LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, October 21, 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/rb6f8bbf496bca0b9ceb185993c6ec3f4

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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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, OCTOBER 21, 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/rb6f8bbf496bca0b9ceb185993c6ec3f4
To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2533 182 7465

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 (Leave of Absence)	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: Oct 16, 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—1:21PM
    a. Operational and Commission Updates
8. Co-chair Report — 1:22 PM—1:30 PM
    a. November and December Meetings

9. Division on HIV and STD Programs (DHSP) Report 1:31 PM—2:21 PM
    a. Program Year 34 (PY34) Ryan White Program Utilization Report – Support Services

V. DISCUSSION 2:22 PM—2:54 PM

10. Women's Caucus Recommendations for Women-Centered Programming
11. 2026 PP&A Committee Calendar

VI. NEXT STEPS 2:55 PM – 2:57 PM

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

VII. ANNOUNCEMENTS 2:58 PM – 3:00 PM

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

VIII. ADJOURNMENT 3:00 PM

15. Adjournment for the meeting of October 21, 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.

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.

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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

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.

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

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

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
September 16, 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	AB2449	Ismael Salamanca	EA
Al Ballesteros, MBA	A	Harold Glenn San Agustin, MD	P
Felipe Gonzalez	P	Dee Saunders	EA
Reverend Gerald Green	A	LaShonda Spencer, MD	P
Michael Green, PhD, MHSA	EA	Lambert Talley	P
William King, MD, JD	EA	Carlos Vega-Matos	P
Rob Lester	P	Jonathan Weedman	A
COMMISSION STAFF AND CONSULTANTS			
Jose Garibay, Lizette Martinez			
DHSP STAFF			
Paulina Zamudio, Pamela Ogata, Sona Oksuzyan, Amanda Wahnich			

*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 1:05pm.

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

L. Martinez, Commission staff, conducted roll call and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): K. Donnelly, F. Gonzalez, R. Lester, H. San Agustin, D. Russell, L. Spencer, L. Talley, C. Vega-Matos

3. Approval of Agenda

MOTION #1: Approve the Agenda Order **(No vote held; quorum was not reached.)**

4. **Approval of Meeting Minutes**
   MOTION #2: Approval of Meeting Minutes **(No vote held; quorum was not reached.)**

II. PUBLIC COMMENT

5. **Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.**
   There was no public comment.

III. COMMITTEE NEW BUSINESS

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

   There was no committee new business.

IV. REPORTS

7. **Commission on HIV Staff Report**
   - L. Martinez reported that the Executive Committee will be continuing their review of public comment to the proposed changes to the Commission on HIV (COH) bylaws and at their September 25th meeting from 1pm-3pm at the Vermont Corridor. All interested parties are invited to attend and provided additional public comment, if applicable. See Executive Committee meeting page on the COH website for meeting agenda and additional details.
   - L. Martinez reminded the group that the next COH will be held on October 9, 2025 at 9am at Jessie Owens Park Auditorium. Meeting details will be forthcoming. She noted that the proposed final recommendations for the restructuring of the COH will be presented at the October meeting.

8. **Co-chair Report**
   a. **September 18th Executive Committee Special Meeting**
      - K. Donnelly reported that the Executive Committee will be having a special meeting on Thursday, September 18 from 1pm-3pm at the Vermont Corridor. The focus of the meeting is to discuss the Commission's role in prevention planning as an integrated HIV planning body and shared strategies on how to improve prevention planning efforts and strengthen partnerships as the COH transitions into a new structure. See meeting packet for more details,

   b. **September 19th Power of Aging Event**
      - K. Donnelly announced that the Aging Caucus will be hosting the Power of Aging Event on

Friday, Sept. 19th in recognition of National Aging and HIV Awareness Day. The event will take place at the Vermont Corridor from 9am to 3pm and will focus on navigating services in times of uncertainty. See event flyer for more details.

c. September 26th California HIV/HCV/STI Strategic Plan's Implementation Blueprint Webinar

- K. Donnelly announced that the California Department of Public Health, Office of AIDS (CDPH-OA) will be hosting an informational webinar on the California HIV/HCV/STI Strategic Plan's Implementation Blueprint on September 26th, 2025, at 10:30 AM. This webinar will review the syndemic approach taken in California's Strategic Plan Implementation Blueprint, provide a refresher on the background and content, and help participants gain understanding of why this is important now. See webinar registration to register.

9. Division of HIV and STD Programs Report

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

- DHSP staff, S. Oksuzyan, provided a PY34 Ryan White Program Utilization Report to the committee focusing on core Ryan White Program services; see meeting packet for presentation slides.
- The report showed a decreased utilization in Ambulatory/Outpatient Medical (AOM) services, Home-Based Case Management services and Mental Health services and an increased utilization in Medical Care Coordination services and Oral Health services. The highest expenditures per client were attributed to Housing and Home-Based Case Management services. The lowest expenditures per client were seen in Mental Health services and AOM services.
- Engagement, retention in care and viral suppression percentages were higher in RWP clients using Oral Health services, Home-Based Case Management services and Mental Health services.

10. Ryan White Program Year 36 (PY36) Reallocations

- DHSP staff requested the Committee review their PY36 allocations and reallocate percentages to include the new Partner Support Services within Non-Medical Case Management Services. Initial PY36 allocations did not include funding for this new service because it was under the solicitation process at the time of allocation.
- The Committee recommended aligning PY36 reallocations with PY35 allocations with the intent to revisit the allocations at a later date once more data and expenditure reports are available.

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. (No vote was held; quorum was not reached.)

V. NEXT STEPS

11. Task/Assignments Recap

- **a.** Commission staff will work with co-chairs to develop the agenda for the October PP&A Committee meeting.
- **b.** PY36 Allocations will move forward to the Executive Committee for review and approval.

12. Agenda Development for the Next Meeting

- **a.** DHSP to provide a report on PY34 RWP support services utilization.
- **b.** Review recommendations from the Women's Caucus.
- **c.** DHSP to provide a response to the proposed PY35-37 Directives.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

14. Adjournment for the Regular Meeting of September 16, 2025.

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

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

Sona Oksuzyan, Supervising Epidemiologist

Amanda Wahnich, Supervising Epidemiologist

Monitoring and Evaluation Unit

Division of HIV and STD Programs

October 21, 2025

Agenda

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

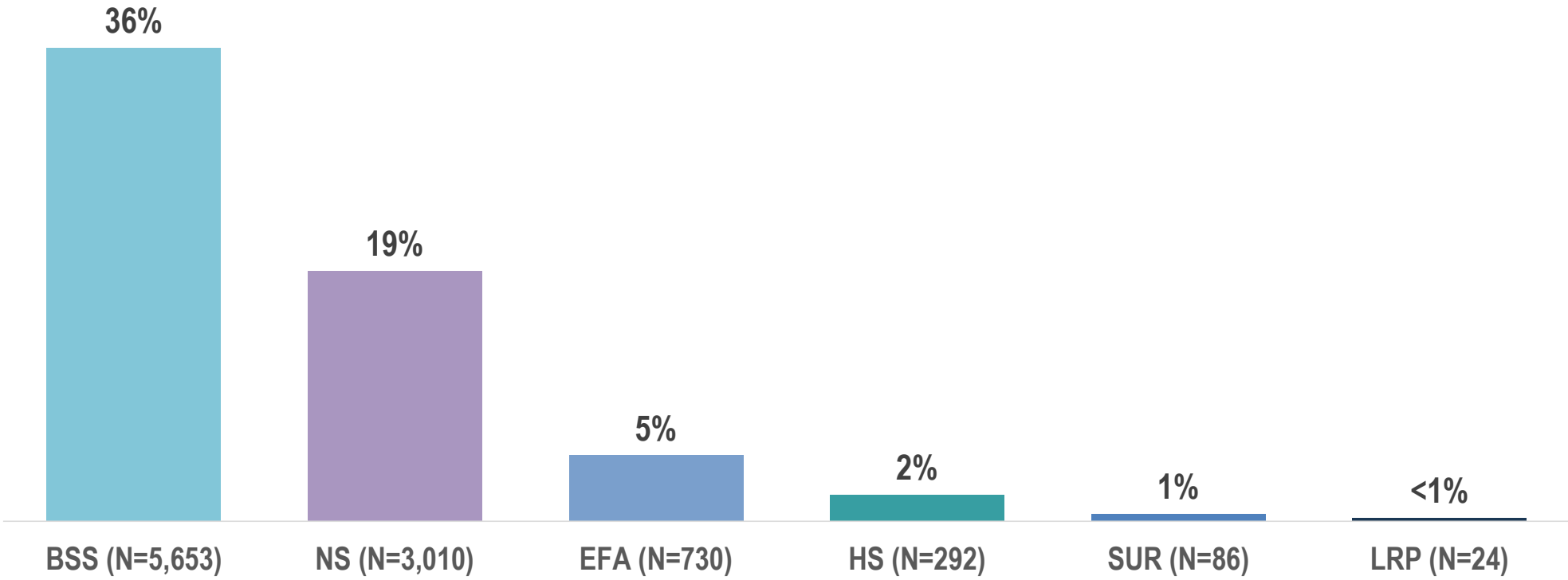
County of Los Angeles Public Health

Overview of Support Services

Emergency Financial Assistance (EFA) 2 contracted agencies (DHS, APLA)	Provides **limited one-time or short-term payments to assist RWP clients with an urgent need for rent**. Annual cap was $5,000.
Housing Service (HS) 4 contracted sites (APLA, DHS, Project New Hope, Salvation Army Alegria)	Provides **temporary or permanent housing with supportive services** for RWP clients
Benefit Specialty Services (BSS) 12 contracted sites	Provide **coordination, guidance and assistance in accessing multiple services** (medical, social, community, legal, financial, employment, vocational, and/or other needed services) and additional public and private programs (if eligible)
Nutrition Support (NS) 3 contracted sites (APLA, Bienestar, and Project Angel Food)	Provides **food to RWP clients**, improving and sustaining nutrition, food security and quality of life
Substance Use Residential (SUR) 1 contracted site (Tarzana Treatment Center)	Provides **outpatient treatment services for substance use disorders**
Linkage and Re-engagement Program (LRP) DHSP: DCS Health Navigators	Assists **people newly diagnosed or living with HIV who are lost or returning to treatment to re-engage in care** (medical and psychosocial services).

In Year 34, Benefits Specialty Services (BSS) and Nutrition Services (NS) were the most highly utilized support services.

Utilization of RWP Support Services, Year 34
(Total RWP clients N=15,843)



Support Service Category Deep Dive Framework

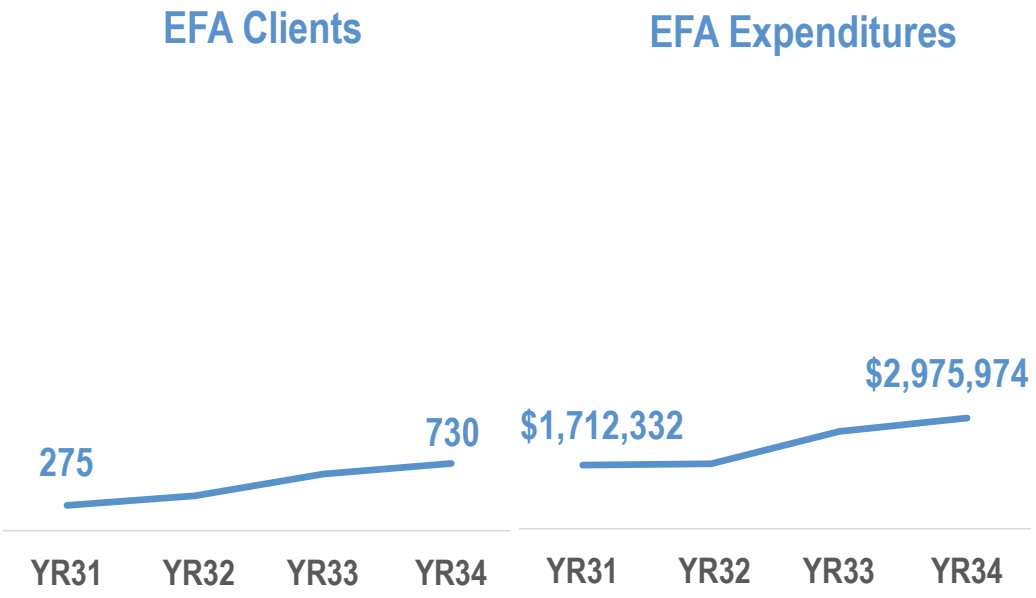
Overall Service Utilization and Expenditure Summary	• Client Served • Service Units (Total and Per Client) • Expenditures (Total and Per Client)
Client Demographics	• Gender • Race • Age
Priority Population Engagement	• Latinx MSM • Black/AA MSM • Age ≥ 50 years • Women of color • Transgender Clients • Age 13-29 clients • People who inject drugs (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

Emergency Financial Assistance (EFA)

- **18% increase in service utilization in Year 34 compared to Year 33**
- **14% increase in expenditures in Year 34 compared to Year 33**

County of Los Angeles Public Health

- A total of **730 unique clients** received EFA services, representing **4% of RWP clients**
- There was an **overall increase in EFA utilization and expenditures** over the last four years



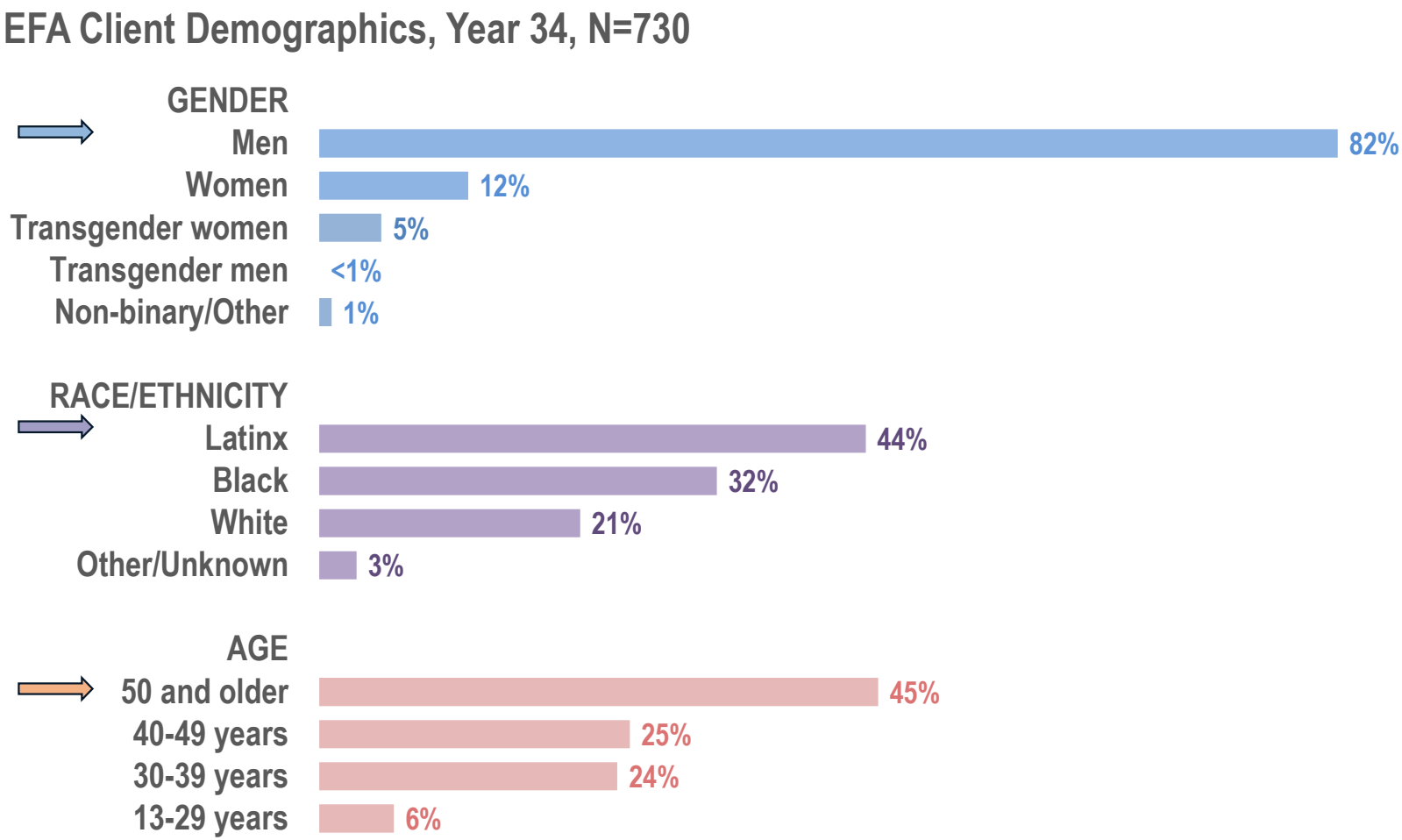
EFA Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units per client	Expenditures	Expenditures per client
EFA	730	Dollars	2,873,110	3,936	*$2,975,974*	*$4,077*

Funding Source:

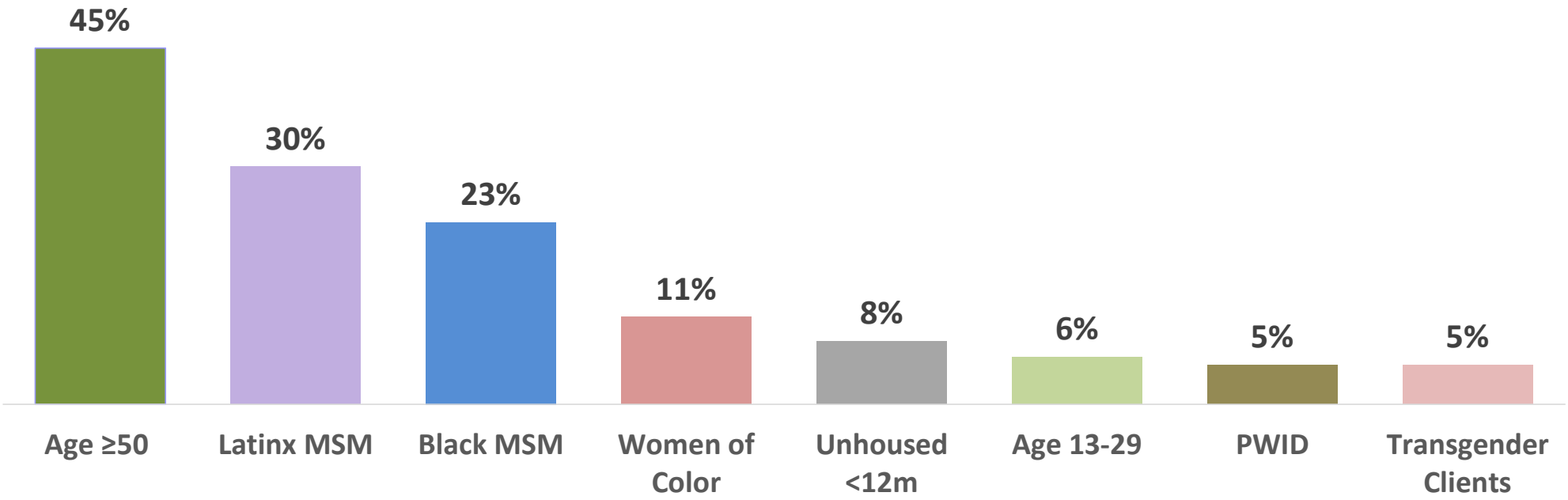
- *Part A - $1,539,288*
- *HRSA EHE - $765,693*
- *HIV NCC - $670,993*

EFA clients were predominantly men, Latinx, and RWP clients aged 50 and older



LAC Priority Populations* Accessing EFA, Year 34

- Over half of EFA clients were **aged 50 and older,** representing the largest group
- **Latinx MSM** represented almost a third of EFA clients
- **Black MSM** represented about a quarter of EFA clients



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

Most EFA clients were English speakers, living ≤ FPL, had private insurance, were permanently housed, and had no incarceration history

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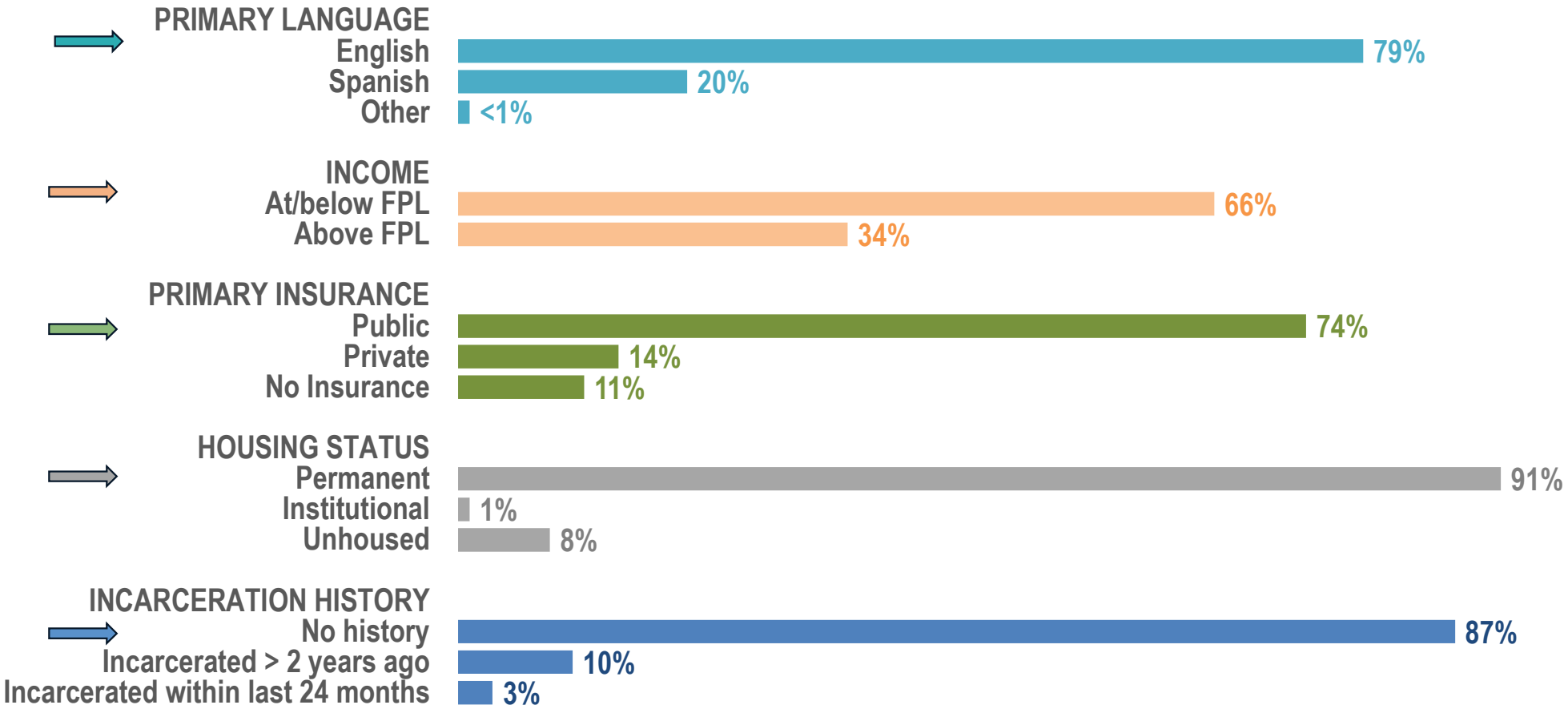
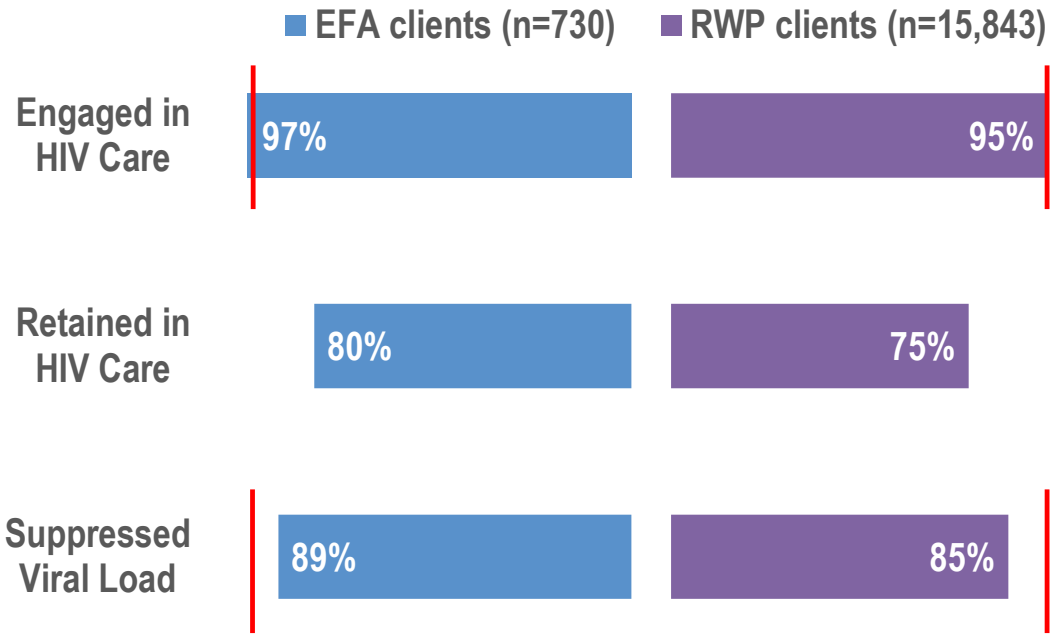
EFA Client Health Determinants, Year 34, N=730



HIV Care Continuum in EFA clients, Year 34

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

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



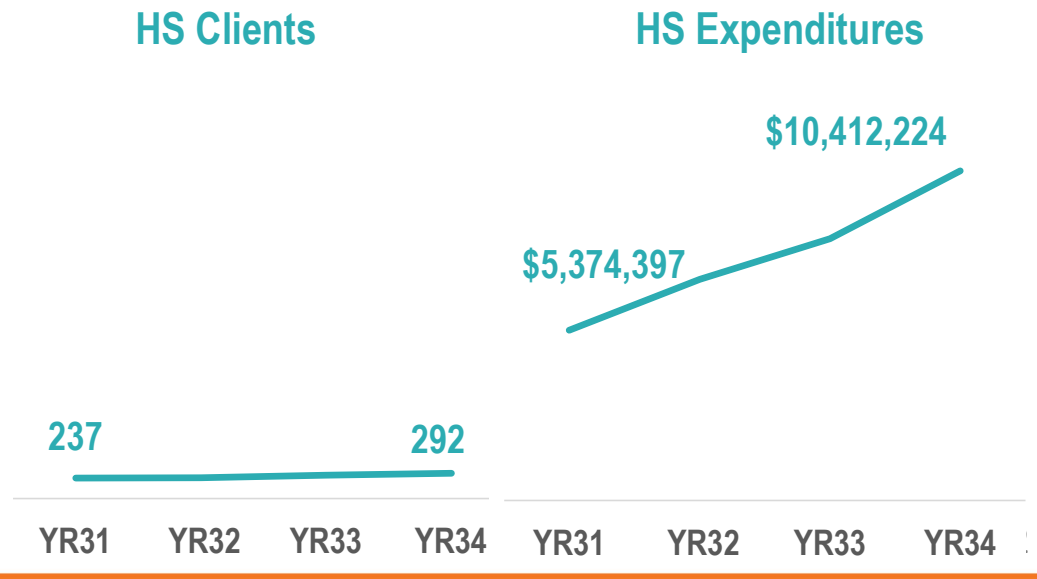
Data source: HIV Casewatch as of 5/1/2025

[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

Housing Services (HS)

- **18% increase in service utilization in Year 34 compared to Year 33**
- **26% increase in expenditures in Year 34 compared to Year 33**

- A total of **292 unique clients** received **HS**, representing **2% of RWP clients** in Year 34
  - *Permanent Supportive Housing (H4H): **193** clients*
  - *Residential Care Facilities for the Chronically Ill: **68** clients*
  - *Transitional Residential Care Facilities: **39** clients*
- **HS utilization and expenditures increased** in the last 4 years.



County of Los Angeles Public Health

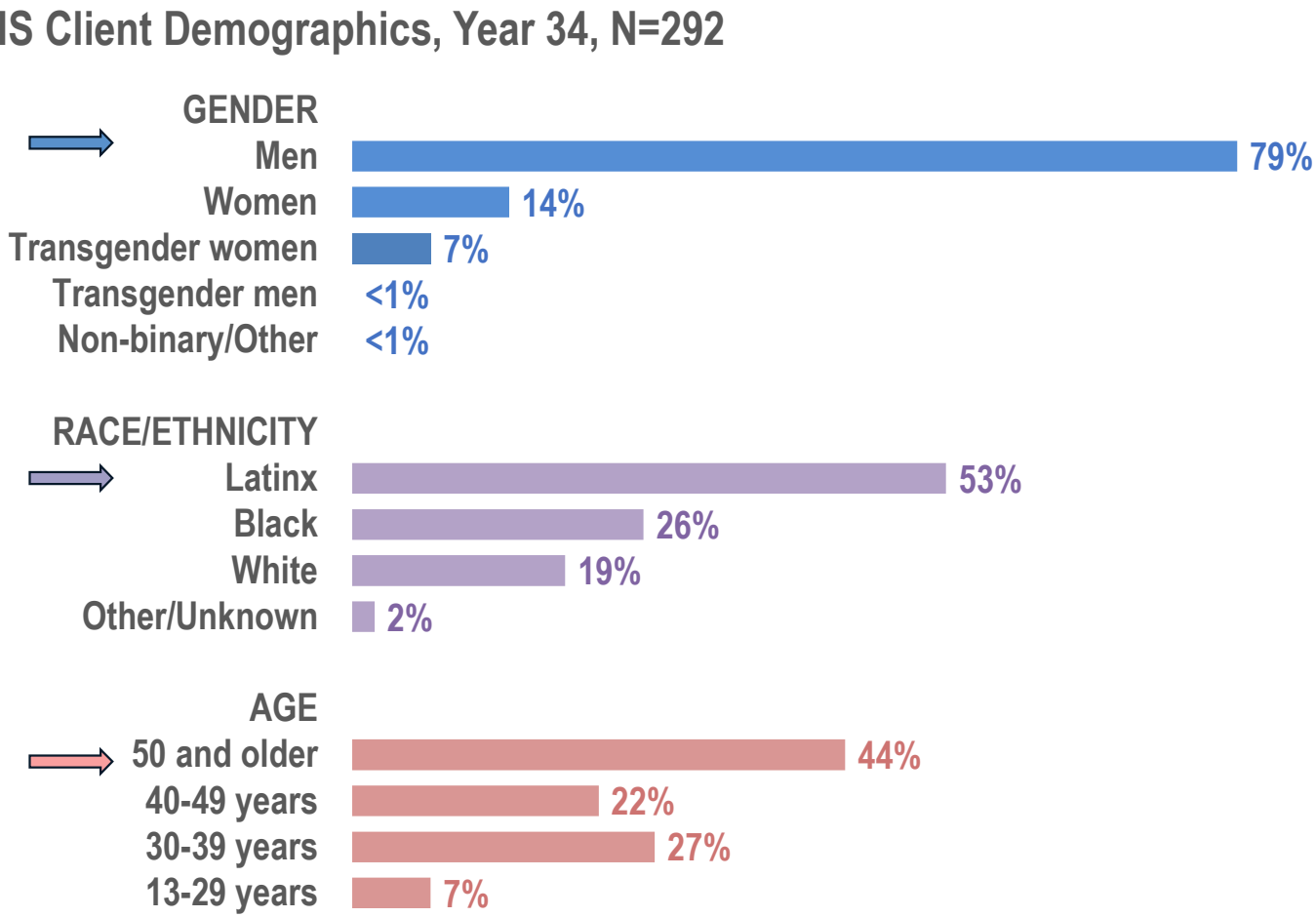
HS Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units per client	Expenditures	Expenditures per client
HS	**292**	**Days**	**61,766**	**280**	**$10,412,224**	***$35,658***
Permanent Supportive Housing (H4H)	193	Days	61,525	319	$5,530,755	*$28,657*
Residential Care Facilities for the Chronically Ill	68	Days	14,049	207	$4,033,827	*$59,321*
Transitional Residential Care Facilities	39	Days	6,192	159	$847,642	*$21,734*

Funding Source:

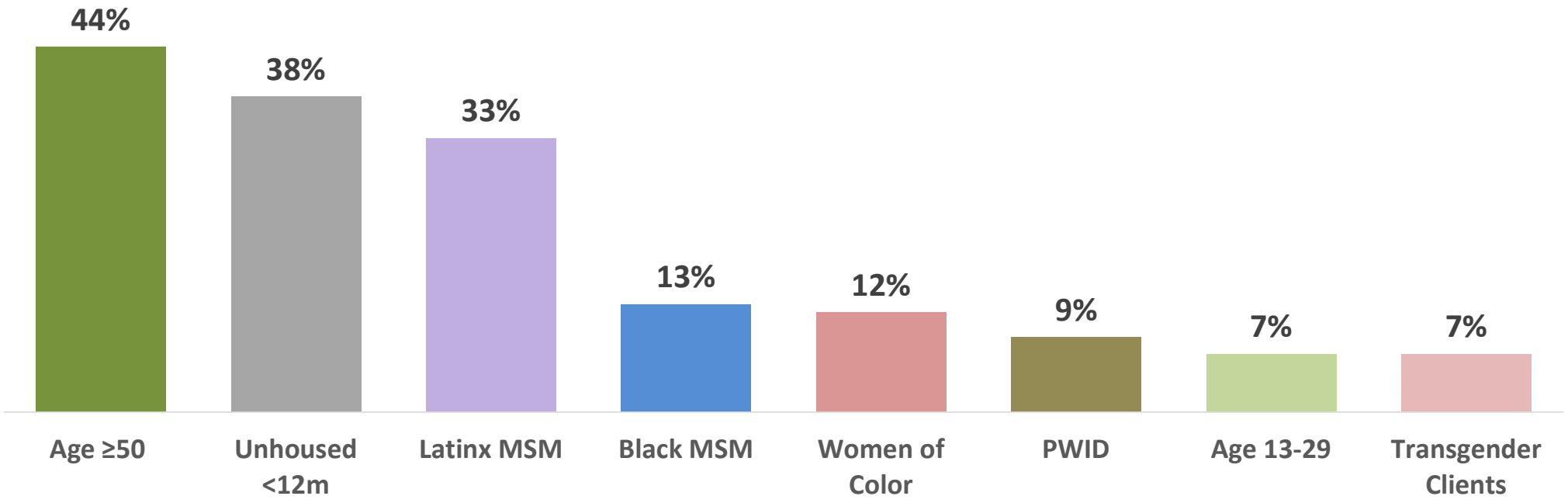
- *Part A - $484,771*
- *MAI - $3,305,635*
- *Part B – $4,396,698*
- *HIV NCC - $2,225,120*

HS clients were predominantly men, Latinx, and were aged 50 and older



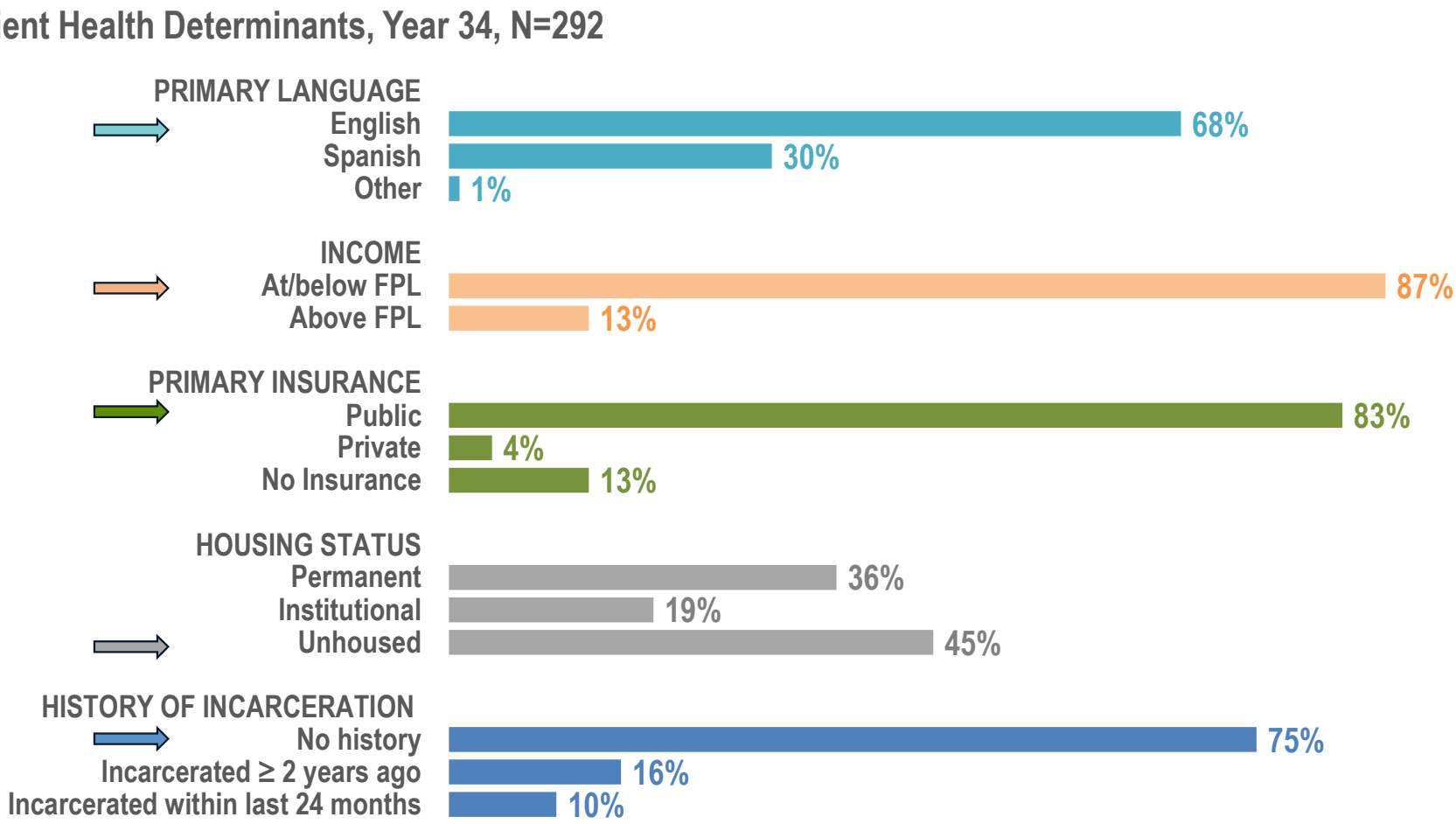
LAC Priority Populations* Accessing HS, Year 34

- RWP clients **aged 50 and older** represented 44% of HS clients, the largest priority populations
- **Unhoused** at some point during Year 34 people represented about 38% of HS clients
- **Latinx MSM** represented a third of HS clients



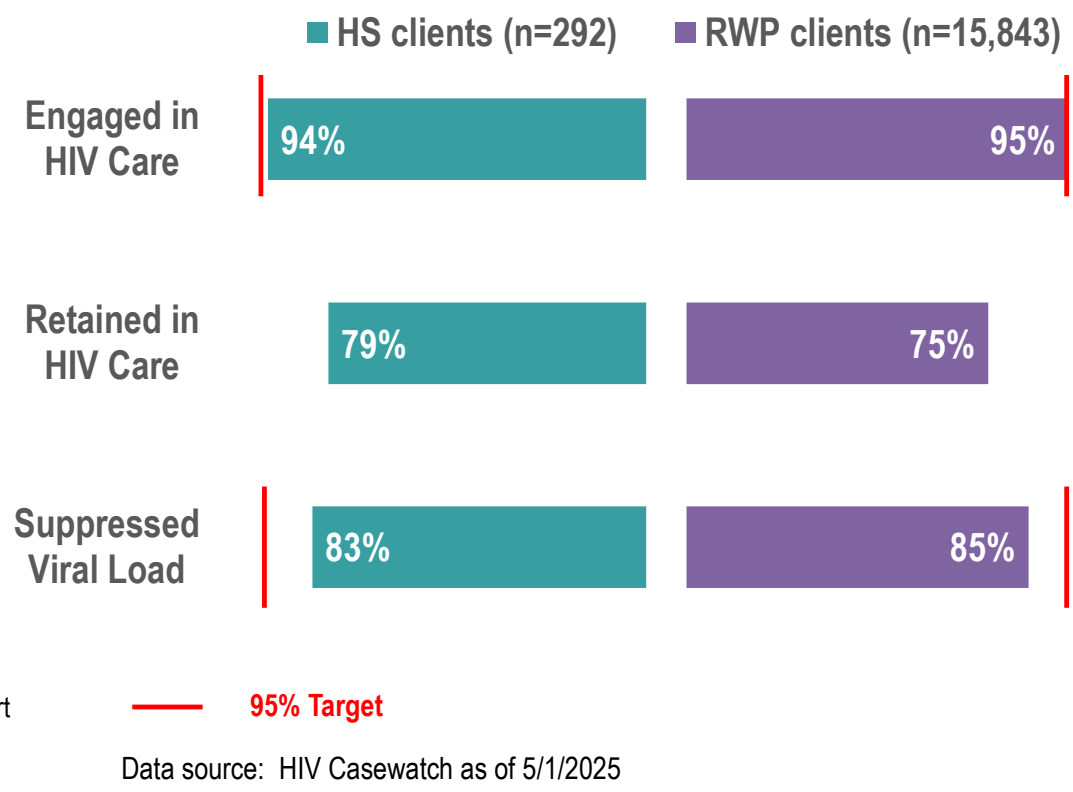
*Priority population groups are not mutually exclusive, they may overlap

Most HS clients were English-speakers, living ≤ FPL, had public insurance, were unhoused, and had no history of incarceration



HIV Care Continuum in HS Clients, Year 34

- Engagement[a] and viral load suppression[c] percentages were lower for HS clients compared to RWP clients overall, Year 34 Retention in care[b] was higher among housing clients than RWP clients overall
- HS clients did not meet the EHE targets



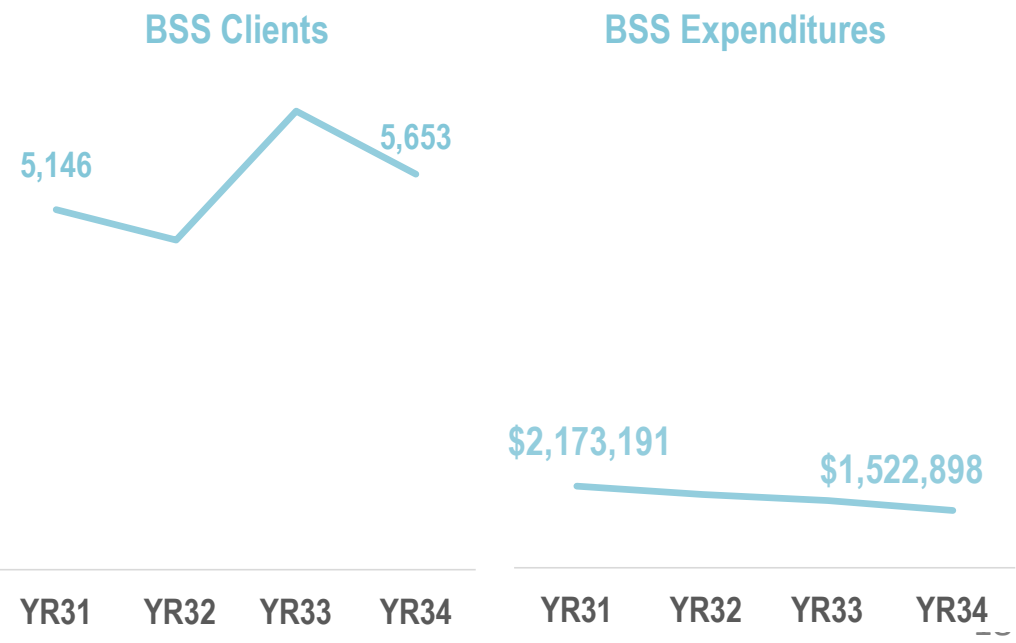
Data source: HIV Casewatch as of 5/1/2025

[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

Benefit Specialty Services (BSS)

- 14% decrease in service utilization in Year 34 compared to Year 33
- 15% decrease in expenditures in Year 34 compared to Year 33

- A total of **5,653 unique clients** received **BSS**, representing **36% of RWP clients**
- While **BSS utilization** varied in the past 4 years, expenditures have **decreased**.



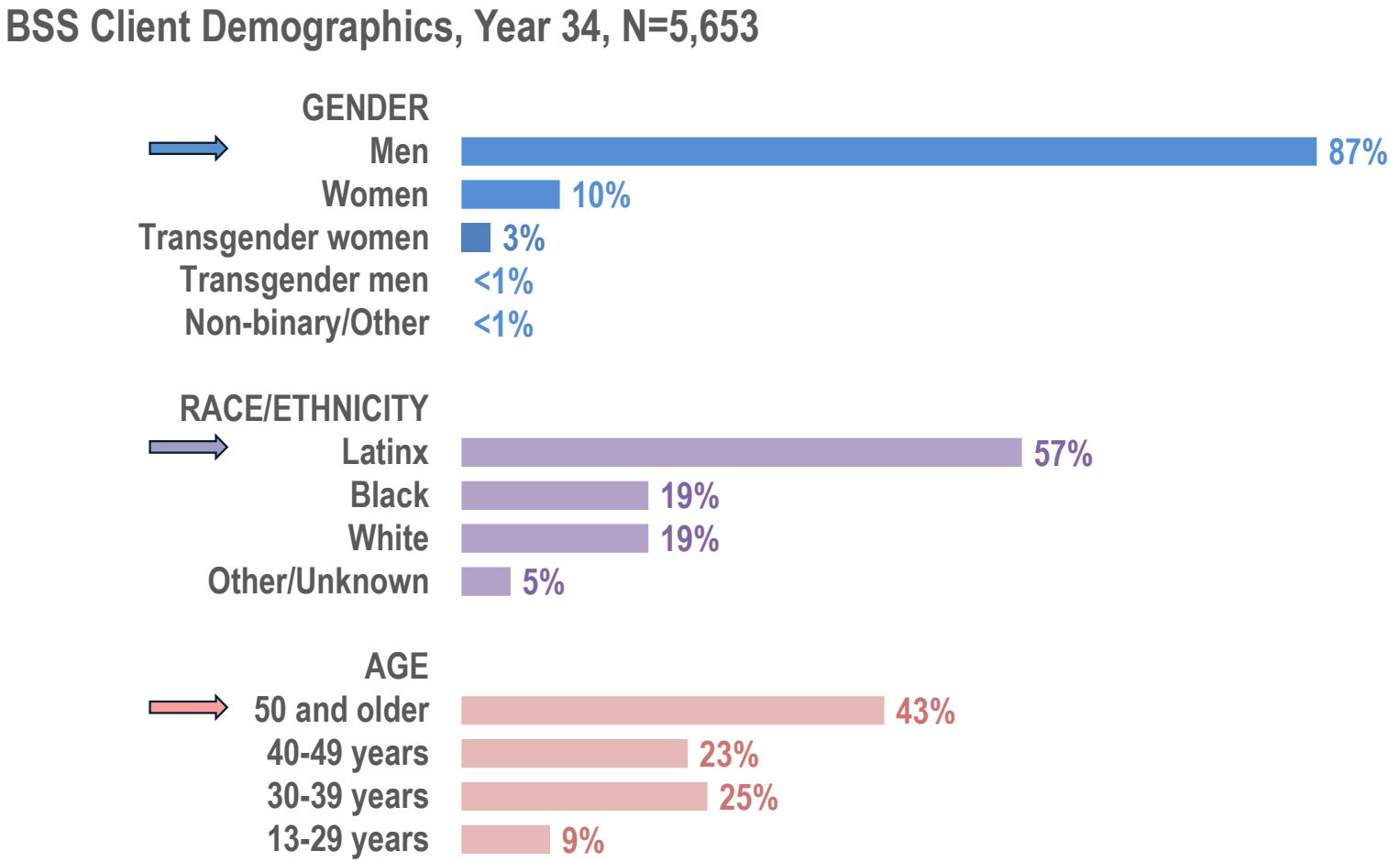
BSS Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units per client	Expenditures	Expenditures per client
BSS	5,653	23,541	Hours	4	*$1,522,898*	*$269*

Funding Source:

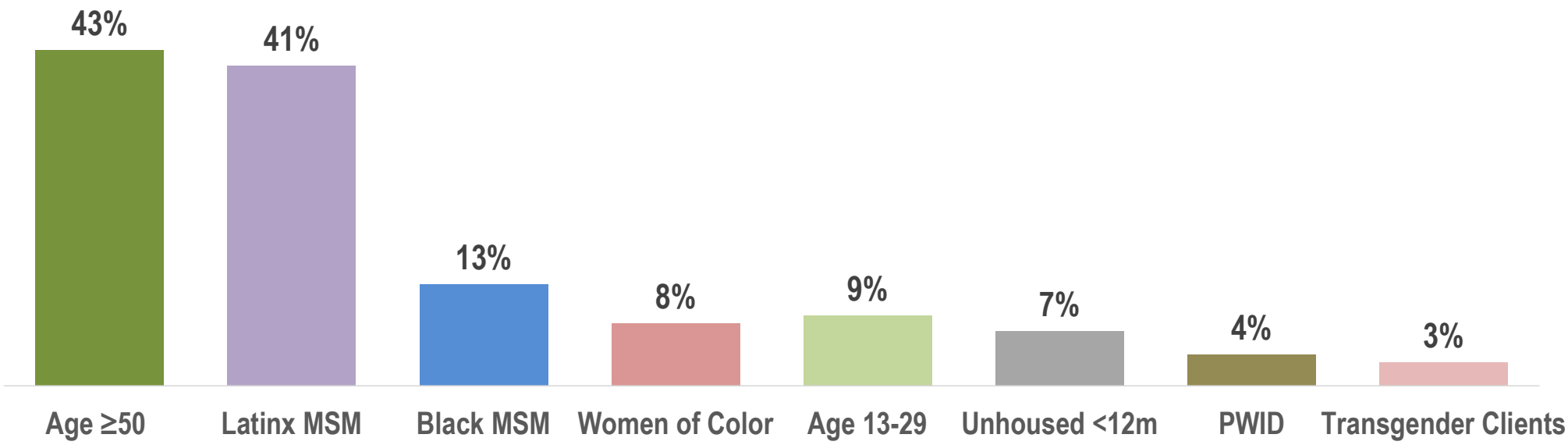
- *Part A - $1,522,898*

Most BSS clients were men, Latinx, and were aged 50 and older



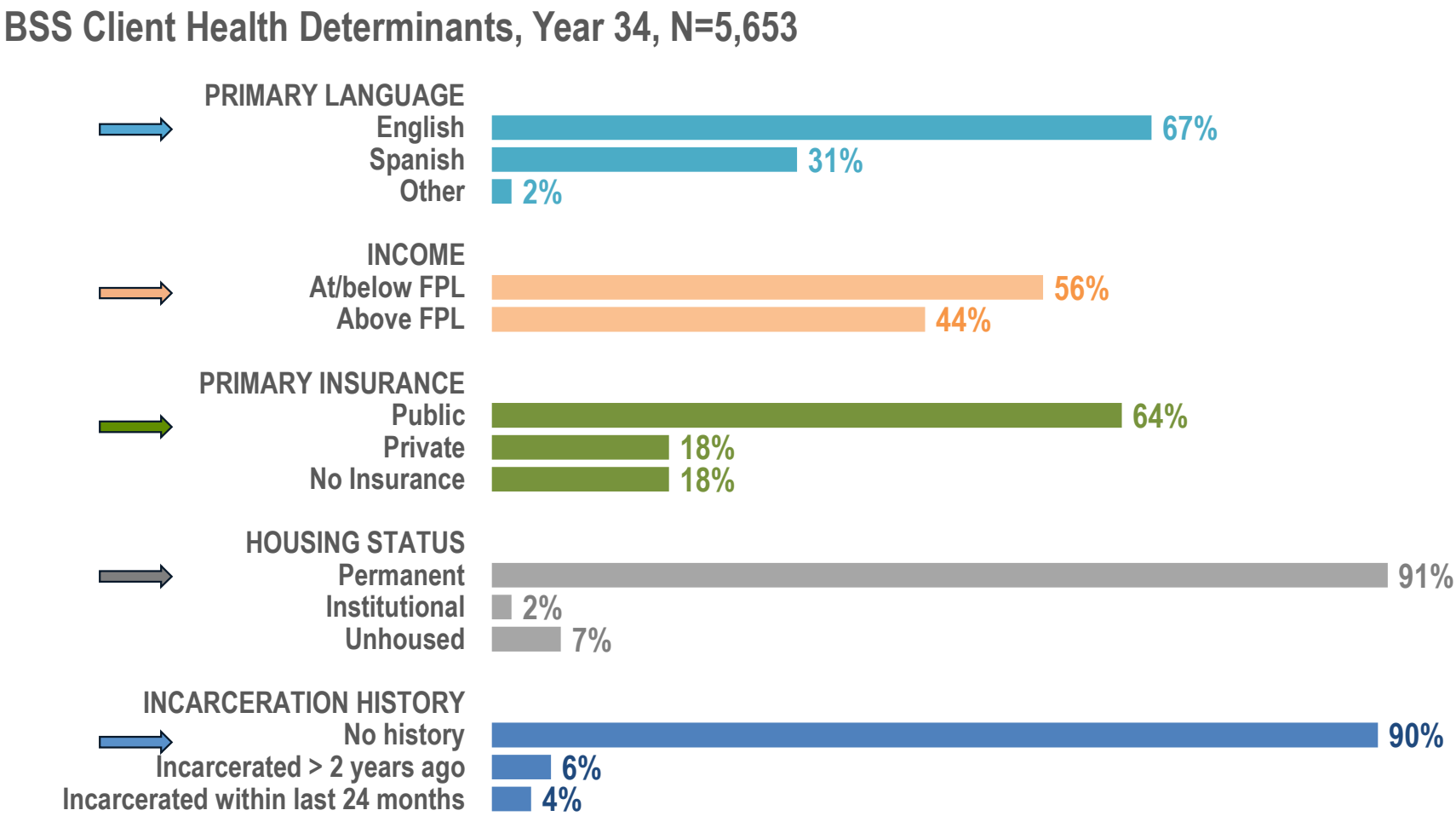
LAC Priority Populations* Accessing BSS, Year 34

- **Clients age ≥ 50** represented the **largest percentage of BSS clients**
- **Latinx MSM** clients were the second highest priority population served by BSS



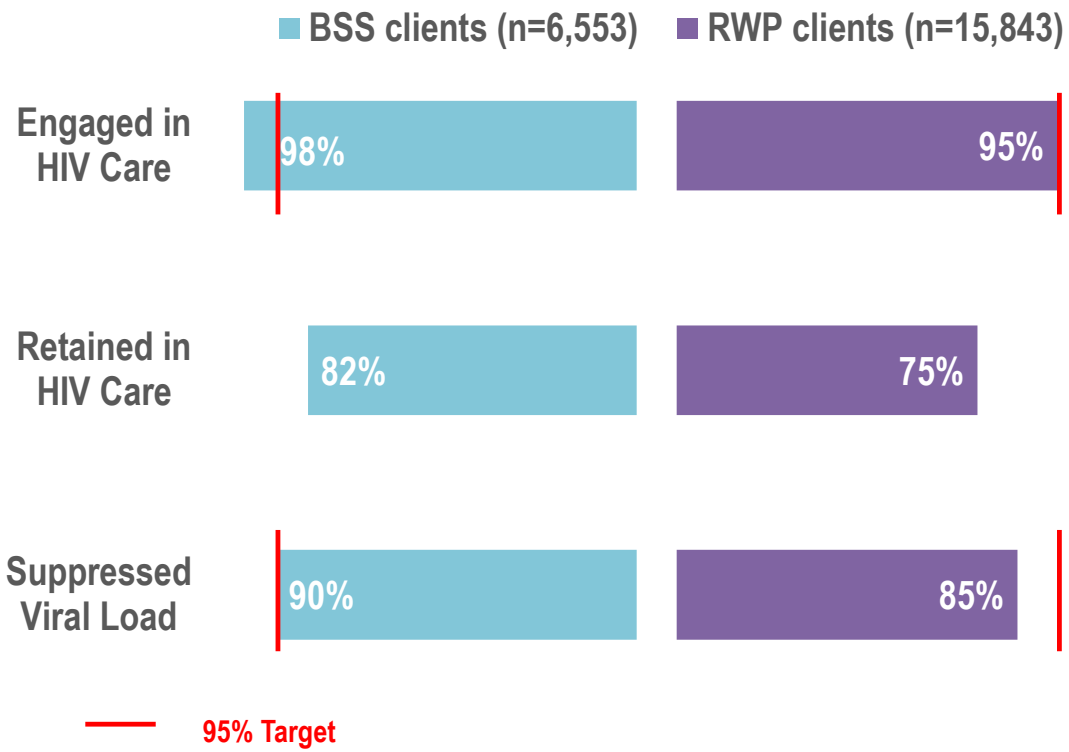
*Priority population groups are not mutually exclusive, they may overlap

Most BSS clients were English-speakers, were living ≤ FPL, had public insurance, were permanently housed, and had no history of incarceration



HIV Care Continuum in BSS clients, Year 34

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

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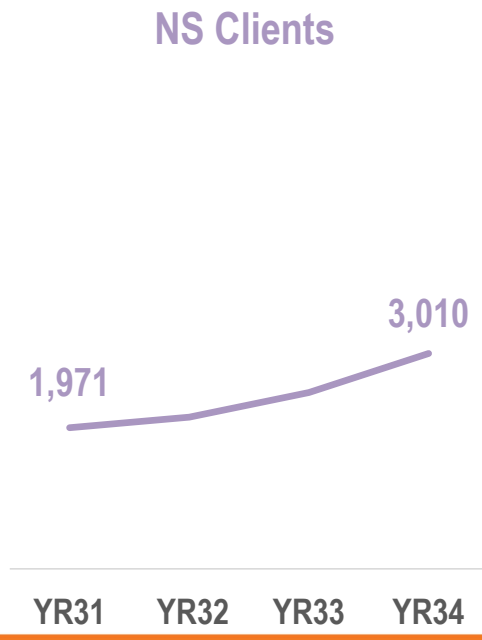
[c]**Viral suppression** defined as most recent viral load test <200 copies/mL in the 12-month period based on HIV laboratory data as of 5/5/2025

Nutrition Support Services (NS)

- **22**% increase in service utilization in Year 34 compared to Year 33
- 1% increase in expenditures in Year 34 compared to Year 33

County of Los Angeles Public Health

- A total of **3,010 unique clients** received **NS**, representing **19% of RWP clients**
  - *Delivered Meals* – **457** clients
  - *Food Bank* – **2,700** clients
- **NS utilization and expenditures increased** in the last four years



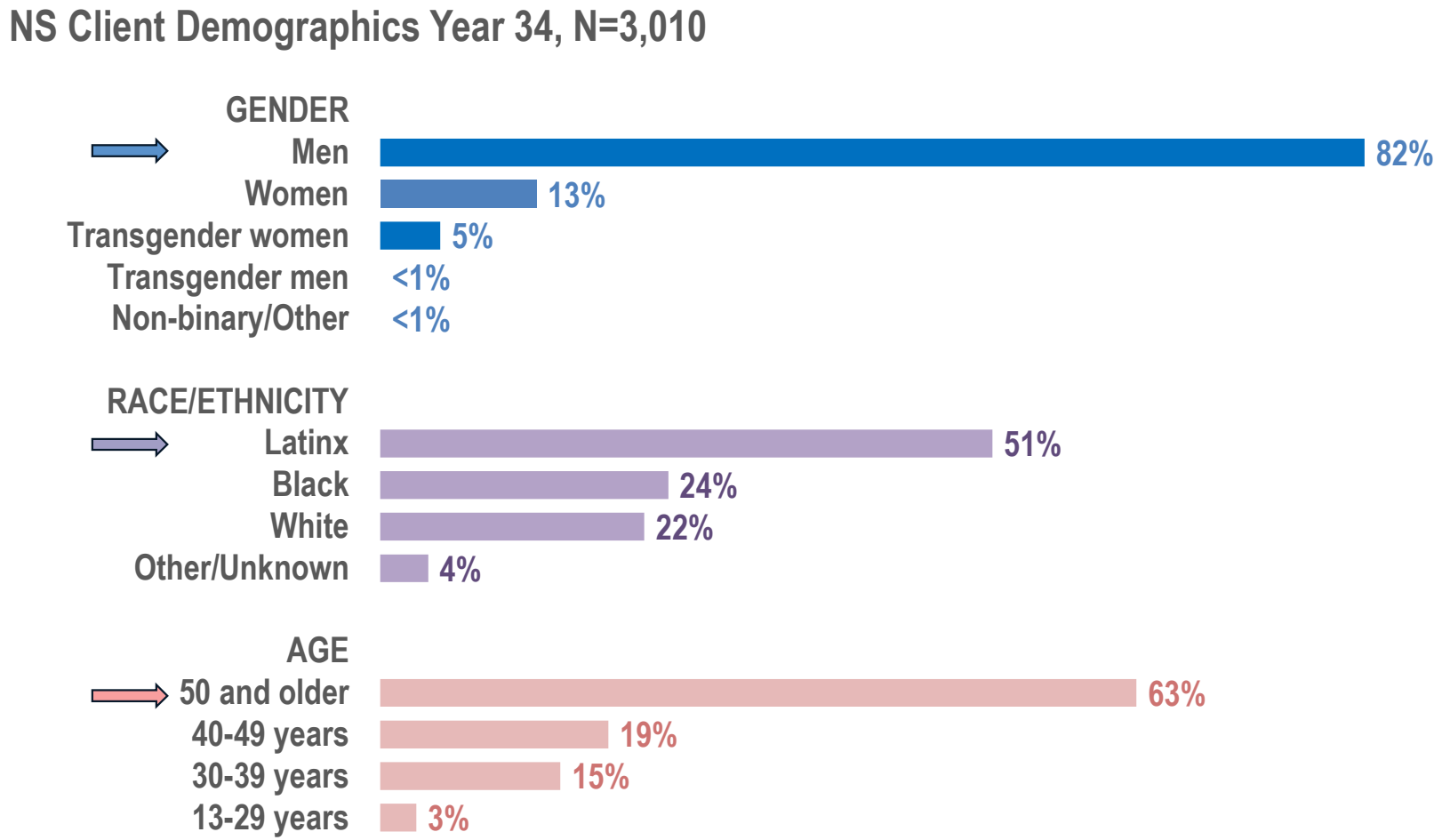
NS Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units per client	Expenditures	Expenditures per client
NS	**3,010**	**Various**	**507,949**	**169**	**$3,928,501**	***$1,305***
Delivered Meals	457	*Meals*	270,390	592	$2,597,212	*$5,683*
Food Bank	2,700	*Bags of groceries*	237,559	88	$1,331,289	*$493*

Funding Source:

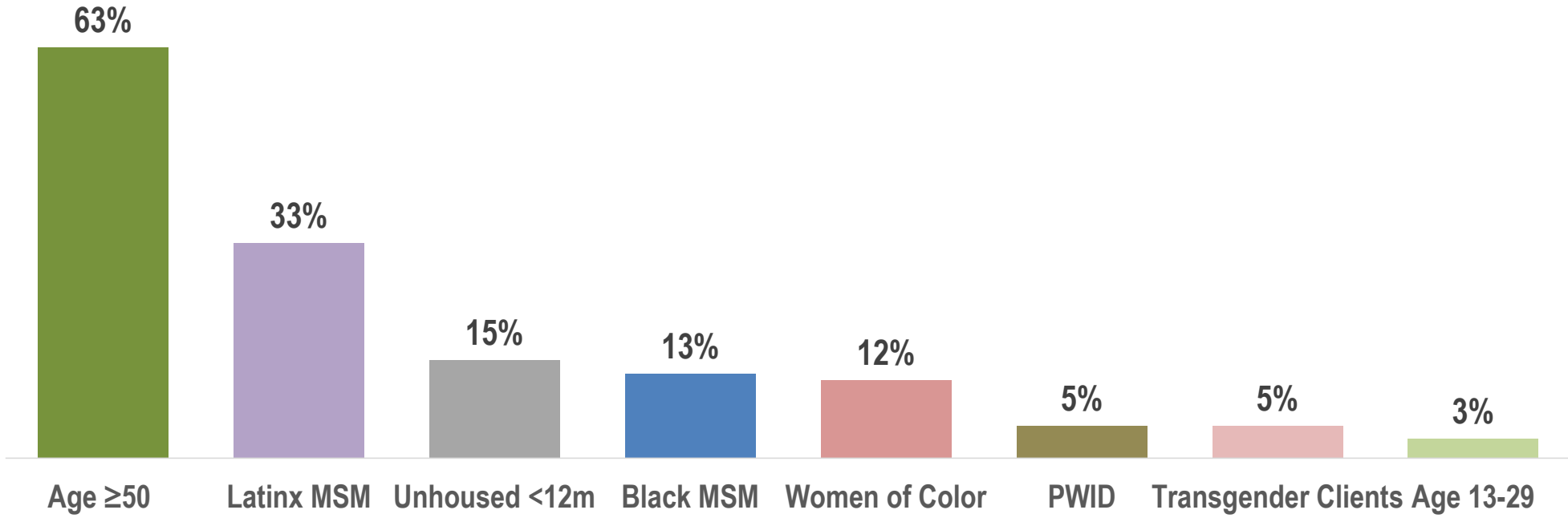
- *Part A - $2,597,212*
- *HRSA EHE - $1,000,000*
- *HIV NCC - $331,289*

Most NS clients were men, Latinx and were aged 50 and older



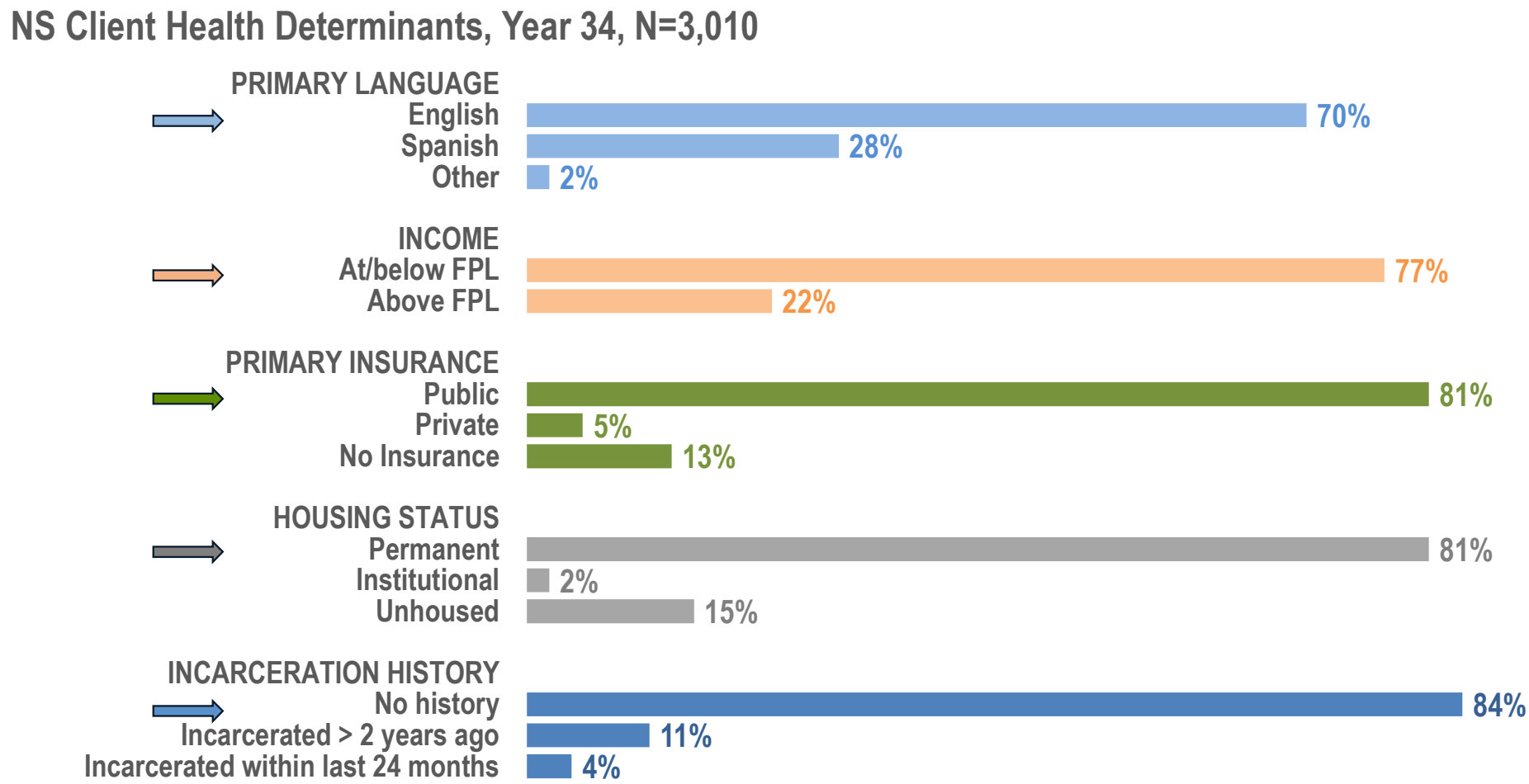
LAC Priority Populations* Accessing NS, Year 34

- **Clients age ≥ 50** represented **most** NS utilization clients (including subservices)
- **Latinx MSM** clients were the **second highest** NS utilization clients (including subservices)



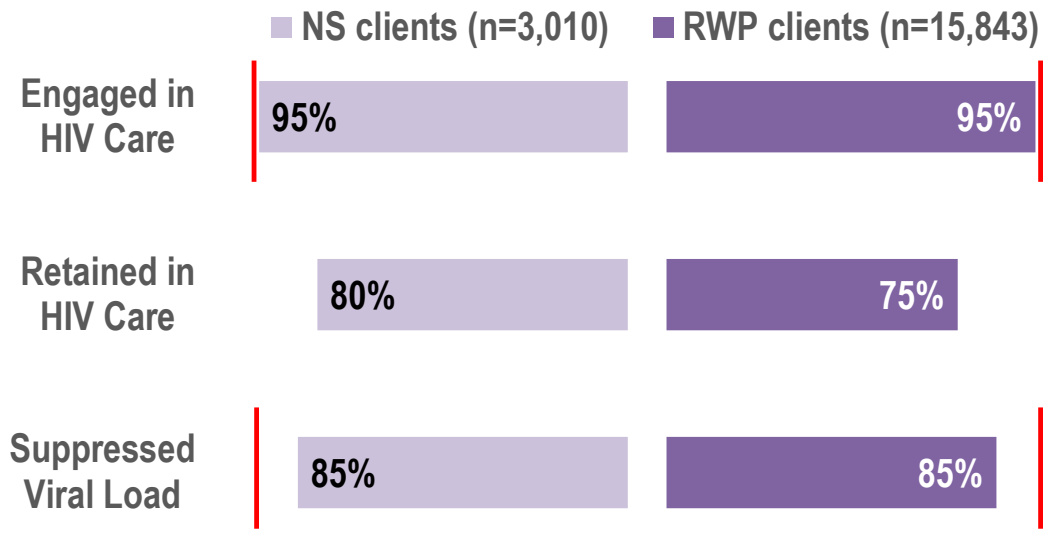
*Priority population groups are not mutually exclusive, they may overlap

Most of NS clients were English-speakers, lived ≤ FPL, had public insurance, were permanently housed, and had no history of incarceration



HIV Care Continuum in NS Clients, Year 34

- Engagement[a] and viral load suppression[c] percentages were similar for NS service clients compared to RWP clients in Year 34. Retention in care[b] was higher among NS clients than RWP clients overall
- NS service clients did not meet EHE or local targets



[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

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

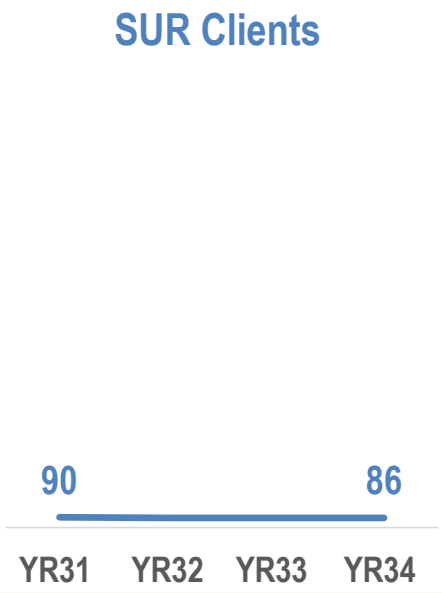
Substance Use Residential (SUR) Services

➡ No significant changes in the number of clients served.

⬆ 34% increase in expenditures in Year 34 compared to Year 33

County of Los Angeles Public Health

- A total of **86 unique clients** received **SUR** services, represented **<1% of RWP clients.**
- While **utilization of SUR services** had no significant changes over four years, **expenditures increased** considerably.



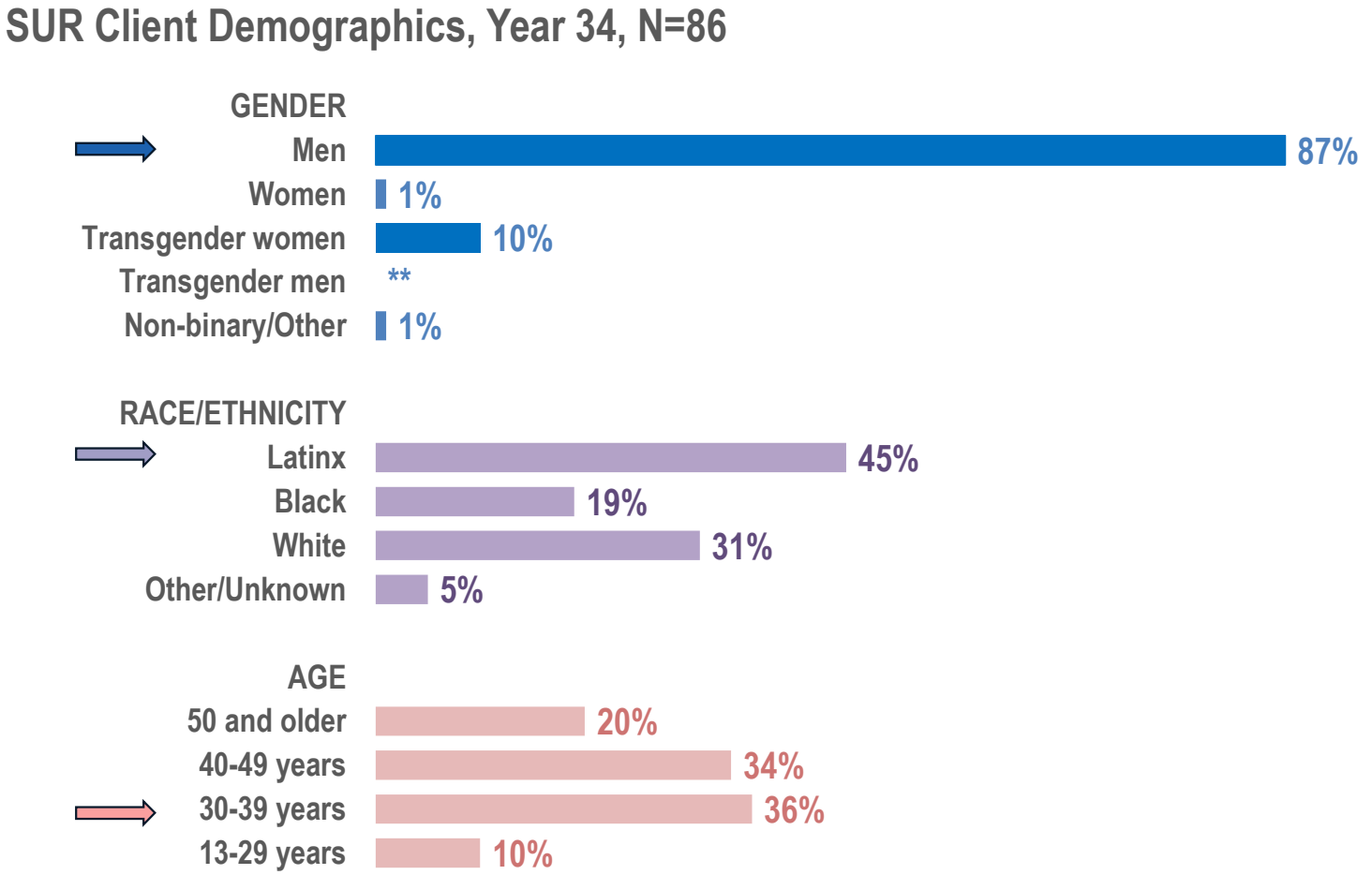
SUR Service Utilization & Expenditures Summary, Year 34

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units per client	Expenditures	Expenditures per client
SUR	86	Days	12,975	151	*$973,125*	*$11,315*

Funding Source:

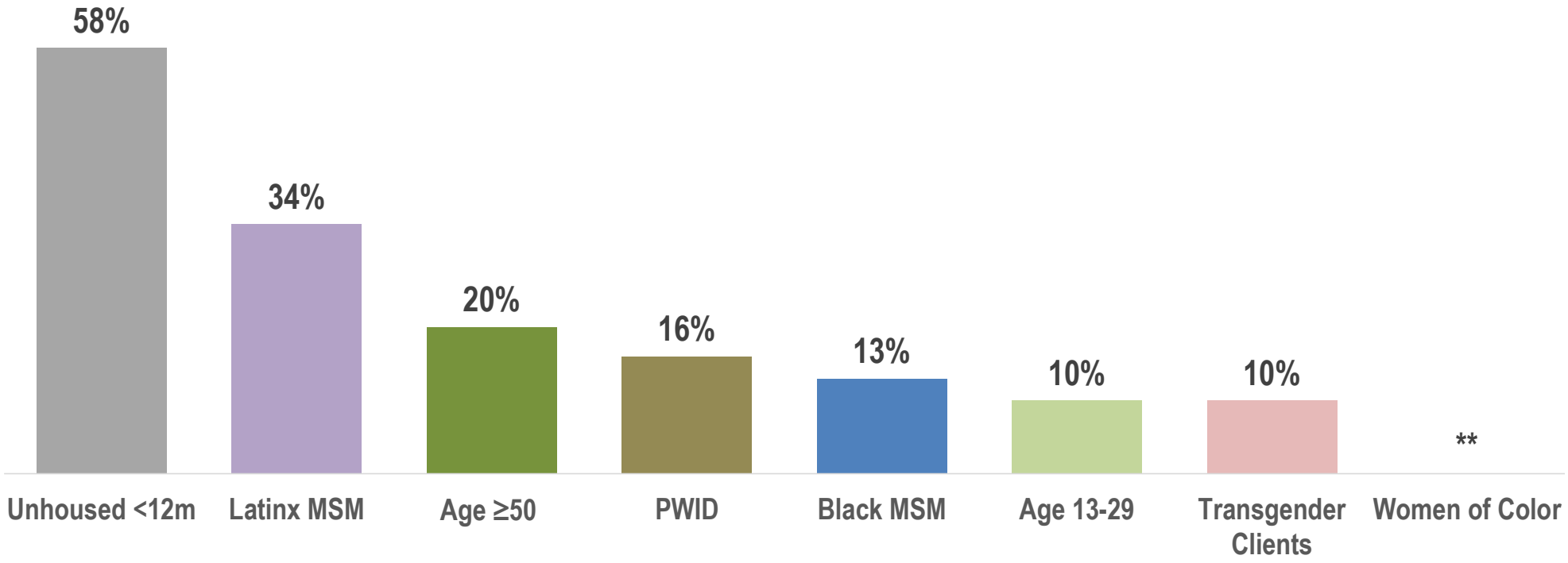
- *Part B - $891,175*
- *SAPC Non-DMC - $55,000*
- *HIV NCC - $ 6,950*

SUR clients were predominantly men, Latinx, and aged 30-39 years old



LAC Priority Populations* Accessing SUR, Year 34

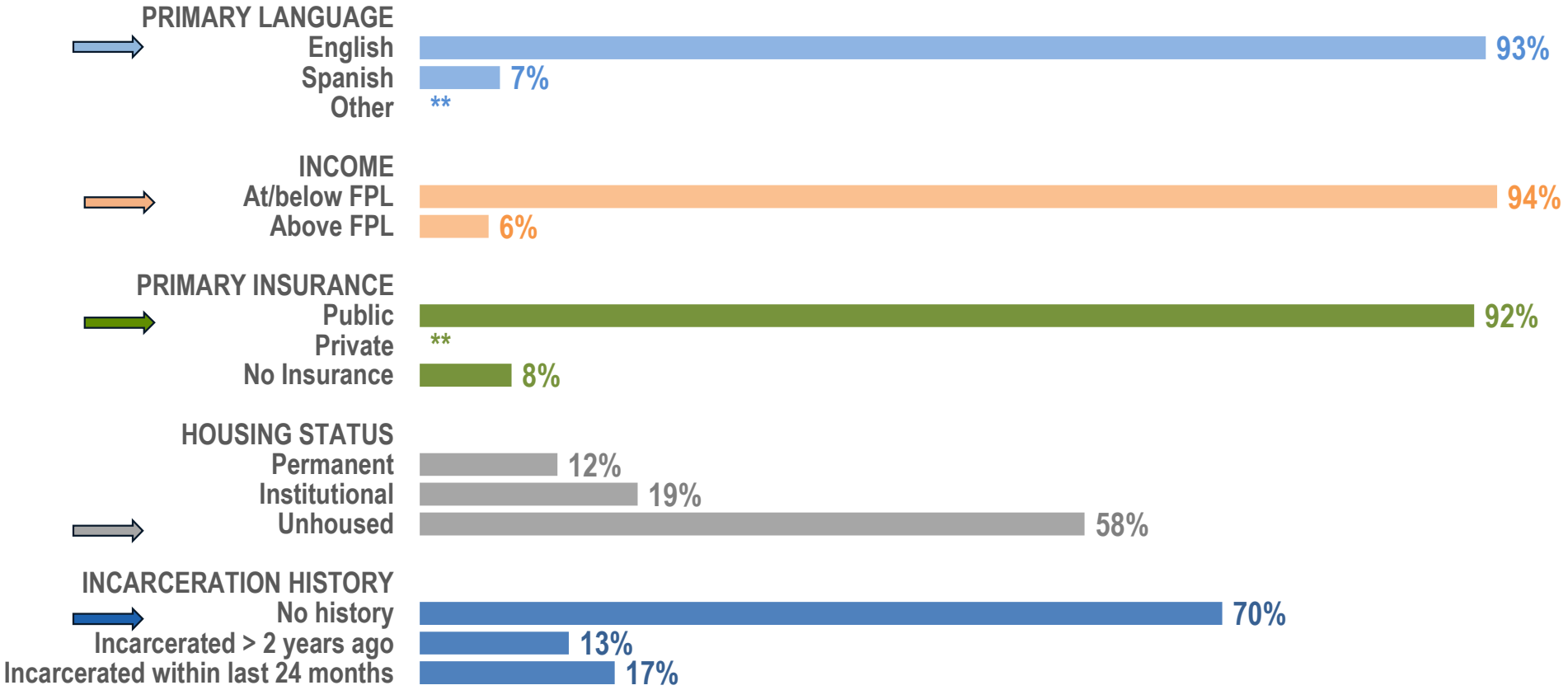
- **Unhoused** at some point during Year 34 clients represented the majority of SUR clients
- **Latinx MSM** were the next highest served by SUR followed by people aged 50 and older



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

SUR clients were predominantly English-speakers, living ≤ FPL, had public insurance, were unhoused, and had no incarceration history.

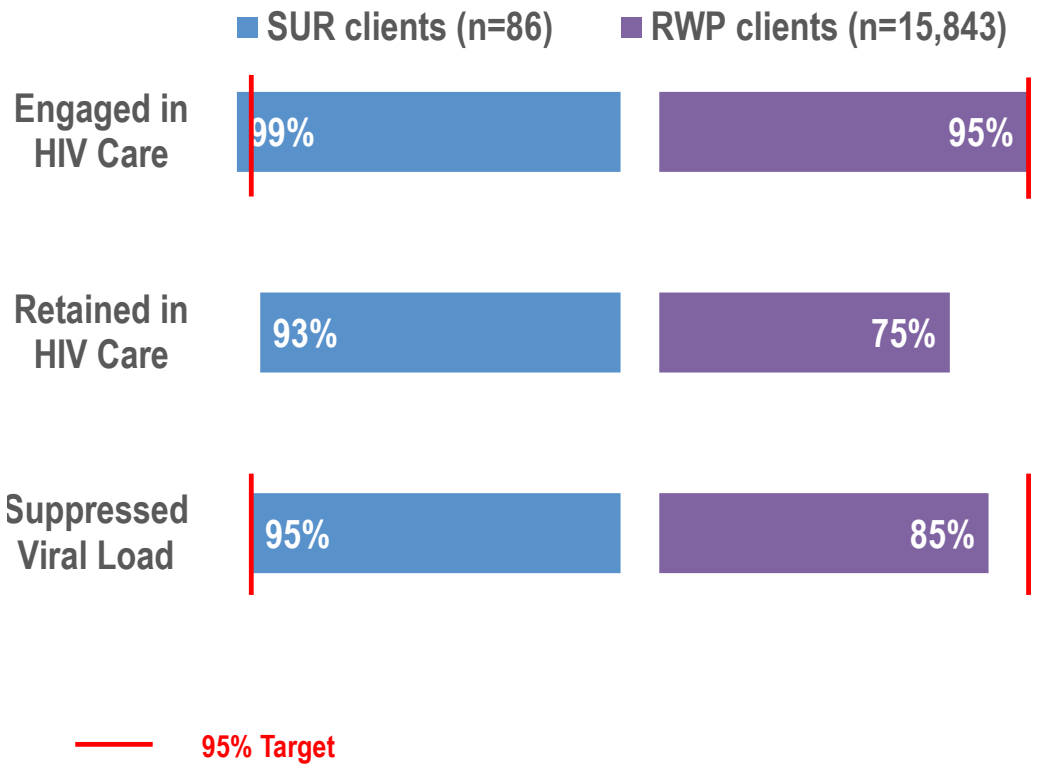
SUR Client Health Determinants, Year 34, N=86



HIV Care Continuum in SUR Clients, Year 34

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

- SUR clients met the EHE target of 95% for viral suppression and the local target of 95% for engagement in care



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

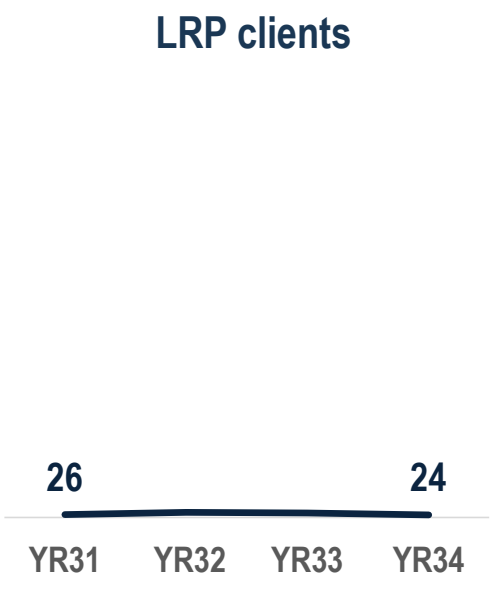
[a]**Engagement in Care** defined as 1 ≥ viral load, CD4 or genotype test reported in the 12-month period based on HIV laboratory data as of 5/5/2025
[b]**Retention in care** defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12-month period based on HIV laboratory data as 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

Linkage and Re-engagement Program (LRP)

- **40% decrease in service utilization in Year 34 compared to Year 33**
- **No significant decrease in expenditures in Year 34 compared to Year 33**

County of Los Angeles Public Health

- A total of **24 unique clients** received **LRP** services, representing **<1% of RWP clients**
- While **utilization of LRP service decreased** in the past 4 years, **expenditures increased**



LRP Service Utilization & Expenditures Summary, Year 34

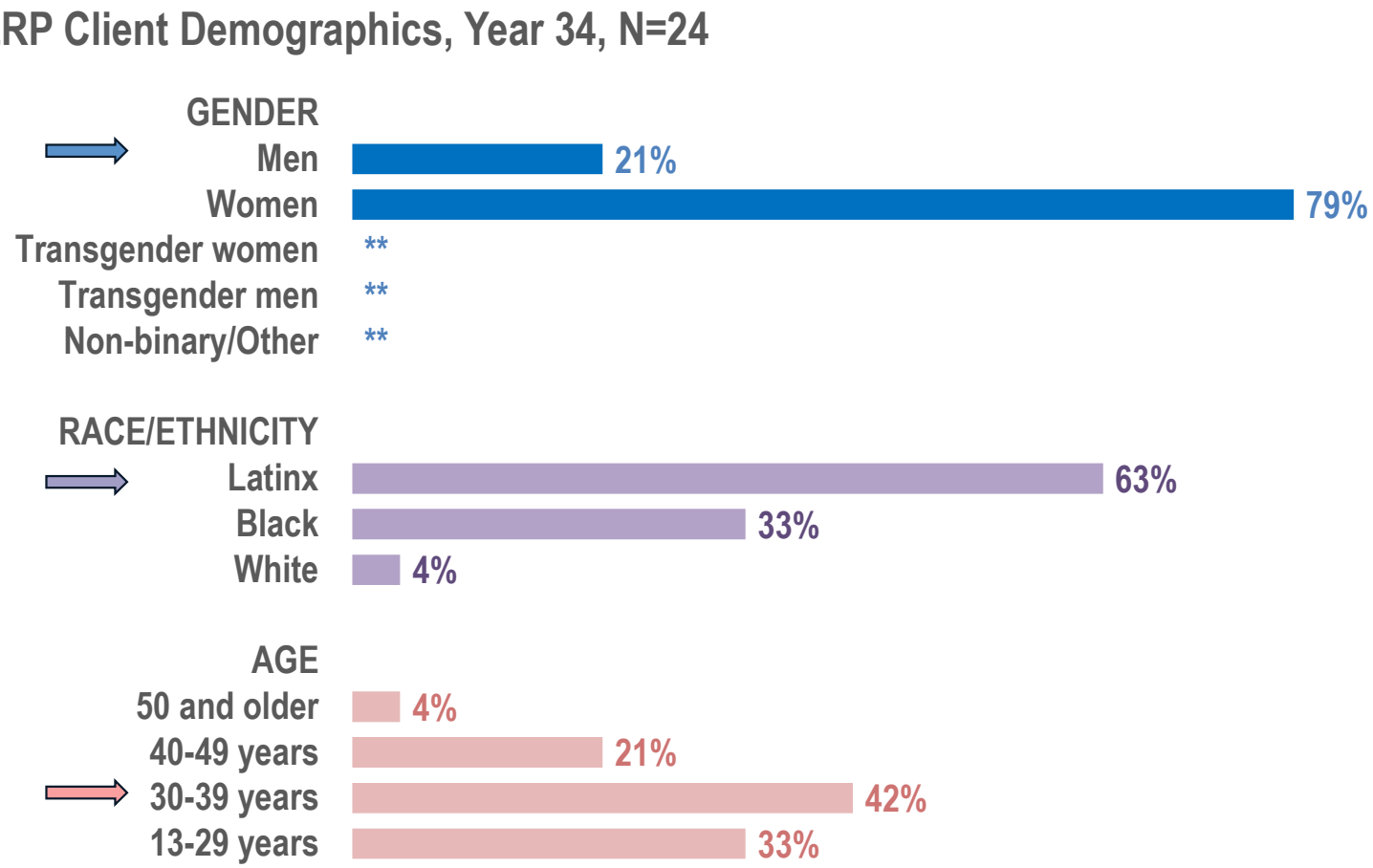
Service Category	Unique Clients Served*	Service Unit(s)	Total Service Units	Units per client	Expenditures	Expenditures per client
LRP	24	Hours	479	20	*$917,429*	*$38,226*

Funding Source:

- *HRSA EHE- $697,379*
- *HIV NCC- $220,050*

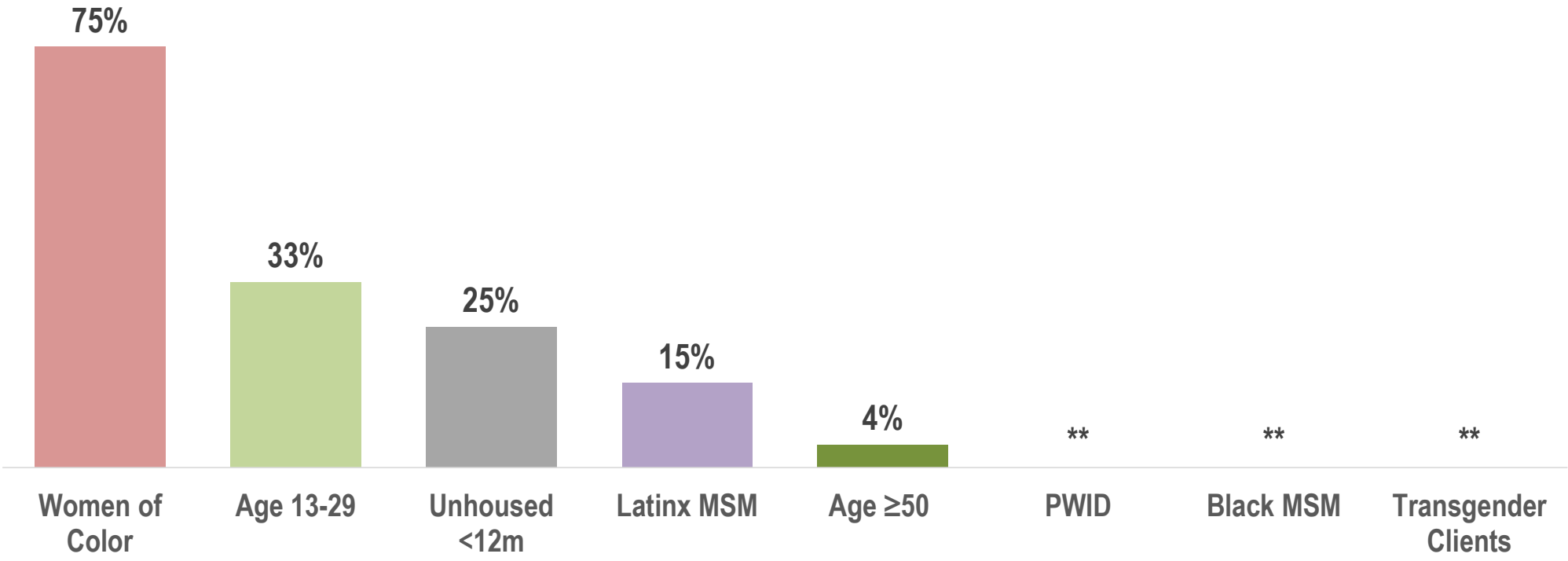
**244 referrals for LRP, 196 accepted referrals; 24 served by LRP entered in CaseWatch*

Most LRP clients were women, Latinx, and aged 39 years and below



LAC Priority Populations* Accessing LRP, Year 34

- **Women of color** represented the majority of LRP clients
- LRP clients **aged 13-29** and recently **unhoused** were the second highest priority population

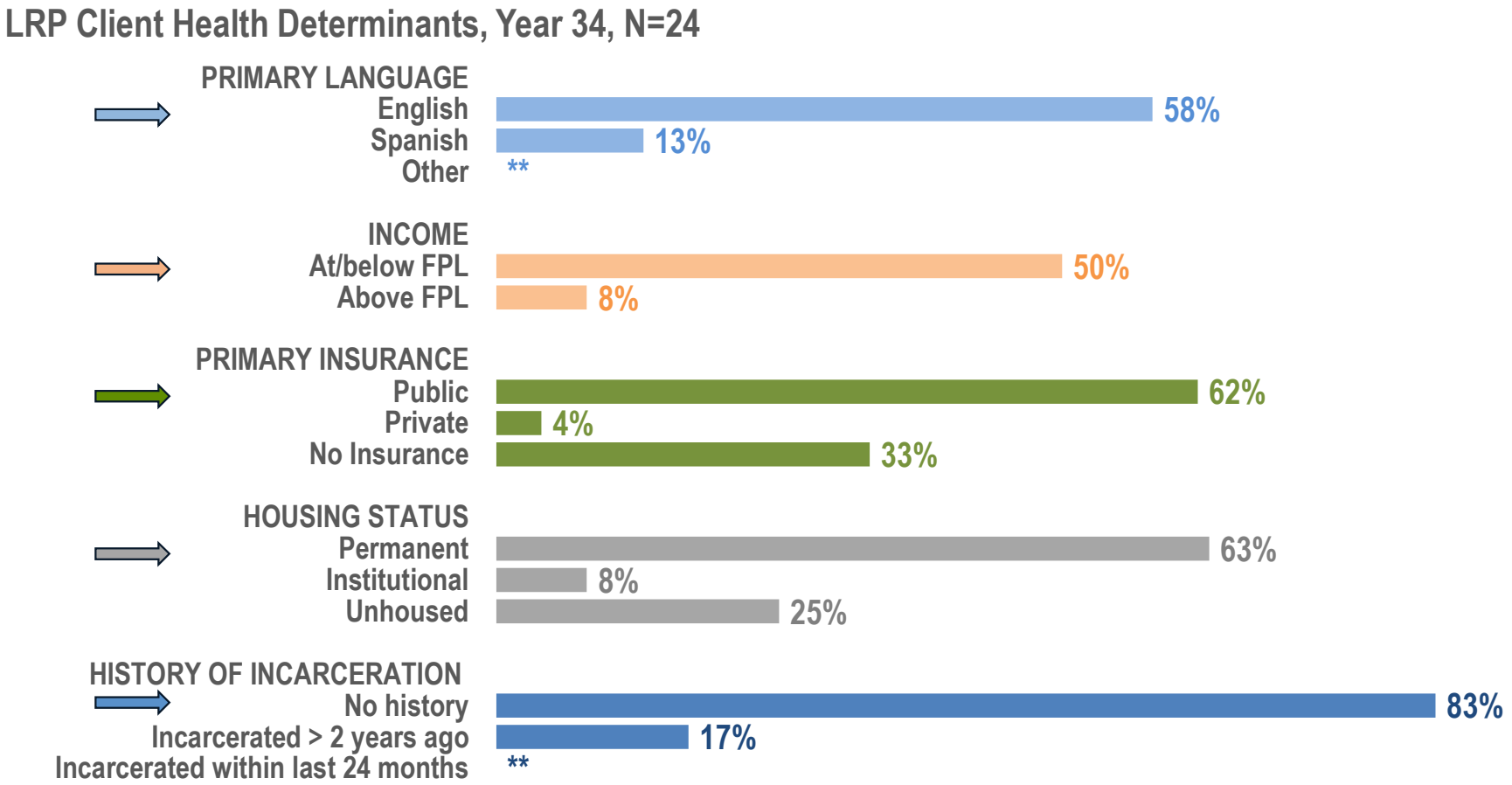


*Priority population groups are not mutually exclusive, they may overlap

Most of LRP clients were English-speakers, living ≤ FPL, insured, permanently housed, and had incarceration history

SC0

County of Los Angeles Public Health



Totals may not sum to 100% due to incomplete reporting

Slide 40

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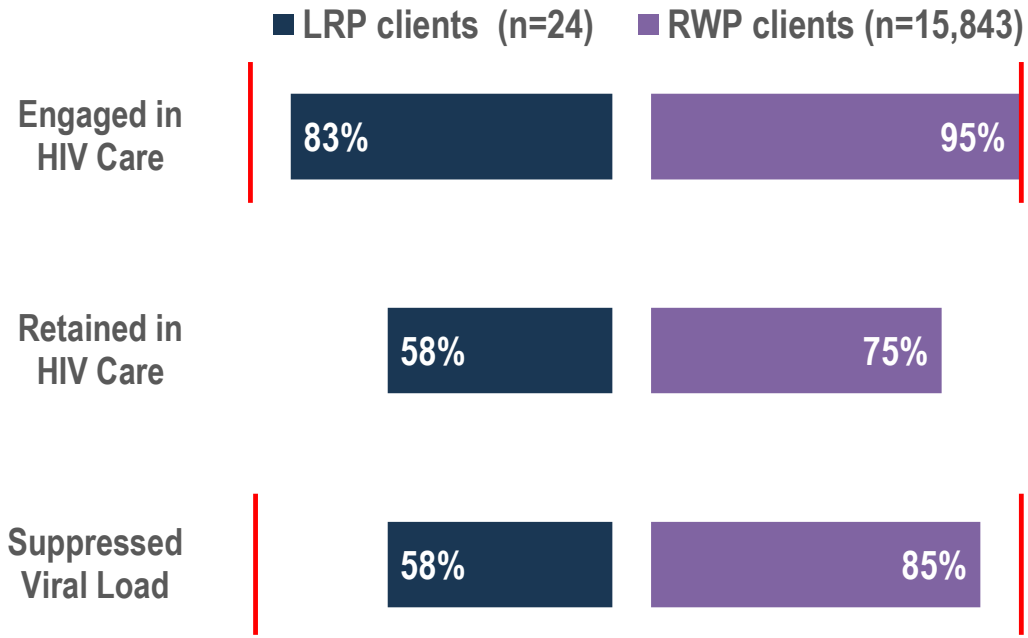
HIV Care Continuum in LRP clients, Year 34

- Engagement[a], retention in care[b], and viral suppression[c] was lower for LRP clients compared to RWP clients overall, Year 34
- LRP clients did not meet the EHE target of 95% for viral suppression; neither 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

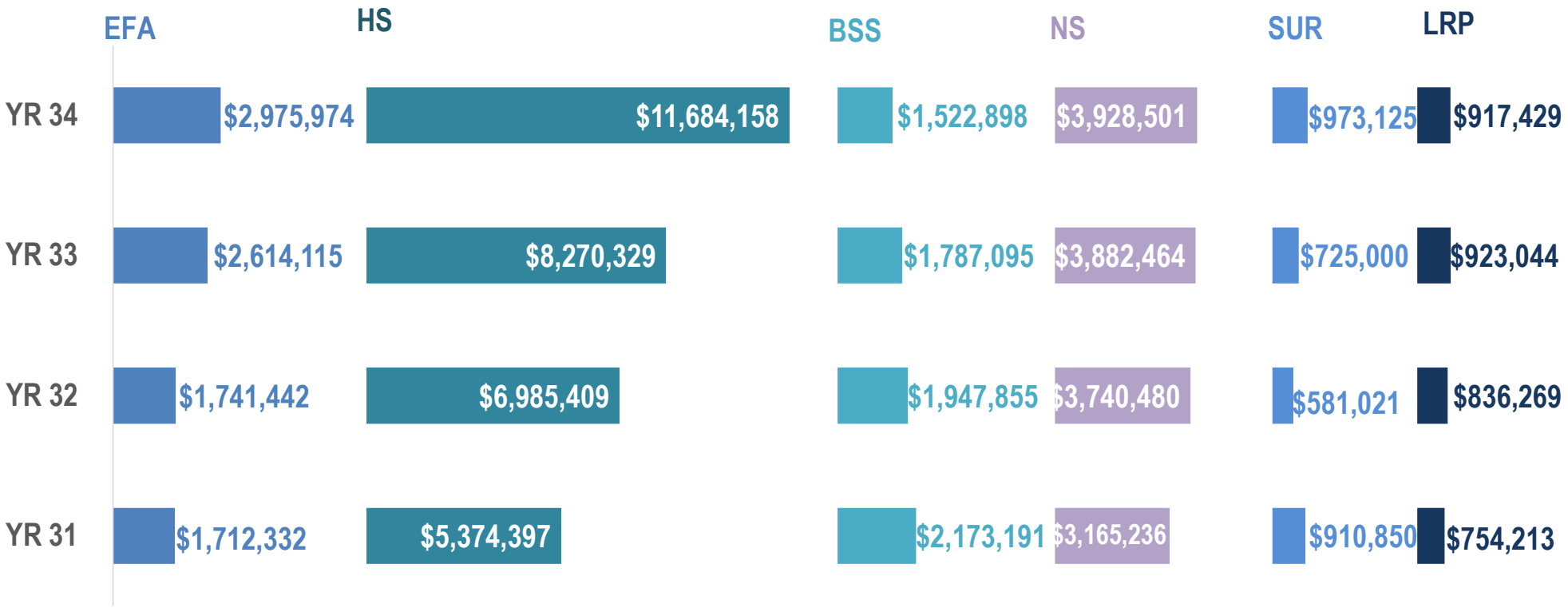
Expenditures for Support RWP Services, Year 34

EFA	*$2,975,974*
HS	*$10,412,224*
BSS	*$1,522,898*
NS	*$3,928,501*
SUR	*$973,125*
LRP	*$917,429*

County of Los Angeles Public Health

Expenditures by Support Service Category, Years 31-34

EFA, HS, NS, SUR services expenditures increased since Year 31 or 32 with the highest in Year 34.
LRP expenditures also increased compared to Years 31-32.
Expenditures for **BSS** decreased over four years.



Expenditures per Client for Support RWP Services, Year 34

- **The highest expenditures per client** were spent **for HS**, followed by **LRP** services.
- **The lowest expenditures per client** were spent for **BSS**, followed by **NS** Support services.

Service Category	Number of clients	% of RWP clients	Expenditures	% of expenditures	Expenditures per client
LRP	24	<1%	*$917,429*	2%	***$38,226***
HS	292	2%	*$10,412,224*	18%	*$35,658*
SUR	86	<1%	*$973,125*	2%	*$11,315*
EFA	730	4%	*$2,975,974*	6%	*$4,077*
NS	3,010	19%	*$3,928,501*	8%	*$1,305*
BSS	5,653	36%	*$1,522,898*	4%	*$269*

Early Intervention Services*	*$2,143,916*
Legal*	*$1,073,964*
Transportation*	*$738,442*

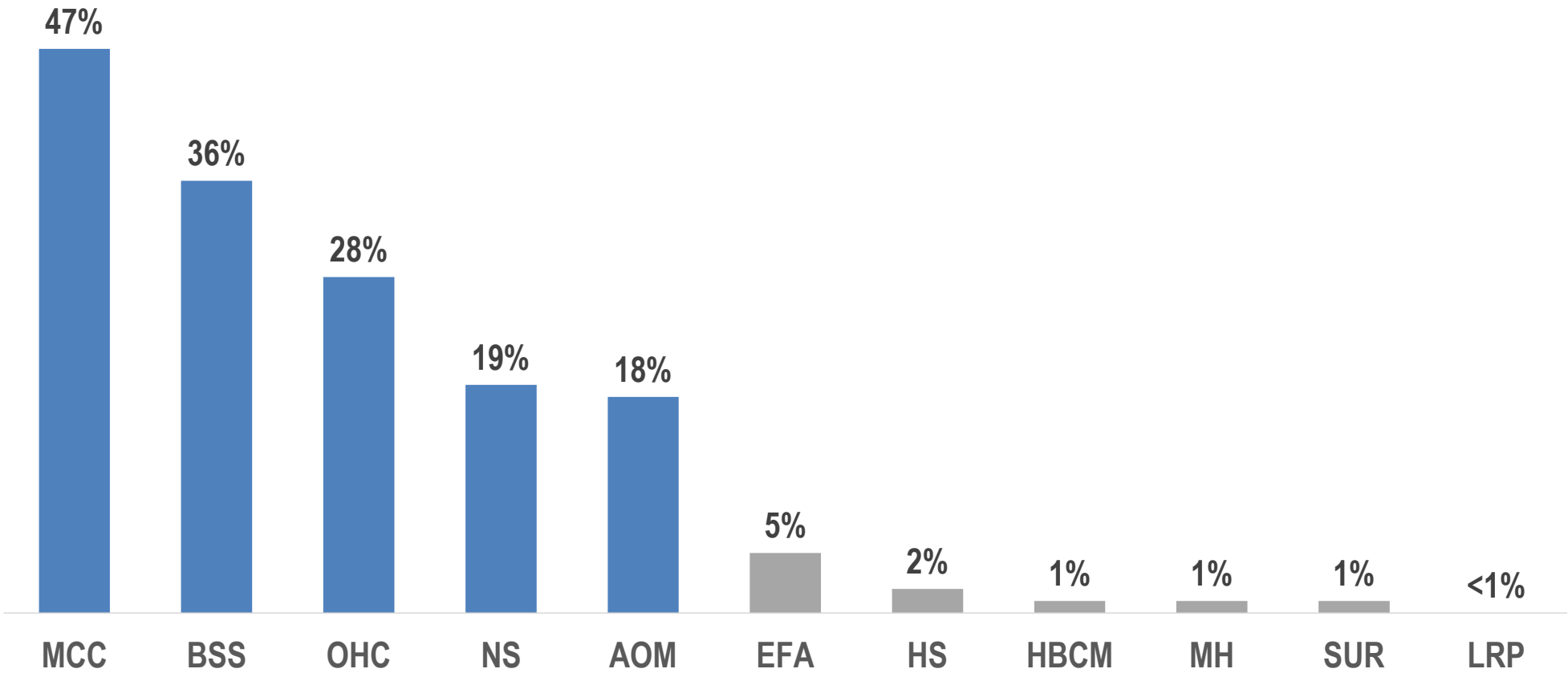
*No information on these services in CaseWatch

Top 5 RWP Services Utilized

Year 34

The top five services utilized by RWP clients in Year 34 were MCC, BSS, Oral Health, Nutrition Support and AOM

Utilization of RWP services in Year 34



The most utilized RWP service by most priority populations was MCC and the second most used service was Benefit Specialty.

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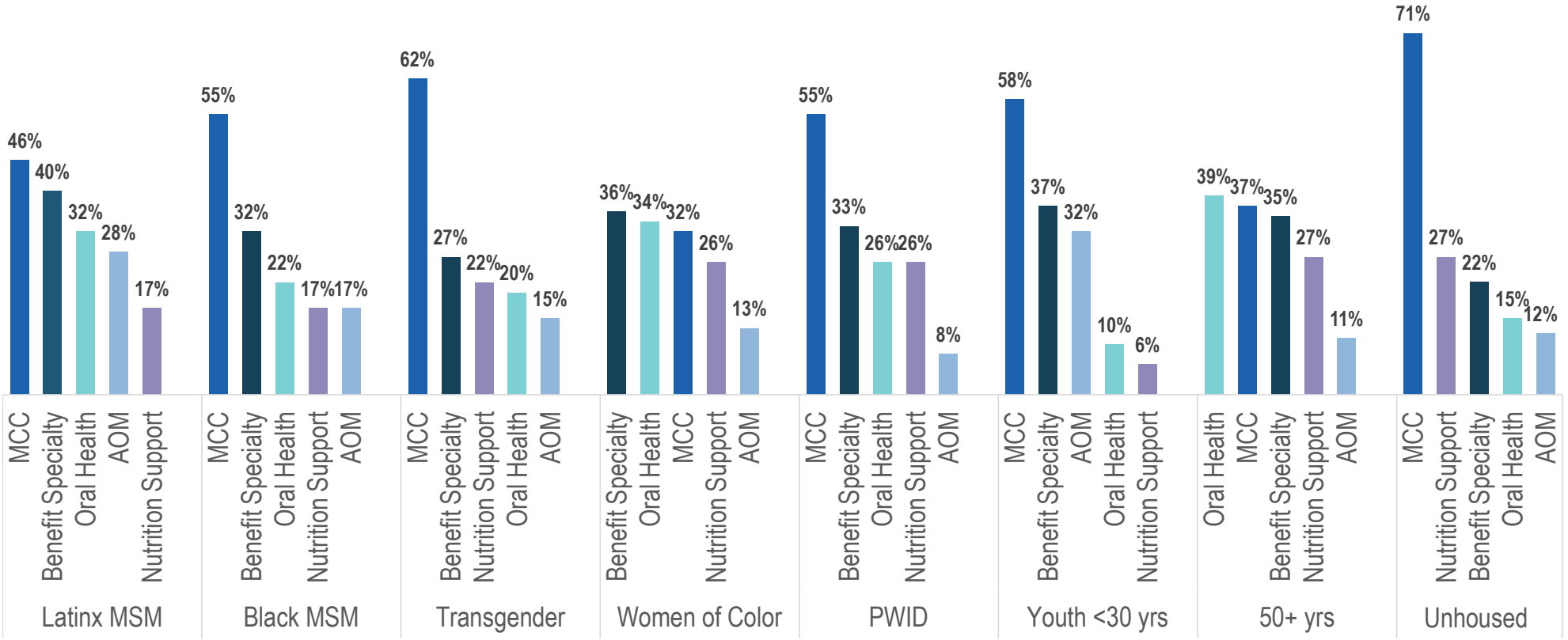
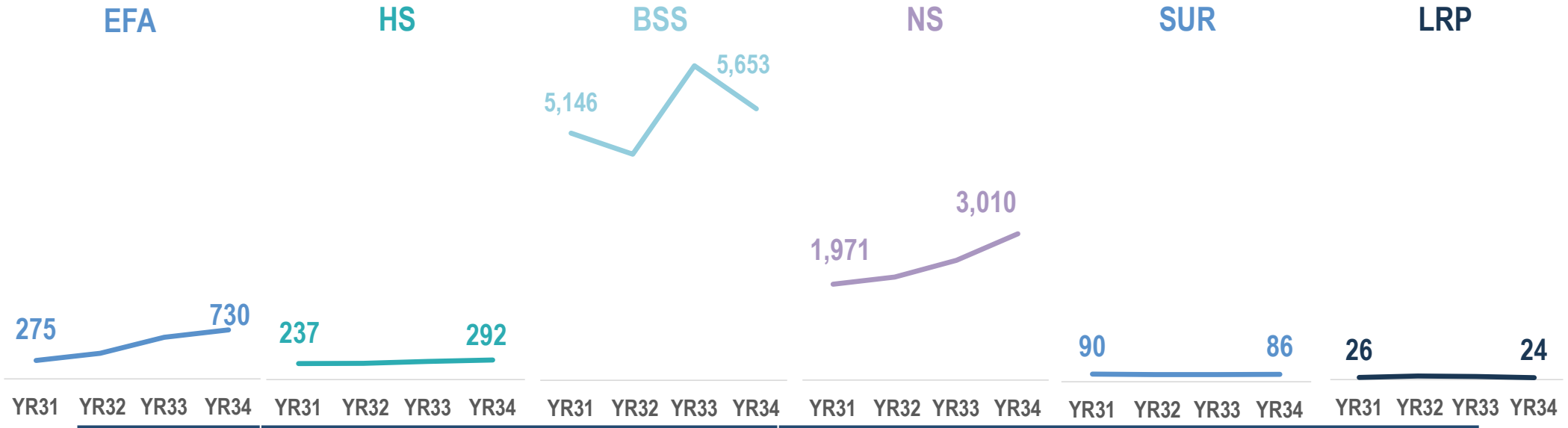
Top 5 RWP Services Used by Priority Populations, Year 34



Key Takeaways

- Support Services Utilization
- Client Demographics
- HIV Care Continuum Outcomes
- Expenditures

Support Service Utilization, Years 31-34



Service	Year 34 Service Utilization Impact	Reasons for Year 34 Impact
EFA	Increased utilization	High demand
HS	Increased utilization	High demand
BSS	Decreased utilization	
NS	Increased utilization	High demand
SUR	No major changes in utilization	
LRP	Decreased utilization	Very small pool of clients

Key Takeaways: Client Demographics

	RWP n=15,843	EFA n=730	HS n=292	BSS n=5,653	NS n=3,010	SUR n=86	LRP n=24
GENDER							
Men	86%	92%	79%	87%	82%	87%	21%
Women	10%	12%	14%	10%	13%	10%	79%
Transgender Women	4%	5%	7%	3%	5%	1%	**
Trangender Men	0%	<1%	<1%	<1%	<1%	**	**
Non-binary/Other	0%	1%	<1%	<1%	<1%	1%	**
RACE/ETHNICITY							
Latinx	53%	44%	53%	57%	51%	45%	63%
Black	23%	32%	26%	19%	24%	31%	33%
White	21%	21%	19%	19%	22%	19%	4%
Other/Unknown	5%	3%	2%	5%	4%	5%	
AGE							
50 and older	44%	45%	44%	43%	63%	20%	4%
40-49 years	22%	25%	22%	23%	19%	34%	21%
30-39 years	25%	24%	27%	25%	15%	36%	42%
13-29 years	9%	6%	7%	9%	3%	10%	33%

- Mostly **men** across all services, except LRP
- **Latinx** race/ethnicity was most represented across all services
- Services EFA, HS, BSS were mostly used by those age 50+
- SUR used mostly by those age 30-49 years
- LRP used mostly by those age 13-30 years

Key Takeaways: Client Demographics

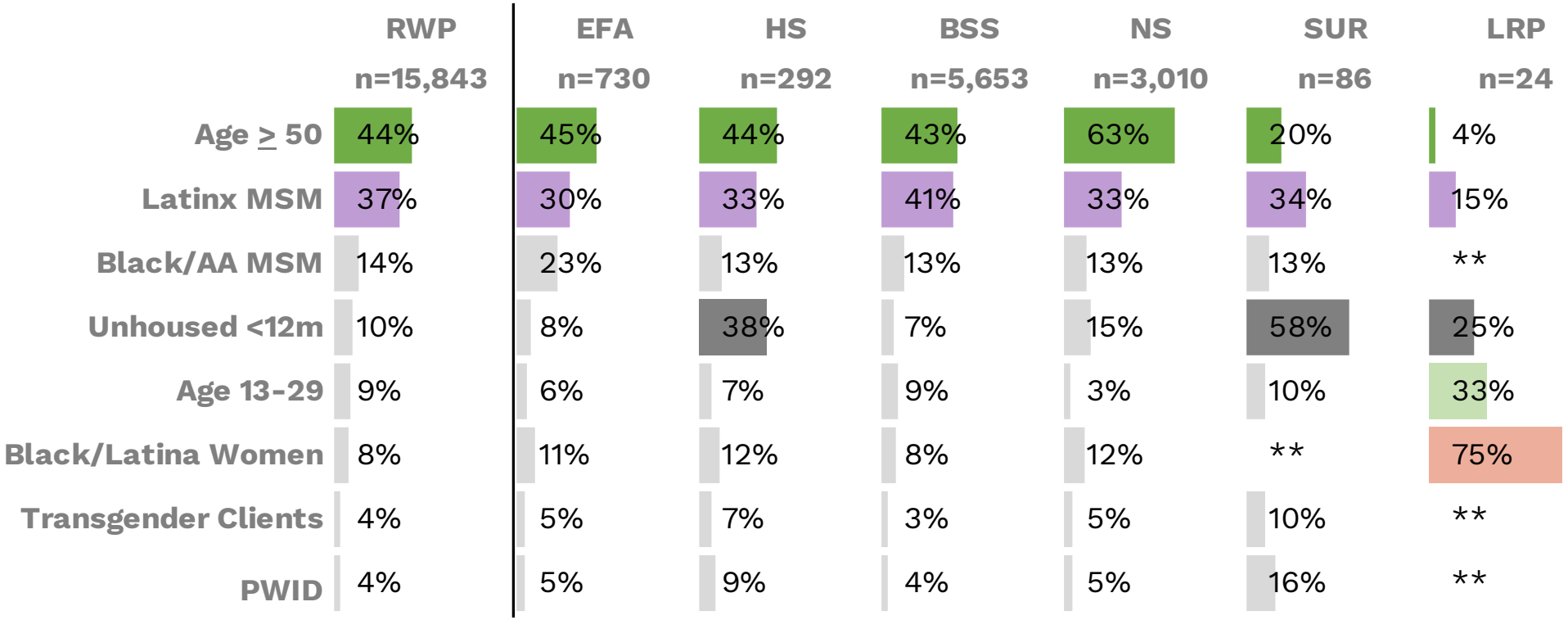
- Across services, most were **English-speakers**, lived **at/below FPL**, had **public insurance**, and **no incarceration history**
- Notable exceptions
  - More individuals who were **unhoused** accessed **SUR and LRP services**
  - **SUR service** had the lowest percent of **Spanish-speaking** clients
  - Higher percent of **incarceration history** among **HS, SUR, LRP** clients

	RWP n=15,843	EFA n=730	HS n=292	BSS n=5,653	NS n=3,010	SUR n=86	LRP n=24
PRIMARY LANGUAGE							
English	72%	79%	68%	67%	70%	93%	58%
Spanish	26%	20%	30%	31%	28%	7%	13%
Other	2%	1%	1%	2%	2%	**	**
INCOME							
At/below FPL	61%	66%	87%	56%	77%	94%	50%
Above FPL	38%	34%	13%	44%	22%	6%	8%
PRIMARY INSURANCE							
Public	63%	74%	83%	64%	81%	92%	62%
Private	14%	14%	4%	18%	5%	**	4%
No insurance	22%	11%	13%	18%	13%	8%	33%
HOUSING STATUS							
Permanent	87%	91%	45%	91%	81%	12%	63%
Institutional	2%	1%	19%	2%	2%	19%	8%
Unhoused	10%	8%	36%	7%	15%	58%	25%
HISTORY OF INCARCERATION							
No history	87%	87%	75%	90%	84%	70%	83%
Incarcerated > 2yrs ago	5%	10%	16%	6%	11%	17%	17%
Incarcerated within last 24 months	7%	3%	10%	4%	4%	13%	**

Totals may not sum to 100% due to incomplete reporting

Key Takeaways: Highest Service Utilization by Priority Population

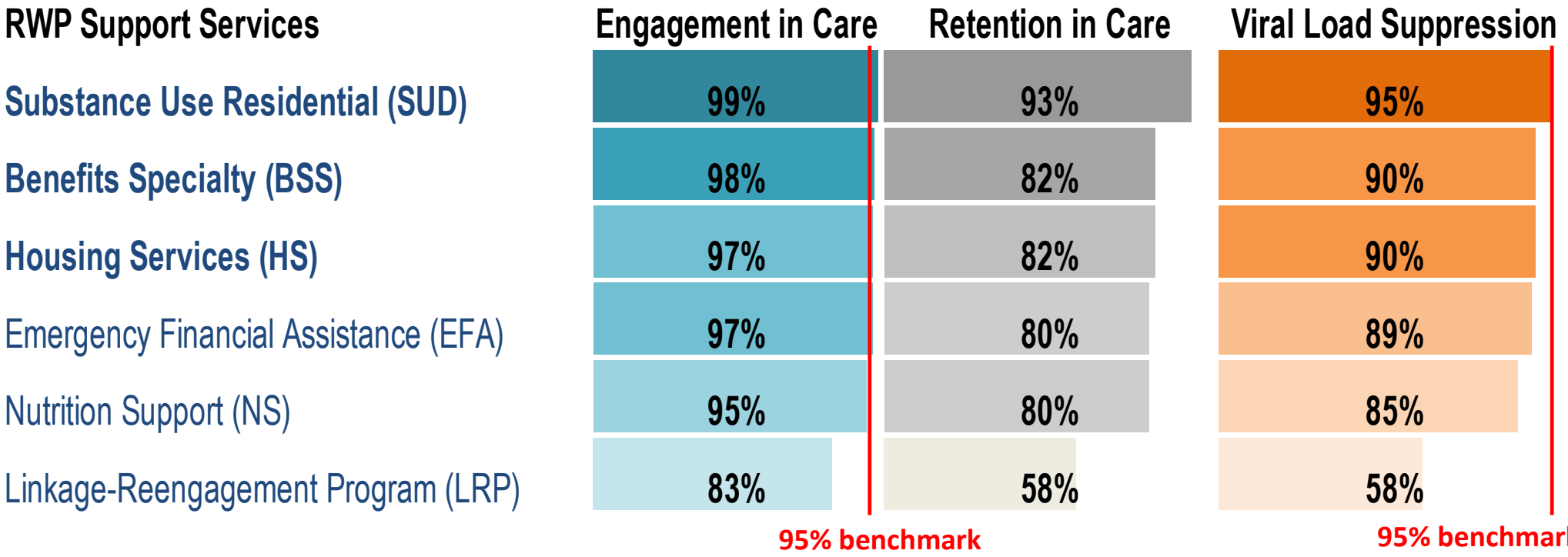
- **People over 50 and Latinx MSM** highest utilizers of EFA, HS, BSS, NS
- SUR most accessed by **unhoused < 12m** and **Latinx MSM**
- LRP most accessed by **women of color** and youth **age <30 year**



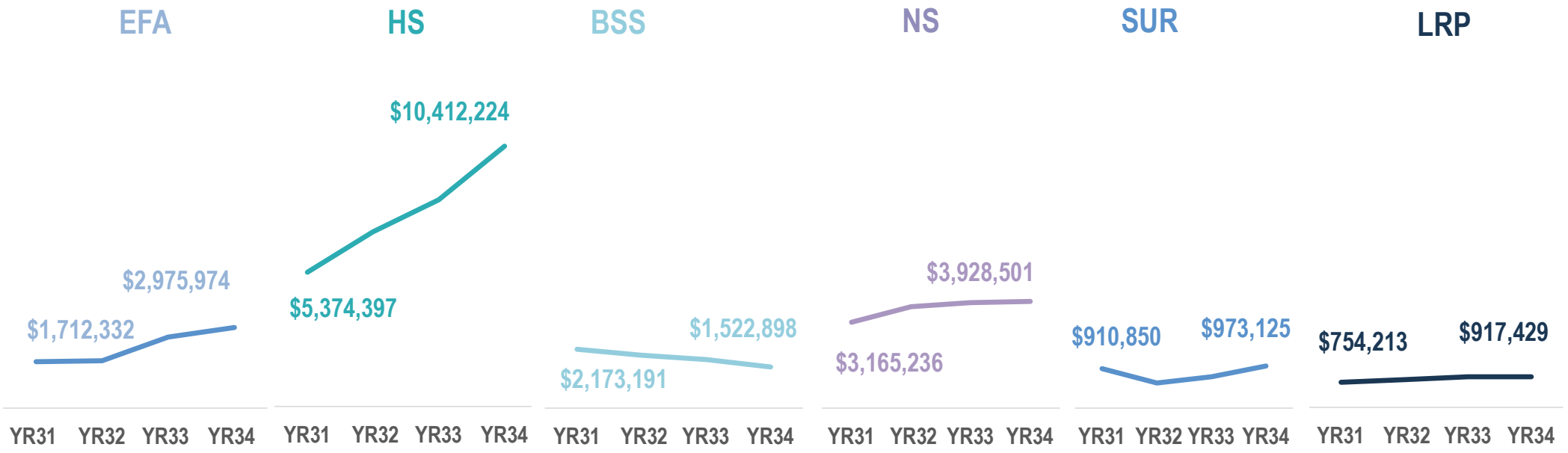
*Priority population groups are not mutually exclusive, clients may overlap

HIV Care Continuum Outcomes for Support Services, Year 34

Best outcomes were observed among RWP clients using Substance Use Residential **(SUR),** Benefit Specialty Service **(BSS)**, and Housing Service **(HS)**



Key Takeaways – Expenditures



Service	Expenditures per Service	Expenditures per Client	Reasons for Year 34 Changes
EFA	Increased expenditures	Third lowest expenditures per client	Increase in both expenditures and the number of clients
HS	Increased expenditures	Second highest expenditures per client	Considerable increase in both expenditures and the number of clients
BSS	Decreased expenditures	Lowest expenditures per client	Decrease in both expenditures and the number of clients (vacancies?)
NS	No major changes in expenditures	Second lowest expenditures per client	Slight increase in both expenditures and the number of clients
SUR	Increased expenditures	Third highest expenditures per client	Stable number of clients, but increased expenditures (higher cost per day)
LRP	No major changes in expenditures	Highest expenditures per clients	Number of clients considerably decreased, but expenditures did not change

Next Steps

- Examine detailed utilization of RWP services within each LAC priority populations
- Examine RWP services by priority population over time

Questions/Discussion

Acknowledgements

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

THANK YOU!

LOS ANGELES COUNTY
COMMISSION ON HIV

Women's Caucus

Strengthening HIV Programs for Women in Los Angeles County: Women-Centered HIV Care and Prevention Recommendations

Background

Women living with HIV in Los Angeles County face unique challenges shaped by stigma, trauma, systemic inequities, and gaps in supportive services. Listening sessions with Spanish-speaking women, South LA women, and transgender women revealed common themes of resilience and advocacy alongside unmet needs in healthcare access, mental health, and social support. These insights underscore the importance of developing programming that is inclusive, culturally competent, trauma-informed, and responsive to the realities of women's lives.

Key Findings

- **Mental Health Gaps**: Women experience depression, trauma, and stigma, yet lack access to consistent, culturally and linguistically appropriate mental health providers. Provider turnover also disrupts continuity of care.
- **Healthcare Inconsistencies**: Access to Pap smears, mammograms, STI testing, contraception, and maternal health is inconsistent across providers.
- **Stigma and Discrimination**: Stigma within families, communities, and healthcare settings discourages disclosure and limits trust. Transgender women face compounded stigma, misgendering, and outright denial of care.
- **Need for Women-Centered and Trans-Affirming Spaces**: Participants across sessions emphasized the value of women-only and trans-led spaces for safety, healing, and empowerment.
- **Structural Barriers**: Transportation, housing instability, employment challenges, and immigration-related fears limit access to consistent care.
- **Lack of Inclusive Sexual Health Education**: Heterosexual women often do not see themselves reflected in HIV prevention campaigns, and transgender women face gaps in care that integrates HIV services with gender-affirming treatment.

Recommendations

1. **Expand Mental Health Services**
    - Increase trauma-informed, culturally competent, and language-specific mental health providers.
    - Integrate mental health within HIV care.

2. **Develop Women-Centered Clinics and Programs**
    - Create dedicated women's clinics, where feasible.
    - Fund women-only (cis and trans) support groups.
3. **Strengthen Peer and Community Support**
    - Expand women's (cis and trans) peer navigation and support groups.
    - Partner with community and faith-based organizations to reduce stigma.
    - Support trans-led and peer-led safe spaces.
4. **Improve Comprehensive Sexual and Reproductive Health Access**
    - Provide consistent access to Pap smears, mammograms, STI testing, and contraception.
    - Train providers to ask comprehensive and respectful sexual health questions.
    - Expand free or low-cost sexual health supplies (condoms, Plan B, menstrual products).
5. **Address Stigma Through Education and Outreach**
    - Provide stigma-reduction and cultural humility training for providers, including front-line staff.
    - Develop inclusive HIV and PrEP education campaigns for heterosexual women, Spanish-speaking communities, and transgender women.
    - Use social media and lived-experience storytelling to normalize HIV care.
6. **Increase Accessibility and Wraparound Services**
    - Integrate housing, transportation, childcare, legal aid, and domestic violence support with HIV services, where feasible.
    - Provide reminders to consumers for preventive screenings.
    - Simplify navigation through coordinated case management.
7. **Advance Structural Supports**
    - Address immigration-related fears to ensure all women can access services safely.
8. **Ensure Gender-Affirming and Inclusive Care**
    - Train providers on integrating HIV and gender-affirming care, including front-line staff where appropriate.
    - Hire and support transgender staff and leaders across healthcare and community-based organizations.

Los Angeles County can strengthen outcomes for all women living with HIV by adopting these recommendations across healthcare, community-based, and policy systems. Immediate priorities should include expanding trauma-informed mental health services, creating women-centered and trans-affirming spaces, and integrating wraparound supports that reduce structural barriers. With investment and commitment, the County can ensure women living with HIV are supported, respected, and empowered to thrive.

LOS ANGELES COUNTY
COMMISSION ON HIV

Planning, Priorities and Allocations Committee
Key Annual Activities & Committee Calendar
** FOR DISCUSSION**

- **Co-chair nominations and elections** - Each year the committee facilitates an open process to nominate and elect co-chairs who will provide leadership, ensure fair representation of stakeholders, and guide the committee's agenda and decision-making throughout the year.
- **Workplan development and review** - The committee develops an annual workplan aligned with the overall Commission's workplan and strategic goals. The workplan outlines timelines, milestones, and deliverables, and is reviewed periodically to monitor progress and make adjustments.
- **Annual directives updates*** - Directives provide guidance to the recipient on service delivery expectations and how best to meet the needs of consumers. Annual progress/updates to ensure alignment with community needs, emerging public health trends, and funding requirements.
- **Quarterly Expenditure Reports*** - Quarterly expenditure reports to monitor how allocated funds are being spent. This oversight ensures fiscal accountability, helps identify under- or over-spending, and informs potential reallocations.
- **Utilization Reports*** - Service utilization reports are examined to evaluate service usage across funded programs These reports highlight increases or decreases in service utilization by service type, cost per service, gaps in service use, potential barriers to care, and opportunities for improving service delivery.
- **HIV/STD Surveillance Data*** - Surveillance data is reviewed to track trends in HIV and STD incidence, prevalence, and disparities. This information informs priority-setting, prevention strategies, and resource allocation.
- **Unmet Needs Reports*** - Help the committee identify services that clients require but are not currently receiving. Use findings to help inform needs assessments and funding priorities.
- **Resource Inventory*** - Review of funding and services offered via Part B funds, EHE, Prevention, and other resources. This allows the committee to determine what care/support services to fund (and at what allocation amounts) that will compliment these services.
- **2027-2031 Integrated Plan Updates and Review*** - Provide updates to the committee on the progress of the Integrated Plan progress/development and provide the committee an opportunity to provide feedback on the plan.

- **Needs Assessment Planning** - Planning for needs assessments is a critical responsibility. The committee determines target populations, defines the scope, methodology, and timeline to ensure that assessments capture the experiences and priorities of people living with and affected by HIV. May lean on specific caucuses or workgroups to assist with needs assessment planning and execution including data collection tools, outreach strategies, and final analysis.
- **Needs Assessment Data Review** – Review finds from needs assessment data to identify service gaps, barriers to access, and emerging trends. This data directly informs decision-making around funding priorities and allocations.
- **Review PSRA Framework -** Review the Priority Setting and Resource Allocation (PSRA) process for effectiveness and equity. Update criteria and scoring systems as needed. Ensures knowledge of and understanding that decision-making processes before priority setting and resource allocation.
- **Review Priorities –** Revisit annual service priorities (from 3 yr projections) to determine whether adjustments are necessary based on updated data, funding changes, or shifts in the epidemic.
- **Annual Allocations*** - Revisit annual service allocations (from 3 yr projections) to determine funding levels for each service category for the upcoming fiscal year. Compare against multi-year projections and adjust based on current data. Ensure allocations align with priorities and available resources.
    - **Contingency Planning* (as needed)** - Contingency scenarios are developed to address potential funding increases or decreases. Identify critical services that require protection during budget cuts. These plans ensure that DHSP can respond quickly while minimizing disruption to critical services.
- **Reallocations* -** Review needs assessment date, expenditures, and utilization data to identify areas for reallocation. Shift funds between service categories to optimize impact. Document and communicate reallocation decisions to DHSP and federal partners.
- **Prevention Planning –** Review prevention HIV/STI data and collaborate with prevention stakeholders to align care and prevention strategies, ensuring an integrated response that addresses both treatment and prevention priorities across the HIV continuum.

LOS ANGELES COUNTY
COMMISSION ON HIV

Option 1 – Monthly Meeting Calendar (March 2026 – February 2027)

Month	Key Activities
March 2026	• Co-chair nominations and elections • Review and adopt annual workplan and meeting calendar • HIV/STD Surveillance Data report*
April 2026	• Needs Assessment Planning • Resource Inventory Review • Prevention and Testing Data Report*
May 2026	• Expenditure Report* • Needs Assessment Data Review (prior year findings) • Integrated Plan Update*
June 2026	• Unmet Needs Report* • Review PSRA Framework
July 2026	• Utilization Reports*
August 2026	• Expenditure Report* • Review All Data – summaries with key info • Final Reallocations for PY36*
September 2026	• Review PY37 Priority Rankings and Allocations, revise as needed • Contingency Planning, as needed
October 2026	
November 2026	• Contingency Planning, as needed • Prevention Planning • Expenditure Report*
December 2026	
January 2027	• Directive Development (not this year but in future years)
February 2027	• Expenditure Report* • Directives Updates*

Unmet Needs Report, HIV/STI Surveillance Report – Have been presented at full COH meetings

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Option 2 – Bi-Monthly Meeting Calendar (March 2026 – February 2027)

Month	Key Activities
March 2026	• Co-chair nominations and elections • Review and adopt annual workplan and meeting calendar • HIV/STD Surveillance Data report
May 2026	• Needs Assessment Planning • Review PSRA Framework • Integrated Plan Update* • Expenditure Report*
June 2026 (meet 2-3x)	• Resource Inventory Review • Prevention and Testing Data Report* • Unmet Needs Report*
July 2026 (meet 2-3x)	• Utilization Reports* • Needs Assessment Data Review (prior year findings) • Expenditure Report* • Review All Data – summaries with key info • Final Reallocations for PY36*
August 2026	• Review PY37 Priority Rankings and Allocations, revise as needed • Contingency Planning, as needed
November 2026	• Expenditure Report* • Prevention Planning
January 2027	• Directive Development (not this year but in future years) • Expenditure Report* • Directives Updates*

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Option 3 – Bi-Monthly Meeting Calendar with Data Summit (March 2026 – February 2027)

Month	Key Activities
March 2026	• Co-chair nominations and elections • Review and adopt annual workplan and meeting calendar • Needs Assessment Planning
May 2026	• Needs Assessment Planning • Review PSRA Framework • Integrated Plan Update (Status of Submittal)
Virtual Data Summit (tentative for the month of June over the course of 2-4 days)	• Prevention and Testing Data Report* • HIV/STD Surveillance Data Report* • Unmet Needs Report* • Utilization Reports* • Needs Assessment Data Review (prior year findings)
July 2026	• Resource Inventory Review • Expenditure Report* • Review All Data – summaries with key info • Final Reallocations for PY36*
September 2026	• Review PY37 Priority Rankings and Allocations, revise as needed • Contingency Planning, as needed
November 2026	• Expenditure Report* • Prevention Planning • Directive Development (not this year but in future years)
January 2027	• Directive Development (not this year but in future years) • Expenditure Report* • Directives Updates*