



# LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES December 18, 2018

**Approved**  
**1/15/2019**

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, <i>Co-Chair</i>	Frankie Darling Palacios	Jeff Bailey	Cheryl Barrit, MPIA
Jason Brown, <i>Co-Chair</i>	William King, MD, JD	Robert Bartlett	Carolyn Echols-Watson, MPA
Susan Forrest	Diamante Johnson	Stephen Borum	Jane Nachazel
Miguel Martinez, MPH, MSW	Abad Lopez	Alasdair Burton	
Derek Murray	Anthony Mills, MD	Kevin Donnelly	<b>DHSP/DPH STAFF</b>
Deborah Owens Collins, PA-C, MSHCA, MSPAS, AAHIVS	Raphael Peña	Miguel Fernandez	Pamela Ogata, MPH
	Yolanda Sumpter	Bradley Land	
Mario Pérez, MPH	Russell Ybarra	Katja Nelson	
Rebecca Ronquillo			
LaShonda Spencer, MD			

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 12/18/2018
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 11/27/2018
- 3) **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
- 4) **Table:** Planning, Priorities and Allocations (PP&A) Committee, Ryan White PY 28 Ideas for Maximizing Grant Funds (Contingency Measures), 11/14/2018
- 5) **List:** Planning, Priorities and Allocations Committee, Food Bank Issues, 12/18/2018
- 6) **Spreadsheet:** Planning, Priorities and Allocations Committee, FY 2018 (RW Allocations, Part A, Expenditures), 12/18/2018

**CALL TO ORDER:** Mr. Brown called the meeting to order at 1:10 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 11/27/2018 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:** There were no comments.

## **III. COMMITTEE COMMENT**

4. **NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

## **IV. REPORTS**

### **5. EXECUTIVE DIRECTOR REPORT:**

#### **a. 2019 Committee Work Plan:**

- Ms. Barrit called attention to the Work Plan in the packet for review. Revisions can be made as needed.
- ➡ Revise to reflect multi-year planning.

#### **b. Los Angeles County HIV/AIDS Strategy (LACHAS):**

- Ms. Barrit thanked those who attended the first year report back to the community on 11/29/2018.
- She offered related feedback from the National Ryan White Conference on HIV Care and Treatment, 12/11-14/2018, in Oxon Hill, MD. Anthony Fauci, MD, Director, National Institute of Allergy and Infectious Disease, National Institutes of Health, stressed in his opening plenary speech that following the science was important, but science can only go so far without extension of services in the communities. His last slide reflected passing the baton to implementers.
- Another plenary featured Arizona and Washington DC examples of strategies to end the epidemic. Several break-out sessions also addressed the topic reflecting a national movement to scale up and be more aggressive.
- Looking forward to 2019, the Commission and its various Committees need to discuss the Commission's role in LACHAS community engagement. Following last year's more general outreach across Health Districts (HDs), a framework needs to be developed to, e.g., return to all 26 HDs or prioritize HDs, possibly by highest morbidity.
- Particularly relevant to PP&A discussions, there were multiple tracks at the National Ryan White Conference on the Priority Setting and Resource Allocation (PSRA) process. Discussions included challenges with spending down dollars in light of Medicaid expansion. One Transitional Grant Area (TGA) was using Uber Health, but did advise reading fine print, especially regarding liability. Dr. LaShonda Spencer, who also attended the conference, noted Washington, DC was one jurisdiction using Uber Health.
- Dynamics differ for jurisdictions that did not expand Medicaid so need to expend much more on health insurance and cost-sharing programs. Dynamics also vary among Eligible Metropolitan Areas (EMAs) like Los Angeles County and TGAs which have smaller populations, but often cover a large combination of counties with, e.g., rural transportation issues.
- ➡ Schedule Commission presentation, not update, on 2018 National Ryan White Conference due to depth of material.

### **6. CO-CHAIR REPORT:**

#### **a. Co-Chair Nominations and Election:**

- Mr. Brown thanked Mr. Ballesteros for his service as Co-Chair as he transitions to Commission Co-Chair.
- Candidates for Committee Co-Chair are expected to have served on the Committee for one year prior to election in order to ensure familiarity with responsibilities. All current members except Diamante Johnson meet that standard.
- LaShonda Spencer, MD was nominated for Co-Chair, but declined the nomination.
- ➡ Jason Brown and Miguel Martinez, MPH, MSW were nominated for the two Co-Chair seats and both accepted.
- ➡ Additional nominations will be accepted until elections at the January 2019 meeting.

## **V. UPDATES**

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

- Mr. Pérez spoke from a system, not agency or individual, planning perspective. He suggested PP&A might review rules of engagement in 2019 on what it means to plan for a system of care rather than focus on needs of specific agencies or individuals. He felt it was a shared responsibility for all to guide planning back to that philosophy whenever it may diverge.



- Mr. Land recommended referring Ambulatory Outpatient Medical (AOM), specifically pertaining to increased appointment time for patients >50, to the Standards and Best Practices (SBP) Committee because this population presents with co-morbidities that take longer to address especially as many are long-term survivors.
- Dr. Spencer felt 15-minute appointments in general were insufficient for PLWH. She suggested at least 30 minutes with more for those >50. Most providers, like herself, are Infectious Disease specialists and need more time to do primary work.
- Mr. Pérez identified three moving parts. First, the standards might be updated to indicate typical appointment expectations augmented by additional items for transgender persons, those <29, and those >50 in order to meet LACHAS goals. Second, those recommendations need to be vetted at the quarterly Medical Advisory Committee (MAC), e.g., agencies may be pressuring physicians to shorten appointments even as they support longer ones. Third, reviewing and adjusting the rate.
- Mr. Bailey suggested adding a position with gerontology experience to the MCC model. While difficult to fill, it is helpful.
- ➡ Refer review of AOM, especially pertaining to appointment times for PLWH >50, to SBP Committee for consideration.
- ➡ DHSP will present to PP&A on AOM in February or March 2019 after the current RFP process is complete.
- a. **Housing Services:**
  - The Housing For Health (HFH) investment was \$3 million. The current expenditure estimate for this year is \$350,000. Two subcontractors were recently added and expenditures are increasing, but DHSP still finds the estimate accurate.
  - The HFH contract is in response to the Commission's decision to increase the housing investment. It complements DHSP's existing residential service contracts to house high acuity clients which are maximized annually.
  - Ms. Forrest asked if the contract would be fully maximized next year. Mr. Pérez anticipated a major increase in costs next grant year, but would consider \$1.5 million good. He felt it would take a couple of years to fully maximize it.
  - Mr. Fernandez asked about challenges in expending the grant. The Los Angeles Homeless Services Authority (LAHSA) has actually seen their budgets exceeded due to rising rents. Mr. Pérez replied Libby Boyce, LCSW, HFH could best address that, but he felt there was a mix of issues, e.g., creating the right match between client needs and providers.
  - Regarding referrals, Mr. Pérez reported DHSP is messaging again to all Medical Care Coordination (MCC) teams about this housing option. While MCC is not the only entry point, MCC does assess patients for housing referral need.
  - Mr. Brown attended a recent HIV Mental Health Task Force where questions arose on undocumented housing options. Mr. Pérez said the Ryan White system supports multiple housing options for PLWH, including the undocumented, based on eligibility and other factors. While there is no central number, front line staff should be aware of options.
  - Ms. Barrit added HIV Connect has launched and the Commission is continuing to increase its understanding of agencies, many of which provide services beyond HIV, and how people choose to access information, e.g., who prefers to search electronically and what other promotions such as pamphlets might be valuable.
  - Mr. Martinez thought a work force development lens was part of the strategy. In particular, some MCC team degree requirements make it hard to hire people with deep community connections and information even as training was now very individualized per agency. He suggested systems level training, especially on housing, to better meet client needs.
  - Ms. Ronquillo noted Housing Opportunities for People With AIDS (HOPWA) hosts a monthly networking meeting on first Wednesdays that is open to the public. Mr. Bailey offered to present on his agency's Capacity Building Assistance (CBA) program for HOPWA. The CBA program is unique to Los Angeles County (LAC).
  - Mr. Pérez noted the difficulty in mounting multiple two- to three-day trainings to educate all front line staff on all Ryan White services available. On the other hand, DHSP might mandate one full day of updates for select classifications like MCC teams and Benefit Specialists focused on the key six to eight service categories, e.g., housing, mental health, substance abuse, oral health, transportation. A village approach could include sections from DHSP, HOPWA, and CBA.
  - Mr. Land suggested a 24/7 housing hotline to facilitate consumers access. It is a crisis with PLWH on the streets for months so innovative means must get funds on the street rather than tying them up in Requests For Proposal (RFPs).
  - Mr. Pérez replied the DHSP no-bid agreement with HFH was outside the RFP process. Today's housing crisis reflects incongruence between units and the demand for housing in one of the most expensive housing markets in America. Even those with Section 8 vouchers often are unable to find units with one in four not placed.
  - Those system issues are far beyond HOPWA and DHSP's arrangement with the Department of Health Services (DHS) HFH program. A rent control initiative was on the last ballot and failed. The California Legislature itself is exploring options on how to ease the housing crunch when landlords continually raise rents and price people out.
  - Mr. Fernandez said LAHSA's website offers ongoing training webinars. New standardized universal forms roll out 1/1/2019 across partners including DHS, Department of Mental Health (DMH), LAHSA and housing authorities. Forms document a client's homelessness history which has been a barrier to housing entry. Medical providers can complete the form if they have knowledge of a person being homeless. Observation is not required. All are welcome to trainings.
  - The "chronic homelessness" category has changed to "dedicated plus." That includes "chronic homelessness," with its documentation requirements, but also six other subcategories which offer more flexibility. He clarified that a client



already designated "chronically homeless" when issued a Section 8 voucher will not lose the designation by accepting transitional housing or housing with friends until finding a unit, but the voucher must be received before the housing.

- Mr. Ballesteros added providers often leave clients in transitional beds for a year or more rather than lose progress made in stabilizing the person by returning them to the street until a permanent unit opens up. He understood, however, HFH had more temporary options while waiting for permanent ones. Mr. Pérez confirmed HFH has multiple options and is seeking more providers. He added all DHSP housing options are per person without limiting the stay.
- ➡ Mr. Pérez will check to ensure that the HFH rate is sufficient and not an impediment to placements.
- ➡ DHSP will develop training in collaboration with partners such as HOPWA and AIDS Project Los Angeles, CBA provider, for select classifications like MCC teams and Benefit Specialists on key services including housing and transportation.

**b. Fiscal:**

- With four months of grant year costs, Dave Young, Chief, Financial Services Division, had estimated \$4 million in Part A underspending for the year. That has dropped to \$500,000 which can be maximized via a substance abuse cost shift.
- Minority AIDS Initiative (MAI) funding includes \$3.2 million in rollover from the prior year and \$3.5 million for this year for a total \$6.7 million. Current projections are for \$2.7 million in expenditures leaving some \$4 million with \$500,000 from the prior year's rollover. That does need to be expended, but this year's \$3.5 million can be rolled to next year.
- Mr. Ballesteros said the main reason for reviewing service enhancement options was to help with recommendations to spend down Part A, but it appeared DHSP had a plan to spend down Part A formula and supplemental funds that entailed rolling over this year's MAI funds. Mr. Pérez confirmed that was one scenario which preserved all funds.
- There had, however, also been Commission discussion on completely spending down MAI funds with no rollover. That would entail underspending Part A supplemental funds by \$3.5 million and being prepared to receive \$3.5 million less in annual Part A supplemental funds going forward. Eligible Ryan White Part A and MAI expenses are the same.
- The body agreed it did not want to imperil future funding, but Mr. Martinez believed the strong feelings on the MAI rollover issue arose because it did not seem the Commission had developed a plan to be responsive. This discussion on different service category options and multi-year planning is an active effort to get ahead of underspending. That message needs to be carried to the Commission table as well as the fact that LAC successfully received more funds.
- Ms. Forrest agreed but, rather than optics, to her the issue is that there are significant disparities in outcomes for people of color even while funding remains unspent. The original goal of MAI was precisely to address that disparity issue so the fact that it is being used in a manner different than the original intent adds to the emotional response.
- Mr. Ballesteros felt the new MAI plan, housing development, and multi-year planning are making progress. It is important to remind everyone that about 80% of Part A funding in LAC also provides services for people of color. Part A and MAI funds should work together as a system of care and treatment to reduce disparities.
- Ms. Ronquillo reminded the body that, with housing expected to need two years to fully ramp- up, it should be acknowledged that some roll-over may be anticipated next year as well. Mr. Pérez said that fueled DHSP's interest in contingency planning with four or five services to help maximize grants. Ms. Ogata added new 2019 services will help.
- ➡ Agreed to maximize Part A, rollover this year's MAI, and present to Commission on work toward full maximization.

**c. Transportation Services:**

- Mr. Pérez noted DHSP invests about \$790,000 with \$500,000 for Metro Transit Access Pass (TAP) cards with a smaller amount in taxis. Through Metro, DHSP also purchases small amounts of LAC options such as Foothill Transit, Big Blue Bus, Metro Pass, or Metrolink. DHSP manages taxi services under contracts with taxi providers that indemnify LAC
- DHSP has been exploring Uber Health and Lyft options. It is more efficient for agencies to directly manage those services. Each agency will need its own credit card as neither Uber Health nor Lyft will contract for services. Agencies will need to dedicate a staff person to manage services. DHSP can amend an agency contract to support the person's estimated work load. As a Ryan White service, reporting on who, when, and where-to-where is needed to meet audit requirements. The agency also needs to ensure LAC is indemnified because Uber and Lyft will not indemnify its drivers.
- DHSP could likely launch the service by July 2019. It can offer a checklist for agencies to meet, if interested. Once agencies meet the requirements, DHSP could amend their contracts for reimbursement.
- Mr. Murray noted many Uber and Lyft vehicles are not accessible or drivers may pick up people in the middle of the street. Mr. Pérez said, while this is a PP&A conversation, he felt several conversations about investing resources should be addressed by the Standards and Best Practices (SBP) Committee before coming to PP&A. In this case, for example, expectations need to be determined. Agencies will then need to enforce those expectations.
- Mr. Ballesteros recalled PP&A reviewed transportation and found it not to be a top need overall. He suggested identifying the pockets of need and what solutions best meet those needs.



- Mr. Fernandez asked what taxis do not provide that Uber Health and Lyft offer. Mr. Pérez replied they respond faster and are less expensive. In fact, using them may actually save funds rather than expend underspent funds.
- Dr. Spencer appreciated transportation options and felt having them would result in more spending. She found many agencies, including hers, were overly restrictive in approving transportation services. Mr. Pérez said that sounded like a training issue as agencies can request that DHSP augment their transportation item as needed.

➡ Refer development of Uber Health and Lyft standards to SBP Committee for consideration.

**d. Dental Program Expansion:**

- Mr. Pérez noted the oral health system currently includes eight partners overall with two providing endodontic services: University of California, Los Angeles (UCLA) and University of Southern California (USC). UCLA is prepared to provide implants now. The USC team for implants differs from the team DHSP supports now so it needs to adjust contracts and, consequently, it chose not to begin offering implants until the next contract year. Responses to the recent RFP were due last week. Not yet reviewed, they may include additional providers interested in offering implants.
- As a system, DHSP has also increased enforcement of the requirement for medical providers to refer clients to an oral health visit at least once a year. Clients should at least receive a cleaning but, for those who have been out of care, it can take six or seven visits to reach a maintenance level. He anticipated that would increase utilization and spending.
- Mr. Land had attended holiday parties at Ryan White agencies. Nearly all consumers had missing teeth. He spoke with several physicians and found they did not understand "medical necessity." Even many dentists were unsure about "medical necessity" despite having cases referred on that basis. Beyond overall health, lack of teeth impacts nutrition because people are unable to chew solid food including much of the food provided by food banks. Assistance in reaching Part F clinics, especially for morning appointments, is also needed. Navigation help is critical.
- Mr. Pérez replied DHSP has addressed expectations at MAC. As with medical sub-specialty care, some oral health providers are reluctant to refer clients for fear they will not return. DHSP was emphasizing it was creating a system for referral when a primary care provider did not offer a service with an expectation of return for routine care.
- The contracts under this new RFP add a dental case manager to the service. Much like MCC teams, these case managers will help with retention, follow-up, and navigation including explaining what to expect and why.
- ➡ DHSP will remind oral health providers that implants are available now at UCLA with other providers to come.

**e. Nutritional Support Program Augmentation:**

- Mr. Pérez reminded the body that there have been two significant amendments to food and nutrition contracts in roughly the last 12 months. These were increases for Home-Delivered Meals and the largest Food Pantry contractor. Even doubling the remaining third contract would only add, at most, another \$90,000 in expenditures.
- DHSP was learning about clients not coming to the food bank weekly and was exploring increased frequency.
- DHSP will meet with all food and nutrition providers in the first quarter of 2019 to explore increasing fresh produce, meat, and poultry options; and to assess storage needs, packaging requirements, and limiting waste.
- Mr. Martinez asked about supermarket gift cards. Mr. Pérez replied DHSP has explored the idea. One issue is to guarantee cards are used appropriately, e.g., incentive cards often exclude purchase of alcohol or tobacco. Another question is which service categories should be responsible for distributing cards to consumers.
- Mr. Bailey attended a conference the prior week on food insecurity. One jurisdiction had clients return receipts for nutritionist review, e.g., clients who purchased soda or alcohol were put on probation. Another jurisdiction was purchasing Hello Fresh at \$80 per box with recipes to prepare meals or the less expensive Amazon food boxes of mostly nonperishable items which agencies can select. Box options are mainly used in rural areas.
- Mr. Martinez noted PP&A discussed cards as a temporary strategy to use excess funds while supplementing services. Mr. Pérez realized that but noted, as a system, it is necessary to decide how to operationalize and account for services, e.g., not all agencies want to be accountable for \$100 cards. Mr. Ballesteros said it sounded as though cards would not be an option to expend funds this year. Mr. Pérez agreed, but suggested SBP develop standards for future use.
- ➡ Refer development of standards for supermarket cards to supplement food services to SBP for consideration.

**VI. DISCUSSION**

**8. CONTINGENCY MEASURES/MULTI-YEAR PLANNING:**

- Ms. Barrit noted the table developed to document contingency/multi-year planning ideas relative to Ryan White allocations approved 9/13/2018. Ideally, staff recommends it move through the Commission approval process to support enactment, as pertinent, e.g., some recommendations require an RFP to implement while implementation of others would be simpler.



- Mr. Land expressed concern about multi-year planning when DHSP was not routinely reporting quarterly. PP&A was often unaware of significant underspending until late in the year so he felt allocating additional years would reduce control.
- Mr. Martinez said a key reason for multi-year planning was to provide the framework to launch new or significantly revise existing services. That has typically been difficult due to the 18-24 months needed to complete an RFP. Services also often require ramp up time which multi-year planning can accommodate by temporarily increasing funds for another service, e.g., housing is a priority but PP&A was looking at other services to absorb funds while it ramps up.
- Mr. Fernandez noted people who identify as HIV+ can enter the homeless system without documentation and receive emergency services while documentation is pending. The issue is directing them to the most appropriate system. LAHSA has matchers for youth, families, and single adults to coordinate services so he suggested them for PLWH as well.
- He cautioned that the Department of Housing and Urban Development (HUD) has very specific triggers identifying when a person is or is not homeless so how the program is classified and funded must be very specific not to break the homeless designation chain. Essentially, a service identified as "emergency shelter/emergency housing" will not break the chain.
- LAHSA now focuses its funding on permanent housing and seeks to leverage other funding for homeless engagement.
- ➡ Add narrative on expectations as part of the annual PSRA process with review at least twice per year and ongoing reporting.
- ➡ Regarding disparities: add language to narrative on reducing disparities across all services; and request DHSP presentation mid-year on how all service categories are working to reduce disparities.
- ➡ Explore Non-Medical Case Management in nontraditional locations to support improved service referrals and access.
- ➡ Revise recommendation under Substance Abuse Service Outpatient as follows: delete "(e.g., 12 step models) \*from CHP\*"; and, add "i.e., funding for space for field-based services."
- ➡ Update recommendations and return to PP&A for review in January; and forward revision to SBP to better coordinate work.

#### **VII. NEXT STEPS**

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

10. **AGENDA DEVELOPMENT FOR NEXT MEETING:** There was no additional discussion.

#### **VIII. ANNOUNCEMENTS**

##### **11. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:**

- Ms. Ronquillo announced her transition to another position within housing for the City of Los Angeles. This would be her last meeting as a Commissioner. She thanked all for a rich experience and she was thanked for her exceptional engagement.
- Ms. Owens Collins will retire as Director, Clinical Services, City of Long Beach, and as a Commissioner as of 12/30/2018. She has served for 30 years in this area and 42 years as a Physician Assistant. She plans to take a few months to travel in the United States and then plans to re-engage in HIV/AIDS work. She is enlivened in working with such passionate people.
- Mr. Fernandez reminded all that LAHSA was releasing new universal forms to document a person's history of homelessness. Use will be required going forward by housing authorities, DHS, DMH, and all housing providers including emergency shelters, transitional, and permanent housing. LAHSA will offer training at agencies and will post a webinar on its website.

#### **IX. ADJOURNMENT**

12. **ADJOURNMENT:** The meeting adjourned at 3:20 pm.