LOS ANGELES COUNTY
COMMISSION ON HIV

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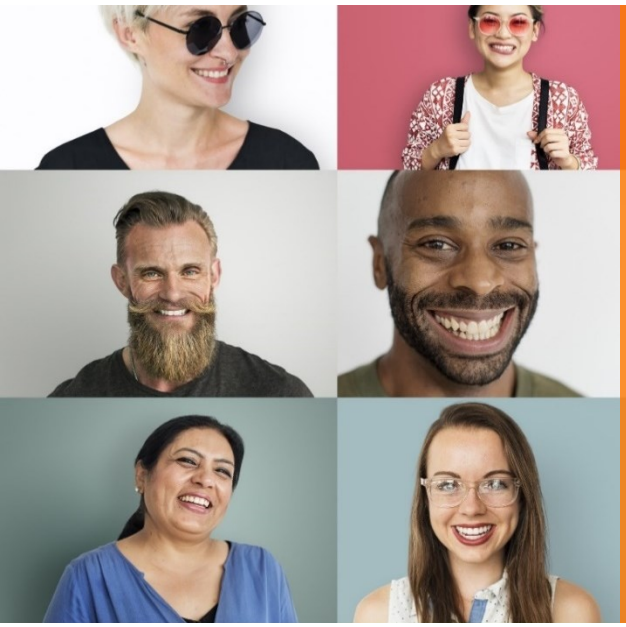

PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, January 20, 2026
1:00pm – 3:00pm (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020
**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r5a2a00a331c323d6dcb1d2fefc66038b

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

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 or 213.738.2816.

Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

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LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE

TUESDAY, January 20, 2026 | 1:00 PM – 3:00 PM
510 S. Vermont Ave
Terrace Level Conference Room, Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/r5a2a00a331c323d6dcb1d2fefc66038b

To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2534 019 2524

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair Carlos Vega-Matos *(Alternate)*	Daryl Russell Co-Chair	Al Ballesteros, MBA	Rev. Gerald Green *(LOA)*
Felipe Gonzalez	Michael Green, PhD	William King, MD, JD	Rob Lester *(Committee-only)*
Miguel Martinez, MPH, MSW *(Committee-only)*	Ismael Salamanca	Harold Glenn San Agustin, MD	Dee Saunders
LaShonda Spencer, MD	Lambert Talley *(Alternate)*	Jonathan Weedman	
QUORUM: 8			

AGENDA POSTED: Jan 15, 2026

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to mailto:hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

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 (213) 738-2816 or via email at HIVComm@lachiv.org.

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 can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, Los Angeles, CA 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2.	Roll Call & Conflict of Interest Statements		1:03 PM – 1:05 PM
3.	Approval of Agenda	**MOTION #1**	1:05 PM – 1:07 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:07 PM – 1:10 PM

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

7. Commission on HIV (COH) Staff Report 1:16 PM—1:21 PM
    a. Operational and Commission Updates

8. Co-chair Report 1:22 PM—1:26 PM
    a. Integrated Plan Updates
9. Division on HIV and STD Programs (DHSP) Report 1:27 PM—1:45 PM
    a. Expenditure Report

V. DISCUSSION 1:46PM—2:54 PM

10. 2026 PP&A Meeting Calendar
    MOTION #3: Approve the 2026 Planning, Priorities, and Allocations Committee meeting calendar, as presented or revised.
11. Program Year 36 (PY36) Ryan White Program (RWP) Reallocation – Contingency Planning

VI. NEXT STEPS 2:55 PM – 2:57 PM

12. Task/Assignments Recap
13. Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS 2:58 PM – 3:00 PM

14. Opportunity for members of the public and the committee to make announcements.

VIII. ADJOURNMENT 3:00 PM

15. Adjournment for the meeting of January 20, 2026.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Planning, Priorities and Allocations Committee minutes, as presented or revised.
MOTION #3	Approve the 2026 Planning, Priorities, and Allocations Committee meeting calendar, as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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Approved by COH 6/8/23

CODE OF CONDUCT

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

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 10/20/25

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	**Miguel**	No Affiliation	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
BLEA	**Leroy**	California Department of Public Health, Office of AIDS	Part B Grantee
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	T.H.E. Clinic, Inc.	Core HIV Medical Services - AOM; MCC & PSS
			Medical Transportation Services
CIELO	**Mikhaela**	Los Angeles General Hospital	No Ryan White or prevention contracts
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	No Ryan White or prevention contracts
DAVIS (PPC Member)	**OM**	Aviva Pharmacy	No Ryan White or prevention contracts
DOLAN (SBP Member)	**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
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FINLEY	**Jet**	Unaffiliated representative	No Ryan White or prevention contracts
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	**Lauren**	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)
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	**Gerald**	Minority AIDS Project	Benefits Specialty
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	**Joaquin**	Unaffiliated representative	No Ryan White or prevention contracts
HARDY	**David**	University of Southern California	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
LESTER (PP&A Member)	**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
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	In the Meantime Men's Group	Promoting Healthcare Engagement Among Vulnerable Populations
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case 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)
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
RICHARDSON	**Dechelle**	No Affiliation	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated representative	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAMONE-LORECA	**Sabel**	Minority AIDS Project	Benefits Specialty
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
SAN AGUSTIN	**Harold**	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
SAUNDERS	**Dee**	City of West Hollywood	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
TALLEY	**Lambert**	Grace Center for Health & Healing	No Ryan White or prevention contracts
VEGA-MATOS	**Carlos**	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
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
November 18, 2025

COMMITTEE MEMBERS P = Present | P* = Present as member of the public; does not meet AB 2449 requirements | A = Absent | EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Daryl Russell, Co-Chair	P	Ismael Salamanca	P
Al Ballesteros, MBA	A	Harold Glenn San Agustin, MD	P
Felipe Gonzalez	P	Dee Saunders	A
Reverend Gerald Green	LOA	LaShonda Spencer, MD	P
Michael Green, PhD, MHSA	EA	Lambert Talley	A
William King, MD, JD	LOA	Carlos Vega-Matos	P
Rob Lester	A	Jonathan Weedman	A
COMMISSION STAFF AND CONSULTANTS			
Dawn McClendon, Lizette Martinez			
DHSP STAFF			
Mario Perez, Victor Scott, Anahit Nersisyan, Pamela Ogata, Paulina Zamudio			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website. Click HERE.

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

D. Russell, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:05pm.

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

L. Martinez, Commission staff, conducted roll call and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): F. Gonzalez, M. Martinez, I. Salamanca, H. San Agustin, L. Spencer, C. Vega-Matos, K. Donnelly, D. Russell

3. Approval of Agenda

MOTION #1: Approve the Agenda Order **(✓Passed by Consensus)**

4. **Approval of Meeting Minutes**
   MOTION #2: Approval of Meeting Minutes **(✓Passed by Consensus)**

II. PUBLIC COMMENT

5. **Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.**
   See public comment attachment.

III. COMMITTEE NEW BUSINESS

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

   There was no committee new business.

IV. REPORTS

7. **Commission on HIV Staff Report**
   - Commission staff, L. Martinez, reminded the group that the next Commission on HIV (COH) will be on December 11, 2025 at Burton Chace Park in Marina Del Rey. More details to follow.
   - L. Martinez reported that the final review and approval of the COH bylaws revisions/updates will take place at the December 11th COH meeting. Commissioners should review the FAQ in the meeting packet and the final proposed changes ahead of the meeting.

8. **Co-chair Report**
   a. **December Meeting Canceled**
      - K. Donnelly reminded the committee that the December Planning, Priorities and Allocations (PP&A) Committee meeting is canceled. The next PP&A Committee meeting will be on January 20, 2026 at the Vermont Corridor.

9. **Division of HIV and STD Programs (DHSP) Report**
   - *There was no report.*

V. DISCUSSION

10. **Program Year 36 (PY36) Ryan White Program (RWP) Reallocation – Contingency Planning**
    - DHSP Director, M. Perez, started the discussion by stating that there continues to be uncertainty around the Health and Human Services (HHS) spending for the upcoming year and that

discussions are ongoing. Given the uncertainty, the goal of the discussion is to make sound decisions on future allocations for the upcoming program year given potential funding cuts to the Ryan White Program (RWP) and other federally funding programs that overlap and provide similar care and support services.

- M. Perez noted that it is important to be aware of potential impacts to other partners who receive direct federal funding and, in turn, potential impacts to the local network of services. DHSP is planning funding scenarios at approximately $32 million and full funding (based on the current program year) for planning purposes. He added that there will be challenges in covering services if notices of award are delayed given the county's current financial situation.
- M. Perez expressed that ongoing discussions around housing are needed noting the high number of people living with HIV that are experiencing homelessness coupled with the need of preventing people living with HIV slipping into homelessness. He noted that there will be a need for tough decisions around the entire compliment of housing services that are supported.
- Finally, M. Perez noted that these discussions need to be ongoing, and decisions need to be finalized at the beginning of the next year so that plans can be implemented at the beginning of PY36 to avoid disruptions in services.
- P. Ogata provided a brief overview of projected funding for PY36 with a total amount of funding for direct services at approximately $33.5 million; this total includes approximately $24.8 million for Health Resources and Services Administration (HRSA) RWP Part A, $3.3 million for Minority AIDS Incentive (MAI), and $5.3 million for HRSA Part B (award from the state); see meeting packet for more details. This total does not include the supplemental award amount, which is not guaranteed.
- P. Ogata provided an overview of current housing allocations from DHSP funding sources totally approximately $11.4 million. She also provided a brief overview of PY34 Housing utilization and expenditures; see meeting packet for more details. She noted housing services across the country are currently under threat of funding cuts before turning the discussion over to Housing Opportunities for People With AIDS (HOPWA) staff.
- M. Muhonen, HOPWA staff, provided an overview of current HOPWA program and portfolio noting that the program is comprised of two main components: case management and supportive housing which includes short-term housing (via emergency shelters and transitional housing) and long-term housing that includes scattered site master leasing and tenant-based rental assistance (TBRA). HOPWA also provides rental assistance via short-term rent, mortgage and utility assistance (STRMU) and permanent housing placement (PHP) grants (that cover move-in expenses).
- As of quarter one of this year, HOPWA has served a total of 2,922 clients; last year the number totaled 3,860 clients. Funds were shifted this current year to support more long-term housing via TBRA programs. Typically, TBRA is administered by the housing authorities around LA county, but additional units have been added through private agencies/nonprofits through the new private tenant based rental assistance (PTBRA).
    - HACLA TBRA increased from 200 units to 265 units.
    - PTBRA units, administered by APLA, increased from 21 units to 45 units.

  - Property/Project-based units remained relatively stable from 2,425 units to 2,526 units.

- HOPWA does not have a budget for the upcoming year yet but are looking to further expand the various areas of permanent supportive housing. As a reminder, HOPWA has continued to receive level funding for years and is at capacity with the number of clients and types of programs that it can support. Any increases in permanent supportive housing will result in decreases in one or more of the other areas/programs HOPWA supports. HOPWA recognizes the tremendous need in permanent supportive housing but also needs to balance out permanent housing expenditures with the needs of other clients who are not who may need supportive services to remain stably housed in their existing units.
- HOPWA does not currently anticipate a direct impact on most HOPWA assisted households with the proposed federal funding cuts. One anticipated impact, however, is for clients receiving case management and supportive services and are not permanently housed (whether with HOPWA or another housing provider). This will result in longer wait times for permanent supportive housing.
  - An influx of unhoused clients will result in joining a wait list for TBRA, but clients would be places in transitional housing in the meantime.
  - Clients received STMRU will not be impacted as this program is only available to clients who are housed privately by their own means.
  - HOPWA housing does not work well for clients with high acuity because HOPWA does not provide services, such as mental health, to address the needs of the client. HOPWA needs support in providing mental health services for its clients to ensure they remain stably housed. HOPWA emphasized stronger partnerships to ensure their clients receive this needed service.
- It was noted that HOPWA has seen an increase of clients who remain in transitional housing and using it as long-term housing despite being given opportunities to transition to permanent housing after the 24-month cut off. There is no regulatory requirement to remove clients from transitional housing and they continue to occupy slots that new clients desperately need. HOPWA is working with their service providers on how to get these individuals to leave their transitional housing.
- HOPWA is no longer working with the Long Beach Housing Authority and is looking for a new housing authority to provide services in the south area.
- B. Tweddell, member of the public, asked if HOPWA would be able to cover the cost of permanent housing units for clients who will be lost due to federal funding cuts to other programs. HOPWA staff stated that it would not be possible unless there are current opening in assigned contracts.
- L. Sanchez, HOPWA staff, noted that the program had $11 million in savings from the last program year that were able to roll over, for this program year. When the federal government shut down, those savings were used to cover the deficit.
  - In a follow up email after the meeting, HOPWA staff clarified that the Los Angeles Housing Department (LAHD) relies on carryover funds at the start of the program year because federal HOPWA grant does not arrive until October, while services begin on July 1. These carryover dollars allow programs to start on time and avoid service interruptions. After the mid-year reconciliation is completed in January, any remaining balance is applied to programs that are overspent and to close out the program year. Although this amount is

often referred to as "savings," these funds are actively used to maintain program continuity and prevent service gaps. When savings are identified, LAHD works closely with the HOPWA team, fiscal staff, and providers to determine the most responsible way to reinvest them. Priority is always to direct these dollars back into housing and services for PLWH, including plans to increase TBRA and scattered-site master lease (SSML) capacity. However, because these funds must remain within the scope of currently approved providers, there are limitations on how they can be deployed.

- C. Vega-Matos expressed concerns about the $11 million surplus despite the looming federal funding cuts for housing continuum of care providers. He expressed the need for a more coordinated response amount housing partners to ensure people living with HIV remain housed.
- Committee members discussed the need to revisit allocation scenarios considering major uncertainties regarding HUD Continuum of Care (CoC), HOPWA, Measure A, Medi-Cal redeterminations, and RWP funding.
    - New HUD-related changes could eliminate or reduce permanent supportive housing opportunities for people living with HIV who are elderly or disabled and undocumented individuals. Housing instability may rise significantly and could push many PLWH out of care. The RWP does not have the means to address all housing concerns, and the committee needs to look at all types of housing support (within and outside of RWP) and take a realistic look at what it can support.
- C. Vega-Matos noted that the committee also needs to look at dental services and how many clients may need to rely on RWP for dental care who will lose dental services under Medi-Cal due to new requirements. He asked if DHSP has begun estimating how many people will migrate back to the RWP to receive dental care.
- M. Perez reminded the group that the proposed PY36 funding of $33.5 million is a drastic reduction to the current PY35 $41 million and the committee needs to take into consideration various external factors that may put a lot of pressure on the RWP (including federal cuts to housing, lack of Medi-Cal enrollment/migration, etc.). The committee needs to look at the various housing support offered throughout the County and determine whether or not to fund the same housing services or complementary services to other, existing programs. The group needs to determine which housing services that it will support with reduced funding given various external factors/pressures.
- F. Gonzalez recommended reducing allocations for oral health to reallocate to housing or nutrition support to ensure their basic needs are met and that PLWH remain in care.
- T. Goddard, member of the public, noted that there are a lot of moving pieces and that more information surrounding Measure A, HUC CoC, and other housing funding/programs are currently being finalized, and that additional information will be forthcoming in January.
- F. Younai, member of the public, noted that oral health services are more than "cosmetic"; it is integral to systemic health and HIV outcomes. The oral cavity is directly connected to chronic inflammatory conditions and heart and immune function and can have great impact on HIV outcomes.
- M. Martinez asked what the standard was for the minimum level of oral health that should be provided if funding was limited. M. Perez noted that DHSP met with contracted oral health service providers and eliminated some services (in the spirit of providing a minimum set of high-

quality oral health care services to as many people in a scarce environment) as a result of this question being asked at a previous meeting. He noted that there are providers willing to develop new standards based on funding constraints.

- F. Younai, member of the public, clarified that the standards do not dictate procedures for each patient but rather the guidelines address the need to eliminate active disease, reduce inflammation and provide preventative care. It is the judgement of the provider and patient that determine how to address these three areas of focus. The goal is to make sure that your patient is healthy and restore function to the best of your ability given the reality of the money that is available.
- M. Martinez added that the committee needs more concrete information on the minimum level of funding that is needed to support oral health services that does not result in huge negative impacts to the oral health care services. He noted that during the previous contingency planning discussions for PY35 housing providers made it clear what the minimum level of funding would be needed to continue to provide services without collapsing their system.

11. PY35 - PY37 Directives Review

- DHSP staff provided their response to the PY35-PY37 Directives created by the committee to help address unmet needs. See meeting packet for the DHSP response.

VI. NEXT STEPS

12. Task/Assignments Recap

a. Commission staff will work with co-chairs to develop the agenda for the January PP&A Committee meeting.
b. Commission staff will work with co-chairs and DHSP to provide more information around federal funding and its potential impacts on housing and oral health services.
c. The DHSP responses to the PY35-37 Directives will be shared with the various COH caucuses.

13. Agenda Development for the Next Meeting

a. The December PP&A Committee meeting in cancelled.
b. DHSP to provide an expenditure report at the January 2026 PP&A Committee meeting.
c. The committee will continue its contingency planning for PY36.

VII. ANNOUNCEMENTS

14. Opportunity for Members of the Public and the Committee to Make Announcements

There were no announcements.

VIII. ADJOURNMENT

15. Adjournment for the Regular Meeting of November 18, 2025.

The meeting was adjourned by K. Donnelly at 3:29pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

DRAFT

PUBLIC COMMENTS FOR THE NOVEMBER 18, 2025 PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE MEETING

All public comments received become a part of the official record.

Member of the Public	Comment(s)
Bridget Tweddell	We stand today at a pivotal moment, facing a critical juncture regarding the future of our most vulnerable neighbors. I stand before you to passionately advocate for the continued funding of the Residential Care Facilities for the Chronically Ill (RCFCI) and (TRCF) programs. In the face of an unprecedented funding crisis, we must preserve our existing group homes. These facilities offer more than just a roof overhead; they provide a structured environment that addresses a myriad of complex challenges. To label these programs "housing" is ignoring the vital program that offers so much more than a roof and a cot. Consider the reality in Los Angeles County: due to the 30% funding cuts initiated in July of this year, we now have fewer RCFCI and TRCF beds dedicated to serving clients too ill to tend to their own needs – many entering into the program with high viral loads. These are licensed facilities providing 24-hour care and supervision in a non-institutional, home-like setting for residents whose average age is between 40 and 55. The objective is clear and effective- to enhance the health status of residents through stability and a comprehensive array of services. These services extend far beyond basic care; they include case management, nutritional support, assistance with Activities of Daily Living (ADL) like bathing and dressing, and crucial assisted medication management. They foster social engagement, offer practical support with housekeeping and transportation, and, in RCFCIs, even provide essential hospice care allowing individuals with AIDS to remain in a familiar setting until the end of life. As a testament to their efficacy, 100% of residents remain enrolled in care during their stay.

	For our clients living with HIV/AIDS, these programs are literally the difference between life and death. The supportive services embedded within these homes ensure medication compliance, which is essential for managing the disease and preventing transmission. A lapse in this care jeopardizes individual health outcomes and broader public health initiatives. The stakes could not be higher. Once these homes are closed and the licenses are surrendered, these essential beds will be permanently gone. We are faced with the grim expectation of a rise in homelessness, and we are potentially one step away from another health crisis. When we fund the RCFCI and RTCF programs, we are making a sound investment in human dignity, public health, and stable communities. Let us not abandon those who rely on our commitment and let's ensure these essential services remain intact, providing a safe place to provide the critical support necessary to thrive.
Richard Ayoub	Good afternoon, everyone I'm Richard Ayoub CEO at Project Angel Food. First of all, I want to commend this commission on your service. Thank you for doing this work. It's very, very difficult, and I can see that you're giving it such consideration and thought. It's not lost on us, and it is appreciated. Project angel food has been around for 36 years and we provide medically tailored meals for people. We were born in response to the AIDS crisis in 1989 and we were delivering comfort food at that time to people dying of AIDS. Now people are living with HIV, and we are delivering medically tailored meals. They're medically tailored because food is medicine. What happens is when people with HIV eat our meals, it brings down their viral load. It helps them get better. It keeps them out of the hospital. It reminds them to take their medication. I am speaking in support of all nutrition services, the food banks as well, because when you look at the entire budget, it's 8 % of the budget, only 8 % and you get a really big bang for your buck because we are helping thousands of people. Project Angel Food along feeds 400 people living with HIV and our model is for life, for love, for as long as it takes. So we are going to feed that population until they pass away quite frankly, because they're going to need us until then. Food is a very simple need. You can't limit food.

	You can't cut back on food. Food is not an option, and we found out just how vulnerable our food system is when SNAP was taken away. A majority of our clients not only get our food, they say we're their primary food source, they also get snap benefits. And so that went away. I delivered meals yesterday to some of our clients cause yesterday was my ten-year anniversary at Project Angel Food and I met Ben. Ben is one of our clients who is living with HIV, and he is 33 years old. He said, "Thank you for giving me a hundred-dollar Ralph's grocery card because I lost SNAP for a few weeks, and I only get $23 a month anyway." So even if they get SNAP, it's not enough and it's something that we need to think about. We also need to think about that human connection, especially people that are long-term survivors of HIV and a lot of them are isolated and lonely. When we come knocking at their door, we might be the only person they saw that week and many of them will dress up because a visitor came to their door, and we were their visitor. I just want you to think about that when you make these crucial decisions. It's not only feeding the tummy, it's feeding the soul. Thank you very much.
Katja Nelson	I just wanted to make a quick public comment just to sort of harken us back to earlier this summer and really just make sure that in all these discussions now and in subsequent ones that were, as we've been pointing out, really paying attention to all the different types of cuts and threats that are going on, how those programs will be impacted and then, in turn impact, Ryan White and the services that we're planning for and really listening to folks. This provides critical qualitative feedback from community and providers to be considered in your planning. Thank you.
Adam Yakira	Hi, this is Adam Yakira the directing attorney at Inner City Law Center where we do legal services under Ryan White. Two quick things. I know it's come up at previous meetings about the increase in folks experiencing homelessness who are living with HIV. Just want to remind folks that our organization provides preventative legal services for folks who are at risk of experiencing homelessness, also folks experiencing homelessness. But if you have anyone who's facing some sort of housing instability up against an eviction, three-day notice, please refer them over to legal services. And then, as another

	point which was touched on a little bit earlier, we're also currently able to provide Ralph's grocery cards to folks who had their snap benefits taken away. So another reason to refer folks over to us, I guess is that that's something we're currently offering. So not only would they be able to get legal services with us, but we also might be able to help them out a bit with the grocery gift card. That's all I wanted to share.
Jeff Bailey	Good afternoon, everyone. I just would like to follow up what Richard talked about regarding food support services regardless of the type of methodology it's provided, whether home delivered meals or food pantries. Clients come to us weekly, and we are able to really have contact with these clients consistently, actually a lot more than their medical providers, so it really is a way to keep people engaged in care and also connected to other services. It's also very, very cost effective. Given the availability of, you know, food donations from the regional food bank in addition to our ability to purchase things in, in bulk as well as other food pantries who were able to do that. And we see, even though the, the gift card program has gone away, we really haven't seen a significant decline in clients. I imagine this year we will see about 2,800 unduplicated clients come through our doors and do our food pantries and we will have provided over 1.1 million meals over a twelve-month period. I know I'm not as you know talking about a particular program, but it's really the service category where I really think the provision of food and nutrition support services is really vital to the overall coordinated care for our clients. Thank you.
Jennifer Soh	As DHSP prepares for additional budget adjustments, it can be easy to overlook oral health care as a necessary service. Yet untreated oral health issues directly affect patient's overall health and has a long-term impact, particularly for patients living with HIV. Oral infections, untreated decay, periodontal disease and chronic pain can all complicate HIV management by interfering with eating and nutrition, medication adherence, immune instability, and overall quality of life. Every department DHSP supports contributes to the care of the person as a whole, and oral health is an essential part of these services. Maintaining at least basic preventative and restorative services will allow us to relieve patient's pain,

	prevent more serious complications, and support stable HIV management. Specialty and general dental services can focus on essential preventative and basic restorative procedures, while excluding complex rehabilitative care. These core dental services, particularly for patients who otherwise would not be able to a receive care, remains critical and deserves protection from funding loss.
Walter Escobar	See Attachments 1-5

Public Comment - Attachment #1

Case Study — Program Exit vs. Permanent Housing:

HOPWA Transitional Housing Gatekeeping in Los Angeles County

Submitted to: Los Angeles County Commission on HIV – Housing / Housing Task Force

Prepared by: Walter Escobar

Role: Person Living With HIV / Student / HOPWA Program Participant

Date: November 13, 2025

Executive Summary

This case study describes how a person living with HIV in a HOPWA-linked transitional housing program in Los Angeles County experienced a pattern of "exit-first" behavior—standardized boilerplate notices and pressure to vacate—rather than a clear, proactive pathway into permanent housing. Even while in good standing in the program, and even after raising safety and rights concerns, the default approach was to push the participant out rather than to plan for Tenant-Based Rental Assistance (TBRA) or other permanent housing resources.

Key themes:

• Program staff used boilerplate "end of program" and "vacate" notices as the primary response to conflict or safety concerns, even where the participant remained in good standing.

• There was no meaningful early discussion of permanent housing options; the implicit expectation was that participants would simply leave at the end of the term and "figure it out."

• Only after the participant documented concerns, escalated to oversight bodies, and after a directive from the local housing authority, did the provider begin to talk about TBRA and other permanent housing tools.

• When TBRA was finally mentioned, the message shifted abruptly from "TBRA is unavailable and the waitlist is closed" to "TBRA is now available for you," with less than 24 hours given to choose among three poorly explained options.

• Administrative practices (tight deadlines, in-person requirements despite available electronic options) functioned as gatekeeping mechanisms that many participants would not be able to navigate.

For HIV planning bodies, this matters because housing stability is directly tied to viral suppression, treatment adherence, mental health, and long-term health outcomes. If permanent housing pathways such as TBRA are only made available late in the process, under pressure, and in ways that are difficult to access, then the system is failing the people it is designed to serve—even when funding exists on paper.

This case study respectfully asks the Los Angeles County Commission on HIV and its housing-related committees to:

• Recognize and address the gap between the stated mission of HOPWA housing programs and the lived reality of program exit practices.

• Request data and explanations from HOPWA grantees and project sponsors on how many participants in good standing actually receive permanent housing planning and TBRA discussions before their program term ends.

• Strengthen service standards and expectations around permanent housing planning, participant communication, and the use of standardized notices.

• Ensure that participant-centered, low-barrier processes (including electronic completion of documents where possible) are the norm rather than the exception.

1. Program Purpose vs. Observed Practice

HOPWA-linked transitional housing programs are intended to provide safe, stable housing and supportive services for people living with HIV while helping them transition into permanent housing. In principle, this should mean early, proactive planning for permanent options such as Tenant-Based Rental Assistance (TBRA), project-based or master-leased units, or other long-term models, with supportive services wrapped around those placements.

In practice, the experience described in this case reflects a different pattern. Over time, standardized boilerplate notices—same-day vacate demands, seven-day vacate notices, and other "standard compliance" forms—became the primary tools used by the provider. These notices were issued even where the participant remained in good standing, had not been evicted through any court process, and repeatedly expressed a desire to remain stably housed and to follow the rules of the program.

One key example is the July 16, 2025 "standard compliance" letter sent on Alliance for Housing and Healing letterhead (Exhibit B), which informed the participant that his approved program extension had ended on June 2, 2025, and that he was required to vacate the property no later than July 23, 2025, warning that failure to vacate "may affect your eligibility for future housing programs." This letter was issued after earlier July notices and site-level incidents, and it framed the situation as an overstay problem rather than as a need for relocation planning or permanent housing support.

2. Documentary Evidence of an "Exit-First" Approach

The pattern described above is supported by correspondence between the participant and a program director, Christina Mancilla. In a November 8, 2025 email (Exhibit A), Ms. Mancilla characterizes the July 16, 2025 letter as part of the sponsor's "standard compliance process" confirming the end of the transitional term and states that the language about "jeopardizing your future housing opportunities" was "standard program wording" rather than disciplinary. She further acknowledges that the Los Angeles Housing Department issued Directive 51-3 on November 4, 2025, clarifying that the 24-month limit is a best practice, not a hard regulatory requirement, and that extensions beyond 24 months may be approved when needed to support housing stability and prevent homelessness.

In the same November 8 email, Ms. Mancilla notes that relocations were initiated by the subcontractor (HSS) without program staff fully coordinated and that APLA Health only later requested full clarification and documentation of those moves (Exhibit A). This confirms that participants could be relocated or pressured to move without transparent, sponsor-level planning or communication.

Taken together, Exhibit A (November 8 email) and Exhibit B (July 16 letter) show a system in which standardized exit tools were normalized while core relocation and stability responsibilities were still being sorted out after the fact.

3. Shift to TBRA and Permanent Housing – Only Under Pressure

Tenant-Based Rental Assistance (TBRA) and other permanent housing tools did not initially appear as part of a clear, proactive plan. Instead, they appeared late—only after the participant repeatedly documented concerns, escalated to oversight entities, and after LAHD issued Directive 51-3 and related guidance.

On October 31, 2025, Program Manager Maricor Lopez sent an email titled "Re: Clarification and written confirmation re TBRA/PTBRA and next steps" (Exhibit C). In that message, she confirms in writing that "TBRA is currently unavailable, and the waitlist is closed with no estimated reopening date," and explains that a PTBRA referral had been submitted instead. She also notes that LAHD would approve any necessary extensions until permanent housing is secured, reinforcing that TBRA was not being offered as an immediate option at that time (Exhibit C).

Less than two weeks later, on November 12, 2025, Ms. Lopez sent a new email titled "Housing Program Opportunities" (Exhibit D). In this message, she states that LAHD has notified the program that a TBRA Housing Certification application is now available for the participant, and that the application must be completed and submitted by November 24, 2025. The same email lists three "housing program opportunities"—Intensive Case Management, a Scattered-Site Master Leasing unit in Little Tokyo, and TBRA—and instructs the participant to reply with which option he would like to move forward with by November 13, 2025 (Exhibit D).

This abrupt shift—from TBRA being unavailable with a closed waitlist (Exhibit C) to TBRA suddenly being available with a hard deadline and less than 24 hours to choose among three poorly explained options (Exhibit D)— illustrates how permanent housing tools were introduced only after substantial pressure, and in a manner that many participants would not be able to navigate.

4. Participant Response and Ongoing Barriers

In response to the November 12 email, the participant sent a formal written reply acknowledging receipt of the three options, expressing appreciation for finally seeing them in writing, and requesting clarification. The letter asked the provider to explain what had changed between October 31 and November 12 to make TBRA suddenly available, to provide plain-language detail on each option, and to confirm that the operative deadline for TBRA was the November 24 date—not the less-than-24-hour "reply by 11/13" instruction (Exhibits C and D).

The participant also raised process concerns. He had recently received, signed, and submitted County-required forms electronically—by email—and those documents were filed and accepted without issue. Despite this workable precedent, the program indicated that the TBRA application must be completed in person at a single appointment. For a full-time student juggling classes, a housing crisis, and a civil rights case, unnecessary

in-person requirements function as a barrier to access, especially when electronic alternatives clearly exist and have already been used successfully in his case.

The core question for oversight bodies is not simply whether TBRA was technically available, but whether the surrounding process was designed to support participants or to filter them out. In this case, TBRA came late, with conflicting messages, minimal explanation, compressed timelines, and avoidable procedural hurdles.

5. Implications for People Living With HIV in Good Standing

This experience shows that even participants who are in good standing, who complete program terms, and who actively seek to remain stably housed cannot rely on receiving early, clear, or equitable access to permanent housing planning. Before LAHD's Directive 51-3, the practical message of the July 16 "standard compliance" letter and related notices was that completion of the program meant receiving exit language and being wished "continued success," rather than being offered a structured conversation about TBRA or other long-term housing options (Exhibit B).

For many people living with HIV—particularly those facing trauma, mental health challenges, language barriers, or limited familiarity with bureaucratic systems—this model is unworkable. Most participants will not have the time, energy, or skill set to challenge inconsistent information, correct provider errors, escalate to oversight bodies, and insist on their rights in writing. As a result, the system's current design effectively favors those who can act as their own advocates, paralegals, and administrators, and quietly filters out those who cannot.

6. Recommendations for the Commission on HIV and Housing Committees

The following recommendations are offered for the Los Angeles County Commission on HIV, its Housing / Housing Task Force, and related bodies. They are framed to fit within the Commission's planning, oversight, and standards-setting roles.

A. Agenda and Hearing

• Place "HOPWA Permanent Housing Access and Exit Practices" on an upcoming agenda for discussion and public comment.

• Invite consumers, including people with lived experience in HOPWA transitional housing, to present case studies and testimony on exit practices and permanent housing access.

B. Data and Information Requests

• Request that HOPWA grantees and project sponsors report how many participants, in the past 12–24 months, completed transitional programs in good standing and how many of those had documented permanent housing plans (including TBRA discussions) before their term ended.

• Request data on the number of TBRA vouchers/certifications issued, average time from referral to permanent placement, and the number of participants who were told TBRA was "unavailable" or that waitlists were "closed" during the same period (see Exhibits C and D).

• Request copies or summaries of any standardized notices or "standard compliance" forms used in HOPWA-funded programs (see Exhibit B), along with any directives issued by local housing authorities regarding their use (see Exhibit A).

C. Service Standards and Participant Communication

• Review and, if necessary, update service standards for Housing and Permanent Supportive Housing to ensure they require early, proactive permanent housing planning for participants in good standing.

• Recommend that all permanent housing options (TBRA, project-based, master-leased units, etc.) be summarized in plain-language handouts that can be provided to participants at intake and revisited over time.

• Discourage or prohibit the use of compressed, less-than-24-hour decision deadlines for major housing choices, except in true emergencies, and require reasonable time for participants to review options and seek advice (see Exhibit D).

D. Process and Access Improvements

• Encourage or require providers to offer electronic and remote options (email, secure portals, electronic signatures) for housing paperwork wherever possible, especially for participants who are working, in school, or managing health conditions.

• Ask providers to document and report on how often participants are required to appear in person solely for paperwork that could reasonably be completed electronically.

E. Integration into Quality Management and Planning

• Incorporate measures related to permanent housing access—such as successful transition from transitional to permanent housing, TBRA utilization, and reduction in involuntary exits—into ongoing quality management and planning discussions.

• Request periodic updates from HOPWA grantees and project sponsors on corrective actions taken in response to housing authority directives related to notices, relocation practices, or participant rights (see Exhibit A).

The intent of these recommendations is not to single out any one provider, but to ensure that the housing system for people living with HIV in Los Angeles County aligns with its stated mission: preventing homelessness, supporting treatment and stability, and using public funds in a way that is transparent, equitable, and accountable.

Exhibit List (Using Participant's Original Labels)

• Exhibit A – November 08, 2025 Email Response from Ms. Christina Mancilla (Directive 51-3; standard compliance explanation; relocations not initially coordinated through program staff).

• Exhibit B – July 16, 2025 Letter from Alliance for Housing and Healing ("Standard Compliance Notice," "jeopardizing your future housing opportunities," direction to vacate by July 23, 2025).

• Exhibit C – October 31, 2025 Email from Program Manager Maricor Lopez stating TBRA is currently unavailable and the TBRA waitlist is closed with no estimated reopening date.

• Exhibit D – November 12, 2025 Email from Program Manager Maricor Lopez titled "Housing Program Opportunities," listing three options and announcing that TBRA certification is now available with a November 24 deadline and a "reply by 11/13" instruction.

Public Comment - Attachment #2

RE: Escobar – HOPWA Relocations 11/1/25 – Clarification Requested

From: Christina Mancilla
cmancilla@alliancehh.org

To: Walter Escobar
WalterEscobar@proton.me

Cc: Rick Mason
RMason@aplahealth.org
Maricor Lopez
mlopez@alliancehh.org
Michelle Camacho
mcamacho@alliancehh.org
+7 more

On: Friday, November 7, 2025 at 5:18:55 PM

Dear Mr. Escobar,

Thank you for your email dated November 6, 2025, and for providing the supporting documentation. I acknowledge receipt of your correspondence and attachments.

Regarding your questions about recent relocations and your July 16, 2025 correspondence:

1. **Relocations and Property Coordination**
   APLA Health has been made aware that our subcontractor, **Housing & Supportive Services (HSS)**, initiated certain participant relocations. These activities were not directly coordinated through APLA Health program staff at the time they occurred. I have since requested full clarification and supporting documentation from HSS regarding these relocations. A habitability inspection has also been scheduled to review the property and ensure compliance with all HOPWA and funder requirements.
2. **Purpose of July 16, 2025 Letter**
   The July 16, 2025, letter was part of our standard compliance process confirming the end of your approved transitional housing period. The reference to "jeopardizing future housing opportunities" is standard program wording meant only to explain that staying past an approved term without coordination can affect future eligibility. This notice was not disciplinary. You remain an active participant in good standing and continue to receive housing support through APLA Health's HOPWA program.

   Since that time, the Los Angeles Housing Department (LAHD) has issued updated guidance (Directive 51-3, November 4, 2025) clarifying that while the 24-month limit remains a best practice,

it is not a regulatory requirement. Extensions beyond 24 months may be approved when needed to support housing stability and prevent homelessness, provided there is a documented plan and LAHD approval.

3. **Next Steps and Ongoing Coordination**
   APLA Health is actively following up with HSS to ensure that all participant relocations, communications, and property-level matters align with applicable program guidelines and funder requirements. Once APLA Health receives a full report and supporting documentation from HSS, we will provide an appropriate update and clarification to ensure all program records are accurate and complete.

If you have any questions or concerns, please feel free to reach out. APLA Health remains committed to ensuring that all participants receive fair, respectful, and compliant services under the HOPWA program.

Best,

Christina Mancilla
Group Home Administrator
Long Beach Group Home
Alliance for Housing and Healing
Phone1562-247-7303

From: Walter Escobar <WalterEscobar@proton.me>
Sent: Wednesday, November 5, 2025 3:38 PM
To: Christina Mancilla <Cmancilla@alliancehh.org>
Cc: Rick Mason <hello@aplahealth.org>; Maricor Lopez <mlopez@alliancehh.org>; Michelle Camacho <Mcamacho@alliancehh.org>; Jaime Rodriguez <jrodriguez@alliancehh.org>; HousingSupport <Housingsupport@aplahealth.org>; lahd.hopwa@lacity.org; Gabriel.Zendejas@lacity.org; lahd.rso.south@lacity.org; walterescobar@proton.me; Terry Goddard II <tgoddard@alliancehh.org>; Craig

Thompson <cthompson@aplahealth.org>
Subject: Escobar – HOPWA Relocations 11/1/25 – Clarification Requested

Good afternoon Ms. Mancilla,

I am writing because I saw that about eight (8) HOPWA/APLA participants tied to the 11th Ave./6736 address were told to relocate right before November 1, 2025, and I need AFHH/APLA's written explanation of what was approved.

On 10/29/2025, When I called Maricar (program manager) to ask if my unit was also going to be relocated, she told me she had not been informed about these moves and that you were the person calling around and looking into it. That tells me this was being handled on the group-homes/operations side without program staff fully looped in.

My concern was not hypothetical. The property where I live received a 3-day notice to pay or quit on 9/27/25 for about $40,000, and the owner then filed the intent to evict with LAHD on 10/01/25. So when I then saw a whole HOPWA household being moved the day before the 1st, it was reasonable for me to ask whether AFHH/APLA had decided to move participants because of the owner/arrears situation.

For your review I am attaching:

1. July 16, 2025 AFHH letter you issued to me ("jeopardizing your future housing opportunities"); and
2. Supplemental Statement – November 4, 2025 – HOPWA Relocations and Selective Moves (my narrative of what I observed).

All supporting source documents (7/3/25 notices; 7/9/25 public berating; 9/27/25 3-day to pay or quit for ≈$40,000 on 6800; 10/01/25 LAHD filing; and my July 2025 outreach to AFHH/APLA) are available here, organized in date order:

https://drive.proton.me/urls/5NJ17W6E54#jOSXKIRg5GBC

Because AFHH/APLA is the sponsor that placed me, and because your 7/16/25 letter was sent after the site-level conduct on 7/3 and 7/9, I am requesting AFHH's written clarification on four points:

1. What reason AFHH/APLA was given for relocating that group of HOPWA/APLA participants by 11/1/25;
2. Whether AFHH/APLA approved or authorized those relocations (and if so, by whom, since program staff said they were not informed at the time);
3. Why the downstairs, non-APLA tenant (resident for 1+ year) was allowed to remain in the same building while HOPWA/HIV/LGBTQ participants were the ones moved and a church group was on site on 11/4/25; and
4. What AFHH/APLA meant in the 07/16/2025 letter by "jeopardizing your future housing opportunities," including what policy, program rule, or funder requirement that language was based on, and what specific future housing placements would have been affected.

For record purposes, please note that I am also providing this to LAHD (HOPWA and RSO/South) so it can be associated with my existing tenant-harassment matters 312074 and 315424. I also need AFHH's explanation so I can give a complete update to the California Civil Rights Department in connection with my pending intake. Because this involves HOPWA-funded placements, property-level arrears, and sponsor-level correspondence, I am including AFHH executive leadership.

Please respond within 10 business days so I can update LAHD and CCRD with AFHH's explanation.

Thank you,

Walter Escobar

Los Angeles, CA

(213) 719-8404

walterescobar@proton.me

CC:

hello@aplahealth.org

housingsupport@aplahealth.org

mlopez@alliancehh.org

mcamacho@alliancehh.org

jrodriguez@alliancehh.org

Mr. Goddard (Executive Director, AFHH)

Mr. Thompson (CEO, AFHH/APLA)

lahd.hopwa@lacity.org

Gabriel.Zendejas@lacity.org

lahd.rso.south@lacity.org

walterescobar@proton.me

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Alliance for Housing and Healing

Date: 7/16/2025

6800 11th Ave Los Angeles, Ca. 90042
Room. 2
Email WalterEscobar@proton me

Dear Walter Escodar,

You are currently enrolled in a Housing Opportunities (HOPWA) funded 12-month transitional housing program with Community Empowerment and Resource Consultants (CERC). You were admitted into the program as of **June 2, 2023.** Your approved program extensions officially ended on **June 2, 2025**

As of today, **July 16, 2025**, you remain in the unit beyond the approved timeframe. Please be advised that you are required to vacate the property no later than **July 23, 2025**. Failure to vacate the property by the date listed above may affect your eligibility for future housing programs.

If you need assistance with locating housing resources, please contact your Housing Specialist, Ingrid Rivera, (213) 201-1659 as soon as possible to follow up on your housing plan.

I hope this letter provides clarification, but should you have any questions, please feel free to contact me at (562) 247-7303.

We wish you continued success in the next chapter of your life.

Thank you,
Christina Mancilla
Group Home Adminitrator

CC: Client file

Public Comment - Attachment #4

Re: Clarification and written confirmation re TBRA/PTBRA and next steps (10/29/25, 3:02 PM)

From: Maricor Lopez
mlopez@alliancehh.org

To: Walter Escobar
WalterEscobar@proton.me

Cc: Jaime Rodriguez
jrodriguez@alliancehh.org
Michelle Camacho
mcamacho@alliancehh.org

On: Friday, October 31, 2025 at 12:13:11 PM

Hi Walter,

Yes, that is correct. TBRA is currently unavailable, and the waitlist is closed with no estimated reopening date. APLA submitted a PTBRA referral for you on October 2nd, and DHS confirmed receipt the same day. We will notify you as soon as we receive any updates.

You have already submitted all the required paperwork for this program. If DHS requests any additional documents, they will notify APLA, and we will coordinate with you at that time.

LAHD has also confirmed that they will approve any necessary extensions until you are placed in permanent housing.

Your primary point of contact for supportive services will be your housing specialist, Jaime Rodriguez. For any escalations, you may contact me or Michelle Camacho directly.

Best regards,

Maricor Lopez (her/she/hers)
Program Manager, Metro West
P/F: 213.201.1655
mlopez@alliancehh.org | aplahealth.org
Michael Gottlieb Health Center, West Hollywood
7531 Santa Monica Blvd.
West Hollywood, CA 90046

From: Walter Escobar <WalterEscobar@proton.me>
Sent: Friday, October 31, 2025 11:18 AM

To: Maricor Lopez <mlopez@alliancehh.org>
Cc: Jaime Rodriguez <jrodriguez@alliancehh.org>; Michelle Camacho <mcamacho@alliancehh.org>
Subject: Clarification and written confirmation re TBRA/PTBRA and next steps (10/29/25, 3:02 PM)

Ms. Maricar Lopez,

I'm writing to memorialize and clarify our 10/29/2025 at 3:02 PM conversation.

What I understood from you:

- You stated AFHH is no longer offering TBRA, and that I would be moved to PTBRA (project-based assistance).
- You referenced "some development," but no details, timeline, or milestones were provided.

To avoid any misunderstandings, please confirm the following in writing:

1. Program status & authority
    - Confirm that TBRA is currently unavailable and that AFHH intends to place me in PTBRA.
    - Identify the policy basis for this change (e.g., LAHD directive, HUD guidance, funding decision), including any written policy memo, NOFA, or internal notice and its effective date.
2. Eligibility, options & rights

- Whether TBRA remains an eligible activity in the program portfolio and, if unavailable, whether there is a waitlist or appeal/exception process.
- For PTBRA: clarify whether unit selection is restricted to specified sites, and whether I may decline incompatible placements without penalizing my status.

3. Timeline & milestones (concrete dates)
   - Target dates for each step: application/packet completion, unit match, HQS/habitability inspection, rent calculation, subsidy approval, and move-in.
   - A named point of contact (case manager and supervisor) and escalation contact.
4. Supportive services
   - Confirmation that supportive services remain available and accessible during this transition, and how to schedule or access them.

Please provide the above in writing within five (5) business days, along with any forms or documentation I must complete to keep the process moving.

Thank you for your attention. I'm ready to proceed once I receive the written confirmation, timeline, and required documents.

Respectfully,

Walter Escobar

WalterEscobar@proton.me | (213) 719-8404

-------- Original Message --------
On Thursday, 10/23/25 at 11:37 Maricor Lopez <mlopez@alliancehh.org> wrote:

Good afternoon, Walter,

I wanted to introduce you to Jaime Rodriguez, who will be your new Housing Specialist. Jaime is included in this email. Ingrid will be transitioning into a different position within our agency.

Please rest assured that Jaime is fully up to date on your case and will continue providing support without interruption. Additionally, LAHD has confirmed that they will approve any transitional housing extension requests related to your case until you can transition into permanent housing.

Feel free to reach out to us with any questions.

Best regards,

Maricor Lopez (her/she/hers)
Program Manager, Metro West
P/F: 213.201.1655
mlopez@alliancehh.org | aplahealth.org
Michael Gottlieb Health Center, West Hollywood
7531 Santa Monica Blvd.
West Hollywood, CA 90046

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Public Comment - Attachment #5

Housing Program Opportunities

From: Maricor Lopez
mlopez@alliancehh.org

To: Walter Escobar
walterescobar@proton.me

Cc: Michelle Camacho
mcamacho@alliancehh.org
Terry Goddard II
tgoddard@alliancehh.org
Christina Mancilla
cmancilla@alliancehh.org
+1 more

On: Wednesday, November 12, 2025 at 11:01:29 AM

Hello Mr. Escobar,

I want to share updates regarding the three housing program opportunities available to you:

- An Intensive Case Management (ICM) referral has been made on your behalf; however, the opening is still pending, and placement may take several months.
- The Scattered Sited Master Leasing (SSML) Little Tokyo unit is projected to become available starting in April 2024.
- Today, on 11/12, we were notified by the Los Angeles Housing Department (LAHD) team that a Tenant-Based Rental Assistance (TBRA) Housing Certification application is available for you. This application must be completed and submitted by 11/24.

Please note that you will need to submit several documents, including a General Relief (GR) Award letter dated within the last 30 days. You will complete the TBRA application together with your Housing Specialist, Jaime Rodriguez, at your in-person appointment scheduled 11/20 at 10:00 am.

Your Housing Specialist, Jamie's contact information is below:

Jaimé Rodriguez
Housing Specialist Metro West, SPA 4/5
Pronouns: They/ them
Email: jrodriguez@aplahealth.org

Phone:213-201-1641

Please reply with which option you would like to move forward with by 11/13.

If you have any questions or need assistance gathering your documents, please let me know.

Best Regards,

Maricor Lopez (her/she/hers)
Program Manager, Metro West
P/F: 213.201.1655
mlopez@alliancehh.org | aplahealth.org
Michael Gottlieb Health Center, West Hollywood
7531 Santa Monica Blvd.
West Hollywood, CA 90046

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LOS ANGELES COUNTY
COMMISSION ON HIV

Planning, Priorities and Allocations Committee
Key Annual Activities & Committee Calendar
** DRAFT FOR APPROVAL**

- **Co-chair nominations and elections** - Each year the committee facilitates an open process to nominate and elect co-chairs who will provide leadership, ensure fair representation of stakeholders, and guide the committee's agenda and decision-making throughout the year.
- **Workplan development and review** - The committee develops an annual workplan aligned with the overall Commission's workplan and strategic goals. The workplan outlines timelines, milestones, and deliverables, and is reviewed periodically to monitor progress and make adjustments.
- **Quarterly Expenditure Reports*** - Quarterly expenditure reports to monitor how allocated funds are being spent. This oversight ensures fiscal accountability, helps identify under- or over-spending, and informs potential reallocations.
- **Utilization Reports*** - Service utilization reports are examined to evaluate service usage across funded programs These reports highlight increases or decreases in service utilization by service type, cost per service, gaps in service use, potential barriers to care, and opportunities for improving service delivery.
- **HIV/STD Surveillance Data*** - Surveillance data is reviewed to track trends in HIV and STD incidence, prevalence, and disparities. This information informs priority-setting, prevention strategies, and resource allocation.
- **Unmet Needs Reports*** - Help the committee identify services that clients require but are not currently receiving. Use findings to help inform needs assessments and funding priorities.
- **Resource Inventory*** - Review of funding and services offered via Part B funds, EHE, Prevention, and other resources. This allows the committee to determine what care/support services to fund (and at what allocation amounts) that will compliment these services.
- **2027-2031 Integrated Plan Updates and Review*** - Provide updates to the committee on the progress of the Integrated Plan progress/development and provide the committee an opportunity to provide feedback on the plan.
- **Needs Assessments** - Planning for needs assessments is a critical responsibility. The committee determines target populations, defines the scope, methodology, and timeline to ensure that assessments capture the experiences and priorities of people living with and affected by HIV. May lean on specific caucuses or workgroups to assist with needs assessment planning and execution including data collection tools, outreach strategies, and final analysis.

** Denotes activities requiring DHSP assistance.*

- **Needs Assessment Data Review** – Review finds from needs assessment data to identify service gaps, barriers to access, and emerging trends. This data directly informs decision-making around funding priorities and allocations.
- **Review PSRA Framework -** Review the Priority Setting and Resource Allocation (PSRA) process for effectiveness and equity. Update criteria and scoring systems as needed. Ensures knowledge of and understanding that decision-making processes before priority setting and resource allocation.
- **Review Priorities –** Revisit annual service priorities (from 3 yr projections) to determine whether adjustments are necessary based on updated data, funding changes, or shifts in the epidemic.
- **Annual Allocations*** - Revisit annual service allocations (from 3 yr projections) to determine funding levels for each service category for the upcoming fiscal year. Compare against multi-year projections and adjust based on current data. Ensure allocations align with priorities and available resources.
    - **Contingency Planning* (as needed)** - Contingency scenarios are developed to address potential funding increases or decreases. Identify critical services that require protection during budget cuts. These plans ensure that DHSP can respond quickly while minimizing disruption to critical services.
- **Reallocations* -** Review needs assessment date, expenditures, and utilization data to identify areas for reallocation. Shift funds between service categories to optimize impact. Document and communicate reallocation decisions to DHSP and federal partners.
- **Prevention Planning –** Review prevention HIV/STI data and collaborate with prevention stakeholders to align care and prevention strategies, ensuring an integrated response that addresses both treatment and prevention priorities across the HIV continuum.

** Denotes activities requiring DHSP assistance.*

LOS ANGELES COUNTY
COMMISSION ON HIV

MOTION #3: Approve 2026 Planning, Priorities and Allocations Committee meeting calendar, as presented or revised.

Bi-Monthly Meeting Calendar with Data Summit (March 2026 – February 2027)

Meeting calendar subject to change*

Month	Key Activities
March 2026	• Co-chair nominations and elections • Review and adopt annual workplan and meeting calendar • Needs Assessment Overview • Review PSRA Framework
May 2026	• Needs Assessment Planning • Approve PSRA Framework • Integrated Plan Update (Status of Submittal)
Virtual Data Summit (tentative for the month of June over the course of 2-4 days)	• Prevention and Testing Data Report* • HIV/STD Surveillance Data Report* • Unmet Needs Report* • Utilization Reports* • Needs Assessment Data Review (prior year findings)
July 2026	• Resource Inventory Review • Expenditure Report* • Review All Data – summaries with key info • Final Reallocations for PY36*
September 2026	• Review PY37 Priority Rankings and Allocations, revise as needed • Contingency Planning, as needed
November 2026	• Expenditure Report* • Prevention Planning • Directive Development in collaboration with SBP Committee • Needs Assessment Planning
January 2027	• Directive Development in collaboration with SBP Committee Expenditure Report* • Needs Assessment Planning

** Denotes activities requiring DHSP assistance.*

FY 2025: Planning for Tomorrow within a Changing Landscape

Planning Development and Research
PP&A Meeting
November 18, 2025

2026 Projected Funding

Projected resources for HIV care and treatment services for the grant year beginning March 1, 2026 comes from a letter HRSA issued to grantees in August of 2025 stating that grantees should expect funding for RWP to be equal to this year's formula and MAI awards. There is some uncertainty about the continuation of the Minority AIDS Initiative from the current administration. The letter does not include any supplemental funds:

$33,485,152

FY 2026 Projected Funding for HIV Care and Treatment Direct and Contracted Services (as of Nov 18, 2025)

County of Los Angeles Public Health

Grant	Amount From HRSA/State Communication	10% Admin	CQM	Total Available for RWP Direct and Contracted Services
HRSA Part A (Formula)	$ 28,459,565	$ 2,845,956	$ 750,000	$ 24,863,609
HRSA Part A Supplemental	$ -	$ -	$ -	$ -
HRSA MAI	$ 3,715,484	$ 371,548	$ -	$ 3,343,936
HRSA Part B	$ 5,864,007	$ 586,400	$ -	$ 5,277,607
	$ 38,039,056	$ 3,803,904	$ 750,000	$ 33,485,152

FY 2025 Current PC Approved Allocations (as of Sept 2025)

County of Los Angeles Public Health

SERVICE CATEGORY	Part A Amount	Part A Percent	MAI Amount	MAI Percent
6 Medical Case Management (MCC)	$ 6,029,346	16.05%	$ -	0.00%
8 Oral Health	$ 6,821,989	18.16%	$ -	0.00%
20 Outpatient/Ambulatory Medical Health Services (AOM)	$ 5,525,961	14.71%	$ -	0.00%
11 Early Intervention Services (Testing Services)	$ 777,617	2.07%	$ -	0.00%
17 Home and Community-Based Health Services (Intensive Case Mngt)	$ 1,487,614	3.96%	$ -	0.00%
2 Emergency Rental/Financial Assistance	$ 1,611,582	4.29%	$ -	0.00%
7 Nutrition Support (Food Bank/Home-delivered Meals)	$ 3,106,710	8.27%	$ -	0.00%
5 Non-Medical Case Management				
Patient Support Services	$ 3,606,338	9.60%	$ -	0.00%
Benefits Specialty Services	$ 1,111,954	2.96%	$ -	0.00%
10 Medical Transportation	$ 698,728	1.86%	$ -	0.00%
23 Legal Services	$ 1,006,769	2.68%	$ -	0.00%
1 Housing				
Housing Services RCFCI	$ 4,414,007	11.75%	$ -	0.00%
Housing for Health	$ -	0.00%	$ 3,350,149	100.00%
3 Mental Health Services	$ 1,367,403	3.64%	$ -	0.00%
TOTAL	**$ 37,566,016**	**100.00%**	**$ 3,350,149**	**100.00%**

FY 2025 Current Housing Allocations-All DHSP Funding Sources

Service Category	Allocation Amount	Funding Source
RCFCI	$ 4,414,007	Part A
TRCF	$ 630,000	Part B, HIV NCC (MH)
Rampart Mint/H4H	$5,530,775	MAI, HIV NCC
Substance Use Residential	$ 881,475	Part B, Non-DMC

$ 11,456,257

Housing services across the country may be under threat, leaving the RWP as one of the best remaining housing assistance resources for PLWH.

FY 2024 Housing Utilization and Expenditures

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units per client	Expenditures	Expenditures per client
Housing Services	**292**	**Days**	**61,766**	**280**	**$10,412,224**	***$35,658***
Permanent Supportive Housing (H4H)	193	Days	61,525	319	$5,530,755	*$28,657*
Residential Care Facilities for the Chronically Ill	68	Days	14,049	207	$4,033,827	*$59,321*
Transitional Residential Care Facilities	39	Days	6,192	159	$847,642	*$21,734*

Funding Sources:

- *Part A - $484,771 (RCFCI/TRCF MH)*
- *MAI - $3,305,635 (H4H)*
- *Part B – $4,396,698 (RCFCI, TRCF)*
- *HIV NCC - $2,225,120 (H4H)*

Thank you for your ongoing commitment in promoting and preserving HIV services in a changing landscape

Los Angeles County Commission on HIV

Program Year 36 (PY36) Reallocations - Part A

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

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

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

Los Angeles County Commission on HIV

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

Service Category	Service Ranking	Approved PY 35 Allocations[1]	Revised PY 36 Allocations[2]
ADAP Treatments	**9**	0.00%	0.00%
Child Care Services	**18**	0.00%	0.00%
Early Intervention Services (Testing Services)	**11**	0.00%	0.00%
Emergency Financial Assistance	**2**	0.00%	0.00%
Health Education/Risk Reduction	**13**	0.00%	0.00%
Health Insurance Premium & Cost Sharing Assistance	**15**	0.00%	0.00%
Home and Community-Based Services (Intensive Case Management Home Based)	**17**	0.00%	0.00%
Home Health Care	**16**	0.00%	0.00%
Hospice Services	**28**	0.00%	0.00%
Housing: Transitional (Rampart Mint)	**1**	100.00%	100.00%
Legal Services	**23**	0.00%	0.00%
Linguistic Services (Language Services)	**27**	0.00%	0.00%
Local AIDS Pharmaceutical Assistance Program	**22**	0.00%	0.00%
Medical Case Management (Medical Care Coordination)	**6**	0.00%	0.00%
Medical Nutritional Therapy	**26**	0.00%	0.00%
Medical Transportation	**10**	0.00%	0.00%
Mental Health Services	**3**	0.00%	0.00%
Non-medical Case Management: Benefits Specialty Services	**5**	0.00%	0.00%
Non-medical Case Management: Patient Support Services	**5**	0.00%	0.00%
Non-medical Case Management: Transitional Case Management-Jails	**5**	0.00%	0.00%
Nutrition Support: Food Bank Home Delivered Meals	**7**	0.00%	0.00%
Oral Health: General Specialty	**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%	100.00%

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

Ryan White Program Year (PY) 35 Service Rankings and Allocations Table - Scenario #1 Full Funding

			FY 2025 (PY 35) [1]	
Service Type	**Service Ranking**	**Service Category**	**Part A %**	**MAI %**
Core	**6**	Medical Case Management (Medical Care Coordination)	**29.00%**	**0.00%**
Core	**8**	Oral Health	**21.30%**	**0.00%**
Core	**20**	Outpatient/Ambulatory Medical Health Services (Ambulatory Outpatient Medical)	**17.11%**	**0.00%**
Core	**11**	Early Intervention Services (Testing Services)	**0.00%**	**0.00%**
Core	**17**	Home and Community-Based Health Services	**6.50%**	**0.00%**
Support	**2**	Emergency Financial Assistance	**8.00%**	**0.00%**
Support	**7**	Nutrition Support (Food Bank/Home-delivered Meals)	**7.79%**	**0.00%**
Support	**5**	Non-Medical Case Management		
		Patient Support Services	0.00%	0.00%
		Benefits Specialty Services	**3.95%**	**0.00%**
		Transitional Case Management - Jails	**1.58%**	**0.00%**
Support	**10**	Medical Transportation	**1.84%**	**0.00%**
Support	**23**	Legal Services	**2.00%**	**0.00%**
Support	**1**	Housing		
		Housing Services RCFCI/TRCF (Home-Based Case Management)	**0.91%**	**0.00%**
		Housing for Health	**0.00%**	**100.00%**
Core	**3**	Mental Health Services	**0.02%**	**0.00%**
Core	**9**	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%
Core	**22**	Local AIDS Pharmaceutical Assistance Program (LPAP)	0.00%	0.00%
Core	**15**	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%
Core	**16**	Home Health Care	0.00%	0.00%
Core	**28**	Hospice Services	0.00%	0.00%
Core	**26**	Medical Nutritional Therapy	0.00%	0.00%
Core	**12**	Substance Abuse Services Outpatient	0.00%	0.00%
Support	**18**	Child Care Services	0.00%	0.00%
Support	**13**	Health Education/Risk Reduction	0.00%	0.00%
Support	**27**	Linguistic Services (Language Services)	0.00%	0.00%
Support	**14**	Outreach Services (LRP)	0.00%	0.00%
Support	**4**	Psychosocial Support Services	0.00%	0.00%
Support	**24**	Referral	0.00%	0.00%
Support	**25**	Rehabilitation	0.00%	0.00%
Support	**21**	Respite Care	0.00%	0.00%
Support	**19**	Substance Abuse Residential	0.00%	0.00%
		Overall Total	**100.00%**	**100.00%**

Footnotes:

(1) Approved by PP&A Committee on 9/17/24; approved by Exec. Committee on 9/26/24: Exe. approved due to lack of quorum @ COH meeting on 9/12/24)

LOS ANGELES COUNTY COMMISSION ON HIV

Ryan White Program Year (PY) 35 Service Rankings and Allocations Table - Scenario #2

$8 million partial award for Part A and MAI plus $5 million for Part B = $13m Total [1]

					FY 2025 (PY 35) [2]
Service Type	Service Ranking	Service Category	Estimated Part A & MAI PY34 Expenditures $	Estimated Part B PY34 Expenditures $	Part A, MAI, & Part B %
Core	6	Medical Case Management (Medical Care Coordination)	$ 11,660,438.00	$ -	32.30%
Core	8	Oral Health	$ 8,751,232.00	$ -	0.00%
Core	20	Outpatient/Ambulatory Medical Health Services (Ambulatory Outpatient Medical)	$ 6,860,111.00	$ -	52.31%
Core	11	Early Intervention Services (Testing Services)	$ 2,332,127.00	$ -	0.00%
Core	17	Home and Community-Based Health Services	$ 2,345,241.00	$ -	0.00%
Support	2	Emergency Financial Assistance	$ 1,539,288.00	$ -	0.00%
Support	7	Nutrition Support (Food Bank/Home-delivered Meals)	$ 2,783,905.00	$ -	0.00%
Support	5	Non-Medical Case Management			
		Benefits Specialty Services	$ 1,517,835.00	$ -	11.54%
		Transitional Case Management - Jails	$ 26,720.00	$ -	0.00%
Support	10	Medical Transportation	$ 715,013.00	$ -	3.85%
Support	23	Legal Services	$ 1,049,695.00	$ -	0.00%
Support	1	Housing		$ 5,287,873.00	
		Housing Services RCFCI/TRCF (Home-Based Case Management)	$ 571,410.00	$ -	0.00%
		Housing for Health	$ 5,375,220.00	$ -	0.00%
Core	3	Mental Health Services	$ 85,420.00	$ -	0.00%
Core	9	AIDS Drug Assistance Program (ADAP) Treatments	$ -	$ -	0.00%
Core	22	Local AIDS Pharmaceutical Assistance Program (LPAP)	$ -	$ -	0.00%
Core	15	Health Insurance Premium & Cost Sharing Assistance	$ -	$ -	0.00%
Core	16	Home Health Care	$ -	$ -	0.00%
Core	28	Hospice Services	$ -	$ -	0.00%
Core	26	Medical Nutritional Therapy	$ -	$ -	0.00%
Core	12	Substance Abuse Services Outpatient	$ -	$ -	0.00%
Support	18	Child Care Services	$ -	$ -	0.00%
Support	13	Health Education/Risk Reduction	$ -	$ -	0.00%
Support	27	Linguistic Services (Language Services)	$ -	$ -	0.00%
Support	14	Outreach Services (LRP)	$ -	$ -	0.00%
Support	4	Psychosocial Support Services	$ -	$ -	0.00%
Support	24	Referral	$ -	$ -	0.00%
Support	25	Rehabilitation	$ -	$ -	0.00%
Support	21	Respite Care	$ -	$ -	0.00%
Support	19	Substance Abuse Residential	$ -	$ -	0.00%
		Overall Total	**$ 45,613,655.00**	**$ 5,287,873.00**	**100.00%**

Footnotes:

(1) DHSP recommended PP&A Committee to consider $5 million in Part B funds into allocations

(2) Factors taken into consideration for proposed allocations include:

- Expenditure Reports
- Utilization Reports – greatest good for the greatest number of people
- Identification of other payor sources for various funded services
- Preservation of core services, namely those unique to the Ryan White Program
- Alignment with statutory requirement of 75% of program expenditures dedicated to core services and 25% of program expenditures dedicated to support services

LOS ANGELES COUNTY COMMISSION ON HIV

Ryan White Program Year 35 (FY2025-2026) Service Rankings and Allocations Table - Scenario #3 (1)

Partial Award: $24,448,952 in Part A funds and $3,150,000 in MAI funds

Priority Ranking	Core Service Categories	Service Type	Part A %	MAI %
9	**AIDS Drug Assistance Program** (ADAP) **Treatment**	Core	0%	0%
22	**AIDS Pharmaceutical Assistance** (LPAP)	Core	0%	0%
11	**Early Intervention Services (Testing Services)**	Core	0%	0%
15	**Health Insurance Premium & Cost Sharing Assistance**	Core	0%	0%
17	**Home & Community Based Health Service (Intensive Case Management-Home Based)**	Core	**6.67%**	0%
16	**Home Health Care**	Core	0%	0%
28	**Hospice**	Core	0%	0%
6	**Medical Case Management** (Medical Care Coordination)	Core	**27.91%**	0%
3	**Mental Health Services**	Core	0%	0%
8	**Oral Health Care**	Core	**20.31%**	0%
20	**Outpatient/Ambulatory Health Services**	Core	0%	0%
12	**Substance Abuse Outpatient Care**	Core	0%	0%
	Core Services Total		**54.89%**	0%
Priority Ranking	**Support Service Categories**	**Service Type**	**Part A %**	**MAI %**
18	**Child Care Services**	Support	0%	0%
2	**Emergency Financial Assistance (Emergency Rental Assistance)**	Support	**8.16%**	0%
7	**Food Bank/Home Delivered Meals**	Support	**8.82%**	0%
3	**Health Education/Risk Reduction**	Support	0%	0%
1	**Housing Services** (RCFCI)	Support	**8.33%**	0%
1	**Housing Services** (TRCF)	Support	**1.31%**	0%
1	**Housing Services** (Rampart Mint/Transitional/Permanent)	Support	0%	**84.13%**
27	**Linguistics Services**	Support	0%	0%
10	**Medical Transportation**	Support	0%	**15.87%**
5	**Non-Medical Case Management Services** (Benefits Specialty Services)	Support	**3.91%**	0%
5	**Non-Medical Case Management Services** (Transitional Case Management - Jails)	Support	0%	0%
5	**Non-Medical Case Management Services** (Patient Support Service)	Support	**12.58%**	0%
23	**Other Professional Services** (Legal)	Support	**2.00%**	0%
14	**Outreach Services**	Support	0%	0%
4	**Psychosocial Support**	Support	0%	0%
24	**Referral For Health Care Supportive Services**	Support	0%	0%
25	**Rehabilitation Services**	Support	0%	0%
21	**Respite Care**	Support	0%	0%
19	**Substance Abuse - Residential**	Support	0%	0%
	Support Service Total		**45.11%**	**100%**
	Total		**100.00%**	**100%**

Footnotes

(1) DHSP recommendations; Approved by PP&A Committee on 5.1.25

January 14, 2026

Delivered Via Email and By Hand

Planning, Priorities, and Allocations Committee
Los Angeles County Commission on HIV
510 South Vermont Avenue, 14th Floor
Los Angeles, CA 90020

Re: **Nutrition Services are Essential to Ryan White Comprehensive Care**

Dear Planning, Priorities, and Allocations Committee:

We, the undersigned organizations, are writing to underscore the importance of investments in food and nutrition security as an integral component to the Ryan White comprehensive approach to care—and urge the commission to continue resourcing this life-saving work.

For decades, APLA Health, Bienestar, and Project Angel Food have provided thousands of Los Angeles County residents with HIV critical nutritional education and healthcare through nutritious groceries and home-delivered medically tailored meals. Thanks to your continued investment, LA County residents with HIV have reported improved health, better medication adherence, and greater financial stability. These interventions reduce healthcare costs and hospitalizations, helping pay for themselves. As the County faces unprecedented funding challenges—including recent cuts to housing supports and new CalFresh work requirements—we urge the Commission to consider the proven impact and cost-savings of food and nutrition security investments, especially for older adults who have relied on Ryan White services for most of their lives. The research supporting these interventions is clear and compelling.

WHY FOOD AND NUTRITION SERVICES MATTER: THE EVIDENCE

Access to sufficient and nutritious food is essential for managing HIV and improving health outcomes. A robust body of evidence has shown that food and nutrition insecurity undermines HIV care—it's associated with increased transmission risk behaviors, decreased access to treatment and care, and incomplete viral suppression.[i, ii] Food insecurity also correlates with depressive symptoms and internalized HIV stigma.[iii] In L.A. County, food insecurity has remained at 24%—above pre-pandemic levels—and nearly half of CalFresh recipients were still food

insecure as of October 2025.[iv] With federal cuts to CalFresh taking effect in 2026, strengthening food and nutrition access is more critical than ever.

Research from across the country demonstrates that food and nutrition security interventions work for people with severe, complex or chronic illnesses like HIV. Studies show that medically-tailored meals (MTMs) significantly improve ARV medication adherence: in one study ARV adherence of 95% or greater increased from 47% at baseline to 70% at follow-up.[v] Other research has found that comprehensive, medically appropriate food was associated with decreased depressive symptoms and binge drinking among people with HIV.[vi] Recipients of MTMs also reported reduced food insecurity from 62% to 42% compared to a matched control group.[vii]

Critically, these health improvements translate into substantial cost savings in general chronic healthcare management. MTM recipients were associated with 70% fewer emergency room visits, 50% fewer hospitalizations, and 72% fewer uses of emergency transport.[viii] One study found that MTMs generated a 16% reduction in net healthcare costs.[ix] Modelled nationally, in just one year, MTMs could save $23.7 billion dollars in healthcare spending and help avoid 2.6M possible hospitalizations.[x] When investments in food and nutrition security are made, the returns are clear: better health outcomes, improved quality of life, and reductions in healthcare expenditures.

THE IMPACT OF FOOD AND NUTRITION INTERVENTIONS UNDER RYAN WHITE

APLA HEALTH

November 2025 marked the 39th anniversary of APLA Health's most critically needed service: our Vance North Necessities of Life Program (NOLP) food pantries. NOLP began as a $35-a-week food voucher program run by Ken and Alfia Hollywood out of their movie memorabilia store. In 1986, APLA Health worked with the Hollywoods to open the first Necessities of Life Program food pantry. In 2011, philanthropist Bob North and his wife, Lois, donated $3.5 million to the program in memory of their son, APLA Health client and supporter Vance North, who died of AIDS-related complications in 1995. Today, NOLP is the country's largest food pantry network for people with HIV with 13 locations throughout Los Angeles County; and in its lifetime has distributed over 17 million free meals to people who live at or below the poverty line.

Once to twice a week we distribute bags of groceries and personal items through our APLA Health-managed and partner sites across LA County. Groceries provided to clients represent 100% of their dietary requirements, consisting of proteins, fruits and vegetables, dairy products and grains, as well as canned goods, shelf-safe milk. Due to LA's renowned transportation issues, our NOLP sites are strategically located to reach as many people as possible with easily accessible mass transportation infrastructure across Los Angeles County.

At the end of the Ryan White contract year 34, NOLP hosted 48,000 client visits and provided 945,000 meals to 1,021,000 meals to 2,650 unduplicated clients.

BIENESTAR

BIENESTAR Human Services, Inc. is a grass roots, non-profit community service organization established in 1989. BIENESTAR originated as a direct result of lacking and non-existent HIV/AIDS services for the Latino community. BIENESTAR has been providing nutrition services in East LA and SPA 7 area for over 20 years. During our last contract year, BIENESTAR serviced 225 people living with HIV/AIDS under Ryan White supported food bank services. In our current funding year ending February 28, 2026, BIENESTAR services 321 people living with HIV/AIDS. The people served far exceed our contracted goal of 79 people with Los Angeles Division of HIV and STD Program. These numbers highlight the immediate need people living with HIV/AIDS have for nutrition support. The Ryan White investment into nutrition support is multiplied by the relationships it has allowed BIENESTAR to form with the Los Angeles Regional Food Bank, Food Forward and other community partners to obtain food for Ryan White patients. In total, BIENESTAR has given out 15,681 bags of food in the last 22 months to Ryan White patients.

PROJECT ANGEL FOOD

Last year, Project Angel Food delivered over 270,000 meals to nearly 500 people with HIV/AIDS under Ryan White. Every client received—at onboarding, on recertification, and on request—individual nutrition counseling from our staff of registered dietitians. Those services were secured by Ryan White funding of more than $1.3 million last year, now being restored. We know that our services remain critical to our clients' health. In our most recent annual survey, 86 percent of hundreds of respondents agreed that receiving regular, healthy meals helps them with their medication adherence. Most importantly, 95 percent say that our meals improve their health. Almost universally, they confirm that the meals help them maintain weight, improve their mood, reduce their stress, and increase their energy. As one of our long-term clients shared, "We have to remember that those of us who survived the early years have a lot of scars from the detrimental medications we took to survive ... receiving meals is not just feeding my body but feeding my spirit." We have attached our previous letter to the Commission for additional reference (Attachment 1).

CONCLUSION

As Los Angeles County navigates significant budgetary constraints and evolving federal policies, we recognize the immensely difficult decisions facing Commissioners. We encourage the Commission to maintain its commitment to food and nutrition security for people with HIV as an integral component to the Ryan White comprehensive approach to care. The evidence is clear:

these interventions improve health outcomes, enhance quality of life, and reduce costs to the County and its partners. For the thousands of residents who depend on Ryan White nutrition services—particularly older adults who have relied on this support for years. We respectfully request that the Commission prioritize funding for nutrition services in the coming fiscal year alongside other proven interventions and stand ready to provide any additional information or data to support your deliberations. Thank you for your consideration and continued partnership in this life-saving work.

Sincerely,
APLA Health
Bienestar
Project Angel Food

[i] Kartika Palar et al., "Food Is Medicine for Human Immunodeficiency Virus: Improved Health and Hospitalizations in the Changing Health Through Food Support (CHEFS-HIV) Pragmatic Randomized Trial," *The Journal of Infectious Diseases* 231, no. 3 (2025): 573–82, https://doi.org/10.1093/infdis/jiae195.
[ii] Sheri D. Weiser et al., "Food Insecurity Is Associated with Incomplete HIV RNA Suppression Among Homeless and Marginally Housed HIV-Infected Individuals in San Francisco," *Journal of General Internal Medicine* 24, no. 1 (2009): 14–20, https://doi.org/10.1007/s11606-008-0824-5.
[iii] "Food Insecurity, Internalized Stigma, and Depressive Symptoms Among Women Living with HIV in the United States," accessed December 10, 2025, https://escholarship.org/uc/item/4604c240.
[iv] Darrin Joy, "Food Insecurity Still High in LA County, but Who It Affects Is Changing," *News and Events*, December 9, 2025, https://dornsife.usc.edu/news/stories/food-insecurity-still-high-in-la-county-but-who-it-affects-is-changing/.
[v] Kartika Palar et al., "Comprehensive and Medically Appropriate Food Support Is Associated with Improved HIV and Diabetes Health," *Journal of Urban Health* 94, no. 1 (2017): 87–99, https://doi.org/10.1007/s11524-016-0129-7.
[vi] Kartika Palar et al., "Comprehensive and Medically Appropriate Food Support Is Associated with Improved HIV and Diabetes Health," *Journal of Urban Health* 94, no. 1 (2017): 87–99, https://doi.org/10.1007/s11524-016-0129-7.
[vii] Seth A. Berkowitz et al., "Association Between Receipt of a Medically Tailored Meal Program and Health Care Use," *JAMA Internal Medicine* 179, no. 6 (2019): 786–93, https://doi.org/10.1001/jamainternmed.2019.0198.
[viii] Seth A. Berkowitz et al., "Association Between Receipt of a Medically Tailored Meal Program and Health Care Use," *JAMA Internal Medicine* 179, no. 6 (2019): 786–93, https://doi.org/10.1001/jamainternmed.2019.0198.
[ix] Seth A. Berkowitz et al., "Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries," *Health Affairs* 37, no. 4 (2018): 535–42, https://doi.org/10.1377/hlthaff.2017.0999.
[x] Shuyue Deng et al., "Estimated Impact Of Medically Tailored Meals On Health Care Use And Expenditures In 50 US States," *Health Affairs* 44, no. 4 (2025): 433–42, https://doi.org/10.1377/hlthaff.2024.01307.

ATTACHMENT 1

April 14, 2025

Delivered Via Email and By Hand

Planning, Priorities, and Allocations Committee
Los Angeles County Commission on HIV
510 South Vermont Avenue, 14th Floor
Los Angeles, CA 90020

Re: **Project Angel Food is a Critical and High-Impact Ryan White Service**

To the Planning, Priorities, and Allocations Committee:

For decades, Project Angel Food has provided thousands of people in Los Angeles County who are living with HIV/AIDS crucial nutritional healthcare through our home-delivered medically tailored meals and through individualized education from our staff registered dietitians.

We are writing to underscore the importance and value of this work – and to urge that it continues to receive robust support from the County under Ryan White.

Background

Project Angel Food was borne out of the HIV/AIDS epidemic. We were founded in 1989 in a church basement in West Hollywood. We were an all-volunteer organization, and the caring, compassionate "angels" made and took meals to people who were suffering because it gave those first clients comfort and hope.

In 1995, Project Angel Food began our partnership with the LA County Dept of Public Health in an effort to reach more people with HIV, improve their nutrition, and increase adherence to medical regimens. With the Ryan White Program, OAPP - the DPH office at that time - wrote plans of care that required nutrition support agencies be overseen by Registered Dietitians and that our meals complimented medical treatments and dietary requirements of the many different conditions that people with AIDS were enduring. This helped our clients become healthier and eased side effects and symptoms of HIV/AIDS.

Indeed, several agencies around the country were formed with a similar genesis and history, such as God's Love We Deliver in New York, Project Open Hand in San Francisco, and Food & Friends in Washington, D.C. Our work alongside these sister agencies became the

source of the concept of "medically tailored meals" (MTM). Now, the idea that meals that are based on evidence, in dietary guidelines, help foster and improve health is firmly founded in scientific literature and in policy.

Now, we are one of a handful of accredited MTM providers in the Country, and we were a founding member of both the national Food Is Medicine Coalition and the California Food Is Medicine Coalition.

I personally have witnessed much of this history. I joined Project Angel Food in 1997 as a driver. At that time, we were only serving people with HIV/AIDS, and I saw firsthand how much we matter among this population. I delivered meals to people with HIV/AIDS and saw their faces light up when the meals arrived. Then, I saw them stabilize and often improve over time.

Since 2007, I have been in senior leadership at Project Angel Food and remained the point person for our contract with the County under Ryan White. Underneath the reports and contracts and audits and financial breakdowns, I know that there are stories and lives of people with a complex, lifelong condition and of those people who depend on us. Caring for people with HIV/AIDS has been a part of our history since day one; the community knows us for that legacy and work; and it will always be a core part of our mission.

The Value and Impact of Project Angel Food's Work Under Ryan White

Last year, Project Angel Food delivered over 270,000 meals to nearly 500 people living with HIV/AIDS under Ryan White. Each of those clients also received – at onboarding, on recertification and on request – individual nutrition counseling from our staff of registered dietitians.

Those services were secured by Ryan White funding of more than $1 million last year (and now that same amount is currently scheduled for this year). That is a small fraction of the total funding allocated through Ryan White in Los Angeles County -- on the order of one to two percent. That funding is crucial to Project Angel Food, representing six percent of our annual budget.

But make no mistake: Even with this funding, Project Angel Food provides services to this population at a steep discount. The County covers meals at a rate of about $5 per meal under Ryan White. Meanwhile, our cost per meal is about double that. Of course, Project Angel Food has to make up the funding gap elsewhere, and that comes largely from our generous private donors.

The County's investment, subsidized almost 1-1 by Project Angel Food, has a huge return. Our services keep our clients out of the hospital and save costs on the healthcare system elsewhere, including the County's facilities.

Many of our HIV clients live with co-morbidities such as diabetes and heart disease, making them high-risk patients. An article just published in April 2025's issue of the *Health Affairs* journal stated that on a nationwide basis, MTMs for high-risk patients could save $32.1 billion in healthcare costs and prevent 3.5 million hospitalizations annually. Titled "Estimated Impact of Medically Tailored Meals on Healthcare Use and Expenditures in 50 U.S. States," that study by the Friedman School of Nutrition Science and Policy at Tufts University, gives a glimpse to the impact of the investment by Los Angeles County in nutrition healthcare under Ryan White. With the cost to Ryan White of $2,000 to $4,000 per client per year for one or two meals daily, one can be sure that avoiding just a single hospital visit more than pays for itself.

Meanwhile, we know that our services remain critical to our clients' health. In our annual survey, 86 percent of the hundreds of respondents agree or strongly agree that receiving regular, healthy meals helps them with their medication adherence. Perhaps most importantly, a stunning 95 percent say that our meals improve their health. Almost universally, they confirm that the meals help them maintain weight, improve their mood, reduce their stress, and increase their energy.

We know that our services are still necessary. We still see applications from, and enroll, people with full-blown AIDS. We know that home-delivered services help older, longer-term survivors; they in particular may feel lasting stigma around their condition and have complex emotional landscapes, and we provide connection and care. We know that most of our clients are people from vulnerable or underserved communities. About two-thirds of our clients are people of color; more than half live in central, south or east Los Angeles. About 85 percent are over 50 years old.

Most of our clients – and by definition those eligible for Ryan White -- do not have significant financial resources and low or very low income. Many of them face a choice between rent or food or other critical expenses. Indeed, about 85 percent of our annual survey respondents say that we are their primary source of food. Almost 100 percent say our meals help them financially.

Perhaps for these reasons, the community relies on Project Angel Food and knows our HIV/AIDS services are foundational to who we are. Our partner organizations, such as Being Alive and APLA, advocate with us routinely on behalf of specific clients and call us for additional support in the midst of crises.

Finally, we know our meals help. Apart from all the economic and outcome data and studies, we see the stories of positive change. In 2021, upon referral by Kaiser, we enrolled a 69-year-old, Black man living with HIV and residing in Gardena. After a year of eating our meals, he was feeling better. He was so moved by the impact of our organization that he reached out and asked if he could help. He joined our packing and delivery staff on a part-time basis and

was soon helping us prepare the meals and get them to people in need, paying it forward to others in need.

Conclusion

We recognize that the Planning, Priorities, and Allocations Committee and the HIV Commission itself face difficult decisions in the current political environment. We respect that prioritizing among competing needs is challenging when previously reliable funding is being cut or unclear. That said, Project Angel Food also believes that the long-standing support of the County for nutritional healthcare under Ryan White is crucial to preserve and maintain. It is a wise investment that seeds economic returns far beyond the allocation itself. And it is a critical way to maintain and improve the health of some of people with HIV/AIDS who are most at risk.

We appreciate your consideration, and we are grateful for your work and efforts during this very challenging time.

Please let me know if you have any questions.

Very truly yours,

Robert Boller
Senior Director, Program Logistics & Government Partnerships

Cc: Richard Ayoub, Project Angel Food CEO
Benjamin R. Martin, JD, Project Angel Food Director of Programs & Strategy