



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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## PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

**\*\*EXTENDED MEETING\*\***

**Tuesday, August 19, 2025**

**1:00pm – 4:00pm (PST)**

**510 S. Vermont Avenue, 9th Floor, LA 90020**

**Validated Parking @ 523 Shatto Place, LA 90020**

*\*As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

### Register Here to Join Virtually

<https://lacountyboardofsupervisors.webex.com/weblink/register/r024f2f8a31038e510d533026a3d10470>

### Public Comments

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

- Emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)
- Submitting electronically at [https://www.surveymonkey.com/r/PUBLIC\\_COMMENTS](https://www.surveymonkey.com/r/PUBLIC_COMMENTS)

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

### Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) or 213.738.2816.



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

# together.

**WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL**

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For application assistance, call (213) 738-2816 or email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



510 S. Vermont Ave., 14<sup>th</sup> Floor, Los Angeles CA 90020  
MAIN: 213.738.2816 EML: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <https://hiv.lacounty.gov>

**AGENDA FOR THE REGULAR MEETING OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV  
PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE**

**\*\*EXTENDED MEETING\*\***

**TUESDAY, AUGUST 19, 2025 | 1:00 PM – 4:00 PM**

510 S. Vermont Ave  
Terrace Level Conference Room, Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r024f2f8a31038e510d533026a3d10470>

To Join by Telephone: 1-213-306-3065

Password: PLANNING Access Code: 2535 494 9799

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

AGENDA POSTED: August 14, 2025

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

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org).

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

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

#### **I. ADMINISTRATIVE MATTERS**

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

#### **II. PUBLIC COMMENT**

1:10 PM – 1:15 PM

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

#### **III. COMMITTEE NEW BUSINESS ITEMS**

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

#### **IV. REPORTS**

- |                                       |                |
|---------------------------------------|----------------|
| 7. Executive Director/Staff Report    | 1:16 PM—1:23PM |
| a. Operational and Commission Updates |                |

8. Co-chair Report 1:24 PM—1:30 PM  
 a. Patient Support Services (PSS) Service Standards Public Comment

9. Division on HIV and STD Programs (DHSP) Report 1:31 PM—2:50 PM  
 a. Program Year 34 (PY34) Ryan White Program Utilization Report  
 b. 2027-2031 Integrated HIV Plan Updates

– B R E A K – 2:51 PM—2:59 PM

- c. Program Years 35 – 36 (PY35-36) Reallocations  
**MOTION #3 - Approve the Ryan White Program Years 35 and 36 (PY35-36) Allocations, as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.**

**VI. NEXT STEPS** 3:00 PM – 3:57 PM

10. Task/Assignments Recap  
 11. Agenda Development for the Next Meeting

**VII. ANNOUNCEMENTS** 3:58 PM – 4:00 PM

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

**VIII. ADJOURNMENT** 4:00 PM

13. Adjournment for the meeting of August 19, 2025.

PROPOSED MOTIONS	
<b>MOTION #1</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2</b>	Approve the Planning, Priorities and Allocations Committee minutes, as presented or revised.
<b>MOTION #3</b>	Approve the Ryan White Program Years 35 and 36 (PY35-36) Allocations, as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.



## HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS

(Updated 7.15.24)

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
- ☐ The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
- ☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet.
- ☐ **Public Comment** for members of the public can be submitted in person, electronically @ [https://www.surveymonkey.com/r/public\\_comments](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).  
*Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*
- ☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
- ☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on for the entire duration of the meeting and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

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





## LOS ANGELES COUNTY COMMISSION ON HIV



Approved by COH  
6/8/23

510 S. Vermont Ave 14<sup>th</sup> Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

### CODE OF CONDUCT

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

**All participants and stakeholders should adhere to the following:**

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

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

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)

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## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/29/25

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	Dahlia	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
			Medical Transportation Services
BLEA	Leroy	California Department of Public Health, Office of AIDS	Part B Grantee
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Core HIV Medical Services - AOM; MCC & PSS
			Medical Transportation Services
CIELO	Mikhaela	Los Angeles General Hospital	No Ryan White or prevention contracts
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	Erika	City of Pasadena	No Ryan White or prevention contracts
DAVIS (PPC Member)	OM	Aviva Pharmacy	No Ryan White or prevention contracts
DOLAN (SBP Member)	Caitlyn	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
DONNELLY	Kevin	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	Kerry	No Affiliation	No Ryan White or prevention contracts
FINLEY	Jet	Unaffiliated representative	No Ryan White or prevention contracts
FRAMES	Arlene	Unaffiliated representative	No Ryan White or prevention contracts
FRANKLIN*	Arburtha	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	Lauren	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	Gerald	Minority AIDS Project	Benefits Specialty
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts



COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	Joaquin	Unaffiliated representative	No Ryan White or prevention contracts
HARDY	David	University of Southern California	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts
JONES	Terrance	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated representative	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LESTER (PP&A Member)	Rob	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Core HIV Medical Services - AOM; MCC & PSS
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			Biomedical HIV Prevention Services
MARTINEZ-REAL	Leonardo	Unaffiliated representative	Medical Transportation Services
			No Ryan White or prevention contracts
MAULTSBY	Leon	Charles R. Drew University	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
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
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RAINES	Aaron	No Affiliation	No Ryan White or prevention contracts
RICHARDSON	Dechelle	No Affiliation	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated representative	No Ryan White or prevention contracts
SALAMANCA	Ismael	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAMONE-LORECA	Sabel	Minority AIDS Project	Benefits Specialty
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
SAN AGUSTIN	Harold	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
			Medical Transportation Services
SAUNDERS	Dee	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
TALLEY	Lambert	Grace Center for Health & Healing	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
VEGA-MATOS	Carlos	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts



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[HIVCOMM@LACHIV.ORG](mailto:HIVCOMM@LACHIV.ORG) • <http://hiv.lacounty.gov>

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

## PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES July 15, 2025

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

\*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

\*Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

\*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website. Click [HERE](#).

### I. ADMINISTRATIVE MATTERS

#### 1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

D. Russell, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:07pm.

#### 2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

C. Barrit, Executive Director, conducted roll call and committee members were reminded to state their conflicts.

**ROLL CALL (PRESENT):** K. Donnelly, D. Russell, F. Gonzalez, R. Lester, M. Martinez, I. Salamanca, H. San Agustin, L. Talley, C. Vega-Matos, J. Weedman

**3. Approval of Agenda**

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

**4. Approval of Meeting Minutes**

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

**II. PUBLIC COMMENT**

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

*There was no public comment.*

**III. COMMITTEE NEW BUSINESS**

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

*There was no committee new business.*

**IV. REPORTS**

**7. Executive Director/Staff Report**

- C. Barrit, reminded the committee that the public comment period for the proposed changes to the Commission on HIV (COH) bylaws is open and the deadline to submit any feedback or questions is July 27, 2025. Proposed bylaws changes and instructions for submitting public comment can be found [here](#). Feedback will be shared with the Executive Committee at their July 24 meeting.
- C. Barrit announced that the next COH mandatory training will be on Wednesday, July 23 at 12pm-1pm and will cover the proposed changes to the COH bylaws. All trainings are open to the public and invited all interested individuals to attend. See [training schedule](#) flyer for registration information.

**8. Co-chair Report**

*There was no report.*

**9. Division of HIV and STD Programs Report**

- DHSP staff, P. Zamudio, reported that DHSP has still not received the final Ryan White Program Part A award. DHSP will notify COH staff once the final award is received.

- DHSP announced a 30% reduction to all RWP contracts for the current fiscal year during the July 10, 2025 COH meeting. The reduction is to align with available federal funds. Current contract amounts total approximately \$70 million dollars which exceeds available federal funding. If the full RWP Part A grant is awarded, DHSP anticipates receiving approximately \$40 million. DHSP does anticipate coming to the COH for a reallocation if it does not receive the full award amount.
- P. Zamudio explained that DHSP has always overextended contract amounts (exceeding the amount of available federal funds) because they have always been able to cover the costs because not all agencies spend all their grant funds and DHSP has been able to move funds around to cover any overages to ensure that money was not given back to the federal government (due to inability to spend). Delays in funding, cuts in additional funding and a lack of carryover funds have caused DHSP to be over contracted and the need to align contracts with available funds.
- C. Vega-Matos asked what will happen with LA County's maintenance of effort given the ongoing financial challenges. P. Zamudio assured the committee that the maintenance of effort is not being taken into consideration for reduction because it is a requirement to receive RWP federal funds. Rather, other Net County Cost (NCC) funds are being impacted.
- A. Ballesteros asked if the 30% reductions will impact service categories that already have low funding making them not viable. P. Zamudio confirmed that agencies request the funding amount for each service outlined in their contract and services with low funding may be impacted. Agencies may adjust their contracts to fit their clients' needs or look for alternative payor sources to cover any potential shortfalls in funding. If there is a need to reassess service priorities DHSP will review the contingency planning scenarios the committee has already completed.
- K. Nelson, member of the public, asked if DHSP anticipates a migration of clients back to RWP because of changes and cuts to Medi-Cal. P. Zamudio confirmed that DHSP is monitoring the situation and that changes will likely not be seen until next summer. She noted that there is already a trend of undocumented people not applying for Medi-Cal even though they qualify in California. Changes in Medi-Cal will result in an increase of people who rely on RWP for medical services and the committee may need to revisit prioritization and allocations. P. Zamudio stated that patients will not be turned away for services, but additional, non-federal funds need to be identified and secured to avoid budget shortfalls.
- DHSP is currently developing a list of services in Latin American countries as undocumented clients have indicated a desire to self-deport rather than risk being detained by immigration enforcement where access to medication and services is denied.
- A. Ballesteros noted that more information needs to be shared with consumers but in a manner that does not jeopardize funding. The group agreed that word of mouth was the safest option for sharing information. F. Gonzalez asked for a resource to share with providers that answers common questions around funding and services.
- K. Donnelly asked if there has been a decrease in the number of consumers accessing services as a result of new federal anti-immigrant policies. P. Zamudio noted there has been



a decline in consumers accessing services. C. Vega-Matos asked if there was any data on how many consumers are not accessing vital medical services. P. Zamudio noted that DHSP can ask all Ambulatory/Outpatient Medical Service providers to track such data. She noted that providers are encouraged to use telehealth services or travel to clients' homes to ensure continuity of care. C. Barrit noted that Dr. Laura Trejo, Director of the Los Angeles County Department of Aging and Disabilities shared at the recent Aging Caucus meeting that the department is also seeing a reduction in people seeking services because they are fearful of being harassed.

- D. Russell asked how the COH can help undocumented consumers get legal status. P. Zamudio noted that immigration legal services are very lengthy and costly taking years and thousands of dollars per individual. She noted that some providers work with other agencies to provide legal clinics with partners and connect individuals with immigration lawyers.
- A. Yakira, member of the public, noted that the Inner City Law Center does provide some immigration work and encouraged the group to refer individuals in need to Inner City Law Center, especially those who qualify for RWP services and fall under 500% of the federal poverty line who reside in Los Angeles County. In the event that Inner City Law Center cannot provide assist they will refer clients to other immigration legal services.

## **V. DISCUSSION ITEMS**

### **10. California State Integrated HIV Plan Overview**

- California Office of AIDS staff, Leroy Blea, provided an overview of the 2027-2031 California State Integrated HIV Plan. The presentation covered current strategies and lessons learned from the 2022-2026 state integrated HIV plan and the proposed timeline and approach for the 2027-2031 California State Integrated HIV Plan. Key elements of the plan include: a syndemic approach to address HIV, HCV and STIs through a social determinants of health lens, updates to the current CA State Integrated Plan and Implementation Blueprint, a collective impact approach, leveraging needs assessments of all Part A local health jurisdictions (eligible metropolitan areas), use of legacy data and driven by data-based interventions. See [meeting packet](#) for details.

## **VI. NEXT STEPS**

### **11. Task/Assignments Recap**

- a. Commission staff will work with co-chairs to develop the agenda for the August PP&A Committee meeting.

### **12. Agenda Development for the Next Meeting**

- a. DHSP to provide a report on PY34 RWP service utilization.
- b. Continued discussion on 2027-2031 Integrated HIV Plan development and planning.

## **VII. ANNOUNCEMENTS**

### **13. Opportunity for Members of the Public and the Committee to Make Announcements**

*There were no announcements.*

**VIII. ADJOURNMENT**

**14. Adjournment for the Regular Meeting of July 15, 2025.**

The meeting was adjourned by K. Donnelly at 2:27pm.

DRAFT



## Ryan White Program Utilization Summary, Year 34 (March 1, 2024-February 28, 2025)



COUNTY OF LOS ANGELES  
**Public Health**

**Sona Oksuzyan**, Supervising Epidemiologist

*Monitoring and Evaluation Unit*

*Division of HIV and STD Programs*

**August 19, 2025**

# Overview



- **Background**
- **Methods**
- **Results**
- **Key Takeaways**
- **Next Steps**
- **Questions/Discussion**

# Background

- Ryan White Program (RWP) Funding
- RWP Report Updates
- RWP Service Categories



# RWP Funding and Report Updates



COUNTY OF LOS ANGELES  
Public Health

## Ryan White Program (RWP) Annual Funding to DHSP

- Source: Health Resources and Services Administration HIV/AIDS Bureau (HRSA-HAB)

## Commission on HIV (COH) RWP DHSP Report

- Utilization Report informs service planning and resource allocation activities

## RWP Utilization Report Structure

- Separate reports for core and support service categories to better inform planning activities
- The report is restructured to track utilization across the priority populations identified in the Los Angeles County (LAC) Ending the HIV Epidemic (EHE) Strategic Plan and the LAC Integrated Comprehensive HIV Plan
- While not identified as a priority population in the above plans, persons experiencing homelessness (unhoused people) are included in the utilization report

### PRIORITY POPULATIONS

Latinx Men Who Have Sex with Men (MSM)

Black MSM

Cisgender Women of Color

Transgender Persons

Youth (29 years and younger)

PLWH Age ≥ 50

Persons Who Inject Drugs (PWID)

Unhoused RWP Clients



# RWP Service Categories



## Core Service Categories

- Ambulatory Outpatient Medical (AOM)
- Medical Care Coordination (MCC)
- Oral Health
  - General Oral Health
  - Specialty Oral Health
- Home-Based Case Management (HBCM)
- Mental Health

## Support Service Categories

- Emergency Financial Assistance (EFA)
- Housing Services
  - Housing Services (residential care for chronically ill)
  - Housing Services (transitional residential care)
  - Permanent Supportive Housing (rental assistance and subsidies)
- Non-Medical Case Management (NMCM):
  - Benefits Specialty
  - Transitional Incarceration
- Nutritional Services
  - Food Bank
  - Delivered Meals
- Substance Abuse Services Residential
- Outreach (LRP)

# Methods

- RWP Report Framework
- Evaluation Framework

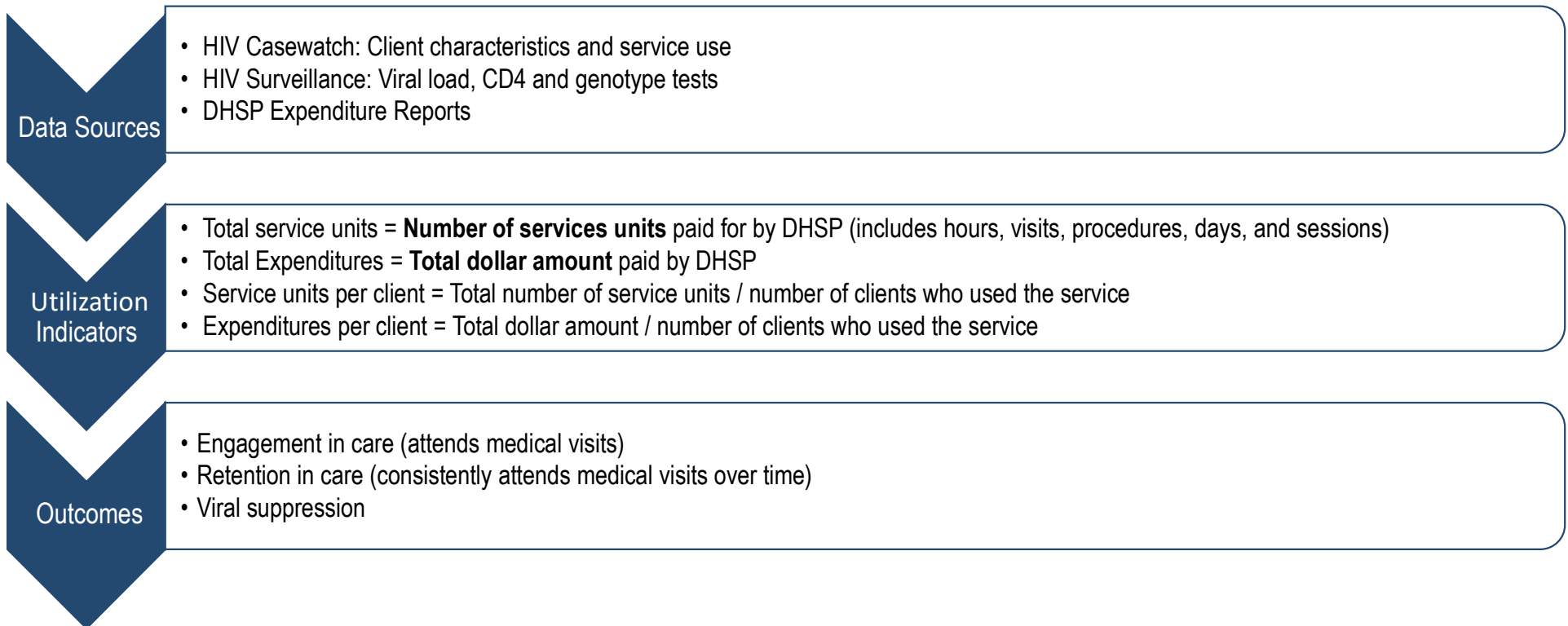


# RWP Report Framework



COUNTY OF LOS ANGELES  
**Public Health**

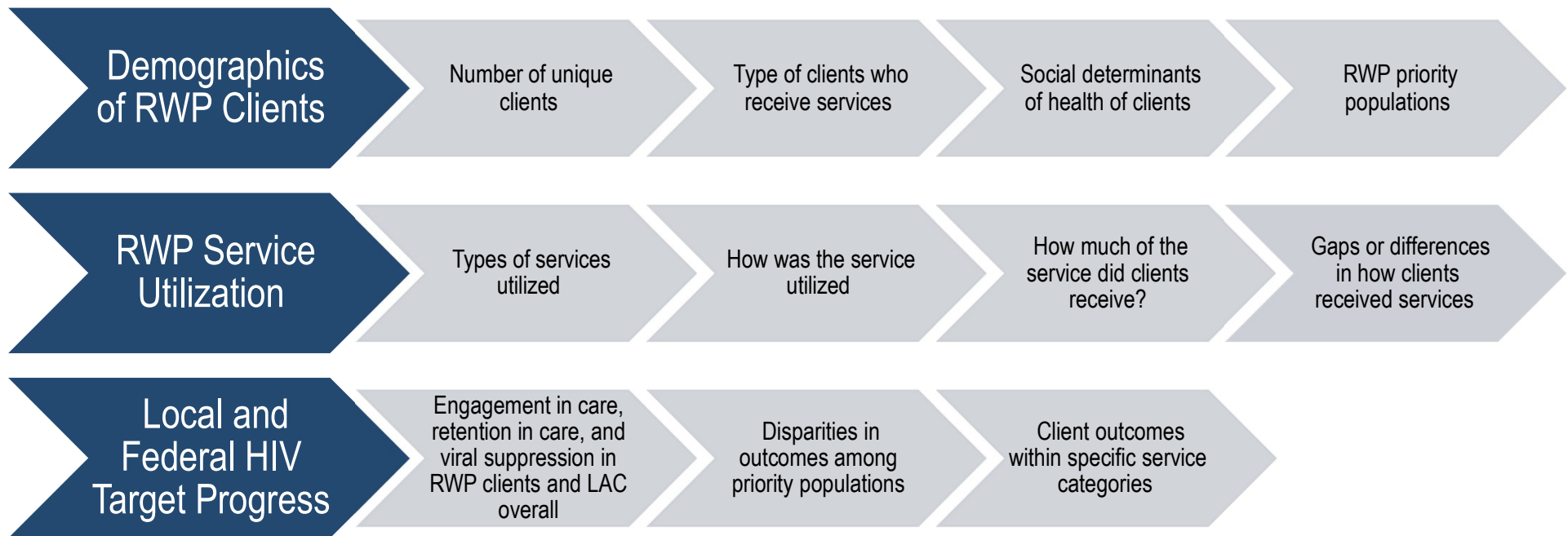
**Year 34: March 1, 2024-February 28, 2025**



# Evaluation Framework



COUNTY OF LOS ANGELES  
**Public Health**



## Results: Year 34

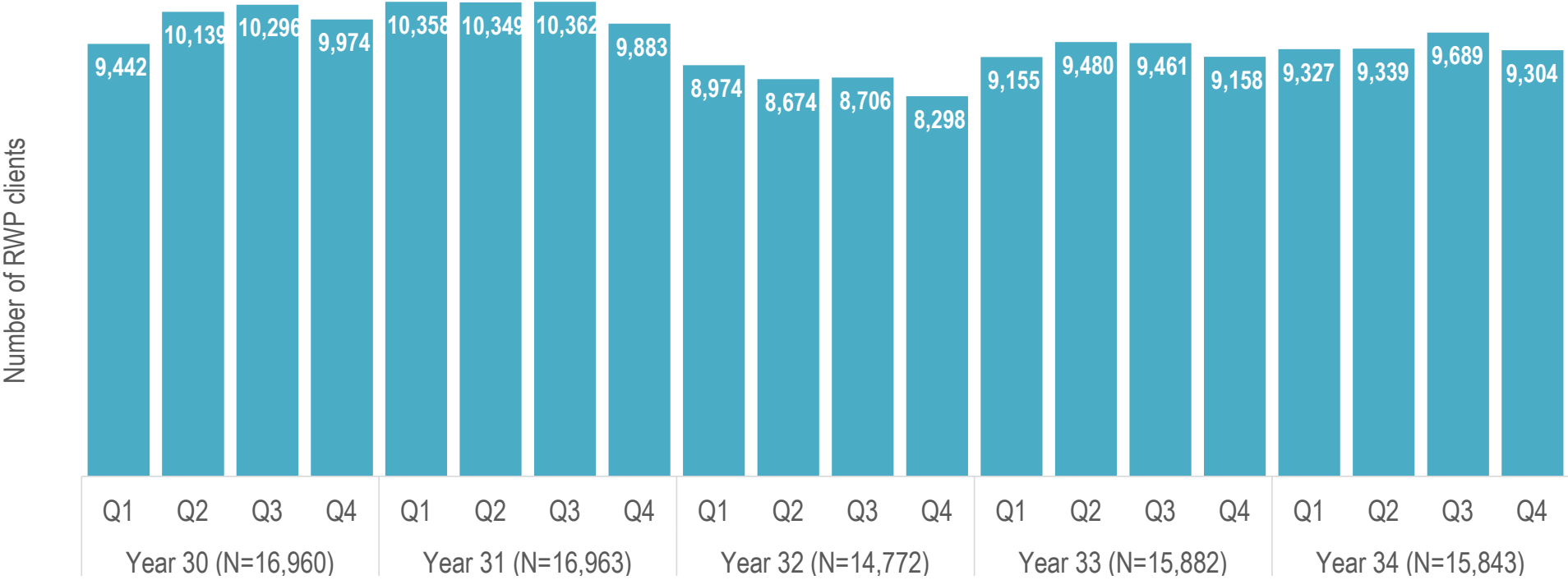
- Service Utilization
- RWP Client Demographics
- RWP Priority Populations
- HIV Care Continuum Outcomes



Utilization remains consistent among contracted providers over the past five years.



Quarterly RWP Utilization at Funded Agencies, Years 30 (2020) - 34 (2024)

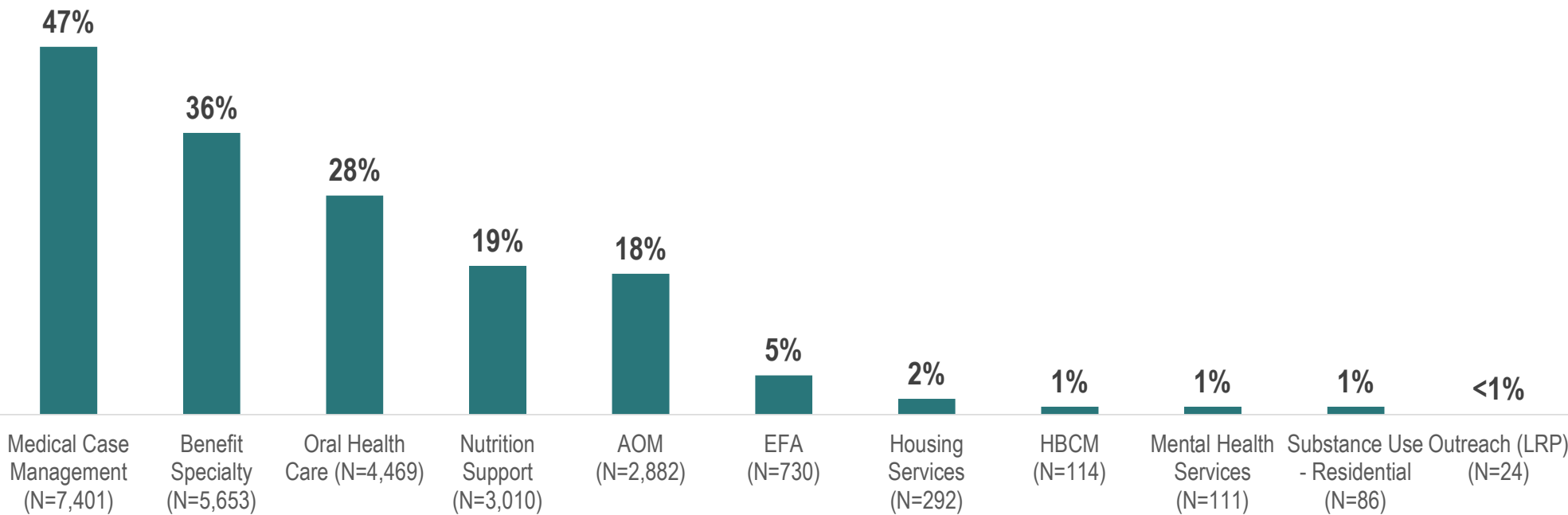






The service utilized the most by RWP clients was MCC program, followed by NMCM (over 40%).  
The least used services were LRP, SU Residential, MH, HBCM and Housing (1-2%).

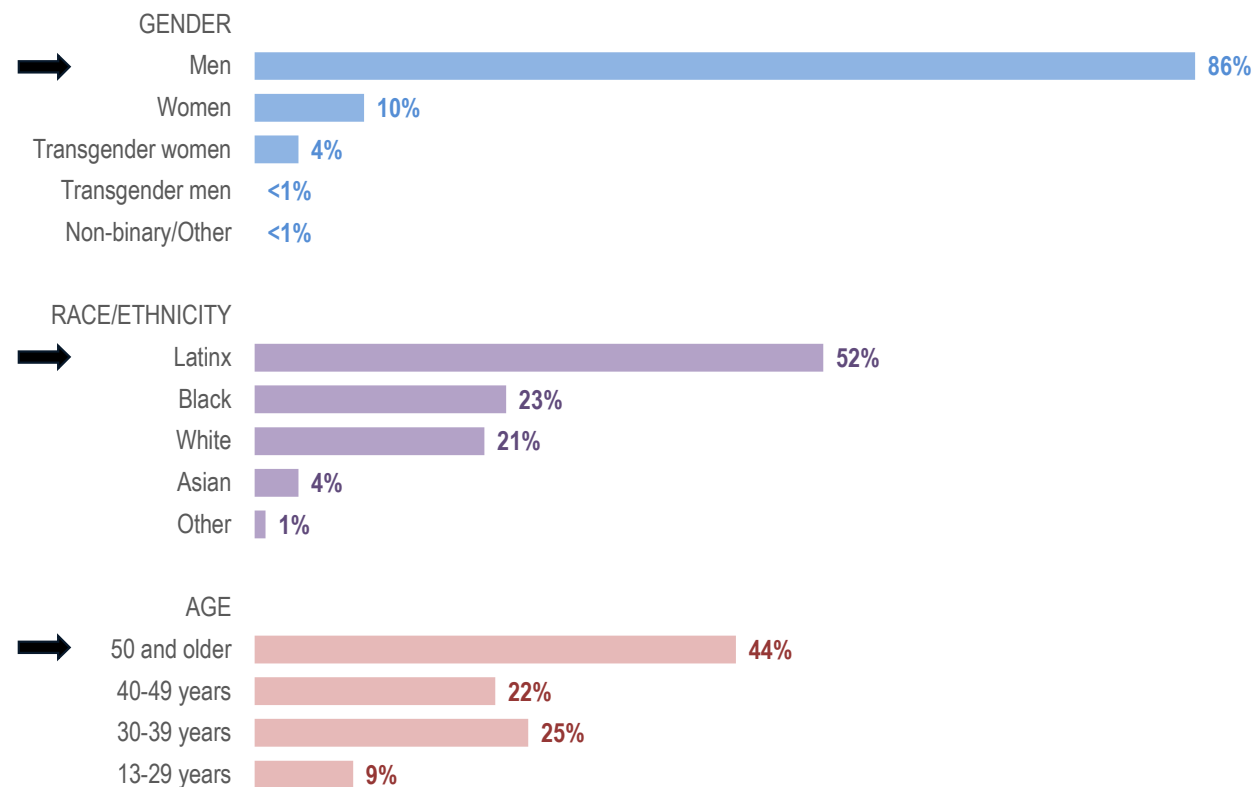
Utilization of RWP services in Year 34 (N=15,843)



**In Year 34 most RWP clients identified as male, over half were Latinx, and two out of five were over age 50.**



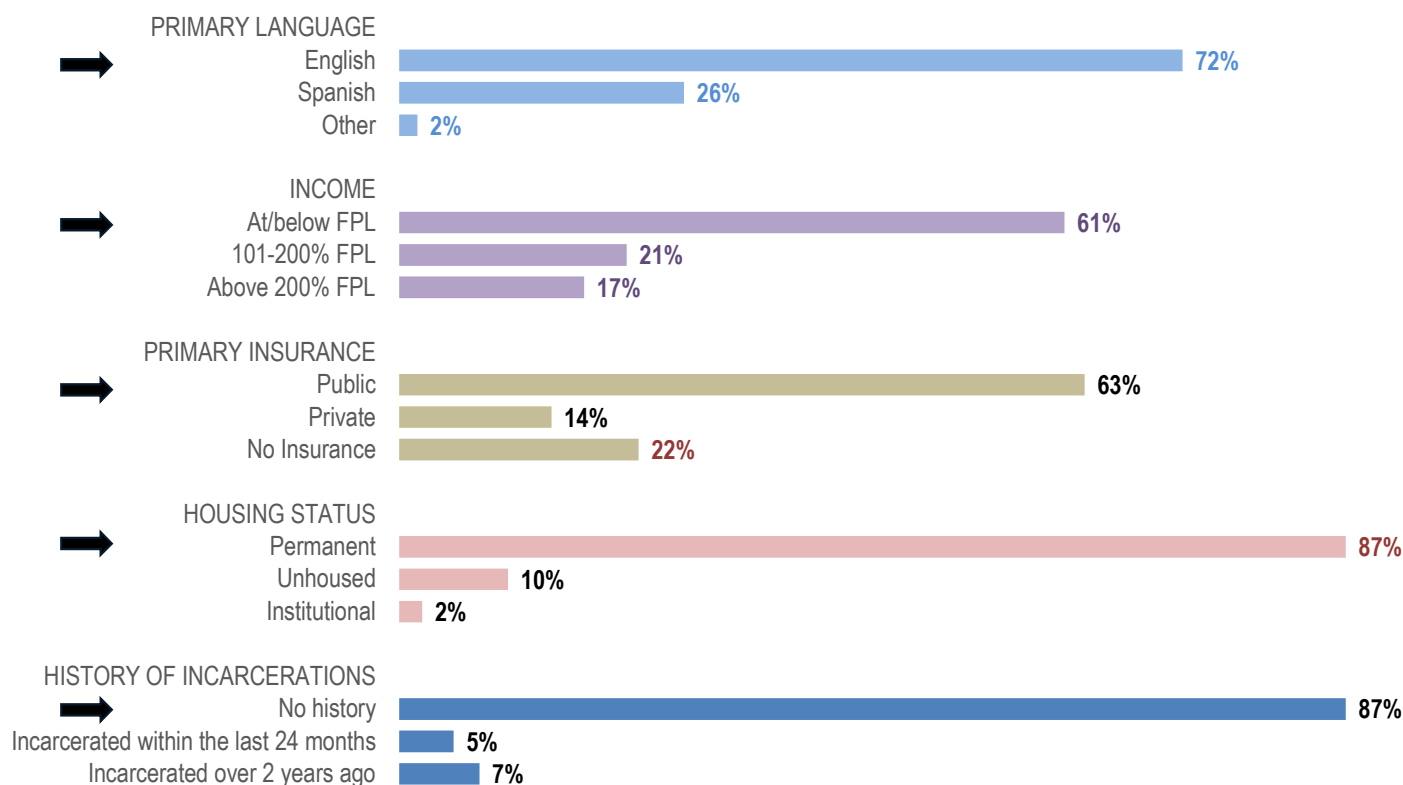
**RWP Client Demographics, Year 34 (N=15,843)**



**Most RWP clients were English-speakers, lived ≤ FPL, had public health insurance, had permanent housing status and no history of incarceration.**



**RWP Client Social Determinants of Health, Year 34 (N=15,843)**

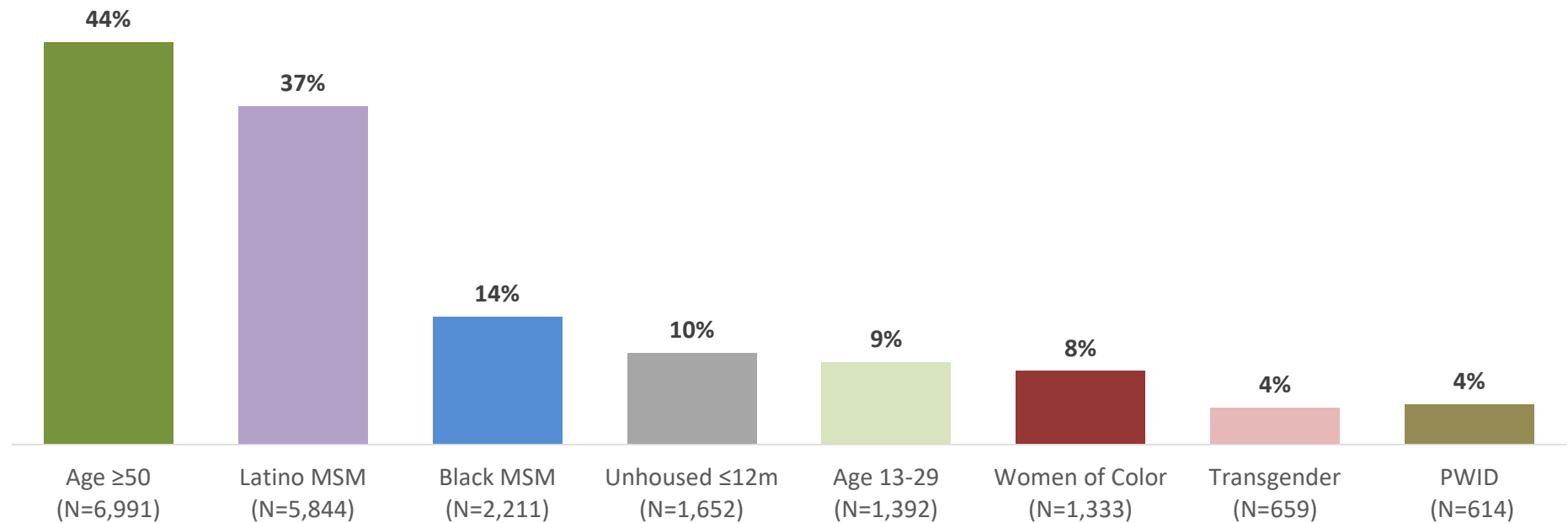


## RWP is reaching clients in LAC priority populations\*, Year 34



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Public Health

Most of clients (43%) were 50 years of age or older, followed by Latinx MSM.



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

## Comparison of LAC Priority Populations<sup>a</sup> for RWP Utilization, Year 34



Population (% of row population)	Trans- identified Clients <sup>b</sup>	Latinx MSM <sup>c</sup>	Black MSM <sup>c</sup>	Women of Color	Age 13-29	Age ≥ 50	PWID	Unhoused ≤12m
Trans-identified Clients <sup>b</sup>	<b>659</b> (4% of RWP)	-	-	-	86 13%	206 31%	20 3%	146 22%
Latinx MSM <sup>c</sup>	-	<b>5,844</b> (37% of RWP)	-	-	590 10%	2,282 39%	139 2%	461 8%
Black MSM <sup>c</sup>	-	-	<b>2,211</b> (14% of RWP)	-	280 13%	716 32%	56 3%	287 13%
Women of Color	-	-	-	<b>1,333</b> (8% of RWP)	77 6%	748 56%	24 2%	114 9%
Age 13-29	86 6%	590 42%	280 20%	77 6%	<b>1,392</b> (9% of RWP)	-	22 1.6%	206 14.8%
Age ≥ 50	206 3%	2,282 33%	716 10%	748 11%	-	<b>6,991</b> (44% of RWP)	323 5%	457 7%
PWID	20 3%	139 23%	56 9%	24 4%	22 4%	323 53%	<b>614</b> (4% of RWP)	127 21%
Unhoused ≤12m	146 9%	461 28%	287 17%	114 7%	206 12%	457 28%	127 8%	<b>1,652</b> (10% of RWP)

Data source: HIV Casewatch as of 5/1/2025, HIV Surveillance data as of 5/5/2025

<sup>a</sup>Populations not mutually exclusive

<sup>b</sup>Includes 631 transgender women and 28 transgender men

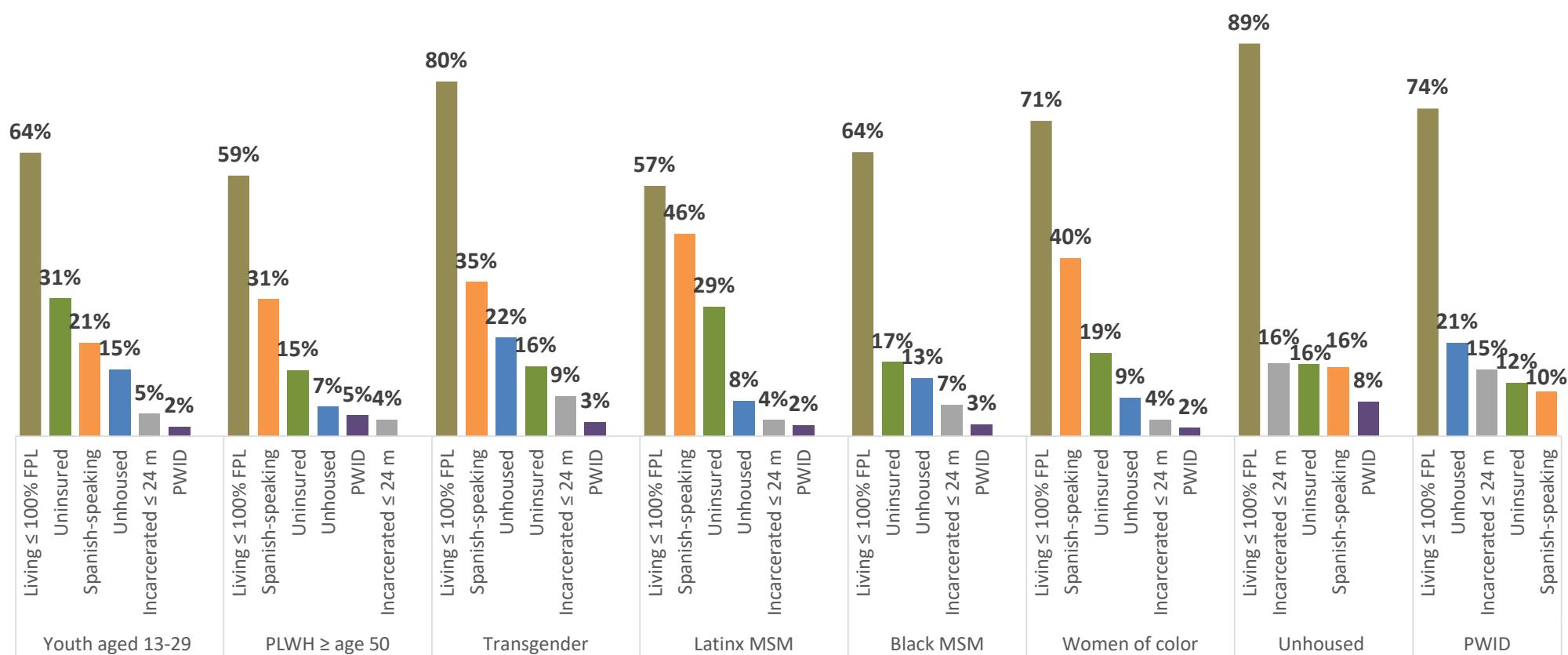
<sup>c</sup>MSM defined by primary HIV risk category

<sup>d</sup>Reported as unhoused within the 12 months reporting period.

**Poverty and having no insurance impacted the highest percent of clients across priority populations, however the other SDOH impacted each population differently.**



## Social Determinants among LAC Priority Populations, Year 34



## Utilization of RWP Services by LAC Priority Populations, Year 34

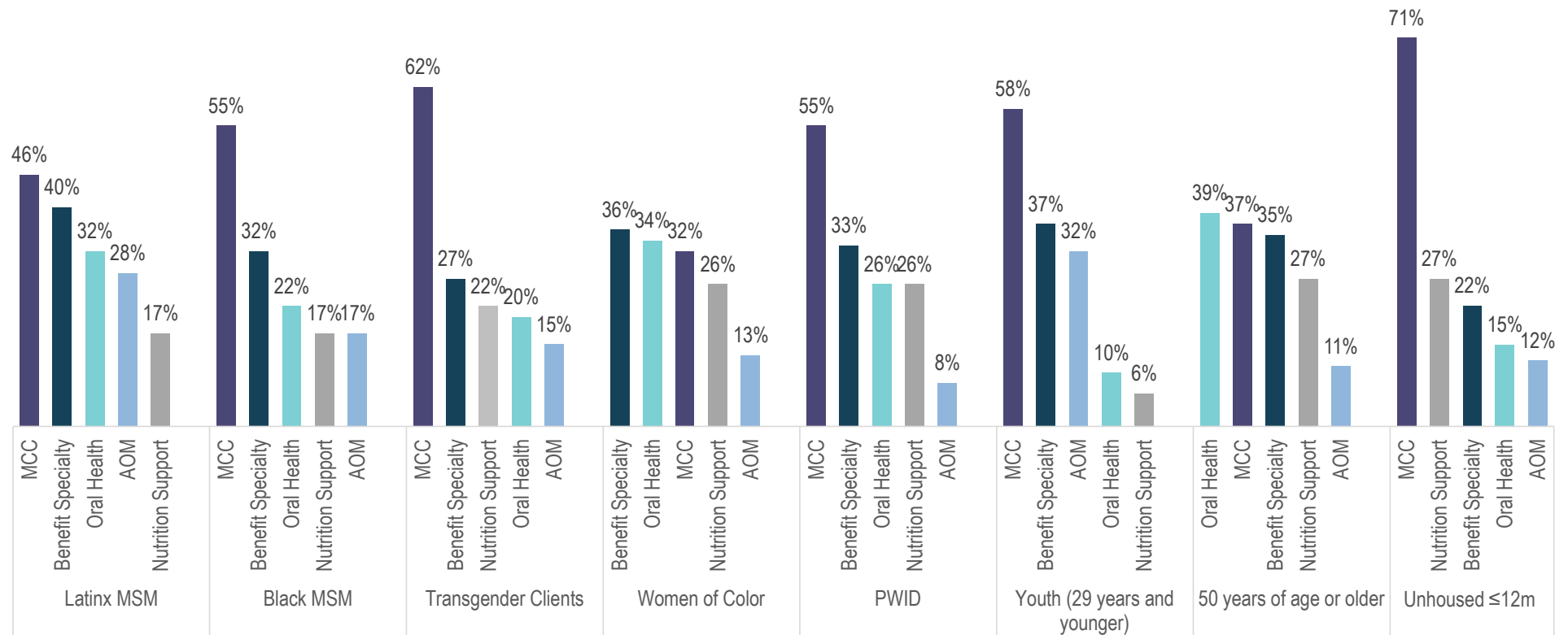


Service Category	Latinx MSM	Black MSM	Transgender Clients	Women of Color	Age 12-29	Age ≥ 50	PWID	Unhoused ≤12m
EFA (n=730)	30%	22%	5%	11%	6%	45%	5%	8%
HBCM (n=114)	18%	7%	0%	13%	-	89%	4%	3%
Housing Services (n=292)	33%	13%	7%	12%	7%	44%	9%	38%
MCC (n=7,401)	36%	16%	6%	6%	11%	35%	5%	16%
AOM (n=3,155)	52%	12%	3%	5%	14%	24%	2%	7%
MH Services (n=111)	62%	11%	6%	7%	16%	20%	1%	5%
NMCM (n=5,653)	41%	13%	3%	8%	9%	43%	4%	7%
Nutrition Support (n=3,010)	33%	13%	5%	12%	3%	63%	5%	15%
Oral Health (n=4,469)	42%	11%	3%	10%	3%	61%	4%	6%
SU Residential (n=86)	34%	13%	10%	-	10%	20%	16%	58%

## Top 5 RWP Services Utilized by LAC Priority Populations, Year 34



The most utilized RWP service by Latinx MSM, Black MSM, transgender people, PWID, youth and unhoused was MCC. For the majority of priority populations the second most used service was Benefit Specialty. Benefit Specialty was the most used service by women





# Crosswalk Comparison of RWP Service Category Utilization, Year 34



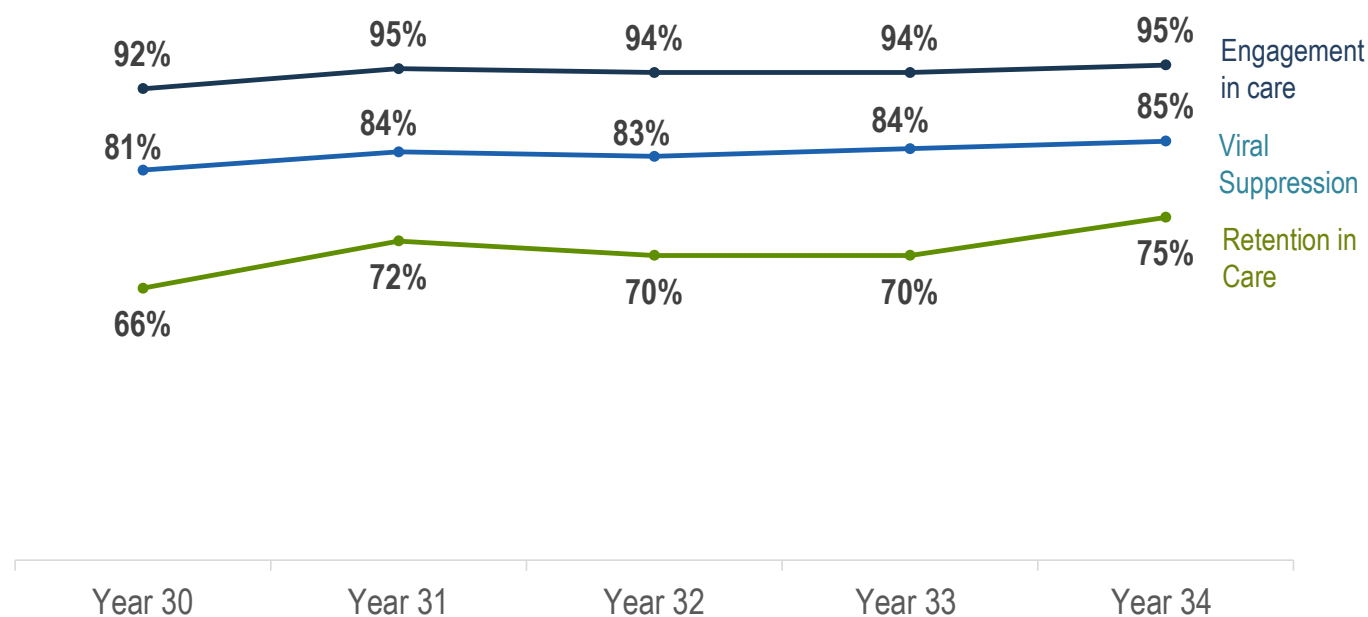
Service Category (% of row population) ➔	<i>EFA</i>	<i>HBCM</i>	<i>Housing</i>	<i>MCC</i>	<i>AOM</i>	<i>Mental Health</i>	<i>NMCM</i>	<i>Nutrition</i>	<i>Oral Health</i>	<i>LRP</i>	<i>SU Residential</i>
<i>EFA</i>	730 5%	3 <1%	8 1%	450 62%	95 13%	8 1%	404 55%	238 33%	188 26%	-	1 <1%
<i>HBCM</i>	3 3%	114 1%	5 4%	9 8%	5 4%	-	20 18%	43 38%	43 38%	-	-
<i>Housing</i>	8 3%	5 2%	292 2%	124 42%	9 3%	-	77 26%	142 49%	73 25%	4 1%	19 7%
<i>MCC</i>	450 6%	9 0%	124 2%	7,401 47%	1,027 14%	38 1%	1,433 19%	993 13%	1,259 17%	2 <1%	44 1%
<i>AOM</i>	95 3%	5 <1%	9 <1%	1,027 36%	2,882 18%	103 4%	1,266 44%	125 4%	610 21%	2 <1%	-
<i>Mental Health</i>	8 7%	-	-	38 34%	103 93%	111 1%	70 63%	7 6%	31 28%	-	-
<i>NMCM</i>	404 7%	20 <1%	77 1%	1,433 25%	1,266 22%	70 1%	5,653 36%	816 14%	1,450 26%	2 <1%	70 1%
<i>Nutrition</i>	238 8%	43 1%	142 5%	993 33%	125 4%	7 <1%	816 27%	3,010 19%	873 29%	4 <1%	69 2%
<i>Oral Health</i>	188 4%	43 1%	73 2%	1,259 28%	610 14%	31 1%	1,450 32%	873 20%	4,469 28%	1 <1%	17 <1%
<i>LRP</i>	-	-	4 17%	2 8%	2 8%	-	2 8%	4 17%	1 4%	24 0%	-
<i>SU Residential</i>	1	-	19 18%	44 46%	- 4%	- 2%	70 87%	69 82%	17 17%	-	86 1%

## HIV Care Continuum among RWP clients, Years 30-34



COUNTY OF LOS ANGELES  
Public Health

Engagement and retention in care and viral suppression continue to gradually increase in the past five year.

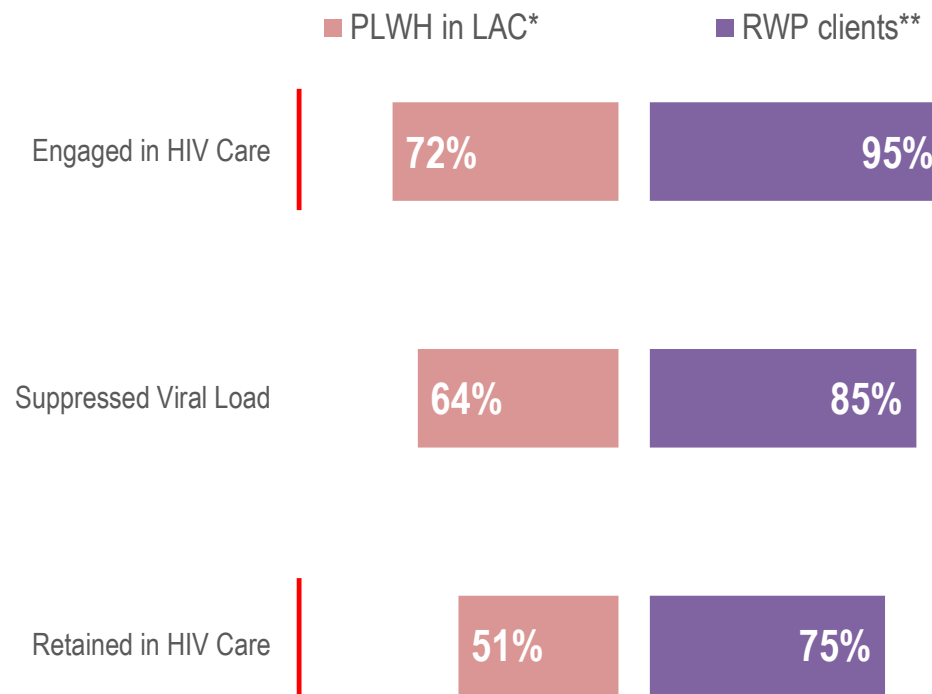


## HIV Care Continuum in LAC and in RWP clients, Year 34 (N=15,843)



COUNTY OF LOS ANGELES  
Public Health

- Engagement<sup>a</sup>, retention in care<sup>b</sup> and viral load suppression<sup>c</sup> percentages were higher for RWP clients compared to PLWH in LAC, Year 34.
- RWP overall did not meet the EHE target of 95% for viral suppression or local targets for engagement and retention in care (95%).



<sup>a</sup>**Engagement in Care** defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/5/2025

<sup>b</sup>**Retention in care** defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12-month period based on HIV laboratory data as of 5/5/2025

<sup>c</sup>**Viral suppression** defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 5/5/2025

\* Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2023.  
<http://publichealth.lacounty.gov/dhsp/Reports/HIV/2023AnnualHIVSurveillanceReport.pdf>

\*\* Data source: HIV Casewatch as of 5/5/2025

## HIV Care Continuum (HCC) Outcomes among Priority Populations, Year 34



- RWP clients **aged 50 and older** had the highest engagement, retention in care and viral suppression.
- RWP clients **experiencing homelessness** had the lowest engagement and retention in care and viral suppression.
- RWP clients **aged 50 and older, Latinx MSM, Women of color and Transgender people** met the target of 95% for engagement in care.
- None of other LAC priority populations met the EHE or local targets for HCC outcomes.

Priority Population	No.	% of RWHAP Population	Engaged in Care	Retained in Care	Virally Suppressed
50 years of age or older	6,712	44%	96%	81%	89%
Latinx MSM <sup>c</sup>	5,586	37%	96%	78%	87%
Women of color	1,281	8%	95%	79%	87%
Transgender Persons <sup>b</sup>	628	4%	95%	76%	81%
Youth (29 years and younger)	1,301	9%	93%	64%	80%
Black MSM <sup>c</sup>	2,049	14%	93%	68%	79%
Persons Who Inject Drugs (PWID)	574	4%	93%	75%	83%
People experiencing homelessness	1,493	10%	90%	67%	72%

<sup>a</sup>Limited to membership in two priority populations; a client could be in more than two priority populations as population definitions are not mutually exclusive

<sup>b</sup>Includes 631 transgender women and 28 transgender men

<sup>c</sup>MSM defined as PLWH who reported male sex at birth, sex with men as primary HIV risk category and non-White race/ethnicity

## Viral Suppression among RWP and by Service Category, Year 34 (N=15,843)



COUNTY OF LOS ANGELES  
Public Health

- Among all RWP clients, **85% were virally suppressed**
- Only clients of **Substance Use Residential** met the EHE viral suppression target of **95%**

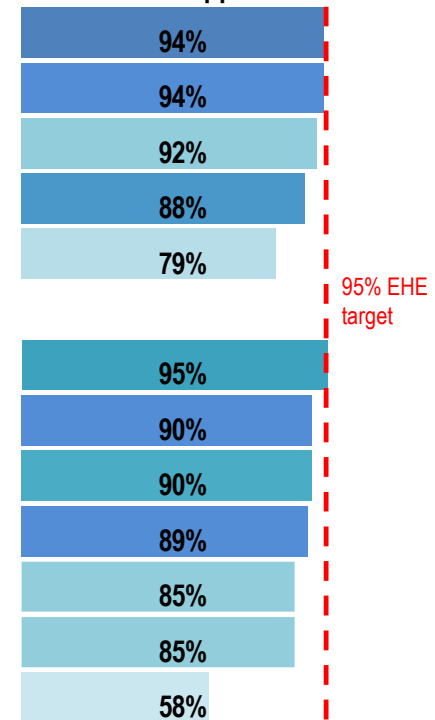
### RWP Core Services

Oral Health Care	94%
Mental Health Services	94%
Home and Community-Based Case Management	92%
Outpatient/Ambulatory Medical Care	88%
Medical Case Management	79%

### RWP Support Services

Substance Abuse Services Residential	95%
NMCM Benefits Specialty	90%
Housing Services	90%
Emergency Financial Assistance (EFA)	89%
Nutrition Support	85%
Delivered Meals	85%
Outreach	58%

### Viral Load Suppression



# Expenditures

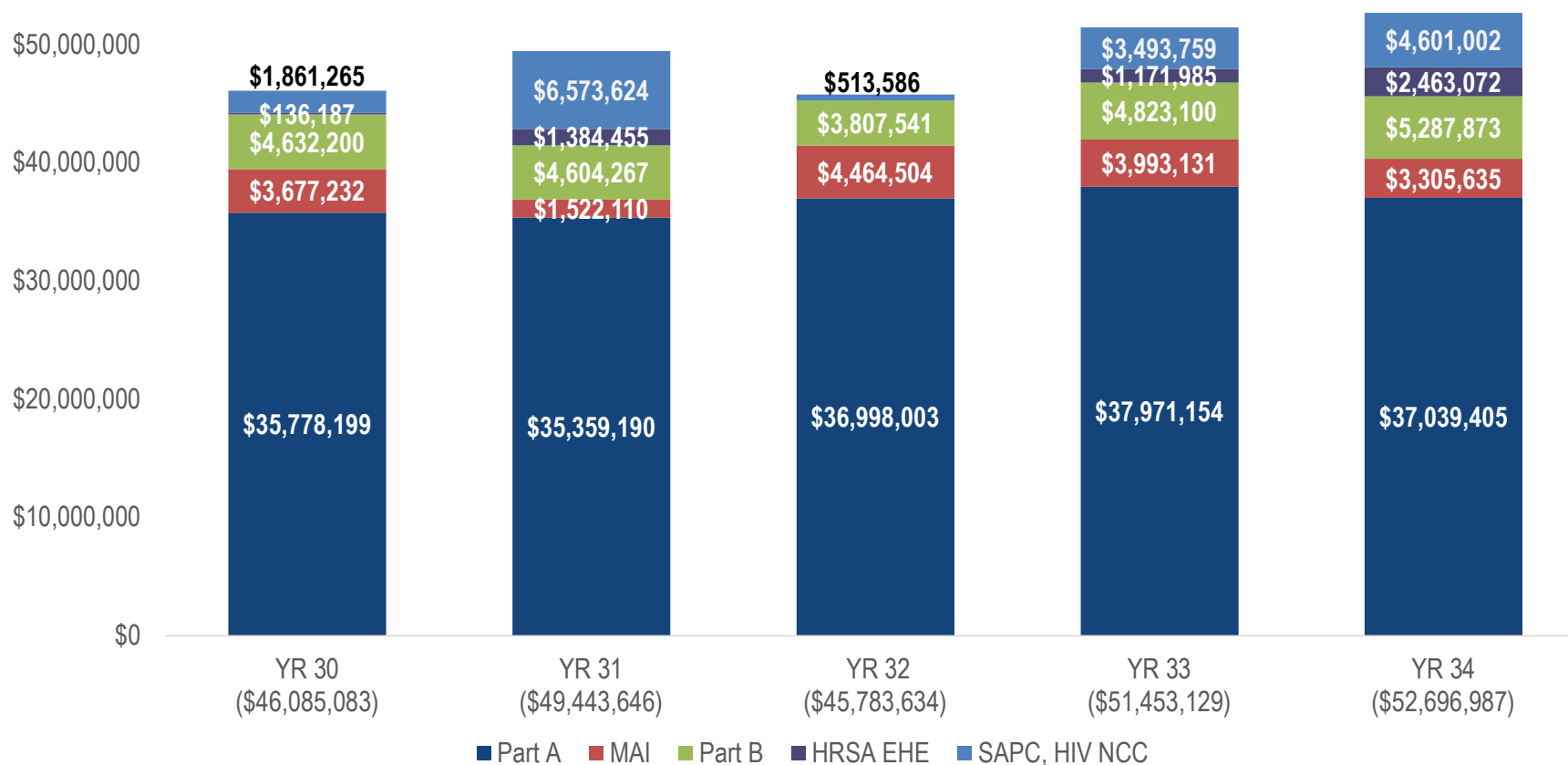
- Expenditures by Funding Source
- Expenditures by Service Category
- Expenditures per Client



# RWP Expenditures by Source of Funding, Years 30-34



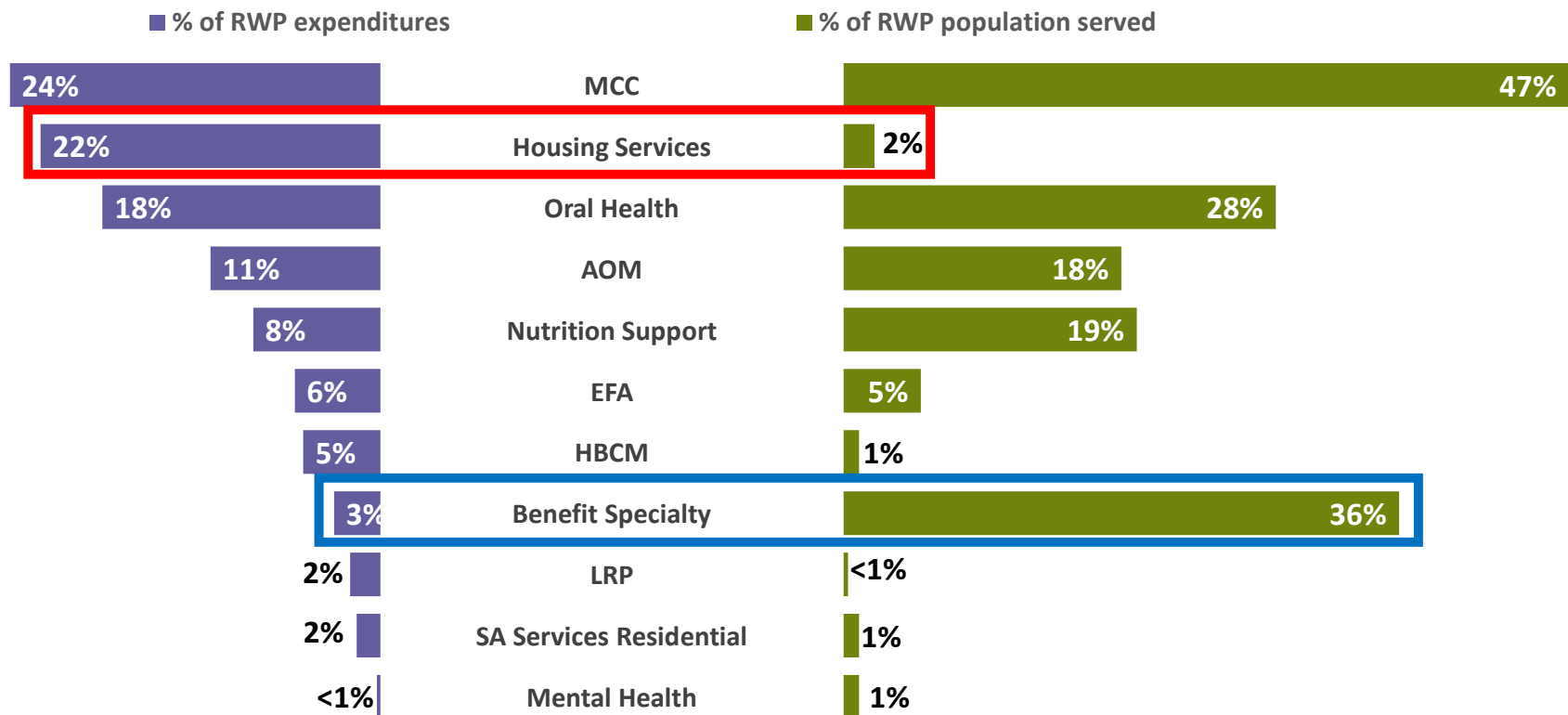
Total expenditures increased until YR 33, then slightly dropped in Year 34. Part A and Part B funding gradually increased, MAI, SPAC Non-DMC and HIV NCC funding varied.



The costliest RWP service category compared to the percent of RWP population served was **Housing**; the least costly service was **NMCM**.



### RWP Population Served vs Expenditures, Year 34





The highest expenditures per client were spent for LRP, followed by Housing and HBCM. The lowest expenditures per client were spent for Benefit Specialty, Mental Health and Nutrition Support.



Service Category	Number of clients	Expenditures YR 34	Expenditures <u>per client</u> YR 34
<i>Linkage Re-Engagement Program</i>	24	\$917,429	<b>\$38,226</b>
<i>Housing Services</i>	292	\$10,412,224	<b>\$35,658</b>
<i>Home-Based Case Management</i>	114	\$2,503,193	<b>\$21,958</b>
<i>Substance Abuse Services Residential - Transitional</i>	86	\$973,125	\$11,315
<i>Emergency Financial Assistance</i>	730	\$2,975,974	\$4,077
<i>Oral Health</i>	4,469	\$8,551,654	\$1,914
<i>Medical Outpatient</i>	2,882	\$5,183,652	\$1,799
<i>Medical Care Coordination</i>	7,401	\$11,684,158	\$1,579
<i>Nutrition Support</i>	3,010	\$3,928,501	<b>\$1,305</b>
<i>Mental Health</i>	111	\$87,857	<b>\$792</b>
<i>Benefit Specialty</i>	5,653	\$1,522,898	<b>\$269</b>

Early Intervention Services - \$2,143,916

Legal services - \$ 1,073,964

Transportation - \$738,442

## Key Takeaways



- **Utilization of RWP services remains consistent** across community-based agencies
- Most of RWP clients are **male, Latinx, aged 50 and older, English-speakers, living at or below FPL, with public health insurance, with permanent housing and without incarceration history**
- The RWP is **reaching and serving LAC priority populations**

## Key Takeaways – Priority Populations



- Service utilization among LAC priority populations is consistent relative to their size with the **highest among RWP clients aged 50 and older, Latinx MSM and Black MSM.**
- While poverty impacts all of the LAC priority populations, they are **differentially impacted by other SDOH:**
  - All priority populations had the highest percentage of people living at or below FPL.
  - High percentage of youth aged 13-29, people  $\geq$  age 50, transgender, Latinx MSM, Black MSM, women of color were uninsured (except transgender) and Spanish-speakers (except Black MSM).
  - Transgender people had the highest percent of unhoused clients
  - Unhoused RWP client had the highest percent of injection drug use and high recent incarcerations.
  - PWID had the second highest percent of unhoused clients and recent incarcerations.

## Key Takeaways – Priority Populations (cont.)



- The **top 5 most utilized RWP service** by Latinx MSM, Black MSM, transgender people, PWID, youth and unhoused clients was **MCC** program.
- For most priority populations the second most used service was **Benefit Specialty**.
- **Benefit Specialty** was the most utilized service by women of color.
- **Oral Health** was the most utilized service by people aged 50 and older.

## Key Takeaways - HCC



- Engagement, retention in care and viral load suppression were **higher for RWP clients compared to PLWH in LAC** in Year 34.
- Engagement and retention in care and viral suppression continue to **gradually increase in the past 5 years** (Years 30-34).
- **Viral suppression was the highest** for Oral Health, Mental Health and Substance Use – Residential clients.
- **Viral suppression was the lowest** for LRP and MCC clients, as those are clients with the highest needs.

## Key Takeaways - Expenditures



- **Part A and Part B expenditures gradually increased.** MAI, EHE, SAPC and HIV NCC expenditures varied over 5 years.
- **Mental Health services had the lowest expenditures** out of all RWP services.
- Although **LRP** served the lowest percentage of RWP clients, it had the **highest expenditures per client.**
- Although **Benefit Specialty and Nutrition Support** served large percentage of RWP clients, per client expenditures for those services were among the **lowest.**

## Next Steps



- Present on two major service clusters
  - Core Services (AOM, MCC, Oral Health, HBCM, Mental Health)
  - Support Services (EFA, Housing, Benefit Specialty, Nutrition Support, LRP, Substance Use Residential)



## Thank you!

- **Acknowledgements**

- Monitoring and Evaluation – Janet Cuanas, Siri Chirumamilla
- PDR – Victor Scott, Michael Green
- Surveillance – Edwin Aguilar, Priya Patel, Kathleen Poortinga
- CCS – Abel Alvarez, Paulina Zamudio
- RWP agencies and providers
- RWP clients



**LOS ANGELES COUNTY COMMISSION ON HIV**  
**APPROVED ALLOCATIONS FOR PROGRAM YEARS (PYs) 35, 36 AND 37**

			FY 2025 (PY 35) <sup>(1)</sup>		FY 2026 (PY 36) <sup>(2)</sup>		FY 2027 (PY 37) <sup>(2)</sup>	
Type	Rank	Service Category	Part A %	MAI %	Part A %	MAI %	Part A %	MAI %
Core	6	Medical Case Management (MCC)	29.00%	0.00%	29.00%	0.00%	29.00%	0.00%
Core	8	Oral Health	21.30%	0.00%	21.30%	0.00%	21.30%	0.00%
Core	20	Outpatient/Ambulatory Medical Health Services (AOM)	17.11%	0.00%	15.86%	0.00%	15.86%	0.00%
Core	11	Early Intervention Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	17	Home and Community-Based Health Services	6.50%	0.00%	6.50%	0.00%	6.50%	0.00%
Support	2	Emergency Financial Assistance	8.00%	0.00%	8.00%	0.00%	8.00%	0.00%
Support	7	Nutrition Support (Food Bank/Home-delivered Meals)	7.79%	0.00%	7.79%	0.00%	7.79%	0.00%
Support	5	Non-Medical Case Management						
		Patient Support Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Benefits Specialty Services	3.95%	0.00%	3.95%	0.00%	3.95%	0.00%
		Transitional Case Management - Jails	1.58%	0.00%	1.58%	0.00%	1.58%	0.00%
Support	10	Medical Transportation	1.84%	0.00%	1.84%	0.00%	1.84%	0.00%
Support	23	Legal Services	2.00%	0.00%	2.00%	0.00%	2.00%	0.00%
Support	1	Housing						
		Housing Services RCFCI/TRCF	0.91%	0.00%	0.91%	0.00%	0.91%	0.00%
		Housing for Health	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%
Core	3	Mental Health Services	0.02%	0.00%	0.02%	0.00%	0.02%	0.00%
Core	9	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	22	Local AIDS Pharmaceutical Assistance Program (LPAP)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	15	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	16	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	28	Hospice Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	26	Medical Nutritional Therapy	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	12	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	18	Child Care Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	13	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	27	Linguistic Services (Language Services)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	14	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	4	Psychosocial Support Services	0.00%	0.00%	1.25%	0.00%	1.25%	0.00%
Support	24	Referral	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	25	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	21	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	19	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Overall Total</b>			<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

Footnotes:

(1) Approved by PP&A Committee on 9/17/24 ; approved by Exec. Committee on 9/26/24(no quorum on 9/12/24 COH meeting)

(2) Approved forecasting allocations by PP&A Committee on 9/17/24

S:\Committee - Planning, Priorities & Allocations\Priority- and Allocation-Setting\Prior & Alloc-Set for Year 35\Approved Documents\PY 35-

37AllocationTables\_09.17.24\_approved09.26.24REVISED 7.30.25



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

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

Footnotes:

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

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

**\$8 million partial award for Part A and MAI plus \$5 million for Part B = \$13m Total <sup>(1)</sup>**

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

**Footnotes:**

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

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

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

**Ryan White Program Year 35 (FY2025-2026) Service Rankings and Allocations Table - Scenario #3 <sup>(1)</sup>**

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

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

Footnotes

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



# HIV Fiscal Updates

Michael Green, PhD  
Chief, Planning Development and Research  
PP&A Meeting  
August 19, 2025



## FY 2025 Funding for HIV Direct and Contracted Services (as of Aug 18, 2025)

### HRSA

- Part A \$37.6M
- MAI \$3.3M
- HRSA EHE \$5.4M

### CDC

- Core Prevention \$9.3M
- EHE \$2.1M
- STD PCHD \$890,000
- HIV Prevention (CBO directly funded) \$2.65M

### State OA

- Part B \$6.4M
- Project Empowerment (CBO directly funded) \$2.15M

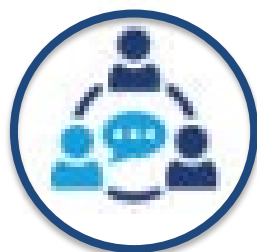
## DHSP Key Action Steps February – July 2025



**78 DHSP Staff Layoffs or Reassignments to Other DPH Programs**



**Aligned Contract Obligations with Projected FY 2025 Revenue**



**Stakeholder, Provider, and Consumer Meetings**

- OA 2025-2026 resources for Los Angeles County amount and disbursement date unknown
- FY 2025 and FY 2026 County budget and available funding
  - Possible closure of 1 DHS hospital and 5000 DHS/DPH staff layoffs
- FY 2025 Executive Orders
  - Impact on CalFresh/SNAP, WIC, Section 8, Emergency Solutions Grants, Medicaid, other federal social services programs, State Block Grants, etc.
  - State and local government reaction
- FY 2026 Federal Budget (October 2025)



## Why reallocate HRSA Part A resources?

- Include new Non-medical case management services, Patient Support Services (PSS)
- Include full allocation for RCFCI services in Part A
- Transfer TRCF to HRSA Part B
- Support Nutritional Support Home Delivered Meals with Part A

# Questions and Answers



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



**DIVISION OF HIV AND STD PROGRAMS (DHSP) PROPOSED REALLOCATIONS - PP&A COMMITTEE MEETING 8-19-25**

**Part A**

Service Category	Service Ranking	Applied Part A		Revised Part A		Notes
		Allocation Amount	Original COH Part A %	Allocation Amount	Revised COH Part A %	
<b>Early Intervention Services</b> (Testing Services)	<b>11</b>	\$ -	0.00%	\$ 777,376	2.07%	March-June
<b>Emergency Financial/Rental Assistance</b>	<b>2</b>	\$ 3,023,661	8.00%	\$ 1,612,310	4.29%	
<b>Home and Community-Based Services</b> (Intensive Case Management Home Based)	<b>17</b>	\$ 2,456,724	6.50%	\$ 1,488,988	3.96%	
<b>Housing:</b>						
RCFCI	<b>1</b>					TRCF Part B
TRCF		\$ 343,941	0.91%	\$ 4,414,994	11.75%	
<b>Legal Services</b>	<b>23</b>	\$ 755,915	2.00%	\$ 1,006,340	2.68%	
<b>Medical Case Management</b> (Medical Care Coordination)	<b>6</b>	\$ 10,960,770	29.00%	\$ 6,027,000	16.04%	
<b>Medical Transportation</b>	<b>10</b>	\$ 695,442	1.84%	\$ 699,909	1.86%	
<b>Mental Health Services</b>	<b>3</b>	\$ 7,559	0.02%	\$ 1,367,756	3.64%	
<b>Non-medical Case Management:</b>						
Benefits Specialty Services	<b>5</b>	\$ 1,492,932	3.95%	\$ 1,112,845	2.96%	
<b>Non-medical Case Management:</b>						
Patient Support Services	<b>5</b>	\$ -	0.00%	\$ 3,606,180	9.60%	
<b>Non-medical Case Management:</b>						
Transitional Case Management-Jails	<b>5</b>	\$ 597,173	1.58%	\$ -	0.00%	
<b>Nutrition Support:</b>						
Food Bank/ Home Delivered Meals	<b>7</b>	\$ 2,944,290	7.79%	\$ 3,107,818	8.27%	
<b>Oral Health:</b>						
General/Specialty	<b>8</b>	\$ 8,050,496	21.30%	\$ 6,819,657	18.15%	
<b>Outpatient Medical Health Services</b> (Ambulatory Outpatient Medical)	<b>20</b>	\$ 6,466,854	17.11%	\$ 5,524,844	14.71%	
<b>Outreach Services:</b>						
Linkage Re-engagement Program (LRP)	<b>14</b>	\$ -	0.00%	\$ -	0.00%	HRSA EHE
<b>Total</b>		\$ 37,795,758	100.00%	\$ 37,566,017	100.00%	

**DIVISION OF HIV AND STD PROGRAMS (DHSP) PROPOSED REALLOCATIONS - PP&A COMMITTEE MEETING 8-19-25**

**Minority AID Initiative (MAI)**

Service Category	Service Ranking	Applied MAI		Revised MAI	
		Allocation Amount	Original COH MAI %	Allocation Amount	Revised COH MAI %
<b>ADAP Treatments</b>	<b>9</b>	\$ -	0.00%	\$ -	0.00%
<b>Child Care Services</b>	<b>18</b>	\$ -	0.00%	\$ -	0.00%
<b>Early Intervention Services</b> (Testing Services)	<b>11</b>	\$ -	0.00%	\$ -	0.00%
<b>Emergency Financial Assistance</b>	<b>2</b>	\$ -	0.00%	\$ -	0.00%
<b>Health Education/Risk Reduction</b>	<b>13</b>	\$ -	0.00%	\$ -	0.00%
<b>Health Insurance Premium &amp; Cost Sharing Assistance</b>	<b>15</b>	\$ -	0.00%	\$ -	0.00%
<b>Home and Community-Based Services</b> (Intensive Case Management Home Based)	<b>17</b>	\$ -	0.00%	\$ -	0.00%
<b>Home Health Care</b>	<b>16</b>	\$ -	0.00%	\$ -	0.00%
<b>Hospice Services</b>	<b>28</b>	\$ -	0.00%	\$ -	0.00%
<b>Housing:</b>	<b>1</b>				
Transitional (Rampart Mint)		\$ 3,470,916	100.00%	\$ 3,350,148	100.00%
<b>Legal Services</b>	<b>23</b>	\$ -	0.00%	\$ -	0.00%
<b>Linguistic Services</b> (Language Services)	<b>27</b>	\$ -	0.00%	\$ -	0.00%
<b>Local AIDS Pharmaceutical Assistance Program</b>	<b>22</b>	\$ -	0.00%	\$ -	0.00%
<b>Medical Case Management</b> (Medical Care Coordination)	<b>6</b>	\$ -	0.00%	\$ -	0.00%
<b>Medical Nutritional Therapy</b>	<b>26</b>	\$ -	0.00%	\$ -	0.00%
<b>Medical Transportation</b>	<b>10</b>	\$ -	0.00%	\$ -	0.00%
<b>Mental Health Services</b>	<b>3</b>	\$ -	0.00%	\$ -	0.00%
<b>Non-medical Case Management:</b>	<b>5</b>				
Benefits Specialty Services		\$ -	0.00%	\$ -	0.00%
<b>Non-medical Case Management:</b>	<b>5</b>				
Patient Support Services		\$ -	0.00%	\$ -	0.00%
<b>Non-medical Case Management:</b>	<b>5</b>				
Transitional Case Management-Jails		\$ -	0.00%	\$ -	0.00%
<b>Nutrition Support:</b> Food Bank/Home Delivered Meals	<b>7</b>	\$ -	0.00%	\$ -	0.00%
<b>Oral Health:</b>	<b>8</b>				
General/Specialty		\$ -	0.00%	\$ -	0.00%
<b>Outpatient Medical Health Services</b> (Ambulatory Outpatient Medical)	<b>20</b>	\$ -	0.00%	\$ -	0.00%
<b>Outreach Services:</b>	<b>14</b>				
Linkage Re-engagement Program (LRP)		\$ -	0.00%	\$ -	0.00%
<b>Psychosocial Support Services</b>	<b>4</b>	\$ -	0.00%	\$ -	0.00%
<b>Referral</b>	<b>24</b>	\$ -	0.00%	\$ -	0.00%
<b>Rehabilitation</b>	<b>25</b>	\$ -	0.00%	\$ -	0.00%
<b>Respite Care</b>	<b>21</b>	\$ -	0.00%	\$ -	0.00%
<b>Substance Abuse Residential</b>	<b>19</b>	\$ -	0.00%	\$ -	0.00%
<b>Substance Abuse Services Outpatient</b>	<b>12</b>	\$ -	0.00%	\$ -	0.00%
<b>Total</b>		\$ 3,470,916	100.00%	\$ 3,350,148	100.00%