



# LOS ANGELES COUNTY COMMISSION ON HIV



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## PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES November 27, 2018

**Approved  
12/18/2018**

PP&A MEMBERS PRESENT	PP&A MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, Co-Chair	Ricky Rosales	Stephen Borum	Cheryl Barrit, MPIA
Jason Brown, Co-Chair	LaShonda Spencer, MD	Alasdair Burton	Carolyn Echols-Watson, MPA
Frankie Darling Palacios	Russell Ybarra	Laura Castillo	Jane Nachazel
Susan Forrest		Joseph Green	Doris Reed
Grissel Granados, MSW	<b>PP&amp;A MEMBERS ABSENT</b>	Lee Kochems, MA	Julie Tolentino, MPH
William King, MD, JD	Diamante Johnson	Bradley Land	Sonja Wright, MS, Lac
Abad Lopez	Anthony Mills, MD	Janelle L'Heureux, RD	
Miguel Martinez, MPH, MSW	Raphael Peña	Katja Nelson	<b>DHSP/DPH STAFF</b>
Derek Murray	Rebecca Ronquillo	Tonya Washington-Hendricks	None additional
Pamela Ogata, MPH	Yolanda Sumpter		
Deborah Owens Collins, PA-C, MSHCA, MSPAS, AAHIVS			

### CONTENTS OF COMMITTEE PACKET

- Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 11/27/2018
- Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 10/16/2018
- Table:** Los Angeles County Commission on HIV 2019 Work Plan (WP) Template, Draft/For Review, Committee/Subgroup Name: Planning, Priorities and Allocations (PP&A), 11/27/2018
- PowerPoint:** Bienestar, Nutrition Support Program, 11/27/2018
- PowerPoint:** APLA Health, Necessities of Life Program (NOLP), 11/27/2018
- Flyer:** Summer Smoothies
- Spreadsheet:** Ryan White Part A, MAI Year 28 and Part B YR 18 and other Fiscal Year 18/19 Funding Expenditures by Service Categories, 11/27/2018
- Table:** Planning, Priorities and Allocations (PP&A) Committee, Ryan White PY 28 Ideas for Maximizing Grant Funds (Contingency Measures), 11/27/2018
- Policy:** Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, Policy Clarification Notice (PCN) #16-02 (Replaces Policy #10-02), Revised 10/22/2018

**CALL TO ORDER:** Mr. Brown called the meeting to order at 1:12 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 10/16/2018 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:** Mr. Green offered Happy Holidays to all.

**III. COMMITTEE COMMENT**

- 4. NON-AGENDIZED OR FOLLOW-UP:** Follow-up on options to increase expenditures were referred to the DHSP Report.

**IV. REPORTS**

**5. EXECUTIVE DIRECTOR REPORT:**

- a. **2019 Committee Work Plan:** Ms. Barrit noted the updated Work Plan in the packet reflecting suggestions and core responsibilities. Work Plans are now a standing item on all Committee agendas. Continued suggestions are welcome.
- b. **Los Angeles County HIV/AIDS Strategy (LACHAS):**
  - Ms. Barrit noted the first annual LACHAS update will be 11/29/2018, 10:00 am, at the Music Center. Several Commissioners will play a role in describing Commission outreach efforts to various communities and Health Districts (HDs). DHSP colleagues will describe their efforts with the Department of Public Health (DPH).
  - ➡ Staff will resend the LACHAS update flyer. Community members and clients are welcome to attend.

- 6. CO-CHAIR REPORT:** There was no report.

**V. PRESENTATIONS**

**7. NUTRITION SUPPORT PROGRAM:**

- a. **Bienestar:**
  - Ms. Castillo presented a PowerPoint with an overview of the nearly 30-year-old Bienestar and a more in-depth review of its Nutrition Support Program. Not all of the six service sites offer all services.
  - The Food Bank is at the East Los Angeles site. Open Tuesdays and Thursdays, it may serve a client on Wednesdays if transportation issues warrant. Recurring clients receive food monthly, but can pick up half on two separate days in a week to ease transportation. Food may also be picked up for the client, e.g., by a family member or case worker. Bienestar can also enroll clients for a Transit Access Pass (TAP) card. Emergency food is available once per 12 months.
  - Food provided includes beans, dairy, fresh produce, seasonal vegetables, and meats. In addition to food, provisions include toiletries like toothpaste and body wash, paper products like toilet paper, and other essentials like detergent.
  - The intake form allows clients to check off wanted items per visit, e.g., they may have allergies, or get items elsewhere. Community Advisory Board (CAB) meetings and staff provide feedback on client interest in adding or increasing items.
  - Approximately 90% of Food Bank clients are referred internally, e.g., from syringe exchange which is also on site.
  - Bienestar added a Registered Dietician (RD) this September for 8 hours on Tuesdays. The goal is for all clients to have one-on-one sessions with 42% done to date. The RD also offers a community platform, e.g., cooking demonstrations.
  - Ms. Forrest noted her transitional housing program lacks storage when everyone picks up food at once. Ms. Castillo replied clients are entitled to 12 to 14 bags of food a month, but can arrange to pick it up in segments, if necessary.
  - Regarding the budget "Other" category, the \$10,640 is for general supplies like gas for the van's weekly food pick up.
  - Ms. Ogata asked how many more HIV+, food insecure clients could be served if the income cap was raised from 200% to 500% FPL. Ms. Castillo replied there are 52 PLWH enrolled to date with a contract cap of 79. That could be increased to 200 with current staff of one food bank coordinator and one part-time RD. More staff and operating more than twice a week could serve some 400 clients. The greatest need is for those with incomes <300% FPL.
  - More funding could also increase ongoing RD nutrition support and increase food quality with other food sources.



- The 137 emergency food clients to date were not eligible for recurring Food Bank services for a variety of reasons. There is no breakdown now by HIV status or other factors due to the contract focus on those eligible, but Ms. Castillo hoped to develop more information on the population in future to ensure they are referred to pertinent services.
- Bienestar does not have a transportation budget item, but helps as much as possible, e.g., accompanying a person to a TAP card medical evaluation, loading funds onto an existing TAP card, or transporting food to a more convenient clinic.

**b. AIDS Project Los Angeles (APLA) Health:**

- Ms. Washington-Hendricks, Program Manager, and Ms. L'Heureux, RD, presented a PowerPoint on APLA Health's Necessities of Life Program (NOLP) which funds eight food pantries across every Service Planning Area (SPA) except 7, served by Bienestar. Sites in SPAs 4, 6, 8, and 2 are staffed by APLA Health. The latter site, in North Hollywood, includes the 7,000+ square foot warehouse with a racking system. The other four sites are in collaboration with other providers.
- NOLP stresses education on the benefits of food and nutrition. A full-time RD and two nutrition coordinators host cooking demonstrations, nutrition classes in English and Spanish, and one-on-one nutrition screening for clients who need more help. To access NOLP, clients normatively meet with either the NOLP RD or the RD at the client's clinic.
- Provisions run the gamut of what someone might buy: dairy, fresh fruit and vegetables, meat, fish, chicken, cereals, tofu. Ms. L'Heureux helped develop the Commission's first Standards of Care (SOC) on nutrition in 2005 which still dictates kinds of food distributed including at least 1,000 calories a day, which NOLP exceeds, as well as minimum monthly servings, also met, of greens, orange, dairy, whole grain, other grain, protein, and high quality protein.
- Ms. L'Heureux said NOLP provides education classes including for national health observances, e.g., on diabetes. She is also a preceptor for dietetic interns in Los Angeles County (LAC) who assist with client one-on-one counseling, classes, and cooking demonstrations. Last year, approximately 100 people were seen individually and 1,000 took classes.
- Clients are selected as guest chefs two or three times a year to cook with NOLP food at the various sites. This powerful experience shows others that they can do it, too. Clients may return things unfamiliar to them so staff takes that into consideration in developing nutrition education classes, cooking demonstrations, and recipe brochures.
- Ms. Washington-Hendricks noted people often suggest giving clients food cards. While both cards and NOLP are meant to be supplemental, cards cannot replace the \$740,000 in donated food NOLP retrieves from markets including fresh produce, meats, eggs, cheese, and most canned goods. NOLP purchases another \$243,000 of food to ensure SOC's are met including specially cut meats, chicken, salmon, tilapia, yogurt, and an occasional special buy of a canned item.
- As with Bienestar, most clients are male (82%) with 16% women and 2% transgender persons. The largest client pool overall is at the David Geffen Center, but Lancaster sees the highest percentage of women at 40% of the 60+ clients. In declining order, the next largest concentrations of women are in SPAs 3, 5, and 6.
- Ms. Washington-Hendricks noted NOLP was asked to share barriers:
  - ▶ Clients especially identify the amount of paperwork. NOLP attempts to streamline requirements by combining items, e.g., proof of income and of address can both be satisfied by a bank statement.
  - ▶ The siloed nature of Casewatch data management means providers cannot assess clients' referral needs.
  - ▶ Casewatch requirements prohibit dietetic intern access even though they see clients, host classes, and do one-on-one screenings. Instead, the RD has to do data entry for the interns.
  - ▶ Growing traffic has impacted deliveries so pantries now open at 10:30 rather than 9:00 am and stay open later.
  - ▶ Absence of a coordinated referral system, e.g., loss of Non-Medical Case Management (NMCM), appears to have reduced referrals. The need for free food has not declined so other system factors must be impacting referrals.
- Ms. Ogata asked what aspects of NMCM might have supported referrals. Ms. Washington-Hendricks felt there was more focus on food and nutrition programs previously. Clients now deal with so much more that food gets lost. Psychosocial Case Managers also did more follow-up than people have time to do now with more turnover resulting in lack of staff awareness of available services. Ms. Forrest added, while apparently it did not impact Viral Load (VL), Psychosocial Case Managers and other programs at the time were client-centered. They built relationships with clients, could remind them nutrition was important, and they were worth it. It is not replicable through outreach and referral.
- Ms. L'Heureux has received referrals from agencies after outreach to various clinics, but paperwork is incomplete. Often agencies have trouble collecting it because the client may not return for another month and may not bring in redundant documentation like an HIV diagnosis. Ms. Washington-Hendricks added NOLP now offers to enroll at clinics.
- Mr. Ballesteros asked about clients who do not want to see an RD. Ms. Washington-Hendricks said that often happens but, in retrospect, clients are grateful for what they learn. Regardless, everyone in need will receive food one time. Ms. L'Heureux said another option is for a client's physician, Physician Assistant (PA), Nurse Practitioner (NP), or Registered Nurse (RN) to draft a letter or use her form to confirm client nutritional health goals and a plan of action.



- Mr. Ballesteros also asked about food distribution geographic gaps. Ms. Washington-Hendricks felt SPA 1 was notable for its long distances and poor public transportation, but will also poll staff. She added the same NOLP services are available at all of their sites so a client can shop wherever it is most convenient.
- Ms. Forrest said lack of storage at her transitional housing program leads to both food stealing and food going bad as over-stuffed refrigerators stop working. She suggested offering twice weekly pick-ups. Ms. Washington-Hendricks said NOLP changed pick-ups from every two weeks to weekly and has no client feedback for greater frequency. NOLP also started a min-farmers market in the David Geffen Center parking lot with excess donated produce and it is well attended. Comment cards generally request more meats, produce, eggs, cheese, and yogurt, but less canned goods
- Dr. Spencer underlined the paperwork issue. She had signed three diagnosis forms for one client that day. Ms. L'Heureux added keeping track of paperwork is a particular problem for homeless clients and can block service access.
- Mr. Burton asked if donated food is within its sell by date or has passed it, but is still good. Ms. Washington-Hendricks replied types of donated items include: incomplete packages, e.g., of water bottles; quality produce, perhaps slightly bruised; juice approaching the sell by date; or baked goods. Ms. L'Heureux noted sell by dates are set by manufacturers for optimal quality, but do not indicate a lack of safety. Dates are addressed in nutrition education classes.
- ➡ Ms. Washington-Hendricks will follow-up with their director and other staff on other possible distribution gaps. Commission staff will coordinate information on geographic gaps from Bienestar and APLA Health.
- ➡ Ms. Castillo and Ms. Washington-Hendricks will collaborate on how to better coordinate services, e.g., intern work.

## **VI. UPDATES**

### **8. DIVISION OF HIV AND STD PROGRAMS (DHSP) UPDATE:**

#### **a. Housing Services:**

- Ms. Ogata provided an update on implementation of Permanent Supportive Housing (PSH) and rental subsidy services through Housing For Health (HFH), Department of Health Services (DHS). DHSP has had three meetings with HFH and Ms. Ronquillo since the last PP&A meeting to try to finalize the process for referrals into the new program.
- DHSP referrals will be via Medical Care Coordination (MCC) and Linkage and Referral Program (LRP) providers to Housing Opportunities for Persons With AIDS (HOPWA) regional offices. Staff from four of the six offices trained in DHSP's computer room on HFH's data entry system, Client Housing Access Monitoring Program System (CHAMPS).
- DHSP will post a referral process notice on its website's contractors' page once it completes compiling regional center contact information. HIV+ clients will be referred to a HOPWA regional office to be assessed for eligibility for other housing services. If none, regional office staff will enter the referral into CHAMPS. HFH staff will review the CHAMPS report and then forward it to one of their contracted agencies: Alliance for Housing and Healing, Los Angeles LGBT Center, or Tarzana Treatment Centers. Enrollment has started and DHSP has received its first program invoice.

#### **b. Fiscal Update:**

- Ms. Ogata reviewed the expenditures report in the packet. The Part A summary has been updated to correct service category priority rankings. The summary presented at last month's meeting listed 2019, not 2018, rankings.
- Invoices reflected are through 9/30/2018. Projections through the end of the year are based on invoices submitted to date and may vary for multiple reasons such as submittal of large, unanticipated invoices in a service category.
- The \$34,159,529 direct services subtotal reflects 10% in administrative expenses allowed by the Health Resources and Services Administration (HRSA). HRSA also legislatively requires spending 3%-5% of the award for Quality Management (QM). That is now 3%, but DHSP increased QM activities in 2018. If the percentage increases, there will likely be more Part A costs that can be shifted to help expend Minority AIDS Initiative (MAI) funds. DHSP expects to maximize Part A.
- Part B is funding from HRSA through the state. DHSP will maximize the \$5 million allocated to Housing Services.
- DHSP received approval from HRSA to roll over the remainder from Year 27 to add to the Year 28 award. At a minimum, the goal is to spend down Year 27 funds of \$3,158,373. Case Management allocations will be exceeded. Current MAI Housing Services projections are just \$600,000, but excess Part A expenditures can be moved to MAI. HRSA considers all Housing Services the same for expenditure purposes so they can be readily shifted. Such shifts will be made in closing the LAC books on 6/30/2019 so final shifts will be identified by August 2019.
- Ms. Castillo noted significant allocations to MCC, but many of her clients are unaware of MCC and return to Community Based Organizations (CBOs) seeking help, e.g., to link with services. She was concerned MCC had absorbed funding while CBOs continued to try to meet service needs. Ms. Ogata replied everyone in the system should publicize MCC. DHSP physicians also do academic detailing at non-DHSP providers to inform them about services and pertinent issues.



- Mr. Martinez noted Michael Green, PhD, MHSA was going to report back on removing taxi restrictions and Kroger grocery store cards. Ms. Ogata replied clients can use taxis to go to multiple places now, rather than just round trips from home, but the series of rides needs to be pre-arranged by an agency. Redevelopment of Transportation Services is currently under discussion at DHSP. Options include incorporating it into all service categories or centralization.
- Augmenting services now would require changing contract language, but Mr. Martinez noted providers vary widely in their interpretation of contract language so a clarification could expand use. He also suggested augmenting existing MCC contracts for the next three months for clients to pick up food, go to the HOPWA office, et cetera. Ms. Ogata said that may require approval from the Board of Supervisors (BOS) based on whether MCC has a transportation line item.
- Mr. Brown said the clinical director at his last CAB meeting said the transportation budget was expired for the year. Ms. Ogata replied DHSP was no longer purchasing bus tokens. Agencies that used them in the past will need to decide what else they may choose to provide their clients, e.g., bus passes, taxis, or TAP cards.
- Regarding Kroger cards, Messrs. Martinez and Ballesteros related this proposal was for a one-time purchase for MCC teams to distribute in December, January, and February as incentives. Mr. Ballesteros added there was also discussion on augmentation of Food Bank budgets, raising the FPL limit, and addition of dental implants to absorb underspending.
- Dr. Spencer noted many clients may not meet MCC criteria, but would be helped by the extra support of a Kroger card. She noted other systems use Uber and/or Lyft. The RWP needs to keep current to best support patients.
- Ms. Ogata reported that for this year: Oral Health has been expanded to its maximum authority; Food Bank has been recently augmented or is in the process; and Home-Delivered Meals has been recently augmented. DHSP has nearly completed review of every Ryan White Program (RWP) service category. It was also reviewing services funded through the Centers for Disease Control and Prevention (CDC) Flagship Grant for HIV that might be shifted into the RWP grant, e.g., Prevention for Positives services or moving integrated HIV/STD testing into RWP Early Intervention Services.
- Mr. Martinez called attention to the database issue noted earlier. Ms. Barrit replied that while it is not a service per se, it does impact services. In addition to PP&A, the Standards and Best Practices (SBP) Committee has also addressed it as has the Operations Committee, especially in the Assessment of the Administrative Mechanism (AAM).
- Ms. Ogata noted DHSP had asked for Consumer Caucus feedback on use of eligibility cards. Ms. Barrit said the Caucus began the discussion and will do a survey. A key issue was whether it would actually reduce redundant paperwork while maintaining confidentiality. At a minimum, it used to be possible to see if a client was in care elsewhere.
- ➡ Add expenditure projections to agenda pertaining to lifting Federal Poverty Level (FPL) for food/nutrition and oral health/implants in order to better track progress.
- ➡ DHSP will send a clarification to providers with taxi budgets to ensure they are not unduly restricting services.
- ➡ Schedule a presentation in December or January on the new MCC structure due to launch 3/1/2019.
- ➡ Ms. Ogata will follow-up on availability of Kroger cards.

## **VII. DISCUSSION**

9. **MULTI-YEAR PLANNING:** This item was postponed.

## **VIII. NEXT STEPS**

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

11. **AGENDA DEVELOPMENT FOR NEXT MEETING:**

- ➡ Agreed to hold regularly scheduled December meeting to continue to address underspending including review of table pertaining to maximizing grant funds and discussion of multi-year planning.
- ➡ Agendize initial discussion of STDs for January 2019 meeting.

## **IX. ANNOUNCEMENTS**

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

## **X. ADJOURNMENT**

13. **ADJOURNMENT:** The meeting adjourned at 3:58 pm.