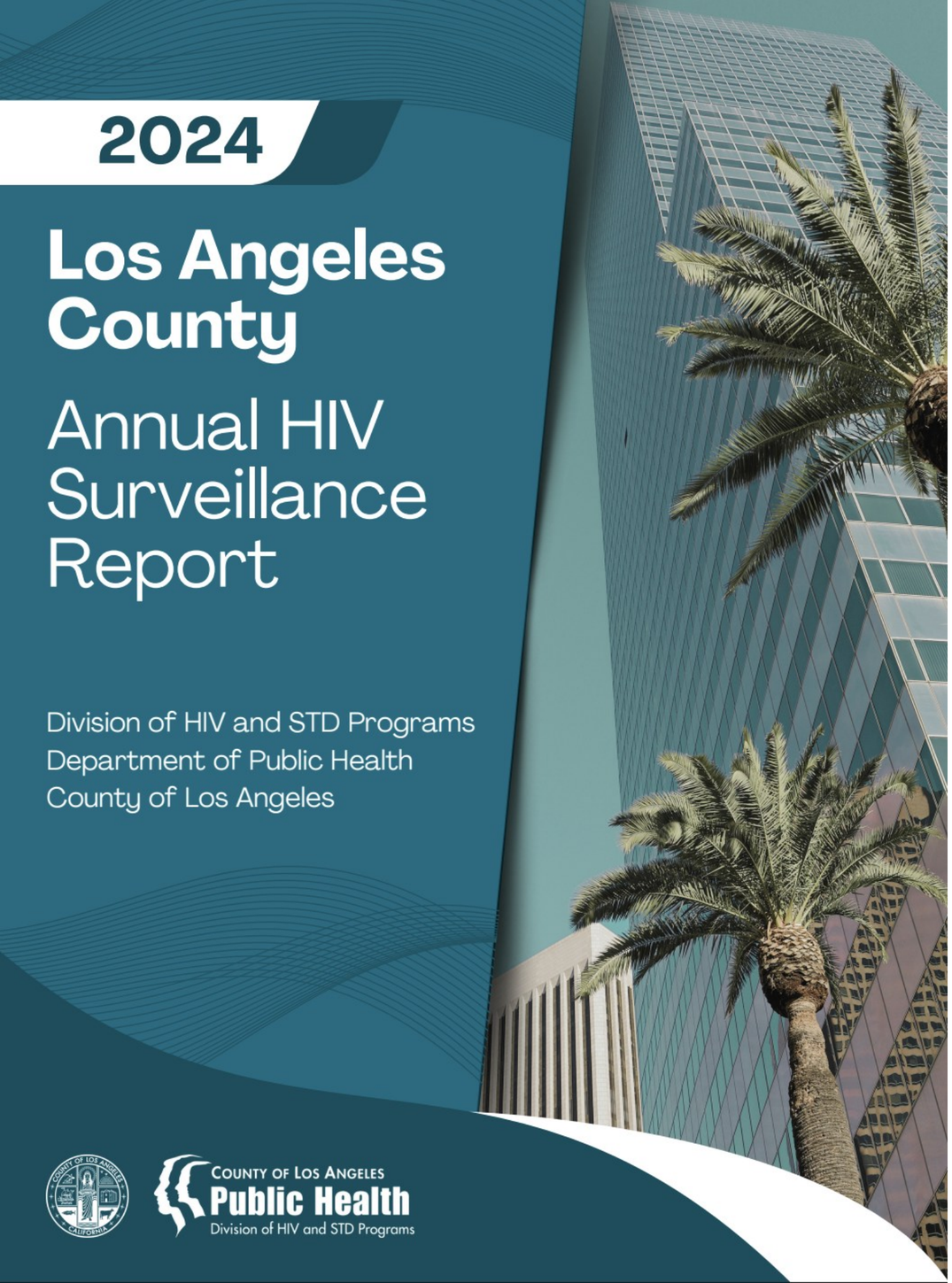
Data Sources Used in PSRA and Ryan White Program Data Review



Beyond the Case Count: Data terms to help contextualize the status of HIV in LAC.

1. **Prevalence**
2. **Incidence**
3. **Rate**
4. **Proportion**

2025 HIV Surveillance Snapshot:

http://publichealth.lacounty.gov/dhsp/Reports/HIV/2025_LAC_HIV_Snapshot.pdf

Prevalence

Number of persons living with HIV in LAC within a specified timeframe.

How widespread is the condition?

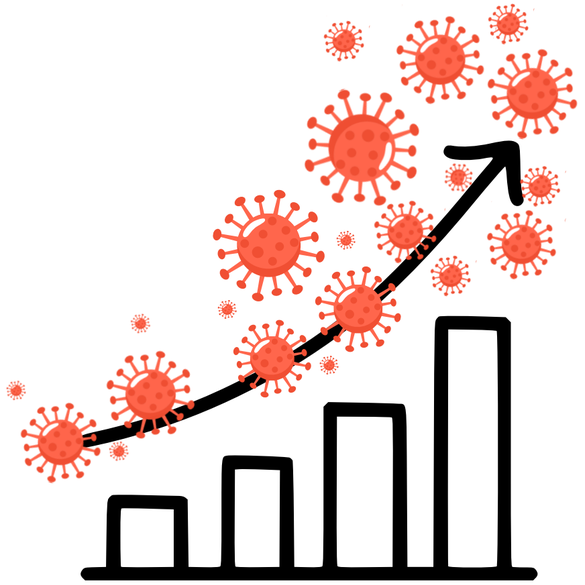


57,000 estimated persons living with HIV in LAC in 2024

Incidence

Number of new HIV infections in LAC within a specified timeframe.

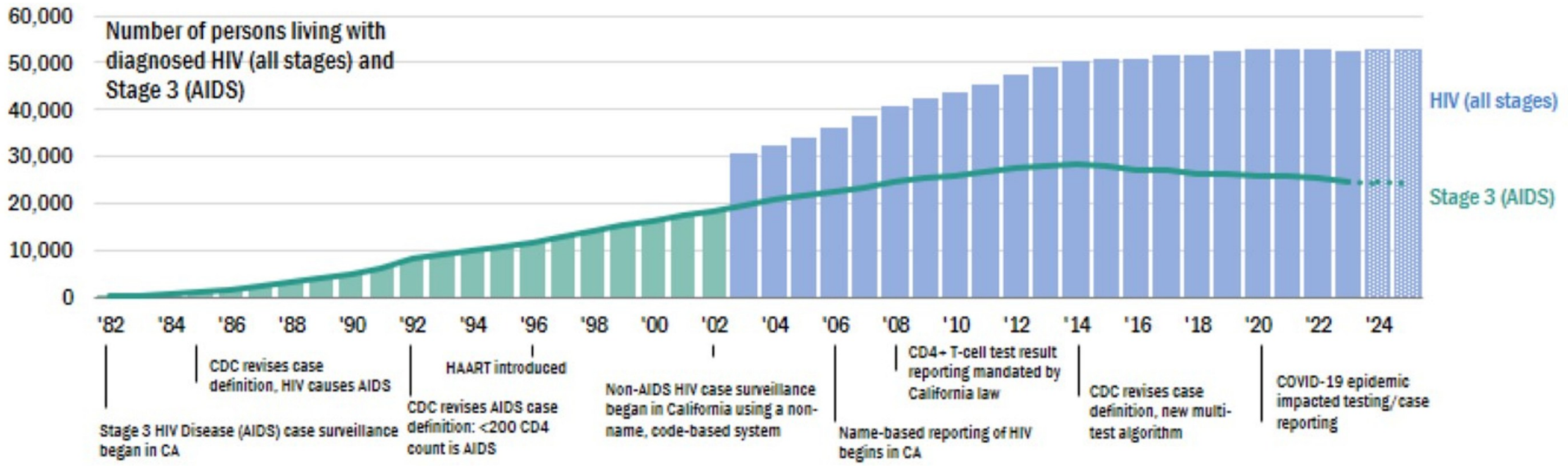
How fast is the disease spreading?



1,200 estimated new infections in 2024, down from 1,400 in 2023

With treatment, people with HIV can live long and healthy lives, leading to a steady rise in the prevalence of HIV over time.

Persons living with diagnosed HIV and AIDS, LAC 1982-2025[1,2]

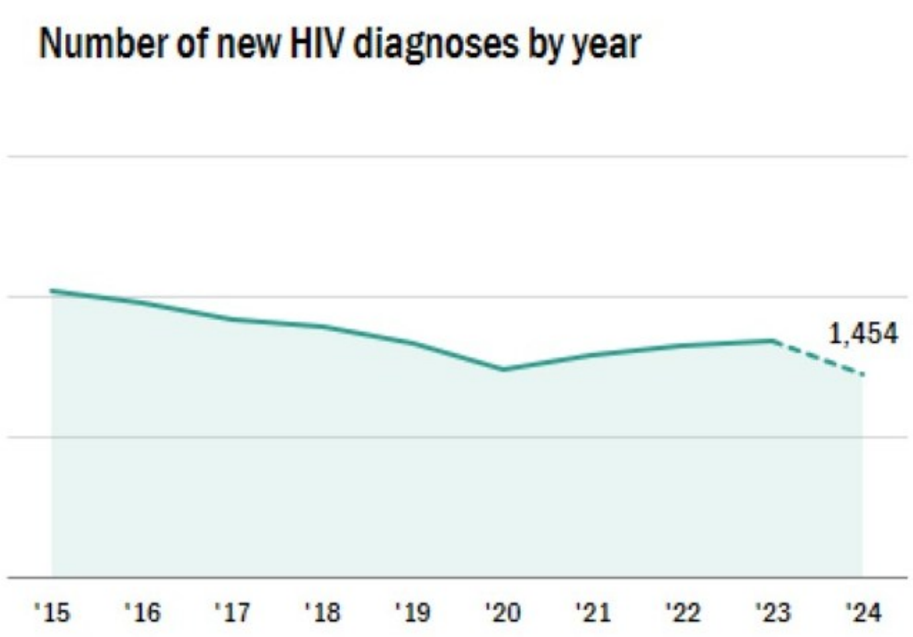


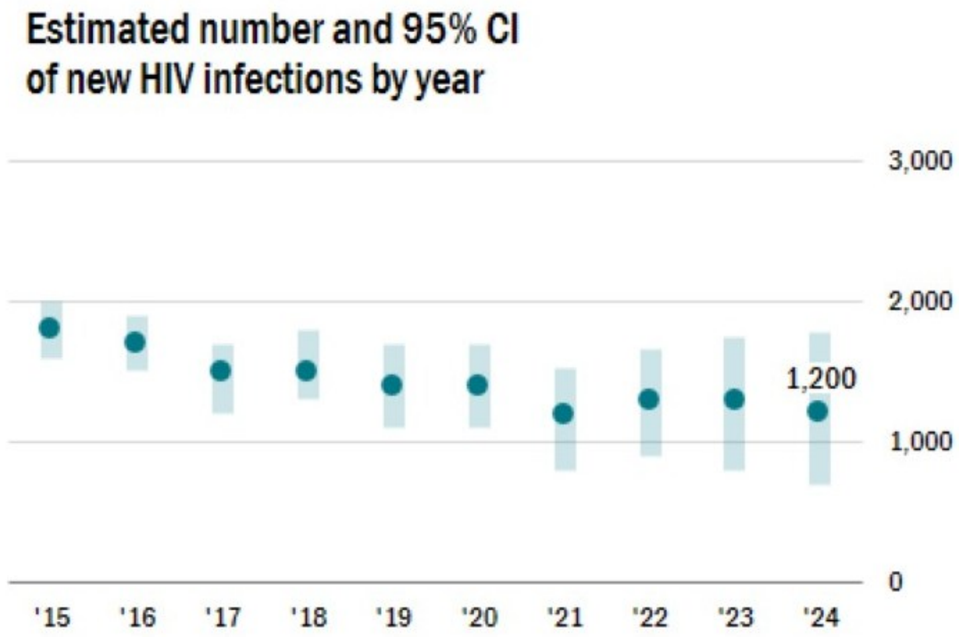
[1]Includes persons whose residence at death was in LAC or whose most recent known address before death was in LAC, when residence at death is missing.
[2]2024 data for diagnoses of HIV/AIDS and deaths, and 2024/2025 data for persons living with non-AIDS HIV and AIDS are provisional as indicated by the dashed line and patterned bar. 2025 diagnoses of HIV/AIDS and deaths are underreported/unreliable due to significant reporting delay and therefore are not shown.

Source: HIV Surveillance data as of Dec 2025

The number of persons newly diagnosed and the estimated number of persons who newly acquired HIV have been on a declining trend.

Number of persons newly diagnosed with HIV compared with the estimated number of persons who newly acquired HIV among PLWH aged ≥13 years, LAC 2015-2024[1]





Abbreviation: PLWH = persons living with HIV, including persons who are unaware that they have HIV.
[1]Estimates based on the CD4-based model v6.0 developed by CDC, which were derived by using HIV surveillance and CD4 data for persons aged ≥13 years at diagnosis. Estimates rounded to the nearest 100 for estimates of >1,000 and to the nearest 10 for estimates of ≤1,000 to reflect model uncertainty.

Source: HIV Surveillance data as of Dec 2025

KNOWLEDGE CHECK: If HIV testing expanded dramatically in LA County, what would you expect to see in terms of new diagnoses?

menti.com

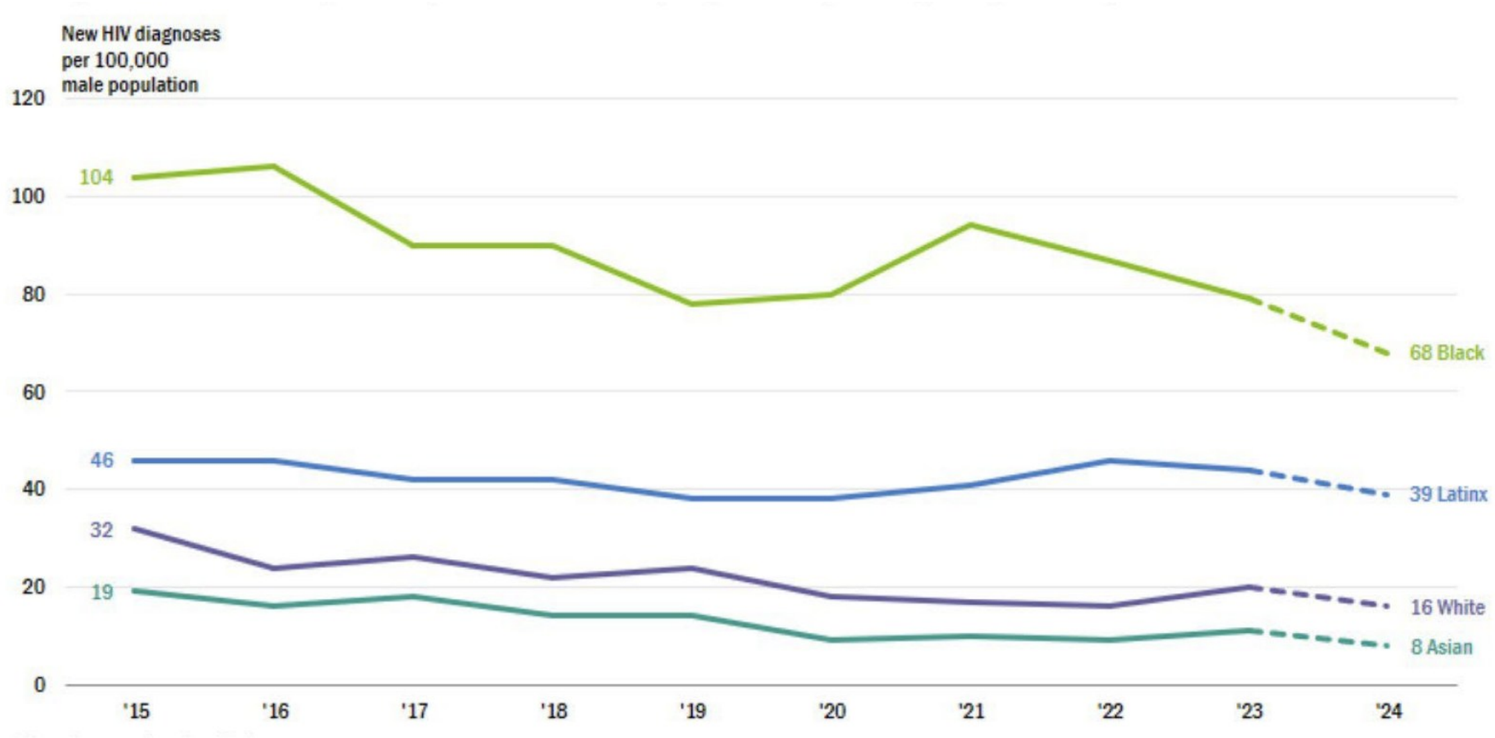
9704 7711

Rate: Frequency with which an event (HIV) occurs in a population over time.

Over the past decade, HIV diagnoses rates have declined among LAC males across all race/ethnicity groups.

However, stark disparities persist, with Black males experiencing significantly higher rates than other race/ethnicity groups.

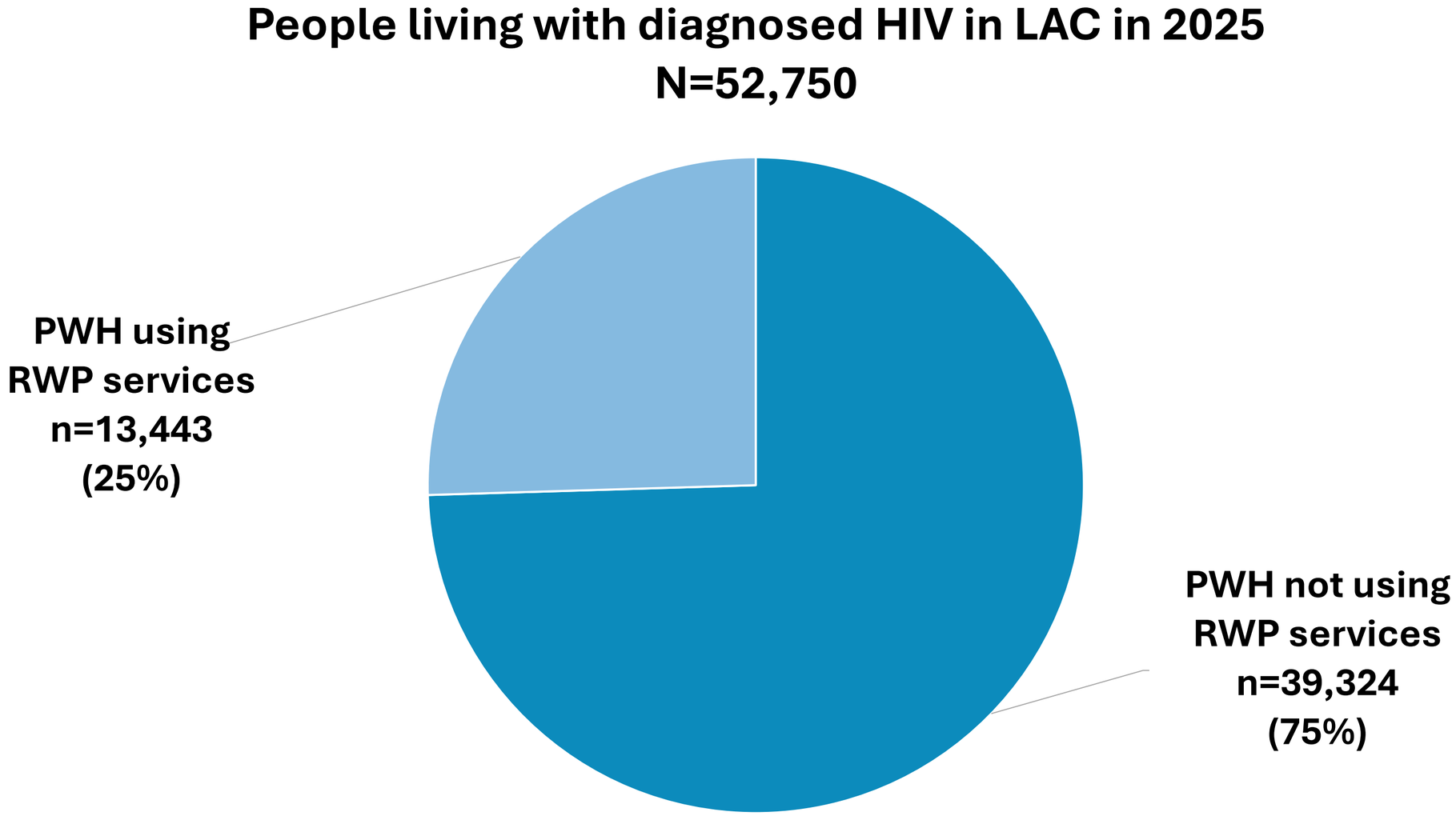
HIV diagnoses rates among males (sex listed at birth)[1] aged ≥ 3 years by race/ethnicity,[1] LAC 2015-2024 [3]



[1]Based on sex listed at birth.
[2]American Indians and Alaska Natives (AIAN) and Native Hawaiian and Pacific Islanders (NHPI) were not included in the analysis due to small numbers. In 2024, AIAN, NHPI, and multi-racial persons represented 0.2%, 0.2%, and 1.4% of males newly diagnosed with HIV, respectively.
[3]The decline in HIV diagnoses rates observed in 2020, a year in which the COVID-19 pandemic may have depressed HIV testing and reporting, seems to have been followed by a rebound in diagnoses in 2021 and 2022.

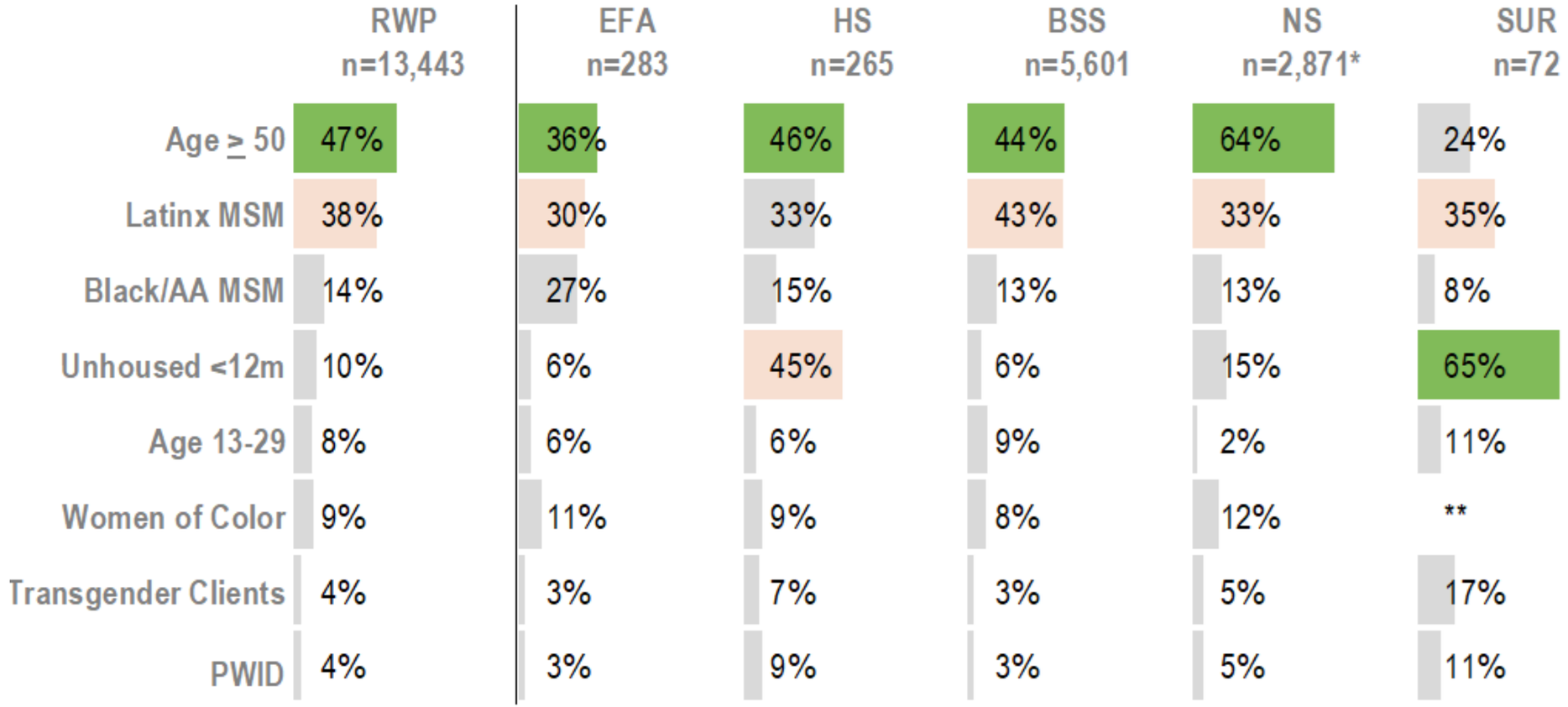
Source: HIV Surveillance data as of Dec 2025

Proportion: Compares a part-to-whole relationship typically expressed as decimals, fractions, or percentages.



KNOWLEDGE CHECK: What do you notice about proportions in the graphic below?

RWP Year 35 Support Services (n = 13,443): Priority Populations



Priority population groups are not mutually exclusive, clients may overlap

Case reporting and RW Program Data are used to ensure priorities and resource allocations are evidence based and aligned with community needs.



Case Reporting

Mandated by Law



Program Data

Required to be submitted by DHSP Contractors

- **Service Utilization Reports**
- **HIV Care Continuum Outcomes**
- **Expenditure Reports**

Additional Data Sources

1. **DHSP HIV Prevention, Ending the HIV Epidemic, and Direct Client Services Data**
2. **Resource Inventory/Landscape Analyses**
3. **Local Needs Assessments** (e.g. LA County Health Needs Assessment)
4. **STD Data**
5. **Housing Data** (e.g. HOPWA data, Homeless Services and Housing data, Los Angeles County Homeless Count)
6. **California and National Data**
7. **Literature Searches/Peer Reviewed Articles** (e.g. PubMed, Google Scholar)

Questions to consider when reviewing data

Who is included in the data set?

How are the data collected and reported?

Where does the data go? Who receives the data?

What variables/measures are reported?

What question(s) can this data set answer?

What are the limitations of this data set?

e2LA: DHSP reporting system for contracted providers

Data Process/Step	Explanation or Example
1) Who is included in the data?	HIV positive clients receiving Ryan White Program services
2) Who collects and reports the data?	DHSP-funded HIV care service providers
3) Who receives the data?	DHSP
4) What data variables or measures are reported?	Demographics, services received, assessment data (some service categories)
5) What questions can this dataset answer?	Assess Service Utilization & HIV Care Continuum Measures
6) What are some limitations of these data? What questions cannot be answered by this dataset?	Limited to Ryan White program clients only (i.e. not representative of all LAC clients living with HIV)

Ryan White Part A Program: Overview of Key Data

Ryan White Program data is reviewed on a quarterly and annual basis.

(RWP Year 35: Mar 1, 2025-Feb 28, 2026)

Expenditures are reviewed on an ongoing basis.

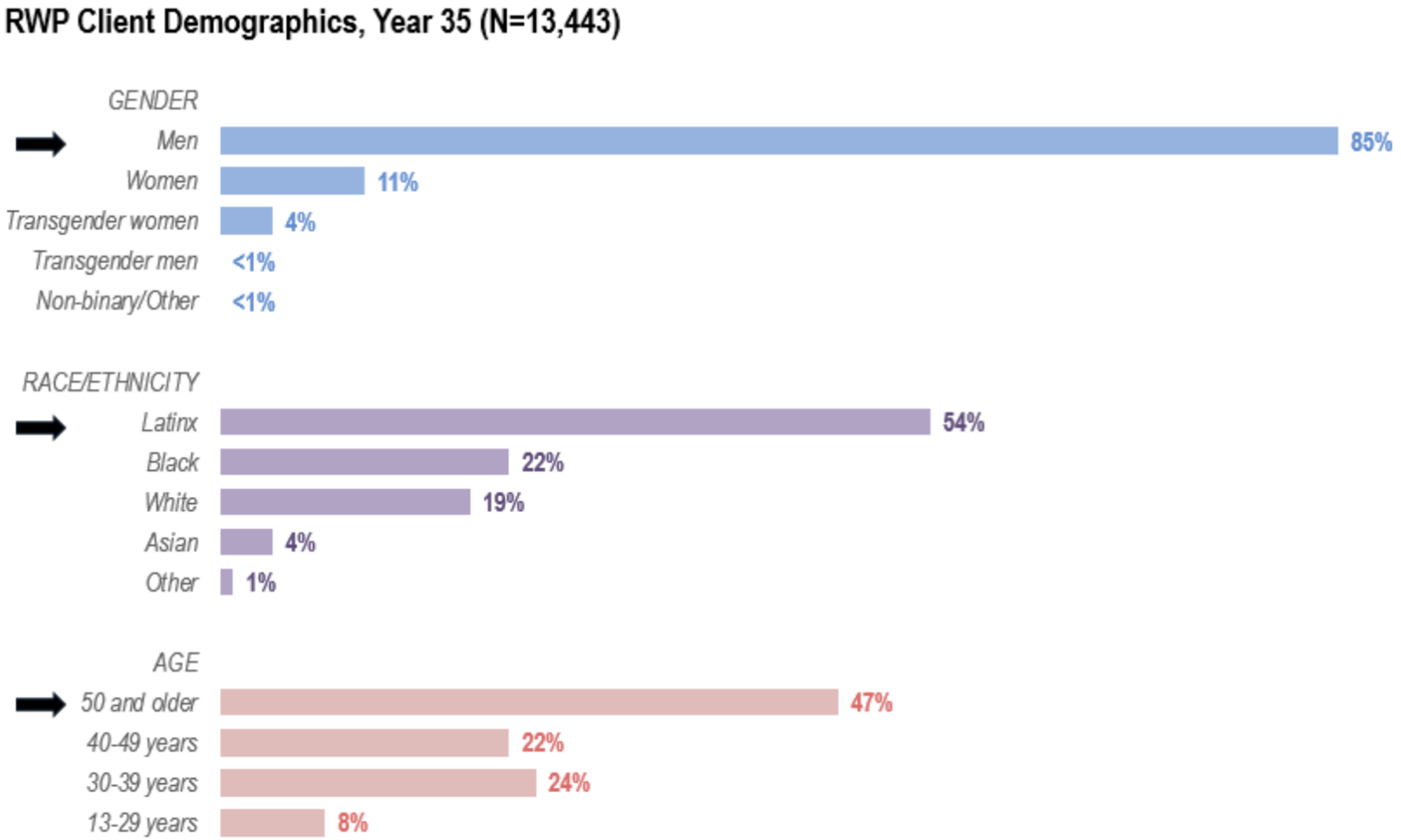
1. **Client/Patient Data**
   - Demographics
   - Priority Populations
   - Social Determinants of Health
2. **Service Category Utilization Data**
3. **HIV Care Continuum Data**
   - Care Continuity (Engagement, Retention)
   - Viral Suppression
   - Durable Viral Suppression

LA County's Ryan White Program is evaluated on four core HIV Care Continuum performance measures.

Category	Performance Measure	Definition
Care Continuity	**Engagement in Care**	**At least 1** VL/CD4/Genotype lab during reporting period
	Retention in Care (RiC)	**At least 2** VL/CD4/Genotype > 90 days apart during reporting period
Viral Suppression (VS)	**Viral Suppression (VS)**	VL < 200 copies/mL at **most recent test** in reporting period
	Durable Viral Suppression	VL < 200 copies/mL for **at least 2 or more tests** during reporting period

Client Demographics Snapshot:

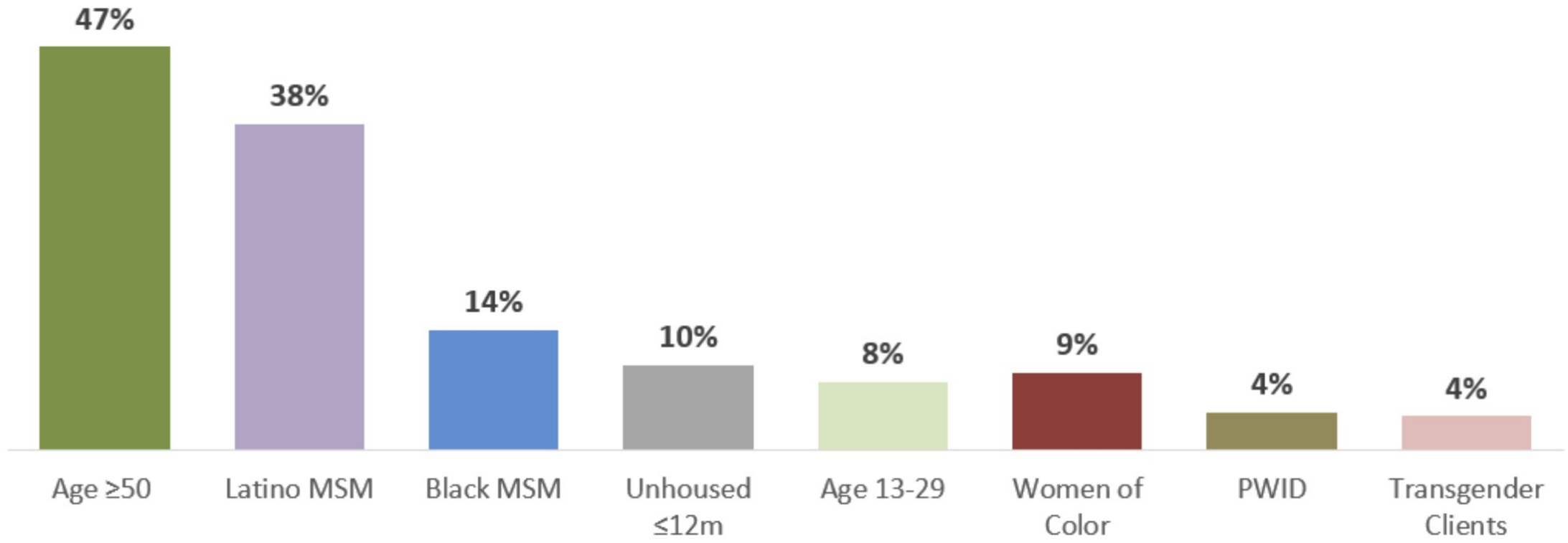
In RWP Year 35, most RWP clients identified gender as male, race/ethnicity as Latinx, and age as 50 years of age and older.



Priority Populations Snapshot:

In RWP Year 35, the proportion of clients reached within each priority population is reflected in the bar chart.

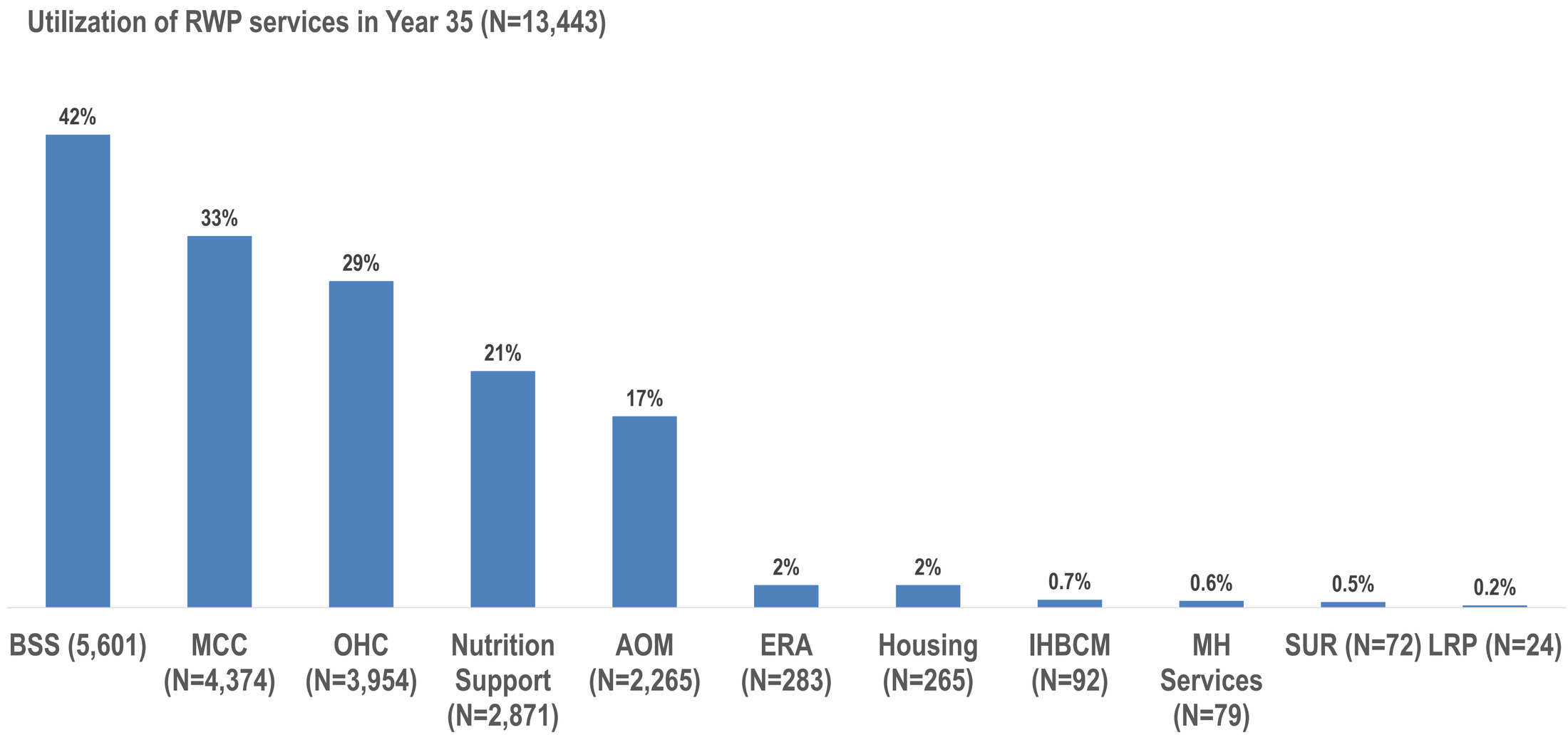
Most of clients (47%) were 50 years of age or older, followed by Latinx MSM.



**Priority population groups are not mutually exclusive, they overlap.*

Service Utilization Snapshot:

In RWP Year 35, Benefits Specialty Services (BSS) was the most utilized category surpassing Medical Care Coordination (MCC).



Knowledge Check



How can utilization data guide PP&A discussions and the PSRA process?

RWP Data Summary Sheets provide program data and expenditure reports to describe the impact of services received.

Today we are reviewing:

1. Medical Care Coordination (MCC)
2. Ambulatory Outpatient Medicine (AOM)
3. Nutrition Support Services (NSS)
4. Benefits Specialty Services (BSS)
5. Emergency Rental Assistance (ERA)

MEDICAL CARE COORDINATION (MCC)

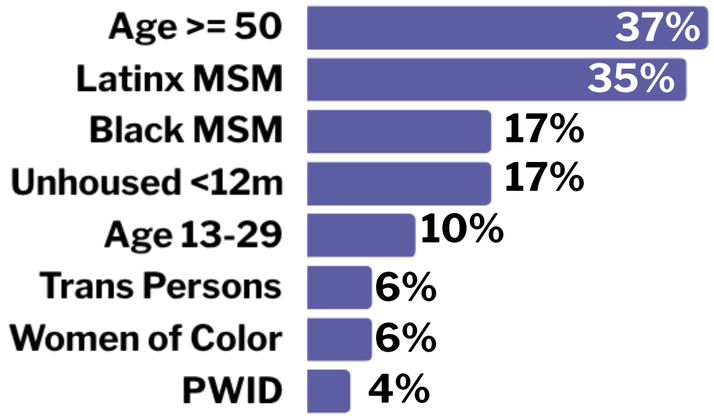
Year 35 (March 1, 2025 - Feb 28, 2026)

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 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%
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%

	N	%
Age		
13-29	439	10%
30-39	1,250	29%
40-49	1,058	27%
50+	1,627	37%
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%

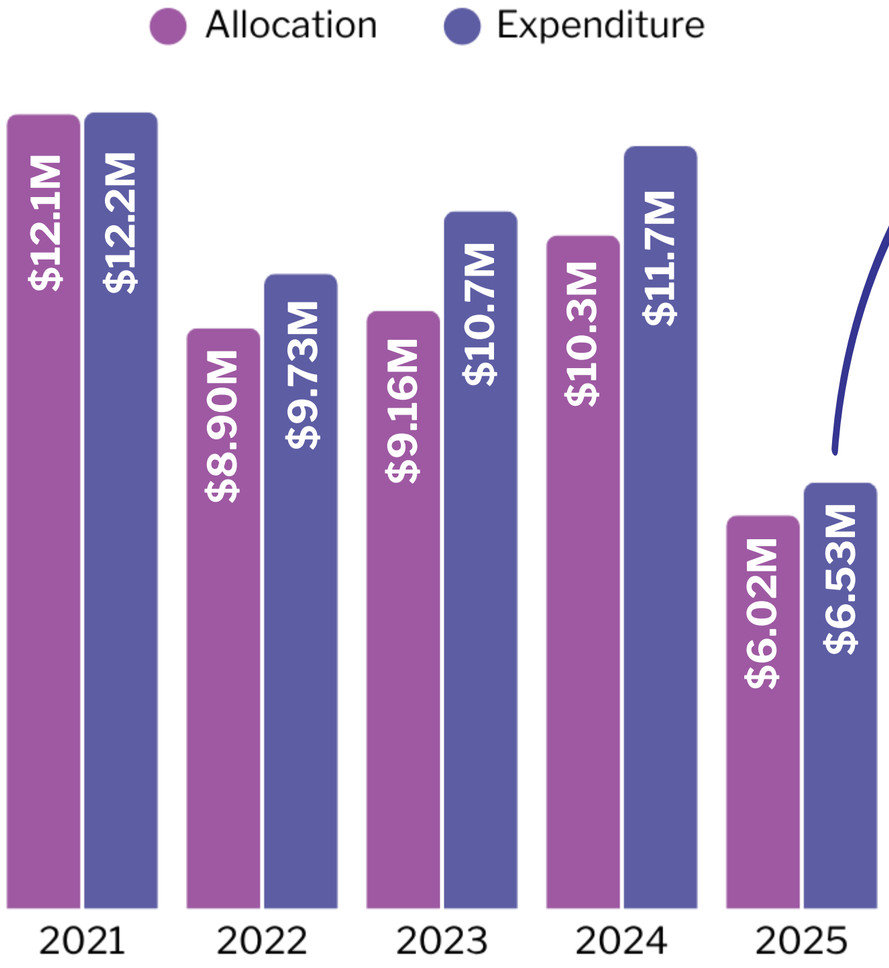
**GY = Grant Year. The RWP GY refers to the year from March through February of the following year.*

MEDICAL CARE COORDINATION (MCC)

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

EXPENDITURES, CLIENTS, CARE CONTINUUM

GY* Allocations vs Expenditures



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

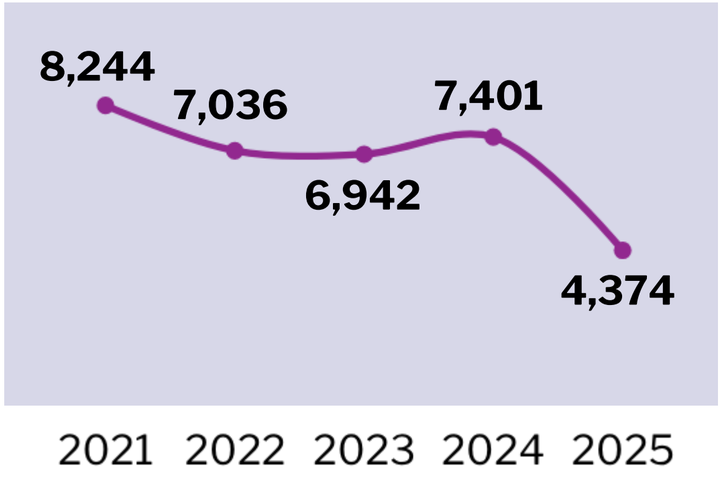
2025 Expenditures

Total Spent: $6,530,211

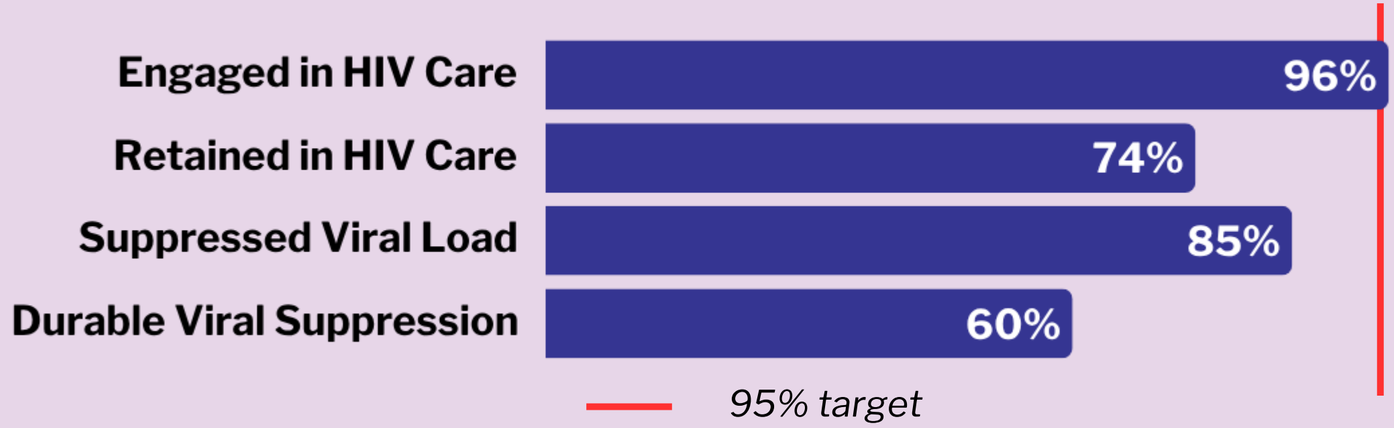
Funding Source: Part A

Cost per client: $1,493

Number of MCC Clients per GY*



MCC HIV Care Continuum



AMBULATORY OUTPATIENT MEDICINE (AOM)

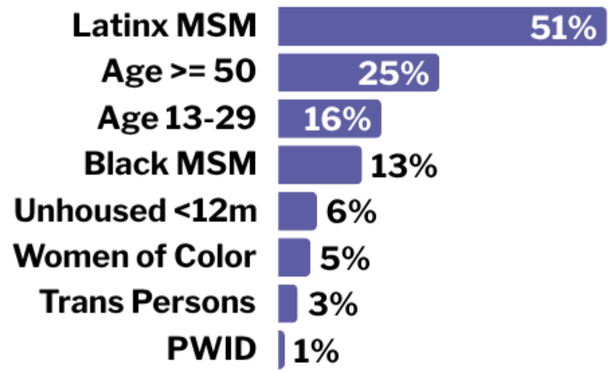
Year 35 (March 1, 2025 - Feb 28, 2026)

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 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%

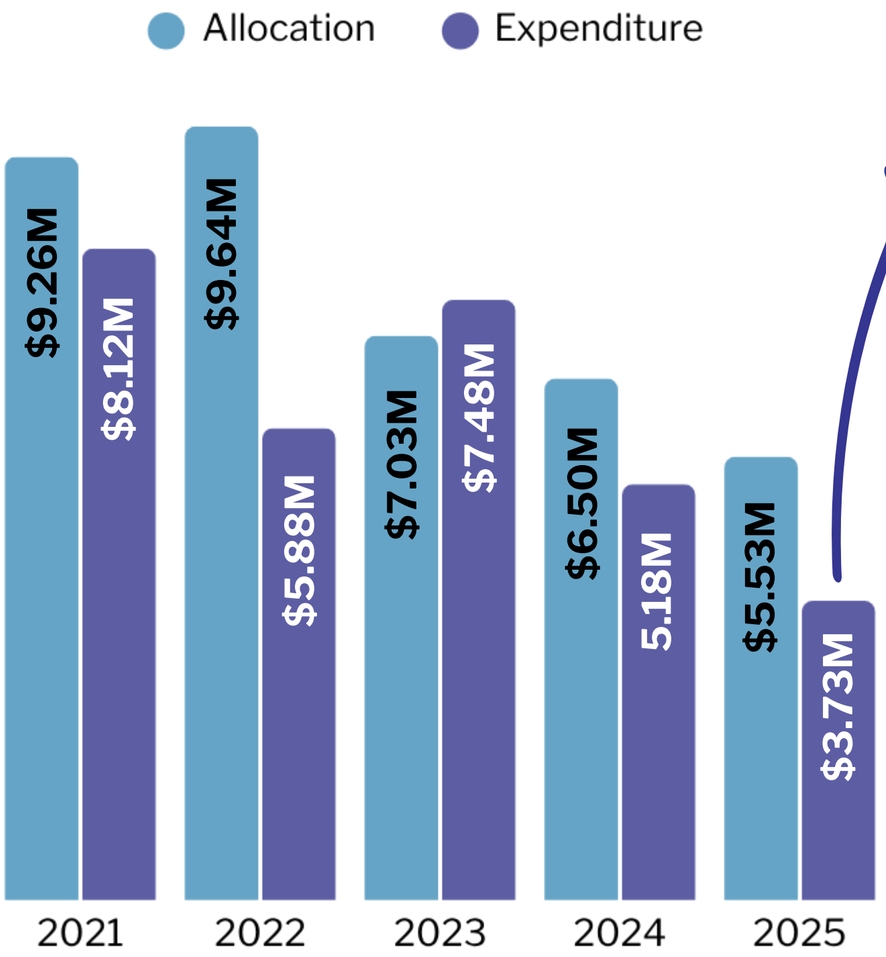
**GY = Grant Year. The RWP GY refers to the year from March through February of the following year.*

AMBULATORY OUTPATIENT MEDICINE (AOM)

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

EXPENDITURES, CLIENTS, CARE CONTINUUM

GY* Allocations vs Expenditures



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

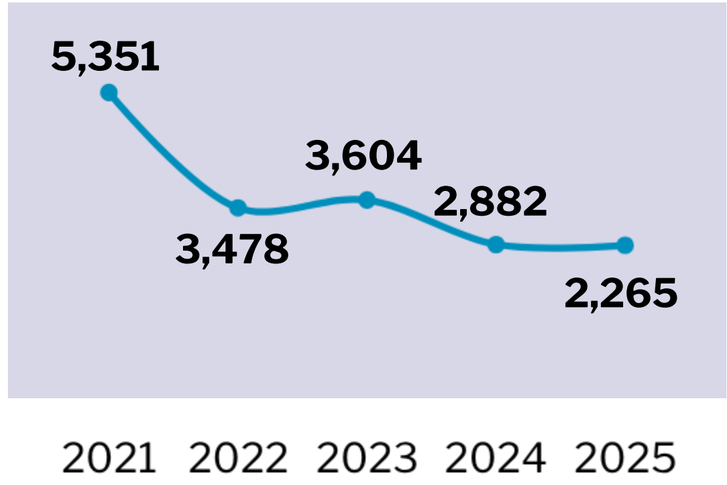
2025 Expenditures

Total Spent: $3,731,957

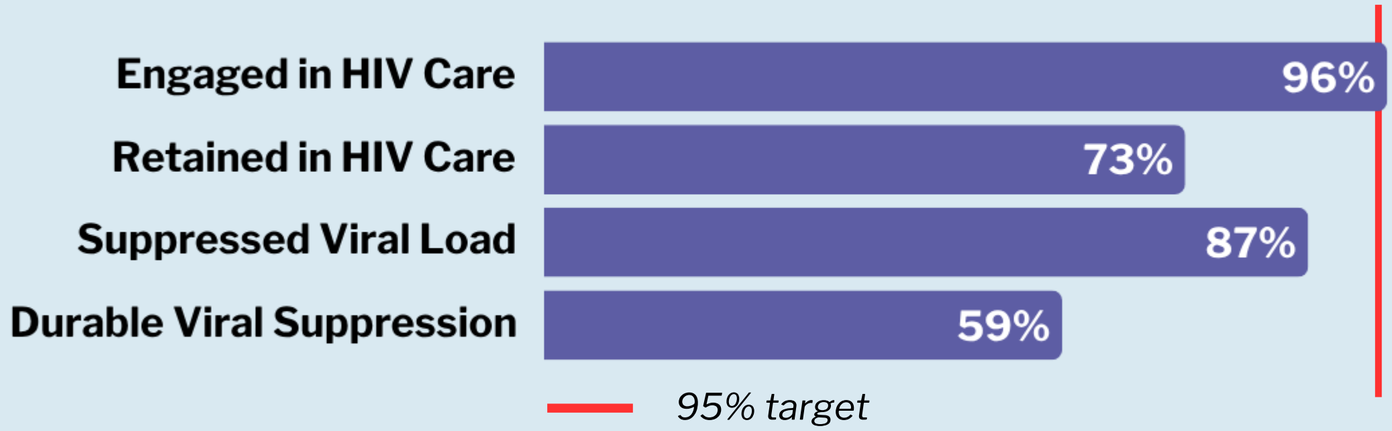
- **Part A: $743,015**
- **Part B: $2,988,942**

Cost per client: $1,648

Number of Clients per GY*



AOM HIV Care Continuum



NUTRITION SUPPORT SERVICES*

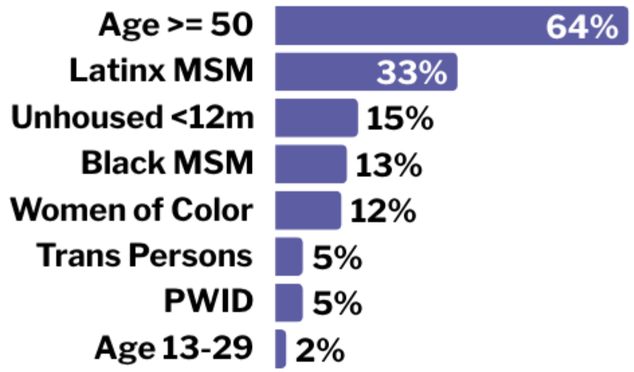
Year 35 (March 1, 2025 - Feb 28, 2026)

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 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%

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

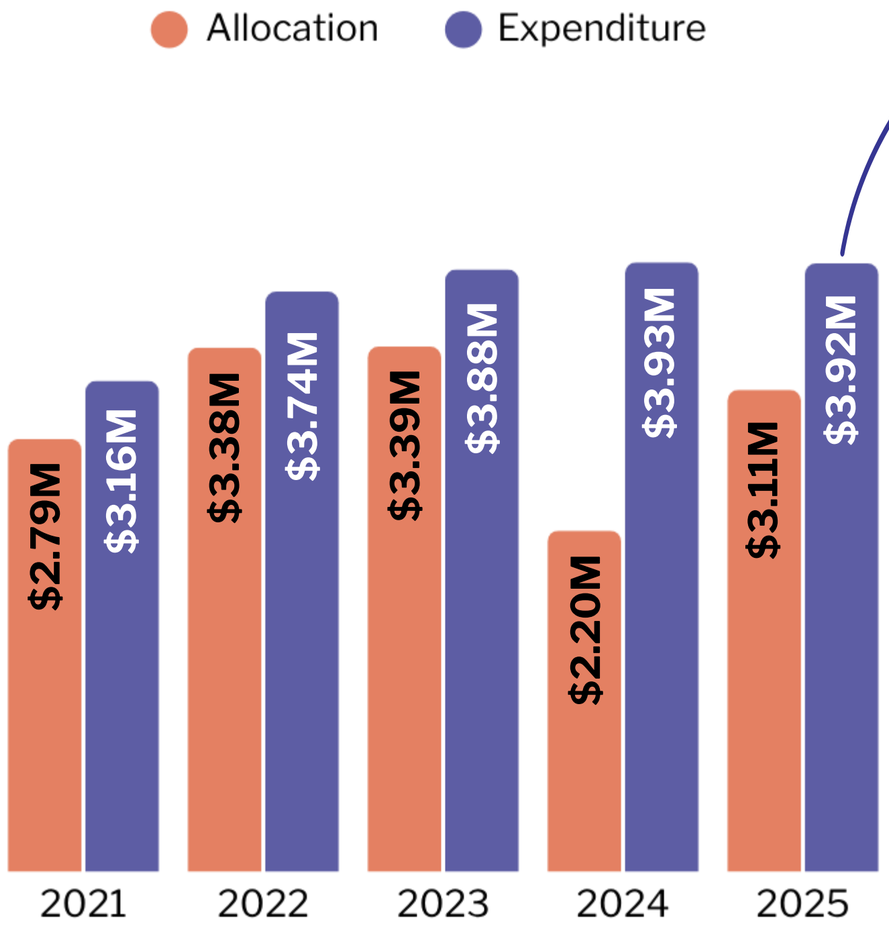
**Preliminary data as additional data was submitted recently (Oct 2026) and undergoing quality assurance*

NUTRITION SUPPORT SERVICES

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

EXPENDITURES, CLIENTS, CARE CONTINUUM

GY* Allocations vs Expenditures



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

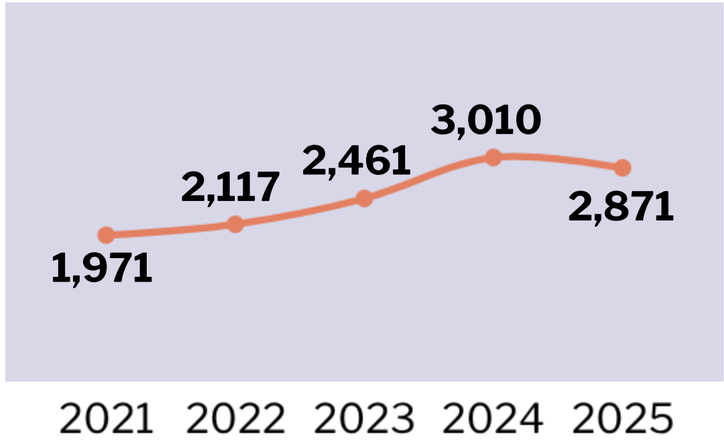
2025 Expenditures

Total Spent: $3,922,011

Funding Source: Part A

Cost per client: $1,366

Number of Clients per GY*



Nutrition Support HIV Care Continuum



BENEFITS SPECIALTY SERVICES (BSS)

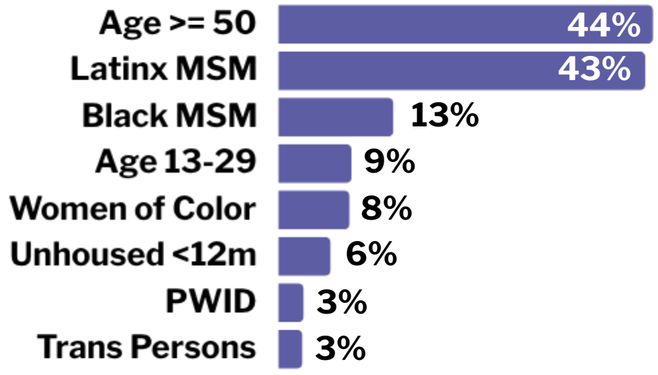
Year 35 (March 1, 2025 - Feb 28, 2026)

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 GY* BSS 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%

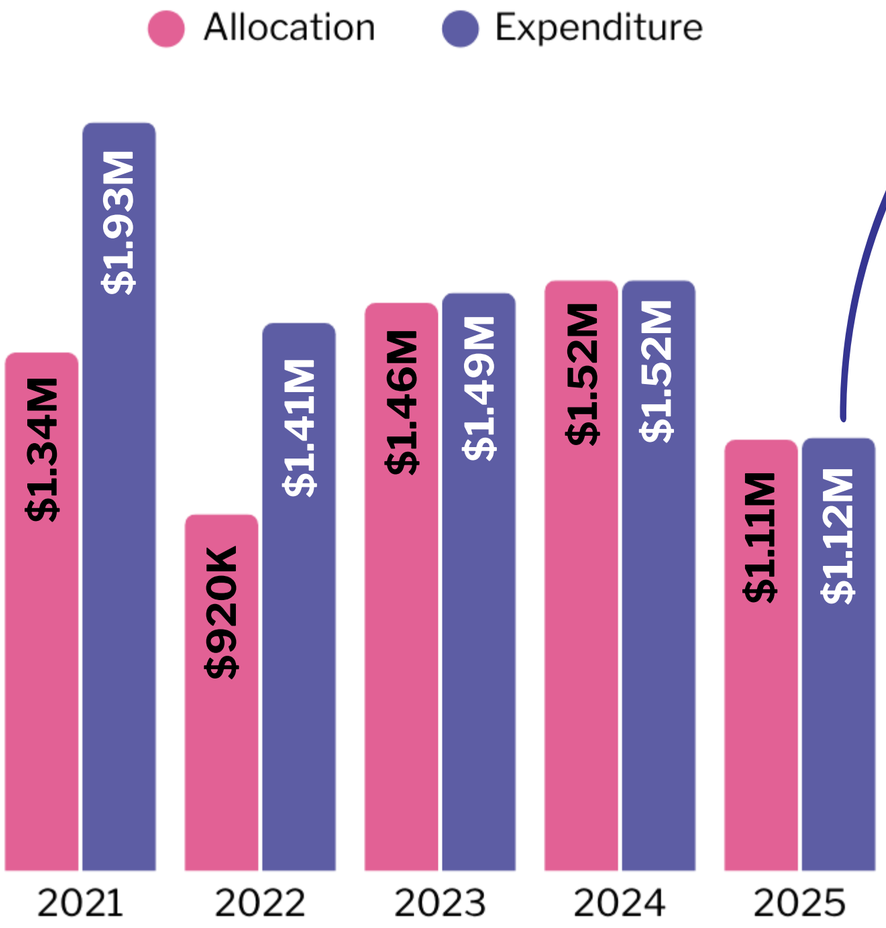
**GY = Grant Year. The RWP GY refers to the year from March through February of the following year.*

BENEFITS SPECIALTY SERVICES (BSS)

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

EXPENDITURES, CLIENTS, CARE CONTINUUM

GY* Allocations vs Expenditures



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

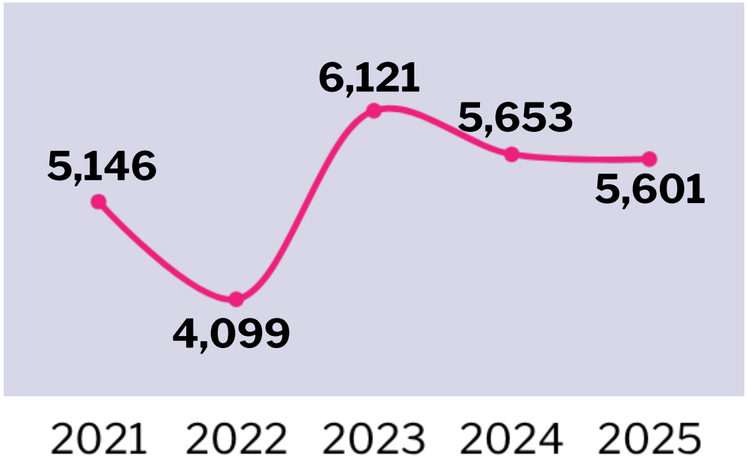
2025 Expenditures

Total Spent: $1,117,989

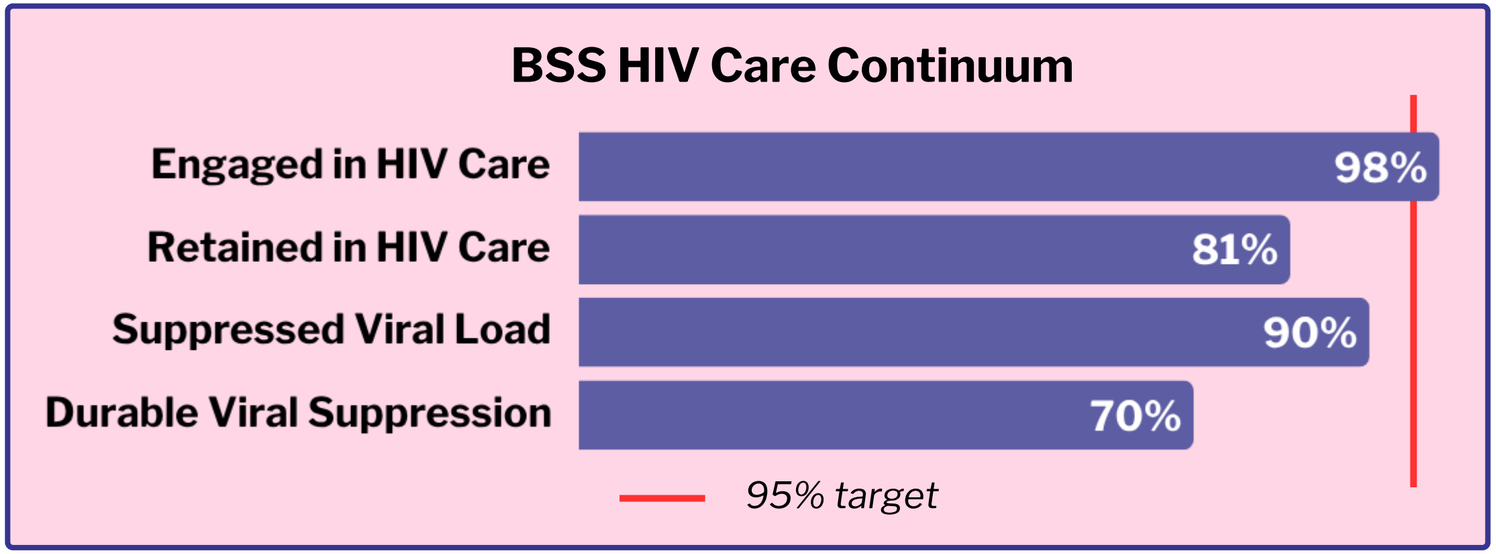
Funding Source: Part A

Cost per client: $200

Number of BSS Clients per GY*



BSS HIV Care Continuum



EMERGENCY FINANCIAL ASSISTANCE (EFA)

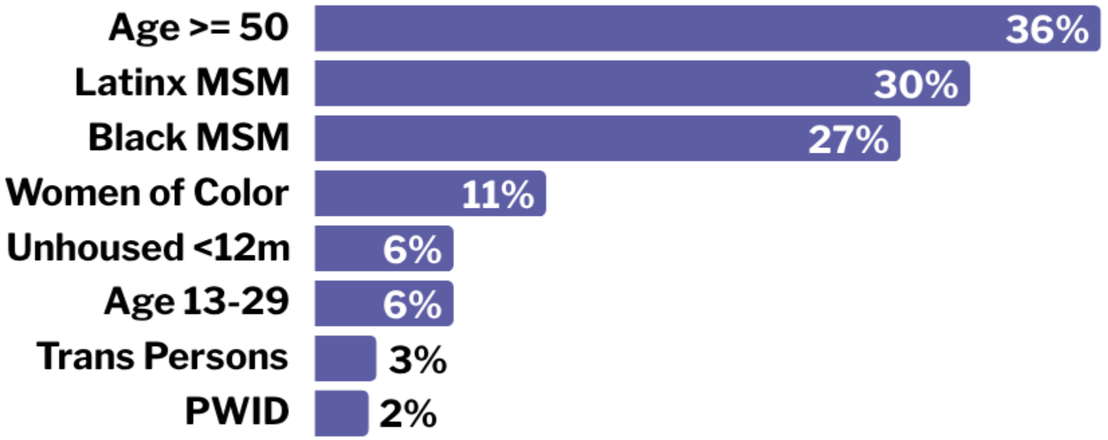
Year 35 (March 1, 2025 - Feb 28, 2026)

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 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%

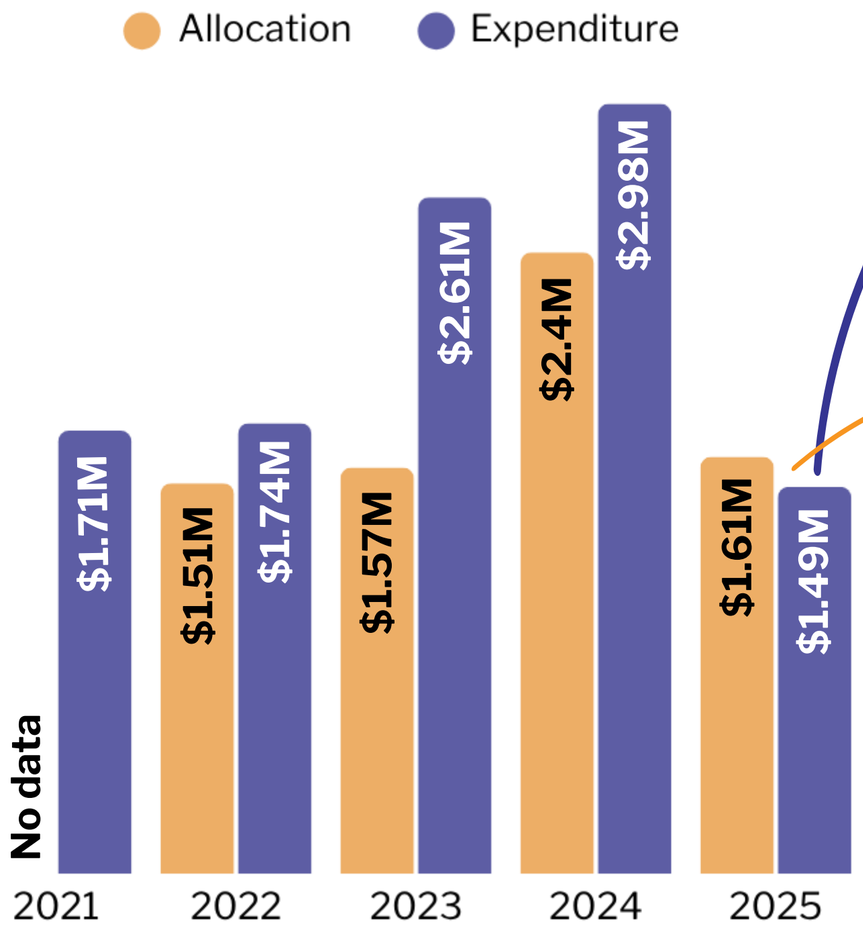
**GY = Grant Year. The RWP GY refers to the year from March through February of the following year.*

EMERGENCY FINANCIAL ASSISTANCE (EFA)

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

EXPENDITURES, CLIENTS, CARE CONTINUUM

GY* Allocations vs Expenditures



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

2025 Expenditures

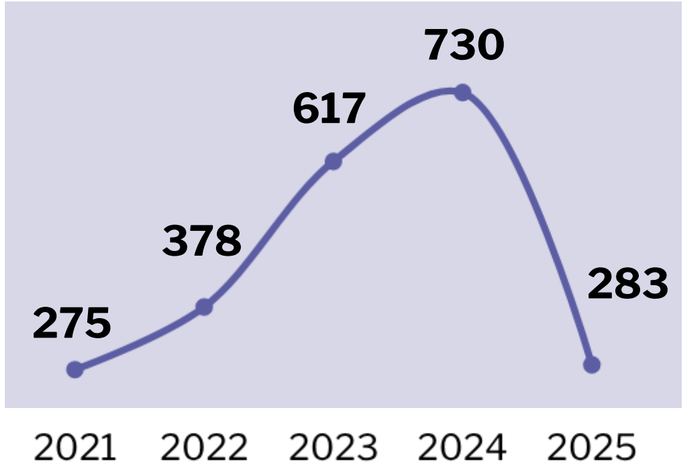
Total Spent: $1,495,318

Funding Source: Part A

EHE Carryover: $116,264

Cost per client: $5,222

Number of EFA Clients per GY*



EFA HIV Care Continuum



Questions