



# LOS ANGELES COUNTY COMMISSION ON HIV



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## PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES February 19, 2019



PP&A MEMBERS PRESENT	PP&A MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/CONSULTANTS
Jason Brown, Co-Chair	Anthony Mills, MD	Alasdair Burton	Carolyn Echols-Watson, MPA
Miguel Martinez, MPH, MSW, Co-Chair	Pamela Ogata, MPH	Katja Nelson	Dawn McClendon
Al Ballesteros, MBA	Raphael Peña	Geo Orellana	Jane Nachazel
Frankie Darling Palacios	Russell Ybarra	Maribel Ulloa	Doris Reed
Susan Forrest			Sonja Wright, MS, Lac
Grissel Granados, MSW	<b>PP&amp;A MEMBERS ABSENT</b>		
Diamante Johnson	Derek Murray		<b>DHSP/DPH STAFF</b>
William King, MD, JD	LaShonda Spencer, MD		None additional
Abad Lopez	Yolanda Sumpter		

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 2/19/2019
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 1/15/2019
- 3) **Table:** Approved 2019 Work Plan (WP), Planning, Priorities and Allocations Committee (PP&A), 2/19/2019
- 4) **Spreadsheet:** Ryan White Part A, MAI Year 28 and Part B YR 18 Expenditures by Service Categories through December 31, 2018, 2/19/2019
- 5) **Table:** Planning, Priorities and Allocations (PP&A) Committee, Planning Strategies for Maximizing Ryan White Part A Funds - (DRAFT)
- 6) **Table:** FY 2019 Service Category Information Summary - Part A, MAI, Part B, SS, 2/15/2019
- 7) **Table:** Los Angeles County Commission on HIV - Sample Template, FY 2019 (3/1/19 - 2/29/20) PY 29 Service Category Information Summary - Part A, MAI, Part B, 2/19/2019

**CALL TO ORDER:** Mr. Brown called the meeting to order at 1:05 pm.

### I. ADMINISTRATIVE MATTERS

#### 1. APPROVAL OF AGENDA:

**MOTION 1:** Approve Agenda Order with Items 6 and 7 reversed to best inform 6. Planning Strategies (**Passed by Consensus**).

#### 2. APPROVAL OF MEETING MINUTES:

**MOTION 2:** Approve the 1/15/2019 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. CO-CHAIR REPORT:**

#### **a. Co-Chair 2019 Expectations:**

- Co-Chairs Brown and Martinez reminded Commissioners of their roles as community planners, not advocates, agency representatives, or individual representatives. Reporting conflicts of interest should help ground members in the work.
- They also met with Michael Green, PhD, MHSA, and Ms. Ogata, DHSP, to better coordinate efforts, as noted below.
- Start future meetings with basic conflicts of interest, e.g., whether one works for an agency offering care services.
- PP&A will email its DHSP requests to Kyle Baker, Dr. Green, and Ms. Ogata to ensure appropriate communication..
- DHSP requested written directives from the Commission defining approved service category priorities and funding allocation percentages.
- Co-Chairs Brown and Martinez requested a projection of expenditures for 2019 from DHSP to identify areas of underspending and assist in Priority Setting and Resource Allocation (PSRA).

#### **b. 2019 Committee Work Plan:**

- Mr. Martinez noted two revisions, as follows: page 2, item 2. Develop Strategies for Maximizing Part A Funding, Status column addition of draft document in development with DHSP on funding recommendations; and, page 3, item 7. Comprehensive HIV Plan (CHP), Status column addition of recommendation to Executive Committee for approval to present to Commission for approval to reconvene the CHP Goals and Objectives Work Group in 4/2019.
- PP&A requests of DHSP which it cannot provide when requested will be added to the PP&A Work Plan for monitoring.

## **V. DISCUSSION**

### **6. PLANNING STRATEGIES:**

#### **a. Develop Strategies for Maximizing Part A Funding:**

- Mr. Martinez reviewed the Planning Strategies table with DHSP comments under Recommendations. The exercise was to help identify areas to expand while understanding that DHSP has contracting constraints limiting it to two or three Requests For Applications (RFAs) per year. Part of the work, therefore, should be prioritization including an equity lens.
- Ms. Ogata noted the table was initially titled Program Year (PY) 28 Contingency Plan so reflects Ryan White allocations approved on 9/13/2018. Some notable changes since then include allocations to Child Care and Emergency Financial Assistance (EFA). She added the document can also be viewed as a multi-year planning tool. Feedback was:
  - ✧ Oral Health: Expand to cover specialty services: DHSP has completed.
  - ✧ Early Intervention Services (EIS): Expand to cover Health Education/Risk Reduction (HE/RR), e.g., Undetectable = Untransmittable (U=U): DHSP classified U=U as marketing, not EIS; Ms. Ogata added EIS is HIV testing while HE/RR is a separate category for PLWH which could include U=U, but it could also be included in Prevention For Positives under Center for Disease Control and Prevention (CDC) grants, or be embedded in various services.
  - ✧ Medical Nutrition Therapy (MNT): Expand from SPA 1 to highly impacted Health Districts (HDs) and to include onsite and field-based MNT: DHSP cited no data on first item, and second unlikely due to physician referral and Registered Dietician (RD): Ms. Ogata added if HD need confirmed, RFA needed and would launch likely in 2021.
  - ✧ Medical Care Coordination (MCC): Expand to cover Directly Observed Therapy (DOT): DHSP noted lack of studies on viral suppression need, feasibility, and research on models but, if supported, costly and earliest launch 2022.
  - ✧ Substance Abuse Service Outpatient: Expand to currently non-billable alcohol/substance abuse services like 12 step programs: DHSP noted not allowable except as part of comprehensive treatment plan, Substance Abuse Prevention and Control (SAPC) reviewing Drug Medi-Cal gaps, earliest likely expansion 2021.



- ✧ Vision Care: Augment AOM/MCC and add comprehensive services with optician: DHSP noted only ophthalmologic conditions resultant from HIV disease are now allowable and are already covered under Medical Specialty.
  - ✧ Case Management (Non-Medical): Explore provision in non-traditional locations to increase referrals and entry points: DHSP supports, but requires RFA for earliest launch in 2021.
  - ✧ Child Care Services: Provide with psychosocial services and make reimbursable with other: DHSP cited need to investigate programmatic requirements, service discontinued in past due to low demand.
  - ✧ EFA: Augment existing contracts: DHSP said Health Resources and Services Administration (HRSA) restricts to short term utilities and partial rent, would need RFA for earliest 2021 launch barring coordination with existing Los Angeles County (LAC) program.
  - ✧ Food Bank/Home-delivered Meals: Increase food quality, amount, and sites; add essential non-food items like hygiene products; and increase eligibility to 400% Federal Poverty Level (FPL): DHSP identified suggestions as possible via contract amendment requiring Board of Supervisors (BOS) approval.
  - ✧ Housing Services: Allocate to Housing For Health (HFH) Intensive Case Management Services (ICMS) and increase clients served: DHSP noted number served can be increased anytime per need and housing unit availability.
  - ✧ Legal Services: Expand to cover tax preparation: DHSP reported that was not allowable under Ryan White.
  - ✧ Medical Transportation: Expand to ride-sharing services and van purchases: DHSP noted the first item was being investigated especially regarding liability; and the second, van purchase, requires HRSA approval for each vehicle.
  - ✧ Outreach Services: Offer eligibility cards and/or welcome packet at all providers, and fund awareness: DHSP awaiting Consumer Caucus feedback on first item, and Commission can do second: Ms. Echols-Watson said Consumer Caucus survey supported cards if they reduced bureaucracy, supported brochures to help educate clients and providers on services, and supported training providers on services and cultural competency.
  - ✧ Psychosocial Support Services: Augment agreements to cover variety of groups, as noted: DHSP expected would require RFA for earliest 2020 launch, but needed more specificity.
  - ✧ Referral: HIV services countywide eligibility and referral services via 211LA: DHSP needed more specificity.
  - ✧ Rehabilitation: Fund physical, occupational, speech, and vocational therapy: DHSP would need RFA for earliest 2020 launch.
  - ✧ Treatment Adherence Counseling: Include in MCC: DHSP reported already in MCC team's responsibility.
  - Ms. Ogata noted DHSP has delegated authority to augment existing contracts without returning to the BOS. Depending on the specific contract, delegated authority ranges from 10% to 25%.
  - Currently, Fiscal Year (FY) 2019 allocations include funding for Child Care, EFA, and Psychosocial Support Services, but expenditures are unlikely for those services in the upcoming year at this time.
  - ➡ Ms. Ogata will connect Mr. Burton with the Oral Health Program Manager to assist a client given a high estimate for an implant and restricted to one implant per year. Such issues can always be referred to the DHSP Warm Line.
  - ➡ Ms. Ogata will verify whether DHSP's position is to view U=U only as a marketing strategy. PP&A considers it a multi-purpose tool which also addresses adherence, prevention, and mental health.
  - ➡ Refer U=U to SBP for incorporation into all standards.
  - ➡ DHSP was unaware of a need for MNT outside of SPA 1, but the question was referred to Consumer Caucus for input.
  - ➡ Follow-up on options to operationalize Food Bank/Home-delivered Meals recommendations.
  - ➡ Consider expanding Treatment Adherence Counseling beyond MCC teams, e.g., to Substance Abuse providers. Ms. Ogata noted SAPC might also offer such services.
  - ➡ Consider expanding support for Non-Medical Case Management Benefit Specialty and Transitional Case Management for Youth and Jails.
  - ➡ Ms. Ogata will clarify which LAC agencies could potentially administer EFA and what individual providers can do.
  - ➡ Agendize PP&A discussion of additional types of services needed under EFA.
  - ➡ Ms. Ogata will investigate whether Child Care Services can be added to any existing contracts and report back in March.
- b. Multi-Year Planning (Advance Planning):**
- ➡ PP&A will consider prioritizing two to three RFAs for development, as discussed, at its next meeting, e.g., Medical Transportation, Outreach Services, EFA, Rehabilitation, Psychosocial Services, Transitional Case Management.

## **VI. UPDATES**

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

#### **a. Ambulatory Outpatient Medical (AOM):**



- There were two areas of interest on this item: how will the recent RFAs impact FY 2019 funding; and, how to ensure rates support sufficient time to address complex issues, e.g., co-morbidities.
- Ms. Ogata noted DHSP contracts set rates and mandate adherence to Standards of Care and Clinical Guidelines. The current rate is competitive. The length of appointments is determined by providers. Ms. Echols-Watson added that the Standards and Best Practices (SBP) Committee addresses what should take place during an appointment, not its length.
- Mr. Orellana suggested a survey of clinic clients on wait times and what they would like to see in their appointments.
- ➡ Ms. Ogata will provide a breakdown of what the AOM rate covers at the March PP&A meeting.
- ➡ Ms. Ogata will present on AOM client satisfaction surveys and the Regional Quality Group at the April PP&A meeting.

**b. Referral Process for Housing Services - Flowchart:**

- Ms. Ulloa, Housing Opportunities for Persons With AIDS (HOPWA), said the designated process was for MCC teams to refer clients to regional offices for enrollment in Project CHAMPS database which takes about 40 minutes. Department of Health Services (DHS) HFH then would access the database.
- In February, HOPWA launched its new database and began trainings. MCC began referrals, but it was burdensome for regional offices to learn two databases at the same time so HOPWA postponed its process until training is complete. One training was done in November with two of ten enrollees direct service providers and the rest management.
- In addition, two of the seven regional office providers lack DHS contracts so cannot access CHAMPS. Of the remaining five, two have very specialized populations leaving just three offices countywide to shoulder most of the burden.
- HFH hopes to have a better understanding of regional office capacity by April or May.
- Ms. Ogata reported DHSP and HFH learned about this change late the prior week so the original flowchart was on hold. Instead, DHS was requesting referrals into HFH from providers offering AOM services and an existing Master Agreement with HFH so they already have access to CHAMPS.
- Most are LAC providers, e.g., 5P21 and Olive View-UCLA Medical Center. For community agencies to participate, they need to first obtain a Master Agreement with HFH and train on CHAMPS. Meanwhile, HFH subcontracts with three agencies for case management to assess eligibility for Ryan White and continuing weekly follow-up until the client is housed. HFH is working to increase case management staffing. Currently, there is no shortage of referrals.
- The initial goal was to place 125 homeless clients into permanent supportive housing. To date, some 27 were placed and 74 were in the lengthy process. Placement may be delayed if clients reject a unit offered by Brilliant Corners.
- When designing this program, PP&A also discussed assisting those struggling to meet daily needs and at risk of homelessness. Rental subsidies can assist that population and are simpler to provide than finding furnished units. DHSP was planning how to operationalize the process, e.g., with review of Linkage and Re-Engagement Program (LRP) clients.
- ➡ Keep referral process on the agenda for monthly updates.

**c. Fiscal Update:**

- Ms. Ogata said DHSP received its full FY 2019 Notice Of Award (NOA) from HRSA. Applications are reviewed by an outside body. The LAC technical review score was 99, up from 97 last year, resulting in a \$500,000 increase to the competitive supplemental piece. She complemented Commission work which helped write an application with a compelling story about, e.g., a plan to deliver services aligned with the Los Angeles County HIV/AIDS Strategy (LACHAS); or great work as one of the first integrated planning bodies; or stakeholders vested in the Ryan White process.
- This is the first time in five or six years that HRSA has provided the full NOA this early in the year. Ninety days after NOA receipt, HRSA requires jurisdictions to submit a Program Terms Report and a Program Submissions Report. These reports drive allocations review and revisions in light of the NOA, in the case of FY 2019, to account for the increase.
- PP&A usually addresses this process in June or July and forwards its recommendations to the Executive Committee in time for the Commission to approve them in August or September. This year, reports are due 4/15/2019. Consequently, she requested PP&A initiate review/revision that day and complete it at the next meeting so recommendations can be forwarded to the 3/28/2019 Executive Committee for Commission approval on 4/11/2019.
- Mr. Martinez noted allocations are in percentages so can automatically accommodate award decreases or increases.
- Ms. Ogata agreed, but noted the increase was sizable at \$500,000. Further, current FY 2019 allocations were proposed in August 2018. She also suggested reviewing some service categories added for FY 2019, e.g., Child Care, Psychosocial, and Emergency Financial Assistance. While valuable services, it may not be feasible to fund them in FY 2019.
- Ms. Ogata reviewed Ryan White expenditures through 12/31/2018. Expenditures have improved since FY 2018. Expected total overspending of \$1.5 million will be applied to the Minority AIDS Initiative (MAI).
- The Part A Summary shows AOM, Mental Health, MCC, Housing, Food Bank, Home and Community-Based Health, and EIS exceed allocations. MNT, offered only in SPA 1, was expected to meet its allocation of \$21,000.
- Benefit Specialty reflects \$710,000 in underspending of its \$2.2 million allocation, mainly due to staff vacancies.



- Oral Health Care reflects underspending of some \$600,000 of its \$5.8 million allocation, but recent service expansion to more complex and expensive services may maximize this category.
- Outreach is the Linkage Re-Engagement Program staffed by DHSP which responds to provider referrals of patients they believe are out of care. The estimate was for underspending of some \$480,000 of its \$1.5 million allocation.
- Underspending of about \$145,000 was also estimated for Medical Transportation of its \$745,000 allocation.
- The new provider for Legal was estimated to underspend its \$125,000 allocation by \$48,000.
- There was also a new provider for Linguistics which was estimated to underspend its \$241,000 allocation by \$217,000.
- Substance Abuse Treatment, Residential, listed no expenditures as it was expected to move to another funding source.
- The HRSA award is composed of Part A and MAI. There are two Housing categories. Part A funds Residential Care Facilities For the Chronically Ill (RCFCI) and Transitional Residential Care Facilities (TRCF) with expenditures estimated at \$801,000 over the \$1.2 million allocation. MAI Housing funds are allocated to HFH for rental subsidies and permanent supportive housing. Estimated expenditures for the \$3 million allocated were \$600,000.
- MAI funds were also allocated to Case Management Services (Non-Medical) for Transitional Case Management for youth and for the jails program. Those expenditures were estimated to exceed the \$211,000 allocation by \$440,000.
- Projected total MAI expenditures are \$1.4 million for services and \$400,000 for administration. Funding is \$3.6 million plus \$3.2 million in Year (YR) 27 roll over for a total of \$6.8 million resulting in total underspending of \$5 million.
- Ms. Ogata noted Mario Pérez, MPH, Director, DHSP, asked at the 12/18/2018 PP&A meeting whether the Committee preferred maximizing Part A funds and rolling over unspent MAI funds without penalty or spending all MAI funds, as had been suggested, and leaving some Part A funds unspent resulting in a 3% cut to annual awards going forward. PP&A chose to roll over unspent MAI. Ms. Ogata has applied to HRSA for anticipated roll over approval.
- In light of the roll over, the MAI FY 2018 spending goal is \$3,158,378. Estimated MAI expenditures were \$1.4 million and Part A overspending applicable to MAI was \$1.5 million for a total \$2.9 million. Closing the gap was expected.
- Part B funds are disbursed by HRSA to the state and then disbursed by the state to jurisdictions. LAC's funding for FY 2018 was \$5 million including 10% mandated for administrative costs. It was fully expected that the \$4.5 million will be maximized with Housing RCFCI and TRCF and perhaps a few months of Substance Abuse Residential through one provider. LAC's funding for FY 2019 will also be \$5 million.

- d. **Status of Provider Training for Available Ryan White Services:** Ms. Ogata reported DHSP will be meeting to discuss logistics and preliminary training needs. Input from a provider poll and PP&A will be used to help identify specific training needs and prioritize topics. For these trainings, all providers in a service category are asked to participate for a full day.

#### **VII. NEXT STEPS**

8. **TASK/ASSIGNMENTS RECAP:** There was no additional information.

9. **AGENDA DEVELOPMENT FOR NEXT MEETING:**

- ➡ Extend March PP&A meeting to 1:00 to 4:00 pm.
- ➡ Include copy of current Paradigms and Operating Values in packet.
- ➡ Provide current FY 2019 allocations for revision.
- ➡ Agendize motion to revise FY 2019 allocations and forward for Executive and then 4/11/2019 Commission approval.

a. **Service Category Information Summary Template:**

- Ms. Echols-Watson reviewed the template for potential use as a planning tool.
- ➡ Agreed to retain template and Ms. Echols-Watson will begin populating it. PP&A members will review for March.

#### **VIII. ANNOUNCEMENTS**

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

#### **IX. ADJOURNMENT**

11. **ADJOURNMENT:** The meeting adjourned at 3:09 pm.