



# LOS ANGELES COUNTY COMMISSION ON HIV

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## PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES April 18, 2017



PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, <i>Co-Chair</i>	Majel Arnold, MA-HSA	Miguel Fernandez	Cheryl Barrit, MPIA
Jason Brown, <i>Co-Chair</i>	Michele Daniels	Susan Forrest	Carolyn Echols-Watson, MPA
Bradley Land	Michelle Enfield	Joseph Green	Jane Nachazel
Abad Lopez	Derek Murray	Kevin Stalter	Doris Reed
Miguel Martinez, MPH, MSW	Raphael Péna		
Anthony Mills, MD	LaShonda Spencer, MD		
Pamela Ogata, MPH			<b>DHSP STAFF</b>
Deborah Owens Collins, PA, MSPAS, AAHIVS			Michael Green, PhD, MHSA
			Dave Young
Ricky Rosales			
Yolanda Sumpter			

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 4/18/2017
- 2) **Minutes:** Joint Planning, Priorities & Allocations (PP&A) and Standards and Best Practices (SBP) Committees Meeting Minutes, 3/21/2017
- 3) **PowerPoint:** LAC HIV Prevention Services Overview, Priorities and Future Directions, 4/18/2017
- 4) **Report:** Primary and Secondary Syphilis - United States, 1999, Morbidity and Mortality Weekly Report, CDC, 2001:50: 113-117
- 5) **Table:** Ryan White Part A, Part B and MAI Year 26 Expenditures by Service Categories as of February 28, 2017, 4/18/2017
- 6) **PowerPoint:** Priority- and Allocation-Setting, FY 2018-2019, Framework and Process, 4/18/2017

1. **CALL TO ORDER:** Mr. Brown called the meeting to order at 1:08 pm.
2. **APPROVAL OF AGENDA:**  
**MOTION 1:** Approve the Agenda Order (***Passed by Consensus***).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION 2:** Approve the 3/21/2017 Joint Planning, Priorities & Allocations (PP&A) and Standards and Best Practices (SBP) Committees Meeting Minutes, as presented (***Passed by Consensus***).
4. **PUBLIC COMMENT (*Non-Agendized or Follow-Up*):** There were no comments.
5. **COMMITTEE COMMENT (*Non-Agendized or Follow-Up*):** There were no comments.

**6. EXECUTIVE DIRECTOR'S REPORT:**

**A. Update on California Healthcare:**

- Ms. Barrit noted the Commission is monitoring the uncertain healthcare landscape via multiple sources: the White House website, the Speaker of the House website, Kaiser Family Foundation, California Newswire, AARP, Planned Parenthood, and the HIV Coalition. Much of the analysis on cost impacts is from the Kaiser Family Foundation
- Conversations continue about revisiting the proposal that did not receive a vote, but nothing has been put forward.
- It is important, however, to watch how Executive Orders are implemented. Those are based on the administrative power of the White House and can impact rules and regulations such as eligibility criteria, the funding mechanism and scopes of work. One such proposal would impact subsidies currently available under the Affordable Care Act (ACA).
- In response to that concern, Senator Ricardo Lara has introduced SB 562, single payer universal healthcare in California, currently making its way through committee hearings. The Public Policy Committee recommends a support position.
- AARP has particular concerns about the "age tax," introduced in the House, which allows health care plans to charge more for those aged 50 or over. Another concern is undermining protections for those with pre-existing conditions.
- On the other hand, some Republican proposals appear to increase funding to Federally Qualified Health Centers (FQHCs) and Community Health Clinics (CHCs). While language is nebulous, that could be advantageous.
- PP&A needs to keep these perspectives in mind as it addresses planning for both Centers for Disease Control and Prevention (CDC) prevention funding and Health Resources and Services Administration (HRSA) funding for Ryan White, which is defined as funding of last resort. For example, impacts to Medi-Cal may require adjusting investments.
- Mr. Ballesteros raised concerns about Governor Brown's proposal to claw back part of the savings realized by CHCs on 340B medications. That would impact many HIV clinics, especially those with large pharmacies. 340B funding can be larger than Ryan White funding and supports pharmacy operations, staff, compliance, and case management. A change in 340B funding could be implemented quickly with an immediate negative impact on CHCs.

**7. CO-CHAIRS' REPORT:**

- Ms. Barrit noted SBP has input from the joint meeting with PP&A on housing and is continuing standards development. SBP normatively solicits broad input into the standards process. Additional housing input is being solicited from the Housing Task Force and providers. There will likely be two or three iterations before standards are ready for approval.
- A Measure H Citizens' Homelessness Initiative Oversight Advisory Board has been established to guide dispersal of funds. The Board is composed of 50 people of whom two have lived experience. The Housing Task Force delegated Commissioner Rebecca Ronquillo to attend; either Ms. Barrit or Lois Starr, consultant, also attend; as does Mr. Brown when possible.
- There are 21 strategies with none specific to HIV. The Board is still working to define the strategies. It is also considering proposed allocations, but those reached \$650 million for one year despite revenue of only \$350 million.
- The Commission has Los Angeles Homeless Services Authority (LAHSA) data already memorialized in the 2016 Consumer Caucus letter to the Board of Supervisors (BOS) that can be used to support a set-aside to address HIV. In addition, it is an advantage that the infrastructure to deliver services is already in place to ramp up quickly.
- Priority housing populations are generally those with high rates of hospital utilization, homeless persons with mental illness, and women with children. The goal is to add PLWH to those populations while framing the HIV prevention aspect.
- ➡ Ms. Barrit will prepare a Commission letter to the Oversight Advisory Board referencing the prior Consumer Caucus letter to demonstrate that the issue is not new and requesting HIV-specific funding for the continuum of care and prevention.
- ➡ Ms. Ogata will provide DHSP data on how many Medical Care Coordination clients are homeless or unstably housed.

**8. PRESENTATION ON PREVENTION SERVICES AND RESOURCES:**

- Dr. Green, Chief, Office of Planning, DHSP, provided an in-depth prevention funding and services review for Los Angeles County, the largest HRSA and CDC Metropolitan Statistical Area. Overall annual funding is approximately \$106 million.
- Neither HRSA nor the CDC funds mental health or substance use services for those at high risk. Net County Cost (NCC) can fund them, but is limited. DHSP suggested they would be useful interventions for agencies to consider and offered to support efforts with NCC in its recent Request For Proposals (RFP) for promoting health among vulnerable populations.
- DHSP relies heavily for those services on Substance Abuse Prevention Control (SAPC) which has an approximately \$300 million annual budget versus DHSP's \$3 million for those services. DHSP has been working with SAPC on initiatives to improve coordination, e.g., to align agency reimbursement rates for the same services. SAPC is also in the process of developing an RFP for its services so DHSP is working to coordinate on the solicitation rather than spend 18 months developing a separate RFP for a fraction of the funds. DHSP wants to ensure the RFP not only provides the services needed by its clients, but to ensure DHSP receives data back in order to evaluate the effectiveness of the investments.

## Planning, Priorities and Allocations (PP&A) Committee Meeting Minutes

April 18, 2017

Page 3 of 3

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- The Integration Advisory Board (IAB) recently heard an SAPC presentation with a focus on linking data systems which aligns with the latest IAB report's recommendation for SAPC-DHSP coordination. DHSP is also working with the Department of Public Health (DPH) to identify or create a single data system that reveals when a person touches DPH at multiple points.
- ➡ Mr. Ballesteros will forward the latest IAB report to Dr. Green.
- ➡ Agendize DHSP to present in June on the new CDC HIV Prevention Funding Opportunity Announcement for 2018-2022.
- ➡ Staff will email the PowerPoint.

### 9. PRELIMINARY PY 26 CLOSING EXPENDITURES:

- Mr. Young, Chief, Finance, DHSP, presented preliminary PY 26 closing expenditures for Ryan White Part A, Part B and MAI as of 2/28/2017. Cost reports are still being finished, but pursuant changes are likely to be minor. Most invoices have been submitted. A few providers are still completing invoices and some contracts are large enough to impact category totals.
- Regarding Part A Oral Health data, services have been ramped up over the last five years to approximately \$7 million. The most recent allocation was low, but services are constant and invoices will be charged back to Part A to maximize it.
- Part B is a state pass-through with an April through March grant term versus March through February for Part A and MAI. Last year, the grant was reduced to \$2 million and then partially restored to \$2.7 million. Effective 4/1/2017, the start of PY 27, the grant will return to full funding at \$8.4 million. Housing Services is the sole service category for Part B. Increased PY 27 funds will support additional housing providers. Housing Services are also supported by Part A and MAI funds.
- MAI funds can be rolled to the next year which offers the opportunity to shift expenditures to help maximize Part A. Total PY 26 funds were \$6,359,822 with \$2,988,029 of that rolled over from PY 25. Most Outreach Services expenditures are DHSP staff costs for the Linkage and Retention Program (LRP). It also funds Non-Medical Case Management, and Linguistic Services. If roll-over is requested from PY 26 to PY 27, it would be approximately \$1.5 million. That would be approximately half of last year's request which reflects improvement in maximizing all available funds.
- The summary schedule reflects Part A, Part B, and MAI as well as NCC, other state contracts, and CDC funds, if applicable.
- Effective 3/1/2017, expenditures for the following services will be funded by NCC rather than Part A: Medical Transportation, Legal, Linguistic, and possibly Medical Nutrition Therapy. Meeting some Part A reporting requirements, such as for Transportation, is difficult so the change will improve efficiency.

### 10. REVIEW FRAMEWORK AND PROCESS FOR PY 28 PRIORITY- AND ALLOCATION-SETTING:

- Ms. Barrit reviewed the Framework and Process for the next HRSA application which will be due in October 2017. This updated iteration reflects new data, integrated HIV/STI prevention and care, and consideration of potential changes to healthcare due to the political landscape including development of contingency funding scenarios.
- Core planning tools are the Commission's Comprehensive HIV Continuum (CHC) and the Comprehensive HIV Plan (CHP).
- The PowerPoint is available in the packet posted on the Commission's website.
- ➡ Staff will email the PowerPoint.

11. **NEXT STEPS:** There were no additional items.

12. **ANNOUNCEMENTS:** There were no announcements.

13. **ADJOURNMENT:** The meeting adjourned at 3:50 pm.