LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, February 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/r38a4540b4681eb2b4c50de4810fc3eb4

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, FEBRUARY 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/r38a4540b4681eb2b4c50de4810fc3eb4
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	Daryl Russell Co-Chair	Al Ballesteros, MBA	Lilieth Conolly
Felipe Gonzalez *Rita Garcia (Alternate)*	Michael Green, PhD	William King, MD, JD	Miguel Martinez, MPH, MSW
Harold Glenn San Agustin, MD	Dee Saunders	LaShonda Spencer, MD	Lambert Talley (Alternate)
Jonathan Weedman			
QUORUM: 7			

AGENDA POSTED: February 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. DISCUSSION ITEMS

1:15 PM – 1:45 PM

7. Antelope Valley Data Review

8. Directives Development and Approval
   MOTION #3: Approve the Ryan White PY35-37 Program Directives, as presented or revised.

V. REPORTS

9. Division on HIV and STD Programs (DHSP) Report 1:45 PM—2:40 PM
    a. Program Year (PY) 34 (March 1, 2024 to February 28, 2025) Expenditures

10. Co-chair Report 2:40 PM—2:47 PM
    a. Conflict of Interest and Parity, Inclusion and Reflectiveness Survey

11. Executive Director/Staff Report 2:48 PM—2:55 PM
    a. Operational and Commission Updates

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 February 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.
MOTION #3	Approve the Ryan White PY35-37 Program Directives, 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

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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 2/10/25

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
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	ViiV Healthcare	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	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
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
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
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
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
January 21, 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	EA
Felipe Gonzalez, Co-Chair	P	Daryl Russell	P
Al Ballesteros, MBA	P	Harold Glenn San Agustin, MD	EA
Lilieth Conolly	EA	Dee Saunders	P
Rita Garcia	A	LaShonda Spencer, MD	P
Michael Green, PhD, MHSA	P	Lambert Talley	P
William King, MD, JD	P	Jonathan Weedman	EA
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez, Jose Garibay			
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

Kevin Donnelly, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:01pm.

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

K. Donnelly conducted roll call vote and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): A. Ballesteros, M. Green, W. King, D. Russell, D. Saunders, L. Spencer, L. Talley, F. Gonzalez, K. Donnelly

3. Approval of Agenda

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

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

II. PUBLIC COMMENT

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

   There were no public comments.

III. COMMITTEE NEW BUSINESS

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

   There was no committee new business.

IV. REPORTS

7. **Executive Director/Staff Report**

   a. Operational and Commission Updates

   - C. Barrit, Executive Director, reported that the Commission on HIV (COH) that the first COH meeting of the year will be on Feb. 13th at the California Endowment. The planned January 9th meeting was cancelled in observation of the National Day of Mourning for former President, Jimmy Carter. The meeting will be followed by a Consumer Resource Fair from 12pm-5pm and will provide a variety of resources and workshops for people living with HIV.

   b. 2025 Commission on HIV Work Plan

   - C. Barrit provided a brief overview of the COH 2025 Workplan. She noted the workplan focuses on fulfilling legislative responsibilities outlined by the Health Resources and Services Administration (HRSA). See meeting packet for more details.

   c. 2027-2031 Integrated HIV Plan

   - C. Barrit reported that HRSA released the guidance for the 2027-2031 Integrated Plan in late December. She noted that the plan is due in June 2026 and that the committee will need to begin its planning and begin writing this year. The guidance aligns with the previous guidance that was released for the 2022-2026 Integrated Plan. The committee will review the guidance in more detail at a later date; see meeting packet for full guidance documents.

8. Co-Chair Report

a. 2025 Committee Co-chair Elections

- K. Donnelly opened the floor for 2025 co-chair elections. K. Donnelly, F. Gonzalez and D. Russell were nominated with F. Gonzalez respectfully declining the nomination. K. Donnelly and D. Russell were unanimously elected as co-chairs for 2025.

b. 2025 Planning, Priorities and Allocations Committee Strategic Priorities

- K. Donnelly provided a brief overview of the committee strategic priorities for 2025. Key priorities include a review of data including expenditure reports, planning and organizing needs assessments, and priority setting and resource allocation. See meeting packet for more details.

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

- DHSP staff, M. Green, reported that DHSP is currently in the process of finalizing contract negotiations with agencies that will be supporting core medical services. The contracts will go into effect on March 1, 2025.
- DHSP noted that they are currently reviewing expenditures and will be providing a formal report at the February PP&A Committee meeting. Staff reminded the group that there was significant overspending in Ryan White Program services for Program Year (PY) 33 and that overspending was previously covered using Ending the HIV Epidemic (EHE) funds and Net County Cost (NCC) funds. PY34 is currently seeing even more overspending than PY33 and they are not seeing reductions in some of the services categories that projections had anticipated to see. Staff noted that they need to refine their projections to be more in line with actual expenditures and that EHE funds will not be able to cover overages like it did in PY33. Previous overages were covered by EHE savings. Additionally, discussions will need to be had, starting next month, on how to balance services for PY34 as well as PY35 (beginning March 1, 2025) to minimize overages.
- DHSP staff reported that DHSP had received notice of partial award. Partial awards are calculated based on last year's Part A and Minority AIDS Initiative (MAI) funding amounts. However, DHSP is unsure of the total award amount for PY35 because it is the beginning of a new 3-year funding cycle. The group was also reminded that federal funding continues to operate on a continuing resolution until March 20, 2025. After that, there is uncertainty on what the federal government will fund.
- DHSP has also received notice of partial award for EHE funds for the next term. The partial award indicates DHSP will receive approximately $7 million. It was noted that DHSP requested $16 million but do not expect to receive that amount. Although there is an increase in EHE funding, there is a possibility that the additional funding will not be able to cover overspending in RWP services.
- It was noted that the potential migration of individuals from RWP to Medi-Cal may also be stalled due to fears around the new presidential administration, particularly for individuals

who are undocumented.

- The committee will need to consider service utilization and focus on ensuring there are enough funds allocated to the services that are the highest priority/utilized by consumers.
- DHSP also noted that the cost of services has also increased in certain service categories coupled with increased in utilization of specialty care, namely oral health. Providers have requested augmentations but, as of now, no augmentations are being approved because funds are already overspent. Some providers have had to turn away clients or delay appointments until the next program year (beginning March 1, 2025) because they have exhausted their contracted funding amounts for the year.
- The committee requested funding amounts in Part A, MAI, EHE, NCC and any other funding sources to identify other potential funding sources that can cover the cost of some services offered under the Ryan White Program.
- C. Barrit requested preliminary utilization data to observe if there are increases in total clients served or in any specific categories.
- DHSP noted that their current projections are based on PY33 expenditures and current expenditures but noted that their methodology may not be the same methodology that is used by DPH finance.
- D. Saunders asked if providers are notified when they are overspending in any particular service. P. Zamudio replied that providers are notified if there is overspending occurring and offer budget modifications to augment contracts up to 10%. She noted some agencies spend 100% of their funds and others do not maximize their grant funds.
- DHSP staff noted that, previously, the County has been supplementing funding with savings from other grants. However, grants are seeing reductions and there is increased spending which has contributed to overspending.
- The committee suggested reviewing previous contingency management plans to help inform future discussions.
- W. King requested data on the number of clients that have transitioned to Medi-Cal over the last several years, noting that providers have been instructed to enroll eligible clients into Medi-Cal. DHSP staff noted that some clients are not eligible for Medi-Cal or do not want to change because their current provider, whom they like and are comfortable with, may not be under a managed care plan.
- A. Ballesteros reminded the group that the PP&A Committee is not responsible for managing contracts and providers overspending, but rather DHSP. He added that the committee should allocate funds based on need and utilization.
- DHSP noted that providers do go through annual programmatic and financial audits to ensure deliverables are being met and are also monitored via monthly reports to DHSP.

V. DISCUSSION ITEMS

10. Antelope Valley Data Overview

- The overview was postponed to the February committee meeting due to time constraints.

11. Directives Development and Approval

MOTION #3: Approve the Ryan White PY35-37 Program Directives, as presented or revised. (Additional edits requested and vote was not held; Committee will approve the revised directives in February)

- The group reviewed the revised suggested directives; see meeting packet for more details. Suggested directives were refined to include background information and align with needs identified via data reports.
- The committee had additional revisions to include stronger language to encourage consumer and provider engagement/participation in the COH and additional language to ensure communities of color and other vulnerable populations are included the in broader set of directives.
- Commission staff will revise the directives to reflect proposed changes, and the committee will review the additions and approve the directives in the February meeting.

VI. NEXT STEPS

12. Task/Assignments Recap

a. Commission staff will revise directives to reflect recommendations/revisions suggested during discussion.
b. Commission staff will work with DHSP to prepare expenditure report for the next committee meeting.
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. Complete and approve program directives.
b. Review Antelope Valley Data.
c. Review Program Year 34 expenditures report.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

15. Adjournment for the Meeting of January 21, 2025.

The meeting was adjourned by K. Donnelly at 2:59pm.

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles
Public Health
Division of HIV and STD Programs

Los Angeles County Commission on HIV

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
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

LOS ANGELES COUNTY
COMMISSION ON HIV

2025 Conflict of Interest Form

Scan to Complete Form

2025 Parity, Reflectiveness and Inclusion Survey

Scan to Complete Survey

Antelope Valley: A Community Rising to End HIV

A World AIDS Day Event sponsored by Supervisor Kathryn Barger and the Los Angeles County Commission on HIV

Bartz-Altadonna Community Health Clinic
Lancaster, CA 93535

December 3, 2024

County of Los Angeles Public Health

HIV Research to Practice in Los Angeles County

3rd National EHE Partnerships for Research Meeting
University of California at Los Angeles
April 16, 2024

Mario J. Pérez, MPH
Director, Division of HIV and STD Programs
Los Angeles County Department of Public Health

Key Takeaways

We must end multiple epidemics to End the HIV Epidemic.

We must transform healthcare delivery systems and adapt to changes in health care consumption patterns (beyond health care settings); we can't expect our priority pops to adjust to these systems.

We must start a 10-year national MH/SW/SUD Specialist workforce recruitment, development and training program (e.g., Teach for America, Peace Corps). HIV is increasingly concentrated among persons MH and SU disorders.

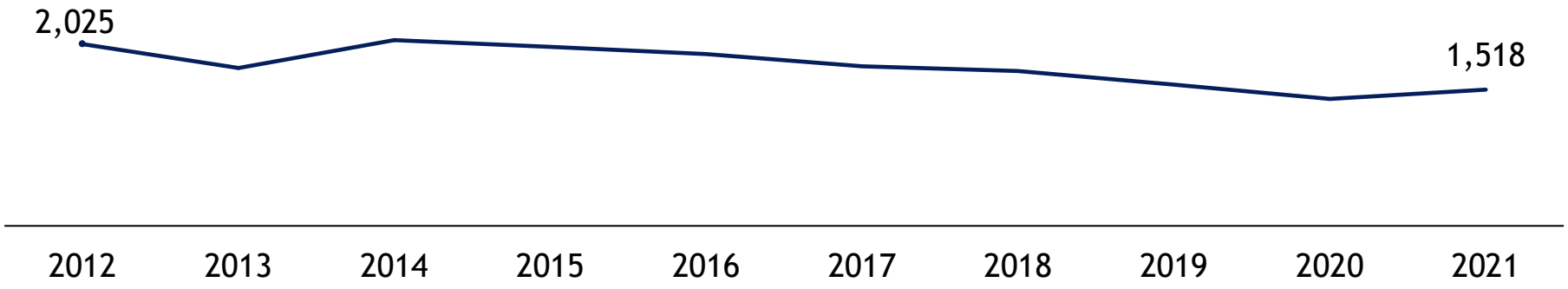
We must change the way we collect data, use data (integrated surveillance systems), and share data with frontline providers (e.g., D2C).

We must expand partners, train partners (detailing, learning collabs, action kits), retain partners.

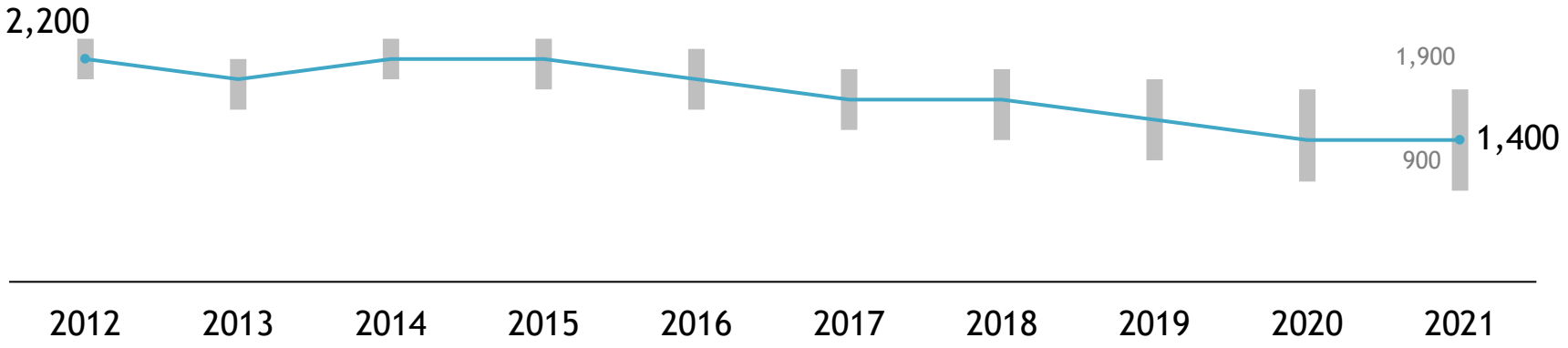
We must change financing schemes, broaden list of allowable expenses (e.g., CM, EFA, GBI) and coordinate categorical investments and performance expectations between local, State and federal partners. We must push boundaries and disrupt dysfunctional systems of care.

Number of persons newly diagnosed with HIV compared with the estimated number of persons with new HIV infection among PLWH aged ≥13 years, LAC 2012-2021[1,2]

Number of new HIV diagnoses by year



Estimated number and 95% confidence interval of new HIV infections by year

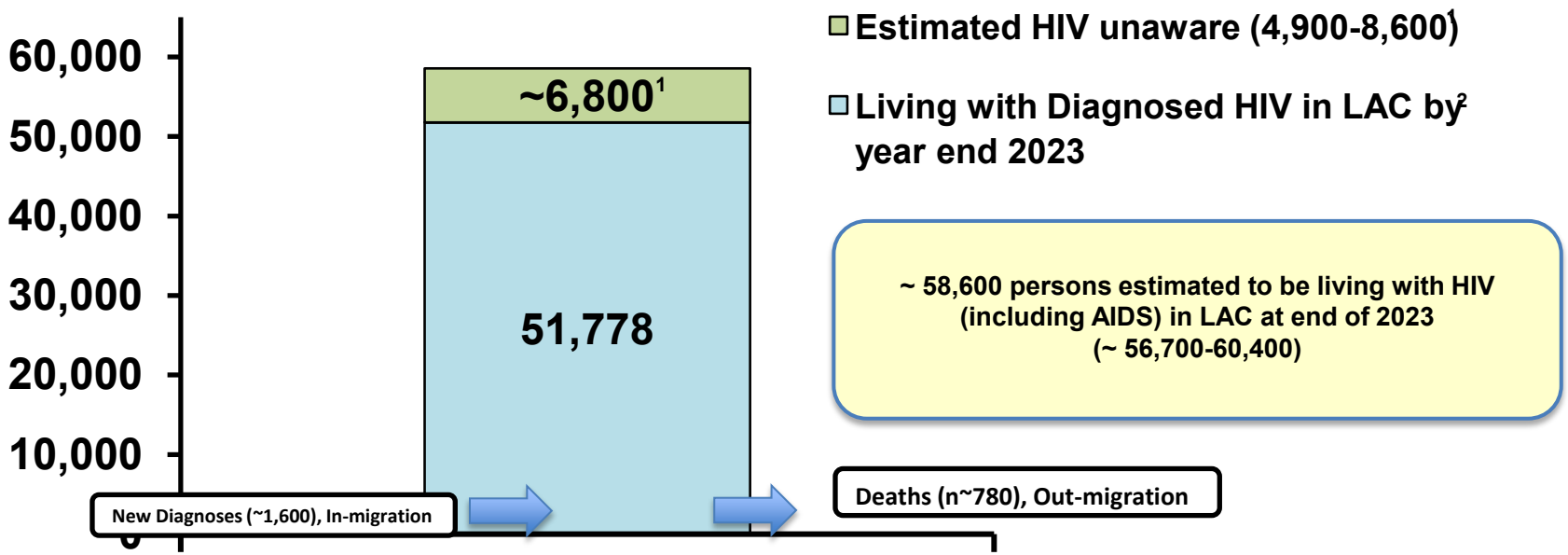


Abbreviation: PLWH = persons living with HIV

[1] Estimates based on the CD4-Based Model v4.1 developed by CDC, which derived by using HIV surveillance and CD4 data for persons aged ≥ 13 years at diagnosis. Estimates rounded to the nearest 100 for estimates of >1,000 and to the nearest 10 for estimates of ≤ 1,000 to reflect model uncertainty.

Source: HIV Surveillance data as of December 2022

Estimated Number of Persons aged 13+ years Living with HIV in LAC at Year end 2023

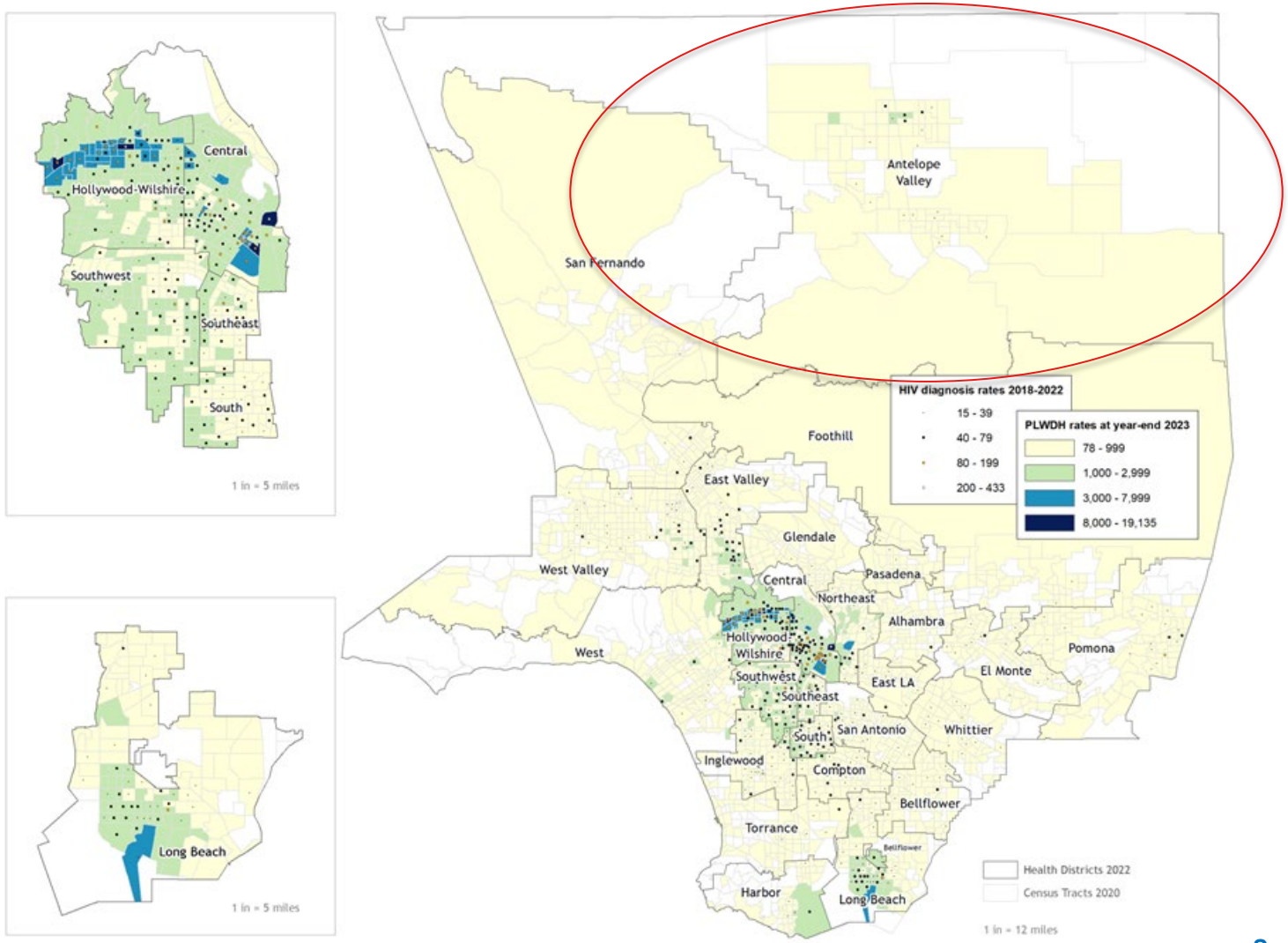


[1] Estimates derived from CDC's CD4 depletion model, Song R, Hall HI, Green TA, SzwarcwaldCL, PantazisN. Using CD4 data to estimate HIV incidence, prevalence, and percent of undiagnosed infections in the United States. J AcquirImmune DeficSyndr2017;74(1):3–9. doi:10.1097/QAI.0000000000001151. Estimate is for 2021 but is being used until the 2023 estimate is available.

[2] Includes persons diagnosed with HIV and living in LAC based on most recent known address as of 12/31/2023.

Source: HIV Surveillance data as of December 2022

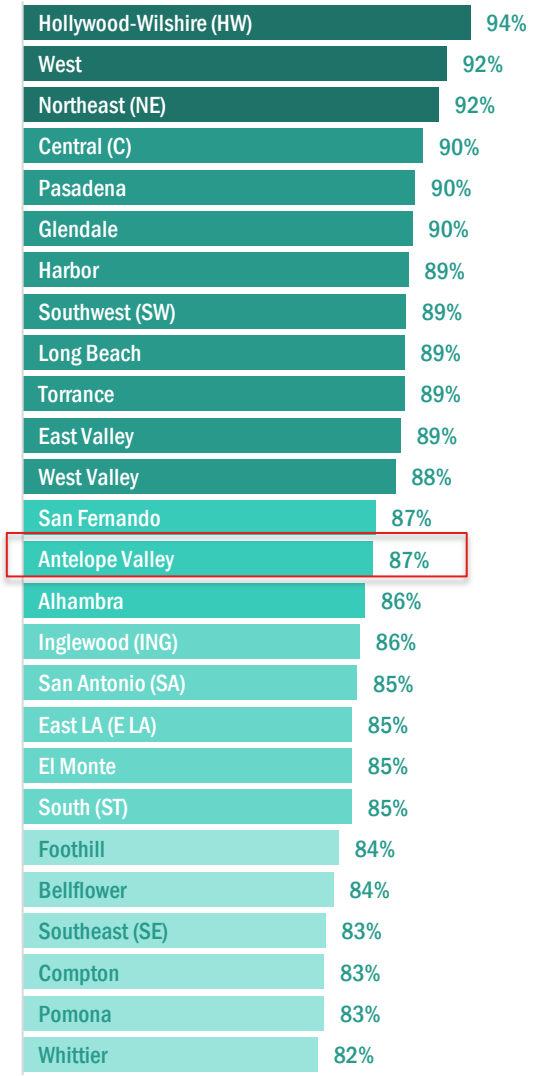
Geographic distribution of rates per 100,000 population for PLWDH aged ≥13 years at year-end 2023 and persons newly diagnosed with HIV in 2018-2022, LAC

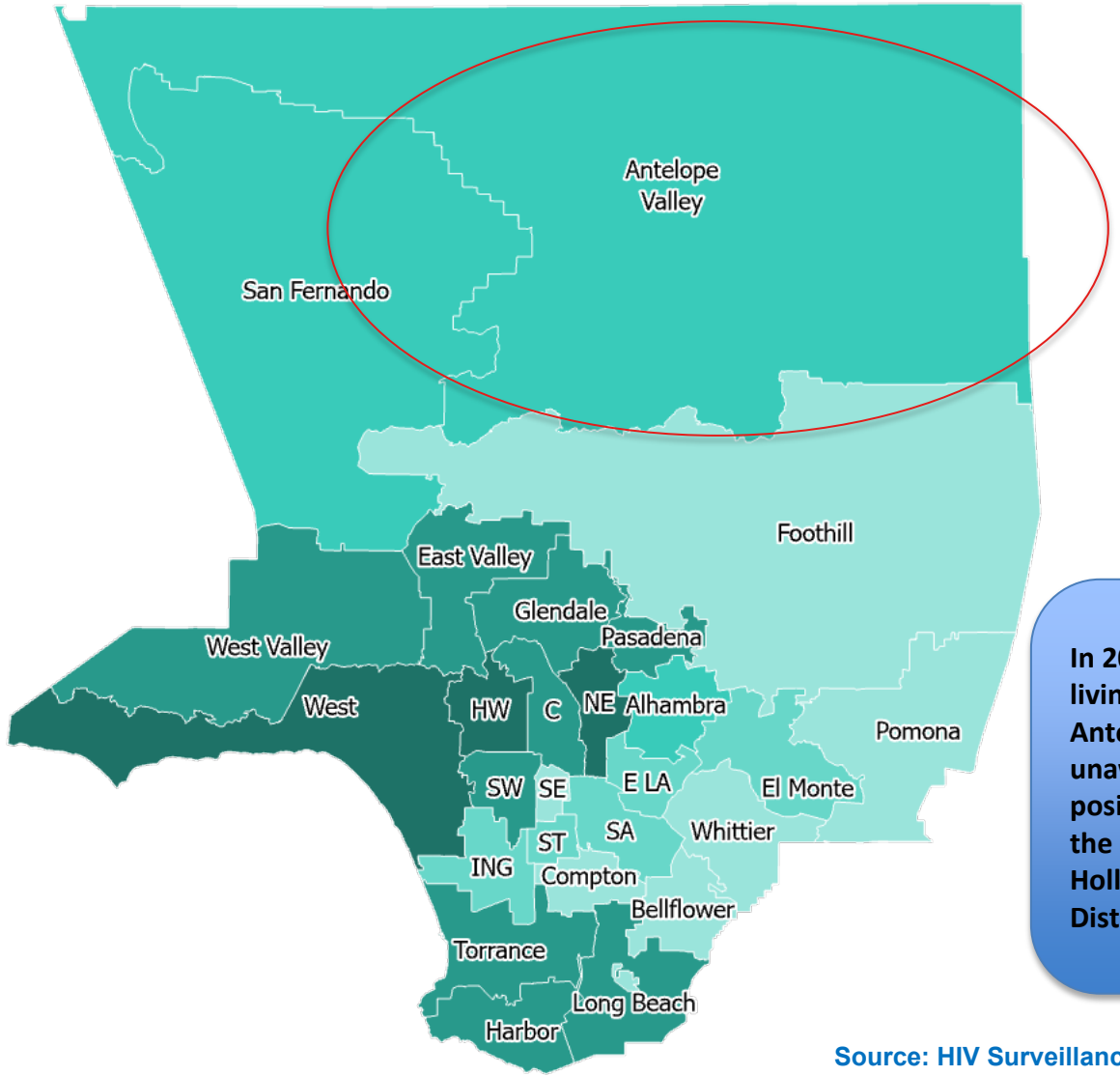


2023 Rates of PLWDH in Antelope Valley HD are markedly lower compared with the LAC HDs with the highest HIV rates (Antelope Valley HD: 358/100,000 vs Hollywood Wilshire HD 2,138/100,000)

Source: HIV Surveillance data as of December 2023

Percentage of PLWH aged ≥ 13 years who were aware of their HIV-positive status by Health District, LAC 2022

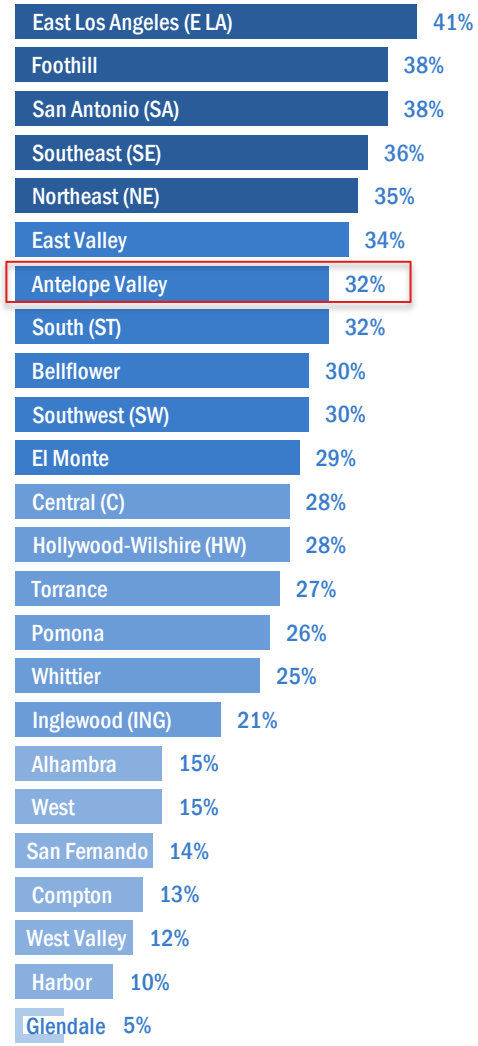


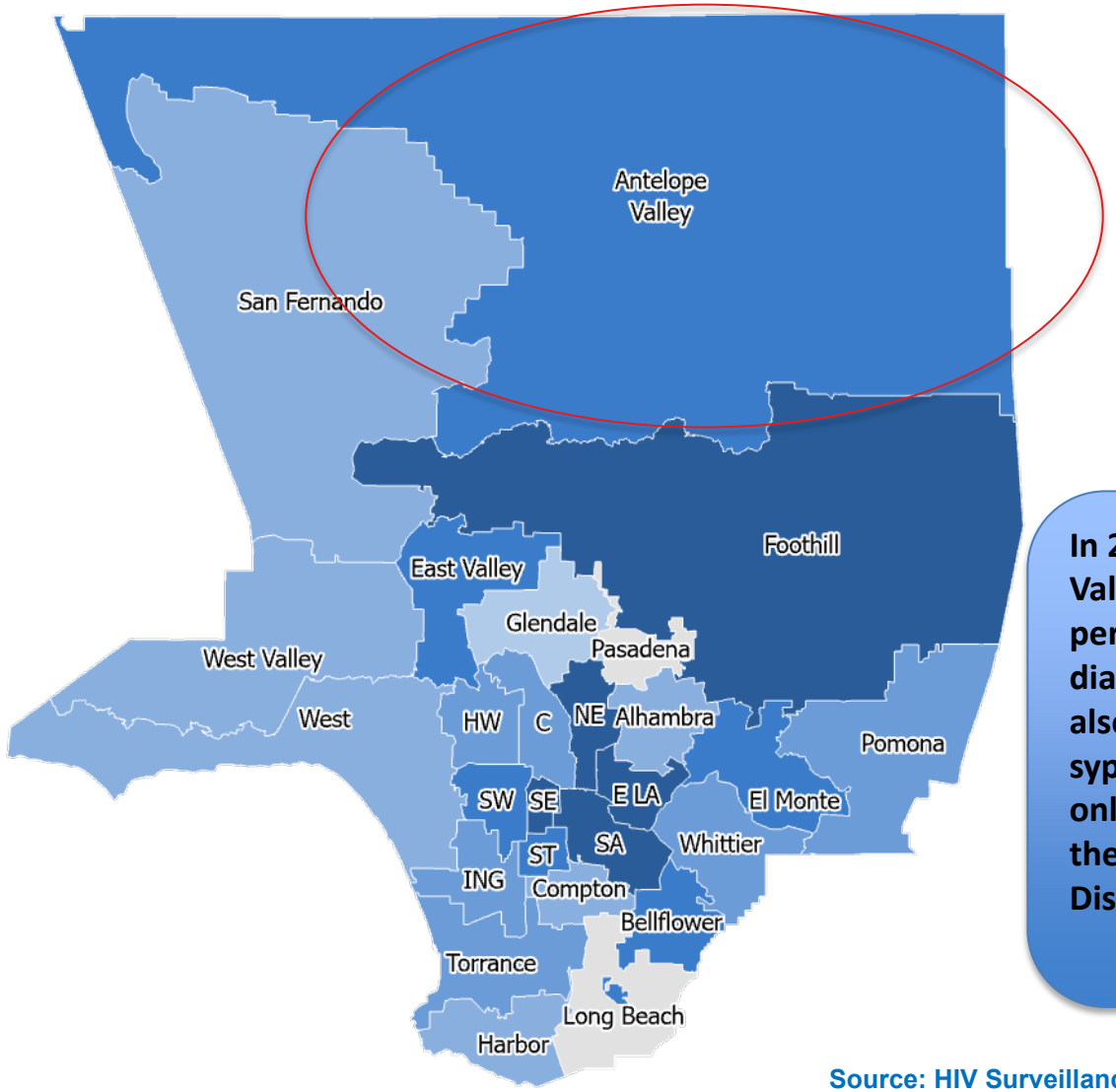


In 2022, 13% of persons living with HIV in the Antelope Valley were unaware of their HIV-positive status, over double the percent unaware in the Hollywood-Wilshire Health District (6%).

Source: HIV Surveillance data as of December 2023

Percentage of persons newly diagnosed with HIV aged ≥ 13 years who had syphilis in the same calendar year as HIV diagnosis by Health District, LAC (excluding Long Beach and Pasadena) 2022





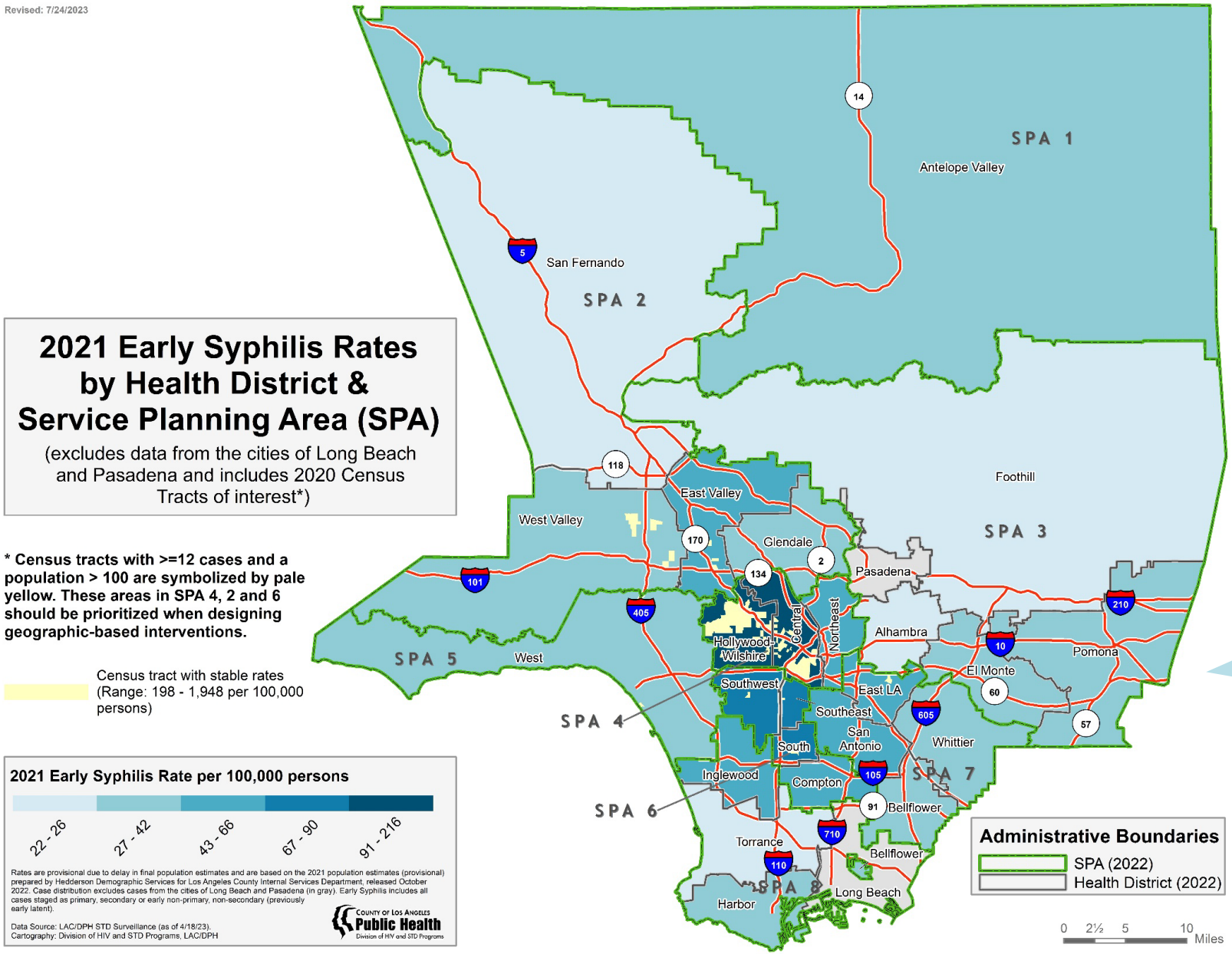
In 2022, in the Antelope Valley, nearly 1 in 3 persons newly diagnosed with HIV was also diagnosed with syphilis, compared to only 1 in 20 persons in the Glendale Health District.

Source: HIV Surveillance data as of December 2023

Early Syphilis Rates by Health District and SPA
Los Angeles County, 2021

County of Los Angeles Public Health

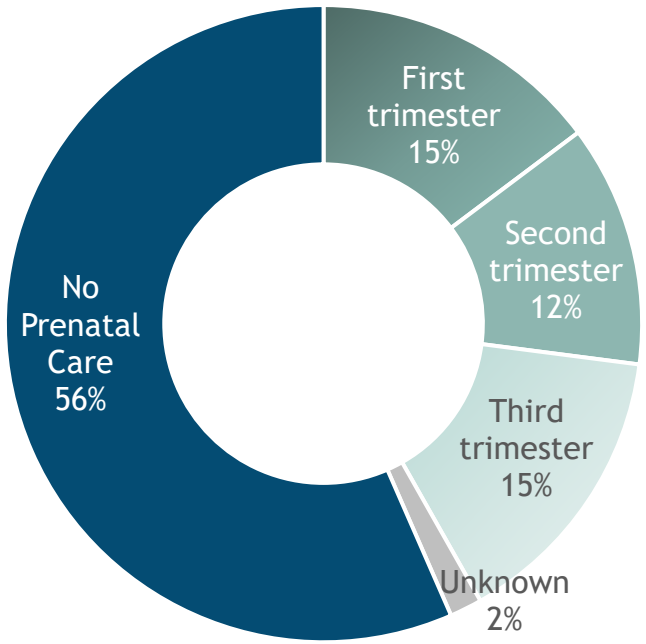
Revised: 7/24/2023



During 2021, rates of early syphilis were highest in Hollywood-Wilshire, Central, South, and Southwest.

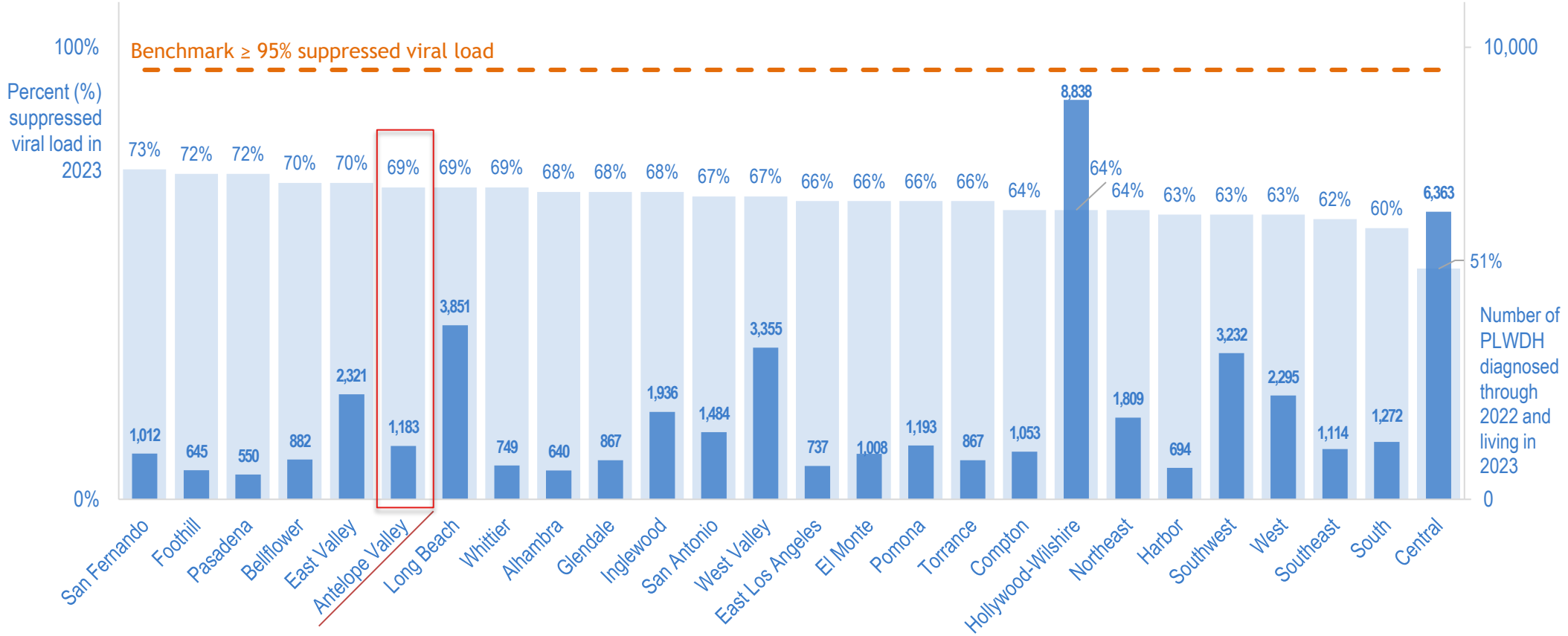
Congenital Syphilis Cases: Birthing Parent Characteristics* LAC, 2021

- 124 Congenital syphilis cases
  – 18 stillbirths
- 40% reported unstable housing
- 34% history of incarceration
- 62% reported substance use
  – methamphetamine most common
- >2/3 had late or no prenatal care



- Interventions must extend beyond healthcare settings

Suppressed viral load by Health District among persons aged ≥ 13 years diagnosed through 2022 and living in LAC at year-end 2023,[1,2] LAC 2023



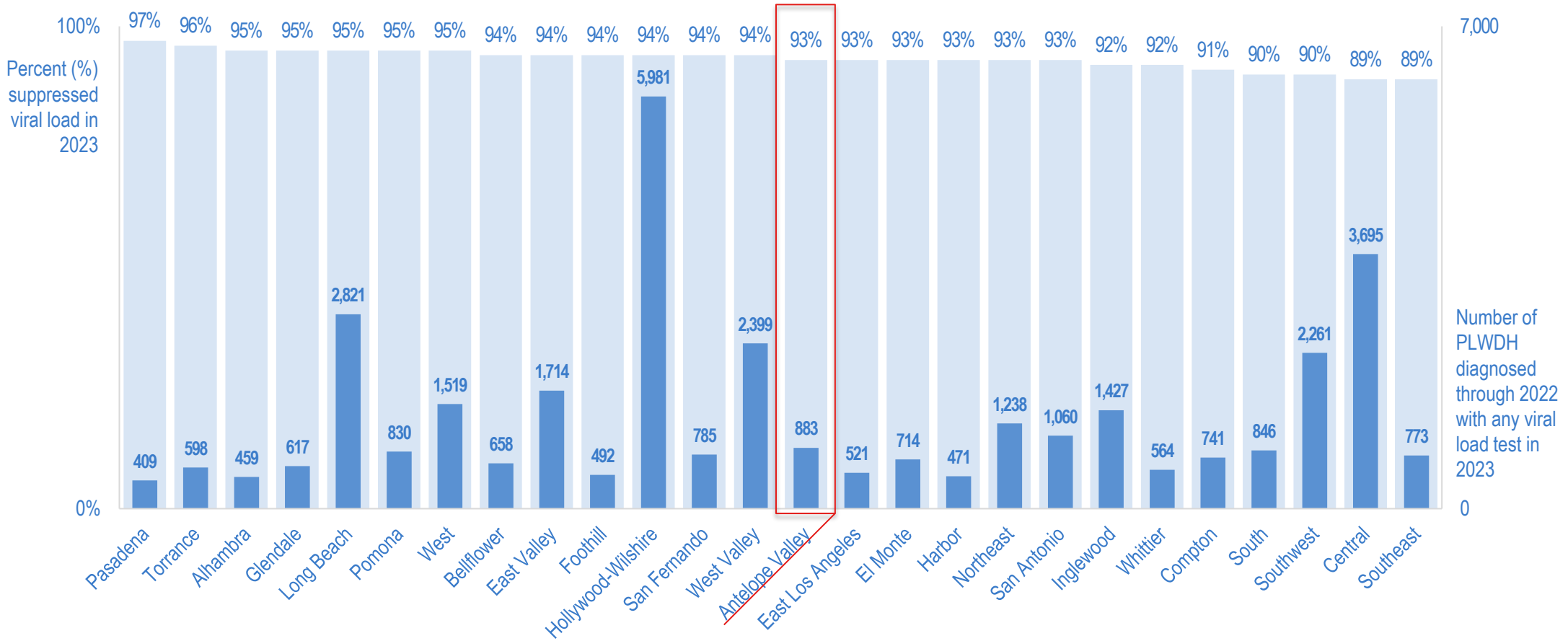
Abbreviation: PLWDH = persons living with diagnosed HIV

[1]Suppressed viral load: numerator includes PLWDH whose last VL test in 2023 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2022 and living in LAC at year-end 2023 based on most recent residence. PLWDH without a VL test in 2023 were categorized as having unsuppressed viral load.

[2]Health Districts are based on 2022 boundaries. Persons are assigned a Health District using their geocoded residence at diagnosis joined to census tract 2020, followed by their ZIP Code if no valid residence at diagnosis was available. The correspondence tables were provided by LAC DPH Information Management and Analytics Office, Office of Health Assessment and Epidemiology, GIS Unit team.

Source: HIV Surveillance data as of December 2023

Suppressed viral load among persons aged ≥ 13 years receiving HIV care and who had any viral load test in 2023 by Health District, LAC 2023[1,2]



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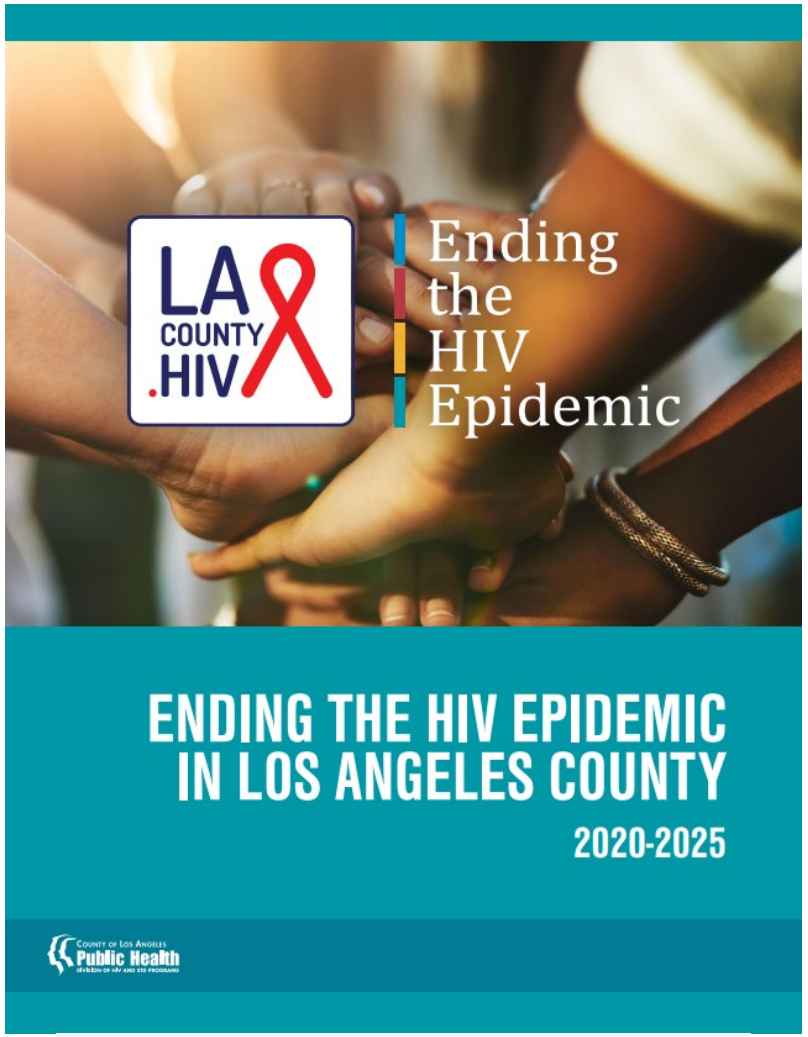
[1]Suppressed viral load: numerator includes PLWDH whose last VL test in 2023 was suppressed (HIV-1 RNA < 200 copies/mL); denominator includes PLWDH diagnosed through 2022 and living in LAC at year-end 2023 based on most recent residence who had any viral load test in 2023. PLWDH without a VL test in 2023 were categorized as having unsuppressed viral load.

[2]Health Districts are based on 2022 boundaries. Persons are assigned a Health District using their geocoded residence at diagnosis joined to census tract 2020, followed by their ZIP Code if no valid residence at diagnosis was available. The correspondence tables were provided by LAC DPH Information Management and Analytics Office, Office of Health Assessment and Epidemiology, GIS Unit team.

Source: HIV Surveillance data as of December 2023

Ending the HIV Epidemic Plan for Los Angeles County



EHE website: www.LACounty.HIV

Priority Populations

- Black/African American men who have sex with men (MSM)
- Latinx MSM
- Ciswomen of color
- People who inject drugs and/or with substance use disorder
- People of trans experience
- Youth under 30 years of age

Snapshot of EHE Strategies and Programs

Diagnose

- **HIV self-testing**
- **Increased HIV testing in non-healthcare settings**
- **Routine testing** in healthcare settings

Treat

- **Rapid and Ready Program**
- **iCARE Program (Contingency Management)**
- **Mental health/trauma informed services**
- **Intensive case management for pregnant persons with HIV**
- **Evidence based interventions**

Prevent

- **Expand PrEP service delivery**
- **TelePrEP**
- **Provider education**
- **Media campaigns**
- **Pharmacies as PrEP access points**

Respond

- **Cluster Detection and Response**
- **Statewide Community Advisory Board**
- **Data to Action efforts**
- **Community Health Ambassador Program**

Cross Cutting Strategies

- **Community mobilization and engagement**
- **Social media influencer partnerships**
- **HIV workforce development (skills building, leadership development, self-care)**
- **Mini-grants & Innovation awards**
- **Financial assistance programs**

Antelope Valley Community-Based Partner Overview

Tarzana Treatment Centers

- Substance Abuse Transitional Housing: 1 house
- MCC Services: Palmdale
- AOM Services: Palmdale

Wesley Health Centers (also known as JWCH Institute)

- Oral Health: Lancaster and Palmdale
- Biomedical HIV Prevention
- Data to Care (EHE)

Antelope Valley Community-Based Partner Overview (continued)

AHF (AIDS Healthcare Foundation)

- AOM Services: Lancaster
- MCC Services: Lancaster

Bartz-Altadonna Community Health Center

- Ending the HIV Epidemic (EHE) Innovation Grant: Lancaster

Thank You!

Mult-Year Program Directives for Ryan White Part A and MAI Funds for Program Years (PY) 35, 36, and 37 and Centers for Disease Control and Prevention (CDC) Funding

(Final Draft for PP&A Approval 2.18.25)

Approval Dates:

Purpose: These program directives approved by the Los Angeles County Commission on HIV (COH) on {Insert date} articulate instructions to the Division of HIV and STD Programs (DHSP), Los Angeles County Department of Public Health on how to meet the priorities established by the Commission on HIV. The Ryan White PY Years 35, 36, and 37 service rankings and allocations table are found in Attachment A. The Commission looks forward to receiving formal reports on the status of the directives issued by the Commission at least twice a year from DHSP.

#	DIRECTIVE
	OVERARCHING DIRECTIVE: Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in geographic areas with the highest disease burden and prevalence, where service gaps and needs are most severe.
	ACCESS AND SERVICE IMPROVEMENTS
1	Provide ongoing patient navigation support for clients as they navigate the various services available to them (whether Ryan White Program (RWP) related or not). Patient navigation services are a support system designed to help patients navigate the complexities of the healthcare system by identifying and overcoming barriers to accessing timely and appropriate care, often including assistance with scheduling appointments, understanding medical information, finding financial resources, and coordinating transportation, all with the goal of improving overall health outcomes. Patient navigation services should guide patients through the continuum of healthcare and social services process and ensure timely receipt of services.

** Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*
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2	Incentivize the use of long-acting injectable (LAI) antiretroviral therapy (ART) and injectable PrEP to address issues with medication adherence such as forgetting or pill fatigue, inability to store medications due to being unhoused, substance use, and other factors that hinder optimal viral suppression.
3	A. Expand promotion of Get Protected LA | The Ryan White Program to foster broader community awareness of local Ryan White-funded services. B. Enhance the Get Protected LA website to include available services throughout the County and from various providers. C. Increase county-wide awareness of the I'm Positive LA website through partnerships with non-traditional and new partners outside of the HIV sphere.
4	Based on clinic capacity, geographic need and patient demand, instruct contracted providers to increase access to appointments outside of traditional business hours (i.e., evenings and weekends).
5	Expand services that address the unique needs of people living with HIV who use substances such as syringe service programs, offering free naloxone and drug testing resources, medication assisted treatment (MAT), referrals for mental/behavioral health, and support consistent antiretroviral therapy (ART) use. Additional examples include increased training for staff to avoid potential adverse drug reactions, case management services to facilitate coordinated care and timely referrals for additional services needed such as housing assistance, legal services, food assistance, Hepatitis C testing, contingency management, and peer support services to ensure ART adherence.
6	Fund a full-time staff for minimum of two years to convene and facilitate provider collaborations, cross-referrals and community - wide promotion of HIV services in the Antelope Valley. Listening sessions held by the Commission in Antelope Valley in October 2024, identified both provider and consumer lack of knowledge of existing services and the need for provider collaboration, and relationship building to ensure engagement and retention of clients.
	WORKFORCE CAPACITY AND TRAINING
7	Increase workforce capacity by providing ongoing training for frontline staff on reducing stigma in clinical settings such as creating more welcoming and inclusive physical environments. Examples include culturally, age, and gender-appropriate visuals and health education materials in waiting rooms and reception areas; text-based customer service satisfaction surveys to

** Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*
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	preserve anonymity; and offering language, reading and comprehension assistance (interpretation and translation services) to clients.
8	Instruct core medical and support service providers to increase opportunities to hire individuals with lived experience that reflect the populations being served particularly women, people of a trans experience, Black/AA MSM, Latine/x MSM, formerly incarcerated, former substance users.
9	Increase training on Medi-Cal eligibility, enrollment, and re-enrollment process and ensure staff are periodically screening clients for Medi-Cal and Denti-Cal eligibility. Counsel clients with undocumented status, or mixed status families, to dispel Public Charge inaccuracies and encourage enrollment in Medi-Cal.
	COMMUNITY ENGAGEMENT AND COLLABORATIONS
10	A. Instruct contracted providers to participate in Commission on HIV meetings, events and other COH-related activities, as specified in funding contracts. B. Instruct contracted providers to support their clients and/or community advisory board members to participate on the local planning process, whether formally or informally, as specified in funding contracts. Excerpt from DHSP Solicitation: *3.13 County's Commission on HIV - All services provided under the Contract should be in accordance with the standards of care as determined by the County of Los Angeles Commission on HIV (Commission). Contractor must actively view the Commission website (Commission on HIV lacounty.gov) and where possible, participate in the deliberations and respectful dialogue of the Commission to assist in the planning and operations of HIV prevention and care services in LAC. 3.14*
	DIRECTIVES FROM COMMISSION CAUCUSES
11	**Transgender:** A. Housing service providers must have policies in place that protect the rights of Transgender, Gender Non-Conforming, and Intersex (TGI) People Living with HIV (PLWH). B. Housing service providers must have staff trained in trauma-informed care strategies and practices.

** Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*
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	C. Core medical and support service providers must have staff qualified to provide gender-affirming/ appropriate services to Transgender, Gender non-conforming, and Intersex people. **These transgender-specific directives are already in approved Universal service standards or care*
12	**Women:** • Recipient to work with the Women's Caucus to develop services that meet the needs of women including, women who are pregnant or have children. Explore feasibility and process for funding at least two core medical providers that would offer comprehensive women's-centered services.
13	**Older Adults/Aging:** • Ensure that Benefits Specialty services are available within each Service Planning Area (SPA). Benefits Specialty services must also expand to include non-Ryan White services available for aging populations (50+) within Los Angeles County. • Develop formal partnership agreements with the local Area on Aging agencies to identify and promote services for older adults living with HIV.
14	**Black/African American:** • Develop pilot community engagement activities, e.g., incentivized coalition-building and ambassador programs that engage trusted influencers from diverse Black subpopulations, including transgender individuals, MSM, women, and youth. These initiatives will aim to foster connection, build trust, and raise HIV awareness by promoting available services and encouraging community-driven advocacy and support beyond traditional providers and spaces.

LOS ANGELES COUNTY COMMISSION ON HIV

ATTACHMENT A: APPROVED ALLOCATIONS FOR PROGRAM YEARS (PYs) 35, 36 AND 37

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

Footnotes:

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

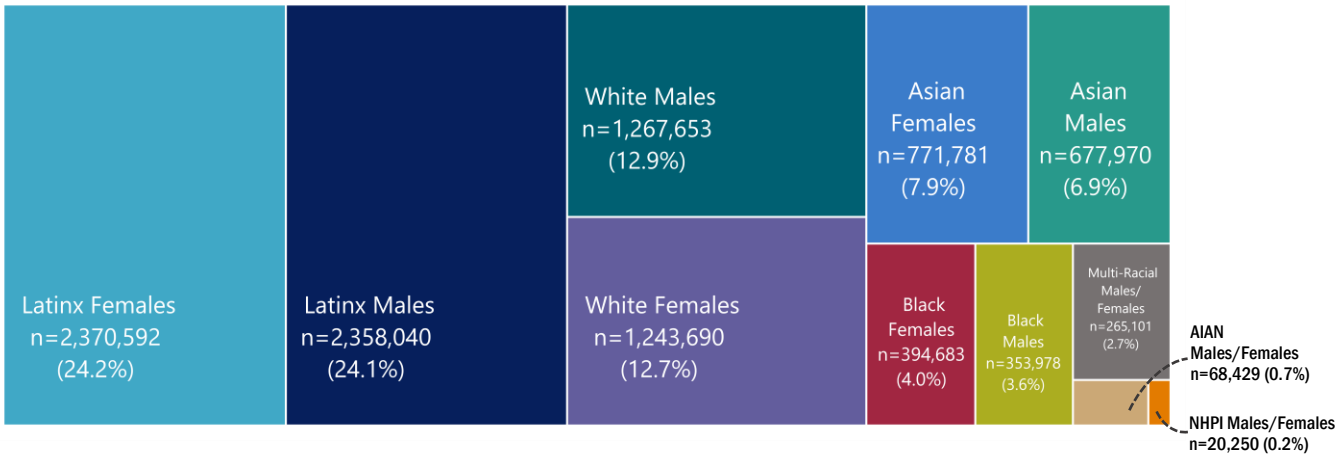
HIV Epidemic Monitoring

Difference in the Impact of HIV by Gender and Race and/Ethnicity

An estimated 9.8 million people resided in LAC in 2022. Latinx males and females each represented 24% of the LAC population, followed by White males (13%), White females (13%), Asian females (8%), Asian males (7%), Black males (4%), Black females (4%), and multi-racial persons (3%). American Indians and Alaska Natives (AIAN) and Native Hawaiians and Pacific Islanders (NHPI) represented less than 1% of the total LAC population.

Figure 1: Distribution of sex[4] and race/ethnicity[5] among LAC residents in 2022

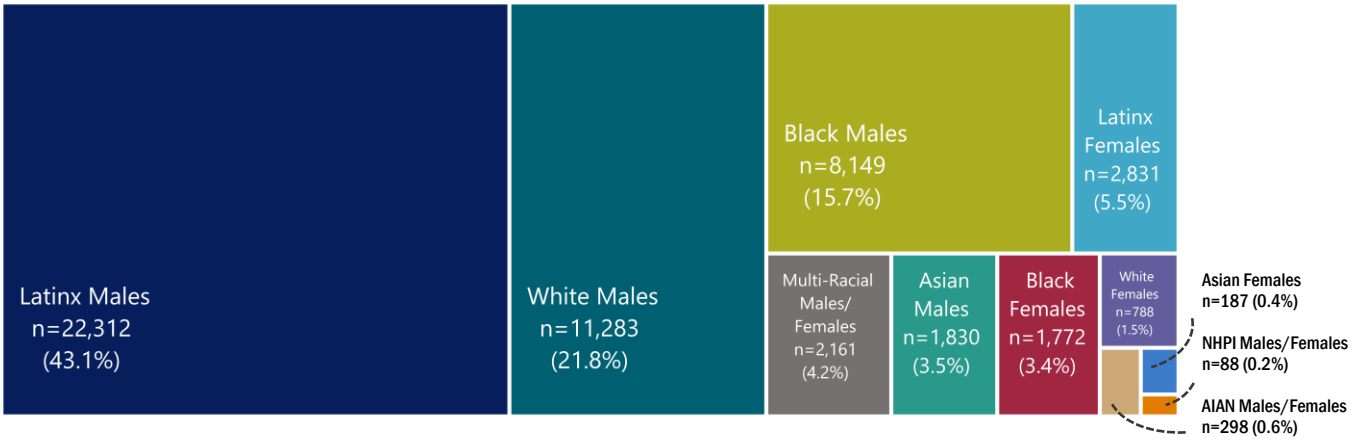
Population Size=9,792,167



In contrast, Black, Latinx and White males disproportionally represented 16%, 43%, and 21% of PLWDH in LAC. Altogether, AIAN, NHPI, and multi-racial men and women represented less than 5% of PLWDH in LAC. PLWDH with unknown race/ethnicity were not presented in the graph (n=97).

Figure 2: Distribution of sex[4] and race/ethnicity[5] among persons living with diagnosed HIV at year-end 2023, LAC

PLWDH=51,796

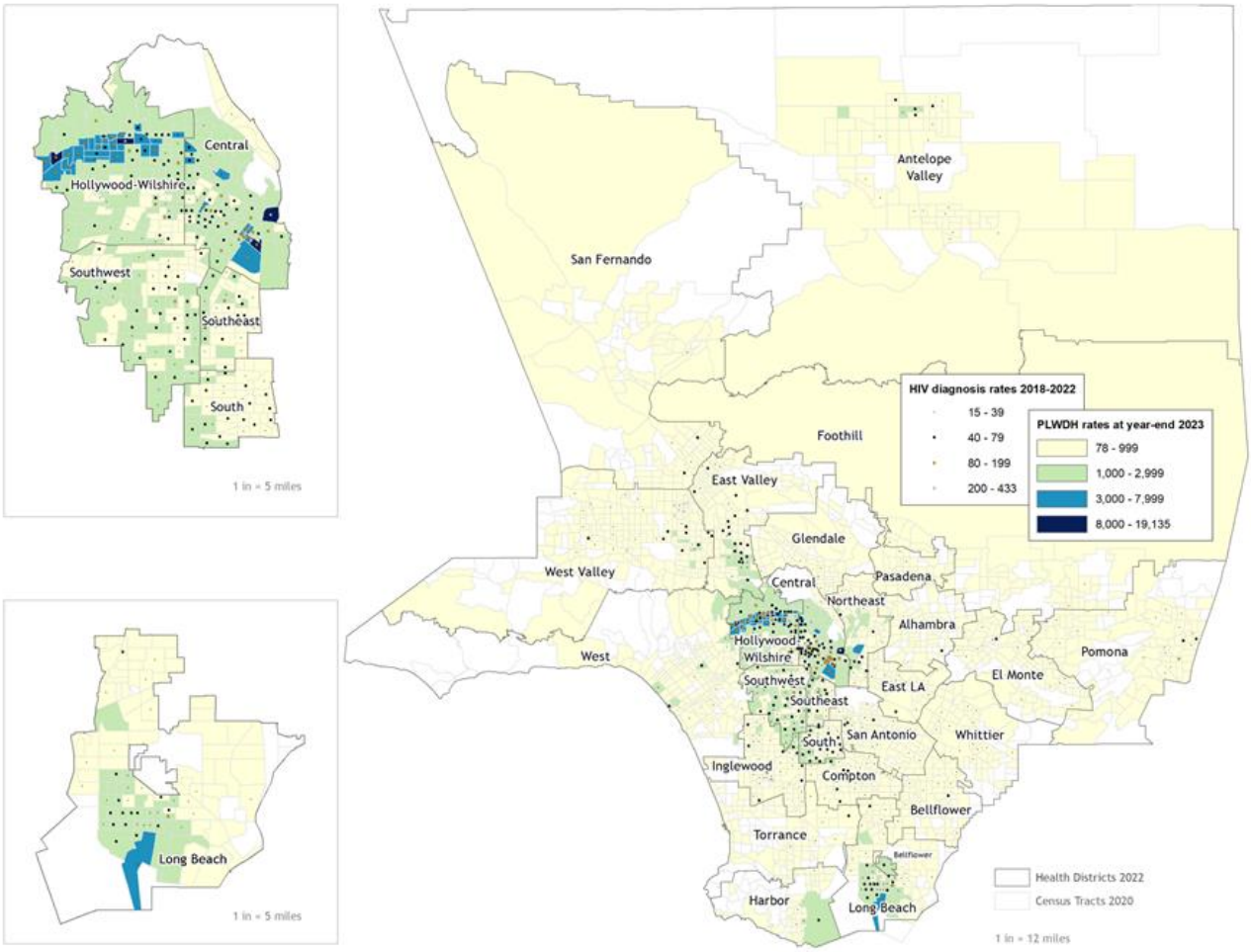


[4] Population estimates are not currently available for transgender persons, therefore male and female categories are based on sex at birth.
[5] See technical notes for adjusted racial/ethnic categories in these figures.

Geographic distribution of HIV

The highest density of new HIV diagnoses occurred in the central and southern regions of LAC. Among all 26 Health Districts, the Hollywood-Wilshire, Central, and Long Beach Health Districts were identified as the epicenters for HIV, reporting the highest rates of new HIV diagnoses in 2018-2022 and persons living with diagnosed HIV at year-end 2023.

Figure 4: Geographic distribution[9] of rates per 100K population for PLWDH aged ≥13 years at year-end 2023 and persons newly diagnosed with HIV in 2018-2022, LAC



[9] See Technical Notes for more on census tract information.

Trends in HIV diagnoses

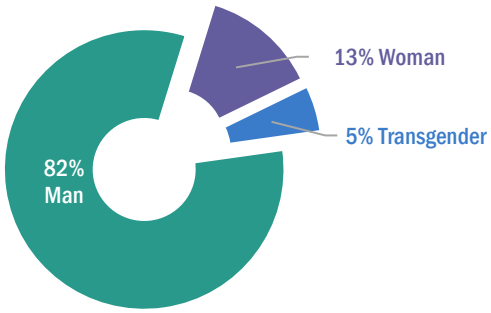
AT A GLANCE

This section presents information on persons newly diagnosed with HIV in LAC. Trends are presented from 2013 through 2022.

Due to reporting delays, the 2022 HIV diagnosis data are provisional as indicated by dashed lines or patterned bars. Furthermore, all 2020-2022 data should be interpreted with caution due to the impact of the COVID-19 pandemic on HIV testing. For additional data on HIV diagnosis trends by health district, refer to **Table A4**.

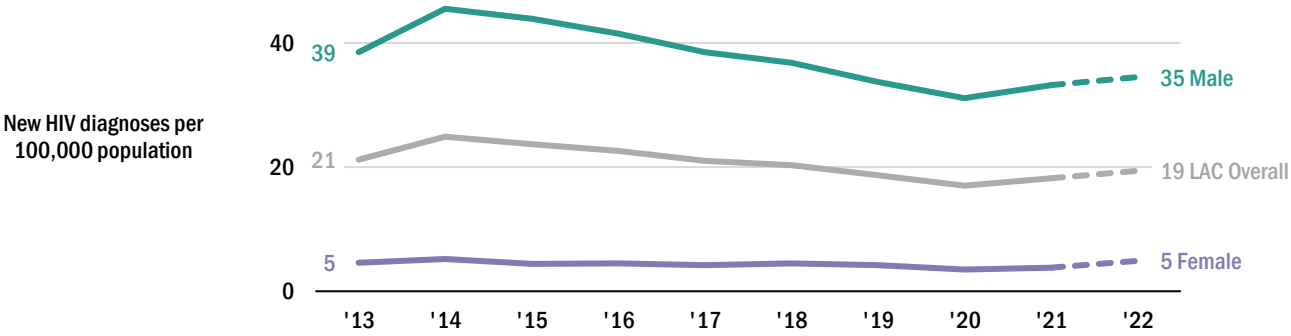
Consistent with prior years, men made up most of the HIV diagnoses in 2022 (N=1,352, 82%). Women (N=208, 13%) and transgender persons (N=81, 5%) represented a much lower number and percentage of new HIV diagnoses in 2022.

Figure 5: HIV diagnoses by gender among persons aged ≥ 13 years, LAC 2022 [10,11]



HIV diagnosis rates continue to be substantially higher among males compared with females. Over the past decade however, there has been a decline in HIV diagnosis rates among males, while rates among females have remained stable.

Figure 6: HIV diagnoses rates by sex[11] among persons aged ≥ 13 years, LAC 2013-2022[12,13]

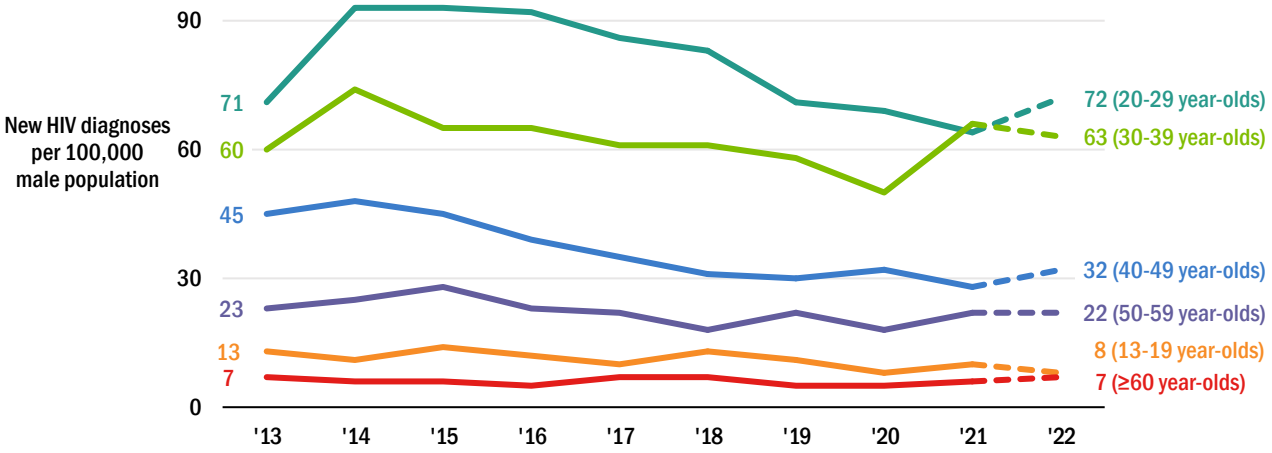


[10] Among the 81 transgender persons newly diagnosed with HIV in 2022, most identified as transgender women. Since transgender reporting relies on accurate gender classification from laboratories and health care providers, it is likely to be underreported.
[11] Rates are presented by sex at birth due to the unavailability of population size estimates in LAC by gender categories.
[12] Due to reporting delay, 2022 HIV diagnosis data are provisional as indicated by the dashed line.
[13] The decline in HIV diagnoses rates observed in 2020, a year in which the COVID-19 pandemic may have depressed HIV testing and reporting, seems to have been followed by a rebound in diagnoses in 2021 and 2022.

Trends in HIV diagnoses among males

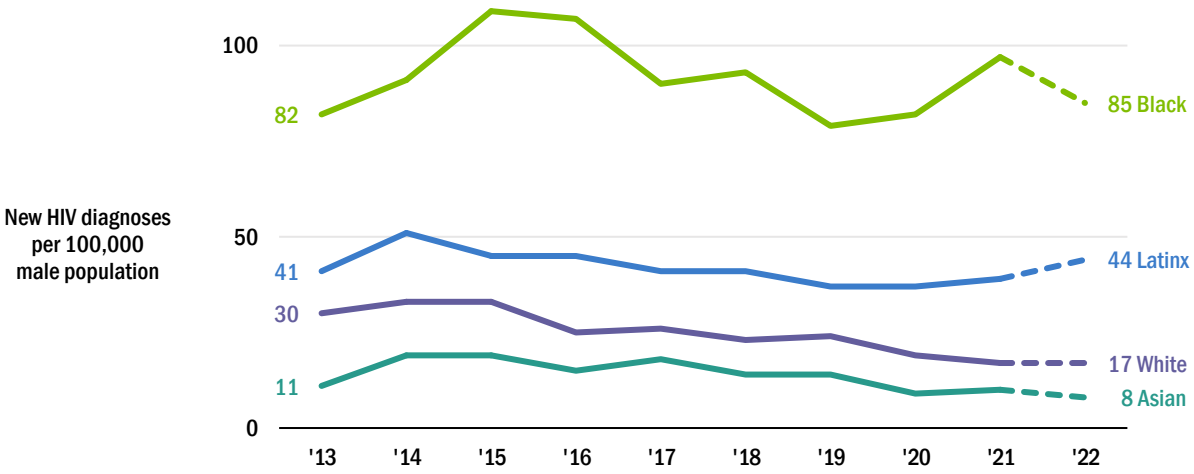
▶▶▶ Over the past decade, HIV diagnoses rates have been on a declining trend for LAC males across all age groups. However, the rates among 20–29-year-old and 30–39-year-old males continue to be much higher than the average for males.

Figure 7: HIV diagnoses rates among males aged ≥ 13 years by age group, LAC 2013-2022[14,15]



▶▶▶ Over the past decade, HIV diagnoses rates have been on a declining trend for LAC males across all race/ethnicity groups. Stark disparities however persist. Black persons have markedly higher HIV diagnoses rates compared with other race/ethnicity groups.

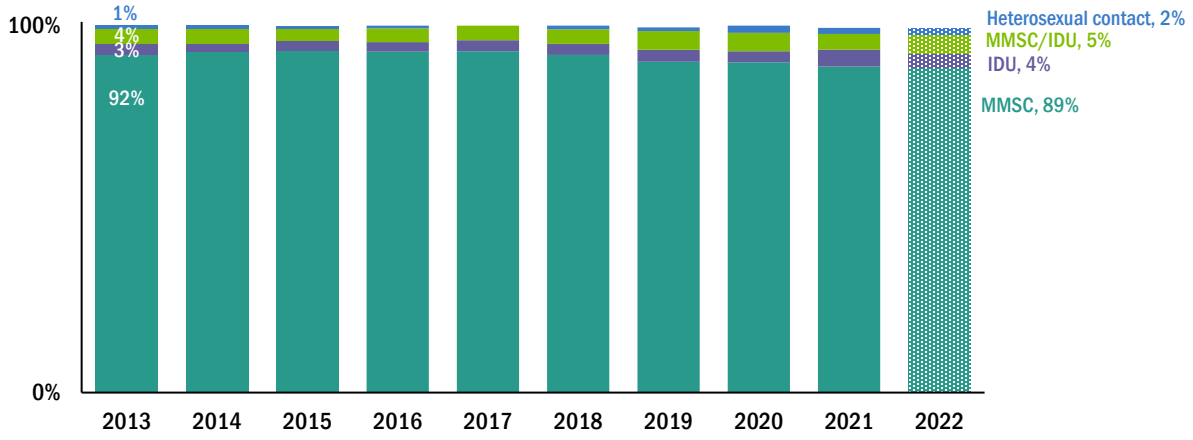
Figure 8: HIV diagnoses rates among males aged ≥ 13 years by race/ethnicity,[16] LAC 2013-2022[15]



[14] Due to reporting delay, 2022 HIV diagnosis data are provisional as indicated by the dashed line.
[15] The decline in HIV diagnoses rates observed in 2020, a year in which the COVID-19 pandemic may have depressed HIV testing and reporting, seems to have been followed by a rebound in diagnoses in 2021 and 2022.
[16] Native Hawaiian and Pacific Islanders (NHPI) and American Indians and Alaska Natives (AIAN) were not included in the analysis due to small numbers, while persons of multiple race/ethnicities were not included due to lack of denominator data to calculate rates. In 2022, NHPI, AIAN, and multi-racial persons represented 0.5%, 0.3%, and 1.8% of males newly diagnosed with HIV, respectively.

The primary HIV transmission risk among males diagnosed with HIV in LAC is having sex with other men (89%).

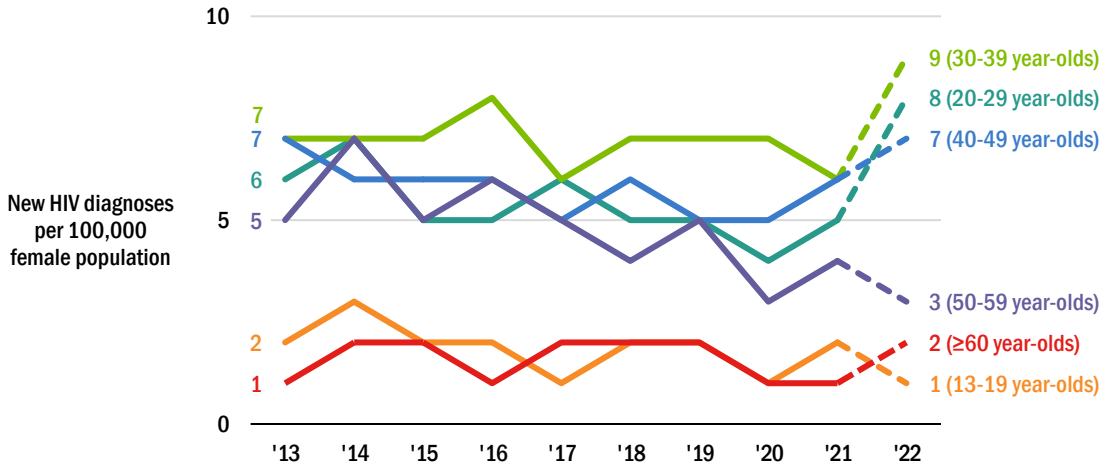
Figure 9: Transmission risk[17] among males newly diagnosed with HIV, LAC 2013-2022[18]



Trends in HIV diagnoses among females[19]

Over the past decade, overall HIV diagnosis rates for LAC females have been stable. However, this stability at the aggregate level belies stark differences in diagnosis trends by age. Diagnosis rates for females aged 20-49 years old are higher and appear to be rising, compared with rates for women 60 years and older or 19 years and younger which are lower and relatively stable.

Figure 10: HIV diagnoses rates among females aged ≥ 13 years by age group, LAC 2013-2022[18]



Compared with 2020, a year in which HIV laboratory surveillance data shows a decrease in HIV testing, diagnosis rates among females increased sharply in 2022 for almost all age groups. The decrease in HIV testing was arguably attributable to the COVID-19 pandemic and was followed by a rebound in HIV testing in 2021 and 2022.

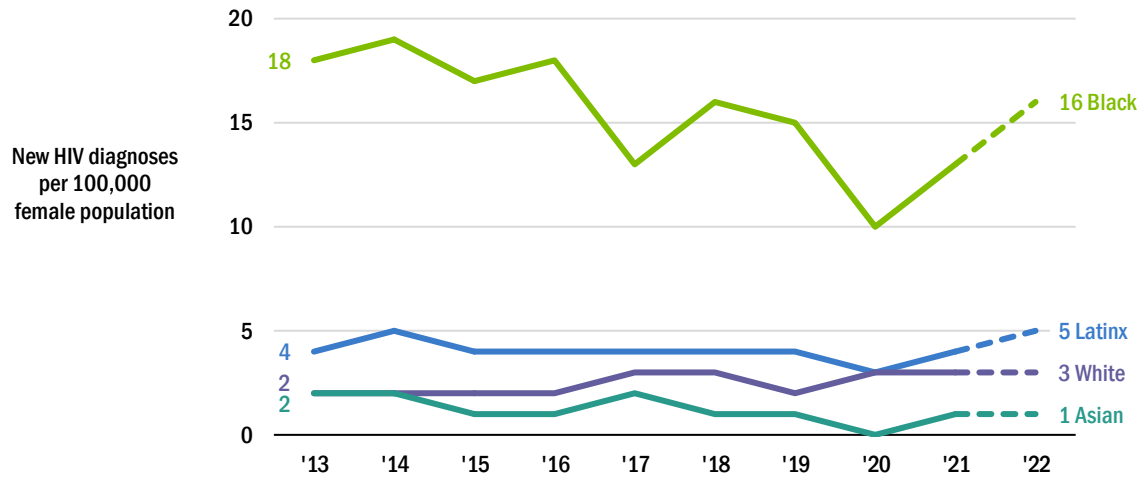
[17] A diagnosis of HIV is counted only once in the hierarchy of transmission categories. Persons with more than one reported risk factor for HIV are classified in the transmission category listed first in the hierarchy. The exception is men who had sexual contact with other men and injected drugs; this group makes up a separate transmission category. Not presented in the chart are less than 1% other risks, which include perinatal exposure, hemophilia, coagulation disorder, blood transfusion, and risk factor not reported/identified, due to small numbers. Persons without an identified risk factor were assigned a risk factor using CDC-recommended multiple imputation methods.

[18] Due to reporting delay, 2022 HIV diagnosis data are provisional as indicated by the patterned bar and dashed line.

[19] Based on sex at birth.

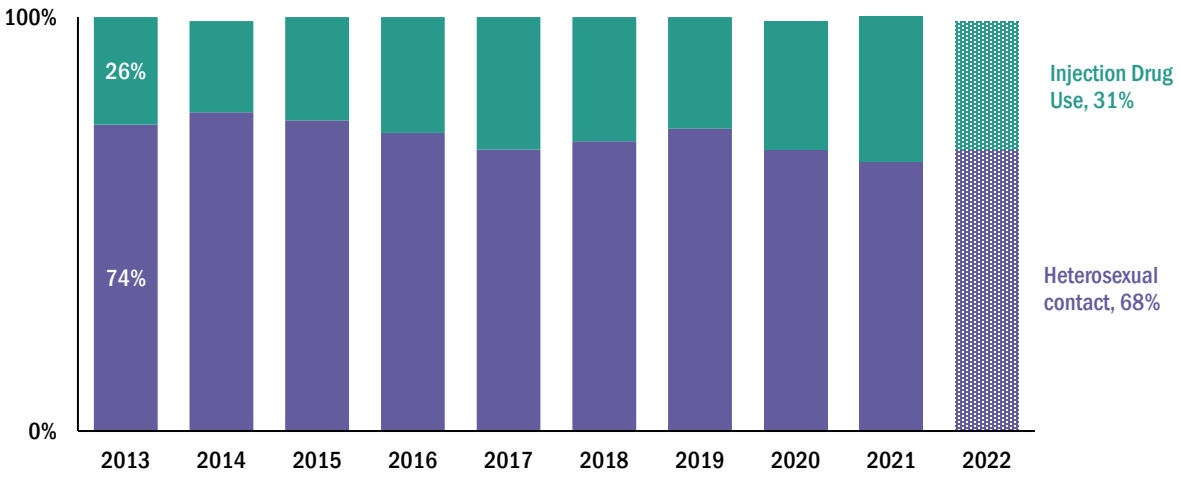
Over the past decade, HIV diagnosis rates have remained relatively low and stable among Latinx, White and Asian women in LAC. By contrast, rates for Black women have declined to a 3-year average (2020-2022) of 12. Nonetheless, rates among Black women remain much higher than other racial/ethnic groups.

Figure 11: HIV diagnoses rates among females aged ≥ 13 years by race/ethnicity, LAC 2013-2022[20,21,22]



The primary HIV transmission route among females diagnosed with HIV in 2022 was heterosexual contact (68%), followed by injection drug use (31%).

Figure 12: Transmission risk among females newly diagnosed with HIV, LAC 2013-2022[20,23]



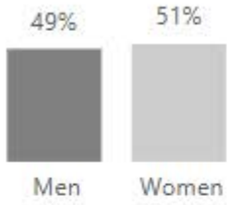
[20] Native Hawaiian and Pacific Islanders (NHPI) and American Indians and Alaska Natives (AIAN) were not included in the analysis due to small numbers, while persons of multiple race/ethnicities were not included due to lack of denominator data to calculate rates. In 2022, NHPI and AIAN represented 0% of females newly diagnosed with HIV, while multi-racial persons represented 3% of females newly diagnosed with HIV.
[21] Due to reporting delay, 2022 HIV diagnosis data are provisional as indicated by the dashed line and patterned bar.
[22] The decline in HIV diagnoses rates observed in 2020, a year in which the COVID-19 pandemic may have depressed HIV testing and reporting, seems to have been followed by a rebound in diagnoses in 2021 and 2022.
[23] Not presented in the chart are <1% other risks, which include perinatal, hemophilia, coagulation disorder, blood transfusion, and risk factor not reported/identified, due to small numbers. Persons without an identified risk factor were assigned a risk factor using CDC-recommended multiple imputation methods.

Percentage of HIV Cases by Gender, Age, and Race/Ethnicity*, July 2022-June 2024 (2)

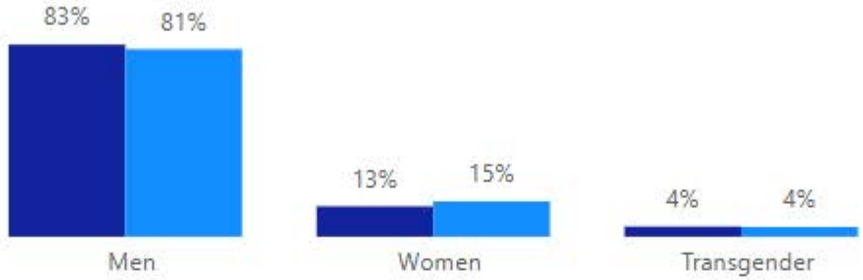
*Other race/ethnicity includes Pacific Islanders, American Indians/Alaska Natives, other race, and multiracial

Last Rolling Year This Rolling Year

LAC Population by Gender

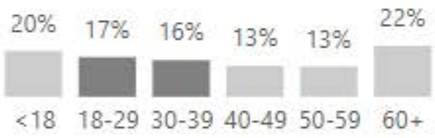


HIV Cases by Gender

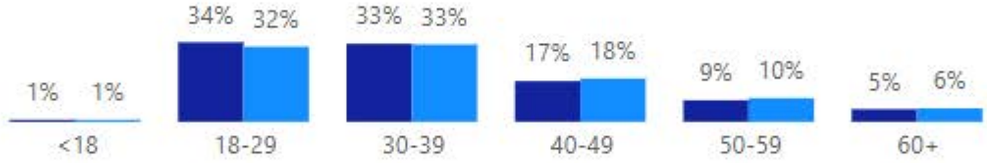


The majority of reported LAC HIV cases are among men. Although men make up 49% of LAC's population, men comprise 81% of HIV cases this rolling year (July 2023-June 2024) and 83% last rolling year (July 2022-June 2023).

LAC Population by Age

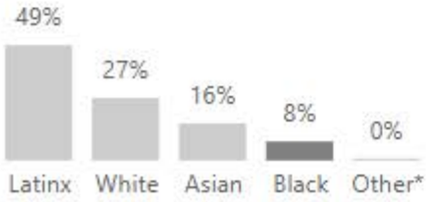


HIV Cases by Age

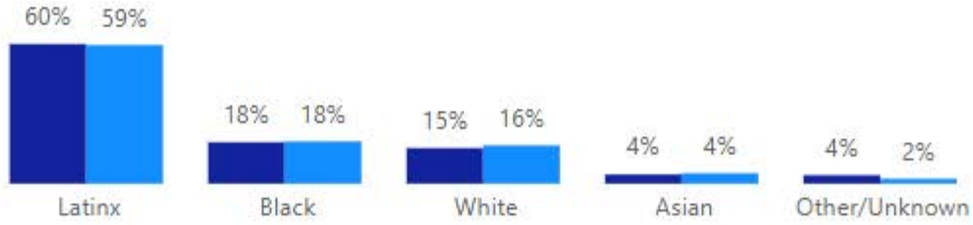


The majority of reported LAC HIV cases are among persons aged 18-39 years. Although persons aged 18-39 make up 33% of LAC's population, the same age groups comprise 67% of HIV cases last rolling year and 65% this rolling year.

LAC Population by Race/Ethnicity



HIV Cases by Race/Ethnicity



Compared with other race/ethnic groups, black persons in LAC are disproportionately affected by HIV. They comprise 8% of LAC's population but comprise 18% of HIV cases this rolling year and 18% last rolling year.

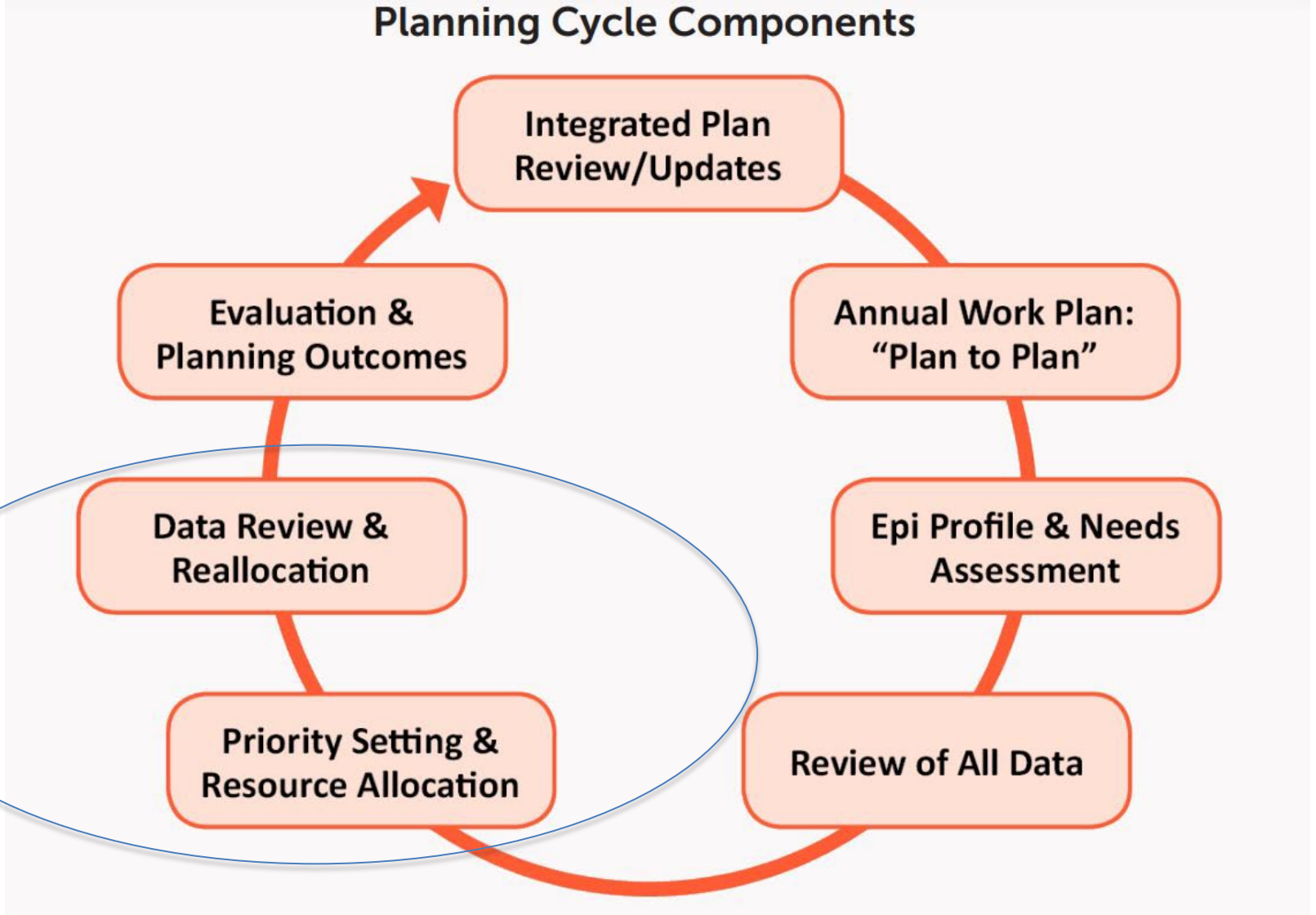
Ryan White Program Part A and MAI YR 34 Proposed Reallocation

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

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

Planning, Priorities and Allocations Committee
Service Category Ranking Recommendations For
Program Year (PY) 34

PY 34(1,2)	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1	Housing	S	Housing
	Permanent Support Housing		
	Transitional Housing		
	Emergency Shelters		
	Transitional Residential Care Facilities (TRCF)		
	Residential Care Facilities for the Chronically Ill (RCFCI)		
2	Non-Medical Case Management	S	Non-Medical Case Management Services
	Linkage Case Management		
	Benefit Specialty		
	Benefits Navigation		
	Transitional Case Management		
	Housing Case Management		
3	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
	Medical Subspecialty Services		
	Therapeutic Monitoring Program		
4	Emergency Financial Assistance	S	Emergency Financial Assistance
5	Psychosocial Support Services	S	Psychosocial Support Services
6	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
7	Mental Health Services	C	Mental Health Services
	MH, Psychiatry		
	MH, Psychotherapy		
8	Outreach Services	S	Outreach Services
	Engaged/Retained in Care		
9	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care

PY 34(1,2)	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
10	Early Intervention Services	C	Early Intervention Services
11	Medical Transportation	S	Medical Transportation
12	Nutrition Support	S	Food Bank/Home Delivered Meals
13	Oral Health Services	C	Oral Health Care
14	Child Care Services	S	Child Care Services
15	Other Professional Services	S	Other Professional Services
	Legal Services		
	Permanency Planning		
16	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
17	Health Education/Risk Reduction	S	Health Education/Risk Reduction
18	Home Based Case Management	C	Home and Community Based Health Services
19	Home Health Care	C	Home Health Care
20	Referral	S	Referral for Health Care and Support Services
21	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
22	Language	S	Linguistics Services
23	Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	Rehabilitation Services	S	Rehabilitation Services
25	Respite	S	Respite Care
26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	Hospice	C	Hospice

Footnote:
1 – Service rankings approved 9/09/2021
2 – PP&A recommendations approved 11/16/2021

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