LOS ANGELES COUNTY
COMMISSION ON HIV

Priority Setting and Resource Allocation FAQ

Purpose: This FAQ explains how priorities are set and resources are allocated, why the process matters, how conflicts of interest are managed, and how consumers/clients and providers meaningfully participate.

1. What is priority setting and resource allocation?

Priority setting is the process of ranking service categories by their importance in providing a comprehensive system of care for people with HIV based on community needs, equity, and outcomes. Resource allocation is the process of distributing funds across prioritized categories to maximize impact and reduce disparities. Priority setting and resource allocation is a data-driven process and must use a variety of data to determine priorities and allocate funds.

2. Why is priority setting and resource allocation important?

Priority setting and resource allocation (PSRA) is the single most important legislative responsibility of a planning council. PSRA is critical because it links federal Ryan White Program funding to the real needs of people living with HIV, ensures equitable access, meets legal requirements, and uses data-driven, collaborative decision-making to improve health outcomes and reduce HIV transmission.

3. What information is used to set priorities and determine allocations?

Planning councils use a data-driven, structured process to set priorities and allocate funds, ensuring decisions are based on evidence rather than anecdotal information. In setting priorities and allocating funds, planning councils rely on a variety of data that includes, but is not limited to local epidemiological data, service utilization metrics, community needs assessments, cost/utilization data, unmet need and out-of-care data, and information regarding other funding streams and resources (for resource allocation only).

4. Who participates in PSRA and why is participation important?

While only eligible voting members can take formal action on PSRA decisions, community participation is still essential to the process. PSRA is a collaborative, multi-stakeholder process that involves a variety of stakeholders including state and local health departments, healthcare providers, community organizations, advocacy groups, and people living with HIV/AIDS. PSRA is not just a technical funding decision — it's a community-driven process. Participation allows diverse perspectives to be integrated into the decision-making process and helps ensure transparency that RWP resources are allocated to the services and populations that need them most, in the most effective and equitable way possible. Consumers bring insight from lived experience (e.g., access barriers, cultural responsiveness) that data alone can miss. Providers offer operational expertise (e.g. capacity, workforce, compliance) to ensure feasibility and sustainability. Balanced participation makes decisions both responsive and implementable.

5. How does voting work?

To be eligible to vote, you must:

- Be an appointed voting member of the Commission on HIV or a Planning, Priorities and Allocations (PP&A) Committee-only member.
- Attend the annual PSRA training or view the recording (and notify staff that you have reviewed the materials).
- Attend or view all PSRA-related data presentations.
- Complete the annual conflict of interest form and submit it to Commission staff.

During meetings dedicated to PSRA, members with a conflict of interest may not initiate discussion on a service category for which they have a conflict. However, they may answer direct questions from other members, staff, or the facilitator when clarification is needed. Members with a conflict of interest must abstain from voting on *individual service categories* for which they have a conflict. Members with a conflict of interest can, however, vote on a slate. A slate consists of all prioritized service categories and proposed allocations.

6. Why is managing conflict of interest important?

Managing conflict of interest helps protect the integrity of the PSRA process by ensuring that members disclose any real or perceived conflicts and refrain from participating in decisions where those conflicts may affect, or appear to affect, their objectivity. It protects public trust by making sure that decisions are free from self-dealing or favoritism, ensures fairness and equity by preventing allocations to skew toward specific interests or organizations and it supports HRSA funding compliance.

7. How can RWP consumers/clients and service providers participate in PSRA effectively?

<u>For consumers/clients</u>

- Gather lived-experience evidence: Participate in needs assessment activities, gather input from other consumers noting specific barriers (e.g., transportation, wait times, eligibility hurdles, language access, stigma).
- Pair stories with data: Confirm that lived experience aligns with the data.
- Clarify desired outcomes: Frame needs as outcomes (e.g., “Reduce time to first appointment from 30 to 10 days”).

<u>For providers</u>

- Operational readiness: Summarize capacity, workforce constraints, and quality metrics (e.g., retention, completion rates).
- Feasibility insights: Identify what is feasible and any cost drivers.
- Equity checks: Note how your service affects underserved populations and what adjustments are needed to reach them (e.g., hours, mobile sites, bilingual staff).

<u>For both</u>

- Before the vote: Attend listening sessions, submit comments, share barriers/solutions, review draft materials.
- During deliberations: Provide concise, evidence-informed input that reflects both needs and feasibility.
- After decisions: Help monitor implementation, identify unintended consequences, and recommend corrections.