



LOS ANGELES COUNTY COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES January 17, 2017



PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, <i>Co-Chair</i>	Majel Arnold, MA-HSA	Kevin Donnelly	Cheryl Barrit, MPIA
Michelle Enfield, <i>Co-Chair</i>	Raphael Péna	Miguel Fernandez	Carolyn Echols-Watson, MPA
Jason Brown	LaShonda Spencer, MD	Emily Franklin	Jane Nachazel
Bradley Land		Joseph Green	Doris Reed
Abad Lopez		Karl Halfman (<i>OA, by phone</i>)	
Miguel Martinez, MPH, MSW		Anthony Mills, MD	
Derek Murray		Katja Nelson	DHSP STAFF
Pamela Ogata, MPH			None
Yolanda Sumpter			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, *1/17/2017*
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, *12/20/2016*
- 3) **Plan:** Minority AIDS Initiative Plan Update (2016-2021) Proposed *1/17/2017, 1/17/2017*
- 4) **Spreadsheet:** Los Angeles County Commission on HIV (COH) Ryan White FY 2017-2018 Directives - Proposed *1/16/2017, 1/16/2017*
- 5) **Table:** Commission on HIV and the Centers for Disease Control (CDC), Prevention Services Categories PY 2015-2016, Worksheet for FY 2017-2018, *1/17/2017*
- 6) **PowerPoint:** Update on the Los Angeles County HIV/AIDS Strategy, *11/10/2016*
- 7) **Article:** Towards an integrated primary and secondary HIV prevention continuum for the United States: a cyclical process model, *2016*
- 8) **Article:** National HIV Behavioral Surveillance among Men Who Have Sex with Men (MSM), NHBS - MSM4, 2014, *July 2015*
- 9) **Summary:** Summary of LAC DPH DHSP 2014 Annual HIV/STD Surveillance Report, *June 2016*
- 10) **Table:** Attachment A. HIV Funding in Los Angeles County by Funding Source, *CHP 2017-2021*
- 11) **Article:** CDC's Current HIV Prevention Priorities, *2017*
- 12) **Table:** CDC-Funded HIV Testing, United States, Puerto Rico & US Virgin Islands, *2014*
- 13) **Summary:** HIV Prevention in the South: Reducing Stigma, Increasing Access, *February 2016*
- 14) **Plan:** The Jurisdictional HIV Prevention Plans for the San Francisco Metropolitan Statistical Area, 2012-2016, *February 2013*

1. **CALL TO ORDER:** Ms. Enfield called the meeting to order at 1:05 pm.

2. **APPROVAL OF AGENDA:**

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

3. **APPROVAL OF MEETING MINUTES:**

MOTION 2: Approve the 12/20/2016 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Passed by Consensus*).

4. **PUBLIC COMMENT (Non-Agendized or Follow-Up):** There were no comments.

5. **COMMITTEE COMMENT (Non-Agendized or Follow-Up):** There were no comments.

6. **EXECUTIVE DIRECTOR'S REPORT:**

- Ms. Barrit thanked several PP&A members and others who have offered to coordinate with agencies to host the half-hour Comprehensive HIV Plan (CHP) overview. The presentation was developed to help align CHP goals with agency activities while highlighting Commission work. Two agencies have already requested presentations for their staff meetings.
- Feedback on the presentation is encouraged and tracked so that it can help inform the next CHP annual update.
- Development of 2017 staff expectations continues. Ms. Barrit presented at the 1/12/2017 Consumer Caucus on Commission members, led by the Caucus, assessing staff customer service. Caucus members will engage in secret shopper activities such as phone calls to staff.

7. **CO-CHAIRS' REPORT:**

- Mr. Ballesteros acknowledged PP&A's work that resulted in presentation of initial FY 2017 allocations at the 1/12/2017 Commission meeting. They reflected the progression of work on housing from the Consumer Caucus raising the issue through allocating funds just as was done with Medical Care Coordination (MCC) expansion.
- Many categories continue year-over-year essentially unchanged, but it is important for PP&A members to be able to explain to other Commission members and the community how allocations can and do respond to identified need.

8. **CO-CHAIR ELECTIONS:**

- Ms. Enfield was happy to have been a part of the past year's progress. She thanked everyone for the support she has received as Co-Chair and her gratitude for allowing safe spaces for people like her, who come from the community, to work their way up in the field. She will not be accepting the Co-Chair nomination for the coming year.
- Ms. Barrit reported last month's nominations were Mr. Ballesteros and Ms. Enfield. No others had been received and Ms. Enfield had now declined. Mr. Ballesteros added he was also willing to step down if two others would like to Co-Chair.
- Ms. Barrit noted Co-Chairs of this particular Committee attend additional meetings: one- to two-hour pre-PP&A planning meetings with DHSP staff to review financials; and a half-day Ryan White application review to assure consistency with the full scope of the needs assessment and feedback from the Commission and community.
- Ms. Enfield nominated Mr. Brown and he accepted the nomination. Mr. Brown nominated Mr. Martinez, but he declined as his small agency was already active including another staff person on Executive and the need to conserve staff resources.
- Mr. Ballesteros was willing to serve for one more year, but felt it important that others have the experience of doing this work. Naturally, he will mentor Mr. Brown, but also was willing to mentor others to run for the seat in the future.
- Mr. Land thanked Mr. Ballesteros and Ms. Enfield for their service. PP&A is at the heart of the Commission's work and all that work in some way culminates in PP&A work. The Health Resources and Services Administration (HRSA) also requires that the full Commission participate in Priority- and Allocation-Setting (P-and-A) so PP&A Co-Chairs must be able to educate the full Commission as work progresses so that all members can make informed decisions when motions come forward.
- ➡ Ms. Sumpter accepted mentorship to run for Co-Chair next year. Messrs. Ballesteros, Land and Rosales will mentor her.

MOTION 3: Elect Al Ballesteros, MBA and Jason Brown to one-year terms as Planning, Priorities and Allocations Committee Co-Chairs (***Passed by Consensus***).

9. **COMPREHENSIVE HIV PLAN (CHP) UPDATE:**

- A. **Listening Sessions Tier 3:** Ms. Barrit noted a flyer for Tier 3 sessions was in the 1/12/2017 Commission packet and was emailed to the distribution list. RSVP calls have started for both the consumer and HIV workforce sessions. She thanked all for referrals and encouraged more. The first session for Asian/Pacific Islanders will be 1/25/2017.

10. **MAI PLAN AND MASTER DIRECTIVE:**

- Ms. Barrit noted the updated MAI Plan in the packet as reflected in FY 2017-2018 allocations approved at the 1/12/2017 Commission. Traditionally, the MAI Plan addressed Ryan White dollars, but it can be a comprehensive Plan that includes prevention. At the federal level, MAI crosses many agencies and health issues, e.g., prevention and care at Substance Abuse and Mental Health Services Administration (SAMHSA). She urged keeping that in mind as PP&A addresses prevention.

- The Master Directives were also updated to develop good maps for DHSP to ensure housing efforts are coordinated with other stakeholders and include needed services such as MCC and self-sufficiency services for all clients. The update also calls for a minimum six month extension beyond HRSA 24-month guidance to facilitate linkage to care and viral suppression.
- Mr. Ballesteros felt the Plan target to reduce new diagnoses by 30% among YMSM, Blacks/African Americans, Latino MSM, and Transgender Persons was too low since evidence shows these populations are disproportionately infected. Ms. Sumpter added the CDC has estimated that, at current rates, 50% of African American MSM will eventually be HIV+. Mr. Land suggested specifying that the targets are proportional to those populations in order to boost numbers.
- Mr. Martinez said the CHP Task Force, Goals and Objectives Work Group was tasked with developing targets and addressed the disproportionately affected populations served by MAI so he did not find those separate discussions. It also identified targets in light of Mario Pérez's presentation on the importance of ensuring sufficient resources and activities to realistically achieve targets. The 30% target for disproportionately affected populations is higher than the overall 25% target.
- Innovative activities for various populations are included in the CHP and can be mined going forward, e.g., addressing transgender data collection directly impacts the ability to set and track goals. He felt the focus should be implementation.
- Dr. Mills felt proportional targets would prompt pushback from other populations. He felt 30% a good number that targets the disproportionately impacted, but PP&A could seek a higher goal with additional resources, if possible.
- Mr. Land said increasing a target should be done together with an activity and resources to achieve the new target. He felt that was not the case now, but PP&A could engage in intentional conversations to identify the activity and resources.
- Mr. Ballesteros believed the new Health Agency can impact testing and interventions for populations at high risk across the County. Mr. Land agreed that was an activity that could be explored and developed as a basis for increasing the target.
- Ms. Sumpter urged adopting a principle similar to "No Child Left Behind" that supports people seeking HIV services - "No Person Left Behind." She is now working with a young woman who cannot get medication. That should not happen.
- Mr. Martinez suggested considering the Plan in light of the "Racism and HIV" conference. Mr. Donnelly felt the discussion of health equality versus health equity is reflected in the higher CHP targets for disproportionately impacted populations.
- Mr. Ballesteros said, considering disparities, PP&A should ask the Board of Supervisors (BOS) for more funds, if needed, to do more especially in light of the opportunities presented by the Health Agency. These might be one-time funds, e.g., for kiosks. There are many considerations involved, but discussions can begin now to address the unacceptable disparities.
- Mr. Land replied that was possible, but the CHP needs to be examined to coordinate work, specific activities must be identified and a clear justification must be presented to the BOS. Mr. Martinez added PP&A should also review the DHSP contracts for YMSM and transgender persons about to go before the BOS for approval. They apply to these populations.
- Ms. Ogata noted a discrepancy between the measures used for Objective 1.1 to decrease new HIV "infections" and 3.1 to decrease new HIV "diagnoses." Stopping testing would reduce diagnoses. She recommended "infections" for both.
- ➡ Revise Directives Objective 3.1 measure to match Objective 1.1 measure to decrease new infections.
- ➡ Ms. Barrit will email an electronic copy of the MAI Plan and Draft Directives to PP&A members for their review and possible revision. She will also send out a reminder prior to the next meeting so that members are prepared to discuss any revisions.

11. PREVENTION PLANNING 2017:

- Mr. Barrit reviewed materials in the packet to inform the launch of prevention planning for 2017.
- Several complimented San Francisco's graphic showing services using the common public health identifications of primary, secondary and tertiary prevention for the full range of HIV/STD services, but also felt HIV/STD testing should be reflected under both the primary and secondary categories rather than only under secondary.
- Ms. Ogata did not attend the STD conference, but heard STD prevention messaging has not kept pace with that for HIV and was old. She suggested using what has been learned with HIV to update STD work, e.g., in social marketing and activities.
- DHSP staff are discussing prevention internally. The current five-year Flagship Prevention grant ends in 2017 so a competitive application, likely combining prevention and surveillance, is expected due between August and September.
- Mr. Martinez said structural and social justice issues drive the epidemic so should be addressed despite their complexity.
- He added that several agencies listed in the resource table are not represented at the Commission, e.g., Bienvenidos, which offers services for young people; and Sunrise Community Counseling Center, which provides services for young people of color and transgender individuals. He would like to engage such agencies to better coordinate services.
- Ms. Ogata also suggested requesting a representative of the Department of Mental Health (DMH) to at least attend the Commission occasionally. She urged broad coordination on a few first steps to successfully address social justice.
- Mr. Ballesteros has noted at the Integration Advisory Board (IAB) that all Health Agency Departments want to reach clients for their services who may be in another system. Despite the desire, complexity is the barrier. As a representative of the Commission, he will advocate for all Departments to help identify those in need of HIV services or at least offer education.

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- Mr. Brown added the IAB has had speakers report on co-location of DMH and Department of Health Services (DHS), but neither staff knows what the other does nor refers to it. He supported the Health Agency using one computer system.
- Mr. Ballesteros said the Health Agency serves 650,000 people per year so some must need HIV services. On structural issues, it may be unable to address issues directly, but can push County policy on, e.g., poverty, racism and job creation.
- Ms. Ogata said even a non-HIV focus would help, e.g., reducing homelessness by 50% would impact HIV as well.
- Ms. Sumpter said simple things like training staff, and adding signage and brochures at all County facilities could reach thousands. Those under- or unemployed, in need of housing or other services will eventually interact with the Department of Public Social Services (DPSS), but there are service gaps. She is working with two PLWH parents who have had six children in foster care for three years at a cost of \$9,000 per month because they lack housing. Both work, but the housing case manager has missed two appointments resulting in lost work days. Housing would help the family and save County funds.
- Mr. Fernandez reported there is stigma, even among County employees. They may inject their own points of view when providing services. Mr. Lopez was recently referred to an LAC+USC ophthalmologist. He applied for Medi-Cal every year when he applied for ADAP, but was refused. General Hospital staff said his HIV clinic was wrong and helped him apply. Mr. Donnelly added he joined the Commission because he could not get health care answers from providers or officials.
- Mr. Martinez asked if demographic information is available for the 650,000 annual Health Agency clients including not only race/ethnicity, but various at risk populations such as YMSM and transgender persons. His agency has Substance Abuse Prevention and Control and DMH contracts, but staff cannot give him data because the system does not collect it.
- Mr. Ballesteros said the Health Agency must serve those populations as a safety net, but Mr. Martinez noted appropriate, integrated services for, e.g., YMSM, are impossible without data. Mr. Ballesteros replied the BOS Ordinance is to strengthen operations of existing Departments for vulnerable populations so implicitly supports collection of necessary data.
- Dr. Mills felt most YMSM of color do not use County services. When asked how they spend their days, his clients often say they play video games and smoke marijuana, e.g., at an aunt's or friend's house. Those more likely to seek County services have gotten sober, are older and/or have children so have begun to address responsibilities for which they need assistance.
- Mr. Martinez added County facilities are very adultist. Young people, especially men and in particular YMSM, feel judged as lazy. Most clients at Children's Hospital Los Angeles (CHLA) clinics have touched the system, especially the Department of Children and Family Services (DCFS), and not felt valued for who they are so are reluctant to seek services. It also raises the question of why the County funds placements for children, but does not help struggling families so they can remain intact.
- Mr. Fernandez noted some young people are willing to learn to manage within the system while others are not. He teaches in college and many seek the easiest path. Often young men will make the conscious decision to have a sugar daddy or trade 15 minutes of sex for \$200 to meet their needs rather than deal with County paperwork and judgment.
- He asked about PrEP/PEP outreach efforts at sex clubs and bath houses. Ms. Ogata said DHSP does not fund that now.
- Dr. Mills was the local speaker for a SPAs 5 and 6 LGBTQ awareness training in October 2016. Department of Public Health (DPH) facilities staff submitted comments prior to the training. About half felt training was unnecessary because services were fine, but others felt LGBTQ should get care elsewhere and several attendees verbally attacked a panelist. He, himself, would not want to access care at one of those DPH facilities. He referred comments to Mr. Pérez.
- Mr. Fernandez does an annual training for California law enforcement including police department captains, sheriffs and the Los Angeles Police Department. Attendees often comment services merely keep the homeless alive so staff keep jobs.
- Dr. Mills will shortly present an AIDS Education Training Centers training in South Carolina to help providers talk to their patients, especially those who may be gay, about their sexual behaviors, screening assessments and therapies, e.g., PrEP.
- Mr. Ballesteros said he and Bridget Gordon, IAB Co-Chairs, urge all to attend and testify on their experiences and needs to support addressing issues, e.g., the need for LGBTQ data to evaluate services and hold people accountable for the work.
- It was also clear from the discussion that broader structural issues must be addressed. They intersect with the epidemic.
- Ms. Barrit will organize points into individual- and structural-level interventions. The body also weighed in heavily on the updated Continuum, the Commission's guide, which now recognizes Social Determinants of Health and includes PLWH and HIV- individual tracks. She will use the Continuum as the model and insert discussion ideas into the prevention track.
- ➡ Request all available Health Agency demographic data and advocate to broaden data collection to close gaps, as needed.
- ➡ Ms. Barrit will work with Ms. Ogata on additional prevention data for the February PP&A meeting which will complement DHSP's already scheduled presentation on PrEP at that meeting.
- ➡ Ms. Barrit will begin to organize ideas from the day's discussion into the Continuum model for the February meeting.
- ➡ Review Paradigms and Operating Values, particularly as they relate to prevention, in light of the "Racism and HIV" conference and today's PP&A discussion. Ms. Barrit will coordinate review based on the plus, minus, delta questions used by staff to review the Annual Meeting and "Racism and HIV" conference, i.e.: what words, thinking, behavior should be dropped; what is being done well; and what should change. She will work with the Co-Chairs to develop review questions.

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12. NEXT STEPS: There were no additional steps.

13. ANNOUNCEMENTS: There were no announcements.

14. ADJOURNMENT: The meeting adjourned at 3:00 pm.