



# LOS ANGELES COUNTY COMMISSION ON HIV

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<http://hiv.lacounty.gov>

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

June 20, 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
Jason Brown, <i>Co-Chair</i>	Miguel Martinez, MPH, MSW	Miguel Fernandez	Carolyn Echols-Watson, MPA
Michelle Enfield	Derek Murray	Susan Forrest	Jane Nachazel
Abad Lopez	Deborah Owens Collins, PA, MSPAS, AAHIVS	Katja Nelson	Doris Reed
Anthony Mills, MD			
	Raphael Peña		
	LaShonda Spencer, MD		<b>DHSP STAFF</b>
	Yolanda Sumpter		Pamela Ogata, MPH

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

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 6/20/2017
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 5/16/2017
- 3) **Table:** 2017 Greater Los Angeles Homeless Count - Data Summary, Los Angeles Continuum of Care, 5/30/2017
- 4) **PowerPoint:** 2017 Listening Sessions Highlights, Tier 3, 6/19/2017
- 5) **Table:** Ryan White Part A Implementation Plan: Service Category Table, 3/1/2016-2/28/2017
- 6) **Table:** RWP Outcomes by Service Category, 2017
- 7) **List:** HAB Outcome Measures, 2017
- 8) **PowerPoint:** Launching LA's Linkage and Re-engagement Program (LRP), 4/24/2017
- 9) **List:** Transitional Age Youth (sites), 6/20/2017

1. **CALL TO ORDER:** Mr. Brown called the meeting to order at 1:11 pm.
2. **APPROVAL OF AGENDA:**  
**MOTION 1:** Approve the Agenda Order (*Postponed*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION 2:** Approve the 5/16/2017 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Postponed*).
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:**
  - A. **Los Angeles Homeless Services Authority (LAHSA) Report - 2017 Homeless Count:**
    - Ms. Barrit noted the Data Summary for this point-in-time count was in the packet. Commission members were also sent a link to additional LAHSA reports in response to interest expressed at the 6/8/2017 Commission meeting.
    - A brief questionnaire was added to the methodology in 2017 and may have helped fuel the increase in the count noted in the news, e.g., PLWHA, up 74%; Transitional Age Youth (TAY), 64%. Data helps inform Priority- and Allocation Setting.

- The Board of Supervisors (BOS) adopted a Measure H funding matrix. Mr. Ballesteros urged advocating with them for PLWHA homeless resources; and with Peter Lynn, MBA, Executive Director, LAHSA, to ensure its Request For Proposals (RFP) dedicates funds and stabilization beds to PLWHA and ensures providers have pertinent competencies.
- Mr. Fernandez said a key challenge to housing PLWHA is the Coordinated Entry System (CES). HIV is assigned points only equivalent to frostbite so, apart from co-morbidities, PLWHA are not prioritized. The Housing Task Force has been advocating for increased CES points for HIV. Another suggestion is to create a special CES for PLWHA. There is already a special CES for families and one was also being created for youth.
- ➔ Staff is working with LAHSA on a fuller presentation, possibly at the August Commission, once data has been analyzed.

**B. Tier 3 Community Listening Sessions Update:**

- Ms. Barrit reviewed highlights from the PowerPoint in the packet. The full report will be uploaded to the website soon.
- Slide 3 lists Tier groups and Tier 3 attendees: Asian/Pacific Islander, 16; Trans-Masculine, 2; Recently Post-Incarcerated, 1; 25-29 Year Olds, 4; HIV Workforce, 24, two groups. Groups of one or two were treated as key informant interviews.
- The Health Resources and Services Administration (HRSA) Comprehensive HIV Plan (CHP) Guidance was vague on workforce development, but sought any available information. Slides on pages 6-11 start with basic workforce demographic information before assessing specific workforce related topics. Recruitment intentionally sought a good cross-section of frontline staff, middle supervisors/managers, and higher level individuals. The most common length of working experience in the HIV field was <5 years (8 participants) followed by 20-25 years (6 participants).
- Satisfaction was good overall especially for training, schedules, and services to assist with patient management. It was lowest for time needed for administrative work, and in keeping up with medical, prevention and scientific advances.
- Consumers and providers identified needs for: access information; culturally tailored services/address role of culture; address stigma for HIV+/HIV- individuals including within one's own group; navigation; and one-stop services.
- Short-term, Tier 3 Information will help inform the CHP update. Going forward, the Operations Committee will pick-up community engagement with outreach to focus group participants and others to encourage continued dialogue.

**C. Los Angeles County HIV Strategy Community Meeting:**

- The Commission was working with DHSP to coordinate a DHSP-led community conversation on the County's HIV Strategy. Mario Pérez, MPH, Director, DHSP, previewed the County's HIV Strategy at the Commission's November 2016 Annual Meeting. Since then, DHSP has been conducting key informant interviews and refining the strategy.
- This community event will follow a condensed 7/13/2017 Commission meeting, 9:00 to 10:00 am, focused on key items. At this point, it is likely that the main Commission business will be approval of the new slate of members. The regular conference room will be set up for the larger community event rather than for a typical Commission meeting.

**D. Planning for National HIV Behavioral Surveillance (NHBS) Presentations:**

- Both PP&A and the Standards and Best Practices (SBP) Committee have requested presentations on NHBS prevention data. Rather than duplicate efforts, Ms. Barrit has been working with Wendy Garland, MPH, Chief, Research and Innovation Division, DHSP, to present under the DHSP Report at the August 2017 Commission meeting.
- DHSP was also launching population-specific surveys as part of its NHBS effort and will have fact sheets to present.
- NHBS is a national study with multiple sites including Los Angeles. It surveys MSM, IDU, and heterosexual individuals on a three-year rotating cycle. Ms. Ogata said she primarily reviews data on Social Determinants of Health (SDH) and other co-factors such as the percentage of respondents who are, e.g., homeless, recently incarcerated, substance users.
- Reviewing the same populations across data sets informs development of more accurate estimates, e.g., LAHSA's 2017 Greater Los Angeles Homeless Count indicates 2% of the homeless population self-identified as PLWHA, but other sources indicate a higher prevalence, e.g., Medical Care Coordination patients have a 14% prevalence of homelessness. Ms. Ogata was preparing percentage ranges for such populations with data sources for Mr. Pérez.
- Mr. Fernandez said commonly the PLWHA homeless estimate was 10-12%, but awareness of the "homeless" definition is critical. The US Housing and Urban Development (HUD) definition, especially with changes in the last two years, makes it harder to classify a person as homeless compared to the more liberal Ryan White and HOPWA definition.

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

**8. COMPREHENSIVE HIV PLAN (CHP)/GOALS AND OBJECTIVES WORKGROUP REPORT:** Ms. Barrit reported the Workgroup met 6/7/2017. It finished review of the CHP Implementation Plan including status updates, as available, and identified questions to address. Work will now begin on incorporating new information such as data from the Tier 3 Listening Sessions.

**9. DHSP UPDATES:**

- Ms. Ogata reported there has not yet been any CHP guidance from the Centers for Disease Control and Prevention (CDC).
- HRSA recently held a webinar, "Putting Plans Into Action," on review and findings for the 80 integrated HIV plans received from the 109 jurisdictions. Some were submitted by Part A jurisdictions alone like that from Los Angeles County, some by states (Part B) alone like that from Delaware, and some were joint plans such as that from Indianapolis and Indiana.
- A Technical Review Letter will be sent out in Summer 2017. In a preview, HRSA said it will not expect a full annual update of plans, but will expect reports on implementing activities, achieving goals, and evaluating progress most likely within various annual reports, e.g., the Annual Progress Report (APR) and application. This work on the CHP was already underway.
- There has been no word as yet on the Funding Opportunity Announcement (FOA) for the CDC Flagship Grant.
- DHSP received its Final Notice of Award from HRSA for the Part A and Minority AIDS Initiative (MAI) grants on 6/19/2017. The FY 2017 total award is \$43,545,919 representing an increase of \$931,310 from FY 2016 in all three funding streams: Part A formula; Part A supplemental, a competitive award; and MAI. HRSA's technical review of the County acknowledged that the County is aware of and addresses challenges, uses funds efficiently, and aligns funding with the epidemic.
- Ms. Ogata and Dave Young are still finalizing numbers for FY 2016, but MAI rollover funds from FY 2016 to FY 2017 are expected to be \$1.7 or \$1.9 million. The County also anticipates using the full Part B grant from the State in FY 2017, generally \$8.3 or \$8.4 million. The County returned some funds to the State last year due to inability to maximize them.
- Ms. Ogata will use the final FY 2016 as the base for informing the FY 2017 allocations and proposals for FY 2018.
- Regarding Housing For Health, Mr. Pérez was reviewing the Memorandum of Understanding (MOU). DHSP was also developing the data collection system and program specifics, e.g., what does "intensive case management" entail. It will take a few months to implement the service so there will be savings, but some funds will still be expended this year.
- Ms. Ogata reviewed the Ryan White Part A Implementation Plan: Service Category Table set of forms for Part A and MAI categories. HRSA requires the form for various reports, in this case for the FY 2016 APR with highlights as noted:

**PART A CORE MEDICAL SERVICES**

- ▶ *Medical Nutritional Therapy*: This service is only offered by one provider as part of the one-stop shop services in SPA 1. Targets for patients and retention were exceeded, but Viral Load (VL) did not achieve the target.
- ▶ *Ambulatory Outpatient Medical (AOM)* reflects contracts for: a. Medical Outpatient; and b. Medical Specialty. Medical Outpatient shows continued decline in patients relying on Ryan White due to migration to other payers, but decline has slowed so numbers are stabilizing. Meanwhile, Medical Specialty patients increased. Most Medical Specialty patients access Medical Outpatient so retention and VL percentages are given for the latter population of 6,046. Retention at 91.6% and VL at 87.3% both exceeded targets, County, and national averages. Most service unit targets were drawn from contracts which generally use the higher end of estimates to ensure sufficient services.
- ▶ *Oral Health Care* reflects contracts for: a. General Oral Health Care; and b. Oral Health Specialty Care. Initially, funding was split between Part A and Net County Cost (NCC) for FY 2016 making targets for this form deceptively low. Later, all expenditures were shifted to Part A to maximize that grant. The Los Angeles County HIV Needs Assessment (LACHNA) identifies Oral Health as one of the highest ranking needs, but funds were not maximized for the service in FY 2016. Potential clients may not have been aware of the service or were not aware they were eligible for it.
- ▶ *Mental Health Services* reflects contracts for: a. Psychiatric; and b. Psychotherapy. Expenditures were close to allocations despite not reaching patient targets so targets are likely too high. The new Mental Health Request For Proposals (RFP) was released in FY 2016 so new contracts will likely be implemented in FY 2017.
- ▶ *Medical Case Management (Medical Care Coordination [MCC])*: Data pertains only to the 1,719 clients enrolled, not the much larger number screened, but work is ongoing to reach the enrolled target of 3,000. Referrals occur throughout the MCC process including during screening so clients may be linked to needed services despite not being enrolled in MCC. Retention at 83.3% and VL at 73.4% both exceeded targets at one year. They are lower than AOM retention at 91.6% and VL at 87.3% due to the more severely challenged population served. The \$4,875 cost per client per year is cost effective. MCC did not maximize its >\$10 million allocation partially due to transition of some MCC teams, but Retention Peer Navigators were added during FY 2016 and new contractors will initiate MCC in FY 2017.
- ▶ *Home and Community Based Case Management*: All FY 2016 targets are 0 because funding was expected to be solely via NCC as is traditional. Expenditures of \$640,713 for 66 clients were moved from NCC to Part A to maximize that grant. It is highly likely that this category will be supported by Part A in FY 2017, but no final decision has been made.

**PART A SUPPORT SERVICES**

- ▶ *Non-Medical Case Management* reflects contracts for: a. Linkage Case Management; and b. Benefits Specialty. (HRSA requires separate Part A and MAI tables for this service category. Transitional Case Management for Youth and the Jails was supported by MAI.) The Linkage Case Management target for retention in HIV Medical Care was 88%, but only

56.9% retention was achieved. Other services such as the Linkage and Re-engagement Program will address linkage needs, but this service will not be funded in FY 2017. Benefits Specialty exceeded its 84% retention target at 85.7%.

- ▶ *Food Bank/Home-Delivered Meals*: Targets for patients served were exceeded. The retention in HIV Medical Care 86% target for Food Banks was exceeded at 86.9% while the Home-Delivered Meals 85.5% target was not met at 84.4%.
- ▶ *Housing Services*: Part A supported Residential Care Facilities for the Chronically Ill (RCFCI), but Part B also supported RCFCI so expenditure data was divided between the funding sources.
- ▶ *Legal Services*: New services were being developed with likely implementation in FY 2018. Retention in HIV Medical Care data is not available so this service will likely be funded with NCC starting in FY 2017. Most funds were expended.
- ▶ *Transportation Services* reflects contracts for: a. Taxi Vouchers; and b. Bus Tokens/Rail Passes. Retention in HIV Medical Care data is not available so this service will likely be funded with NCC starting in FY 2017. All funds were expended.
- ▶ *Referral Services*: There were no expenditures for this service because implementation was delayed by the process of engaging a contractor. Implementation was now expected in FY 2017. Retention in HIV Medical Care data will not be available so this service will likely be funded with NCC starting in FY 2017.
- ▶ *Substance Abuse Residential Services* reflects contracts for: a. Detoxification; b. Transitional Housing; and c. Rehabilitation. Substance Abuse Outpatient Treatment is a core medical service, but DHSP funds that service and prevention through the Center for Substance Abuse Prevention(CSAP)/Center for Substance Abuse Treatment (CSAT). This service exceeded all client targets, all but Detoxification service targets, as well as retention in HV medical care and VL targets. In FY 2017, this service will be funded mainly by Part B to help maximize it with additional funding by Part A.

#### **MAI SUPPORT SERVICES**

- ▶ *Non-Medical Case Management* reflects Transitional Case Management contracts for: a. Incarcerated Minorities; and b. Youth. (As noted earlier, HRSA requires separate Part A and MAI tables for this service category.) The 802 incarcerated clients reflects at least one contact in the Jail. It does not ensure linked referral though that is a goal.
  - ▶ *Housing Services*: Some FY 2016 RCFCI and Transitional Residential Care Facilities (TRCF) expenditures were billed to MAI because the new planned Housing Services were still in development. The estimated Housing For Health allocation is approximately \$3 million which would absorb most of the approximately \$3.5 million MAI award.
  - ▶ *Linguistic Services*: New services were being developed with likely implementation in FY 2018. Retention in HIV Medical Care data is not available so this service will likely be funded with NCC starting in FY 2017.
  - ▶ *Outreach Services*: This Linkage and Re-engagement Program (LRP) was launched in March 2016. The table reflects separate targets for identifying eligible clients, which exceeded the 150 target for a total of 174, and enrolling them, which reached 35 of the 50 target. Services exceeded targets and expenditures exceeded allocations. Linkage to HIV Medical Care exceeded the 60% target to reach 85.7%. A PowerPoint in the packet explored LRP in more detail including added data generated after the HRSA report. Demographics for all 469 candidates were: 1%, American Indian/Alaska Native; 2%, Asian; 44%, African-American/Black; 30%, Latino; 1%, Native Hawaiian/Pacific Islander; 2%, other; 20%, White; 4%, Youth (13-24); 87%, Male; 12%, Female; 1%, Transgender. Demographics for the 47 people enrolled were: 3%, Asian; 43%, African-American/Black; 31%, Latino/Hispanic; 6%, Other; 17%, White; 6%, Youth (13-24). There is notable attrition during the enrollment process, but linkage occurs throughout. It takes some 15 contacts to enroll one person and staff can be creative, e.g., host a fast food meal and then offer to drive the client to a clinic.
- Mr. Young will present to PP&A on final expenditures data for FY 2016 at its July meeting; and will present on FY 2017 and DHSP proposals for FY 2018 at the August PP&A meeting.

#### **10. NEXT STEPS:**

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

**B. Agenda Development for Next Meeting:**

- July 2017: Mr. Young will present final expenditures data for FY 2016; PP&A will review its Paradigms and Operating Values; PP&A will select FY 2018 Service Category Priority Rankings.
- August 2017: Mr. Young will present expenditures data for FY 2017 and Proposals for FY 2018; NHBS presentation; possible LAHSA presentation.

**11. ANNOUNCEMENTS:** There were no announcements.

**12. ADJOURNMENT:** The meeting adjourned at 3:00 pm.