LOS ANGELES COUNTY
COMMISSION ON HIV

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

July 17, 2018

| PP&A MEMBERS PRESENT | PP&A MEMBERS PRESENT *(cont.)* | PUBLIC | COMM STAFF/CONSULTANTS |
|---|---|---|---|
| Al Ballesteros, MBA, *Co-Chair* | Derek Murray | Alasdair Burton | Cheryl Barrit, MPIA |
| Jason Brown, *Co-Chair* | Rebecca Ronquillo | Bradley Land | Carolyn Echols-Watson, MPA |
| Frankie Darling-Palacios | Yolanda Sumpter | Katja Nelson | Jane Nachazel |
| Susan Forrest | Russell Ybarra | Glenda Pinney, MPH, JD | Doris Reed |
| Grissel Granados, MSW | | | Julie Tolentino, MPH |
| Michael Green, PhD, MHSA | **PP&A MEMBERS ABSENT** | | Sonja Wright, MS, Lac |
| William King, MD | Deborah Owens Collins, PA-C, MSHCA, MSPAS, AAHIVS | | |
| Abad Lopez | | | **DHSP/DPH STAFF** |
| Miguel Martinez, MPH, MSW | Raphael Peña | | None additional |
| Anthony Mills, MD | LaShonda Spencer, MD | | |

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1) **Agenda**: Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, *7/17/2018*
2) **Minutes**: Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, *6/19/2018*
3) **Q/A Table**: Substance Use Disorder Treatment Program (SAPC) Response to Planning, Priorities and Allocation (PP&A) Committee Inquiries, *7/17/2018*
4) **Annual Report**: Chapter 1, Who We Serve, Substance Use Disorder (SUD) Treatment Programs, *FY 2014-2015*
5) **Memorandum**: Culturally and Linguistically Appropriate Service Requirements, *5/11/2018*
6) **Brief**: Expanding Los Angeles County's Substance Use Disorder System, *September 2017*
7) **Brief**: Navigating the Contracting Process and Understanding State and Local Requirements, *May 2017*
8) **Tool**: Assessment Tool - Adults (Paper Version), *7/31/2017*
9) **Graphic**: Substance Use Disorder (SUD) Treatment Providers by Level Of Care and Service Planning Area, Substance Abuse Prevention and Control (SAPC), *December 2017*
10) **Annual Report**: Executive Summary, Substance Use Disorder (SUD) Treatment Programs, *FY 2014-2015*
11) **Report**: Ryan White Part A Implementation Plan: Service Category Table, *DMHAP Implementation Plan 2016*
12) **Spreadsheet**: Ryan White Part A, MAI Year 27 and Part B YR 17 and other Fiscal Year 17/18 Funding Expenditures by Service Categories, *7/16/2018*
13) **Spreadsheet**: 2018 Allocations w/o 2017 MAI Carryover; and 2018 Revised Allocations w/o MAI Carryover, *6/21/2018*
14) **Table**: Recommended Service Category Rankings, *2017-18*
15) **Table**: Service Category Rankings Worksheet, *PY 29 (FY 2019-20)*
16) **Report**: Los Angeles County HIV Needs Assessment (LACHNA): HIV Service Gaps, Key Findings, Recommendations, *2017*

17) **Summary Report**: HIV-Positive Adults in Care in Los Angeles County, Medical Monitoring Project, *2009-2014*
18) **Graphic**: Prevention and Care Services Across the HIV Care Continuum Linked to LACHAS Goals for 2022, *5/15/2018*

**CALL TO ORDER**: Mr. Brown called the meeting to order at 1:10 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 6/19/2018 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**: On a point of clarification, Commissioners who are not members of a particular Commission Committee or other subgroup are "public" with regards to that body. Commission Co-Chairs are inherently members of all Commission bodies that they attend.

## III. COMMITTEE COMMENT

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

## IV. REPORTS

5. **EXECUTIVE DIRECTOR REPORT**:
   a. **Los Angeles County HIV/AIDS Strategy (LACHAS)**:
      - Ms. Barrit reminded the group about the 7/19/2018 Los Angeles County HIV/AIDS Strategy (LACHAS) community call to action meeting in the Antelope Valley. She thanked Commissioner Raquel Cataldo for arranging transportation for consumers to attend the meeting and for coordinating the optional tour of Tarzana Treatment Center.
      - Commissioners are encouraged to attend, but it is understood that is not always possible. There will be a report back.
      - On 8/9/2018, a regular Commission meeting will be followed by a South Los Angeles LACHAS meeting. Traci Bivens-Davis is coordinating a tour of the multiple service providers in the Martin Luther King Jr. Community Hospital area.

6. **CO-CHAIR REPORT**: There was no report.

## V. UPDATES

7. **SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) UPDATE**:
   - Ms. Barrit noted the SAPC materials in the packet including a table of questions forwarded to Ms. Pinney after her previous presentation and SAPC responses. SAPC collects data at the Service Planning Area (SPA) level, but not down to the Health District (HD) level. It was unable to provide data for some of PP&A's questions so the Committee may want to ask about future plans to develop such information or to identify proxy data that might be available.
   - Ms. Forest noted the Service and Bed Availability Tool (SBAT) is just one tool with little specific agency information. Staff for the prior Community Assessment Source Centers (CASC) for alcohol and drug treatment and recovery services, by contrast, were knowledgeable about HIV-specific services. Launching the HIV resource website will help compensate for that loss.
   - She responded to item five, page 2, that PLWH are a priority population for Recovery Bridge Housing (RBH), a residential setting with mandated outpatient treatment attached. It serves those who do not meet medical necessity for residential.
   - Mr. Ballesteros noted the current Ryan White Substance Abuse Treatment Services - Residential allocation was $3.4 million and sought to understand the remaining service gap for PLWHA, in particular considering the impact of the 7/1/2017 initiation of Drug Medi-Cal on Ryan White as payer of last resort.

- Ms. Pinney confirmed that undocumented individuals are referred through the Department of Health Services (DHS) system to My Health LA. It provides the same SAPC services available through Drug Medi-Cal. Drug Medi-Cal covers residential, outpatient, withdrawal management (detox), narcotic treatment, and case management with no funding cap.
- It only covers actual treatment so SAPC uses other funding for, e.g., residential room and board, operating costs, and transportation outside of treatment-related services. She did not have comparative data for Drug Medi-Cal versus Ryan White services or reimbursement rates, but Drug Medi-Cal reimbursement rates were on the SAPC website.
- Ms. Pinney said residential services are determined by medical necessity and rarely exceed 90 days. Homeless or unstably housed clients may transition into RBH for help in transitioning to permanent housing. SAPC now has 750 RBH beds with a goal of 1,000. It would also like to expand residential beds, but providers must become Drug Medi-Cal certified and apply.
- SAPC now follows the American Society of Addiction Medicine (ASAM) definition for Substance Use Disease (SUD). Clients must be assessed and medical necessity determined, income may be up to 183% of Federal Poverty Level (FPL), and single adults are covered. Before Drug Medi-Cal initiation, providers had more assessment options, e.g., a residential client might be kept past 90 days solely for housing. Now documentation must ensure that clients receive the type of treatment needed.
- The full ASAM assessment takes 1 1/2 to 2 hours, but there is also a 10 to 15 minute ASAM triage tool to determine if someone may have an SUD and a provisional level of care. There are now 55 co-locations countywide for screenings and referrals with 120 anticipated by the end of the Fiscal Year (FY). Diverse co-location sites include: Probation Department offices, Department of Children and Family Services (DCFS) offices, various courts, Measure H permanent supportive housing sites, and some homeless outreach. People can also access services through the website or the 800 number. In addition, a client aware of services at a particular site can simply go there. There is no "wrong door" to services.
- Ms. Forrest asked if SAPC used the Commission's Standards of Care. Ms. Pinney responded certification for provider licenses addresses those types of issues. She felt the question really went to cultural competency to ensure adequate services for PLWH. SAPC has a cultural competency committee, but guidelines do not specifically address HIV.
- Ms. Pinney was unaware of any waiting list. Sometimes people decline to sign up for My Health LA out of privacy concerns.
- There is a separate system for youth.
- ➲ Ms. Piney will follow-up on whether Ryan White funded agencies are also on the list of SAPC contractors.
- ➲ Ms. Forrest questioned the lack of transgender data collection under the current SAPC categories of male, female, and other. Ms. Piney will follow-up on state gender data reporting requirements and report back.
- ➲ Ms. Piney noted there is a separate system for youth. She will check whether youth must re-apply monthly for Drug Medi-Cal to maintain confidential services distinct from their families as is required with Medi-Cal for, e.g., PrEP services.

**8. HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)**:

- Ms. Ronquillo noted Ms. Echols-Watson asked her to report back on the Managers Meetings held every other month with HOPWA contractor management teams. The meetings launched this year to address HOPWA or related challenges and provide a forum to report back on how a particular program or effort is progressing.
- A key topic at the last meeting was better targeting of clients for the Tenant Based Rental Assistance.

**a. Consolidated Annual Performance and Evaluation Report (CAPER)**:

- Ms. Ronquillo said CAPER was due to the federal government by end of July, but an extension was granted to August.
- Consolidated Plan community meetings are planned for the latter half of August in the San Fernando Valley, East Los Angeles, and South Los Angeles. At the next PP&A meeting, she hoped the Committee could discuss developing a stronger connection between Commission and HOPWA work. For example, she will attend all three community meetings to discuss HOPWA and encouraged coordination in that effort.
- ➲ Ms. Ronquillo will provide highlights of data pulled for CAPER from contracts after CAPER's submission in August.
- ➲ Ms. Ronquillo will bring more Consolidated Plan community meeting information for review at the next PP&A meeting.

**9. DIVISION OF HIV AND STD PROGRAMS (DHSP) UPDATE**:

**a. Ryan White Care Utilization Data for FY 2017 (PY 27)**:

- Dr. Green noted the last utilization report was done in 2013. Since then, DHSP has relied on the Ryan White Part A Implementation Plan: Service Category Table which essentially shows all the information historically provided by the utilization report including data per service category for the number of clients, the number of service units, and cost.
- DHSP used the utilization report to review expenditures per service category based on total expenditures. Easy for service categories with Fee For Service (FFS) reimbursement schedules, it was hard to calculate for cost reimbursement contracts that had no consistent cost per service unit. The implementation table has been more helpful for those costs.
- DHSP does plan to return to a utilization report for 2018, but has found some inconsistencies in 2017-2018 data. DHSP has been engaged in a reorganization since January 2018 which will consolidate all data-, planning-, and evaluation-

related activities under Dr. Green including research, grants administration, and surveillance. The goal is to identify efficiencies and to better understand the quality of data from HIV Casewatch, STD Casewatch, and HIV surveillance.

- New data teams formed during reorganization have identified inconsistencies, e.g., a frozen Ambulatory Outpatient Medical (AOM) data set run in April and again last week showed a drop of some 700 clients. DHSP believes that is due to the Casewatch vendor removing service units if clients were later deemed ineligible for Ryan White due to identifying Medi-Cal or other insurance eligibility, but that should not have reduced the total number of clients.
- DHSP is continuing to review the utilization table to ensure its accuracy prior to public release. It should be ready in August. Meantime, the Implementation Plan, submitted to Health Resources and Services Administration (HRSA) at the grant term's start and end, shows most of that information with expenditures, service units, and number of clients.
- Neither the Implementation Plan nor Service Utilization Report reflect relative service importance - only investments.
- ➲ DHSP will provide an updated service utilization report for the 8/14/2018 meeting.

**b. Review of PY 27 Preliminary Financial Data**:

- Dr. Green reviewed PY 27 expenditures and could report with confidence that all Part A and Part B resources have been fully expended. There was concern up to three months ago that, for the first time, all Part A funds would not be expended because providers were billing far below the expected rate. In response, Dave Young sought additional costs that could be charged to Part A since funds return to HRSA if it is not maximized and the following year is impacted.
- DHSP identified Early Intervention Services (EIS) as an additional service category for Part A. This Eligible Metropolitan Area (EMA) has not invested Ryan White Program (RWP) funds in EIS in several years, but the partner services activities have been occurring with health department staff locating partners of HIV+ patients, working to have them screened and, where pertinent, linked into HIV medical care services. The $747,508 in expenditures maximized Part A.
- Part B funds come to the EMA through the state. As for Part A, the state must maximize them or suffer consequences.
- Unlike Parts A and B, HRSA does allow Minority AIDS Initiative (MAI) funds to be rolled forward one year to the next grant term. Los Angeles County (LAC) has used that option for about three of the last six years which has permitted shifting expenditures from MAI into Parts A and B to maximize them.
- Total MAI PY 27 funding includes $3,509,303 for Year 27 and $2,324,768 rolled over from Year 26. After maximizing Parts A and B, DHSP was able to expend most of the Year 26 roll over and a small amount of the Year 27 award. DHSP has requested approval to roll over the remainder of the unspent Year 27 resources into Year 28.
- DHSP was unable to expend $824,645 of the Year 26 roll over amount during Year 27 so it will cease to be available. Local unexpended funds are redistributed in the next year's MAI grants. No penalties apply to not maximizing funds.
- Regarding Housing For Health (HFH) expenditures, Dr. Green said $5.2 million in PY 27 MAI funds was allocated to Housing Services and earmarked for rental subsidies. That was dependent on DHS executing the Memorandum of Understanding (MOU) with the Department of Public Health (DPH) so DHS could start to bill DPH. As that did not occur until April 2018, there were no Year 27 expenditures. That contributed to the need to roll funds over to Year 28.
- DHSP was waiting for HFH to identify their new or existing HIV+ clients who need rental subsidies. Some of these clients may have been receiving other housing services, but not rental subsidies to help them stay in their apartments.
- Dr. King asked about MAI's purpose as he believed it was to address minority issues rather than generic needs. Dr. Green noted the Commission develops/revises the MAI plan at its discretion and HRSA then reviews it for approval. Rather unique to LAC, the highest proportion of RWP clients for all services are minority clients as defined by HRSA. Consequently, in essence, the entire portfolio of services is an MAI plan since the majority of clients are minorities.
- The choice to allocate MAI resources to housing was based on the consideration that many of those who need, but do not qualify, for housing services often are undocumented. Legal residency is required for programs administered by the Department of Housing and Urban Development (HUD), but not for RWP. He felt that population will be served in Year 18, but was unsure of the impact of new housing funds entering the system due to recently passed measures.
- Mr. Martinez acknowledged the very intentional conversation about this MAI plan which stressed equity and centering People of Color (POC). He felt PP&A did need to better anticipate when funds cannot be spent as originally intended and have a re-allocation contingency plan. It is a very difficult matter to face not maximizing all available funds.
- Dr. Green said it is difficult to anticipate spending. To begin with, DHSP projections are always behind because they are based on at least four months of expenditure data from invoices. For example, the grant term began 3/1/2018, but he had only two months of invoices to date. He should have four by September, but that is late to adjust allocations. Even so, a six-month check-in in August could provide an early alert if something like an MOU is taking longer than expected.
- Mr. Ballesteros noted several items contributed to inability to expend or roll over all funds. Delayed execution of the housing MOU was one, but so was AOM underspending of $2,685,267, most likely due to increased Medi-Cal use.

- Ms. Sumpter tried to assist the consumer with a Section 8 voucher at the 7/12/2018 Commission. She called Brilliant Corners, which works with HFH, on 7/13/2018. They referred her to another organization which referred her to the Coordinated Entry System (CES) though that assessment was done. MAI programs are expected to be designed with community input and delivered by organizations and people with credibility in those communities. She felt affected populations are highlighted, but providers need to improve community interaction and service implementation.
- Ms. Forrest said Part A services are not necessarily meaningful for POC just because POC access them. She felt it would be better for the community to see MAI maximized, despite loss of other funds, as it would underline the focus on POC.
- Mr. Burton suggested budgeting in advance for lower priority categories to soak up funds if higher priority categories cannot utilize them. Dr. Green replied that, in the past, DHSP purposely put more funds into contracts than projected expenditures in order to be able to readily shift underspent funds from one service category into other contracts. The Board of Supervisors (BOS) removed that leeway so now contracts can only total the program funding received.
- DHSP also once had the delegated authority to increase contracts up to 25% of the total contract amount without BOS approval. That was reduced to 10%. It takes 90 days to acquire BOS approval to increase a contract more than 10%.
- Mr. Land added that historically there has been tension between what the Commission believes is needed and how HRSA defines service categories. It is also important to keep on top of expenditures to avert this tragic underspending.
- Dr. Green called attention to key underspent Part A service categories: AOM, $2.6 million; Oral Health, consistently identified as a need in the Los Angeles County HIV Needs Assessment (LACHNA), $2.1 million due to restoration of Denti-Cal; Mental Health, $3.4 million due to expanded Medi-Cal services and DHSP recontracting with FFS.
- Rather than simply using last year's allocations, the current dynamic environment calls for review of each service category's funding to ensure it is realistic to spend the investments and that they fund services the clients need.
- Dr. Mills expected most EMAs that expanded Medi-Cal are dealing with these issues especially since RWP service categories have stayed static as the epidemic changed. His patients overall are healthier, but more deal with aging issues. Average PLWH visits per year are down from four to one or two, but more prevention is needed to reach goals.
- Dr. Green noted there are some service categories that the Commission has not historically ranked or allocated resources that might be helpful, e.g., EIS can largely be a prevention service.
- Another option is to review services, e.g., Oral Health consistently ranks as a high need in LACHNA yet is underspent. DHSP reviewed case studies with providers and found many Ryan White-eligible patients were receiving care, but DHSP did not pay for complex procedures beyond endodontics like periodontics and orthodontics that patients needed to restore dental health. DHSP has now added those services to contracts so Year 28 expenditures will increase.
- Dr. King asked about Medical Subspecialty Services. It is hard to find, e.g., pulmonary specialists, who accept Medi-Cal. Dr. Green said patients can be referred to CHAIN for a list of subcontracted providers covering some 16 specialties that will accept Medi-Cal or other insurance. DHSP contracts with AIDS Healthcare Foundation's (AHF's) CHAIN program at the Medicare rate and, while it cannot supplement the Medi-Cal rate, it could supplement its own rate.
- Dr. King said the CHAIN list is shorter now, a problem with an aging population. Dr. Green agreed, but said physicians who attend the Medical Advisory Committee report they have other resources. DHS continues to offer default care.
- Ms. Barrit called attention to the 2018 Revised Allocations in the packet for review in preparation for allocations.
- ➲ Agreed that PP&A will review the 3-year MAI plan (part of master directives) once the Priorities- and Allocations-Setting (P-and-A) process is complete.
- ➲ Use findings from the Assessment of Administrative Mechanism (AAM) to address changes to the overall procurement process as well as reducing the excessive 90-day time lag in acquiring BOS approval to increase a contract.
- ➲ DHSP will provide Net County Cost (NCC) expenditures as part of the financial report for the 8/14/2018 meeting to better evaluate all expenditures including, e.g., Benefit Specialty.
- ➲ DHSP will provide information on Medical Subspecialty Services expenditures.
- ➲ Explore possibility of funding a stigma reduction intervention, e.g., under Mental Health Services, without diagnoses.
- ➲ Follow-up on status of Housing for Health MOU and housing subsidy services using MAI funds
- ➲ Add specific timeframe on when PP&A should receive financial reports from DHSP.

c. **Prevention Data**: There was no additional discussion.

## VI. DISCUSSION

**10. RANKING SERVICE CATEGORIES FY 2019-2020 (PY 29)**:

- Mr. Ballesteros noted the FY 2017-2018 (PY 27) ranking sheet and the FY 2018-2019 (PY 28) ranking sheet with a blank column for the FY 2019-2020 (PY 29) rankings. Rankings are based on need. Allocations are done separately and take into account other sources of funding for service categories since Ryan White is required to be funding of last resort.
- While acknowledging expenditures are not an absolute guide to rankings, Dr. Mills suggested considering that those categories with high expenditures such as Medical Care Coordination (MCC) may indicate an unmet need. Ms. Granados noted high expenditures could simply reflect an expensive service while underspending Mental Health reflects service barriers. Ms. Forrest added a needed service may be offered for women, but poorly implemented and so underutilized.
- Mr. Martinez called attention to a prior discussion on focus areas per HD. Ms. Barrit said consideration of HD needs is part of the revised master directives. Specific HD recommendations would require more programmatic information for DHSP.
- Mr. Martinez asked about the status of Direct Emergency Financial Assistance (DEFA), currently ranked 16. Dr. Green said DHSP cannot give cash or write checks directly to clients. DHSP did look into setting up a Third Party Administrator (TPA) to dispense funds. Dr. Green had successfully set up TPAs in three Midwestern EMAs before coming to LAC. He contacted that agency, but it declined since the LAC volume meant losing money as DHSP cannot reimburse for all administrative costs.
- Dr. Green said the category is defined by HRSA, but vaguely. Mr. Martinez said LACHNA shows DEFA has the second highest service gap at 56.1% after Housing Services at 58.5%. Ms. Forrest added residential clients often come to them without even food money until their next food stamps and those moving into permanent housing often cannot afford a bed. Mr. Martinez said many needs are for one-time help like a pair of shoes.
- Dr. Mills agreed DEFA is a service most clients would want and many clients are poor, but felt DEFA does not sufficiently address the key goals of reducing incidence and increasing viral suppression. Mr. Martinez, however, felt it does impact viral suppression in the five to ten HDs most impacted by economic stressors. Directives can target resources, if desired.
- Frankie Darling-Palacios expressed concern that revisions would move Non-Medical Case Management down in rankings. Dr. Mills said Medical Care Coordination (MCC) addresses those services at his agency, but Frankie Darling-Palacios said she handled Benefit Specialty separately, e.g., helping with Health Insurance Premium Payment (HIPP) to keep patient benefits intact. That is important because decisions at the federal level may decrease insurance company compensation which could raise premiums 20% to 30% in California and there is concern regarding pre-existing condition coverage. Ms. Forrest added Housing Case Management addresses 89-page applications with 15 federal and 25 other agency follow-ups.
- Dr. Green clarified: Outreach Services funds Linkage and Retention Program (LRP); EIS seeks out partners of HIV+ persons for screening and linkage to medical care, as needed; and Health Education/Risk Reduction funds Prevention for Positives.
- Child Care Services funds babysitting services for PLWH while they attend various medical or social service appointments. For the most part, PLWH brought their children to a contracted agency and picked them up following their appointment. In some cases, services were provided at the medical offices, but a liability attaches. There was no current allocation.

➲ DHSP will ask Ryan White contractors if there is an expressed need for Child Care Services.

**MOTION 3**: ***(King/Land)*****:** Approve Service Category Rankings for FY 2019-2010 (PY 29) with the following service categories moved up from FY 2018-2019 (PY 28) rankings as noted and all other service categories moved down: Outreach Services up to 5; Early Intervention Services up to 6; and Direct Emergency Financial Assistance up to 7 **(*Passed by Consensus*)**

## VII. NEXT STEPS

**11. TASK/ASSIGNMENTS RECAP**: There was no additional discussion.

**12. AGENDA DEVELOPMENT FOR NEXT MEETING**: ➲ Continue to next step in P-and-A process: allocation-setting.

## VIII. ANNOUNCEMENTS

**13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**: There was no additional discussion.

## IX. ADJOURNMENT

**14. ADJOURNMENT**: The meeting adjourned at 4:30 pm.