LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, April 15, 2025
1:00pm – 4:00pm (PST)
****Note: Extended Meeting Time****

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

Due to limited space, members of the public are encouraged to attend virtually.

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r58665d8cb3ae464530ba89566aee7726

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, APRIL 15, 2025 | 1:00 PM – 4:00 PM
****NOTE EXTENDED MEETING TIME****

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/r58665d8cb3ae464530ba89566aee7726

To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2538 850 3543

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair Carlos Vega-Matos *(Alternate)*	Daryl Russell Co-Chair	Al Ballesteros, MBA	Lilieth Conolly (LOA) Gerald Green *(Alternate)*
Felipe Gonzalez Rita Garcia *(Alternate)*	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: April 10, 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. 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. Priority Setting and Resource Allocation Process Mandatory Training – April 23, 2025
    b. HRSA Ryan White Program 2030 Letter | Exploring Strategies for Reaching Out of Care PLWH

9. Division on HIV and STD Programs (DHSP) Report 1:31 PM—2:45 PM
    a. Ryan White Program Year 33 (PY33) Utilization Report - Core Services

- B R E A K - 2:46 PM—2:55 PM

V. DISCUSSION 2:55 PM—3:50 PM

10. Contingency Planning

    MOTION #3 - Approve the Ryan White Program Year 35 Allocation Contingency Plan (Scenario #3) and grant the Division of HIV and STD Programs (DHSP) the authority to adjust allocations by up to ten percent (10%) per service category, as needed —without returning to the full Commission for additional approval.

VI. NEXT STEPS 3:51 PM – 3:55 PM

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

VII. ANNOUNCEMENTS 3:56 PM – 4:00 PM

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

VIII. ADJOURNMENT 4:00 PM

14. Adjournment for the meeting of April 15, 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 35 Allocation Contingency Plan (Scenario #3) and grant the Division of HIV and STD Programs (DHSP) the authority to adjust allocations by up to ten percent (10%) per service category, as needed —without returning to the full Commission for additional approval.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

Approved by COH 6/8/23

CODE OF CONDUCT

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 3/28/25

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.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & Linked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	**Danielle**	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Biomedical HIV Prevention
			Transportation Services
CIELO	**Mikhaela**	Los Angeles General Hospital	Biomedical HIV Prevention
CONOLLY	**Lilieth**	No Affiliation	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	Community Engagement/EHE

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DAVIS (PPC Member)	**OM**	Asian American Drug Abuse Program (AADAP)	High Impact HIV Prevention
			HIV Testing and Viral Hepatitis Services in Los Angeles County
DOLAN (SBP Member)	**Caitlyn**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	ViiV Healthcare	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)
GARCIA	**Rita**	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Intensive Case Management
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	**Bridget**	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**	Connect To Protect LA/CHLA	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	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	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & 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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MOLETTE	**Andre**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Oral Healthcare Services
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Community Engagement/EHE
			Oral Healthcare Services
NELSON	**Katja**	APLA Health & Wellness	High Impact HIV Prevention
			Benefits Specialty
			Nutrition Support
			Sexual Health Express Clinics (SHEx-C)
			Data to Care Services
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Case Management

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation 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
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated representative	No Ryan White or prevention contracts
SALAMANCA	**Ismael**	City of Long Beach	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			HIV Testing & Sexual Networks
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			High Impact HIV Prevention
			Mental Health
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Data to Care Services
SAUNDERS	**Dee**	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
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	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
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
March 18, 2025

COMMITTEE MEMBERS P = Present | P* = Present as member of the public; does not meet AB 2449 requirements | A = Absent | EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	Rob Lester	A
Daryl Russell, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Al Ballesteros, MBA	EA	Ismael Salamanca	EA
Lilieth Conolly	LOA	Harold Glenn San Agustin, MD	P
Rita Garcia	EA	Dee Saunders	EA
Felipe Gonzalez	P	LaShonda Spencer, MD	P
Gerald Green	A	Lambert Talley	EA
Michael Green, PhD, MHSA	P	Carlos Vega-Matos	A
William King, MD, JD	EA	Jonathan Weedman	A
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.
*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

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

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

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

ROLL CALL (PRESENT): R. Garcia, F. Gonzalez, M. Green, W. King, R. Lester, M. Martinez, H. San Agustin, L. Spencer, D. Russell, K. Donnelly

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 were no public comments.

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, Executive Director, reminded the committee of the upcoming mandatory trainings. The schedule has been revised with the March 26th Ryan White Care Act Legislative Overview training rescheduled to April 2nd to allow for participation in the substance use summit on March 26th. Trainings are held virtually and are open to members of the public. See training schedule flyer for more details.
   - C. Barrit reminded the committee of the upcoming Commission on HIV (COH) restructuring meetings. The meetings will be at the Vermont Corridor from March 19-21, and will have morning and afternoon sessions, during which there will be a review of the commission's effectiveness as well as feedback regarding restructuring.

8. **Co-chair Report**
   a. New Member Welcome
   - K. Donnelly, PP&A co-chair, welcomed four new members to the committee - G. Green, R. Lester, I. Salamanca and C. Vega-Matos.

   b. Women's Caucus Listening Sessions
   - K. Donnelly reported that the Women's Caucus is continuing planning around upcoming

listening sessions, planned for May through June. The caucus met on March 17 and the group reviewed proposed discussion questions will participants providing feedback to help refine the questions. The co-chairs will continue to work will Commission staff to solidify dates and times for the listening sessions.

9. Division of HIV and STD Programs Report

a. Program Year (PY) 34 Expenditures – Part B and Ending the HIV Epidemic (EHE)

- DHSP staff, V. Scott, provided a Program Year 34 (PY34) Expenditures report to the committee. The report focused on minor updates to Part A and Minority AIDS Initiative (MAI) expenditures from the February report as well as current spending to date and end of year (February 28, 2025) projections for Ryan White Part B and Ending the HIV Epidemic (EHE) funds. The report shows that both Ryan White Part B and EHE will fully expend program funds for PY34. See meeting packet for more details.
- The first 5-year Health Resources and Services Administration (HRSA) EHE funding cycle ended on February 28, 2025. DHSP staff reported that unused funds from the first four years were carried over to the fifth and final year that were used to support some Part A services as well as additional EHE services. There was approximately $18 million dollars to spend in year five resulting in an atypical surplus allowing EHE funds to support some Part A services. EHE funds were used to support the following RWP services in PY34: Home-delivered Meals (part of Nutritional Support), Linkage and Re-engagement Program (LRP), some Partner Services and Emergency Rental Assistance. See meeting packet for more details.
- To date, DHSP has received a HRSA EHE partial notice of award of $3.3 million. If fully funded, DHSP anticipates receiving approximately $7.8 million for PY35 indicating flat funding from PY34.
- M. Martinez asked what services HRSA expects EHE funds to be used towards. V. Scott noted that HRSA requires EHE grand funds to be used for innovation, new partnerships and new projects. The expectation is to support innovation beyond what RWP services can support. P. Zamudio provided an example with the grocery store flex cards that were provided to support/supplement nutrition support services beyond food bank.
- D. Russell asked when DHSP anticipates receiving the final RWP Part A and MAI notice of award. V. Scott noted that DHSP has only received a partial notice of award (of approximately $8 million) and that last year, DHSP did not receive the final notice of award until June 2024 which made planning challenging. M. Green added that partial award notices typically include an expectation of final award amount for the year. This year's partial award notice does not include any information regarding final award amount and the partial award is based on the formula portion of last year's award. At this time, DHSP does not know when they will receive a final notice of award for RWP Part A and MAI and cannot expect funding beyond the partial award.
- DHSP noted that the County had seen increases in funding in recent years and is now shifting into a period of limited resources. Difficult conversations are needed to decide how to best use the limited resources available.

- H. San Agustin asked if master-level positions are still required under the Medical Care Coordination (MCC) program as an option for potential savings by reducing to bachelor level positions. P. Zamudio noted that master-level positions are still required.
- L. Spencer noted that MCC services are needed for clients that are hard to reach and that need extra support in managing their HIV care. She noted that it is an extremely important service that should not be eliminated or face excessive cuts.

V. DISCUSSION ITEMS

10. Program Year 33 (PY33) Utilization Report Recap

- K. Donnelly reminded the committee that the first installment of PY33 Utilization Reports was presented at the March full COH meeting on March 13th. The report included an overall picture of service utilization by priority population for each RWP-funded service category. See meeting packet for full report.
- The committee did not have any further questions regarding the utilization report.

11. Contingency Planning

- K. Donnelly opened the discussion around contingency planning by providing a brief overview of past contingency plans developed by the committee. The plan outlined scenarios for both funding reductions and cost savings. For funding reductions, the committee focused on preserving all core medical services to the extent possible. The committee opted to maintain some core services and cutting others starting with the lowest priority ranked service. An alternate option that was explored but not recommended was to preserve all services but reduce funding amounts in each service category by a certain amount. See meeting packet for more details. K. Donnelly reminded the group that the contingency plan serves only as a reference and guide for current contingency planning efforts.
- DHSP recommended that the committee outline at least three different funding scenarios on top of the PY35 allocations based on full funding. Potential cuts to Medicaid should also be included in deliberations and final contingency planning decisions.
- C. Barrit reminded the group that RWP legislation outlines that 75% of funding go to core services and 25% go to support services. Although waivers are allowed, she offered aligning funding to support 75% core services and 25% support services as a potential starting point for deliberations.
- M. Green suggested using the guaranteed $8 million from the Part A/MAI partial notice of award as well as a Part B award of $5 million, for a total of $13 million, as a worst-case scenario as part of the committee's contingency plans. The committee suggested additional contingency planning scenarios between 25-70% reductions (of the total award amount).
- The committee outlined a contingency plan for the worst-case scenario of funding remaining at $13 million deciding to preserve Ambulatory Outpatient Medical (AOM)

services, Medical Transportation Services, Benefits Specialty Services and Medical Care Coordination (MCC) Services. The committee will continue contingency planning at their next meeting in April.

VI. NEXT STEPS

12. Task/Assignments Recap

- **a.** Committee reviewed expenditures to date for RWP Part A, MAI, Part B, and EHE and developed a contingency plan.
- **b.** Commission staff will work with the co-chairs to develop at least three other contingency plans based on various funding scenarios.

13. Agenda Development for the Next Meeting

- **a.** Review and approve PY35 contingency plans.
- **b.** Review PY33 Core Services Utilization Report.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

15. Adjournment for the Meeting of March 18, 2025.

The meeting was adjourned by K. Donnelly at 3:16pm.

Los Angeles County Commission on HIV

REVISED 2025 TRAINING SCHEDULE

***SUBJECT TO CHANGE**

- All training topics listed below are mandatory for Commissioners and Alternates.
- All trainings are open to the public.
- Click on the training topic to register.
- Certificates of Completion will be provided.
- All trainings are virtual via Webex.
- For questions or assistance, contact: hivcomm@lachiv.org

Commission on HIV Overview	February 26, 2025 @ 12pm to 1:00pm
Ryan White Care Act Legislative Overview and Membership Structure and Responsibilities	~~March 26, 2025~~ @ 12pm to 1:00pm April 2, 2025
Priority Setting and Resource Allocations Process	April 23, 2025 @ 12pm to 1:00pm
Service Standards Development	May 21, 2025 @ 12pm to 1:00pm
Policy Priorities and Legislative Docket Development Process	June 25, 2025 @ 12pm to 1:00pm
Bylaws Review	July 23, 2025 @ 12pm to 1:00pm

HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

December 20, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

As many of you know, earlier this year the Health Resources and Services Administration's (HRSAs) HIV/AIDS Bureau (HAB) introduced **Ryan White Program 2030 (RWP 2030),** a renewed vision for the Ryan White HIV/AIDS Program (RWHAP). Building on 35 years of success and innovation, RWP 2030 integrates lessons learned from the RWHAP and the Ending the HIV Epidemic in the U.S. (EHE) initiative. This framework is designed to sustain high-quality care and treatment for people currently receiving services through the RWHAP **while expanding efforts to identify and engage individuals with HIV who are undiagnosed or out-of-care[1].**

Achieving this goal will require a comprehensive, collaborative approach that builds upon existing successes and resources while fostering innovation[2]. At its core, RWP 2030 reflects our shared commitment to improving health outcomes for people with HIV. This vision calls on the HIV community to establish and strengthen partnerships, prioritize community engagement, and utilize focused interventions to end the HIV epidemic.

Since 2010, viral suppression among people receiving HIV medical care through the RWHAP has increased significantly, from 69.5% to 90.6% in 2023. Thanks to advancements in treatment, HIV is now a manageable chronic condition for individuals who remain engaged in care, allowing them to live long, healthy lives while preventing transmission to others. Despite this progress, we recognize that approximately 40% of people with HIV in the U.S. are either undiagnosed or not receiving regular care, contributing to most new HIV infections. Addressing these gaps is essential to achieving our goal of ending the epidemic.

Through EHE, we have seen the power of targeted investments and innovative strategies. In 2022, EHE-funded providers served over 22,000 individuals who were new to care and re-engaged more than 19,000 individuals who were out of care. Remarkably, 79.2% of individuals new to care achieved viral suppression, underscoring the effectiveness of our collective efforts. These successes highlight the importance of combining strategic investments with community-driven planning to achieve high-impact outcomes.

Ryan White Program 2030 emphasizes the importance of sustaining care for those already engaged in the RWHAP, while expanding our reach to ensure timely diagnosis and sustained treatment for underserved communities. This will require collaboration across sectors, innovation in care delivery, and a commitment to addressing barriers to care. We must also engage individuals with lived experience and non-traditional partners to inform program planning[3] and care models that are responsive to the needs of diverse communities.

[1] Legal authority: §§ 2602(b)(4), 2617(b), 2664(a), and 2671(c) of the Public Health Service (PHS) Act.
[2] Legal authority: §§ 2603(b)(2)(B), 2620, 2654(c), and 2691 of the PHS Act.
[3] Legal authority: § 2681 of the PHS Act.

Ryan White HIV/AIDS Program recipients play a critical role in advancing the goals of RWP 2030 and are responsible for employing sound planning and decision-making processes to determine which HIV related services are prioritized and how much to fund them. As part of these responsibilities, RWHAP recipients must continue to base service priorities and resource allocation decisions on the size, demographics, and needs of people with or affected by HIV. RWP 2030 specifically entails a renewed focus on reaching those who are undiagnosed or out of care. This may necessitate a re-evaluation of existing resource allocations to ensure outreach, engagement, and support efforts are effectively scaled to meet the needs of these especially high-need populations while still addressing the needs of individuals who are currently receiving care through the RWHAP.

We encourage you to begin engaging your partners in discussions about this vision and its implications for your work. Over the next several months, HRSA HAB will work to develop additional guidance and tools to support your efforts in implementing RWP 2030. The RWHAP Best Practices Compilation contains effective innovative interventions and best practices on outreach, linkage to and engagement in care. TargetHIV also contains a number of trainings, resources, and reference guides to support recipients and subrecipients in providing care to people with HIV. HAB is also planning a series of listening sessions in 2025 to ensure that RWP 2030 is informed by diverse perspectives and to better understand the challenges and barriers to implementing this vision.

We are confident that, with your continued partnership, we can realize the goals of RWP 2030 and bring us closer to ending the HIV epidemic. If you have questions, please contact your HRSA HAB Project Officer.

Thank you for your unwavering dedication to improving the lives of people with HIV.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

Ryan White Program Utilization Summary, Year 33: Core Services (March 1, 2023-February 2024)

Sona Oksuzyan, Supervising Epidemiologist
Janet Cuanas, Research Analyst III
Monitoring and Evaluation Unit
Division of HIV and STD Programs

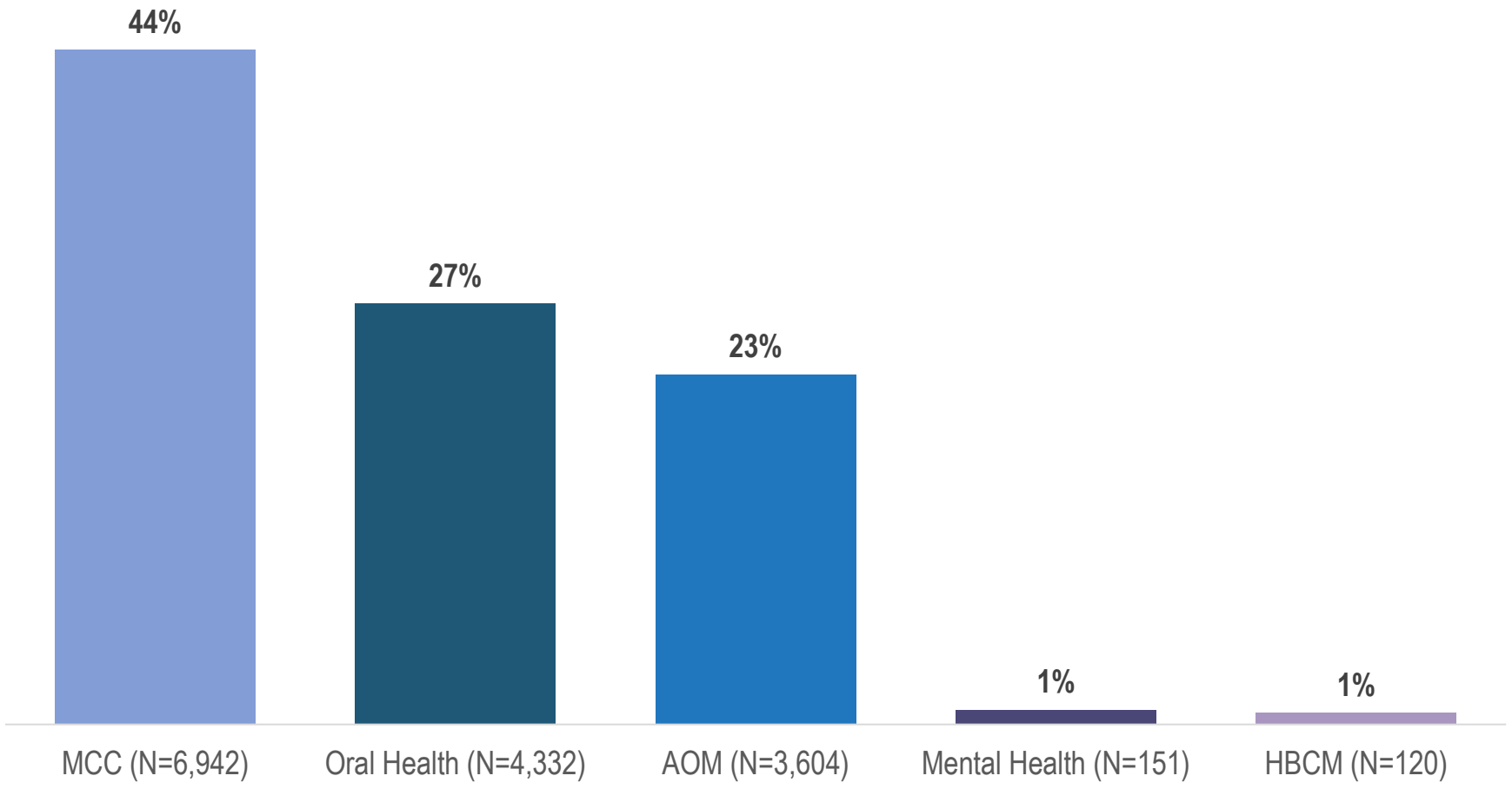
April 15, 2025

RWP Core Services

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

County of Los Angeles Public Health

MCC, Oral Health, and AOM were the most highly used core services in Year 33.



Ambulatory Medical Outpatient (AOM)

Provides primary medical care, HIV medication management, laboratory testing, counseling, nutrition education, case management, support groups, and access to specialized HIV treatment options at 18 contracted sites.

- A total of **3,604 unique clients** received AOM services (Year 32 at 3,478, Year 31 at 5,351)
- AOM clients represented almost a quarter (**23%) of RWP clients**

County of Los Angeles Public Health

Utilization of AOM clients, Year 33

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
AOM	**3,604**	**Visits**	**9,733**	**3**	***$7,479,143***	***$2,075***
Medical Outpatient	3,604	Visits	9,733	3	*$4,510,048*	*$1,251*
Supplemental AOM Procedures	3,211	Procedures	64,156	20	*$2,526,186*	*$787*
Medical Subspecialty*					*$442,909*	

Funding Source:

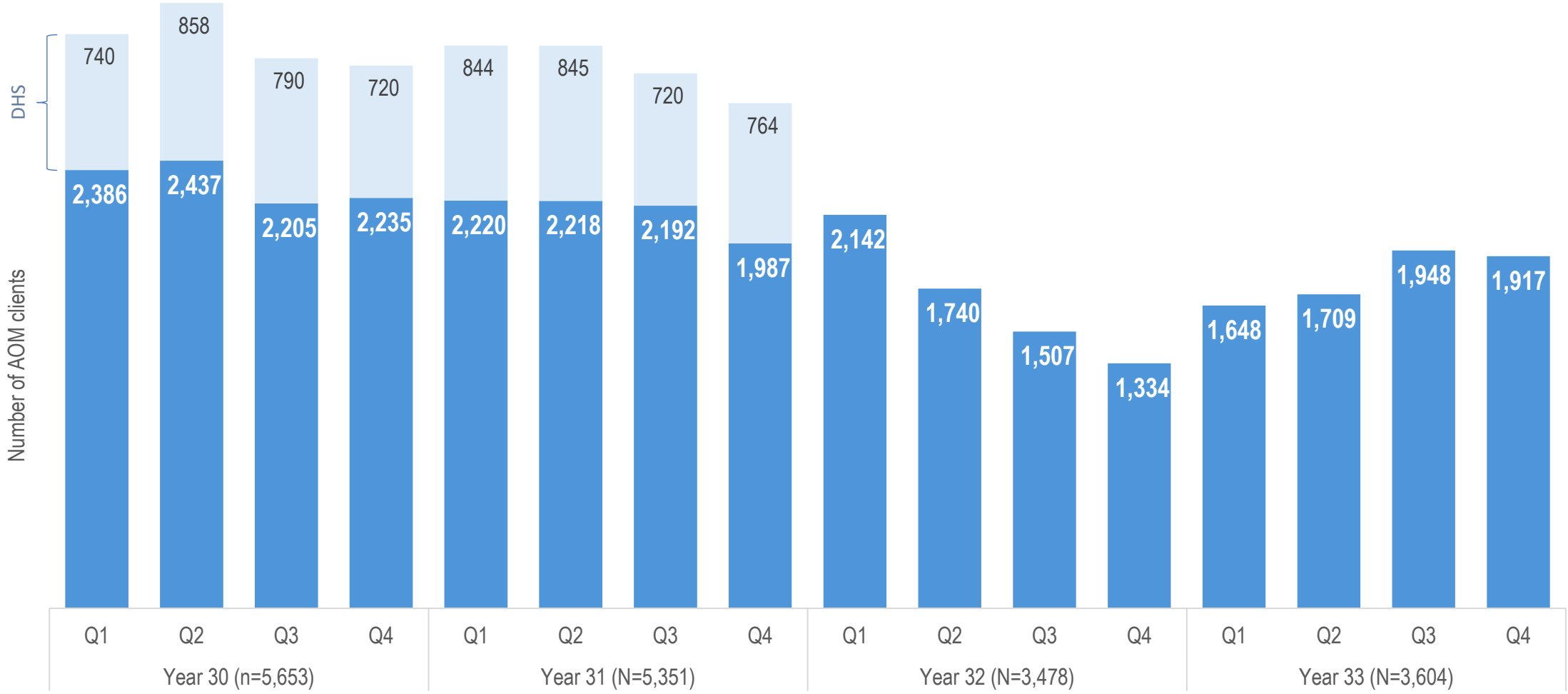
- *Part A - $6,564,101*
- *HIV NCC - $915,042*

*No data in CaseWatch

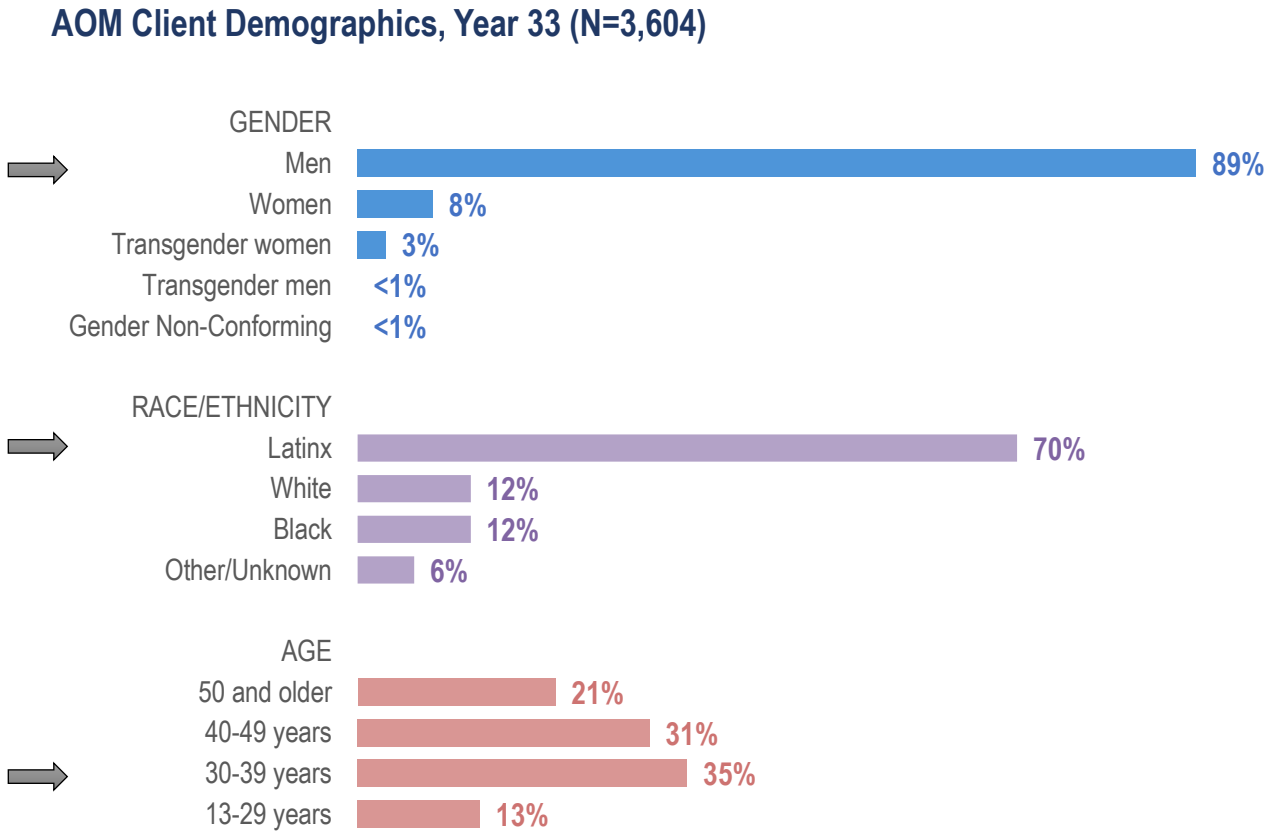
AOM utilization decreased over three years (Medi-Cal expansion) with the lowest in Year 32 but went slightly up in Year 33.

County of Los Angeles Public Health

Quarterly AOM Utilization at Department of Health Services (DHS) and non-DHS Agencies, Years 30-33

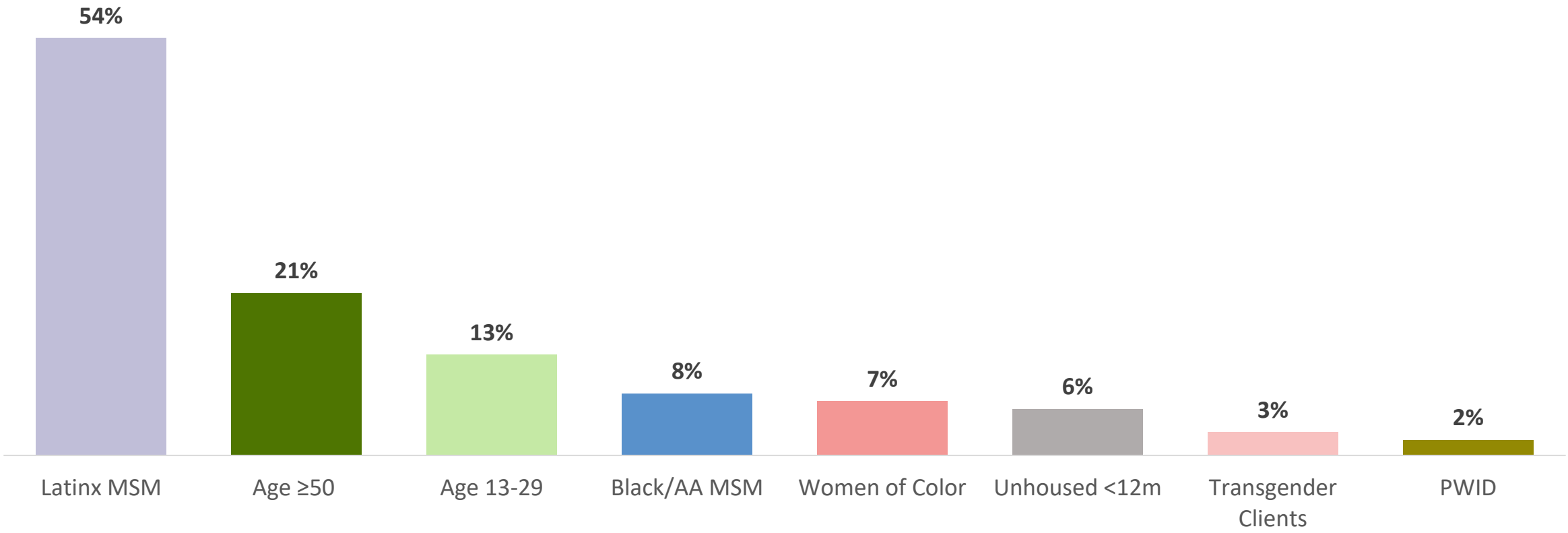


AOM Demographics



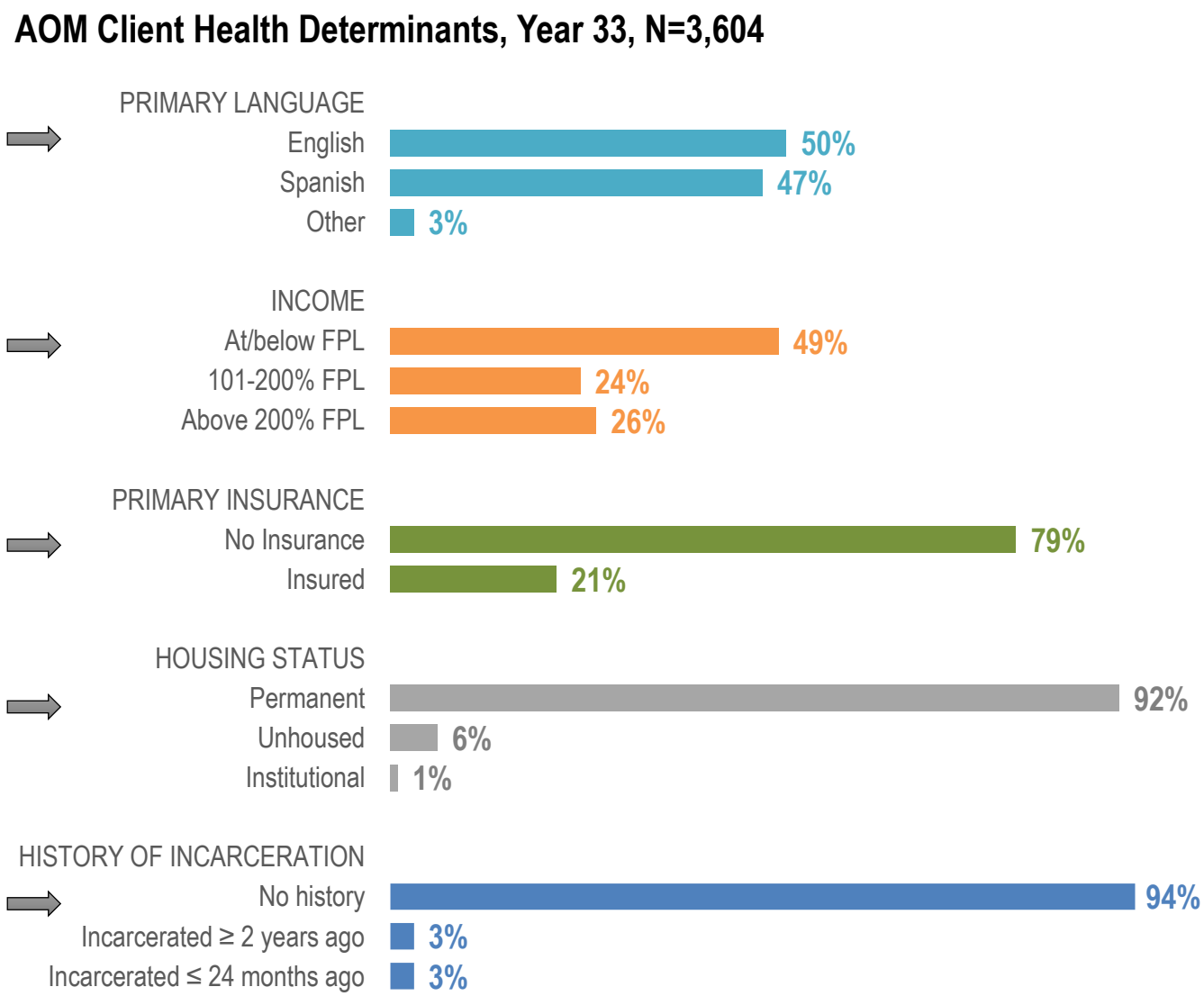
AOM services are reaching clients in LAC priority populations*, Year 33

- **Latinx MSM** clients represented the largest percentage of AOM clients
- Clients **age ≥ 50** and **13-29 years** represented a third of AOM clients (34%)



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

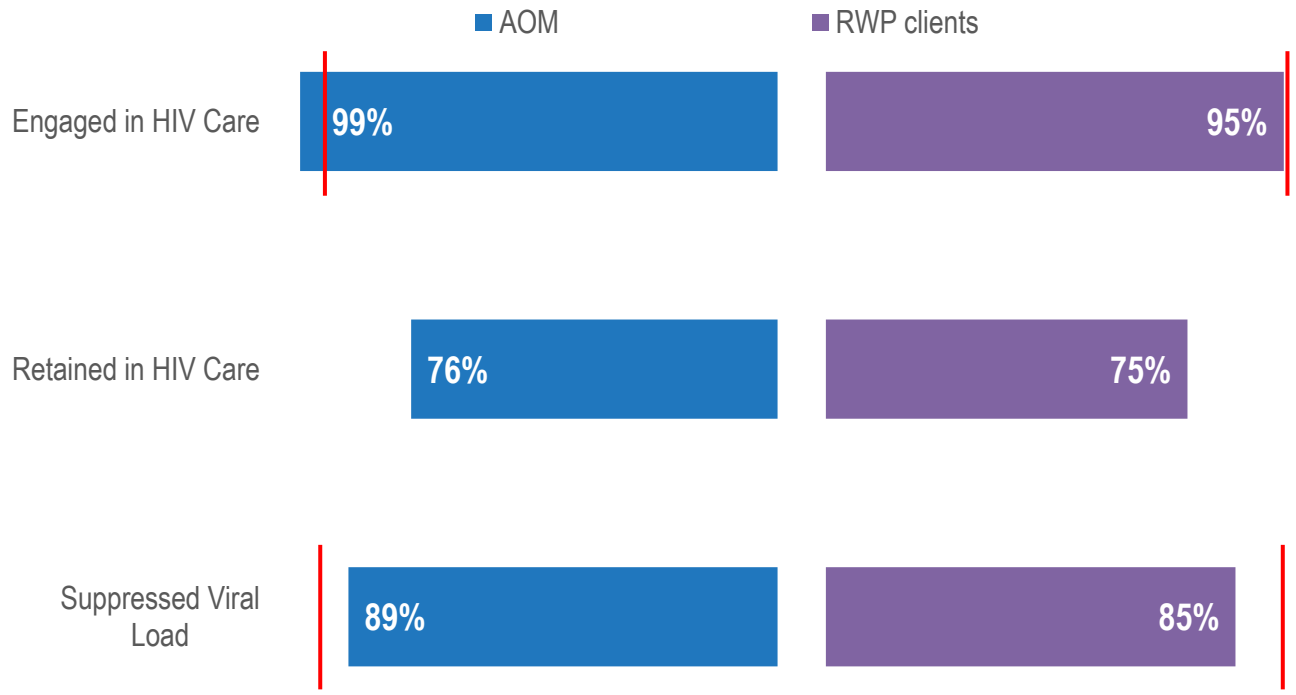
Half of AOM clients spoke English; half lived ≤ FPL; most had no insurance; most were permanently housed; most had no history of incarceration.



HIV Care Continuum in AOM clients, Year 33 (N=3,604)

- Engagement, retention in care, and viral load suppression percentages were higher for AOM clients compared to RWP clients overall, Year 33.

- 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.



Data source: HIV Casewatch as of 5/2/2024

Medical Care Coordination (MCC)

An integrated service model to respond to patients' unmet medical and non-medical needs through coordinated case management activities to support continuous engagement in care and adherence to ART offered at 18 contracted sites.

A total of **6,942 unique clients** received MCC services, which is a decline from Year 31 at 8,244 and Year 32 at 7,036.

MCC clients represented **44% of RWP clients** in Year 33.

Utilization of MCC clients, Year 33

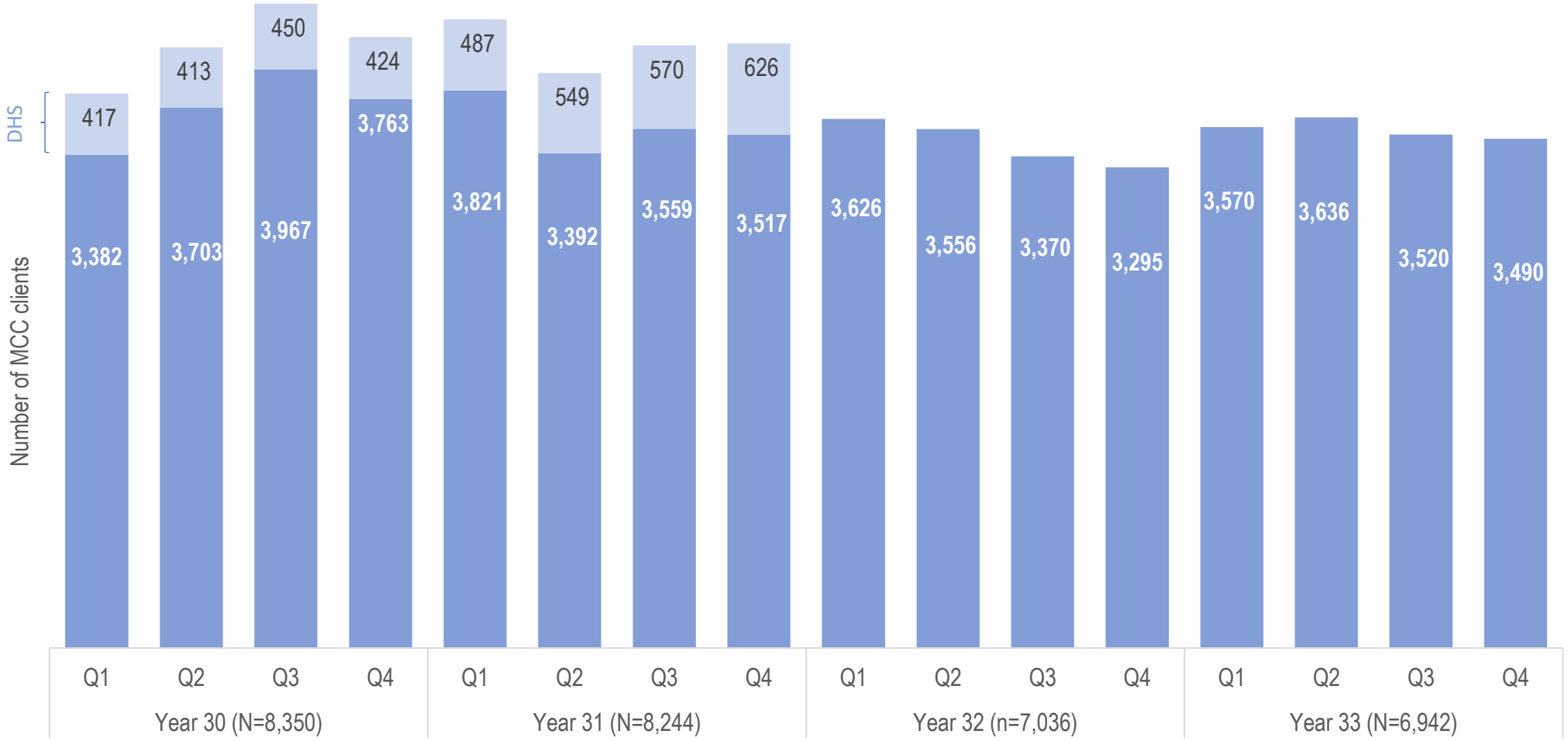
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
MCC	**6,942**	**Hours**	**97,771**	**14**	***$10,687,814***	***$1,540***

Funding Source:

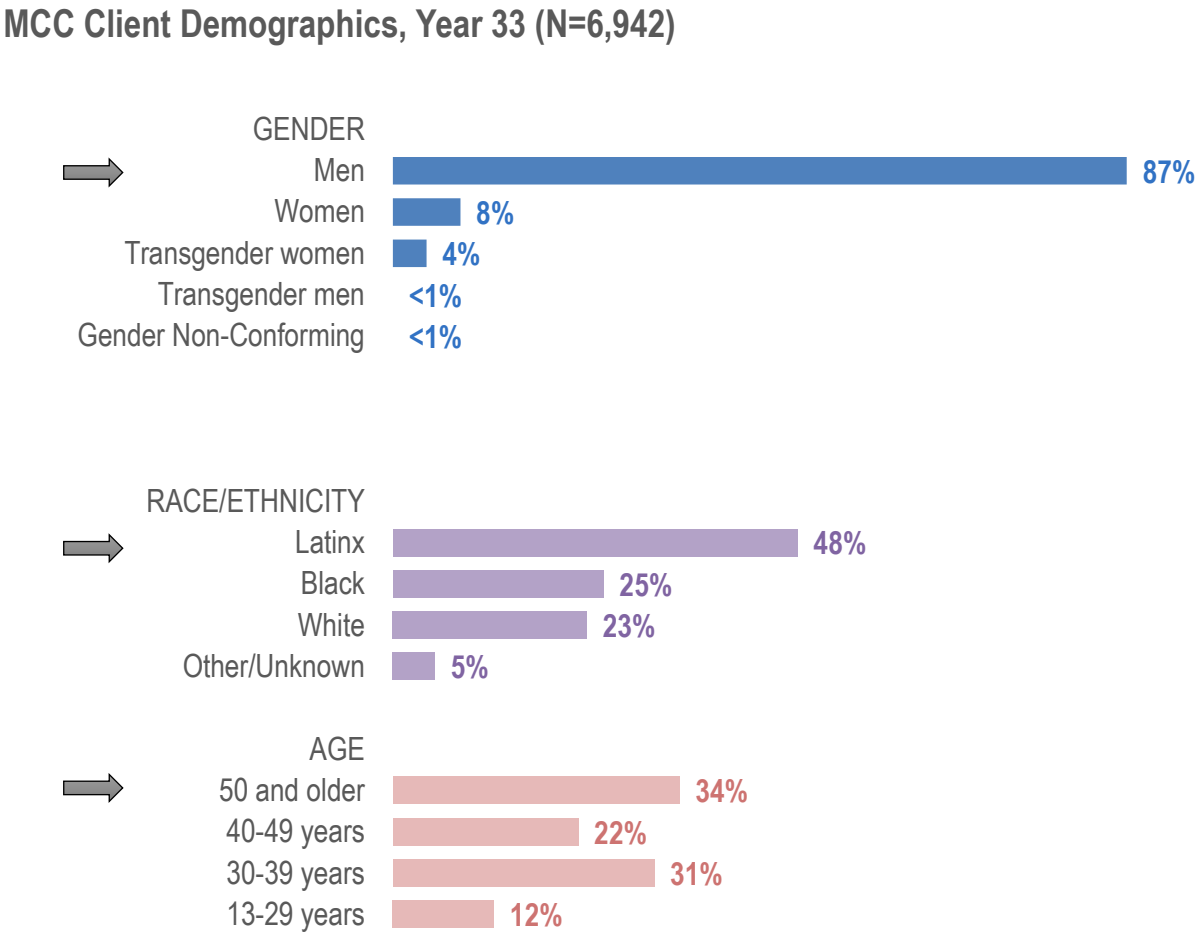
- *Part A - $9,064,884*
- *HRSA EHE - $722,354*
- *HIV NCC - $900,576*

Number of clients declined over the four years from Year 30 to Year 33. However, MCC utilization continued to be stable over four years.

Quarterly MCC Utilization at DHS and non-DHS Agencies, Years 30-33

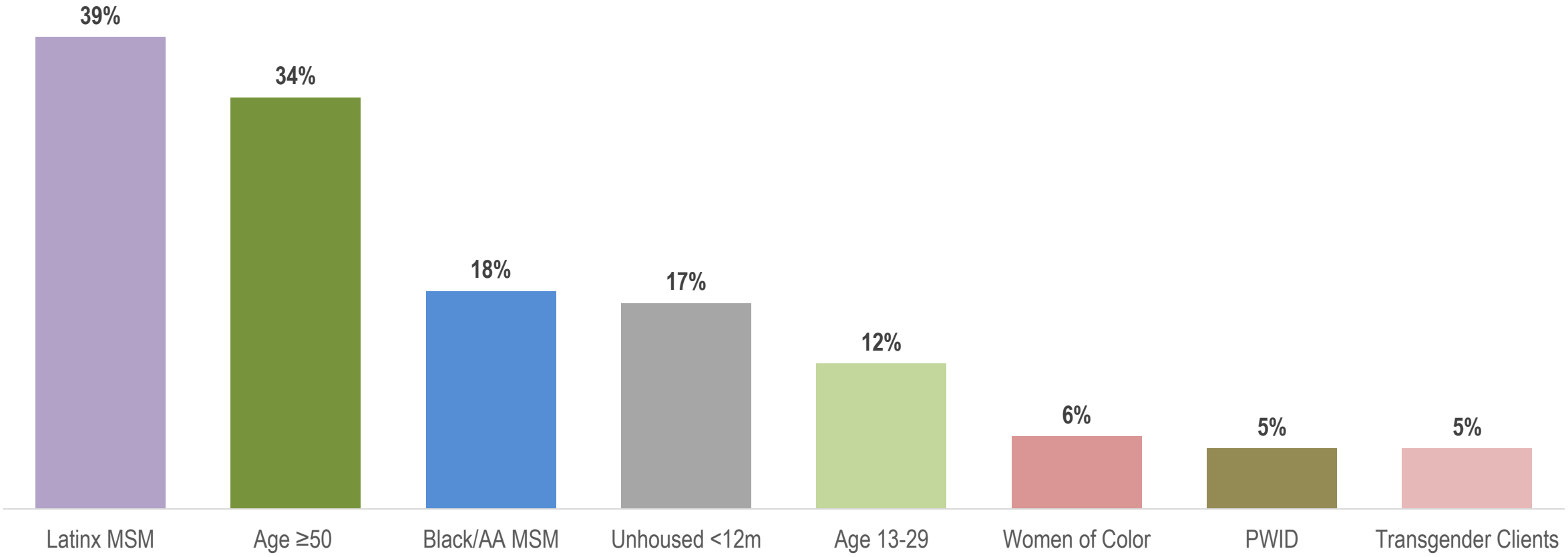


MCC Client Demographics



LAC Priority Populations Accessing the MCC Services*, Year 33

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

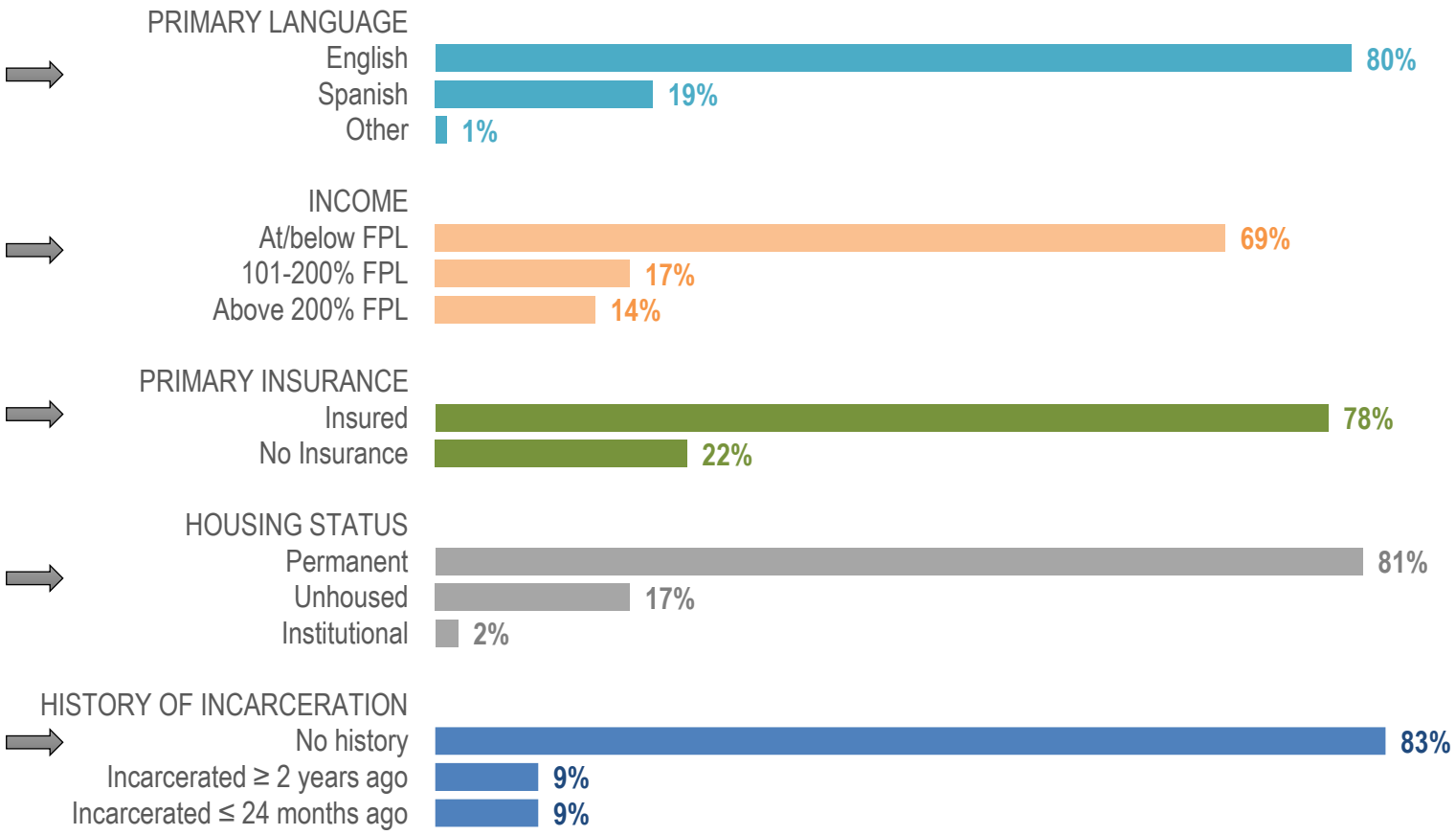


*Priority population groups are not mutually exclusive, they overlap.

Most of MCC clients spoke English; most lived ≤ FPL; most were insured; most were permanently housed; most had no history of incarceration.

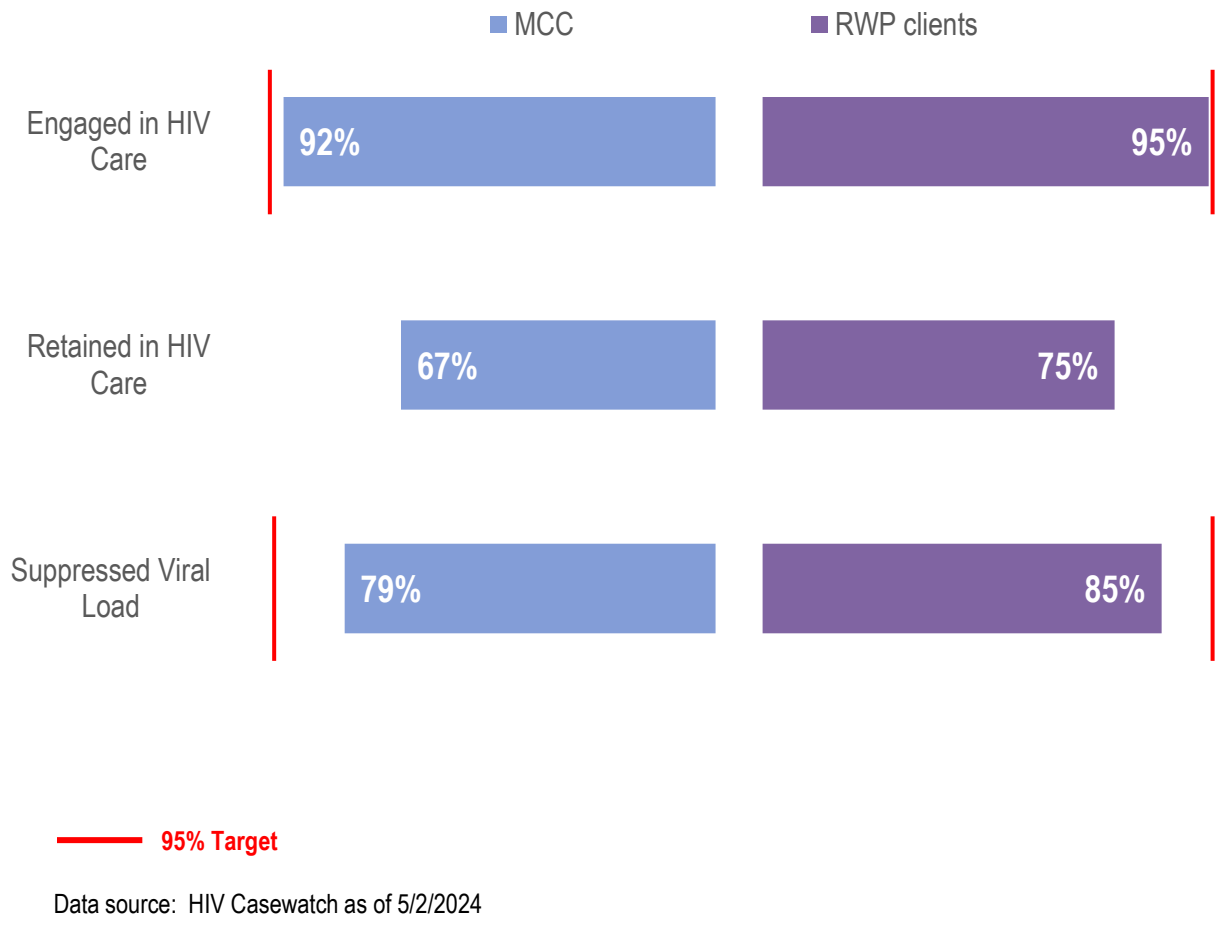
County of Los Angeles Public Health

MCC Client Health Determinants, Year 33, N=6,942



HIV Care Continuum in MCC clients, Year 33, N=6,942

- Engagement, retention, and viral load suppression percentages were lower for MCC clients compared to RWP clients overall, Year 33.
- MCC clients did not meet the EHE targets.



Data source: HIV Casewatch as of 5/2/2024

Oral Health Care (OH)

Provides routine, comprehensive oral health care, including prevention, treatment, counseling, and education at 12 contracted sites.

A total of **4,332 unique clients** received **Oral Health Care** services, which is a steady increase from Year 31 at 4,145 and Year 32 at 4,270.

- *General Oral Health* services were provided to **4,064** clients.
- *Specialty Oral Health* services were provided to **999** clients.

Oral Health Care clients represented **27% of RWP clients.**

County of Los Angeles Public Health

Utilization of Oral Health clients, Year 33

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Oral Health	**4,332**	**Procedures**	**47,235**	**11**	***$7,805,232***	***$1,802***
General	4,064	Procedures	42,309	10	$5,752,477	$1415 $136 per procedure
Specialty	999	Procedures	4,926	5	$2,052,755	$2,055 $417 per procedure

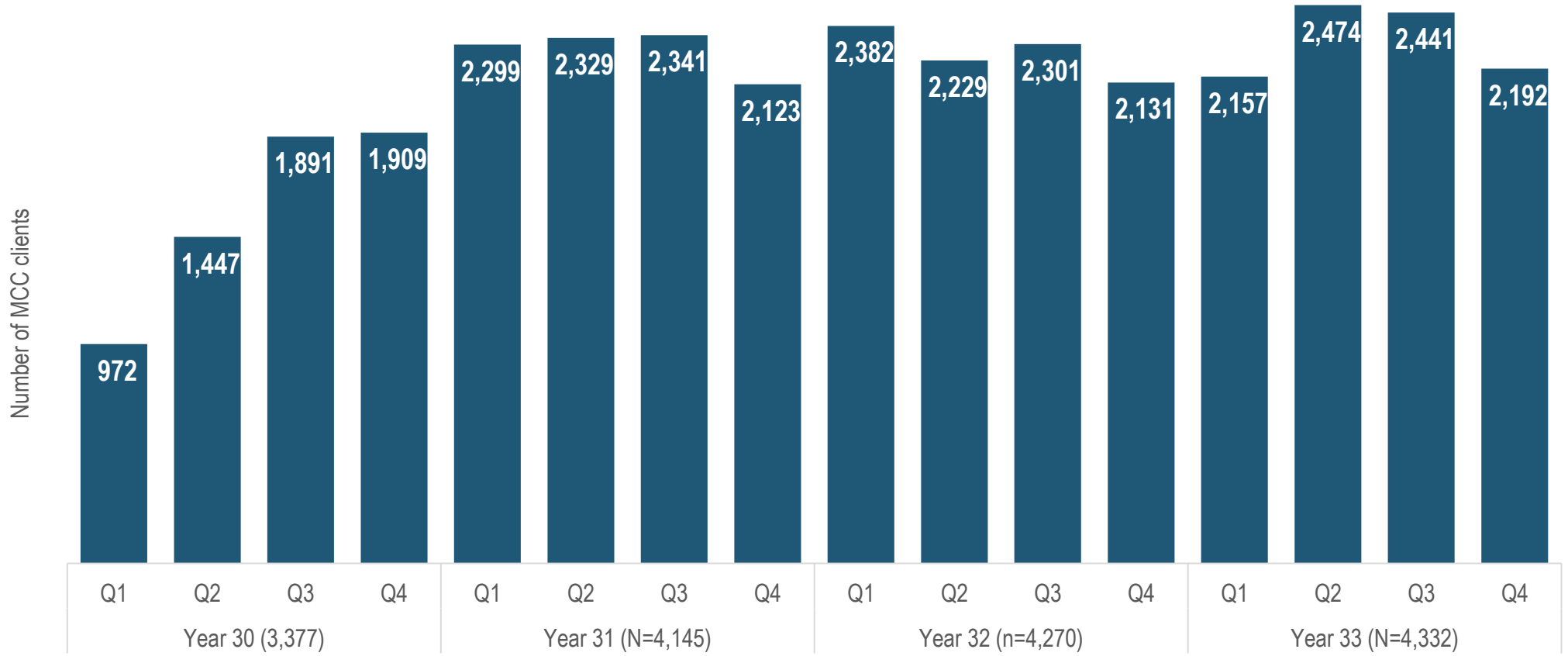
Funding Source:

- *Part A - $7,188,736*
- *HIV NCC - $616,496*

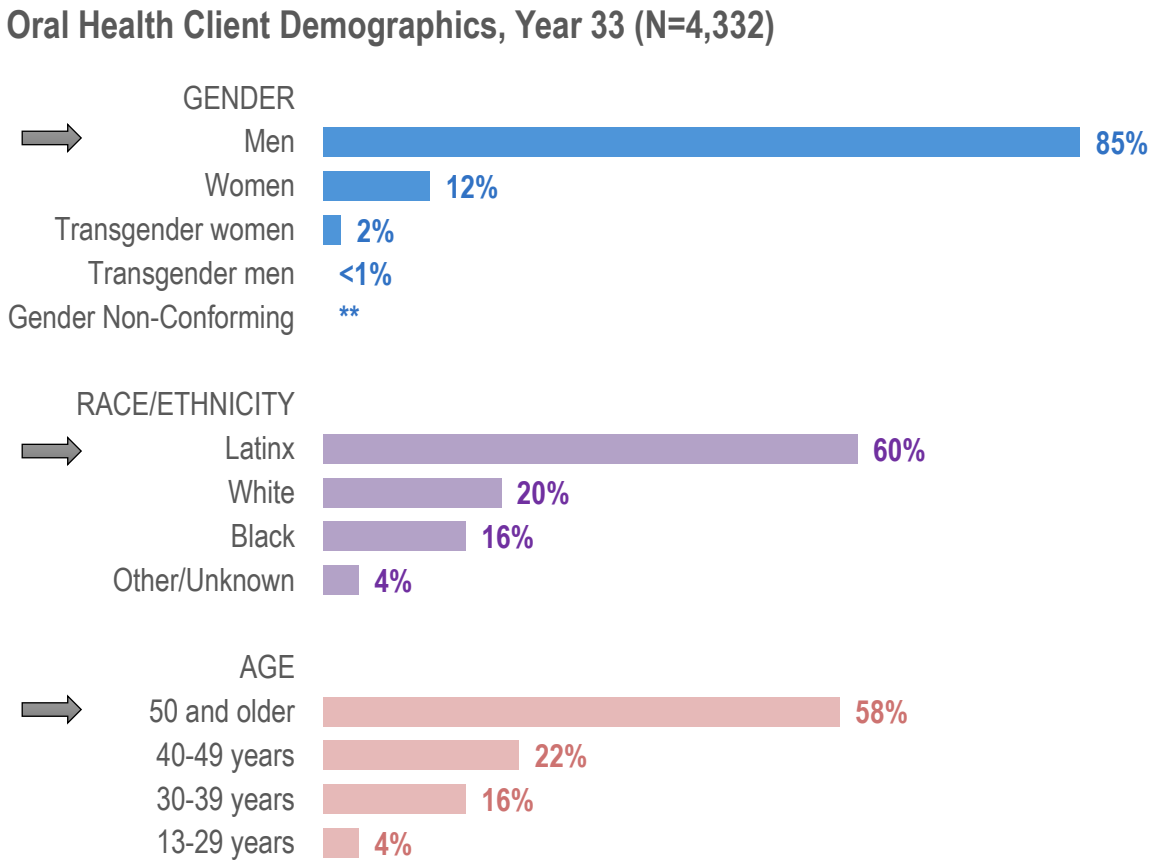
After a drop in the number of Oral Health Care clients due to COVID-19 pandemic, utilization of OHC services gradually increased, reaching the highest numbers in Year 33, Q2 and Q3 in particular.

County of Los Angeles Public Health

Quarterly Oral Health Care Utilization, Years 30-33

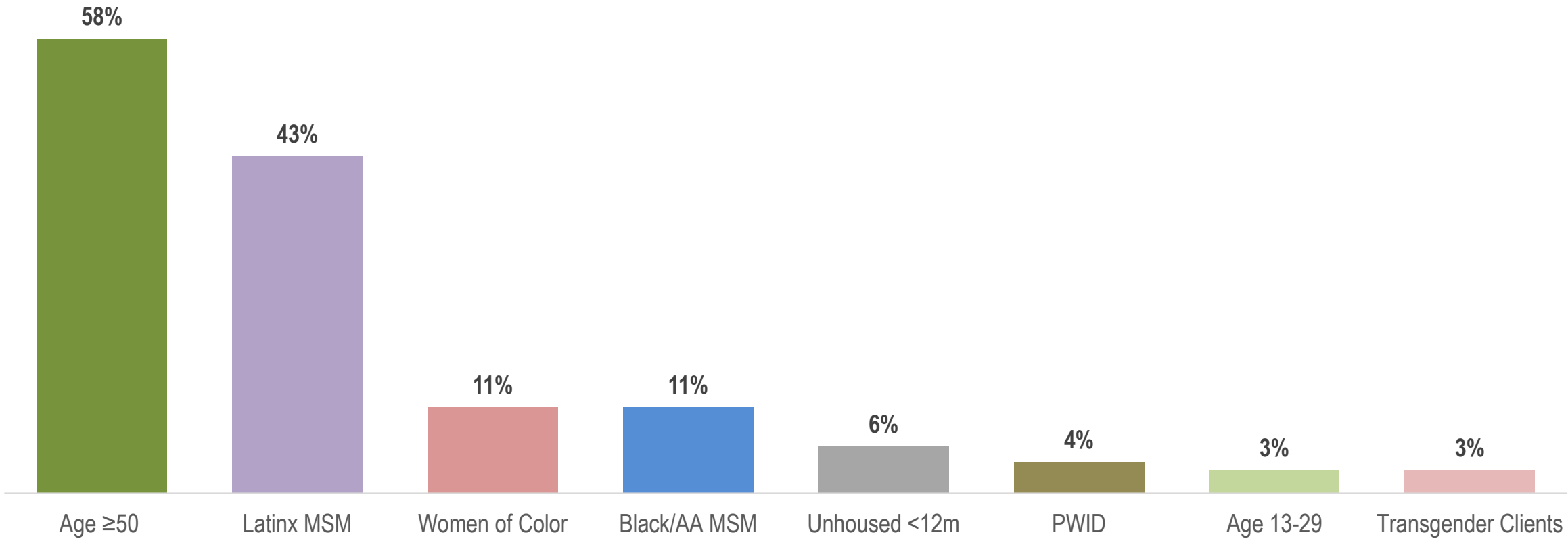


Oral Health Care Client Demographics



LAC Priority Populations Accessing the Oral Health Services*, Year 33

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

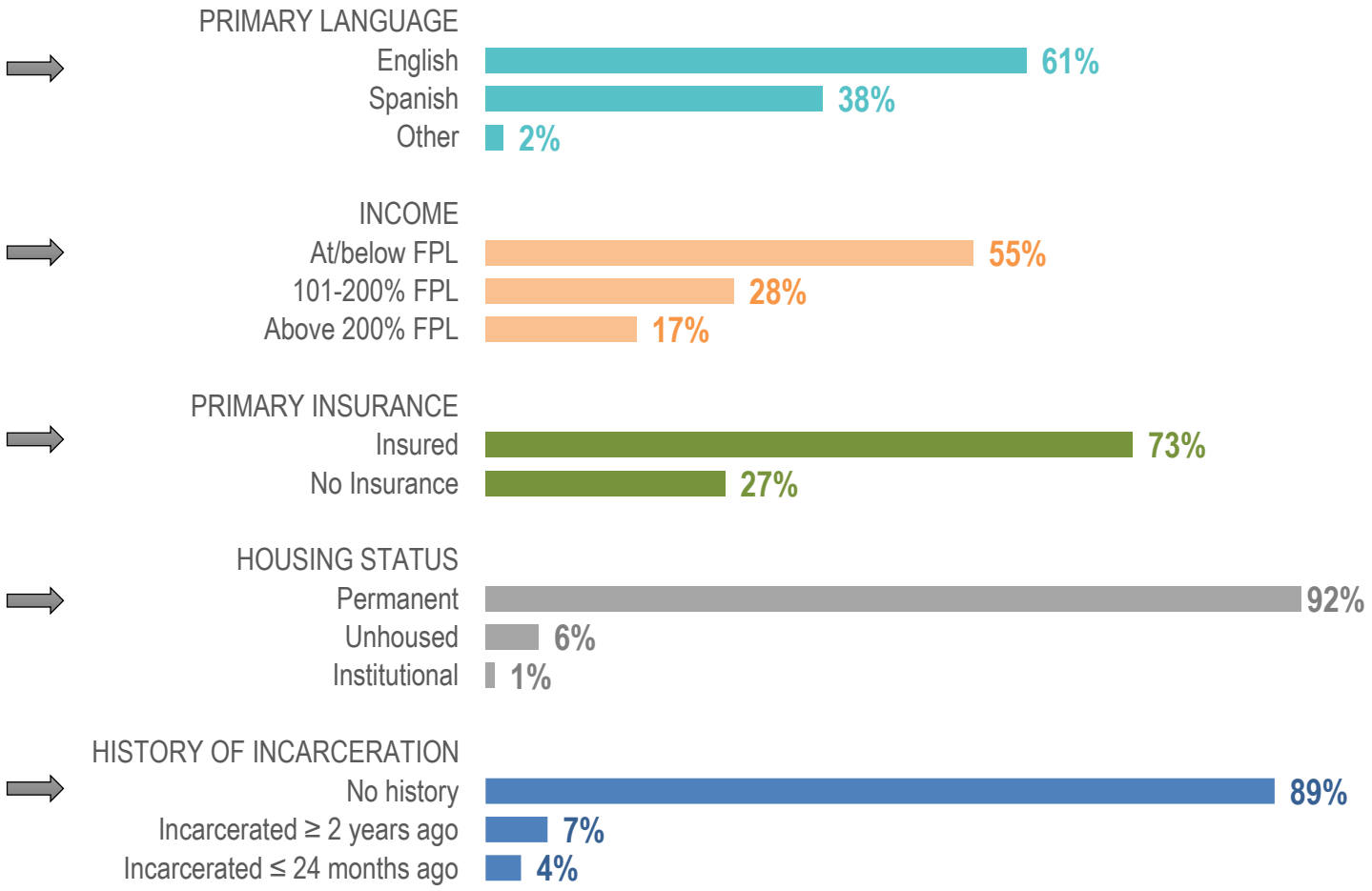


*Priority population groups are not mutually exclusive, they overlap.

Most Oral Health Care clients were English-speakers; most lived ≤ FPL, most were insured; most were permanently housed; most had no history of incarceration.

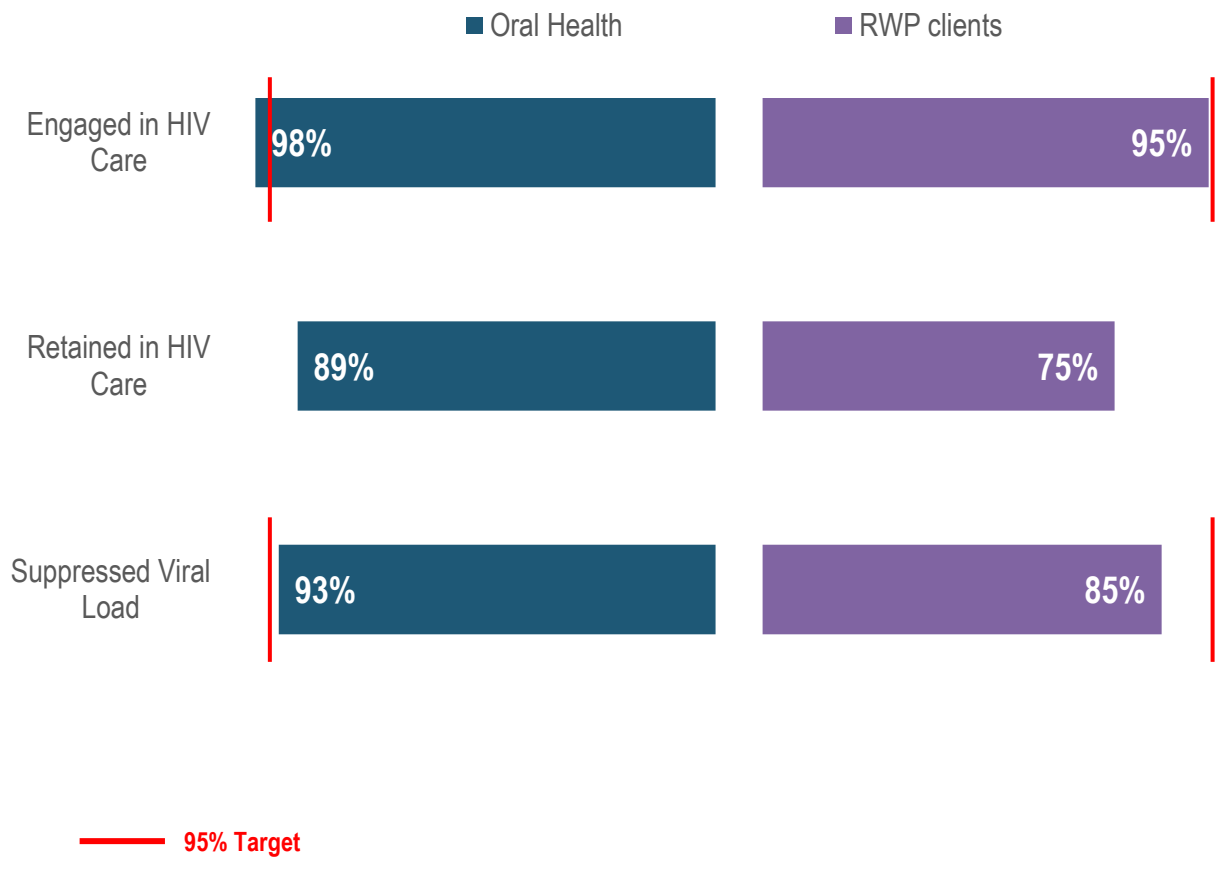
County of Los Angeles Public Health

Oral Health Care Client Health Determinants, Year 33, N=4,332



HIV Care Continuum in Oral Health clients, Year 33, N=4,332

- Engagement, retention, and viral load suppression percentages were higher for Oral Health clients compared to RWP clients overall, Year 33.
- Oral 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 5/2/2024

Home-Based Case Management (HBCM)

Provides client-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 offered at 5 contracted sites.

A total of **120 unique clients** received **HBCM** services, a decline from Year 31 at 151 and Year 32 at 138.

- Attendant Care – 9 clients
- Case Management – 120 clients
- Equipment – 4 clients
- Homemaker services – 69 clients
- Nutrition services – 34 clients
- Psychotherapy – 36 clients

HBCM clients represented **<1% of RWP clients.**

County of Los Angeles Public Health

Utilization of HBCM clients, Year 33

- Homemaker subservice had the highest total units served and the highest units per client
- Case management had the highest total and per client expenditures

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
HBCM	**120**	**Various**	**43,840**	**365**	***$2,866,908***	***$23,891***
Attendant Care	9	*Hours*	3,305	367	*$92,976*	*$10,331*
Case Management	120	*Hours*	6,925	58	*$1,620,056*	*$13,500*
Durable Medical Equipment	4	*Medical Equipment*	7	2	*$546*	*$137*
Homemaker	69	*Hours*	25,871	375	*$813,621*	*$11,792*
Nutrition	34	*Nutritional Supplements*	6,811	200	*$9,451*	*$278*
Psychotherapy CM	36	*Hours*	920	26	*$97,251*	*$2,701*
Administrative costs*	120				*$233,007*	*$1,942*

Funding Source:

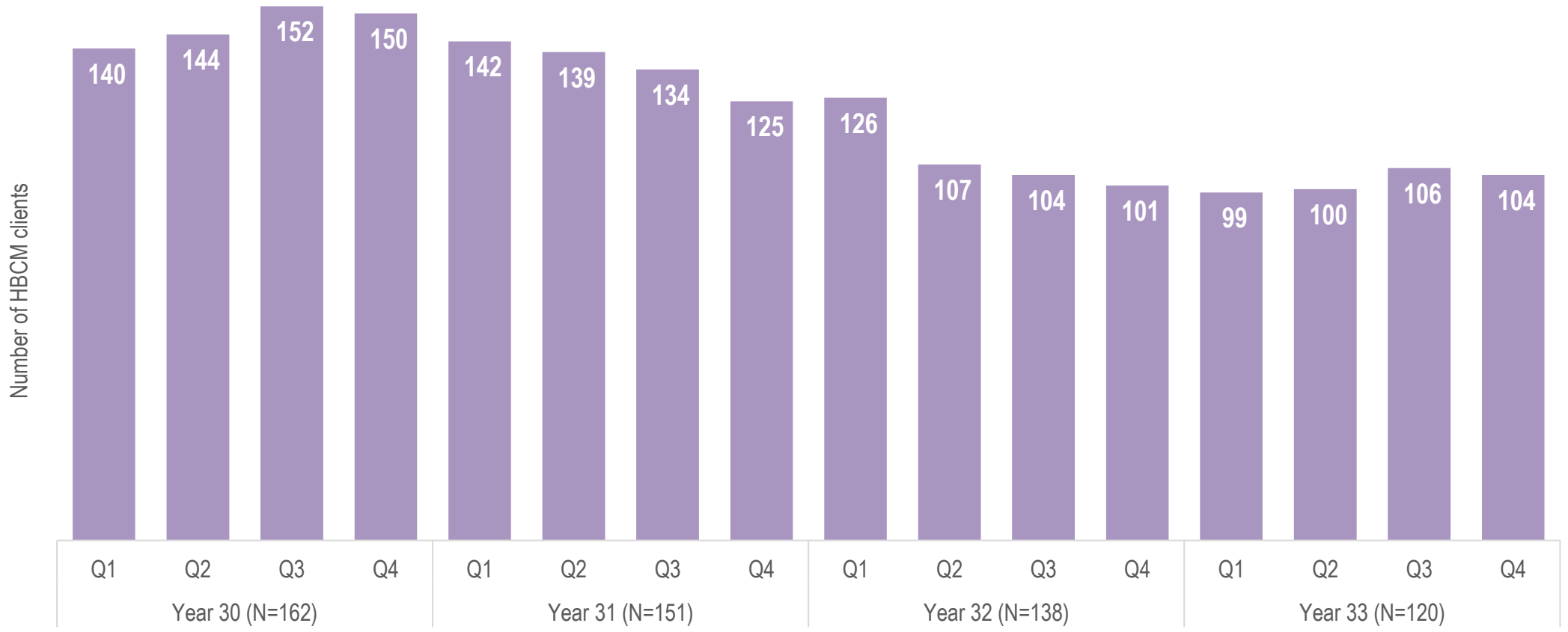
- *Part A - $2,614,732*
- *HIV NCC - $252,176*

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

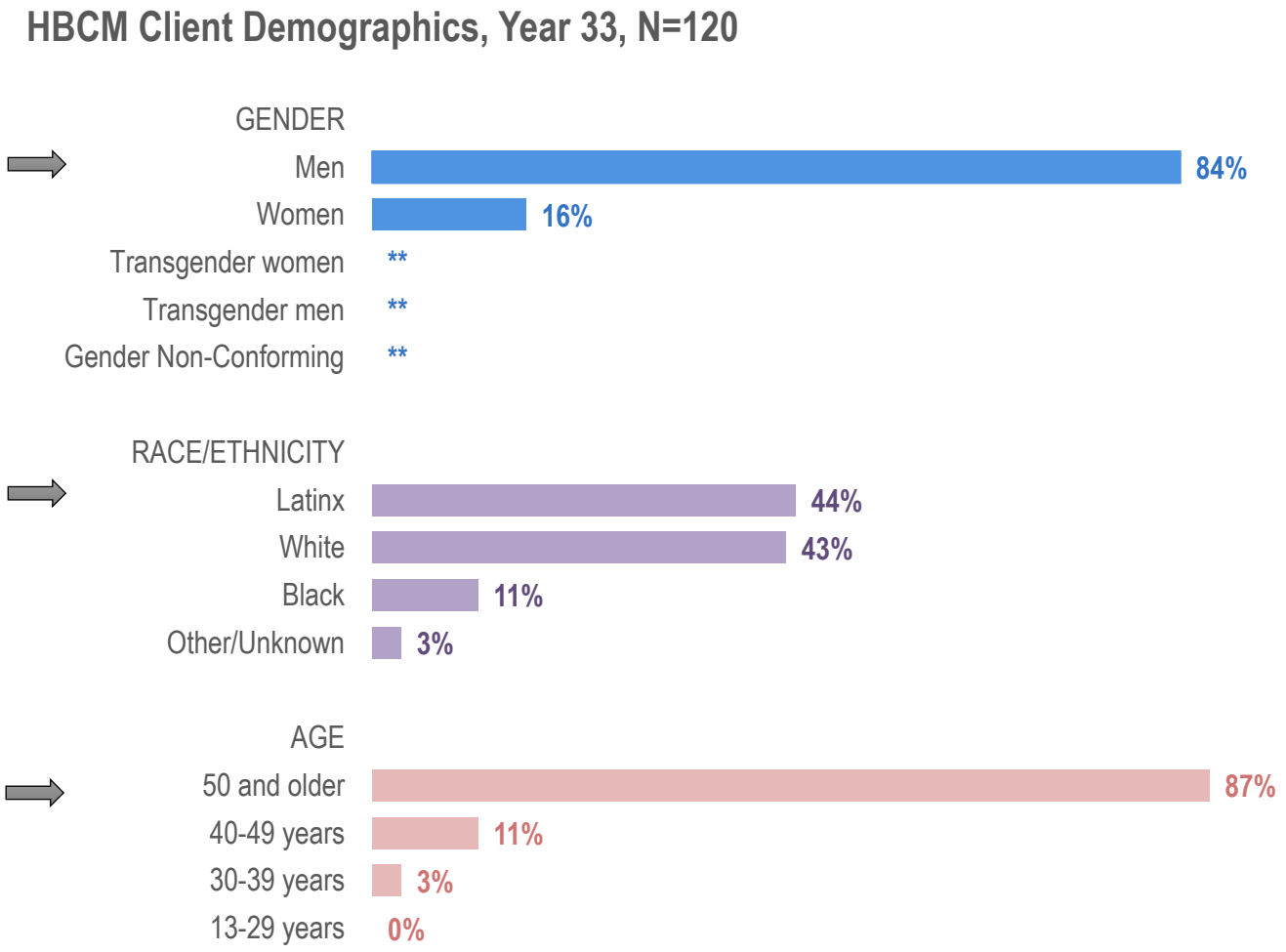
Utilization of HBCM services decreased over 4 years, reaching the lowest in Year 33.

County of Los Angeles Public Health

Quarterly HBCM Utilization, Years 30-33

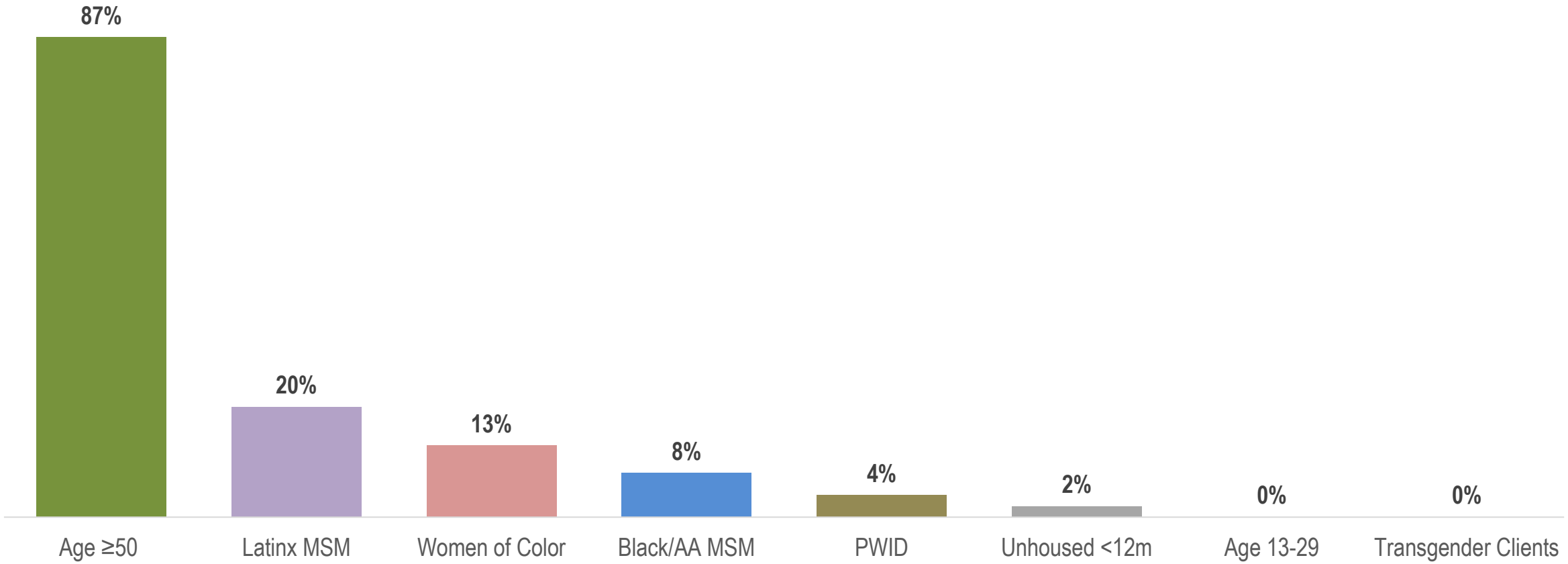


HBCM Client Demographics



LAC Priority Populations Accessing HBCM Services*, Year 33

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

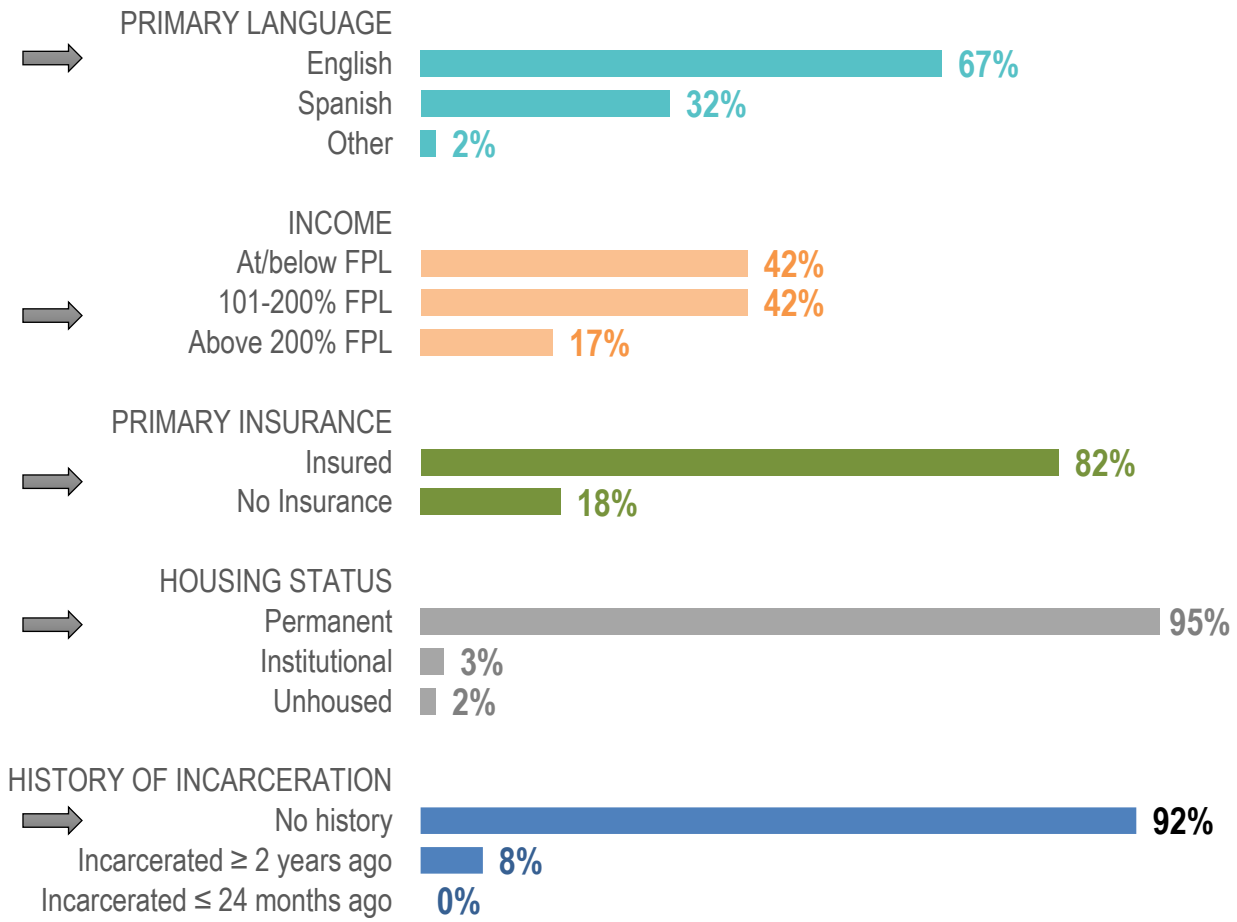


*Priority population groups are not mutually exclusive, they overlap.

Most HBCM Client were English-speakers; most lived above FPL; most were insured; most had permanent housing; most had no history of incarceration.

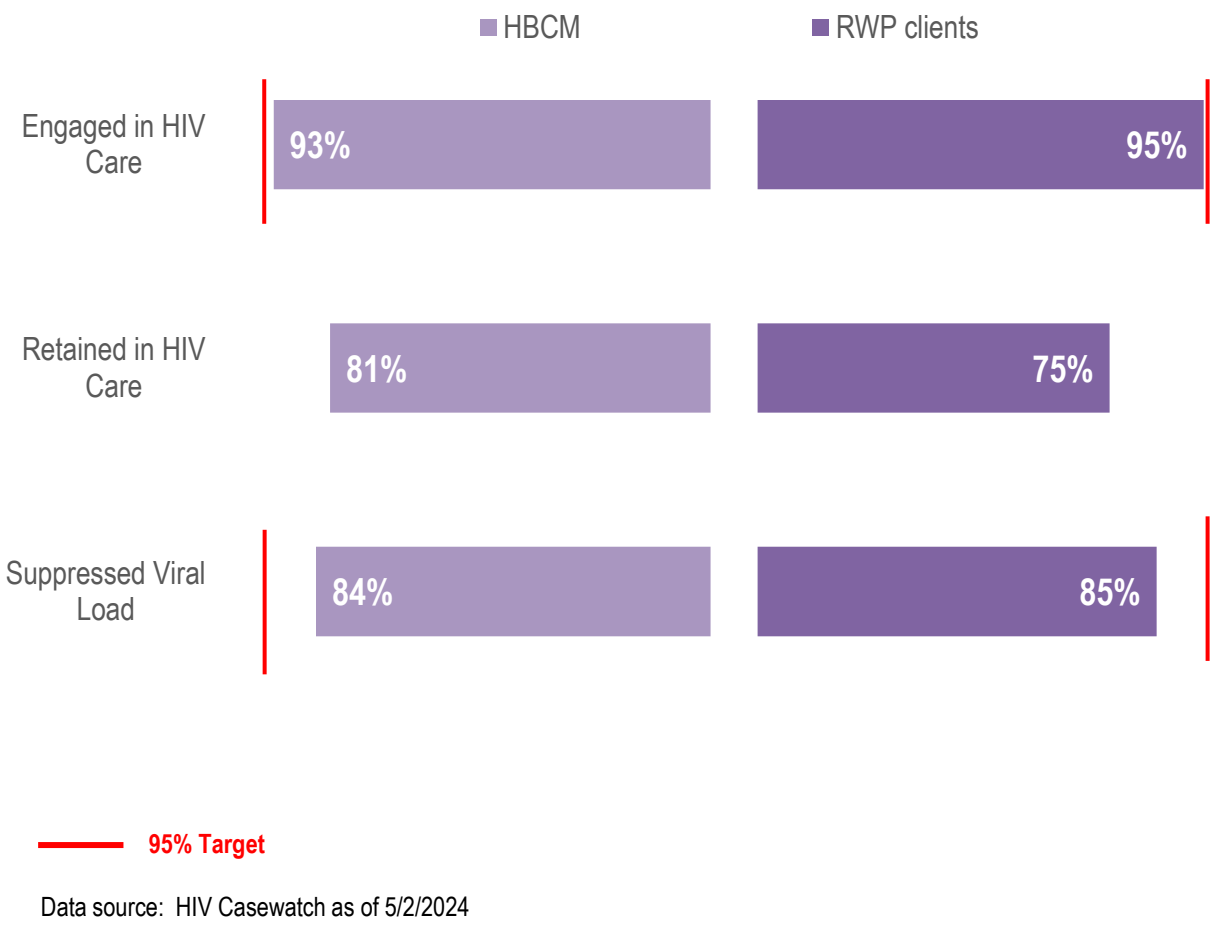
County of Los Angeles Public Health

HBCM Client Health Determinants, Year 33, N=120



HIV Care Continuum in HBCM clients, Year 33 (N=120)

- Engagement and viral load suppression percentages were lower for HBCM clients compared to RWP clients overall, Year 33.
- Retention in care was higher among HBCM clients than RWP clients overall in Year 33.
- HBCM clients did not meet the EHE targets for any of the HCC measures.



Data source: HIV Casewatch as of 5/2/2024

Mental Health (MH) Services

Provides mental health (MH) assessment, treatment planning and provision at 7 contracted sites.

A total of **151 unique clients** received **Mental Health** services, a decline from Year 31 at 331 and Year 32 at 224 .

MH service clients represented **<1% of RWP clients.**

County of Los Angeles Public Health

Utilization of Mental Health clients, Year 33

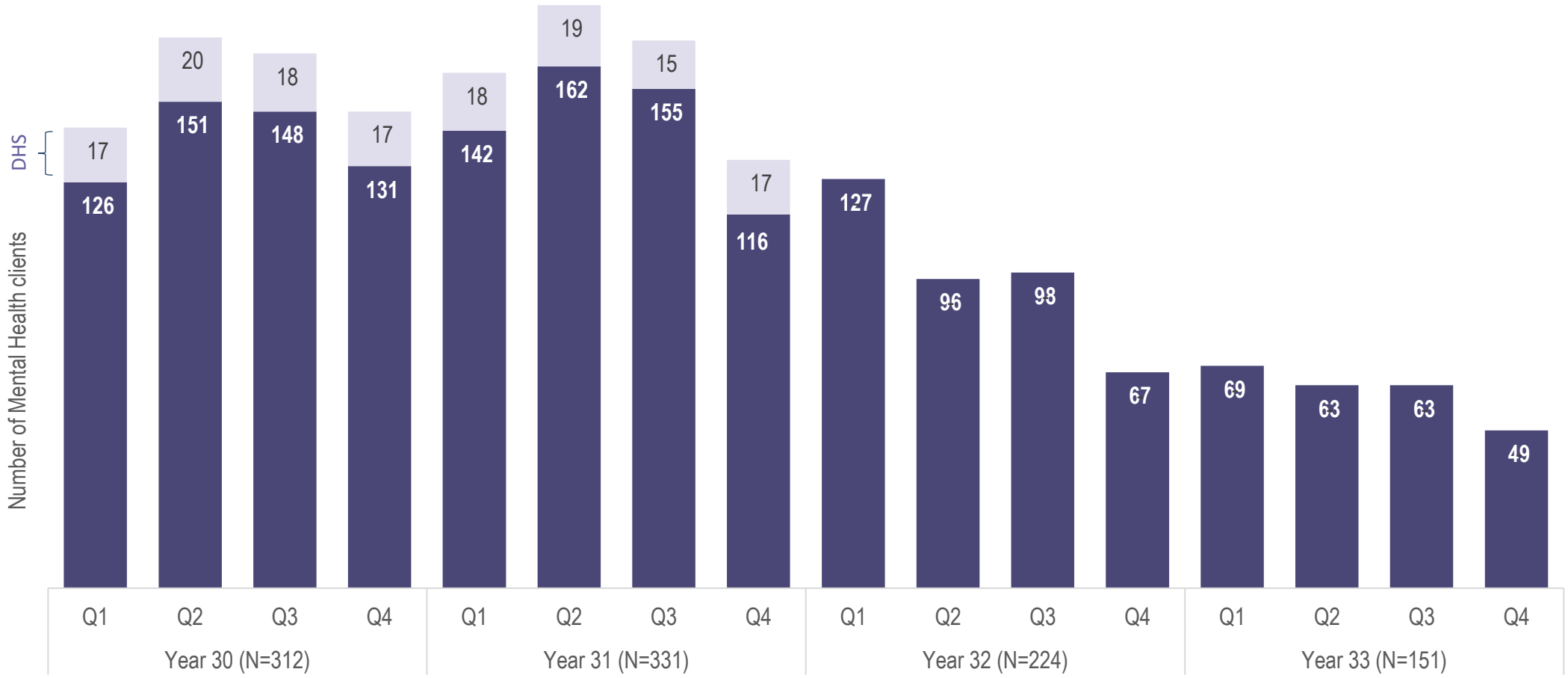
Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Mental Health	**151**	**Sessions**	**766**	**5**	***$109,422***	***$725***

Funding Source:

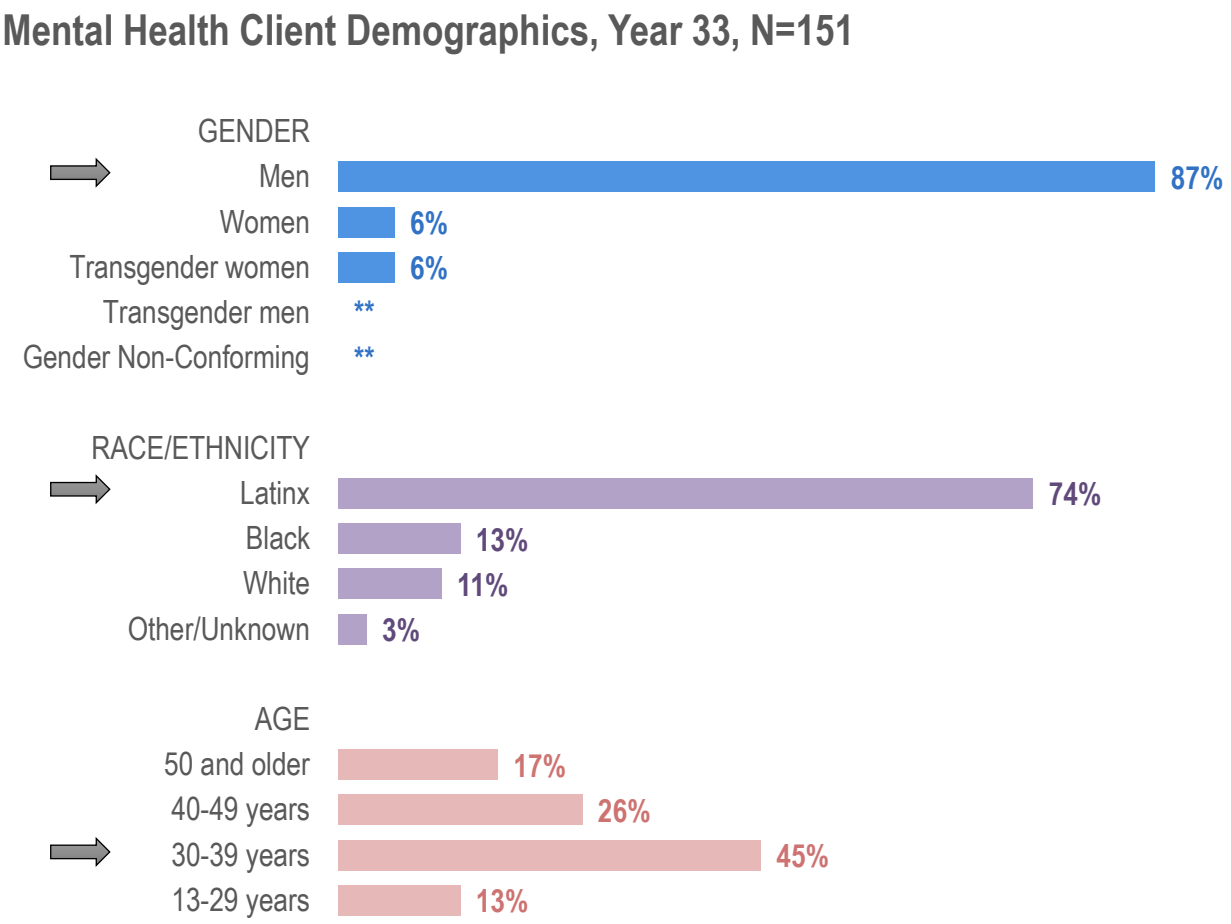
- *Part A - $109,422*

Utilization of MH services decreased over 4 years, reaching the lowest in Year 33.

Quarterly MH Serices Utilization at DHS and non-DHS Agencies, Year 30-33

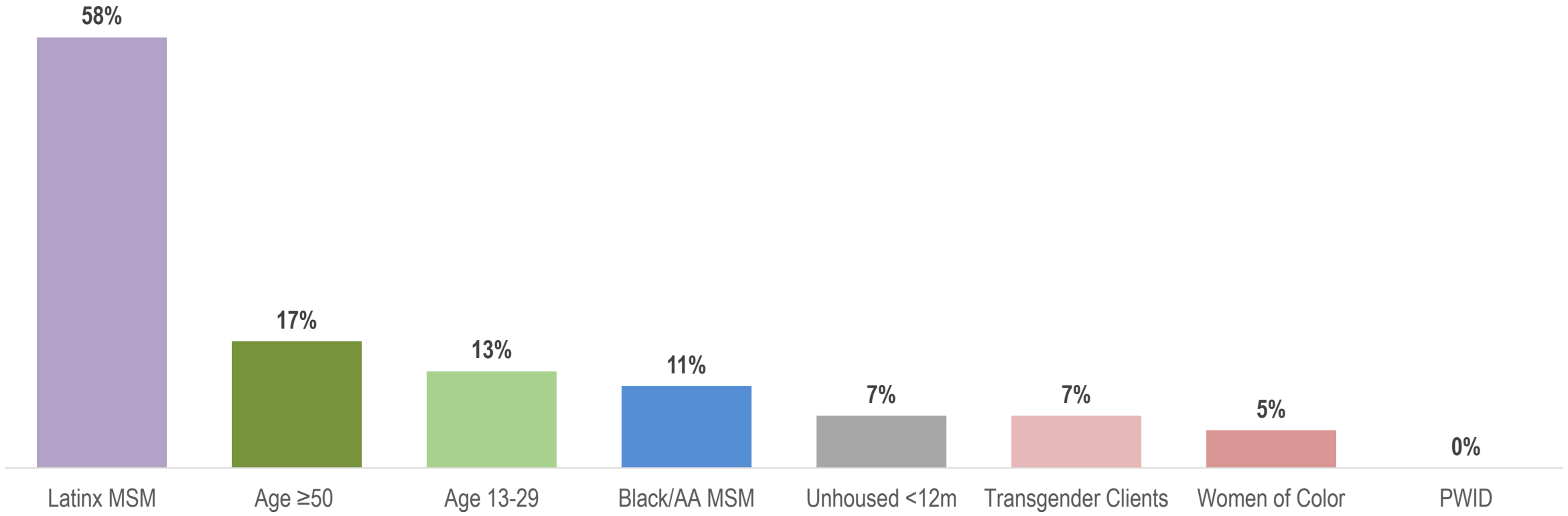


Mental Health Client Demographics



LAC Priority Populations Accessing Mental Health Services*, Year 33

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

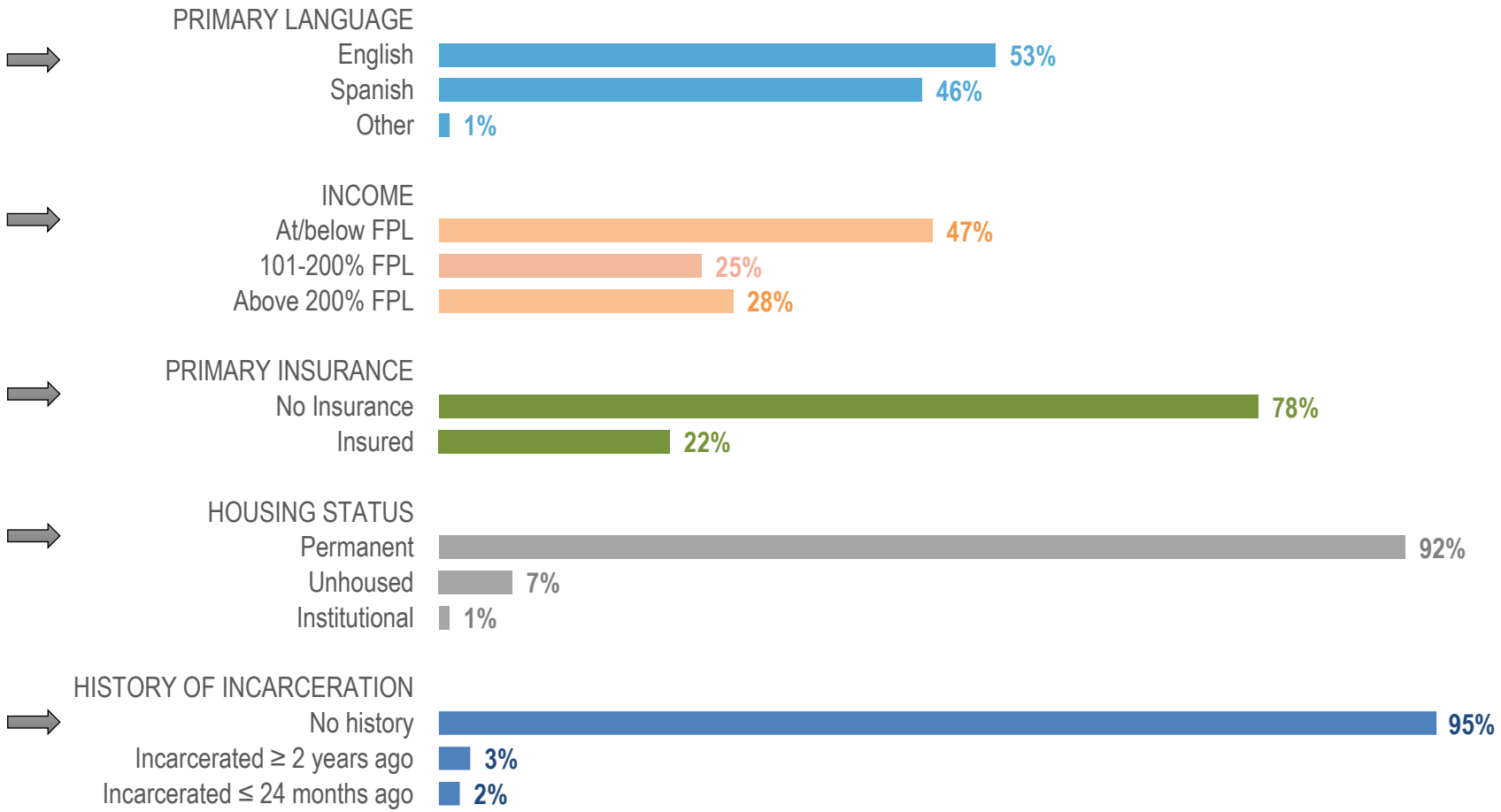


*Priority population groups are not mutually exclusive, they overlap.

Most Mental Health clients were English speakers; most lived above FPL; most were uninsured; most were permanently housed; most had no history of incarceration.

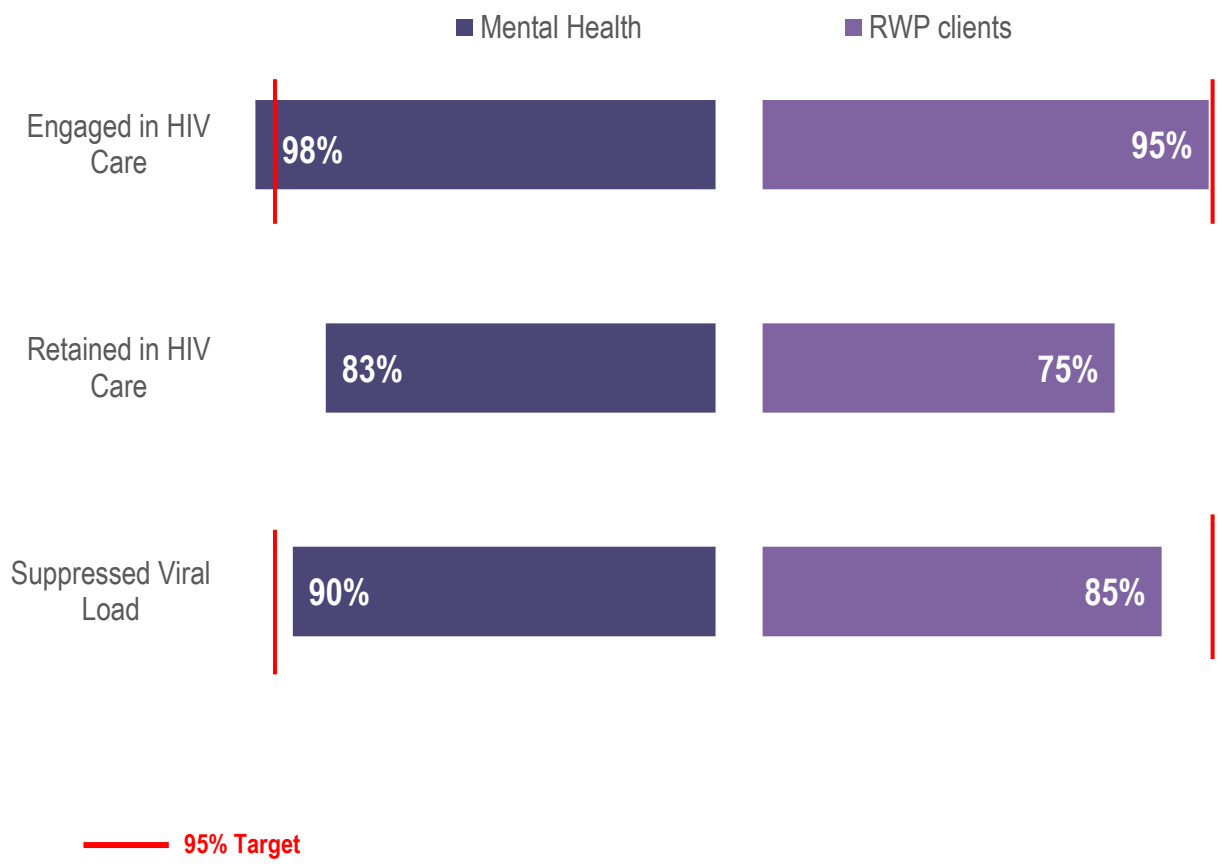
County of Los Angeles Public Health

Mental Health Client Health Determinants, Year 33, N=151



HIV Care Continuum in Mental Health clients, Year 33 (N=151)

- Engagement, retention, and viral load suppression percentages were higher for Mental Health clients compared to RWP clients overall, Year 33.
- 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 5/2/2024

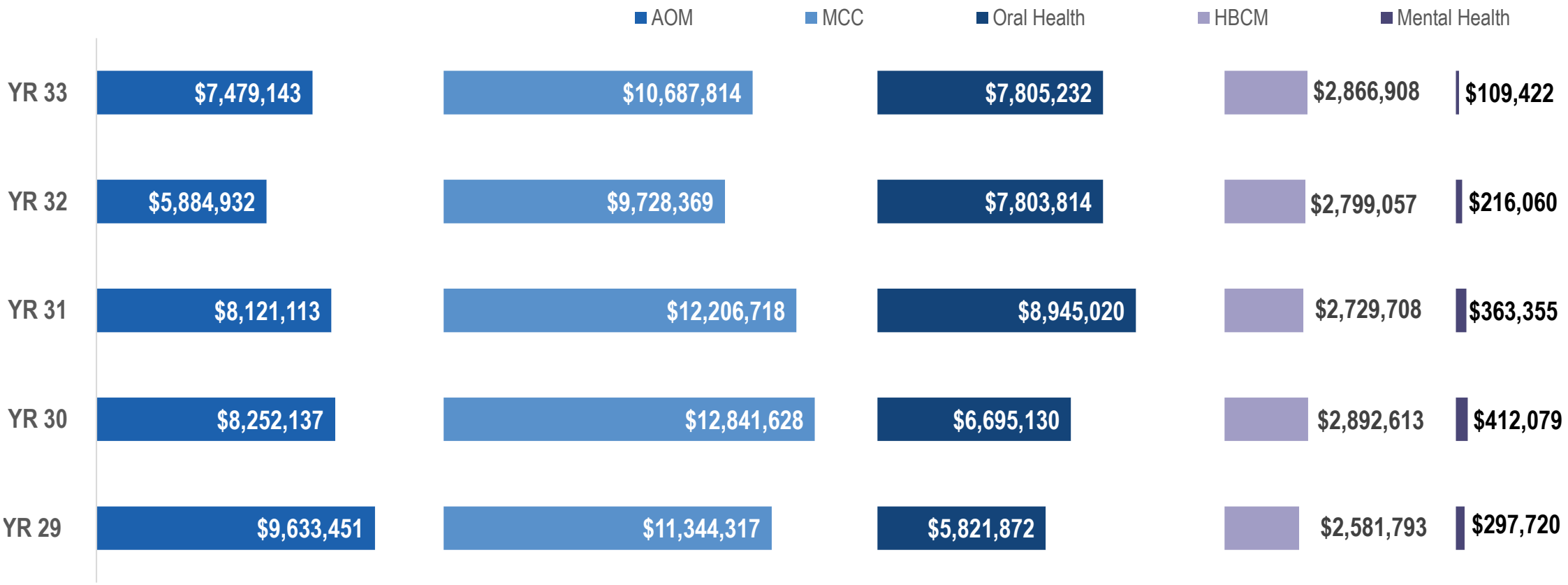
Expenditures for Core RWP Services

AOM	*$7,479,143*
MCC	*$10,687,814*
Oral Health	*$7,805,232*
HBCM	*$2,866,908*
Mental Health	*$109,422*

County of Los Angeles Public Health

Expenditures by Core Service Category, Years 29-33

AOM, MCC and Mental Health services expenditures generally decreased since Year 29; MH funding was the lowest in Year 33. Expenditures for Oral Health Care services and HBCM gradually increased over five years since Year 29.



Expenditures per Client for Support RWP Services, Year 33

- The **highest expenditures** **per client** were spent **for Housing**, followed by **LRP** services.
- The **lowest expenditures** **per client** were spent for **NMCM**, followed by **Nutrition** services.

Service Category	Number of clients	% of RWP clients	Expenditures	% of expenditures	Expenditures per client
MCC	6,942	44%	*$10,687,814*	*21%*	*$1,540*
Oral Health	4,332	27%	*$7,805,232*	*15%*	*$1,802*
AOM	3,604	23%	*$7,479,143*	*14%*	*$2,075*
HBCM	120	1%	*$2,866,908*	*6%*	*$23,891*
Mental Health	151	1%	*$109,422*	*<1%*	*$725*

Key Takeaways

- MCC services were utilized by **the highest number of RWP clients in Year 33.** The number of clients dropped in Year 32 due to departure of DHS agencies from RWP. However, MCC **remains the most consistently utilized service** across years.

- Utilization of HBCM **and** Mental Health **decreased** over the course of the past three years starting from Year 31. HBCM services were utilized by **the lowest number of RWP clients**. Mental Health utilization decrease is likely due to lack of MH providers within RWP.

- Utilization of AOM **decreased** over the course of the past three years starting from Year 31; however, it increased slightly in Year 33. Decrease in Year 32 was largely due to departure of DHS agencies from RWP and partially due to expansion of Medi-Cal.

- Utilization of Oral Health Care **services increased** in the past three years after a drop in Year 30 due to COVID-19 pandemic.

Key Takeaways – Priority Populations

- **The RWP is reaching and serving LAC priority populations**
- **The top five RWP services utilized by priority populations** were **MCC**, **Oral Health**, **AOM**, **Benefit Specialty** and **Nutrition Support**.
- **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 and youth aged 13-29**, the smallest priority populations.

Key Takeaways - Expenditures

- **AOM**, **MCC** **and** **Mental Health** services expenditures **decreased** since Year 29
- Expenditures for **Oral Health Care** **services and for** **HBCM** **gradually increased** since Year 29 along with the number of clients served.
- **HBCM** had the **highest expenditures per client, followed by** **AOM** likely due to decreased number of clients but some increase in expenditures in the Year 33.
- **Mental Health** had the **lowest expenditures per client, followed by** **MCC** likely due to significant decrease in the number of clients served by MH services and some decrease in the number of MCC clients along with decreased expenditures.

Next Steps

- Present to SMT and 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 – Wendy Garland, Siri Chirumamilla
  - Surveillance – Virginia Hu, Kathleen Poortinga
  - PDR – Victor Scott, Michael Green
  - CCS – Paulina Zamudio and the RWP program managers
  - RWP agencies and providers
  - RWP clients

Ryan White Program Year (PY) 35 Service Rankings and Allocations Table (Approved by COH on 9/26/24)

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

Footnotes:

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

Green font indicates allocation increase from PY34

Red font indicates allocation decrease from PY34

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

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

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

Los Angeles County Commission on HIV
Contingency Plan - $13 million (Approved by COH on 4/10/25)

Support	**27**	Linguistic Services (Language Services)	$ -	$ -	0.00%
Support	**14**	Outreach Services (LRP)	$ -	$ -	0.00%
Support	**4**	Psychosocial Support Services	$ -	$ -	0.00%
Support	**24**	Referral	$ -	$ -	0.00%
Support	**25**	Rehabilitation	$ -	$ -	0.00%
Support	**21**	Respite Care	$ -	$ -	0.00%
Support	**19**	Substance Abuse Residential	$ -	$ -	0.00%
		Overall Total	**$ 45,613,655.00**	**$ 5,287,873.00**	**100.00%**

Footnotes:

(1) DHSP recommended PP&A Committee to consider $5 million in Part B funds into allocations
(2) Factors taken into consideration for proposed allocations include:

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

Division on HIV and STD Programs Program year 34 (PY34) Expenditure Report - Part A Expenditures

Priority #	Service Category	YR 34 Allocation Percentages	Year 34 Commission Allocations	YTD Actual	Full Year Estimate	Estimated Year 34 Expenditure Percentages	Variance Full Year Estimate vs. COH Allocations
			[1]	*[2]*	*[3]*	*[4]*	*[1-3]*
	CORE SERVICES						
3	OUTPATIENT/AMBULATORY MEDICAL CARE	17.11%	6,500,000	$ 4,543,129	$ 6,860,111	18.05%	$ (360,111)
13	ORAL HEALTH CARE	20.79%	7,900,000	6,068,278	8,751,232	23.03%	$ (851,232)
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	6.50%	2,470,000	2,093,866	2,345,241	6.17%	$ 124,759
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	27.15%	10,316,352	9,754,986	11,660,438	30.69%	$ (1,344,086)
7	MENTAL HEALTH SERVICES	0.29%	110,000	81,352	85,420	0.22%	$ 24,580
23	MEDICAL NUTRITION THERAPY	0.00%	-	-	-	0.00%	$ -
10	EARLY INTERVENTION SERVICES (PH STD Clinic)	6.58%	2,500,000	1,947,287	2,332,127	6.14%	$ 167,873
	CORE SERVICES TOTAL	**78.41%**	**$ 29,796,352**	**$ 24,488,898**	**$ 32,034,569**	**84.31%**	**$ (2,238,217)**
	SUPPORTIVE SERVICES						
14	CHILD CARE SERVICES	0.00%	-	-	-	0.00%	$ -
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS)	3.95%	1,500,000	1,322,942	1,517,835	3.99%	$ (17,835)
22	LINGUISTIC SERVICES	0.00%	-	664	664	0.00%	$ (664)
11	MEDICAL TRANSPORTATION SERVICES	1.63%	620,000	617,243	715,013	1.88%	$ (95,013)
12	FOOD BANK (NSS)[2]	5.79%	2,200,000	2,473,565	2,783,905	7.33%	$ (583,905)
1	HOUSING SERVICES (TRCF/RCFCI) (THAS)	0.91%	344,000	557,738	571,410	1.50%	$ (227,410)
15	LEGAL SERVICES	1.42%	538,000	962,220	1,049,695	2.76%	$ (511,695)
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)[3]	6.32%	2,400,000	1,539,288	1,539,288	4.05%	$ 860,712
2	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	1.58%	600,000	6,680	26,720	0.07%	$ 573,280
8	OUTREACH SERVICES (LRP)	0.00%	-	-	-	0.00%	$ -
	SUPPORTIVE SERVICES TOTAL	**21.59%**	**8,202,000**	**7,480,340**	**8,204,530**	**21.59%**	**(2,530)**
	DIRECT SERVICES TOTAL	**100.00%**	**37,998,351**	**28,083,483**	**40,239,099**	**105.90%**	**(2,240,748)**
	QUALITY MANAGEMENT	0.00%	500,001	911,161	1,251,836	2.93%	$ (751,835)
	ADMINISTRATIVE SERVICES (includes Planning Council/A	10.00%	4,277,594	7,410,098	4,277,594	10.00%	$ -
	QM & ADMIN TOTAL	**10.00%**	**4,777,595**	**8,321,259**	**5,529,430**	**12.93%**	**(751,835)**
	PART A GRAND TOTAL	**110.00%**	**42,775,946**	**40,290,497**	**45,768,529**	**118.82%**	**(2,992,583)**

Notes:

(1) Allocation based on priorities set by HIV Commission. Actual YR 34 grant award is **$42,775,946**

(2) Home-delivered Meals for Year 34 funded through HRSA EHE

(3) EFA expenditures shown represent March 1, 2024 - May 31, 2024. Additional funding for Emergency Rental Assistance through HRSA EHE

Division on HIV and STD Programs Program year 34 (PY34) Expenditure Report - Minority AIDS Initiative (MAI) Expenditures

Priority #	Service Category	YR 34 Allocation Percentages	Year 34 Commission Allocations	YTD Actual	Full Year Estimate	Estimated Year 34 Expenditure Percentages	Variance Full Year Estimate vs. COH Allocations
			[1]	*[2]*	*[3]*	*[4]*	*[1-3]*
	CORE SERVICES						
3	OUTPATIENT/AMBULATORY MEDICAL CARE	0.00%	-	$ -	$ -	0.00%	$ -
13	ORAL HEALTH CARE	0.00%	-	-	-	0.00%	$ -
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	0.00%	-	-	-	0.00%	$ -
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	0.00%	-	-	-	0.00%	$ -
7	MENTAL HEALTH SERVICES	0.00%	-	-	-	0.00%	$ -
23	MEDICAL NUTRITION THERAPY	0.00%	-	-	-	0.00%	$ -
10	EARLY INTERVENTION SERVICES (PH STD Clinic)	0.00%	-	-	-	0.00%	$ -
					-		
	CORE SERVICES TOTAL	**0.00%**	**$ -**	**$ -**	**$ -**	**0.00%**	**$ -**
	SUPPORTIVE SERVICES						
14	CHILD CARE SERVICES	0.00%	-	-	-	0.00%	$ -
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS)	0.00%	-	-	-	0.00%	$ -
22	LINGUISTIC SERVICES	0.00%	-	-	-	0.00%	$ -
11	MEDICAL TRANSPORTATION SERVICES	0.00%	-	-	-	0.00%	$ -
12	FOOD BANK (NSS)	0.00%	-	-	-	0.00%	$ -
1	HOUSING SERVICES (Transitional Housing)	100.00%	3,305,358	4,031,415	5,375,220	162.62%	$ (2,069,862)
15	LEGAL SERVICES	0.00%	-	-	-	0.00%	$ -
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)	0.00%	-	-	-	0.00%	$ -
2	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	0.00%	-	-	-	0.00%	$ -
8	OUTREACH SERVICES (LRP)	0.00%	-	-	-	0.00%	$ -
	SUPPORTIVE SERVICES TOTAL	**100.00%**	**3,305,358**	**4,031,415**	**5,375,220**	**162.62%**	**(2,069,862)**
	DIRECT SERVICES TOTAL	**100.00%**	**3,305,358**	**4,031,415**	**5,375,220**	**162.62%**	**(2,069,862)**
	ADMINISTRATIVE SERVICES	10.00%	367,569	416,179	367,292	10.00%	$ 277
	MAI ADMIN TOTAL	**10.00%**	**367,569**	**416,179**	**367,292**	**10.00%**	**277**
	PART A GRAND TOTAL	**110.00%**	**3,672,927**	**4,447,594**	**5,742,512**	**172.62%**	**(2,069,585)**

Notes:

(1) Allocation based on priorities set by HIV Commission. Actual YR 34 grant award is **$3,672,927**

Division on HIV and STD Programs Program year 34 (PY34) Expenditure Report - Part B Expenditures

Priority #	Service Category	YTD Actual	Full Year Estimate
	CORE SERVICES		
3	OUTPATIENT/AMBULATORY MEDICAL CARE	$ -	$ -
13	ORAL HEALTH CARE	-	-
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	-	-
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	-	-
7	MENTAL HEALTH SERVICES	-	-
23	MEDICAL NUTRITION THERAPY	-	-
10	EARLY INTERVENTION SERVICES (PH STD Clinic)	-	-
			-
	CORE SERVICES TOTAL	**$ -**	**$ -**
	SUPPORTIVE SERVICES		
14	CHILD CARE SERVICES	-	-
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS)	-	-
22	LINGUISTIC SERVICES	-	-
11	MEDICAL TRANSPORTATION SERVICES	-	-
12	FOOD BANK (NSS)	-	-
1	HOUSING SERVICES (Substance Use Transitional Housing)	812,475	891,175
1	HOUSING SERVICES (RCFCI/TRCF)	4,027,286	4,396,698
15	LEGAL SERVICES	-	-
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)	-	-
2	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	-	-
8	OUTREACH SERVICES (LRP)	-	-
	SUPPORTIVE SERVICES TOTAL	**4,839,761**	**5,287,873**
	DIRECT SERVICES TOTAL	**4,839,761**	**5,287,873**
	ADMINISTRATIVE SERVICES	419,997	576,134
	Part B ADMIN TOTAL	**419,997**	**576,134**
	PART B GRAND TOTAL	**5,259,758**	**5,864,007**

Division on HIV and STD Programs Program year 34 (PY34) Expenditure Report - HRSA Ending the HIV Epidemic (EHE) Expenditures

Service Category	YTD Actual	Full Year Estimate
	[2]	*[3]*
STREET MEDICINE PROGRAM	$ 2,388,566	$ 2,388,566
MENTAL HEALTH SERVICES (Spanish Telehealth Mental Health)	269,143	269,143
EARLY INTERVENTION SERVICES (Partner Services, HIV Rapid Tests)	1,703,447	1,703,447
EHE INNOVATION AWARDS	1,656,394	1,656,394
EHE MINI GRANTS	110,365	110,365
EHE PRIORITY POPULATIONS	3,189,074	3,189,074
MEDICAL TRANSPORTATION SERVICES	17,678	17,678
HOME DELIVERED MEALS (NSS)	1,241,912	1,241,912
FOOD BANK GIFT CARDS	1,417,344	1,417,344
EMERGENCY RENTAL ASSISTANCE	1,228,161	1,228,161
FLEX (Guaranteed Gift Cards)	3,659,160	3,659,160
DARE2Care (Data-to-Care)	727,393	875,241
RAPID AND READY (Linkage-to-Care)	324,924	324,924
OUTREACH SERVICES (LRP)	836,247	836,247
DIRECT SERVICES TOTAL	**18,769,808**	**18,917,656**
e2LA DATA SYSTEM	564,323	564,323
THIRD-PARTY ADMINISTRATOR (EHE Services)	2,475,915	2,475,915
RYAN WHITE SERVICES MEDIA CAMPAIGN	1,334,546	1,334,546
OTHER COSTS	**4,374,784**	**4,374,784**
ADMINISTRATIVE/PLANNING 7 EVALUATION SERVICES	1,835,430	1,835,430
HRSA EHE ADMIN/PLANNING & EVAL TOTAL	**1,835,430**	**1,835,430**
HRSA EHE GRAND TOTAL	**24,980,022**	**25,127,870**

ASSESSMENT OF FULL YEAR ESTIMATE COMPARED TO GRANT AMOUNT AVAILABLE FOR DIRECT SERVICES

Grant	Grant Amount Available for Direct Services	Year End Estimate for Direct Services	Variance
Part A	$37,998,351	$40,239,099	$2,240,748
MAI	$3,305,358	$5,375,220	$2,069,862
Part B	$5,287,873	$5,287,873	$0
HRSA EHE*	$16,244,557	$23,144,592	$6,900,035
Total	$62,836,139	$74,046,784	**$11,210,645**

**includes FY 2020 - 2023 carryover of $9,536,247 and FY 2024 available services funding of $6,708,310.*

Ryan White Program Utilization Summary, Year 33 (March 1, 2023-February 29, 2024)

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Monitoring and Evaluation Unit

Division of HIV and STD Programs

March 13, 2025

Overview

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

Background

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

County of Los Angeles Public Health

RWP Funding and Report Updates

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 Updates

- Separate reports for core and support service categories to better inform 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 Care Management (HBCM)
- Mental Health

Support Service Categories

- Emergency Financial Assistance (EFA)
- Housing Services
  - Housing Services (RCFCI)
  - Housing Services (TRCF)
  - Permanent Supportive Housing (H4H)
- 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

County of Los Angeles Public Health

RWP Report Framework

Year 33: March 1, 2023-February 29, 2024

Data Sources

- HIV Casewatch: Client characteristics and service use
- HIV Surveillance: Viral load, CD4 and genotype tests
- DHSP Expenditure Reports

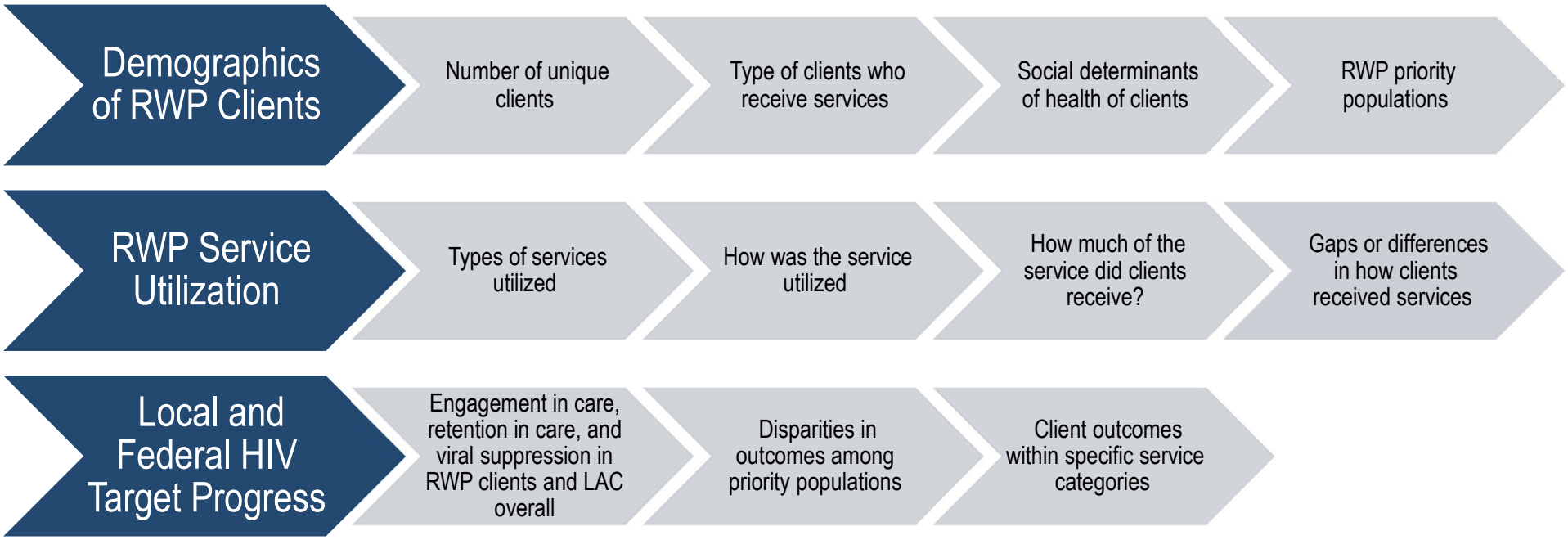
Utilization Indicators

- Total service units = **Number of services units** paid for by DHSP (includes hours, visits, procedures, days, and sessions)
- Total Expenditures = **Total dollar amount** paid by DHSP
- Service units per client = Total number of service units / number of clients
- Expenditures per client = Total dollar amount / number of clients

Outcomes

- Engagement in care
- Retention in care
- Viral suppression

Evaluation Framework



Results: Year 33

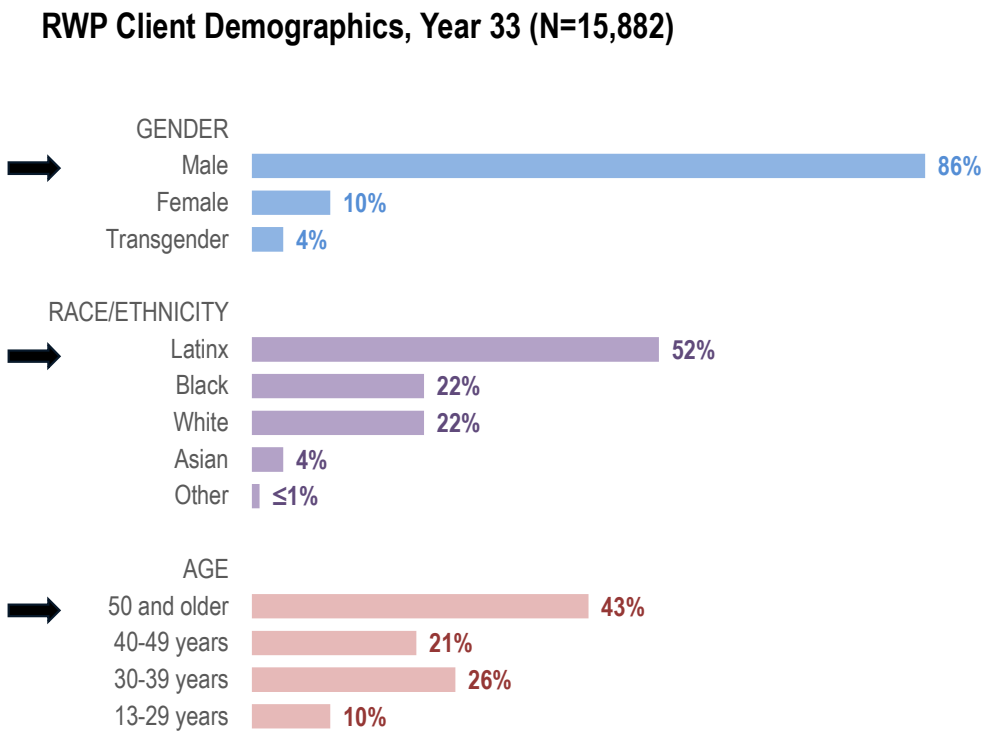
- Service Utilization
- RWP Client Demographics
- RWP Priority Populations
- HIV Care Continuum Outcomes

County of Los Angeles Public Health

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

Quarterly RWP Utilization at Funded Agencies, Years 30-33

In Year 33 most RWP clients identified as male, over half were Latinx, and three out of five were under aged 50.



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

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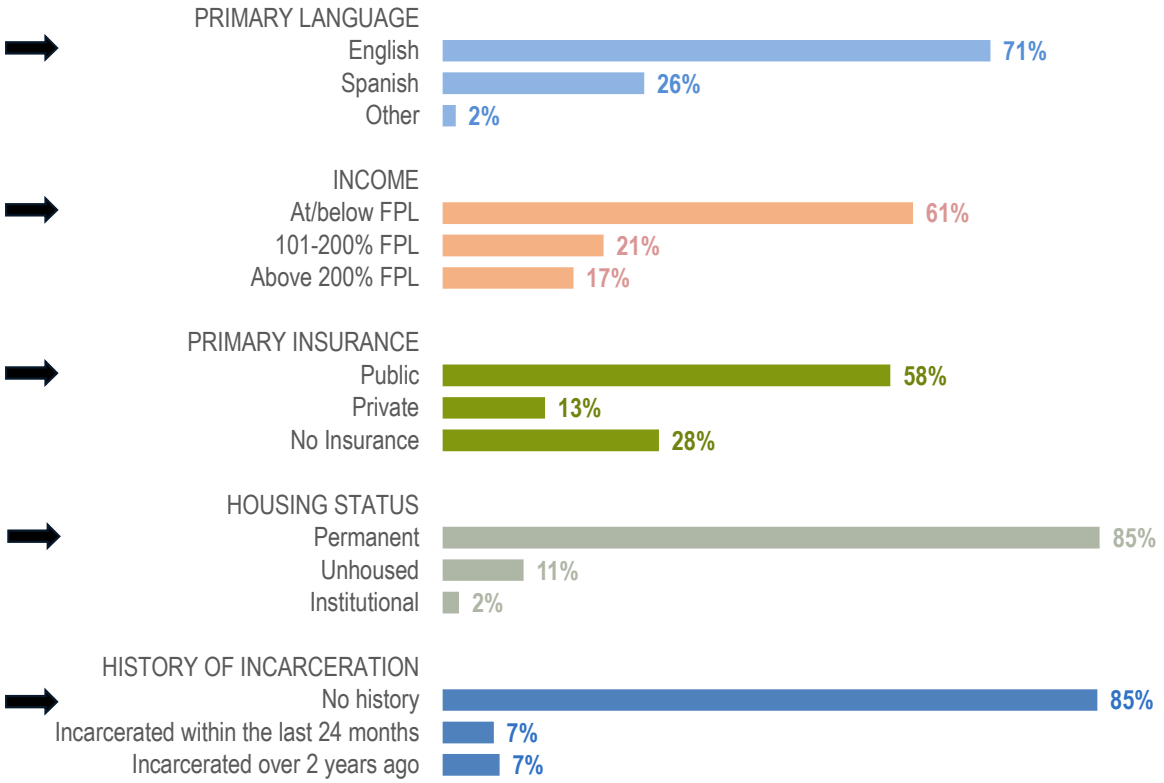
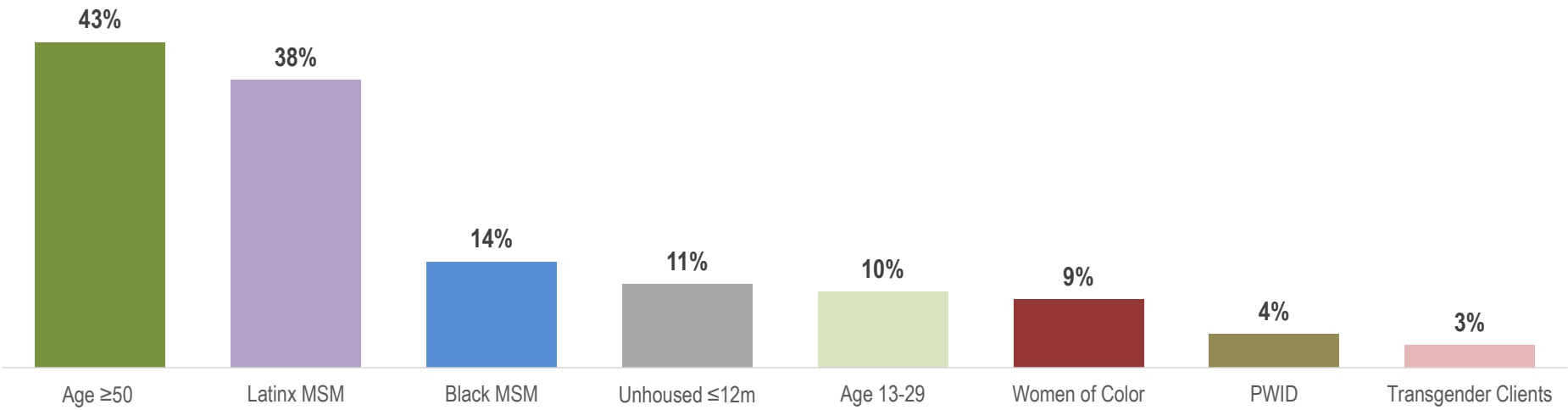
RWP Client Social Determinants of Health, Year 33, (N=15,882)



RWP is reaching clients in LAC priority populations, Year 33

The majority 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[a] for RWP Utilization, Year 33

Population *(% of row population)*	Trans-identified Clients[b]	Latinx MSM[c]	Black MSM[c]	Women of Color	Age 13-29	Age ≥ 50	PWID	Unhoused ≤12m
Trans-identified Clients[b]	***535*** ***(3% of RWP)***	253 47%	88 16%	-	89 17%	161 30%	12 2%	120 22%
Latinx MSM[c]	253 4%	***6,055*** ***(38% of RWP)***	-	-	658 11%	2,303 38%	152 3%	520 9%
Black MSM[c]	88 4%	-	***2,255*** ***(14% of RWP)***	-	292 13%	731 32%	62 3%	327 15%
Women of Color	-	-	-	***1,436*** ***(9% of RWP)***	105 7%	765 53%	37 3%	140 10%
Age 13-29	89 6%	658 43%	292 19%	105 7%	***1,539*** ***(10% of RWP)***	-	36 2%	243 16%
Age ≥ 50	161 2%	2,303 34%	731 11%	765 11%	-	***6,872*** ***(43% of RWP)***	351 5%	450 7%
PWID	12 2%	152 23%	62 9%	37 6%	36 5%	351 53%	***660*** ***(4% of RWP)***	146 22%
Unhoused ≤12m	120 7%	520 31%	327 20%	140 8%	243 15%	450 27%	146 9%	***1,668*** ***(11% of RWP)***

Data source: HIV Casewatch as of 5/2/2024, HIV Surveillance data as of 5/8/2024

[a]Populations not mutually exclusive

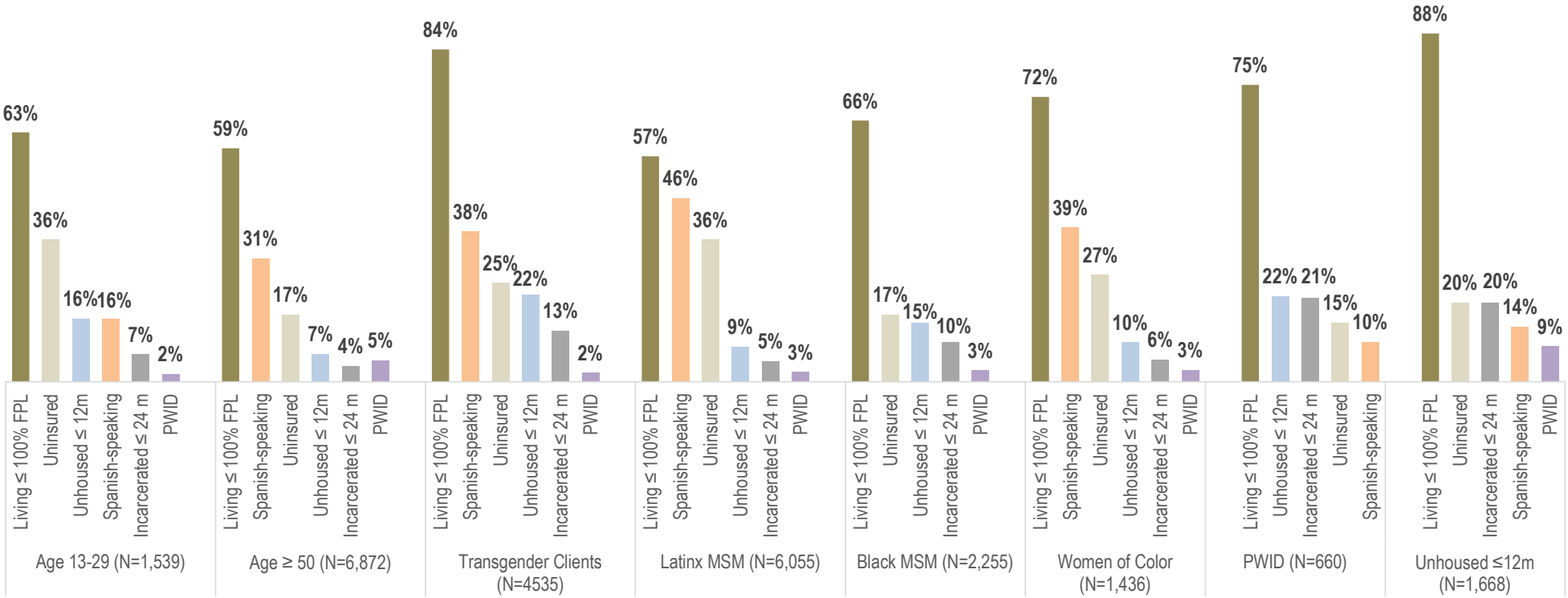
[b]Includes 497 transgender women and 38 transgender men

[c]MSM defined by primary HIV risk category

[d]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 33

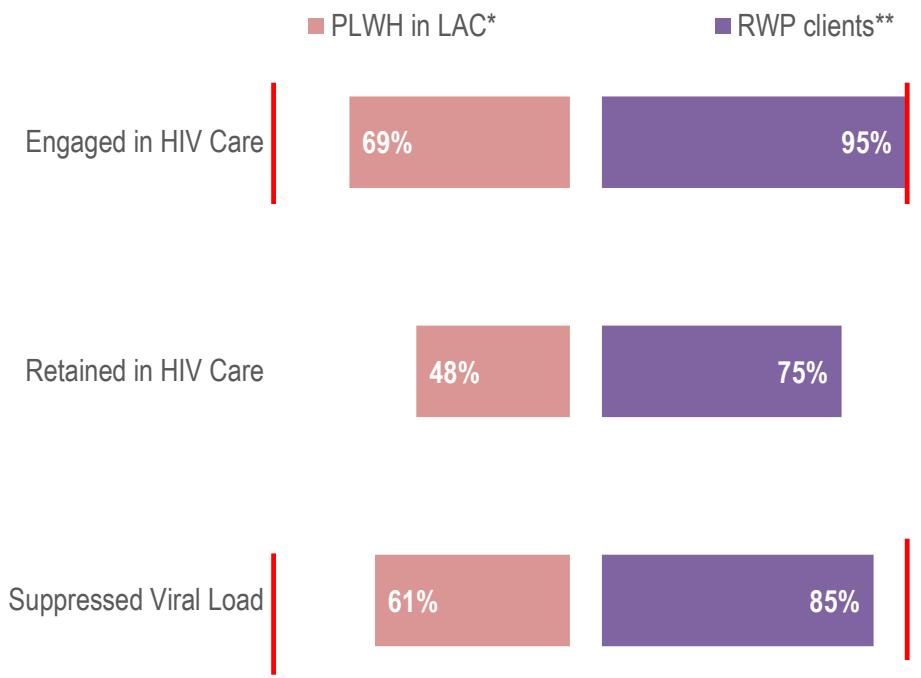


Utilization of RWP Services by LAC Priority Populations[a], Year 33

Service Category	Age 12-29	Age ≥ 50	Transgender Clients	Women of Color	Latinx MSM	Black MSM	PWID	Unhoused ≤12m
SUD Residential (n=84)	10%	17%	8%	1%	38%	19%	14%	55%
HBCM (n=120)	-	87%	-	13%	20%	8%	4%	2%
MH Services (n=151)	13%	17%	5%	7%	58%	11%	-	7%
Housing Services (n=270)	9%	45%	6%	13%	37%	15%	7%	45%
EFA (n=617)	5%	51%	2%	11%	28%	24%	5%	7%
Nutrition Support (n=2,461)	3%	64%	4%	11%	35%	13%	6%	14%
AOM (n=3,604)	13%	21%	3%	7%	54%	8%	2%	6%
Oral Health (n=4,332)	3%	58%	3%	11%	43%	11%	4%	6%
NMCM (n=6,553)	10%	43%	2%	9%	40%	13%	4%	7%
MCC (n=6,942)	12%	34%	5%	6%	39%	18%	5%	17%

HIV Care Continuum in LAC and in RWP clients, Year 33 (N=15,882)

- Engagement[a], retention in care[b] and viral load suppression[c] percentages were higher for RWP clients compared to PLWH in LAC, Year 33.
- RWP overall did not meet the EHE target of 95% for viral suppression or local targets for engagement and retention in care (95%).



[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 5/8/2024

[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 5/8/2024

[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 5/8/2024

* Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2022. http://publichealth.lacounty.gov/dhsp/Reports/HIV/Annual_HIV_Surveillance_Report_2022_LAC_Final.pdf

** Data source: HIV Casewatch as of 5/2/2024

HIV Care Continuum (HCC) Outcomes among Priority Populations, Year 33

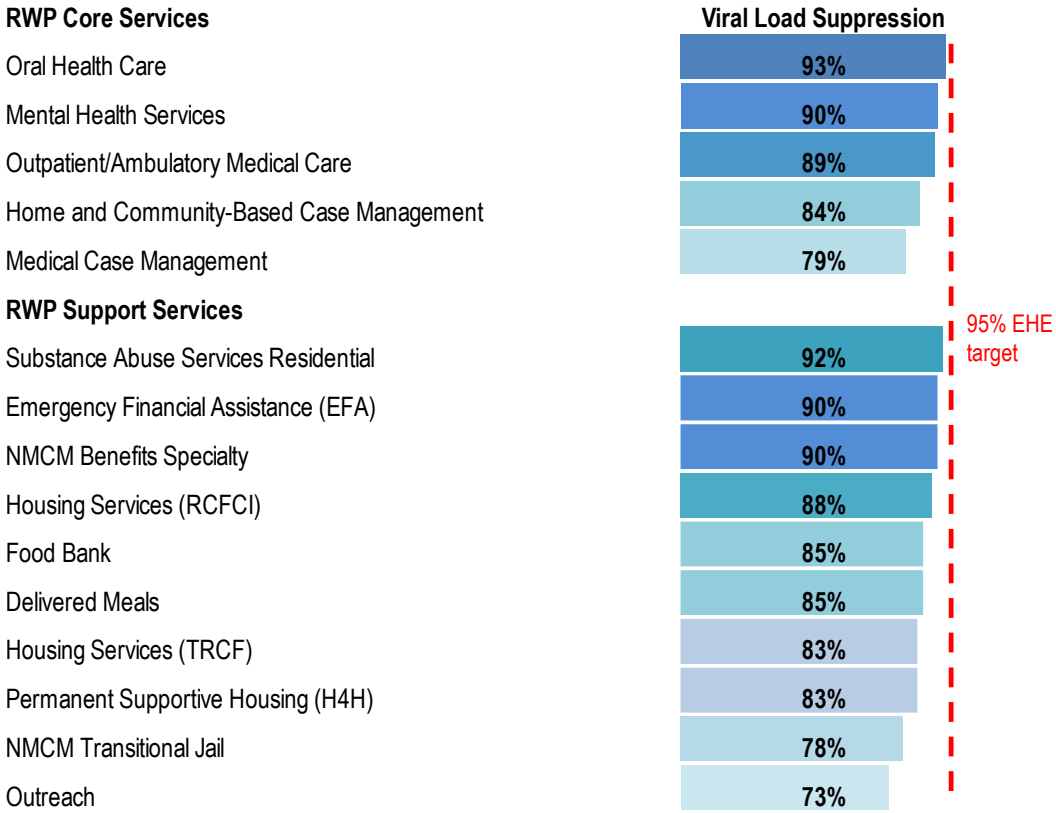
- RWP clients **aged 50 and older had the highest engagement, retention in care and viral suppression.**
- RWP clients **experiencing homelessness had the lowest engagement and retention in care and viral suppression.**
- RWP clients **aged 50 and older, Latinx MSM and Women of color met the target of 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	6,872	43%	**96%**	**81%**	**89%**
Latinx MSM[c]	5,790	36%	**96%**	77%	87%
Women of color	1,663	10%	**95%**	76%	85%
Transgender Persons[b]	535	3%	95%	76%	79%
Youth (29 years and younger)	1,539	10%	94%	64%	79%
Black MSM[c]	2,105	13%	94%	68%	79%
Persons Who Inject Drugs (PWID)	660	4%	93%	74%	82%
People experiencing homelessness	1,668	11%	**91%**	**64%**	**72%**

[a]Limited to membership in two priority populations; a client could be in more than two priority populations as population definitions are not mutually exclusive
[b]Includes 497 transgender women and 38 transgender men
[c]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 33 (N=15,882)

- Among RWP clients, **85% were virally suppressed**
- **Neither** the RWP overall **nor any** of the service categories **met the EHE viral suppression target of 95%**



Expenditures

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

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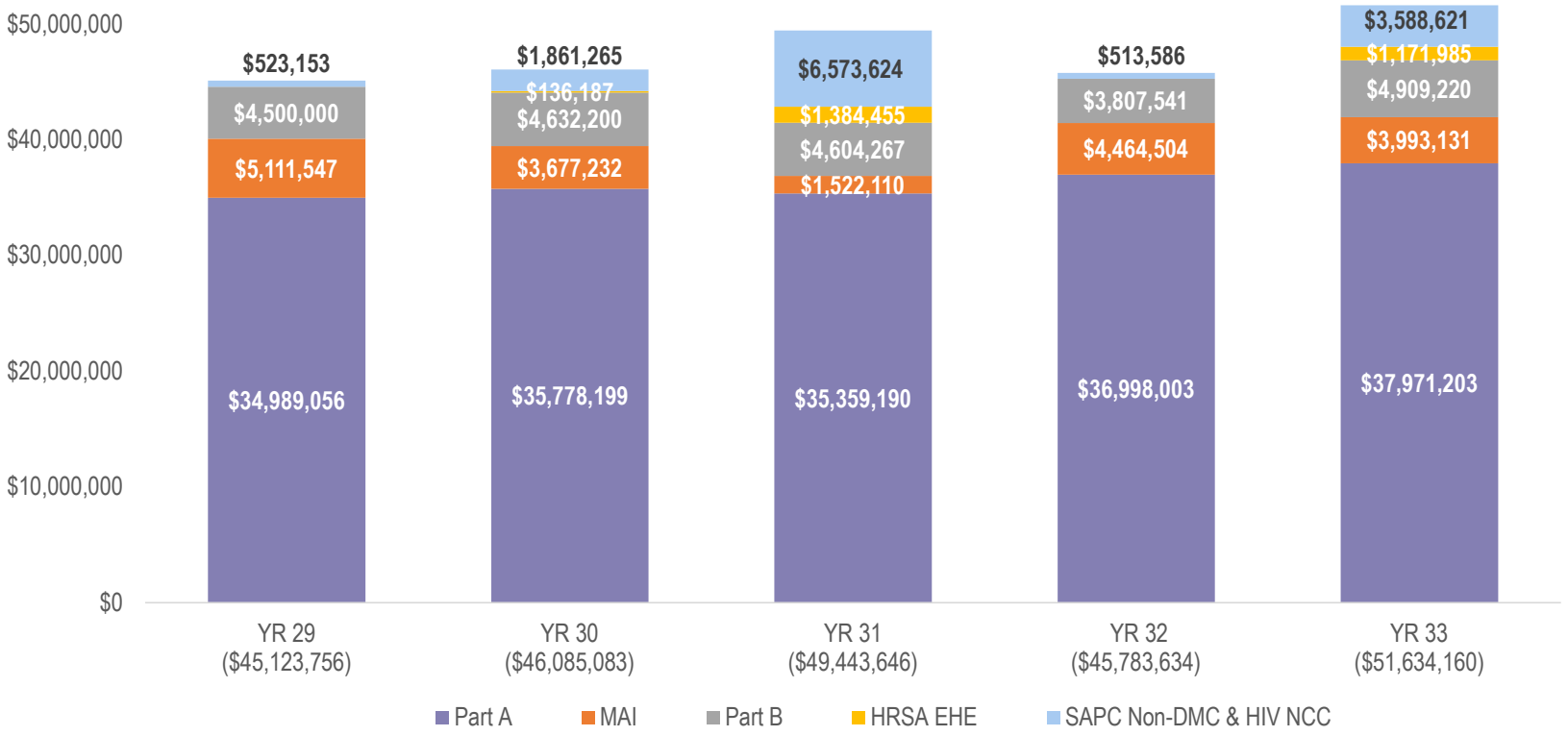
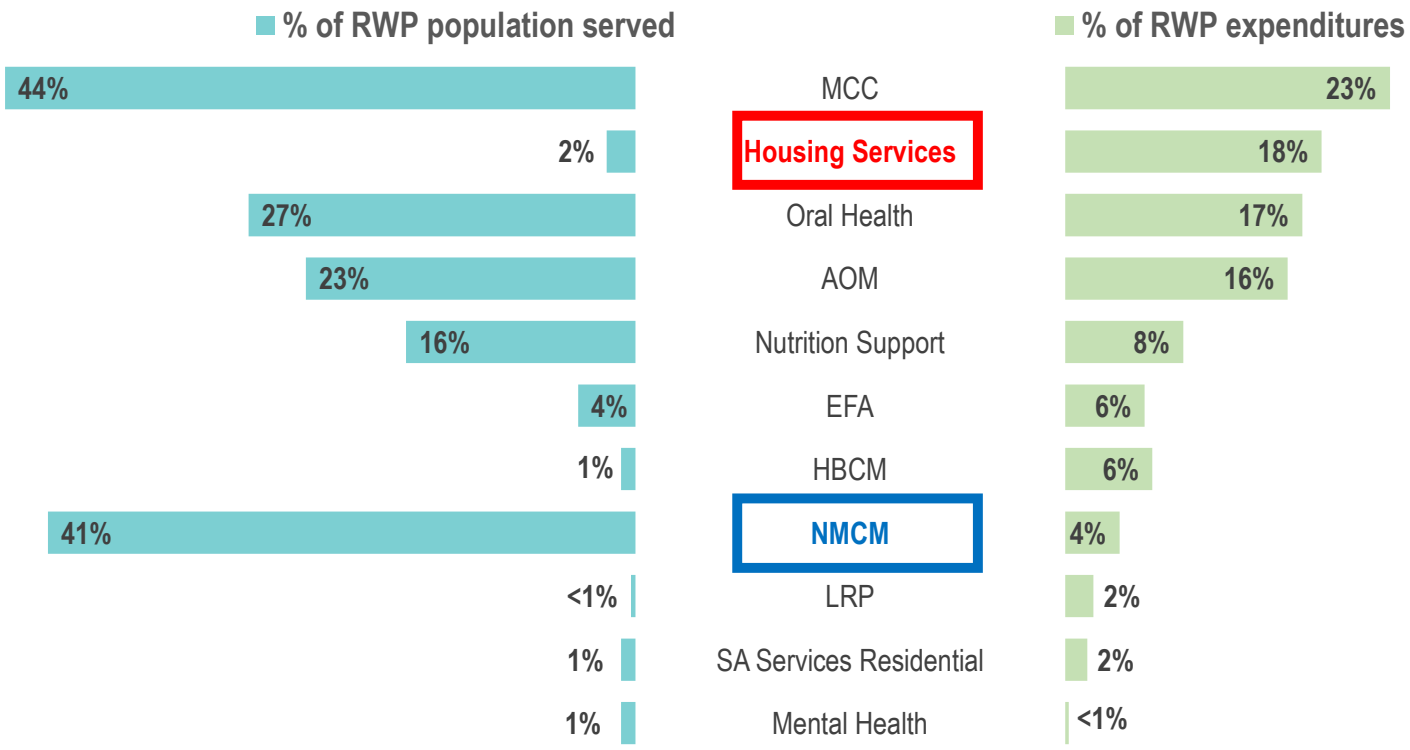
RWP Expenditures by Source of Funding, Years 29-33

Total expenditures increased: Part A expenditures gradually increased, MAI expenditures varied due to carryover strategies, Part B was stable, other expenditures 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 Total Expenditures, Year 33



RWP Service Category Expenditures, Year 33

- **The highest expenditures per client** were spent **for Housing Services**, followed by HBCM and LRP.
- **The lowest expenditures per client** were spent for **NMCM, Mental Health and MCC.**

Service Category	Number of clients	Expenditures YR 33	Expenditures per client YR 33
Housing Services	270	$8,440,602	***$31,261***
Home-Based Case Management	120	$2,866,908	*$23,891*
Linkage Re-Engagement Program	40	$923,044	*$23,076*
Substance Abuse Services Residential - Transitional	84	$725,000	*$8,631*
Emergency Financial Assistance	617	$2,614,115	*$4,237*
Medical Outpatient	3,604	$7,322,339	*$2,032*
Oral Health	4,332	$7,805,282	*$1,802*
Nutrition Support	2,461	$3,882,464	*$1,578*
Medical Care Coordination	6,942	$10,688,014	*$1,540*
Mental Health	151	$109,422	*$725*
Non-Medical Case Management	6,553	$1,787,095	***$273***

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 SDOH**:
  - The majority of RWP clients from each priority population lived at or below FPL.
  - High percentage of priority populations were Spanish-speakers and uninsured.
  - Recent incarceration (≤24m), drug use and unstable housing were more prevalent among RWP clients aged 13-29, unhoused and PWID.

Key Takeaways - Expenditures

- **Part A expenditures gradually increased, MAI expenditures varied, and Part B was stable over 5 years.** The percentage of expenditures from other sources increased over the years.

- Although **Housing served one of the lowest percentage of RWP clients**, **it had the highest expenditures per client**.

- Although **NMCM and MCC served the largest percentage of RWP clients, per client expenditures for NMCM and MCC were the lowest**.

Next Steps

- Present to SMT and COH on two major service clusters
  - Core Services (AOM, MCC, Oral Health, HBCM, Mental Health)
  - 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 – Wendy Garland, Siri Chirumamilla
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  - Surveillance – Virginia Hu, Kathleen Poortinga
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  - RWP agencies and providers
  - RWP clients