



LOS ANGELES COUNTY COMMISSION ON HIV



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

Approved
11/19/2019

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
ason Brown, <i>Co-Chair</i>	Susan Alvarado	Alasdair Burton	Cheryl Barrit, MPA
Miguel Martinez, MPH, MSW, <i>Co-Chair</i>	Susan Forrest	Katja Nelson	Carolyn Echols-Watson, MPA
Raquel Cataldo	Thomas Green (<i>Alt. to Peña/LoA</i>)		Jane Nachazel
Frankie Darling Palacios	Diamante Johnson/ Kayla Walker-Heltzel		Julie Tolentino, MPH
Grissel Granados, MSW			
Carl Halfman, MS (<i>by phone</i>)	Anthony Mills, MD		DHSP/DPH STAFF
William King, MD, JD	Maribel Ulloa		Franklin Pratt, MD, MPHTM
Abad Lopez	Russell Ybarra		
Derek Murray			
Pamela Ogata, MPH			
Raphael Peña (<i>Full to T. Green</i>)			
aShonda Spencer, MD			

CONTENTS OF COMMITTEE PACKET

- Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 9/17/2019
- Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 8/20/2019
- Graphic:** How RWHAP Part A Improves Access and Services for People Living with HIV
- Training Guide:** Quick Reference Handout 3.1: Annotated Flow Chart of the Annual RWHAP Part A Planning Cycle
- Flyer:** Save The Date: Addressing Medical Mistrust in African American Communities: Implications for HIV and Other Conditions, 11/19/2019
- Table:** General Directives - Status Updates in Red, 8/20/2019
- Table:** Minority AIDS Initiative (MAI) Directives - Status Updates in Red, 9/17/2019
- Table:** Commission Member "Conflicts-of-Interest," Updated 9/1/2019
- Table:** Part D Women's Data, August 2018-July 2019
- Table:** RW Service Utilization, August 2018-July 2019
- Table:** Ryan White Program Clients, YR 28 (03/01/2018 - 02/28/2019), Los Angeles, California: Overlap across Client Characteristics among Women in the Ryan White Program (N = 1,792); Estimated HIV Care Continuum Outcomes among Women in Ryan White by Client Characteristics (N = 1,792); Utilization by Ryan White Service Category among Women in Year 28 (N = 1,792), 4/2/2019
- Table:** Ryan White Program Clients Living with HIV, YR 28 (03/01/2018 - 02/28/2019), Los Angeles, California: Overlap across

Ryan White Priority Populations in Year 28 (N = 15,747); Estimated HIV Care Continuum Outcomes across Priority Populations (N = 15,747); Utilization by Service Category among Ryan White Priority Populations in Year 28 (N= 15,747), 4/2/2019

13) **List:** Women's Caucus - Key Highlights and Ideas for Directives, 2019

14) **Table:** FY 2020 (PY 30) RWP Allocations Approved 9/12/2019, *Approved 9/12/2019*

15) **Table:** Los Angeles County Commission on HIV, Multi-Year Worksheet (PY 30-32), 9/17/2019

CALL TO ORDER - INTRODUCTIONS: Mr. Brown called the meeting to order at 1:08 pm.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION 1: Approve the Agenda Order with additions of Women's Caucus and Black African American Community (BAAC) Task Force discussion items under VI Discussion (***Passed by Consensus***).

2. APPROVAL OF MEETING MINUTES

MOTION 2: Approve the 8/20/2019 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

a. Review of Planning Process and Related County Processes

- Ms. Barrit reviewed the process using the graphic in the packet on flow of Ryan White funding from: Health Resources Services Administration (HRSA); to the Chief Executive Officer, here the Board of Supervisors (BOS); to the Planning Council (Commission); recipient (Division of HIV and STD Program [DHSP]); and, finally, to contracted service providers.
- Ryan White Part A funding to Los Angeles County (LAC) is \$40-45 million annually. HRSA does not release its formula for allocating funds among jurisdictions, but it likely uses incidence rates, demographic data, and poverty indicators. LAC receives the second largest Part A grant award after New York City. Part B goes directly to states. As a unique, integrated HIV prevention/care planning body, the Commission reviews other resources besides Part A including Part B.
- In addition to allocating resources, the Commission continually assesses needs and re-allocates resources, as needed.
- It is key to note clear demarcation of the Commission's role to assess the overall system of care from DHSP's role to contract and monitor specific service providers. Planning councils generally require members employed by funded providers to leave the room during Priority Setting and Resource Allocation (PSRA). In LAC, with guidance from County Counsel and HRSA, providers are permitted to weigh in as partners after declaring Conflicts of Interest.
- The Commission is also one of the few planning councils engaging in a multi-year planning process to compensate for the 18-24 month LAC contracting process. This process is new so will continue to improve with experience.
- HRSA's Quick Reference in the packet is part of training "Module 3: Participating in Your First Planning Cycle." It needs to be customized for LAC, but does provide an overview, in particular, of responsibilities specific to the Commission, to DHSP, and those that are shared. The latter typically come to PP&A, e.g., data review, hearing DHSP perspectives and recommendations on allocations, and PP&A debate on how best to meet the needs of the community.
- Ms. Barrit acknowledged some feel the process "rubber stamps" DHSP recommendations. She saw those sentiments as an opportunity to tangibly improve the process as well as training so that required DHSP input is seen as its legitimate contribution. She invited PP&A to lead an open conversation to provide feedback to staff and our DHSP partners.

6. CO-CHAIR REPORT

- Mr. Martinez noted some Commissioners, as has been the practice, had the opportunity to review the Ryan White application prior to its submission to HRSA. It would be valuable to again have Michael Green, PhD, MHSA present to PP&A.

- ➡ Ms. Ogata will relay the request for Dr. Green to present on the application once DHSP has received its Notice of Award and related technical review. DHSP responses, if any, to the technical review can then be included in the presentation.
- a. **Addressing Medical Mistrust in African American Communities: Implications for HIV and Other Conditions**
 - Mr. Martinez noted the flyer in the packet for this CHIPTS event on 11/19/2019, 8:30 am to 1:00 pm. The Co-Chairs encouraged people to register for this important event at St. Anne's Conference Center.
 - ➡ Agreed to move 11/19/2019 PP&A meeting time back to 2:00 - 4:00 pm to accommodate travel from the CHIPTS event to the Commission offices. Some car pools will be available. Snacks for the PP&A meeting will be provided.

V. REPORT

7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

a. Minority AIDS Initiative (MAI) Directives Update

- Mr. Martinez said Dr. Green reviewed General Directives at the 8/20/2019 PP&A meeting as noted in the Directives document in the packet, pages 2-9. Ms. Ogata continued document review, MAI Directives, pages 10-13, as noted:
 - ▶ *Page 10*
 - ↳ Ensure Blacks/African Americans are represented in HIV prevention messaging: *Focus groups for PrEP social marketing are ongoing.*
 - ↳ Recruit more Spanish-speaking service providers: *DHSP contracts promote services culturally and linguistically appropriate for populations served and program managers support that goal, this is also included in Request For Proposals (RFPs) and Los Angeles County HIV/AIDS Strategy (LACHAS) language.*
 - ↳ Utilize social network models, e.g., working with peers, to increase health literacy such as on biomedical tools: *Opportunity to rethink model in order to RFP new services including targeted populations.*
 - ↳ Revise all LAC forms to include two-step process for reporting gender: *Most forms already do. Some may not, but are outside DPH scope. DHSP will work on common variables via collaboration.*
 - ↳ Add new data table solely for transgender persons in HIV surveillance reporting: *HIV care continuums have been created for transgender people and data has been published. Request other data, as desired.*
 - ↳ Develop estimates of PrEP cascades for each targeted population to inform specific activities: *Already developed and will be updated as part of continued LACHAS efforts, likely by early 2020.*
 - ▶ *Page 11*
 - ↳ Educate targeted populations about PrEP and nPEP using peer-based network approaches and/or community level interventions: *DHSP has conducted hundreds of provider detailing sessions to increase guideline awareness. DHSP also won a competitive demonstration project, Component B, attached to its Centers for Disease Control and Prevention (CDC) Prevention Flagship Cooperative Agreement. It will use funds to work with providers to increase viral suppression by improving infrastructure with surveillance data to identify and assist less effective providers; and sponsor community trainings and social marketing on U=U and PrEP. The state has taken over much of LAC's PrEP navigation work using LAC funds. DHSP is working on an application for a recently released five-year Ending the Epidemic (EthE) grant on innovative programming and infrastructure development, e.g., to improve linkage to care across the continuum. Once initial applications are submitted, PP&A may offer feedback on enhancing the final program.*
 - ↳ Implement developmentally responsive services for YMSM of Color: *Need program to operationalize.*
 - ↳ Expand integrated HIV/STD services: *Done; and ongoing with additional HIV/STD Testing RFP proposals currently under review. The RFP includes multiple categories such as traditional STD screening and testing services with referral to PrEP, traditional HIV testing services, new sexual health express clinic category for innovative rapid service and linkage, and social network testing to expand providers from the current one.*
 - ↳ Require engagement of young people in development of services that target YMSM and other youth: *Ongoing, e.g., Vulnerable Population services include youth and require Consumer Advisory Boards (CABs).*
 - ↳ Evaluate HIV testing sites undercover, such as secret shopper, to determine developmental and cultural responsiveness: *Noted.*
 - ↳ Expand HIV prevention programming that addresses Social Determinants of Health (SDH): *DHSP began this with development of current Vulnerable Populations program and is planning an RFP for new services.*
 - ↳ Conduct analysis of HIV surveillance data to understand viral suppression across subpopulations of youth to inform programming: *Focus of Component B, CDC Prevention Flagship Cooperative Agreement, noted above.*
 - ▶ *Page 12*

- ✎ Increase access to Ryan White services through culturally responsive community settings to support engagement, retention, and treatment adherence: Component B will fund a pamphlet on Ryan White services and postings on various websites. DHSP also plans a full-day training for Medical Care Coordination (MCC) providers on how to better access services.
- ✎ Train DHSP-funded workforce on provider bias: Incorporated in MCC training noted above which includes trauma-based care. Community quality improvement training under Component B addresses provider bias.
- ✎ Capacity building to infuse harm reduction model into HIV prevention and care services: DHSP was looking into how to use contingency management in programming, but does not yet have activities/programs.
- ✎ Train DHSP-funded workforce on harm reduction model with practical application on working in a non-stigmatizing way with People Who Inject Drugs (PWID): Future activity.
- ✎ Educate PLWH on how to use/access services, client/patient rights, and grievance process: Trainings as noted. These topics are also discussed at the Regional Quality Group, Medical Advisory Committee, MCC trainings, and Component B trainings.
- ▶ *Page 13 - Housing*
 - ✎ Collaborate with housing stakeholders on a coordinated plan to increase availability of affordable housing for PLWHA: Already collaborating; mandated for all grant applications being submitted by DHSP.
 - ✎ Integrate MCC and other Ryan White services in Department of Health Services (DHS) Housing For Health (HFH) Intensive Case Management Program to provide full range of services for clients who meet eligibility criteria for permanent housing, interim stabilization housing, and interim recuperative housing: Can be future discussion while, for now, the two programs can work together.
 - ✎ Recognize importance of customized housing transition plans to meet each client's social and health needs, and use Ryan White funds to extend housing services at least six months past HRSA's 24 month guideline to facilitate linkage and viral suppression: The Part A recommendation is 24 months or less, but has no deadline. HFH can fund a client once Ryan White runs out if transition to other payer sources has not yet been possible.
 - ✎ Establish coordinated, DHSP-led Emergency Financial Assistance (EFA) Program modeled after medical transportation program: DHSP needs to evaluate feasibility of an EFA Program.
 - ✎ Provide full range of housing services under Ryan White to eligible clients (permanent supportive housing, transitional housing, emergency shelter): Being done through: HFH (permanent supportive housing with intensive case management, and emergency rental subsidies being developed to avert loss of housing); Residential Care Facilities for the Chronically Ill (RCFCIs); Transitional Residential Care Facilities (TRCF); as well as housing for substance users through Substance Abuse Prevention Control (SAPC).
 - ✎ Address under-/unemployment needs in Ryan White-funded programs: DHSP recognizes importance of economic stability, asks providers to consider it in program development, and is considering it for new services as part of EthE conversations. Feedback from the body called attention to limits on hiring case managers due to a criminal record or less than a bachelor degree with specific majors versus experience.
 - ✎ Establish Memorandums Of Understanding (MOUs) with employment, job training agencies, and programs that promote self-sufficiency and DHSP-contracted agencies: Agencies would establish any such MOUs, but Ms. Barrit noted DHSP might leverage its resources..
- Ms. Ogata noted currently MAI supports Medical Case Management, Non-Medical Case Management, and Housing. Some of General Directives pertaining to Medical Case Management would also pertain to the service under MAI.
- In addition to highlights of the MCC program, the MCC training will include a review of all Ryan White services, where they are, and how to access them. Training was expected by early 2020 at the latest.
- Mr. Martinez noted MCC training has been raised for some six months so delaying another four months to provide information on using a resource was a long time. He suggested expediting it or doing a preliminary memorandum. Dr. Spencer added some underspending may be due to not knowing about services. She suggested a refresher every six months on the basics for new staff since there is significant MCC staff turnover.
- Mr. Lopez asked about workshops for consumers. Ms. Ogata said DHSP does not have any scheduled specifically for consumers, but does have information posted on its website and is improving visibility of that page. DHSP's pocket guide, anticipated early in 2020, will be helpful. Dr. Spencer said providers post information about grievances, but the Consumer Caucus could be very helpful in disseminating information.
- ➡ Ms. Ogata will look into possibly providing a preliminary MCC memorandum and/or moving up training to November.
- ➡ As with General Directives, MAI Directives updates will be added in red.

VI. DISCUSSION

8. DISCUSSION

a. **State Conflicts of Interest:** Attendees stated their conflicts.

b. **Women's Caucus**

- Dr. Spencer noted the Caucus met 9/16/2019 and reviewed data in the packet. The two Part D clinics only serve 558 of the 1,792 women served by Ryan White. About 30-40% of the LAC+USC Maternal, Child & Adolescent/Adult (MCA) patients receive Part A funding for medical care with the rest funded by Medi-Cal. University of California, Los Angeles (UCLA) does not receive Part A. Part D pays for 7-10% of medical care with the rest via Medi-Cal or private insurance.
- Comparing utilization and viral suppression data shows that women do better when they utilize wrap-around services. Dr. Spencer surveyed 102 out-of-care women at MCA. The top four unmet needs they listed were Housing, Transportation, Benefits Specialty, and Mental Health/Substance Abuse.
- Ms. Granados continued it was important not to stop at the indicator of viral suppression, but to hear directly from women living with HIV and providers serving them about their needs. While the level of funding will not reach that of other populations, the Caucus wanted to identify directives and opportunities for allocations that meet the need.
- Dr. Spencer added that few MCA patients meet eligibility criteria for MCC because their acuity level is not high enough even though they would benefit from the services. A small proportion of women access those MCC services, most commonly if she signs an over-ride. MCA also often uses its other social workers/case managers to provide services.
- Mr. Martinez wondered why there was much lower Mental Health utilization in Part A than in Part D. Dr. Spencer said MCA is a one-stop shop and it pays for its own psychiatrist. Ms. Ogata added Mental Health services via Department of Mental Health (DMH) have expanded. Since Ryan White Part A is a payer of last resort, more people are now eligible for DMH services. Mr. Martinez, however, replied that PLWH cannot always meet eligibility requirements and drop out.
- Dr. Spencer reviewed the list of 15 recommendations in the packet.

➡ Add list of recommendations as addendum to minutes as well as retaining in packet.

c. **Black African American Community (BAAC) Task Force**

➡ Agendize for 10/15/2019 meeting.

d. **Program Year (PY) 31 and 32 Service Category Prioritization**

➡ Agendize for 10/15/2019 meeting.

MOTION 3: Approve PY 31 and PY 32 Service Category Prioritization, as determined (*Postponed*).

e. **PY 31 and 32 Allocation Percentages**

➡ Agendize for 10/15/2019 meeting.

MOTION 4: Approve PY 31 and PY 32 Allocation Percentages, as determined (*Postponed*).

VII. NEXT STEPS

9. **TASK/ASSIGNMENTS RECAP:** There were no additional items.

10. AGENDA DEVELOPMENT FOR NEXT MEETING:

➡ Extend 10/15/2019 meeting to 1:00 to 4:00 pm.

VIII. ANNOUNCEMENTS

11. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** Dr. Pratt announced Governor Gavin Newsom signed SB 276, reducing grounds for vaccine medical exemptions for minors; and SB 714, a companion bill to clean up language.

IX. ADJOURNMENT

12. **ADJOURNMENT:** The meeting adjourned at 3:05 pm.