



# LOS ANGELES COUNTY COMMISSION ON HIV



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## PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES October 15, 2019

**Approved**  
**11/19/2019**

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Jason Brown, <i>Co-Chair</i>	Susan Alvarado	Shary Alonzo	Cheryl Barrit, MPIA
Miguel Martinez, MPH, MSW, <i>Co-Chair</i>	Susan Forrest	Alasdair Burton	Carolyn Echols-Watson, MP
Raquel Cataldo	Frankie Darling Palacios	Pamela Coffey	Jane Nachazel
Grissel Granados, MSW	Diamante Johnson/ Kayla Walker-Heltzel	Katja Nelson	Julie Tolentino, MPH
Karl Halfman, MS ( <i>by phone</i> )		Peter Soto	
Abad Lopez	William King, MD, JD		<b>DHSP/DPH STAFF</b>
Maribel Ulloa	Anthony Mills, MD		None
LaShonda Spencer, MD	Derek Murray		
	Raphael Peña/ Thomas Green		
	Russell Ybarra		
	DHSP Staff		

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 10/15/2019
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 9/17/2019
- 3) **PowerPoint Slides:** Review Paradigms; Review Operating Values, FY 2019-20
- 4) **List:** Women's Caucus - Key Highlights and Ideas for Directives, 2019
- 5) **Recommendations:** (Revised) Black/African American Community (BAAC) Task Force Recommendations, 10/10/2019
- 6) **Table:** Program Directives for Maximizing Ryan White Part A and MAI Funds, Updated 10/14/2019
- 7) **Table:** Planning, Priorities and Allocations Committee; Service Category Rankings for PY 30 (FY 2020-21), Approved 9/12/2019
- 8) **Table:** FY 2020 (PY 30) RWP Allocations, Approved 9/12/2019
- 9) **PowerPoint:** Los Angeles County National HIV Behavioral Surveillance Summary, 7/22/2019
- 10) **PowerPoint:** Epidemiology of HIV in Los Angeles County, 7/23/2019
- 11) **Summary:** National HIV Behavioral Surveillance among Heterosexuals at Increased Risk for HIV, NHBS-HET4, 2016
- 12) **Summary:** National HIV Behavioral Surveillance among Men Who Have Sex with Men (MSM), NHBS-MSM5, 2017
- 13) **Summary:** National HIV Behavioral Surveillance among People Who Inject Drugs, NHBS-IDU5, 2018
- 14) **PowerPoint:** Ryan White Program YR 28, Care Utilization Data Summary, 7/23/2019
- 15) **Table:** Table 1. Sociodemographic and Clinical Characteristics of HIV-Positive (Unduplicated) Clients Receiving Ryan White Services in Ryan White Years 26-28 (03/01/2016 - 02/28/2019), Los Angeles, California
- 16) **Table:** Table 3. Number of Clients Served and Service Utilization by Service Category Among HIV-Positive Ryan White Program Clients in Ryan White Years 26-28 (03/01/2016 - 02/28/2019), Los Angeles, CA



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- 17) **Table:** Ryan White Program Clients Living with HIV YR28 (3/1/2018 - 2/28/2019), Los Angeles, California: Priority Populations
  - 18) **Table:** Ryan White Program Clients YR28 (3/1/2018 - 2/28/2019), Los Angeles, California: Women
  - 19) **Flyer:** Save The Date: Addressing Medical Mistrust in African American Communities: Implications for HIV and Other Conditions, 11/19/2019
  - 20) **Table:** Commission Member "Conflicts-of-Interest," *Updated 10/07/2019*
  - 21) **Table:** Planning, Priorities and Allocations Committee; Service Category Rankings Worksheet, *Updated 9/17/2019*
  - 22) **Table:** Los Angeles County Commission on HIV, Multi-Year Worksheet (PY 30 - 32), *Updated 9/17/2019*
  - 23) **List:** Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018), Replaces Policy #10-02
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**CALL TO ORDER - INTRODUCTIONS:** Mr. Brown called the meeting to order at 1:15 pm.

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA**

**MOTION 1:** Approve the Agenda Order, as presented or revised (*Postponed*).

**2. APPROVAL OF MEETING MINUTES**

**MOTION 2:** Approve the 9/17/2019 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented or revised (*Postponed*).

**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 reviewed supportive documents in the packet to inform deliberations.
- a. **Review Paradigms and Operating Values:** Selected to assist in centering discussion, the approved Paradigms are Compassion and Equity; and the Operating Values are Efficiency, Quality, Advocacy, and Representation.
  - b. **Review Determining Service Category Priorities and Allocations**
    - Ranking service category priorities is a separate and distinct exercise from determining funding allocations. Service categories are those permitted by the Health Resources and Services Administration (HRSA) under Ryan White Part A.
    - Service categories are ranked based solely on need as reflected in available data and public testimony. Ranking does not take into account other factors such as the funding source or capacity of Ryan White to fund services.
    - Once ranked, service categories are allocated funding using percentages since grant awards are not initially known.
    - Allocations take into account other sources of funding to meet the need. Consequently, allocations for a particular service category may be higher or lower than its priority ranking based on funding from other payer sources.
    - Once priorities and allocations are determined, PP&A may choose to update its Directives which address how DHSP implements services. Directives may be broad, e.g., to target services to the Health District (HD) with the highest HIV burden. It may also be discreet, e.g., to target Medical Transportation in SPA 1.
  - c. **Review Data**
    - Items called out from materials as of particular note in priorities and allocations consideration by attendees were:
      - Women's Caucus items 1, 2, 3, 4, 8, 10 - most of which fall under top service categories and may best pertain to Directives, e.g., Housing Services, Medical Case Management (CM), Non-Medical CM, Benefit Specialty, Psychosocial Services, Ambulatory Outpatient Medical (AOM).
      - Elevate allocations for services that particularly impact the Black/African American Community (BAAC).
      - PP&A previously requested Standards and Best Practices (SBP) to develop and/or revise Standards of Care (SOCs) for Non-Medical Case Management (CM), Psychosocial Support, and Emergency Financial Assistance (EFA) to facilitate PY 31 and 32 allocations. SBP has been responding so such allocations may be considered. EFA eligibility now includes other services such as CM and, consistent with most DHSP-funded Ryan White services, extends to



- 500% of Federal Poverty Level (FPL), higher than that for Housing Opportunities for People With AIDS (HOPWA). (Note: "Direct" was dropped from the EFA title because HRSA requires a third party administrator of some kind.)
- ↳ Reviewing Continuum Outcomes among Women, services were highlighted to improve outcomes among post-incarcerated women, e.g., Non-Medical CM and Transitional CM.
- ↳ Populations with notably poor outcomes across the Continuum include the homeless and youth, especially post-incarcerated youth. In general, outcomes below 80% are poor.
- ➡ Items called out from materials as of particular note for Directives or requests of DHSP by attendees were:
  - ↳ Support agencies embedded in the BAAC with partnerships to foster them in applying for grant funding.
  - ↳ Request more Minority AIDS Initiative (MAI) data pertaining to the BAAC, especially regarding housing.
  - ↳ Regarding the BAAC Task Force document, page 5, request DHSP clarify age gap in definition of women and girls, i.e., childbearing aged women aged 15-44 and those 50 and older.
- i. **Women's Caucus Recommendations:** Dr. Spencer previously presented on data from the Los Angeles County (LAC) Ryan White Part D partners which help inform these recommendations.
- ii. **Black/African American Community (BAAC) Task Force Recommendations:**
  - These recommendations were presented at the 10/10/2019 Commission meeting. The Commission Co-Chairs requested Committees review and incorporate them into work. The document is lengthy, but there is an overall theme with general recommendations as well as recommendations for specific populations.
  - Ms. Ulloa asked about other Caucus recommendations. Ms. Barrit said not all Caucuses are equally active or have developed recommendations. For example, the Transgender Caucus has no Commissioner Co-Chair now and recent conversations focused on transparency and accountability pertaining to HIV genetic molecular surveillance.
  - Their overall concerns, however, are reflected in recent ranking discussions, e.g., housing, culturally appropriate services and, in particular, system navigation.
- iii. **Part A and Minority AIDS Initiative (MAI) Directive Updates:**
  - Ms. Barrit noted the Directives document has been updated with status updates as of 10/14/2019 in red. Many items have been completed while others were in progress or were being modified in light of additional funding from the federal government as part of the End the HIV Epidemic (EtHE) initiative.
  - Some service specific issues, e.g., with Medical Transportation, may still offer opportunities to modify directives.
- iv. **Approved Program Year (PY) 30 Service Category Priorities and Allocations:** PY 30 priorities and allocations were approved at the 9/12/2019 Commission. PY 29 priorities and allocations are included on the documents for reference.
- v. **Division of HIV and STD Programs (DHSP) PY 28 Priority Population Data:** Key DHSP PowerPoint presentations include data from National HIV Behavioral Surveillance (NHBS) and epidemiology. Materials include data by Service Planning Area (SPA), age, race/ethnicity, and transmission risk; and homosexual, MSM, and IDU NHBS fact sheets.
- vi. **Select Materials From the July 23rd Special Meeting:** A DHSP PowerPoint presentation on YR 28 Care Utilization Data and related tables from the 7/23/2019 PP&A meeting were also included in the packet.

## 6. CO-CHAIR REPORT

- a. **November 19th Meeting Reminder:** Mr. Brown reminded PP&A that its 11/19/2019 meeting will start at 2:00 pm. The later start is to facilitate attendance for those going to "Addressing Medical Mistrust in African American Communities" at St. Anne's Conference Center from 8:30 am to 1:00 pm. The event is sponsored by CHIPTS. A flyer was in the packet.

## V. DISCUSSION

### 7. DISCUSSION

- a. **State Conflict(s) of Interest:** Attendees stated their conflicts of interest.
- b. **PY 31 Service Category Prioritization**
  - Mr. Martinez reminded attendees that service category ranking is meant to reflect what is most important in developing an effective comprehensive service delivery system regardless of funding source. Rankings can help identify critical service gaps, services to amplify if funding increases, or to reduce if funding decreases. Rankings can also help target agencies outside the Ryan White system who could benefit by a directive to DHSP to provide service detailing.
  - There was extensive discussion on whether to retain AOM as Priority 1 and Housing Services as Priority 2 or to reverse those rankings. On one hand, it was noted AOM impacts everyone. On the other, the Los Angeles Homeless Services Authority (LAHSA) reported a 76% increase in unsheltered PLWH. Stable housing contributes to the ability to keep appointments, maintain medications properly, and take care of oneself overall.
  - Ms. Cataldo suggested moving EFA up to support Housing Services. Mr. Halfman noted reports statewide of a lack of units. A Marin County provider hired a staff person with a property management background to work with owners and



landlords to successfully identify more units. Ms. Ulloa said Housing For Health (HFH) uses a dual track model with an intensive case manager and the client partnering with Brilliant Corners which has access to a range of housing options. There remains an underlying shortage of housing stock despite LAHSA, HOPWA, and DHSP all funding Housing Services.

- After an equally split vote, Ms. Barrit said the updated Directives cover letter can capture the spirit by stating that in PY 31 deliberations it was clear that the two service categories were essentially equal in weight and must work together.
- The next major discussion was to determine Priority 3, Mental Health Services for PY 30. Medical Care Coordination (MCC) as well as Psychosocial Services were highlighted to provide client support. Dr. Spencer placed Psychosocial Support Services right behind its associated Mental Health, but pushed MCC down due to restrictive eligibility and inconsistent team size and effectiveness. Mr. Burton ranked Psychosocial Support over Mental Health as he knows those who will attend and benefit from support groups, but not mental health appointments.
- The distinction was reviewed between Early Intervention Services (EIS) provided by Community-Based Organizations (CBOs) and Outreach. The latter funds the Linkage and Re-engagement Program (LRP) in which LAC staff use protected surveillance data to locate and re-engage PLWH who have dropped out of care. It was noted that Health Education/Risk Reduction (HE/RR) pertains to Prevention for Positives under Ryan White. It is not currently funded. The Centers for Disease Control and Prevention (CDC) grant funds similar services with fewer restrictions on the prevention side.
- The body next considered other basic necessities such as Nutrition Support, Oral Health Services, and Child Care Services. Other Professional Services were also considered in this grouping because it includes Legal Services which can be used to access benefits, e.g., in response to housing discrimination based on HIV status, and Permanency Planning.
- Having completed rankings, the body considered a final review in light of Paradigms of Compassion and Equity; and Operating Values of Efficiency, Quality, Advocacy, and Representation. Ms. Ulloa noted for the body's consideration that Housing Services, in particular direct housing subsidies, are extremely expensive. Consequently, the number of people served for a given amount of funding will be fewer than for most other services.
- Per the table in the packet, Housing Services allocations declined from a PY 29 total of 5.15% to a PY 30 total of 5.02% with allocation distribution adjusted year-over-year to zero out Part A and increase MAI from 26.4% to 62.36%.

➡ Adjustments to priority rankings for PY 31 from PY 30 were:

- ↳ Move Housing Services up from Priority 2 to 1 with consideration of the consumer voice on the matter; and move AOM down from Priority 1 to 2 with understanding they are essentially equal in weight and must work together.
- ↳ Further discussion generated the next set of revisions: Non-Medical CM to 3 (from 10); EFA to 4 (from 8); Psychosocial Support Services to 5 (from 12); MCC to 6 (from 4); Mental Health Services to 7 (from 3); and Medical Transportation to 8 (from 9) in order to facilitate access to other services.
- ↳ EIS was moved to 9 (from 7) and Outreach Services was moved to 10 (from 5).
- ↳ The next set of revisions were: Nutrition Support to 11 (from 13); Oral Health Services to 12 (from 11); Child Care Services to 13 (from 14); Other Professional Services of Legal Services and Permanency Planning to 14 (from 21).
- ↳ Substance Abuse Residential remained at 15 while Substance Abuse Outpatient was moved up to 16 (from 18); followed by HE/RR at 17 (from 6).
- ↳ Remaining adjustments were: Home Based CM to 18 (from 16); Home Health Care to 19 (from 17); Referral to 20 (from 19); and Health Insurance Premium/Cost Sharing to 21 (from 20).
- ↳ Remaining service categories were unchanged, as follows: Language, 22; Medical Nutrition Therapy, 23; Rehabilitation Services, 24; Respite, 25; Local Pharmacy Assistance, 26; and Hospice, 27.

➡ Agreed to PY 31 priority rankings, as noted, and reflected in attached table.

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

c. **PY 32 Service Category Prioritization**

➡ Agreed to apply PY 31 priority rankings to PY 32 and review in one year, or earlier if indicated.

**MOTION 4:** Approve PY 32 Service Category Prioritization, as determined (**Postponed**).

d. **PY 31 Allocation Percentages**

- The body elevated discussion of how best to support highly impacted PLWH, especially People of Color. For PY 30, the body identified limited services to fund with MAI in order to better highlight such services. It was also noted that, unlike Part A, MAI funds can be rolled over for one year without penalty so provide some leeway in case all the funding for the expanded Housing Services could not be expended in the initial allocated PY.
- Non-Medical CM currently covers Benefit Specialty and Transitional CM. It is, however, being expanded with a new SOC and Request For Proposals (RFP) covering a broader range of services going forward.
- Denti-Cal restored services cut in previous years so, as payer of last resort, that should reduce the need for equivalent Ryan White Oral Health services. On the other hand, Oral Health recently added providers for complex procedures.



- Some services such as Linguistic Services are funded by Net County Cost (NCC). It is more efficient to use NCC funds for smaller services with multiple discreet charges as NCC does not require Ryan White's extensive data reporting.
- ➡ Request update from DHSP on impact of Denti-Cal restoration of previously cut services on Oral Health utilization.
- ➡ Agreed to initially identify allocation totals for PY 31 rather than discreet allocations for Part A and MAI, as follows:
  - ↳ Allocations increased from PY 30 were: AOM from 28.29% to 28.3%; Non-Medical CM from 5.77% to 8.6%; Child Care Services from 0.0% to 1.0%; EFA from 0.0% to 2.5%; Legal Services from 0.69% to 1.0%; Psychosocial Support Services from 0.0% to 2.0%.
  - ↳ Allocations decreased from PY 30 were: Oral Health from 19.05% to 12.0%; Medical CM (MCC) from 27.17% to 25.6%; and Housing Services from 5.02% to 5.0%.
  - ↳ Other allocations remained unchanged.
- ➡ Agreed to PY 31 allocations, as noted, and reflected in attached table.

**MOTION 5:** Approve PY 31 Allocation Percentages, as determined (**Postponed**).

**e. PY 32 Allocation Percentages**

- ➡ Agreed to apply PY 31 allocations to PY 32 and review in one year, or earlier if indicated.

**MOTION 6:** Approve PY 32 Allocation Percentages, as determined (**Postponed**).

**f. Update Draft Directives:** This item was postponed.

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

**VI. NEXT STEPS**

**8. NEXT STEPS**

**a. Task/Assignment Recap**

- ➡ Ms. Granados will remind the full body of the next PP&A meeting at the Commission meeting.
- ➡ PP&A Co-Chairs will call PP&A members not in attendance to confirm attendance at the 11/19/2019 PP&A meeting.
- ➡ Staff will request PP&A membership commitment to attend the 11/19/2019 PP&A meeting.

**b. Agenda Development for Next Meeting**

- ➡ Review and vote on the priority and allocation recommendations developed at this meeting for PY 31 and PY 32, and forward to the Executive Committee.
- ➡ Review and revise Directives for PY 31 and PY 32, and forward to the Executive Committee.

**VII. ANNOUNCEMENTS**

**9. ANNOUNCEMENTS**

- a. Opportunity for Members of the Public and the Committee to Make Announcements:** Enjoy food and music at tonight's National Latinx Awareness Day event at Bienestar on Manchester Boulevard from 5:00 to 8:00 pm.

**VIII. ADJOURNMENT**

**10. ADJOURNMENT:** The meeting adjourned at 4:05 pm.