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, SEPTEMBER 15, 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://bos-lacounty-gov.zoom.us/webinar/register/WN_j7fQeQdBRYCoDOC40zM1Dw

COMMITTEE CO-CHAIRS: Jeronimo Barajas, Stephanie Johnson

AGENDA POSTED: September 10, 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

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. PP&A Calendar
   ii. Data Summit
C. Division of HIV and STD Programs (DHSP) 2:03 PM—2:33 PM
   i. Program Year 36 (PY36) Quarter 1 Expenditure Report
   ii. Ryan White Program Updates

5. **DISCUSSION** 2:33 PM—3:23 PM

A. Review and approve the revised Priority Setting and Resource Allocation 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** **3:30 PM**

PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE MEMBERSHIP		
Leo	Vasquez Alvarez	Committee-Only Member
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
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
Shawn	Pleasants	Unaffiliated Representative - SPA 2
Glenn	San Agustin	Committee-Only Member
Maria	Skelton	Committee-Only Member
LaShonda	Spencer	Committee-Only Member
Quorum = 8		

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.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

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.)

LOS ANGELES COUNTY
COMMISSION ON HIV

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.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/02/26

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	**Al**	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

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
BOLAN	**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
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
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
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

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DOLAN	**Caitlyn**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (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
GERSH	**Lauren**	APLA Health & Wellness	Benefit Specialty
			Core HIV Medical Services - AOM; MCC & PSS
			Intensive Case Managemenet 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
			Medical Transportation Services

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GUTIERREZ	**Joaquin**	REACH LA	HTS - Social and Sexual Networks
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
			Medical Transportation Services
HUNT	**Angela**	Unaffilated Member	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts
JOHNSON	**LeiLani**	Unaffilited 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
			Medical Transportation Services
LARA	**Roberto**	AMAAD	No Ryan White or prevention contracts
LESTER	**Rob**	Men's Health Foundation	Core HIV Medical Services - AOM; MCC & PSS
			Biomedical HIV Prevention Services
			Vulnerable Poplulations (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

COMMISSION & COMMITTEE-ONLY MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MATTERN	**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
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
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 Managemenet 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 Managemenet 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
			HIV Testing and Viral Hepatitis 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 Managemenet 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
SAME-WEIL	**Nolan Ross**	Los Angeles Centers for Alcohol & Drug Abuse (L.A. CADA)	No Ryan White or prevention contracts
SANTIAGO	**Draya**	Unaffilited Member	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**	Unaffilited Member	No Ryan White or prevention contracts

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

DATE: Tuesday, August 18, 2026 from 1:30 PM—4:30 PM.

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

CALL TO ORDER: Stephanie Johnson called the meeting to order at 1:31pm.

CO-CHAIRS: Jeronimo Barajas, Stephanie Johnson

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			
Leo Vasquez Alvarez	P	Stephanie Johnson, Co-chair	P
Jeronimo Barajas, Co-chair	P	Rob Lester	P
LeRoy Blea	A	Miguel Martinez, MPH, MSW	P
Jasmine Brown	EA	Jack Miller	P
Robert Contreras	P	Shawn Pleasants	P
Raniyah Copeland	EA	Glenn San Agustin, MD	P
Robert Gamboa	P	Maria Skelton	SB707, illness
Felipe Gonzalez	EA	LaShonda Spencer, MD	P
Darryn Harris	P		

ADMINISTRATIVE MATTERS	**MOTION #1**: **Approval of the Agenda**. *Approved by consensus.* **MOTION #2**: **Approval of Prior Meeting Minutes.** *Approved by consensus.*
PUBLIC COMMENT	There were no public comments.
COMMITTEE NEW BUSINESS ITEMS	There were no committee new business items.
REPORTS	**COMMISSION ON HIV (COH) STAFF REPORT** • Commission staff, D. McClendon, reminded the group that the last Commission meeting for the calendar year is on September 10 at the California Endowment. The Commission will not meet again until 2027 unless the Executive Committee calls for another meeting before the end of the calendar year. • The Standards and Best Practices Committee is currently

	reviewing the Universal Standards and Client Bill of Rights and created a workgroup to keep the work moving forward until their next meeting on October 19, 2026. The committee has opened the workgroup to members of the PP&A Committee. If you are interested in joining the workgroup, please reach out to Commission Staff, Lizette Martinez or Jose Rangel-Garibay. • COH staff shared that the annual Data Summit will occur in late October. See event flyer for more details. **CO-CHAIR REPORT** Committee co-chair, J. Barajas, **DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT** DHSP staff, V. Scott, provided a final expenditure report for Program Year 35 with a detailed breakdown of Part A and MAI expenditures across services categories. • There was large underspending in mental health services due to clients having alternate payor sources. • Nutrition support and medical transportation services showed a rise in demand. • Early Intervention Services (testing) saw a drastic increase. Due to County budget shortfalls, some Ryan White funds were used to keep HIV testing services operational, supporting staffing and maintaining capacity to serve uninsured individuals. Ryan White Part A covered costs for HIV tests when no other funding source was available.
DISCUSSION ITEMS	**PROGRAM YEAR 36 (PY36) DISCUSSION AND REALLOCATION** DHSP provided a presentation and review of recommended Program Year 36 Reallocations. DHSP noted the following: • Contracting delays within LA County mean initial allocations and contracts often do not align perfectly, creating mismatches. RFPs typically take 12-18 months to execute, and County contracting rules make mid-year corrections extremely slow. • The purpose of reallocating mid-cycle is to realign percentages to match real expenditures, current contract amounts, and actual services utilization, ensuring grant spend-down to avoid penalties with non-compliance. This may also require shifting from various funding streams including Ryan White Part B, EHE and other DHSP grants to ensure RWP grant funds are spent. Ninety-five percent of Part A funds must be spent each year in order to avoid penalties and future funding reductions. • The committee expressed confusion over aligning priorities with actual allocations and data as well as frustration with county bureaucracy limiting responsiveness to need.

	MOTION #3 - Approve the PY36 reallocation, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body. *Approved by roll call vote.* **L. Vasquez Alvarez – Y, R. Contreras – Abstain, R. Gamboa – Y, D. Harris – Y, R. Lester – Y, M. Martinez – Y, J. Miller – Y, S. Pleasants – Y, G. San Agustin – Y, M. Skelton – Y, L. Spencer – Y** **<u>PROGRAM YEAR 37 (PY37) DISCUSSION AND REALLOCATION</u>** After some discussion, the committee decided to use the revised PY36 reallocations as the PY37 reallocations with the intent to revisit reallocation amounts after the full award for PY37 is received. **MOTION #4 - Approve the PY37 reallocation, as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.** *Approved by roll call vote.* **L. Vasquez Alvarez – Y, R. Contreras – Abstain, R. Gamboa – Y, D. Harris – Y, R. Lester – Abstain, J. Miller – Y, S. Pleasants – Y, G. San Agustin – Y, M. Skelton – Y, L. Spencer – Y**
ANNOUNCEMENTS	There were no announcements.
ACTION ITEMS	
RESPONSIBLE PARTY	**ITEM**
COH STAFF	• The PY36 and PY37 Reallocations will be sent to the Executive Committee for approval with final approval moving forward at the Sept. 10 full Commission meeting. • Commission staff will share the Priority Setting and Resource Allocation Framework with the committee for feedback and revisions. Please submit edits to Commission staff by Sept. 8, 2026. • Commission staff will gather materials in preparation for Needs Assessment discussions.
NEXT MEETING	The next Planning, Priorities, and Allocations Committee meeting is Tuesday, September 15, 2026, at 1:30 PM at the Vermont Corridor.
ADJOURNMENT	The meeting adjourned at 4:25pm.

PREPARED BY: Lizette Martinez	**APPROVAL DATE:** Pending

LOS ANGELES COUNTY
COMMISSION ON HIV

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)~~
~~**Co-Chair Orientation & Leadership Development**~~	~~May 20, 2026~~ ~~12pm - 1pm~~
~~**Needs Assessment Overview and Priority Setting and Resource Allocation (PSRA)**~~	~~June 3, 2026~~ ~~12pm – 1pm~~
~~**Service Standards Overview and Development**~~	~~July 22, 2026~~ ~~12pm – 1pm~~
Data Summit ***In Person**	October 30, 2026 9am – 3pm
Member Knowledge & Self-Assessment Survey	Released late October/November 2026
Refresher Training	January 2027 TBD

Revised 9/9/26

LOS ANGELES COUNTY COMMISSION ON HIV

DRAFT 2026 PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE MEETING CALENDAR

(SUBJECT TO CHANGE)

MONTH	KEY ACTIVITIES
April 21, 2026 **1:30pm – 3:30pm**	• Member Introductions • Conduct committee orientation training • Nominate and elect co-chairs • Review 2026 committee workplan • Adopt 2026 committee meeting calendar
June 16, 2026 **1:30pm – 3:30pm**	• Needs Assessment and Priority Setting and Resource Allocation refresher • PSRA Framework review and approval • Q1 Expenditure Report
August 18, 2026 **1:30pm – 4:30pm**	• PY36 Reallocations • PY37 Reallocations • PY35 Final Expenditures
September 15, 2026 **1:30pm – 3:30pm**	• PY36 Q1 Expenditure Report • Priority Setting and Resource Allocation Framework review and approval
October 30, 2026 **9am - 3:30pm** ****All Committee members must attend****	• Data Summit
November 17, 2026 **1:30pm – 3:30pm**	• Needs Assessment Planning – Comprehensive Survey Review • Data Summit Debrief
February 16, 2027 **1:30pm – 3:30pm**	• PY36 Expenditure Report • Draft 2027-28 committee workplan and meeting calendar • Needs Assessment - Survey Approval and Kick-off

SAVE THE DATE

2026 Data Summit

Data to Decisions: Preparing for PSRA

Friday, October 30, 2026

9:00AM - 4:00PM

510 S Vermont Ave Los Angeles CA 90020

Food & raffles

RSVP Required

Join us for a full day of learning and capacity-building designed to help members and community partners better understand how data is used in Ryan White planning and priority setting and resource allocation.

RSVP REQUIRED

Scan QR code or click: https://forms.cloud.microsoft/g/8bU7xCjjHy

WHAT TO EXPECT

- Data 101 & Epidemiology 101
- Data sources used in PSRA
- Ryan White Funding 101
- Understanding Utilization & Expenditure Data
- Community Voice & Lived Experience as Data
- Interactive PSRA exercises & group discussion

WHO SHOULD ATTEND?

Open to Commission members, committee-only members, community partners, providers and the public.

Come learn, ask questions, and build confidence in using data to inform priority setting and resource allocation decisions.

LOS ANGELES COUNTY COMMISSION ON HIV

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

Ryan White Program YR 36
Part A Quarter 1 Expenditures
(March 1, 2026 - May 31, 2026)

Priority Ranking	Service Category	YR 36 Part A COH Allocation Percentages	YR 36 Part A COH Approximate Allocation Amount	YR 36 Part A Quarter 1 Expenditures (March 1, 2026 - May 31, 2026)	Other Funding Support	Notes
	CORE SERVICES					
20	Outpatient/Ambulatory Medical Care	14.11%	5,222,404	$ 959,061		
8	Oral Health Care	18.43%	6,821,325	$ 1,376,345		(General: $943,798, Specialty: $432,547)
17	Home And Community-Based Health Services (Intensive Case Management Services Home Based)	4.02%	1,487,885	$ 332,720		
6	Medical Case Management Services (Medical Care Coordination)	18.51%	6,850,935	$ 1,503,515		
3	Mental Health Services	3.70%	1,369,447	$ 5,197		
26	Medical Nutrition Therapy	0.00%	-	$ -		
11	Early Intervention Services (PH STD Clinics)	5.31%	1,965,341	$ 1,155,818		March 1, 2026 - June 30, 2026
22	Local Aids Pharmaceutical Assistance Program	0.00%	-	$ -		
15	Health Insurance Premium & Cost Sharing	0.00%	-	$ -		
16	Home Health Care	0.00%	-	$ -		
28	Hospice Services	0.00%	-	$ -		
12	Substance Abuse Services Outpatient	0.00%	-	$ -		
9	Aids Drug Assistance Program Treatments	0.00%	-	$ -		
22	Local Aids Pharmaceutical Assistance Program	0.00%	-	$ -		
15	Health Insurance Premium & Cost Sharing	0.00%	-	$ -		
16	Home Health Care	0.00%	-	$ -		
28	Hospice Services	0.00%	-	$ -		
	CORE SERVICES TOTAL	**64.08%**	**$ 23,717,337**	**$ 5,332,656**		
	Core Medical Waiver was approved for FY 2025					
	SUPPORTIVE SERVICES					
18	Child Care Services	0.00%	-	$ -		
5	Case Management Services Non-Medical (Benefits Specialty Services)	4.85%	1,795,086	$ 296,301		
5	Case Management Services Non-Medical (Patient Support Services)	7.90%	2,923,954	$ 569,290		
27	Linguistic Services	0.00%	-	$ -		
10	Medical Transportation Services	2.70%	999,326	$ 135,632		
7	Nutritional Support Services (Food Bank/Home Delivered Meals)	12.35%	4,570,991	$ 1,146,086		
1	Housing Services (Transitional Residential Care Facilities/Residential Care Facilities for the Chronically Ill, Transitional Housing)	0.00%	-	$ -	Part B, MAI	
19	Substance Use Disorder Residential Services	0.00%	-	$ -	Part B, Non-Drug MediCal	
23	Legal Services	2.72%	1,006,728	$ 220,780		
2	Emergency Rental Assistance	5.40%	1,998,652	$ 340,761	HRSA EHE	
14	Outreach Services (LRP And Data 2 Care)	0.00%	-	$ -	HRSA EHE	
13	Health Education/Risk Reduction	0.00%	-	$ -		
4	Psychosocial Support Services	0.00%	-	$ -		
24	Referral	0.00%	-	$ -		
25	Rehabilitation	0.00%	-	$ -		
21	Respite Care	0.00%	-	$ -		
	SUPPORTIVE SERVICES TOTAL	**35.92%**	**$ 13,294,737**	**$ 2,708,850**		
	DIRECT SERVICES TOTAL	**100.000%**	**37,012,074**	**$ 8,041,506**		
	Quality Management	0.00%		$ 212,249		
	Administrative Services (Includes Planning Council)	0.00%		$ 1,016,476		
	QM & ADMIN TOTAL			**$ 1,228,725**		
	PART A GRAND TOTAL			**$ 9,270,231**		

Notes:

(1) Allocation based on priorities set by HIV Commission on August 18, 2026. Full YR 36 grant award: $41,957,859

YR 36 Direct Services Amount for Estimate COH Allocation Amount: $37,012,074

Ryan White Program YR 36
MAI Quarter 1 Expenditures
(March 1, 2026 - May 31, 2026)

Service Category	YR 36 MAI COH Allocation Percentages	YR 36 MAI COH Approximate Allocation Amount	YR 36 MAI Quarter 1 Expenditures (March 1, 2026 - May 31, 2026)	Other Funding Support	Column1
CORE SERVICES					
Outpatient/Ambulatory Medical Care	0.00%	$ -	$ -	Part A	
Oral Health Care	0.00%	$ -	$ -	Part A	
Home And Community-Based Health Services (Intensive Case Management Services Home Based)	0.00%	$ -	$ -	Part A	
Medical Case Management Services (Medical Care Coordination)	0.00%	$ -	$ -	Part A	
Mental Health Services	0.00%	$ -	$ -	Part A	
Medical Nutrition Therapy	0.00%	$ -	$ -		
Early Intervention Services (PH STD Clinics)	0.00%	$ -	$ -	Part A	
Local Aids Pharmaceutical Assistance Program	0.00%	$ -	$ -		
Health Insurance Premium & Cost Sharing	0.00%	$ -	$ -		
Home Health Care	0.00%	$ -	$ -		
Hospice Services	0.00%	$ -	$ -		
Substance Abuse Services Outpatient	0.00%	$ -	$ -		
Aids Drug Assistance Program Treatments	0.00%	$ -	$ -		
Local Aids Pharmaceutical Assistance Program	0.00%	$ -	$ -		
Health Insurance Premium & Cost Sharing	0.00%	$ -	$ -		
Home Health Care	0.00%	$ -	$ -		
Hospice Services	0.00%	$ -	$ -		
CORE SERVICES TOTAL	**0.00%**	**$ -**	**$ -**		
Core Medical Waiver was approved for FY 2025					
SUPPORTIVE SERVICES					
Child Care Services	0.00%	$ -	$ -		
Case Management Services Non-Medical (Benefits Specialty Services)	0.00%	$ -	$ -	Part A	
Case Management Services Non-Medical (Provider Support Services)	0.00%	$ -	$ -	Part A	
Case Management Services Non-Medical (Transitional Case Management Jails)	0.00%	$ -	$ -	Part A	
Linguistic Services	0.00%	$ -	$ -		
Medical Transportation Services	0.00%	$ -	$ -	Part A	
Nutritional Support Services (Food Bank/Home Delivered Meals)	0.00%	$ -	$ -	Part A	
Housing Services (Transitional Residential Care Facilities/Residential Care Facilitie	100.00%	$ 3,216,244	$ -	Part B	Invoicing not yet received.
Substance Use Disorder Residential Services	0.00%	$ -	$ -	Part B, Non-Drug MediCal	
Legal Services	0.00%	$ -	$ -		
Emergency Rental Assistance	0.00%	$ -	$ -	Part A, HRSA EHE	
Outreach Services (LRP And Data 2 Care)	0.00%	$ -	$ -	HRSA EHE	
Health Education/Risk Reduction	0.00%	$ -	$ -		
Psychosocial Support Services	0.00%	$ -	$ -		
Referral	0.00%	$ -	$ -		
Rehabilitation	0.00%	$ -	$ -		
Respite Care	0.00%	$ -	$ -		
SUPPORTIVE SERVICES TOTAL	**100.00%**	**$ 3,216,244**	**$ -**		
DIRECT SERVICES TOTAL	**100.000%**	**3,216,244**	**$ -**		
Quality Management	0.00%		$ -		
Administrative Services	0.00%		$ 75,597		
QM & ADMIN TOTAL			**$ 75,597**		
PART A GRAND TOTAL			**$ 75,597**		

Notes:

(1) Allocation based on priorities set by HIV Commission on August 18, 2026. Full YR 36 grant award: $3,573,604

YR 36 Direct Services Amount for Estimate COH Allocation Amount: $3,216,244

Ryan White Program YR 36
Part B Quarter 1 Expenditures
(April 1, 2026 - June 30, 2026)

Priority Ranking	Service Category	YR 36 Part B Quarter 1 Expenditures (April 1, 2026 - June 30, 2026)	Other Funding Support
	CORE SERVICES		
20	Outpatient/Ambulatory Medical Care	$ -	Part A
8	Oral Health Care	$ -	Part A
17	Home And Community-Based Health Services (Intensive Case Management Services Home Based)	$ -	Part A
6	Medical Case Management Services (Medical Care Coordination)	$ -	Part A
3	Mental Health Services	$ -	Part A
26	Medical Nutrition Therapy	$ -	
11	Early Intervention Services (PH STD Clinics)	$ -	Part A
22	Local Aids Pharmaceutical Assistance Program	$ -	
15	Health Insurance Premium & Cost Sharing	$ -	
16	Home Health Care	$ -	
28	Hospice Services	$ -	
12	Substance Abuse Services Outpatient	$ -	
9	Aids Drug Assistance Program Treatments	$ -	
22	Local Aids Pharmaceutical Assistance Program	$ -	
15	Health Insurance Premium & Cost Sharing	$ -	
16	Home Health Care	$ -	
28	Hospice Services	$ -	
	CORE SERVICES TOTAL	**$ -**	
	Core Medical Waiver was approved for FY 2025		
	SUPPORTIVE SERVICES		
18	Child Care Services	$ -	
5	Case Management Services Non-Medical (Benefits Specialty Services)	$ -	Part A
5	Case Management Services Non-Medical (Provider Support Services)	$ -	Part A
5	Case Management Services Non-Medical (Transitional Case Management Jails)	$ -	Part A
27	Linguistic Services	$ -	
10	Medical Transportation Services	$ -	Part A
7	Nutritional Support Services (Food Bank/Home Delivered Meals)	$ -	Part A
1	Housing Services (Residential Care Facilities for the Chronically Ill)	$ 712,355	
1	Housing Services (Transitional Residential Care Facilities)	$ 126,365	
19	Substance Use Disorder Residential Services	$ 250,126	Non-Drug MediCal
23	Legal Services	$ -	
2	Emergency Rental Assistance	$ -	Part A, HRSA EHE
14	Outreach Services (LRP And Data 2 Care)	$ -	HRSA EHE
13	Health Education/Risk Reduction	$ -	
4	Psychosocial Support Services	$ -	
24	Referral	$ -	
25	Rehabilitation	$ -	
21	Respite Care	$ -	

Ryan White Program YR 36
Part B Quarter 1 Expenditures
(April 1, 2026 - June 30, 2026)

	SUPPORTIVE SERVICES TOTAL	**$ 1,088,846**	
	DIRECT SERVICES TOTAL	**$ 1,088,846**	
	Quality Management	$ -	
	Administrative Services	$ 75,597	
	QM & ADMIN TOTAL	**$ 75,597**	
	PART A GRAND TOTAL	**$ 1,164,443**	

Notes:

Full YR 36 grant award:	$7,705,173
YR 36 Direct Services Amount:	$6,934,656

Policy #09.5203

Priority Setting and Resource Allocations (PSRA) Framework and Process

~~June~~September 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.

Allocation Adjustments and Reallocation

~~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~~ The Commission recognizes that allocation adjustments and reallocations may be needed during the grant year to respond to expenditure trends, ~~service~~ utilization, provider capacity, service demand, ~~funding requirements~~ final award amounts, or other grant management ~~considerations~~ needs.

~~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~~ For purposes of this policy, allocation adjustment refers to any change to Commission-approved funding amounts during the grant year. Reallocation refers

specifically to moving funds between approved service categories after the initial allocations have been adopted.

Any change to Commission-approved allocations must remain consistent with Ryan White HIV/AIDS Program requirements and Commission-approved priorities, allocations, and directives. Changes must also be documented and communicated to the Commission in a timely and transparent manner.

The Planning, Priorities and Allocations (PP&A) Committee shall review expenditure and utilization information **at least quarterly** to identify significant variances and determine whether an allocation adjustment, reallocation, or other Commission action is needed.

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A. Adjustments or Reallocations Within an Approved Threshold

The Recipient may ~~reallocate~~ make allocation adjustments or reallocations of up to ~~10% of the full award amount~~ ~~15~~25% within or across approved funded service categories, ~~as needed, based on provider expenditures, utilization, service demand, or other relevant grant management considerations~~ provided the change remains consistent with Commission-approved priorities, allocations, directives, and Ryan White requirements.

~~Any time the Recipient reallocates funds under this provision, the~~ Any adjustment or reallocation made under this authority shall be reported to the PP&A Committee, Executive Committee, and/or full Commission at the earliest scheduled meeting. ~~following~~ The Commission reserves the right to modify or remove this allowance if it no longer supports transparency or alignment with Commission-approved priorities.

B. Adjustments or Reallocations Above the Approved Threshold

Proposed allocation adjustments or reallocations exceeding ~~15~~25% shall be reviewed by the PP&A Committee and forwarded to the Executive Committee and/or full Commission for review and approval before implementation, unless urgent grant management timelines require expedited action.

When expedited action is needed and the full Commission is not scheduled to meet in time, the matter may be brought to the Executive Committee for review and direction, consistent with the Commission's bylaws, policies, and Brown Act requirements. Any expedited action shall be reported to the full Commission at the earliest opportunity.

The PP&A Committee will be notified of all reallocations, including instances where urgent, last-minute adjustments and must be communicated ~~at the earliest opportunity after the close of the grant year~~.. Any proposal to allocate funding to a Service Category not included in the original service category allocation must receive approval from the ~~Planning Council~~Commission.

Beginning ninety (90) days prior to the end of the grant term, DHSP shall have full authority to shift allocations across service categories as necessary to ensure full utilization of grant funds, provided such shifts do not alter the scope of work, performance outcomes, or compliance with funding requirements. DHSP must document and justify all shifts executed during this period and communicate them in writing to the PP&A Committee at the earliest opportunity.

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C. Use of Funds Within the Same Service Category First

When possible, unexpended funds should first be used within the same service category to support providers, programs, or services that can use the funds and meet demonstrated need.

If funds cannot reasonably be used within the same service category, the Recipient may move funds to another approved service category within the ~~15~~25% threshold or recommend a reallocation above the threshold based on expenditure trends, service demand, provider capacity, documented need, and Commission-approved priorities.

D. Final Allocation Reporting

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DHSP shall provide a report of final allocations for the grant term no later than ninety (90) days following the close of the grant year. The final allocation report shall include a summary of expenditures, allocation shifts, and any variances from the approved budget.

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~~D.~~E. **Documentation**

All allocation adjustments and reallocations shall include written documentation of the service categories affected, amount moved, reason for the change, supporting data or expenditure trend~~, whether Commission approval was required, and the date the change was reported to the Commission~~.

This process is intended to provide the Recipient with reasonable flexibility to manage the grant while ensuring the Commission remains informed and engaged in its priority setting, resource allocation, and reallocation responsibilities.

Quarterly Financial Reporting

The Planning, Priorities and Allocations (PP&A) Committee shall receive a written expenditure report by service category at least once per quarter. The report shall be provided **at least five business days** before the scheduled PP&A Committee meeting.

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The report shall include a spreadsheet showing approved allocations, year-to-date expenditures, remaining balances, and unobligated funds by service category, along with a written explanation of any

significant over- or underspending, unobligated balances, expenditure concerns, and any recommended allocation adjustments or reallocations.

A Recipient representative shall provide an ~~oral~~ update to the PP&A Committee highlighting any unexpected expenditure levels, projected shortfalls, projected underspending, or recommended adjustments requiring Committee review or Commission action.

APPROVED BY: _____ DATED: _____

Dawn P. Mc Clendon, Interim Executive Director

Original Approval: May 1, 2011
Revision(s): July 11, 2024; June 16, 2026; July 20, 2026

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