



LOS ANGELES COUNTY
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

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

August 20, 2019

**APPROVED
9/17/2019**

| PP&A MEMBERS PRESENT | PP&A MEMBERS ABSENT | PUBLIC | COMM STAFF/CONSULTANTS |
|--|--------------------------|-----------------|----------------------------|
| Jason Brown, <i>Co-Chair</i> | Susan Alvarado | Robert Bucayn | Cheryl Barrit, MPIA |
| Miguel Martinez, MPH, MSW, <i>Co-Chair</i> | Frankie Darling Palacios | Alasdair Burton | Carolyn Echols-Watson, MPA |
| Raquel Cataldo | Susan Forrest | Katja Nelson | Julie Tolentino, MPH |
| Grissel Granados, MSW | Diamante Johnson | | |
| Michael Green, PhD, MHSA | William King, MD, JD | | |
| Karl T. Halfman, MS | Derek Murray | | DHSP/DPH STAFF |
| Abad Lopez | Raphael Peña | | Wendy Garland |
| Anthony M. Mills, MD | Russell Ybarra | | Pamela Ogata |
| LaShonda Spencer, MD | | | |
| Maribel Ulloa | | | |
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- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 08/20/2019
- 2) **Minutes:** PP&A Committee Meeting Minutes, 07/23/2019
- 3) **Table:** PP&A Committee Service Category Rankings for PY 30 (FY20-21), 07/23/2019
- 4) **Table:** FY 2020 (PY30) Ryan White Program (RWP) Allocations Recommendations 07/23/2019
- 5) **Spreadsheets:** RWP, Clients Living with HIV YR 28 (03/01/2018 – 02/28/2019), Los Angeles: Overlap across RW Priority Populations in Year 28 (N=15,747); Utilization by Service Category among RW Priority Populations in Year 28 (N=15,747); Overlap across Client Characteristics among Women in the RWP (N=1,792); Utilization by RW Service Category among Women in Year 28 (N=1,792)
- 6) **Spreadsheets:** RW Part A, MAI Year 28 and Part B YR 18 Expenditures by Service Categories through February 28, 2019, Final Report 08/20/2019
- 7) **PowerPoint:** Part D Women: RW Client Data, Part D Programs: USC Keck, UCLA
- 8) **Table:** Commission Member "Conflicts-Of-Interest", Update 07/30/2019
- 9) **Planning Tool:** PP&A Committee Service Category Rankings Worksheet, 08/20/2019
- 10) **Planning Tool:** Los Angeles County Commission on HIV PY 30/Multi-Year Worksheet, 08/20/2019
- 11) **Guide:** RWHAP Part A PC/PB Training Guide – Module 5: Priority Setting and Resource Allocation Quick Reference Handout 5.2: Directives
- 12) **Memorandum:** Program Directives for Maximizing Ryan White Part A and MAI Funds, 4/23/2019
- 13) **PowerPoint:** Epidemiology of HIV in Los Angeles County, 07/23/2019

- 14) **PowerPoint:** Highlights from the Medical Monitoring Project (MMP) Los Angeles (2015-2017), 07/23/2019
 - 15) **Table:** Person Living with HIV in Los Angeles County Medical Monitoring Project, 2015-2017, 07/23/2019
 - 16) **PowerPoint:** Los Angeles County National HIV Behavioral Surveillance Summary, 07/23/2019
 - 17) **Tables:** National HIV Behavioral Surveillance (NHBS) among Heterosexuals at Increased Risk for HIV; NHBS among People Who Inject Drugs; NHBS among Men Who Have Sex with Men (MSM), 07/23/2019
 - 18) **Table:** RW Service (YEAR 28), 07/23/2019
 - 19) **PowerPoint:** RWP YR 28 Care Utilization Data Summary, 07/23/2019
 - 20) **Table:** Table 1: Sociodemographic and Clinical Characteristics of HIV-Positive (Unduplicated) Client Receiving RW Services in Ryan White Years 26-28 (03/01/2016 – 02/28/2019), Los Angeles, California, 07/23/2019
 - 21) **Table:** Table 3: Number of Clients Served and Service Utilization by Service Category Among HIV Positive RWP Clients in Ryan White Years 26-28 (03/01/2016 – 02/28/2019), Los Angeles, CA, 07/23/2019
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CALL TO ORDER: The Co-chairs called the meeting to order at 1:05 pm and attendees introduced themselves.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION 2: Approve the 07/23/2019 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Passed by Consensus*).

3. 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:**

IV. REPORTS

6. EXECUTIVE DIRECTOR REPORT

PP&A Committee recommendations for Program Year (PY) 30 Service Category Rankings and Allocations are on the Executive Committee meeting agenda for Thursday, August 22, 2019. I approved by the Executive Committee, the recommendations will be presented at the September 12, 2019 Commission meeting.

Division of HIV and STD Programs (DHSP) will provide an update on molecular surveillance at the September 12, 2019 Commission meeting

7. CO-CHAIR REPORT

The Committee reviewed the effectiveness of the July 23, 2019 meeting in preparation for similar priority and planning exercises in the future. The following are comments about the special meeting and recommendations for future planning -activities.

- ➡ The Committee should allocate enough time to discuss and synthesize the data presented.
 - There was concern that the day was rushed and there was not enough time to do the actual work of prioritizing service categories and allocating resources.
- ➡ Provide data and PowerPoints prior to meetings allowing Committee members time to review materials prior to the meeting.
 - Members can then formulate questions that may yield a greater understanding of the data.
- ➡ The Committee should prepare research questions when making data requests of DHSP. This will provide DHSP with the purpose and intent of the data request.
 - Provide Committee's objective for requesting the data. This will guide DHSP in preparing responses to the requests.
- ➡ Be more conscious of scheduling conflicts.

- Consider the timing of future special meetings to avoid competing with national conferences.
- The Committee should be intentional about orienting new committee members to the process planning and allocation process. Thus enhancing their participation in the process. This may include assigning new members to serve one year prior to participating in the priority setting and allocation process. It was felt by delaying the assignment of new committee members until after the annual priority setting and allocation processes would achieve the aforementioned recommendation.
 - New members may have limited knowledge in the nuances of the process. For example, Request for Proposals (RFPs) and County contracting policies and procedures impact funding allocations. Knowledge of this concept is helpful in priority and allocation setting.
- ➡ Send evaluations immediately following the meeting.
 - Delays in sending evaluations may reduce participation in the evaluation process and thus a lost in information that could improve future meetings.
- DHSP data presentations, as experts, should highlight significant data results
- DHSP should include raw numbers with percentages when presenting data.
- Data requests made by the committee should be submitted in the form of question(s) to provide direction to DHSP the Committee is seeking to answer
- ➡ The Committee will agendaize the development of questions for DHSP.
 - This will provide direction on how to present data for the next priority and planning exercise. This action may stream line the data presented to focus on committee concerns.
- Co-Chairs discussed women infants, children, and youth (WICY) data, as it relates to their service and health educational needs. This is a carryover from the July 23, 2019 meeting. The Committee has committed to addressing these topics. Today's meeting agenda includes a presentation on WICY service data.

Program Year 30 Service Ranking and Allocation Recommendations

- The Co-chairs reviewed PY 30 recommendations to ensure the committee remained in agreement with actions taken at the July 23, 2019 meeting. The recommendations are included in the packet.
- DHSP identified other funding sources used to fund services. They include Part B (Which flow through the State.), Net County Costs (NCC) and Center for Disease Control and Prevention (CDC).

8. DIVISION OF HIV AND STD PROGRAMS (DHSP)

DHSP provided a set of utilization tables representing RW priority populations served in Los Angeles County during the period of March 1, 2018 through February 28, 2019. The tables are included in the meeting packet. The tables provide the following information:

- Overlap of services across RW Priority Populations as well as estimates of care continuum outcomes across priority populations.
- Data representing utilization of services among priority populations.
- Overlap of services for women receiving RW services.
- Ryan White service utilization data among women

Information Limitations

- Housing Services data does not include Housing for Health (HFH) statistics because that data is not included in CaseWatch, which is the local source of Ryan White service data.
- ➡ The Committee requests all data be included to obtain an accurate picture of who are receiving what services.
- The data on women does not include Part D services because it is not included in CaseWatch, which is the source of the local Ryan White data.

Analyzing the Data

- The Committee discussed how to use the data presented. Data can be analyzed to aid in determining:
 - Utilization patterns
 - Are services used as anticipated
 - If underutilized, how to increase service usage or determine if the service is needed.

Findings from the data presented by DHSP

- The Committee discussed the use of data from the Ryan White HIV/AIDS Program Services Report (RSR), but it was felt the information was not detailed enough to answer service questions by health district. DHSP would not be able dissect any duplicate client information.
 - Note: The RSR is a client-level data-reporting requirement that monitors the characteristics of Ryan White HIV/AIDS Program Parts recipients, providers, and clients served. All Ryan White HIV/AIDS Program-funded recipients Parts A-D and their contracted service providers (sub recipients) are required to report client-level data annually to the HIV/AIDS Bureau using the RSR.
- ➡ The Committee discussed transportation services and its many restrictions. This has resulted in an underutilization of transportation services per the tables provided by DHSP. DHSP will provide training to change the practices of Medical Care Coordination (MCC) staff in referral and implementation of transportation services. The use of public transportation with multiple children in tow is unrealistic and if inclement weather occurs, the deterrent is even greater. Alternate forms of transportation assistance are advocated by the commission to address such issues.
- The Committee discussed how utilization data for housing services is collected. It was unclear if service utilization data presented is limited to housing placement or whether support services provided before, during and after housing placement are part of the data collected.

WICY Presentation (PowerPoint included in meeting packet)

- Dr. Spencer presented documentation on Part D Ryan White Client Data from the two Part D funded agencies in Los Angeles County (LAC-USC Maternal, Child, and Adolescent Health Clinic and the UCLA Family AIDS Network (FAN). The information was extracted from the RSR database.
- The information requires greater analysis and dissection. Another presentation is necessary to provide data that are more detailed. Upon review of the data presentation it was noted, 88.4% of women receiving RW services were 100% below the poverty line compared to 68.5% of women in the County, as a whole.
- UCLA does not provide childcare, but does provide vouchers to pay for childcare. The university was unable to provide the number of vouchers distributed at the time of this report.
- Non-Medical Case Management services could not be defined at the time of this report. Greater analysis is necessary to determine services provided.
- The transportation information is incomplete because the university was unable to provide detail information at the time of this report. Uber, taxi and public transportation options are available to clients.
- Listed in priority order are unmet needs, based on client input:
 - 1) childcare; 2) transportation; 3) housing, especially for families; 4) dental; 5) mental health counseling; and 5) women-centered model of care.

2018 Program Year (PY) 28 AND 29 Fiscal Report

- DHSP reviewed the final PY 28 expenditures by service category report. The schedule is included in the packet. Part A funds were fully expended. Minority AIDS Initiative (MAI) will carryover approximately \$2.1 million into PY 29. PY 28 MAI carryover amount was less than the carryover amount for PY 27. DHSP noted Net County Costs (NCC) was used to fund a portion of administrative expenses.

Update on Housing for Health (HFH) Program

- DHSP is finalizing language (based on the Standards of Care) for the provision of rental subsidies, which will be included in the MOU between DHSP and Department of Health Services (DHS), HFH Program as well as between subcontracted HFH providers. The program should begin when amendments are executed. The program will provide up to 3 months of rental subsidy to hold a unit for client placement. DHSP will prepare a memo to providers and MCC staff upon execution of the amended agreement.
- ➡ DHSP should provide clear language regarding the process and requirements related to housing referral services. Be clear on who makes the referral.
- The Housing for Health (HFH) Program uses the Coordinated Entry System (CES) to assess clients for a range of housing programs they may be eligible to use. The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) does not ask specifically if the client is living with HIV because the Homeless Management Information System (HMIS) (the database in which the VI-SPDAT information is entered) is not Health Insurance Portability and Accountability Act (HIPPA)

compliant. VI-SPDAT does, ask under the health and wellness section of the questionnaire, “If you were offered housing for people who are living with HIV, would you be interested?” There is a push to develop a CES specifically for those with HIV. There is precedence for doing so. Currently a separate assessment is used focusing on those experiencing intimate/domestic partner violence. More discussion is warranted to fully understand the data points needed by DPH and other County departments.

VI. DISCUSSION

STATE CONFLICTS OF INTEREST:

- ➡ Attendees stated their conflicts of interest, if any.

9. PY 31 and PY 32 Service Category Prioritization and Allocation Percentages

- The committee deferred the discussion on PY 31 and 32 Service Category Prioritization and Allocation Percentages to the September 2019 agenda. This is to allow for directive updates from DHSP.

Purpose and Focus of Directives

- The Executive Director reviewed Quick Reference Handout 5.2: Directives and the most recent DHSP directives (Both are included in meeting packet). The directives provide guidance to DHSP when preparing solicitations for upcoming program years. In addition, to providing direction to the Commission when establishing service standards.
- The Committee should review the most recent service rankings and allocation recommendations as part of the directives review process. The Committee should determine directives that most effectively meet priorities established by the Commission. Generally, directives fall into three categories. They include:
 - Population targeting (For example, using resources to target the health district with the highest burden).
 - General Access to Care
 - Service Models

Generally, directives should be clear and stable. They will not necessarily require annual change, but may need modifying.

Tips for preparing sound directives include:

- Limited number of well thought out directives
- Using data to help craft directives
- Be mindful of potential costs/funding availability
- Be mindful of restrictive language were it may limit the provision of a service/limit the pool of potential service providers
- Are modifications to directives are warranted?
- Assess how current directives are being achieved/implemented
- Note if clarification is needed as opposed to developing a new directive.

Upon review of the directives, the following questions were posed:

- Are there missing directives?
- How do the newly created directives differ from current directives?
- How do the current directives align with newly created directives?
- Do directives reflect current needs of the community?
- There was discussion regarding the number of providers currently meeting directives. DHSP does not have the information on all providers within Los Angeles County that provide the services included in the directive, but do try to reach out to all entities that provide the service during the RFP process.
 - In the RFP process, the Committee could obtain a list of qualified applicants. Due to the County’s contracting process, DHSP cannot share provider information with the committee. However, the Board letter provided to the Board of Supervisor, during the contract process, does list the number and names of all qualifying applicants as well as the applicants that receive grant funding. The providers would meet the directives as it pertains to the services they can provide at the standard sought by the county.
 - Committee members were encouraged to review the directives prior to the next meeting and do the following:
 - Note which directives you are in agreement with

- Note which directives may require modification to meet Commission priorities
- View directives through a health equity lens

Review Directives for Maximizing Ryan White Part A and MAI funds

- The Co-chair requested DHSP report back on current directives. The Co-chairs requested a 15-minute extension to the meeting for this purpose. This allowed DHSP to complete the update on Part A directives. The Committee agreed. DHSP provided an update on Part A directives. The general status of updates fell into three categories. They were as follows. The directives were either met, being implemented or under review. A revised Part A directive table will be included on the September 17, 2019 Committee meeting agenda.
- HRSA released a Notice of Funding Opportunity (NOFO) due on October 15, 2019 for a special 5-year grant to aid in ending the epidemic. In addition, DHSP submitted a CDC grant application in July 2019. State supplemental funding will also be available for STD control and HIV prevention services. These additional grant opportunities may limit DHSP's ability to report on MAI directives until the November 19, 2019 Committee meeting.

VII. NEXT STEPS

- ➡ Place PY 31/32 prioritization and allocations planning activity on the September 17, 2019 agenda.
- ➡ Place DHSP on the September 17, 2019 agenda for MAI directives update.

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

VIII. ANNOUNCEMENTS

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

IX. ADJOURNMENT

ADJOURNMENT: The meeting adjourned at 3:20pm.