



LOS ANGELES COUNTY
COMMISSION ON HIV



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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
August 21, 2018



PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, <i>Co-Chair</i>	Frankie Darling-Palacios	Scott Blackburn	Cheryl Barrit, MPIA
Jason Brown, <i>Co-Chair</i>	William King, MD, JD	Alasdair Burton	Carolyn Echols-Watson, MPA
Susan Forrest	Anthony Mills, MD	Aaron Fox	Julie Tolentino, MPH
Michael Green, PhD, MHSA	Raphael Peña	Katja Nelson	
Grissel Granados		Kevin Stalter	
Abad Lopez		Eric Schattl	
Miguel Martinez, MPH, MSW			
Derek Murray			
Pamela Ogata, MPH			
Deborah Owens Collins, PA-C, MSHCA, MSPAS, AAHIVS		DHSP/DPH STAFF	
Rebecca Ronquillo			
LaShonda Spencer, MD		No Additional Staff	
Russell Ybarra			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 08/21/2018
- 2) **Notes:** August 14, 2018 PP&A Meeting Summary
- 3) **Tables:** Planning, Priorities and Allocations Committee Ryan White (RW) Part A and Minority AIDS Initiative (MAI) Allocation Comparison for 2017, 2018 and 2019
- 4) **PowerPoint:** Division of HIV and STD Program (DHSP) Ryan White FY 2017 Care Utilization Data
- 5) **Tables:** Division of HIV and STD Program (DHSP) 2017 Health Resources and Services Administration (HRSA) Final Expenditures; 2017 and 2018 Revised Allocation; 2019 HRSA Proposed Allocation Tables; 2019 RW Allocations (PP&A Recommendations)
- 6) **Document:** List-Commissioner Agency Service Category Conflicts; Approved Los Angeles County Commission on HIV (COH) FY 2017 – 2022 Program Directives ;
- 7) **HRSA Policy Notice:**

CALL TO ORDER: The meeting was called to order at 1:12p.m. by Jason Brown, Co-Chair.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

MOTION 1: Approve the Agenda Order, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

2. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:

No Comments

III. COMMITTEE COMMENT

3. NON-AGENDIZED OR FOLLOW-UP:

No Comments

IV. REPORTS

4. EXECUTIVE DIRECTOR'S REPORT:

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

The Executive Director (ED) updated the committee on the August 16, 2018 "call to action" meeting held in West Los Angeles (WLA) at the Westside Pavilion. The ED noted, although it was a small turnout, a detail discussion was had. The Commissioners in attendance were debriefed. The Commissioners identified that there is a need to improve networking with non-RW providers in the WLA area. Commission staff will distribute a report of the meeting results.

The ED informed the committee the monthly Commission meeting will be held on September 13, 2018 at the Music Center. The meeting will include a colloquia and immediately following a commissioner orientation. All Commissioner are to attend. Supplemental trainings will be provided in 2019.

The ED will give a full report on HIV Resource website going live at the September 13, 2018 Commission meeting. The first phase is launching the website. The first year the Commission will gather data on the usefulness of the site.

5. CO-CHAIRS' REPORT:

a. Jason Brown, Co-chair reviewed the August 14, 2018 meeting summary.

VI. DISCUSSION I

6. Determine 2019 HRSA Allocation Table

The ED reviewed comparison tables included in the packet which compared allocation changes approved by the committee on August 14, 2018. Additionally, a table with initial PY29 committee recommendations was reviewed.

In addition, DHSP Utilization report expenditures and number served data was used to determine cost averages. The ED cautioned, the information was for discussion purposes only. The amounts shown as average cost do not have the same cost factors. Some service categories are fee for service while others are cost reimbursement. This difference in billing has an impact on service costs. Additionally, the scope of service is different based on the services provided.

It was noted, the service ranking categories for PY 29 were included in the packet and if no changes will be presented at the Executive Committee and full Commission body for approval. The next Commission meeting is scheduled for September 13, 2018.

Before the committee began to discuss PY 29 allocations, the ED recommended all participants indicate their conflict(s) of interest. Each meeting participant disclosed their conflicts. Please see the attached disclosure listing for details.

- Aaron Fox, Commissioner requested the Los Angeles LGBT Center be correctly reflected on the conflict of interest listing.

Dr. Green provided an update on the **Housing for Health (HFH)** program. HFH are now enrolling clients. They have enlisted a primary contractor with two sub-contractors. The three agencies providing rental subsidies are Alliance for Housing and Healing which is the primary contractor, the Los Angeles LGBT Center and the Tarzana Treatment Center which are subcontractors. Based on historical data there was discussion regarding housing services funding reductions. It was pointed out housing providers have now implemented the RW program.

DHSP is recommending \$3 million for housing under MAI based on recent HFH enrollments.

→ The committee committed to review the HFH program when more data is available.

DHSP Planning Process Recommendation

Dr. Green requested the committee allocate by percentages not dollars for PY 29 because DHSP is unsure of PY29 allocations. Further using percentages to allocate funding allows service categories to reflect the commission priorities in a consistent method.

DHSP recommended funding new services in order to expend all funding received by the County.

Co-Chair Ballesteros noted that in previous allocation exercises the committee has known roughly what percentages equal in funding based on program year estimates. He noted the committee can review and revise PY 29 allocations whenever necessary.

DHSP Service Recommendation:

- DHSP made a recommendation to streamline the enrollment and recertification process of Ryan White (RW) clients and inform patients of services and benefits available to them. This would be achieved by issuing a RW insurance eligibility card and brochure of available services. DHSP recommended \$500,000 in **non-medical case management** funding to support this project. As patients visit various agencies for services they will have validation of their eligibility to receive services. The need to provide multiple documents to verify their eligibility at each facility will no longer be needed.

DHSP sought input on the most beneficial place to issue clients eligibility cards and information packets. Some points of entry identified were Benefit Specialist, Enrollment Specialist or DHSP. The card should be issued to all newly diagnosed clients in the surveillance system. It was noted, having multiple ways of receiving an eligibility card will increase client access.

DHSP noted using surveillance data as the trigger to issue an eligibility card could take up to 3 months before the card and brochure were issued.

It was noted, the issues of eligibility cards for those that are HIV+ and homeless, and not “document ready” could be helped by issuing a card so they don’t miss out on benefits and services they are entitled too.

HOPWA may be able to subsidize a portion of this project if HOPWA services can be included in the brochure and clarification on the number of HIV homeless is obtained.

Opposition to recommendation: There was discussion regarding the impact of this service. It was acknowledge by that streamlining the enrollment process has value, but felt funds allocated toward services would be more impactful. It was noted, referral services are currently funded to include referral to all RW services.

The committee requested further information on costs for this project and further discussion on how to implement the service.

- DHSP has been charged with providing the following.
 - Percentage of paperwork eliminated by issuing an insurance card
 - Program cost estimate
 - Method of issuing eligibility cards and benefit brochures

DHSP indicated they do not have the delegated authority to create new Non-Medical Case Management services contracts. The committee recommendations made on August 14, 2018 cannot be implemented by the beginning of PY 29.

The Committee asked, what does **non-medical case management services** include? DHSP enumerated the services to include benefit specialist, enrollment services, (which include transitional case management for youth, jails, etc.). DHSP noted the process if Commission which included Standards of Care (SOC) are needed for the new service, establish commission allocations and DHSP prepare a Request for Proposal (RFP).

It was noted, underspending has become a long term problem as Medi-Cal eligibility expands previous participants of RW services are participating in the Medi-Cal program. It was recommended that the commission start investing in new service categories as oppose to continuing to fund service categories that are continually underspending.

Homeless outreach for HIV+ individuals was discussed. Homeless outreach workers often are not trained on HIV and support services. It was recommended outreach workers be well versed in RW and LACHAS services. Further, resources should be pooled and outreach teams collaborate.

LRP outreach workers find those not in care and link them to housing services. This is a DHSP program.

Services for the homeless population were discussed. HOPWA and HFH currently fund homeless services. Outreach services were identified as a need to link people with housing case managers.

Federal Poverty Level (FPL)

Current client financial eligibility requirements and Food Bank Services were discussed. DHSP stated the expansion of the FPL will not make a significant difference in expenditures for foodbank services. Changing the FPL can be done without going to the Board of Supervisors (BOS) for approval. It was noted, the increase in FPL could be expanded to other services as well.

New Services

New service category information is needed to begin the procurement and contracting process. DHSP is requesting the service plan for 2020 with in the next 3 months.

DHSP's chart for FY 2019 does not include MAI carryover. This is because PY 28 expenditures won't be determined until PY 28 has closed. If PY 28 MAI allocation is not spent by the end of the program year that amount will be identified as carryover. DHSP will request HRSA approve the unspent funds for the next program year (PY29).

Multi Year Planning

Allocating on a multi-year basis was recommended by DHSP because new services were being introduced. DHSP stated new service categories will not receive funding in FY 29 due to the county's procurement process. A multi-year process would allow for a phasing in of new services over the next 4 program years. This would coincide with the Comprehensive HIV Plan and the Los Angeles County HIV Strategy.

DHSP cannot change the category descriptions, contract language and current allocations without Board of Supervisor approval. DHSP inquired about the commission petitioning the Board of Supervisors (BOS) to expedite the contracting/procurement process.

Recommendations for Multi Year Planning:

It was noted, the committee would need a motion to change the current planning process to multi-year planning process. The ED recommended the following.

- Identify the committee vision of a multi-year process
- Identify data/information needed
- Review models of other jurisdictions planning processes
- Evaluate PY 29 planning process
- What went well?
- What could be improved?

Committee Service Recommendations

Support groups for women of color was recommended as a new service. It was noted women of color are significantly impacted by the disease, especially African American women

Gender Specific services for residential treatment was recommended as a new service. Substance Abuse and Mental Health Services Administration (SAMHSA) data shows better outcomes when services are gender specific. New services can be implemented through a directive to DHSP. This Commission would direct DHSP to include gender specific services as a requirement in provider contracts. It was noted, gender services can apply to various service categories.

Metrics around quality of life for people living with HIV was recommended. Issues to address include:

- Measures for quality of life
 - DHSP is aware of measures that are reasonably reliable tools but
 - Require analysis on the application of the tool
 - Clarity on what information is collected
 - Measures should be applied everywhere viral load suppression is captured.
 - DHSP thought the tools to measure quality of life could possibly be incorporated in certain contracts where a quality of life assessment is a logical measurement for the service offered.
 - Currently, DHSP is trying to research/create different metrics for all services. Go beyond viral suppression and/or retention as the only measures of success.
- DHSP will present tools that measure quality of life at a future PP&A meeting.
- Once the committee has an understanding of tools available a directive to DHSP will be prepared.
- Standards and Best Practices will be requested to review quality of life tools. MCC is currently being re-written and quality of life metrics could be incorporated in the standard.

Motion #2

The following are PY 29 allocation recommendations approved by the Committee. (Approved by Consensus)

Part A Funds

- 1% of Ambulatory Outpatient Medical (AOM) funding to Outreach Services (Specifically for homeless PLWH)
- .5% of AOM funding to Psychosocial Support Services (Specifically for women of color)
- 1% of AOM funding to Child Care Services (Specifically to support the psychosocial support services for women of color)

Minority AIDS Initiative

- 31.1% Medical Care Coordination (MCC)
- 6.8% Case Management Non-Medical
- 4.7% Direct Emergency Financial Assistance
- 15.5% Nutrition Support (Specifically Food Bank Services)

- 26.4% Housing
- 15.5% Medical Transportation

Treatment Adherence

- DHSP will review MCC contracts to determine activities done to encourage client adherence
 - Standards for treatment adherence
 - Treatment adherence defined in the Standards of care (SOC)
- The Committee voiced concerns about treatment adherence and how it is currently administered. It was felt, clients need more effective methods of treatment to remain adherent.

VII. NEXT STEPS

7. TASK/ASSIGNMENTS RECAP:

- Approved FY 29 Service Category and Allocations recommendations will be agendized for the Executive Committee and September 13, 2018 Commission meetings.
- Assess PY 29 planning process
- Discuss multi-year planning process
- Housing for Health Programmatic Update
 - How many people served?
 - Expenditures to date?
- Discuss how to further operationalize DHSP directives
- Place multi-year and contingency planning on the September 18, 2018 agenda.

8. AGENDA DEVELOPMENT FOR NEXT MEETING:

VIII. ANNOUNCEMENTS

9. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

IX. ADJOURNMENT

10. ADJOURNMENT: The meeting adjourned at 3:21 pm.