



LOS ANGELES COUNTY COMMISSION ON HIV



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

May 21, 2019



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

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 5/21/2019
- 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) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 4/16/2019
- 5) **Table:** Commission Member "Conflicts of Interest," 5/9/2019
- 6) **Code:** Code of Conduct, 4/11/2019
- 7) **Form:** (sexual orientation, sex assigned, gender identity) Health Services, Los Angeles County
- 8) **Spreadsheet:** Ryan White Part A, MAI Year 28 and Part B YR 18 Expenditures by Service Categories through February 28, 2019, 4/16/2019
- 9) **Form:** Los Angeles Regional Quality Group (RQG), 11/19/2018
- 10) **Memorandum:** Meeting with Housing For Health, Unit Assignment Process, 4/22/2019
- 11) **Outline:** Multi-Year Planning Process and Framework (Draft) Recommendations, 5/21/2019
- 12) **Memorandum:** Program Directives for Maximizing Ryan White Part A and MAI Funds, 4/14/2019
- 13) **Directives:** Los Angeles County Commission on HIV (COH) FY 2017-2022 Program Directives, 6/14/2018
- 14) **Table:** Planning, Priorities & Allocations (PP&A) Committee, (DRAFT) Planning Strategies for Maximizing Ryan White Part A Funds, Revised 4/16/2019
- 15) **Planning Tool:** Planning, Priorities & Allocations (PP&A) Committee, Planning Tool - Draft, Service Categories, 5/21/2019
- 16) **Planning Tool:** Planning Tool, Planning, Priorities & Allocations (PP&A) Committee, Epidemiological Trends, 5/21/2019

17) **Planning Tool:** Planning Tool, Planning, Priorities & Allocations (PP&A) Committee, Sexually Transmitted Disease (STD) in Los Angeles County (LAC), 5/21/2019

CALL TO ORDER: Mr. Brown called the meeting to order at 1:03 pm and attendees introduced themselves.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION 1: Approve the Agenda Order, as revised to incorporate Item 9.a. into Items 9.b., c., and d. (*Passed by Consensus*).

2. APPROVAL OF MEETING MINUTES

MOTION 2: Approve the 2/19/2019, 3/26/2019, and 4/16/2019 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Passed by Consensus*).

3. STATE CONFLICTS OF INTEREST:

➡ Attendees stated their basic conflicts and agreed to incorporate conflicts into attendee self-introductions in future.

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:

- Ms. Barrit and the Co-Chairs discussed a Commissioner request at a recent Commission for a presentation to the full body by DHSP on the Linkage and Retention Program (LRP). Separately, there was a written request for an LRP presentation to Standards and Best Practices (SBP) Committee to inform service expectations, staffing, and Net County Cost (NCC) funding.
- Due to the level of detail requested, she recommended the review of LRP start at PP&A which addresses technical, programmatic and financial details. PP&A can uncover questions to help tailor DHSP's presentation for the full body.
- ➡ Due to other PP&A priorities, Dr. Green will forward the LRP presentation as soon as finalized for presentation directly to the Commission, possibly on 6/13/2019. He anticipated at least 45 minutes plus questions as it is an expensive intervention with generally low yield. The Centers for Disease Control and prevention (CDC) does require a LRP response.

IV. REPORTS

6. EXECUTIVE DIRECTOR REPORT

- Ms. Barrit called attention to the form in the packet used by the Departments of Health Services (DHS) and Public Health (DPH) clinics to collect sexual orientation and gender identity information. It was included for information purposes.
- PP&A previously asked about transgender and sexual identity information collection countywide. The Transgender Caucus was also investigating how to improve such data collection, especially regarding the transmasculine population. Mr. Ballesteros had noted that Federally Qualified Health Centers (FQHC) have collected the information for a while.
- The Executive Committee responded to the National Youth HIV/AIDS Awareness Day (NYHAAD) Panel at the 5/21/2019 Commission Meeting by asking each Committee to identify two or three questions pertinent to its work for Consumer Advisory Boards (CABs) that work with youth in order to improve engagement with the Commission. The Executive Committee will collect the questions and leadership will work with CAB facilitators to incorporate them into CAB meetings.
- ➡ Ms. Granados will re-present results from last year's youth "secret shopper" survey to help inform PP&A youth questions.
- ➡ Staff will email PP&A a request for youth CAB questions.
- a. **Code of Conduct:**
 - Ms. Barrit noted the copy of the recently updated and approved Code in the packet. While all Commissioners are asked to sign it, it applies to all meeting attendees. It will be projected at full body meetings and included in all packets.
 - The Code reflects Commission values. It was updated by the Operations Committee which will review it annually.
 - ➡ Commissioners are asked to sign and submit a copy of the Code to confirm receipt and acknowledgement. Those who have not yet done so should submit their signed copy to Sonja Wright, MS, Lac as soon as possible.

7. CO-CHAIR REPORT: Ms. Martinez welcomed new members: Susan Alvarado, MPH; Raquel Cataldo; and, Maribel Ulloa.

V. UPDATES

8. DIVISION OF HIV AND STD PROGRAMS (DHSP)

- Dr. Green reported DHSP met with Food and Nutrition Support providers to troubleshoot how to help them increase quality and variety of food. At least one was also working to increase hours so clients can pick up food more than once per month.
- DHSP was in the process of adding a line item to provider budgets to allow them to arrange Uber and Lyft transportation home after clients pick up groceries. DHSP looked into contracting directly with Uber Health, but the offer was rejected. Interested providers will need to manage their own accounts. Projected budgets were due to DHSP the next week.
- DHSP was also working with providers to add a line item to budgets for purchase of grocery store gift cards to meet specific needs of clients not available from the food bank, e.g., the needs of a client with celiac disease. Providers distributing gift cards can request an electronic receipt when the card is used. That receipt serves as the audit trail.
- DHSP released HIV Testing, and STD Testing and Treatment Requests For Proposals (RFPs). Proposals are due 7/17/2019.
- Dr. Green planned to meet the week after next with a company on a final bid to generate insurance eligibility cards. Funded under Outreach, the card plus photo ID will confirm eligibility across DHSP-contracted services without needing to duplicate paperwork. Confidentiality and production specifics were not yet developed. The card would likely be valid for 12 months.
- DHSP was moving to a uniform financial eligibility level of 500% of Federal Poverty Level (FPL). It also hopes to allow a phone attestation to meet the six-month Health Resources and Services Administration (HRSA) recertification requirement.
- Several people noted various providers require updated CD4 and viral load laboratory results, e.g., Housing Opportunities for Persons With AIDS (HOPWA) wants to ensure clients are in care and demonstrate positive health outcomes of housing.
- Mr. Ballesteros felt a client should only need to copy information from the patient's medical home portal. Dr. Green thought that would meet the requirement, but Mr. Ballesteros did not consider that clear in contracts. He recommended updating contracts and Standards of Care (SOCs) to clarify requirement parameters. Dr. Green said this process needed to be thought through. Agencies would manage patient records annually, not the company developing the insurance cards.
- The company will also develop an umbrella website for LACondom.com, getprepla.com, and LACHAS as well as a link to a new resource directory that will guide people through available services, eligibility requirements, and how to access them.
- Finally, the company will develop pamphlets to advise providers countrywide who have diagnosed a patient with HIV about available services. Ms. Barrit added that was consistent with the effort to better work with and leverage the system of care.
- ➡ Email Ms. Barrit insurance eligibility card questions. She will also email Commissioners an opportunity to submit questions and then compile a list for DHSP. Key Consumer Caucus concerns to date were to minimize duplicative paperwork, use a discreet design to help protect patient medical status, and make system easier overall for consumers and providers to use.

a. Housing Services:

- Dr. Green said the most recent DHS report on the housing program, received 5/20/2019, showed that the program had begun to work as planned. April expenditures were approximately \$190,000 with almost \$600,000 for the past three months. Those are very good numbers considering the slow program launch. Some 90 clients were now in a unit with a rental subsidy. Clients are new rather than pre-existing Housing For Health (HFH) clients. A housing plan is developed to find appropriate housing in a convenient area for each client. Clients may refuse two potential placements.
- Regarding a question on complaints, Dr. Green recommended contacting HFH, DHS. DHSP's contractual relationship is with DHS which has the fiduciary responsibility for maintaining contracts with Brilliant Corners and the other agencies. DHSP has no contractual relationship with Brilliant Corners. He did not know if DHS has a Warm Line for complaints, but recommended contacting HFH directly in order to more assuredly reach the pertinent party.
- He noted not all 90 clients were being housed through Brilliant Corners. Other providers were: Tarzana Treatment Centers; LGBT Center; and, Alliance for Housing and Healing.
- DHSP has also revised its Memorandum of Understanding with HFH to support: security deposits; some move-in costs such as utility turn-on; and rent on a unit up to 90 days to hold a unit for a client with HIV, e.g., while repairs are made.

i. Brilliant Corner's Inventory:

- Dr. Green noted the memorandum in the packet that he forwarded from Brilliant Corners did not really answer PP&A's question about available inventory. In subsequent conversations, he learned it does not have a set of available units constituting an inventory per se. Instead, it has a goal of serving 2,000-2,400 clients in LAC annually.

VI. DISCUSSION

9. PLANNING STRATEGIES

- a. Review Planning Process for Program Year (PY) 29:** This Item was incorporated into Items 9.b., c., and d. per Motion 1.
- b. Explore Multi-Year Planning Process:**

- The body considered how many years to use in multi-year planning. Four years was suggested to accommodate services that may take longer to roll out than anticipated, as well as to better evaluate services and make adjustments. Several people suggested three years as a more manageable planning period which still encompasses the 18-month average period for DHSP to roll out a new service. It was also noted that each year services will be evaluated so, in effect, the process will be largely ongoing in any case. Five years was also suggested, with the understanding that some planning will only make sense in the next year or so, some in the next two or three, and some up to five.
- Agreed to use a three-year planning period with some forecasting.

c. Explore/Develop a Format and Timeline:

- Dr. Green said DHSP can usually finalize the prior year's HIV and STD surveillance data by June or July. Meanwhile, the most recent HIV and STD surveillance reports are always posted on the DHSP website. Typically, year-over-year change is small. DHSP has almost completed the utilization report for this past grant year.
- While not yet formally announced, DHSP was planning its next comprehensive Los Angeles County HIV/AIDS Strategy (LACHAS) update on 9/5/2019 at the California Endowment. It will be busy with preparations in August. Ms. Nelson noted the United States Conference on AIDS (USCA) was 9/5-8/2019, overlapping with the LACHAS update.
- Allocations are done at least twice per year. One is for the actual application, usually in September. The second is done towards the end of the grant year and accompanies the final grant year report around the end of May.
- Dr. Green will verify the LACHAS update date in light of the conflict with USCA and report back.
- Dr. Green will forward data links to staff for distribution and early review.
- Replace regular July PP&A meeting with a 9:00 am to 4:00 pm meeting on 7/23/2019 to complete the allocations process. Staff will assess availability of a larger room.

d. Planning Tools/Models:

- Ms. Echols-Watson reviewed the Epidemiological Trends and the Sexually Transmitted Disease (STD) in LAC Planning Tools in the packet. The first is based on the 2017 Annual HIV Surveillance Report and 2015 Unmet Needs Report. The STD Planning Tool is based on the 2016 Annual STD Report. The Planning Tools are derived from Houston tools.
- Mr. Halfman asked about trend data. Mr. Ballesteros suggested identifying whether populations estimated to be out of care are growing in certain areas or shrinking. Ms. Granados was also interested in STD treatment information.
- Dr. Green reported three and, in some cases, five years of data is required in the annual Ryan White application data tables. He felt it would be valuable to review at PP&A, e.g., it could prompt questions about material not in the application. The application is not posted online since it is competitive, but the Commission has it.
- Revise references of, e.g., "17 per 100,000" to actual numbers.
- State "no data" if that pertains to a population, e.g., transgender persons.
- Dr. Green will discuss with his team the possibility of populating the tools with 2018 data. DHSP generally creates a PowerPoint on each surveillance report for use during the year and then highlights points of particular interest.
- Staff will email the application link to PP&A and DHSP will devote the bulk of the June meeting to its review.

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 2:58 pm in memory of Mr. Brown's mother, Mary Brown; and Bridget Gordon's partner, Vincent Oliver.