together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

EXECUTIVE COMMITTEE MEETING

Thursday, August 27, 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_K2X0L-RYTFa2ASBhwacD3w

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.

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

LOS ANGELES COUNTY COMMISSION ON HIV

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.

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, AUGUST 27, 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_K2X0L-RYTFa2ASBhwacD3w

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

AGENDA POSTED: August 19, 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. COMMITTEE NEW BUSINESS ITEMS 1:15 PM—1:20 PM

4. ADMINISTRATIVE REPORTS

A. COH Staff Report 1:20 PM – 1:30 PM

(1) County/Commission Operational Updates
   a. Ryan White PY 35 COH Operational Budget Updates
   b. COH Training & Capacity Building Opportunities
   c. 2027-2031 Integrated HIV Plan Updates
   d. Ryan White Community & Provider Knowledge Exchange Proposal
   e. February 11, 2027 Annual Conference Planning & Workgroup
   f. COH Social Medica Content Creator Volunteer
   g. DHSP x COH Hosted Measure ER Virtual Community Input Session

B. Co-Chairs Report 1:30 PM – 2:00 PM

(1) Welcome Executive Committee At-Large Member, Dr. Dontá Morrison
(2) 2026-2027 COH Workplan & Meeting Schedule Review
(3) Executive At-Large Seat Vacancies
(4) CDPH, Office of AIDS Community Planning Group (CPG) x COH Member Vacancy
(5) July 9, 2026 Commission Meeting Debrief
(6) September 10, 2026 COH Meeting Agenda Development
(7) LA County Prevention Advisory Workgroup Updates
(8) HIV Policy and Legislative Updates
(9) New Business Items or Emergent Issues Requiring Commission Attention and Direction
(10) Conferences, Meetings & Trainings
   a. July 26-31 International AIDS Conference
   b. August 4-7 National Ryan White Conference
   c. September 15-16 4th Annual Collaborations in Care Conference
   d. September 17-20 United States Conference on AIDS (USCHA)
   e. October 14, 2026 2026 ALIANZA Conference

C. Division of HIV and STD Programs (DHSP) Report 2:00 PM – 2:15 PM

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

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

A. Membership & Community Engagement Committee

(1) Membership Management
   a. New Membership Applications
      1. Dr. Tony Mills **MOTION #3**
      2. Salvador Silva Velasco **MOTION #4**
      3. Jeffrey Young **MOTION #5**
      4. Demetrius Baxter **MOTION #6**
      5. Paola Buenrostro **MOTION #7**
      6. Malik Henry **MOTION #8**
   b. Committee Only Seat Vacate Recommendation
      1. Leilani Johnson **MOTION #9**
      2. Draya Santiago **MOTION #10**
(2) Policy & Procedure Review Updates
(3) Caucus Updates
(4) Recruitment, Community Engagement & Outreach
(5) 2026 Meeting Schedule

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

(1) Ryan White PY 36 Part A & MAI Reallocations **MOTION #11**
(2) Ryan White PY 37 Part A & MAI Reallocations **MOTION #12**
(3) 2026 Data Summit – SAVE THE DATE
(4) Reimaging the Priority Setting & Resource Allocation (PSRA) Process & Framework
(5) 2026 Meeting Schedule

C. Standards and Best Practices (SBP) Committee

(1) PY 35 Assessment of the Effectiveness of the Administrative Mechanism (AEAM) Updates
(2) Universal Standards & Client Bill of Rights Updates
(3) Oral Health Service Standards October 19 Review
(4) Service Standards Review Calendar
(5) 2026 Meeting Schedule

6. **NEXT STEPS** 2:50 PM—2:55 PM

A. Task/Assignment Recap

B. Agenda Development for the Next Meeting

7. **ANNOUNCEMENTS** 2:55 PM—3:00 PM

8. **ADJOURNMENT** **3:00PM**

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	Recommend the applicant for full Commission membership and forward the application to the Commission for approval; refer the applicant for committee-only membership consideration; or determine that the application will not move forward.
MOTION #4	Recommend the applicant for full Commission membership and forward the application to the Commission for approval; refer the applicant for committee-only membership consideration; or determine that the application will not move forward.
MOTION #5	Recommend the applicant for full Commission membership and forward the application to the Commission for approval; refer the applicant for committee-only membership consideration; or determine that the application will not move forward.
MOTION #6	Recommend the applicant for full Commission membership and forward the application to the Commission for approval; refer the applicant for committee-only membership consideration; or determine that the application will not move forward.
MOTION #7	Recommend the applicant for full Commission membership and forward the application to the Commission for approval; refer the applicant for committee-only membership consideration; or determine that the application will not move forward.
MOTION #8	Recommend the applicant for full Commission membership and forward the application to the Commission for approval; refer the applicant for committee-only membership consideration; or determine that the application will not move forward.
MOTION #9	Recommend vacating the committee-only member's seat and forward the recommendation to the Commission for approval.
MOTION #10	Recommend vacating the committee-only member's seat and forward the recommendation to the Commission for approval.
MOTION #11	Approve the PY36 reallocation, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #12	Approve the PY37 reallocation, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved

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
DontÌ	Morrison, PhD	Alternate	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	PŦrez (Non-Voting)	DHSP/Part A Representative	DHSP Director
Quorum = 5			

	allocations amount, as expenditure categories dictate, without returning to this body.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

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

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

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						3/17/26	3/1/27		
8	Affected & Disproportionately Impacted Communities	Emmanuel	Sanchez-Ramos, DrPH, MPH		APLA Health	SBP	3/17/26	3/1/28		
9	Non-Elected Community Leaders	Raniyah	Copeland, MPH		No affiliation/Equity & Impact Solutions	PP&A	3/17/26	3/1/27		
10	State Government (Medicaid/Medi-Cal) ***Non-Voting**						3/17/26	3/1/28		
11	Ryan White Part B Administrator (CDPH Office of AIDS) ***Non-Voting**	LeRoy	Blea		CDPH, Office of AIDS	PP&A	3/17/26	3/1/27		
12	Ryan White Part C Recipients	Jasmine	Brown, MSW		Charles Drew University	PP&A	3/17/26	3/1/28		
13	Ryan White Part D / CYF Providers	Mikhaela	Cielo, MD		LAC Dept of Health Services	SBP	3/17/26	3/1/27		
14	Other Federally Funded HIV Programs	Robert	Contreras, MBA		Bienestar	PP&A	3/17/26	3/1/28		
15	Formerly Incarcerated Individuals Living with HIV						3/17/26	3/1/27		
16	Unaffiliated Representative - SPA 1	Montana	Volby		No affiliation	SBP	3/17/26	3/1/28		
17	Unaffiliated Representative - SPA 2	Shawn	Pleasants		No affiliation	PP&A	3/17/26	3/1/27		
18	Unaffiliated Representative - SPA 3	Felipe	Gonzalez		No affiliation	PP&A	3/17/26	3/1/28		
19	Unaffiliated Representative - SPA 4	Jeronimo	Barajas		No affiliation	PP&A	3/17/26	3/1/27		
20	Unaffiliated Representative - SPA 5						3/17/26	3/1/28	Christopher Webb (REACH LA)	
21	Unaffiliated Representative - SPA 6	Angela	Hunt		No affiliation	MCE	3/17/26	3/1/27		
22	Unaffiliated Representative - SPA 7	Vilma	Mendoza		No affiliation	MCE	3/17/26	3/1/28		
23	Unaffiliated Representative - SPA 8						3/17/26	3/1/27	Stevie Bieneman (AHF)	
24	Unaffiliated Representative - At Large #1	Ish	Herrera		No affiliation	MCE	3/17/26	3/1/28		
25	Unaffiliated Representative - At Large #2						3/17/26	3/1/27	Dontá Morrison, PhD (UCLA CARES)[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): 26									
	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.*									

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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%	7	26.92%	1	12.50%	
Black, not Hispanic	9689	18.59%	7	26.92%	3	37.50%	
Hispanic	25865	49.63%	10	38.46%	4	50.00%	
Asian/Pacific Islander	2171	4.17%	1	3.85%		0.00%	
American Indian/Alaska Native	350	0.67%		0.00%		0.00%	
Multi-Race	2223	4.27%	1	3.85%		0.00%	
Other/Not Specified	79	0.15%		0.00%		0.00%	
Total	52112	100%	26	100%	8	100%	
Sex	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
Male	46059	88.38%	20	76.92%	6	75.00%	
Female	6053	11.62%	6	23.08%	2	25.00%	*(1) NGC
Total	52112	100%	26	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%		0.00%		0.00%	
30-39 years	10508	20.16%	6	23.08%	2	25.00%	
40-49 years	10742	20.61%	8	30.77%	1	12.50%	
50-59 years	12884	24.72%	6	23.08%	3	37.50%	
60+ years	14894	28.58%	6	23.08%	2	25.00%	
Total	52112	100%	26	100%	8	100%	

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/31/26

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	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 & 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
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
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

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			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 Poplulations (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 & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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	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
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**	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	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 & COMMITTEE-ONLY 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 Poplulations (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 & COMMITTEE-ONLY 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
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
			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 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

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

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

DATE: Thursday, May 28, 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 1:02 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	Caitlyn Dolan	P
Ish Herrera	P	Stephanie Johnson	P
Vilma Mendoza	P	Mario J. Perez, MPH	A
Montana Volby	P		

ADMINISTRATIVE MATTERS	**MOTION #1:** Approval of the Agenda. ***Approved by consensus.*** **MOTION #2:** Approval of Prior Meeting Minutes. ***No prior meeting minutes***.
PUBLIC COMMENT	No public comment was provided.
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 Division of HIV and STD Programs (DHSP) to reconcile Program Year 35 closeout expenses and remaining adjustments.
- Staff are monitoring the Program Year 36 operating budget and will work with the Commission Co-Chairs to finalize it, with continued attention to limited resources and responsible use of funds.
- Full Commissioners were reminded to complete the Statement of Economic Interests, Form 700; Live Scan fingerprinting; and Commissioner identification badge requirements. Staff will follow up with the Executive Office about outstanding appointments and badges.

- The annual conflict-of-interest survey was due June 1, 2026. The survey is required by the Health Resources and Services Administration (HRSA).
- The 2026 training series is underway. The Co-Chair Leadership Training recording is available online. The Priority Setting and Resource Allocation (PSRA) and Needs Assessment Training was scheduled for June 3, 2026, at 12:00 PM and is required before members participate in related decisions.
- The final Program Year 36 Ryan White Part A and Minority AIDS Initiative award was received in the amount of $45,531,463, approximately 1.7 percent below the prior year. The funding formula now uses surveillance data based on where people live or receive services rather than where they were diagnosed. Staff will work with the DHSP to identify any effect on Commission operations or allocations.
- Joaquin Gutierrez accepted the volunteer Sergeant-at-Arms role for full Commission meetings. He will assist with roll call, public comment time limits, meeting conduct, and other meeting support.

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

- The Co-Chairs welcomed members to the first Executive Committee meeting following the restructure and invited ideas for making meetings more focused and less repetitive.
- Members discussed allowing routine committee recommendations to move directly to the full Commission, while using the Executive Committee for leadership matters, time-sensitive decisions, and issues that need additional discussion before reaching the full Commission.
- The Committee will revisit its role during the annual bylaws review. Members noted that some changes could require an ordinance amendment and Board of Supervisors approval.

Division of HIV and STD Programs (DHSP) Report – Victor Scott

- DHSP confirmed the final 2026 Ryan White Part A and Minority AIDS Initiative award of approximately $45.5 million.
- HRSA's Ending the HIV Epidemic (EHE) award increased by about $1 million. The final Centers for Disease Control (CDC) HIV Prevention award was still pending and was not expected before June 30, 2026. State AIDS Drug Assistance Program (ADAP) funds could be used temporarily if federal funds were delayed and would be repaid after the federal award was received.

Standing Committee Reports

- **Membership and Community Engagement Committee:** The committee heard from the Recruitment and Outreach Workgroup regarding its efforts to recruit for the hospital and health care planning seat, the formerly incarcerated person living with HIV seat, and three unaffiliated seats. The CDPH Office of AIDS is working to identify a shared Medi-Cal representative for planning councils. The next committee meeting was scheduled for June 25, 2026, from 10:00 AM to 12:00 PM.
- **Planning, Priorities and Allocations Committee**: The committee elected Stephanie Johnson and Jeronimo Barajas as Co-Chairs. The full Commission approved concurrence with the 2027-2031 Integrated HIV Plan, and the signed concurrence letter will accompany the plan submitted by DHSP. The next committee meeting was scheduled for June 21, 2026, from 1:30 PM to 3:30 PM.
- **Standards and Best Practices Committee**: The committee reviewed its work plan, the Program Years 33 and 34 Assessment of the Efficiency of the Administrative Mechanism, the Universal Service Standards, and the Client Bill of Rights and Responsibilities. The next meeting is

scheduled for June 15, 2026, from 10:00 AM to 12:00 PM to finalize the Program Year 35 survey launch and continue the standards review.

Caucuses, Task Forces and Workgroups

- An all-caucus kickoff was scheduled for June 23, 2026, from 4:00 PM to 6:00 PM to reconnect members, share ideas, and open caucus leadership nominations.

DISCUSSION ITEMS

2026 Work Plan and Meeting Schedule

The Committee reviewed the Commission work plan and master meeting calendar. Members agreed that there was no business requiring a June Executive Committee meeting and supported canceling the June 25 meeting.

Motion: Approve the 2026 COH workplan and meeting schedule as presented, including cancellation of the June 25, 2026 Executive Committee meeting.

Vote: Yes: Jeronimo Barajas, Caitlyn Dolan, Ish Herrera, Stephanie Johnson, Vilma Mendoza, and Montana Volby | No: 0 | Abstain: 0 **Co-Chairs vote only to establish quorum or break a tie.*

Outcome: Passed✓.

Executive At-Large Vacancies

- The Committee discussed filling three Executive At-Large seats as leadership opportunities, with an emphasis on including people with lived experience and unaffiliated members.
- Members agreed to allow both full Commissioners and committee-only members to be nominated. Staff will invite nominations by email and announce the opportunity during June committee meetings. Elections will take place at the July 9, 2026 full Commission meeting.

Prevention Planning Workgroup

DHSP, in partnership with the Commission, formed a workgroup to review prevention planning after recent funding reductions and changes at the federal and state levels. Three Commission representatives are participating on behalf of the Commission: Dr. Donta Morrison, Dr. Emmanuel Santi-Brama, and John Pleasant. A future meeting will be opened to the community.

California Planning Group

Katja Nelson will represent the Commission on the California Office of AIDS Planning Group and provide updates as meetings occur.

HIV Policy and Legislative Updates

- Members were reminded to vote in the June 2 primary election and reviewed information on STI trends, Board of Supervisors actions to protect communities and identify public health funding, and the proposed state budget's potential effect on health, public health, and housing resources.
- For now, policy updates will be included in the Co-Chairs' report. The Committee will later decide whether a separate standing policy item is needed.

Conferences, Meetings and Trainings

- The Los Angeles County Quality and Productivity Commission Leadership Conference was scheduled for June 10, 2026. Katja Nelson and staff planned to attend, and staff would follow up about an additional available seat.

- The National Ryan White Conference was scheduled for August 4-7, 2026, in Washington, DC. Commission participation is limited by the Health Resources and Services Administration to one Co-Chair, one unaffiliated person with lived experience, and one staff member. Other members were encouraged to register virtually.
- The 2026 United States Conference on HIV (USCHA) is scheduled for September 2026 in Anaheim. The Commission cannot use Ryan White funds to sponsor attendance or participate as a planning body. Members discussed possible community engagement activities connected to the event and encouraged interested individuals to explore scholarships or outside sponsorship.

Membership Recommendation

The Committee heard from Nolan Ross Same-Weil, who shared his lived experience and interest in serving as the Fourth Supervisorial District representative.

Motion: Recommend Nolan Ross Same-Weil for the Fourth Supervisorial District seat and forward the recommendation to the Board of Supervisors for appointment.

Vote: Yes: Jeronimo Barajas, Caitlyn Dolan, Ish Herrera, Stephanie Johnson, Vilma Mendoza, and Montana Volby | No: 0 | Abstain: 0 **Co-Chairs vote only to establish quorum or break a tie.*

Outcome: Passed✓.

ANNOUNCEMENTS	• Members shared upcoming Pride activities and community events. • Juan Gonzalez of Inner-City Law Center introduced himself and shared that the organization provides legal support to people living with HIV, including help with discrimination, eviction, identity documents, and some immigration matters.

ACTION ITEMS

RESPONSIBLE PARTY	ITEM
Commission staff	Follow up with the Executive Office about outstanding Live Scan appointments, Commissioner identification badges, and required County orientation.
Full Commissioners	Complete the Statement of Economic Interests, Form 700; Live Scan fingerprinting; and identification badge requirements.
All members	Complete the annual conflict-of-interest survey and required 2026 trainings, including the Priority Setting and Resource Allocation and Needs Assessment Training.
Commission staff	Open nominations for the three Executive At-Large seats by email and announce the opportunity at June committee meetings.
Commission staff	Identify a backup Sergeant-at-Arms for full Commission meetings.
Commission staff and Co-Chairs	Finalize the Program Year 36 Commission operating budget and continue monitoring the final federal award's effect on allocations and operations.
Commission staff and Co-Chairs	Develop the August 27, 2026 Executive Committee agenda, including standing committee updates.
Next Meeting	The next Executive Committee meeting is Thursday, August 27, 2026, from 1:00 PM-3:00 PM at the Vermont Corridor.

ADJOURNMENT	The meeting adjourned at approximately 2:18 PM.

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

Public Comment in re:
Los Angeles County Commission on HIV Compliance Gaps

Commenter: Jeffrey Young

EXECUTIVE SUMMARY

This comment identifies **structural compliance gaps** in the Los Angeles County Commission on HIV (LACCOH). These gaps span federal Ryan White HIV/AIDS **Program Part A** requirements, California state law, Los Angeles **County Code Chapter 3.29**, and Commission **Bylaws**. The issues are **systemic**, documented in **publicly posted** materials, and have persis**ted for years** despite repeated opportunities for correction.

The Commission's current practices result in:

- **Unlawful disclosure of HIV status** through public rosters identifying "unaffiliated consumer" seats and alternates assigned only to HIV-positive members. *Example from the document:* "Thus, the roster publicly identifies individuals occupying seats that, by definition, are reserved for people living with HIV."
- **Structural conflicts of interest** arising from both Co-Chairs being employed by Ryan White Part A–funded service providers, in violation of federal statute, HRSA guidance, state conflict-of-interest laws, County Code, and Commission bylaws. *Example from the document:* "Both individuals are listed as Commission CoChair… affiliated with… Ryan White Part A–funded service providers."
- **Brown Act posting practices** exceeding statutory requirements and resulting in public disclosure of protected health information.
- **Misalignment between County Code Chapter 3.29, federal confidentiality and conflict-of-interest requirements**, particularly the alternate-member provision forcing public identification of HIV-positive members.

These gaps

- undermine confidentiality protection,
- compromise neutrality of Commission deliberations, and
- jeopardize Los Angeles County's ability to demonstrate compliance with federal requirements necessary to maintain Ryan White Part A funding.

Commenter requests LACCOH:

1. **Initiate a formal review** of the issues identified no later than **September 1, 2026**.
2. **Complete review and initiate a corrective action plan** no later than **October 15, 2026**.
3. **Publicly publish the review and corrective action plan**, including specific steps and timelines for full compliance.

The recommended corrective action plan includes revisions to leadership structure, confidentiality protections, posting practices, bylaws, and ongoing compliance monitoring and training.

These actions are necessary to restore public trust, protect the privacy and safety of people living with HIV, and ensure the Commission operates within the legal framework governing its authority.

TABLE OF CONTENTS

I. PURPOSE AND SCOPE

This public comment is submitted to the Los Angeles County Commission on HIV (LACCOH) for inclusion in the official record of its next regular meeting. Its purpose is to express concerns regarding multiple, longstanding compliance gaps involving federal Ryan White HIV/AIDS Program Part A requirements, California state law, Los Angeles County Code, and the Commission's own bylaws and request remediation.

These gaps include:

1. **Unlawful disclosure of HIV status** through public-facing materials;
2. **Structural conflicts of interest** in Commission leadership;
3. **Brown Act posting practices** that exceed statutory requirements and violate privacy protections; and
4. **Misalignment between County Code Chapter 3.29** and federal privacy and conflict-of-interest law.

This comment provides a detailed statutory analysis of each gap, documenting the Commission's historical knowledge of these issues, and proposes a corrective action plan with specific timelines. The intent is to ensure the Commission fulfills its legal obligations, protects the privacy and safety of people living with HIV, and maintains compliance with federal requirements necessary for Los Angeles County to continue receiving Ryan White Part A funding.

Accordingly, this comment respectfully requests LACCOH:

1. **Initiate a review** of the issues delineated above **no later than September 1, 2026**;
2. **Complete its review and initiate a corrective action plan no later than October 15, 2026**; and
3. **Publicly publish its review and corrective action plan**, including specific steps taken and timelines for full compliance.

The scope of this comment is limited to identifying the observable compliance gaps, documenting the statutory basis for each, and outlining the corrective actions required.

II. FACTUAL BACKGROUND

This section summarizes the relevant facts drawn from publicly available Commission materials, including the Commission's:

- Website,
- Adopted bylaws,
- Executive Committee meeting packet dated May 28, 2026, and
- Published membership roster approved February 12, 2026, and effective March 17, 2026.

A. Commission Leadership

The Executive Committee roster published in the May 28, 2026, meeting packet identifies the following individuals as the Commission's Co-Chairs:

- **Al Ballesteros, MBA:** Board of Supervisors Office #1 Representative; affiliated with **JWCH Institute**, a Ryan White Part A–funded service provider.
- **Katja Nelson, MPP:** Board of Supervisors Office #3 Representative; affiliated with **APLA Health**, a Ryan White Part A–funded service provider.

Both individuals are listed as **Commission Co-Chair** in the meeting packet.

B. Commission Membership Roster

The Commission's membership roster (approved February 12, 2026; BOS appointment effective March 17, 2026) identifies 32 seats, including:

- **15 federally required membership categories** under 42 U.S.C. § 300ff-12(b)(2).
- **Unaffiliated consumer seats** for each Service Planning Area (SPA) and three at-large positions.
- **Non-voting seats** for DHSP (Part A), CDPH Office of AIDS (Part B), and Medi-Cal.

The roster publicly lists each member's:

- Name
- Seat category
- Organizational affiliation
- Committee assignment
- Term start and end dates
- Alternate (where applicable)

C. Identification of Unaffiliated Consumer Seats

The roster identifies multiple seats as:

- "Unaffiliated Representative - SPA X"
- "Unaffiliated Representative - At-Large #X"

Under federal law, "unaffiliated consumer" refers to individuals **living with HIV** who receive Ryan White Part A services and are not affiliated with funded agencies as employees, consultants, or board members.

Thus, the roster publicly identifies individuals occupying seats that, by definition, are reserved for people living with HIV.

D. Alternates Assigned Only to HIV-Positive Members

County Code § 3.29.040 provides that:

> "Any Commission member who has disclosed that they are living with HIV is entitled to an Alternate."

The roster lists alternates **only** for seats designated as unaffiliated consumer seats, thereby publicly confirming HIV status for those members.

E. Publication of Meeting Materials

Executive Committee meeting packet materials prepared for May 28, 2026, include:

- Full membership roster
- Committee assignments
- Alternates
- Organizational affiliations
- Conflict-of-interest disclosures
- Public meeting agenda
- Hybrid meeting guidelines
- Code of Conduct

These materials are publicly posted on the Commission's website in compliance with the Brown Act's agenda-posting requirements.

F. Commission Bylaws

The Commission's Bylaws (Policy/Procedure #06.1000) include:

- Requirements for membership composition
- Conflict-of-interest provisions
- Requirements for alternates for HIV-positive members
- Brown Act compliance provisions
- Committee structure and leadership roles
- Duties and responsibilities of the Commission

The bylaws do not authorize public disclosure of HIV status.

G. Historical Context

The Commission has used the same leadership structure that includes provider-affiliated Co-Chairs for multiple years. The Commission has historically published rosters identifying unaffiliated consumer seats and alternates in publicly accessible meeting packets.

These practices have continued despite updates to HRSA guidance, revisions to Commission Bylaws, and the establishment of the Los Angeles County Office of Ethics.

III. IDENTIFIED GAPS BASED ON FEDERAL LAW

This section identifies federal statutes and federal administrative requirements that the Commission's current practices demonstrate compliance gaps. Citations are provided in full, including title, chapter, subsection, and page references where applicable.

A. Ryan White HIV/AIDS Program Statute

1. Prohibition on involvement in administration of grant funds

42 U.S.C. § 300ff-12(b)(5)(A)

> "The planning council shall not be involved in the administration of grant funds."

Commission Co-Chairs preside over meetings where priorities, allocations, directives, service standards, and AEAM findings are developed. These activities constitute participation in the administration of grant funds. Because both Co-Chairs are employed by Ryan White Part A–funded service providers, their leadership violates this statutory prohibition.

2. Prohibition of participation in decisions affecting a member's financial interest

42 U.S.C. § 300ff-12(b)(5)(B)

> "A member who has a financial interest in an entity receiving assistance under this part shall not participate in decisions that may affect the member's interest."

Commission Co-Chairs participate in and preside over all decisions that may affect their employers' financial interests. This includes priority setting, allocation recommendations, directives, and service standards. This is a direct violation of § 300ff-12(b)(5)(B).

3. Requirement to protect confidentiality of individuals receiving services

42 U.S.C. § 300ff-12(b)(2)(C)

> "The planning council shall establish methods for obtaining input from individuals receiving services under this part, while ensuring the confidentiality of such individuals."

The Commission's public rosters identify unaffiliated consumer seats. Under federal law, these seats are reserved for individuals living with HIV who receive Ryan White services. Publishing these seats publicly discloses HIV status and violates § 300ff-12(b)(2)(C).

B. HRSA Part A Manual (2025)

1. Leadership restrictions

HRSA Part A Manual, Chapter 5, page 5-14

> "Planning council leadership positions (chair, co-chair, vice-chair) must not be held by individuals who have a conflict of interest related to the allocation of funds."

Both Co-Chairs are employed by Ryan White–funded providers. Their leadership violates this requirement.

2. Provider conflict restrictions

HRSA Part A Manual, Chapter 5, page 5-15

> "Members employed by or affiliated with Ryan White–funded agencies may not serve in leadership roles that influence resource allocation, priority setting, or the administrative mechanism."

Commission Co-Chairs preside over all such activities. This is a direct violation.

3. Appearance of conflict

HRSA Part A Manual, Chapter 5, page 5-16

> "Planning councils must ensure that leadership is free of conflicts that could influence or appear to influence funding decisions."

The appearance of conflict alone is sufficient to violate this requirement. The Commission's leadership structure fails to meet this standard.

4. Prohibition on disclosure or implication of HIV status

HRSA Part A Manual, Chapter 5, page 5-18

> "Planning councils must ensure that no personally identifiable health information or HIV status is disclosed or implied in any public-facing materials."

The Commission's rosters and alternates lists disclose HIV status by identifying unaffiliated consumer seats and alternates assigned only to HIV-positive members. This violates page 5-18.

C. HRSA Planning Council and Planning Body Expectations Letter (August 29, 2023)

1. Leadership conflict prohibition

> "Leadership must be structured to avoid conflicts of interest, including employment or affiliation with funded agencies."

Both Co-Chairs are affiliated with funded agencies. This violates the expectations letter.

2. Prohibition on public identification of HIV-positive members

> "Unaffiliated consumers must not be publicly identified in ways that disclose or imply HIV status."

The Commission publicly identifies unaffiliated consumer seats and alternates. This violates the expectations letter.

D. Summary of Federal Observable Compliance Gaps

The Commission's current practices violate:

- **42 U.S.C. § 300ff-12(b)(5)(A)**
- **42 U.S.C. § 300ff-12(b)(5)(B)**
- **42 U.S.C. § 300ff-12(b)(2)(C)**
- **HRSA Part A Manual, Chapter 5, pages 5-14, 5-15, 5-16, and 5-18**
- **HRSA PC/PB Expectations Letter (Aug. 29, 2023)**

These Observable compliance gaps are structural, ongoing, and documented in publicly posted Commission materials.

IV. IDENTIFIED GAPS BASED ON CALIFORNIA CODE

This section identifies the California statutes and constitutional provisions implicated by the Commission's current practices. Each citation is provided in full, with clear explanation of how the Commission's actions conflict with state requirements.

A. California Government Code Section 1090

Cal. Gov. Code § 1090(a) provides:

> "Members of the Legislature, state, county, district, judicial district, and city officers or employees shall not be financially interested in any contract made by them in their official capacity."

Commission Co-Chairs preside over meetings where priority setting, allocation recommendations, directives, service standards, and AEAM findings are developed. These actions influence the distribution of Ryan White Part A funds. Because both Co-Chairs are employed by Ryan White–funded service providers, they have a financial interest in decisions that affect their employers. This constitutes participation in the making of contracts within the meaning of Section 1090.

Section 1090 is a strict liability statute. Intent is not required. The Commission's leadership structure conflicts with Section 1090.

B. California Political Reform Act

Cal. Gov. Code § 87100 provides:

> "No public official shall make, participate in making, or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a financial interest."

Commission Co-Chairs make and participate in decisions that directly affect their employers' financial interests. They preside over discussions, manage motions, and facilitate votes on matters that influence Ryan White Part A allocations and directives. This constitutes participation in governmental decisions under Section 87100.

The Commission's leadership structure conflicts with the Political Reform Act.

C. California Confidentiality of Medical Information Act (CMIA)

Cal. Civ. Code § 56.10(a) provides:

> "A provider of health care, a health care service plan, or contractor shall not disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of the health care service plan without first obtaining an authorization."

HIV status is medical information protected under CMIA. The Commission's public rosters identify unaffiliated consumer seats. Under federal law, these seats are reserved for individuals living with HIV who receive Ryan White services. Publishing these seat categories publicly discloses HIV status. The Commission's alternates list also confirm HIV status because alternates are assigned only to members who have disclosed they are living with HIV.

These disclosures conflict with CMIA.

D. California Constitution, Article I, Section 1

Article I, Section 1 of the California Constitution provides:

> "All people are by nature free and independent and have inalienable rights. Among these are enjoying and defending life and liberty, acquiring, possessing, and protecting property, and pursuing and obtaining safety, happiness, and privacy."

The California Supreme Court has repeatedly held that medical information, including HIV status, is among the most sensitive categories of personal data protected by the constitutional right to privacy. Public disclosure of HIV status, whether explicit or implied, conflicts with Article I, Section 1.

The Commission's publication of rosters identifying unaffiliated consumer seats and alternates assigned only to HIV-positive members constitutes an implied disclosure of HIV status. This conflicts with the constitutional right to privacy.

E. Brown Act Neutrality and Fairness Requirements

The Brown Act, **Cal. Gov. Code § 54950**, states:

> "It is the intent of the law that the actions of public commissions, boards, councils, and other public agencies be taken openly and that their deliberations be conducted openly."

Case law interpreting Section 54950 requires neutral facilitation of public meetings to ensure fair deliberation. When both meeting chairs are employed by Ryan White–funded service providers, the neutrality of facilitation is compromised. This affects the fairness of deliberations and conflicts with the Brown Act's requirement for open and unbiased public decision-making.

F. Summary of State Observable Compliance Gaps

The Commission's current practices conflict with the following state laws:

- **Cal. Gov. Code § 1090**
- **Cal. Gov. Code § 87100**
- **Cal. Civ. Code § 56.10(a)**
- **California Constitution, Article I, Section 1**
- **Brown Act neutrality requirements under Cal. Gov. Code § 54950**

These conflicts arise from structural leadership issues, public disclosure of HIV status, and posting practices that exceed statutory requirements.

V. IDENTIFIED GAPS BASED ON LOS ANGELES COUNTY CODE AND BYLAWS

This section identifies the provisions of Los Angeles County Code and the Commission's own bylaws that conflict with the Commission's current practices. These Observable compliance gaps are independent of federal and state requirements and demonstrate that the Commission is not operating within the authority granted to it by the County.

A. Los Angeles County Code Chapter 3.29

Los Angeles County Code Chapter 3.29 establishes the Commission on HIV and defines its authority, membership structure, and operational requirements.

1. Alternate member provision

Los Angeles County Code § 3.29.040 provides:

> "Any Commission member who has disclosed that they are living with HIV is entitled to an Alternate."

This provision requires the Commission to identify which members have disclosed that they are living with HIV. The Commission's public roster lists alternate members only for unaffiliated consumer seats. Under federal law, unaffiliated consumer seats are reserved for individuals living with HIV. As a result, the Commission's implementation of § 3.29.040 causes public disclosure of HIV status.

This conflicts with federal confidentiality requirements, state medical privacy law, and the Commission's own bylaws.

2. Prohibition on involvement in administration of funds

Los Angeles County Code § 3.29.030(B) provides:

> "The Commission shall not be involved directly or indirectly in the administration of Ryan White Program funds."

Commission Co-Chairs preside over meetings where priorities, allocations, directives, service standards, and AEAM findings are developed. These activities influence the administration of Ryan White Part A funds. Because both Co-Chairs are employed by Ryan White–funded service providers, their leadership conflicts with § 3.29.030(B).

3. Requirement to operate in compliance with federal law

Los Angeles County Code § 3.29.020 provides:

> "The Commission shall operate in compliance with all applicable federal requirements governing Ryan White Program planning councils."

The Commission's current practices conflict with multiple federal requirements, including confidentiality protections and conflict-of-interest restrictions. As a result, the Commission is not operating in compliance with § 3.29.020.

B. Commission Bylaws (Policy/Procedure #06.1000)

The Commission's Bylaws establish internal governance rules, including conflict-of-interest provisions, confidentiality requirements, and leadership responsibilities.

1. Conflict-of-interest provisions

Bylaws, Article III, Section 3(B) provide:

> "A planning council member who has a financial interest in a provider seeking local RWHAP funds is precluded from participating in the process of selecting contracted providers."

Commission Co-Chairs preside over discussions and votes that influence priority setting, allocation recommendations, directives, and service standards. These activities influence the selection and funding of contracted providers. Because both Co-Chairs are employed by Ryan White–funded providers, their leadership conflicts with Article III, Section 3(B).

2. Confidentiality requirements

Bylaws, Article III, Section 3(C) provide:

> "The Commission shall ensure the confidentiality of individuals receiving services under the Ryan White Program."

The Commission's public roster identifies unaffiliated consumer seats and alternates assigned only to HIV-positive members. These disclosures conflict with Article III, Section 3(C).

3. Leadership responsibilities

Bylaws, Article IV, Section 2(A) provide:

> "The Co-Chairs shall preside over meetings of the Commission and ensure fair and impartial facilitation of deliberations."

When both Co-Chairs are employed by Ryan White–funded service providers, the impartiality of facilitation is compromised. This conflicts with Article IV, Section 2(A).

4. Brown Act compliance

Bylaws, Article VII, Section 1 provide:

> "The Commission shall comply with the Brown Act and ensure open and fair public deliberation."

The Brown Act requires neutral facilitation of public meetings. Leadership by two individuals with financial interests in funded providers conflicts with Article VII, Section 1.

C. Summary of County Law and Bylaws Observable Compliance Gaps

The Commission's current practices conflict with:

- **Los Angeles County Code § 3.29.040**
- **Los Angeles County Code § 3.29.030(B)**
- **Los Angeles County Code § 3.29.020**
- **Bylaws, Article III, Section 3(B)**
- **Bylaws, Article III, Section 3(C)**
- **Bylaws, Article IV, Section 2(A)**
- **Bylaws, Article VII, Section 1**

These conflicts arise from structural leadership issues, public disclosure of HIV status, and posting practices that exceed statutory requirements.

VI. STRUCTURAL ETHICS CONCERNS

This section explains why the compliance failures identified in Sections III, IV, and V constitute a structural ethics problem rather than isolated or incidental issues. The Commission's current practices reflect systemic governance failures that have persisted over multiple years despite clear federal guidance, County Code requirements, and internal bylaws.

A. Longstanding Knowledge of Conflicts of Interest

The Commission has operated for multiple years with Co-Chairs who are employed by Ryan White Part A–funded service providers. This leadership structure appears in multiple publicly posted rosters and meeting packets. The Commission has updated its bylaws, revised its Code of Conduct, and adopted new operating procedures during this period, yet it has not reconciled the conflict-of-interest restrictions required under federal law, state law, County Code, and its own bylaws.

The Commission has also repeatedly published conflict-of-interest disclosures in meeting packets. These disclosures identify which members are affiliated with funded providers. The Commission has therefore been aware of the conflicts of interest in its leadership structure.

B. Longstanding Knowledge of Confidentiality Requirements

Federal law requires planning councils to protect the confidentiality of individuals receiving Ryan White services. State law prohibits disclosure of medical information without authorization. The Commission's bylaws also require confidentiality protection.

Despite these requirements, the Commission has consistently published rosters identifying unaffiliated consumer seats and alternates assigned only to HIV-positive members. These practices have appeared in meeting packets, committee rosters, and public postings for multiple years. The Commission has therefore been aware that its posting practices disclose HIV status.

C. Repeated Opportunities to Correct the Issues

The Commission has had multiple opportunities to correct these issues, including:

1. Updates to HRSA guidance, including the 2025 Part A Manual and the 2023 Planning Council Expectations Letter.
2. Revisions to Commission bylaws and operating procedures.
3. Annual conflict-of-interest disclosures.
4. Annual membership roster updates.
5. Brown Act compliance reviews.
6. The establishment of the Los Angeles County Office of Ethics.

Despite these opportunities, the Commission has not corrected the structural conflicts of interest or the confidentiality Observable compliance gaps.

D. Systemic Nature of the Observable Compliance Gaps

The Observable compliance gaps identified in prior sections are not isolated. They are embedded in the Commission's governance structure and operational practices. Examples include:

1. Leadership roles held by individuals with financial interests in funded providers.
2. Public posting of rosters that disclose HIV status.
3. Committee assignments that reinforce HIV-identifying seat categories.
4. Alternates lists that confirm HIV status.
5. Brown Act posting practices that exceed statutory requirements.
6. Misalignment between County Code Chapter 3.29 and federal confidentiality and conflict-of-interest requirements.

These practices are structural and affect every meeting, every committee, and every public posting.

E. Impact on Public Trust and Program Integrity

The Commission's role is to ensure community participation in Ryan White Part A planning. Structural conflicts of interest and confidentiality Observable compliance gaps undermine public trust in the Commission's ability to represent the interests of people living with HIV. They also compromise the integrity of priority setting, allocation recommendations, directives, and service standards.

These issues affect the County's ability to demonstrate compliance with federal requirements and may jeopardize the County's standing with HRSA.

F. Need for Formal Corrective Action

Because the issues are structural, longstanding, and documented, informal adjustments are insufficient. The Commission must undertake a formal review and implement a corrective action plan that addresses leadership structure, confidentiality protection, posting practices, and alignment with federal and state law.

VIII. RECOMMENDED CORRECTIVE ACTION PLAN

This section outlines the recommended corrective actions necessary for the Commission to come into compliance with federal law, state law, County Code, and its own bylaws. The actions are structured in three phases to align with the timelines requested in Section I.

A. Phase One: Immediate Review and Identification of Issues

The Commission should initiate a formal review of the compliance issues identified in this comment no later than September 1, 2026. The review should include:

1. A complete inventory of all public-facing materials identifying unaffiliated consumer seats, alternates, or other information that discloses or implies HIV status.
2. A review of leadership roles to determine whether any individuals in leadership positions have financial interests in Ryan White Part A–funded service providers.

3. An assessment of Brown Act posting practices to determine whether materials exceed statutory requirements or include protected health information.
4. A review of County Code Chapter 3.29 to identify provisions that conflict with federal confidentiality and conflict-of-interest requirements.
5. A review of Commission Bylaws to identify provisions that require revision to align with federal and state law.

The Commission should document the results of this review in writing.

B. Phase Two: Development and Initiation of Corrective Action Plan

The Commission should complete its review and initiate a corrective action plan no later than October 15, 2026. The corrective action plan should include the following components.

1. Confidentiality Protections

The Commission should adopt confidentiality protections that comply with federal and state law. These protections should include:

a. Removal of all public-facing references to unaffiliated consumer seats.
b. Removal of alternates lists from public materials.
c. Removal of committee assignments that identify HIV-positive members.
d. Adoption of a public roster format that does not disclose or imply HIV status.
e. Adoption of a confidential internal roster for HRSA compliance.

2. Leadership Structure

The Commission should revise its leadership structure to comply with federal conflict-of-interest requirements. This should include:

a. Removal of individuals employed by Ryan White Part A–funded service providers from leadership positions.
b. Appointment of leadership that is free of financial interests in funded providers.
c. Revision of bylaws to prohibit provider-affiliated leadership.
d. Adoption of a neutral facilitation protocol for Commission meetings.

3. Brown Act Posting Practices

The Commission should revise its posting practices to comply with the Brown Act and protect confidentiality. This should include:

a. Limiting public postings to materials required under the Brown Act.
b. Removing rosters, alternates lists, and committee assignments from public postings.
c. Adopting a posting protocol that ensures confidentiality and compliance with federal and state law.

4. Alignment with County Code Chapter 3.29

The Commission should work with County Counsel to reconcile County Code Chapter 3.29 with federal confidentiality and conflict-of-interest requirements. This should include:

a. Revision or reinterpretation of § 3.29.040 to eliminate public disclosure of HIV status.

b. Revision of § 3.29.030(B) to clarify the Commission's role in relation to the administration of Ryan White funds.
c. Revision of § 3.29.020 to ensure alignment with federal requirements.

5. Training and Compliance Monitoring

The Commission should adopt training and monitoring practices to ensure ongoing compliance. This should include:

a. Annual training on confidentiality, conflict-of-interest requirements, and Brown Act compliance.
b. Annual review of public-facing materials for compliance.
c. Annual review of leadership structure for conflicts of interest.
d. Documentation of compliance efforts in Commission minutes.

C. Phase Three: Publication of Review and Corrective Action Plan

The Commission should publicly publish its review and corrective action plan. The corrective action plan document should include a:

1. Summary of the issues identified;
2. Description of the corrective actions adopted;
3. Timeline for implementation;
4. Description of any bylaws or County Code revisions required, and
5. Description of any training or monitoring practices adopted.

The document should be:

- Posted on the Commission's website;
- Included in the minutes of the next regular meeting following completion of the review;
- Ratified by vote by the full commission in that scheduled meeting.

IX. CLOSING STATEMENT

This public comment is submitted to support the Commission's responsibility to operate in full compliance with federal law, state law, County Code, and its own bylaws. The issues identified in this comment are longstanding, structural, and documented in publicly available materials. They affect the integrity of the Commission's deliberations, the confidentiality of individuals receiving Ryan White services, and the County's ability to demonstrate compliance with federal requirements.

The corrective actions requested in this comment are reasonable, necessary, and consistent with the Commission's mandate. They are also time-bound to ensure that the Commission addresses these issues promptly and transparently. The requested timelines are:

1. Initiate a formal review of the issues identified in this comment no later than September 1, 2026.
2. Complete the review and initiate a corrective action plan no later than October 15, 2026.
3. Publicly publish the review and corrective action plan, including specific steps taken and timelines for full compliance.

These actions will strengthen the Commission's governance, protect the privacy and safety of people living with HIV, and support the County's continued eligibility for Ryan White Part A funding. They will also ensure that the Commission's work reflects the standards of transparency, neutrality, and accountability required of a public body.

This comment is submitted in good faith and with the expectation the Commission will take the necessary steps to correct the issues identified. The undersigned appreciates the Commission's attention to these matters and looks forward to the publication of its review and corrective action plan within the timelines described above.

Respectfully submitted this 16th day of August 2026.

/s/ Jeffrey Young

Jeffrey Young
INVANTAS Solutions LLC
1001 Wilshire Boulevard #1299
Los Angeles, CA 90017-2821
E-mail: jeffrey.young@invantasllc.com
Telephone: 323-784-0100

LOS ANGELES COUNTY
COMMISSION ON HIV

2026 - 2027 Training Schedule

(Subject to change)

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

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

CLICK ON THE TRAINING TOPIC TO REGISTER

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

Revised 5/22/26

LOS ANGELES COUNTY
COMMISSION ON HIV

(PROPOSAL) Ryan White Community and Provider Knowledge Exchange

Know the Services. Make the Connection. Strengthen the System.

The **Ryan White Community and Provider Knowledge Exchange** will be a community-centered learning and relationship-building event designed to strengthen awareness, understanding, and coordination across Los Angeles County's Ryan White HIV/AIDS Program.

This will not be a traditional resource fair. The value of the event will be in the exchange itself: creating space for community members, Ryan White providers, and other service partners to learn from one another, better understand available services, strengthen referral relationships, and identify barriers that may prevent people from accessing care and support.

The event will include an overview of the Ryan White Program, interactive conversations about available services, practical referral and service-navigation activities, and opportunities for participants to share what is working, what remains confusing, and where stronger coordination is needed.

The goal is simple: help more people know that Ryan White services exist, understand how to access them, and make it easier for providers and community partners to connect people to the right services at the right time.

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/Dec (TBD)	Feb 8
Caucuses	Refer to MCE Committee						

Standing Meeting Framework

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

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

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

#	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	DSHP CQM	Ongoing	Request service category evaluation reports from DHSP CQM team; this would augment the service utilization reports the COH currently receives.
29	Develop and monitor program directives	SBP PP&A	DHSP	Ongoing	
30	Compile best practices as related to HIV care and prevention	SBP		Ongoing	

Committee Roles & Responsibilities Matrix

Description / Purpose

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

Standing Committees

Executive Committee

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

Membership & Community Engagement Committee (MCE)

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

Planning, Priorities & Allocations Committee (PP&A)

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

Standards and Best Practices (SBP) Committee

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

Ad Hoc Committees & Workgroups

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

Caucuses

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

Committee-Only Members

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

Executive Committee 2026 Workplan

PURPOSE

To define the scope, priorities, and core activities of the Executive 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 integrated planning guidance, and the Commission's restructured governance model. The Executive Committee serves as the Commission's primary coordinating, oversight, and decision-facilitating body, ensuring that the work of standing committees, caucuses, and other subordinate working units is aligned, compliant, and advancing the Commission's mission and integrated HIV planning responsibilities.

CRITERIA

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

- Fulfill the Executive Committee responsibilities defined in Article X of the Commission Bylaws;
- Support compliance with RWHAP Part A, HRSA, CDC, Brown Act, and County requirements;
- Provide clear oversight, coordination, and approval pathways for committee and caucus work;
- Advance the Commission's integrated HIV prevention and care planning role; and
- Align with Commission and staff capacity, recognizing a bi-monthly meeting schedule.

CORE COMMITTEE RESPONSIBILITIES

The Executive Committee is responsible for:

- Overseeing Commission operational, administrative, and governance functions;
- Serving as the clearinghouse for committee, caucus, and working unit recommendations;
- Approving Commission meeting agendas, calendars, and annual workplans;
- Coordinating and aligning the work of standing committees and caucuses;
- Conducting strategic planning and governance review activities;
- Reviewing, recommending, and approving Commission policies, procedures, and Bylaws updates;
- Advancing policy activities consistent with County legislative protocols and funding restrictions;
- Overseeing Commission budget development, expenditures, and fiscal compliance;
- Supporting Executive Director oversight and Commission staffing continuity; and
- Acting on behalf of the Commission between meetings, as appropriate

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 U=U

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

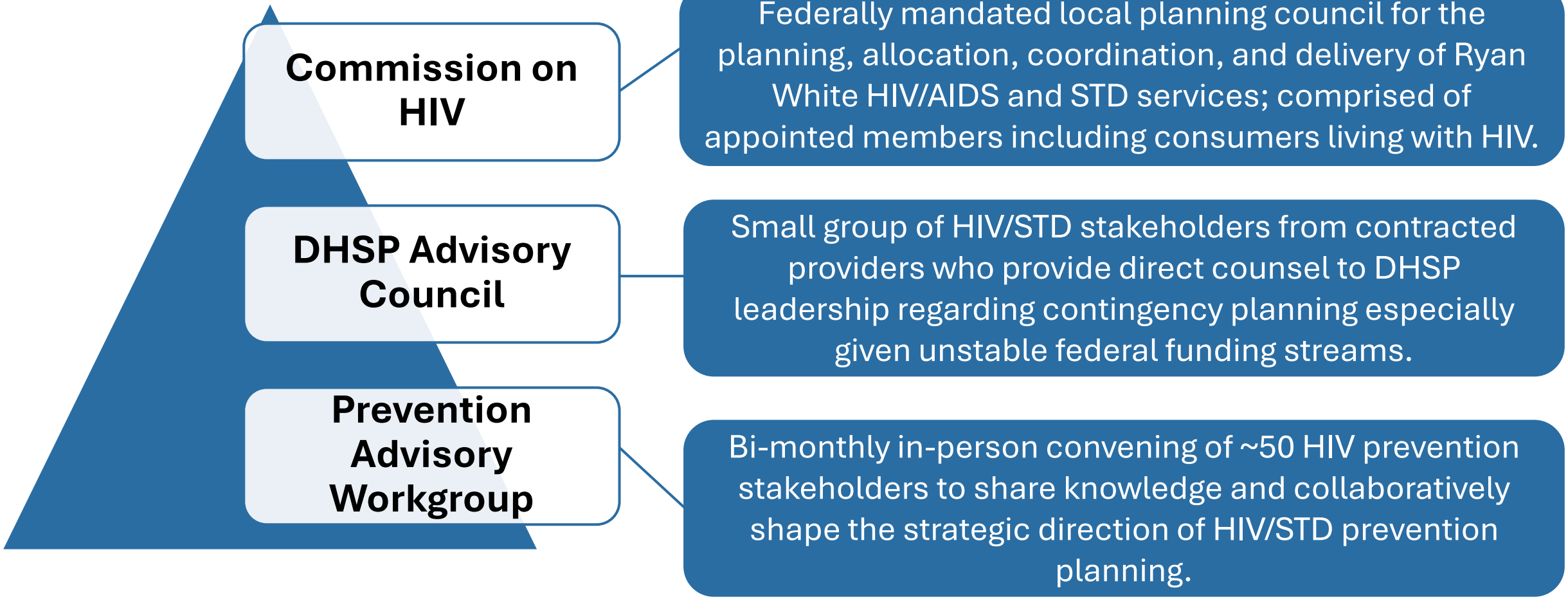
June 2, 2026

- 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 U=U

LA COUNTY HIV Ending the HIV Epidemic

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

Getting Care Covered by Your Insurance

A Simple Guide to Help You Avoid Surprise Costs

Health insurance can feel confusing, but you don't have to figure it out alone. This guide walks you through a few basic steps to help you understand your coverage and avoid unexpected bills.

Before You Get Care

Try to check these three things:

1. What type of insurance plan do I have?

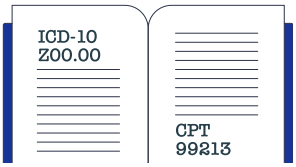
2. Is my provider in-network?

3. Is this service covered?

Then call your insurance and ask:

- Is this service covered?
- Do I need prior authorization?
- What will I have to pay?

Check Coverage Before Your Appointment



Ask your provider's office for:

CPT codes (what service you're getting)
Diagnosis codes (why you're getting that service)

Know Your Insurance Plan

HMO **(including Medi-Cal)**
- You usually need a referral from your main doctor (primary care provider or PCP) to see a specialist
- Some care, such as hormone therapy, may be provided by your PCP. Your PCP may tell you that they will need to refer you to a specialist

PPO
- Referrals are usually not required
- You can often contact providers directly

EPO
- Referrals are usually not required.
- You must use in-network providers for coverage

POS
- You can see in-network providers (lower cost) or out-of-network providers (higher cost).

How to Check if a Provider is In-Network

Option 1: Online
- Go to your insurance company's website
- Search for your provider within the "Find a provider" search tool

Option 2: Call your insurance
- Use the customer service number on your insurance card
- Ask: "Is this provider in-network?"

If There Is No In-Network Provider

You still have options.
- If your insurance does not have an in-network provider for the care you need, they may be required to help you get care from an out-of-pocket-network provider at in-network rates.

Example:
- If there is no in-network provider for gender-affirming top surgery, your insurance may need to help arrange care with an out-of-network provider.

What To Ask

What are my options if there is no in-network provider for this service?

Helpful Terms

- **Premium:** The monthly amount you pay for insurance
- **Copay:** A fixed amount you pay for a visit or service
- **Deductible:** The amount you pay before insurance starts covering costs
- **In-Network:** Providers contracted with your insurance (usually lower cost)
- **Out-of-Network:** Providers not contracted with your insurance (usually higher cost)
- **Referral:** Approval from your primary care provider to see a specialist
- **Prior Authorization:** Approval from your insurance before certain services are covered
- **CPT Codes:** Codes that describe the service you are receiving
- **Diagnoses Codes:** Codes that explain your medical need

Learn more:
www.healthcare.gov/glossary/

Tips for Calling Your Insurance

Be clear about the service you're asking about
- **Medication example:** Testosterone Cypionate 200mg/mL
- **Procedure example:** Gender-affirming double mastectomy for treatment of gender dysphoria

Take notes during the call
- It is crucial to get the representative's information if you experience any discriminatory comments or behaviors
- Ask for the representative's name
- Write down the date and time
- Note the phone number you called, especially if transferred
- Ask if there is a reference number for the call

Ask about next steps
- Do I need a form for approval?
- How long will this take?

Quick Reminders

- Check your insurance coverage regularly
- Stay updated on your provider networks which can change each year
- Update your provider whenever you have changes in your insurance
- If you need more guidance, it may be helpful to use a step-by-step guide focused on referrals and prior authorizations. This process can be confusing; having clear steps can make it easier to navigate
  - Here are some resources if you need help:
    - **Healthcare.gov**: www.healthcare.gov
    - **Covered California**: www.coveredca.com
    - **Out2Enroll**: www.out2enroll.org
    - **Health Consumer Alliance**: www.healthconsumer.org
    - **TransFamily Support Services**: www.transfamilysos.org

Additional Support

For more information, visit https://californialgbtqhealth.org/
or contact us at info@californialgbtqhealth.org

LOS ANGELES COUNTY
COMMISSION ON HIV

To protect applicant privacy, hard copies of membership applications and supporting materials will be provided during the Committee's deliberations. All copies must be returned to Commission staff immediately following the discussion.

Membership Interview Panel Instructions & Guide

Current Vacancy Interview Process

Purpose of This Packet

Thank you for serving as an interview panelist for the Los Angeles County Commission on HIV. The Commission's initial restructured membership is now seated, and we are moving into the regular process for filling vacancies as they arise.

Your role is to help ensure each applicant receives a fair, consistent, and welcoming interview. Panelists should consider both the applicant's readiness to serve and the specific representation or expertise needed for the vacant seat. This packet explains the current vacancies, interview flow, scoring, and panel expectations.

About the Commission

The Los Angeles County Commission on HIV is the federally required planning council for the Ryan White HIV/AIDS Program Part A in the Los Angeles County Eligible Metropolitan Area. It also serves as the County's integrated HIV prevention and care planning body.

The Commission is authorized for 32 members: 29 voting members appointed by the Board of Supervisors and three non-voting institutional representatives. Its work includes setting priorities and allocating Ryan White Part A resources, developing service standards, assessing the administrative mechanism, and ensuring meaningful community participation in HIV planning.

Where We Are Now

The Commission approved revised Bylaws on December 11, 2025. On March 17, 2026, the Board of Supervisors adopted amendments to Los Angeles County Code Chapter 3.29, reducing the Commission from 51 to 32 members and updating its governance and operations. The first cohort under the new structure has now been seated.

These interviews are not part of the original cohort-selection process. They are part of the Commission's regular membership process for reviewing viable applicants and recommending qualified candidates to fill current vacancies.

Current Vacancy Priorities

The Commission currently has **five (5) voting-member vacancies**. Panelists will receive the current vacancy roster and each applicant's application before the interview. Immediate recruitment priorities include the following:

Vacancy	Number	What the Seat Is Intended to Bring
Unaffiliated representatives SPA 8 SPA 5 At-Large #2	3	All three seats must be filled by a person living with HIV who is not employed by, contracted with, or otherwise affiliated with a Ryan White-funded service provider or planning entity. These seats help ensure the Commission includes independent consumer voices and meets federal representation requirements. **SPA 8 - South Bay/Harbor:** The applicant should live in and bring the perspective of communities within Service Planning Area 8, including the South Bay, Harbor, and Long Beach areas. **SPA 5 - West Los Angeles:** The applicant should live in and bring the perspective of communities within Service Planning Area 5, which covers West Los Angeles and surrounding communities. **At-Large #2 - Countywide:** The applicant may live anywhere within the Los Angeles County Eligible Metropolitan Area. This seat is not tied to a specific SPA and supports the Commission's overall consumer representation, parity, and reflectiveness.
Incarcerated/formerly incarcerated community	1	A person living with HIV who was formerly incarcerated and released from custody within the prior three years, or someone with meaningful experience representing and working with people with HIV impacted by incarceration. The focus is on bringing the needs and experiences of this community into HIV planning.
Hospital/healthcare planning	1	A representative with knowledge of hospital systems, healthcare planning, care coordination, or related system-level work. The person should be able to help connect Commission planning with the broader healthcare delivery system.

Important: An applicant may bring more than one relevant perspective. The panel should assess the person as a whole while also confirming whether the applicant meets the requirements of the vacancy for which they are being considered.

Committee-Only Referral Option

An applicant who is not recommended for the full vacant seat may still be considered for referral to a committee-only position when their experience, perspective, or interest would add value to the Commission's work. Committee-only members serve and vote on an assigned committee, participate in discussion and recommendations, and may take part in other Commission activities, but they do not hold a voting seat on the full Commission. A committee-only referral should be based on demonstrated fit and readiness, not used as an automatic alternative for every applicant. The panel may recommend the referral, with final approval moving through the Commission's established membership process.

Panel Composition and Role

- Each interview panel will include three panelists, including at least one Membership & Community Engagement (MCE) Co-Chair Committee whenever possible.
- Panel composition should support balance, reflectiveness, and the absence of conflicts of interest.
- Panelists interview, independently score, briefly deliberate, and make a recommendation.
- Commission staff provide scheduling, technical, and process support. Staff do not score applicants or direct the panel's recommendation.

Before the Interview

1. Review the applicant's application and identify the vacancy or vacancies for which the person is being considered.
2. Note any information that needs clarification, including eligibility, affiliation, availability, lived experience, or professional background.
3. Disclose any actual or perceived conflict of interest to staff before the interview. A prior professional or community connection does not automatically disqualify a panelist, but it should be disclosed.
4. Do not discuss applicants or reach conclusions with other panelists before the scheduled interview and debrief.
5. Keep all applications, interview notes, and deliberations confidential.

Interview Structure and Schedule

Each interview is scheduled for a 45-minute block:

- 30 minutes — interview with the applicant
- 15 minutes — panel-only debrief, scoring, and recommendation

All applicants should be asked the same core questions. Follow-up questions may be used to clarify an answer or better understand the applicant's connection to a particular vacant seat. Follow-up questions should remain job-related, respectful, and consistent with the purpose of Commission service.

Suggested Panel Roles

- **Panel lead**: Welcomes the applicant, reads the opening script, keeps the interview moving, and closes the applicant portion.
- **Question leads**: Panelists divide the questions so each person has an active role.
- **All panelists**: Take notes, ask appropriate follow-up questions, score independently, and participate in the debrief.
- **Staff:** Tracks time and alerts the panel lead when approximately five minutes remain.

Interview Opening Script

Hi, thank you for joining us today. My name is **[Name]**, and I'm joined by **[Name]** and **[Name]**. We appreciate your interest in serving on the Los Angeles County Commission on HIV.

The Commission is the County's Ryan White HIV/AIDS Program Part A planning body and also serves as an integrated HIV prevention and care planning body. Its membership includes people with lived experience, community representatives, providers, and other partners who help guide HIV planning across Los Angeles County.

The Commission's first membership cohort under its new 32-member structure has been seated. We are now interviewing applicants through our regular process to fill current vacancies. We are considering your application for **[name the applicable seat or seats]**.

Today's interview will be approximately 30 minutes. We will ask the same core questions used for all applicants and may ask a few follow-up questions related to the vacant seat. We will leave time at the end for any questions you may have. After the interview, the panel will remain for a brief debrief and scoring discussion.

Thank you again for your time and willingness to be considered. Let's get started.

Core Interview Questions (Refer to Scoring Sheet)

1. What have you heard or learned about the Los Angeles County Commission on HIV?
2. What inspires you to serve on the Commission?
3. What skills, perspectives, lived experience, or professional experience would you bring to the Commission's work?
4. Serving as a Commissioner requires consistent participation and an estimated commitment of at least 10 hours per month. Are you able to make that commitment?
5. Please tell us about the ways you have been involved in your community or worked with people whose experiences may be different from your own.

6. Commission involves reviewing information, listening to different perspectives, and reaching decisions as a group. Tell us about a time you worked through disagreement or helped a group move forward.
7. What do you hope to contribute and learn through your participation on the Commission?

Seat-Specific Follow-Up Questions

Use only the questions that are relevant to the vacancy. These questions are intended to clarify eligibility and experience; they do not replace the core interview questions.

- **Unaffiliated representative**: Are you currently employed by, contracted with, serving in a paid leadership role for, or otherwise affiliated with a Ryan White-funded provider or planning entity? How would you bring an independent consumer perspective to the Commission?
- **Incarcerated/formerly incarcerated community**: What experience do you have personally or professionally with people impacted by incarceration? What HIV-related barriers affecting this community should the Commission better understand?
- **Hospital/healthcare planning**: What experience do you have with hospital systems, healthcare planning, care coordination, or system improvement? How could that experience support the Commission's planning work?

Scoring Framework

Each panelist scores independently using the 0–5 scale below. Scores should reflect the substance of the applicant's responses, not speaking style, familiarity with formal meetings, or professional polish. Lived experience and community knowledge should be valued alongside professional expertise.

The panel should consider the full interview, including readiness to participate, ability to collaborate, connection to the applicable seat, and potential contribution to parity and reflectiveness.

Score	Rating	Guidance
5	Excellent	Clear, specific, and highly relevant response. Demonstrates strong readiness, insight, collaboration, and connection to the Commission's work or the applicable seat.
4	Strong	Fully addresses the question and provides relevant examples or perspective. Demonstrates solid readiness and likely contribution.
3	Adequate	Addresses the main question and demonstrates basic readiness, but may need additional development, orientation, or support.
2	Limited	Partially addresses the question. Important information is missing, unclear, or raises concern about readiness or fit.
1	Inadequate	Does not meaningfully address the question or demonstrates substantial concerns about readiness, participation, or collaboration.
0	Unscorable	No answer, refusal to answer, or response is unrelated to the question.

Threshold and Recommendation

The standard recommendation threshold remains an average score of 3.5, equal to 70 percent. With seven core questions, this is an average rather than a fixed raw-point total and should be calculated from the scoring sheet provided for the interview.

A score is an important guide, but it does not make the decision by itself. The panel may discuss applicants below the threshold when there is a required seat, a significant representation need, or other relevant information. Any recommendation should be supported by a clear, fair, and documented rationale.

Panel Debrief and Recommendation

- Each panelist completes an independent score before discussing the applicant.
- Panelists briefly share their overall assessment and any material differences in scoring.
- The panel confirms whether the applicant appears to meet the eligibility requirements for the applicable vacancy.
- The panel considers readiness, collaboration, attendance commitment, seat fit, parity, and reflectiveness.
- The panel records one recommendation: recommend for the applicable full seat; recommend for another eligible role, such as alternate or committee-only membership; hold for future consideration; or do not recommend at this time.
- The panel documents a brief rationale based on the interview and application. Avoid personal judgments or language unrelated to the applicant's ability to serve.

Important Reminders

- ✓ Be welcoming. Applicants may be nervous, unfamiliar with Commission terminology, or new to formal planning spaces.
- ✓ Ask only questions related to Commission service and the vacant seat. Do not ask about protected personal information that is not necessary to establish seat eligibility.
- ✓ Do not reward professional polish over lived experience, community connection, thoughtfulness, or willingness to learn.
- ✓ Apply the same standards to every applicant while allowing reasonable follow-up questions for clarification.
- ✓ Do not promise an appointment. The interview panel makes a recommendation that moves through the Commission's established membership approval process.
- ✓ Keep all applicant information, notes, scores, and deliberations confidential.

Commission staff will provide the vacancy roster, application, scoring sheet, relevant Bylaws information, and interview schedule, and will remain available for procedural support.

LOS ANGELES COUNTY
COMMISSION ON HIV

Applicant Interview & Scoring Guide

Name of Applicant: _____

Evaluated/Scored by: _____

Date of Evaluation/Interview: _____

☐ Unaffiliated ☐ Provider

INTERVIEW PANELIST SCRIPT

Thank you so much for joining us today. My name is **[Name],** and I'm joined by **[Name]** and **[Name].** We appreciate you taking the time to meet with us.

Before we get started, I want to share a bit of context. The Los Angeles County Commission on HIV is the County's Ryan White HIV/AIDS Program planning body and functions as an integrated HIV prevention and care planning body. The Commission brings together community members, people with lived experience, providers, and stakeholders to help plan for equitable access to HIV prevention, care, and treatment services across Los Angeles County.

As part of this work, the Commission plays a key role in prioritizing and allocating an approximately $46 million Ryan White Program funding portfolio, developing and recommending standards of care, assessing the efficiency and timeliness of services and funding, and supporting outreach and recruitment to ensure the planning table reflects the communities most impacted by HIV.

This interview is part of the process to fill in vacancies on the Commission's membership. The goal of this process is to ensure the Commission is made up of people who are ready to engage thoughtfully, collaborate with others, and participate consistently in planning work.

Today's interview will be about 30 minutes and is designed to be conversational and welcoming. We'll ask a set of consistent questions and leave time at the end for any questions you may have.

The following demographic information is taken from the member application and included here for ease of reference.

In which Supervisorial District and SPA do you work? Check all that apply.	
District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐	SPA 1 ☐ SPA 5 ☐ SPA 2 ☐ SPA 6 ☐ SPA 3 ☐ SPA 7 ☐ SPA 4 ☐ SPA 8 ☐
In which Supervisorial District and SPA do you live?	
District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐	SPA 1 ☐ SPA 5 ☐ SPA 2 ☐ SPA 6 ☐ SPA 3 ☐ SPA 7 ☐ SPA 4 ☐ SPA 8 ☐
In which Supervisorial District and SPA do you receive HIV (care or prevention) services? Check all that apply.	
District 1 ☐ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐	SPA 1 ☐ SPA 5 ☐ SPA 2 ☐ SPA 6 ☐ SPA 3 ☐ SPA 7 ☐ SPA 4 ☐ SPA 8 ☐

DEMOGRAPHIC INFORMATION				
RACE/ETHNICITY *** Please select all that apply.***				
☐American Indian or Alaska Native ***Please specify Nation in Comment Box below****	☐Asian	☐Black or African American	☐Hispanic or LatinX	☐Multi-Race
☐Native Hawaiian or Other Pacific Islander	☐White or Caucasian	If your RACE/ETHNICITY is not listed, please use this space to share how you self-identify or to specify Nation if representing American Indian or Alaska Native:		

GENDER IDENTITY				
☐Non-Binary/ Gender Non-Conforming	☐Transgender: Female to Male	☐Transgender: Male to Female	☐Female	☐Male
If your gender identity is not listed above, please use this space to share how you self-identify				

AGE						
☐13-19	☐20-29	☐30-39	☐40-49	☐50-59	☐60+	☐Prefer not to state

PROVIDER INFORMATION: Check all that apply.				
☐Incarcerated	☐Healthcare	☐Social Service	☐Substance Abuse	☐Mental Health
☐Prevention	☐CBO	☐Other Federal	☐Healthcare Planning	☐Public Health
Has attended at least one Commission meeting		☐Yes ☐No		

INTERVIEW: All candidates for Commission membership are expected to sit for an interview. The interview is intended to help better familiarize the interview panelists with the candidate, and for the candidate to better determine their expectations of, interest in, and plans for Commission membership.

INTERVIEW QUESTIONS:

1. **What have you heard or learned about the Los Angeles County Commission on HIV?**

   Notes:

   Score: _____

2. **What inspires you to serve on the Commission on HIV?**

   Notes:

   Score: _____

3. **What skills, perspectives, or experiences would you bring to the Commission on HIV?**

   Notes:

   Score: _____

4. **Serving as a Commissioner requires a minimum commitment of 10 hours per month. Are you able to commit to this level of participation?**

   Notes:

   Score: _____

5. **In what ways have you been involved in your community?**

   Notes:

   Score: _____

6. **What do you hope to gain or learn from your participation on the Commission?**

   Notes:

   Score: _____

TOTAL SCORE: _____

ADDITIONAL NOTES:

Prepared by: _____

Scoring Framework & Threshold

Panelists will score each candidate using the standardized 0–5 scoring criteria outlined below. Each panelist scores independently. Scores are averaged across panelists. A scoring sheet will be provided for each applicant **Overall Scoring Threshold:** Candidates must receive a minimum average score of 3.5**,** which is equivalent to 21 out of a possible 30 points, to be recommended for seating. Therefore, candidates must score at least 70% (an average of 3.5) to be recommended for seating.

Candidates scoring below this threshold may still be considered based on seat availability, Parity, Inclusion & Reflectiveness (PIR), and overall cohort balance.

Scoring Scale (0–5)

5 – Excellent: The answer was outstanding and exceeded all expectations. It was highly insightful, well-structured, and demonstrated deep expertise.
4 – Strong: The candidate's answer was strong, thoroughly addressed all aspects of the question, and went beyond the basic requirements.
3 – Adequate: The answer was acceptable and hit the key points of the question. It was sufficient but did not offer much extra value or insight.
2 – Weak: The answer was incomplete or poor, missing some key points or containing significant flaws.
1 – Inadequate: The answer was wholly inadequate or missed the point of the question entirely.
0 – Unscorable: The candidate refused to answer, provided a completely off-topic response, or gave no answer at all.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor
Los Angeles, CA 90020
TEL (213) 738-2816 • **FAX** (213) 637-4748
www.hiv.lacounty.gov

Caucus Structure Discussion Guide

Membership & Community Engagement Committee | August 27, 2026

1. WHY WE'RE HAVING THIS CONVERSATION

- We want caucuses that are meaningful, active, and sustainable.
- Caucuses help bring community voice, lived experience, and population-specific priorities into the Commission's work.
- Before changing the structure or adding a new caucus, we need clarity on purpose, roles, expectations, and support.

2. WHAT CAUCUSES ARE FOR

- Create a space for dialogue among community members connected to a specific population.
- Lift up community voice, lived experience, and population-specific concerns.
- Help identify unmet needs, barriers, service gaps, and emerging issues.
- Strengthen consumer involvement and community participation in Ryan White Part A planning.
- Cultivate leadership and help communities shape the Commission's work.

3. WHAT CAUCUSES SHOULD BE DOING

- **Share** community experiences, needs, gaps, and barriers.
- **Inform** needs assessment, priority setting, resource allocation, and integrated planning.
- **Develop** recommendations to support the Priorities, Planning and Allocations Committee.
- **Review** service standards, policies, or systems through a community lens and suggest improvements.
- **Support** recruitment, outreach, reflectiveness, and engagement for specific populations.
- **Elevate** population-specific priorities and emerging issues.
- **Suggest** listening sessions, presentations, trainings, and community engagement activities.
- **Bring** themes and recommendations forward through the Membership & Community Engagement Committee.

4. WHAT CAUCUSES ARE NOT RESPONSIBLE FOR

- Making final Commission decisions.
- Setting funding allocations.
- Selecting providers or participating in procurement.
- Speaking for the full Commission without approval.
- Taking independent policy, legislative, or budget advocacy positions on behalf of the County or Commission.

5. TWO PATHS TO CONSIDER

Option 1: One shared caucus + workgroups

- One central caucus structure.
- Create short-term workgroups for specific communities or tasks.
- Workgroups could support unmet needs, service standards, outreach, recruitment, or Commission recommendations.

Option 2: Keep separate caucuses

- Keep the 5 current caucuses.
- Consider adding a 6th Latine Caucus.
- Maintain dedicated spaces for community-specific issues.

6. QUESTIONS TO GUIDE OUR DISCUSSION

- What should every caucus be responsible for?
- When does an issue call for a standing caucus versus a temporary workgroup?
- How should caucus input and recommendations flow back through MCE and the Commission?
- What level of participation and staff support is realistic and sustainable?
- If a new caucus is proposed, what criteria should be used?

Our goal today: clarify which structure best supports community voice and the Commission's work.

LOS ANGELES COUNTY
COMMISSION ON HIV

Caucuses Quick Q&A Guidance

Aging Caucus * Black Caucus * Consumer Caucus * Women's Caucus * Transgender Caucus

Purpose: This quick guide gives caucus participants a shared, practical understanding of how caucuses support the Commission's work under the new structure. Caucuses are dedicated community voice spaces that help bring lived experience, community concerns, and population-specific priorities into the Commission's planning, needs assessment, recruitment, outreach, and Integrated Plan implementation work. Participation is prioritized for people with lived experience and those most directly impacted by HIV, while also allowing supportive partners and allies to contribute as appropriate.

Quick Q&A

1. What are the Commission caucuses?

Caucuses are population-centered spaces, approved by the Commission, that help bring community voice, experience, and population-specific concerns into the Commission's work. The current caucuses are the **Consumer Caucus, Black Caucus, Aging Caucus, Women's Caucus,** and **Transgender Caucus**. The Consumer Caucus serves as the primary hub for consumer voice because consumer involvement is foundational to Ryan White Part A planning, and the Black, Aging, Women's, and Transgender Caucuses strengthen that work by lifting the distinct and intersecting experiences of communities most impacted by HIV.

2. What is the main purpose of a caucus?

A caucus gives members connected to a specific community a space to discuss what they are seeing and experiencing, identify needs or barriers, and help make sure those perspectives are not missed in the Commission's planning work.

3. What is the Consumer Caucus, and why is it primary?

The Consumer Caucus is the Commission's primary caucus because consumer voice is central to Ryan White Part A planning. HRSA does not require a caucus by that specific name, but it does require meaningful involvement of unaffiliated consumers and people with HIV in the planning process. The Consumer Caucus is one of the Commission's clearest ways to create and maintain that space.

4. Does that mean the other caucuses are less important?

No. All caucuses matter. The Black, Aging, Women's, and Transgender Caucuses help deepen the Commission's understanding of population-specific experiences. Many of those issues may also connect back to the Consumer Caucus because they affect access, service experience, quality, and outcomes for people receiving or needing HIV services.

5. What is required for consumer involvement under Ryan White Part A?

As a Ryan White Part A planning council, the Commission must meaningfully involve people with HIV and unaffiliated consumers in the planning process. In practical terms, this includes:

- At least 33% of the planning council (the Commission) membership must be unaffiliated consumers who receive Ryan White Part A services and are not employees, officers, consultants, or representatives of Part A-funded providers.
- Consumer members should reflect the demographics of people with HIV in the LA County Eligible Metropolitan Area (EMA), with attention to communities disproportionately impacted and historically underserved.
- The planning council must establish ways to obtain community input on needs and priorities, including input from people with HIV who are not appointed members.
- Consumer input should help inform needs assessment, priority setting, resource allocation, integrated/comprehensive planning, and ongoing improvement.

6. Who is invited to participate in caucus spaces?

Caucus spaces are dedicated spaces for individuals who identify with, represent, serve, or are directly connected to the Commission's priority population-specific caucuses. These spaces are intended to be safe, welcoming, and respectful, with participation prioritized for people with lived experience and those most directly impacted by HIV.

The **Consumer Caucus** has a distinct role. It is the Commission's primary caucus space for centering people with lived experience and individuals impacted by HIV, including unaffiliated consumers and people receiving or eligible for HIV prevention, care, and support services. Because consumer involvement is foundational to Ryan White Part A planning, the Consumer Caucus serves as the central hub for consumer voice, lived experience, and feedback on service access, barriers, needs, and care experiences.

For the **Black Caucus, Aging Caucus, Women's Caucus, and Transgender Caucus**, participation is prioritized for people with lived experience and individuals who identify with or are directly connected to the caucus population. These spaces may also include Commission members, committee-only members, providers, partners, and allies who are committed to listening, learning, and supporting the purpose of the caucus.

There may be times when a caucus space, discussion, or activity is held only for people with lived experience to protect safety, trust, and honest dialogue. Supportive partners and allies may help move community-identified needs forward, but the voices closest to the issues should remain centered.

7. How do caucuses support consumer involvement?

Caucuses help expand the Commission's reach beyond formal membership. They create additional ways for people with lived experience, community members, and partners to share what is happening in real life and help shape the Commission's understanding of needs, gaps, and priorities.

8. How do caucuses fit under the new Commission structure?

Under the new structure, caucuses are coordinated through the Membership & Community Engagement (MCE) Committee. This gives caucuses a clear pathway for sharing updates, community themes, and recommendations so they can be routed to the appropriate committee, DHSP, Executive Committee, CEO-LAIR, or the full Commission when needed.

9. What does "reporting through MCE" mean in practical terms?

It means caucus Co-Chairs and staff will help summarize key themes, concerns, and recommendations from caucus discussions and bring them to MCE. MCE can then determine the appropriate follow-up or referral. The goal is not to control caucus voice. The goal is to make sure caucus input has a clear path forward.

10. What kinds of issues or action items should caucuses bring forward?

Caucuses may bring forward community themes or concerns related to:

- Service access barriers and gaps;
- Needs assessment and community feedback;
- Recruitment, reflectiveness, and outreach opportunities;
- Integrated Plan implementation;
- Population-specific priorities and emerging issues;
- Suggestions for listening sessions, presentations, training, or community engagement activities.

11. What are caucuses not responsible for?

Caucuses help inform the Commission's work, but they do not replace the formal decision-making roles of the Commission and its standing committees. Caucuses do not:

- Make final Commission decisions;
- Set funding allocations;
- Select providers or participate in procurement;
- Speak for the full Commission without approval;
- Take official policy, legislative or budget advocacy positions on behalf of the County or Commission.

12. Can caucuses advocate?

Caucuses can **identify** community concerns, policy impacts, and issues that may need to be elevated. However, **caucuses cannot independently take positions or advocate on policy, legislation or budget proposals or initiatives on behalf of the County or the Commission**. Legislative advocacy must follow the County process through CEO Legislative Affairs and Intergovernmental Relations.

13. What should happen if a caucus identifies a policy, legislative or budget issue?

The caucus should bring the issue to staff and MCE first. Staff can help determine the right pathway, including whether CEO-LAIR guidance is needed before the item is placed on a Commission agenda or elevated as a formal recommendation.

14. Do caucuses need to follow the Brown Act?

Under the Commission's subordinate working unit policy, caucuses are not, by definition, Brown Act-covered bodies unless structured in a way that triggers those requirements. Even so, caucuses should still operate with **care, respect, fairness, and transparency** because they are connected to a public planning body.

15. How often will caucuses meet?

Caucuses will meet **as needed.** Meetings should have a **clear purpose, topic, activity, or request connected to the Commission's work**. To help determine whether a caucus meeting is needed, staff and caucus leadership may use the Commission's PURGE tool as a practical guide. This means asking whether the meeting has a clear Purpose, whether it is Useful to the Commission's work, whether the right people and voices are Represented, whether the meeting supports a clear Goal, and whether the time and resources required are Efficient. The goal is to keep caucus meetings meaningful and useful, not to add meetings without a clear reason.

16. What is the role of Caucus Co-Chairs?

Co-Chairs help **guide the space**. They work with staff to identify agenda topics or meeting needs, encourage participation, help keep discussions focused and respectful, and help make sure key themes or recommendations are shared with MCE and routed appropriately.

17. What is the basic pathway for caucus input?

A simple pathway is:

- Caucus identifies a theme, concern, or recommendation.
- Co-Chairs and staff summarize the key points.
- MCE receives the update and determines follow-up or referral.
- The item is routed to PP&A, SBP, Executive Committee, DHSP, CEO-LAIR, or the full Commission, as appropriate.
- Staff reports back so caucus members understand what happened with their input.

Source Notes

- HRSA Ryan White HIV/AIDS Program Part A Manual (September 2025): planning council/planning body roles, unaffiliated consumer membership, community input, and non-member involvement of people with HIV.
- Integrated HIV Prevention and Care Plan Guidance, CY 2027-2031: community engagement, planning process, and involvement of people with HIV and communities disproportionately impacted by HIV.
- Los Angeles County Commission on HIV Bylaws: Commission duties, community input, MCE role, and Commission structure.
- Commission Policy #08.1102, Subordinate Commission Working Units: caucus purpose, structure, and operational expectations.
- County CEO Legislative Advocacy Guidance (October 2024): legislative and budget advocacy process for County commissions and advisory bodies.

Priority Setting and Resource Allocation Refresher

Planning, Priorities, & Allocations Committee
August 18, 2026

LOS ANGELES COUNTY COMMISSION ON HIV

Components of PSRA

1	2	3	4
Priority Setting	Resource Allocation	Directive Development	Reallocation (as needed)

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

Why is PSRA Important?

PSRA decisions greatly influence the system of care, including:

- What **services are available** to PWH within the EMA
- **Accessibility of those services** – where services are provided
- **Capacity of funded providers to meet the needs** of specific PLWH subpopulations **Service models** used
- Service retention
- **Clinical outcomes** like viral suppression

The goal is to make sure funds are used in the best way to support people with HIV within the EMA

strictly prohibited in the selection of HIV service providers

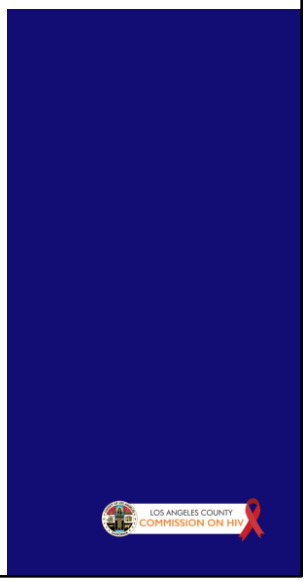
Resource Allocation

Resource Allocation - process of deciding how much RWHAP Part A and Minority AIDS Initiative (MAI) funding to provide for each prioritized service category

- 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
- Recipient provides data & advice, but the **planning council is the decision maker**

Resource Allocation

- Some **highly ranked service categories may receive little, or no funding** and some lower ranking service categories may receive larger allocations
  - 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
- Allocations are included in the **annual RWHAP Part A funding application**
  - Allocation amounts are expressed in percentage of the total



Some highly ranked service categories may receive little or no funding because:

- Needed funds are provided by other funding sources –for example, RWHAP Part B may meet need for HIV-related medications through ADAP
- Some services are needed by a small subset of PLWH –for example, linguistic services
- Some services involve relatively low costs –for example, child care - while others may cost more per client such as housing support services

Allocations are presented as percentages due to the way program funds are released. HRSA issue a partial award and will later issue a full award so the planning council may not have a total amount of funds until well into the program year.

The Committee may participate in contingency planning from time to time. Often based on potential funding cuts or increases so that DHSP can act quickly in the event of funding shifts. As a reminder, RWHAP funds are allocated annual by congress and may be subject to delays due to continuing resolutions.

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%**
- Needed when some service categories are underspent and others have greater demand/overspent
- An EMA may face **penalties if it does not spend at least 95% of its formula award** at the end of the program year
  - May include a reduction in award amount the following program year
  - **Reallocation moves funds that could otherwise go unused**

LOS ANGELES COUNTY COMMISSION ON HIV

10% falls under DSHP delegated authority, however DHSP will notify the committee if adjustments are made during expenditure reports

DHSP provided the PP&A committee with quarterly expenditure reports to ensure allocations are being followed or if reallocation is needed

Conflict of Interest

- PSRA process must manage conflict of interest (COI)
- A provider member that receives funds under RWHAP Part A or MAI should have limited participation in discussion. **They cannot initiate discussion but can answer questions**
- A provider member that receives funds under RWHAP Part A or MAI **should not vote on motions involving service categories where there is a COI**

Conflict of interest (COI) forms and Needs Assessment and Priority Setting and Resource Allocation training must be completed prior to PSRA

Members should know their conflicts and self-monitor

Ryan White Program Year 36 Reallocations - Part A [1]

Service Category	Service Ranking	PC Revised PY 36 Allocation	PC Revised PY 36 Allocation Amount	Recommendation Reallocation 1 Percentage [2]	Recommendation Reallocation 1 Amount	Notes
ADAP Treatments	**9**	0.00%	$ -	0.00%	$ -	
Child Care Services	**18**	0.00%	$ -	0.00%	$ -	
Early Intervention Services (Testing Services)	**11**	2.07%	$ 766,150	5.31%	$ 1,966,991	DHS budget challenges. Increase to support HIV testing at PH STD
Emergency Financial/Rental Assistance (ERA)	**2**	4.29%	$ 1,587,818	5.40%	$ 2,000,000	Increase to address need and change in program model. Eviction notice no longer required.
Health Education/Risk Reduction	**13**	0.00%	$ -	0.00%	$ -	Supported by other DHSP funding
Health Insurance Premium & Cost Sharing Assistance	**15**	0.00%	$ -	0.00%	$ -	Currently provided by the State
Home and Community-Based Services (Intensive Case Management Home Based)	**17**	3.96%	$ 1,465,678	4.02%	$ 1,488,988	Approximate contract amount
Home Health Care	**16**	0.00%	$ -	0.00%	$ -	
Hospice Services	**28**	0.00%	$ -	0.00%	$ -	
Housing: RCFCI (Part B) TRCF (Part B)	**1**	11.75%	$ 4,348,919	0.00%	$ -	Part B
Legal Services	**23**	2.68%	$ 991,924	2.72%	$ 1,006,340	Approximate contract amount
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%	$ 5,940,438	18.51%	$ 6,852,645	Approximate contract amount
Medical Nutritional Therapy	**26**	0.00%	$ -	0.00%	$ -	
Medical Transportation	**10**	1.86%	$ 688,425	2.70%	$ 999,870	Approximate contract amount
Mental Health Services	**3**	3.64%	$ 1,347,239	3.70%	$ 1,367,756	Approximate contract amount
Non-medical Case Management: Benefits Specialty Services	**5**	2.96%	$ 1,095,557	4.85%	$ 1,794,889	Changes in policy, RW payor of last resport, eligibility screening critical, assistance accessing care and support services are needed
Non-medical Case Management: Patient Support Services	**5**	9.60%	$ 3,553,159	7.90%	$ 2,922,514	Change in list of contractors, changes in policy, RW payor of last resport, access to care and support services critical service, support to
Non-medical Case Management: Transitional Case Management-Jails	**5**	0.00%	$ -	0.00%	$ -	Services provided by other County programs (Office of Diversion and Re-entry)
Nutrition Support: Food Bank Home Delivered Meals	**7**	8.27%	$ 3,060,899	12.35%	$ 4,569,871	$3,204,153 Food Bank and $1,365,718 Home Delivered Meals
Oral Health:	**8**	18.16%	$ 6,721,393	18.43%	$ 6,819,657	$4,901,757 General and $1,917,900 Specialty
Outpatient Medical Health Services (Ambulatory Outpatient	**20**	14.71%	$ 5,444,476	14.11%	$ 5,222,553	Number of uninsured PLWH has increased, more people may need to
Outreach Services: Linkage Re-engagement Program (LRP)	**14**	0.00%	$ -	0.00%	$ -	Supported by HRSA EHE
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%	$ -	Supported by Part B and other DHSP funding
Substance Abuse Services Outpatient	**12**	0.00%	$ -	0.00%	$ -	
Total		**100.00%**	**$ 37,012,074**	**100.00%**	**$ 37,012,074**	
			$ 37,012,074		$ 37,012,074	

Footnotes:

1) Approved by the Planning, Priorities, and Allocations Committee on 8/18/26

2) Percentages and dollar amounts may not total to 100% because of rounding

Ryan White Program Year 36 Reallocations - Minority AIDS Initative (MAI) [1]

Service Category	Service Ranking	PC Revised PY 36 Allocation Percentage	PC Revied PY 36 Allocation Amount	Recommendation Reallocation 1 Percentage[2]	Recommendation Reallocation 1 Amount	Notes
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/Rental 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 Housing	1	100.00%	$ 3,216,244	100.00%	$ 3,216,244	No change
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 Home Delivered Meals	7	0.00%	$ -	0.00%	$ -	
Oral Health:	8	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%**	**$ 3,216,244**	**100.00%**	**$ 3,216,244**	
			$ 3,216,244		$ 3,216,244	

Footnotes:

1) Approved by the Planning, Priorities, and Allocations Committee on 8/18/26

2) Percentages and dollar amounts may not total to 100% because of rounding

Ryan White Program Year 37 Reallocations - Minority AIDS Initative (MAI) [1][2]

Service Category	Service Ranking	PC Revised PY 36 Allocation Percentage	PC Revied PY 36 Allocation Amount	Recommendation Reallocation 1 Percentage[3]	Recommendation Reallocation 1 Amount	Notes
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/Rental 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 Housing	1	100.00%	$ 3,216,244	100.00%	$ 3,216,244	No change
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 Home Delivered Meals	7	0.00%	$ -	0.00%	$ -	
Oral Health:	8	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%**	**$ 3,216,244**	**100.00%**	**$ 3,216,244**	
			$ 3,216,244		$ 3,216,244	

Footnotes:

1) Approved by the Planning, Priorities, and Allocations Committee on 8/18/26

2) Approved PY36 reallocation amounts for PY37 noting that the committee will revisit these at a later date after the PY37 award is released

3) Percentages and dollar amounts may not total to 100% because of rounding

Ryan White Program Year 37 Reallocations - Part A [1][2]

Service Category	Service Ranking	PC Revised PY 36 Allocation	PC Revised PY 36 Allocation Amount	Recommendation Reallocation 1 Percentage [3]	Recommendation Reallocation 1 Amount	Notes
ADAP Treatments	9	0.00%	$ -	0.00%	$ -	
Child Care Services	18	0.00%	$ -	0.00%	$ -	
Early Intervention Services (Testing Services)	11	2.07%	$ 766,150	5.31%	$ 1,966,991	DHS budget challenges. Increase to support HIV testing at PH STD
Emergency Financial/Rental Assistance (ERA)	2	4.29%	$ 1,587,818	5.40%	$ 2,000,000	Increase to address need and change in program model. Eviction notice no longer required.
Health Education/Risk Reduction	13	0.00%	$ -	0.00%	$ -	Supported by other DHSP funding
Health Insurance Premium & Cost Sharing Assistance	15	0.00%	$ -	0.00%	$ -	Currently provided by the State
Home and Community-Based Services (Intensive Case Management Home Based)	17	3.96%	$ 1,465,678	4.02%	$ 1,488,988	Approximate contract amount
Home Health Care	16	0.00%	$ -	0.00%	$ -	
Hospice Services	28	0.00%	$ -	0.00%	$ -	
Housing: RCFCI (Part B) TRCF (Part B)	1	11.75%	$ 4,348,919	0.00%	$ -	Part B
Legal Services	23	2.68%	$ 991,924	2.72%	$ 1,006,340	Approximate contract amount
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%	$ 5,940,438	18.51%	$ 6,852,645	Approximate contract amount
Medical Nutritional Therapy	26	0.00%	$ -	0.00%	$ -	
Medical Transportation	10	1.86%	$ 688,425	2.70%	$ 999,870	Approximate contract amount
Mental Health Services	3	3.64%	$ 1,347,239	3.70%	$ 1,367,756	Approximate contract amount
Non-medical Case Management: Benefits Specialty Services	5	2.96%	$ 1,095,557	4.85%	$ 1,794,889	Changes in policy, RW payor of last resport, eligibility screening critical, assistance accessing care and support services are needed
Non-medical Case Management: Patient Support Services	5	9.60%	$ 3,553,159	7.90%	$ 2,922,514	Change in list of contractors, changes in policy, RW payor of last resport, access to care and support services critical service, support to
Non-medical Case Management: Transitional Case Management-Jails	5	0.00%	$ -	0.00%	$ -	Services provided by other County programs (Office of Diversion and Re-entry)
Nutrition Support: Food Bank Home Delivered Meals	7	8.27%	$ 3,060,899	12.35%	$ 4,569,871	$3,204,153 Food Bank and $1,365,718 Home Delivered Meals
Oral Health:	8	18.16%	$ 6,721,393	18.43%	$ 6,819,657	$4,901,757 General and $1,917,900 Specialty
Outpatient Medical Health Services (Ambulatory Outpatient	20	14.71%	$ 5,444,476	14.11%	$ 5,222,553	Number of uninsured PLWH has increased, more people may need to
Outreach Services: Linkage Re-engagement Program (LRP)	14	0.00%	$ -	0.00%	$ -	Supported by HRSA EHE
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%	$ -	Supported by Part B and other DHSP funding
Substance Abuse Services Outpatient	12	0.00%	$ -	0.00%	$ -	
Total		**100.00%**	**$ 37,012,074**	**100.00%**	**$ 37,012,074**	
			$ 37,012,074		$ 37,012,074	

Footnotes:

1) Approved by the Planning, Priorities, and Allocations Committee on 8/18/26

2) Approved PY36 reallocation amounts for PY37 noting that the committee will revisit these at a later date after the PY37 award is released

3) Percentages and dollar amounts may not total to 100% because of rounding

Fiscal Year 2025 Ryan White Program Final Expenditure Report - Part A

Priority Ranking	Service Category	YR 35 Part A COH Allocation Percentages	YR 35 Part A COH Approximate Allocation Amount	YR 35 Part A Actual Expenditure Percentage	YR 35 Part A Final Expenditures	Variance (YR 35 Final Part A Expenditures – YR 35 COH Approximate Allocation Amount)	Other Funding Support
		[1]	*[2]*	*[3]*	*[4]*	*[4-2]*	
	CORE SERVICES						
20	Outpatient/Ambulatory Medical Care	14.71%	5,525,961	1.98%	$ 743,015	($4,782,946.10)	Part B
8	Oral Health Care	18.16%	6,821,989	18.44%	$ 6,920,965	$98,976.31	
17	Home And Community-Based Health Services (Intensive Case Management Services Home Based)	3.96%	1,487,614	3.79%	$ 1,423,173	($64,441.27)	
6	Medical Case Management Services (Medical Care Coordination)	16.05%	6,029,346	17.40%	$ 6,530,211	$500,865.27	
3	Mental Health Services	3.64%	1,367,403	0.12%	$ 45,886	($1,321,517.02)	
26	Medical Nutrition Therapy	0.00%	-	0.00%	$ -	$0.00	
11	Early Intervention Services (PH STD Clinics)	2.07%	777,617	10.24%	$ 3,842,611	$3,064,994.45	
22	Local Aids Pharmaceutical Assistance Program	0.00%	-	0.00%	$ -	$0.00	
15	Health Insurance Premium & Cost Sharing	0.00%	-	0.00%	$ -	$0.00	
16	Home Health Care	0.00%	-	0.00%	$ -	$0.00	
28	Hospice Services	0.00%	-	0.00%	$ -	$0.00	
12	Substance Abuse Services Outpatient	0.00%	-	0.00%	$ -	$0.00	
9	Aids Drug Assistance Program Treatments	0.00%	-	0.00%	$ -	$0.00	
22	Local Aids Pharmaceutical Assistance Program	0.00%	-	0.00%	$ -	$0.00	
15	Health Insurance Premium & Cost Sharing	0.00%	-	0.00%	$ -	$0.00	
16	Home Health Care	0.00%	-	0.00%	$ -	$0.00	
28	Hospice Services	0.00%	-	0.00%	$ -	$0.00	
	CORE SERVICES TOTAL	**58.59%**	**$ 22,009,929**	**51.98%**	**$ 19,505,861**	**($2,504,068.36)**	
	Core Medical Waiver was approved for FY 2025						
	SUPPORTIVE SERVICES						
18	Child Care Services	0.00%	-	0.00%	$ -	$0.00	
5	Case Management Services Non-Medical (Benefits Specialty Services)	2.96%	1,111,954	2.98%	$ 1,117,989	$6,034.90	
5	Case Management Services Non-Medical (Patient Support Services)	9.60%	3,606,338	7.91%	$ 2,966,750	($639,587.63)	
5	Case Management Services Non-Medical (Transitional Case Management Jails)	0.00%	-	0.52%	$ 193,728	$193,728.00	
27	Linguistic Services	0.00%	-	0.00%	$ -	$0.00	
10	Medical Transportation Services	1.86%	698,728	1.85%	$ 692,491	($6,236.92)	
7	Nutritional Support Services (Food Bank/Home Delivered Meals)	8.27%	3,106,710	10.45%	$ 3,922,011	$815,301.39	
1	Housing Services (Transitional Residential Care Facilities/Residential Care Facilities for the Chronically Ill, Transitional Housing)	11.75%	4,414,007	14.88%	$ 5,583,944	$1,169,937.00	MAI
19	Substance Use Disorder Residential Services	0.00%	-	0.00%	$ -	$0.00	Part B, Non-Drug MediCal
23	Legal Services	2.68%	1,006,769	2.17%	$ 814,227	($192,542.26)	
2	Emergency Rental Assistance	4.29%	1,611,582	3.98%	$ 1,495,318	($116,264.13)	HRSA EHE
14	Outreach Services (LRP And Data 2 Care)	0.00%	-	3.29%	$ 1,234,664	$1,234,664.00	HRSA EHE
13	Health Education/Risk Reduction	0.00%	-	0.00%	$ -	$0.00	
4	Psychosocial Support Services	0.00%	-	0.00%	$ -	$0.00	
24	Referral	0.00%	-	0.00%	$ -	$0.00	
25	Rehabilitation	0.00%	-	0.00%	$ -	$0.00	
21	Respite Care	0.00%	-	0.00%	$ -	$0.00	
	SUPPORTIVE SERVICES TOTAL	**41.41%**	**$ 15,556,088**	**48.02%**	**$ 18,021,122**	**2,465,034**	
	DIRECT SERVICES TOTAL	**100.000%**	**37,566,017**	**100.00%**	**$ 37,526,983**		
	Quality Management	0.00%			$ 789,036		
	Administrative Services (Includes Planning Counc	0.00%			$ 4,257,334		
	QM & ADMIN TOTAL				**$ 5,046,370**		
	PART A GRAND TOTAL				**$ 42,573,353**	-	

Notes:

(1) Allocation based on priorities set by HIV Commission on September 12, 2024. Full YR 35 grant award is $42,573,353

YR 35 Direct Services Amount for Estimate COH Allocation Amount **$37,316,018**

Fiscal Year 2025 Ryan White Program Final Expenditure Report - Minority AIDS Initiative (MAI)

Priority Ranking	Service Category	YR 35 MAI COH Allocation Percentages	YR 35 MAI COH Approximate Allocation Amount	YR 35 MAI Actual Expenditure Percentage	YR 35 MAI Final Expenditures	Variance (YR 35 Final MAI Expenditures – YR 35 COH Approximate Allocation Amount)	Other Funding Support
		[1]	*[2]*	*[3]*	*[4]*	*[4-2]*	
	CORE SERVICES						
20	Outpatient/Ambulatory Medical Care	0.00%	$ -	0.00%	$ -	$0.00	Part B
8	Oral Health Care	0.00%	$ -	0.00%	$ -	$0.00	Part A
17	Home And Community-Based Health Services (Intensive Case Management Services Home Based)	0.00%	$ -	0.00%	$ -	$0.00	Part A
6	Medical Case Management Services (Medical Care Coordination)	0.00%	$ -	0.00%	$ -	$0.00	Part A
3	Mental Health Services	0.00%	$ -	0.00%	$ -	$0.00	Part A
26	Medical Nutrition Therapy	0.00%	$ -	0.00%	$ -	$0.00	
11	Early Intervention Services (PH STD Clinics)	0.00%	$ -	0.00%	$ -	$0.00	Part A
22	Local Aids Pharmaceutical Assistance Program	0.00%	$ -	0.00%	$ -	$0.00	
15	Health Insurance Premium & Cost Sharing	0.00%	$ -	0.00%	$ -	$0.00	
16	Home Health Care	0.00%	$ -	0.00%	$ -	$0.00	
28	Hospice Services	0.00%	$ -	0.00%	$ -	$0.00	
12	Substance Abuse Services Outpatient	0.00%	$ -	0.00%	$ -	$0.00	
9	Aids Drug Assistance Program Treatments	0.00%	$ -	0.00%	$ -	$0.00	
22	Local Aids Pharmaceutical Assistance Program	0.00%	$ -	0.00%	$ -	$0.00	
15	Health Insurance Premium & Cost Sharing	0.00%	$ -	0.00%	$ -	$0.00	
16	Home Health Care	0.00%	$ -	0.00%	$ -	$0.00	
28	Hospice Services	0.00%	$ -	0.00%	$ -	$0.00	
	CORE SERVICES TOTAL	**0.00%**	**$ -**	**0.00%**	**$ -**	**$0.00**	
	Core Medical Waiver was approved for FY 2025						
	SUPPORTIVE SERVICES						
18	Child Care Services	0.00%	$ -	0.00%	$ -	$0.00	
5	Case Management Services Non-Medical (Benefits Specialty Services)	0.00%	$ -	0.00%	$ -	$0.00	Part A
5	Case Management Services Non-Medical (Provider Support Services)	0.00%	$ -	0.00%	$ -	$0.00	Part A
5	Case Management Services Non-Medical (Transitional Case Management Jails)	0.00%	$ -	0.00%	$ -	$0.00	Part A
27	Linguistic Services	0.00%	$ -	0.00%	$ -	$0.00	
10	Medical Transportation Services	0.00%	$ -	0.00%	$ -	$0.00	Part A
7	Nutritional Support Services (Food Bank/Home Delivered Meals)	0.00%	$ -	0.00%	$ -	$0.00	Part A
1	Housing Services (Transitional Residential Care Facilities/Residential Care Facilitie	100.00%	$ 3,350,149	100.00%	$ 1,350,149	($2,000,000.00)	Part A
19	Substance Use Disorder Residential Services	0.00%	$ -	0.00%	$ -	$0.00	Part B, Non-Drug MediCal
23	Legal Services	0.00%	$ -	0.00%	$ -	$0.00	
2	Emergency Rental Assistance	0.00%	$ -	0.00%	$ -	$0.00	Part A, HRSA EHE
14	Outreach Services (LRP And Data 2 Care)	0.00%	$ -	0.00%	$ -	$0.00	Part A
13	Health Education/Risk Reduction	0.00%	$ -	0.00%	$ -	$0.00	
4	Psychosocial Support Services	0.00%	$ -	0.00%	$ -	$0.00	
24	Referral	0.00%	$ -	0.00%	$ -	$0.00	
25	Rehabilitation	0.00%	$ -	0.00%	$ -	$0.00	
21	Respite Care	0.00%	$ -	0.00%	$ -	$0.00	
	SUPPORTIVE SERVICES TOTAL	**100.00%**	**$ 3,350,149**	**100.00%**	**$ 1,350,149**	**($2,000,000)**	**Potential Carryover from FY 2025 to FY 2026**
	DIRECT SERVICES TOTAL	**100.000%**	**3,350,149**	**100.00%**	**$ 1,350,149**		
	Quality Management	0.00%			$ -		
	Administrative Services (Includes Planning Council)	0.00%			$ 372,238		
	QM & ADMIN TOTAL				**$ 372,238**		
	PART A GRAND TOTAL				**$ 1,722,387**	**-**	

Notes:

(1) Allocation based on priorities set by HIV Commission on September 12, 2024. Full YR 35 grant award is $3,722,387

YR 35 Direct Services Amount for Estimate COH Allocation Amount **$3,350,149**

LOS ANGELES COUNTY
COMMISSION ON HIV

Policy #09.5203

Priority Setting and Resource Allocations (PSRA) Framework and Process

~~June~~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

~~Reallocation is the process of moving approved Ryan White Part A and/or MAI funds, as applicable, between service categories after the initial allocations have been adopted. Reallocations~~ The Commission recognizes that allocation adjustments and reallocations may be needed during the grant year to respond to expenditure trends, ~~service~~ utilization, provider capacity, service demand, ~~funding requirements~~ final award amounts, or other grant management ~~considerations~~ needs.

~~When a reallocation of funds greater than 10% is necessary, adequate data shall be presented to support the proposed movement of funds between service categories. Reallocation recommendations shall be reviewed and approved by the PP&A Committee and then forwarded to the Executive Committee and full Commission for final review and approval.~~

~~At any point during the grant period, the~~ 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 ~~reallocate~~ make allocation adjustments or reallocations of up to ~~10% of the full award amount~~ 15% within or across approved funded service categories, ~~as needed, based on provider expenditures, utilization, service demand, or other relevant grant management considerations~~ provided the change remains consistent with Commission-approved priorities, allocations, directives, and Ryan White requirements.

~~Any time the Recipient reallocates funds under this provision, the~~ 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. ~~following~~ 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 15% 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 after the close of the grant year. Any proposal to allocate funding to a Service Category not included in the original service category allocation must receive approval from the Planning Council.

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 15% threshold or recommend a reallocation above the threshold based on expenditure trends, service demand, provider capacity, documented need, and Commission-approved priorities.

D. 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, whether Commission approval was required, and the date the change was reported to the Commission.

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 oral 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; June 16, 2026; July 20, 2026

SAVE THE DATE

2026 Data Summit

Data to Decisions: Preparing for PSRA

Friday, October 30, 2026

9:00AM - 4:00PM

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.

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 priority setting and resource allocation decisions.

LOS ANGELES COUNTY COMMISSION ON HIV

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