (Testing Services)	11	0.00%	0.00%
Emergency Financial Assistance	2	0.00%	0.00%
Health Education/Risk Reduction	13	0.00%	0.00%
Health Insurance Premium & Cost Sharing Assistance	15	0.00%	0.00%
Home and Community-Based Services (Intensive Case Management Home Based)	17	0.00%	0.00%
Home Health Care	16	0.00%	0.00%
Hospice Services	28	0.00%	0.00%
Housing:			
Transitional (Rampart Mint)	1	100.00%	100.00%
Legal Services	23	0.00%	0.00%
Linguistic Services (Language Services)	27	0.00%	0.00%
Local AIDS Pharmaceutical Assistance Program	22	0.00%	0.00%
Medical Case Management (Medical Care Coordination)	6	0.00%	0.00%
Medical Nutritional Therapy	26	0.00%	0.00%
Medical Transportation	10	0.00%	0.00%
Mental Health Services	3	0.00%	0.00%
Non-medical Case Management:			
Benefits Specialty Services	5	0.00%	0.00%
Non-medical Case Management:			
Patient Support Services	5	0.00%	0.00%
Non-medical Case Management:			
Transitional Case Management-Jails	5	0.00%	0.00%
Nutrition Support:			
Food Bank	7		
Home Delivered Meals		0.00%	0.00%
Oral Health:			
General	8		
Specialty		0.00%	0.00%
Outpatient Medical Health Services (Ambulatory Outpatient Medical)	20	0.00%	0.00%
Outreach Services:			
Linkage Re-engagement Program (LRP)	14	0.00%	0.00%
Psychosocial Support Services	4	0.00%	0.00%
Referral	24	0.00%	0.00%
Rehabilitation	25	0.00%	0.00%
Respite Care	21	0.00%	0.00%
Substance Abuse Residential	19	0.00%	0.00%
Substance Abuse Services Outpatient	12	0.00%	0.00%
Total		100.00%	100.00%

1) Approved by Planning, Priorities, and Allocations Committee on 8/19/25; Approved by Exec. Committee on 8/28/25

2) Recommended by Planning, Priorities, and Allocations Committee on 9/16/25; Approved by Exec. Committee on 9/25/25



DRAFT 2026 Planning, Priorities, and Allocations Master Work Plan (Subject to Change)

PURPOSE

To define the scope, priorities, and core activities of the **Planning, Priorities & Allocations (PP&A) Committee** during the Ryan White Program Year (March 1, 2026 – February 28, 2027), in alignment with the revised Commission Bylaws, Ryan White HIV/AIDS Program (RWHAP) Part A legislative requirements, CDC/HRSA integrated planning guidance, and the Commission’s restructured governance model. The PP&A Committee serves as the Commission’s primary body for continuous needs assessment, comprehensive/integrated planning oversight, priority setting and resource allocations, and fiscal monitoring—ensuring that Commission decisions are data-informed, responsive to need, aligned with the continuum of services, and coordinated with DHSP and other partners to reduce gaps, avoid duplication, and strengthen outcomes across HIV prevention and care.

CRITERIA

Activities included in this workplan are selected based on their ability to:

- Fulfill PP&A responsibilities defined in the Commission Bylaws;
- Support compliance with RWHAP Part A, HRSA expectations, CDC/HRSA integrated planning guidance, Brown Act, conflict-of-interest requirements, and County rules;
- Produce clear, defensible, data-informed priority setting and resource allocation recommendations for Commission action;
- Ensure planning and allocation decisions align with documented needs, service gaps, and the comprehensive/integrated HIV plan;
- Strengthen fiscal monitoring and accountability at the service category/activity level (not individual contracts), including attention to unspent funds;
- Promote coordination across funding streams and service systems to fill gaps and avoid duplication; and
- Align with Commission and staff capacity, recognizing a bi-monthly meeting schedule and time-limited priority/allocation cycles.

CORE COMMITTEE RESPONSIBILITIES

The PP&A Committee is responsible for:

- Conducting continuous needs assessment activities and related data collection/review to inform decision-making, including gathering expressed need data from consumers and regularly reporting to the Commission on needs, gaps, and priorities;
- Overseeing development and updates of the comprehensive HIV plan and monitoring implementation of the plan;
- Collaborating with the SBP Committee to develop and define directives for service implementation and service models;
- Recommending annual priority rankings and determining resource allocations (by service category/type of activity) for RWHAP Part A, HIV prevention, and other HIV-related funding, consistent with Commission scope and requirements;
- Ensuring priorities and implementation efforts align with identified needs, the continuum of services, and the service delivery system;

- Monitoring use of funds to ensure consistency with Commission-approved allocations;
- Recommending revised allocations for Commission approval, as necessary;
- Coordinating planning, funding, and service delivery to fill gaps and avoid duplication across other funding sources and systems;
- Developing strategies to identify, document, and address unmet need and to support identifying people who do not know their status and linking people to testing and care;
- Collaborating with DHSP to support effective integration and implementation of the continuum of HIV services;
- Reviewing routine fiscal reporting (in the aggregate) by funding source, service category, utilization, and/or type of activity;
- Monitoring, reporting, and making recommendations regarding unspent funds;
- Identifying and supporting access to additional resources to help meet local HIV service needs (as applicable); and
- Carrying out other duties and responsibilities as assigned by the Commission or the Board of Supervisors.

ACRONYMS

<ul style="list-style-type: none"> • COH: Commission on HIV • DHSP: Division on HIV and STD Programs • BOS: Board of Supervisors • HRSA: Health Resources and Services Administration • MCE: Membership and Community Engagement Committee • PP&A: Planning, Priorities, and Allocations Committee • SBP: Standards and Best Practices Committee 	<ul style="list-style-type: none"> • EO: Executive Office • CDPH OA: California Department of Public Health, Office of AIDS • PSRA: Priority Setting and Resource Allocation • RWHAP: Ryan White HIV/AIDS Program • MAI: Minority AIDS Initiative • PY: Program Year (e.g. PY37)
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#	Objective	Tasks/Activities	Lead Committee	Partners needed	Timeline	Notes/Comments
1	Establish committee leadership	<ul style="list-style-type: none"> • Nomination of committee co-chairs • Election of committee co-chairs 	<ul style="list-style-type: none"> • PP&A 		April	
2	Develop 2026 workplan	<ul style="list-style-type: none"> • Review and adopt annual workplan <i>(subject to change)</i> • Establish meeting calendar <i>(subject to change)</i> 	<ul style="list-style-type: none"> • PP&A 		April	

#	Objective	Tasks/Activities	Lead Committee	Partners needed	Timeline	Notes/Comments
3	Conduct committee orientation	<ul style="list-style-type: none"> Review role, scope, and responsibilities of committees 	<ul style="list-style-type: none"> PP&A 		April	
4	Assist with the development of BOS Annual Report	<ul style="list-style-type: none"> Outline PP&A Committee key accomplishments and challenges 	<ul style="list-style-type: none"> PP&A 		Jan-Feb 2027	Submit accomplish and challenges to Exec Committee for incorporation into annual report
5	Collaborate with CA Office of AIDS and DHSP to develop 2027-2031 Integrated HIV Plan	<ul style="list-style-type: none"> Establish timeline for creation of 2027-2031 Integrated HIV Plan (IHP) Gather data/resources to inform plan Assist in the development of the IHP including establishing SMART objectives specific to LA County Review proposed plan and gather input/feedback Incorporate feedback and submit to HRSA Monitor implementation and revise, as needed 	<ul style="list-style-type: none"> PP&A 	<ul style="list-style-type: none"> DHSP CDPH OA All caucuses 	Ongoing	Final COH approval/concurrence in May and submission to HRSA in June
6	Complete annual needs assessment	<ul style="list-style-type: none"> Review purpose of needs assessments Develop a plan, including timeline, format (e.g. focus group, survey, townhall, etc.) topic, target population, etc. for implementation Develop needs assessment tools Implement needs assessment(s) Analyze and report findings 	<ul style="list-style-type: none"> PP&A 	<ul style="list-style-type: none"> All caucuses DHSP MCE EO PIO 	Ongoing	Needs assessments must conclude before data summit; Data to be reviewed during data summit* <i>*may be delayed one year due to COH restructure</i>
7	Conduct priority setting and resource	<ul style="list-style-type: none"> Conduct priority setting and resource allocation (PSRA) training Review PSRA framework and revise, as needed 	<ul style="list-style-type: none"> PP&A 	<ul style="list-style-type: none"> DHSP All caucuses 	Ongoing	All voting members must complete the PSRA training and attend the virtual data summit to be eligible to vote.

#	Objective	Tasks/Activities	Lead Committee	Partners needed	Timeline	Notes/Comments
	allocation process	<ul style="list-style-type: none"> Identify data/resources needed to complete PSRA process Hold virtual data summit Complete resource inventory review Review data and conduct the formal PSRA process Develop contingency plans, after approval of allocations and as needed Reallocation, as needed Collaborate with SBP Committee to develop program directives. 				<p>Virtual summit to be held in June with priorities and allocations up for final COH approval in Sept.*</p> <p><i>* Must be submitted to HRSA at the end of Sept.</i></p>
8	Review and monitor RWHAP Part A/MAI expenditures	<ul style="list-style-type: none"> Review and track RWHAP Part A expenditure reports Review and track non-RWP Part A funding totals within DHSP for HIV services Monitor use of funds to ensure consistency with allocations 	<ul style="list-style-type: none"> PP&A 	<ul style="list-style-type: none"> DHSP 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
9	Develop program directives	<ul style="list-style-type: none"> Develop and define directives for implementation of services and service models. Ensure priorities and implementation efforts are consistent with needs, the HIV care continuum, and service delivery Develop strategies to address unmet need. 	<ul style="list-style-type: none"> SBP PP&A 	DHSP	Ongoing	SBP committee to take lead with input from PP&A committee



DRAFT 2026 PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE MEETING CALENDAR
(SUBJECT TO CHANGE)

MONTH	KEY ACTIVITIES
<p>April 21, 2026 1:30pm – 3:30pm</p>	<ul style="list-style-type: none"> • Member Introductions • Conduct committee orientation training • Nominate and elect co-chairs • Review 2026 committee workplan • Adopt 2026 committee meeting calendar
<p>June 16, 2026 1:30pm – 3:30pm</p>	<ul style="list-style-type: none"> • Needs Assessment and Priority Setting and Resource Allocation refresher • PSRA Framework review and approval • Q1 Expenditure Report
<p>August 18, 2026 1:30pm – 4:30pm <i>*may require additional meeting</i></p>	<ul style="list-style-type: none"> • Resource Inventory Review • Review All Data – summaries with key info • Conduct Program Year 37 (PY37) Priority Rankings and Allocations
<p>Summer/Fall 2026 (TBD) <i>*All Commissioners must attend*</i></p>	<ul style="list-style-type: none"> • Data summit <ul style="list-style-type: none"> ○ Epidemiologic Profile ○ Needs Assessment Data ○ HIV/STD Surveillance Data Report ○ Unmet Needs Report ○ Utilization Reports
<p>September 15, 2026 1:30pm – 3:30pm</p>	<ul style="list-style-type: none"> • Q2 Expenditure Report • Final Reallocations for PY36, as needed • Directive development in collaboration with SBP Committee • Needs Assessment Planning • Contingency Planning, as needed
<p>November 17, 2026 1:30pm – 3:30pm</p>	<ul style="list-style-type: none"> • Directive development in collaboration with SBP Committee • Q3 Expenditure Report • Contingency Planning, as needed • Needs Assessment Planning/Implementation
<p>February 16, 2027 1:30pm – 3:30pm</p>	<ul style="list-style-type: none"> • Q4 Expenditure Report • Draft 2027-28 committee workplan and meeting calendar • Needs Assessment Implementation



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

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

Will I be denied services for reporting a problem?

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

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspsupport@ph.lacounty.gov

On the web:

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





Estamos Escuchando



Comparta sus inquietudes con nosotros.

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

(800) 260-8787

¿Por qué debería llamar?

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

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

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

¿Puedo llamar de forma anónima?

Si.

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

Si.

Por correo electrónico:
dhspsupport@ph.lacounty.gov

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

