



LOS ANGELES COUNTY COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES October 17, 2017



PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, <i>Co-Chair</i>	Susan Forrest	Scott Blackburn	Cheryl Barrit, MPIA
Jason Brown, <i>Co-Chair</i>	Miguel Martinez, MPH, MSW	Kevin Donnelly	Carolyn Echols-Watson, MPA
Frankie Darling-Palacios	Derek Murray	Miguel Fernandez	Dina Jauregui
Michael Green, PhD, MHSA	Yolanda Sumpter	Joseph Green	Jane Nachazel
Bradley Land		Katja Nelson	Sonja Wright, MA
Abad Lopez		Julie O'Leary	
Anthony Mills, MD		Alana Riemerina	
Deborah Owens Collins, PA-C, MSHCA, MSPAS, AAHIVS		Rebecca Ronquillo	DHSP STAFF
		Nicky Viola	None
Raphael Peña		Curtis Watts	
LaShonda Spencer, MD			
Russell Ybarra			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 10/17/2017
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 8/15/2017
- 3) **PowerPoint:** HOPWA Consolidated Plan Community Consultation, 10/17/2017
- 4) **PowerPoint:** Overview of HRSA FY 2018 Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program NOFO: HRSA-18-066, 10/17/2017
- 5) **Table:** Planning, Priorities and Allocations (PP&A) Committee, Paradigms and Operating Values Used for Priority- and Allocation-Setting Process, 10/17/2017
- 6) **Plan:** Minority AIDS Initiative Plan Update (2017-2021) Proposed, 3/9/2017
- 7) **Table:** Los Angeles County Commission on HIV (COH) Ryan White FY 2017-2018 Directives - Proposed, 3/9/2017

CALL TO ORDER: Mr. Brown called the meeting to order at 1:15 pm.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

MOTION 1: Approve the Agenda Order, as presented (*Passed by Consensus*).

2. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve the 8/15/2017 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no comments.

III. COMMITTEE COMMENT

4. **NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

IV. REPORTS

5. EXECUTIVE DIRECTOR'S REPORT:

- Ms. Barrit noted the Commission committed to scheduling another community listening and feedback session during the 7/13/2017 event opening the Los Angeles County (LAC) HIV/AIDS Strategy conversation. Commissioners Granados, Land, Rosales, and former Commissioner Terry Smith, MPA, worked with DHSP to ensure session input could be integrated for the 12/1/2017 Strategy launch. The listening session will be 10/30/2017, 5:00 to 7:00 pm, at St. Anne's Conference Center.
- Ms. Wright has joined the staff as Senior Board Specialist. She will especially provide support to the Operations Committee.

A. New Agenda Format:

- Ms. Barrit reported the agenda format was revised for consistency with the format used by the Board of Supervisors (BOS). The LAC Strategic Plan addresses efforts to standardize public documents across commissions.
- All of the information from the prior format is included in the new format. It is simply organized differently.

B. Update on the 11/9/2017 Annual Meeting:

- Ms. Barrit will finalize the agenda in the next few weeks. This year's theme is intergenerational perspectives with speakers providing health equity, health intervention, and purposeful aging lenses. A panel of Commissioners Ballesteros, Darling-Palacios, Peña, and Spencer will address incorporating what is learned into the Commission's work.
- The meeting will be 11/9/2017, 9:00 am to 4:30 pm, at the Dorothy Chandler Pavilion, Music Center, 135 N. Grand Avenue, Los Angeles, CA 90012. Parking is free and the Metro is nearby. An agenda will be released soon.

6. CO-CHAIRS' REPORT:

- Mr. Ballesteros reported the Health Agency Integration Advisory Board (IAB) is sun setting and expects to submit its final report to the BOS by 10/20/2017. It emphasizes the importance of addressing Social Determinants of Health (SDH).
- The Commission will receive a copy of the final IAB report after its submission to the BOS.

V. DISCUSSION I

7. PERSONS LIVING WITH HIV/AIDS CONSOLIDATED PLAN

HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA) FOR COMMUNITY CONSULTATION:

- Ms. O'Leary, Ms. Ronquillo, and Ms. Viola presented on the HOPWA Consolidated Plan Consultation PowerPoint.
- Housing and health care missions exist in tension. Housing Opportunities for Persons With AIDS (HOPWA) was originally designed to accommodate acute health care needs, but now does more. Ms. Ronquillo noted a recent HOPWA conference theme was ending HIV by driving down viral loads, but housing instability and homelessness remain major issues so the challenge is balance. She expressed interest in HOPWA addressing housing while other resources fund medical services.
- Ms. Barrit said the Housing Task Force was discussing options. The Commission can make recommendations, e.g., to fund supportive services, but it is a challenge to identify good coordination across systems and meet regulatory requirements.
- Ms. Ronquillo added there is also short-term versus long-term services funding tension, e.g., significantly increasing rental assistance may result in unspent funds due to the time needed to find an apartment. Such funds might be better spent on shelter beds, bridge housing, or other needs.
- Ms. Ronquillo noted each client differs, e.g., by income, acuity of health issues, and whether current housing is subsidized. Rental assistance can often help a person stay housed, but is prohibited as "double-dipping" if the building was subsidized.
- ➡ Ms. Ronquillo will report back on how many clients are served by HOPWA's various grants.

VI. UPDATE

8. DIVISION OF HIV AND STD PROGRAMS:

A. Overview of Comprehensive HIV Plan (CHP) Technical Review Comments: There was no additional discussion.

B. Update on Solicitations: There was no additional discussion.

C. Overview of Health Resources and Services Administration (HRSA) FY 2018 Application:

- Dr. Green presented on the Overview of HRSA FY 2018 Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program Notice of Funding Opportunity (NOFO) PowerPoint. Total funding has slightly increased mainly due to jurisdictions that underspent their grants. If underspending is >5%, the jurisdiction will not be eligible for supplemental funding in the next grant term.
- The Project Narrative Work Plan only needs to provide 2017 estimated and 2018 target data. Jurisdictions may use whatever the newest, stable data are. DHSP is recycling last year's 2016 data in many cases since it is rethinking how data is presented and variables are categorized in developing the Strategic Plan.
- HRSA and the Centers for Disease Control and Prevention (CDC) do not have a formal mechanism for jurisdictions to update their Comprehensive HIV Plans, but the expectation is that data will be updated within the Plans.
- There is, however, a new emphasis on HIV Care Continuum (HCC) requirements, planning, and evaluation.
- Project Narrative Organizational Information remains the same except that discussion of the Assessment of the Administrative Mechanism (AAM) was moved to the Planning Council section where it is identified as in development.
- Budget information is now much more detailed, a disheartening change as HRSA and jurisdictions know these budgets are application estimates. A revised budget and work plan is submitted after final notice of grant award receipt.
- It will take significant time and paper to create the detailed budget. Each DHSP staff person paid at least partially via the Ryan White grant must be listed in the budget and its narrative. The number of Community Based Organizations (CBO) subcontracts, not staff, will also be reflected in the overall budget. Previously, only 10-12 key DHSP staff was listed in the budget. While the budget will not be scored, pages count towards the 100-page application limit.
- Application narrative writing and most attachments are expected to be finalized by 10/23/2017. Commission review was scheduled for 10/24/2017, DHSP review 10/22-24/2017, and submission 10/26/2017 or 10/27/2017.
- Ms. Barrit asked about the Project Narrative Demonstrated Need, page 7. It appears to reflect a change from FY 2017 which had a section that addressed the Minority AIDS Initiative (MAI) to FY 2018 which appears to address poverty, health care, and barriers in an integrated manner. Dr. Green replied the 2-3 page MAI section provides the epidemic's racial/ethnic, gender, and age demographics. It also describes the local MAI Plan which supports housing and outreach.
- Dr. Mills asked about changing Ambulatory Outpatient Medical (AOM) client numbers in the LAC Ryan White system. Dr. Green said 23,000 clients used AOM at its highest point. Now fewer than 7,000 do, but 20,000 still touch the EMA's system, e.g., Medical Care Coordination (MCC), also a core medical service, has increased. DHSP applies to HRSA for a waiver from the requirement to spend a minimum 75% of grant funds on core medical services, but has not needed it.
- Not all Eligible Metropolitan Areas (EMAs) have health insurance products available for Ryan White clients similar to LAC. Therefore percentage of clients receiving AOM per EMA will vary. California offers Affordable Care Act (ACA) plans via Covered California and supports Medicaid Expansion. The Office of AIDS-Health Insurance Premium Payment Program (OA-HIPP) can pay premiums for clients eligible for Covered California, but are unable to pay the premium.
- Commission Priority- and Allocation-Setting determines what is ultimately presented in the application.
- Responding to a question on undocumented clients, Dr. Green noted HRSA does not ask DHSP to identify undocumented clients or their percentage of clients overall. In any case, DHSP does not collect such data.
- The new Ryan White grant term will start 3/1/2018. Usually HRSA sends EMAs at least a partial notice of award prior to March 1st, but occasionally that notice has not been received until April or May creating a problem for some EMAs that are unable to enter into contracts without the notice. The final notice of award is received between mid-April and June. The LAC EMA has the advantage of multiple funding streams which it can draw upon if one is delayed.

VII. DISCUSSION II

9. DISCUSS, REVISE AND APPROVE PARADIGMS AND OPERATING VALUES:

- Mr. Ballesteros reviewed the table of Paradigms, offering ethical perspectives and lenses via which to approach decision-making; and Operating Values, which represent codes of conduct and values applied to the decision-making process. Mr. Land added Paradigms and Operating Values are particularly helpful when making difficult choices.

- Approved FY 2017 choices were: Paradigms - equity, compassion; and, Operating Values - efficiency, quality, advocacy.
- Ms. Barrit noted PP&A slightly revised the definitions of equity and compassion two years ago. The table reflects the master list used over the last several years, but the Committee has the option to add or remove items.
- This discussion along with discussions on the MAI Plan and Master Directives are timely. They are inter-related with the Health Agency's recent launch of the Center for Health Equity, especially pertaining to SDH; and conversations on the LAC HIV/AIDS Strategy, especially pertaining to core measures and new partners at the table.
- Mr. Land suggested choosing Paradigms with a view towards contingency planning for reduced funds, e.g., absolute inclusion offers a baseline to each service, but may not be feasible if funding is cut or amounts are too small to be usable.
- Mr. Ballesteros supported maintaining equity as a Paradigm because it addresses those disproportionately impacted.
- Mr. Fernandez noted the Paradigm of merit never seems to be discussed though it addresses efficiency and effectiveness via past or current contributions such as performance outcomes. On the other hand, some communities are traditionally underserved so community agencies addressing community issues may lack resources or experience to be most effective.
- While the market Paradigm may appear to pertain to leveraging funds, in fact, it pertains to ability to pay for services. Ms. Barrit noted HRSA regularly reminds Planning Councils that Ryan White provides funding of last resort. All Planning Councils are expected to evaluate resources from other systems of health care to ensure Ryan White funds are complementary.
- Mr. Ballesteros noted increased funds to a category that performed well per a merit-based system could cut funds to a highly needed service that may need help to improve effectiveness. His core concerns were access and quality.
- Regarding Operating Values, Mr. Land suggested replacing advocacy, addressing asymmetrical power relationships of stakeholders in the process, with access, assuring access to the process for all. He felt access was especially important in a changing system while advocacy could be addressed in other ways. Mr. Ballesteros felt both important with advocacy addressing relationships of those at the table and access bringing all to the table. The body agreed to keep both.
- Dr. Mills highlighted discussing beneficence, doing the most good in the process, as it focuses discussion on defining good.
- Mr. Ballesteros noted efficiency is a perennial choice. It may seem cold but, as stewards of federal resources, the Commission has a duty to seek operational outcomes with the least resources. Dr. Spencer appreciated the importance of being good stewards, but balanced that with understanding the frustration of providers facing ever increasing performance measures as resources decrease. That pressure contributes to provider and nurse burn out.
- Dr. Mills felt efficiency and quality balance each other. Efficiency alone could slash quality to save resources while quality alone could use excessive resources to achieve outcomes. The body agreed to keep both efficiency and quality.
- ➡ Paradigm and Operating Value selections will be presented at the December 2017 Commission meeting. Committee members interested in helping present on the topic should contact Ms. Echols-Watson.

MOTION 3: (Brown/Mills): Approve Paradigms of equity and compassion; and, Operating Values of efficiency, quality, advocacy, and access (*Passed by Consensus*).

10. INITIATE DISCUSSION ON MINORITY AIDS INITIATIVE (MAI) PLAN AND DIRECTIVES:

- Ms. Barrit noted the MAI Plan and Directives were in the packet to provide PP&A members the opportunity to initiate their review in light of the just selected Paradigms and Operating Values, and major LAC initiatives such as the LAC HIV/AIDS Strategy with its key themes of shared accountability, shared measures, and partnerships.
- ➡ PP&A members will review the MAI Plan and Directives prior to discussion at the next meeting.

VIII. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP: There were no additional items.

12. AGENDA DEVELOPMENT FOR NEXT MEETING: There were no additional items.

IX. ANNOUNCEMENTS

13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: There were no announcements.

X. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 4:00 pm.