



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 October 16, 2018

Approved
11/27/2018

PP&A MEMBERS PRESENT	PP&A MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/CONSULTANTS
Jason Brown, <i>Co-Chair</i>	Rebecca Ronquillo	Alasdair Burton	Cheryl Barrit, MPIA
Susan Forrest	LaShonda Spencer, MD	Miguel Fernandez	Libby Boyce, LCSW
Michael Green, PhD, MHSA		Joseph Green	Carolyn Echols-Watson, MPA
Abad Lopez	PP&A MEMBERS ABSENT	Lee Kochems, MA	Jane Nachazel
Miguel Martinez, MPH, MSW	Al Ballesteros, MBA, <i>Co-Chair</i>	Katja Nelson	Ana Rios
Anthony Mills, MD	Frankie Darling Palacios	Joshua Ray	Leepi Shimkhada, MPP
Derek Murray	Diamante Johnson	William Richardson	Julie Tolentino, MPH
Deborah Owens Collins, PA-C, MSHCA, MSPAS, AAHIVS	William King, MD, JD		
	Yolanda Sumpter		DHSP/DPH STAFF
Raphael Peña	Russell Ybarra		Pamela Ogata, MPH

CONTENTS OF COMMITTEE PACKET

- Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 10/16/2018
- Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 8/21/2018
- Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 9/18/2018
- Table:** Los Angeles County Commission on HIV 2019 Work Plan (WP) Template, Draft/For Review, Committee/Subgroup Name: Planning, Priorities and Allocations (PP&A), 10/16/2018
- Table:** Planning, Priorities Allocations (PP&A) Committee, FY 2014 Work Plan
- Program Summary:** Housing For Health, Intensive Case Management Services and HIV/AIDS Transitional Housing Assistance Services, 2018
- Spreadsheet:** Ryan White Part A, MAI Year 28 and Part B YR 18 and other Fiscal Year 18/19 Funding Expenditures by Service Categories, 10/16/2018
- Table:** Planning, Priorities and Allocations (PP&A) Committee, Contingency and Multi-Year Planning, Revised 10/12/2018

CALL TO ORDER: Mr. Brown called the meeting to order at 1:05 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 8/21/2018 and 9/18/2018 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 noted the Work Plan template in the packet. Members of all Committees were being asked to provide feedback on priorities in light of three criteria: 1. Priorities are based on core Commission functions of priority setting, resource allocation, needs assessment, standards development, and community engagement. 2. Priorities advance goals of the Comprehensive HIV Plan (CHP) and the Los Angeles County HIV/AIDS Strategy (LACHAS). 3. Priorities take into consideration Commissioner and Commission staff time, capacity, and existing responsibilities.
- For reference, the Fiscal Year (FY) 2014 Work Plan was also in the packet.
- ➡ Staff will email the 2019 Work Plan template and FY 2014 Work Plan to PP&A for feedback within 5 to 7 business days.

b. Follow-up on Atlanta Eligible Metropolitan Area (EMA) Planning Council (PC) Structure:

- Ms. Barrit noted last month she presented on the Priority Setting and Resource Allocation (PSRA) process for the Portland OR and Atlanta GA EMAs. Dr. Mills had asked whether all the 150 Atlanta PC members were voting members.
- Ms. Barrit contacted the PC Manager and reported back that 55 of the 150 are voting members. The rest are alternates who engage in discussion and are trained to step up into voting seats whenever a vacancy occurs.

c. Los Angeles County HIV/AIDS Strategy (LACHAS):

- Ms. Barrit noted the next LACHAS Call To Action meeting will focus on Health Districts (HDs) in the South Bay area. Reminders have been sent out for the event on 10/18/2018, 10:00 am to 12:00 noon, at the George Nakano Theatre, 3330 Civic Center Drive, Torrance CA 90503. Attendees were encouraged to spread the word.
- The LACHAS Call To Action meeting focusing on the Metro area on 10/11/2018 went very well.

6. CO-CHAIR REPORT:

- ➡ Reminder: The November meeting was rescheduled to 11/27/2018 due to the Thanksgiving Holiday.

V. UPDATES

7. HOUSING FOR HEALTH (HFH):

a. Housing Services:

- Ms. Boyce, Housing For Health (HFH), Department of Health Services (DHS), noted Dr. Green, DHSP, raised the potential of partnering on a Permanent Supportive Housing (PSH) plan for PLWH two years ago. Her purview is not PSH but, as former DHSP and Commission staff, she became the information conduit and explained the PSH program to PP&A.
- The PSH program provides Intensive Case Managers with case loads no greater than 20. They are responsible for everything related to helping a homeless individual find, secure and maintain permanent housing. In addition, the PSH program provides a rental subsidy. The Ryan White Program (RWP) investment of \$3 million was in that PSH program.
- The Memorandum of Understanding (MOU) between DHSP and HFH was executed to begin 3/1/2018. However, Measure H provided a 1/4 cent tax for homeless services and rental subsidies which started flowing in October 2017. HFH and its providers received a large amount which funded going from housing 400-500 people a year to thousands. Consequently, all agencies providing Intensive Case Management Services (ICMS) have been hiring, but have recruitment challenges. HFH had some 25 Intensive Case Managers five years ago and now has in the high hundreds.

- An additional challenge was identifying agencies contracted with both HFH and DHSP because RWP requirements are much more detailed. Comparatively, part of HFH's method in working with its contractors is flexibility to facilitate best meeting the needs of clients. Many providers would find complying with RWP requirements a burden. For that reason, HFH initiated services with the Alliance for Housing and Healing (AHH) which already contracted with DHSP.
- Due to the changes and challenges, serious work on strategies to spend RWP funds down began 7/1/2018.
- Mr. Martinez thought, in addition to PLWH, funds were also directed to those at high risk for HIV, specifically transgender people and youth. Ms. Boyce replied HFH relies on referrals from DHSP. Ms. Barrit clarified that RWP funding is for PLWH. Allocations for people at risk of HIV in the multi-year Minority AIDS Initiative (MAI) plan are contingent on available funding from other sources, e.g., the Centers for Disease Control and Prevention (CDC).
- Ms. Boyce introduced Ms. Shimkhada, who manages HFH's PSH portfolio, and Ms. Rios, a PSH Division project manager.
- Ms. Rios said HFH has added Tarzana Treatment Centers (TTC) and the Los Angeles LGBT Center since early October to help with implementation of the MOU. AHH has committed to serve 65 clients; TTC to 40; and the LGBT Center to 20.
- As noted, the rental subsidy is linked to ICMS which includes a variety of services listed in the handout in the packet. Case managers initially meet with clients at least weekly to look for housing and address barriers to accessing housing.
- From 3/1/2018 through 9/31/2018, HFH has served 570 PLWH in addition to 29 under the MOU through AHH.
- Demographics for the MOU population were provided. They differ from the general HFH population, but have not been compared to the HFH PLWH client population. White data includes Latinx. Service Planning Area (SPA) data reflects where clients are housed. Clients may be from that SPA, but mainly housing is located in the more affordable areas.
- Ms. Boyce added that the average rental subsidy was \$1,000 when this conversation began some two years ago, but has since increased to approximately \$2,000. HFH has agreed to leverage ICMS so RWP dollars are applied solely to rental subsidies. That will fund services for about 150 people. Even so, there is a ramp-up period. Savings can be approached in various ways, e.g., moving some current HFH PLWH clients onto RWP funding or rolling over funds.
- Ms. Rios said, since services began in July, only that month's total of \$24,949 is available, but projections were noted.
- Ms. Boyce said DHSP determines referrals. HFH expected to use Housing Opportunities for People With AIDS (HOPWA) regional centers, but the process must be refined. She suggested a conference call with DHSP and HOPWA on the issue. The Coordinated Entry System (CES) could help identify clients if individuals being assessed disclose their HIV status.
- Mr. Fernandez believed RWP dollars were restricted to 24 months for PSH so questioned long-term planning. Ms. Boyce replied HFH is the PSH arm of the Los Angeles Homeless Services Authority (LAHSA) and will not allow someone to become homeless. Should RWP funding for a client through this MOU expire, HFH will identify other resources.
- Mr. Brown asked about post-incarcerated services. Ms. Boyce replied DHS oversees the Office of Diversion and Reentry (ODR) as well as HFH and provides a significant amount of funding from ODR for interim housing, ICMS, and rental subsidies. There have been approximately 1,500 clients for permanent housing through ODR in 2018.
- HFH also assumed the Supplemental Security Income (SSI) advocacy program for Department of Public Social Services (DPSS) last year. HFH offers the Countywide Benefits Entitlement Services Team (CBEST) program. It has a lead provider in each SPA to help people eligible for SSI navigate the system with all needed documents. The HFH goal is to achieve SSI enrollment on the first application. It has increased the success rate from 35% for DPSS to 80% for HFH.
- CBEST is in all 14 General Relief district offices, jails, community-based sites, and works on Veterans Administration benefits. Inner City Law Center attorneys and Department of Mental Health (DMH) and DHS clinicians assist as needed.
- HFH also has a board and care program for those too ill for another situation. HFH's original target was 70 per year. It has served some 800 overall. DMH is now in the process of transitioning its entire board and care program to HFH.
- HFH also has Registered Nurses (RNs) serving housed clients identified as needing in home assistance and support linking to primary and specialty care by their case managers. Mr. Martinez asked if Viral Loads (VLs) are tracked. Ms. Rios replied a client would have to be a DHS patient with VLs in ehealth records. HFH records are not secure enough.
- Mr. Murray asked if HFH allowed clients to be roommates, e.g., to afford SPA 4. Ms. Rios replied HFH tried that, especially with their rapid rehousing program, but clients generally did not like it and problems arose.
- ➡ Request, once available, a walk-through of process with resources plotted and a side-by-side comparison of homeless PLWH estimate and MOU demographics. Ms. Boyce, Ms. Ronquillo, and Dr. Green scheduled a conference call after the presentation on various issues, especially the referral process which was needed prior to walk-through development.
- ➡ Ms. Ronquillo will coordinate with HFH to identify and assist, as needed, HOPWA providers who either are on or wish to be on HFH's continuous open Master Agreement which qualifies them to serve both MOU and general HFH clients.
- ➡ Agreed to schedule a presentation for the full Commission.

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

a. Program Year (PY) 28 Fiscal Update/Expenditure Report:

- Dr. Green reviewed the updated PY 28 Expenditure Report in the packet. The current Part A projected total for all services is underspending of \$483,185 of the \$39,862,229 total allocation. The Part B allocation of \$5 million is projected for full maximization with Housing Services.
- The Health Resources and Services Administration (HRSA) recently approved DHSP's request to roll over Year 27 funds in the amount of \$3,158,373. The Year 28 allocation is \$3,576,622 increasing total funding to \$6,734,995.
- Current allocations total \$2,501,411 for underspending of \$4,233,584. Funds can only be rolled over one time so all expenditures will be allocated to Year 27 roll over funds until they are maximized.
- The \$3,007,747 allocated to Housing Services mainly reflects the \$3 million HHF MOU with some for leftover Housing Services for Residential Care Facilities for the Chronically Ill (RCFCI) and Transitional Residential Care Facilities (TRCF).
- The Expenditure Report Summary also includes fully expended Net County Cost (NCC) funding of \$4,745,000.
- ➡ Agendize continued discussion of MAI underspending/roll over.

b. Food Bank and Transportation Services:

i. Eligibility Requirement Changes:

- Dr. Green reported Ms. Ogata had broken down clients by percentage of Federal Poverty Level (FPL) for the 15,462 total RWP clients, as follows: <FPL, 63.4%; 101-200% FPL, 23.4%; 201-300% FPL, 8.15%; 301-400%, 3.5%; >400% FPL, 1.58%. That shows that raising the cap to 400% FPL may increase clients, but not by a significant number.
- A more effective means to increase Transportation Services expenditures would be to expand services, e.g., to relax taxi use requirements. DHSP has not discussed using Uber or Lyft, but HRSA allows use. DHSP would need to identify how to set up corporate accounts for providers to schedule rides and charge expenditures back to DHSP.
- Mr. Ray noted he can only schedule taxis from his home in Pasadena to a medical appointment and back. That can create issues, e.g., if he needs to go elsewhere after LAC+USC Medical Center. He cannot even use a taxi to go to the LAC+USC Medical Center Pharmacy if he is given a new prescription in between appointments.
- ➡ Dr. Green will review restrictions that limit taxi rides, e.g., to roundtrips from home for medical appointments.

ii. Food Requirements/Restrictions:

- A significant difference exists between the 9,797 already eligible for Food Bank and the 1,867 using it. It is not known why utilization is so low, e.g., people may not need it, have other preferred sources, or locations may be inconvenient. In any case, increasing utilization would impact expenditures more than increasing the FPL cap.
- Ms. Forrest noted some clients do not have space to store a week or two worth of food at one time. She suggested more people may participate if clients could pick up smaller amounts of food more frequently, even daily.
- Dr. Green said DHSP proposed to Ms. Barrit the prior week that the Commission host an in depth conversation with Food Bank providers on their operations, barriers and challenges; and Commissioners on their barriers and challenges. DHSP hopes to troubleshoot issues, e.g., food quality and access, to increase uptake.
- Mr. Ray said he generally does not use Food Banks because he is diet conscious, e.g., he does not eat bread. He just accepted a carton of eggs and two pieces of fish on a recent visit as he would not have used the rest.
- Mr. Brown suggested Electronic Bank Transfer (EBT) cards like those used by the Supplemental Nutrition Assistance Program (SNAP). Dr. Green replied DHSP was aware of that suggestion. It had not identified a process to provide EBT cards, but a related possibility was to provide grocery store gift cards.
- Mr. Fernandez had explored contract options when he worked for AHH with the company that does EBT cards through Chase. The company was willing to make cards specific to other programs if the contract was large enough. Besides contract size, another AHH consideration was to ensure the card did not out a PLWH as HIV+.
- Ms. Ronquillo also noted challenges around tracking and ensuring resources were not traded in the black market.
- Mr. Burton asked if food was donated. Dr. Green replied the majority of RWP funding is expected to go to purchase of Food Bank provisions or, for Home Delivered Meals, provisions, preparation, and delivery.
- Ms. Barrit added Dr. Green and Ms. Ogata have provided Commission staff with information on Food Bank contracted agencies. A presentation is being developed to provide more in-depth programmatic knowledge. That can help inform a conversation on why uptake is poor and how to increase community awareness of services.
- ➡ Dr. Green will look into options for a one-time PY 28 expenditure on Kroger gift cards as has been done in the past. Providers could distribute them, e.g., by augmenting Medical Care Coordination (MCC) contracts.
- ➡ Ms. Barrit will coordinate with Food Bank providers to present at PP&A at their earliest opportunity.

c. Dental Procedures:

- i. Implants:** Dr. Green reported contracts with both the University of Southern California (USC) and the University of California, Los Angeles (UCLA) were being amended to include implants. Once the amendment process is complete, DHSP will contact Oral Health contracted providers to advise them that procedures were covered.

- d. **Ambulatory Outpatient Medical (AOM):** Dr. Green reported that projections now reflect overspending due to submission of additional agency invoices, e.g., three clinics that had not been submitting their invoices were doing so now.
- e. **Medical Care Coordination (MCC):**
 - i. **Status of Expanded Sites:** Dr. Green reported DHSP did a fast track solicitation which resulted in contracting three new MCC providers: AIDS Project Los Angeles (APLA), Men's Health Foundation and, finally, UCLA. DHSP has also released a new Request For Proposals (RFP) for both AOM and MCC. Those contracts are expected to be in place by 3/1/2019.
- f. **Eligibility Cards and Brochures:**
 - Dr. Green has not investigated the topic due to scant enthusiasm when discussed a few PP&A meetings ago. DHSP could send information to those in the surveillance system and eligibility cards could cut paperwork. He requested Consumer Caucus input on if, e.g., they would improve information access; consumers want to receive information in the mail; or consumers are willing to carry a card. Some jurisdictions have considered the idea, but not engaged in it.
 - Ms. Barrit added HIVconnect.org went live in July 2018. It offers HIV and HIV-related service information by leveraging resources, e.g., a housing inquiry will link to the HOPWA website. It also interacts with 211 LA, the CDC Get Tested, and the RWP-HRSA Federally Qualified Health Centers (FQHC) databases to offer localized information by address or zip code. Commission Facebook and Twitter accounts feed into HIV Connect. Palm cards and posters are also available.
- i. **Consumer Caucus Input:**
 - ➡ Refer to the Consumer Caucus for input.

VI. DISCUSSION

9. MULTI-YEAR PLANNING:

- Ms. Barrit recommended identifying a time frame. The MAI plan is three years and there should be alignment between that, overall recommendations for Part A, and for other funding. Naturally, plans can be reviewed at any time, as needed.
- ➡ Consensus to utilize three-year time frame for multi-year planning.

VII. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP: There was no additional discussion.

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

VIII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- Mr. Fernandez reported the Department of Homeland Security is proposing to change the "public charge" category to include people who access housing, food, and medical services, Medicaid in particular. People considered "public charge" are excluded from becoming a resident such as by receiving a green card, or becoming a citizen.
- The Los Angeles County (LAC) Office of Immigrant Affairs and the City of Los Angeles Counsel are holding workshops to educate people about impacts to those accessing LAC services. LAHSA is requesting a LAC presentation on its strategy in response to the situation to inform itself and meet its responsibility to advise clients. Some may choose to avoid services.
- Mr. Martinez noted the proposal was still out for 60 days public comment, but Mr. Fernandez had heard the political mood was in favor of it. Ms. Barrit added the proposal has been discussed at the Board of Supervisors (BOS) which may, as it has in the past, generate a letter.
- ➡ Refer "public charge" issue to Public Policy Committee.

IX. ADJOURNMENT

13. ADJOURNMENT: The meeting adjourned at 2:55 pm.