



# LOS ANGELES COUNTY COMMISSION ON HIV



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

March 26, 2019



PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Miguel Martinez, MPH, MSW, <i>Co-Chair</i>	Jason Brown, <i>Co-Chair</i>	Alasdair Burton	Cheryl Barrit, MPA
Frankie Darling Palacios	Susan Forrest	Katja Nelson	Carolyn Echols-Watson, MPA
Grissel Granados, MSW	Diamante Johnson	Jazielle Noelle	Jane Nachazel
Michael Green, PhD, MHSA	William King, MD, JD	Joshue Ray	
Abad Lopez	Anthony Mills, MD		<b>DHSP/DPH STAFF</b>
Derek Murray	Raphael Peña		Pamela Ogata, MPH
LaShonda Spencer, MD	Yolanda Sumpter		
	Russell Ybarra		

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 3/26/2019
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 2/19/2019
- 3) **Table:** Commission Member "Conflicts of Interest," *ongoing*
- 4) **Table:** Approved 2019 Work Plan (WP), Planning, Priorities and Allocations Committee (PP&A), 3/26/2019
- 5) **Article:** Community Planning with a Health Equity Lens: Promising Directions and Strategies, August 2011
- 6) **Spreadsheet:** PY 29 Allocations Commission Approved 9/13/2018, 3/26/2019
- 7) **Framework:** FY 2019-20 P-and-A Framework and Process, Review Paradigms, Review Operating Values
- 8) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 8/21/2018
- 9) **PowerPoint:** Planning, Priorities and Allocations Committee Report, Priority Setting and Resource Allocations, Process and Motions for Commission on HIV (COH) Approval, 9/13/2018
- 10) **Spreadsheet:** Ryan White Part A, MAI Year 28 and Part B YR 18 Expenditures by Service Categories through January 31, 2018, 3/25/2019
- 11) **Spreadsheet:** Planning, Priorities and Allocations Committee, FY 2018, (allocations/expenditures), 3/26/2019
- 12) **Table:** Planning, Priorities and Allocations (PP&A) Committee, Planning Strategies for Maximizing Ryan White Part A Funds - (DRAFT), PY 29 RW Allocations - Approved by COH on 9/13/2018
- 13) **Spreadsheet:** FY 29 Revised RWP Allocations (3/25/2019 version)

**CALL TO ORDER:** Mr. Martinez called the meeting to order at 1:15 pm. **Quorum was not achieved.**

### I. ADMINISTRATIVE MATTERS

#### 1. APPROVAL OF AGENDA:



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

**2. APPROVAL OF MEETING MINUTES:**

**MOTION 2:** Approve the 2/19/2019 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Postponed*).

**3. STATE CONFLICTS OF INTEREST:** Attendees stated their conflicts of interest.

**II. PUBLIC COMMENT**

**4. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no comments.

**III. COMMITTEE NEW BUSINESS ITEMS**

**5. 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**

**6. EXECUTIVE DIRECTOR REPORT:**

**a. 2019 Committee Work Plan:**

- Ms. Barrit noted the main change to the updated Plan, with support of the Executive Committee, was reconvening the Comprehensive HIV Plan (CHP) Goals and Objectives Work Group both to review goals and pick up the work of developing the stigma reduction plan. The Work Group was expected to begin meeting again in late April 2019.
- "Community Planning with a Health Equity Lens," in the packet, highlights six strategies (pages 7-9) which can serve as a tool, especially for evaluation:
  - ↳ 1. People involved in planning process, i.e., integrating affected community members at all levels of the body.
  - ↳ 2. Populations targeted in planning.
  - ↳ 3. Monitoring and evaluating outcomes, which presents a potential area for improvement.
  - ↳ 4. Use of equity focused tools, with some examples provided for consideration.
  - ↳ 5. Incentives or policy levers, with some of these more pertinent to the Public Policy Committee.
  - ↳ 6. Consideration of Social Determinants of Health (SDH) and how they intersect, an area key to current discussion.
- Staff were continuing to review potential tools and was open to suggestions from the body.

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

- No additional community engagement meetings were scheduled for 2019. Part of the Commission's ongoing commitment to support LACHAS is to integrate work on addressing goals at the full Commission, e.g., via colloquia.
- Other efforts announced at the 2018 LACHAS update include the 2019 Data Summit to update LACHAS metrics and the convening around methamphetamine and HIV. DHSP, the Commission, and the UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS) were involved in these efforts.

**c. Conflict of Interest Management and Member Responsibilities Refresher:** Commissioners were reminded of their charge as planners for effective service delivery and quality services for clients, not as advocates for individual or agency concerns.

**7. CO-CHAIR REPORT:** Mr. Martinez noted the "Checklist for Community Planning with a Health Equity Lens," page 11, of the aforementioned article. He highlighted the last point on the list - making equity explicit, e.g., by using a clear definition and ensuring input including from recently formed groups such as the Aging Task Force and the Black African American Task Force.

**V. UPDATES**

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

**a. Housing Services Referral Process:**



- Dr. Green reported referrals had been planned to go through Housing Opportunities for Persons With AIDS (HOPWA), but the connection with HOPWA has fallen apart. HOPWA was now only providing referrals for its own clients. It was unresponsive to DHSP on why or for how long but, overall, it pertains to staffing and new data system training issues.
- There were also issues with Housing For Health (HFH). DHSP was revising that Memorandum Of Understanding (MOU) to add case management. HFH originally thought it had enough case managers but, in retrospect, has found it did not.
- Mr. Murray noted previously the City of West Hollywood homeless outreach teams successfully referred clients directly to the Alliance for Housing and Healing (AHH) so asked if that approach could help. Dr. Green replied that AHH has reported difficulty in hiring staff due to competition from other agencies pursuant to the recent increase in funding.
- Dr. Green expressed frustration that significant funds were entering the system, but there was a lack of coordination or interest in developing a coherent system. Instead, each entity was focused on its own issues and different targeted populations in a siloed manner. Consequently, funds were going unspent or were being spent unwisely.
- DHSP had not wanted to duplicate a referral network but, given the circumstances, it has begun work on its own Requests For Proposals (RFP) for housing rental assistance and case management assistance. Dr. Green felt it unfortunate that the Commission needed to consider spending any funds on housing when hundreds of millions of dollars dedicated to housing were entering the City and County systems, but that response has been uncoordinated.
- He cautioned that releasing an RFP will not guarantee agencies with the capacity to do so will respond. Further, DHSP has to follow Los Angeles County (LAC) requirements for agency staff to pass background checks. Some agencies have said they had staff able to do the work, but unable to pass the background check. Waiving it is beyond DHSP's purview.
- Mr. Burton suggested a third party to help coordinate. Dr. Green noted Lois Starr, housing consultant, was hired to help the various entities navigate coordination of funds coming into LAC, into the City of Los Angeles and, separately, into the City for HOPWA with its 3% cap on administrative expenses. The effort was not very helpful. The Board of Supervisors (BOS) has appointed a housing person at the Chief Executive Office (CEO). It was unknown if the City has. There are also a Los Angeles Homeless Services Authority (LAHSA) advisory group and a Measure H oversight group.
- Some building has been initiated with funds to increase inventory. A missing piece, however, is that HOPWA used to be very good at finding landlords willing to convert units to HOPWA units in order to increase inventory. Secondarily, it stepped in with assistance for existing housed clients having trouble paying their rent to avert loss of housing and the months long rehousing process. Medical Care Coordination (MCC) teams were expected to facilitate that process.
- ➡ Request updates from HOPWA and HFH for the Commission.

**b. Fiscal Update:**

- Regarding Ryan White FY 2018, Part A was overspent by \$1.9 million. Some ongoing issues to keep in mind for FY 2019 include that DHSP is experiencing difficulty with hiring staff for the Outreach, Linkage and Re-Engagement Program (LRP). Despite having the funds, the Department of Public Health (DPH) was not approving staff items or hires.
- Oral Health will be somewhat underspent, but the new RFPs with additional services should address that in FY 2019.
- The Department of Mental Health (DMH) has other funding so was not interested in invoicing DHSP for treating PLWH.
- Substance Abuse Prevention and Control (SAPC) has even more funding due to expansion of Drug Medi-Cal. DHSP met with SAPC the prior week to identify ways to help utilize their funds for services like PrEP programming and outreach. SAPC may also be able to cover the additional bridge housing discussed at a previous PP&A meeting.
- Linguistics Services is a new contract as a result of a solicitation. It was not doing well and was unlikely to be renewed.
- Housing Services expenditures are fairly stable for Residential Care Facilities for the Chronically Ill (RCFCI) and Transitional Residential Care Facilities (TRCF). The problem with these services is very low turnover. DHSP has discussed transition planning with the three agencies, but there is a lack of other housing for patients. Dr. Spencer suggested increasing beds, e.g., a patient of hers has been in a hospital bed for three months due to lack of other options.
- Part B funding via the state will also be expended with many costs in RCFCI and TRCF, the fourth biggest budget area.
- Minority AIDS Initiative (MAI) includes rollover from FY 2017 of \$3.6 million and the FY 2018 grant of \$3.1 million for a total of \$6.7 million. Rollover must be expended the following year. Expenditures were already close to meeting that requirement between anticipated MAI expenditures of \$1.6 million and \$1.9 million in overspending from Part A.
- In addition, the Health Resources and Services Administration (HRSA) requires expending a minimum of 3% up to a maximum of 5% on Clinical Quality Management. DHSP expended 3% in FY 2017, but it is expected to expend 5% in FY 2018 further drawing down funds. FY 2018 funds will rollover to FY 2019, but that is an improvement over FY 2017.
- ➡ DHSP will work with their RCFCI and TRCF providers to identify additional potential beds.

**c. Ambulatory Outpatient Medical (AOM) Rates and Analysis:**



- Dr. Green was not at the 2/19/2019 meeting, but came to speak with Ms. Barrit about this topic's genesis since rates and contracting are outside the Commission's purview. PP&A should not become a forum for providers dissatisfied with their contracts. That would be counterproductive and not allowable under Planning Council rules and regulations.
- A rate study some time ago was used to calculate the AOM range of rates. That information is publicly available online.
- Mr. Martinez said the discussion pertained to the potential to help maximize funds by supporting referral of longer appointment times and visit requirements to the Standards and Best Practices (SBP) Committee.
- Dr. Green replied DHSP has never set a time limit for a visit. RFPs identify what services are to be provided under the rate with the understanding that not all services will be provided at every visit, e.g., vaccinations are commonly annual. Visits are defined as a face-to-face visit with a physician, physician's assistant, or nurse practitioner. The administrative authority for a clinic determines that clinic's visit length. Clinics are generally funded by multiple payers so the clinician generally does not know who is funding a particular patient. There is no way to influence that in today's system.
- ➡ Staff will distribute the link to the RFP which includes what is covered, the rate, and additional Fee For Performance.

**d. Coordination of Emergency Financial Assistance and County Programs:**

- Dr. Green reported DHSP did investigate what, if any, LAC programs offer a similar service. None were identified. It would, therefore, have to be a new service which will require approval by the BOS either to add it to an existing service or for a solicitation. DHSP does have a contract with one provider which already offers the service. It could conceivably be added to that provider's Scope Of Work (SOW) if the provider was willing to accept the additional work.
- He also checked with MCC providers to ascertain willingness to add this to their SOWs. None were at all interested.
- It will be difficult to identify willing agencies because the service loses money due to the required accounting.

**e. Child Care Services and Existing Contracts:**

- Child Care would also have to be a new service requiring approval by the BOS either to add it to an existing service or for a solicitation. Further, DHSP would also need a clearer picture of what services would be provided; in what settings, e.g., clinics or social service agencies; to support what services; and what qualifications providers would need.
- Ms. Barrit said the most recent Child Care Standards of Care (SOC) are older and focus on licensing and ratios that follow state guidelines. It would need to be updated. Last year, PP&A allocations recommendations forwarded to the full body linked Child Care to enabling people to attend Psychosocial Support Services.
- It was generally agreed the service was funded many years ago, but defunded due to lack of demand. Mr. Martinez added it was not generally available, e.g., at a clinic, but was arranged per client visit which tended to reduced usage.

**VI. DISCUSSION**

**9. PLANNING STRATEGIES:** Mr. Martinez noted packet reference materials: Paradigms of compassion and equity; Operating Values of efficiency, quality, advocacy, and representation; and materials pertaining to the 9/13/2018 FY 2019 initial allocations.

**a. Planning Strategies for Maximizing Ryan White Part A Funds:**

- There was consensus to prioritize service categories for review in order to prepare for FY 2020. For services that will require an RFP, DHSP will be able to address two or three in FY 2019 for launch of contracts in FY 2020.
- Ms. Barrit noted SBP was currently reviewing Emergency Financial Assistance and Psychosocial Support Services.
- Dr. Green confirmed that Child Care was now an allowable expense that could be added to an agency's SOW with BOS approval. The agency would need to maintain pertinent paperwork and agree to expend funds for reimbursement.
- Health Education/Risk Reduction (HE/RR) is mainly for Prevention For Positives to prevent forward transmission and offer education to serodiscordant couples. To some extent, it can be rolled into MCC as a prevention service.
- Dr. Green noted the prior Psychosocial Support Services model was very unstructured and not an effective use of resources. Different models could be developed to address different populations, e.g., newly diagnosed, women, older PLWH. Mr. Martinez said using the equity lens should target SOC's to the most impacted and not virally suppressed.. Dr. Green noted that would be consistent for the newly diagnosed and women. Viral suppression is not as great a problem among older PLWH, but they do face multiple other issues.
- Dr. Green noted Case Management, Non-Medical was especially helpful for the many people who lack knowledge about available services and have difficulty entering the system.
- DHSP has completed RFPs for Oral Health, AOM, and MCC. It was working on HIV and STD testing for release in the next month or so. He anticipated DHSP could complete all three targeted RFPs in 2019 for contracts in 2020.
- ➡ Refer review and update of Child Care Services to Standards and Best Practices (SBP) Committee.
- ➡ Ensure SBP update of Psychosocial Support Services SOC addresses the aging population and across genders.



- ➡ Refer RFP prioritization to DHSP and SBP: 1. Case Management, Non-Medical; 2. Emergency Financial Assistance; and 3. Psychosocial Support Services.

**b. FY 2019 Ryan White (RW) Allocation Table:**

- Ms. Ogata reported, having already received the Notice Of Award (NOA), she must submit the updated FY 2019 priorities and allocations by 4/15/2019. That meant that the Commission would need to approve recommendations at its 4/11/2019 meeting. Ms. Barrit continued, though it lacked quorum that day, PP&A could make recommendations to the Executive Committee for approval to go to the Commission.
- Ryan White priorities are based solely on PLWH need for a service regardless of funding. They inform allocations but, because Ryan White is funding of last resort, a high priority may be funded wholly or in part by a source(s) other than Ryan White allocations. Ryan White priorities and allocations were last revised 9/13/2018.
- There was consensus to move HE/RR up from priority 16 to 6 with other services moved down. The service supports goals of stigma reduction and prevention counseling.
- There was also consensus to move Hospice from 21 to last at 27 due to lack of demand.
- Regarding a question on Referral as a service, Ms. Barrit said the current Ryan White allocation was zero. Net County Cost (NCC) funds are supporting HIV Connect which provides information about accessing various services. Issues with referrals from one service to another can be addressed via an MCC team, the referring agency, or DHSP's Warm Line.
- Ms. Ogata noted HRSA had expected a 5% increase in funding so the LAC Part A application was written for \$36,569,729, but HRSA did not receive more funds so did not distribute the 5%. The NOA was for \$34,748,746 which still does reflect a \$500,000 increase over the FY 2018 award. Adjustments overall were made to accommodate the difference. It is understood that additional adjustments are anticipated after expenditure patterns develop. DHSP recommendations for initial revisions to Ryan White Part A and/or Part A/MAI allocations are as follows:
  - ↳ Increase Outpatient/Ambulatory Health Services from \$7.5 million (20.40%) to \$9.8 million (28.23%) based on current expenditures and new contractors starting in FY 2019.
  - ↳ Increase Oral Health from \$5.8 million (15.90%) to \$6.3 million (18.13%) based on addition of Oral Health Case Managers and expansion of allowable services.
  - ↳ Decrease Early Intervention Services from \$841,000 (2.30%) to \$500,000 (1.44%) based on shifting funds to DHSP partner services/testing staff and community health workers; and return HIV testing to Centers for Disease Control and Prevention (CDC) or NCC after one year funded by HRSA due to HRSA's extensive data reporting requirements.
  - ↳ Increase Home and Community Based Health Services from \$2 million (5.50%) to \$2.4 million (6.88%) based on increased rate reimbursement to match an increase in the state's rate reimbursement.
  - ↳ Maintain Mental Health Services essentially stable going from \$293,000 (0.80%) to \$300,000 (0.86%).
  - ↳ Maintain sole Medical Nutrition Therapy contract in SPA 1 essentially stable going from \$36,000 (0.10%) to \$21,000 (0.06%).
  - ↳ Increase MCC from \$9.7 million (26.50%) to \$10.6 million (30.42%) based on new contracts.
  - ↳ Part A Non-Medical Case Management is slightly lower, but MAI is higher for an overall increase of 5.4% to 6.6%.
  - ↳ Food Bank/Home-delivered Meals reflects a slightly lower amount overall from 4.9% to 3.4% in order to adjust for the lower grant amount, but contracts exceed that amount and are funded through other resources.
  - ↳ Housing Services reflects a decline to balance the overall grant from 8.7% to 5.2%.
  - ↳ Legal Services also reflects a decline to balance the overall grant from 0.6% to 0.4%.
  - ↳ Decrease Linguistic Services from \$255,000 (0.70%) to \$17,000 (0.05%) due to poor contract performance.
  - ↳ Medical Transportation, Outreach Services, Psychosocial Services, and Substance Abuse Residential all reflect some declines to balance the grant.
- The anticipated MAI rollover from FY 2018 to FY 2019 was not reflected because HRSA had not yet approved it. Approval was, however, anticipated and the funds can then be used to bolster any service categories desired.
- Ms. Ogata added it would be helpful, as has been recent practice, to include in recommendations approval for DHSP to make adjustments of +/-10% without further Commission action to facilitate meeting ordinary fluctuations.
- ➡ PP&A recommends to the Executive Committee to forward to the Commission the revised priorities and allocations, as noted, with authority delegated to DHSP to make adjustments as needed up to +/-10%, and with recommendation to allocate underspent funds to Food Bank/Home-delivered Meals and/or HE/RR.

**MOTION 3:** Approve 2019 Ryan White (RW) Allocation Table Revisions, as presented or revised (*Postponed*).

**VII. NEXT STEPS**

- 10. TASK/ASSIGNMENTS RECAP:** There were no additional items.
- 11. AGENDA DEVELOPMENT FOR NEXT MEETING:** There were no additional items.

**VIII. ANNOUNCEMENTS**

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

**IX. ADJOURNMENT**

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