LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, March 18, 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

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https://lacountyboardofsupervisors.webex.com/weblink/register/r2d4c77942169b88c1e87a7d52a5e13d2

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, MARCH 18, 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/r2d4c77942169b88c1e87a7d52a5e13d2

To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2534 428 8286

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: March 13, 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—1:24PM
    a. Operational and Commission Updates
8. Co-chair Report 1:25 PM—1:30 PM
    a. New Member Welcome
    b. Women's Caucus Listening Sessions
9. Division on HIV and STD Programs (DHSP) Report 1:31 PM—1:59 PM
    a. Program Year (PY) 34 Expenditures – Part B and Ending the HIV Epidemic (EHE)

V. DISCUSSION ITEMS 2:00 PM—2:55 PM

10. Program Year 33 (PY33) Utilization Report Recap
11. Contingency Planning

VI. NEXT STEPS 2:55 PM – 2:57 PM

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

VII. ANNOUNCEMENTS 2:57 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 March 18, 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.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
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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 3/10/25

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
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**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
RICHARDSON*	**Dechelle**	AMAAD Institute	Community Engagement/EHE
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

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COMMISSION ON HIV

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DRAFT

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
February 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	William King, MD, JD	EA
Daryl Russell, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Al Ballesteros, MBA	P	Harold Glenn San Agustin, MD	P
Lilieth Conolly	AB2449	Dee Saunders	P
Rita Garcia	EA	LaShonda Spencer, MD	EA
Felipe Gonzalez	P	Lambert Talley	P
Michael Green, PhD, MHSA	P	Jonathan Weedman	EA
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez, Jose Garibay			
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

D. Russell conducted roll call and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): A. Ballesteros, L. Conolly, F. Gonzalez, M. Green, M. Martinez, H. San Agustin, D. Saunders, L. Talley, 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.**

   K. Donnelly proposed moving to a year-round priority setting and resource allocation process. The Committee will review its current priority setting and resource allocation process and procedures at a future meeting and will revise, as needed.

IV. DISCUSSION ITEMS

7. **Antelope Valley Data Review**
   - Commission staff provided a brief overview of data that was shared by the Division of HIV and STD Programs (DHSP) during the Antelope Valley World AIDS Day event on December 3, 2024. The data review was in responses to a data request around HIV Care Continuum for the Antelope Valley. See meeting packet for more details.

8. **Directives Development and Approval**
   MOTION #3: Approve the Ryan White PY35-37 Program Directives, as presented or revised. (A. Ballesteros – Y, L. Conolly – Y, F. Gonzalez -Y, M. Green – Abstain, M. Martinez – Y, H. San Agustin – Y, D. Saunders – Y, L Talley, D. Russell – Y, K. Donnelly)
   - Commission staff reviewed revisions to the PY35-37 Directives based on recommendations identified during the January PP&A Committee meeting. See meeting packet for more details; highlighted text indicates revisions.
   - The committee agreed with the revisions, did not have additional edits, and approved the directives as presented. The directives will move forward to the Executive Committee for approval before moving to the full Commission for final approval.

V. REPORTS

9. Division on HIV and STD Programs (DHSP) Report

a. Program Year (PY) 34 (March 1, 2024 to February 28, 2025) Expenditures

- DHSP staff, P. Ogata, provided a Program Year 34 (PY34) Expenditures report to the committee. The report focused on Part A and Minority AIDS Initiative (MAI) expenditures. The report highlighted PY34 service priorities, allocations per funded service category, year-to-date expenditures (through the month of November 2024), and projected final spending through the end of the program year (February 28, 2025). The report shows most services categories are exceeding allocated expenditures. See meeting packet for more details.
- Projected Part A expenditures are projected to exceed current allocations by approximately $3.8 million and MAI expenditures are projected to exceed current allocations by approximately $2 million. Additional services that were previously allocated funded in Program Year 33 but are currently funded by other funding sources, including Outreach (Linkage and Re-engagement Program (LRP), Emergency Rental Assistance (ERA), and Home-Delivered Meals, are also projected to exceed funding by $2.6 million.
- A. Ballesteros asked DHSP how they intend to cover the overspending amounts. He asked if Net County Costs (NCC) are still being used to cover overages. DHSP noted that they would explore all possible funding sources, including NCC funds, to cover overages.
- D. Saunders asked if there are funding fluctuations from year to year. DHSP noted that RWP funds have not seen a significant decrease in the last 5 years. They noted that DHSP has not yet received the final award for PY35 but rather only a partial award and are unsure of what the final supplemental award will be at this time.
- L. Conolly asked if there was a way to assess who is benefiting from each service. She noted having issues with referring consumers to services, noting that consumers have trouble accessing a particular service. DHSP noted that some agencies have fulfilled their contracted funding amounts and can no longer bill for additional services. Providers may have paused services/appointments until March 1, 2025 when the new program year begins.
- K. Nelson, attending as a member of the public, asked how the committee should allocate funds to ensure providers are not overspending. DHSP clarified by stating that providers are not spending more than their contractually allowed to spend but rather that the total amount of the contracts, which is DHSP's responsibility, exceeds the amount of money available. DHSP staff noted that it is their standing practice to over contract to ensure there is enough money circulating through the service system to drawn down funds and award amounts are fully maximized. DHSP noted that if the committee would like to maintain the same level of investments, the committee would need to reallocate funds to better align with current expenditures. DHSP noted that they no longer have significant carry over of EHE resources that they were able to shift into Ryan White Program service categories to cover overspending of the grant to continue to support RWP service categories in the past. DHSP may not have the resources to continue to shift funds to cover over expenditures.
- M. Green added that the anticipated movement of RWP clients to Medi-Cal as a payor of last resort for certain services, such as Ambulatory Outpatient Medical (AOM) services has been

much lower than projected amounts. Clients who are eligible for Medi-Cal are continuing to access RWP services which is adding substantial overspending. The projected shifting of eligible clients to Medi-Cal was used to calculate contract amounts, however, anticipated savings were not met due to this lack of migration of clients into Medi-Cal.

- A. Burton, attending as a member of the public, noted that some individuals who are referred to Medi-Cal providers find that the provider they were referred to may not take Medi-Cal or their insurance making it challenging for them to see a doctor. M. Green noted that costs continue to be covered by the RWP in these instances to ensure individuals remain in care.
- DHSP recommended that the service standards to be developed to align with the type of services that receive allocations, if appropriate.
- A. Ballesteros asked what the committee can to do help avoid overspending in the future. M. Green noted that the committee needs to look at the entire portfolio of funded RWP service and decide what services it wants to continue to support, and at what allocated amounts, and what services they no longer want to support. He noted that four years ago, the committee added the emergency financial assistance service category and allocated funds to it without making cuts to other service categories. The committee needs to look at each service category and determine how much resource to allocate to each service. Utilization reports will begin next month, and the committee should look at the reports to help determine allocation amounts for each service.
- D. Saunders commented that it is not the job of the committee to watch spending but rather to determine what services to fund. She noted that it is hard work and uncomfortable but that some services may need to be cut and will need to allocate funds based on priorities and service utilization.

10. Co-Chair Report

a. Conflict of Interest and Parity, Inclusion and Reflectiveness Survey

- K. Donnelly reminded the committee members to complete the annual Conflict of Interest Form as well as the Parity, Inclusion and Reflectiveness Survey if they had not done so already. QR codes with links to the form and the survey can be found in the meeting packet.

11. Executive Director/Staff Report

a. Operational and Commission Updates

- C. Barrit, Executive Director, reminded the committee of the 2025 COH training schedule. The first training, Commission on HIV Overview, is scheduled for Feb. 26 from 12pm-1pm via Webex. See meeting packet for registration information. A quiz will need to be completed following the training in order to be marked complete. The training is open to the public for those who wish to attend.
- C. Barrit reminded the group that the February COH marked the kickoff for the discussion

about the Commission's restructuring. The March COH will include a report back on small group discussions. Additional meetings may be scheduled to ensure the restructuring and approval of the revised by-laws in completed by the end of the year.

- Finally, the draft 2024 COH Annual Report was included in the February COH meeting packet. Commissioners should submit any feedback to Commission staff by Friday, February 21, 2024. The final report will be submitted to the Board of Supervisors and the health deputies in the beginning of March.

VI. NEXT STEPS

12. Task/Assignments Recap

a. Committee will have a debrief of the first installment of Ryan White Utilization Report that will be shared at the March 13, 2025 COH meeting.
b. Committee will begin planning for Program Year 35 allocations.
c. Commission staff will gather previous allocation contingency plans from previous years for the committee to review.

13. Agenda Development for the Next Meeting

a. Review Ryan White Utilization Report.
b. Review PY34 and PY35 allocations.

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 February 18, 2025.

The meeting was adjourned by K. Donnelly at 2:47pm.

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

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)

Sona Oksuzyan, Supervising Epidemiologist

Janet Cuanas, Research Analyst III

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

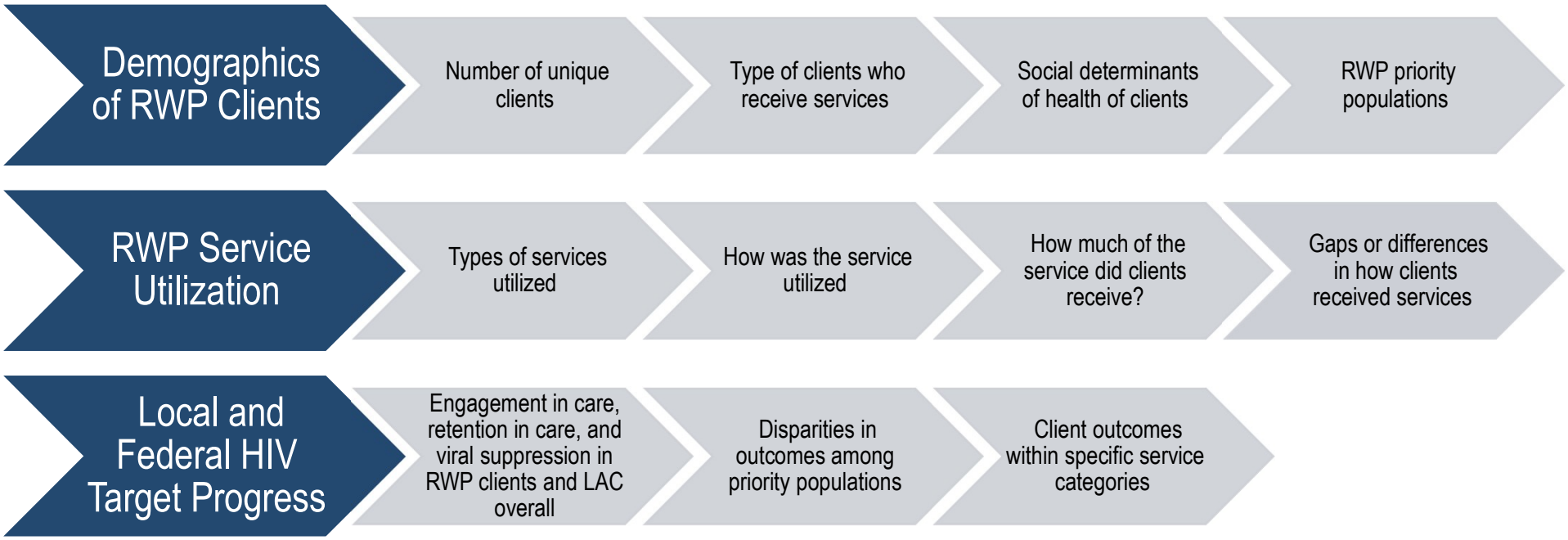
Utilization Indicators

- 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

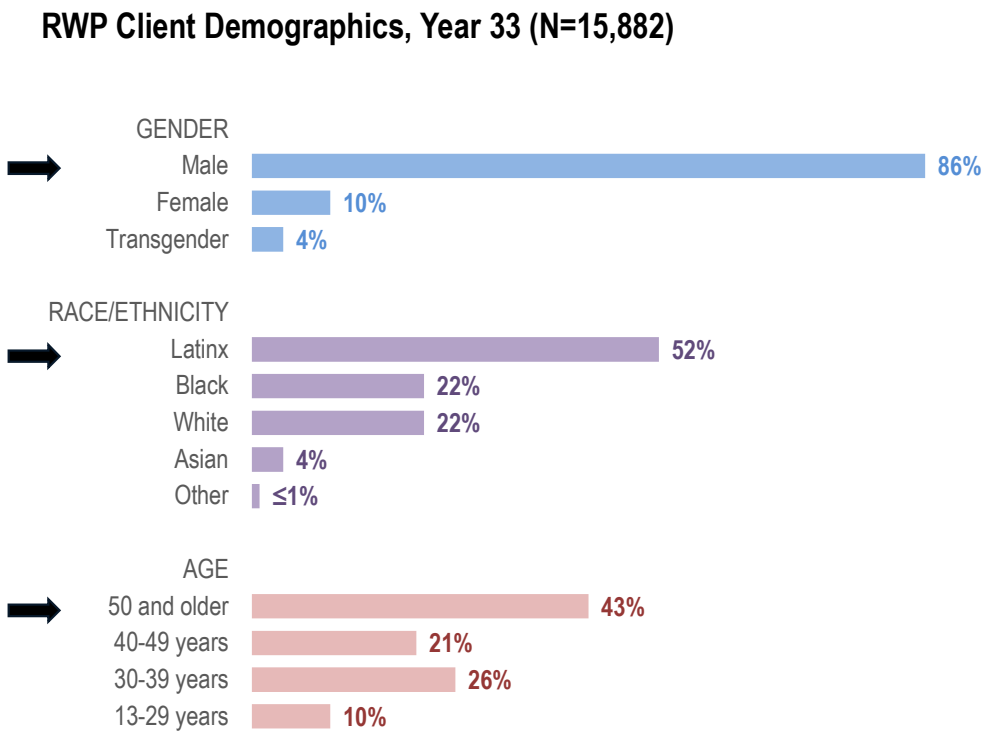
- Service Utilization
- RWP Client Demographics
- RWP Priority Populations
- HIV Care Continuum Outcomes

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

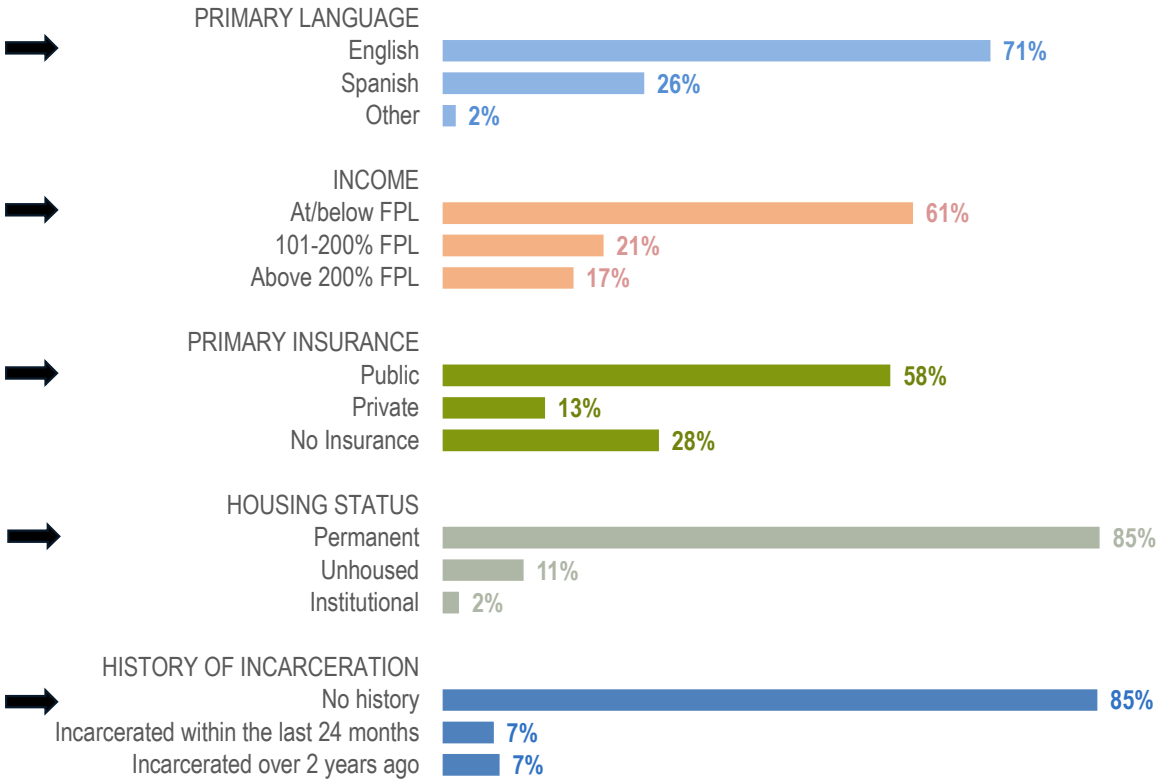
In Year 33 most RWP clients identified as male, over half were Latinx, and three out of five were under aged 50.



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

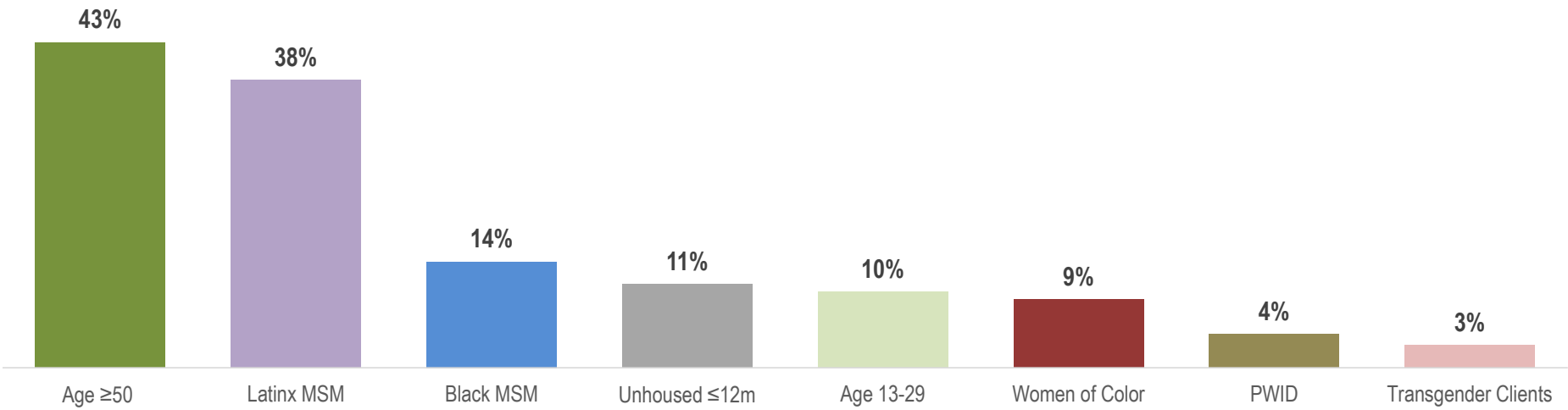
County of Los Angeles Public Health

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

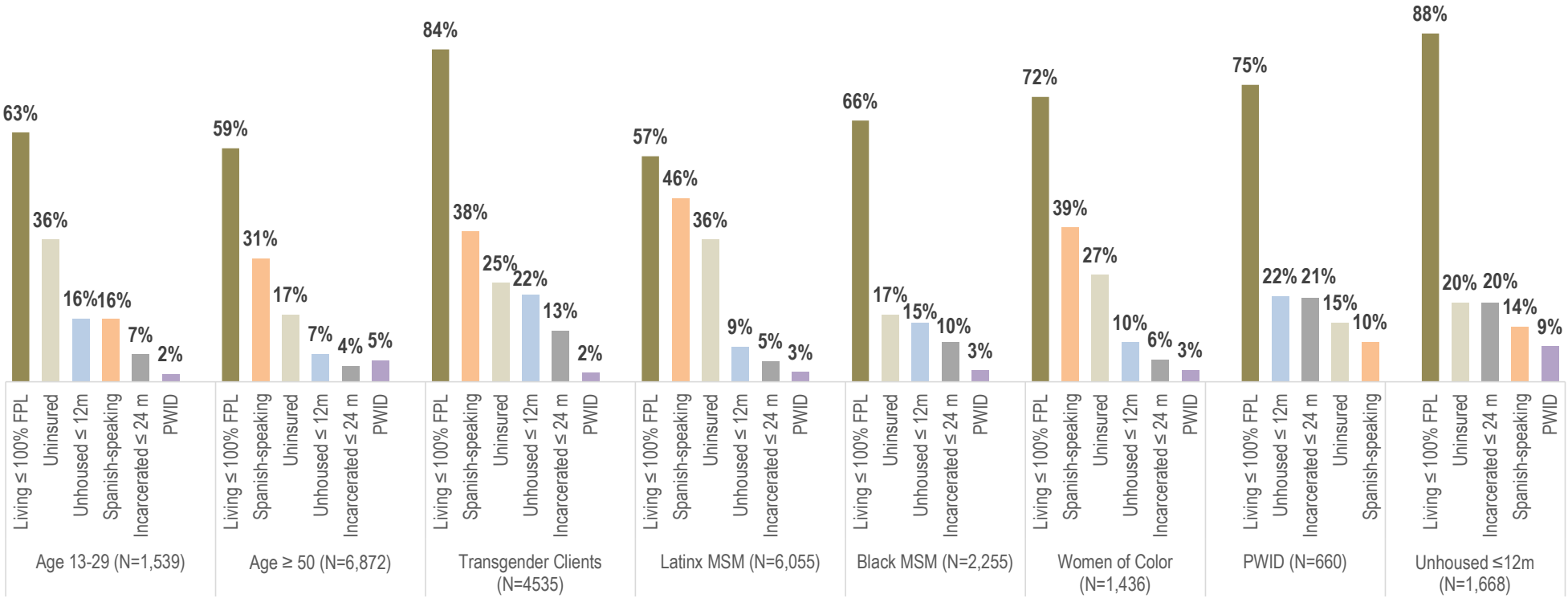
[b]Includes 497 transgender women and 38 transgender men

[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

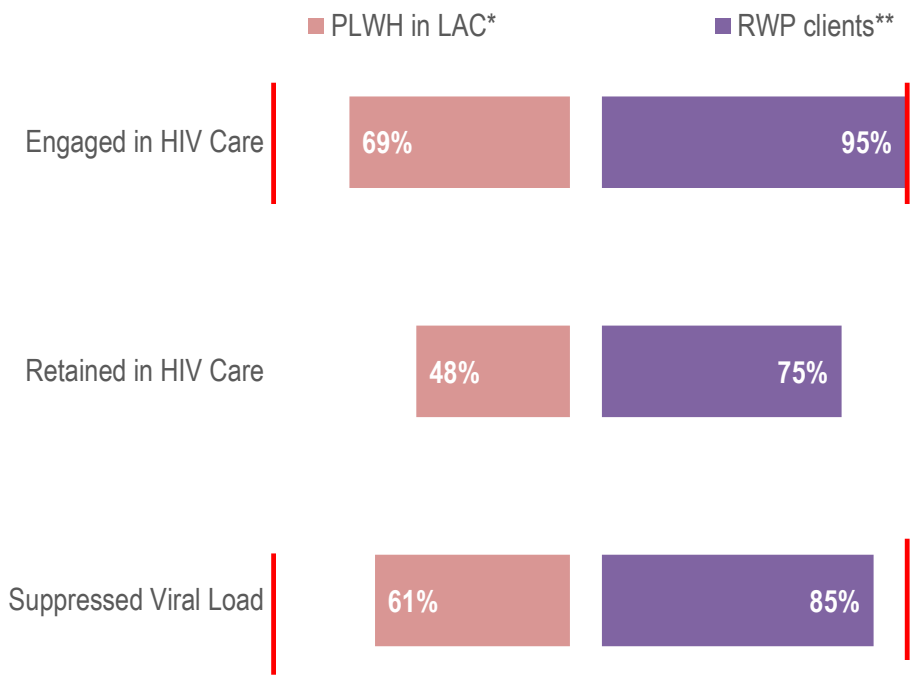


Utilization of RWP Services by LAC Priority Populations[a], Year 33

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

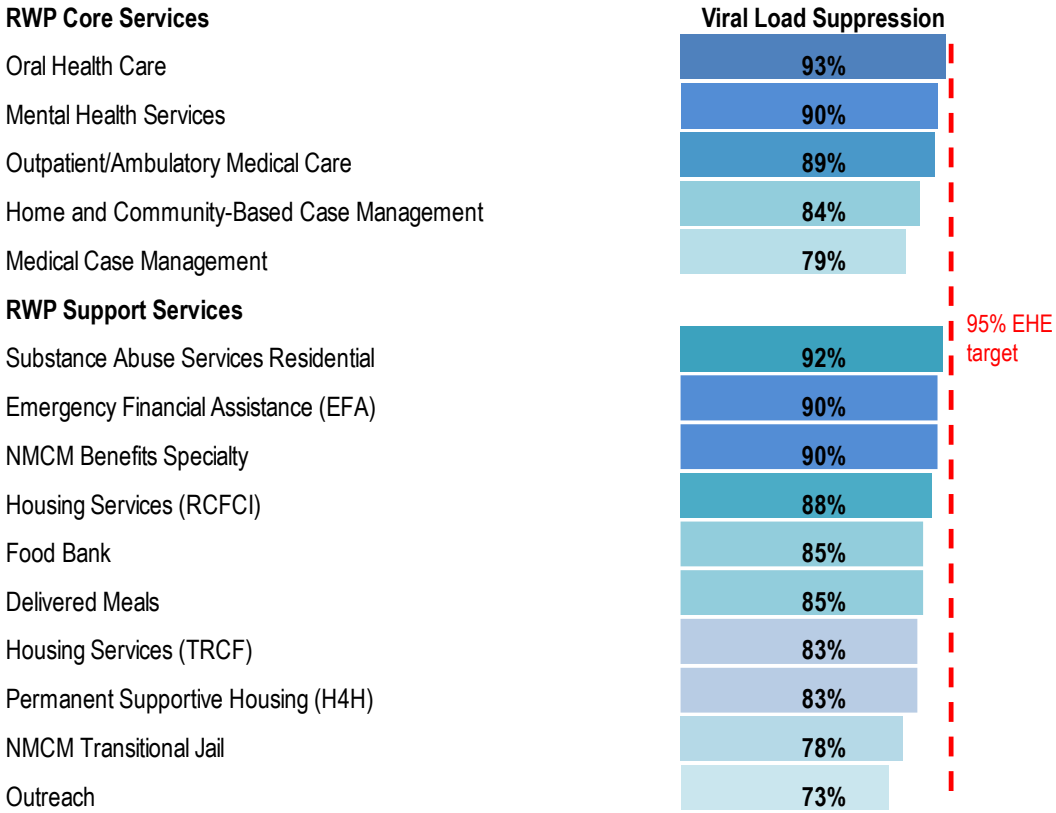
- RWP clients **aged 50 and older had the highest engagement, retention in care and viral suppression.**
- RWP clients **experiencing homelessness had the lowest engagement and retention in care and viral suppression.**
- RWP clients **aged 50 and older, Latinx MSM and Women of color met the target of 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%**



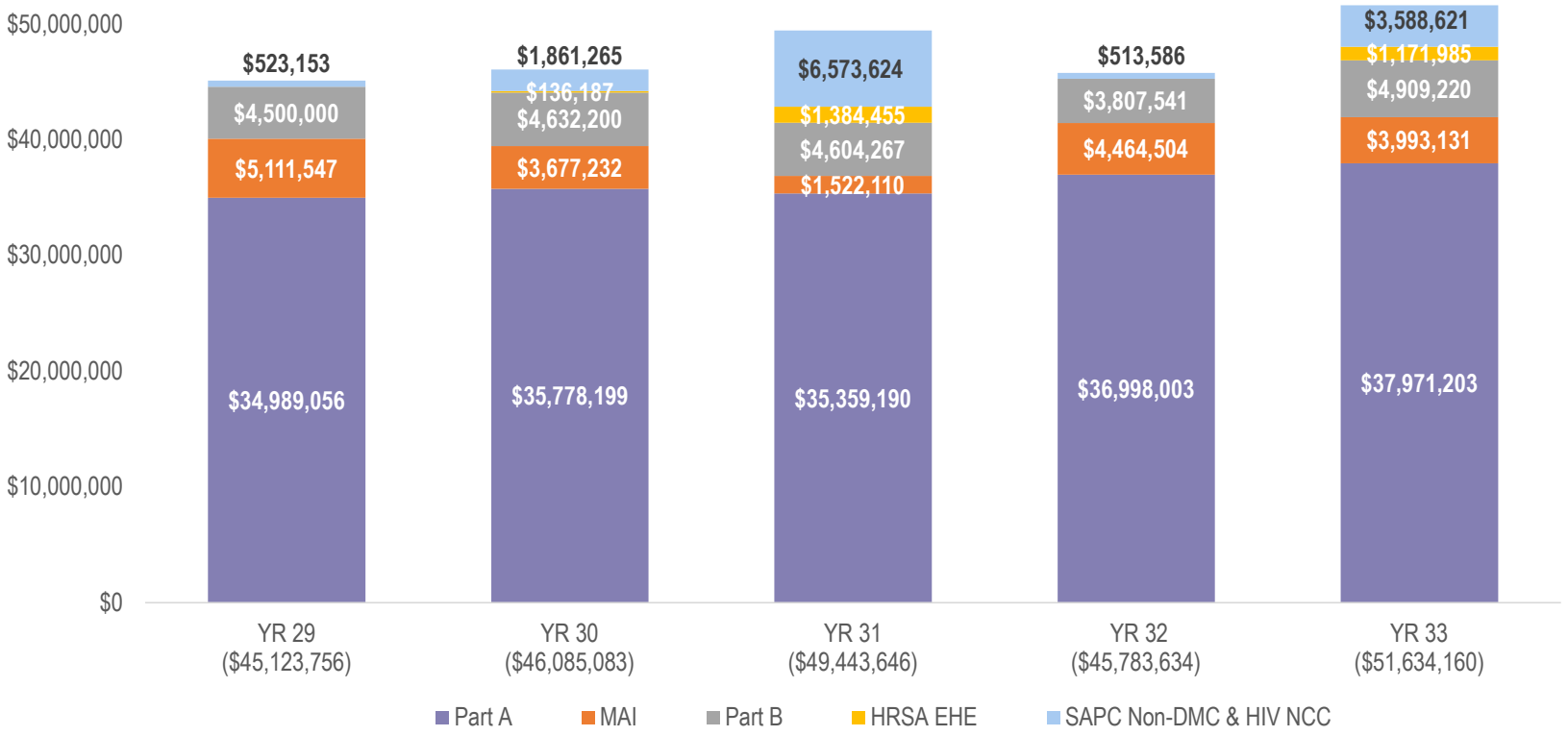
Expenditures

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

County of Los Angeles Public Health

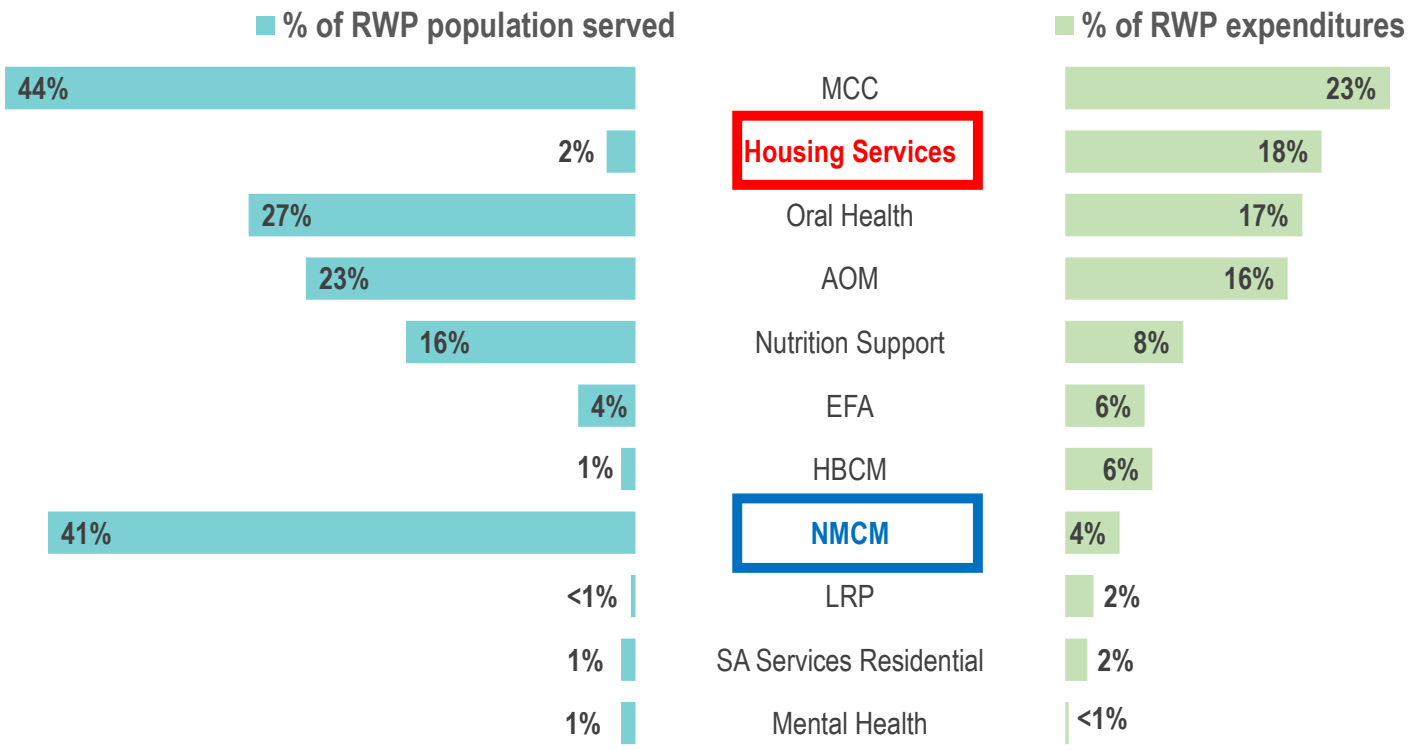
RWP Expenditures by Source of Funding, Years 29-33

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
  - PDR – Victor Scott, Michael Green
  - Surveillance – Virginia Hu, Kathleen Poortinga
  - CCS – Paulina Zamudio and the RWP program managers
  - RWP agencies and providers
  - RWP clients

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

Priority #	Service Category	Allocation Percentages	Commission Allocations	YTD Actual	Full Year Estimate	Allocation Percentages	Variance Full Year Estimate vs. COH Allocations
			[1]	*[2]*	*[3]*	*[4]*	*[3-1]*
	CORE SERVICES						
3	OUTPATIENT/AMBULATORY MEDICAL CARE	17.11%	6,500,000	$ 3,989,684	$ 6,860,111	18.05%	$ 360,111
13	ORAL HEALTH CARE	20.79%	7,900,000	5,243,799	8,772,426	23.09%	$ 872,426
18	HOME AND COMMUNITY-BASED HEALTH SERVICES	6.50%	2,470,000	1,655,049	2,201,730	5.79%	$ (268,270)
6	MEDICAL CASE MANAGEMENT SERVICES (MCC)	27.15%	10,316,352	8,673,562	11,646,256	30.65%	$ 1,329,904
7	MENTAL HEALTH SERVICES	0.29%	110,000	84,126	111,957	0.29%	$ 1,957
23	MEDICAL NUTRITION THERAPY	0.00%	-	-	-	0.00%	$ -
10	EARLY INTERVENTION SERVICES (PH STD Clinic)	6.58%	2,500,000	1,702,310	2,707,675	7.13%	$ 207,675
	CORE SERVICES TOTAL	**78.41%**	**$ 29,796,352**	**$ 21,348,532**	**$ 32,300,155**	**85.00%**	**$ 2,503,803**
	SUPPORTIVE SERVICES						
14	CHILD CARE SERVICES	0.00%	-	-	-	0.00%	$ -
2	CASE MANAGEMENT SERVICES NON-MEDICAL (BSS)	3.95%	1,500,000	1,178,603	1,555,330	4.09%	$ 55,330
22	LINGUISTIC SERVICES	0.00%	-	664	664	0.00%	$ 664
11	MEDICAL TRANSPORTATION SERVICES	1.63%	620,000	559,256	722,323	1.90%	$ 102,323
12	FOOD BANK (NSS)	5.79%	2,200,000	2,068,287	3,054,277	8.04%	$ 854,277
1	HOUSING SERVICES (TRCF/RCFCI) (THAS)	0.91%	344,000	552,375	565,067	1.49%	$ 221,067
15	LEGAL SERVICES	1.42%	538,000	836,479	1,423,252	3.75%	$ 885,252
4	EMERGENCY FINANCIAL ASSISTANCE (EFA)	6.32%	2,400,000	1,539,288	2,136,772	5.62%	$ (263,228)
2	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	1.58%	600,000	-	49,055	0.13%	$ (550,945)
8	OUTREACH SERVICES (LRP)	0.00%	-	-	-	0.00%	$ -
	SUPPORTIVE SERVICES TOTAL	**21.59%**	**8,202,000**	**6,734,951**	**9,506,740**	**25.02%**	**1,304,740**
	DIRECT SERVICES TOTAL	**100.00%**	**37,998,351**	**28,083,483**	**41,806,895**	**110.02%**	**3,808,544**
	QUALITY MANAGEMENT	0.00%	500,001	762,876	1,227,852	2.87%	$ 727,851
		10.00%	4,277,594	6,411,133	10,138,097	23.70%	$ 5,860,503
	QM & ADMIN TOTAL	**10.00%**	**4,777,595**	**7,174,010**	**11,365,949**	**26.57%**	**6,588,354**
	PART A GRAND TOTAL	**110.00%**	**42,775,946**	**35,257,493**	**53,172,843**	**136.59%**	**10,396,897**

Notes:

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

Division of 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	Revised YR 34 Allocation Percentages	Variance Full Year Estimate vs. COH Allocations
			[1]	*[2]*	*[3]*	*[4]*	*[3-1]*
	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**
		10.00%	367,569	415,250	689,099	18.76%	$ 321,530
	MAI ADMIN TOTAL	**10.00%**	**367,569**	**415,250**	**689,099**	**18.76%**	**321,530**
	MAI GRAND TOTAL	**110.00%**	**3,672,927**	**4,446,665**	**6,064,319**	**181.38%**	**2,391,392**

Notes:

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

Division of HIV and STD Programs - Program Year 34 (PY34) Expenditure Report - Summary/Combined Expenditures

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	$41,806,895	$3,808,544
MAI	$3,305,358	$5,375,220	$2,069,862
Total	$41,303,709	$47,182,115	**$5,878,406**

RWPs Covered by Other Funding

LRP (Outreach)	$	836,247
Emergency Rental Assistance (ERA)	$	765,693
Home Delivered Meals	$	1,065,802
Total	**$**	**2,667,742**

Total Estimated RWP Overspend for Direct Services

$5,878,406 + $2,667,742=$8,546,148

LOS ANGELES COUNTY COMMISSION ON HIV

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August 29, 2011

To: Commission on HIV

From: Priorities and Planning (P&P) Committee

Subject: **FY 2012 CONTINGENCY FUNDING SCENARIO DIRECTIVES**

At its meeting on August 28, 2011, the Priorities and Planning (P&P) Committee unanimously approved the following directives for re-allocating FY 2012 (March 2012 – February 2013) Ryan White Part A and B funds during the year as patients are enrolled in Healthy Way LA (HWLA) and in light of potential funding and resource shifts. The P&P Committee has forwarded these directives to the Commission on September 8, 2011 for approval.

Background. At the August 11, 2011 Commission meeting, the P&P Committee presented a framework of contingency funding scenarios that details the estimated financial impact of two key cost drivers in FY 2012: enrollment of Ryan White patients into Los Angeles County's Low Income Health Program (LIHP) and potential FY 2012 Ryan White funding reductions.

Migration of patients into the LIHP will yield cost savings to the Ryan White funding system of care as a proportion of the patient population is enrolled in HWLA and the costs of some of their services are shifted to that system of care. Due to national economic conditions and ongoing federal and state budget negotiations, it is likely that LA County's Ryan White Part A and B funding awards will be reduced in FY 2012, resulting in a funding reduction for LA County's Ryan White-funded system of care.

Both of these variables are occurring simultaneously and, as a result, yield a complicated picture of varied funding scenarios for FY 2012. Depending on the size of the patient population enrolled in HWLA and the size of Ryan White budget reductions, the change to the Ryan White system could be insignificant or substantial. Funding will need to be re-allocated in "real-time" in order to adjust to these shifts in funding and service patterns.

In preparation for multiple possible funding scenarios in FY 2012, the P&P Committee has developed a framework of nine contingency funding scenarios in which variations to both cost drivers are considered. The framework is based on 0 – 1,000, 1,001 – 2,500, and 2,501 – 5,000 patients enrolled in HWLA, and funding reductions of 0% - 7%, 7.1% - 15%, and 15.1% or more.

Scenario #1 (1,000 or fewer patients enrolled in HWLA and funding reductions of less than 7%) is called the "Base Funding Scenario." At its August 11, 2011 meeting, the Commission unanimously approved allocations for the Base Funding Scenario ("Base Funding Allocations"). All consequent patient and funding shifts will result in modifications to those Base Funding Allocations.

Because these shifts will be evolving during the course of FYs 2011 and 2012, and re-allocation of funds will take time, the P&P Committee elected to create "directives" for all but the Base Funding Scenario (Scenario #1), rather than specific funding allocations in each scenario.

Purpose. The P&P Committee has developed the following directives as measures to keep the Ryan White-funded system of care and patient continuity of care whole for both patients who are enrolled in alternate health care systems in FYs 2011-2012 but who continue to rely on the Ryan White system for other services, and for patients who continue to rely on Ryan White-funded services for the entirety of their care.

Implementation. FY 2012 Ryan White funding will be re-allocated according to the following directives as adjustments to the FY 2012 Base Funding Allocations approved by the Commission on August 11, 2011.

The Committee provides these directives to the Division of HIV and STD Programs (DHSP) with the expectation that DHSP will re-allocate funds accordingly as it is able and as it determines the necessity for funding modifications due to patient migration patterns and changes to the FY 2012 Ryan White Part A and B funding awards. Rather than develop specific directives in each scenario, the P&P Committee has developed a set of directives if changes in FY 2012 yield net cost savings or net funding reductions.

Directives.

Scenario #1 (Base Funding Allocations): Allocations to service categories as approved by the Commission will be modified across all service categories in accordance with possible funding reductions and due to patient enrollment in HWLA (across-the-board increases if there is a net cost savings; across-the-board cuts if there is a net funding reduction).

Net Cost Savings Scenarios: Following are the recommended directives if there are net cost savings in FY 2012. As it is likely that these shifts will occur and be detected over time, the P&P Committee has elected not to prioritize implementation of these directives, but to provide them as guidance to DHSP for where funds could be allocated depending on the amount of cost savings.

Re-Allocation Priority	Justification
▪ Maintain the same level or increase Medical Outpatient/Specialty for clients remaining in RW system; any realized savings can be applied for these additional purposes: ▪ Increase funding for treatment adherence services. ▪ Increase support for lipodystrophy treatment, as allowed. ▪ Increase support to expand the availability of medical specialty services, as needed. ▪ Provide funding for ancillary medical outpatient/specialty services, as need and allowed. ▪ Implement optometric services.	*Medical Outpatient/ Specialty services are the top Ryan White priority;* *There are areas of MO/ MS care where increased service delivery is still needed; and* *Clear definition of the Medical Specialty services available in the LIHP is still being defined.*
▪ Maintain or increase Medication Assistance and Access, as needed, to improve access to non-formulary medication assistance, including: ▪ increased support to improve availability of nutritional supplements.	*While the LIHP formulary is more expansive than ADAP, there may still be drugs medications not supported by the LIHP, or considered exceptional;* *Nutritional supplements continue to be under-funded in the Ryan White system.*
▪ Increase funding for Oral Health Care services.	*Even with increased allocations, still reflected as the greatest gap between need/demand and availability in the Ryan White system;* *LIHPs do not cover oral health care*
▪ Expand Linkage to Care Services, with emphasis on enhancing treatment education services.	*Patient need, more effective health care responses and federal guidelines all require enhanced linkage to care efforts.*
▪ Increase funding for Benefits Support.	*To address expanded patient demand as patients migrate to other systems of care.*
▪ Maintain or increase Medical Care Coordination services	*For expanded need to coordinate with patients in both the Ryan White system and in other systems of care.*
▪ Maintain support for services that the LIHP may cap, such as: ▪ mental health ▪ substance abuse	*Availability of these and possibly other capped services in the LIHPs is still vague. Ryan White funds can be used to "wrap- around" these services.*

▪ Increase funding for Mental Health Services (psychiatry and psychotherapy): ▪ increase support for both psychiatry and psychotherapy services, and ▪ increased support for psychotherapy should be used, in part, to ensure continuity of care when gaps result from intern rotations.	*Consumers consider mental health services one of their greatest needs.* *There are significant capacity and continuity of care challenges in mental health services.*
▪ Allocate to/increase Medical Nutrition Therapy.	*A critical core medical service, especially for people with HIV—MNT was defunded two years ago due to State budget cuts.*

Net Funding Reductions: Following is a prioritized strategy for implementing system-wide funding reductions in FY 2012 if patient migration and budget reductions result in net funding reductions.

	Action/Strategy	Reason
①	Preserve all core medical services possible, to the extent possible.	*In order to maintain the 75% core medical service threshold, and because core medical services are prioritized*
②	Hold the following services harmless *(maintain their allocations at the expense of cuts to other service categories)*, in order of their priority rankings. ▪ Medical Outpatient/Specialty ▪ Medication Assistance and Access ▪ Oral Health ▪ Linkage to Care Services ▪ Benefits Specialty ▪ Medical Care Coordination ▪ Mental Health Services (Psychiatry and Psychotherapy)	*It was determined that these are the key services that patients who rely on the Ryan White system need most, and for which there is little alternate funding.*
③	Cut whole service categories from the lowest priority ranked up as funds become unavailable.	*Given the allocation levels of lower ranked priorities, continued cuts to those services will undermine their effectiveness; pre-serving some services at the expense of other is a more effective strategy.*

YR 34 Part A: Re-Allocation Services

	Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re-allocation Part A%	YR 34 Re-allocation MAI %
CORE	AOM/MSS	25.51%	0.00%	$6,500,000	17.11%	0.00%
	MCC/PSS	28.00%	0.00%	$10,316,352	27.15%	0.00%
	Oral Health	17.48%	0.00%	$7,900,000	20.79%	0.00%
	EIS (STD clinic)	0.00%	0.00%	$2,500,000	6.58%	0.00%
	Mental Health	4.07%	0.00%	$110,000	0.29%	0.00%
	Home Based Case Management	6.78%	0.00%	$2,470,000	6.50%	0.00%
SUPPORT	Transportation	2.17%	0.00%	$700,000	1.84%	0.00%
	Nutritional Support (food bank)	8.95%	0.00%	$2,200,000	5.79%	0.00%
	Professional Services (Legal)	1.00%	0.00%	$538,000	1.42%	0.00%
	Language	0.65%	0.00%	$ -	0.00%	0.00%
	Outreach (LRP)	0.00%	0.00%	$ -	0.00%	0.00%
	EFA	0.00%	0.00%	$2,400,000	6.32%	0.00%
	NMCM (TCM Jails) 6 medical case workers and 1 HPA I	0.00%	12.61%	$600,000	1.58%	0.00%
	NMCM (BSS)	2.44%	0.00%	$1,500,000	3.95%	0.00%
	Housing (H4H) housing only no EFA	0.00%	87.39%	$3,305,635	0.00%	100.00%
	Housing (RCFCI& TRCF Mental Health)	0.96%	0.00%	$344,000	0.91%	
	Psychosocial Services	1.00%	0.00%	$ -	0.00%	0.00%
	Childcare Services	0.95%	0.00%	$ -	0.00%	0.00%
	Total	**100%**	**100%**	**$41,303,987**	**100%**	**100%**

Approved by Planning, Priorities, and Allocations Committee on 7.16.24
Approved by the full-body Commission on HIV on 8.8.24

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

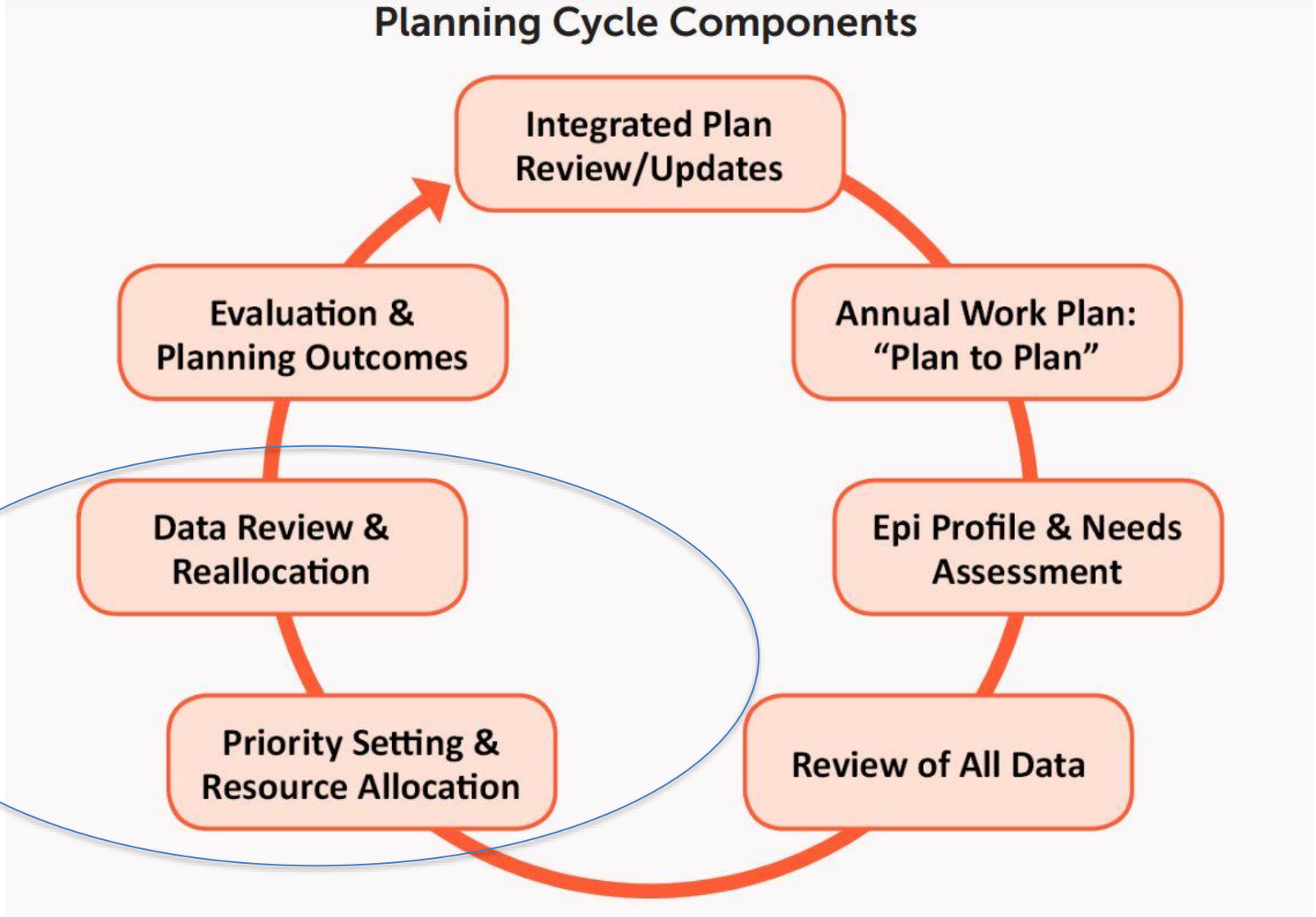
Ryan White Program Part A and MAI YR 34 Proposed Reallocation

July 16, 2024 PP&A Meeting
Planning, Development and Research
Division of HIV and STD Programs

Presentation Overview

- Purpose of the Meeting
- Review of HRSA Part A and MAI Grant Timeline
- Overview of YR 34 Re-allocation Process
- Items for Consideration for Future Planning and Allocation Discussions

HRSA RWP Part A Planning Council Planning Cycle



Key Dates for RWP Part A Planning in LAC 2024-2025

- **March 1, 2024** **RWP Part A Program Year Begins**
- **May 29, 2024** **YR 33 Annual Progress Report and Final Expenditure Report Due to HRSA**
- June 2024 YR 33 RWP Part A Utilization Data Released
- **June 29, 2024** **YR 33 Final FFR due to HRSA**
- July 2, 2024 YR 34 Re-allocation Discussion with PC and PP&A Co-chairs
- **July 3, 2024** **HRSA Released NOFO for HRSA Part A 2025-2027 Funding**
- July 16, 2024 YR 33 Expenditures and YR 34 Re-Allocation Review with PP&A Service Category Ranking
- **July 28, 2024** **YR 34 RWP Part A Program Submissions Report and Program Terms Report Due to HRSA**
- August 2024 YR 35-37 Priority Setting and Resource Allocation Activities Cont.
- September 23, 2024 Target Date for **HRSA Part A Application Submission (HRSA Due Date: October 1, 2024)**
- **December 31, 2024** **YR 34 MAI Carryover Request Due to HRSA**
- **February 28, 2025** **RWP Part A Program Year Ends**

Note: Bold and Green indicate HRSA established task/activity and timeline

HRSA RWP Services in LAC in YR 34

CORE	SUPPORT
Outpatient/Ambulatory Health Services	Housing
Medical Case Management (including treatment adherence services)	Non-Medical Case Management Services
Mental Health Services	Medical Transportation
Oral Health Care	Food Bank/Home Delivered Meals
Home and Community Based Health Services	Child Care Services
Early Intervention Services	Other Professional Services
	Emergency Financial Assistance
	Linguistic Services
	Outreach

YR 33 GAP

Appx. YR 33 RWP Part A and MAI Service Total Expenditures (no admin or CQM) For All Funding Sources **$45,015,600**

YR 33 RWP Part A and MAI Award with Carryover **$41,964,332**

$3,051,268

RWP Part A and MAI YR 33 RWP Overspending

Oral Health (appx. $530,000)

Legal Services
(appx. $166,000)

Emergency Financial Assistance
(appx. $1,000,000)

Benefits Specialty
(appx. $541,000)

Housing (Permanent Supportive with Case Management)
(appx. $780,000)

YR 34 Re-allocation Process

YR 34 Factors for Consideration

- YR 33 Spending (Final expenditures are still being calculated as part of year-end closing)
- Received Final YR 34 RWP Part A and MAI award in May 2024
- Consider re-allocation based on actual award and available funds
- Consider changes in need or service costs/expenditures
- No MAI Carryover from YR 33

YR 34 Re-allocation Task

- **HRSA RWP Part A and MAI grant funds available for direct services: $41,303,987**
  - $37,998,352 Part A
  - $3,305,635 MAI
- **YR 34 projected total RWP Part A and MAI direct services expenditures**: **$45,015,600 +**
- DHSP explored what other funding can cover some RWP Part A or MAI expenditures
- Approximately $2.2m remained
- COH and PP&A Co-chairs discussed how to adjust the allocations (paper-based exercise only)

YR 34 Part A: Re-Allocation Core Services

Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re-allocation Part A%	YR 34 Re-allocation MAI %
AOM/MSS	25.51%	0.00%	$ 6,500,000	17.11%	0.00%
MCC/PSS	28.00%	0.00%	$ 10,316,352	27.15%	0.00%
Oral Health	17.48%	0.00%	$ 7,900,000	20.79%	0.00%
EIS (STD clinic)	0.00%	0.00%	$ 2,500,000	6.58%	0.00%
Mental Health	4.07%	0.00%	$ 110,000	0.29%	0.00%
Home Based Case Management	6.78%	0.00%	$ 2,470,000	6.50%	0.00%

YR 34 Part A: Re-Allocation Support Services

Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re-allocation Part A%	YR 34 Re-allocation MAI %
Transportation	2.17%	0.00%	$ 700,000	1.84%	0.00%
Nutritional Support (food bank)	8.95%	0.00%	$ 2,200,000	5.79%	0.00%
Professional Services (Legal)	1.00%	0.00%	$ 538,000	1.42%	0.00%
Language	0.65%	0.00%	$ -	0.00%	0.00%
Outreach (LRP)	0.00%	0.00%	$ -	0.00%	0.00%
EFA	0.00%	0.00%	$ 2,400,000	6.32%	0.00%
NMCM (TCM Jails) 6 medical case workers and 1 HPA I	0.00%	12.61%	$ 600,000	1.58%	0.00%

YR 34 Part A: Re-Allocation Support Services

Services	YR 34 COH Part A %	YR 34 COH MAI %	YR 34 Re-Allocation	YR 34 Re-allocation Part A%	YR 34 Re-allocation MAI %
NMCM (BSS)	2.44%	0.00%	$ 1,500,000	3.95%	0.00%
Housing (H4H) housing only no EFA	0.00%	87.39%	$ 3,305,635	0.00%	100.00%
Housing (RCFCI& TRCF Mental Health)	0.96%	0.00%	$ 344,000	0.91%	
Psychosocial Services	1.00%	0.00%	$ -	0.00%	0.00%
Childcare Services	0.95%	0.00%	$ -	0.00%	0.00%
Total	100%	100%	$41,303,987	100%	100%

YR 35-YR37 HRSA Part A Application

Submission Date: September 2024

Items for Consideration in Establishing Priorities and Allocations

- Based on data and evidence, what is the need of people with HIV in Los Angeles County?
- What barriers are preventing people from accessing the services and treatment they need?
- Looking at the expenditures, do you need to change (increases or decreases) the allocations? What data/evidence supports this?
- If increases in allocation are proposed, what decreases will be made? What data/evidence supports this?

Items for Consideration in Establishing Priorities and Allocations (cont.)

- Are there any changes to the way services are provided or where they are provided? What data/evidence supports the recommendations?
- What federal, state, local changes may occur that will impact available funding?
- What federal, state, local changes may occur that will impact service delivery?
- What federal, state, local changes may occur that will impact client needs?

QUESTIONS