LOS ANGELES COUNTY
COMMISSION ON HIV

Approved 11/16/2021

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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

October 19, 2021

COMMITTEE MEMBERS P = Present | A= Absent |EA = Excused Absence			
Frankie Darling Palacios, Co-Chair	A	William King, MD, JD	EA
Kevin Donnelly, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Everardo Alvizo, LCSW	P	Anthony M. Mills, MD	P
Al Ballesteros, MBA	P	Derek Murray	P
Felipe Gonzalez	P	Mario Perez, MPH	P
Joseph Green	A	LaShonda Spencer, MD	A
Michael Green, PhD, MHSA	P	Damone Thomas	P
Karl T. Halfman, MS	P	Guadalupe Velasquez	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Carolyn Echols-Watson, AJ King (consultant), Catherine LaPointe, Jose Rangel-Garibay and Sonja Wright			
DHSP STAFF			
True Beck, Jane Bowers, Wendy Garland, Pamela Ogata, Victor Scott and Julie Tolentino			

*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 at https://tinyurl.com/35zjnnmb

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Kevin Donnelly, Committee Co-Chair, called the meeting to order at approximately 1:05 PM. Members introduced themselves and stated their conflicts of interest.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approved September 21, 2021 meeting minutes. The Committee was reminded meeting 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.

There were no public comments.

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. Commission and Committee Updates

Cheryl Barrit reminded the Committee of the virtual annual meeting on November 18, 2021. Staff distributed the flyer to all Commissioners via email. An appeal was made for members to share meeting information to encourage consumer participation. Any members who did not receive the flyer were encouraged to notify staff.

b. Primer On allowable Services for Ryan White (RW) Part A and MAI Funding

C. Barrit reviewed the RW Unallowable and Allowable Costs summary prepared by staff at the request of the Committee Co-Chairs. The document summarizes Health Resources and Service Administration (HRSA) Program Clarification Notice (PCN) 16-02 which describes allowable and unallowable RW services.

The summary includes service categories and general allowable and unallowable expenditures for each category. The document is to assist in identifying permitted RW expenditures for planning purposes.

C. Barrit reminded the Committee remaining Commission meetings will be held virtually through the end of this calendar year as allowed by Assembly Bill 361. If things change, staff will notify Commissioners. The Commission will follow the direction and lead of the Board of Supervisors (BOS).

6. CO-CHAIR REPORT

a. Holiday Meeting Schedule (November 16, 2021 and December 21, 2021)

The Committee agreed to meet on November 16th and December 21, 2021.

b. "So, You Want to Talk about Race" by I. Oluo Reading Activity – Excerpts only from Chapters 14 or 15

Kevin Donnelly read excerpts from Chapter 15 of the book.

K. Donnelly expressed gratitude to DHSP for facilitating the RW Part A grant application review which included Co-Chair Frankie Darling Palacios, Al Ballesteros, and Commission staff (C. Barrit and J. Rangel-Garibay) as reviewers. K. Donnelly requested a report back from DHSP on the application.

Pamela Ogata noted this was the first application that covers a 3-year time period and a new focus area highlighting geographic areas of greatest need. Areas were identified based on the number of persons living with HIV (PLWH).

DHSP will share the application with the Committee and/or Commission once funding is awarded in 2022.

7. <u>DIVISION OF HIV AND STD PROGRAMS (DHSP)</u>

a. Minority AIDS Initiative (MAI) Expenditure and Client Demographics

i. Three years of MAI Expenditures and Demographics by Service Category

Mario Perez provided the following presentation highlights.

- The report focuses on MAI sub populations.
- MAI funding is approximately 8% of the RW program funding.
- MAI funding is to decrease disparities.
- MAI supplements core and support services by approximately $3.6 million in PY 31.
- PY 31 funding total was approximately $43.9 million.

Wendy Garland presented the Ryan White Program and Minority AIDS Initiative Subpopulations of Focus in Los Angeles County (LAC) Report. The report is intended to present information that is not easily captured in slides but requires documentation. The information is preliminary data and will require additional review before sharing with the full Commission.

The following are highlights of the report. (The revised report is included in meeting packet, revised 10/28/2021)

- MAI funding is to improve access to HIV care, reduce disparities and improve health outcomes by providing services specifically designed to address unique barriers and challenges faced by individuals disproportionately impacted by HIV.
- Jurisdictions/planning bodies identify populations disproportionately impacted by HIV. Those populations are included in the Part A HRSA grant application.
- Los Angeles County identified three populations disproportionally impacted by HIV.
    - Cisgender men of color aged 30 or older who have sex with men (MSM of color)
    - Cisgender men of color aged 18-29 years who have sex with men (YMSM of color)
    - Transgender persons of color
- Sixty percent (60%) of those receiving RW services are members of one the sub populations identified.
- In PY 30, persons of color represented 4 out of 5 Ryan White HIV/AIDS Program (RWP) clients.
- Eighty (80%) of clients served are from communities of color. Latinx were the largest percentage of RWP clients. Latinx were the largest percentage of MAI subpopulation served followed by Black/African American clients at 22%

- Poverty and lack of insurance were highest among RWP clients and all MAI subpopulations.
- The highest levels of poverty, recent incarceration and homelessness were among transgenders clients followed by YMSM.
- The transgender population served includes white clients. DHSP was unable to breakout ethnicities served.
- MAI subpopulations have represented more than half of RWP clients over the past five years.
- The top three services most utilized by MAI subpopulations in PY 30 were Mental Health, Medical Outpatient and Medical Care Coordination (MCC).
- Less than half of clients utilizing Transitional Case Management (TCM), or Housing Assistance were MAI subpopulations
    - Transgender clients used the largest percentage of Housing Assistance and were disproportionately impacted by homelessness.
- Low percentages of transgender clients and YMSM of color use of TCM services does not correspond to levels of incarceration for these populations. The impact of COVID-19 on contracted providers restricted access to the jails, which may have influenced the usage of TCM in in PY 30.
- The number of clients using the service does not necessarily correlate with expenditures, nor does it reflect how clients are utilizing the service. Additional analysis is needed to determine whether MAI subpopulations are receiving more or fewer service units per client (i.e., visits, hours, procedures)
- MAI funded services include
    - Transitional Case Management – Jails
    - Housing services for permanent housing
- In 2020, approximately 1 out of 3 PLWH were also RWP clients.
    - With higher percentages of PLWH engaged in care, retained in care, and virally suppressed RWP clients had better HIV care continuum (HCC) outcomes than PLWH in LAC not receiving RW services.
- Black/African American clients across all subpopulation groups have the highest unsuppressed viral load.
- Interventions that promote receipt of services, retention in care and ART adherence such as rapid linkage and MCC need to be strengthened. Key social determinants of health experienced by MAI subpopulations should be considered to reduce HCC disparities.
- Committee members wanted to know why women are not a sub population
    - Women are 1% of PLWH in Los Angeles County.
        - 40% Black/African American
        - 40% Latina
        - 20% White/API/Other
- HRSA application request jurisdictions to identify 2 or 3 sub populations.
- M. Perez addressed California Advancing and Innovating Medi-Cal (CalAIM)and its impact on the RW portfolio of services currently provided in LAC.
    - The expanded Medi-cal program proposes all low-income persons 50 and over become Medicaid (Medi-Cal) eligible regardless of documentation status. Which could cause a large migration of clients from RW services. (RW being the payer of last resort.)
    - An opportunity to finance new/other service categories that may more effectively decrease disparities might be necessary.

- M. Perez provided some recommendations to the Committee based on the information provided in the MAI presentation.
    - Analyze the frequency of client visits for services funded by MAI. It is possible, the targeted populations are being served at a higher frequency than are currently being reflected for some services.
    - Think about the current service categories and determine if they are consistent with the spirit of MAI funding which was to make additional investments to aid in achieving better health outcomes.
- The Committee requested clarity on the clients that utilize services funded by MAI funds. Are the clients served only the targeted populations are all people of color?
    - This question was related to information provided to the Committee regarding the use of MAI funds for housing and transitional case management services. DHSP reported approximately 13% to 17% of MAI funds in PY 30 were expended on non-people of color.
- M. Perez addressed the use of MAI funds. The question was asked if MAI funds only support services provided to people of color. The answer was no. The following explanation was provided.
    - Non-people of color do benefit from MAI funding if they are eligible for services funded through MAI. The example given was a white woman receiving transitional case management services which is funded through MAI. Providers bill for services rendered. If their contract is funded using MAI funds, then the non-person of color benefits from the MAI investment.
- Dr. Green stated there is no requirement for MAI funding to be spent exclusively on "target MAI populations".
- DHSP stated utilizing 100% of MAI funds for people of color is probably not realistic because clients are not screened for services on the basis of a funding source. Clients are not turned away based on funding sources or because they do not fit into the MAI categories.
- DHSP recommended identifying a percent of clients by service category to provide a benchmark of clients of color that must be served. Further, it was recommended when the Committee reviews PY data, review service categories to ensure intended populations are being reached and determine if changes are needed to the services categories provided.
- The Committee requested further clarification on requirements for the use of MAI funds and targeted MAI populations. Committee questions include: Are there any other HRSA perimeters that require a percentage of funds to be spent on MAI targeted populations? Was it permissible to spend 90% of the funds on non-targeted MAI populations? It was noted that among Black/African Americans the unsuppressed viral rate was the lowest among all populations served.
- DHSP confirmed there is no HRSA guideline for the percentage of targeted MAI populations to be served with the MAI funds. Further, it was stated it is up to each jurisdiction to determine how the funding is allocated.
- The Committee discussed previous MAI guidelines provided to DHSP separate from Part A directives. The plan had specific services included that were thought to be the most utilized by people of color.
    - It was recommended the Committee review the last MAI plan approved by the Commission.
    - It was recommended the plan be updated. The Committee thought additional guidance to DHSP is needed.
- The Committee discussed having an in-depth conversation about establishing a new service category(ies) that may enhance services needed by targeted MAI populations. This would be part of the 3-year planning cycle that the Committee has now adopted.

- DHSP provided some recommendations to address the Committee's MAI directive planning efforts for MAI funds.
    - Review unmet need and unsuppressed viral load data to determine MAI sub-populations should continue to be targeted.
    - Redefine the service categories that should be part of the RW service network to decrease disparities for the target populations
    - Review existing service categories currently in place and determine if refinements are needed. (MCC was provided as example of a service that may need some refinement such as the retention navigation component.)
    - See if there are new service categories that need to be added.
    - Review system capacity.
- The Committee noted agencies should be held accountable when they are not doing their due diligence and providers accountability should be part of the discussion when establishing MAI directives.
- DHSP noted the jurisdiction has the ability develop service categories as long as they fit within HRSA service categories.
- Committee members agreed to proceed with planning PY 33 and 34 service rankings and percentage allocations with the MAI information provided. It was noted recommendations can be modified when addition information is provided.
- DHSP provided an updated expenditure report on services currently supported by Los Angeles County (LAC). The current program year (PY) is 31 (3/1/21 – 2/28/22). The highlights reflect year end expenditures by service category.
    - MCC is largest expenditures at $11.3 million. In addition, $1.5 million was billed to Net County Costs (NCC). (County funds dedicated to HIV services) Making the estimated costs for this service over $12 million.
    - AOM anticipated to expend $7.6 million
    - Oral Health anticipated to expend $6.4 million
    - Mental Health anticipated to expend $350 thousand
    - Home and Community Based Health Services anticipated to expend $2.2 million
    - Non-Medical Case Management for Benefit Specialty Services anticipated to expend $1.4 million. This is separate from the Non-Medical Case Management services funded MAI funds which is for Transitional Jail services.
    - Housing Services has three types of services funded through Part A, B and MAI.
    - Housing services for permanent supportive services includes case management services and 22 units for those requiring mental health services. These services were reflected in the MAI report provided in this meeting.
    - Residential Care Facilities for Chronically Ill (RCFCI) and Transitional Residential Care Facilities (TRCF) which are funded through Part A funds. These are housing programs for those needing assisted living services.
        - $100 thousand is anticipated to be expended for mental health services
    - Medical Transportation anticipated to expend $413 thousand
    - Food Bank/Home-Delivered Meals anticipated to expend $2.4 million
    - Legal Services anticipated to expend $240 thousand

Part A direct services expenditures are anticipated to expend approximately $32 million
MAI expenditures are anticipated to expend approximately $3.4 million.
Part B funds approximately are anticipated to expend $4.3 million is for Housing services and approximately $800 thousand for Substance Abuse Treatment. The B expenditures exceed the award.

Part A is estimated to expend less than awarded. DHSP will shift MAI and Part B expenditures that exceed their awards to Part A. Additionally, expenses may be shifted from MAI funds to Part A. MAI funds can be rolled over for one program year. All Part A funds must be expended. The Committee was cautioned all invoices have not been received, but it is estimated $2 million in MAI expenditures will be shifted to Part A to expend all awarded funds. This could mean $2 million in MAI funds.

DHSP shifted $2 million in Part A funds to NCC earlier in the program year which impacted the underspending indicated in Part A.

b. Emergency Financial Assistance (EFA) Expenditure and Client Demographics

i. EFA Expenditures and Demographics

DHSP did not provide EFA information.

V. DISCUSSION

a. Proposed Ryan White Part A and MAI Program Year PY 33 and 34 Service Category Rankings

- Motion #3 will be put on the November agenda

b. Proposed Ryan White Part A and MAI Program Year PY 33 and 34 Service Category Funding Allocations

- Motion #4 will be put on the November agenda

- DHSP was requested to provide data on the frequency of client visits for services at the October meeting. They were unable to provide data for this meeting. *DHSP has committed to provide the information the December 21, 2021 PP&A meeting*.

The Committee agreed to postpone their discussion on motions 3 and 4. **(Passed by Consensus)**

8. COMPREHENSIVE HIV PLAN (CHP)

a. Overview and Federal Guidance (PowerPoint include in the packet)

AJ King, CHP consultant, provided a PowerPoint presentation on the 2022-26 CHP process. The following are some highlights from that presentation.

- This is the second plan CHP. The first was for the period of 2017-2021
- Guidance allows for the use of existing plans in the completion of the CHP. (i.e., EHE plan)
- The sections of the plan include Executive Summary, Community Engagement and Planning Process, Contributing Data Sets and Assessments, Situational Analysis, Goals and Objectives, Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up and Letters of Concurrence.

- The plan is due December 9, 2022. A timeline for completion was included in the presentation. Community engagement was emphasized as a key component throughout the plan.

b. Address Integrated plan Questions, Activities for Completing the Plan, Ways to Reduce Duplication of Effort and Steps for Plan Alignment.

The Committee identified they will need to; determine a system for obtaining feedback, how to engagement the community, identify issues that may have been omitted from previous plans, how to engage those disproportionately impacted by HIV and effective methods of implementing listening sessions.

Committee members were asked their ideas for developing the plan.

- It was pointed out cities represented on the Commission all have HIV plans that would be useful in informing the CHP.
- The Committee has some concerns regarding listening sessions participants and the ability to get varied voices to participate. There should be a concerted effort to get a wide range of consumer input.
- AJ King suggested taking the sessions to the people and provide incentives. In addition, provide feedback on how the information is used. The consultant noted over assessing the community could be an issue. The community has already been asked for their feedback several times but may not have experienced any service changes. The process should be transparent and ensure feedback is provided on what the information is being used to develop.
- It was recommended unbiased ways to obtain information are implemented.
- The Committee recommended planning ahead when presenting information from listening session. Invite consumers to PP&A meetings to get additional input and maintain transparency.
- The City of Long Beach made a request to host a listening session at their quarterly meeting. Providers and some consumers participate in the meeting. The participants administer HIV/STD and harm reduction services in the city. The next meeting is Wednesday January 12th 12-2pm. The meeting is virtual. It was also recommended a separate consumer meeting be scheduled and incentives offered.
- Additional Long Beach has a STD/HIV plan that can could contribute to the CHP. They are currently updating the plan.
- Committee members stressed consumers participation and making their ability to participate as easy as possible.
- The CHP will be a standing item for PP&A agenda and has all committee, caucus, task forces and workgroups within the Commission to carve out time for CHP discussions. This is in an effort to reduce duplication of effort.
- In addition, groups outside of the Commission such as We Can Stop STDs LA to may assist in creative ways to engage consumers.
- The Committee will utilize partner cities (Long Beach, Los Angeles, West Hollywood, and Pasadena) to look obtain data/input specific to their cities.
- It was noted the Committee Co-Chairs have attended various Commission entities (caucuses, taskforces, workgroups, other committees) informing them of the CHP process and encouraging their input. A consistent theme was noted during these visits. How is the plan different from the EHE? And which plan is going to be implemented in LAC? It was recommended the answers be consistent and plans will complement and align with one another.
- The Committee emphasized the need to simplify the process and eliminate miss information and

the lack of information. Make the process as easy as possible to understand and its purpose.

- AJ King was invited to the November 16, 2021 meeting.

VI. NEXT STEPS

a. Task/Assignment Recap

- The Executive Director will contact partner cities to discuss the CHP process and their possible contributions to completing the plan.
- The Executive Director will debrief with the CHP consultant to articulate a process moving forward
- Strategize on thoughtful questions for listening sessions and identify existing gaps that can be addressed in the CHP
- Discuss listening session locations, facilitators, and incentives.

b. Agenda Development for the Next Meeting

- Include CHP as an ongoing agenda item
- Motions #3 and #4 will be on the agenda.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

a. Adjournment:

The meeting ended at approximately 4:00 PM.