

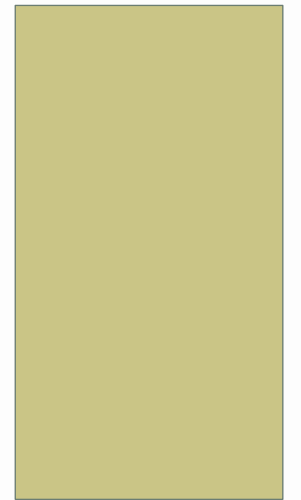


LOS ANGELES COUNTY
COMMISSION ON HIV



PLANNING COUNCIL REFRESHER

7/9/18



QUESTIONS FOR COMMISSIONERS

1. What is your role as a Commissioner?
2. What confuses you the most about the Commission on HIV?
3. What areas of the COH do you need clarification?
4. What areas about your role as a Commissioner need clarification or more information?

Commissioners are encouraged to speak to COH staff for ongoing guidance and support to ensure they are successful in meeting their responsibilities as planning council members.

GUIDING DOCUMENTS

- Ryan White Care Act
- Part A Manual, Health Resources Administration (HRSA)
- HIV Target Center (www.targethiv.org)
- Planning Community HIV/AIDS Technical Assistance & Training



KEY TERMS

- EMA – Eligible Metropolitan Area
 - area must have reported at least 2,000 AIDS cases in the most recent five years and have a population of at least 50,000.
 - 25 EMAs in the country {LOS ANGELES COUNTY IS AN EMA}
- TGA – Transitional Grant Area
 - area must have reported 1,000 to 1,999 AIDS cases in the most recent five years and have a population of at least 50,000.
 - 28 TGAs in the county
 - EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic.

KEY TERMS

- **Part A** - medical and support services to EMAs and TGAs.
- **Part B**- states and territories to improve the quality, availability, and organization of HIV health care and support services. Also includes grants for the AIDS Drug Assistance Program(ADAP).
- **Part C** - local community-based organizations to support outpatient HIV early intervention services and ambulatory care.
- **Part D** - family-centered, comprehensive care to women, infants, children, and youth living with HIV.
- **Part F** - supports several research, technical assistance, and access-to-care programs.
 - **The Special Projects of National Significance Program**
 - **The AIDS Education and Training Centers Program**
 - **The Dental Programs**
 - **The Minority AIDS Initiative (MAI)**

KEY TERMS

- **Grantee** – in LAC this means the Division of HIV and STD Programs (DHSP)
- **Planning Council** - in LAC this means the Commission on HIV (COH or “Commission”)
- **FQHC** – Federally Qualified Health Centers (some are referred to as “look-a-likes”)
- **Unaffiliated consumer** (UA): current users of Part A services; not aligned or affiliated with Ryan White Part A-funded providers as employees, consultants, or Board members.

GRANTEE AND PC ROLES AND RESPONSIBILITIES

ROLE	DHSP (GRANTEE)	COH (PLANNING COUNCIL)
Planning Council Formation/Membership/Operations		X
Needs Assessment	X	X
Comprehensive Planning	X	X
Priority Setting & Resource Allocation		X
Directives (how to meet each priority)		X
Early Identification of Individuals with HIV/AIDS (EIIHA)	X	X
Coordination of Services	X	X
System of Care	X	X
Procurement/Contracting	X	
Contract Monitoring	X	
Clinical Quality Management	X	SOC Only
Performance/Cost-Effectiveness and Outcomes Evaluation	X	(Option)
Assessment of the Administrative Mechanism (AAM)		X

PRIORITY SETTING AND RESOURCE ALLOCATIONS (PSRA)

- **Most important legislative responsibility of the COH** – should actively involve the whole PC, not just a committee
- Includes:
 - **Priority setting:** deciding what services and program support categories are most important for PLWH in Los Angeles County
 - **Resource allocations:** deciding how much RWHAP Part A funding to provide for each service priority
 - **Directives to recipient** (DHSP) on how to meet these priorities – e.g., what service models for what populations in what geographic areas
 - **Reallocations** during the year – including a rapid reallocation process to use near the end of the funding year

PRIORITY SETTING AND RESOURCE ALLOCATIONS (PSRA)

- **Decisions based on data**, not “impassioned pleas”
- **Ensure clarity:** resource allocation does not mean procurement – the COH has NO involvement in selection of particular entities to provide services



PARITY, INCLUSION AND REPRESENTATION (PIR)

- **Parity:** ensuring that all members of the COH have the skills, knowledge and equal opportunity for input and participation, as well as equal voice in voting and other decision-making activities.

Do we have parity? What can we do to ensure parity?

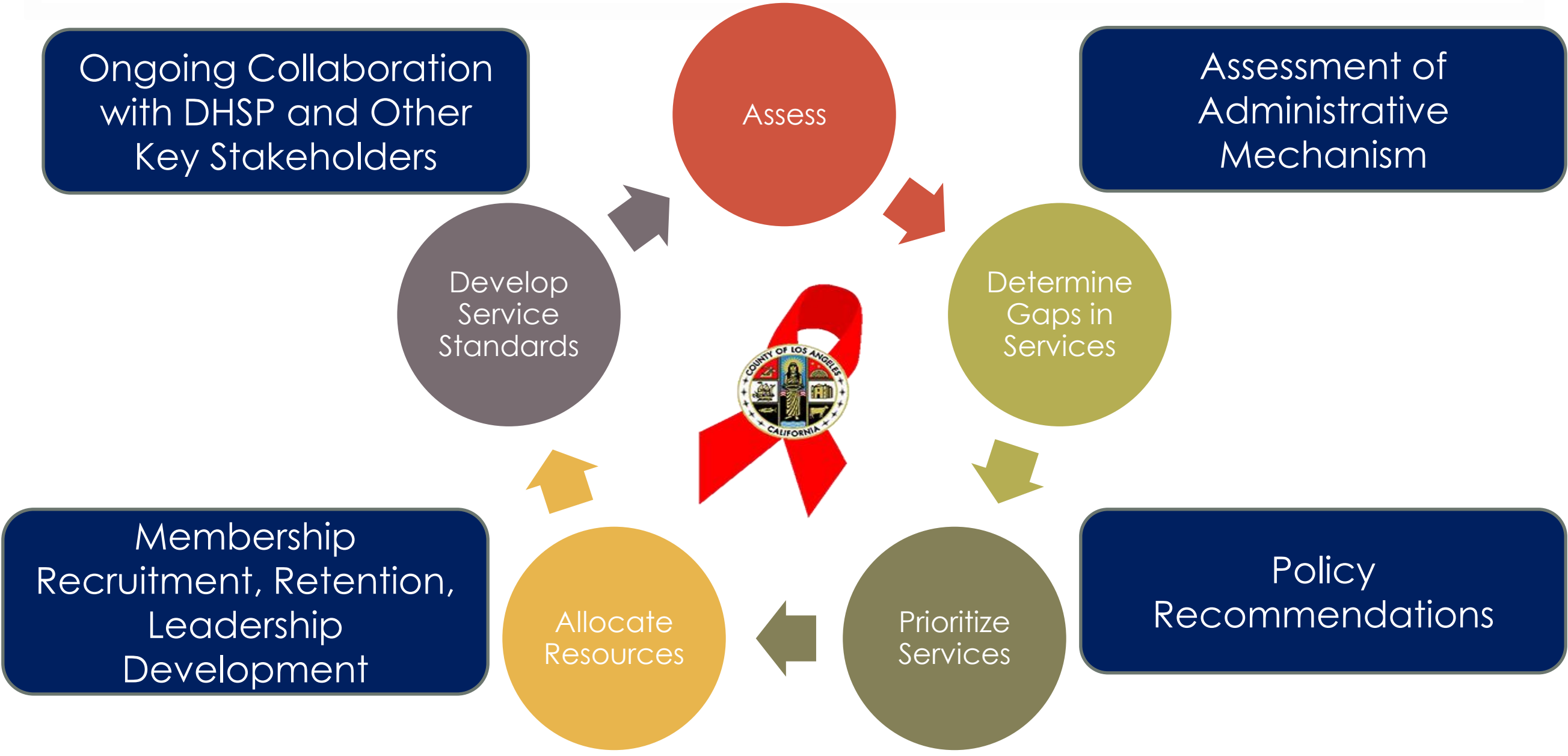
Can we lack parity among unaffiliated consumers? Providers?

PARITY, INCLUSION AND REPRESENTATION (PIR)

- **Inclusion:** assuring that the views, perspectives and needs of populations infected, affected and at risk are represented and involved in a meaningful manner in the community planning process.
- **Representation:** assurance that the make up of the COH is **reflective** of the HIV epidemic and the community.

- In what ways are we behaving in an inclusive manner?
- Looking at the current composition of the COH, do we reflect the epidemic in LAC?
- How can we improve?

PLANNING COUNCIL WORK CYCLE



COH IS AN INTEGRATED PLANNING BODY

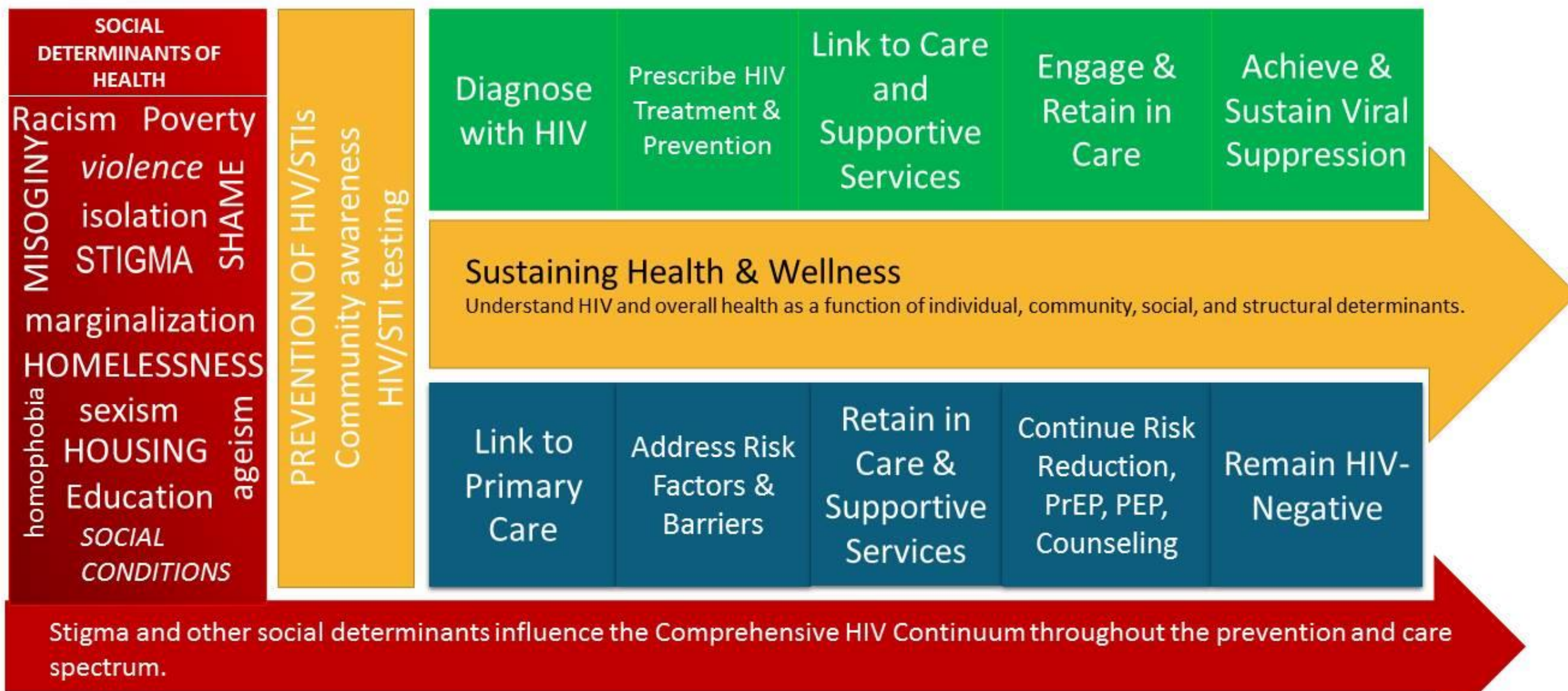
**HIV and STD
Prevention**

**HIV and STD
Care and
Treatment**

**Positive Health
Outcomes Across
the Continuum**

**Social
Determinants of
Health**

**Los Angeles County Commission on HIV
Comprehensive HIV Continuum Framework (Final Approved 12.8.16)**



LEGEND: The connected boxes depict the complementary and supportive nature of primary and secondary prevention in controlling the HIV/STI disease burden. The green boxes show the HIV/AIDS treatment cascade (PLWHA) while the blue boxes depict the prevention continuum (HIV-negative). Both continua are equally important in decreasing new HIV/STI infections and sustaining health and wellness for PLWHA and those at risk for acquiring HIV/AIDS. The yellow arrow acknowledges that sustaining health and wellness is the ultimate goal for all people receiving HIV-related services, regardless of their status. The goal extends beyond achieving viral load suppression or maintaining a negative serostatus.

STANDING COMMITTEES: MATCHING GAME

1. Planning, Priorities and Allocations (PP&A)
2. Standards and Best Practices (SBP)
3. Operations
4. Public Policy
5. Executive

- A. Review PIR sheet; recruitment and retention
- B. Co-Chairs of each committee & at large members
- C. Service expectations
- D. Advocacy
- E. Service category ranking

WHAT YOU NEED TO KNOW TO BE SUCCESSFUL

- Review data reports on DHSP website (HIV/STD Surveillance, LACHNA, Service Utilization Report, HIV Cascades and PLWHA Estimates, National HIV Behavioral Surveillance)
- Read Comprehensive HIV Plan, especially Appendix C
- Approach all conversations from a positive intent
- Focus more about serving others, and less about personal needs.
- Embrace and promote LAC HIV/AIDS Strategy

COMMISSIONERS ARE PLANNERS

- Planners not the same as advocates
- **Planners:**
 - Consider the entire community
 - Seek win-win versus win-lose
 - Listen to others/ask questions
 - Come prepared – review data and reports; ask questions
 - Use data to make decisions - not “impassioned pleas”
 - Understand boundaries

COMMISSIONERS ARE PLANNERS

- Members often come as advocates
 - Bring passion
 - Provide a voice for their communities or for populations their organization serves
 - Also learn to advocate on behalf of other disproportionately impacted groups or those underrepresented in COH deliberations