

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL



PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE MEETING

Tuesday, June 16, 2026

1:30 pm - 3:30 pm (PST)

510 S. Vermont Ave. Terrace Level Conference Rooms (9th Floor), Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles, CA 90020

Agenda and meeting materials will be posted on our website at
<https://hiv.lacounty.gov/planning-priorities-and-allocations-committee/>

REGISTER HERE TO JOIN VIRTUALLY

https://bos-lacounty.gov.zoom.us/webinar/register/WN_xCSh7XIHTpe76qFozrCvew

NOTICE OF TELECONFERENCING SITES

California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616, Sacramento, CA 95814

PUBLIC COMMENTS

Public Comment is an opportunity for members of the public to address the Commission on an agenda item or other matter within the Commission's subject matter jurisdiction. Comments may be provided in person or submitted electronically to hivcomm@lachiv.org. Please include your name, the related agenda item, and whether you would like your comment stated during the meeting.

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.

Visit us online: <http://hiv.lacounty.gov>

Get in touch: hivcomm@lachiv.org

Subscribe to the Commission's Email List: <https://tinyurl.com/y83ynuzt>



LOS ANGELES COUNTY
COMMISSION ON HIV





510 S. Vermont Avenue, 14th Floor, Los Angeles, CA 90020
MAIN: 213.738.2816 | EMAIL: hivcomm@lachiv.org | WEB: <https://hiv.lacounty.gov>

AGENDA FOR THE REGULAR MEETING OF THE PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE

TUESDAY, JUNE 16, 2026 | 1:30 PM—3:30 PM

510 S. Vermont Ave
Terrace Level Conference Room, Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles CA 90020

As a building security protocol, attendees entering the first-floor lobby must notify security personnel that they are attending a Commission on HIV meeting.

MEMBERS OF THE PUBLIC MAY JOIN VIRTUALLY BY REGISTERING HERE:

<https://lacountyboardofsupervisors.webex.com/weblink/register/ra4e02a599efb55d001f32585fabd5ff9>

COMMITTEE CO-CHAIRS: Jeronimo Barajas, Stephanie Johnson

AGENDA POSTED: June 11, 2026

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. Public Comment is limited to two minutes each and will be made part of the official record. Public Comment may be provided in person during the meeting in accordance with the meeting procedures or may be submitted electronically at hivcomm@lachiv.org.

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 hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

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: Supporting documents are available on the Commission's website <https://hiv.lacounty.gov/meetings>.

1. ADMINISTRATIVE MATTERS

A. Call to Order and Roll Call

1:30 PM—1:35 PM

- | | | |
|----|--|-----------------|
| B. | Code of Conduct and Meetings Guidelines/Reminders | 1:35 PM—1:40 PM |
| C. | Approval of the Agenda MOTION #1 | 1:40 PM—1:42 PM |
| D. | Approval of Prior Meeting Minutes MOTION #2 | 1:42 PM—1:45 PM |
-
2. **PUBLIC COMMENT** 1:45 PM—1:50 PM
 Opportunity for members of the public to address the Commission on agenda items or other matters within the subject matter jurisdiction of the Commission. For those who wish to provide public comment may do so in person or by emailing hivcomm@lachiv.org.

 3. **COMMITTEE NEW BUSINESS ITEMS** 1:50 PM—1:53 PM
 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.

 4. **REPORTS**

A.	Commission on HIV (COH) Staff Report	1:53 PM—1:58 PM
i.	Operational and Commission Updates	
B.	Co-Chair Report	1:58 PM—2:03 PM
i.	Conflict of Interest Forms	
ii.	Mandatory Training Reminder	
C.	Division of HIV and STD Programs (DHSP)	2:03 PM—2:33 PM
i.	Ryan White Program Year 36 (PY36) Updates	
ii.	Expenditure Report	

 5. **DISCUSSION** 2:34 PM—3:23 PM

A.	Needs Assessments and Priority Setting and Resource Allocation (PSRA) Refresher
B.	Review and Approve PSRA Framework
	MOTION #3 – Approve the Priority Setting and Resource Allocation Framework, as presented or revised.

 6. **NEXT STEPS** 3:23 PM—3:25 PM

A.	Task/Assignment Recap
B.	Agenda Development for the Next Meeting

 7. **ANNOUNCEMENTS** 3:25 PM—3:30 PM
 Opportunity for members of the public and Commission members to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.

8. ADJOURNMENT

3:30PM

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the agenda order, as presented or revised.
MOTION #2:	Approve the prior Committee meeting minutes, as presented or revised.
MOTION #3:	Approve the Priority Setting and Resource Allocation Framework, as presented or revised.

PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE MEMBERSHIP		
Jeronimo	Barajas	Unaffiliated Representative - SPA 4
LeRoy	Blea	Ryan White Part B Administrator (CDPH Office of AIDS) *Non-Voting
Jasmine	Brown, MSW	Ryan White Part C Recipients
Robert	Contreras, MBA	Other Federally Funded HIV Programs
Raniyah	Copeland, MPH	Non-Elected Community Leaders
Robert	Gamboa	Committee-Only Member
Felipe	Gonzalez	Unaffiliated Representative - SPA 3
Darryn	Harris	Board of Supervisors Office #2 Representative
Stephanie	Johnson	Committee-Only Member
Rob	Lester	Committee-Only Member
Miguel	Martinez	Committee-Only Member
Jack	Miller	Unaffiliated Representative - At Large #3
Paul	Nash, CPsychol AFBPsS, FHEA	HIV Academic/Scientist Representative
Shawn	Pleasants	Unaffiliated Representative - SPA 2
Glen	San Agustin	Committee-Only Member
Maria	Skelton	Committee-Only Member
LaShonda	Spencer	Committee-Only Member
Leo	Vasquez Alvarez	Committee-Only Member
Quorum = 9		



CODE OF CONDUCT

APPROVED BY OPERATIONS COMMITTEE ON 05/25/23; COH 06/08/23

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19; 3/3/22, 3/23/23; 5/30/23)

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.)



Hybrid Meeting Guidelines

(Updated 6.11.26)

- 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/>. 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** can be submitted in person 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, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via Zoom** to mitigate any potential streaming interference for those joining virtually.

- Attendees joining online should **remain muted** unless called upon.

- Commissioners and Committee-only members invoking **SB 707 for "Just Cause"** must communicate their intentions to staff no later than one hour before the meeting. Members requesting to join pursuant to SB 707 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.

- Members will be required to explicitly state their agency's **Ryan White Program Part A conflicts of interest** on the record. A list of conflicts can be found in the meeting packet, courtesy of staff.

If you experience challenges in logging into the virtual meeting, please contact Commission staff at hivcomm@lachiv.org for assistance. Please note that staff may have limited availability during meetings and responses may be delayed. We appreciate your patience and will follow up as soon as we're able.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/22/26

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 & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALMANZAN	Gerardo	No affiliation	No Ryan White or prevention contracts
VAZQUEZ ALVAREZ	Leo	LACADA	No Ryan White or prevention contracts
ARRELANO	Oscar	Homeless Outreach Program Integrated Care System (HOPICS)	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated representative	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention
			Data to Care Services
Medical Transportation Services			
BARAJAS	Jeronimo	Unaffiliated Member	No Ryan White or prevention contracts
BIENEMAN	Stevie	AIDS Healthcare Foundation	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			Medical Transportation Services
			HIV & STD LB
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
Sexual Health Express Clinics (SHEX-C)			
BLEA	Leroy	California Department of Public Health, Office of AIDS	Part B Grantee
			Core HIV Medical Services - AOM; MCC & PSS

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
BOLAN	Robert	LA LGBT Center	Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
BROWN	Jasmine	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
CIELO	Mikhaela	Los Angeles General Hospital	No Ryan White or prevention contracts
CONTRERAS	Robert	Bienestar	Nutrition Support (Food Bank/Pantry Service)
			Vulnerable Populations (Trans)
			High Impact Prevention
			HTS - Storefront
			HTS - Social and Sexual Networks
			STD-SDTS
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services
COPELAND	Raniyah	Equity Impact Solutions	No Ryan White or prevention contracts
CORONA	Anthony	Watt's Healthcare	Core HIV Medical Services - MCC & PSS
			Biomedical HIV Prevention Services
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			Medical Transportation Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CORONA	Ceasar	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services
CROSS	Johnny	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Population (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
DAVIES	Erika	City of Pasadena	No Ryan White or prevention contracts
DOLAN	Caitlyn	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
ALE-FERLITO	Dahlia	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
FRAMES	Arlene	Unaffiliated representative	No Ryan White or prevention contracts
GAMBOA	Robert	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GERSH	Lauren	APLA Health & Wellness	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
GONZALEZ	Felipe	Unaffiliated representative	No Ryan White or Prevention Contracts
GREEN	Joseph	Unaffiliated representative	No Ryan White or prevention contracts
GRIFFEN	TJ	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
GUTIERREZ	Joaquin	Unaffiliated representative	Medical Transportation Services
			No Ryan White or prevention contracts
HARRIS	Darryn	St. John's Well Child and Family Center (SJW)	Core HIV Medical Services - AOM; MCC & PSS
			Oral Health
			HTS - Social and Sexual Networks
			Mental Health
			Biomedical HIV Prevention Services
HUNT	Angela	Unaffiliated Member	Medical Transportation Services
HERRERA	Ismael "Ish"	Unaffiliated representative	No Ryan White or prevention contracts
JOHNSON	LeiLani	Unaffiliated Member	No Ryan White or prevention contracts
JOHNSON	Stephanie	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
LARA	Roberto	AMAAD	Medical Transportation Services
			No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
LESTER	Rob	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Populations (YMSM)
			Sexual Health Express Clinics (SHEX-C)
			Data to Care Services
			Medical Transportation Services
LOCKLEAR	Preston	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MARTINEZ	Miguel	No affiliation	No Ryan White or prevention contracts
MATERN	Eric	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Care Management
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			HIV Testing and Viral Hepatitis Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MCKINLEY	Kiante	LA LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
MENDOZA	Vilma	Unaffiliated representative	No Ryan White or prevention contracts
MILLER	Jack	Unaffiliated Member	No Ryan White or prevention contracts
MILLER	Paul	St. John's Well Child and Family Center (SJW)	Core HIV Medical Services - AOM; MCC & PSS
			Oral Health
			HTS - Social and Sexual Networks
			Mental Health
			Biomedical HIV Prevention Services
			Medical Transportation Services
MORRISON	Donta	UCLA CARE	No Ryan White or prevention contracts
MULLEN	Sadie	No affiliation	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	No Ryan White or prevention contracts
NGUYEN	Kevin	Saban Community Clinic	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD-Ex.C
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
NWIZU	Ujuonu	Public Health Alliance	No Ryan White or prevention contracts
CERDA OROZCO	David	No affiliation	No Ryan White or prevention contracts
PACHECO	Elizabeth	Tarzana Treatment Center	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Substance Use Transitional Hsg
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HERR
			Biomedical HIV Prevention Services
			Medical Transportation Services
PATEL	Byron	Los Angeles LGBT Center	Core HIV Medical Services - AOM; MCC & PSS
			Vulnerable Populations (YMSM)
			Vulnerable Populations (Trans)
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Social and Sexual Networks
			Biomedical HIV Prevention Services
			Medical Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PLEASANTS	Shawn	Unaffiliated Member	No Ryan White or prevention contracts
ROJAS	David	LAC Consumer & Business Affairs	No Ryan White or prevention contracts

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SALAMANCA	Ismael	City of Long Beach	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			HTS - Social and Sexual Networks
			Medical Transportation Services
SANCHEZ-RAMOS	Emmanuel	APLA Health	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Management Services
			Nutrition Support (Food Bank/Pantry Service)
			Oral Health
			STD - ExC
			High Impact Prevention
			Biomedical HIV Prevention Services
			Medical Transportation Services
			Data to Care Services
			Residential Facility For the Chronically Ill (RCFCI)
SAN AGUSTIN	Glen	JWCH, INC.	Benefits Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Mental Health
			Oral Health
			STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)
			HTS - Storefront
			HTS - Syphilis, DX Link TX - CSV
			Biomedical HIV Prevention Services
			Data to Care Services
Medical Transportation Services			
SANTIAGO	Draya	Unaffiliated Member	No Ryan White or prevention contracts
SARMIENTO	Harold	The Wound Saviors	No Ryan White or prevention contracts
SKELTON	Maria	No affiliation	No Ryan White or prevention contracts
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Core HIV Medical Services - PSS
			HTS - Storefront
			HTS - Social and Sexual Networks
WEBB	Christopher	REACH LA	HTS - Social and Sexual Networks

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
			Core HIV Medical Services - AOM & MCC
VALENZUELA	David	LAC Department of Public Health	No Ryan White or prevention contracts
VOLBY	Montana	Unaffiliated Member	No Ryan White or prevention contracts



510 S. Vermont Ave. 14th Floor, • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

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

**PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A)
COMMITTEE MEETING MINUTES
January 20, 2026**

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	Ismael Salamanca	P
Daryl Russell, Co-Chair	P	Harold Glenn San Agustin, MD	EA
Al Ballesteros, MBA	A	Dee Saunders	A
Felipe Gonzalez	P	LaShonda Spencer, MD	P
Reverend Gerald Green	LOA	Lambert Talley	A
Michael Green, PhD, MHSA	P	Carlos Vega-Matos	A
Rob Lester	P	Jonathan Weedman	P
Miguel Martinez, MPH, MSW	EA		
COMMISSION STAFF AND CONSULTANTS			
Dawn McClendon, Lizette Martinez			
DHSP STAFF			
Victor Scott, Pamela Ogata			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission’s website. Click [HERE](#).

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

K. Donnelly, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:03pm.

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

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

ROLL CALL (PRESENT): F. Gonzalez, M. Martinez, I. Salamanca, H. San Agustin, L. Spencer, C. Vega-Matos, K. Donnelly, D. Russell

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 was no public comment.

III. COMMITTEE NEW BUSINESS

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

There was no committee new business.

IV. REPORTS

7. Commission on HIV Staff Report

- Commission staff, L. Martinez, reported that membership recruitment for the new cohort of the Commission on HIV (COH) is on track. There was a total of 91 applications received, and interviews began on January 9th and will be completed by the end of the week. As a reminder, Commission staff are not involved in scoring or evaluation of applications. The new cohort is on track to be seated at the March full Commission on HIV meeting.
- L. Martinez reported that both the January 22 Operations and Executive Committee meetings have been rescheduled to February 5th to allow time to continue interviews for the new cohort. A reschedule notice was sent to Commissioners and updated meeting date and time are posted on the COH website. Additionally, the next Commission on HIV meeting will be on February 12th at Jesse Owens Park Auditorium. More information to follow.
- D. McClendon, Commission staff, asked K. Nelson, commissioner and member of the public, to share federal funding updates that were released in the morning. K. Nelson shared that the House released FY 2026 Health and Human Services (HHS) and Transportation, Housing and Urban Development (THUD) appropriations bills and most funding aligns with FY 2025 levels resulting in mostly flat funding, with some minor changes.
 - The Ryan White Part A Program was flat funded and Ryan White Part C, D and F were protected as well as Ending the HIV Epidemic (EHE).
 - Additionally, Title X family planning funding is being restored. Centers for Disease Control and Prevention (CDC) HIV Prevention is flat funded at a little over \$1 billion.
 - Global programming at the CDC is flat funded. Minority AIDS Initiatives (MAI) within HHS

had a modest \$4 million reduction.

- Substance Abuse and Mental Health Services (SAMHSA) MAI is flat funded and Housing Opportunities for Persons With AIDS (HOPWA) received a \$24 million increase from FY 2025 funding.
- The Nation Institute for Health also received a \$400 million increase.
- The appropriations bills are not yet set in stone. Voting will take place in the House then will move to the Senate in the coming weeks.

8. Co-chair Report

a. Integrated Plan Updates

- K. Donnelly reminded the committee that work on the 2027-2031 Integrated HIV Plan is progressing and is on target for a June submittal. L. Martinez reminded the committee that there will be opportunity for public comment and feedback ahead of the final submission.

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

- DHSP staff, M. Green, shared some brief updates with the committee regarding funding. M. Green reported the same funding scenarios previously outlined by K. Nelson and reminded the group that the current federal budget is only funded through the month of January. M. Green also shared that DHSP has not yet received their notice of award for the upcoming RWP year that begins March 1, 2026. He noted that it is not unusual and that awards and/or partial notice of awards are typically received in late January or early February.
- DHSP has been working with the California Department of Public Health (CDPH) Office of AIDS (OA) to add language to the state budget around accessing AIDS Drug Assistance Program (ADAP) rebate funds if federal awards are not released by the end of January. Language was added to the budget that states that jurisdictions can request ADAP rebate funds if award notices are not received 45 days prior to the start of the grant period. Given the grant period starts March 1, 2026 and a notice of award has not been received, DHSP did request one quarters worth of resources from the OA, approximately \$11 million, to ensure continuity of services should the government shut down on January 30th. DHSP anticipates a response to the request by the end of January. DHSP noted that the state ADAP funds will need to be repaid once DHSP receives their notice of award.
- R. Lester asked if there was an anticipated award date for CDC HIV prevention funding. M. Green noted that the CDC fiscal year starts in June 2026 and that DHSP would not expect an award notice until late May. He added that there is a similar agreement to borrow state ADAP rebate funds from the OA if an award is not received within 45 days of the start of the grant period.
- R. Lester asked if the regular planning process would resume if a full award notice were received ahead of the start of the grant year. M. Green noted that if the award notice is received in a timely manner, the committee should expect to resume its regular planning process adding that constant delays and disruptions require more intense planning to ensure continuity of services in the event of funding delays.

a. Expenditure Report

- DHSP staff, V. Scott, provided an expenditure report for Q1 and Q2 of RWP Part A and Minority AIDS Initiative (MAI) fiscal year 35 from March 2025 through August 2025. The report also includes expenditures for the first 6 months of RWP Part B (April 2025 through September 2025). DHSP noted delays in invoice processing and are working to reconcile Q3 expenditures. See [meeting packet](#) for expenditures by service category.
- Total expenditures for March 2025 through August 2025 total approximately \$19.7 million with a remaining balance of approximately \$30.7 million of Part A, MAI, and Part B funds. See meeting packet for total funding for direct services for Part A, MAI and Part B funds. Most service categories are on pace to expend their full allocation amounts except for Mental Health Services which may require a reallocation at a later date.
- V. Scott shared that last week, DHSP was informed that they would receive an additional \$3.5 million in Part B funding from the state. This additional \$3.5 million is reflected in the total Part B funds available for direct services. See [meeting packet](#) for more details.
- B. Twedell, member of the public, noted that expenditures for Residential Care for the Chronically Ill (RCFCI) were less than half of the total allocated amount. She added that her agency, Project New Hope, would not be submitting any additional invoices for the months of December, January and February due to an amended contract that outlined a 30% reduction and would therefore have a shortfall in expenditures for RCFCI services. She asked if the potential underspending in this category be rolled over to the next program year. V. Scott noted that invoices are still being processed, and the numbers outlined in the report may not be accurate due to outstanding invoices. He added that any surplus funds in RCFCI may be reallocated to other service categories if needed and that the committee would need to complete a reallocation, with a potential for a carryover request to HRSA.
- K. Nelson, member of the public, asked how the additional \$3.5 million Part B funds are being spent. V. Scott stated that DHSP is working on a plan on how the funds will be allocated.

V. DISCUSSION

10. 2026 PP&A Meeting Calendar

- D. Russell started the discussion by sharing the proposed 2026 PP&A meeting calendar with the group. The calendar outlines the key activities for the committee and adheres to the meeting frequency requirements outlined in the revised COH bylaws of 6 meetings per year. He reminded the group that the calendar was first shared with the committee for discussion during their October meeting, noting that it was one of three options. Based on discussions from the October meeting, the proposed calendar (see [meeting packet](#) for more details) was the option most favored by the committee.
- L. Martinez added that the PP&A Committee co-chairs worked with Commission staff and DHSP staff to create a calendar that was equitable and took into consideration PP&A mandated responsibilities and needs and DHSP and Commission staff capacity. She highlighted the virtual data summit that will be held in June and is open to all commissioners.

- J. Green, Commission co-chair, asked if there are any changes in the responsibilities of the PP&A committee. Commission staff noted that under the revised bylaws, the Standards and Best Practices Committee would take the lead in drafting program directives but it would be a joint effort between both committees.

- K. Donnelly noted that the calendar is subject to change, as needed, before calling the vote.

MOTION #3 - Approve the 2026 Planning, Priorities, and Allocations Committee meeting calendar, as presented or revised.

K. Donnelly – Y, F. Gonzalez -Y, J. Green – Y, R. Lester – Y, D. Russell – Y, I. Salamanca – Y, L. Spencer – Y, J. Weedman – Y (✓Passed by Roll Call Vote)

- **Program Year 36 (PY36) Ryan White Program (RWP) Reallocation – Contingency Planning**

- Given the federal funding updates outlining flat funding for the RWP the committee decided to pause continued discussions around contingency planning.

VI. NEXT STEPS

- **Task/Assignments Recap**

- a. Commission staff will finalize the 2026 PP&A meeting calendar.
- b. Commission staff will work with co-chairs to develop the 2026 PP&A Committee workplan.

- **Agenda Development for the Next Meeting**

- a. Continued discussion around PY36 contingency planning, if needed.
- b. Review the 2026 committee workplan.

VII. ANNOUNCEMENTS

- **Opportunity for Members of the Public and the Committee to Make Announcements**
There were no announcements.

VIII. ADJOURNMENT

- **Adjournment for the Regular Meeting of January 20, 2026.**

The meeting was adjourned by K. Donnelly at 1:50pm.



510 S. Vermont Avenue, 14th Floor, Los Angeles, CA 90020
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**MINUTES FOR THE REGULAR MEETING
 OF THE PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE**

DATE: Tuesday, April 21, 2026 from 1:30 PM—3:30 PM.

LOCATION: 510 S. Vermont Ave. Terrace Level Conference Room (9th Floor), Los Angeles, CA 90020

CALL TO ORDER: COH staff called the meeting to order at 1:30pm.

CO-CHAIRS: TBD.

SUPPORTING DOCUMENTATION: Supporting documents are available on the Commission’s website <https://hiv.lacounty.gov/planning-priorities-and-allocations-committee/>

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE MEMBERSHIP			
P = Present A = Absent SB707 = Remote Participation PU = Public			
Al Ballesteros	A	Rob Lester	P
Jeronimo Barajas, Co-chair	P	Miguel Martinez, MPH, MSW	P
LeRoy Blea	EA	Jack Miller	P
Jasmine Brown	P	Paul Nash	EA
Robert Contreras	EA	Katja Nelson	SB 707
Raniyah Copeland	SB 707	Shawn Pleasants	P
Robert Gamboa	EA	Glenn San Agustin, MD	P
Felipe Gonzalez	P	LaShonda Spencer, MD	P
Darryn Harris	P	Maria Skelton	P
Stephanie Johnson, Co-chair	P	Leo Vasquez Alvarez	P

ADMINISTRATIVE MATTERS	<p>MOTION #1: Approval of the Agenda. <i>Approved by consensus.</i></p> <p>MOTION #2: Approval of Prior Meeting Minutes. <i>Vote not held.</i></p>
PUBLIC COMMENT	There were no public comments.
COMMITTEE NEW BUSINESS ITEMS	There were no committee new business items.
REPORTS	<p><u>COMMISSION ON HIV (COH) STAFF REPORT</u></p> <p>Commission staff, L. Martinez, welcomed the new membership to the committee. She provided a brief review of the agenda to help members familiarize themselves with the meeting structure and organization. L. Martinez also reminded the group that Commission on HIV (COH) co-chair nominations are open and will remain open until elections are held at the May 14th COH meeting. Members can</p>

	<p>self-nominate or nominate other members. If interested or interested in nominating another member, please submit nominations to COH staff.</p> <p><u>CO-CHAIR REPORT</u></p> <p>L. Martinez opened the nominations for the Planning, Priorities, and Allocations (PP&A) Committee co-chairs and announced that elections would be held at the end of the meeting. At least one co-chair should be a full member of the COH. Women and members with lived experienced are highly encouraged to serve as co-chair. A. Ballesteros, R. Lester, J. Barajas and S. Johnson were nominated for committee co-chair.</p> <p><u>DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT</u></p> <p>DHSP staff, V. Scott, P. Ogata and A. Nersisyan, introduced themselves to the committee noting that they typically represent the recipient, DHSP, at PP&A committee meetings.</p> <p><u>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS (OA)</u></p> <p>Pamela Ogata, DHSP staff and reporting on behalf of the OA, shared that the OA will be releasing a copy of the draft 2027-2031 Integrated HIV Plan for review and feedback ahead of the May 14 COH full meeting. During the review period, Commissioners will have the opportunity to provide additional feedback for incorporation into the final draft of the plan and concurrence at the May 14 COH meeting. Commission staff will send an email to members with instructions for review and feedback.</p>
<p>COMMITTEE ORIENTATION</p>	<p>L. Martinez led a committee orientation. The presentation included a brief review of the Ryan White Program, planning council roles and structure and an overview of the role and responsibilities of the Planning, Priorities, & Allocations Committee; See meeting packet for presentation slides.</p>
<p>DISCUSSION ITEMS</p>	<p><u>2026 PP&A WORKPLAN AND MEETING CALENDAR</u></p> <p>L. Martinez reviewed the committee workplan and meeting calendar for the year with the committee. The workplan outlines major tasks taken on by the committee including priority setting and needs assessments. See meeting packet for more details. The workplan is a living document and is subject to change, as needed. L. Martinez also reviewed the committee meeting calendar for the year and reminded members that the calendar is available on the Commission website. Meeting calendar is subject to change.</p> <p>MOTION #3 - Approve the Planning, Priorities, and Allocations Committee 2026 workplan, as presented or revised. <i>Approved by roll call vote.</i></p>

	<p>J. Barajas - Y, J. Brown - Y, R. Copeland - Y, F. Gonzalez - Y, S. Johnson - Y, R. Lester - Y, M. Martinez - Y, J. Miller - Y, K. Nelson - Y, S. Pleasants - Y, G. San Agustin - Y, L. Spencer - Y</p> <p><u>COMMITTEE CO-CHAIR ELECTIONS</u> The committee held elections for committee co-chairs at the end of the meeting. R. Lester removed his name from consideration and A. Ballesteros did not accept his nomination. The remaining nominees, J. Barajas and S. Johnson, were elected via consensus. MOTION #4 - Approve the committee co-chair(s) as elected. <i>Approved by consensus.</i></p>
ANNOUNCEMENTS	There were no announcements.
ACTION ITEMS	
RESPONSIBLE PARTY	ITEM
COH STAFF	<ul style="list-style-type: none"> • Commission staff will meet with newly elected co-chairs to review their role and responsibilities. • The committee will have a training refresher on the priority setting and resource allocation process and review the priority setting and resource allocation framework at their next meeting.
NEXT MEETING	The next Planning, Priorities, and Allocations Committee meeting is Tuesday, June 16, 2026, from 1:30 PM—3:30 PM at the Vermont Corridor.
ADJOURNMENT	The meeting adjourned at 3:01pm.
PREPARED BY: Lizette Martinez	APPROVAL DATE: Pending



2026 - 2027 Training Schedule

(Subject to change)

To meet the Ryan White HIV/AIDS Program (RWHAP) Part A requirements, the Commission on HIV must provide appropriate orientation and annual training that enables members to be fully active participants and to fulfill their legislative responsibilities. Training sessions will educate members to understand their roles, responsibilities, and expectations for participation, how work is undertaken, and how formal decisions are made.

- Training sessions listed below are **mandatory** for all Commissioners, Alternates, and Committee-only members. Additional sessions on topics not listed may be included as appropriate.
- Training sessions are open to the public.
- Training sessions will be held virtually, unless otherwise noted.
- Training session recordings will be made available on our [website](#).
- Certificates of Completion will be provided and attendance will be recorded.
- For questions or assistance, contact Commission staff at hivcomm@lachiv.org.

CLICK ON THE TRAINING TOPIC TO REGISTER

TRAINING TITLE	DATE AND TIME
Commission on HIV Orientation	April 9, 2026 9am – 3pm (in person)
<u>Co-Chair Orientation & Leadership Development</u>	May 20, 2026 12pm - 1pm
<u>Needs Assessment Overview and Priority Setting and Resource Allocation (PSRA)</u>	June 3, 2026 12pm – 1pm
<u>Service Standards Overview and Development</u>	July 22, 2026 12pm – 1pm
Data Related Trainings	Summer/Fall 2026 TBD
Member Knowledge & Self-Assessment Survey	Released late September 2026
<u>Refresher Training</u>	November 4, 2026 12pm – 1pm



LOS ANGELES COUNTY
COMMISSION ON HIV



CONFLICT OF INTEREST FORM

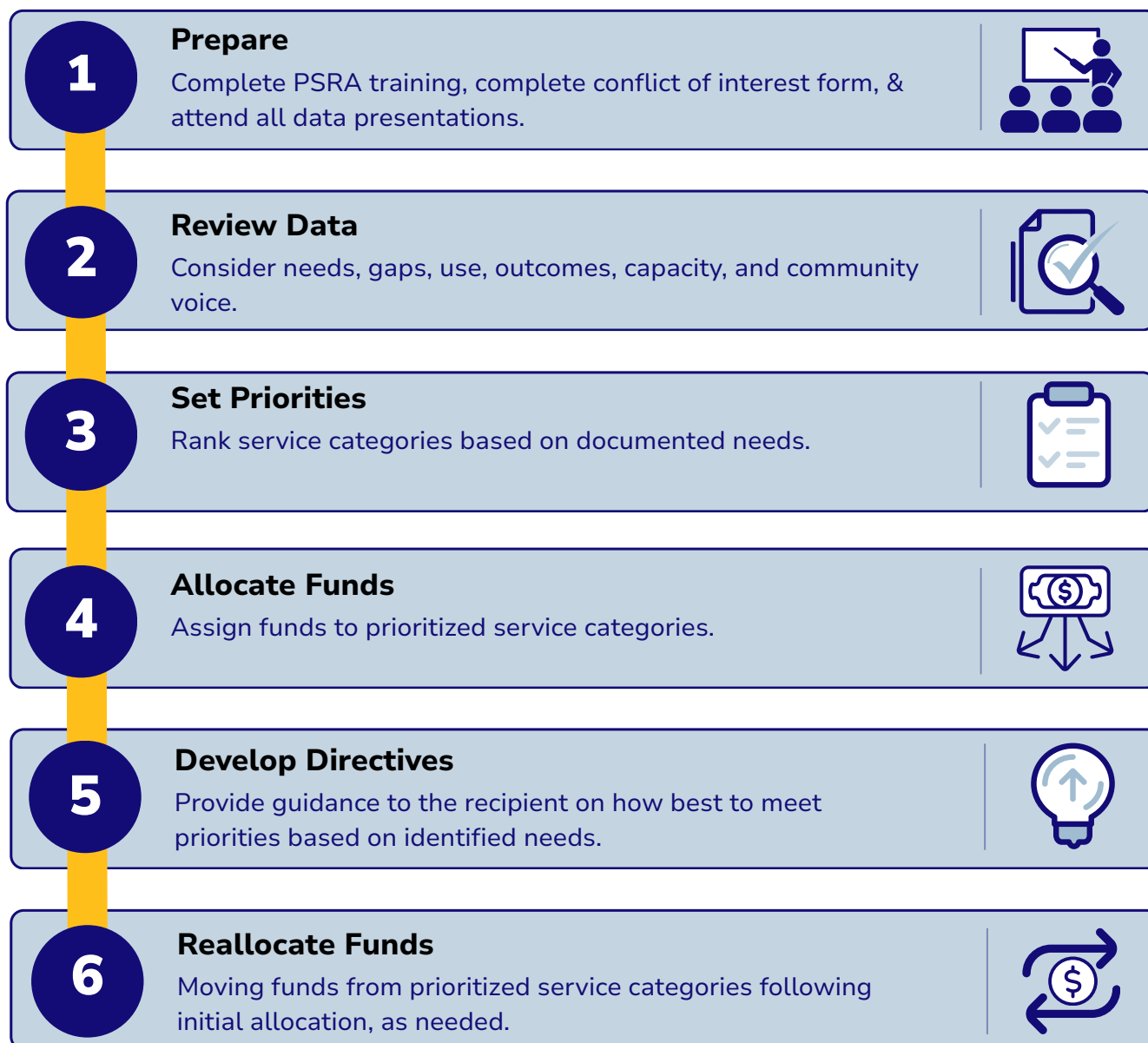


SCAN ME

Priority Setting & Resource Allocation At A Glance

Purpose: Use data and community input to set priorities and allocate Ryan White Program Part A and MAI funds.

Source: Policy #09.5203



What guides decisions

- Needs assessment findings
- Service costs & utilization data
- Other resources
- Community input
- Other relevant data

How the process stays fair

- Community agreements for respectful discussion
- Public comment allowing for community voice
- Conflict checks including disclosure & abstention
- Roll call voting on record

Bottom line

Funding decisions stay grounded in need, equity, and community voice to create a comprehensive HIV care continuum within Los Angeles County.



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?

For consumers/clients

- 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”).

For providers

- 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).

For both

- 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.



Policy #09.5203

Priority Setting and Resource Allocations (PSRA) Framework and Process

June 2026

Purpose

To establish the process used by the Los Angeles County Commission on HIV to set service priorities and allocate Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative funds, as applicable, consistent with its federally mandated planning responsibilities.

Policy

This policy supports an informed, transparent, and data-driven process for setting priorities, allocating resources, and developing recommendations for the Recipient, the Division of HIV and STD Programs (DHSP). The process is informed by data, community input, public comment, committee review, and final Commission action.

The PSRA process is led by the Commission's Planning, Priorities and Allocations (PP&A) Committee. Final approval of the complete priorities and allocations shall be presented by the PP&A Co-Chairs to the full Commission for a roll-call vote.

PSRA may be conducted on a multi-year planning basis to support continuity and long-term planning. Allocations shall be reviewed at least annually and revised as needed to remain responsive to the final grant award, community needs, service gaps, expenditure and utilization trends, and federal requirements.

The PSRA Framework and Process shall be reviewed regularly and updated as needed.

Definitions

Priorities: The list of Ryan White HIV/AIDS Program service categories ranked in order of importance based on the needs of people with HIV in Los Angeles County. A service category must be prioritized before it can be considered for funding.

Allocations: The amount or percentage of Ryan White Part A and Minority AIDS Initiative funds, as applicable, assigned to each prioritized service category.



Directives: Guidance from the Commission to the Recipient on how to best address identified priorities, service needs, gaps, and barriers. Directives may include recommendations related to service interventions, populations, geographic areas, access issues, and provider capacity.

Minority AIDS Initiative (MAI): A Ryan White HIV/AIDS Program funding component intended to improve access to HIV care and health outcomes for racial and ethnic minority communities disproportionately impacted by HIV.

Community Agreement

Community agreements are shared expectations established at the beginning of the PSRA process to support respectful dialogue, active listening, transparency, shared accountability, and consensus-building.

Voting Eligibility

Voting eligibility helps ensure that members participating in PSRA decisions have completed the required disclosures, training, and data review needed to make informed and transparent decisions. To be eligible to vote, members must:

- A. Submit annual Conflict-of-Interest form before participating in priority setting and resource allocation discussions or meetings.
- B. Complete the mandatory annual Needs Assessment and PSRA training before participating in priority setting and resource allocation discussions or meetings. Committee-only members of the PP&A Committee and Standards and Best Practices Committee must complete this training to be eligible to vote on PSRA-related matters.
- C. Attend or view recordings of all required data presentations before participating in priority setting and resource allocation discussions or meetings.

Conflict of Interest

Conflict of Interest requirements help 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.

- A. Members affiliated with a funded Ryan White HIV/AIDS Program Part A or Minority AIDS Initiative provider must disclose all funded service categories in which they have a real or perceived conflict of interest at the beginning of the applicable meeting or discussion.



- B. 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.
- C. Members are expected to self-monitor and disclose conflicts during PSRA discussions.
- D. Members with a conflict of interest must abstain from voting on individual service categories for which they have a conflict. Members who must abstain due to conflict of interest on individual service category votes shall be counted as abstentions for those specific votes.
- E. Conflict of interest does not apply when voting on the final slate. A slate consists of all prioritized service categories and proposed allocations.

Voting

A consensus-building approach shall be used during PSRA discussion and deliberation to help members review data, consider options, and work toward general agreement.

Consensus-building shall guide the development of recommendations but shall not replace formal voting requirements.

Formal action, including approval of service priorities, allocation recommendations, amendments, and final approval of the complete priorities and allocations, shall be made by roll-call vote.

Data Sources

The PSRA process shall be informed by multiple data sources made available throughout the program year and during the PSRA process. Eligible voting members shall consider the full body of information provided, including documented needs, service gaps, utilization, expenditures, community input, and applicable federal requirements when setting priorities and allocating resources.

Examples of data sources for decision-making include, but are not limited to:

- A. Epidemiologic data, including incidence, prevalence, HIV-related health outcomes, co-occurring conditions, and trends among communities most impacted by HIV.
- B. Needs assessment findings, including service needs, barriers to care, and gaps identified by people with HIV.
- C. Expenditure and service utilization data.
- D. HRSA performance measures, clinical outcomes, and quality management data.
- E. HIV testing, linkage to care, and early identification data.
- F. Unmet need and out-of-care data.
- G. Information regarding other funding streams and resources, including Ending the HIV Epidemic, HOPWA, SAMHSA, Medi-Cal, and other relevant programs.



- H. Plans and strategies for engaging people with HIV who are newly diagnosed, out of care, not retained in care, or not virally suppressed.
- I. Community input gathered through listening sessions, focus groups, public meetings, surveys, community forums, and other engagement activities.
- J. Service system capacity, provider capacity, and service availability.
- K. Final grant award amounts, funding availability, and applicable federal requirements.
- L. California and Los Angeles County Integrated HIV Prevention and Care Plans.

Public Comment

Public comment shall be provided in accordance with the Brown Act and the Commission's public comment procedures.

Members of the public shall have an opportunity to provide comment before the body takes formal action on PSRA-related items. Public comment is intended to inform the process and ensure community voice is heard.

Once member deliberation begins, members of the public may observe the discussion but may not participate in deliberations or decision-making unless permitted under the Commission's meeting procedures.

Principles and Criteria for Decision-Making

The following principles and criteria are intended to guide PSRA discussions and decisions. They help ensure that priorities and allocations are based on documented need, community voice, service gaps, equity, and the overall responsibility to support a strong HIV care continuum for people with HIV in Los Angeles County.

- A. Decisions shall be based on documented needs.
- B. Services shall be responsive to the epidemiology of HIV in the Los Angeles County service area.
- C. Consumer perspectives, lived experience, and community preferences shall be considered in setting priorities and allocating resources.
- D. Priorities should strengthen the HIV care continuum, including access to basic health care, medications, supportive services, and services that help reduce avoidable hospitalization.
- E. Decisions should address the overall needs of people with HIV in the service area and should not be based solely on narrow advocacy interests or in the interests of providers.
- F. Services should be culturally responsive and accessible to the communities most impacted by HIV.
- G. Services should focus on the needs of underserved communities and people experiencing the greatest barriers to care.
- H. Equitable access to services should be considered across geographic areas, populations, and service needs.

- I. When a decision must be made between funding a wider range of services and ensuring access to key services that support entry into and retention in care, priority shall be given to services that help people with HIV access and remain connected to essential HIV care, including primary medical care and medications.

Priority Setting Process

The priority setting process shall consider the full range of services needed to support a comprehensive HIV care continuum for people with HIV, regardless of how those services are currently funded. The process shall also consider unmet need, service gaps, and demonstrated demand for services.

- A. The list of HRSA-fundable service categories, including core medical and support services, and the definitions of those services shall be presented.
- B. Prioritization Worksheet
 1. Each eligible voting member shall receive a Prioritization Tool that lists all allowable service categories.
 2. In making their decisions, members should rely on data provided during presentations, information shared throughout the program year, and other approved data sources.
 3. Each eligible voting member shall individually rank the allowable service categories using the Prioritization Tool.
 4. Prioritization selections shall not be confidential. Results of Prioritization Tools shall be tallied by Commission staff.
- C. Aggregating the Prioritization
 1. Commission staff shall collect and tally the results of Prioritization Tools.
 2. The service category demonstrating the highest rated need shall be ranked number 1. The service category with the second highest rated need shall be ranked number 2, and so on.
 3. All service categories receiving a vote shall be ranked and placed on the list of categories to be considered for funding. Service categories that receive no votes shall not be considered for funding.
 4. Commission staff and/or the facilitator shall present the ranked list of service categories to the PP&A Committee for discussion and roll-call vote.



Resource Allocation Process

Resource allocation is the process of assigning available Ryan White Part A and MAI funds, as applicable, to prioritized service categories. Resource allocation occurs after service priorities have been established and is intended to ensure that funding decisions are data-informed, responsive to community needs, aligned with the approved priorities and consistent with Ryan White HIV/AIDS Program requirements.

- A. Resource allocation shall occur after priority setting has been completed.
- B. Resource allocation decisions shall consider relevant data and requirements, including but not limited to documented need, service gaps, expenditure trends, utilization data, service capacity, community input, funding availability, MAI requirements, and the Ryan White requirement that at least 75% of service funds be used for core medical services, unless a waiver has been approved.
- C. Recipient staff, Commission staff, and/or PP&A co-chairs, or any combination thereof, may provide allocation recommendations based on service gaps, expenditure trends, utilization data, service capacity, funding requirements, and other relevant information.
- D. An explanation shall be provided regarding how the proposed allocation slate was developed.
- E. The floor shall be opened for members to make a motion to adopt, amend, or reject the proposed allocation slate.
- F. Once a motion has been made and seconded, discussion shall occur before a vote is taken. Discussion may include up to three comments in support of the motion and three comments in opposition to the motion, unless otherwise modified by the Chair or facilitator to support fair and orderly discussion.
 1. Eligible, non-conflicted members may discuss data previously provided during data presentations or shared as part of the PSRA process and may ask clarifying questions.
 2. Members may not introduce new, unsupported, or anecdotal information that has not been previously provided or made available for review as part of the PSRA process.
- G. If the proposed allocations are rejected or amended, members may make motions to adjust allocations by service category. Each category shall be considered independently on a line-by-line basis, beginning with the highest-ranked priority.
 1. Allocation discussions shall continue through the list of prioritized services until a complete allocation slate is developed.
 2. The motion, discussion, and voting process shall continue until the total allocation equals the available funding amount or the original funding amount presented for allocation.
 3. Not all prioritized service categories are required to receive funding.
- H. Once complete allocations have been developed and seconded, a final vote may be taken. Members may vote on the final proposed slate, subject to the Commission's Conflict of Interest policy.

- I. Once approved by the PP&A Committee, the recommended allocations shall be forwarded to the Executive Committee and full Commission for final review and approval.
- J. Once approved by the full Commission, the final priorities and allocations shall be transmitted to the Recipient for use in the Ryan White Part A application, Notice of Award implementation, contracting, and other grant management processes, consistent with federal requirements and Commission-approved directives.

Directives

The Standards and Best Practices (SBP) Committee, in collaboration with the PP&A Committee, is responsible for developing recommended directives to be submitted to the Commission for approval.

Following the PSRA process, the SBP Committee and the PP&A Committee shall review gaps, barriers, service needs, and recommendations identified through data presentations, reports, community input, and other information shared throughout the program year. Together, the committees shall discuss, refine, and develop recommended directives for Commission consideration and approval.

Once approved by both committees, the recommended directives shall be forwarded to the Executive Committee and then to the full Commission for review and approval.

Approved directives shall be transmitted to the Recipient, DHSP, for consideration and implementation, if deemed feasible by DHSP.

DHSP shall provide a written response to both committees identifying which directives are feasible, which are not feasible, and, where applicable, the anticipated timeline for implementation. DHSP shall also provide periodic updates to the Commission regarding implementation.

Reallocations

Reallocation is the process of moving approved Ryan White Part A and/or MAI funds, as applicable, between service categories after the initial allocations have been adopted. Reallocations may be needed to respond to expenditure trends, service utilization, provider capacity, service demand, funding requirements, or other grant management considerations.

When a reallocation of funds greater than 10% is necessary, adequate data shall be presented to support the proposed movement of funds between service categories. Reallocation recommendations shall be reviewed and approved by the PP&A Committee and then forwarded to the Executive Committee and full Commission for final review and approval.



At any point during the grant period, the Recipient may reallocate up to 10% of the full award amount across service categories, as needed, based on provider expenditures, utilization, service demand, or other relevant grant management considerations.

Any time the Recipient reallocates funds under this provision, the reallocation shall be reported to the PP&A Committee, Executive Committee, and full Commission at the earliest meeting following the reallocation.

APPROVED BY: _____ **DATED:** _____

Dawn P. Mc Clendon, Interim Executive Director

Original Approval: May 1, 2011

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DRAFT