



LOS ANGELES COUNTY  
COMMISSION ON HIV



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**PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE**  
**MEETING MINUTES**  
November 19, 2019

**Approved**  
**12/17/2019**

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Jason Brown, <i>Co-Chair</i>	Frankie Darling Palacios	Alasdair Burton	Cheryl Barrit, MPIA
Miguel Martinez, MPH, MSW, <i>Co-Chair</i>	Susan Forrest	Mariela Magaña	Carolyn Echols-Watson, MPA
Susan Alvarado	Diamante Johnson/ Kayla Walker-Heltzel	Katja Nelson	Jane Nachazel
Raquel Cataldo		Joshua Ray	
Grissel Granados, MSW	Anthony Mills, MD	Rebecca Ronquillo	<b>DHSP/DPH STAFF</b>
Michael Green, PhD, MHSA	Raphael Peña ( <i>Full to T. Green</i> )	Natalie Sanchez, MPH	Pamela Ogata, MPH
Thomas Green ( <i>Alt. to Peña</i> )	LaShonda Spencer, MD		
Karl Halfman, MS ( <i>by phone</i> )			
William King, MD, JD			
Abad Lopez			
Derek Murray			
Maribel Ulloa			

**CONTENTS OF COMMITTEE PACKET**

- 1) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 11/19/2019
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 9/17/2019
- 3) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 10/15/2019
- 4) **Memorandum:** Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32, 11/31/2019
- 5) **Recommendations:** (REVISED) Black/African American Community (BAAC) Task Force Recommendations, 10/10/2019
- 6) **Table:** Planning, Priorities & Allocations Committee; Service Category Rankings for PY 31 (FY 2021-22) Recommendations
- 7) **Table:** Planning, Priorities & Allocations Committee; Service Category Rankings for PY 32 (FY 2022-23) Recommendations
- 8) **Table:** Los Angeles County Commission on HIV Allocation Recommendations for PY 31 and PY 32, 10/15/2019
- 9) **Table:** Commission Member "Conflicts-of-Interest," *Updated 11/6/2019*
- 10) **Flyer:** City of L.A. Housing & Community Development Discussion Sessions for Program Year 46, 2019
- 11) **PowerPoint:** What is the Consolidated Plan?, 2019

**CALL TO ORDER - INTRODUCTIONS:** Mr. Brown called the meeting to order at 2:00 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 9/17/2019 and 10/15/2019 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 thanked everyone for their feedback in development of and participation in the Annual Meeting. At least 178 people attended based on sign-in sheets. The community input and sense of urgency will inform the Ending the HIV Epidemic (EtHE) draft due to the Centers for Disease Control and Prevention (CDC) on 12/30/2019.
- Moving forward, continued community involvement, activism, and feedback will be key drivers of efforts. Feedback is already prompting the leadership of the Commission, staff, and DHSP to re-evaluate when and how to host meetings.
- a. **Review Purpose of Directives**
  - Ms. Barrit affirmed Directives as part of the Priority Setting and Resource Allocation (PSRA) process. To inform PP&A's review, DHSP reports back throughout the year on progress as was done recently for the previous year's items. PP&A may help identify solutions to barriers for achieving various Directives through its monitoring activities.
  - The draft was in the packet for discussion. It was developed based on the previous year's work with consideration of DHSP's recent updates. It also speaks to discussions on new or expanded services.

**6. CO-CHAIR REPORT**

**a. Committee Co-Chair Nominations**

- Ms. Barrit noted elections have been later in the recent past, but starting the year with Co-Chairs in place is preferred.
- The Co-Chair term is one year. Candidates must have served on the pertinent Committee for at least 12 months.
- Responsibilities include facilitating discussion and ensuring information presented is understood and used in planning. Co-Chairs participate in pre-meetings to review agendas and plan various special events such as the PSRA process or the Data Summit with Dr. Green and Ms. Ogata. They may coordinate with other Committee Co-Chairs, most often the Standards and Best Practices (SBP) Committee, to ensure work is aligned. PP&A Committee Co-Chairs are also typically invited to DHSP to review the annual grant application to the Health Resources and Services Administration (HRSA).
- Most Committee Members other than Ms. Alvarado and Ms. Ulloa meet the 12-month eligibility requirement. Staff will confirm eligibility for anyone nominated or self-nominated.
- Mr. Martinez will resign as a full Commissioner at the end of December 2019. Children's Hospital of Los Angeles (CHLA) has hired a Commissioner who was previously on an Unaffiliated Consumer seat. That hire results in three CHLA staff on the Commission, one more than the standing rule limiting Commissioners per agency to two to foster a diversified body. Mr. Martinez does plan to apply in 2020 as a Committee only member of PP&A.
- Ms. Granados nominated Dr. William King. He felt he lacked sufficient experience now, but may run next year.
- ➡ Nominations were opened and can be made until elections at the next meeting. Dr. King nominated Jason Brown who accepted. Mr. Lopez nominated Dr. LaShonda Spencer, but she was not present to accept or decline at the time.

**b. December 2019 Committee Meeting:** The December meeting will take place as scheduled on 12/17/2019, 1:00 to 3:00 pm.

**c. Part D Data Requests and Division of HIV and STD Programs (DHSP)**

- Ms. Barrit suggested this item for the agenda as an opportunity to better understand data sources. PP&A asked staff to obtain Women, Infants, Children, and Youth (WICY) data. Staff submitted the request to DHSP, but was informed this data is generated and maintained by RW Part D grantees, not DHSP. She hoped for clarification on WICY data sources.

- Dr. Green reported RW Part A data was provided at the 7/23/2019 Special PP&A Committee Meeting. Part D is a separate grant for medical care and wrap-around services serving WICY. Part D grantees enter their data directly into the Ryan White HIV/AIDS Program Services Report (RSR) and are not accountable to DHSP in any way.
- PP&A might request data directly from Dr. Spencer, Part D provider at LAC+USC Medical Center. Ms. Magaña and Ms. Sanchez, Part D providers, noted data is submitted directly to HRSA via an RSR. It is not entered into Casewatch. Other main sites are not funded for medical services and do not submit data, e.g., CHLA, so current totals are incomplete.
- Ms. Magaña said UCLA collects and provides its data to her. She then works with a person from Dr. Spencer's data staff to try to merge the data. She would like to merge Part D with Los Angeles County (LAC) data for a more complete, cohesive data set. She recognizes issues with sharing confidential data and ensuring data is not duplicated.
- Regarding Casewatch, Dr. Green said DHSP had a solicitation in process to replace it. Changes can still be made, if necessary, though he preferred to preserve funds to support the new system. While looking into options, he felt planning could be served sufficiently by each Part D provider offering its own data. Ms. Granados agreed.
- Mr. Halfman said the Office of AIDS (OA) had requested all the RSR data statewide for a project. HRSA seemed excited at the request as it was apparently rare. HRSA asked OA to do data use agreements with all the grantees which proved to be prohibitive due to the number of state grantees. He expected HRSA would also expect LAC to do data use agreements to get its own data across RW Parts, but that would be fewer grantees so might be feasible.
- Ms. Ogata noted HRSA's main purpose in collecting RSR data is to report to Congress on the overall RW system of care. RSR data does not provide health outcome information. For that, surveillance data is more informative.
- Ms. Sanchez reported UCLA receives approximately \$750,000 and LAC+USC approximately \$1 million in Part D funds. Realistically, dependence on Part D alone for the WICY population does not provide enough services. In particular, there are gaps in services not funded by either Part A or Part D as noted in the Women's Caucus Directives.
- Dr. Green said women are often perceived to underutilize RW, but partly that is due to their greater likelihood of using Medi-Cal. Surveillance data is more complete. It does not identify service categories, but does reflect health outcomes.
- Ms. Magaña asked about the use of exposed infant data. Dr. Green said it is collected by a Department of Public Health (DPH) staff who is part of DHSP. Its main purpose is to inform development of prevention programs and is reported to CDC twice per year. It could be reported to PP&A, if desired. Ms. Magaña felt it illustrated women's differing needs. Ms. Sanchez felt it also illustrated gaps, e.g., for a family unit with an exposed infant there is a social worker, provider, and high risk ob/gyn, but no nurse is available for home visits and mental health services are lacking. Exposed infants receive services from an Infectious Disease pediatrician and is followed for 18 months.
- Dr. Green noted Part D providers either already have or will shortly have a Part A contract for which they enter data into Casewatch. He will have staff look into the option of using Casewatch to collect and report Part D data as well.
- Mr. Halfman will forward his contact information for the RSR data staff to Dr. Green.
- Include in 2020 PSRA data review: exposed infant data, Part D provider data, and inclusive data from the nine Federally Qualified Health Centers (FQHCs) with DHSP contracts. FQHCs often provide services to families not otherwise reported. Staff will reach out to Part D providers for their data.

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

- Mr. Martinez called attention to the Recommendations in the packet. They were introduced at the October Commission meeting and presented for consideration of pertinent action steps at the October PP&A meeting. The goal is to lift up those most salient influences on today's PSRA and Directives to DHSP.
- He suggested Recommendations on page 7 pertaining to women as well as services for the most vulnerable such as those listed under MSM Item 3: treatment as prevention, social support efforts, housing, and mental health services.
- Dr. Green noted page 7, MSM Item 1 references DHSP's Vulnerable Populations Grant which was designed to be as nonspecific as possible to encourage innovation by agencies considered expert in interventions with those populations. However, except for addressing a few required Social Determinants of Health (SDH), proposals reflected little innovation so DHSP ended up funding services much like what has been funded before.
- Consequently, he recommended PP&A propose concrete examples of programs shown to be effective in engaging and retaining those communities. Such programs should be other than evidence-based in order to be truly innovative.
- Ms. Sanchez noted her agency was funded for a Vulnerable Populations grant, but DHSP's curriculum requirements were a barrier to innovation. The CDC or state hold an agency to outcomes, but not necessarily details of facilitation or how curriculum is developed. With DHSP, agencies may propose an innovative idea on paper, but development and execution of the curriculum tends to be stymied in working with program managers who do not share the vision.

- Dr. Green appreciated the feedback since Planning, Development, and Research (PDR) is not involved in actual contract negotiations. He had heard the negotiation process was not going well in some cases but was unable to learn exactly why. This indicates that when DHSP is putting out a solicitation with a focus on innovation it is important to work more closely with program managers and Contract and Community Services (CCS) to ensure everyone is on the same page.
- Dr. King asked about resources pertaining to page 5, Women and Girls, Item 2 concerning a PrEP Center of Excellence targeting women and their families, sexual and social networks. Dr. Green replied the DHSP contracts were awarded with consideration of geographic distribution. There may be more sites now that services are transitioning to the state PrEP-Assistance Program (PrEP-AP). Mr. Halfman added there is a state list with online mapping.
- Dr. King expressed concern about geographic gaps in provision of PrEP services. Dr. Green reported the PrEP solicitation was ongoing so any interested agency may apply. Agencies also must become a state PrEP-AP provider because DHSP is providing navigation services in conjunction with state PrEP services.
- ➡ Dr. King will discuss PrEP application requirements with Dr. Green in order to inform the next Medical Society meeting.

## 7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

### a. Fiscal Report

- Dr. Green noted Carlos Vega-Matos, MPH used to be CCS Division Chief. Three senior managers helped oversee a smaller portfolio with associated contract managers and program auditors. Only one half-time manager remains.
- Dave Young, prior Finance Division Chief, has also left. Remaining staff are trying to learn new areas of responsibility as soon as possible, but the level of institutional knowledge is less than was expected. PDR met with Finance staff the prior week and found Mr. Young used to compile the Fiscal Report himself with one key staff. The Report provided by Finance staff through September 2019 was not acceptable due to data gaps, e.g., what looks like underspending may be because an agency has not yet executed its contract or an agency has submitted no invoices for the year.
- PDR has explained to CCS and Finance Divisions the importance of keeping on top of contracted providers regarding, e.g., expenditures and invoice submittal. Progress was being made in contacting agencies that have not billed.
- DHSP senior management leadership turnover has traditionally been low so expertise was available to address the occasional absence. Now DHSP was working to recruit new qualified managers while cross-training remaining staff.
- ➡ Dr. Green anticipated being able to present a more reflective Fiscal Report by December 2019.

### b. Housing Services

- DHSP initially held monthly meetings with Housing For Health (HFH), but cut back to every other month as the program was doing very well. He has not been in the office for the past week, but the last he heard was that all slots were filled.
- If inventory is available, DHSP should be able to increase its investment in that service category.

### c. Medical Care Coordination (MCC) Training and Resource Guide: This project is on hold pending new CCS leadership.

## V. DISCUSSION

## 8. PLANNING, PRIORITIES AND ALLOCATIONS

### a. State Conflicts of Interest: Attendees identified their conflicts

### b. Planning Year (PY) 31 Service Category Prioritization

- Mr. Martinez reminded the body that priorities rank services per need regardless of funding source. The body engaged in robust discussion last month. Referring to the table in the packet, one notable change was moving Housing up to 1 from 2 and Ambulatory Outpatient Medical (AOM) down from 1 to 2. Other key changes were: Non-Medical Case Management up from 10 to 3; Emergency Financial Assistance (EFA) up from 8 to 4; Psychosocial Support Services up from 12 to 5; and Other Professional Services, in particular to support Legal Services, up from 21 to 14.
- These changes reflect the tenor of Women's Caucus Directives, BAAC Task Force Recommendations, data, and feedback over the past year that emphasized services that support people in engaging in care.
- Mr. Murray asked about reasoning for elevating Housing to 1. Mr. Martinez and Ms. Barrit noted consumers especially advocated for Housing as critical to maintaining care. Mr. Murray suggested the change could serve as an opportunity to advocate for the Los Angeles Homeless Services Authority (LAHSA) to elevate HIV in its Vulnerability Index since PLWH experiencing homelessness are less likely to access medications, be retained in care, and be virally suppressed.
- Mr. Ray suggested using the 1 ranking as clear messaging to providers who do not always see Housing's importance.

- Mr. Brown suggested a letter to the Board of Supervisors (Board) on LAHSA's Vulnerability Index. Ms. Barrit said, since joining the Commission in 2016, every set of Co-Chairs has submitted a letter on housing to the Board, LAHSA, and/or the Chief Executive Office. It remains a priority, e.g., Ms. Nelson is championing it under the Public Policy Committee.
- In addition, staff invited many decision-makers to attend the Annual Meeting. Among the many who attended were members of LAHSA Executive Director Peter Lynn's team. He also made time to meet with her a few days before.
- Requests in the past have raised the issue of changing the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and customizing the Coordinated Entry System (CES) to have a unique pathway for PLWH.
- There is also, however, a potential with RW and Housing Opportunities for Persons With AIDS (HOPWA) to prevent homelessness. She hears consumers relate a recurring theme that they just need a little help to remain stably housed. It is less expensive to maintain housing so it may be fruitful to address prevention providers and resources.
- Thomas Green suggested addressing the loss of HIV priority status once a PLWH transitions from HOPWA to a Housing Choice voucher (Section 8). Ms. Ulloa replied HOPWA works with four housing authorities to prioritize PLWH certificates for the Cities of Los Angeles, Long Beach, Pasadena, and the County of Los Angeles. PLWH who have transitioned to Section 8 utilize services under that program. Mr. Green, however, was concerned at the loss of priority as he needed to move for safety. The slow response was putting him at risk for homelessness.
- ➡ Ms. Ulloa will review Mr. Green's situation after the meeting to determine causes and options.
- ➡ The body adopted PY 31 priorities as decided at the last meeting, reflected on the table in the packet, and appended.

**MOTION 3:** Approve PY 31 Service Category Prioritization, as presented (***Passed by Consensus***).

**c. PY 32 Service Category Prioritization**

- ➡ The body adopted PY 31 priorities for PY 32 as decided at the last meeting, reflected on the table in the packet, and appended.

**MOTION 4:** Approve PY 32 Service Category Prioritization, as presented (***Passed by Consensus***).

**d. PY 31 Allocation Percentages**

- Mr. Martinez noted the draft allocations table in the packet. As with priorities, the body decided last month to allocate the same amounts for PY 31 and PY 32 with the understanding that allocations may be adjusted later as circumstances indicate. The body also chose to allow DHSP to allocate Part A and Minority AIDS Initiative (MAI) amounts per service.
- Notable changes were: Oral Health reduced from 19.05% to 12.00% due to increased Denti-Cal; Non-Medical Case Management increased from 5.77% to 8.60%; Child Care increased from 0% to 1.99%; EFA increased from 0% to 2.50%; Legal Services from 0.69% to 1.00%; and Psychosocial Support Services from 0% to 2.00%.
- Ms. Sanchez especially liked the addition of funding for EFA. Dr. Green reported DHSP will develop the Request For Proposals (RFP) once the Standards of Care (SOC) are completed.
- Dr. Green said DHSP requested \$9 million per year for five years in its Ending the HIV Epidemic (EtHE) application. HRSA is indicating requirements will be relaxed so it may be possible to use funds for services not previously fundable. He suggested a separate planning process for those funds since rules for use will differ from Part A/MAI.
- Dr. King expressed concern that Medi-Cal and Denti-Cal will attract sufficient providers because rates are low. Dr. Green felt they were sufficient. DHSP also just completed a solicitation to expand Oral Health Services for more complex procedures like endodontics and prosthodontics. He felt the network was robust.
- Dr. King also expressed concern about services heavily utilized by the growing aging population, e.g., Home and Community Based Health Services. Mr. Brown reported the Aging Task Force was developing recommendations.
- ➡ Mr. Murray requested utilization data in December, even if it is the same as from the July meeting.
- ➡ The body adopted PY 31 draft allocations as decided at the last meeting, reflected on the table in the packet, and appended.

**MOTION 5:** Approve PY 31 Allocation Percentages, as presented (***Passed by Consensus***).

**e. PY 32 Allocation Percentages**

- ➡ The body adopted PY 31 allocations for PY 32 as decided at the last meeting, reflected on the table in the packet, and appended.

**MOTION 6:** Approve PY 32 Allocation Percentages, as presented (***Passed by Consensus***).

**f. Review DHSP Updates to Ryan White (RW) Part A and Minority AIDS Initiative (MAI) Directives**

- ➡ The body will review the Directives document in the packet for the December meeting.

**g. Update Recommendations for RW Part A and MAI Directives:** This item was postponed.

**MOTION 7:** Approve Recommendations for RW Part A and MAI Directives, as determined (***Postponed***).

## VI. PRESENTATION

### 9. CITY OF LOS ANGELES

#### a. City of Los Angeles Consolidated Plan

- Ms. Ronquillo helps manage the Consolidated Planning Process on an annual and multi-year basis. The City is now in the second of a five-year cycle for four formula grants. She hoped her presentation and packet materials will prompt input for the 3rd year report to the federal government which will include progress on goals and information concerning necessary adjustments. Previously the City held three to five public hearings, but attendance was spotty. This year the City is spending more time going out to engage with existing meetings in the community.
- This presentation is meant to open an ongoing dialogue. The City will report back on what is used in the final plan.
- Feedback last year was that presentations were too detailed so this is simpler. More detail was available, if desired.
- Forty-five years ago, a series of entitlement grants were reconfigured, consolidated, and allocated to jurisdictions based on need. The City is the administrative entity for the four grants in one plan for this PY 45. Funds can be used for various development and preservation of affordable housing, as well as economic stabilization and growth projects.
- The four grants are: Community Development Block Grant, \$53.4 million; Emergency Solutions Grant, \$4.5 million; HOME grant, used to leverage other funding to develop affordable housing, \$26.2 million; HOPWA, \$18.7 million.
- Program income may be realized from a variety of sources, e.g., repayment of a loan or periodic rental payments. Funding is not dependable so is normatively allocated to one-time expenditures.
- Ms. Granados asked what constituted economic development. Ms. Ronquillo said that category covers a broad range such as incubators, healthy markets and food initiatives, business source centers to help small businesses build capacity for their businesses, and work source centers to act as clearing houses for people seeking employment.
- An online dashboard at [hcidla.org](http://hcidla.org) tracks the number of housing units being financed.
- ➡ Comments can be emailed to the address on the flyer or directly to Ms. Ronquillo. They are always welcome, but should be submitted promptly for inclusion in this year's annual action plan.
- ➡ Ms. Ronquillo will follow-up to see whether lending circles are allowed under federal requirements. They can reduce rent burden and help empower people by improving their credit score.
- ➡ Nury Martinez, Council District 7, directed diversion of some legal assistance funds for direct rental relief to help stabilize housing with a minimal amount of funds for rental assistance such as utilities to create a bridge to the new California law that will provide renter protection starting 1/1/2020. Ms. Ulloa will send information on this effort to Ms. Barrit. Making the process permanent could be a comment which might gain traction at this point.
- ➡ Ms. Ronquillo's next step is to prepare the draft Consolidated Plan for the Mayor. He is expected to release his proposed budget in mid-March. Ms. Ronquillo will keep Ms Barrit updated on developments.

## 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 4:03 pm.