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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> ORG • VIRTUAL WEBEX MEETING

*Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.  
Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.*

## PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES

February 15, 2022

COMMITTEE MEMBERS			
P = Present   A= Absent   EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Al Ballesteros, MBA	A	Anthony M. Mills, MD	P
Frankie Darling Palacios	A	Derek Murray	P
Felipe Gonzalez	P	Jesus "Chuy" Orozco	A
Joseph Green	P	LaShonda Spencer, MD	P
Michael Green, PhD, MHSA	P	Damone Thomas	A
Karl T. Halfman, MS	EA	Guadalupe Velasquez (Leave of Absence)	EA
William King, MD, JD	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Carolyn Echols-Watson, AJ King, Next-Level Consulting, Jose Rangel-Garibay and Sonja Wright			
DHSP STAFF			
True Beck, Pamela Ogata, Victor Scott and Jane Rohde Bowers			

\*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

\*Members of the public may confirm their attendance by contacting Commission staff at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

\*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website at <https://tinyurl.com/5y5a9b9c>

### CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Kevin Donnelly Committee Co-Chair, called the meeting to order at approximately 1:06 PM. Members introduced themselves.

#### I. ADMINISTRATIVE MATTERS

##### 1. APPROVAL OF AGENDA

**Motion #1:** Approved the Agenda Order. **(Passed by Consensus)**

K. Donnelly amended the agenda. The first was to remove Frankie Darling-Palacio as Co-Chair. Second, move the Comprehensive HIV Plan (CHP) discussion to item 5 of the agenda under the Executive Director/Staff Report.

- Staff will make the Co-Chair correction on the meeting minutes and future agendas.

## 2. APPROVAL OF MEETING MINUTES

**MOTION #2:** The Committee approved the January 18, 2022, meeting minutes. Minutes can be amended up to 1 year after approval. **(Passed by Consensus)**

## II. PUBLIC COMMENT

3. Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.

There were no public comments.

## III. COMMITTEE NEW BUSINESS ITEMS

4. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

There were no new business items.

## IV. REPORTS

### 5. EXECUTIVE DIRECTOR/STAFF REPORT

#### a. Committee Updates

C. Barrit highlighted the upcoming Public Policy Committee (PPC) Public Policy Priorities Stakeholder Community Consultation scheduled for March 7, 2022. This special meeting will invite public comments and selected speakers to help shape the Commission's policy platform for 2022 and beyond. The Committee was encouraged to invite colleagues that do not normally attend Commission meetings to provide public comment and hear about key issues around social determinants of health PPC is interested in pursuing. An event notification will be distributed soon.

#### **Comprehensive HIV Plan (CHP)**

AJ King provided an update on CHP progress. Currently, the first section of the plan is being drafted. It addresses data sets and assessments. A "snapshot" of Los Angeles County's (LAC) HIV prevention and care services will be included identifying inventory of current available resources and identify gaps and/or barriers to service delivery.

A survey to capture workforce capacity is planned. Possible topics for the survey include and again workforce, racial/ethnic diversity, cultural competence/humility, training, proficiency, consumer representation and value in the workforce. AJ King encouraged those in attendance to participate in the development of the survey and urged members to invite varying groups to expand the representation contributing to the tool. A meeting will take place in the next couple of weeks. Julie Tolentino, End the Epidemic (EHE) program director, will be invited to contribute to the creation of the survey since the EHE plan acknowledges the need to assess workforce capacity issues.

AJ King provided his contact information and encouraged meeting attendees to provide additional comments after the meeting. A. King e-mail is [ajking@next-levelconsulting.org](mailto:ajking@next-levelconsulting.org).

## **6. CO-CHAIR REPORT**

### **a. Co-Chair Nominations/Elections**

K. Donnelly opened the floor to Co-Chair nominations and provided information on some Co-Chair duties which include sitting on the Executive Committee. Those interested in co-chairing were encouraged to reach out to the Co-Chair for further information.

## **7. DIVISION OF HIV AND STD PROGRAMS (DHSP)**

### **a. FY 2021 (PY31) Fiscal Report**

Pamela Ogata reviewed the DHSP fiscal report for Program Year (PY) 31. (The report is included in the meeting packet.) The following are some highlights.

- Emergency Financial Assistance (EFA) expenditures will be billed to the Health Resource and Services Administration (HRSA) Part A grant to maximize funding.
- Outreach/Linkage and Reengagement Program (LRP) will be funded by HRSA Part A funds.
- The total HRSA grant award is \$43.9 million.
- Based on estimated expenditures for the Minority AIDS Initiative (MAI) grant \$300,000 will be carried over from FY 2021 (PY31) to fiscal year 2022 (PY32).
- The Part B grant is anticipated to be fully expended. The grant award is \$5 million and funds housing services.
- Housing for Health provides two services: housing services and emergency financial assistance.
- DHSP anticipates no substantial reallocation of PY 31 funds. However, 2 new service categories are included in the fiscal report. They are EFA and outreach services also known LRP.
- C. Barrit noted the Commission Allocation column of the fiscal report indicates no allocation for EFA. However, the Commission did approve an allocation, but because EFA services were previously funded outside of HRSA Part A and/or MAI it does not appear on this report.
- P. Ogata will include a footnote regarding the EFA allocation on the next fiscal report for PY 31.
- The next fiscal report will be provided in July 2022. The PY ends February 2022, and the County fiscal year ends June 30, 2022.
- The Committee requested information on the solicitation schedule as it relates to the delivery of services. DHSP noted it shares the solicitation schedule with the Standard and Best Practices Committees.
- The Committee requested an update on the solicitation status. DHSP will provide the schedule to PP&A.

## **V. DISCUSSION**

### **8. COMPREHENSIVE PROGRAM DIRECTIVES TO DHSP**

#### **a. Ryan White Part A, MAI and Prevention Programs**

K. Donnelly opened the discussion by reviewing the Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32 Status Updates from the Division of HIV and STD Programs (DHSP) to determine what has been addressed before creating the next set of directives.

DHSP reported each solicitation differs based on the service category solicited, Commission directives, surveillance data, targeted populations and/or service planning areas.

DHSP is working with the Black African American Community (BAAC) Task Force (TF) as subject area experts in the development of training materials and curriculum. They were unable to provide a status on the progress of this effort.

- DHSP will provide an update on the development of BAAC TF recommendations for provider training material and curriculum.

There was discussion regarding an assessment of needs for the Black, African American community. It was recommended a needs assessment be conducted as part of the development of the CHP.

AJ King indicated a willingness to include instruments to assess BAAC needs. Suggestions on how to measure need was requested. System issues are planned for assessment. Issues such as the method of gathering information (i.e., by health districts or high prevalence areas)

- It was recommended this issue is put before the BAAC TF to provide direction on what instruments would provide the information sought.

The Committee discussed available needs assessment information. The most recent report is the 2015-16 Los Angeles County Coordinated HIV Needs Assessment (LACHNA) report which identified out of care individuals and populations who do not access to service. This information will be a source for the formulation of recommendations for inclusion in the CHP. DHSP does not currently have staff to implement a new LACHNA report due to staff reassignment.

- DHSP to implement a LACHNA report once staff levels are restored. The division will notify the Committee when the study is implemented.

There was discussion regarding African American women's health needs particularly mental health. Issues of tailoring mental health services, and failures of mainstream mental health services serving the Black/African Americans community was discussed. Utilizing providers with lived experience was discussed.

DHSP is implementing a comprehensive mental health services assessment to attempt to identify deficits in existing agency capacity and community need.

The provider and delivery of services are significant issues in healthcare services. Having someone that looks like you and understands what you're going through in terms of administering care, particularly mental health services are needed. Providers have clients that request mental health services from Black/African American and/or a woman provider, but they are difficult to find. Further, finding local mental health services in general are difficult and many local mental health providers only take cash.

- The Committee recommended mental health providers of color, specifically Black/African American, be identified, encouraged to provide services, and advocated for through special programs to increase providers of color.

- DHSP recommended Committee collaborate with the Standards and Best Practices (SBP) Committee to convene subject matter experts from the African American community to ensure that mental health and psychosocial support services are culturally appropriate.

DHSP has Psychosocial Support Services on the RFP list. DHSP noted services recommended by the BAAC TF include peer support and non-medical case management services. DHSP suggested looking at how to address specific disparities among varied populations and defining specific kinds of nonmedical case management services to allocate resources.

It was noted, the SBP Committee is developing best practices document across various, highly impacted population. They are working with each of the caucuses to refine the documents.

- C. Barrit ensured the Committee that as part of the SBP Committee workplan, mental health and psychosocial services will be included in the pipeline of standards for review.
- The Committee requested DHSP prioritize specific communities in RFPs for Psychosocial Support Services.
- Dr. King has agreed to bring the mental health issues to the Mental Health Task Force.
- The Committee requested COH staff to update to the directives status document to include highlights of today's discussion.

DHSP limited contract staff (due to COVID-19 reassignment) have had to focus on re-establishing expired contracts as opposed to adding new service contracts which is why the Psychosocial Support Services RFP has not been sent out for solicitation.

The Committee noted nutrition and food bank services have received positive comments about the quality of food and delivery services. There are less canned goods and more fresh and healthier foods.

DHSP noted housing efforts should be coordinated between the County and city programs. The housing funds received by DHSP are limited and a fraction of the funding provided to the County and local cities. DHSP is working on how to effectively use funding to reduce homelessness for PLWH. One recommendation is improving resource referrals and clearing house structure/services as a method of increased coordination. Additional training for housing specialist was discussed as well.

Consumers expressed the need for educating people about care and prevention as well as providing flexible services. They recommended as part of planning include future economic changes in the delivery of services. For example, what will be the basic needs such as food and housing if inflation or unemployment increase. Trauma and stigma were discussed as barrier to services. Aging and employment opportunities for People Living with HIV (PLWH) were discussed.

Consumers noted, training housing specialist should include compassion, the ability to identify multiple client needs and referring them accordingly. This would include screening for mental health and employment services.

Medical transportation services were expanded to include ridesharing services. Taxi and Metro services are still provided as well. Providers administer the program. DHSP noted, during the pandemic there was a decrease in the use of public transportation, but ridesharing usage increased. Increase in use of telehealth services also impacted the use of transportation.

DHSP has a solicitation in development to contract with an agency to develop Ryan White eligibility cards.

DHSP is working on augmenting contracts to include childcare and transportation services to facilitate consistent engagement in care and support services. This strategy would avoid releasing a standalone RFP for childcare and transportation and gives service providers flexibility in provided services.

There was some discussion on Emergency Financial Assistance and DHSP's effort to increase the use of this service. DHSP noted the State programs are more robust and ongoing. The EFA program is limited to \$5,000 per client per year. DHSP is unable to eliminate documentation requirements because the federal grants have constraints. The identification of resources that do not require extensive documentation to qualify for services was noted as possibility.

The Committee requested clarification on the services provided by EFA, specifically, childcare services. DHSP has not included childcare services. Currently, funding for rental assistance, assistance with rent deposits, moving costs and utilities services are provided. To expand services, DHSP indicated the Commission would need to define specific services and which resources would support those services.

The Commission hoped the childcare solicitation will address the concerns expressed by the Women's Caucus when requesting this service. If the childcare service is provided by a neighbor or family member, is that reimbursable? The Caucus stressed the need for flexibility. There was concern that the Women's Caucus was not aware nor reviewed the solicitation. DHSP was asked to clarify the types of childcare services requested through the solicitation.

DHSP cannot reimburse a client directly for childcare costs in the current solicitation. Payments must go directly to the provider. County Counsel limited services to licensed childcare provider agencies and/or existing contracted provider sites. Dr. L. Spencer expressed concerns about the narrow focus of the childcare solicitation. She noted there are only a few sites that can provide childcare, and it is unlikely that other sites would be willing to set up the service due to costs. She emphasized the need to find a way to support informal childcare.

The Committee proposed the establishment of a phone service for clients to call for access to licensed childcare providers in their area. This could increase childcare providers who could receive direct payments and bypass client reimbursement. DHSP needs to determine if such a service already exist. It would be possible for this to be a Medical Care Coordination teams' responsibility.

The Committee requested DHSP consider the use of Net County Costs (NCC). DHSP noted the

NCC funding could be redirected but are currently fully allocated. DHSP requested the Committee provide direction on what services funded through NCC should be reduced to support childcare services.

The Committee clarified the Commission's role does not include allocating NCC funds but provides allocation percentages for RW services. DHSP identifies funding sources for services. DHSP confirmed a review of the funding portfolio would need to be reviewed and decisions made on funding sources for services.

The Committee suggested reallocating NCC-supported services to RW funding where appropriate to free up funds for childcare services requiring flexible funding. DHSP noted there is an internal discussion about using NCC for EFA services which could include childcare services.

K. Donnelly noted the Committee had two more points to review on the directives, but due to the time constraints it was suggested the Committee discussed those items at the March 2022 meeting which should lead the committee into updating or creating new program directives.

- It was noted number 9 on the directive's status sheet requires more information for the Committee to adequately develop new directives or refine existing ones
- Commission staff will include the HRSA Directives guide in the March 2022 meeting packet.

#### **9. COMPREHENSIVE HIV PLAN (CHP)**

- a. Ryan White Part A, MAI and Prevention Programs  
Discussed during Executive Director's Report.

#### **VI. NEXT STEPS**

##### **10. Task/Assignment Recap**

Tasks and assignments are included in meeting notes indicated with a red arrow.

##### **11. Agenda Development for the Next Meeting**

- Co-Chair Nominations/Elections
- The agenda will include continued discussion of the Comprehensive Program Directives to DHSP
- Comprehensive HIV Plan

#### **VII. ANNOUNCEMENTS**

##### **12. Opportunity for Members of the Public and the Committee to Make Announcements**

There were no announcements.

#### **VIII. ADJOURNMENT**

##### **a. Adjournment:**

The meeting was adjourned by K. Donnelly at approximately 3:02PM.