



LOS ANGELES COUNTY COMMISSION ON HIV



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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES January 15, 2019

Approved
2/19/2019

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, Co-Chair	Frankie Darling Palacios	Scott Blackburn	Cheryl Barrit, MPA
Jason Brown, Co-Chair	Diamante Johnson	Alasdair Burton	Carolyn Echols-Watson, MPA
Susan Forrest	Abad Lopez	Charity Chandler-Cole	Jane Nachazel
Grissel Granados, MSW	Anthony Mills, MD	Katja Nelson	Doris Reed
Michael Green, PhD, MHSA	Derek Murray	Maribel Ulloa	Julie Tolentino, MPH
William King, MD, JD	Yolanda Sumpter		Sonja Wright, MS, Lac
Miguel Martinez, MPH, MSW			
Raphael Peña			DHSP/DPH STAFF
LaShonda Spencer, MD			Pamela Ogata, MPH
Russell Ybarra			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 1/15/2019
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 12/18/2018
- 3) **Policy/Procedure:** #06.1000: Bylaws of the Los Angeles County Commission on HIV, 7/11/2013
- 4) **Table:** Quick Reference for Planning Council Support (PCS) Staff: Legislative Requirements for Planning Councils/Bodies, with HRSA/HAB Definitions, Clarifications, and Expectations, March 2017
- 5) **Part A Manual:** Definitions: Components of Priority Setting and Resource Allocation, Revised 2013
- 6) **Table:** Los Angeles County Commission on HIV, 2019 Work Plan (WP), Draft For Review, Committee Name: Planning, Priorities and Allocations Committee (PPA), 1/15/2019
- 7) **Spreadsheet:** Ryan White Part A, MAI Year 28 and Part B YR 18 and other Fiscal Year 18/19 Funding Expenditures by Service Categories, 1/15/2019
- 8) **Letter:** Ryan White Oral Health Services Program Update: Subspecialty Services Expansion Notice, 12/31/2018
- 9) **Table:** Planning, Priorities and Allocations (PP&A) Committee, Contingency Plan for Ryan White PY 28 Ideas for Maximizing Grant Funds - Not Final/For Committee Approval, 1/15/2019
- 10) **Framework:** Los Angeles County Commission on HIV (COH), Planning, Priorities and Allocations (PP&A) Committee, Multi-Year Planning Process and Framework (Draft) Recommendations, 1/15/2019

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

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

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

2. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve the 12/18/2018 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: There were no comments.

III. COMMITTEE NEW BUSINESS

4. NON-AGENDIZED: There were no new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR REPORT:

a. Los Angeles County HIV/AIDS Strategy (LACHAS):

- Ms. Barrit noted the Commission engaged in significant community promotion and education about LACHAS during its first year. Meanwhile, staff collected feedback on how best to refocus and engage with the community in 2019. Feedback will be reviewed at the 1/24/2019 Executive Committee meeting so she urged PP&A members to attend.
- A key feedback theme is to tie the work of ongoing needs assessment focus groups and listening sessions into LACHAS.
- There will be multiple vetting opportunities including for the full Commission. PP&A, however, does hear a very high level of pertinent feedback touching on system barriers, how to work with providers, and how PP&A identifies opportunities to fund programs and services with notable relevance to Priority Setting and Resource Allocation (PSRA).
- She reminded Commissioners that they can present on LACHAS to various groups such as Community Advisory Boards (CABs) and professional association meetings. Staff can assist with talking points and a set of slides that can be adapted to suit the Commissioner. Dr. King thanked staff for assisting him with a last minute presentation to HIV physicians.

b. Committee Roles and Responsibilities Refresher:

- Ms. Barrit reviewed key Bylaws sections at the 1/10/2019 Commission meeting. Article 1, Section 4, summarizes Commission purpose and function from Ryan White legislation via the Health Resources and Services Administration (HRSA) and Planning Council (PC) requirements from the Centers for Disease Control and Prevention (CDC).
- Article III, Section 3, Conflict of Interest reflects a unique inclusive and transparent approach developed by Commission leadership, DHSP, County Council, and the HRSA Project Officer. Other jurisdictions prohibit providers from voting on PSRA. The Commission, on the other hand, votes on a slate of recommendations, not individual service categories. Beyond that, Commissioners are encouraged to abstain if there are perceived conflicts of interest.
- The Commission traditionally has only had members read their conflicts if a PSRA-related motion is on the agenda, but many PCs open every meeting by reading conflicts providing increased public awareness of the body's composition. The Commission is considering adopting the practice and it might be valuable for PP&A as well.
- Article XII identifies PP&A's specific duties. They reflect the core of PC work with ongoing needs assessment, PSRA, understanding Ryan White Parts as well as other payer systems, and considering all that in terms of the portfolio. Staff will continue to provide current information and potential models from other jurisdictions to help.
- Other helpful materials in the packet were a Quick Reference (of) Legislative Requirements, summarizing both Ryan White legislation and HRSA guidance, as well as a page from the Part A Manual with Definitions: Components of PSRA.
- Staff will continue to offer mini-trainings during meetings organized to complement agenda items and upcoming work.
- ➡ Agendize comprehensive review of Bylaws at Commission meeting.

6. CO-CHAIR REPORT:

a. Co-Chair Nominations and Election:

- Mr. Brown thanked Mr. Ballesteros for his five years of service as Co-Chair.
- Messrs. Brown and Martinez had accepted prior nomination. Dr. King was also nominated, but graciously declined.

- Staff will set up orientation meetings with Co-Chairs of the various Committees as elections occur to review the upcoming year, answer any questions, and offer ongoing support.

MOTION 3A: Elect Jason Brown and Miguel Martinez, MPH, MSW as Planning, Priorities and Allocations (PP&A) Committee Co-Chairs, as nominated (*Passed by Consensus*).

b. 2019 Committee Work Plan:

- Mr. Ballesteros suggested addressing how to engage the community in the discussion on Social Determinants of Health (SDH), e.g., at the 1/10/2019 Commission meeting. There was general agreement that not just the community, but partners also need to be engaged like the Departments of Public Health (DPH), especially its Substance Abuse Prevention and Control (SAPC) Program; Health Services (DHS); and Mental Health (DMH).
- Ms. Barrit noted Tim Vincent, MS presented the first of three trainings on stigma at the 1/10/2019 Commission. The training focused on a common grounding and language. Trainings will hopefully inform development of an HIV stigma reduction plan. The Comprehensive HIV Plan (CHP) tasks the Commission with developing such a plan.
- Mr. Ballesteros suggested requesting the Board of Supervisors (BOS) require all departments to have a stigma reduction plan to support PLWH and those at risk who touch the system. Mr. Burton added stigma reduction trainings could be posted on the Commission's website and the link provided to departments to increase uptake. Dr. Spencer agreed that many patients struggle when they go outside the Ryan White system and may not return to care. She encouraged identifying people who Mr. Vincent trains and are willing to give presentations to broaden dissemination.
- Ms. Barrit also noted staff received Commissioner feedback requesting colloquia better targeted to their needs. The calendar of topics after the first quarter was mainly open to facilitate identifying and addressing needs with Uyen Kao, University of California, Los Angeles (UCLA), Center for HIV Identification, Prevention and Treatment Services (CHIPTS). For example, Ms. Kao will advise Ms. Barrit when the Commission can hear a presentation on the LACHAS modeling project Steven Shoptaw, PhD, CHIPTS, is developing with DHSP to track goals and how to compensate when not met.
- There was general discussion on the extent of the Commission's charge to identify issues that may hinder participation in the contracting process by providers, especially those new to the system and/or with special population expertise.
- ➡ Staff will distribute a flyer to promote Mr. Vincent's presentations.
- ➡ Ms. Barrit will review options to add links on the Commission's website to its meeting calendar so it is easier to find, and to colloquia presentations on the CHIPTS website; and will review opportunities to add a Commission link to pages for partners, e.g., DPH, DHS, and DMH.
- ➡ Refer creation of HIV Stigma Reduction Ad Hoc Work Group to Executive Committee.
- ➡ Consider creation of Information Technology Community Communication Ad Hoc Work Group.
- ➡ Ms. Barrit will replace Item Q, "advise DHSP on its competitive bidding process..." with relevant Bylaws language as current language may impinge on DHSP's charge to contract, procure, and monitor services.

MOTION 3: Approve 2019 Committee Work Plan, as revised by replacing Item Q with relevant Bylaws language, and forward to Executive Committee (*Passed by Consensus*).

V. UPDATES

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

a. Referral Process for Housing Services:

- Dr. Green reported DHSP was working with Housing Opportunities for Persons With AIDS (HOPWA) to refer Ryan White clients directly into HOPWA's process for screening and referral at regional housing offices. There have been some delays in obtaining HOPWA updates, but not services, due to the transition of Rebecca Ronquillo out of HOPWA.
- Ms. Ulloa was assuming Ms. Ronquillo's duties and was applying for the Commission's HOPWA representative seat.

b. Housing Services Update:

i. Housing For Health (HFH) Subsidy Rates:

- HOPWA and HFH have already set subsidy rates and DHSP is following their precedent. The key difference is Ryan White can offer housing support for Los Angeles County (LAC) residents who are undocumented.
- Dr. Green believed the Department of Housing and Urban Development (HUD) prohibited HOPWA from funding the undocumented, but Ms. Ulloa clarified it is Housing Authorities that require legal status to obtain a Section 8 subsidy rather than HOPWA, which is silent on the matter.
- Previous discussion had raised the issue of whether subsidies were sufficiently high to not create an impediment in today's market. Dr. Green noted the Standards and Best Practices (SBP) Committee could set limits on rates based

on client income and fair market rent rates in different parts of LAC. Generally, 30% of a client's income is required to support their own housing. That is consistent with Ryan White, but jurisdictions have the option to adjust rates.

- Overall, Dr. Green noted the goal of the HFH effort was to maximize Ryan White and HOPWA funds. Ryan White providers who identify a client as unstably housed refer to a Medical Care Coordination (MCC) team. That team refers the client to a regional housing office where client eligibility for various housing benefits can be assessed.
- DHSP has budgeted sufficient funds to pay for up to 200 clients to receive monthly housing assistance for a full year. Current clients total less than 50 so there is no need to impose any additional limits at this time.
- Ms. Nelson understood from the HOPWA Priorities meeting that morning that HOPWA had drawn down funding so could pay for its services through March 2019 if the government shutdown continued. Ms. Ulloa replied, due to contract extensions, funding would go through June 2019. There is also a one year commitment to Tenant-Based Rental Assistance (TBRA). The Housing Authority of the City of Los Angeles (HACLA) has funding through February 2019 while the Housing Authority of the City of Long Beach (HACLB) has a longer term plan.
- HOPWA has no plan at this time to fill in for any Section 8 funding gaps. It is not clear what options will be available for clients with a Section 8 voucher who potentially could find a unit after regular funding is suspended.
- ➡ Consider how to link the Los Angeles Homeless Services Authority (LAHSA) Coordinated Entry System (CES) with HOPWA to improve seamless access to all eligible housing benefits for a client.
- ➡ DHSP will complete discussions with HOPWA on fleshing out the referral process now that Ms. Ulloa has assumed Ms. Ronquillo's responsibilities and will report back to PP&A at the February meeting.

c. Fiscal Update:

- Dr. Green said the award for Year (YR) 29, which starts 3/1/2019, has not yet been received. It is not unusual to receive the award just before the grant year begins or, very often, not until after. HRSA had signaled prior to the government shutdown that they had calculated awards and expected notices to go out early, but the current staffing level is not known. DHSP has been in contact with the Project Officer and continues to receive emails from HRSA and the CDC.
- Last year at this time there were underexpenditures of approximately \$5 million, but DHSP was able to expend nearly all resources once the grant was actually closed out in April 2018. By contrast, estimated expenditures for Part A this year exceed resources by nearly \$700,000 due to Outpatient/Ambulatory Medical Care (O/AMC), some Housing Services, Early Intervention Services, and four other categories. If the estimate holds, expenditures in excess of those needed to maximize Part A will be shifted to help spend down Minority AIDS Initiative (MAI) funds.
- DHSP is on target to fully expend all Part B resources with no variance.
- MAI funding includes YR 27 rollover of \$3.1 million and the YR 28 funding of nearly \$3.6 million for a total of slightly over \$6.7 million. Current estimates reflect underexpenditure of approximately \$5 million not including the \$700,000 in expenditures that estimates indicate can be shifted from Part A to increase expenditures from \$1.7 to \$2.4 million.
- DHSP was still waiting for invoices from DMH related to significant mental health services commitments. DHSP was also waiting for more invoices from DHS. Those invoices were not reflected in these estimates and will help expend MAI.
- DHSP did a good job last year in identifying additional costs and working onsite with providers to support them in generating year-end invoices to better maximize resources. The situation is much improved this year.
- Ms. Chandler-Cole asked about the lack of Substance Abuse Treatment Services - Residential expenditures. Dr. Green noted these contracts were in place when Drug Medi-Cal services began. Virtually all contracted services were eligible for payment through Drug Medi-Cal so, since Ryan White is payer of last resort, services were billed to Drug Medi-Cal. DHSP has initiated some wrap-around programs, e.g., transition services, for Substance Abuse Residential and Day Treatment that are not covered by Drug Medi-Cal so can be billed to Ryan White. To date, invoices were minimal.
- Ms. Forrest noted a lack of resources to assist people graduating from treatment to pay for sober living beds as well as poor quality of sites. SAPC funds Recovery Bridge Housing (RBH) beds, but locations are limited to SAPC funding and require services offsite unlike sober living sites which do not provide services. Dr. Green said Ryan White would consider sober living situations under housing. It was possible that DHSP might provide funding for sober living beds.
- ➡ Dr. Green was scheduling a meeting with John Connolly, PhD, MEd, Interim Division Director, SAPC, on clarifying service definitions and coordinating services and will report back. Ms. Barrit was also tracking questions on housing services such as RBH and sober living and will coordinate presentations as needed.

d. Dental Care Services Expansion Update:

i. Actions Taken to Inform Providers of Implant Availability:

- Dr. Green noted DHSP's letter in the packet advising providers of ten newly covered Oral Health subspecialty services for Ryan White-eligible clients. DHSP has worked with providers to meet this need voiced by both the Commission and some providers for much more comprehensive and complicated oral surgeries and implants.

- Services were already available at the University of California, Los Angeles (UCLA) School of Dentistry and will start with new Oral Health contracts on 3/1/2019 at the University of Southern California (USC) School of Dentistry.
- All DHSP-supported Oral Health services and where they are available are listed on the DHSP website. Dr. Green acknowledged that is not a primary information source for most consumers, but DHSP lacks means to distribute information generally aside from its contracted providers. The Commission's listserv and HIV Connect can help.
- ➡ Staff will distribute the letter via the Commission listserv.
- ➡ Mr. Ballesteros will explore with Dr. Green why UCLA assessed an \$800+ co-payment for a Ryan White client implant. Dr. Green noted patients must be referred by a general dentist and then should have no co-payment.

e. Status of Provider Training for Available Ryan White Services:

- Mr. Martinez noted this discussion had pertained to DHSP developing training in collaboration with partners such as HOPWA for select classifications, e.g., MCC teams, to ensure they understood key services available for referral.
- ➡ Commission and DHSP staff will review how Commission meeting action items for DHSP, including this one, are memorialized to ensure items are appropriately communicated and tracked through to resolution.

VI. DISCUSSION

8. CONTINGENCY MEASURES/MULTI-YEAR PLANNING:

- ➡ Prioritize these topics on the next meeting's agenda.

a. Contingency Plan:

- Ms. Barrit noted the document in the packet has seen some revisions based on prior meeting comments. A motion was added to the agenda should PP&A choose to vote, but it may delay voting until all are comfortable with proposals.
- In addition, she requested Dr. Green and Ms. Ogata offer feedback on what makes sense, is feasible, meaningful, and useful for DHSP as well as information on what documentation, resources, and technical assistance they may need.
- She suggested changing the name of the document. It was titled "Contingency Plan" to reflect that the effort was initiated to identify ways and means to quickly expend anticipated unspent funds in Program Year (PY) 28. The current title, however, may be confused with HRSA's scenario planning, e.g., for a 10% grant award increase or decrease.
- Recommendations were organized by service categories since feedback from Commissioners including the Consumer Caucus, community members, and leadership reflected specific categories. Some recommendations were complete, e.g., expansion of Oral Health to cover implants and other subspecialty services.
- Ms. Ogata reminded the body that data reporting, including eligibility screening, is required for any service provided.
- Regarding Psychosocial Support Services, Ms. Barrit noted the recommendation for support groups targets specific populations, e.g., women. That recommendation would also offer Child Care. The Commission does not allocate funds to Child Care, but some agencies may provide it via other funds. Dr. King felt Child Care should be supported.
- Regarding Medical Case Management (MCC), Dr. King was concerned that Directly Observed Therapy (DOT) was not feasible. Dr. Spencer, however, said they had used DOT successfully in the past for two adolescents. She was sure it saved their lives. DOT was provided daily until they were undetectable. Ms. Forrest added many residential programs, transitional housing, and shelters already keep medications secured and provide them, as needed, for their clients.
- Dr. Green agreed with both Drs. King and Spencer. There is an issue of sustainability since it must be done daily. Patients must be clearly identified and levels of staffing determined. DOT would be easier in a residential facility or with a very small patient population for whom it could be documented that DOT would be beneficial.
- DHSP was engaged in a project reviewing surveillance data to identify providers who are having more challenges than average in helping patients achieve viral suppression. DHSP then offers technical assistance to help those providers increase viral suppression rates to be more consistent with average rates. DOT may be another tool that DHSP could offer if a particular provider works with especially difficult patient populations, e.g., homeless people.
- Dr. Spencer asked about results from DPH's DOT trial some 20 years ago. In their case, a community worker provided the DOT service. Dr. Green noted regimens were more complicated at the time, but Dr. Spencer replied patients with adherence issues today are often long-term survivors with the same complicated regimens and resistance issues.
- Ms. Granados suggested a phone model might balance help with taking medications and economy. Mr. Martinez asked if that was not already allowable, if desired, under MCC. Dr. Green agreed it was not forbidden. Dr. Spencer added their navigators already provide reminders through the phone or text. Ms. Forrest said buddy programs previously did that.
- Mr. Ballesteros suggested DHSP address feasibility of the recommendations and PP&A rank them now. A common issue is that discussion occurs in the wake of underspending, but it takes too long to effect suggestions and they fade. Instead, recommendations can be vetted now and preparations addressed so that they can be implemented timely.

- Ms. Granados suggested developing a timeline for recommendations, e.g., some would require new contracts.
- Mr. Martinez felt part of the last few months' conversation was to develop successive year allocation placeholders when developing services such as HFH that can be expected to ramp up expenditures over time.
- Dr. Green felt the document was a good foundation for memorializing ideas suggested over the past few months. A first step is prioritizing the recommendations, but that is largely done since the broader service categories were prioritized in the PSRA process. For the second step, DHSP can identify which suggestions cannot be supported by Ryan White, which can be addressed fairly quickly by amending an existing contract, and which requires a new solicitation. For the latter, development of standards and the solicitation can be started for implementation in a future year.
- He initiated review of the recommendations with Oral Health expansion of subspecialty services which is complete.
- Undetectable = Untransmittable (U=U) does not fit especially well under Early Intervention Services. A prevention component is required in O/AMC contracts, but topics are not specified. Requiring U=U would not increase the \$284.86 rate for an O/AMC visit. U=U is also pertinent to the Treatment Adherence and Counseling service category. It might work best under Health Education/Risk Reduction, but that would require a new contract.
- Mr. Brown noted the U=U topic arose in response to poor recognition at a CAB Fab. Mr. Burton added discussion on U=U at the most recent Consumer Caucus focused on broad distribution of educational materials such as a poster.
- Regarding Medical Nutrition Therapy (MNT), Dr. Green said the recommendations would require a solicitation as the only current contract was for SPA 1. MNT was dropped in other SPAs due to very low utilization and provider difficulty in hiring Registered Dietitians, required for the service. Referral into MNT must come from a physician. Solicitation was worth considering if there is documentation of new need or a tool that captures previously unknown need.
- Health challenges in SPA 1 are similar to other areas except for access to transportation and distances traveled. MNT in SPA 1 is somewhat of an historic holdover. There is no documentation that need is greater in SPA 1 than elsewhere.
- ➡ Change title to "Recommendations for Maximizing Ryan White Funds for PY 28."
- ➡ Refer U=U recommendation to Consumer Caucus for a better understanding of what kind of activity is desired.
- ➡ Ms. Barrit will verify whether tax preparation is a coverable Legal Services expense. If not, it will be struck through.
- ➡ Ms. Barrit will send an updated iteration to Dr. Green for input on feasibility by the next meeting.

MOTION 4: Approve Contingency Plan, as presented or revised (**Postponed**).

b. Multi-Year Planning Framework:

- Ms. Barrit noted she and Ms. Echols-Watson prepared the draft in the packet to assist PP&A in initiating the discussion, e.g., with suggested objectives and four key steps.
- Dr. Green commented, from his perspective as the grantee, advance planning would be most helpful rather than multi-year planning per se. Planning two to three years out, e.g., for YR 2020-2021, would allow time for DHSP to develop and implement new contracts in order to align services with desired allocations at the start of a grant term.
- ➡ PP&A will review the draft for discussion at the next meeting.

VII. NEXT STEPS

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

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

VIII. ANNOUNCEMENTS

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

IX. ADJOURNMENT

12. ADJOURNMENT: The meeting adjourned at 3:51 pm.