



LOS ANGELES COUNTY COMMISSION ON HIV



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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES December 17, 2019

Approved
2/18/2020

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Jason Brown, <i>Co-Chair</i>	Frankie Darling Palacios	Katja Nelson, MPP	Cheryl Barrit, MPIA
Miguel Martinez, MPH, MSW, <i>Co-Chair</i>	Susan Forrest	Samuel Samalin	Carolyn Echols-Watson, MPA
Susan Alvarado	Diamante Johnson/ Kayla Walker-Heltzel		Jane Nachazel
Al Ballesteros, MBA			Julie Tolentino, MPH
Raquel Cataldo	Karl Halfman, MS (<i>by phone</i>)		
Grissel Granados, MSW	Thomas Green (<i>Alt. to Peña</i>)		DHSP/DPH STAFF
Michael Green, PhD, MHSA	Abad Lopez		None
William King, MD, JD	Anthony Mills, MD		
Raphael Peña (<i>Full to T. Green</i>)	Derek Murray		
LaShonda Spencer, MD	Maribel Ulloa		

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 12/17/2019
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 11/19/2019
- 3) **Letter:** Los Angeles County Office of Homeless Initiative, 5/1/2017
- 4) **Memorandum:** Comments on Proposed Measure H Funding Recommendations FY 2018-19, 3/19/2018
- 5) **Memorandum:** Proposed Measure H Funding Recommendations for FY 2020-21, 11/26/2019
- 6) **Flyer:** City of Los Angeles Emergency Renters Relief Program
- 7) **Policy/Procedure:** #08.1104: Commission and Committee Co-Chair Elections and Terms, *Approved 9/12/2019*
- 8) **Recommendations:** (REVISED) Black/African American Community (BAAC) Task Force Recommendations, 10/10/2019
- 9) **Table:** Commission Member "Conflicts-of-Interest," *Updated 11/6/2019*
- 10) **Memorandum:** Program Directives for Maximizing Ryan White Part A and MAI Funds, *Updated 10/14/2019*
- 11) **Memorandum:** Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32; Proposed for Planning, Priorities and Allocations Committee Approval; *Revised 12/16/2019*

CALL TO ORDER - INTRODUCTIONS: Mr. Brown called the meeting to order at 1:11 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 11/19/2019 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 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

5. EXECUTIVE DIRECTOR/STAFF REPORT

- Ms. Barrit recalled an extensive discussion at the last meeting on elevating the housing issue. Staff committed to bring copies of a prior Commission letter sent to Phil Ansell, Director, Los Angeles County (LAC) Office of Homeless Initiative and memoranda regarding Measure H sent to the Board of Supervisors (Board) to ensure consistency.
- Communications address key issues, e.g., the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) now merely asks if a person will accept housing with PLWH and the Coordinated Entry System (CES) does not prioritize PLWH. The 11/26/2019 letter also addresses the paperwork barrier by recommending that clients recommended by a Medical Care Coordination (MCC) site should not endure a VI-SPDAT assessment because acuity has already been assessed.
- Ongoing advocacy supports a carve-out for PLWH and unique housing pathway. In addition, comments are submitted through the Measure H mechanism and housing is part of Commission Co-Chair visits to supervisorial offices.
- Regarding changes to the VI-SPDAT, Ms. Nelson, some other Commissioners, and Ms. Barrit participate in calls when possible. Miguel Fernandez, prior staff for both the Commission and the Alliance for Housing and Healing, now works for the Los Angeles Homeless Services Authority (LAHSA) where he can advocate on behalf of PLWH.
- On the last call, the local United States Department of Housing and Urban Development (HUD) representative said LAHSA cannot change the VI-SPDAT as the data portal, Homeless Management Information System (HMIS), is not Health Insurance Portability and Accountability Act (HIPAA) compliant so no medical conditions can be entered. Other changes to VI-SPDAT to customize it to the local community are possible, however, and LAHSA staff is in the midst of an internal system review.
- Finally, Ms. Ulloa discussed the City of Los Angeles Emergency Renters Relief Program at the last meeting. Attendees expressed great interest and requested more information. A program flyer was in the packet and was sent out by email.

6. CO-CHAIR REPORT

a. Committee Co-Chair Elections

- Ms. Barrit recalled discussion at the last meeting on who meets the eligibility requirement of service on the Committee for a minimum 12 months as well as Member attendance and other commitments. The Elections Policy/Procedure was in the packet to inform this month's discussion in light of Mr. Martinez stepping off of the Commission at the end of 2019 and Mr. Brown starting a Leave of Absence due to his new position with the Los Angeles Police Department.
- Members who have served on PP&A for the required 12 months were: Dr. King, Mr. Lopez, Dr. Mills, Mr. Murray, Mr. Peña, and Dr. Spencer. Some were nominated and declined including Drs. King and Spencer due to other commitments. Mr. Brown has asked Mr. Lopez who said he would consider it. He planned to respond at this meeting, but was sick.
- Ms. Alvarado and Ms. Cataldo are close to meeting the 12-month requirement. Ms. Granados nominated Ms. Alvarado and Mr. Brown nominated Ms. Cataldo in anticipation of their eligibility. Ms. Cataldo declined, but offered to help.
- Mr. Martinez suggested also keeping in mind the Executive Committee meeting discussion on consumers in leadership.
- Commission Co-Chairs can stand-in as Committee Co-Chairs, as needed. Mr. Ballesteros affirmed he would help. If it becomes necessary, the 12-month service on the Committee requirement can be waived.
- ➡ This item will remain on the agenda pending elections.

b. Identify Black/African American Community (BAAC) Task Force Recommendations for Committee Action

- Mr. Martinez noted the Recommendations in the packet and asked for suggestions to identify items pertinent to PP&A.
- Dr. King noted Jeffrey King, Founder, In The Meantime, has released an email on the organization's marketing including billboards and a website which, at least in part, should address items 2 and 3, page 2.

- Initial suggestions and associated recommendations were:
 - ↳ Complement other HIV marketing efforts with focus on more inclusive messaging. (Page 2, Items 2 and 3)
 - ↳ Increase funding, with Technical Assistance for agencies, for prevention and treatment targeted to Health Districts (HDs) with highest prevalence among Black/African American and Latinx populations. (Page 3, Items 8 and 9)
 - ↳ Conduct needs assessment by subpopulations. (Page 3, Item 8)
 - ↳ Assessment of resources by HD and population(s) served to elevate HDs with lowest resources. (Page 3, Item 8)
 - ↳ Fund peer support targeting Black/African American MSM. (Page 7, Item 3)
 - ↳ Consider using Ending the HIV Epidemic (EtHE) funds for the Black/African American women demonstration projects since that funding stream has fewer restrictions. (Page 6, Item 6)
 - ↳ There is a significant, outsized need for mental health services of all kinds. (Page 7, Item 8)
- ➡ Request DHSP Identify current provider trainings, utilization, impact on service delivery, and gaps.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

a. Fiscal Report

- Dr. Green reported Ryan White Program (RWP) Part A, Part B, and Minority AIDS Initiative (MAI) carryover will all be fully expended. Part of the current year's MAI will also be expended. Original projections indicated expenditures would exceed funds by \$5 million. That was based on contracted amounts as not all invoices were current. The revised estimate is based on staff discussion with providers on actual expenditures. He will update the report next month.
- Ms. Nelson had several questions regarding: any sense of which categories might be overspent, whether Net County Cost (NCC) can compensate in the case of overspending, and reasons for late invoicing.
- Dr. Green noted late invoicing is frustrating for DHSP. He felt the main cause this year may be three agencies funded for Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC) from the last solicitation. He was unsure if there were issues with fully connecting to Casewatch or other reasons. The DHSP program manager is reaching out to providers for more information. On the whole, however, late invoices are evenly distributed across categories.
- By agreement, the Department of Health Services (DHS) bills annually and Housing For Health (HFH) bills quarterly.
- If there is overspending, DHSP can fully expend MAI, draw down next year's NCC, and/or request unused state funds.
- Contractors are supposed to submit invoices to DHSP within 30 days after the end of the month. They have an additional 60 days after the end of the contract to bill any additional expenses they may identify.
- Mr. Ballesteros said Casewatch can be a barrier even to experienced providers. For example, staff who move need to be scheduled for training, receive training, and be approved for access to the system. He suggested allowing agencies to provide billing information from their own systems. Dr. Green said DHSP has discussed that and made occasional exceptions. On a positive note, a solicitation was being developed to replace the Casewatch and HIV testing systems.
- It is most likely that, if Casewatch is the issue, it pertains to the large, new AOM, MCC, and Oral Health contracts.

b. Housing Services

- Dr. Green reported HFH will fully expend its funding. The Memorandum Of Understanding (MOU) was revised to add utility assistance and a line item for those at risk of losing their housing to facilitate stability assistance.
- DHSP has asked the Health Resources and Services Administration (HRSA) in the past if it could fund rental deposits. HRSA did not approve because funds would eventually return to the client. DHSP asked again during the latest Project Officer call since it now works with HFH and Brilliant Corners which would receive returned deposits. The Project Officer anticipated a positive response. If not, DHSP will need to find another funding source.
- Funding to this service can be expanded as more costs are identified.

c. Medical Care Coordination (MCC) Training and Resource Guide

- Training has begun with four trainings in 2019. Four are scheduled for 2020 with another two covering new material.
- DHSP will need a subcontractor to develop the Resource Directory site. Its current media development subcontractor contract is maxed out including authorized augmentation. It will not return to the Board until it evaluates funding in response to DHSP's application for HRSA supplemental funding and results of the next Centers for Disease Control and Prevention (CDC) Notice Of Funding Opportunity (NOFO).
- ➡ Staff and DHSP will coordinate distribution of training dates. Information may be on the DHSP website.

d. Update on Oral Health Services Utilization with Restoration of Denti-Cal Services:

Dr. Green noted Denti-Cal expanded several years ago with no real change since. New DHSP contracts cover specialty services which exceed Denti-Cal coverage. Contractors for the services include University of California, Los Angeles (UCLA) and University of Southern California (USC). UCLA, in particular, has been slow to execute its contract.

- e. **Modify Casewatch to Include Part D Data:** Dr. Green reported any Part D agency that has a medical care contract with DHSP can also enter its Part D data. Affected family member data, however, cannot be entered.

V. DISCUSSION

8. PLANNING, PRIORITIES AND ALLOCATIONS

- a. **State Conflicts of Interest:** PP&A Members stated their conflicts of interest.
- b. **Review DHSP Updates to Ryan White (RW) Part A and Minority AIDS Initiative (MAI) Directives**
 - Mr. Martinez introduced the 10/14/2019 and 12/16/2019 drafts in the packet for consideration as well as noting the earlier discussion pertaining to the BAAC Task Force Recommendations.
 - Revisions to the 12/16/2019 draft in the packet were:
 - ↳ Page 1, Par 2: HRSA's new, flexible guidelines lift income restrictions for PLWH and may allow funding previously prohibited items that would help some agencies such as with computer systems or a refrigerator for food.
 - ↳ Page 2, #1: Elevate high prevalence and incidence HDs by April 2020. (Dr. Green noted the Commission provided a special set of services for a geographic area (SPA 1) and could do something similar for HDs.)
 - ↳ Page 2, #1: Add funding for mental health services for Black/African American women.
 - ↳ Page 2, #2 & #3: Delete & incorporate under #10 for Medical Case Management/MCC.
 - ↳ Page 2, #5: Add specific reference to more quality proteins, fresh fruits, and vegetables. It was noted food banks are expected to provide a percentage, e.g., 50%, of the person's weekly caloric needs, not all.
 - ↳ Page 2, #9: Delete because this is not consistent with allocations.
 - Revisions and recommendations not linked to specific 12/16/2019 draft items:
 - ↳ Just adding provider "training" to list is not helpful. Instead, suggest development of cultural competence training developed with community expertise and delivered in person.
 - ↳ Fund Peer Support under Psychosocial Support with a focus on Peer Support for Black/African American MSM.
 - ↳ Do Needs Assessment that is over-sampled for Black/African American transgender masculine, transgender feminine, MSM, MSM/W, and women populations.
 - ↳ Assess resources in HDs with high prevalence and incidence, income disparity, and at risk populations. (Dr. Green noted a goal of EtHE is to pull in more resources such as Community Health Centers [CHC], but DHSP cannot now initiate an in-depth resource inventory like that last done by Claire Husted. He added surveillance shows people often access distant services regardless of local ones. In any case, DHSP lacks capacity to build new sites. The body suggested a community convening to identify agencies in service deserts for capacity building. No consensus formed on leading a needs assessment effort with suggestions of DHSP, the Commission, or the state consultant.)
 - ↳ Do study to identify populations who do not access local services and why they do not. (Dr. Green noted it was previously agreed to use National Behavioral Health Services data, but it would likely be beneficial to identify those out of care. The Commission might obtain a sole source contract for that. DHSP cannot use those contracts now.)
 - ↳ Fund additional marketing.
 - ↳ Clarify overarching purpose of directives.
 - Dr. Green wanted to ensure he did not give the impression that DHSP could do more than was feasible. Currently, it is experiencing budget cuts on the local level and it cannot get approval for new staff items or to fill vacancies.
 - Ms. Barrit said the Commission did a debrief as the Commission of the Annual Meeting at the 12/12/2019 Commission Meeting, but felt more of that conversation needs to happen. The Commission shares publicly the lead organizations for various aspects of EtHE, but it appears to still remain unclear. She felt part of what she senses as frustration regarding staff support for our 51 members includes statements from senior DHSP staff at different meetings which adds to the confusion. For example, there was a question at a prior meeting on whether the Commission has the bandwidth to do robust community engagement for EtHE yet today it was suggested the Commission lead.
 - She was completely open to that conversation. If the Commission is the organization to lead the EtHE effort, then we need to support that organization, determine what it needs to do more of, and manage those expectations in a way that allows people to succeed. If it is another organization, then that organization needs to be supported. Community engagement is an appropriate task for the Commission to take on, but its current budget is still not approved.
 - As lead support staff, she seeks specificity to convey a clear message to Commissioners who do this work in the field.
 - Dr. Green, too, shares frustration regarding EtHE. It lives in so many places and pieces. DHSP is still awaiting direction on what it can and cannot do with this increased funding from both HRSA and the CDC.

- In addition, historically there has been time for review and planning once the last grants and reports have gone out for the year. Now the grant cycle is never ending. How DHSP should have approached the CDC's one-year planning grant 19-1906 was derailed by the CDC's decision to require a draft plan by the end of December 2019.
- It was impossible to do that and stay true to the community engagement process. The state hired a consultant agency to go to the six jurisdictions for which it is responsible to gather feedback, but DHSP could not do that. Instead, it is updating the Los Angeles County HIV/AIDS Strategy (LACHAS). Ms. Barrit contributed excellent work capturing community engagement activities that have taken place or are scheduled. That is a major piece that DHSP could not do.
- Ms. Barrit said this was an invitation to talk about organizational strengths, weaknesses, opportunities, and challenges to identify strategically how we can each best contribute. Dr. Green suggested incoming funds might go more easily to the Commission for community engagement because DHSP would need to hire a consultant.
- ➔ Identify a usual and standard percentage of food supplied by food banks to their clients.
- ➔ Ms. Barrit will address revisions and forward a first draft to the Co-Chairs and Mr. Ballesteros.
- ➔ Add EtHE and community engagement to the Executive Committee agenda.
- c. **Approve Updated RW Part A and MAI Directives:** This item was postponed.
- MOTION 3:** Approve updated RW Part A and MAI Directives, as determined (**Postponed**).

VI. NEXT STEPS

- 9. **TASK/ASSIGNMENTS RECAP:** There were no additional items.
- 10. **AGENDA DEVELOPMENT FOR NEXT MEETING:** There were no additional items.

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

- 12. **ADJOURNMENT:** The meeting adjourned at 3:25 pm.