LOS ANGELES COUNTY
COMMISSION ON HIV

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

June 18, 2019

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Jason Brown, *Co-Chair*	Raquel Cataldo	Robert Bucayne	Carolyn Echols-Watson, MPA
Miguel Martinez, MPH, MSW, *Co-Chair*	*Frankie Darling Palacios (Lv.)*	Alasdair Burton	Jane Nachazel
Susan Alvarado	Susan Forrest	Katja Nelson	
Grissel Granados, MSW	Diamante Johnson	Ricky Rosales	
Michael Green, PhD, MHSA	Abad Lopez	Craig Scott, MA	
Karl Halfman, MS	Anthony Mills, MD		
William King, MD, JD	Derek Murray	**DHSP/DPH STAFF**	
LaShonda Spencer, MD	Raphael Peña	None additional	
Russell Ybarra	Yolanda Sumpter		
	Maribel Ulloa		

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Planning, Priorities & Allocations Committee Meeting Agenda, *6/18/2019*
2) **Table**: Commission Member Conflicts-of-Interest, *ongoing*
3) **Guidelines**: Guidelines for Conduct, *3/28/2019*
4) **Minutes**: Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, *5/21/2019*
5) **Training Guide**: RWHAP Part A PC/PB Training Guide - Module 10: Data-based Decision Making - Quick Reference Handout 10.1: PC/PB Guide to Data Types and Sources
6) **Summary**: Assessing Needs: Quick Definitions and Descriptions for Data-Related Terms and Concepts Used by Ryan White HIV/AIDS Program (RWHAP) Planning Bodies, *2018*
7) **Application**: County of Los Angeles, Grant No. H89HA00016, FY 2019 Ryan White Part A Application, Program Narrative, *2019*

CALL TO ORDER - INTRODUCTIONS - CONFLICT OF INTEREST: Mr. Brown called the meeting to order at 1:03 pm and attendees stated their basic conflicts of interest.

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 5/21/2019 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 NEW BUSINESS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA**: There were no items.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**
   - Ms. Echols -Watson noted "Quick Reference" and "Assessing Needs" documents in the packet to help inform discussion on developing the agenda for the data meeting in July. The "Quick Reference" summarizes data frequency, information source, what is included, and how it can be used in planning. "Assessing Needs" defines terms for collected data and common uses.
   - The data meeting will be 7/23/2019, 9:00 am to 4:00 pm, at St. Anne's Conference Center. It replaces the regular meeting.

6. **CO-CHAIR REPORT**
   a. **Agenda for Data Meeting**
      - Mr. Martinez noted PP&A discussed an overview at the last meeting, but needed to identify a specific agenda in order to request pertinent presenters and support. The all-day meeting format was chosen to provide a consistent base for decision-making. In the past, data presented across multiple meetings led to uneven recall when allocating resources.
      - All Commission meetings are open to the public, but only PP&A members may vote.
      - Dr. Green noted DHSP will not present on Quality Management or Performance Outcomes aside from the Care Continuum. DHSP lacks access to Medicaid data. It will not present on Substance Abuse or Mental Health services.
      - Dr. Spencer asked about determining appropriate resource distribution per area. Dr. Green replied Health District (HD) profiles reflect disease burden and clinic locations, but not what services each clinic offers. Dr. Spencer acknowledged clients may travel outside home areas to avoid stigma but, concurrently, service deserts can also foster that stigma.
      - Dr. Green noted, apart from SPA 1 and the City of Long Beach, the Commission has not allocated funds geographically. To do so would require more extensive data. In addition, the Commission would need to issue a Request For Proposals (RFP) if it wished to fund resources in a new area. He thought the three-year Priority Setting and Resource Allocation (PSRA) cycle with annual reviews was meant to facilitate such planning.
      - Mr. Burton asked if SPA 1 and Long Beach allocations improved utilization. Dr. Green said Long Beach contracts were too new to assess. SPA 1 services were developed to improve access. Interestingly, despite the remote area, as services became more available and known in SPA 1, utilization increased in SPA 2. As noted, patients may travel for services.
      - ➲ Dr. Green will forward to staff for distribution with agenda for early review: "Data 101" presentation; HIV Surveillance Report; epidemiological data; and HIV Utilization Report. The latter reflects services supported by Ryan White or by a combination of Ryan White and Net County Cost (NCC) including expenditures, clients served, and units with race/ethnicity, gender, age, cost per unit, and cost per person served.
      - ➲ The "Quick Reference" and "Assessing Needs" documents in this packet will also be redistributed with the next agenda.
      - ➲ July agenda drafted as follows:

        9:30 - 10:30 am: Terminology and how to best use data with a condensed "Data 101" presentation which includes examples of applications of sample data. (Time may be shortened based on understanding of attendees.)

        10:30 - 10:45 am: break

        10:45 am - 12:00 noon: Data presentations with epidemiological data by age, race/ethnicity, and gender which includes disparities; utilization data by age, race/ethnicity, gender; HIV Continuum of Care based on comparison of HIV surveillance data for LAC and RWHAP data by age, race/ethnicity, gender, and sample SPA and HD data.

        12:00 noon - 12:30 pm: lunch

        12:30 - 1:30 pm: Data presentations on Medical Monitoring Project (MMP) and National HIV Behavioral Surveillance (NHBS) as proxies for needs assessment. (Dispense with methodologies to save time.)

        1:30 - 1:45 pm: break

        1:45 - 4:00 pm: Priority Setting and Resource Allocation (PSRA).

      i. **Expected Outcome(s)**
         - ➲ Establish foundational knowledge of data including examples of applications.
         - ➲ Presentation of HIV surveillance and utilization data.

- Priority Setting and Resource Allocation (PSRA) for next three-year period.

V. PRESENTATION

7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

a. Review Program Year (PY) 29 Ryan White Application

- Dr. Green presented on the PY 29 Ryan White Application. Format and presentation order are set by Health Resources and Services Administration (HRSA) in its guidance sent out some 60 days prior to the submission deadline.
- Congress allocates funds annually to the Department of Health and Human Services (HHS). HHS allocates funds to Ryan White Parts A, B (the State), C, D, and F. Part A includes three awards with each contributing one-third to funding.
- The Formula Award is based on epidemiological data, generally from the site of diagnosis, not where a PLWH now lives. On the surveillance side, the Centers for Disease Control and Prevention (CDC) was moving towards the latter, more useful, current residence, but the old site of diagnosis data remains a limitation of this Formula Award.
- Minority AIDS Initiative (MAI) uses a formula based on how many People Of Color (POC) live in a jurisdiction.
- Application Supplemental Awards are scored by HRSA's Objective Review Committees. In this case, 99 out of 100.
- Funding varies year over year based on Congressional allocations and how jurisdictions nationwide spend their awards. Unspent Part A and B funds must be returned to HRSA. It will redistribute funds to other jurisdictions through their Supplemental awards. A jurisdiction which has not spent down its Part A award is not eligible for additional funds. Carrying MAI funds forward for one year carries no penalty so it is advisable to move any unspent funds under MAI.
- The overall goal is to portray Los Angeles County (LAC) as the neediest jurisdiction in the country by first painting a bleak picture of the epidemic while demonstrating, despite that, LAC is as responsive as possible and getting the best health outcomes possible for Ryan White clients by using these particular programs and measuring these metrics.
- Dr. Green reviewed the application in the packet, mainly complete excepting some federal forms and the budget.
- Introduction: Provides overview of jurisdiction during application period. Notable complexities of delivering health care are LAC's 4,083 square miles bound by the ocean and bisected by three mountain ranges. It has 11 million people in 26 Health Districts (HDs) and 88 cities. For comparison, San Francisco is 49 square miles with 750,000 people.
- Needs Assessment: The application uses the CDC's data algorithm to estimate the number of undiagnosed PLWHA in LAC. The CDC continues to refine its algorithm and, going forward, DHSP will use a new algorithm based on CD4 counts.
- In 2017, there were 51,438 reported cases of PLWHA in LAC of which 1,532 were diagnosed in 2017. Another 1,075 were pending investigation and 6,756 were estimated to be unaware they were HIV+ for a total 59,264 PLWHA. A key focus of the application is to identify, diagnose, and link to medical care the 6,756 estimated unaware.
- It is concerning to DHSP that, while the number of newly diagnosed has declined, the decline is slight. On the other hand, the number of new AIDS (Stage 3) cases diagnosed in 2017, at 705, reflect a significant decline.
- Mortality attributed to HIV Disease in 2016 is 234 cases. That number does not include people who have had HIV, but died of other causes such as a car accident. Data is also unclean due to the reluctance of clinicians to identify HIV or AIDS as the primary cause of death, e.g., the death certificate may read cardiovascular disease though HIV caused it.
- The map on page 5 reflects the concentration of cases in the Metro (SPA 4) and Long Beach (SPA 8) areas. Most services are located in those epicenters, but DHSP review of HDs helped to highlight disparities. For example, while SPA 6 is third in cases, looking at it through an HD lens revealed all SPA 6 services were on the eastern or southern sides.
- Demographic data in the narrative and tables in accompanying appendices addresses gender, age, race/ethnicity, and mode of exposure. Using real numbers and rates clarify disparities, e.g., American Indians/Alaska Natives have the highest rate, but lowest number of actual diagnoses because the population is comparatively small.
- Mode of exposure data comes from surveillance case reports. These are not always completed as required by law. Surveillance staff calls clinicians and testing sites, but a large number of cases do remain without reported risk either because clients choose not to report it or clinicians do not collect it. The CDC provides an algorithm to impute risk based on the overall LAC risk profile. That is used to assign risk to cases lacking a mode of exposure.
- The application then addresses the 15,462 RWHAP clients in LAC followed by socioeconomic data designed to emphasize needs based on Social Determinants of Health (SDH) including poverty and homelessness, as well as recent incarceration, substance use, injection drug use, and sex workers/exchange sex.
- LAC special populations have remained fairly stable. Emerging populations and those with unique challenges chosen for the application were African American MSM, Young men who have Sex with Men (YMSM Ages 18-29), Transgender Women, and Recent Immigrants (in the US less than five years) and Residually Uninsured Residents. LAC has made a great deal of progress in moving people from RWHAP to health insurance as part of an early adopter state for the Affordable Care Act (ACA) and Medicaid Expansion. Legal immigrants must wait five years for Medicaid coverage.

- The application addresses impact of comorbidities and SDH on cost and complexity of providing care, including Sexually Transmitted Diseases (STDs), Tuberculosis (TB), mental illness, substance abuse, incarceration, and homelessness.
- The HIV Care Continuum is reviewed, followed by co-occurring conditions, and complexities of providing care.
- Medical Care Coordination (MCC), in particular, is discussed in conjunction with how LAC is addressing service gaps. MCC data can demonstrate significant improvement in PLWHA who accessed the service versus those who did not.
- B. Early Identification of Individuals with HIV/AIDS (EIIHA), starting on page 22, is essentially a prevention plan. It addresses activities such as HIV testing and testing strategies, outreach, early linkage to care, and PrEP. These activities are not necessarily supported by RWHAP. They may be supported by the CDC, state, or local resources.
- Table 5, page 28, summarizes the six SMART Objectives Dashboard of EIIHA programs. FY 2019 application target populations are carried over from FY 2018: Latino and African American MSM; YMSM (18-29); transgender persons.
- Methodology: This section (page 32) offers an overview of the impact of the changing healthcare landscape, e.g., with expansion of health insurance, serving needs of populations also receiving ACA services, and enrollment assistance.
- A key component of this section is B. Planning Responsibilities, in which the Planning Council (PC, Commission) describes all its activities including: structure; how committees work; membership, recruitment, and retention; and significant achievements over the past year. This piece is submitted by Commission Executive Director Cheryl Barrit, MPIA. DHSP only reviews the piece to ensure continuity of voice and inserts it into the pertinent part of the section.
- Work Plan: This section (page 45) reflects the Los Angeles County HIV/AIDS Strategy (LACHAS), number clients DHSP plans to serve, outcome targets. Figure 6 (page 46) Prevention and Care Interventions Mapped on HIV Care Continuum is particularly appreciated by HRSA since it reflects PC thoughtfulness in addressing needs from the low risk to PLWH.
- Remaining sections are a brief Resolution of Challenges; followed by Evaluation and Technical Support Capacity which addresses Clinical Quality Management; Organizational Information; and, finally, various tables drawing on 2016 data.
- Attachment 11, Maintenance Of Effort (MOE), describes methodology to determine MOE and how it is tracked; and a table delineates the $28,979,522 in expenditures for FY 2017 and FY 2018 by service category and governmental unit. Only MOE expenditures for HIV core medical and support services are recorded. MOE resources are distinct from NCC
- Dr. Green acknowledged the application is a public document, but DHSP does not share it broadly as the Supplemental portion is competitive. Likewise, DHSP does not review other jurisdictions' applications overall, but will reach out to collaborate with a jurisdiction that has had success in a service category that has posed challenges for DHSP.
- For example, a key metric for the new Federal Ending the HIV Epidemic (EHE) strategy is enhanced partner services and cluster identification. LACHAS does not use that metric, but will need to discuss the definition of "cluster identification" and how to use it. It is a sensitive topic in some communities with misunderstandings about the science and purpose.
- This topic is important because LAC is not seeing the reduction in annual diagnoses that many other jurisdictions are. DHSP does not know the cause of the difference, but it does know its partner services programs are not as robust as those in other jurisdictions. Some jurisdictions are also doing cluster modeling and analysis. While DHSP does do that, it is so far behind the fact that it is not very productive. Improving those two activities might improve rates of identifying HIV infection, but disparate results may also be due to less spending on HIV testing in other jurisdictions.
- Ms. Granados requested an update on a prior presentation request. Dr. Green replied DHSP was now developing a cluster analysis and outbreak response plan which is due to the CDC by the end of August. It has asked for Technical Assistance (TA) from Jason Goldman, MD, Seattle WA and from the new California Office of AIDS Medical Director.
- Dr. Green suggested a task force address the topic with DHSP before deciding how to present it to the Commission.
- Dr. Spencer asked about allocation of new CDC funding. Dr. Green said funds are restricted to planning activities to build out EHE strategy or aligning and refining a jurisdiction's existing plan with EHE as DHSP will do with LACHAS.
- Robert Redfield, MD, Director, CDC, will visit DHSP on 7/18/2019 to discuss EHE and what LAC is doing as a jurisdiction and community planner. EHE and LACHAS goals are similar and DHSP had started work on the next LACHAS iteration with activities and measures for the three main goals. DHSP plans community engagement activities once updated.
- The deadline for this new CDC Notice of Funding Opportunity (NOFO) is 7/12/2019. Last month, Dr. Green had noted DHSP planned a jurisdiction-wide meeting on LACHAS, but the date conflicted with the United States Conference on AIDS (USCA), 9/5-8/2019. Now, with the new NOFO, DHSP will wait until grants are announced, most likely sometime in September, to incorporate any adjustments due to the potential funding. The grant term starts 9/30/2019.
- ➲ Dr. Green has sent the tool from the last PP&A meeting to Wendy Garland, MPH to assess its value for the July presentation. He had not yet heard back, but will follow-up by connecting Ms. Garland to Ms. Echols-Watson.

VI. NEXT STEPS

8. **TASK/ASSIGNMENTS RECAP**: There were no additional items.

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

VII. ANNOUNCEMENTS

10. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**: Ms. Nelson reported current Housing Opportunities for People With AIDS (HOPWA) contracts with APLA Health end 6/30/2019. Negotiations for new contracts have not yet begun so there may be no new funding until September. She did not know the status of other agencies' contracts. A request for information was sent to the Housing Community Investment Department of Los Angeles (HCIDLA).

VIII. ADJOURNMENT

11. **ADJOURNMENT**: The meeting adjourned at 3:15 pm.