

MOTION BY SUPERVISOR HOLLY J. MITCHELL

October 20, 2026

Preserving HIV Prevention Capacity in Los Angeles County

For the past three decades, the federal Centers for Disease Control and Prevention (CDC) has invested in community-based HIV prevention as an essential complement to the work of State and local health departments. Beginning in 1996, CDC funding supported HIV testing, health education, and risk-reduction services in jurisdictions heavily impacted by HIV, including Los Angeles County (County). Over time, these investments expanded to include linkage to care, biomedical HIV pre- and post-exposure prophylaxis (PrEP and PEP), training, social marketing and capacity-building interventions.

Initially, CDC awarded HIV prevention cooperative agreements to states and a limited number of large urban jurisdictions most affected by the epidemic. Over time, CDC expanded its funding to additional State and local health departments, while also providing direct grants to nearly 100 community-based organizations (CBOs) nationwide. In federal fiscal year 2024, CDC awarded \$40 million in core funding to 96 CBOs and their clinical partners, as well as an additional \$14 million to 36 CBOs conducting targeted HIV prevention activities in disproportionately impacted communities. These direct federal investments complement HIV prevention services funded by the State and County, helping to sustain a critical network of community-based providers.

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Rather than recompeting these CBO funding programs, CDC has begun shifting resources through State and local health departments. On July 14, 2026, CDC issued updated supplemental guidance for PS24-0047, which is the CDC's Notice of Funding Opportunity for High-Impact HIV Prevention and Surveillance Programs for health departments. This funding mechanism sets the rules and resources for how health departments nationwide carry out core HIV prevention and surveillance activities. The updated guidance announced noncompetitive supplemental funding for health department recipients. Under this approach, instead of continuing direct CBO awards, CDC intends to establish a supplemental pool of funding for which health departments may apply and, at their discretion, allocate resources to CBOs. This change could result in fewer resources than under the current direct funding model and would likely end the longstanding practice of CBOs receiving HIV prevention funding directly from CDC. The supplemental funding supports one-time expansions of HIV testing, surveillance improvements, and PrEP and PEP activities from June 1, 2026, through May 31, 2027. The Department of Public Health (DPH) received its supplemental award on September 11, 2026. The timing of the award, coupled with the fact that the supplemental funding was not initially intended to replace funding for formerly CDC-funded CBOs, has created challenges in determining how best to program these resources while preserving continuity of critical HIV prevention services.

To mitigate the risk of service disruptions, DPH intends to invest a portion of its High-Impact HIV Prevention and Surveillance supplemental funding in local CBOs that had previously been funded directly by CDC. This investment is intended as a temporary bridge, not a permanent replacement for federal CBO funding, to preserve critical HIV prevention capacity and maintain continuity of services while DPH conducts a competitive resolicitation of its broader HIV prevention portfolio. Bridge funding would continue through May 31, 2027, with new contracts anticipated to begin June 1, 2027, coinciding with the next CDC HIV Prevention Cooperative Agreement period for the County.

Maintaining this community-based infrastructure is particularly important given the growing intersection between HIV and homelessness in the County. Recent local

surveillance data indicate that the HIV rate among people experiencing homelessness increased from 23 per 100,000 in 2020 to 32 per 100,000 in 2024, a 39 percent increase. Among approximately 1,560 County residents newly diagnosed with HIV in 2024, 16 percent reported experiencing homelessness during the previous 12 months, compared with 11 percent in 2020. This represents a 45 percent increase in the proportion of newly diagnosed residents reporting recent homelessness. Many clients served by the programs proposed for bridge funding are themselves experiencing homelessness or are at risk of losing their housing.

Allowing these community-based services to lapse during the transition in federal funding could create a significant service gap at a time when the populations they serve are experiencing increasing vulnerability. Maintaining CBO capacity through May 2027 will help preserve access to HIV testing, PrEP and PEP, linkage to care, and other essential prevention services, while providing the County with sufficient time to establish a sustainable, competitively procured HIV prevention network for the next funding cycle.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Delegate authority to the Director of the Department of Public Health (DPH), or designee, to enter into nine new HIV prevention sole-source contracts, up to a total maximum obligation of \$2,167,761, effective upon execution approval through May 31, 2027, utilizing Centers for Disease Control and Prevention (CDC) High-Impact HIV Prevention and Surveillance supplemental funds awarded to DPH on September 11, 2026. This authority includes permission for DPH to:
 - a. Waive the County of Los Angeles' (County) open competitive solicitation and bidding requirements, the requirement to comply with the County's Sole Source Policy, and any other applicable County contracting requirements;
 - b. Reallocate funds between contract budgets;
 - c. Increase or decrease in funding above or below the annual base maximum obligation, based on the availability of federal resources, effective upon execution of an amendment; and
 - d. Execute change notices to the contracts to:
 - i. Authorize modifications to the budget with corresponding modifications

to the statement of work and/or scope of work, that are within the same scope of services, as necessary;

- ii. Make modifications to Contractor's or County's administration;
 - iii. Change hours of operation and/or service locations; and
 - iv. Immediately suspend or terminate any contract upon written notice to the contractor for failure to perform and/or fully comply with contractual requirements, and terminate any contract for convenience, including cancellation without cause and/or in response to federal, State, or County budget reductions, upon written notice to the contractor, subject to review and approval by County Counsel and notification to the Board of Supervisors and Chief Executive Officer.
2. Delegate authority to the Director of DPH, or designee, to amend any of the 67 currently existing DPH funded HIV prevention service contracts listed in Attachment A, to add additional High-Impact HIV Prevention and Surveillance funding at any amount, as needed, to support expanded services. This authority will extend from the effective date of execution through November 30, 2026, and is subject to review and approval by County Counsel, and notification to the Board of Supervisors and the Chief Executive Officer.

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