



LOS ANGELES COUNTY
COMMISSION ON HIV



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Consumer Caucus "In-Person" Meeting

Thursday, March 14, 2024
2:00PM-3:30PM (PST)

Meeting materials can be found at
<https://hiv.lacounty.gov/meetings> *Other Meetings

***If you are a person living with or at risk of HIV,
we invite you to be a part of a unified effort to help improve HIV prevention & care
service delivery in Los Angeles County***

The Consumer Caucus meeting will be held in-person at:

Drew CARES Offices

Charles Drew University Campus

1731 East 120th Street Building M, Los Angeles, CA 90059

Parking Lot Located off of East 118th Street

*****Lunch Provided *****

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

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CONSUMER CAUCUS (CC)
“IN-PERSON” MEETING AGENDA
Thursday, March 14, 2024 @ 2:00PM-3:30PM

Drew CARES Offices
Charles Drew University Campus
1731 East 120th Street Building M, Los Angeles, CA 90059
Parking Lot Located off of East 118th Street
Lunch Provided

- | | |
|---|-----------------|
| 1. CO-CHAIR WELCOME, INTRODUCTIONS & HOUSE RULES | 2:00PM – 2:05PM |
| 2. COH MEETING DEBRIEF (<i>Opportunity to address specific items from the Commission meeting that directly impact consumers</i>) | 2:05PM – 2:15PM |
| 3. ED/STAFF REPORT | 2:15PM – 2:20PM |
| • County/Commission Updates | |
| 4. CO-CHAIRS REPORT | 2:20PM – 2:30PM |
| • February 8, 2024 Meeting Recap | |
| • 2024 Workplan Review (Ongoing) | |
| 5. DISCUSSION | 2:30PM – 3:15PM |
| • Consumer Housing Taskforce Formation Planning | |
| ○ What is the purpose? | |
| ○ What are the desired outcomes? | |
| ○ Who needs to be at the table? | |
| ○ What are the recommended solutions? | |
| ○ What is the timeline? | |
| • Priority Setting & Resource Allocation (PSRA) Process Review | |
| 6. OVERFLOW & PARKING LOT (<i>Opportunity to continue discussions from previous agenda items or capture future discussion topics not agendaized.</i>) | 3:15PM – 3:20PM |
| 7. ACTION ITEMS, CALLS TO ACTION & NEXT STEPS | 3:20PM – 3:25PM |
| 8. AGENDA DEVELOPMENT FOR NEXT MEETING | 3:25PM – 3:27PM |
| 9. PUBLIC COMMENTS & ANNOUNCEMENTS | 3:27PM – 3:30PM |
| 10. ADJOURNMENT | 3:30PM |



CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)



HOUSE RULES

Consumer Caucus Meetings



1. **Active Listening:** Practice active listening during discussions. Allow each member to express their thoughts without interruption and try to understand their perspective before responding.
2. **Stay On Topic:** Keep discussions focused on the agenda and relevant issues. Avoid veering off into unrelated topics to make the most of everyone's time and energy.
3. **One Person, One Voice:** Give everyone an opportunity to speak before allowing individuals to speak again. This ensures that multiple perspectives are considered and prevents domination of the conversation by a few individuals.
4. **ELMO Principle:** A acronym for "Enough, Let's Move On." When a topic has been thoroughly discussed, respectfully say "ELMO", signaling the need to transition to the next agenda item.
5. **"Vegas" Rule:** "What's discussed in the Caucus, stays in the Caucus." Respect the confidentiality of sensitive information shared within the Caucus unless there is explicit permission to share.
6. **Respect Diversity & Use Inclusive Language:** Embrace diversity of opinions, backgrounds, and experiences. Be open to different viewpoints and avoid making assumptions about others based on their beliefs. Be mindful of the language you use and strive to be inclusive and respectful. Avoid offensive or discriminatory language.
7. **Use Parking Lot:** Utilize the "parking lot" to capture ideas, questions, or discussions not directly related to the current agenda item to address later or offline with staff and/or leadership.





LOS ANGELES COUNTY
COMMISSION ON HIV



FEBRUARY 8, 2024 CONSUMER CAUCUS (CC) Meeting Summary

Meeting packet available [HERE](#)

CO-CHAIR WELCOME & INTRODUCTIONS. Co-Chairs Lilieth Conolly, Ish Herrera and Damone Thomas opened the meeting, led introductions, and reviewed “house rules”.

COH MEETING DEBRIEF. Kevin Donnelly reported that the Planning, Priorities & Allocations (PP&A) Committee will spearhead the priority setting and resource allocation process throughout the year, underscoring the crucial role of the Caucus's engagement and participation. The Caucus provided constructive feedback on the management of the COH's meetings, with unanimous agreement that the meeting was efficiently conducted, commending its punctuality, adherence to time limits, and robust discussions. However, concerns were shared regarding certain attendees monopolizing conversations, hindering equal participation. Members also voiced their concerns regarding the lack of sufficient time allocated for housing discussions, stressing the need for extended conversations given many of the consumer’s questions have been left unanswered.

ED/STAFF REPORT. Cheryl Barrit, Executive Director, encouraged the Caucus to review the proposed changes to the bylaws that are out for public comment and use the guiding questions included to share feedback on how the Commission can do better. C. Barrit also announced that in response to the Caucus’ requests for increased trainings and capacity building opportunities, mini-trainings will be conducted to help ground folx on what the Commission does. Lastly, C. Barrit encouraged the Caucus to develop a more organized voice to ensure that their voice is effectively heard in a unified manner and reminded the group that staff is available for support.

CO-CHAIRS REPORT.

January 11, 2024, Meeting Recap. The Caucus Co-Chairs briefly reviewed the meeting summary located in the meeting packet.

2024 Workplan Development. The Caucus Co-Chairs reviewed the proposed workplan, noting that the activities were compiled from the December Consumer Caucus Retreat and subsequent discussions. The workplan is a working document and will be updated appropriately. Refer to the 2024 Workplan in the meeting packet.

DISCUSSION TOPIC: "ALL THINGS HOUSING"

HOPWA Overview

During the Caucus discussion, members responded to the first part of the 3-part HOPWA report presented at the COH meeting, expressing overwhelming concerns about HOPWA's capacity. Clients reliant on HOPWA-related funding were left in a precarious situation due to funding shortages, leading to unmet promises. Furthermore, dissatisfaction was voiced regarding HOPWA representatives' inability to address many consumer inquiries.

The Caucus also raised additional concerns and proposed recommendations regarding the housing crisis:

- Notable instances of vacant properties remaining unutilized while individuals wait for housing.
- Landlords' refusal to accept Section 8 vouchers.
- Use of credit scores in client screenings for housing vouchers.
- Substandard maintenance of housing buildings, failing to meet proper housing codes.
- Discrepancy between new construction and the insufficient allocation (30%) to affordable housing.
- Escalating cost of living without corresponding increases in services and funding.
- Suggestion to provide funding directly to clients or properties to prevent mishandling or misappropriation by third-party housing organizations.
- Proposal to involve landlords and property management companies in housing discussions to explore housing solutions for the unhoused.
- Recommendation to invite a representative from Mayor Karen Bass' office, given their housing-focused initiatives.
- Advocacy for voting in favor of rent control to increase available housing.
- Call for clarification on terms such as affordable housing, low-income housing, permanent supportive housing, to better understand the housing landscape in LA County.
- Proposal to invite a representative from HUD to participate in Caucus discussions.

CHIRP LA

Alma Justo and Nancy Jimenez from CHIRP LA explained their role as a housing referral service funded by HOPWA through LAHD. A. Justo noted that CHIRP LA receives the least HOPWA funding compared to other organizations. While they don't offer direct case management, they facilitate housing referrals. A. Justo mentioned CHIRP LA is implementing a new electronic system for data reporting, to be discussed in a future meeting, and offered to coordinate a Housing Stability Workshop for an upcoming Caucus session.

PLWH 50+ & Housing (Presentation by R. Ybarra)

Russell Ybarra shared his efforts to assist an 80-year-old person living with HIV in Palm Springs who wished to relocate to Los Angeles for better access to services. Despite reaching out to multiple agencies and researching housing options for individuals aged 50 and above living with HIV, it was advised that the client remain in Palm Springs due to insufficient housing availability. Ybarra highlighted not only the scarcity_of housing but also the shortage of staffing in these organizations, emphasizing the need for additional support to address these challenges effectively.

Open Dialogue

The Caucus engaged in a robust discussion, sharing concerns, inquiries, and proposals regarding how to tackle the housing crisis through a consumer-centric lens. Key points raised included:

- Exploring strategies to engage funders effectively.
- Addressing the challenge of accessing housing for seniors.
- Recognizing reluctance towards SRO or Project New Hope placements due to enrollment requirements in treatment or substance use programs.
- Advocating for a case study on the client referenced by R. Ybarra and collaborating with building management to identify actionable steps.
- Investigating avenues for filing grievances and holding entities accountable, along with potential consequences.

To move the discussion forward toward action, the Caucus unanimously agreed to form a consumer-focused housing task force, building upon the previous COH housing task force. The following members volunteered to participate:

- Lilieth Conolly
- Damone Thomas
- Ish Herrera
- Alasdair Burton
- Nancy Jimenez (CHIRP LA)
- Russell Ybarra

Planning around the formation of a consumer housing task force will continue at the next Caucus meeting.

K. Donnelly highlighted a letter from the PP&A Committee to DHSP and HOPWA seeking information on housing-related services, with the Caucus requesting an update on its status.

ANNOUNCEMENTS

Devon from the Los Angeles LGBT Center South announced a HIV+ support group for ages MSM 18-29, taking place every Tuesday @ 4-6PM.



Consumer Caucus Workplan 2024

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2024.

CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS
1	Create a safe environment for consumers (<i>people in need of HIV care and prevention services</i>)	Increase awareness of the caucus in the community. Create consumer-only spaces as part of meetings; address topics that are consumer-focused; provide educational and capacity building opportunities.	Ongoing	Increase participation in the Caucus is encouraged, emphasizing the significance of sharing opinions and feedback. Individual experiences can make a meaningful impact on others attending, fostering a sense of community support.
2	Address topics important to consumers that improve quality of life	Create a list of topics relevant to consumers' needs and concerns	Ongoing	Housing, EFA, mental health, RWP services, social engagement, advocacy, estate planning, general HIV education, stigma, SUD, 50+, exercise, support programs, i.e., buddy, animals, etc., service coordination <u>Proposed Meeting Schedule:</u> February=Housing; March=Housing, Mental Health; April=Housing, I'm+LA Website, RWP Services; May=Life Insurance, Estate Planning; June=Self Advocacy, Support Groups
3	MIPA. Meaningful Involvement by People Living with HIV/AIDS.	Ensure that the communities most affected by HIV are involved in decision-making, at every level of the response	Ongoing	Plan an all-consumer led event; cross collaborate w/ other Caucuses.
4	Leadership and Capacity Building Training: <i>Identify training opportunities that foster and nurture (PLWH & HIV-neg) consumer leadership and empowerment in COH and community.</i>	Continue soliciting ideas from consumers for training topics	Ongoing	Refer to 2024 Training schedule. Access DHSP provider trainings – TBD. Establish a Speaker Series.

5	<p>Consumer Recruitment & Participation in COH: <i>Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.</i></p>	<ul style="list-style-type: none"> -Identify mechanism for retaining Caucus members -Recruit members that are not part of Ryan White contracted agencies or consumers of Ryan White services -Recruit members that need HIV care and prevention services -Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus 	Ongoing	<p>Question:</p> <ul style="list-style-type: none"> -Why would anyone come to Caucus meetings? -Why won't providers recruit? -How can we get providers to encourage their clients/patients to attend? -What is the incentive for unaffiliated consumers to attend meetings?
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DRAFT



Steps in the Priority Setting and Resource Allocation Process Ryan White Program Year – March 1 to February 28

1

Review core medical and support service categories, including HRSA service definitions

2

Review data/information from DHSP & COH Caucuses

3

Agree on how decisions will be made; what values will be used to drive the decision-making process

4

Rank services by priority
Ranking DOES NOT equal level of allocation by percentage

5

Allocate funding sources to service categories by percentage
Ryan White Program Part A and Minority AIDS Initiative (MAI)

6

Draft Directives: Provide instructions to DHSP on how best to meet the priorities
Informed by COH Committees, Caucuses, Task Forces, data, PLWH & provider input

7

Reallocation of funds across service categories, as needed throughout funding cycle



Ryan White Program Service Categories

Core Medical Services

- AIDS Drug Assistance Program (ADAP) Treatments
- Local AIDS Pharmaceutical Assistance Program (LPAP)
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services (aka Home-based Case Management)
- Home Health Care
- Hospice Services
- Medical Case Management, including Treatment Adherence Services (aka Medical Care Coordination)
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

Supportive Services

- Childcare Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
 - Legal Services
 - Permanency Planning
- Outreach Services
- Permanency Planning
- Psychosocial Support
- Referral for Healthcare and Support Services
- Rehabilitation
- Respite Care
- Substance Abuse (Residential)



Ryan White Program Parts

Program Part	Recipient	Funding Purpose
<p>Part A and Minority AIDS Initiative Funds* (Locally managed by DHSP)</p>	<p>Eligible Metropolitan Areas (EMAs) & Transitional Grant Areas (TGAs)</p>	<ul style="list-style-type: none"> • Provide medical (core) and support services to cities/counties most severely affected by HIV • Minority AIDS Initiative—Help RWHAP recipients improve access to HIV care and health outcomes for minorities The MAI was codified in 2006 and provides additional funding for Parts A-F to improve access to HIV care and health outcomes for racial and ethnic populations disproportionately affected by HIV.
<p>Part B</p>	<p>All 50 states, District of Columbia, Puerto Rico, U.S. Virgin Islands, and six U.S. territories; states distribute money to counties</p>	<ul style="list-style-type: none"> • Improve the quality of and access to HIV health care and support in the U.S. • Provide medications to low-income people with HIV through AIDS Drug Assistance Program (ADAP)
<p>Part C</p>	<p>Local community-based groups (e.g., FQHCs, clinics, CBOs, FBOs, etc.)</p>	<ul style="list-style-type: none"> • Provide outpatient ambulatory health services and support for people with HIV • Help for community-based groups to strengthen their capacity to deliver high-quality HIV care
<p>Part D</p>	<p>Local community-based organizations</p>	<ul style="list-style-type: none"> • Provide medical care for <u>low-income women, infants, children and youth</u> with HIV • Offer support services for people with HIV and their family members
<p>Part F</p>	<ul style="list-style-type: none"> • AETCs & SPNS • Dental Programs 	<ul style="list-style-type: none"> • AIDS Education and Training Center (AETC) Program – Provide training and technical assistance to providers treating patients with or at risk for HIV • Special Projects of National Significance (SPNS) – Develop innovative models of HIV care and treatment to respond to RWHAP • Dental Programs – Provide oral health care

* Indicates RWP Parts that are allocated by the Commission on HIV/AIDS.



DHSP Ryan White Program Funded Services

RWP Service	Service	Funding Source
Early Intervention Services (EIS)	Core Medical	Part A
Home and Community-Based Health Services (aka Home-based Case Management)	Core Medical	Part A
Medical Case Management (aka Medical Care Coordination)	Core Medical	Part A & EHE
Mental Health Services	Core Medical	Part A & EHE
Oral Health Care	Core Medical	Part A
Outpatient/Ambulatory Health Services	Core Medical	Part A & EHE
Childcare Services†	Supportive	Part A
Emergency Financial Assistance	Supportive	Part A
Food Bank/Home Delivered Meals – Nutrition Support	Supportive	Part A
Housing <ul style="list-style-type: none"> • Permanent Support Housing w/Case Management • Transitional Residential Care Facilities (TRCF) • Residential Care Facilities for the Chronically Ill (RCFCI) 	Supportive	<ul style="list-style-type: none"> • MAI • Part A/Part B • Part A/Part B
Linguistic Services	Supportive	Part A
Medical Transportation	Supportive	Part A & EHE
Non-Medical Case Management <ul style="list-style-type: none"> • Benefits Specialty • Transitional Case Management† 	Supportive	<ul style="list-style-type: none"> • Part A • MAI
Legal Services	Supportive	Part A
Outreach	Supportive	Part A & EHE
Psychosocial Support	Supportive	EHE
Referral for Healthcare and Support Services	Supportive	Part A & EHE
Substance Abuse - Residential	Supportive	Part B

†Allocated but no active service contracts



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POLICY/ PROCEDURE:	NO. 09.5203	Priority Setting and Resource Allocations (PSRA) Framework and Process
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DRAFT 12.27.23

SUBJECT: The Commission’s Priority Setting and Resource Allocations (PSRA) framework, process and specifics.

PURPOSE: To outline the Commission’s service prioritization and resource allocations process, as mandated by the Ryan White Treatment Modernization Act (Ryan White) and Los Angeles County Charter Code 3.29.

BACKGROUND:

- Service prioritization and resource allocations are two of the Part A planning councils’ chief responsibilities, detailed specifically in Ryan White legislation and confirmed in County Charter Code.
- In accordance with Health Resources and Services Administration (HRSA) guidance, the Commission sets service priorities based on consumer need and determines allocations from priorities and other factors such as service capacity, other sources of funding, service utilization and cost-effectiveness.
- As defined in its ordinance, the Commission establishes priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee’ s allocation and expenditure of these funds by service category or type of activity for consistency with the Commission’s established priorities, allocations and Comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors and HRSA verifying that service category allocations and expenditures are consistent with the Commission’s established priorities, allocations and comprehensive HIV plan.

POLICY:

- This policy outlines the Priority Setting and Resource Allocation (PSRA) process used to

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

Last Revised: *May 12, 2011; (XX, XX 2024)*

- prioritize services and allocate resources—in accordance with governing Ryan White and County code legislation—encompassing the specific partners, responsibilities, steps, tasks and timelines associated with the process.
- The PSRA process is led by the Commission’s Planning, Priorities and Allocations (PP&A) Committee. The Division of HIV and STD Programs (DHSP) provides critical information; consumer input is collected through the Comprehensive HIV Plan and other assessments; and provider input is collected through focus forums, surveys and Commission participation.
- The policy details the expectations and timing of stakeholder involvement in the multi-year Ryan White Part A funding cycle determined by the HRSA Ryan White HIV/AIDS Program (RWP). The process allows for ongoing stakeholder input at several key junctures. Multi-year allocations are intended to conclude prior to the submission of the RWP Part A application. Allocations are reviewed annually to ensure alignment with and responsiveness to community needs and funding requirements.

PRINCIPLES AND CRITERIA¹:

- A. **Priorities and allocations are data based.** Decisions are based on the data, not on personal preferences. Commissioners should avoid presenting anecdotal information or personal experiences during the decision making, focusing on needs assessments, and cost/service utilization data rather than a single person’s experience.
- B. **Conflicts of interest are stated and followed.** Commission members must state areas of conflict according to the approved Conflict of Interest Policy, and cannot participate in open discussions or vote on the related service categories in which they have a conflict. As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity. Any funded RWHAP Part A provider must declare all funded service categories (e.g., areas of conflict of interest) at the beginning of the meeting(s), and neither initiate discussion nor vote on priorities or allocations for those service categories. S/he can answer questions directed by other members, and can vote on priorities and allocations when they are presented as a whole list. (Model Priority Setting and Resource Allocation Process, Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018).

Commented [BC1]: Ask new HRSA PO for clarification.

¹ Model Priority Setting and Resource Allocation Process, Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018.

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

Last Revised: *May 12, 2011; (XX, XX 2024)*

- C. The data provide the basis for changes in **priorities or allocations from the previous year**. The data indicate changes in service needs/gaps and availability based on information from the various data sources.
- D. **Needs of specific populations and geographic areas** are an integral part of the discussion in the data presentations and the decision making. They may also lead to recommendations to the Recipient on how best to meet the priorities.
- E. **Final vote** on the complete priorities and allocations will be presented by the Planning, Priorities and Allocations Committee Co-Chairs to the full planning council for a roll-call vote.
- F. **Paradigms and operating values** are selected and used by the PP&A Committee to help guide their decision-making in setting service priorities and resource allocations. The PP&A Committee reviews the paradigms and operating values selected and approved from the previous year as the foundation for current year PSRA process or reallocations. (Attach)
- G. **The Commission's Status Neutral HIV and STI Delivery System framework** is used by the PP&A Committee to ensure that service priorities and resources allocations emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention. This approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being. (Attach)
- H. Decisions should help to ensure **parity in access to care**, for all Ryan White-eligible HIV/AIDS population groups and for PLWH/A regardless of where they live in the County.
- I. Discussions and decisions should have a major focus on **improving performance on the HIV Care Continuum/Treatment Cascade**, focusing on areas of concern – such as linkage to care or retention in care. Reducing unmet need (the number of people who know they are HIV-positive but are not in care) requires deciding how many “new” or “lost to care” clients should be identified, estimating the mix of services they will need from RWHAP Part A, and allocating funds sufficient to meet those needs. Where a choice needs to be made between providing a wider range of services to more individuals and getting additional people into care, the Planning Council will give priority to getting more people key services (among them primary care and medications).
- J. The Commission members will keep in mind current goals, objectives, and priorities from its **Comprehensive HIV Plan (CHP)** to be sure they receive appropriate attention in decision making.

PROCEDURE(S):

1. The priority setting process should consider services needed to provide and/or support a continuum of care, regardless of how these services are being funded and the extent of unmet demand for these services. Funding availability and unmet needs associated with these service priorities are considered during the resource allocation process.
2. The list of HRSA fundable service categories (core and support) and the definitions of these services will be presented by the Commission staff.
3. The list of HIV prevention categories from the most recently approved Prevention Service Standards will be presented by the Commission staff.
4. DHSP compiles service utilization reports (including, but not limited to, clients served, priority populations, expenditures per client), anticipated service delivery goals/objectives, expenditures reports, surveillance reports, prevention data (including, but not limited to, counseling and testing and PrEP and PEP utilization), and programmatic and fiscal challenges and opportunities for service improvements.
4. The PP&A Committee convenes a combined meeting with the Consumer Caucus during the first quarter of the year to:
 - a) review process paradigms and operating values and provide feedback;
 - b) review summary of findings from the most recent Ryan White Service Utilization Reports and HIV prevention data provided by DHSP;
 - c) review most recent HIV prevention and care financial reports from DHSP; and
 - d) review key goals, objectives and metrics from the Comprehensive HIV Plan, Ending the HIV Epidemic Plan, and other key pertinent documents; and
 - e) harness feedback on service category priorities and allocations from consumers.
5. The PP&A Committee formally organizes focus groups at various provider stakeholder meetings or conducts provider surveys as needed to inform the PSRA process.
6. During July-August, the PP&A Committee deliberates and prioritizes services categories in rank order (highest need is #1 priority). The principal data and information used for priority-setting are the Comprehensive HIV Plan, relevant needs assessment, the HIV epidemiology report, fiscal and programmatic reports, and service utilization reports.
 - a) The PP&A Committee only ranks service priorities once—regardless of funding scenario—as they indicate the services most needed regardless of changes in the funding picture or in which different resources available.
 - b) The PP&A Committee compiles and/or reviews the data and feedback it has collected from DHSP, community listening sessions and/or surveys and reviews it in June, prior to service prioritization.

Commented [BC2]: For PP&A and Consumer Caucus discussion. Intended to engage consumers more in the PSRA process and increase knowledge/skills around using data, understanding the RWP/CDC-funded programs.

Policy 09.5203 : Priority Setting and Resource Allocations (PSRA) Framework and Process

Last Revised: *May 12, 2011; (XX, XX 2024)*

7. During July-August after the service categories have been ranked and prioritized, the PP&A Committee determines resource allocations for services:
 - a) Allocations can be made by actual amounts or percentages based on specific expenditure proposals, although percentages allow more flexibility to respond to variances in the funding awards.
 - b) Allocations may change in each of the selected funding scenarios.
 - c) It is strongly encouraged that stakeholders who suggest funding allocations for specific service categories also present accompanying recommendations to advise how the continuum of care will accommodate those suggested modifications to funding levels.
 - d) Additional streams of funding are identified in each service category, with amounts locally dedicated for HIV services where the information is available.
 - e) The PP&A Committee, in collaboration with DHSP, compiles a resource inventory for allocation-setting, and uses it to help determine capacity and other resources when allocating funds.
8. The PP&A Committee recommends and secures approval for service priorities and funding allocations at the August or September Commission meeting, prior to the RWP Part A grant application submission deadline.
9. When a reallocation of funds is necessary, adequate data to support the movement of funds between service categories will be presented, considered, and fully documented in the minutes of the meeting during which the reallocation of funds is approved. Proposed re-allocations must be submitted to the Commission for approval. All changes in allocations must be accompanied with a written justification detailing the reasons for the modifications.
10. During the month (30 days) following the approval of resource allocations by Commission, the PP&A Committee will consider appeals regarding its PSRA process. Appeals must be presented to the PP&A Committee at its monthly meeting immediately following the Commission meeting in which the allocations were adopted. The following two types of appeals will be considered:
 - a) new factual information that may have led to different decisions if the information had been available during the PSRA process, and/or
 - b) questions or complaints about decision-making that did not conform to the process as outlined.
11. In October-November, the PP&A Committee compiles information and suggestions made throughout the PSRA process to further elaborate on its priority and allocation decisions by developing “directives.”
 - a) These “directives” are framed as “guidance”, “recommendations”, and/or “expectations” and are intended to detail “how best to meet the need” or as “other factors to be considered” to be forwarded to DHSP the Commission and/or its various committees, and/or other stakeholders, as appropriate.

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- b) The guidance, recommendations and expectations further define minimum quality of care standards, implementation practices and/or mechanisms to respond to specific operational or system needs.
 - c) Once completed and approved by the PP&A Committee, the directives are forwarded to the Executive Committee and the Commission for approval.
 - d) The approved directives are transmitted to DHSP for consideration and implementation if deemed to be feasible by DHSP. DHSP will review the directives and report to the PP&A Committee which recommendations are feasible with a timeline for implementation.
 - e) DHSP shall provide periodic updates at PP&A Committee meetings.
12. In addition to its other business, the PP&A Committee devotes the intervening months between each year's PSRA process to further study identified service categories, populations and/or related planning issues, and implements committee activities accordingly to compile the necessary data.

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**NOTED AND
APPROVED:** _____

**EFFECTIVE
DATE:** _____

Original Approval: May 1, 2011

Revision(s): XX

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Last Revised: *May 12, 2011; (XX, XX 2024)*

ATTACHMENTS

Paradigms and Operating Values

Status Neutral HIV and STI Service Delivery System Framework

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