LOS ANGELES COUNTY COMMISSION ON HIV

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

July 18, 2017

Approved 08/15/17

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, *Co-Chair*	Abad Lopez	Scott Blackburn	Cheryl Barrit, MPIA
Jason Brown, *Co-Chair*	Raphael Peña	Deidra Bridgett	Carolyn Echols-Watson, MPA
Bradley Land	Yolanda Sumpter	Frankie Darling-Palacios	Dina Jauregui
Miguel Martinez, MPH, MSW		Allison Doolittle	Jane Nachazel
Anthony Mills, MD		Susan Forrest	Doris Reed
Derek Murray		Joseph Green	
Pamela Ogata, MPH		Lee Kochems, MA	
Deborah Owens Collins, PA, MSPAS, AAHIVS		Hyuri McDowell	**DHSP STAFF**
		Denise Nambogne	Michael Green, PhD, MHSA
Ricky Rosales		Katja Nelson	Dave Young
LaShonda Spencer, MD		Scott Singer	

CONTENTS OF COMMITTEE PACKET: *(Packets are posted on the Commission on HIV website.)*

1) **Agenda**: Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, *7/18/2017*
2) **Minutes**: Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, *5/16/2017*
3) **Minutes**: Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, *6/20/2017*
4) **PowerPoint**: AU/ HRSA SPNS: Enhanced Patient Navigation for Retention of Women of Color, *7/18/2017*
5) **Table**: Ryan White Part A, Part B and MAI Year 26 Expenditures by Service Categories through February 28, 2017, *7/18/2017*
6) **PowerPoint**: Overview of CDC-RFA-PS18-1802 - Integrated HV Surveillance and Prevention Programs for Health Departments, *7/18/2017*
7) **Fact Sheet**: Integrated HIV Surveillance and Prevention Funding for Health Departments, *June 2017*
8) **PowerPoint**: FY 2017 P-and-A Framework and Process, Review Paradigms and Review Operating Values, *2017*
9) **Report**: Los Angeles Countywide HIV Needs Assessment (LACHNA): Selected Tables on Gaps - Table 14, page 35; Table 15, page 36; Tables 29 and 30, page 52; and Key Findings, pages 57-60, *2017*
10) **Table**: RWP Outcomes by Service Category, *2017*
11) **Table**: 2010-2014 HIV & STD Burden by Health District - At a Glance, *May 2017*
12) **Table**: Planning, Priorities and Allocations Committee, Service Category Rankings Worksheet, PY 28 (FY 2018-19), *7/6/2017*

1. **CALL TO ORDER**: Mr. Brown called the meeting to order at 1:10 pm.

2. **APPROVAL OF AGENDA**:
   MOTION 1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION 2: Approve the 5/16/2017 and 6/20/2017 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 REPORT**:
   - Ms. Barrit thanked Commission members for supporting the Los Angeles County HIV Strategy community event by shortening the 7/13/2017 Commission meeting. Copies of the presentation are available in the reception area.
   - A short survey is at the back of the presentation which also collects contact information to facilitate updates.
   - ➲ Staff will send a reminder to Commission members to sign up for the survey to ensure receipt of updates.

7. **CO-CHAIRS REPORT**: There was no report.

8. **LINKING OUT OF CARE WOMEN - NAVIGATION PROGRAM**:
   - Ms. Barrit thanked Dr. Spencer for presenting on this topic. PP&A has had multiple robust discussions on linkage to care and linking those newly diagnosed or who have fallen out of care as quickly as possible. Feedback included requests to hear reports from community agencies also engaged in linkage to learn from their perspectives.
   - Dr. Spencer, MCA Clinic, LAC+USC Medical Center, presented on a PowerPoint on the MCA Clinic's AIDS United (AU)/Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) grant which uses patient navigators to work with eligible women of color to attain retention and ultimately viral suppression.
   - This Enhanced Patient Navigation SPNS is an implementation grant targeting those out of care, loosely engaged in care, not virally suppressed and/or who have multiple co-morbidities. The model was done as a true study at sites nationwide, but people participate differently in studies so implementation grants offer real world feedback. In this case, the study goal is to transition patients to standard case management in 6 to 12 months, but that is hard with this complex patient population.
   - Ms. Bridgett, one of the two navigators, said a major success for her is long-time patients of Dr. Spencer's who told her they did not want to die, but did not understand how their medication works. They now have the knowledge to engage during appointments and ask about side effects. Creative approaches can help, e.g., one patient calls her CD4s soldiers. Providing a bar graph of her labs every two months helps her track her progress and she brings the graphs to appointments.
   - Dr. Spencer noted this SPNS is also being implemented at clinics in Atlanta and New Jersey. AIDS United provided navigator training prior to the December 2016 launch for the three clinics. MCA Clinic enrollment is smaller than at the other two, but enrolls Latinas while the others only enroll African-Americans. These HRSA SPNS implementation grants bring site differences to light to inform eventual roll-out to HIV clinics. For example, the MCA Clinic retranslated Spanish language documents since East Coast Spanish is different. Navigators here also face more challenges overcoming immigration fears.
   - MCA Clinic navigators connect with Department of Public Health (DPH) staff at least once a week. Surveillance data is key to effective patient outreach both to find those out of care and to identify those in care elsewhere or who have moved.
   - A $20 Target gift card is available at sign-up and two other program points. Clinics may offer other incentives if they choose.
   - Navigators provide one-on-one educational sessions with PowerPoint presentations. Usually HIV 101 is the first session, but other topics can be addressed first if a patient has a particular issue, e.g., how meth impacts health. It is helpful for sessions to address different educational style preferences, e.g., those who are visual learners or who prefer straight talk. Sessions can be at the patient's home, but confidentiality can be a concern if someone there does not know the patient's HIV status.
   - Navigator daily case load is 10-15, but may be a simple phone call or a complex issue, e.g., housing. In-home crisis counseling would be helpful as navigators lack the training and patients may not wish to access mental health at a clinic.
   - Dr. Spencer noted the key difference between this model and Medical Care Coordination (MCC) is that patients in this model need never have touched a clinic. The team's goal is to engage the patient and then provide a warm patient handoff to the MCC team. Ms. Bridgett stressed it is very important for patient retention for staff to be seen as caring about them personally, e.g., regular calls, a warm greeting when they do visit a clinic, or staff visiting when they are in the hospital.
   - The budget is slightly under $1 million. That funds 100% of the cost for the two fulltime navigators and part of the cost for part-time staff. AU and HRSA look to community partners to leverage services such as mental health. The MCA Clinic Clinical Supervisor, Nathalie Valdez, LCSW, provides some mental health services though more is being discussed. The MCA Clinic also provides additional transportation services to those built into the grant. The three-year grant ends in June 2019.
   - ➲ Staff will distribute an electronic copy of the PowerPoint presented by Dr. Spencer.

9. DHSP UPDATES:

A. Review Final YR 26 Expenditures:

- Mr. Young, Chief, Finance Division, reviewed the YR 26 Ryan White Part A and Minority AIDS Initiative (MAI) grants which ended 2/28/2017; and the Part B grant via the state which ended 3/31/2017. Spreadsheets were in the packet. Nearly all cost reports are complete. Maximizing Part A is the first priority since funds cannot be rolled to the next year.
- Part A Ambulatory Outpatient Medical (AOM) expenditures were less than anticipated, but the grant was maximized by pulling costs from other funding sources, in particular housing costs. AOM expenditures have decreased over the last few years though the rate of decrease has leveled off. Meanwhile, MCC expenditures have increased.
- Part B was also fully maximized at $2.7 million utilizing one service category, Housing Services (RCFCI, TRCF). For this grant term, some funding was returned to the state for re-allocation as projections indicated it would be underspent. The award returned to $8.4 million with the grant term that started 4/1/2017. Existing contracts should maximize it.
- MAI utilizes three service categories: Housing Services, Non-Medical Transitional Case Management, and Outreach which primarily funds DHSP staff for the Linkage and Retention Program. Some Housing expenditures were moved to Part A to maximize that grant. The YR 26 award was approximately $3.3 million, but almost $3 million was rolled over from YR 25. Slightly over $4 million was expended so a request will be made to roll $2,290,210 over to YR 27.
- A summary sheet also includes Net County Cost expenditures and restored state Substance Abuse Prevention Control funds which support Health Education/Risk Reduction contracts with a substance abuse component.

B. Overview of Center for Disease Control (CDC) Prevention and Surveillance Notice of Funding Opportunity (NOFO):

- Dr. Green presented in May on the CDC's prior cooperative agreement, 12-1201. This PowerPoint, available in the packet, compares that with the new funding announcement, RFA-PS18-1802. which replaces both 12-1201 and the CDC's prior surveillance grant. It also reviews PS18-1802 required activities and funding information.
- This is the CDC's opportunity to integrate HIV surveillance and prevention so jurisdictions can take better advantage of recent advances in surveillance. It will not mean major operational changes for DHSP because both activities are housed within DHSP, but other jurisdictions often house them in separate departments. CDC's goal is to ensure all PLWH are aware of their infection and to expand access to prevention strategies including PrEP for high risk individuals.
- Many of the required activities also bridge across surveillance, prevention, and care for an integrated approach.
- The County is the only Metropolitan Jurisdiction that did not receive a Component A (core) funding cut. Its range is slightly over $17 million to nearly $19 million. New York and San Francisco are being cut up to 35% and nearly all southern states received cuts. Funding is supposed to be formula based so DHSP assumes that either epidemiology was inconsistent with the 12-1201 funding allocations or jurisdictions lacked capacity to expend funds. DHSP is a member of AU and the National Association of State and Territorial AIDS Directors (NASTAD) which are analyzing the changes.
- DHSP submitted a letter of intent the prior week to apply for the maximum Component B (demonstration project) award of $2 million. DHSP's proposal would use surveillance data to identify providers with higher proportions of patients who are not virally suppressed and then offer interventions to help the providers increase the number of patients who are virally suppressed. Approximately two $1 million to $2 million Component B awards will be funded.
- Starting with 12-1201, the CDC required jurisdictions that included qualifying health departments to develop a plan to provide it with resources. The City of Long Beach qualified due to its number of HIV cases, but DHSP had no mechanism to fund it within the time frame. Instead, DHSP made an agreement with the CDC and the state under which the CDC diverted $700,000 of the County's award to the state which then contracted services within the City of Long Beach.
- The CDC continues to require such funding under PS18-1802, but will no longer enter into such agreements. DHSP was aware of that change and released a $1.8 million City of Long Beach prevention Request for Proposals (RFP) last year. DHSP will contract the services directly. They will start by 1/1/2018 and provide a higher level of funding than before.
- The Commission provides its concurrence to the CDC for jurisdiction activities via the Comprehensive HIV Plan.
- ➲ Refer to Public Policy Committee: Consider development of a white paper on the County's approach to planning in order to present a collaborative face to jurisdictions which have lost funding and influence thinking on infrastructure.

10. RANKING SERVICE CATEGORIES FOR PY 28:

- Ms. Barrit noted materials in the packet to help inform deliberations. It was also distributed prior to the meeting for review.
- Service categories are ranked according to need regardless of available funding source(s). Allocations are determined separately and take into account that some service categories may reflect high need, but receive sufficient funding from sources other than Ryan White which is funding of last resort. PP&A will set allocations at its August 2017 meeting.

- Both PP&A Committee members and members of the public voted for their preferred service categories. Initially each person voted for four core and four support services. Based on those votes, the first 12 categories were ranked with additional votes to break ties. The process was repeated for remaining service categories until a full list was developed.
- Ms. Ogata clarified that Legal Services was now listed under Other Professional Services.
- Regarding vision services, ophthalmology services are covered under Medical Specialty. HRSA does not fund optometry.
- Final rankings presented for approval were:
  1. Ambulatory Outpatient Medical Services
  2. Housing
  3. Mental Health Services
  4. Medical Care Coordination
  5. Medical Transportation
  6. Non-Medical Case Management
  7. Oral Health Services
  8. Psychosocial Support Services
  9. Outreach Services
  10. Nutritional Support
  11. Early Intervention Services
  12. Substance Abuse Treatment Residential
  13. Home Based Case Management
  14. Home Healthcare
  15. Health Education/Risk Reduction
  16. Direct Emergency Financial Assistance
  17. Substance Abuse Outpatient
  18. Referrals
  19. Child Care Services
  20. Health Insurance Premium/Cost Sharing
  21. Hospice
  22. Other Professional Services (Legal Services)
  23. Language/Interpretation Services
  24. Medical Nutrition Therapy
  25. Rehabilitation Services
  26. Respite
  27. Local Pharmacy Assistance

➲ Discuss at a later date service categories of interest among consumers that are not HRSA-funded, e.g., vision services.

MOTION 3: Approve Service Category Rankings for PY 28, as determined **(*Passed by Consensus*)**.

11. NEXT STEPS:

A. Task/Assignment Recap: There were no additional items.

B. Agenda Development for Next Meeting:

- August meeting: Review Paradigms and Operating Values; determine PY 28 allocations.

12. ANNOUNCEMENTS: There were no announcements.

13. ADJOURNMENT: The meeting adjourned at 4:05 pm.