LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, September 16, 2025
1:00pm – 3:00pm (PST)

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

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/rdd5bd6d193fe02e7264feec031259662

Public Comments

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

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

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

Accommodations

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

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

together.

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LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

TUESDAY, SEPTEMBER 16, 2025 | 1:00 PM – 3:00 PM
510 S. Vermont Ave
Terrace Level Conference Room, Los Angeles, CA 90020

Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/rdd5bd6d193fe02e7264feec031259662

To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2534 463 9189

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: Sept 11, 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 -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

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

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

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

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

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

7. Commission on HIV (COH) Staff Report — 1:16 PM—1:23PM
    a. Operational and Commission Updates

8. Co-chair Report 1:24 PM—1:30 PM
    a. September 18th Executive Committee Special Meeting
    b. September 19th Power of Aging Event
    c. September 26th California HIV/HCV/STI Strategic Plan's Implementation Blueprint Webinar

9. Division on HIV and STD Programs (DHSP) Report 1:31 PM—2:15 PM
    a. Program Year 34 (PY34) Ryan White Program Utilization Report – Core Services

V. DISCUSSION 2:16 PM—2:54 PM

10. Ryan White Program Year 36 (PY36) Reallocations
    MOTION #3 - Approve the Ryan White Program Year 36 (PY36) Reallocations, 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 2:55 PM – 2:57 PM

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

VII. ANNOUNCEMENTS 2:58 PM – 3:00 PM

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

VIII. ADJOURNMENT 3:00 PM

14. Adjournment for the meeting of September 16, 2025.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Planning, Priorities and Allocations Committee minutes, as presented or revised.
MOTION #3	Approve the Ryan White Program Year 36 (PY36) Reallocations, 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

LOS ANGELES COUNTY
COMMISSION ON HIV

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Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/2/25

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	No Ryan White or prevention contracts
DAVIS (PPC Member)	**OM**	Aviva Pharmacy	No Ryan White or prevention contracts
DOLAN (SBP Member)	**Caitlyn**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (YMSM)
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Medical Transportation Services
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
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 Managemenet Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	**Gerald**	Minority AIDS Project	Benefits Specialty
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
August 19, 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	EA	Ismael Salamanca	P
Al Ballesteros, MBA	P	Harold Glenn San Agustin, MD	P
Felipe Gonzalez	P	Dee Saunders	P
Reverend Gerald Green	A	LaShonda Spencer, MD	P
Michael Green, PhD, MHSA	EA	Lambert Talley	EA
William King, MD, JD	P	Carlos Vega-Matos	P
Rob Lester	P	Jonathan Weedman	EA
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Dawn McClendon, Lizette Martinez			
DHSP STAFF			
Paulina Zamudio, Victor Scott, Pamela Ogata			

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

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

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

K. Donnelly, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:08pm.

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): A. Ballesteros, K. Donnelly, F. Gonzalez, W. King, R. Lester, M. Martinez, I. Salamanca, H. San Agustin, S. Saunders, L. Spencer, C. Vega-Matos

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.**
   Robert Boller of Project Angel Food made the following statement:
   I just want to thank the PP&A committee. You guys have our back, and I was very happy to see that you supported Nutrition Support services. It's very important and it's an evidence-based program that saves money, reduces the healthcare costs, proves health outcomes and client satisfaction - the three aims of healthcare reform. But I also know that the Commission, as a whole, voted to do deeper cuts to nutrition support. So, I just wanted to remind everyone that in the 1st May meeting, there's a letter that we submitted that kind of goes into details of the evidence-based nutrition support, and I hope the commission and the public at large can meet that and again thank you very much. I also want to reiterate our commitment to people living with HIV/AIDS as well as the community at large. We are actually in talks with APLA to help them with their delivery of NOLP groceries. It's something we've been wanting to get into and we're seeing this as an opportunity to help. Thank you very much.

   J. Green announced that the Executive Committee will be reviewing the proposed bylaws changes including the 49 public comments that were received at their meeting next week on August 28 from 1pm-3pm at the Vermont Corridor. He noted that there are several important comments that need to be discussed and one of them is the recommendation from DHSP to unintegrate the Commission (to remove prevention and focus solely on Ryan White Care).

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, reiterated that the Executive Committee will be reviewing the proposed changes to the Commission on HIV (COH) bylaws and public comment to the proposed changes at their

next meeting on August 28 from 1pm-3pm at the Vermont Corridor. See Executive Committee meeting page on the COH website for meeting agenda and additional details.

- C. Barrit reminded the group that the Commission is going through staff changes and transitions with her retirement at the end of the month and asked the group to work with each other to assess staff capacity around Commission activities and goals. She noted that the COH is still waiting for approval and feedback from DHSP regarding the COH's proposed budget for the year. The COH did cut over 30% which is in alignment with the directive for all DHSP funded contractors to adjust budgets at a 30 % reduction. She noted there is a smaller pool of money for operational costs, but staff are prepared to ensure the duties of the COH are fulfilled.

8. Co-chair Report

- K. Donnelly reminded the committee that the public comment period for the Patient Support Services service standards is open and the deadline to submit any feedback or questions is September 30, 2025. Proposed service standards and instructions for submitting public comment can be found here. The Standards and Best Practices Committee will review public comments at their next meeting on October 7, 2025 meeting.

9. Division of HIV and STD Programs Report

a. Program Year 34 (PY34) Ryan White Program Utilization Report

- DHSP staff, S. Oksuzyan, provided a PY34 Ryan White Program Utilization Report to the committee; see meeting packet for presentation slides.
- The report showed that the Ryan White Program (RWP) is reaching and serving LAC priority populations. The highest expenditures per client were attributed to the Linkage and Re-Engagement Program, followed by Housing and Home-Based Case Management services. The lowest expenditures per client were seen in Benefit Specialty, Mental Health and Nutrition Support services.
- Engagement, retention in care and viral suppression percentages were higher in RWP clients when compared to people living with HIV (PLWH) in Los Angeles County for PY34.

b. 2027-2031 Integrated HIV Plan Updates

- P. Ogata reported that DHSP has been in conversations with the California Department of Public Health's Office of AIDS (OA) around planning for the 2027-2031 Integrated HIV Plan. DHSP has decided to align with the California OA plan and the state plan will include a section specific to Los Angeles County. Commission staff will work with DHSP to determine COH contributions to the plan.

c. Program Years 35 (March 1, 2025-February 28, 2026) Reallocations

- P. Ogata provided a report on current DHSP funding and outlined recommended

reallocations based on funding and need. She reported that DHSP received their final notice of award for Ryan White Part A and Minority AIDS Initiative (MAI) funding for Program Year 35 (PY35) from the Health Services and Resources Administration (HRSA) as well as final award for HRSA Ending the HIV Epidemic (EHE) funding and final award for Centers for Disease Control and Prevention (CDC) PCHD grant. To date, DHSP has received all funding from the federal government for PY35.

- The final Ryan White Part A funding totaled approximately $42.5 million and MAI award of approximately $3.7 million with a final notice of award of approximately $46.295 million for PY35. There was a reduction of approximately 0.08% in funding from PY34. The total award amount for direct services is $37.6 million from Part A and $3.3 million from MAI. Ten percent of the full award amount was reserved for administrative fees as well as approximately $750,000 for legislatively mandated clinical quality management (CQM) activities. See meeting packet for more details.
- P. Ogata reviewed the key action items DHSP took as the program worked to plan around uncertain funding including the layoff or reassignment of 78 DHSP staff, numerous meeting the stakeholders and contracted providers and aligning contract obligations with projected federal funding/revenue for the fiscal year resulting in a 30% reduction of all HIV care and treatment contracts. See meeting packet for more details.
- D. Russell requested clarity on DHSP staff cuts that were impacted by HRSA Ryan White Program (RWP) funding. He also commented that some RWP clients have noted that under nutrition services, food delivery services were no longer available. P. Zamudio noted that this is a specific add-on services that was implemented by one provider using a DoorDash food delivery model for clients. The service is not required but due to the 30% reduction in funding contracts it is no longer being implemented by that particular agency that was utilizing the DoorDash food delivery service. Clients can still access foodbank services.
- Lingering uncertainties were outlined including the portion of the $65 million dollars from the California Department of Public Health's Office of AIDS (OA) that was earmarked to help various counties deal with HIV related funding gaps for 2025-2026. DHSP continues to meet with the OA monthly. There is additional uncertainty around the County budget and available funding as the County continues to see loss in revenue due to Executive Orders and the federal budget. See meeting packet for more details.
- DHSP noted a reallocation was needed for PY35 to allocate funds to a new service – Patient Support Services – that was under solicitation when the committee originally completed their priority setting and allocation for PY35 in September 2024. To maximize funding, DHSP also recommended allocating Part A funds for Residential Care for the Chronically Ill (RCFCI) housing which has been historically supported by HRSA Part B funds and transfer Transitional Residential Care Facility (TRCF) housing to Part B funds. There was an additional recommendation to support home delivered meals within Nutritional Support services with Part A funds. Last year, home delivered meals was supported with EHE funds, but this service has been typically funded under Part A. See meeting packet for proposed reallocations and more details.

- K. Nelson, member of the public, asked if the reallocation for an annual RWP Part A application and if the reallocation will have an impact of the 30% cuts to contracted providers. P. Ogata noted the reallocation is not for an application but rather a Program Terms Report that is due to HRSA in early October and that the reallocation aligns with the 30% funding cut in contracts and contract obligations.
- M. Martinez asked why Early Intervention Services is only funded through June. P. Zamudio mentioned that some of the Public Health Clinics may close due to lack of funding, in general, so there is uncertainty if testing services will continue to be offered.

MOTION #3 - Approve the Ryan White Program Year 35 (PY35) 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.
A. Ballesteros – Y, K. Donnelly - Y, F. Gonzalez - Y, W. King - Y, R. Lester - Y, M. Martinez - Y, I. Salamanca - Y, H. San Agustin - Y, S. Saunders - Y, L. Spencer - Y

V. NEXT STEPS

10. Task/Assignments Recap

a. Commission staff will work with co-chairs to develop the agenda for the September PP&A Committee meeting.
b. Allocations will move forward to the Executive Committee for review and approval.

11. Agenda Development for the Next Meeting

a. DHSP to provide a report on PY34 RWP core services utilization.

VII. ANNOUNCEMENTS

12. Opportunity for Members of the Public and the Committee to Make Announcements
There were no announcements.

VIII. ADJOURNMENT

13. Adjournment for the Regular Meeting of August 19, 2025.
The meeting was adjourned by K. Donnelly at 2:56pm.

Subordinate Working Unit Leadership Meeting Summary

Thursday, August 14, 2025

Attendees: Co-Chairs of Caucuses, Task Forces, and Workgroups

Overview & Purpose

The meeting was well-attended by leadership from across the Commission's subordinate working units, including caucuses and task forces. Staff opened the session with a brief overview and refresher on the purpose of subordinate working units. As outlined in Commission policy #08.1102, these units serve as extensions of the Commission, helping to fulfill its planning responsibilities by elevating consumer voice, developing recommendations, and supporting work around priorities such as the PSRA process, service standards, recruitment and outreach, the Assessment of the Effectiveness of the Administrative Mechanism (AEAM), and overall HIV service delivery planning in Los Angeles County.

Brown Act Compliance

Staff informed participants that as part of the guidance from County Counsel in reviewing the proposed changes to the Commission's bylaws, Caucuses are currently out of compliance with the Ralph M. Brown Act due to their standing monthly meeting schedules. Under Commission policy and public meeting laws, only formal legislative bodies—like standing committees—can hold regularly scheduled meetings. All other subordinate units (such as Caucuses and Task Forces) must meet on an as-needed basis to avoid triggering Brown Act requirements.

To address the Brown Act compliance concerns, it was recommended that all future meetings be scheduled on an as-needed basis, from one meeting to the next, rather than following preset or recurring calendars. This approach aligns with the newly introduced PURGE tool, which helps determine whether a meeting is necessary based on specific criteria. Additionally, it was recommended that staff consult with County Counsel to explore any alternative options or structures that may support compliance while preserving the intent of the working groups.

Introduction of the PURGE Tool

To assist working units in determining when a meeting is warranted, staff introduced the PURGE tool, which outlines five key criteria that must be met before a meeting is scheduled:

P – Purpose: Is there a defined objective or deliverable?
U – Urgency: Is the issue time-sensitive and unable to wait?
R – Readiness: Are materials and participants prepared, including commitment from at least two Commissioners in good standing?
G – Goal Alignment: Does the topic support Commission mandates or planning priorities?
E – Engagement: Is there meaningful community or stakeholder participation expected?

The recommendation is that all future meetings meet all five criteria, and that this tool be used to determine and justify each scheduled meeting, helping avoid automatic, standing schedules that can lead to compliance issues.

Federal Guidance on DEI Language and Impact on Caucuses

Staff also shared updates from a recent meeting with the Commission's HRSA Project Officer, where it was conveyed that under HR-1 and new Executive Orders, language referencing race, gender identity, sexual orientation, and other DEI-related categories must be sanitized from official government documents and planning frameworks.

This directive impacts the structure and naming of existing Caucuses, particularly the Black Caucus and Transgender Caucus, which will need to be reimagined in a way that aligns with federal guidance.

Co-Chairs were asked to share this information with their respective working groups and gather input on creative ways to continue the work in a compliant format. Staff acknowledged that while the structure may change, the core purpose of the Caucuses which is to support and uplift the voices of priority populations—must remain central to Commission planning.

Staff also noted that HRSA will be providing additional guidance on how to continue reflecting and engaging priority populations in planning without conflicting with current federal mandates.

Capacity Constraints & Recommendations

Given the reduction in staff, looming additional budget cuts in PY 36, and the broader Commission restructure, staff emphasized the need for subordinate working units to reimagine their structure and activities. Working groups must align their work with both the current staffing capacity and the intent outlined in Policy #08.1102, which centers on planning, analysis, and supporting Commission

priorities—not simply meeting to plan or host events. Staff encouraged all working units to assess whether their current functions and meeting schedules are responsive to Commission-driven objectives and whether they are sustainable considering available resources. While there was support for increasing working unit independence, several members expressed concerns and cautioned against removing staff support entirely, noting the vital role staff play in ensuring consistency, coordination, and continuity across the Commission's work.

Proposal to Create a Client/Consumer Committee

One proposal raised during the discussion was to establish a formal Client/Consumer Committee that would function under the Brown Act and explicitly focus on ensuring consumer participation is embedded in all Commission planning processes. However, it was noted that if such a committee is formed, it would be subject to Brown Act requirements, including in-person meetings, quorum, and formal notice provisions.

As part of that recommendation, there was discussion about the potential to sunset the existing affinity-based Caucuses and instead create an umbrella structure that consolidates them while still carving out dedicated planning space for each priority population. Staff acknowledged that the safe space created by these Caucuses has been essential for many community members who do not feel comfortable at the main Commission table.

Next Steps

Participants agreed to bring this information back to their respective working groups to gather feedback and ideas from members. The discussion will continue at the upcoming Executive Committee meeting and in subsequent planning meetings.

Commission staff and leadership remain committed to working collaboratively to ensure that the voices of communities most impacted by HIV remain centered in all aspects of Commission planning, regardless of structural adjustments that may be required moving forward.

Attachments: 8.14.25 Meeting Packet

THE POWER OF AGING: NAVIGATING SERVICES IN TIMES OF UNCERTAINTIES

September 19, 2025 | 9:30am - 3:00pm

Lunch will be provided.

Vermont Corridor

510 S. Vermont Ave 9th Floor, Los Angeles, CA 90020

VALIDATED PARKING: 523 SHATTO PL, LA 90020

Scan QR code to RSVP.

Questions? Email hivcomm@lachiv.org or call 213-738-2816

LOS ANGELES COUNTY COMMISSION ON HIV

GILEAD

Special thanks to Gilead Sciences for sponsoring this community event.

Ryan White Program Utilization Summary: Core Services
RW Year 34: March 1, 2024 - February 28, 2025

Sona Oksuzyan, Supervising Epidemiologist
Amanda Wahnich, Supervising Epidemiologist
Monitoring and Evaluation Unit
Division of HIV and STD Programs

September 16, 2025

Agenda

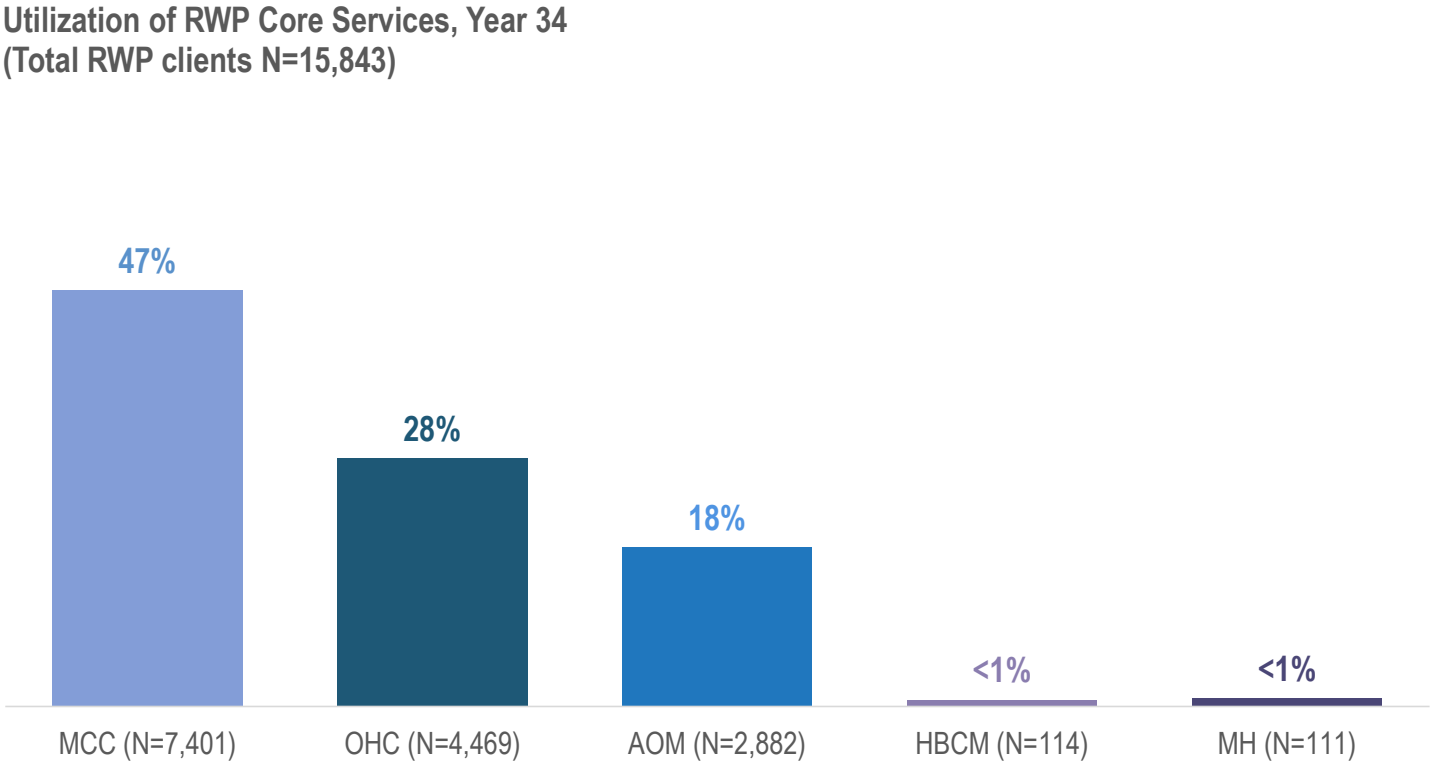
- Core Services Overview
- Core Services Deep Dive Framework
- Core Services Expenditures
- Key Takeaways

County of Los Angeles Public Health

Overview of Core Services

Medical Care Coordination (MCC) 18 contracted sites	Addresses **patients' medical and non-medical needs through coordinated case management** to support continuous engagement in care and adherence to ART
Oral Health Care (OHC) 12 contracted sites	Provides **routine comprehensive oral health care**, including prevention, treatment, counseling, and education
Ambulatory Outpatient Medical (AOM) 18 contracted sites	Provides **comprehensive outpatient care** including primary medical care, HIV medication management, laboratory testing, counseling, nutrition education, case management, support groups, and access to specialized HIV treatment options
Mental Health (MH) 7 contracted sites	Provides **mental health assessment, treatment planning and provision**
Home-Based Case Management (HBCM) 5 contracted sites	Provides c**lient-centered case management and social work activities**, focusing on care for **PLWH who are functionally impaired and require intensive home and/or community-based care**

Medical Care Coordination (MCC) was the most highly used core service in Year 34.



RWP Year 34: Core Service Category Deep Dive Framework & Discussion

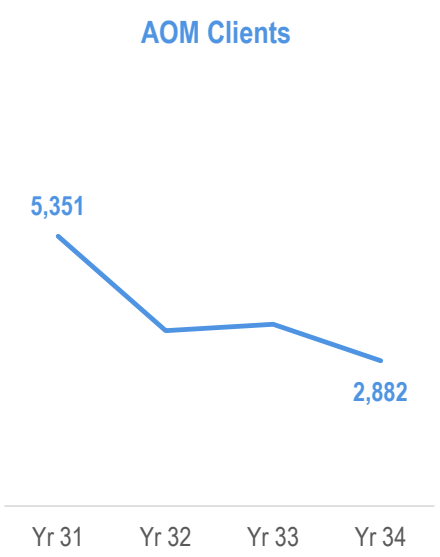
Overall Service Utilization and Expenditure Summary	• Client Served • Service Units (Total and Per Client) • Expenditures (Total and Per Client)
Client Demographics	• Gender • Race • Age
Priority Population Engagement	• Latinx MSM • Black/AA MSM • Age ≥ 50 years • Age 13-29 clients • Women of color • Transgender Clients • PWID • Unhoused < 12 months
Health Determinants	• Primary language • Income • Primary insurance • Housing status • Incarceration history
HIV Care Continuum Outcomes	• Engaged in Care • Retained in Care • Suppressed Viral Load

Ambulatory Outpatient Medical (AOM)

- 20% reduction in service utilization in Year 34 compared to Year 33
- 31% reduction in expenditures in Year 34 compared to Year 33

County of Los Angeles Public Health

- A total of **2,882 unique clients** received AOM services, which represent almost a fifth (18%) of RWP clients.
- There was an **overall decline in AOM utilization over the last couple of years** largely due to DHS agencies departure from RWP and partially due to Medi-Cal expansion.



AOM Service Utilization & Expenditures Summary, Year 34

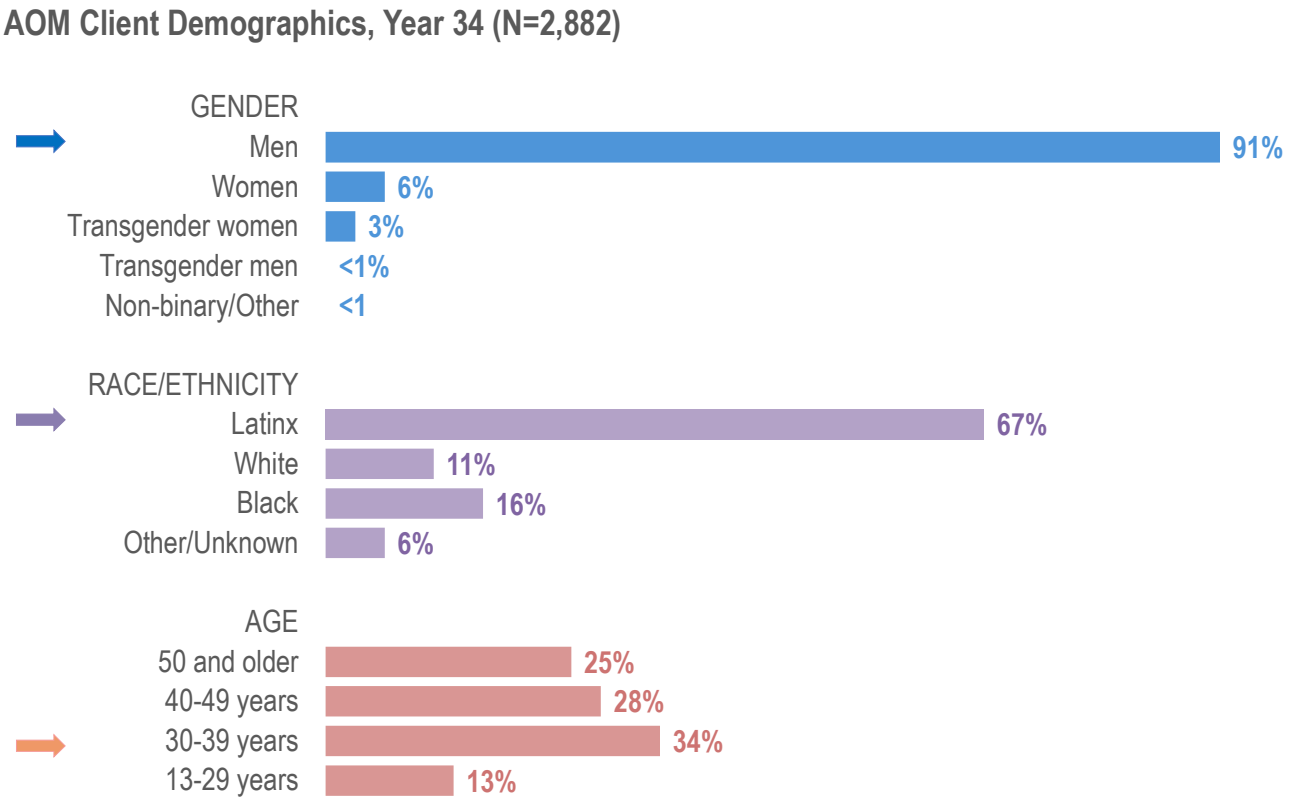
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
AOM	**2,882**	Visits/ Procedures	**n/a**	**n/a**	***$5,183,652***	***$1,799***
Fee for Service	**2,882**	**Visits**	**7,480**	**3**	***$3,417,295***	***$1,186***
Supplemental AOM Procedures	2,639	Procedures	53,157	20	*$1,257,972*	*$477*
Medical Subspecialty*					*$508,385*	

Funding Source:

- *RWP Part A - $4,949,495*
- *HIV NCC - $234,157*

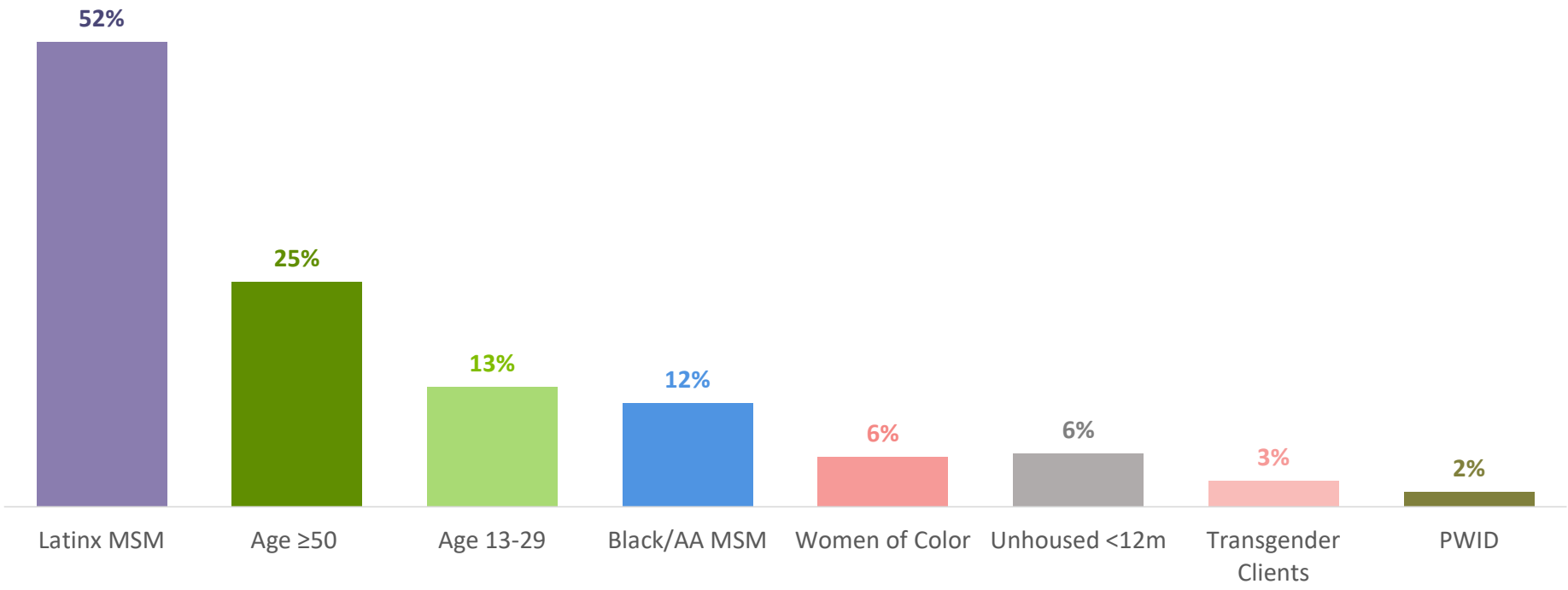
*No data in CaseWatch

AOM clients were predominantly cisgender men, Latinx and people aged 30-39 years old.



AOM services are reaching clients in LAC priority populations*

- **Latinx MSM** clients represented the **largest percentage of AOM clients**
- Clients **age ≥ 50** represented a **quarter of AOM clients**

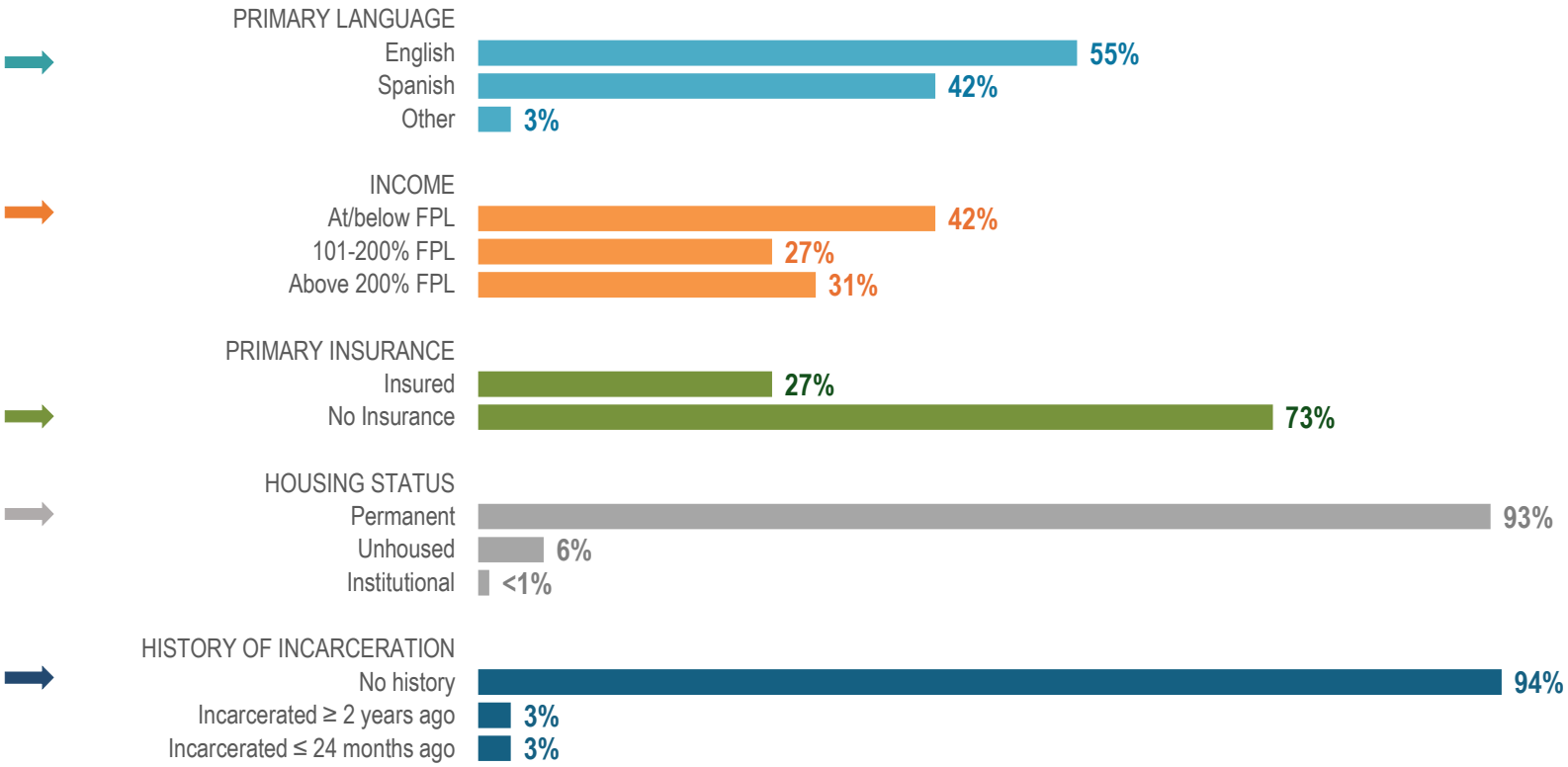


*Priority population groups are not mutually exclusive, they overlap.

Most AOM clients predominantly spoke English, lived at/below FPL, permanently housed, and no insurance or incarceration history.

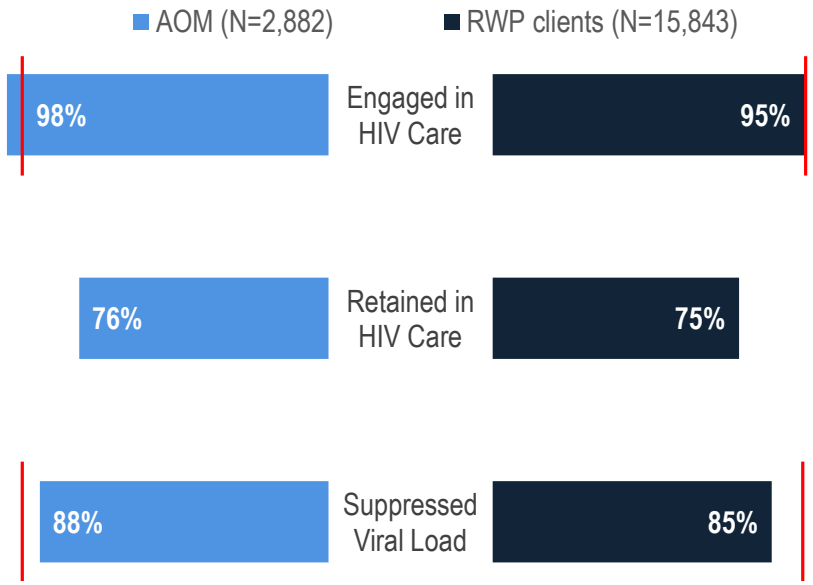
County of Los Angeles Public Health

AOM Client Health Determinants, Year 34 (N=2,882)



Overall, AOM Clients had better HIV care outcomes attainment compared to RWP clients

- Engagement[a], retention in care[b], and viral load suppression[c] percentages were higher for AOM clients compared to RWP clients overall, Year 34.
- AOM clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care in Year 34.



Data source: HIV Casewatch as of 5/1/2025

[a]**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
[b]**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
[c]**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

Medical Care Coordination (MCC)

Highest utilized RWP service

- 7% increase in service utilization in Year 34 compared to Year 33
- 9% increase in expenditures in Year 34 compared to Year 33

County of Los Angeles Public Health

- A total of **7,401 unique clients** received MCC services, which represent 47% of RWP clients.
- **MCC service utilization** in starting to **have an uptick in Year 34** compared to the previous 2 years.

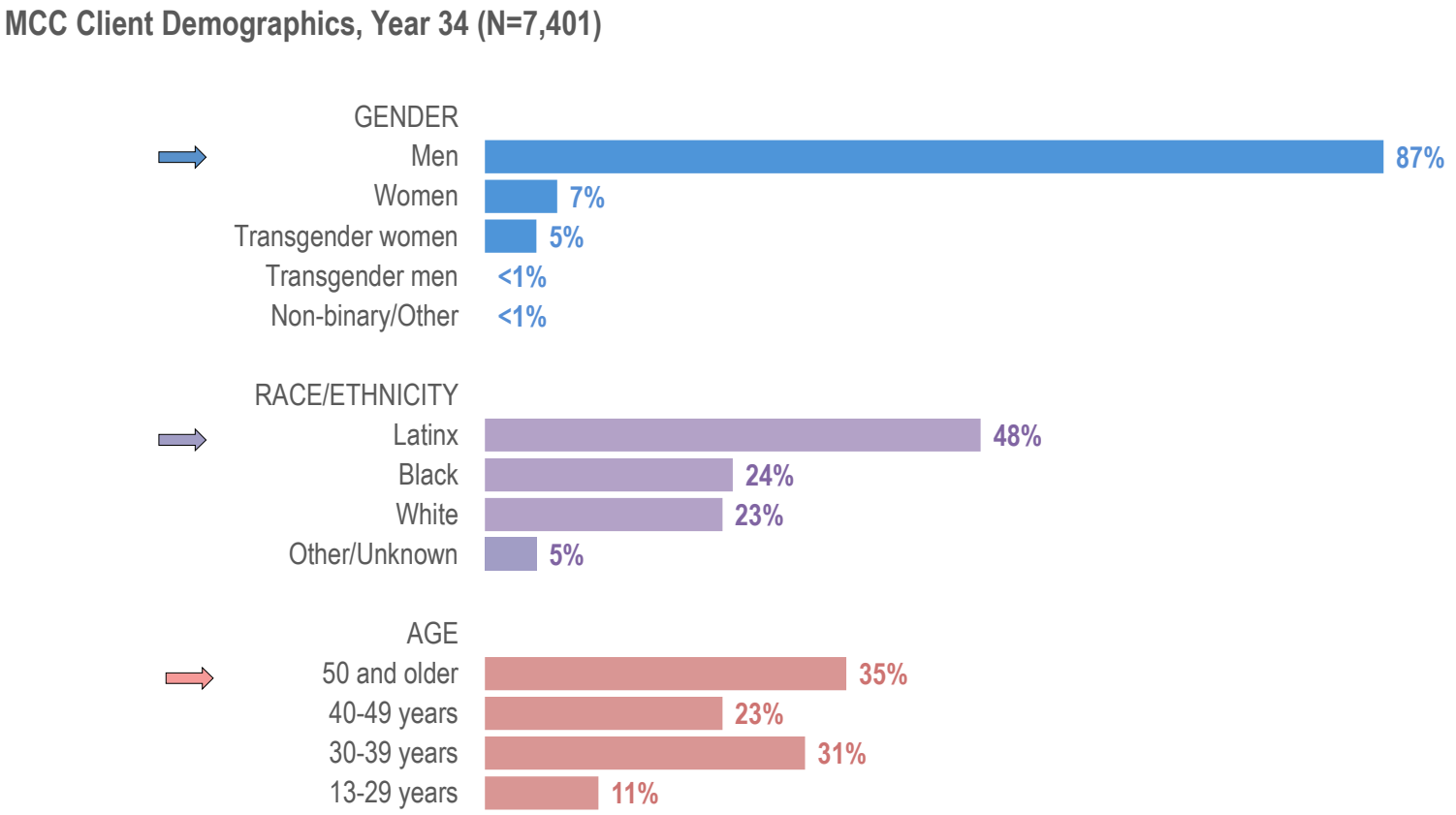
MCC Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
MCC	7,401	Hours	102,451	14	*$11,684,158*	*$1,579*

Funding Source:

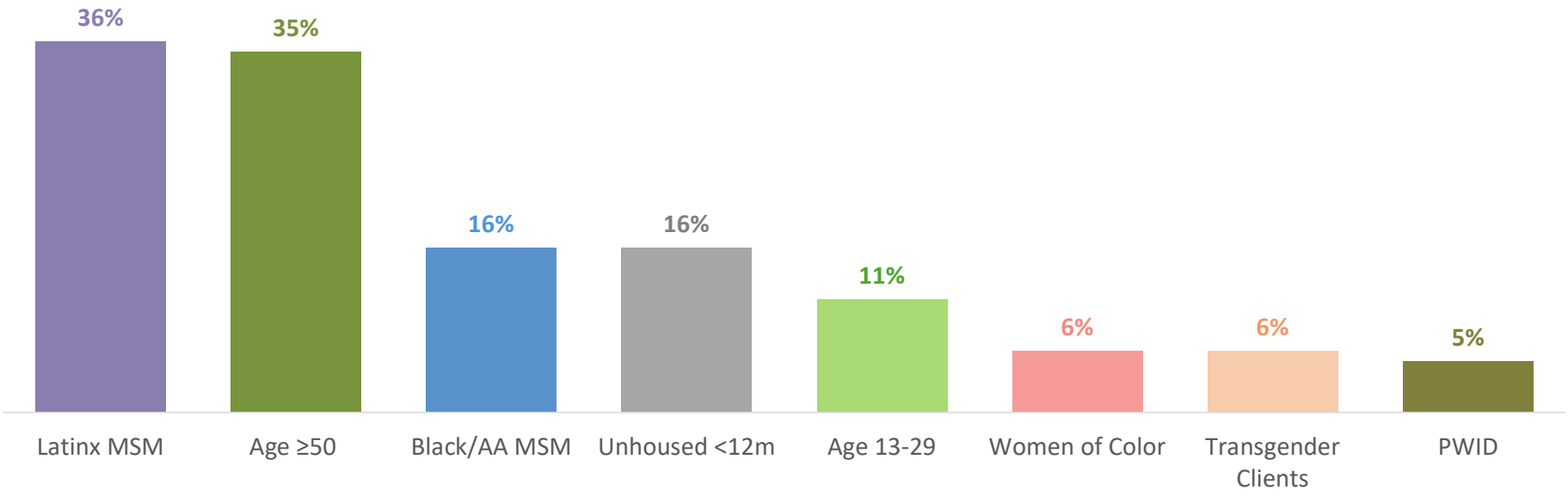
- *Part A - $11,684,158*

MCC clients were predominantly cisgender men, Latinx and people aged 50 and older.



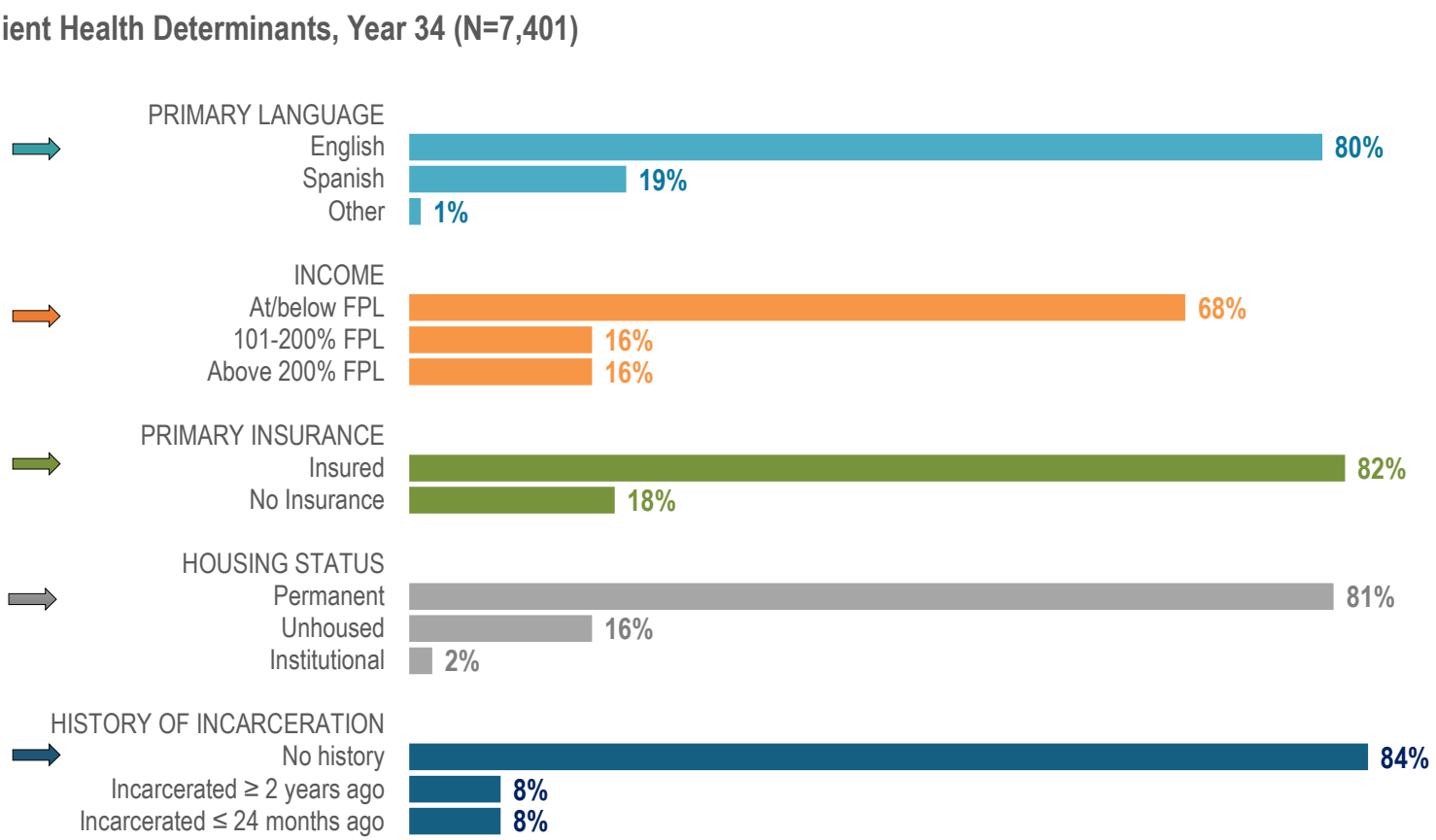
LAC Priority Populations Accessing the MCC Services*, Year 34

- **Latinx MSM** clients represented the largest percentage
- **Clients age ≥ 50** represented over a third of all MCC clients



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

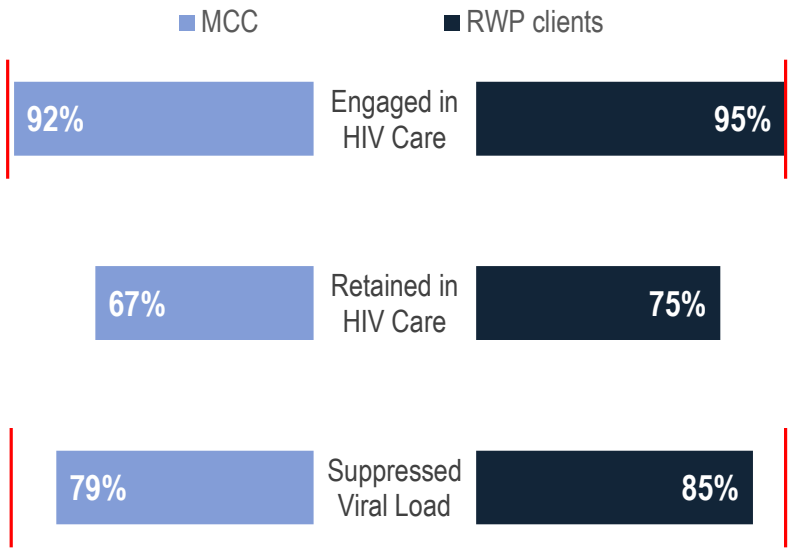
Most of MCC clients spoke English, lived at or below FPL, permanently housed, and no history of incarceration.



Overall, MCC clients had lower HIV care outcome attainment compared to RWP clients.

- Engagement[a], retention[b], and viral load suppression[c] percentages were lower for MCC clients compared to RWP clients overall, Year 34.

- MCC clients did not meet the EHE targets
  - MCC clients have more barriers than RWP overall



Data source: HIV Casewatch as of 5/1/2025

[a]**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
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[c]**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

Oral Health Care (OHC)

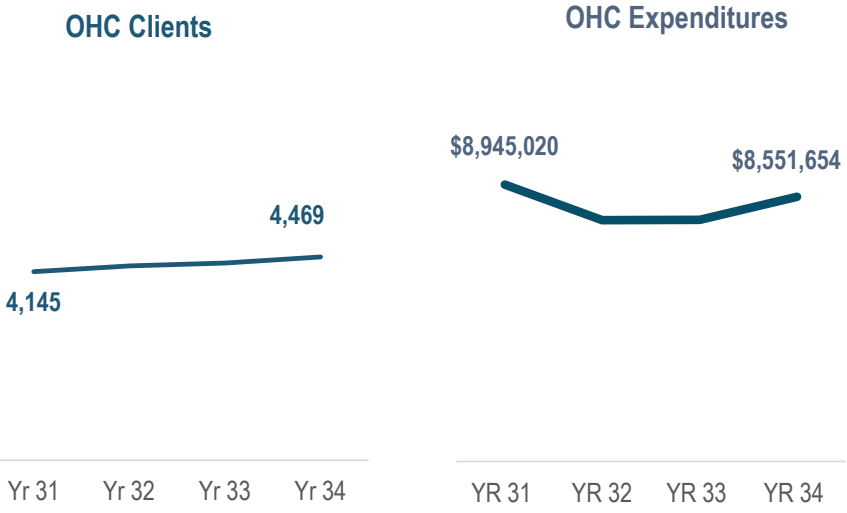
Second highest utilized RWP service

- 3% increase in service utilization in Year 34 compared to Year 33
- 10% increase in expenditures in Year 34 compared to Year 33

A total of **4,469 unique clients** received **Oral Health Care services** representing 28% of RWP clients.

- *General Oral Health* services were provided to **4,185** clients.
- *Specialty Oral Health* services were provided to **986** clients.

Oral Health Care utilization **increased** in the past 4 years.



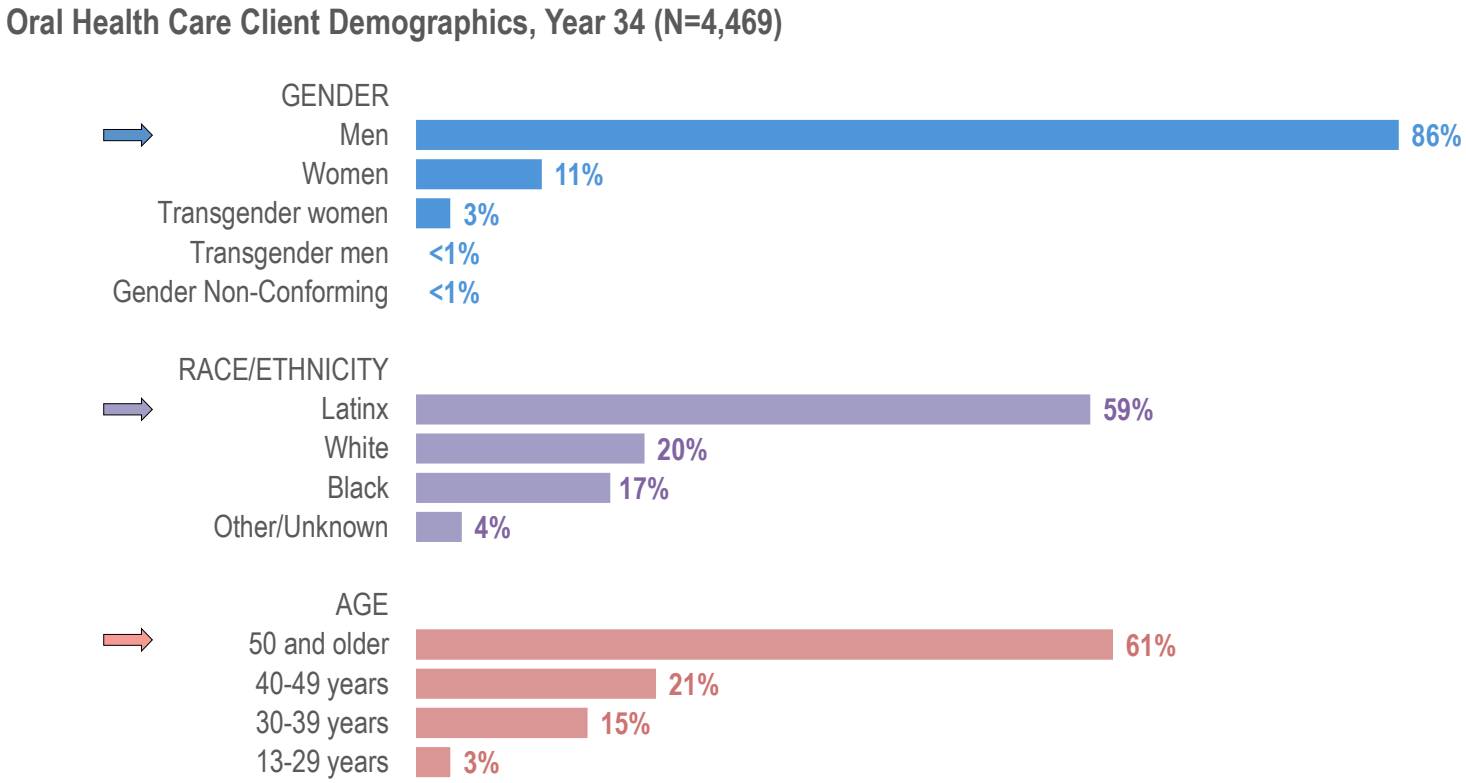
Oral Health Care Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Oral Health	**4,469**	**Procedures**	**49,240**	**11**	***$8,551,671***	***$1,914***
General	4,185	Procedures	44,064	11	$6,005,983	$1478 $136 per procedure
Specialty	986	Procedures	5,176	5	$2,545,671	$2,582 $492 per procedure

Funding Source:

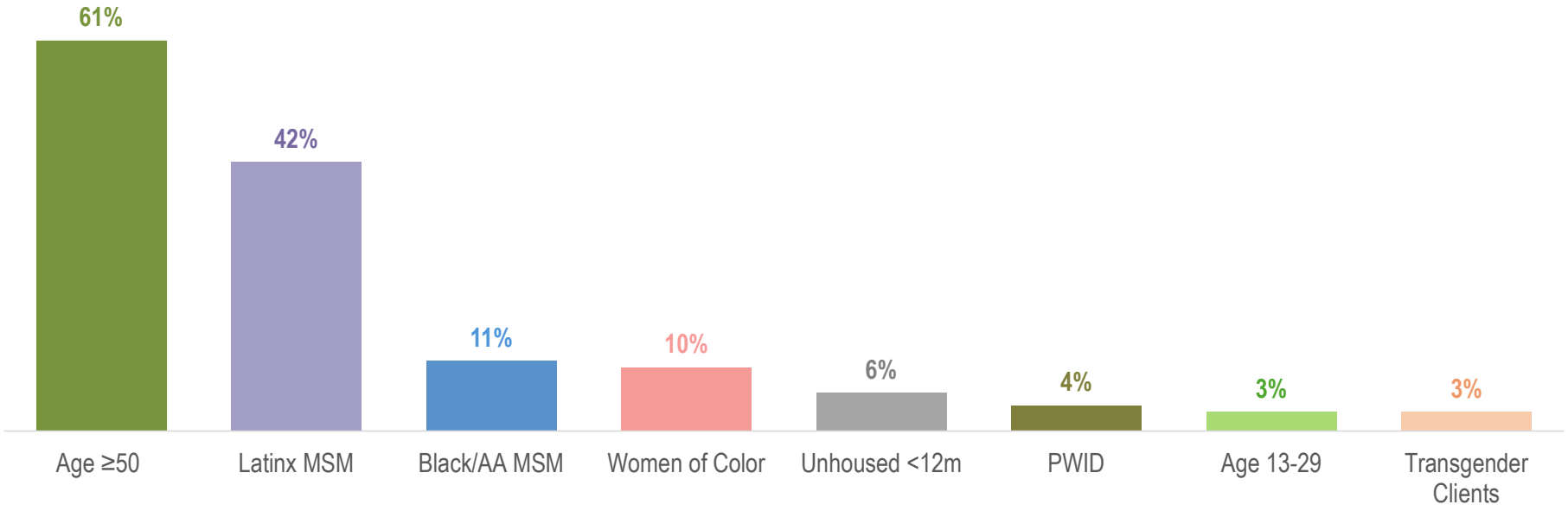
- *Part A - $8,551,654*

Oral Health Care clients were predominantly men, Latinx and people aged 50 and older.



LAC Priority Populations Accessing the OHC Services*, Year 34

- **Clients aged ≥ 50** represented the largest percentage of Oral Health Care clients
- **Latinx MSM clients** were the second largest population served by Oral Health Care
- Percentages for General and Specialty Oral Health Care look similar

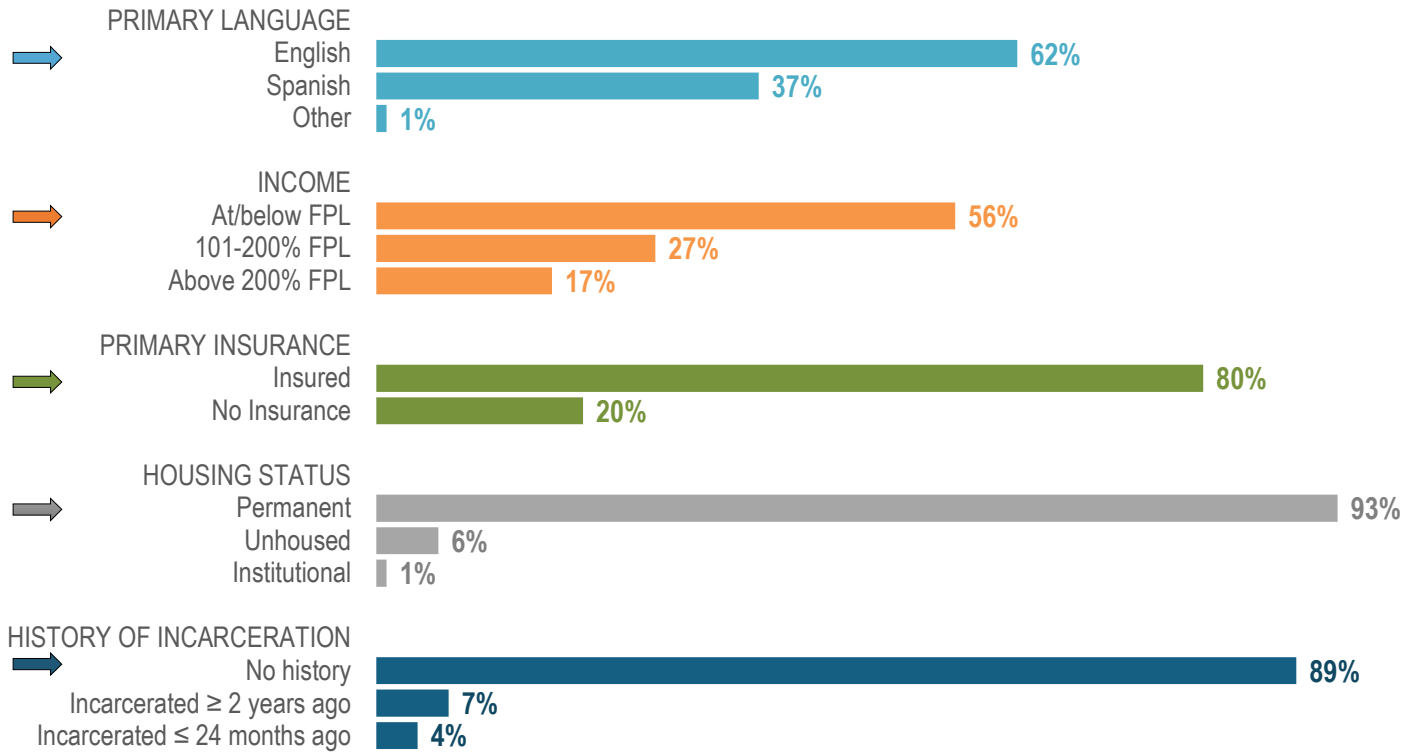


*Priority population groups are not mutually exclusive, they overlap.

Most Oral Health Care clients were English-speakers, lived at or below FPL, were insured, permanently housed, and no history of incarceration.

County of Los Angeles Public Health

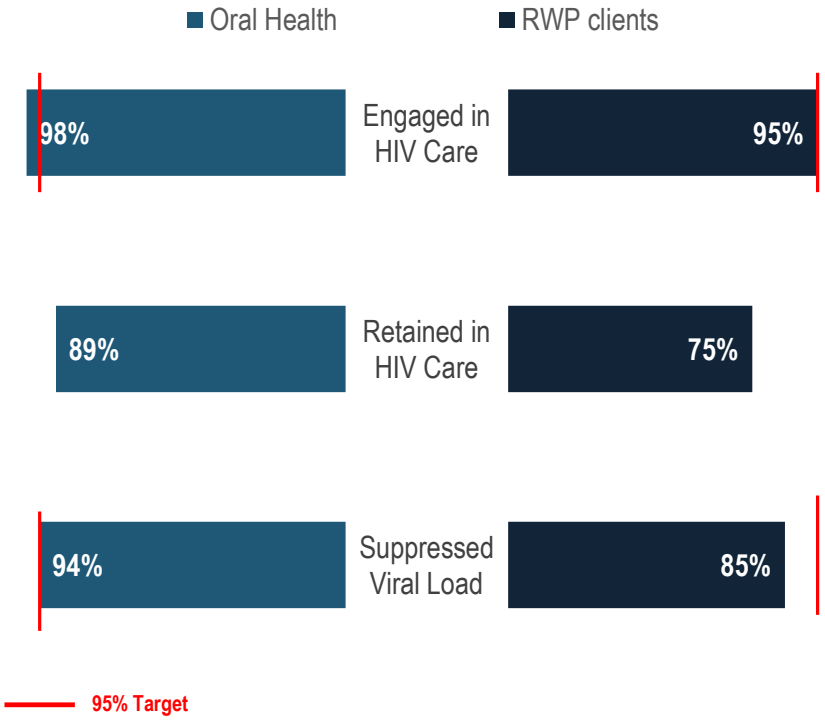
Oral Health Care Health Determinants, Year 34 (N=4,469)



HIV Care Continuum in Oral Health Care clients, Year 34, N=4,469

- Engagement[a], retention in care[b], and viral load suppression[c] percentages were higher for Oral Health Care clients compared to RWP clients overall, Year 34.

- Oral Health Care clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/1/2025

[a]**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
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[c]**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

Home-Based Case Management (HBCM)

- 5% reduction in service utilization in Year 34 compared to Year 33
- 13% reduction in expenditures in Year 34 compared to Year 33

A total of **114 unique clients** received **HBCM services**, representing **<1% of RWP clients**.

- Attendant Care – 10 clients
- Case Management – 113 clients
- Equipment – 1 client
- Homemaker services – 67 clients
- Nutrition services – 26 clients
- Psychotherapy – 35 clients

HBCM utilization decreased in the past 4 years.

HBCM Service Utilization & Expenditures Summary, Year 34

- Homemaker subservice had the highest service utilization overall and per client.
- Case management had the highest expenditure overall and per client.

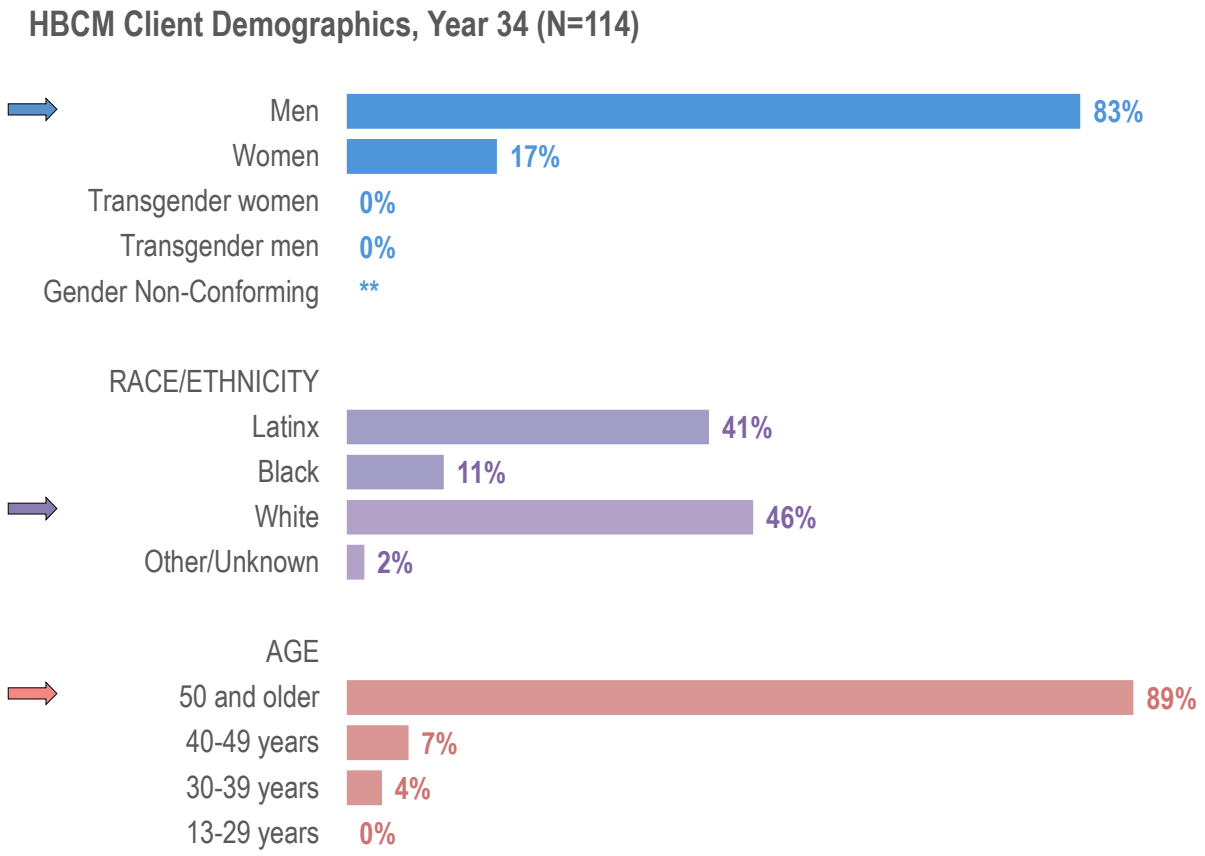
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
HBCM	**114**	**Various**	**32,640**	**286**	***$2,503,193***	***$21,958***
Case Management	113	*Hours*	5,209	46	*$1,373,093*	*$12,151*
Homemaker	67	*Hours*	20,348	304	*$660,477*	*$9,858*
Attendant Care	10	*Hours*	2,037	204	*$96,202*	*$9,620*
Psychotherapy CM	35	*Hours*	851	24	*$102,163*	*$2,919*
Durable Medical Equipment	1	*Medical Equipment*	2	2	*$296*	*$296*
Nutrition	26	*Nutritional Supplements*	4,193	161	*$6,077*	*$234*

Funding Source:

- *Part A - $1,670,226*
- *HIV NCC - $832,967*

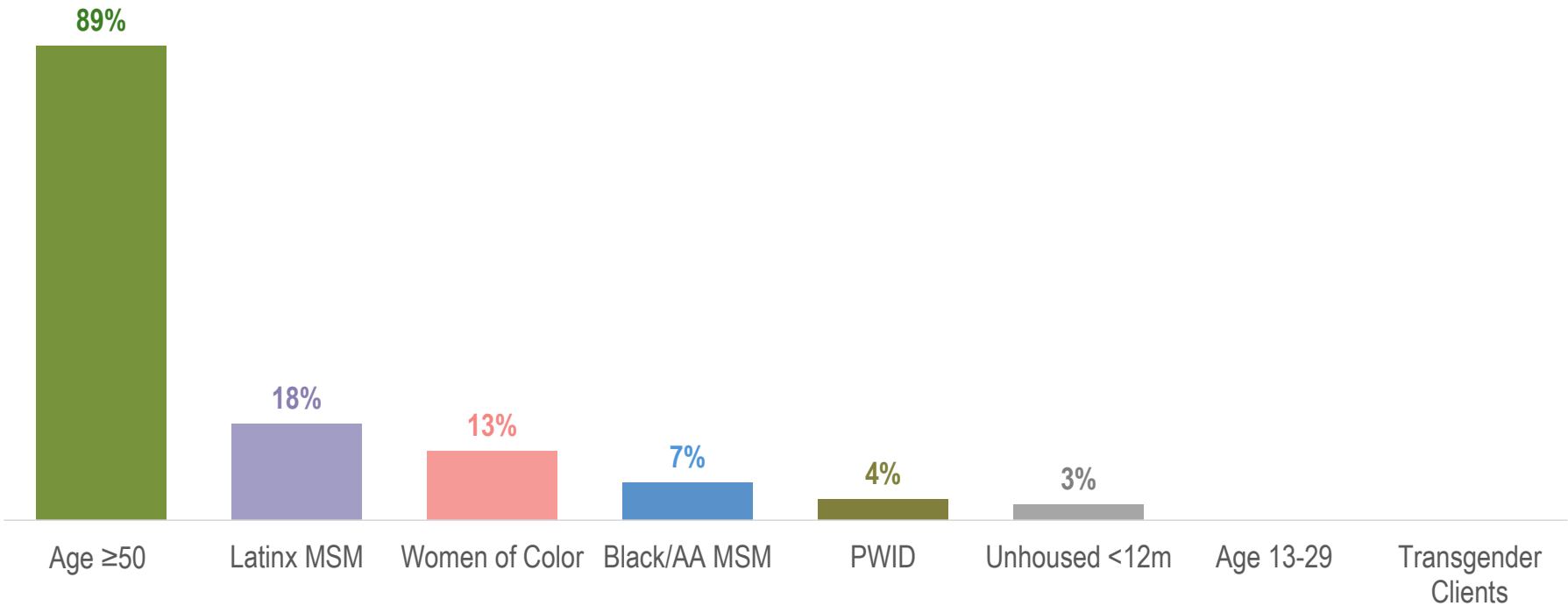
* No information in CaseWatch; we distributed Administrative costs to all HBCM clients

HBCM clients were predominantly men, White and people aged 50 and older.



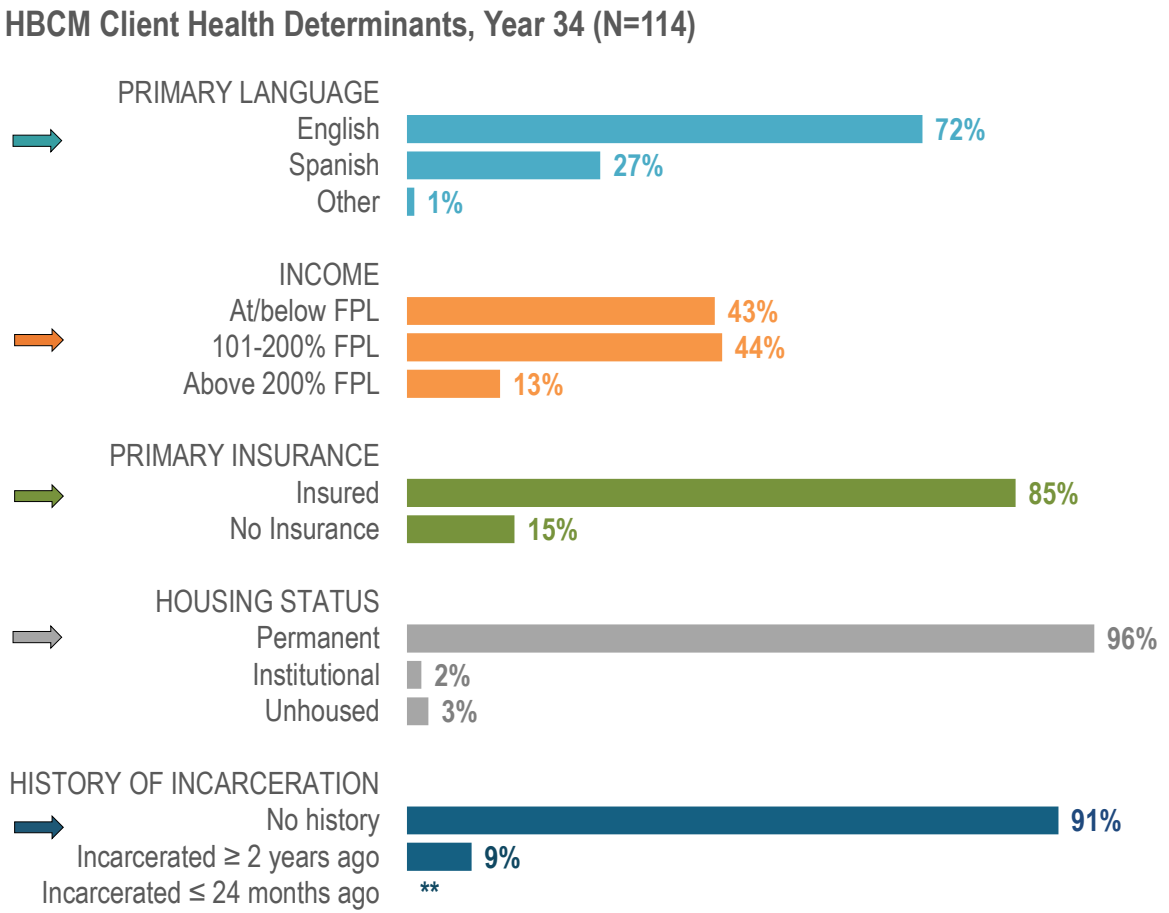
LAC Priority Populations Accessing HBCM Services*, Year 34

- **Clients age ≥ 50** represented the majority of HBCM clients
- **Latinx MSM clients** were the next highest served by HBCM



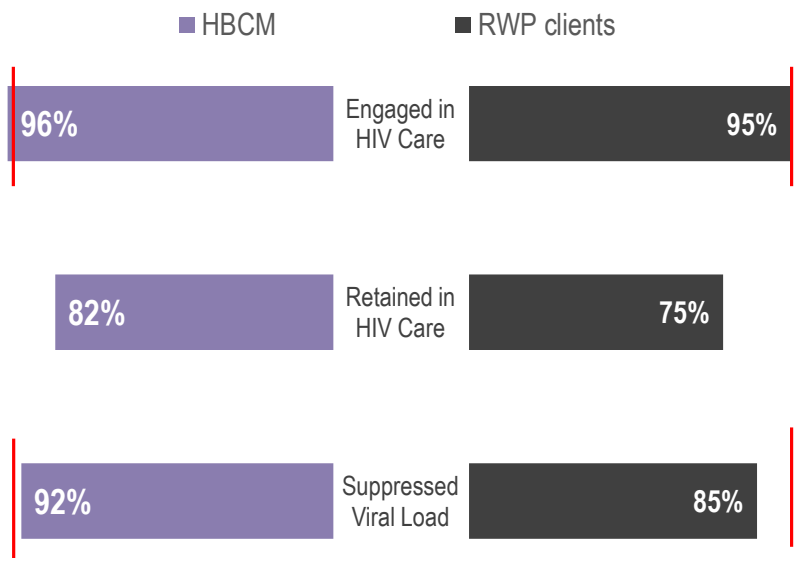
*Priority population groups are not mutually exclusive, they overlap.

Most HBCM clients were English-speakers, lived above FPL, insured, had permanent housing, and no history of incarceration.



HIV Care Continuum in HBCM clients, Year 34 (N=114)

- Engagement[a] and retention in care[b], as well as viral load suppression[c] percentages were higher for HBCM clients compared to RWP clients overall, Year 34.
- HBCM clients met the EHE targets for engagement in care.



Data source: HIV Casewatch as of 5/1/2025

[a]**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
[b]**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
[c]**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

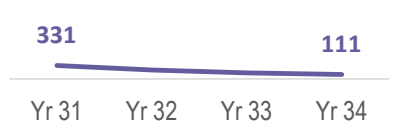
Mental Health (MH) Services

- 5% reduction in service utilization in Year 34 compared to Year 33
- 13% reduction in expenditures in Year 34 compared to Year 33

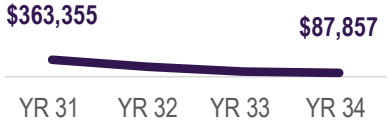
A total of **111 unique clients** received **Mental Health services**, representing **<1% of RWP clients.**

MH utilization decreased in the past 4 years, likely due to a lack of providers within RWP.

MH Clients



MH



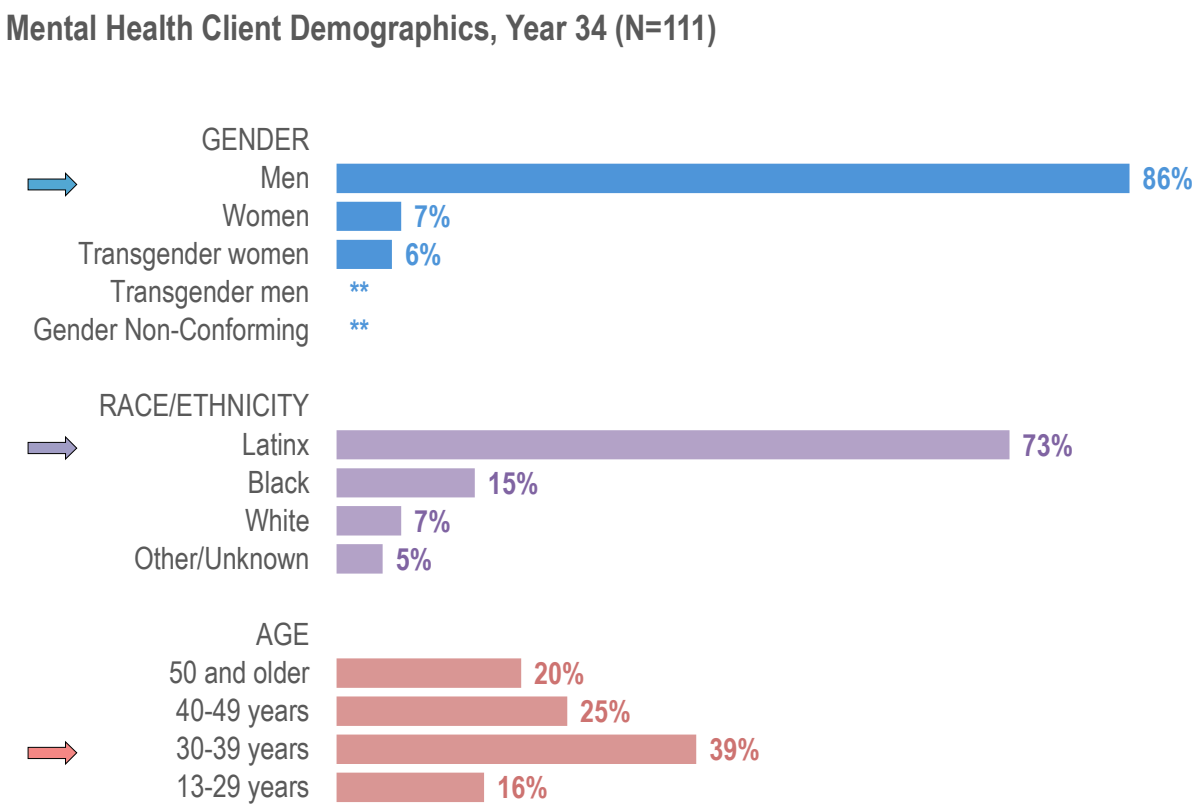
Mental Health Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Mental Health	**111**	**Sessions**	**547**	**5**	***$87,857***	***$792***

Funding Source:

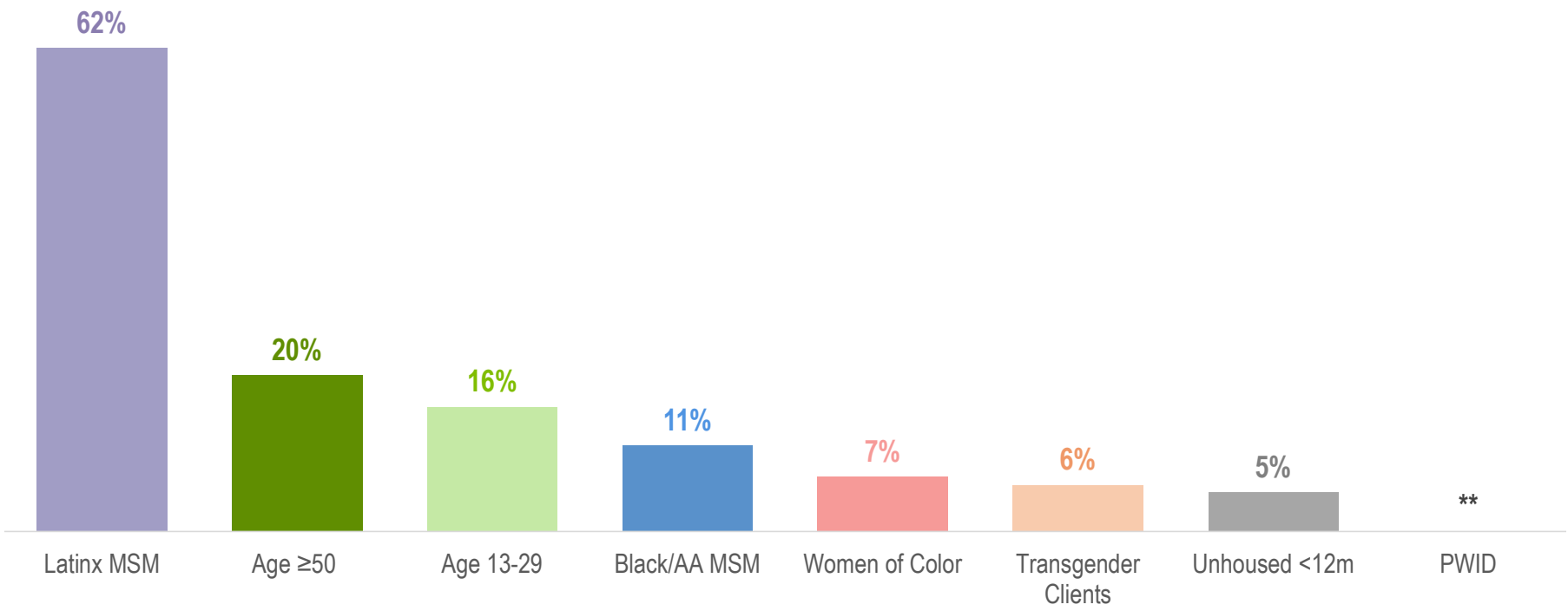
- *Part A - $87,857*

Mental Health Client were predominantly men, Latinx and aged 30-39 years.



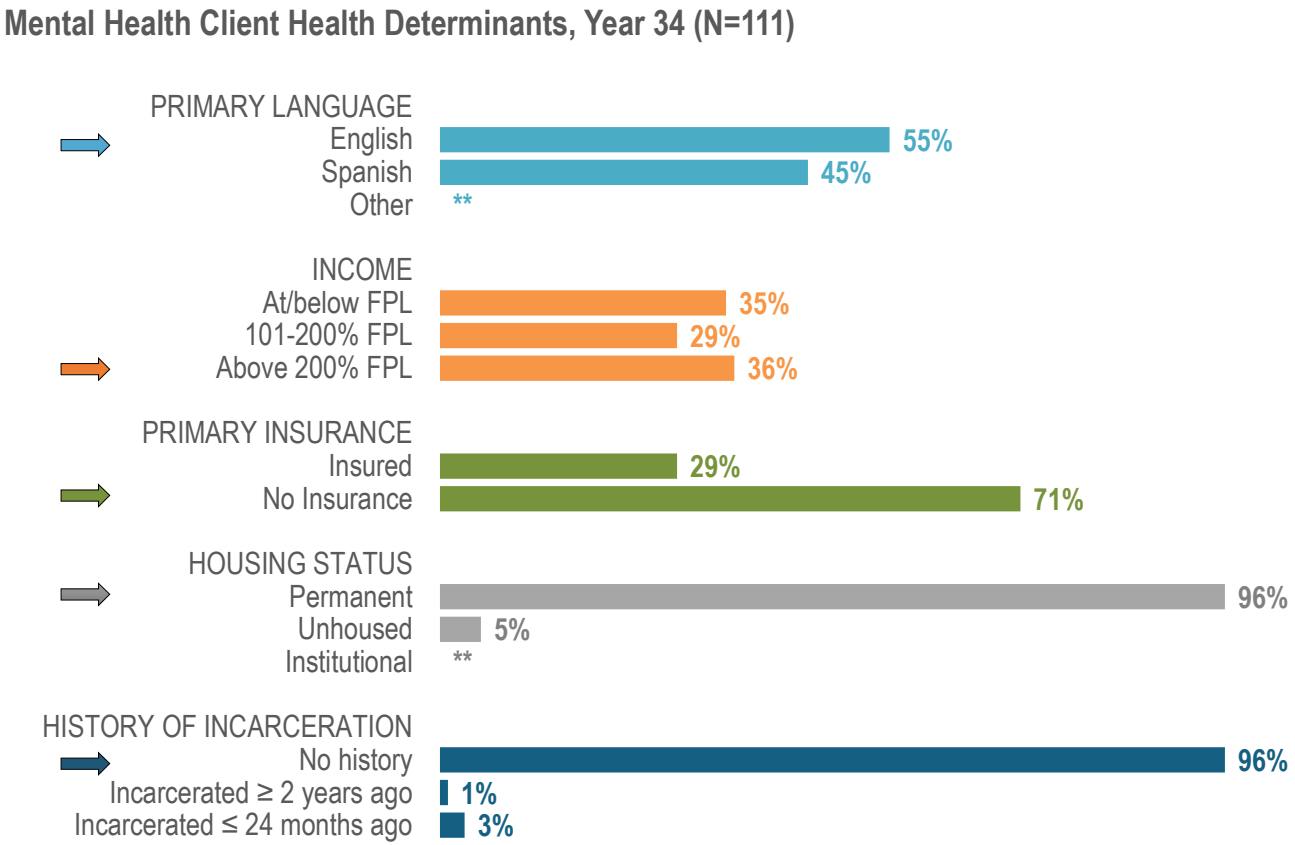
LAC Priority Populations Accessing Mental Health Services*, Year 34

- **Latinx MSM clients** represented the majority of Mental Health clients
- **Clients age ≥ 50** were the next highest priority population served by Mental Health



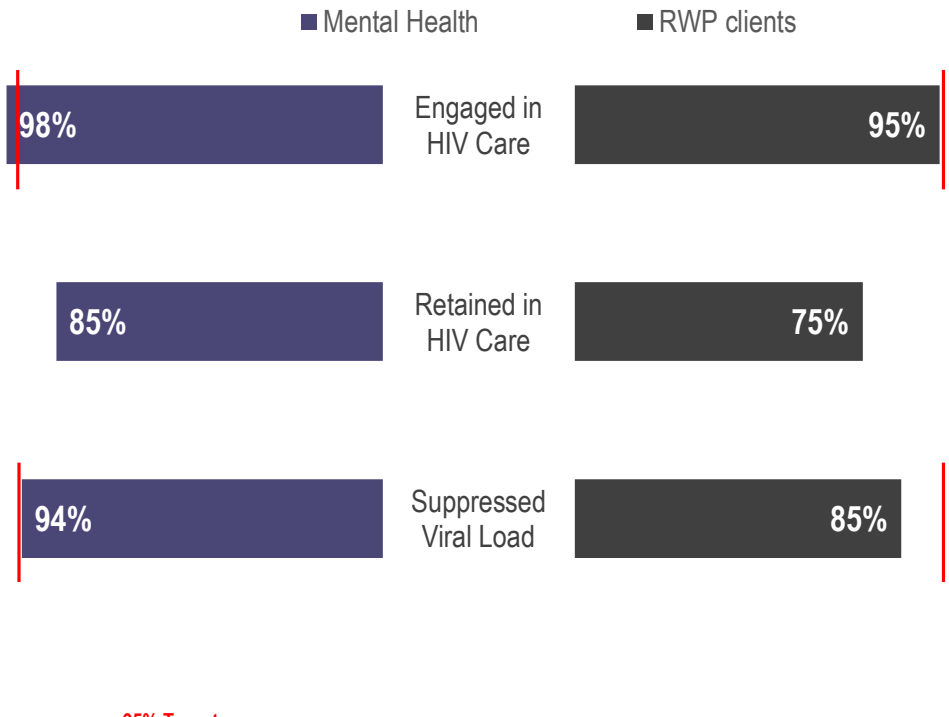
*Priority population groups are not mutually exclusive, they overlap.

MH clients were predominantly English speakers, had varied FPL, uninsured, permanently housed, and had no history of incarceration.



HIV Care Continuum in Mental Health clients, Year 34 (N=111)

- Engagement[a], retention in care[b], and viral load suppression[c] percentages were higher for Mental Health clients compared to RWP clients overall, Year 34.
- Mental Health clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/1/2025

[a]**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
[b]**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
[c]**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

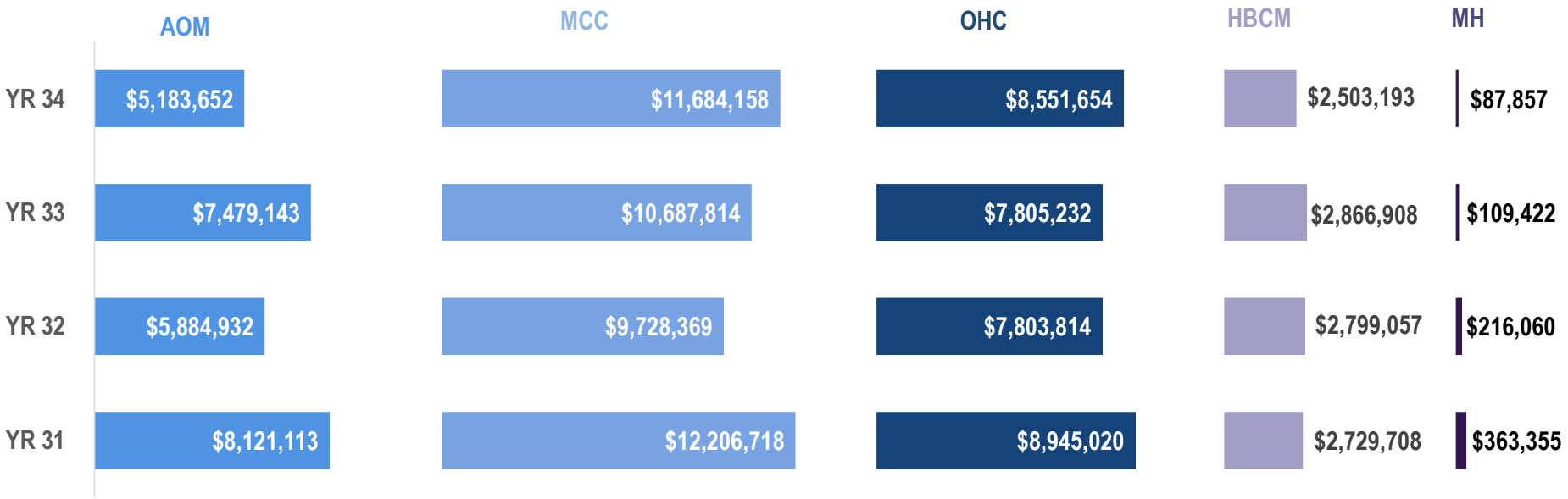
Core RWP Services Expenditures

AOM	*$5,183,652*
MCC	*$11,684,158*
Oral Health	*$8,551,654*
HBCM	*$2,503,193*
Mental Health	*$87,857*

County of Los Angeles Public Health

Expenditures for Years 31-34 by Core Service Category

AOM, **HBCM** and **Mental Health** services expenditures generally decreased since Year 31 with the lowest in Year 34. Expenditures for **Oral Health Care** services gradually increased over four years. **MCC** expenditures varied, increased compared to Years 32-33.



Expenditures per Client for Core RWP Services, Year 34

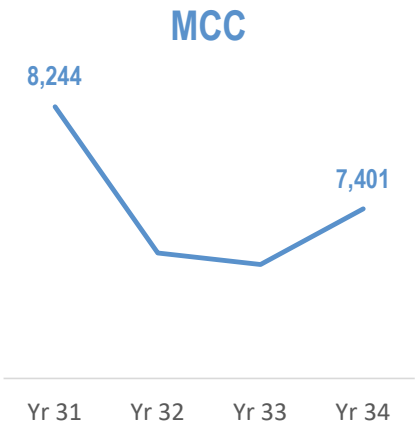
- **The highest expenditures per client** were spent **for HBCM**.
- **The lowest expenditures per client** were spent for **MH**, followed by **AOM** services.

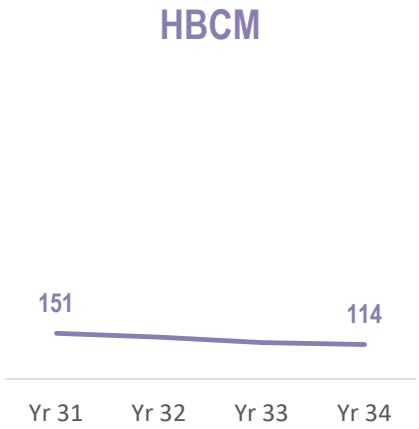
Service Category	Number of clients	% of RWP clients	Expenditures	% of total expenditures	Expenditures per client
MCC	7,401	47%	*$11,684,158*	*19%*	*$1,579*
Oral Health	4,469	28%	*$8,551,654*	*14%*	*$1,914*
AOM	2,882	18%	*$5,183,652*	*8%*	*$1,187*
HBCM	114	< 1%	*$2,503,193*	*4%*	***$21,958***
Mental Health	111	< 1%	*$87,857*	*<1%*	*$792*

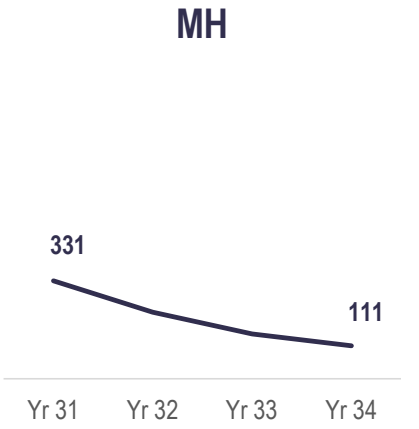
Key Takeaways

- Core Services Utilization
- Client Demographics
- HCC Outcomes
- Expenditures

Core Service Utilization, Years 31-34







Core Service Category	Year 34 Service Utilization Impact	Reasons for Year 34 Impact
AOM	Decreased utilization	DHS departure, Medi-Cal expansion
MCC	Increased utilization	Most consistently utilized service.
OH	Increased Utilization	Recovery from COVID-19 pandemic drop in Year 30
HBCM	Decreased Utilization	Medi-Cal expansion
MH	Decreased Utilization	Lack of MH providers within RWP, Medi-Cal expansion

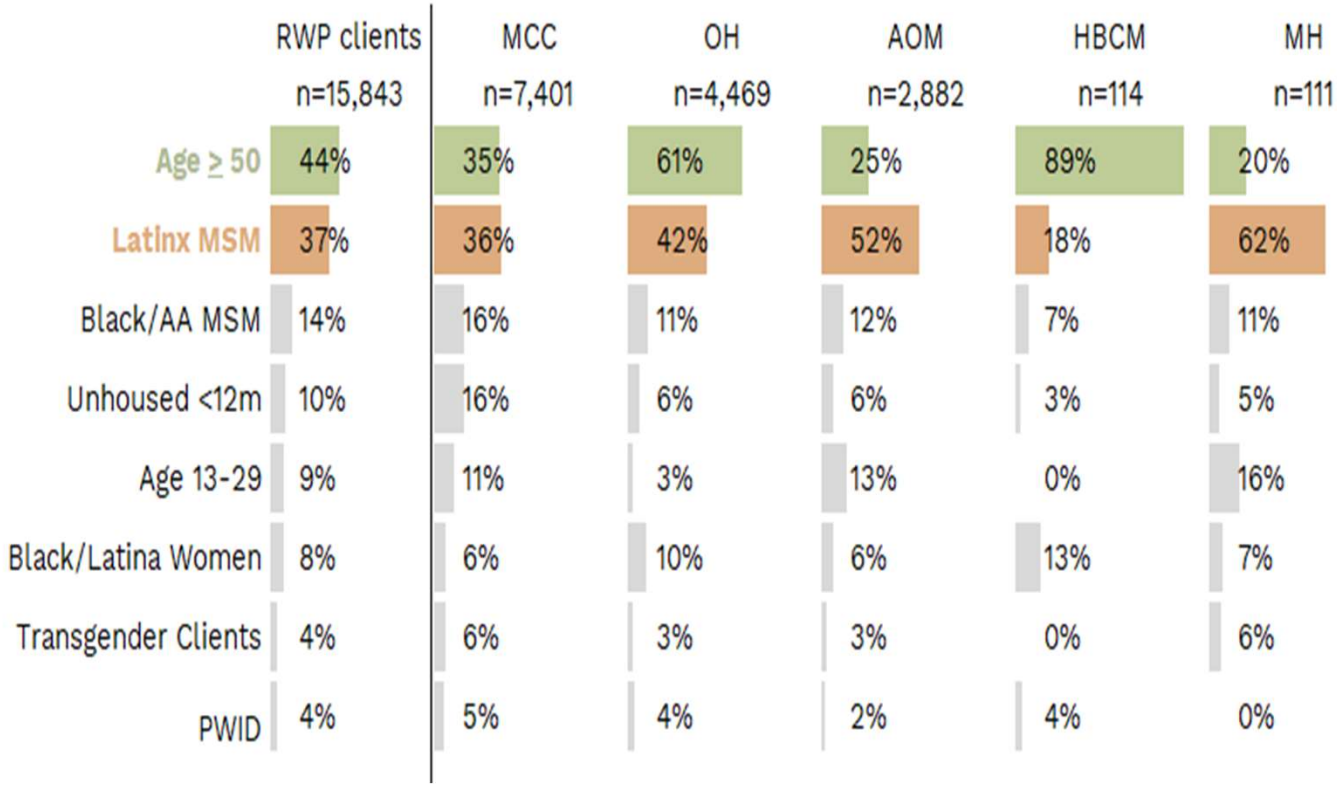
Key Takeaways: Client Demographics

- Primarily **men** across all services.
- Proportionate representation of **Latinx** individuals;
  - except AOM and HBCM with relatively high percentage of white individuals.
- Age distribution varies by service category. However, for all Core services, except AOM, the highest percentage of client were **aged 50 and older**.

	RWP clients n=15,843	MCC n=7,401	OH n=4,469	AOM n=2,882	HBCM n=114	MH n=111
GENDER						
Men	86%	87%	86%	91%	83%	87%
Women	10%	7%	11%	6%	17%	7%
Transgender Women	4%	5%	3%	3%	0%	5%
Trangender Men	0%	<1%	<1%	<1%	0%	<1%
Non-binary/Other	0%	<1%	<1%	<1%	**	<1%
RACE/ETHNICITY						
Latinx	53%	48%	59%	25%	41%	48%
Black	23%	24%	17%	28%	11%	24%
White	21%	23%	20%	34%	46%	23%
Other/Unknown	5%	5%	4%	13%	2%	5%
AGE						
50 and older	44%	35%	61%	25%	90%	35%
40-49 years	22%	23%	21%	28%	7%	23%
30-39 years	25%	31%	15%	34%	4%	31%
13-29 years	9%	11%	3%	13%	0%	11%

Key Takeaways: Priority Population

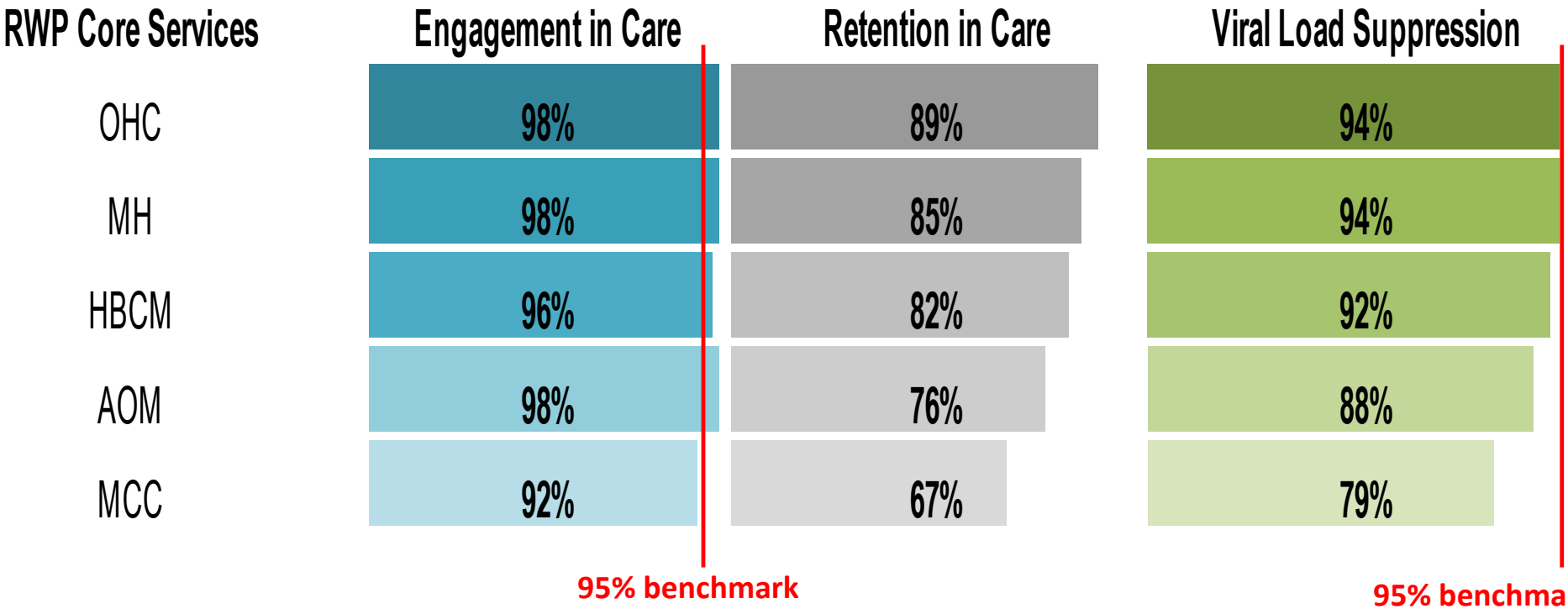
- The top RWP Core services utilized by priority populations were **MCC**, **Oral Health**, and **AOM**.
- Core services utilization among LAC priority population was consistent relative to their size (larger population – higher utilization):
  - **Latinx MSM** and **people aged ≥ 50 and older** were the **highest utilizers** of RWP Core services
    - RWP client **aged 50 and older** were the highest utilizers of Oral Health and HBCM services
    - **Latinx MSM** were the highest utilizers of AOM, MCC and MH services
  - **Lowest utilization** of RWP Core services was among **transgender people, PWID, unhoused** or **youth aged 13-29,** the smallest priority populations.



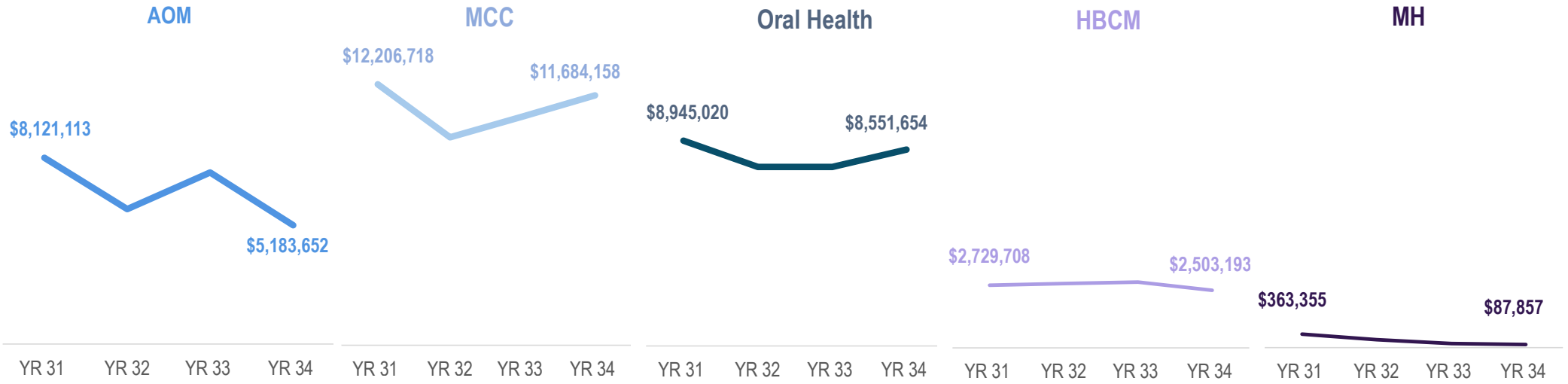
*Priority population groups are not mutually exclusive, clients may overlap

HIV Care Continuum Outcomes, Yr 34

Best outcomes were observed among RWP clients using OHC, HBCM, and MH services.



Key Takeaways - Expenditures



Core Service Category	Expenditures per Service	Expenditures per Clients	Reasons for Year 34 Changes
AOM	Decreased expenditures	Second lowest expenditures per client	Decrease in the number of clients served due to DHS departure and Medi-Cal expansion
MCC	Increased expenditures		Increase in number of clients; most consistently utilized service. Staffing.
OHC	Increased expenditures	Second highest expenditures per client	Recovery from COVID-19 pandemic drop in Year 30
HBCM	Decreased expenditures	Highest expenditures per clients	Decreased number of clients but not a significant decrease in expenditures in Year 34. Staffing.
MH	Decreased expenditures	Lowest expenditures per client	Decreased number of clients due to lack of MH providers within RWP. Medi-Cal expansion.

Next Steps

- Present to COH on the second of two major service clusters
  - Support Services (EFA, Housing, NMCM, Nutrition Support, LRP, Substance Use Residential)
- Examine detailed utilization of RWP services within each LAC priority populations
- Examine RWP by priority population over time

Questions/Discussion

Thank you!

- Acknowledgements
  - Monitoring and Evaluation – Siri Chirumamilla
  - Surveillance – Kathleen Poortinga, Priya Patel
  - PDR – Victor Scott, Michael Green
  - CCS – Paulina Zamudio and the RWP program managers
  - RWP agencies and providers
  - RWP clients

LOS ANGELES COUNTY COMMISSION ON HIV

APPROVED ALLOCATIONS FOR PROGRAM YEAR 36 (PY36)

			FY 2026 (PY 36)[2]	
Type	**Rank**	**Service Category**	**Part A %**	**MAI %**
Core	**6**	Medical Case Management (MCC)	29.00%	0.00%
Core	**8**	Oral Health	21.30%	0.00%
Core	**20**	Outpatient/Ambulatory Medical Health Services (AOM)	15.86%	0.00%
Core	**11**	Early Intervention 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	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	1.25%	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(no quorum on 9/12/24 COH meeting)

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

LOS ANGELES COUNTY COMMISSION ON HIV

Los Angeles County Commission on HIV
Approved Program Year 35 (PY35) Reallocations - Part A

				FY 2025 (PY35)[1]		
Service Category	**Service Ranking**	**Applied Part A Allocation Amount**	**Original COH Part A %**	**Revised Part A Allocation Amount**	**Revised Part A %**	**Notes**
Early Intervention Services (Testing Services)	**11**	$ -	0.00%	$ 777,616.55	2.07%	March-June
Emergency Financial/Rental Assistance	**2**	$ 3,023,661	8.00%	$ 1,611,582.12	4.29%	
Home and Community-Based Services (Intensive Case Management Home Based)	**17**	$ 2,456,724	6.50%	$ 1,487,614.26	3.96%	
Housing: RCFCI TRCF	**1**	$ 343,941	0.91%	$ 4,414,006.96	11.75%	TRCF Part B
Legal Services	**23**	$ 755,915	2.00%	$ 1,006,769.25	2.68%	
Medical Case Management (Medical Care Coordination)	**6**	$ 10,960,770	29.00%	$ 6,029,345.68	16.05%	
Medical Transportation	**10**	$ 695,442	1.84%	$ 698,727.91	1.86%	
Mental Health Services	**3**	$ 7,559	0.02%	$ 1,367,403.01	3.64%	
Non-medical Case Management: Benefits Specialty Services	**5**	$ 1,492,932	3.95%	$ 1,111,954.09	2.96%	
Non-medical Case Management: Patient Support Services	**5**	$ -	0.00%	$ 3,606,337.60	9.60%	
Non-medical Case Management: Transitional Case Management-Jails	**5**	$ 597,173	1.58%	$ -	0.00%	
Nutrition Support: Food Bank Home Delivered Meals	**7**	$ 2,944,290	7.79%	$ 3,106,709.58	8.27%	
Oral Health: General Specialty	**8**	$ 8,050,496	21.30%	$ 6,821,988.00	18.16%	
Outpatient Medical Health Services (Ambulatory Outpatient Medical)	**20**	$ 6,466,854	17.11%	$ 5,525,961.05	14.71%	
Psychosocial Support Services	**4**	$ -	0.00%	$ -	0.00%	
Referral	**24**	$ -	0.00%	$ -	0.00%	
Rehabilitation	**25**	$ -	0.00%	$ -	0.00%	
Respite Care	**21**	$ -	0.00%	$ -	0.00%	
Substance Abuse Residential	**19**	$ -	0.00%	$ -	0.00%	Part B
Total		$ 37,795,758	100.00%	$ 37,566,017	100.00%	

Notes

1) Approved by PP&A Committee on 8.19.25; approved by Exec. Committee on 8.28.25

Los Angeles County Commission on HIV

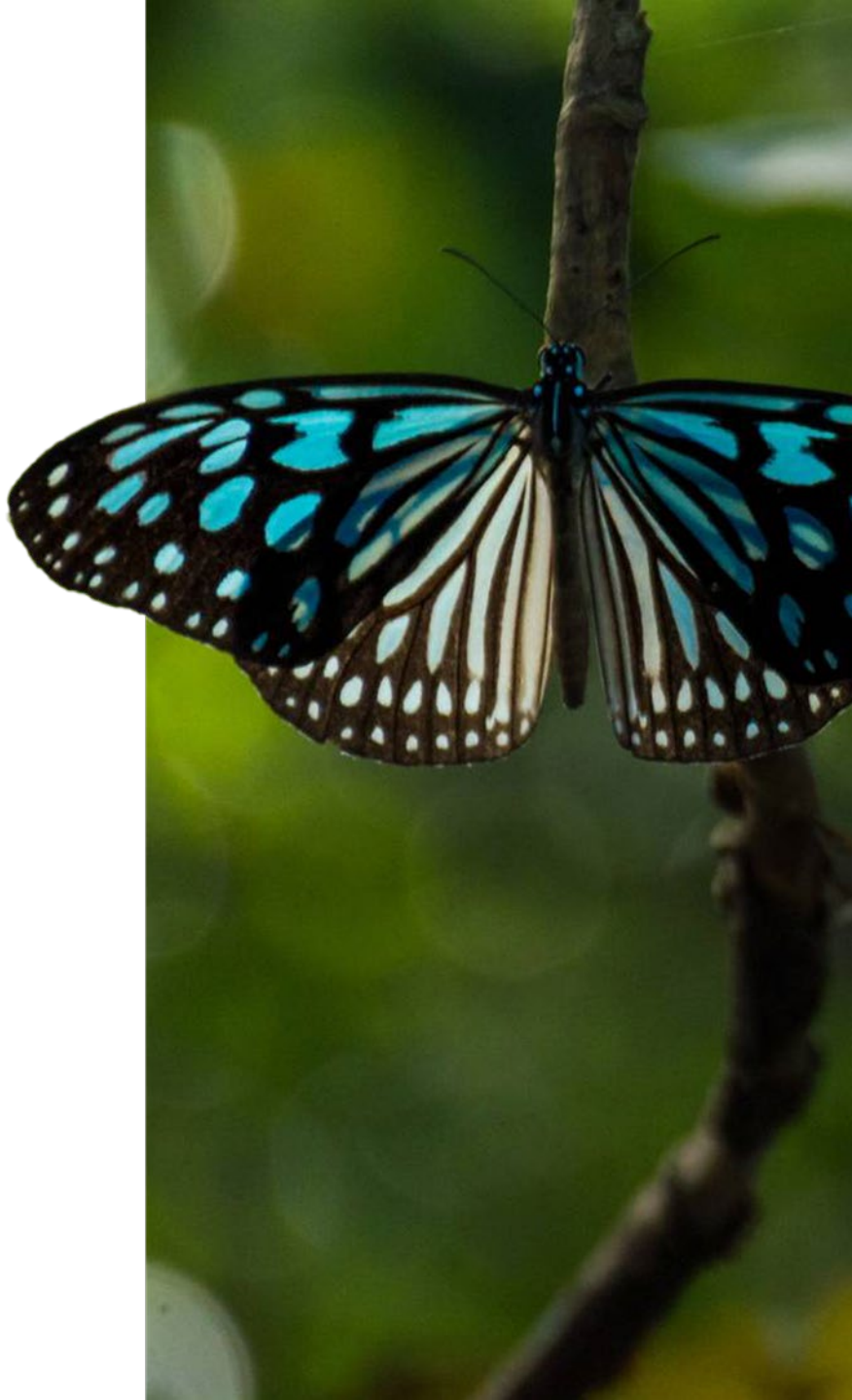
Approved Program Year 35 (PY35) Reallocations - Minority AIDS Initiative (MAI)

				FY 2025 (PY35)[1]	
Service Category	**Service Ranking**	**Applied MAI Allocation Amount**	**Original COH MAI %**	**Revised MAI [3] Allocation $ Amount**	**Revised MAI[3] %**
ADAP Treatments	**9**	$ -	0.00%	$ -	0.00%
Child Care Services	**18**	$ -	0.00%	$ -	0.00%
Early Intervention Services (Testing Services)	**11**	$ -	0.00%	$ -	0.00%
Emergency Financial Assistance	**2**	$ -	0.00%	$ -	0.00%
Health Education/Risk Reduction	**13**	$ -	0.00%	$ -	0.00%
Health Insurance Premium & Cost Sharing Assistance	**15**	$ -	0.00%	$ -	0.00%
Home and Community-Based Services (Intensive Case Management Home Based)	**17**	$ -	0.00%	$ -	0.00%
Home Health Care	**16**	$ -	0.00%	$ -	0.00%
Hospice Services	**28**	$ -	0.00%	$ -	0.00%
Housing: Transitional (Rampart Mint)	**1**	$ 3,470,916	100.00%	$ 3,350,148	100.00%
Legal Services	**23**	$ -	0.00%	$ -	0.00%
Linguistic Services (Language Services)	**27**	$ -	0.00%	$ -	0.00%
Local AIDS Pharmaceutical Assistance Program	**22**	$ -	0.00%	$ -	0.00%
Medical Case Management (Medical Care Coordination)	**6**	$ -	0.00%	$ -	0.00%
Medical Nutritional Therapy	**26**	$ -	0.00%	$ -	0.00%
Medical Transportation	**10**	$ -	0.00%	$ -	0.00%
Mental Health Services	**3**	$ -	0.00%	$ -	0.00%
Non-medical Case Management: Benefits Specialty Services	**5**	$ -	0.00%	$ -	0.00%
Non-medical Case Management: Patient Support Services	**5**	$ -	0.00%	$ -	0.00%
Non-medical Case Management: Transitional Case Management-Jails	**5**	$ -	0.00%	$ -	0.00%
Nutrition Support: Food Bank Home Delivered Meals	**7**	$ -	0.00%	$ -	0.00%
Oral Health: General Specialty	**8**	$ -	0.00%	$ -	0.00%
Outpatient Medical Health Services (Ambulatory Outpatient Medical)	**20**	$ -	0.00%	$ -	0.00%
Outreach Services: Linkage Re-engagement Program (LRP)	**14**	$ -	0.00%	$ -	0.00%
Psychosocial Support Services	**4**	$ -	0.00%	$ -	0.00%
Referral	**24**	$ -	0.00%	$ -	0.00%
Rehabilitation	**25**	$ -	0.00%	$ -	0.00%
Respite Care	**21**	$ -	0.00%	$ -	0.00%
Substance Abuse Residential	**19**	$ -	0.00%	$ -	0.00%
Substance Abuse Services Outpatient	**12**	$ -	0.00%	$ -	0.00%
Total		$ 3,470,916	100.00%	$ 3,350,148	100.00%

Notes

1) Approved by PP&A Committee on 8.19.25; approved by Exec. Committee on 8.28.25

PY36/FY 2026-2027 REALLOCATIONS: PART 1



September 2025 PP&A Meeting

Why reallocate?

HRSA Part A Non-competing continuation application

- No application = No HRSA Part A award for PY36
- PC Letter of Concurrence stating that you allocated RWP Part A/MAI PY 36 funds to service categories listed in the application is required.
  - ➢ Including Patient Support Services
- Submission date: September 26, 2025

★ This is not the final PY 36 allocations. We will need to reallocate again.

MOTION #3: Approve the Ryan White Program Year 36 Reallocations, 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.

Los Angeles County Commission on HIV Program Year 36 (PY36) Reallocations - Part A

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

1) Approved by PP&A on 8/19/25; Approved by Exec. on 8/28/25

Los Angeles County Commission on HIV

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

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

1) Approved by PP&A on 8/19/25; Approved by Exec. on 8/28/25