together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL



PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE MEETING

Tuesday, November 17, 2026

1:30 pm - 3:30 pm (PST)

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

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

REGISTER HERE TO JOIN VIRTUALLY

https://bos-lacounty-gov.zoom.us/webinar/register/WN_mgoK-y4RRcy-UEYh66Krlg

NOTICE OF TELECONFERENCING SITES

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

PUBLIC COMMENTS

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

ACCOMMODATIONS

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

Visit us online: **http://hiv.lacounty.gov**

Get in touch: **hivcomm@lachiv.org**

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

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

TUESDAY, NOVEMBER 17, 2026 | 1:30 PM—3:30 PM

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

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

MEMBERS OF THE PUBLIC MAY JOIN VIRTUALLY BY REGISTERING HERE:

https://bos-lacounty-gov.zoom.us/webinar/register/WN_mgoK-y4RRcy-UEYh66Krlg

COMMITTEE CO-CHAIRS: Jeronimo Barajas, Stephanie Johnson

AGENDA POSTED: November 12, 2026

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

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

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

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

1. ADMINISTRATIVE MATTERS

A.	Call to Order and Roll Call	1:30 PM—1:35 PM
B.	Code of Conduct and Meetings Guidelines/Reminders	1:35 PM—1:40 PM

C. Approval of the Agenda **MOTION #1** 1:40 PM—1:42 PM
D. Approval of Prior Meeting Minutes **MOTION #2** 1:42 PM—1:45 PM

2. **PUBLIC COMMENT** 1:45 PM—1:50 PM

3. **COMMITTEE NEW BUSINESS ITEMS** 1:50 PM—1:53 PM

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

4. **REPORTS**

A. Commission on HIV (COH) Staff Report 1:53 PM—1:58 PM
   i. Operational and Commission Updates
B. Co-Chair Report 1:58 PM—2:03 PM
   i. New Member Welcome – Paola Buenrostro
   ii. Data Summit Debrief
   iii. Medical Monitoring Project (MMP) Findings Report
C. Division of HIV and STD Programs (DHSP) 2:03 PM—2:33 PM
   i. Ryan White Program Updates
   ii. Ryan White Program – Part D Updates
   iii. Ryan White Data Sheets

5. **DISCUSSION** 2:33 PM—3:23 PM

A. Comprehensive Needs Assessment Survey Review
B. Committee Membership – Size and Limitations
C. Matt Estes Committee-Only Application Review **MOTION #3**

6. **NEXT STEPS** 3:23 PM—3:25 PM

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

7. **ANNOUNCEMENTS** 3:25 PM—3:30 PM

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

8. **ADJOURNMENT** **3:30 PM**

PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE MEMBERSHIP		
Leo	Vasquez Alvarez	Committee-Only Member
Jeronimo	Barajas	Unaffiliated Representative - SPA 4
LeRoy	Blea	Ryan White Part B Administrator (CDPH Office of AIDS) ***Non-Voting**
Jasmine	Brown, MSW	Ryan White Part C Recipients
Paola	Buenrostro	Other Federally Funded HIV Programs
Raniyah	Copeland, MPH	Non-Elected Community Leaders
Robert	Gamboa	Committee-Only Member
Felipe	Gonzalez	Unaffiliated Representative - SPA 3
Darryn	Harris	Board of Supervisors Office #2 Representative
Stephanie	Johnson	Committee-Only Member
Rob	Lester	Committee-Only Member
Miguel	Martinez	Committee-Only Member
Jack	Miller	Unaffiliated Representative - At Large #3
Shawn	Pleasants	Unaffiliated Representative - SPA 2
Glenn	San Agustin	Committee-Only Member
Maria	Skelton	Committee-Only Member
Quorum = 8		

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the agenda order, as presented or revised.
MOTION #2:	Approve the prior Committee meeting minutes, as presented or revised.
MOTION #3:	Recommend the applicant, Matt Estes, for Committee-only membership and forward the application to the Executive Committee for approval.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

Approved by COH 6/8/23

CODE OF CONDUCT

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23
Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)**

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

Hybrid Meeting Guidelines

(Updated 6.11.26)

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

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

Membership Roster

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

Seat Code	Seat Category	First Name	Last Name	Membership Type	Org/Agency Affiliation *RWP Contracted	Proposed Committee Assignment(s)	Term: Start Date	Term: End Date	Alternates	
1	Health Care Providers (FQHCs)	Byron	Patel, RN, ACRN		LGBTQ+ Center	SBP	3/17/26	3/1/27		
2	Community-Based & AIDS Service Orgs (CBO/ASO)	Robert	Bolan, MD		LGBTQ+ Center	SBP	3/17/26	3/1/28		
3	Social & Housing Service Providers	Ceasar	Corona		Tarzana Treatment Center	MCE	3/17/26	3/1/27		
4	Mental Health Providers	TJ	Griffin, LMSW		Men's Heath Foundation	MCE	3/17/26	3/1/28		
5	Substance Use Providers	Eric	Mattern		Tarzana Treatment Center	SBP	3/17/26	3/1/27		
6	Local Public Health Agencies (Division of HIV/STD Programs [DHSP]) ***Non-Voting**	Mario	Pérez, MPH		DHSP	EXEC	3/17/26	3/1/28		
7	Health & Hospital Planning Agencies	Tony	Mills, MD		Men's Health Foundation		3/17/26	3/1/27		
8	Affected & Disproportionately Impacted Communities	Emmanuel	Sanchez-Ramos, DrPH, MPH		APLA Health	SBP	3/17/26	3/1/28		
9	Non-Elected Community Leaders	Raniyah	Copeland, MPH		No affiliation/Equity & Impact Solutions	PP&A	3/17/26	3/1/27		
10	State Government (Medicaid/Medi-Cal) ***Non-Voting**						3/17/26	3/1/28		
11	Ryan White Part B Administrator (CDPH Office of AIDS) ***Non-Voting**	LeRoy	Blea		CDPH, Office of AIDS	PP&A	3/17/26	3/1/27		
12	Ryan White Part C Recipients	Jasmine	Brown, MSW		Charles Drew University	PP&A	3/17/26	3/1/28		
13	Ryan White Part D / CYF Providers	Mikhaela	Cielo, MD		LAC Dept of Health Services	SBP	3/17/26	3/1/27		
14	Other Federally Funded HIV Programs	Paola	Buenrostro		East Los Angeles Wome's Center		3/17/26	3/1/28		
15	Formerly Incarcerated Individuals Living with HIV						3/17/26	3/1/27		
16	Unaffiliated Representative - SPA 1	Montana	Volby		No affiliation	SBP	3/17/26	3/1/28		
17	Unaffiliated Representative - SPA 2	Shawn	Pleasants		No affiliation	PP&A	3/17/26	3/1/27		
18	Unaffiliated Representative - SPA 3	Felipe	Gonzalez		No affiliation	PP&A	3/17/26	3/1/28		
19	Unaffiliated Representative - SPA 4	Jeronimo	Barajas		No affiliation	PP&A	3/17/26	3/1/27		
20	Unaffiliated Representative - SPA 5						3/17/26	3/1/28	Christopher Webb (REACH LA)	
21	Unaffiliated Representative - SPA 6	Angela	Hunt		No affiliation	MCE	3/17/26	3/1/27	Malik Henry (AMAAD)	
22	Unaffiliated Representative - SPA 7	Vilma	Mendoza		No affiliation	MCE	3/17/26	3/1/28		
23	Unaffiliated Representative - SPA 8						3/17/26	3/1/27	Stevie Bieneman (AHF)	
24	Unaffiliated Representative - At Large #1	Ish	Herrera		No affiliation	MCE	3/17/26	3/1/28		
25	Unaffiliated Representative - At Large #2	James	Kelly *(pending)*		No affiliation		3/17/26	3/1/27	Dontá Morrison, PhD (UCLA CARES)[Exec A	
26	Unaffiliated Representative - At Large #3	Jack	Miller		No affiliation	PP&A	3/17/26	3/1/28		
27	Board of Supervisors Office #1 Representative	Al	Ballesteros, MBA		JWCH Institute	PP&A	3/17/26	3/1/27		
28	Board of Supervisors Office #2 Representative	Darryn	Harris		St. Johns Community Health	PP&A	3/17/26	3/1/28		
29	Board of Supervisors Office #3 Representative	Katja	Nelson, MPP		APLA Health	PP&A	3/17/26	3/1/27		
30	Board of Supervisors Office #4 Representative	Nolan	Ross Samé-Weil		LA. CADA	SBP	3/17/26	3/1/28		
31	Board of Supervisors Office #5 Representative	Jonathan	Weedman		Via Care	MCE	3/17/26	3/1/27		
32	HIV Academic/Scientist Representative	Paul	Nash, Cpsychol, AFBPsS, FHEA		No Affiliation/USC	SBP	3/17/26	3/1/28		
	TOTAL MEMBERSHIP: 32									
	TOTAL VOTING MEMBERSHIP (SEATED): 28									
	QUORUM: 14									
	Vacant Seats									
	**To establish staggered terms for the new membership cohort, one half of members were appointed to an initial one-year term and the other half to an initial two-year term. Thereafter, all terms will be two years. Staggered terms support continuity and are denoted by blue and white shading.*									

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/02/26

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

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

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
BOLAN	**Robert**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
BROWN	**Jasmine**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
CIELO	**Mikhaela**	Los Angeles General Hospital	No Ryan White or prevention contracts
COPELAND	**Raniyah**	Equity Impact Solutions	No Ryan White or prevention contracts
CORONA	**Anthony**	Watt's Healthcare	Core HIV Medical Services - MCC & PSS
			Biomedical HIV Prevention Services
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			Medical Transportation Services
CORONA	**Ceasar**	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services
CROSS	**Johnny**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Population (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
DAVIES	**Erika**	City of Pasadena	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DOLAN	**Caitlyn**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
FRAMES	**Arlene**	Unaffiliated representative	No Ryan White or prevention contracts
GAMBOA	**Robert**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
GERSH	**Lauren**	APLA Health & Wellness	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
GRIFFEN	**TJ**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	**Joaquin**	REACH LA	HTS - Social and Sexual Networks
HARRIS	**Darryn**	St. John's Well Child and Family Center (SJW)	Core HIV Medical Services - AOM; MCC & PSS
			Oral Health
			HTS - Social and Sexual Networks
			Mental Health
			Biomedical HIV Prevention Services
			Medical Transportation Services
HUNT	**Angela**	Unaffilated Member	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts
JOHNSON	**LeiLani**	Unaffilited Member	No Ryan White or prevention contracts
JOHNSON	**Stephanie**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
LARA	**Roberto**	AMAAD	No Ryan White or prevention contracts
LESTER	**Rob**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
LOCKLEAR	**Preston**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ	**Miguel**	No affiliation	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MATTERN	**Eric**	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services
MCKINLEY	**Kiante**	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MILLER	**Jack**	Unaffiliated Member	No Ryan White or prevention contracts
MORRISON	**Donta**	UCLA CARE	No Ryan White or prevention contracts
MULLEN	**Sadie**	No affiliation	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	No Ryan White or prevention contracts
NGUYEN	**Kevin**	Saban Community Clinic	No Ryan White or prevention contracts

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

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SALAMANCA	**Ismael**	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services
SANCHEZ-RAMOS	**Emmanuel**	APLA Health	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD - ExC
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
SAN AGUSTIN	**Glen**	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
			Medical Transportation Services
SAME-WEIL	**Nolan Ross**	Los Angeles Centers for Alcohol & Drug Abuse (L.A. CADA)	No Ryan White or prevention contracts
SANTIAGO	**Draya**	Unaffilited Member	No Ryan White or prevention contracts
SKELTON	**Maria**	No affiliation	No Ryan White or prevention contracts
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
WEBB	**Christopher**	REACH LA	HTS - Social and Sexual Networks

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

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

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

DATE: Tuesday, September 15, 2026 from 1:30 PM—3:30 PM.

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

CALL TO ORDER: Jeronimo Barajas called the meeting to order at 1:35pm.

CO-CHAIRS: Jeronimo Barajas, Stephanie Johnson

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

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE MEMBERSHIP P = Present | A = Absent| SB707 = Remote Participation | PU = Public			
Leo Vasquez Alvarez	P	Stephanie Johnson, Co-chair	P
Jeronimo Barajas, Co-chair	P	Rob Lester	A
LeRoy Blea	A	Miguel Martinez, MPH, MSW	EA
Jasmine Brown	P	Jack Miller	EA
Raniyah Copeland	P	Shawn Pleasants	P
Robert Gamboa	P	Glenn San Agustin, MD	P
Felipe Gonzalez	P	Maria Skelton	P
Darryn Harris	P	LaShonda Spencer, MD	EA

ADMINISTRATIVE MATTERS	**MOTION #1**: **Approval of the Agenda**. *Approved by consensus.* **MOTION #2**: **Approval of Prior Meeting Minutes.** *Approved by consensus.*
PUBLIC COMMENT	There were no public comments.
COMMITTEE NEW BUSINESS ITEMS	There were no committee new business items.
REPORTS	**COMMISSION ON HIV (COH) STAFF REPORT** • Commission staff, L. Martinez, reminded the group that the Commission held its last meeting of the year on **September 10**. Full body will reconvene on **January 14, 2027**; committees continue to meet. • The Measure ER Listening Session: Scheduled for September 22, 4:30–6:00 p.m., virtual. Members encouraged to attend. • Planning is underway for the Annual Conference. This years

DRAFT

conference is scheduled for February 11, 2027 and will focus on engaging people with HIV who are not in care.
- The knowledge assessment survey is scheduled for release in late October/early November. Findings will inform refresher training in January 2027.

CO-CHAIR REPORT

Committee co-chairs reviewed the PP&A Committee calendar with the group. Remaining meetings will be on November 17, 2026 and February 16, 2027 at the Vermont Corridor. Co-chairs reminded the group that attendance is mandatory for the October 30 Data Summit. Members were reminded that registration is open and to register as soon as possible.

DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT

- DHSP staff provided an expenditure report for Quarter 1 of Program Year 36. Expenditures are slightly lower than expected due to delayed invoicing following the launch of the new E2LA data management system, but most issues have since been resolved.
  - Mental Health Services is seeing very low utilization, primarily due to services being covered by Medi-Cal. DHSP anticipates a future reallocation and will keep the committee updated as the program year progresses.
- DHSP is tracking changes to Medi-Cal enrollment (such as work requirements and public charge rules) that could impact thousands of people living with HIV in 2027. Work is underway with the state to help support people via health insurance premium assistance and benefit specialist programs. Plans are underway to expand benefits specialty services and ensure training for providers assisting clients with eligibility and insurance navigation.
- DHSP provided an update on CDC Supplemental Prevention Funding. CDC released supplemental HIV prevention funds in July; DHSP requested $4.9 million and was awarded $3.4 million (approximately 70% of eligible/requested amount). Other jurisdictions received between 50-100% depending on state/local jurisdiction. Supplemental funding will be used to support prevention programming and some infrastructure investments including expansion of the new E2LA data system with prevention tracking modules and increasing surveillance staff lost during budget curtailments. Specific prevention programming has not been determined and DHSP will work with providers to identify key areas for investment.

	• The Department of Health Services is preparing for the launch of a new low-income health coverage option (Health Connect LA) for uninsured residents. The program is currently under development.

DISCUSSION ITEMS	**REVIEW AND APPROVAL OF REVISED PRIORITY SETTING AND RESOURCE ALLOCATION FRAMEWORK**
	• The committee reviewed the revised Priority Setting and Resource Allocation Framework, including definitions, rules, voting eligibility, conflict-of-interest rules, and the multi-year planning process. Key revisions include:
	  ○ Allocation adjustment flexibility increased from 10% to 25%, acknowledging funding instability and the need for more responsive mid-year adjustments. Committee held an extensive discussion on the implications of the 25% threshold. Some members noted concerns, while others acknowledged the necessity due to federal funding uncertainty.
	  ○ DHSP must still report all shifts to PP&A, Executive Committee, or full Commission promptly.
	  ○ Within 90 days of grant year end, DHSP may shift funds as needed to ensure full utilization, with documentation and justification required.
	  ○ Quarterly expenditure reporting strengthened (written report required five business days before meetings) to allow the committee ample time to review reports ahead of scheduled meetings.
	MOTION #3 - Approve the revised Priority Setting and Resource Allocation Framework, as presented or revised. *Approved by roll call vote.*
	L. Vasquez Alvarez – Y, J. Brown – Y, R. Copeland – Y, R. Gamboa – Y, F. Gonzalez – Y, S. Pleasants – Y, G. San Agustin – Y, J. Barajas – Y, S. Johnson - Y

ANNOUNCEMENTS	There were no announcements.
ACTION ITEMS	
RESPONSIBLE PARTY	**ITEM**
COH STAFF	• The Priority Setting and Resource Allocation Framework will be sent to the Membership and Community Engagement Committee for approval with final approval moving forward to the Executive Committee in October. • Commission staff will gather materials in preparation for Needs Assessment discussions.
NEXT MEETING	The next Planning, Priorities, and Allocations Committee meeting is Tuesday, November 17, 2026, at 1:30 PM at the Vermont Corridor.

ADJOURNMENT	The meeting adjourned at 3:05pm.

PREPARED BY: Lizette Martinez	**APPROVAL DATE:** Pending

2026 Data Summit Summary Report

Data to Decisions: Preparing for Ryan White Planning

Friday, October 30, 2026

Overview

The Los Angeles County Commission on HIV in partnership with the Department of Public Health Division of HIV and STD Programs (DHSP) hosted its 2026 Data Summit: Data to Decisions – Preparing for Ryan White Planning to help community members, Commissioners, providers, and partners better understand the data used in Ryan White Program planning.

The goal was simple: make the data easier to understand, create room for questions, and help attendees feel more comfortable using data in Ryan White planning, especially when participating in Priority Setting and Resource Allocation (PSRA).

The Summit hosted approximately 70 participants at the height of the day.

Setting the Tone

Dawn McClendon, Interim Executive Director, and Stephanie Johnson, Planning, Priorities and Allocations Committee Co-Chair of the Los Angeles County Commission on HIV, opened the Summit and welcomed participants. AJ King facilitated the day and helped keep the conversations and activities moving. Gilead Sciences provided the proper sustenance to keep everyone fueled and energized throughout a full day of learning, conversation, and community engagement.

What We Learned

Throughout the day, participants learned about how the Commission uses data to inform HIV program planning and resource allocation in LA County.

- **Dr. Sonali Kulkarni** (DHSP) presented HIV data collection and surveillance methods in LA County, explaining the difference between case reporting (required by law) and program data (collected from funded providers). She detailed how various HIV-related data points including test results, demographics, and behavioral information are collected and used to inform public health programs and policies.
- **Miguel Martinez** provided a comprehensive overview of Ryan White funding 101, explaining that Part A funds require 75% allocation to core medical services and 25% to support services, with an additional 10% for administrative costs and 5% for CQM (Clinical Quality Management) programs. The discussion included a practical exercise where participants identified which costs were allowable under Ryan White funding guidelines, confirming that items like HIV medications and transportation assistance are allowed while items like cash gifts, clothing, and prevention services are not permitted.

- **Jasmine Brown** presented on PSRA Basics, explaining how the Planning Council determines which HIV services are most needed and how funding should be allocated. She outlined the process of reviewing data on local HIV epidemic trends, priority setting for service categories, resource allocation decisions, and implementation through directives.
- **Dr. Siri Chirumamilla** (DHSP) from DHSP provided an overview of HIV statistics and terminology, explaining key concepts including incidence, rates, and proportions. She also provided an overview of Ryan White program data and case reporting, explaining how program data is collected and used for resource allocation and priority setting. She detailed the HIV care continuum measures used to evaluate the program, including engagement in care, retention in care, viral suppression, and durable viral suppression. Dr. Chirumamilla concluded her presentation with an overview of several Ryan White services data summary sheets.
- **Dr. Paul Nash** presented a session on how to ask better questions when interpreting data, emphasizing that commissioners should view data as a starting point rather than a final answer. The session focused on the importance of triangulating different data sources, understanding data quality, and considering what information might be missing, with the goal of making more effective planning and decision-making decisions as an evidence-based body.
- **Dr. Dontá Morrison** closed the day by emphasizing that community voice is an essential part of Ryan White Part A planning. He shared how lived experiences help identify barriers and solutions that numbers alone may miss, highlighting past community-driven changes such as including women in PrEP messaging and providing cultural humility training to more than 300 providers. During his presentation, the Commission also launched its new 2024–2026 Community Engagement Findings Report, which brings together community feedback to help inform planning, priorities, and decisions. **Click here to view the 2024–2026 Community Engagement Findings Report .**

The day was originally scheduled to conclude with two mock planning activities. By late afternoon, however, participants had already contributed to a full and productive day of presentations, questions, and discussion. In response to participant feedback and the overall pace of the day, we chose to hold the activities for a future session. This decision gave attendees time to process the information shared and preserve the activities for a future opportunity when greater participation could support a more robust and thoughtful discussion. The session concluded slightly early, allowing participants to leave feeling positive and engaged.

What We Heard

The Summit was highly participatory. Participants asked questions, challenged terminology, shared their experiences, and encouraged presenters to connect the data to what people are actually experiencing in community.

A total of 29 post-event evaluations were submitted. Among respondents: 24 of 29 said they felt more prepared to participate in Ryan White planning and PSRA. Five said they felt somewhat more prepared but wanted additional learning opportunities. No respondents said they felt unprepared.

Participants especially valued the interactive activities, questions, short presentations, and opportunities to learn with others. The evaluation also showed strong interest in Data 101, Ryan White Funding 101, Ryan White planning data, and Community Voice sessions.

What We Will Carry Forward

Participants gave us some clear directions for future Data Summits:

- Use more real-life examples and analogies.
- Use more consumer- and community-friendly language.
- Spell out acronyms and explain technical terms.
- Spend more time explaining how data is collected and how to interpret it.
- Go deeper into resource allocation and surveillance data.
- Continue making the Summit interactive and creating space for questions, discussion, and group learning.

One participant captured the spirit of the day well: “Every data point is a person, a story, and an opportunity to improve access to care and support services.”

A Little Fun Along the Way

The day also included raffles, Halloween costumes, the Commission step and repeat, lots of candy, and the Data Summit Interactive Game Sheet. Congratulations to TJ Griffin, aka Borax, who won Best Costume!

Keep Learning

The 2026 Data Summit presentations, materials, and Interactive Game Sheet are available on the Commission’s website: **https://hiv.lacounty.gov/member-resources.**

Thank You

A special thank you to AJ King, our presenters, DHSP, Gilead Sciences, Commission staff, and most importantly, everyone who showed up, asked questions, shared their experiences, and helped make the day what it was.

Understand the data. Hear the community. Make better planning decisions.

CLICK HERE TO VIEW PHOTOS FROM THE 2026 DATA SUMMIT

Medical Monitoring Project (MMP)

For Everyone

MAY 19, 2026

Per a court order, HHS is required to restore this website to its version as of 12:00 AM on January 29, 2025. Information on this page may be modified and/or removed in the future subject to the terms of the court's order and implemented consistent with applicable law. Any information on this page promoting gender ideology is extremely inaccurate and disconnected from truth. The Trump Administration rejects gender ideology due to the harms and divisiveness it causes. This page does not reflect reality and therefore the Administration and this Department reject it.

AT A GLANCE

The Medical Monitoring Project collects data on, and provides information about the behaviors, clinical outcomes, quality of care, and barriers to care and viral suppression among people with diagnosed HIV in the United States.

MEDICAL MONITORING PROJECT

About MMP

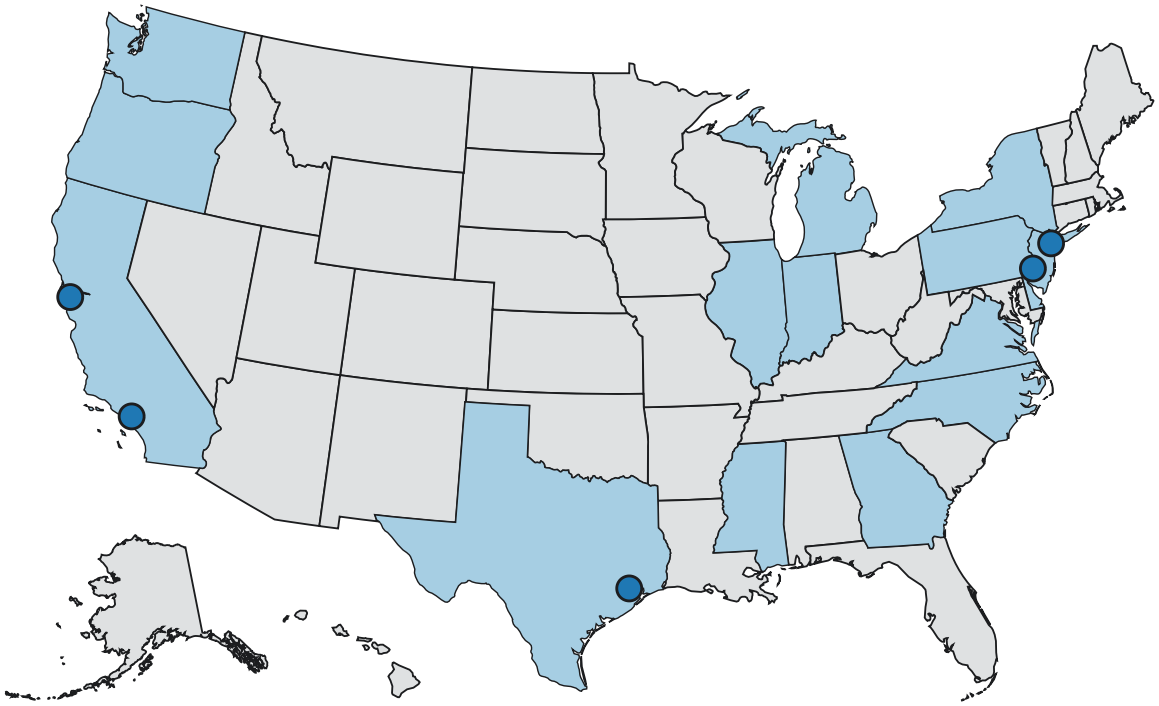
The Medical Monitoring Project (MMP) arose out of a need for a locally and nationally representative, population-based surveillance system that could provide information about the behaviors, clinical outcomes, quality of care, and barriers to care and viral suppression among people with diagnosed HIV in the United States. The project is led by state, local, and territorial health departments in partnership with CDC. Participants are randomly selected, and data are collected from both an interview and an abstraction of the participant's medical record. MMP data represent all adults with diagnosed HIV, both on a national level and within the 23 areas that take part in the project.

MMP data can be used to guide policy and funding decisions aimed at increasing engagement in care and improving quality of care, and decreasing disparities experienced among people with HIV throughout the United States. The project can answer questions about the care and services that people with HIV receive, including:

- What services do people need, but not receive?
- How many people with HIV receive HIV medical care?
- What are the barriers to accessing care, prevention, and support services?

Project areas

Currently, 21 project areas (15 state health departments, 5 local health departments, and the Puerto Rico Department of Health) conduct MMP. To view a particular health department's contact information, select the state, city, or territory on the interactive map or scroll down to view the list by state/territory.



U.S. territories

PR

Data Table +

Download Data (CSV)

California	• California Department of Public Health Office of AIDS 1616 Capitol Avenue, Suite 74-616 (MS 7700) Sacramento, CA 95814 Phone: (916) 322-0771 • **Los Angeles** Los Angeles County Department of Public Health Division of HIV and STD Programs 600 South Commonwealth Avenue, Suite 1920 Los Angeles, CA 90005 Phone: (213) 351-8175 • **San Francisco** San Francisco Department of Public Health HIV Epidemiology Section 25 Van Ness Avenue, Suite 500 San Francisco, CA 94102 Phone: (628) 217-6246
Delaware	• Delaware Department of Health and Social Services HIV/AIDS Program 540 South DuPont Highway, Suite 12 Dover, DE 19901 Phone: (302) 744-1016
Georgia	• Georgia Department of Public Health 2 Peachtree Street NW, 14th Floor

	Atlanta, GA 30303 Phone: (404) 657-2601 Project Website
Illinois	• Illinois Department of Public Health Division of Infectious Diseases 122 S. Michigan Avenue, 7th Floor Chicago, IL 60603 Phone: (312) 814-1960
Indiana	• Indiana State Department of Health Division of HIV/STD 2 North Meridian Street, Mailstop 6C Indianapolis, IN 46204 Phone: (317) 233-7506
Michigan	• Michigan Department of Health & Human Services South Oakland Health Center PO Box 30727 Lansing, MI 48910 Phone: (517) 241-0872 Project Website
Mississippi	• Mississippi State Department of Health STD/HIV Bureau 570 East Woodrow Wilson Drive Jackson, MS 39216 Phone: (601) 576-7723 Project Website
New Jersey	• New Jersey Department of Health Division of HIV, STD, and TB Services Epidemiologic Services Unit 50 East State Street, 4th Floor P.O. Box 363 Trenton, NJ 08625-0363 Phone: (609) 913-5862
New York	• New York State Department of Health Division of Epidemiology Corning Tower, Room 717 Empire State Plaza Station Albany, NY 12237-0001 Phone: (518) 473-5786 • **New York City** NYC Department of Health & Mental Hygiene HIV Epidemiology and Field Services Gotham Center 42-09 28th Street, 22nd Floor Long Island City, NY 11101-4132 Phone: (347) 396-7636
North Carolina	• North Carolina Department of Health and Human Services Communicable Disease Branch 225 N. McDowell St. Raleigh NC 27603 Phone: (919) 546-1620
Oregon	• Oregon Health Authority Public Health Division 800 NE Oregon Street, Suite 1105 Portland, OR 97232

Pennsylvania	•
	•
Puerto Rico	•
Texas	•
	•
Virginia	•
Washington	•

What's collected

MMP collects information on various demographic, clinical, and behavioral characteristics including:

- Medical history
- Medical and social services
- Prescribed medications

- Clinic visits

Technical Assistance

For additional information and technical resources, or general questions, call the national MMP information line at (404) 639-6475 or contact your participating health department.

How information is collected

Like many other reportable health conditions, all HIV diagnoses are reported to public health departments. MMP samples adults with diagnosed HIV from this list of reported cases. Only sampled persons can participate. Sampled persons are contacted either directly by a participating health department or through their providers to obtain consent for their participation.

The survey collects basic information, such as birth month and year, gender, and race, as well as questions about a participant's health care. Information from the participant's medical record assists with assessing HIV treatment and quality of care at local and national levels.

Participants receive a token of appreciation (typically a gift card).

MMP staff follow strict protocols to ensure the privacy and confidentiality of information. No individual identifiers, including patient or provider names or addresses, are sent to CDC, nor will they be released or used in any reports.

How MMP data are used

At the national level, MMP data have been used to:

- increase awareness and guide national HIV policy
- guide funding decisions aimed to increase engagement in care and improve quality of care
- inform health care providers of ways to improve care for persons with HIV
- assess adherence to clinical guidelines
- inform CDC's anti-stigma campaign
- decrease disparities experienced among people with HIV

MMP also provides data for the high-priority national HIV prevention social determinants of health indicators for the National HIV/AIDS Strategy PDF that are associated with negative outcomes and affect people's quality of life. These indicators include:

- HIV stigma
- unstable housing
- unmet needs for mental health services
- unemployment
- food insecurity

These indicators help monitor national progress towards ending the HIV epidemic.

Locally, MMP data have been used to inform program planning, policy, and funding for services, including the Ryan White HIV/AIDS program.

Findings are routinely published in surveillance reports and medical journals and presented to community planning groups and at national conferences on topics, such as HIV medication prescription, viral suppression, and health care coverage.

Current data releases

- Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection
- Individual-level Social Determinants of Health and Quality of Life Among Persons with Diagnosed HIV Infection

Technical notes

For the most up-to-date technical notes for HIV surveillance and monitoring, see the Technical Notes in the NCHHSTP Atlas Plus.

Previous data releases

- Previous data releases on CDC Stacks
- CDC Archive
- NCHHSTP Atlas Plus

Resources

MMP Response Cards

PDF of response cards for use in the Medical Monitoring Project (MMP).

MMP Questionnaire

Paper questionnaire for use in the HIV Medical Monitoring Project (MMP).

MMP Calendars

PDF of calendars for the Medical Monitoring Project (MMP).

MMP Protocol PDF Download

Protocols for use in the HIV Medical Monitoring Project (MMP).

View More

MMP Archived Resources

To search for archived MMP resources visit the CDC archive.

CDC Archive

SOURCES AND PAGE INFO

CONTENT SOURCE

National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention; Division of HIV Prevention

ABOUT THIS PAGE

Published: May 15, 2024

Updated: May 19, 2026

This page was last updated on this date. Updates may include minor edits, image changes, or other modifications to page content.

Reviewed: May 19, 2026

The information on this page was last reviewed by subject matter experts to ensure accuracy.

AMBULATORY OUTPATIENT MEDICINE (AOM)

Year 35 (March 1, 2025 - Feb 28, 2026)

PROGRAM DESCRIPTION & DEMOGRAPHICS

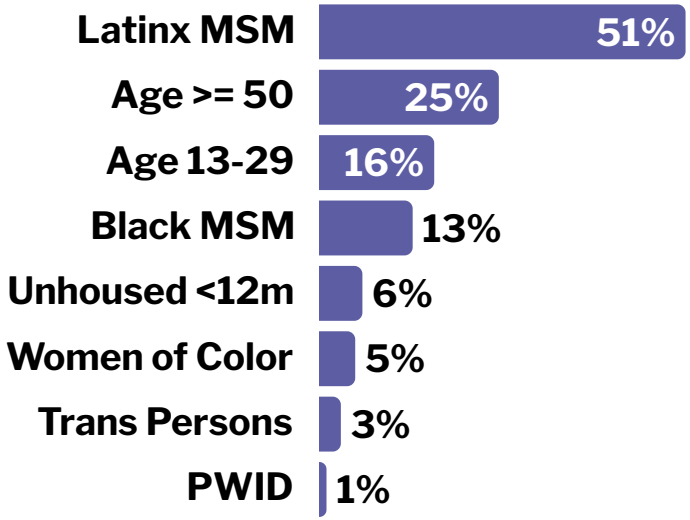
Ambulatory Outpatient Medicine (AOM) provides HIV specialty medical services for people with HIV (PWH). Services include medical exams and treatment, laboratory testing, nutrition education support, and sexually transmitted infection (STI) prevention and screening.

2,265 unique clients (17% of RWP clients) received AOM services in Year 35.

Men and Latinx persons comprised the majority of AOM clients.

Most clients were **English (59%)** or **Spanish (38%) speakers**, **living below 300% FPL**, had **no insurance**, were **permanently housed**, and had **no incarceration history**.

Priority Populations Accessing AOM



Note: Priority population groups are not mutually exclusive.

2025 Grant Year (GY)* AOM Client Demographics (N=2,265)

	N	%
Race		
Latinx	1,470	65%
Black	396	18%
White	275	12%
Asian	104	5%
Native Hawaiian/Pacific Islander	7	.3%
Native American/Alaska Native	3	.13%
More than one race	1	.04%
Unknown/Refused to Answer	9	.4%
Gender		
Male	2,071	91%
Female	132	6%
Transgender Male	5	.22%
Transgender Female	53	2.3%
Gender Non-Conforming	4	.18%

	N	%
Age		
13-29	354	16%
30-39	783	35%
40-49	569	25%
50+	559	25%
Transmission Category		
MSM	1,723	76%
Heterosexual	299	13%
Sexual contact	50	2%
MSM-IDU	18	.8%
IDU	11	.5%
Sexual contact/IDU	1	.04%
Other	18	.8%
Missing/No identified risk	145	6%

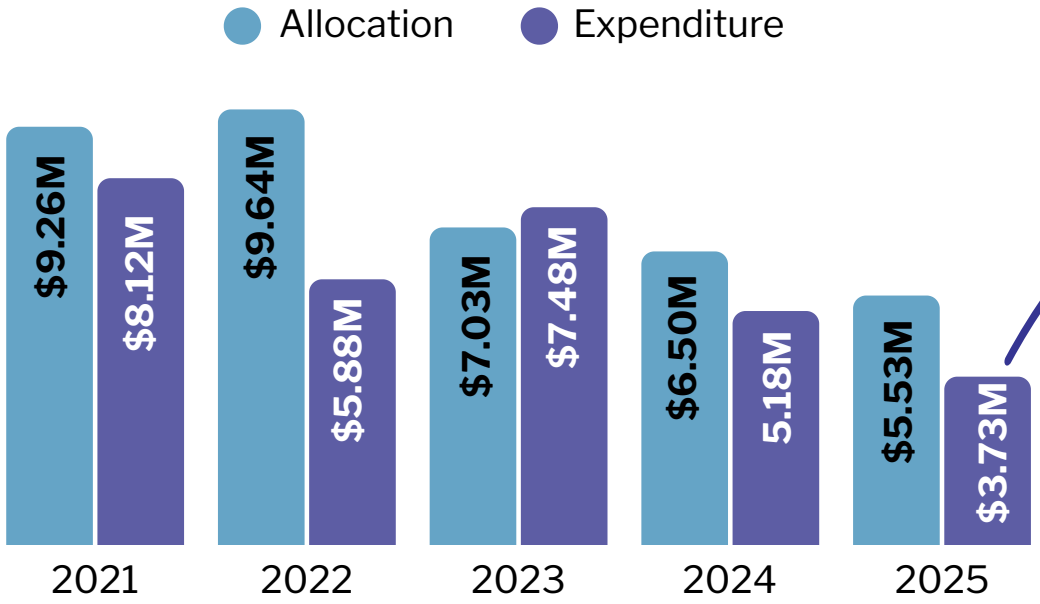
**The RWP GY refers to the year from March through February of the following year.*

AMBULATORY OUTPATIENT MEDICINE (AOM)

Year 35 (March 1, 2025 - Feb 28, 2026)

EXPENDITURES, CLIENTS, & CARE CONTINUUM

Grant Year (GY)* Allocations vs Actual Expenditures



2025 Expenditures

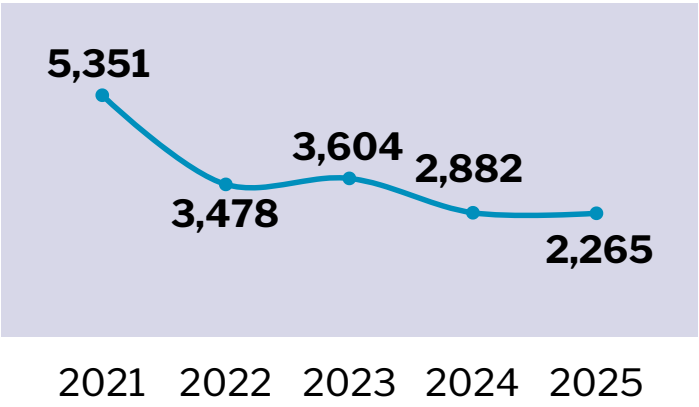
Total Spent: $3,731,957

Part A: $743,015

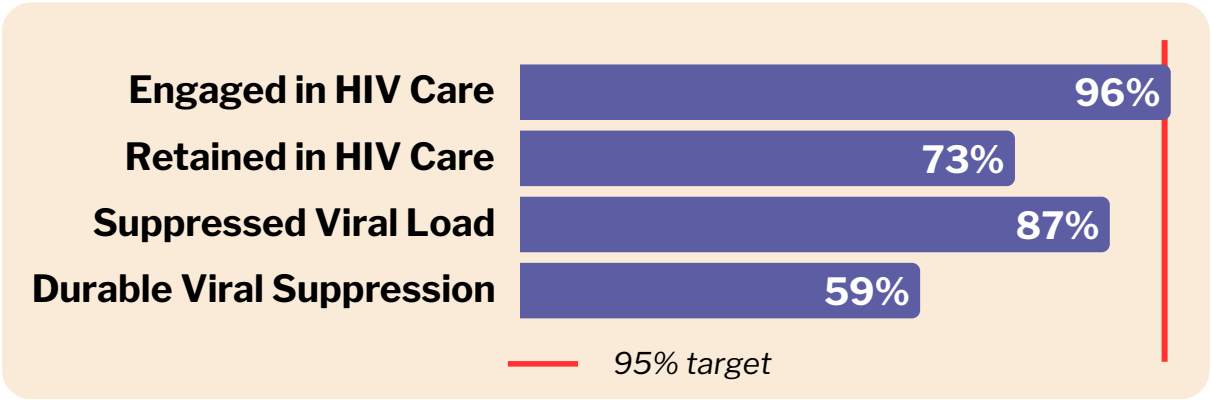
Part B: $2,988,942

Cost per client: $1,648

Number of Clients per GY*



AOM HIV Care Continuum



**The RWP GY refers to the year from March through February of the following year.*

GET PROTECTED LA.com — Los Angeles County — Ending the HIV/STI Epidemics

County of Los Angeles Public Health

BENEFITS SPECIALTY SERVICES (BSS)

Year 35 (March 1, 2025 - Feb 28, 2026)

PROGRAM DESCRIPTION & DEMOGRAPHICS

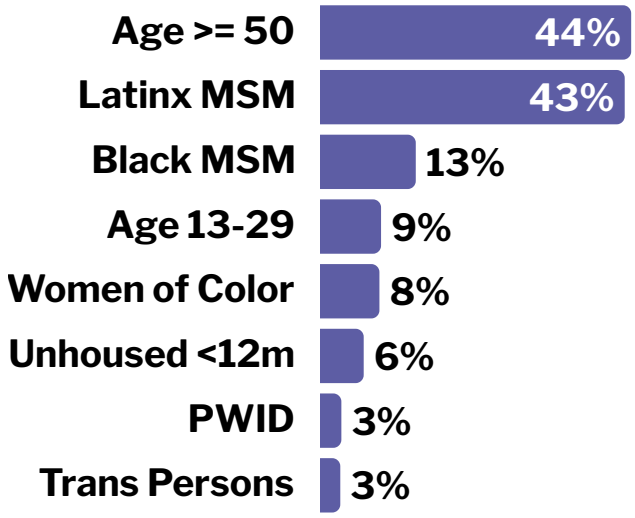
Benefits Specialty Services (BSS) provides coordination, guidance and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services, and assists eligible clients to obtain access to other public and private programs.

5,601 unique clients (42% of RWP clients) received BSS services in Year 35.

Men, Latinx persons, and **persons 30+** comprised the majority of BSS clients.

Most BSS clients were **English speakers**, **living under 200% FPL**, had **public insurance**, were **permanently housed**, and had **no incarceration history**.

Priority Populations Accessing BSS



Note: Priority population groups are not mutually exclusive.

2025 Grant Year (GY)* EFA Client Demographics (N=5,601)

	N	%
Race		
Latinx	3,272	42%
Black	1,105	34%
White	969	20%
Asian	225	3%
Native Hawaiian/Pacific Islander	15	.3%
Native American/Alaska Native	11	.2%
More than one race	1	.02%
Unknown/Refused to Answer	3	.05%
Gender		
Male	4,883	87%
Female	559	10%
Transgender Male	8	.1%
Transgender Female	149	3%
Gender Non-Conforming	2	.04%

	N	%
Age		
13-29	478	9%
30-39	1,427	26%
40-49	1,249	22%
50+	2,447	44%
Transmission Category		
MSM	3,957	71%
Heterosexual	1,098	20%
Sexual contact	148	3%
MSM-IDU	80	1%
IDU	83	1.5%
Sexual contact/IDU	2	.04%
Other	57	1%
Missing/No identified risk	176	3%

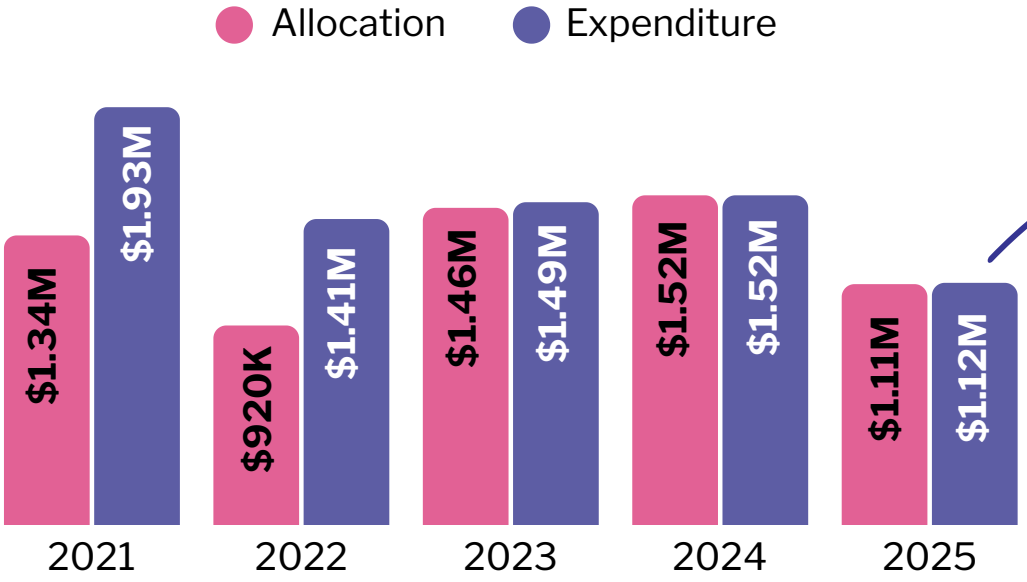
**The RWP GY refers to the year from March through February of the following year.*

BENEFITS SPECIALTY SERVICES (BSS)

Year 35 (March 1, 2025 - Feb 28, 2026)

EXPENDITURES, CLIENTS, & CARE CONTINUUM

Grant Year (GY)* Allocations vs Actual Expenditures



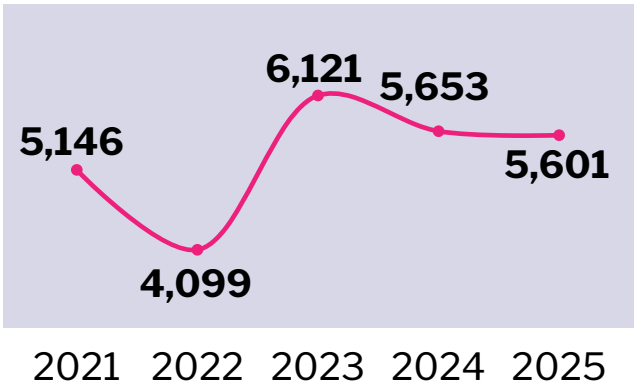
2025 Expenditures

Total Spent: $1,117,989

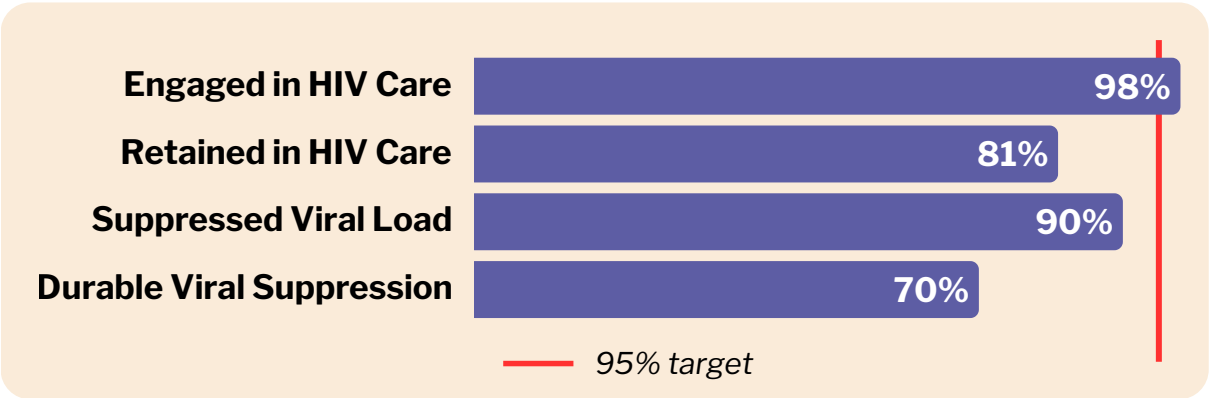
Funding Source: Part A

Cost per client: $200

Number of BSS Clients per GY*



BSS HIV Care Continuum



**The RWP GY refers to the year from March through February of the following year.*

GET PROTECTED LA.COM Los Angeles County Ending the HIV/STI Epidemics

County of Los Angeles Public Health

EMERGENCY FINANCIAL ASSISTANCE (EFA)

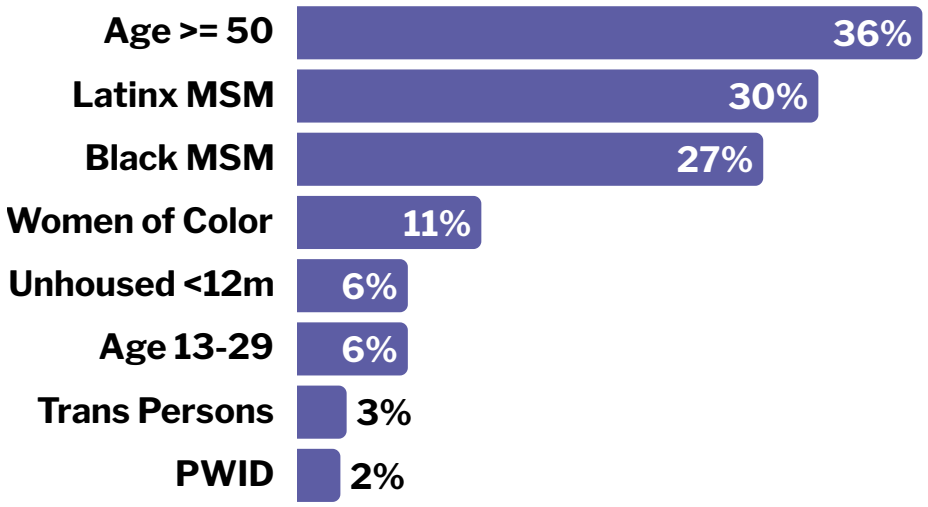
Year 35 (March 1, 2025 - Feb 28, 2026)

PROGRAM DESCRIPTION & DEMOGRAPHICS

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist RWP clients with an urgent need for rent. Annual cap: $5,000.

- **283 unique clients** (2% of RWP clients) received EFA services in Year 35.
- **Men, Latinx persons, and persons aged 30-39** and **50+** comprised the majority of EFA clients.
- Most EFA clients were **English speakers**, **living at or below the FPL**, had **public insurance**, were **permanently housed**, and had **no incarceration history**.

Priority Populations Accessing EFA



Note: Priority population groups are not mutually exclusive.

2025 Grant Year (GY)* EFA Client Demographics (N=283)

	N	%
Race		
Latinx	120	42%
Black	96	34%
White	56	20%
Asian	9	3%
Unknown/Refused to Answer	2	1%
Gender		
Male	251	89%
Female	32	11%
Transgender Female	8	3%
Gender Non-Conforming	1	.4%
Age		
13-29	4	6%
30-39	87	31%
40-49	76	27%
50+	102	36%
Transmission Category		
MSM	217	77%
Heterosexual	50	18%
Sexual contact	9	3%
MSM-IDU	4	1%
IDU	3	1%

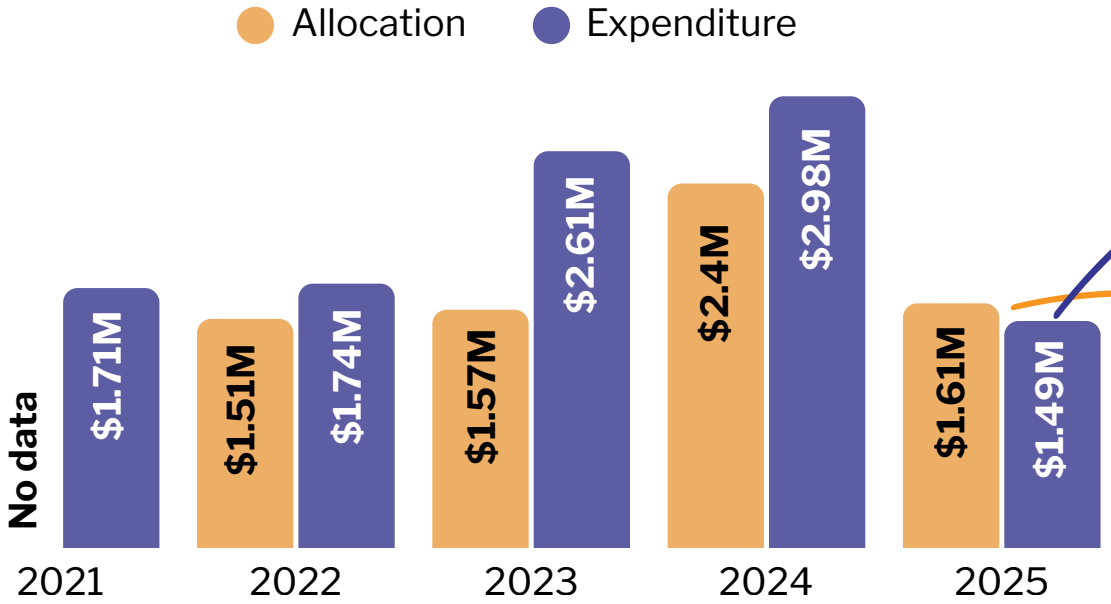
**The RWP GY refers to the year from March through February of the following year.*

EMERGENCY FINANCIAL ASSISTANCE (EFA)

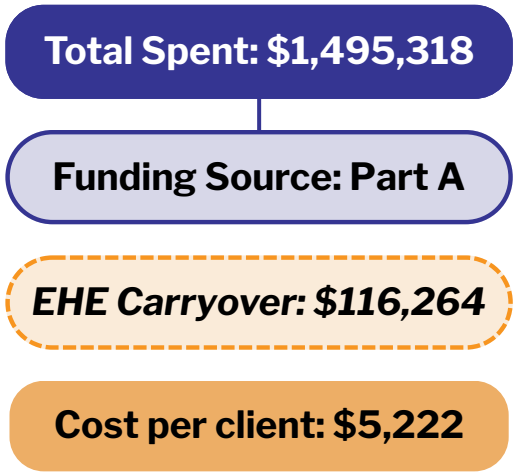
Year 35 (March 1, 2025 - Feb 28, 2026)

EXPENDITURES, CLIENTS, & CARE CONTINUUM

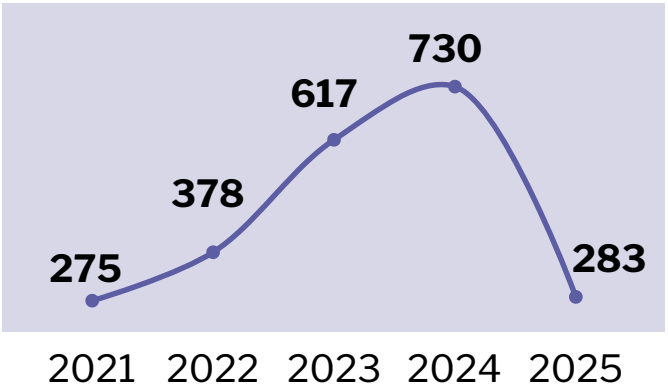
Grant Year (GY)* Allocations vs Actual Expenditures



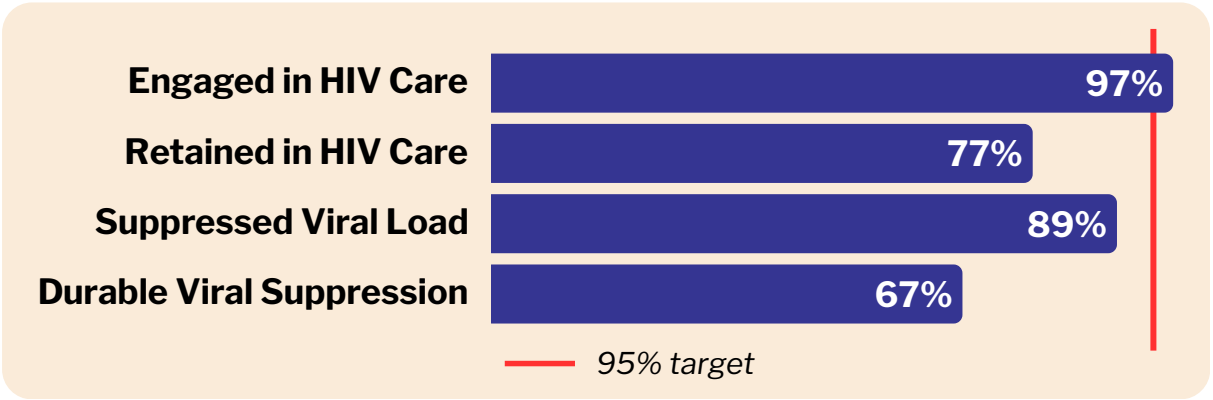
2025 Expenditures



Number of EFA Clients per GY



EFA HIV Care Continuum



**The RWP GY refers to the year from March through February of the following year.*

GET PROTECTED LA.COM Los Angeles County Ending the HIV/STI Epidemics

County of Los Angeles Public Health

MEDICAL CARE COORDINATION (MCC)

Year 35 (March 1, 2025 - Feb 28, 2026)

PROGRAM DESCRIPTION & DEMOGRAPHICS

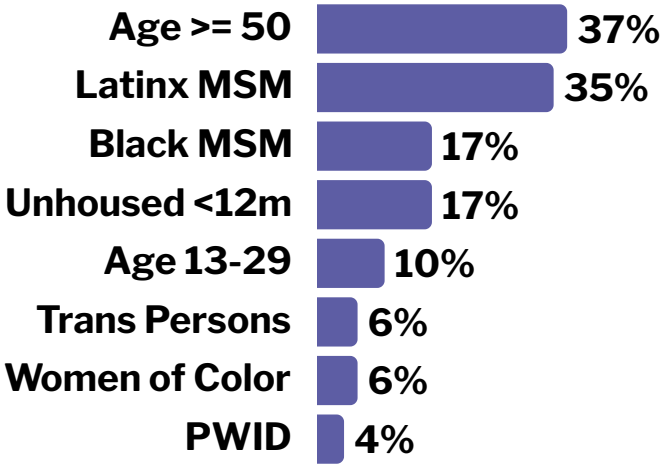
Medical Care Coordination (MCC) addresses patients' medical and non-medical needs through coordinated case management to support continuous engagement in care and adherence to ART.

4,374 unique clients (33% of RWP clients) received MCC services from 18 contracted providers in Year 35.

Men, Latinx persons, and **persons aged 50+** comprised the majority of MCC clients.

Most MCC clients were **English speakers**, **living at or below the FPL**, had **public insurance**, were **permanently housed**, and had **no incarceration history**.

Priority Populations Accessing MCC



Note: Priority population groups are not mutually exclusive.

2025 Grant Year (GY)* MCC CLIENT DEMOGRAPHICS (N=4,374)

	N	%
Race		
Latinx	2,097	48%
Black	1,099	25%
White	962	22%
Asian	159	4%
Native Hawaiian/Pacific Islander	17	.4%
Native American/Alaska Native	19	.4%
More than one race	5	.1%
Unknown/Refused to Answer	16	.4%
Age		
13-29	439	10%
30-39	1,250	29%
40-49	1,058	27%
50+	1,627	37%

	N	%
Gender		
Male	3,757	86%
Female	325	7%
Transgender Male	14	.3%
Transgender Female	254	6%
Gender Non-Conforming	23	.5%
Refused/Prefer not to state	1	.02%
Transmission Category		
MSM	3,148	72%
Heterosexual	573	13%
Sexual contact	247	6%
MSM-IDU	97	2%
IDU	89	2%
Sexual contact/IDU	3	.1%
Other	33	.8%
Missing/No identified risk	184	4%

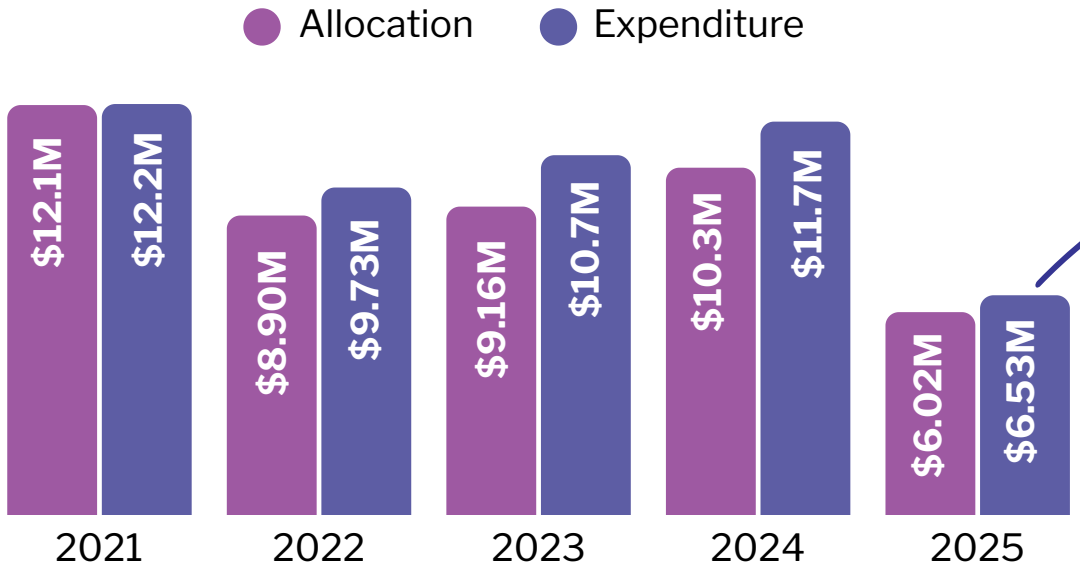
**The RWP GY refers to the year from March through February of the following year.*

MEDICAL CARE COORDINATION (MCC)

Year 35 (March 1, 2025 - Feb 28, 2026)

EXPENDITURES, CLIENTS, & CARE CONTINUUM

Grant Year (GY)* Allocations vs Actual Expenditures



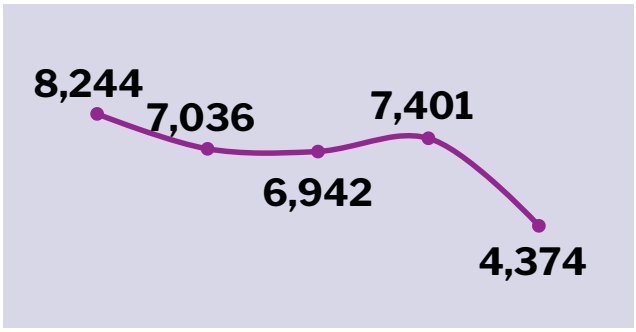
2025 Expenditures

Total Spent: $6,530,211

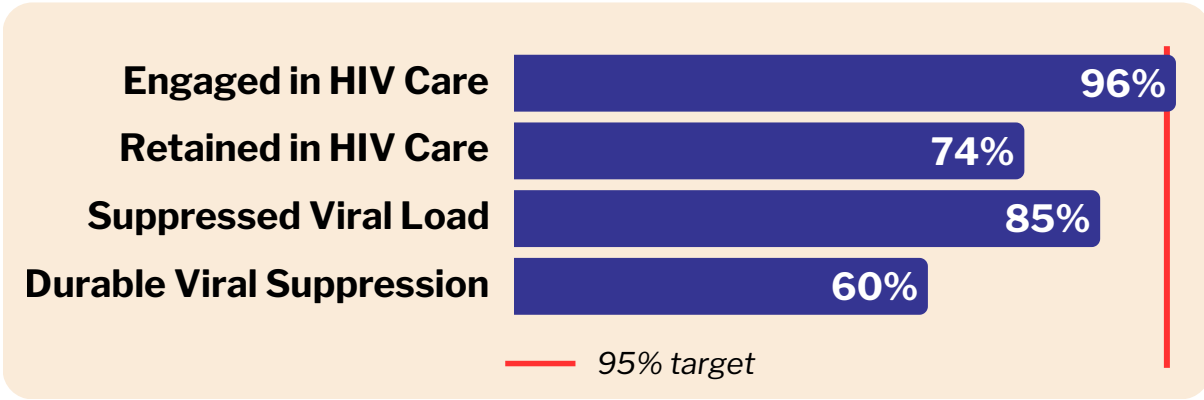
Funding Source: Part A

Cost per client: $1,493

Number of MCC Clients per GY*



MCC HIV Care Continuum



**The RWP GY refers to the year from March through February of the following year.*

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County of Los Angeles Public Health

NUTRITION SUPPORT SERVICES

Year 35 (March 1, 2025 - Feb 28, 2026)

PROGRAM DESCRIPTION & DEMOGRAPHICS

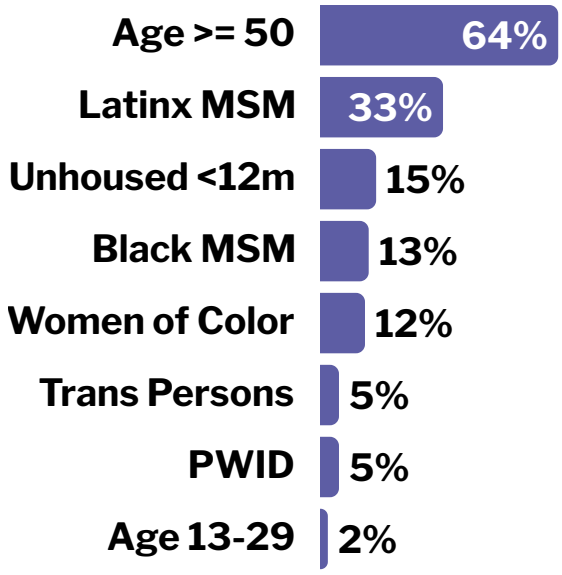
Nutrition Support Services provide groceries or cooked meals to ensure people with HIV (PWH) have access to healthy food options. Clients are given access to a registered dietician (RD) who can develop a personalized nutrition plan that considers their unique health needs and improves their overall quality of life.

2,871 unique clients (21% of RWP clients) received nutrition support services in Year 35.

Men, Latinx persons, and persons aged 50+ comprised the majority of clients receiving nutrition support.

Most clients were **English speakers**, **living at or below the FPL**, had **public insurance**, were **permanently housed**, and had **no incarceration history**.

Priority Populations Accessing NS



Note: Priority population groups are not mutually exclusive.

2025 Grant Year (GY)* Nutrition Support Client Demographics (N=2,871)

	N	%
Race		
Latinx	1,527	53%
Black	664	23%
White	565	20%
Asian	83	3%
Native Hawaiian/Pacific Islander	9	.3%
Native American/Alaska Native	12	.4%
Unknown/Refused to Answer	11	.4%
Gender		
Male	2,333	81%
Female	380	13%
Transgender Male	8	.3%
Transgender Female	133	5%
Gender Non-Conforming	11	.4%
Refused/Prefer not to state	6	.2%

	N	%
Age		
13-29	59	2%
30-39	400	14%
40-49	569	20%
50+	1,843	64%
Transmission Category		
MSM	1,748	61%
Heterosexual	565	20%
Sexual contact	130	5%
MSM-IDU	68	2%
IDU	78	3%
Sexual contact/IDU	5	.2%
Other	34	1%
Missing/No identified risk	243	9%

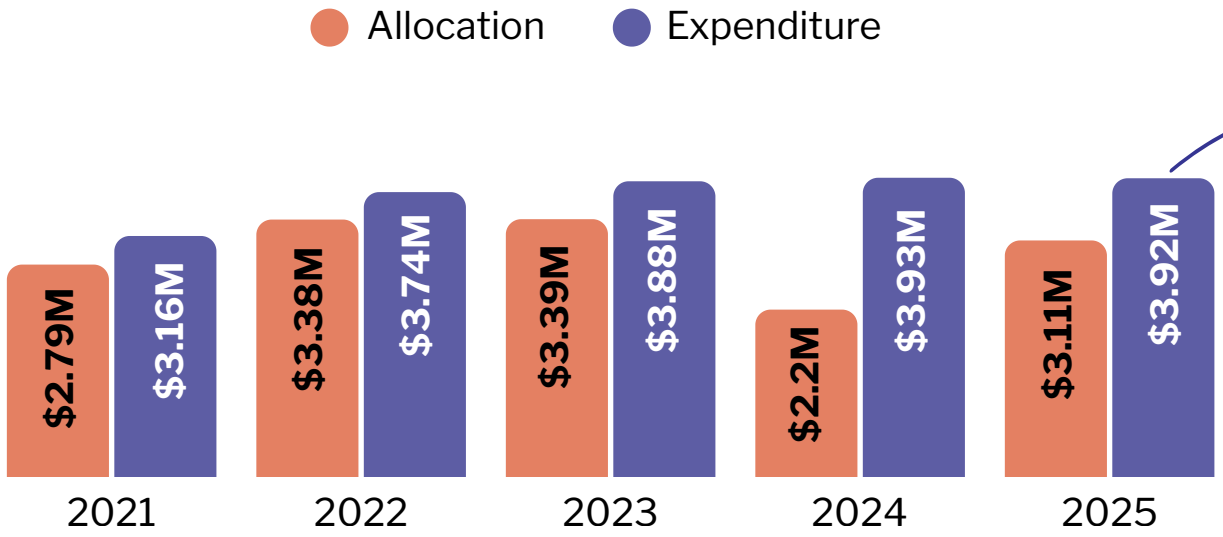
**The RWP GY refers to the year from March through February of the following year.*

NUTRITION SUPPORT SERVICES

Year 35 (March 1, 2025 - Feb 28, 2026)

EXPENDITURES, CLIENTS, & CARE CONTINUUM

Grant Year (GY)* Allocations vs Actual Expenditures



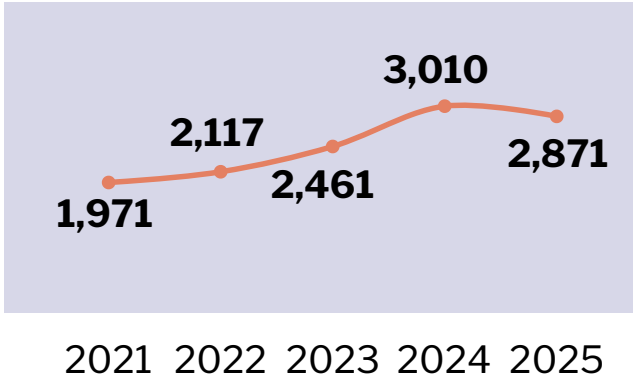
2025 Expenditures

Total Spent: $3,922,011

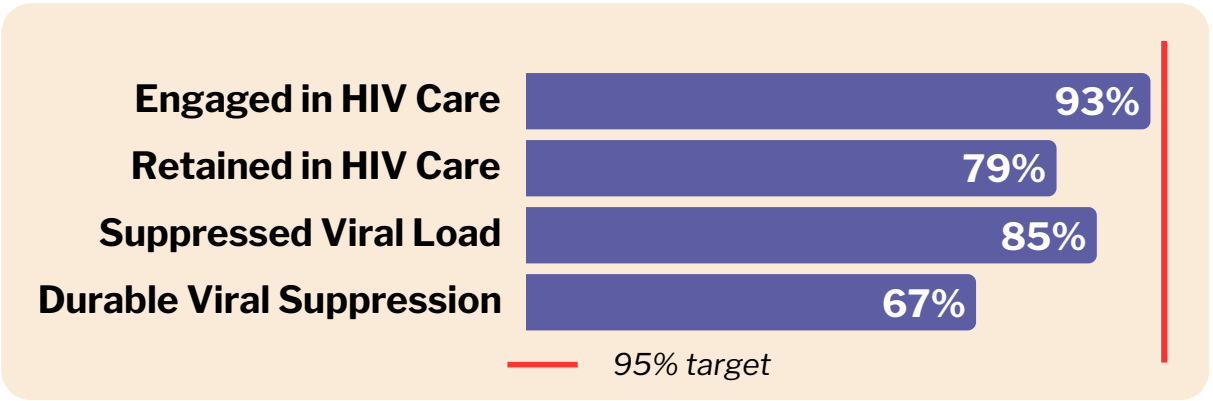
Funding Source: Part A

Cost per client: $1,366

Number of Clients per GY*



Nutrition Support HIV Care Continuum



**The RWP GY refers to the year from March through February of the following year.*

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County of Los Angeles Public Health

RYAN WHITE ALLOCATIONS & EXPENDITURES UPDATE

Year 36, Quarters 1-2 (March 1, 2025 - August 31, 2026)

High Level Summary: Part A

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Part A Total Award Amount:
$41,957,859

Admin & Clinical Quality Management (CQM) Allocation:
$4,945,785

Admin
$4,195,786
(10% of total award)

CQM
$749,999
(1.7% of total award)

Direct Services Allocation:
$37,012,074

Core Medical Services
$23,717,337
(64% of Direct Services Total)
Direct clinical treatment, medication, and essential medical care coordination.

Supportive Services
$13,294,737
(36% of Direct Services Total)
Helps clients achieve positive health outcomes, remove barriers to care, or keep them in routine HIV care.

Part A Q1 & Q2 Expenditures:
$15,522,539
(37% of Total Part A Award)

Admin & CQM Expenditures:
$1,228,725

Admin
$1,016,476
(4% of allocation)

CQM
$212,249
(.3% of allocation)

Direct Services Expenditures:
$14,293,814

Core Medical Services
$9,518,346
(40% of Core Medical Services Allocation)

Supportive Services
$4,775,468
(36% of Supportive Services Allocation)

RYAN WHITE ALLOCATIONS & EXPENDITURES UPDATE

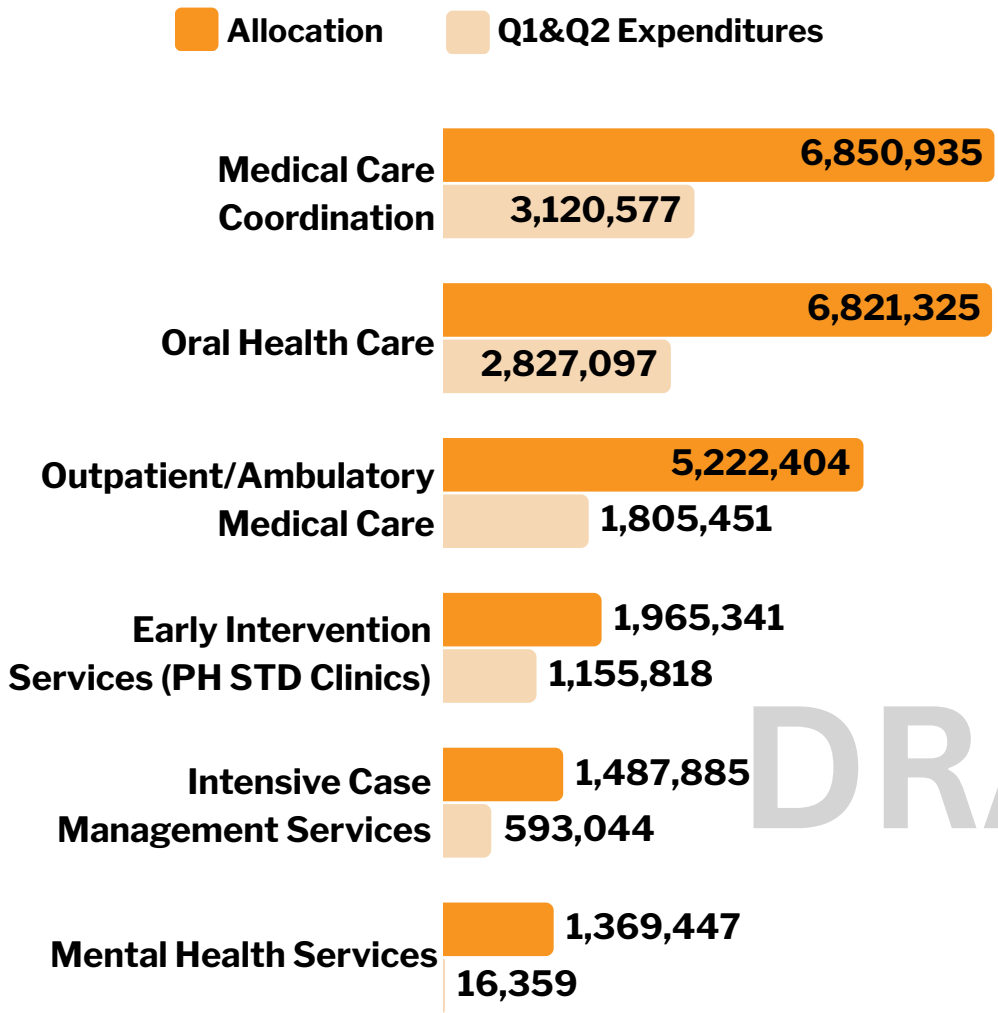
Year 36, Quarters 1-2 (March 1, 2025 - August 31, 2026)

Per Service Category: Part A

Core Medical Services

Year 36 Total Allocation: $23,717,337

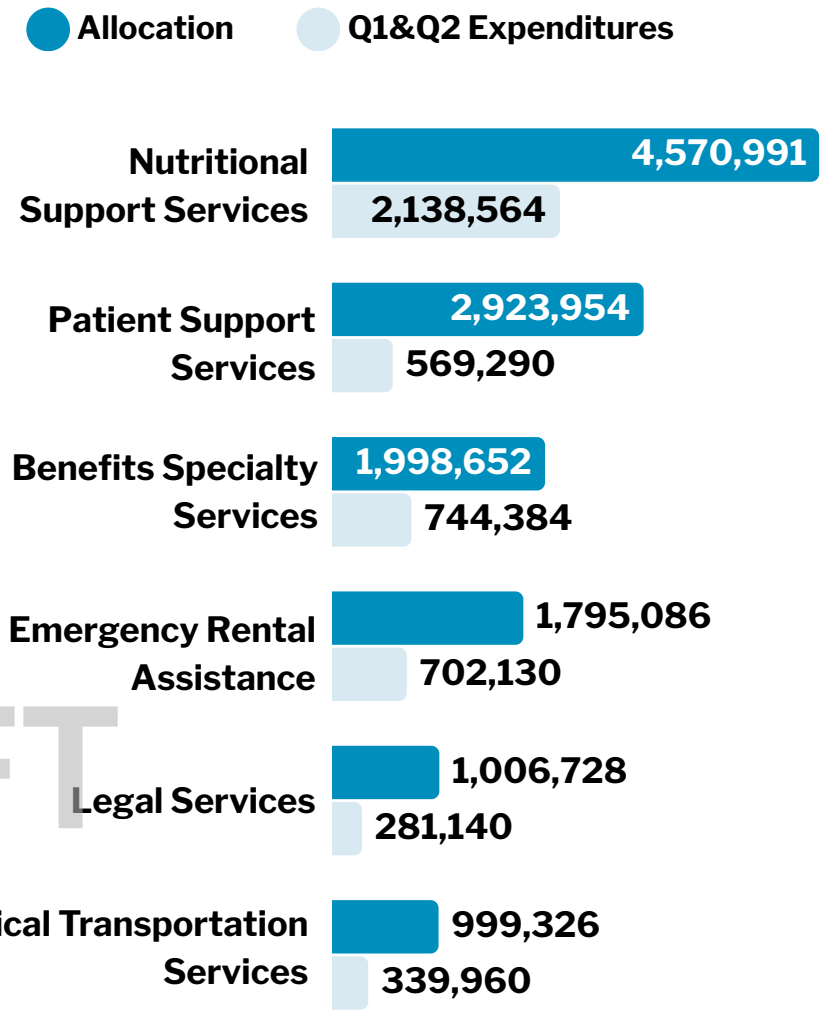
Year 36 Q1 & Q2 Expenditures: $9,518,346



Supportive Services

Year 36 Total Allocation: $13,294,737

Year 36 Q1 & Q2 Expenditures: $4,775,468



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RYAN WHITE ALLOCATIONS & EXPENDITURES UPDATE

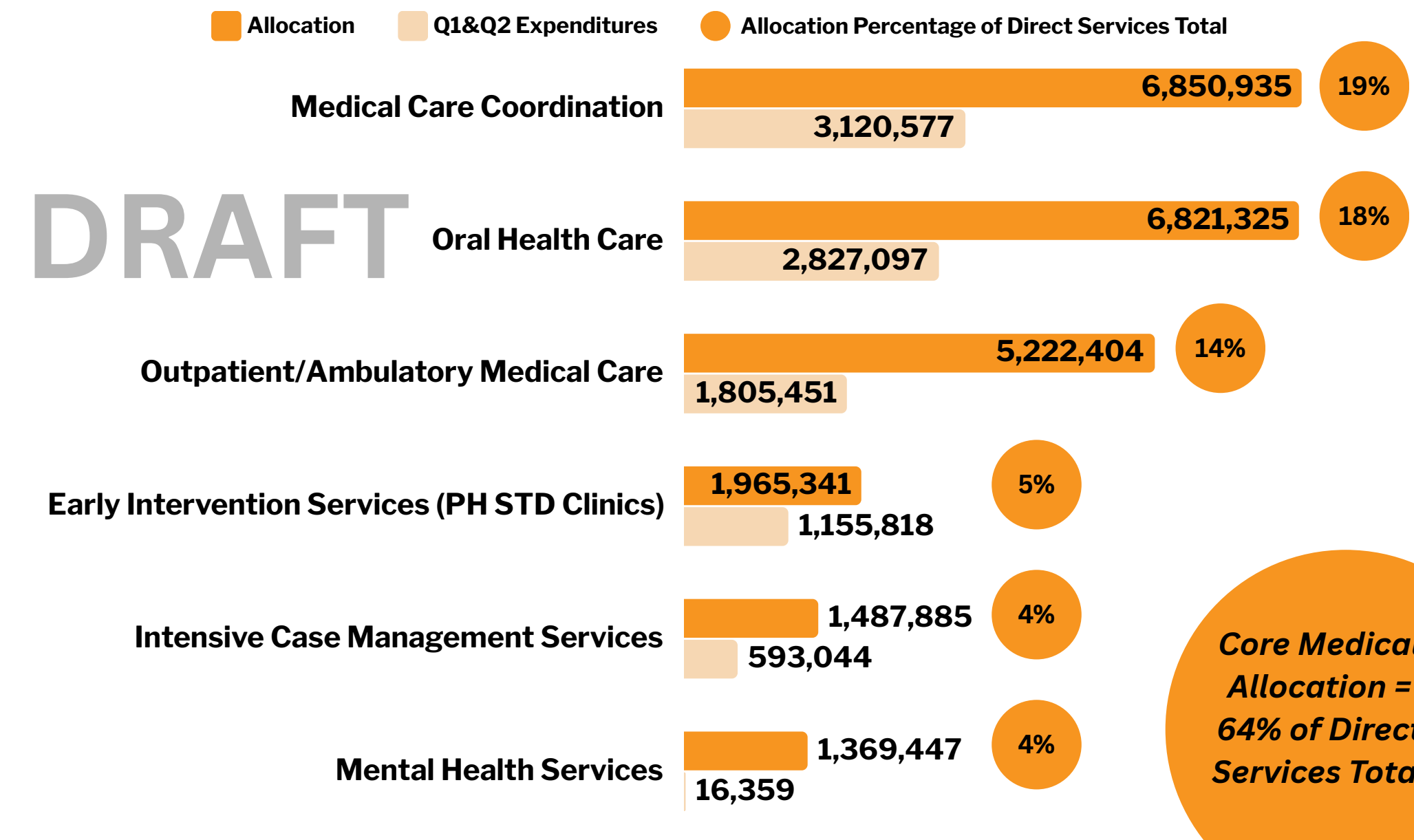
Year 36, Quarters 1-2 (March 1, 2025 - August 31, 2026)

Per Service Category: Part A

Core Medical Services

Year 36 Total Allocation: $23,717,337

Year 36 Q1 & Q2 Expenditures: $9,518,346



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Core Medical Allocation = 64% of Direct Services Total

RYAN WHITE ALLOCATIONS & EXPENDITURES UPDATE

Year 36, Quarters 1-2 (March 1, 2025 - August 31, 2026)

Per Service Category: Part A

Supportive Services

Year 36 Total Allocation: $13,294,737

Year 36 Q1 & Q2 Expenditures: $9,518,346

Allocation | Q1&Q2 Expenditures | Allocation Percentage of Direct Services Total

	Allocation	Q1&Q2 Expenditures	Allocation Percentage of Direct Services Total
Nutritional Support Services	4,570,991	2,138,564	12%
Patient Support Services	2,923,954	569,290	8%
Emergency Rental Assistance	1,998,652	744,384	5%
Benefits Specialty Services	1,795,086	702,130	5%
Legal Services	1,006,728	281,140	3%
Medical Transportation Services	999,326	339,960	3%

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Supportive Services Allocation = 36% of Direct Services Total

RYAN WHITE ALLOCATIONS & EXPENDITURES UPDATE

Year 36, Quarters 1-2 (March 1, 2025 - August 31, 2026)

Overall Summary: MAI & Part B

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Minority AIDS Initiative (MAI)

Total Award Amount: **$3,573,604**

- Admin Allocation: **$357,360** *(10% of total award)*
- Supportive Services Allocation: **$3,216,244** *(90% of total award)*

Part B (State)

Total Award Amount: **$7,705,173**

- Admin Allocation: **$770,517** *(10% of total award)*
- Supportive Services Allocation: **$6,934,656** *(90% of total award)*

MAI Q1 & Q2 Expenditures:

$3,297,166

(92% of Total MAI Award)

- Admin Expenditures: **$80,922** *(23% of allocation)*
- Supportive Services Expenditures: **$3,216,244** *(100% of allocation)*

MAI funded **Homeless Services and Housing (HSH)**, formerly Housing for Health (HFH), Housing Services:

- Transitional Residential Care Facilities (TRCF) / Residential Care Facilities for the Chronically Ill (RCFCI),
- Transitional Housing.

Part B Q1 & Q2 Expenditures:

$1,263,394

(16% of Total Part B Award)

- Admin Expenditures: **$174,548** *(23% of allocation)*
- Supportive Services Expenditures: **$1,088,846** *(16% of allocation)*

Part B funded **Housing Services**:

- RCFCI: **$712,355**
- TRCF: **$126,365**
- Substance Use Disorder Residential Services: **$250,126**

Los Angeles County Ryan White HIV/AIDS Program
Comprehensive Needs Assessment Survey (Draft)

About this survey

The Los Angeles County Commission on HIV is conducting a comprehensive needs assessment survey. The survey will help the Los Angeles County Commission on HIV address the service needs of people living with or vulnerable to HIV in Los Angeles County.

This survey asks about HIV care, HIV prevention, Ryan White services, and other needs that may affect health. Your answers can help improve services and decide where resources are most needed.

- Taking this survey is your choice. Your participation in this survey is voluntary, and your answers will remain anonymous. This means that no information you provide is linked to you.
- You may skip any question. You do not need to answer any questions you do not feel comfortable answering.
- There are no right or wrong answers. We want to hear about you and your experiences.
- Your services will not change because of your answers.
- Some questions may feel personal. However, your open and honest responses are important so that the County can best serve people who are living with or vulnerable to HIV.
- Some of the content of this survey might be uncomfortable. You are encouraged to prepare yourself emotionally before reading further. You may stop at any time. If you need immediate emotional support, you may contact the LA County 24/7 Mental Health Access Line at 1-800-854-7771.

The survey should take about 25-30 minutes to complete. We appreciate the valuable time you are taking to complete the survey! If you have any questions about the survey and the analysis, please email HIVComm@lachiv.org.

About you

1. What is your age? _____

2. What is the ZIP code where you live or stay most nights?
   ZIP code or city/community: _____

3. How do you describe your race or ethnicity? *Select all that apply.*
   - ☐ American Indian or Alaska Native
   - ☐ Asian

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- ☐ Black or African American
- ☐ Hispanic, Latino/a, or Latinx
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White or Caucasian
- ☐ Another race or ethnicity: _____
- ☐ Prefer not to answer

4. What language do you prefer? (Select only one)
   - ☐ English
   - ☐ Spanish
   - ☐ Chinese (Mandarin/Cantonese)
   - ☐ Korean
   - ☐ Tagalog
   - ☐ Armenian
   - ☐ Other (please specify): _____

5. What sex were you assigned at birth? Choose one.
   - ☐ Female
   - ☐ Male
   - ☐ Intersex or another sex
   - ☐ Not sure
   - ☐ Prefer not to answer

6. What is your current gender identity? *Select all that apply.*
   - ☐ Woman
   - ☐ Man
   - ☐ Transgender woman
   - ☐ Transgender man
   - ☐ Non-binary
   - ☐ Genderqueer, gender-fluid, or gender nonconforming
   - ☐ Two-Spirit
   - ☐ Another identity (please specify): _____
   - ☐ Prefer not to answer

7. What is your sexual orientation? *Select all that apply.*
   - ☐ Straight or heterosexual

DRAFT

- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Pansexual
- ☐ Queer
- ☐ Asexual
- ☐ Questioning or unsure
- ☐ Another sexual orientation: _____
- ☐ Prefer not to answer

Living environment and basic needs

8. Where are you currently living or staying? *Choose the answer that fits best.*
   - ☐ A home or apartment I own
   - ☐ A home or apartment I rent
   - ☐ With family or friends in a stable arrangement
   - ☐ Temporarily with family or friends or couch surfing
   - ☐ Hotel or motel
   - ☐ Emergency shelter or temporary housing program
   - ☐ Transitional or supportive housing
   - ☐ Residential treatment, group home, nursing home, or assisted living
   - ☐ Outside, in a vehicle, or another place not meant for living
   - ☐ Jail or prison
   - ☐ Another place (please specify): _____
   - ☐ Prefer not to answer
9. In the past 12 months, were you worried that you would lose your housing?
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to answer
10. In the past 12 months, have housing issues made it harder to care for your health?
    - ☐ Yes
    - ☐ No
11. What makes it harder to care for your health where you live? *Select all that apply.*
    - ☐ High cost of rent

DRAFT

- ☐ Insufficient income
- ☐ No safe or private space
- ☐ No safe place to keep medicine
- ☐ Not enough food
- ☐ No reliable phone
- ☐ No reliable internet
- ☐ No public transportation nearby
- ☐ Problems getting mail or medicine deliveries
- ☐ Fear others will learn my HIV status or health information
- ☐ Violence or feeling unsafe
- ☐ Drug or alcohol use around me
- ☐ Housing costs or utility shutoff risk
- ☐ The home is not accessible for my disability
- ☐ None of these
- ☐ Other: _____

12. Which basic needs do you need help with now? *Select all that apply.*
    - ☐ Housing search or placement
    - ☐ Rent, deposit, or mortgage help
    - ☐ Utilities
    - ☐ Food or meals
    - ☐ Transportation
    - ☐ Phone or internet
    - ☐ Childcare
    - ☐ Personal safety or domestic violence support
    - ☐ Legal help
    - ☐ Identification documents
    - ☐ None right now
    - ☐ Other (please specify): _____

Work, education, and finances

13. What is the highest level of school you completed?
    - ☐ Less than high school
    - ☐ Some high school
    - ☐ High school graduate/GED

DRAFT

- ☐ Some college/technical or vocational school
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify): _____
- ☐ Prefer not to answer

14. What is your current work situation? Select all that apply.
    - ☐ Working full-time
    - ☐ Working part-time
    - ☐ Self-employed or gig work
    - ☐ Seasonal or occasional work
    - ☐ Not working and looking for work
    - ☐ Not working and not looking for work
    - ☐ Unable to work because of a disability or health condition
    - ☐ Student
    - ☐ Retired
    - ☐ Unpaid caregiver or homemaker
    - ☐ Other (please specify): _____

15. What are your current sources of income? *Select all that apply.*
    - ☐ Pay from work
    - ☐ Self-employment or gig work
    - ☐ Social Security or disability benefits
    - ☐ Unemployment benefits
    - ☐ Public assistance
    - ☐ Retirement or pension
    - ☐ Support from family or friends
    - ☐ No income
    - ☐ Other: _____
    - ☐ Prefer not to answer

16. How much is your total monthly household income before taxes? *Household means you and people who share money for basic needs. Roommates who do not share money do not count.*
    - ☐ Less than $1,500 per month
    - ☐ $1,500 to $2,499 per month

DRAFT

- ☐ $2,500 to $3,499 per month
- ☐ $3,500 to $4,999 per month
- ☐ $5,000 or more per month
- ☐ Not sure
- ☐ Prefer not to say

17. How many people, including you, depend on this income?

Number of adults:

_____

Number of children:

_____

Health insurance and paying for care

18. What type of health coverage do you have now? *Select all that apply.*
    - ☐ Medi-Cal
    - ☐ Medicare
    - ☐ Both Medicare and Medi-Cal/Medicaid
    - ☐ Insurance through a job, union, or family member
    - ☐ Marketplace plan such as Covered California
    - ☐ Veterans Affairs, TRICARE, or military coverage
    - ☐ Indian Health Service
    - ☐ Other insurance: _____
    - ☐ No health insurance
    - ☐ Not sure

19. Do you receive benefits from any of the following programs? Select all that apply.
    - ☐ CalFresh, SNAP or Food Stamps
    - ☐ SSI or Supplemental Security Income
    - ☐ State Disability Income
    - ☐ Private disability insurance
    - ☐ Social Security retirement income
    - ☐ Other retirement income
    - ☐ Unemployment insurance
    - ☐ General Relief
    - ☐ CalWORKS or TANF

DRAFT

- ☐ Alimony and/or child support
- ☐ Veteran's benefits
- ☐ Other (please specify): _____
- ☐ None

20. In the past 12 months, did you lose coverage or have a gap in coverage?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure

21. What insurance problems have you had in the past 12 months? Select all that apply.
    - ☐ High premium, deductible, or copay
    - ☐ Medicine was not covered
    - ☐ Provider was not in network
    - ☐ Prior approval delayed care
    - ☐ Had to change providers
    - ☐ Could not understand the plan or forms
    - ☐ Could not get help in my language
    - ☐ No problems
    - ☐ Other: _____

22. In the past 12 months, did cost cause you to delay or skip any of these? *Select all that apply.*
    - ☐ Doctor or clinic visit
    - ☐ Lab test
    - ☐ HIV medicine
    - ☐ PrEP or PEP
    - ☐ Other medicine
    - ☐ Dental care
    - ☐ Mental health care
    - ☐ Substance-use care
    - ☐ Transportation to care
    - ☐ None of these

Health care access and interactions

23. How long does it usually take to get a routine health care appointment?
    - ☐ Same day or next day

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- ☐ 2 to 7 days
- ☐ 8 to 30 days
- ☐ More than 30 days
- ☐ I cannot get an appointment
- ☐ Not sure

24. How difficult is it to get to and from appointments?

- ☐ Not difficult
- ☐ A little difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ I usually use telehealth
- ☐ Not applicable

25. How do you usually get to your appointments? Select all that apply.

- ☐ Public transportation
- ☐ Personal vehicle
- ☐ Get rides from family/friends
- ☐ Walk
- ☐ Rides provided by agency
- ☐ Bicycle
- ☐ Taxi or ride sharing app (e.g., Uber, Lyft)
- ☐ Transportation paid for by medical insurance
- ☐ Other (please specify): _____

26. What would help you attend appointments? *Select all that apply.*

- ☐ Bus or transit pass
- ☐ Gas card
- ☐ Taxi or ride-share
- ☐ Insurance transportation
- ☐ Help repairing a vehicle
- ☐ Childcare
- ☐ Longer clinic hours
- ☐ Weekend appointments
- ☐ Telehealth

DRAFT

- ☐ Appointment reminders
- ☐ Help from a navigator or case manager
- ☐ Nothing needed
- ☐ Other: _____

27. In the past 12 months, how often did health care staff do the following?

Service or item	Always	Usually	Sometimes	Never	Not sure
Treated me with respect.	☐	☐	☐	☐	☐
Explained things in a way I understood.	☐	☐	☐	☐	☐
Listened to what mattered to me.	☐	☐	☐	☐	☐
Used my correct name and pronouns.	☐	☐	☐	☐	☐
Protected my privacy.	☐	☐	☐	☐	☐
Included me in decisions.	☐	☐	☐	☐	☐
Helped me get needed referrals.	☐	☐	☐	☐	☐
Made me feel judged because of HIV, gender, sexuality, race, substance use, housing, disability, or incarceration history.	☐	☐	☐	☐	☐

HIV care and treatment

28. When did you first learn you were living with HIV?
    Year or approximate year: _____

29. How soon after your diagnosis did you first see a health care provider for HIV care?

- ☐ Same day or within 7 days
- ☐ 8 to 30 days
- ☐ 31 to 90 days
- ☐ More than 90 days
- ☐ I have not received HIV medical care
- ☐ Do not remember

DRAFT

30. Have you had an HIV medical visit in the past 12 months?
    - ☐ Yes, in person
    - ☐ Yes, by telehealth
    - ☐ Yes, both in person and by telehealth
    - ☐ No
    - ☐ Not sure

31. Have you had a viral load test in the past 12 months?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure

32. What was your most recent viral load result?
    - ☐ Undetectable or virally suppressed
    - ☐ Detectable or not suppressed
    - ☐ I was not told
    - ☐ Not sure
    - ☐ I have not had a viral load test

33. Are you taking HIV medicine now?
    - ☐ Yes, pills
    - ☐ Yes, long-acting injections
    - ☐ Yes, another form
    - ☐ No
    - ☐ Not sure

34. In the past 30 days, how often did you miss a scheduled dose of HIV medicine?
    - ☐ Never
    - ☐ Once or twice
    - ☐ About once a week
    - ☐ More than once a week
    - ☐ I stopped taking it
    - ☐ Not applicable because of my injection schedule
    - ☐ Prefer not to answer

35. What has made it harder to take HIV medicine as planned? *Select all that apply.*
    - ☐ Side effects

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- ☐ Forgot
- ☐ Schedule was hard
- ☐ Routine changed
- ☐ Medicine ran out
- ☐ Insurance or pharmacy problem
- ☐ Cost
- ☐ No safe place to store medicine
- ☐ Housing instability
- ☐ Did not want others to see me take it
- ☐ Did not understand how to take it
- ☐ Mental health needs
- ☐ Alcohol or drug use
- ☐ I felt healthy
- ☐ I did not think it was working
- ☐ My provider told me to stop
- ☐ No problems taking it
- ☐ Other: _____

36. Since learning you have HIV, has there been a time of 6 months or more when you were not in HIV care?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure

37. What made it hard to stay in or return to HIV care? *Select all that apply.*
    - ☐ Cost or insurance
    - ☐ No transportation
    - ☐ No appointment available
    - ☐ Work, school, or family schedule
    - ☐ Housing instability
    - ☐ Mental health needs
    - ☐ Alcohol or drug use
    - ☐ Jail or prison
    - ☐ Moved to another area
    - ☐ Bad experience with staff
    - ☐ Privacy or stigma worries

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- ☐ Did not feel sick
- ☐ Was not ready to deal with HIV
- ☐ Provider or case manager left
- ☐ Could not get care where I lived
- ☐ Other: _____

38. What helps you stay in HIV care? *Select all that apply.*
    - ☐ I want to stay healthy
    - ☐ Support from my provider
    - ☐ Support from a case manager or navigator
    - ☐ Support from family, friends, or partner
    - ☐ Peer support or support group
    - ☐ Stable housing
    - ☐ Transportation
    - ☐ Appointment reminders
    - ☐ Telehealth
    - ☐ Mental health care
    - ☐ Substance-use recovery support
    - ☐ Faith or spirituality
    - ☐ Other: _____

Ryan White Service Utilization

People living with HIV answer this section. If a respondent is not living with HIV, skip to next section.

39. Do you receive any medical care or support services through the Ryan White HIV/AIDS Program?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure

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40. In the past 12 months, what happened when you needed each service? *Choose one answer for every row. "Could not get it" means the service was unavailable, unaffordable, too difficult to reach, or you did not know how to get it.*

Service or item	Did not need	Got it; met need	Got it; partly met	Hard to get	Could not get	Did not know available
HIV primary medical care	☐	☐	☐	☐	☐	☐
HIV medicine or AIDS Drug Assistance Program (ADAP)	☐	☐	☐	☐	☐	☐
Medical case management	☐	☐	☐	☐	☐	☐
Non-medical case management	☐	☐	☐	☐	☐	☐
Treatment adherence support	☐	☐	☐	☐	☐	☐
Dental care	☐	☐	☐	☐	☐	☐
Mental health counseling	☐	☐	☐	☐	☐	☐
Psychiatric care or mental health medicine	☐	☐	☐	☐	☐	☐
Substance-use treatment	☐	☐	☐	☐	☐	☐
Harm reduction or syringe services	☐	☐	☐	☐	☐	☐
Medical nutrition therapy	☐	☐	☐	☐	☐	☐
Food pantry, meals, or nutrition supplements	☐	☐	☐	☐	☐	☐
Health insurance premium or copay help	☐	☐	☐	☐	☐	☐
Emergency financial help	☐	☐	☐	☐	☐	☐
Housing services	☐	☐	☐	☐	☐	☐
Medical transportation	☐	☐	☐	☐	☐	☐
Legal services	☐	☐	☐	☐	☐	☐

DRAFT

Service or item	Did not need	Got it; met need	Got it; partly met	Hard to get	Could not get	Did not know available
Language or interpretation services	☐	☐	☐	☐	☐	☐
Childcare during care	☐	☐	☐	☐	☐	☐
Peer support or support group	☐	☐	☐	☐	☐	☐
Patient navigation or service referral	☐	☐	☐	☐	☐	☐
Home health or hospice care	☐	☐	☐	☐	☐	☐
Other medical specialist care	☐	☐	☐	☐	☐	☐
Transgender or gender-affirming services	☐	☐	☐	☐	☐	☐

41. What made it hard to get the services you needed? *Select all that apply.*

- ☐ I did not know where to go
- ☐ I did not think I qualified
- ☐ The application or eligibility process was confusing
- ☐ I was asked for documents I did not have
- ☐ There was a waitlist or no appointment
- ☐ The location was too far away
- ☐ No transportation
- ☐ Hours did not work for me
- ☐ I could not miss work or school
- ☐ Childcare or family needs
- ☐ Cost
- ☐ Insurance problem
- ☐ Language or communication barrier
- ☐ Disability access problem
- ☐ No private or safe place for telehealth
- ☐ I worried people would learn my HIV status
- ☐ I had a bad experience with staff

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- ☐ I did not trust the provider or agency
- ☐ I was dealing with housing, mental health, or substance use needs
- ☐ I was in jail or prison
- ☐ I did not feel ready
- ☐ Other: _____

42. Which five services are most important to you right now? *Write 1 for most important through 5 for fifth most important.*
    ____ HIV medical care
    ____ Medical case management
    ____ Non-medical case management
    ____ Mental health services
    ____ Substance use treatment
    ____ Dental Care
    ____ Medical transportation
    ____ Nutrition services/food bank
    ____ Housing support
    ____ Emergency rental assistance
    ____ Benefits screening and enrollment services
    ____ Legal services
    ____ Other (please specify): _____

43. Overall, how satisfied are you with the Ryan White services you received in the past 12 months?
    - ☐ Very satisfied
    - ☐ Satisfied
    - ☐ Neither satisfied nor dissatisfied
    - ☐ Dissatisfied
    - ☐ Very dissatisfied
    - ☐ I did not receive Ryan White services
    - ☐ Not sure

44. What is one thing Ryan White services do well?

    Please write: _____

45. What is one thing Ryan White services should improve?

    Please write: _____

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LOS ANGELES COUNTY
COMMISSION ON HIV

HIV testing and prevention

People who are HIV-negative, have never tested, or are unsure answer all questions in this section. People living with HIV may answer prevention questions that apply to them.

46. When was your most recent HIV test?
    - ☐ Within the past 3 months
    - ☐ 4 to 6 months ago
    - ☐ 7 to 12 months ago
    - ☐ More than 1 year ago
    - ☐ Never tested
    - ☐ Not sure
    - ☐ Prefer not to answer

47. Where did you get your most recent HIV test?
    - ☐ Doctor's office or clinic
    - ☐ Community organization or testing event
    - ☐ Emergency room or hospital
    - ☐ Jail or prison
    - ☐ Home self-test
    - ☐ Mobile unit
    - ☐ Another place: _____
    - ☐ Not applicable

48. Have you heard of PrEP, a medicine that can prevent HIV?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure

49. Are you using PrEP now?
    - ☐ Yes, daily pills
    - ☐ Yes, long-acting injections
    - ☐ No, but I want to learn more
    - ☐ No, I used it before
    - ☐ No, I decided not to use it
    - ☐ No, it was not offered
    - ☐ Not sure

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50. If you wanted PrEP but did not get or continue it, what got in the way? *Select all that apply.*
    - ☐ Did not know where to go
    - ☐ Cost or insurance
    - ☐ No appointment
    - ☐ Transportation
    - ☐ Lab visits were hard
    - ☐ Side effects or health concerns
    - ☐ Privacy concerns
    - ☐ Worried about judgment
    - ☐ Provider did not discuss or prescribe it
    - ☐ Daily pills were hard
    - ☐ Injection visits were hard
    - ☐ I did not think I needed it
    - ☐ No barrier or not applicable
    - ☐ Other: _____

51. Have you heard of PEP, a medicine taken after a possible HIV exposure?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure

52. In the past 12 months, did you try to get PEP?
    - ☐ Yes, and I received it
    - ☐ Yes, but I could not get it
    - ☐ No
    - ☐ Not sure

53. In the past 12 months, how many times were you tested for sexually transmitted infections such as syphilis, gonorrhea, or chlamydia?
    - ☐ 0
    - ☐ 1
    - ☐ 2
    - ☐ 3 or more
    - ☐ Not sure

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- ☐ Prefer not to answer

54. Which prevention items or services do you use now? *Select all that apply.*
    - ☐ Free HIV testing
    - ☐ Home HIV test kits
    - ☐ PrEP
    - ☐ PEP
    - ☐ Condoms or lubricant
    - ☐ STI testing and treatment
    - ☐ Doxy-PEP information
    - ☐ Syringe services
    - ☐ Overdose prevention and naloxone
    - ☐ Sexual health education
    - ☐ Partner services
    - ☐ Nothing needed
    - ☐ Other: _____

55. When you had sex in the past 12 months, how often did you use prevention methods?
    - ☐ Always
    - ☐ Usually
    - ☐ Sometimes
    - ☐ Never
    - ☐ Not applicable
    - ☐ Prefer not to answer

56. What made prevention harder to use? *Select all that apply.*
    - ☐ Could not get condoms or lubricant
    - ☐ Could not get PrEP or PEP
    - ☐ Partner did not agree
    - ☐ Concern about privacy or stigma
    - ☐ Alcohol or drug use
    - ☐ Housing instability
    - ☐ Cost or insurance
    - ☐ Did not know where to go
    - ☐ Did not feel at risk

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- ☐ No barrier
- ☐ Other: _____
- ☐ Prefer not to answer

Other health conditions and well-being

57. Has a health care provider ever told you that you have any of these conditions? *Select all that apply.*
    - ☐ High blood pressure
    - ☐ High cholesterol
    - ☐ Diabetes
    - ☐ Heart disease
    - ☐ Kidney disease
    - ☐ Liver disease or cirrhosis
    - ☐ Hepatitis B
    - ☐ Hepatitis C
    - ☐ Tuberculosis
    - ☐ Cancer
    - ☐ Asthma, COPD, or another lung condition
    - ☐ Bone disease or osteoporosis
    - ☐ Neuropathy or nerve pain
    - ☐ Memory or thinking problems
    - ☐ Chronic pain
    - ☐ Long COVID
    - ☐ Another condition: _____
    - ☐ None of these
    - ☐ Not sure

58. Have you received treatment for these conditions?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure
    - ☐ Not applicable

59. In the past 12 months, have you had any of these? *Select all that apply.*
    - ☐ Anxiety or a lot of worry
    - ☐ Depression or hopelessness

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- ☐ Trauma symptoms or PTSD
- ☐ Trouble sleeping
- ☐ Feeling isolated or lonely
- ☐ Thoughts of hurting myself
- ☐ Thoughts of hurting someone else
- ☐ None of these
- ☐ Prefer not to answer

60. In the past 12 months, did you want mental health care?
    - ☐ Yes, and I received enough care
    - ☐ Yes, but I received only some of the care I needed
    - ☐ Yes, but I did not receive care
    - ☐ No
    - ☐ Prefer not to answer

61. Do you have people you can rely on when you need help?
    - ☐ Yes, most of the time
    - ☐ Sometimes
    - ☐ Rarely
    - ☐ No
    - ☐ Prefer not to answer

62. What are your biggest concerns as you age with HIV? *Select all that apply.*
    - ☐ Physical health
    - ☐ Housing stability
    - ☐ Cognitive changes
    - ☐ Social isolation
    - ☐ Income and benefits
    - ☐ Access to care
    - ☐ Other (please specify): _____
    - ☐ Not applicable

63. Are you currently pregnant, or have you been pregnant in the past 12 months?
    - ☐ Yes
    - ☐ No
    - ☐ Not applicable

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- ☐ Prefer not to answer

64. If yes, were you able to get prenatal and postpartum care?
    - ☐ Yes, all needed care
    - ☐ Some care
    - ☐ No
    - ☐ Not applicable

Substance Use and harm reduction

These questions are asked to understand service needs, not to judge anyone.

65. In the past 12 months, how often did you drink alcohol?
    - ☐ Never
    - ☐ Monthly or less
    - ☐ 2 to 4 times a month
    - ☐ 2 to 3 times a week
    - ☐ 4 or more times a week
    - ☐ Prefer not to answer
    - ☐ Not applicable

66. In the past 12 months, have you used any of these substances? *Select all that apply.*
    - ☐ Cannabis
    - ☐ Methamphetamine
    - ☐ Cocaine or crack
    - ☐ Heroin
    - ☐ Fentanyl or other opioids not prescribed to me
    - ☐ Prescription pain medicine not as prescribed
    - ☐ Benzodiazepines or sedatives not as prescribed
    - ☐ Ecstasy/MDMA or other club drugs
    - ☐ Inhalants
    - ☐ Another substance: _____
    - ☐ None
    - ☐ Prefer not to answer
    - ☐ Not applicable

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67. In the past 12 months, did alcohol or drug use cause concern for you or someone close to you?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure
    - ☐ Prefer not to answer
    - ☐ Not applicable

68. In the past 12 months, did you inject drugs, hormones, or steroids that were not prescribed to you?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer not to answer
    - ☐ Not applicable

69. If yes, did you ever share needles, syringes, cookers, cottons, or rinse water?
    - ☐ Yes
    - ☐ No
    - ☐ Not sure
    - ☐ Prefer not to answer

70. Which harm-reduction services did you need in the past 12 months? *Select all that apply.*
    - ☐ Sterile syringes or safer-use supplies
    - ☐ Syringe disposal
    - ☐ Naloxone/Narcan
    - ☐ Overdose prevention information
    - ☐ Fentanyl test strips or drug checking
    - ☐ Medication for opioid use disorder
    - ☐ Substance-use counseling or treatment
    - ☐ Wound care
    - ☐ None
    - ☐ Other: _____

71. Were you able to get the substance-use or harm-reduction services you wanted?
    - ☐ Yes, all
    - ☐ Yes, some
    - ☐ No
    - ☐ I did not want or need services

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☐ Prefer not to answer

Criminal justice history and return to the community

72. Have you ever been incarcerated (jail or prison)?
    - ☐ Yes
    - ☐ No
    - ☐ Prefer not to answer

73. Did you test HIV positive for the first time when you were incarcerated?
    - ☐ Yes
    - ☐ No
    - ☐ Not applicable

74. If you did not test positive for the first time while incarcerated, did you disclose your status to jail or prison health staff?
    - ☐ Yes
    - ☐ No
    - ☐ Not applicable

75. If yes, did you receive needed HIV care services while you were there?
    - ☐ Yes, all
    - ☐ Yes, some
    - ☐ No
    - ☐ I did not need these services
    - ☐ Prefer not to answer

76. When you left, what services did you receive? *Select all that apply.*
    - ☐ HIV medicine to take with me
    - ☐ PrEP or PEP information or medicine
    - ☐ Medical appointment
    - ☐ Case manager or navigator referral
    - ☐ Health insurance or benefits help
    - ☐ Housing referral
    - ☐ Mental health or substance-use referral
    - ☐ Transportation
    - ☐ Identification documents

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- ☐ Food or clothing
- ☐ None
- ☐ Other: _____

77. After release, how soon were you able to get HIV medical care or prevention services?
    - ☐ Within 7 days
    - ☐ 8 to 30 days
    - ☐ 31 to 90 days
    - ☐ More than 90 days
    - ☐ Not applicable
    - ☐ Not sure

78. What made it harder to get care after release? *Select all that apply.*
    - ☐ No insurance
    - ☐ No identification or documents
    - ☐ Did not know where to go
    - ☐ No appointment
    - ☐ No transportation
    - ☐ Housing needs
    - ☐ Work or supervision schedule
    - ☐ Privacy or stigma concerns
    - ☐ Mental health or substance use needs
    - ☐ No phone or internet
    - ☐ Other: _____
    - ☐ No barriers

Priorities and final comments

79. What are the three biggest health or service needs in your community?
    1. _____
    2. _____
    3. _____

80. What would make HIV care and/or prevention services easier to use? *Select up to five.*
    - ☐ More locations

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- ☐ Evening or weekend hours
- ☐ Shorter wait times
- ☐ Get several services in one place
- ☐ Telehealth
- ☐ Mobile or home-based services
- ☐ Transportation
- ☐ Childcare
- ☐ More staff who speak my language
- ☐ More transgender-competent care
- ☐ More culturally respectful care
- ☐ Peer navigators
- ☐ Help with forms and eligibility
- ☐ More privacy
- ☐ More information about available services
- ☐ Other: _____

81. How would you prefer to hear about services? *Select all that apply.*
    - ☐ Health care provider
    - ☐ Case manager or navigator
    - ☐ Community organization
    - ☐ Text message
    - ☐ Email
    - ☐ Website
    - ☐ Social media
    - ☐ Printed materials
    - ☐ Friends or peers
    - ☐ Faith community
    - ☐ Another way: _____

82. Is there anything else you want us to know?

    Please write: _____

    _____

Thank you for sharing your experiences and helping shape the future of Ryan White HIV/AIDS services in Los Angeles County.

DRAFT

Committee Membership Limits

Key Considerations for Committee Membership:

- Quorum requirements
- Reflective and representative membership
- Relevant expertise and skills
- Member attendance and engagement
- Committee-specific responsibilities and workload

What membership structure best supports effective decision-making, representation, and committee performance for PP&A?

COMMITTEE-ONLY SEAT APPLICATION SUMMARY FOR MATT ESTES TO THE PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE

BACKGROUND:

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

APPLICATION SUMMARY:

- Age: 40-49 years old
- Gender Identity: Man
- Race/Ethnicity: White or Caucasian
- Not affiliated with a Ryan White or CDC funded agency
- Currently employed at Hyatt Long Beach
- Has served on an advisory board
    - Equity & Human Relations Commission of Long Beach (June 2026 – present)
- Was not recommended to apply by a person or agency
- Does use or receive HIV prevention services in Los Angeles County
- Lives/Works in Supervisorial District 4 (Janice Hahn) and SPA 8 (South Bay)
- Somewhat prepared to serve on the COH; Informed on the COH's work
- Interested in assuming a leadership role on the COH.
- Represents the following categories:
    - Community Based Organizations serving affected populations/AIDS Services Organizations;
    - Social Service Provider, including housing and homeless service provider

Please indicate what expertise, whether lived or professional experience, you bring to the committee(s) selected.

I bring a combination of community health, human services, equity, and community engagement experience. I am a Certified Community Health Worker and have completed training in areas including behavioral health, trauma-informed care, crisis response, and victim advocacy. Through my service on the City of Long Beach Equity and Human Relations Commission, I have experience listening to community concerns, considering health and social inequities, and helping develop recommendations that support underserved communities. I

also bring experience in outreach, relationship-building, and working with diverse populations. I am especially interested in expanding my knowledge of HIV prevention, testing, linkage to care, stigma reduction, and the social determinants of health. I would bring a strong commitment to ensuring that community voices and equity remain central to the Commission's work.

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

I wish to serve because I am passionate about community health, equity, and ensuring that people most impacted by HIV have a meaningful voice in the policies and services that affect them. As a Certified Community Health Worker and a commissioner with the City of Long Beach Equity and Human Relations Commission, I have seen how social determinants of health, stigma, discrimination, access to services, and community trust can affect people's well-being. I am especially interested in HIV prevention, education, testing, linkage to care, and reducing stigma. I would like to bring my community engagement experience to the Commission while continuing to learn from people with lived experience, providers, advocates, and public health professionals throughout Los Angeles County.

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

I currently serve as the District 1 representative on the City of Long Beach Equity and Human Relations Commission, where I participate in efforts addressing equity, human relations, community engagement, and issues affecting underserved communities. I am also involved with Long Beach Pride, where my work has included community outreach, government affairs, partnerships, and connecting with community organizations and stakeholders. I am a member of Sister Cities of Long Beach and have participated in efforts involving cultural engagement and relationship-building across communities. Professionally and through my training, I have also developed experience in human services, community health, victim advocacy, behavioral health, trauma-informed practices, and crisis response. These experiences have strengthened my commitment to public service and to ensuring that diverse community voices are represented in decision-making.

KFF The independent source for health policy research, polling, and news.

The Future of CDC HIV Prevention Funding for Community Organizations

Authors: Lindsey Dawson, Anna Rouw, and Jennifer Kates

Published: Oct 21, 2026

This analysis was updated on October 21, 2026, to include the information in this box about the health departments receiving supplemental funding. It was originally published on August 4, 2026:

Since the publication of this brief, CDC released supplemental health department funding on September 3, 2026. The total funding allocated was $91m, 24% less than the anticipated $120m described in the award announcement. While many (30) health departments received the amount originally anticipated, 14 saw reductions of 25% or more, including six where the reduction was greater than 40%. Overall, health departments would have to allocate 46% of this funding to CBOs to replace the prior PS21-2102 funding levels, though the allocation required varies widely by department. Five eligible health departments were not awarded any supplemental funding (Alaska, Arkansas, Idaho, Tennessee, and Wyoming), two of which were home to CBOs with previous PS21-02 funding (Arkansas and Tennessee). Detailed information about anticipated and actual funding is available here.

It has been reported that the Centers for Disease Control and Prevention (CDC) will not renew its main, five-year, HIV prevention grant for community-based

organizations (CBOs) (grant number PS21-2102). CBOs have long been part of the front-line of the HIV response. As noted in the original CBO grant announcement, "because of their accessibility, history, and credibility in the community, CBOs are recognized and remain important partners in providing comprehensive high-impact HIV prevention services." Grantees have used these funds to conduct a range of integrated prevention activities, including HIV and other STI testing, linkage-to-care efforts, PrEP navigation, and partner services, among many other efforts.

Separately, CDC has made supplemental funding available to state and local health departments to carry out HIV prevention activities under a separate preexisting grant mechanism (PS24-0047), which health departments can apply for.[1] Those health departments receiving supplemental grants under PS24-0047 are encouraged but not required to engage community-based partners, with higher suggested allocations going to those in "Ending the HIV Epidemic (EHE)" jurisdictions.[2] These supplements would not replace direct-to-CBO funding (PS21-2102) but could provide some organizations with future resources. Ultimately, different health departments will make different decisions, but the new approach could affect the budgets and sustainability of some community-based organizations, particularly those that are already less well-resourced. More broadly, this would be a marked change in how CDC carries out its HIV prevention work, ending direct funding to CBOs, which it had been doing since the late 1980s.

Advocates and members of Congress have expressed concern about this development, reportedly coming at the direction of the Office of Management and Budget (OMB). It also comes at a time when there are questions about the federal commitment to HIV prevention, with the Trump administration seeking to eliminate CDC HIV prevention funding altogether (although Congress has rejected these requests). The administration has also taken actions aimed at limiting or terminating federal funding or programing, particularly for projects that address LGBTQ+ issues and racial/ethnic health disparities. Per available award information, many of the funded CBOs specifically sought to address HIV in these communities with their grants, especially working to ensure efforts reach Black, Latino, and transgender people, groups disproportionately impacted by HIV.

To better understand the extent of this change, this analysis uses data from USAspending.gov, the federal government's official source of federal award and spending information, to provide a snapshot of where, to whom, and at what level the CBO (PS21-2102) grants were distributed. Overall, it finds that CBOs stand to lose significant amounts of funding for HIV prevention going forward, with potentially more than $230 million at stake. The largest number of these organizations are located in the South, the region with the greatest number of HIV diagnoses in the U.S.

Findings

Including both base and supplemental/continuation amounts, funding for CBOs through PS21-2102 totaled $239.3 million over the grant period, initially five years (2021-2025), with some additional funding distributed in 2026. (See Figure 1, Table 1).

- Over the entire period, grants ranged from $2.2 million (received by two organizations: Arcare in Woodruff County, AR and Centro De Salud La Comunidad De San Ysidro Inc. in San Diego County, CA) to $3.0 million (received by BEAT AIDS Coalition Trust in Bexar County, TX). The most common funding amount was $2.3 million, received by 46 grantees.
- On an annual basis, each organization received approximately $442,000. Supplemental or continuation[3] funding ranged, depending on the year, between approximately $100,000-$300,000 per grantee.
  - Of the $239.3 million for PS21-2102, $212.8 million was provided through base funding (89%), while the remainder ($26.5 million, 11%) was provided through supplemental funding in various years.

Funding was awarded to 96 community organizations across 62 counties/jurisdictions in 31 states, Washington D.C., Puerto Rico, and the U.S. Virgin Islands. The states with the greatest concentration of CBOs receiving funding were California, Florida, and Texas (each with 11 CBOs). CBO funding averaged $7 million per state, ranging from $2.2 million (Arkansas) to $29.2 million (Texas). By county, the average amount allocated to CBOs was $3.9 million, ranging from $2.2

million in Woodruff County, AR, for a single grantee, to $14.5 million in Los Angeles County, CA for six grantees.

Half of all funding was channeled to the South. Forty-nine percent (49%) of all funds, or $118 million, was awarded to organizations in the South, a region that accounts for over half of HIV diagnoses. Organizations in the West (18%), Northeast (16%), and Midwest (14%) saw more even award distribution. Organizations in the Caribbean received 3% of award funding.

For some CBOs, direct CDC funding represented a significant share of their revenue, and they may be more vulnerable to funding reductions. For example:

- Community Wellness Project in St. Louis (City), MO, received a base award of $441,625 per year. According to their 990s, in 2024 this represented 20% of the organization's revenue and in 2021, 45%.[4]
- NAESM Inc. in Fulton County, GA also received an award of $441,625 per year. Based on their 2024 990, one year of grant funding would have been equal to 10% of their overall revenue and, 31% of revenue in 2021.[5]
- APNH: A Place to Nourish Your Health, Inc. in South Central Connecticut Planning Region, CT also received $441,625 per year. Based on their 990, one year of grant funding would have been equal to 18% of their overall revenue in 2024.[6]

The new supplemental funding provided to health departments (PS24-0047) appears unlikely to be able to replace the resources PS21-2102 provided directly to community organizations. Even if all health departments in jurisdictions with former CBO grantees (36 jurisdictions in total) applied for and were awarded additional PS24-0047 funding at the level described and chose to allocate resources to CBOs at the minimum levels recommended by CDC for all grant activities, local organizations would see a decline in funding compared to what they received under PS21-2102.

Estimated one-year PS24-0047 supplemental funding to CBOs would be 27% to 71% lower than the final year of the PS21-2102 base amount when provided at the minimum recommended levels.[7]

- 29 of the 36 health departments (81%) home to former CBO grantees would need to make greater than the highest minimum recommended allocations of PS24-0047 supplemental funding to match prior direct-to-CBO (PS21-2102) funding.
- To match the level of funding CBOs had been receiving, overall health departments would need to allocate 35% of their awards to CBOs, a share above the minimum recommended by CDC (10% or 25% minimum depending on jurisdiction, see note and methods).[2] Some would not be able to match PS21-2102 funding with their award. (See Table 2.)
  - This ranges by jurisdiction, from 13% of the award in two jurisdictions (North Carolina and Ohio) to over 100% of funding in three jurisdictions (Minnesota, Oregon, and the U.S. Virgin Islands)
  - Additionally, Tennessee has rejected CDC HIV prevention funds and therefore is not eligible for supplemental awards and will not have these resources to allocate to CBOs. Similarly, if other health departments do not apply for or are not awarded the PS24-0047 supplemental funds, there will be nothing to allocate to CBOs from this account.

It is not yet known which health departments applied for or will be awarded the supplemental funds, nor what share of funds health departments will ultimately decide to allocate to community groups. However, this analysis finds that even if they choose to fund CBOs at the minimum recommended levels, the level of funding going to CBOs would be reduced in many regions, including some that would see significant drops. Facing fewer resources, organizations may be less equipped to provide or support HIV prevention programs, which could in turn affect the HIV prevention response, increasing the vulnerability of some communities to additional HIV cases.

Methods

PS21-2102 funding totals: PS21-2102 funding levels were obtained from USAspending.gov on July 28, 2026. Funding was examined for the full five-year grant period (2021-2025) and includes base year funding and supplemental or "revision" amounts. Funding was also captured for continuation funding provided in 2026. State and county designations are those assigned in USAspending.gov.

Estimated PS24-0047 CBO supplemental funding and comparison to historic direct-to-CBO PS21-2102: Estimated PS24-0047 supplemental funding levels was obtained from the CDC's "Updated Supplement Guidance" for Notice of Funding Opportunity Number (NOFO): CDC-RFA-PS-24-0047. In this announcement, 60 health departments are identified as eligible to apply for the new supplemental funding. Among the 96 organizations previously funded by PS21-2102, all but two organizations (located in Tennessee, and discussed in text) were located in these jurisdictions. These organizations are based in 36 of the 60 eligible health department regions.

Assessing how estimated one-year PS24-0047 supplemental funding allocated to CBOs would compare to the final year of the PS21-2102 base funding at minimum recommended levels:

How that funding is ultimately shared may differ from this approach and health departments may need to allocate greater or fewer resources depending on the approach taken. For example, if the California Department of Public Health (state agency) allocates some if its supplemental to CBOs in Los Angeles, the Los Angeles County Department of Health Services (local agency) may be able to reduce the share of supplemental funding sent to CBOs while still allowing them to maintain previous funding levels.

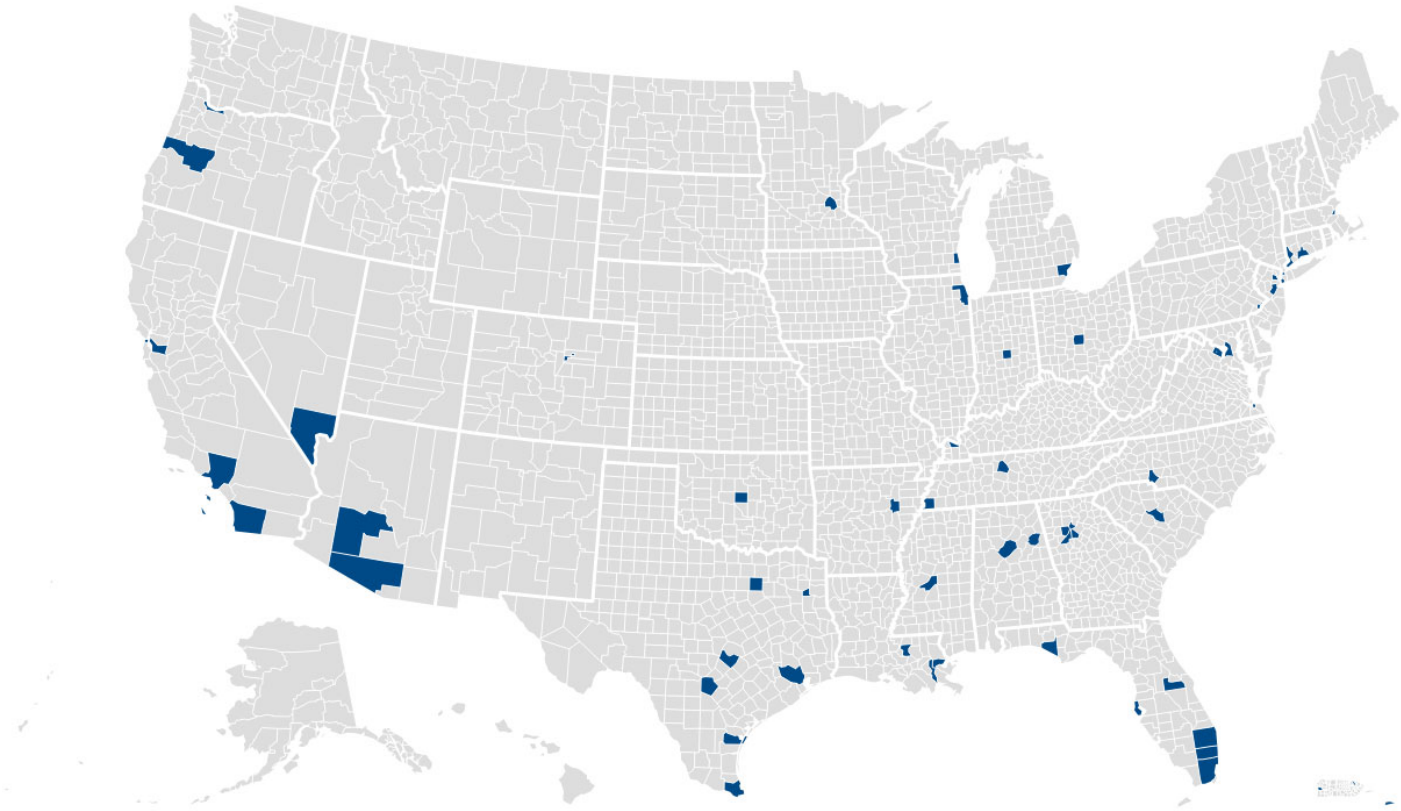
CDC encourages grantees "to provide a minimum of 10% of the supplemental funding to support partnerships with community-based organizations (CBOs)…[and for] EHE jurisdictions…to provide a minimum of 25% of funding" to CBOs. CDC has historically expressed specifically what share of health department PS24-0047 funds are for EHE and which are not, but that information is not yet available. Since it is not yet known what share of funds is likely to be treated as EHE, we applied blanket 10%

and 25% allocation scenarios to the estimated supplemental award levels to develop a range of minimum anticipated funding. Because the PS24-0047 supplemental amount is for one year, only the final year (FY 2025) base amount of the PS21-2102 awards is used in that part of the analysis.

Figure 1

Over a 5 Year Period Nearly 100 Community Based Organizations Across the Country Received More Than $200 Million in CDC HIV Prevention Funding

CDC PS21-2102: Comprehensive High-Impact HIV Prevention Programs for Community Based Organizations, Funding by County (hover over county for CBO grantee and funding level data).



Note: Data accessed on July 28, 2026.

Source: KFF Analysis of USA Spending.gov data

KFF

Table 1

Organizations Funded Through CDC PS21-2102: Comprehensive High-Impact HIV Prevention Programs for Community Based Organizations

Recipient Name	Recipient Primary Location	Total Funding
All Recipients		**$239,315,542**
Abounding Prosperity Incorporated	Dallas Co., TX	$2,658,531
African Services Committee Inc	New York Co., NY	$2,658,542
AID Atlanta, Incorporated	Fulton Co., GA	$2,318,542
AIDS Arms Inc	Dallas Co., TX	$2,318,542
AIDS Foundation Houston, Inc.	Harris Co., TX	$2,978,362
AIDS Resource Center of Wisconsin, Inc./Vivent Health	Milwaukee Co., WI	$2,313,700
AIDS Service Association Of Pinellas, Inc./Empath Partners in Care	Pinellas Co., FL	$2,318,542
AIDS Service Center of Lower Manhattan, Inc./ Alliance for Positive Change	New York Co., NY	$2,318,542
AIDS Services of Austin/Vivent Health	Travis Co., TX	$2,318,542
Aliveness Project	Hennepin Co., MN	$2,978,501
Alliance Care 360/Brothers Health Collective	Cook Co., IL	$2,978,542

AltaMed Health Services Corporation	Los Angeles Co., CA	$2,318,531
Apex Community Care, Inc.	Western Connecticut Planning Region, CT	$2,318,542
APLA Health & Wellness	Los Angeles Co., CA	$2,918,447
APNH: A Place To Nourish Your Health, Inc.	South Central Connecticut Planning Region, CT	$2,318,542
Arcare	Woodruff Co., AR	$2,208,125
ASPIRA Inc. of Puerto Rico	Carolina Municipio, PR	$2,307,052
BASIC NWFL, INC.	Bay Co., FL	$2,318,542
Bay Area Community Health	Alameda Co., CA	$2,630,616
BEAT AIDS Coalition Trust	Bexar Co., TX	$3,018,542
Bebashi – Transition to Hope	Philadelphia Co., PA	$2,978,542
Bienestar Human Services	Los Angeles Co., CA	$2,318,542
Birmingham AIDS Outreach, Inc.	Jefferson Co., AL	$2,978,542
Borinquen Health Care Center, Inc.	Miami-Dade Co., FL	$2,318,531
BronxCare Health System	Bronx Co., NY	$2,318,542
Brothers United, Inc./BU Wellness Network	Marion Co., IN	$2,318,542
Care Resource Community Health Centers, Inc.	Miami-Dade Co., FL	$2,318,542
Cascade AIDS Project	Multnomah Co., OR	$2,658,542
Centro De Salud La Comunidad De San Ysidro	San Diego Co., CA	$2,208,125

Comunidad De San Isidro Inc	San Diego Co., CA	$2,[illegible]
Civic Heart Community Services/Change Happens!	Harris Co., TX	$2,978,448
Coastal Bend Wellness Foundation	Nueces Co., TX	$2,978,542
Colorado Health Network	Denver Co., CO	$2,318,542
Community Health Awareness Group	Wayne Co., MI	$2,318,542
Community Wellness Project	St. Louis (City) Co., MO	$2,658,542

Additional 62 rows not shown.

Note: Organizations with multiple names represent organizations that changed names throughout the grant cycle, have a legal name and do business under another name, or have different names in the CDC funding announcement and in USASpending data.

Source: KFF Analysis of USA Spending.gov data

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Table 2

Share of Anticipated Supplemental Health Department Funding Needed to Equal One-Year of Direct CBO Funding

Comparison of Health Department Anticipated Supplemental Funding (PS24-0047) to One-Year of Direct CBO CDC Funding (PS21-2102).

Recipient	Anticipated Supplemental $ Amount (PS24-0047)	2025 CBO (PS21-2102) Funding ($)*	% of Supplemental Needed to = 1-year PS21-2021 Funding
Total	$120,981,340	$42,395,995	35%
Alabama Department of Public Health	$1,510,614	$883,250	58%
Alaska Department of Health and Social Services	$327,081	-	0%
Arizona Department of Health Services	$2,084,157	$883,250	42%
Arkansas Department of Health	$1,128,097	$441,625	39%
Baltimore Department of Health	$1,586,945	-	0%
California Department of Health***	$8,218,507	$1,324,875	16%
Chicago Department of Health***	$2,801,191	$1,324,875	47%

Health			
Colorado Department of Public Health and Environment	$1,116,142	$441,625	40%
Connecticut Department of Health	$941,713	$883,250	94%
Delaware Department of Health	$357,030	-	0%
District of Columbia Department of Health	$1,952,642	$883,249	45%
Florida Department of Health	$11,909,591	$4,857,873	41%
Georgia Department of Public Health	$6,469,144	$2,649,750	41%
Hawaii State Department of Health	$344,775	-	0%
Houston Department of Health***	$2,953,125	$1,766,500	60%
Idaho Department of Health and Welfare	$272,461	-	0%
Illinois Department of Health***	$1,184,612	-	0%

Indiana State Department of Health	$1,670,086	$883,250	53%
Iowa Department of Public Health	$339,813	-	0%

Additional 41 rows not shown.

Note: *Allocated to CBOs in health department region. **Tennessee state has rejected CDC HIV prevention funds and is therefore not included in the health department supplemental (PS24-0047) award list. It would not be possible for the state to use funds to replace PS21-2102 funding. ***Final share needed will be impacted by contributions from both state and local health departments. (E.g. CBOs in Los Angeles could receive funding from CA and/or LA health departments.)

This table shows what supplemental allocations would need to look like to match one year of prior funding (PS21-2102) if all health departments are awarded supplemental funds at the level anticipated in the CDC guidance.

Source: KFF analysis of multiple data sources. PS21-2102 funding levels from USAspending.org , Anticipated supplemental funding from CDC PS24-0047 Supplemental Announcement.

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1. The supplement is associated with their primary health department HIV prevention grant, PS24-0047: https://www.cdc.gov/hiv/pdf/funding/announcements/ps24-0047/CDC_HIV_PS24-0047-Funding-Tables_020224.pdf ↩
2. CDC recommends recipients “provide a minimum of 10% of the supplemental funding to support partnerships with community-based organizations (CBOs). EHE jurisdictions are encouraged to provide a minimum of 25% of funding resources that should support community-based organizations (CBOs).” ↩
3. Called “revisions” in USAspending.gov data. ↩
4. No supplemental funding was awarded in these years. ↩
5. Ibid. ↩
6. Ibid. ↩
7. Depending on how CDC’s minimum recommended allocations (10% or 25% for EHE jurisdictions) are ultimately applied. Assumes that funding is shared with CBOs regardless of activities performed under the grant. ↩



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