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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> ORG • VIRTUAL WEBEX MEETING

*Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.
Approved meeting minutes are available on the Commission’s website; meeting recordings are available upon request.*

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

March 15, 2022

COMMITTEE MEMBERS			
P = Present A = Absent EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	William King, MD, JD	P
Al Ballesteros, MBA	A	Miguel Martinez, MPH, MSW	P
Frankie Darling Palacios (LOA)	A	Anthony M. Mills, MD	P
Felipe Gonzalez	A	Derek Murray	P
Bridget Gordon	P	Jesus “Chuy” Orozco	P
Joseph Green	P	LaShonda Spencer, MD	A
Michael Green, PhD, MHSA	P	Damone Thomas	P
Karl T. Halfman, MS	P		
COMMISSION STAFF AND CONSULTANTS			
Carolyn Echols-Watson, Jose Rangel-Garibay			
DHSP STAFF			
Pamela Ogata, and Jane Rohde Bowers			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission’s website. Click [HERE](#).

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Kevin Donnelly Committee Co-Chair, called the meeting to order at approximately 1:05 PM. Members and attendees introduced themselves.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

Motion #1: Approved the Agenda Order. **(Passed by Consensus)**

2. APPROVAL OF MEETING MINUTES

MOTION #2: The Committee approved the February 15, 2022, meeting minutes. Minutes can be amended up to 1 year after approval. **(Passed by Consensus)**

II. PUBLIC COMMENT

3. Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.

Lazara Paz-Gonzalez, member of the Facente Consulting for the California Department of Public Health (CDPH), Office of AIDS (OA) announced the first CDPH Integrated Strategic Plan Statewide Town Hall event. It will be held virtually on March 18, 2022, from noon to 2pm PST. People will have an opportunity to hear about the Statewide Strategic Plan: approach, process, strategies, and timeline as well initiatives implemented at the state level. Statewide structural changes will be shared by presenters from collaborating state departments (such as behavioral health, housing, and Medi-Cal). Attendees will be encouraged to engage and provide thoughts and suggestions on how to move forward. The following is the registration link for the townhall.

<https://us06web.zoom.us/meeting/register/tZEkdOqvrTsiGtJ0lq2cDAZJjcDNUKebDHHS>

III. COMMITTEE NEW BUSINESS ITEMS

4. Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

There were no new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. **Committee Updates**

No updates provided.

Comprehensive HIV Plan (CHP)

No report given.

6. CO-CHAIR REPORT

a. **Co-Chair Nominations/Elections**

K. Donnelly attempted to encourage Damone Thomas to become a Co-Chair of the Committee. Damone is now an Executive At-Large. Mr. Thomas noted his commitment to the Consumer Caucus, Operations, Executive and PP&A Committees. As an Executive At-Large member his committee assignments are now Operations and Executive.

The Committee remains in need of a Co-Chair. K. Donnelly appealed to the members of the PP&A Committee to step up to leadership position and join him in this important role.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

- a. **The Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32 Status Updates**

DHSP had no additional information on the progress of items # 9 and 10 on the Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32 Status Updates.

Dr. Green did provide an update on PY 31 expenditures. DHSP anticipates Part A funds to be fully expended. The Minority AIDS Initiative (MAI) is anticipated to have a \$200,000 carryover from Program Year (PY) 31 to PY 32.

Dr. Green noted, there is no final award for PY 32 to date. DHSP anticipates an award notice by May 2022. The award will provide a 36-month allocation. Health Resources and Services Administration (HRSA) will not require a funding application for three program cycles. The award amount for PY 32 is anticipated to be between \$41-43 million. There will be a requirement to submit progress/annual and budget reports and a program implementation plan. DHSP is awaiting additional information from HRSA. The 3-year planning cycle for PP&A should not be affected by administrative changes from HRSA and PP&A will still conduct reallocations as needed. The review of PY performance and expenditures will continue to be reviewed on an annual basis and reallocations may still be required annually.

DHSP confirmed the Committee/Commission can implement needs assessments for both care and prevention utilizing Center for Disease Control and Prevention (CDC) and Ryan White (RW) funds. The Commission may layout needs assessments for specific populations and service categories.

Dr. King and K. Donnelly will work with the Black Caucus to elicit their feedback on the revised directives. A few of the directives from the Black Caucus are already being addressed.

K. Donnelly noted he is trying to avoid duplication of work since some of ideas related to the program directives may also be outlined in the Comprehensive HIV Plan (CHP). He will work with AJ King to identify and organize important items for inclusion in the CHP.

Kevin Donnelly reviewed the upcoming DHSP solicitation list with the Committee. (The list is included in the meeting packet.) It was noted psychosocial services was not included on the list. Dr. Green noted the childcare services is ready to be sent to County Counsel for review and they hope to release the RFP in mid-May. DHSP will need to gather more information before tackling solicitations for psychosocial support services. Evaluation and transitional case management (TCM)-jails will be handled as a direct service order with the Department of Healthcare Services. The Biomedical services RFP closes today, March 15.

DHSP requested the Committee provide feedback in developing a Transitional Case Management service for people who are aging out of Ryan White because of their eligibility for Medicare. He mentioned this suggestion to the Aging Task Force as well.

Non-Medical Case Management is back on the list of solicitations as well as psychosocial support services. TCM for youth was described as youth with HIV who are transitioning from pediatric to adult care. TCM youth services may not need changes at this point.

DHSP noted Benefit Specialty Services (BSS) current structure may not meet the future needs of clients.

As client's eligibility for Medi-Cal expands, RW services may need to be rethought being the payer of last resort. The list of benefits in CA continues to grow, thus BSS need to take into account the growing number of public benefits in the State. Because RW is the payer of last resort, DHSP will need to count on agencies to do a better job of counseling clients around benefits outside of the RW system. This may require a revamp of the BSS program to handle the additional programs that RW clients may be eligible for.

M. Martinez noted the Prevention Planning Workgroup discussed making sure that the directives reflect strong language around prevention and articulate how prevention directives relate to care.

The Committee discussed status neutral approach to planning. Dr. Green note, taking a status neutral approach would lead to a more expansive prevention programming. For example, DHSP is looking at a status neutral approach to housing, mental health and substance use. Historically, RW has been the only funding available to people who already with HIV, hence, finding resources to provide services to high-risk negatives in certain service categories is important to operationalizing status neutral approach. Other jurisdictions in the country have done a good job with status neutral conversations and Los Angeles County (LAC) can learn from those communities. There are some webinars and manuscripts on the topic. Under the status neutral approach, prevention planning could be mean more than just testing and biomedical interventions. It fosters a conversation about the entire continuum of care and how different services are affecting each step in the continuum.

K. Donnelly stated that having additional conversations and learning around what a status neutral approach could look like in LAC and the Commission's planning process is warranted.

D. Murray inquired if the approach indeed shifts to status neutral, would this mean that the funding becomes less restrictive? Dr. Green replied the answer depends on HRSA. He added that the intent of the EHE funding is to expand the network of agencies providing prevention services. DHSP has been advocating to get more information from Part C, D and federally qualified centers on what they are doing to respond to HIV and how they can leverage their resources to provide services to higher risk patients they serve. However, they have had limited success in being able to engage on a regular basis with any kind of continuity. This could be a starting place for thinking through how to improve the overall prevention and care service delivery in LAC.

Carolyn Echols-Watson reminded the Committee that drafting the directives should align with the service priorities and allocations approved by the Commission. The directives are aimed at bolstering the service rankings and allocations. Hence, the directives should be linked to the hierarchy of services, funding allocations and how services are delivered. Who should receive the services? The Committee may also state a specific geographic area for service delivery. The directives are to DHSP on how to deliver the services.

J. Orozco noted that he will share and discuss the housing directives in the document to determine if his office could develop additional instructions to their housing providers. Housing is discussed under directive number 5.

M. Martinez suggested that directive #1 should remain but add the priority populations; for directive #2, request DHSP updates. He supported uplifting some of the recommendations from the Black/African American Community Task Force. Staff will include the BAAC recommendations status tracker at the next PP&A meeting to show how a few of the BAAC recommendations are being addressed; some items have been completed.

For #1: list priority populations highlighted in the local Ending the HIV Epidemic plan, and high need health districts and SPAs with unmet need or continues to highly burdened. The Committee discussed listing health districts and SPAs. Use the health district maps from DHSP Los Angeles County HIV/AIDS Strategy Report.

Dr. Green stated that DHSP has not had the capacity in surveillance to update data by health districts. The health district data is on their list to tackle. Dr. Green stated that surveillance data will always have a six-month lag, hence we will not always have the most current picture of the continuum data. D. Murray requested linkage, retention, viral suppression, care continuum data by health districts. This data would be helpful for PP&A's decision-making and justification for service prioritization.

V. DISCUSSION

8. PREVENTION PLANNING WORKGROUP

M. Martinez reported that PPW now has 2 additional Co-Chairs: Dr. King and Greg Wilson. The Co-Chairs met to discuss recentering the group around the purpose of creating the PPW which is to ensure that there is a strong prevention lens in the Commission's planning efforts. For the April meeting, the PPW will discuss what are the ways that we can establish a baseline on the COH's understanding and comfort in engaging in prevention-focused conversations. How do we do more status neutral service planning as a body? Another item for PPW discussion is looking at the current directives to ensure that they are updated, fully inclusive, and centers prevention alongside with care. There will be no PPW meeting in March due to support staff issues. Next meeting will be on April 27 from 5:30pm to 7:00pm. M. Martinez acknowledged DHSP's support in encouraging prevention providers to attend and engage with the PPW.

M. Martinez cautioned people about the use certain words like "choice" when talking about prevention or high-risk groups. People are often marginalized because of their identity. He stated the importance of thinking about people's lived experiences and to make sure we are not using language that blame individuals for their choices. Prevention is influenced by historical trauma, disinvestments in our priority populations, like transgender community, women of color and youth, and communities that do not have autonomy over their own bodies. It should not be a surprise why these communities are high on the list of communities we need to serve.

D. Thomas stated a need for broader thinking to provide education and prevention to all sexually active individuals.

Alasdair Burton inquired if anyone in the Committee or DHSP is aware of any data around seroconversion as a result of a single act of unprotected sex. He felt that this type of data might be useful to understand data around those who are sexually active and may not consider themselves to be at high risk for HIV

acquisition. Dr. Green noted that risk is self-reported and we may not know the answer to the question.

9. COMPREHENSIVE PROGRAM DIRECTIVES TO DHSP

a. Ryan White Part A, MAI, and Prevention Programs-- *Discussion reflected under item 7.*

VI. NEXT STEPS

10. Task/Assignment Recap

- Request status reports from DHSP on health district data.
- DHSP will provide virtual suppression data
- Committee to provide feedback on psychosocial support services
- K. Donnelly will work with staff to prepare for next discussion on directives.
- Continue to encourage Committee members to fill second PP&A Committee Co-Chair seat.

11. Agenda Development for the Next Meeting -- *See Tasks/Assignment Recap.*

VII. ANNOUNCEMENTS

12. Opportunity for Members of the Public and the Committee to Make Announcements

There were no announcements.

VIII. ADJOURNMENT

a. Adjournment:

The meeting was adjourned by K. Donnelly at approximately 2:40PM. The meeting was adjourned in acknowledgement of Carolyn Echols Watson's retirement and service to the PP&A Committee, the Commission and the County.