



# LOS ANGELES COUNTY COMMISSION ON HIV

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## PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES February 20, 2018

**Approved**  
**3/20/2018**

PP&A MEMBERS PRESENT	PP&A MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/CONSULTANTS
Jason Brown, <i>Co-Chair</i>	LaShonda Spencer, MD	Scott Blackburn	Cheryl Barrit, MPIA
Susan Forrest	Russell Ybarra	Sean Boileau	Carolyn Echols-Watson, MPA
Grissel Granados, MSW	Raphael Péna	Kevin Donnelly	Dawn McClendon
William King, MD		Miguel Fernandez	Jane Nachazel
Abad Lopez	<b>PP&amp;A MEMBERS ABSENT</b>	Katja Nelson	Doris Reed
Anthony Mills, MD	Al Ballesteros, MBA, <i>Co-Chair</i>		Julie Tolentino, MPH
Pamela Ogata, MPH	Frankie Darling-Palacios		
Deborah Owens Collins, PA-C, MSHCA, MSPAS, AAHIVS	Miguel Martinez, MPH, MSW		
	Derek Murray		<b>DHSP STAFF</b>
Rebecca Ronquillo	Yolanda Sumpter		None

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 2/20/2018
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 1/16/2018
- 3) **Table:** HOPWA, Program Year 43, (expenditures), 2/20/2018
- 4) **Table:** HOPWA, Program Year 43, (clients), 2/20/2018
- 5) **Table:** Planning, Priorities and Allocations (PP&A) Committee, Paradigms and Operating Values for PY 28, Priority and Allocation Setting, 12/1/2017
- 6) **Graphic:** Los Angeles County Commission on HIV, Comprehensive HIV Continuum Framework, 12/8/2016
- 7) **Table:** Planning, Priorities and Allocations Committee, Division of HIV and STD Programs (DHSP), New Contracts - Vulnerable Population RFP, 2/20/2018
- 8) **Table:** Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, Epidemiological Overview, Demographic Tables, 12/1/2017
- 9) **Table/Graphic:** LA County HIV/AIDS Strategy, Health District Overview, January 2018
- 10) **Summary:** Core Prevention Components, 2/20/2018
- 11) **Table:** Comprehensive HIV Plan 2017 and 2018 Activities, November 2017
- 12) **Plan:** Minority AIDS Initiative Plan Update (2017-2021), 3/9/2017
- 13) **Table:** Los Angeles County Commission on HIV (COH) Ryan White FY 2017-2018 Directives, 3/9/2017

**CALL TO ORDER:** Mr. Brown called the meeting to order at 1:04 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 1/16/2018 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:** Mr. Donnelly noted elections for the three Executive Committee At-Large seats will be at the 3/8/2018 Commission meeting. He is running to retain his seat of two years. He is grateful for the support and trust to do the job. Contact him with any questions.

**III. COMMITTEE COMMENT**

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

**IV. REPORTS**

**5. EXECUTIVE DIRECTOR'S REPORT:**

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

- Ms. Barrit reported meeting with Commission Co-Chairs Granados and Ricky Rosales, and DHSP leadership the prior week to agree in concept on outreach to different Health Districts (HDs). One suggestion is to use Commission meetings that do not already have a scheduled colloquium to host community convenings in the HDs. That will entail coordinating with providers and other stakeholders to help host and implement the community engagement activities.
- Ms. Granados, Mr. Rosales, and Ms. Barrit were drafting a schedule to share with DHSP, and with PP&A once finalized.
- Everyone was encouraged to advise staff about individuals or agencies that need to be at the table, but have not yet engaged in HIV work. Staff will do special outreach to engage them.

**6. CO-CHAIRS' REPORT:**

- a. Co-Chair Elections:** Ms. Barrit noted current Co-Chairs Brown and Ballesteros were nominated at the last PP&A meeting and both accepted. Mr. Martinez mentioned that Yolanda Sumpter expressed interest in running for co-chair last year. Staff will reach out to Ms. Sumpter to inquire about her interest.

**MOTION 3:** Elect Al Ballesteros, MBA and Jason Brown as Planning, Priorities and Allocations (PP&A) Committee Co-Chairs, as voted (*Passed by Consensus*).

**V. DISCUSSION I**

**7. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA):**

- a. Update on Consolidated Plan:** There was no update.

**b. HOPWA Data Update:**

- Ms. Ronquillo stressed the contract year is 4/1/2017-3/31/2018 while the information reflected on the tables are through 12/31/2017. It was noted ~~so~~ data will continue to change as invoices are submitted. HOPWA has some two dozen contracts. Two contracts are for administrative services. KNL provides Support Services and fiscal monitoring and bill annually. Shelter Partnership provides administrative Technical Assistance (TA) and programmatic TA for agencies.
- Agencies providing Tenant Based Rental Assistance (TBRA) vouchers are challenged in finding units for clients due to the limited availability. HOPWA is discussing how it might assess and re-deploy resources. The City prefers limiting funding authority to three years, but a successful case was made to extend HOPWA authority to five years for consistency with the Consolidated Plan, and the resources and length of time needed to launch a Request For Proposals (RFP). HOPWA is now in its third year of its first five-year authority, which complicates adjusting services to reflect the quickly changing market.
- HOPWA urges contracted entities to review their budget and request modifications as indicated, e.g., an agency with a challenge placing clients in shelter beds requested, and received approval, to shift funds to hotel/motel vouchers.
- HOPWA has TBRA contracts with Housing Authorities for the Cities of Los Angeles, Long Beach, Pasadena, and Los Angeles County (LAC). Most vouchers are funded through the City of Los Angeles, but all face challenges finding units.



- Housing and Urban Development (HUD) allows savings from unspent funds to be re-allocated within three years.
- The Housing Authority of the City of Los Angeles Permanent Supportive Housing (PSH) three-year competitive grant is for extended housing vouchers with wrap-around services for those with the most acute needs. The low Year-To-Date expenditures of \$60,000 against \$1.3 million (4%) is partly due to the shortage of available units, but also due to a shortage of referrals. HOPWA has streamlined the application process and is working to educate feeder entities on the advantages of PSH for acute clients. Shelter Partnership, TA contractor, is talking with agencies to understand barriers.
- Ms. Forrest said their clients are LGBT, especially transgender persons, PLWH, post-incarcerated, with co-occurring disorders, and in treatment for substance abuse. Even so, their Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) scores range from 7 to 10, but Foothill AIDS Project, the Coordinated Entry System (CES) agency, has informed them that clients with scores under 17 will not receive housing due to the shortage.
- Ms. Ronquillo replied a VI-SPDAT can be valuable for other options, but is not needed for HOPWA services, e.g., PSH.
- The Alliance for Housing and Healing (AHH) is the Central Coordinating Agency (CCA). It acts as a clearinghouse for TBRA including PSH to ensure the application is complete and unduplicated before it goes to the Housing Authority.
- Mr. Fernandez added that to be "document ready" HOPWA clients' need: HIV diagnosis from a licensed medical provider, with viral load; documentation of financial need, e.g., bank statement and transaction history; and valid California identification. Tuberculosis screening is needed for emergency and transitional, but not permanent, housing.
- AHH also processes move-in and rental assistance. On average, clients receive rental assistance for five years. AHH policy limits move-in assistance to once every three years, but clients are encouraged to stay as long as possible.
- The five contracts for Residential Services Coordination (RSC) fund staff to assist clients in permanent housing, with one-on-one meetings, if needed, maintain their connection with benefits and services to help them thrive.
- Project New Hope and AHH hold the two Scattered Site Master Leasing (SSML) contracts and serve as master lessees to interact with private market landlords. They choose the tenants and HOPWA pays a portion of the rent.
- HOPWA's contractors report electronically by service component into an older system that simply tracks totals. HOPWA is developing a contract for a system that mirrors the Los Angeles Homeless Services Authority (LAHSA) intake system. As a related system, it will be easier to interface in future. Contractors report by the 20th of each month.
- The nearly 28,000 information/referral clients include, e.g., web hits, phone calls, referrals, network meeting contacts.
- Agencies funded for Other Supportive Services (OSS) - Housing Specialist may craft teams pertinent to local needs. There are 35 to 40 staff among the eight contracts. Agencies determine their own goals in collaboration with HOPWA.
- Project Based Rental Assistance refers to two legacy permanent affordable housing developments: The Argyle run by the Hollywood Community Housing Corporation, and Harper Community, run by the West Hollywood Community Housing Corporation. There are 44 units in total. Such publicly financed covenants typically last 50 years and many have wrap-around services. They do provide stability for clients, but funds support only a small number of clients.
- Total HOPWA funding for Program Year (PY) 43 is \$20 million including formula funding and savings. That has been typical for the last few years, but there was a formula funding decrease from the prior year to PY 43 and a decrease of approximately 7%, from approximately \$17 to \$13 million, is anticipated for PY 44.
- ➡ Ms. Ronquillo will clarify regulations for the four housing authorities regarding two clients, each with a TBRA voucher, combining their vouchers to share a unit. HOPWA will then issue a clarifying letter on the topic.
- ➡ Align HOPWA report with the quarterly expenditure report by Dave Young, DHSP or present at least bi-annually.

## **VI. DISCUSSION II**

### **8. MINORITY AIDS INITIATIVE (MAI) PLAN:**

- Ms. Barrit called attention to the Paradigms of Equity and Compassion, and Operating Values of Efficiency, Quality, Advocacy, Access; and the Comprehensive HIV Continuum Framework in the packet as key planning tools.
- Other references were: Vulnerable Population RFP data; Los Angeles County HIV/AIDS Strategy (LACHAS) data, especially Table 4 on three targeted populations of Latino and African-American MSM, Young MSM (18-29), Transgender individuals; LACHAS Health District (HD) Overview map with top five emphasis; Standards and Best Practices draft of Core Prevention Components of 1. Assessment, 2. HIV/STD Testing and Retesting, 3. Linkage to HIV Medical Care and Biomedical Prevention Services, 4. Referral and Linkage to Non-Biomedical Prevention Services, 5. Retention and Adherence to HIV Medical Care, ART, and Other Prevention Services; Comprehensive HIV Plan Goal 3. Reduce HIV-Related Disparities and Health Inequities.
- The 2017-2018 MAI Plan Update and Ryan White Directives, both approved by the Commission on 3/9/2017, completed packet materials. Ms. Barrit noted these documents were approved prior to the 12/1/2017 LACHAS launch and the shift to an HD model with goals to reduce new infections to 500 annually, increase diagnoses to 90% of PLWH, and increase PLWH



who are virally suppressed to 90% of those diagnosed. Housing investments and HD hot spots are also better understood. Mr. Fernandez added 78% of AHH clients are achieving viral load suppression, often despite high viral loads at entry.

- At a 0.5% positivity rate, it would require 1,975,000 HIV tests at some \$60 to \$79 million to diagnose all PLWH in LAC. Improving the positivity rate reduces tests needed. While DHSP's positivity rate is 1.1%, the 0.5% estimate is for testing countywide. Exact data is unavailable as only HIV+ results are reported, not data on repeat or negative tests. Centers for Disease Control and Prevention (CDC) HIV and STD prevention funding totals \$24 million so strategic allocation is needed.
- Dr. King said a barrier to private providers is the expense of HIV testing and incentives to attract those reluctant to test.
- Ms. Ogata noted the impact of increased PrEP on HIV testing is evolving, but clients test quarterly which will likely reduce the positivity rate. Dr. Leo Moore and Dr. Sonali Kulkarni presented PrEP detailing to 940 providers reflecting DHSP's priority to increase awareness and uptake by new providers. The CDC PrEP grant ends soon and no new Notice of Funding Opportunity (NOFO) has been released, but DHSP may also use Net County Cost (NCC) funds. Part A or MAI, which is from the same funding stream, can fund PrEP education. It cannot fund PrEP medications or programs.
- The lead agencies listed for the Vulnerable Population RFP also partner with local agencies. Ms. Barrit clarified that the Commission plays a role in targeting populations and geographic areas, but not in selecting agencies to ensure neutrality.
- Key strategizing tools are: expanded access to care via the Affordable Care Act (ACA); increased biomedical PEP and PrEP access; expansion of HIV Medical Care Coordination (MCC) clinics; geospatial analysis; improvements in Antiretroviral Therapy (ART); social media saturation; and the new HD model to improve targeting of resources.
- Ms. Barrit stressed the importance of reviewing where disparities are located and key populations. Previously targeted communities of color, young MSM of color, and transgender individuals still reflect glaring disparities. PP&A could retain those priorities or make adjustments to, e.g., focus more resources on the African-American community or other services.
- Ms. Ogata noted Housing For Health services (53%) will initiate services in 2018 and absorb \$3 million, virtually the entire MAI budget. Despite some rollover funds, there are also contracts for Outreach (26%), and Non-Medical Case Management (21%). Part A can also fund these services. MAI just requires different data reporting requirements for target populations.
- The goal is to develop a multi-year Plan to ensure contracted services are available and ready to implement allocated funds.
- Ms. Barrit said crafting concrete recommendations will start next month, e.g., to keep or revise categories and allocations in light of geographic and population disparities. Comprehensive HIV Plan targeted populations are: YMSM, Latino MSM, Blacks/African Americans, and Transgender Persons. MAI may ~~also~~ be refocused with some expenditures moved to Part A.
- Mr. Fernandez suggested additional funding for emergency and transitional housing beyond the HOPWA 12 month limit in: SPA 6; SPA 8; and the Hollywood area of SPA 4, west of the 110 Freeway, for transgender youth.
- Ms. Forrest noted the Pasadena Unified School District lists educational attainment of parents per school on its website.
- ➡ Staff will coordinate with Ms. Ogata, DHSP; Ms. Ronquillo, HOPWA; and Mr. Fernandez, AHH to collect data including from: Los Angeles County HIV Needs Assessment (LACHNA); client level data from Housing For Health; AHH client data by zip code; the Center for Health Equity on inequity indicators like infant mortality, preferably by HD, and Social Determinants of Health (SDH), especially on educational attainment and poverty; and an overlay of Metro rail lines for HDs.

**9. MASTER PROGRAM DIRECTIVE:** There was no additional discussion.

**10. 2018 PREVENTION PLANNING DISCUSSION:** There was no additional discussion.

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

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

**12. AGENDA DEVELOPMENT FOR NEXT MEETING:** There was no additional discussion.

#### **VIII. ANNOUNCEMENTS**

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

#### **IX. ADJOURNMENT**

**14. ADJOURNMENT:** The meeting adjourned at 3:00 pm.