



LOS ANGELES COUNTY COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES May 16, 2017



PP&A MEMBERS PRESENT	PP&A MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, Co-Chair	Ricky Rosales	Scott Blackburn	Cheryl Barrit, MPIA
Jason Brown, Co-Chair	LaShonda Spencer, MD	Susan Forrest	Carolyn Echols-Watson, MPA
Michelle Enfield	Yolanda Sumpter	Katja Nelson	Jane Nachazel
Bradley Land		Scott Singer	Doris Reed
Abad Lopez			
Miguel Martinez, MPH, MSW	PP&A MEMBERS ABSENT		
Anthony Mills, MD	Majel Arnold, MA-HSA		DHSP STAFF
Derek Murray	Deborah Owens Collins, PA, MSPAS, AAHIVS		Pamela Ogata, MPH
Michael Green, PhD, MHSA			
Raphael Peña			

CONTENTS OF COMMITTEE PACKET:

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 5/16/2017
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 4/18/2017
- 3) **Article:** Inadequate Provider Rates in the AIDS Waiver Program, 3/2017
- 4) **Report:** PS12-1201: Comprehensive HIV Prevention Programs for Health Departments, Los Angeles County End of Year Progress Report, *Reporting period covers January 1, 2016 - December 31, 2016*
- 5) **Table:** County of Los Angeles, Department of Public Health, Division of HIV and STD Programs, Solicitations Summary, 4/ 2017

1. **CALL TO ORDER:** Mr. Ballesteros 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 4/18/2017 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Passed by Consensus*).

4. **PUBLIC COMMENT (Non-Agendized or Follow-Up):**

- Mr. Singer reported APLA Health with a coalition of Medi-Cal AIDS Waiver Program providers is advocating in Sacramento to increase program rates. This is a sister Medi-Cal Program to the County's Ryan White-funded Home-Based Case Management Program for people not receiving Medi-Cal. Service portfolios for the two programs are very similar, but the AIDS Waiver Program has not had a rate increase since 2001 when a Registered Nurse was paid \$38,000 per year versus over \$70,000 today. Consequently, contracted providers statewide have fallen from 44 to 20.
- This type of care is very important for a patient population that is most impacted both medically and psychosocially. At the same time, this patient cohort is fragile so often cannot attend meetings to advocate for themselves.
- The Home-Based Case Management Program serves about half as many patients as the Medi-Cal AIDS Waiver Program. If the latter continues to decline, it will be hard for Home-Based Case Management to absorb its patients.

- Mr. Singer provided an article with background information; rates; and results of studies on the impact of AIDS Waiver Program services for a minimum of one year. Sierra Foothill AIDS Foundation reduced emergency room visits by 56% to 82%, and inpatient days were reduced for APLA Health patients by up to 85% and for AltaMed Health patients by 83%.
 - The article was added to the packet which is available on the Commission's website.
5. **COMMITTEE COMMENT (Non-Agendized or Follow-Up):** There were no comments.
6. **CO-CHAIRS' REPORT:** There was no report.
7. **EXECUTIVE DIRECTOR'S REPORT:**
- A. Housing Services Standards:**
- Ms. Barrit said the Standards and Best Practices (SBP) Committee continues to refine these Standards in collaboration with the Housing Task Force. Two key remaining focus areas are definitions and service caps. SBP is reviewing Los Angeles area minimum wage and housing cost data. It is also looking at what flexibility is available to extend the service for those with higher acuity levels past the Health Resource and Services Administration (HRSA) 24- month guideline.
 - Good feedback was received on staffing especially regarding difficulty in recruiting and retaining housing specialists at the master's level. In response, the Standards offer flexibility and focus master's level staff on clinical supervision.
 - Rebecca Ronquillo, Housing Opportunities for People With AIDS (HOPWA), City of Los Angeles and Commission member, and Lois Starr, Consultant, are also helping to inform the process to ensure alignment between the Standards and existing Housing and Urban Development (HUD) guidance.
 - SBP will likely engage in two more rounds of discussion before the Standards are released for public comment. Anyone interested in joining the discussion is welcome to attend the next SBP meeting, 6/1/2017, 10:00 am to 12:00 noon.
- B. Housing Task Force Update:**
- The Task Force has completed its work plan. Next it will address the housing-specific objectives and activities in the CHP including development of an overall coordinated housing plan strategy based on data resources, and options to mitigate service gaps. Ms. Starr will present analysis of data to the Task Force and PP&A in July or August for feedback.
 - Ms. Starr has been directed to secure tours of two or three housing facilities to improve understanding of the full range of housing options. Tours will likely be in June and are limited to 15 persons so as not to be disruptive to residents.
 - The Task Force recommends advocating for revision of the Vulnerability Index - Service Prioritization and Decision Assistance Tool (VI-SPDAT) scoring system for the Coordinated Entry System (CES) to give HIV/AIDS automatic high acuity. It is not currently scored as a communicable disease and is scored lower than frostbite.
 - ➡ Contact Ms. Barrit to attend a housing tour. Messrs. Brown, Land and Lopez signed up for a tour.
- C. Comprehensive HIV Plan (CHP) Workgroup Update:**
- Grissel Granados, MSW and Kevin Stalter volunteered to lead the Workgroup. An implementation plan is being developed for the CHP update. The update is due to HRSA and the Centers of Disease Control and Prevention (CDC) in the fall. Neither guidance nor technical assistance review results have been received so far, but a webinar was scheduled the next week. The Workgroup has identified the following initial update priorities:
 1. Epidemiology overview.
 2. HIV continuum data.
 3. HIV workforce section including findings from the listening sessions.
 4. Integrate information from the 2016 Los Angeles County Coordinated HIV Needs Assessment (LACHNA).
 5. Develop status report on the CHP Implementation plan based on review of activities with a 2017 start or end date to determine progress and identify modifications, as appropriate.
 6. Integrate results of the listening sessions, as appropriate.
 7. Include minor updates to the resource inventory information.
8. **REVIEW DHSP ANNUAL PROGRESS REPORT:**
- Dr. Green, Chief, Office of Planning, DHSP, provided an in-depth prevention funding and services review at the 4/18/2017 meeting. This 2016 end of year report to CDC provides another perspective to inform next year's work including what DHSP supported last year. The CDC annual report is more structured than HRSA's application. The latter stresses a narrative

detailing, e.g., successes and challenges, new programming, and response to the epidemic. Instead, the CDC provides a template with data required for each category. The report was in the packet, available on the Commission's website.

- The HIV/STD Mobile Testing Unit (MTU), page 14, was ordered approximately a year ago, but has not yet been delivered. The purchase first went through the County procurement process. MTUs are custom built and must meet a variety of requirements. Personnel are available to staff the MTU once it has been delivered.
- DHSP has not yet received the CDC's new Funding Opportunity Announcement (FOA) for this CDC Flagship Grant, one of DHSP's largest. It has not received HRSA's Notice of Award for this year's Ryan White award either. HRSA may issue a second partial Notice of Award if it is not prepared to issue the full one by the end of June.
- Ms. Ogata responded to questions from the 4/18/2017 meeting. Martha Tadesse, RN, MSN, MPH, MPA, CCHP, the HIV Medical Liaison for the Jail, Sheriff's Department, will receive additional funding. Jail medical services are transitioning to the Department of Health Services (DHS) and the best structure for the new system is still being finalized. DHSP has shared information on needs at the Jail with DHS and new funding for the unit is expected once the new system is in place.
- The Linkage and Re-Engagement Program (LRP) has nine full-time staff: three supervisors and six outreach. There are no vacancies. DHSP would like to hire 15 more staff and has funding to do so, but the County has not authorized the positions. LRP uses surveillance data to locate out of care clients so access is legally restricted to County staff. First funded under the CDC, the current LRP is now funded by the Minority AIDS Initiative (MAI) and the staff shortage is identified as a challenge.
- The current LRP launched in March 2016 and moved to HRSA funding at about the same time. Allocations were limited to approximately \$750,000 since it was in start-up phase, but the new program was able to expend approximately \$1 million.
- Regarding syphilis testing, a home-based test kit is available. DHSP does not support it due to the lack of linkage to care.
- The CDC can fund syringe exchange services, but the City of Los Angeles rather than DHSP funds those services countywide.
- DHSP will present on the updated LRP data including demographics. Data was presented at the April CDC Grantee meeting.
- Ms. Barrit will assess the appropriate Commission role to help address DHSP's challenge in obtaining authorization for additional LRP staff positions. Dr. Green noted the Commission's support of Medical Care Coordination (MCC) was successful largely due to data demonstrating a best practice. Updated LRP data is available, but the data set may not be large enough to be convincing as yet given the labor intensive nature of LRP and the underlying shortage of staff.
- DHSP counselors are providing comprehensive HIV/STD screening and testing at Transitional Age Youth (TAY) centers and shelters, page 10. DHSP will report back on which TAY centers and shelters are receiving the services.
- Add the PS12-1201 Comprehensive HIV Prevention End of Year Progress Report to the June 2017 Commission packet.

9. DHSP SOLICITATION UPDATES:

- Dr. Green noted the Solicitations Summary in the packet. It includes all solicitations at any stage of DHSP development.
- DHSP finalizes its funding recommendations with Contracts and Grants, Department of Public Health (DPH), which manages the solicitation process. DHSP then develops a memorandum to the Health Deputies who have a week to ask questions. After that, DHSP sends out funding recommendations to successful proposers and enters into contract negotiations.
- DHSP finalizes the package that goes to the Board of Supervisors (BOS) for its approval once negotiations for a new contract appear close to conclusion. The BOS requires eight to twelve weeks to review and approve the package.
- Agencies may appeal contractor selection. If the original appeal is denied, the agency may pursue the appeal to a secondary review by Contracts and Grants, Department of Public Health (DPH). Finally, the agency may request independent review.
- Temporary MCC Services is the open solicitation to expedite expanded MCC services. The work order remains open so additional agencies can apply. DHSP has been working with two agencies. One has an executed contract. Work is ongoing with the University of California, Los Angeles which has a very extensive contracting process.
- The Mental Health Services Request For Proposals (RFP) was released 6/28/2016. No agencies responded to provide services in SPAs 6, 1, or 8. DHSP released a second RFP specifically for SPA 6 on 9/27/2016. County DHS or Department of Mental Health (DMH) agencies will provide services in SPAs 1 and 8. Contracts for all SPAs are estimated to start 8/1/2017.
- Regarding Prevention Services in Long Beach, the current CDC Flagship Grant requires provision of a proportionate funding carve-out for any included Local Health Jurisdictions (LHJs) with an HIV prevalence at a certain level. The City of Long Beach met all the criteria, but the County lacked a mechanism to contract services. One option allowed the County to divert funds to the State which could then contract them back to Long Beach. The new FOA is known to streamline this process. Consequently, the County has worked for a year to develop this RFP to return contracting from the State to the County.
- Invitations For Bid (IFB) have been released for both Language Services, for translation and interpretation, and Legal Services. IFBs are price-based solicitations. Contracts are estimated to start 3/1/2018.
- Medical Subspecialty Services were previously contracted as part of Ambulatory Outpatient Medical (AOM), but are now being contracted separately. There are MCC solicitations for both combined AOM/MCC and separate MCC services.

- DHSP is developing Fee For Service (FFS) rates for Oral Health Services (General/Specialty Dentistry).
- DHSP has engaged in initial planning for Health Education/Risk Reduction (HE/RR), STD Screening, and HIV Testing Services. Further development is on hold, mainly until release of the CDC FOA. DHSP has started work on a basic HE/RR framework similar to Long Beach services. The CDC is known to like the HIV Testing Services reimbursement strategy and the services have been doing well so they are likely to remain the same though some partners may change.
- Residential Care Facilities for the Chronically Ill (RCFCI) and Transitional Residential Care Facilities (TRCF) were originally added to solicitations planning at the start of discussions on housing. The current focus, however, is now on the Housing For Health Master Agreement with DHS. Work on the latter is proceeding, but not on the summary as it is not a solicitation.
- Substance Abuse and Prevention Control (SAPC), DPH, is waiting until after release of the Drug Medi-Cal changes to develop its solicitation. DHSP has been in discussion with SAPC to partner with them for Substance Use Services.
- The Solicitations Summary can help schedule SBP Committee review and update of Standards of Care (SOC) to ensure the most recent information informs solicitations. Ms. Barrit added SBP included the most recent SAPC guidance on Drug Medi-Cal and other service components in the Substance Use SOC update.
- ➔ Provide time on the June 2017 PP&A agenda to discuss the CDC Prevention FOA if it has been released by then.

10. NEXT STEPS: There were no additional items.

11. ANNOUNCEMENTS: There were no announcements.

12. ADJOURNMENT: The meeting adjourned at 2:40 pm.