

2025 TRAINING SERIES

PRIORITY SETTING AND RESOURCE ALLOCATION PROCESS (PSRA)

APRIL 23, 2025



LOS ANGELES COUNTY
COMMISSION ON HIV



Meaningful Involvement of People Living with and Affected by HIV

- A principle that aims to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives
- Serve on the Commission and /or be active participants at meetings and decision-making process
- Provide ongoing feedback on service experiences (positive and negative)- with aim of improving services
- Work towards equity and social justice

PRIORITY SETTING AND RESOURCE ALLOCATION PROCESS (PSRA)



LOS ANGELES COUNTY
COMMISSION ON HIV



Learning Objective

Learn about the responsibility of planning councils to use sound information and a rational decision-making process when deciding which services and other service categories are priorities (priority setting) and how much to fund them (resource allocation).

Common Terms and Acronyms

Planning Council (PC)/Planning Body (PC) = Commission on HIV

Recipient = Division of HIV and STD Programs (DHSP)

- **DHSP** – Division of HIV and STD Programs; local administrator of HIV/STD prevention and care funds and programs in Los Angeles County
- **PSRA** – priority setting and resource allocation
- **HRSA** – Health Resources and Services Administration (federal agency that manages Ryan White dollars)
- **CDC** – Centers for Disease Control and Prevention (federal agency that manages and awards prevention funds to DHSP)
- **RW** - CARE Act- Ryan White (the law that carves out \$ for PLWH is named after him)

More Acronyms

- **PY**- Program Year (begins March 1 of one year and ends February 28 of next year; this is the program year defined by HRSA)
- **FY**- Fiscal Year (begins July 1 of one year and ends June 30 of the next year; used by LA County)
- **NCC**- Net County Cost (Los Angeles County funds; non-grants)
- **MAI**- Minority AIDS Initiative
- **COH** – Commission on HIV
- **PLWHA**- people living with HIV/AIDS

What is Priority Setting and Resource Allocation (PSRA)?



- The most important decision-making responsibility for Commissioners
- Decision on priority setting and resource allocations must be based on data and *not* anecdotal information or impassioned pleas.
- Led by the Planning, Priorities and Allocations Committee (PP&A)

Service Ranking & Priority Setting

The process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all PLWH in an Eligible Metropolitan Area (in our case, LA County).

- Must address needs of *all* PLWH regardless of:
 - Who they are
 - Where they live in the County
 - Stage of disease
 - Whether they currently receive services
- Priorities should be set without regard to the availability of funds (RWHAP Part A or other funds)

What are the Ryan White Service Categories?

These are the services ranked by the Commission during the PSRA process.

Fall under two categories:

- Core Medical Services
- Support Services

HRSA requires that 75% of funds be allocated to core medical services, but waiver requests are permitted.

Core Medical Services

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

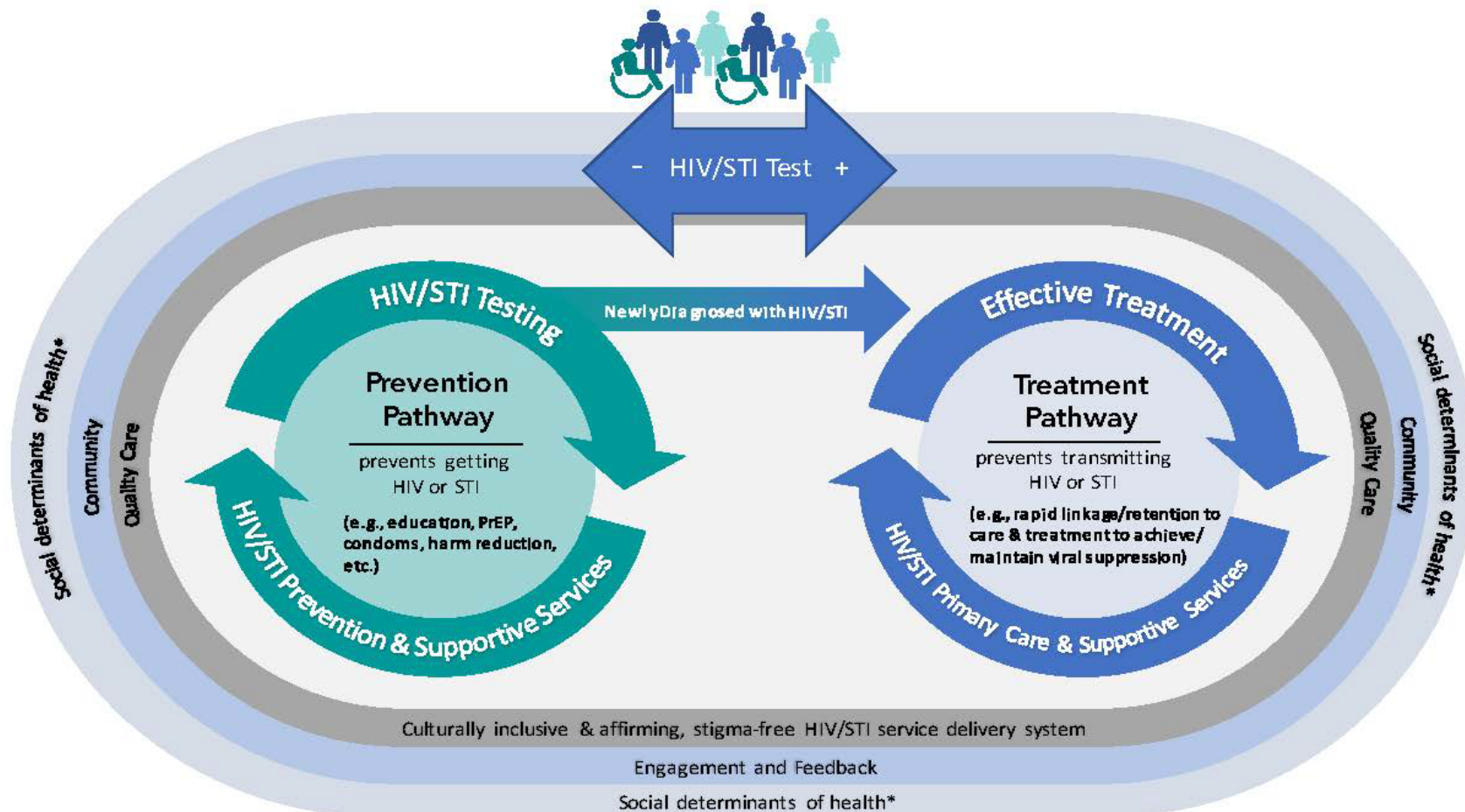
Support Services

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Legal Services
7. Linguistic Services
8. Medical Transportation
9. Non-Medical Case Management Services
10. Other Professional Services
11. Outreach Services
12. Permanency Planning
13. Psychosocial Support
14. Referral for Healthcare and Support Services
15. Rehabilitation
16. Respite Care
17. Substance Abuse (residential)

Prevention Services from Standards

1. HIV testing
2. STI testing and treatment
3. HIV treatment as prevention
4. PrEP and PEP
5. Doxy PEP
6. Partner Services
7. Education/Counseling
8. Harm Reduction (drugs, alcohol use, and sexual activity)
 - Narcan/Naloxone
 - Drug testing strips
 - Peer Support
 - Contingency management
 - Mobile/Street Medicine
 - Medication Assisted Treatment
9. Social marketing and outreach
10. Navigation services
11. Supportive Services
 - Syringe Exchange
 - Housing services
 - Mental health services
 - Substance abuse services
 - Food and nutrition support
 - Employment services
 - Unemployment financial assistance
 - Drug assistance programs
 - Health insurance navigation
 - Childcare
 - Legal assistance
 - Health literacy education
 - Peer support
 - Other services, as needed

Status Neutral HIV and STI Service Delivery System



Revised 10/18/23

* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

See [Healthy People 2030](#) for more details on the social determinants of health.

S:\Committee - Planning, Priorities & Allocations\Prevention Planning Workgroup\IAC Status Neutral Framework

Reminder!

Prioritization: rank service categories based on consumer needs (ONLY!)

What services are needed from most to least?

Funding availability is not a consideration for prioritization; only consumer needs.

Declare and be mindful of your conflicts of interest. The PSRA process is about the needs of PLWHA, not service providers.

Resource Allocations

Process of determining how much RWHAP Part A & Minority AIDS Initiative (MAI) program funding will be allocated to each service category

- Commission instructs DHSP on how to distribute the funds in contracting for service categories
- Some lower-ranked service categories may receive larger allocations than higher-ranked service categories due to cost per client and services available through other funding streams

Directives

Provides guidance to the recipient (DHSP) on how to meet prevention and care priorities

- Involves instructions for the recipient to follow in developing requirements for providers for use in procurement and contracting
- Usually addresses populations to be served, geographic areas to be prioritized, and/or service models or strategies to be used

Reallocation

Process of moving program funds across service categories after the initial allocations are made.

This may occur:

- Right after grant award (partial and final award), since the award is usually higher or lower than the amount requested in the application
- During the program year, when funds are underspent in one category and demand is greater in another

New Strategic Vision from HRSA

Ryan White Program 2030

As HRSA's HIV/AIDS Bureau's (HAB) Ryan White HIV/AIDS Program moves forward in its fourth decade, HRSA HAB is using tools such as implementation science, rapid HIV medication start, long-acting injectable treatment, community-based outreach, and HIV treatment as prevention available to end the HIV epidemic in the United States.

In April 2024, HRSA announced the Ryan White Program 2030, which builds off the foundation of the Ryan White HIV/AIDS Program and the innovative strategies from the first four years of the federal Ending the HIV Epidemic in the U.S. initiative. Ryan White Program 2030 calls on the HIV community to continue to care for those in the Ryan White HIV/AIDS Program while we also prioritize efforts to reach people with HIV who are out of care and not virally suppressed.

HRSA HAB's vision of optimal HIV care and treatment for all to end the HIV epidemic in the U.S. calls us to focus on:
REACHING PEOPLE WITH HIV WHO ARE OUT OF CARE



By leveraging partnerships, focusing interventions, and engaging communities, we will bring more people into care to ultimately end the HIV epidemic. By focusing on reaching those who are out of care, we will ensure that no one is left behind in our efforts to end the HIV epidemic.

Read more in the [Ryan White Program 2030 program letter](#) (PDF - 294 KB).

Date Last Reviewed: December 2024



Steps in the PSRA Process

PSRA Tips

- There is no one “right” way to set priorities and allocate resources.
- An evolving process influenced by status-neutral approaches and ever-changing healthcare landscape like Medi-Cal expansion and funding challenges
- Process must be documented in writing and used to guide deliberations and decision-making.
 - A grievance can be filed if the planning council deviates from its established process.
- Agree on the PSRA process, its desired outcomes, and responsibilities for carrying out the process.

Setting Expectations

- Serving on the Commission on HIV is work, commitment, and stewardship.
- Study the data and information provided – these are tools to help you make informed decisions
- Ask questions, avoid assumptions
- “We” not “me”
- Completed mandatory PSRA training

Steps in the Priority Setting and Resource Allocations Process

1

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

2

Review data/information from DHSP

3

Agree on how decisions will be made; what values will be used to drive decisions.

Steps in the Priority Setting and Resource Allocations Process

4

Rank services by priority

5

Allocate funding sources to service categories by percentage

Ranking DOES NOT equal level of allocation by percentage

Steps in the Priority Setting and Resource Allocations Process

6

Provide instructions to DHSP on how best to meet the priorities (Directives)

7

Reallocation of funds across service categories, as needed

Directives are informed by COH Committees, Caucuses, Task Forces, data, PLWH and provider input.

Data to Support Decision-Making

- ❑ Needs assessment findings
- ❑ Cost-effectiveness data
- ❑ Actual service cost and utilization data
- ❑ The amount of funds provided by other sources
- ❑ Research findings and best practices



Leveraging Other Resources

Understand service categories and amounts of funding provided by sources other than RWHAP Part A

- Program Income from RWHAP Parts B, C, D, F
- Housing Continuum of Care/HOPWA
- SAMHSA
- Medicaid/Medicare
- Net County Cost (NCC)
- County-wide resources
- Centers for Disease Control and Prevention
- Other grants

Expenditure Review

- Prior Program Year (PY) final expenditures for Ryan White Part A, B, and Minority AIDS Initiative (MAI) funds
- Current PY estimates for Part A, MAI and Part B expenditures
- Future RFP funding needs
- Current and future PY expanded service categories with anticipated expenditures increases.
- Total PY budget amounts for Parts A, B and MAI
- Net County Cost (NCC) budget for services

Quick Scenario to Apply Knowledge

- The Commission is trying to decide whether additional funding is needed for medical transportation. It was not identified as a key concern by 35 people attending two townhall meetings prior to PSRA, but was among the top 7 service gaps identified in the most recent survey of 620 PLWHA.
- 1. To which of these data sources should the Commission give more “weight” and why?
- What other data should the Commission review in making this allocation decision?

Planning Tools Unique to the Commission



Paradigms and Operating
Values

Paradigms for Decision- Making

- ✓ Compassion: response to suffering of others that motivates a desire to help
- ✓ Equity: Allocate resources in a manner that addresses avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically.
- ✓ Restorative Justice: correction of past inequities

Operating Values

- ✓ **Efficiency**: accomplishing the desired operational outcomes with the least use of resources
- ✓ **Quality**: the highest level of competence in the decision-making process
- ✓ **Advocacy**: addressing the asymmetrical power relationships of stakeholders in the process
- ✓ **Representation**: ensuring that all relevant stakeholders and constituencies are adequately represented in the decision-making process
- ✓ **Humility**: Acknowledging that we do not know everything and willingness to listen carefully to others.
- ✓ **Access**: Assuring access to the process for all stakeholders and/or constituencies.

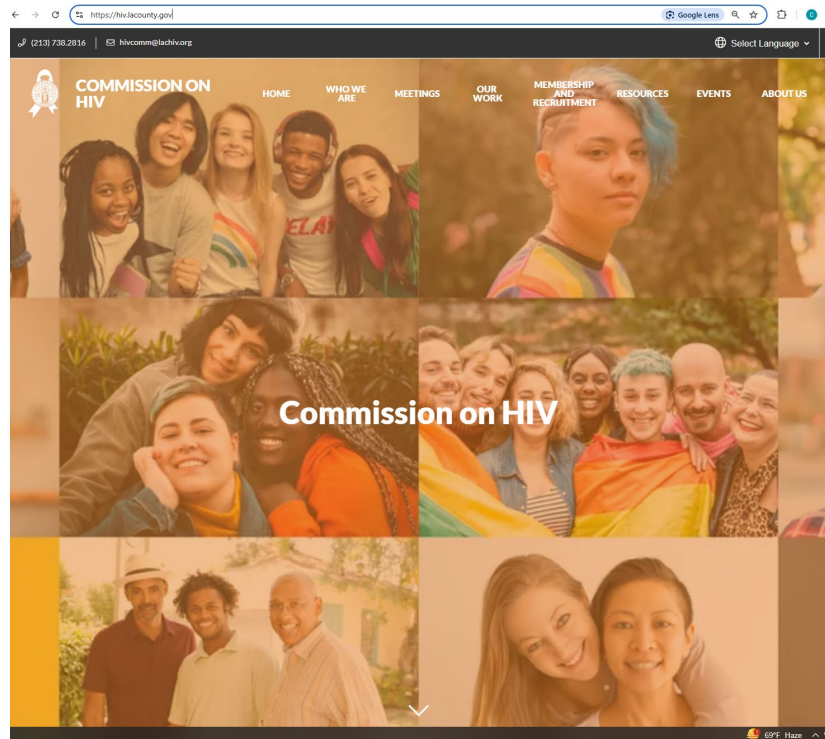
COMPREHENSIVE HIV PLAN (CHP)

- Serves as a jurisdictional HIV/AIDS Strategy
- Living document and roadmap to guide HIV prevention and care planning throughout the year
- Addresses local needs and opportunities for improvement
- Emphasizes collaboration and coordination

<https://hiv.lacounty.gov/our-work>

Continue Your Learning and Visit:

■ <https://hiv.lacounty.gov/>



**You must
complete the quiz
to receive your
certificate of
completion**

- https://www.surveymonkey.com/r/2025_PSRA_042325



Q & A



510 S. Vermont Ave, 14th Floor,
Los Angeles, CA 90020



hivcomm@lachiv.org



213.738.2816



HIVCommissionLA



@HIVCommissionLA



LOS ANGELES COUNTY
COMMISSION ON HIV

