



LOS ANGELES COUNTY COMMISSION ON HIV



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

April 16, 2019

Approved
5/21/2019

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Jason Brown, <i>Co-Chair</i>	Diamante Johnson	Alasdair Burton	Cheryl Barrit, MPA
Miguel Martinez, MPH, MSW, <i>Co-Chair</i>	William King, MD, JD	Katja Nelson	Carolyn Echols-Watson, MPA
Frankie Darling Palacios	Derek Murray	Maribel Ulloa	Jane Nachazel
Susan Forrest	Raphael Peña		Julie Tolentino, MPH
Michael Green, PhD, MHSA	LaShonda Spencer, MD	DHSP/DPH STAFF	
Karl Halfman, MS	Yolanda Sumpter	Becca Cohen, MD, MPH	
Abad Lopez	Russell Ybarra	Lisa Klein	
Anthony Mills, MD		Pamela Ogata, MPH	

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 4/16/2019
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 2/19/2019
- 3) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 3/26/2019
- 4) **Table:** Commission Member "Conflicts of Interest," 4/10/2019
- 5) **Primer:** Ryan White HIV/AIDS Program Part A Planning Council Primer, June 2018
- 6) **Spreadsheet:** Ryan White Part A, MAI Year 28 and Part B YR 18 and other Fiscal Year 18/19 Funding Expenditures by Service Categories, 2/28/2019
- 7) **Overview:** Los Angeles Regional Quality Group (RQG), 11/19/2018
- 8) **PowerPoint:** Division of HIV and STD Programs, Client Feedback, 4/16/2019
- 9) **Memorandum:** Program Directives for Maximizing Ryan White Part A and MAI Funds, 4/14/2019
- 10) **Directives:** Los Angeles County Commission on HIV (COH) FY 2017-2022 Program Directives, 6/14/2018
- 11) **Table:** Planning, Priorities & Allocations (PP&A) Committee, (DRAFT) Planning Strategies for Maximizing Ryan White Part A Funds, Revised 4/16/2019
- 12) **Table:** Commission on HIV, Planning, Priorities and Allocations Committee, Planning Tool - Draft, ongoing

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 (**Postponed**).

2. APPROVAL OF MEETING MINUTES

MOTION 2: Approve the 2/19/2019 and 3/26/2019 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Postponed*).

3. STATE CONFLICTS OF INTEREST: Attendees stated their conflicts.

II. PUBLIC COMMENT

4. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION: There were no comments.

III. COMMITTEE NEW BUSINESS

5. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE 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

6. EXECUTIVE DIRECTOR REPORT

a. Commissioner Training - Planning Council Primer:

- Ms. Barrit called attention to the Primer in the packet. As a core document, it was also presented at the 4/11/2019 Commission and pertinent aspects will be highlighted at each Committee. A central aspect of Ryan White legislation pertains to community driven Priority Setting and Resources Allocation (PSRA) so this is especially pertinent to PP&A.
- The five Parts of the Ryan White HIV/AIDS Program (RWHAP) are summarized on page 5. The Office of AIDS (OA), which receives and allocates Part B, has reported at the Commission meeting for many years and a report on Parts C, D, and F launched at the 4/12/2019 Commission meeting. These reports help inform funding of last resort for Part A.
- The RWHAP Part A process is delineated on page 11. The official grantee is the Chief Elected Official (CEO) of the major city or urban county in the Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) that provides HIV care to the largest number of PLWH. The CEO in Los Angeles County (LAC) is the Board of Supervisors (BOS). In most cases, the CEO delegates grant administration to a recipient that reports back to the CEO. The LAC recipient is the Division of HIV and STD Programs (DHSP) in the Department of Public Health (DPH).
- The CEO also establishes the Planning Council (PC)/Body (PB), in LAC the Commission, which conducts PSRA to ensure a system of care that provides equitable access to all eligible PLWH. A fuller description of PC responsibilities follows on page 12. It is important to recognize that, while separate, the recipient and PC are expected to work collaboratively. A table on page 14 delineates roles and duties for the CEO, recipient, PC, as well as many shared by the recipient and PC.
- Some responsibilities are strictly reserved for the PC, i.e., PSRA, directives, and the Assessment of the Administrative Mechanism (AAM) which is limited to efficiency. Others are strictly reserved for the recipient including primarily procurement of services and contract monitoring. The recipient is also responsible for Clinical Quality Management, though the PC can contribute, and for Evaluation of Services in which the PC has the option to participate.
- Grievance procedures for the recipient and PC are separate (page 19). Recipient procedures address client services while PC grievance procedures pertain to the PC deviating from its own decision-making process.
- Appendix II: Sample Planning Council RWHAP Part A Program Calendar, page 43, provides a generic calendar which can inform the day's discussion on review and management of the PSRA calendar.
- Ms. Barrit noted the planning process is also influenced by Health Resources and Services Administration (HRSA), e.g., the progress of its internal decision-making process and efficiency of its release of the Notice of Award (NOA).

7. CO-CHAIR REPORT: Mr. Brown thanked all who contributed to timely PSRA revisions the prior month.

V. UPDATES/PRESENTATION

8. DIVISION OF HIV AND STD PROGRAMS (DHSP)

a. Housing Services:

- Dr. Green reported DHSP had a productive meeting earlier in the day with housing service providers, especially with Department of Health Services (DHS) finance staff and its DHSP partners Housing For Health (HFH). They discussed

challenges faced by agencies contracted to provide housing services and how DHSP could help to maximize its investment or at least ensure as many PLWH as possible receive services through one of the programs.

- It has been suggested that DHSP might use some RWHAP funds to support more case management staff at agencies. Consensus among all the agencies was that was not necessary. They asserted Measure H funds were more than sufficient to support case management. The issue was a shortage of case managers which fuels agency hiring competition. DHS was promoting a consistent pay range across agencies to reduce interagency competition for staff.
- Historically, many agencies have sought MSWs for this work, but that likely does not match the salary level and may not be needed for housing case management. DHS was working with agencies to recruit a slightly different staff level.
- On training, DHSP lacked expertise so HFH or Housing Opportunities for Persons With AIDS (HOPWA) would be better.
- It had been asked if DHSP could use RWHAP funds to buy appliances and furniture for identified, unfurnished, rental units. Those are not allowable costs, but funds can be used for: move-in costs, including first and last month's rent; utility turn on; and funds to hold an apartment for three months, e.g., while repairs are made or case management is completed. Those costs were not originally in the Memorandum of Understanding (MOU), but were being added.
- A major systemic problem is the very low housing inventory. Brilliant Corners, one of the subrecipients of the HFH agreement, does a very good job of maintaining a bank of available housing given the low inventory. Some Measure H funds were being used to develop new housing, but it will take time to build the units.
- The group will meet monthly to review progress on hiring case managers as well as to keep DHSP informed on any additional systemic challenges DHSP might be able to ameliorate and any other costs it might be able to support.
- Mr. Martinez asked about the March request for an HFH and HOPWA follow-up presentation at the Commission. Ms. Barrit said work continued, but scheduling a joint presentation was hard. Mario Pérez, MPH, Director, DHSP, urged focusing the topic to manage multiple, personal public comments. Dr. Green suggested presenting at PP&A instead.
- Frankie Darling Palacios asked if the housing services flow chart was updated. Dr. Green said it was not.
- ➡ DHSP will check on the number of housing units Brilliant Corners has available on average.

b. Fiscal Report:

- Dr. Green reviewed the expenditures spreadsheet in the packet. Part A overspending was estimated at nearly \$900,000 and the \$5 million in Part B funds was expected to be fully maximized.
- Minority AIDS Initiative (MAI) available funding includes both Year 27 rollover funds of \$3.15 million and Year 28 funds of \$3.57 million for a total of \$6.7 million. Rollover funds must be spent the following year so are used first. Currently, \$4.2 million remains unspent, but that number will go down through additional MAI expenditures and application of the \$900,000 in Part A overspending. While there will be some Year 28 rollover, Year 27 rollover will be maximized.
- Dr. Green noted the accomplishment in maximizing these funds given the challenges with underspending particularly with Housing Services under MAI, but also to a lesser extent under Part A with Case Management Services Non-Medical, Oral Health Care, Substance Abuse Treatment Services - Residential, and Outreach Services.
- Mr. Martinez noted questions at the last Commission regarding Net County Cost (NCC), including the Commission's role in its allocation. Dr. Green clarified that the Commission allocates Parts A, B, and MAI, but not NCC.
- NCC is the annual contribution that LAC makes to DHSP and changes each year based on DPH's overall budget. It is largely used to fill in gaps, e.g., PrEP programs, STD programs, and unfunded grant expenditures. LAC's budget year ends June 30th, so final allocations to fill funding gaps for any given year are not known until then.
- NCC is often confused with the RWHAP requirement of Maintenance of Effort (MOE) that each jurisdiction maintain a certain amount of financial investments each year for RWHAP covered service categories. DHSP uses a portion of NCC to meet the EMA-wide MOE requirement which is \$17.8 million per year, as noted in the grant.
- The portion of that amount allocated for LAC is included on the summary page of the expenditures spreadsheet provided to the Commission for informational purposes. DHSP also includes in its MOE calculations RWHAP service category investments made by the City of Long Beach, City of Pasadena, City of West Hollywood, and DHS.
- Ms. Barrit noted the Commission Bylaws states as a responsibility under PP&A: "Recommending to the Commission annual priority rankings of service categories and types of services and determining resource allocations for Part A, Part B, prevention, and other HIV and STD funding." In the past, DHSP has provided an NCC spreadsheet during the PSRA process to help inform the conversation. The spirit of the question at the Commission was to improve clarity on use of funds so ideas to enhance services are funded in a way that makes sense to maximize resources and align processes.
- The Commission is unique among PCs in that it is an integrated prevention and care body. In addition, the BOS views its commissions as advisors on multiple issues within their jurisdictions, in this case, HIV and STDs. In concert with that, a key document referenced in the Commission's Bylaws pertains to HRSA's requirement for Part A PCs to take into account "other sources of funding" during the PSRA process. Ms. Barrit interprets that to include NCC.

- Mr. Burton suggested clarifying the Bylaws, but Dr. Green said a choice was specifically made to be less prescriptive. The first MOU draft was some 50 pages to try to reconcile Ryan White requirements and broader BOS interests.
- Ms. Forrest found the level of focus on NCC unwarranted as the Commission does not allocate it. Mr. Martinez felt it would be helpful to include a slide in the PSRA process distinguishing NCC from MOE to better address questions.
- Ms. Barrit clarified that questions raised at the Commission pertained to identifying NCC resources, in particular in the context of whether they might be used to fund peer-to-peer support. She felt the core of the question was information sharing in order to fully understand the entire system of funding, MOE or other resources, to do a better job of PSRA.

c. Regional Quality Group:

- Dr. Cohen, HIV Clinical Specialist, is DHSP's Associate Medical Director. Much of her work focuses on Clinical Quality Management (CQM) in collaboration with Ms. Klein who has run the CQM section for five years.
- She provided an information sheet on the Regional Quality Group (RQG) to build local capacity for Ryan White subrecipients. All DHSP contracted providers are required to participate.
- There are individual RQG projects with varying participants at different times. The Center for Quality Improvement and Innovation's (CQII's) End Disparities ECHO collaborative project will end in September so, though other providers may still view webinars, it would be late to join the project as an active participant.

d. Client Satisfaction Data:

- Dr. Cohen presented on the Client Feedback PowerPoint, an overview of client feedback processes. Data was from Ambulatory Outpatient Medical, but CQM needs vary by agency and service category.
 - DHSP's review and update of its CQM program highlights client satisfaction as a pillar of Quality Improvement (QI). It plans more hands-on work, collaboration, and coaching with agencies; and more direct work with consumers on QI initiatives, in particular, with the Commission. Dr. Cohen was engaged in discussions about providing QI training to the Consumer Caucus. DHSP was not involved with the 3/27/2019 Consumer Advisory Board (CAB) Conference, but works closely with the CQII that presented at the Conference and wants to support those efforts.
 - Dr. Mills asked how clients might compare agency CQM results. Dr. Cohen replied this initial Year 26 data was for just five agencies so would be inappropriate to publish. DHSP does plan to share more subrecipient data as part of the performance measure process with data dashboards on key measures such as viral loads and retention for the four largest service categories. Dashboards will be similar to that for PrEP and posted on the DHSP website once developed.
 - Regarding the Grievance Program, all DHSP-funded agencies are required to post the DHSP Grievance Line number. Agencies were reviewed in 2017 to ensure that all sites had a current poster displayed.
 - The top two types of grievances in 2018 were delayed service (N=12) and inappropriate behavior (N=10). "Other" (N=4) reflects concerns with agencies not contracted by DHSP though staff do assist when possible. Medical Outpatient, Oral Health Care, and Residential Services draw the most grievances as expected due to the size of the services and housing need. Again, among the top categories are grievances concerning agencies not contracted by DHSP.
 - DHSP does an end of year assessment to identify potential trends and shares information with program managers.
 - Ms. Barrit suggested renaming the "Grievance Line" to, e.g., add "Gratitude," and support sharing what went right as well as wrong. Dr. Cohen noted DHSP has received compliments. Mr. Martinez said his site changed its form to "Client Feedback" and offers feedback options that include appreciation. Dr. Mills said input, like the Commission's youth panel on friendly environments, can inform providers about aspects of service they might not notice on their own.
 - DPH requires a Customer Satisfaction Initiative of all its programs. In DHSP's case, it will identify a new client category to survey annually and then continue going forward. The program launched in 2018 and will grow year-over-year. All clients are direct DHSP customers such as agencies and training participants, not consumers of HIV services.
 - An electronic survey of training participants was done in 2018 and garnered a strong 37% response rate. It helped identify issues with the training registration process so that was being updated and standardized across trainers. The new survey group for 2019 will be subrecipient program managers who work with DHSP program managers.
- ➡ Staff will email Dr. Cohen's PowerPoint to the body.

VI. DISCUSSION

9. PLANNING STRATEGIES

a. Planning Strategies for Maximizing Ryan White Part A Funds:

- Mr. Martinez called attention to the draft memorandum from the Commission to DHSP on Program Directives for Maximizing Ryan White Part A and MAI Funds in the packet. It summarizes PP&A discussions over the past few months on initiatives, priorities, and multi-year planning so that DHSP can promulgate timely Requests For Proposals (RFPs).

- The memorandum also offers the Standards and Best Practices (SBP) Committee direction consistent with multi-year planning goals to prioritize work on the Universal Services, Non-Medical Case Management, Psychosocial Support, Emergency Financial Assistance, and Child Care Standards of Care (SOC).
- ➡ Approved draft Program Directives memorandum with: correction, page 1, paragraph 2, line 4, correct "2019" to "2016;" and revision, page 2, separate last line starting with "Thank you..." into separate paragraph.

b. Review Priority Setting and Resource Allocation (PSRA) Process:

- Ms. Forrest felt overall the process went well considering the stressful times, especially due to lack of housing. It was emotionally hard, however, to decide on investing in housing, despite barriers to spending funds, or in other services, despite a severe housing need. At this point, she felt tension was inherent since funds cannot be used to build units.
- Ms. Barrit presented feedback from a PP&A member who could not attend today. The suggestion was to better correlate how the PSRA process addresses health disparities and the Los Angeles County HIV/AIDS Strategy (LACHAS).

c. Other Planning Tools:

- Mr. Martinez noted several additional planning tools including one derived from a Houston service category information summary reviewed some months ago. It captures information seen during the year for ongoing reference.
- Ms. Echols-Watson adapted the Houston form with: first column, statistics, e.g., 2016 Annual Sexually Transmitted Disease Surveillance Report; second column, unmet need, e.g., data on how many PLWH are out of care in LAC; and, third column, priorities from, e.g., Los Angeles County HIV/AIDS Strategy (LACHAS), and Comprehensive HIV Plan (CHP).
- Mr. Martinez asked the body to consider whether this was the kind of data needed to inform the annual PSRA process, what data might be missing, and how responsibility should be assigned to ensure data is received in a timely manner. This was designed to be a living document with Commission staff coordinating with DHSP to provide data as needed.
- Dr. Mills felt data helped support more objective decision-making and also thought it may support a more consolidated PSRA process which can be more effective since material is fresh in mind when making decisions.
- Dr. Green agreed that a consolidated PSRA process helps ensure people recall all the data. It also helps ensure participant consistency. When discussions stretch over months, someone who joins in near the end can be unaware a topic was thoroughly explored three months ago. He also thought people absorb information better during data summits than when data is presented piecemeal during regular PP&A meetings. Normatively, data summits start with epidemiology 101 to ensure everyone is on the same page. He felt better understanding of data fuels better questions.
- Ms. Barrit noted some other jurisdictions use a more compressed model. One uses a two-day model with the first day focused on data and the second on decisions. Roll call is taken at the beginning and end of each day. While meetings are open to the public, only members who attend the full first day are eligible to vote on the second day.
- Ms. Forrest suggested, if the body moves toward a two-day model, the Commission send an official letter to members' executive directors that states attendance is required. Otherwise, securing permission for so many hours will be hard.
- ➡ Add live links to the planning tool for the various documents referenced.
- ➡ Retain on PP&A agenda: planning tools, planning models, and multi-year planning timeline.

VII. NEXT STEPS

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

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

VIII. ANNOUNCEMENTS

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

IX. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 2:55 pm.