



LOS ANGELES COUNTY COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES January 16, 2018



PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, <i>Co-Chair</i>	William King, MD	Miguel Fernandez	Cheryl Barrit, MPIA
Jason Brown, <i>Co-Chair</i>	Deborah Owens Collins, PA-C, MSHCA, MSPAS, AAHIVS	Katja Nelson	Carolyn Echols-Watson, MPA
Frankie Darling-Palacios		Franklin D. Pratt, MD, MPHTM, FACEP	Jane Nachazel
Susan Forrest	Raphael Peña		Julie Tolentino, MPH
Grissel Granados, MSW	LaShonda Spencer, MD		
Abad Lopez	Yolanda Sumpter		
Miguel Martinez, MPH, MSW			DHSP STAFF
Anthony Mills, MD			Dave Young
Derek Murray			Pamela Ogata, MPH
Rebecca Ronquillo			
Ricky Rosales			
Russell Ybarra			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, *1/16/2018*
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, *10/17/2017*
- 3) **PowerPoint:** Health District Overview, LA County HIV/AIDS Strategy, *January 2018*
- 4) **Table:** LA County HV/AIDS Strategy, Health District Overview, *January 2018*
- 5) **Summary:** VPDC presentation, *1/16/2018*
- 6) **Table:** Ryan White Part A, MAI Year 27 and Part B YR 17 Expenditures and Other Fiscal Year 17/18 Funding Expenditures by Service Categories, *11/30/2017*
- 7) **Plan:** Minority AIDS Initiative Plan Update (2017-2021) Proposed, *3/9/2017*
- 8) **Vision:** The Equity Manifesto, *2015*

CALL TO ORDER: Mr. Ballesteros called the meeting to order at 1:00 pm.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

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

2. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve the 10/17/2017 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no comments.

III. COMMITTEE COMMENT

4. **NON-AGENDIZED OR FOLLOW-UP:** There were no comments.

IV. REPORTS

5. EXECUTIVE DIRECTOR'S REPORT:

a. Introduction of New Committee Members:

- Ms. Barrit noted Dr. King and Ms. Ronquillo, HOPWA, City of Los Angeles, have joined PP&A. Ms. Ronquillo will enhance the housing focus and provide reports, e.g., on client utilization data, to help inform PP&A service prioritization.
- The contract for James Stewart, long-time Commission Parliamentarian, will not be renewed after the February 2018 Commission and Executive Committee meetings. Opportunities for Technical Assistance (TA) will remain, as needed.
- Both the Commission and Executive Office have evolved since Mr. Stewart began. The Commission now has full staffing and the Executive Office is providing more support and training for all Los Angeles County (LAC) commissions. The Commission on HIV has been the only LAC commission with its own parliamentarian.
- Mr. Ballesteros and Dr. Mills felt it has been helpful to have an outside, objective person. Mr. Rosales said Mr. Stewart was very useful when the Commission was reconstituted in moving through difficult processes, especially when there was no Executive Director, but he felt it was time to evolve.

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

- Ms. Barrit noted good feedback on implementing LACHAS, especially on the need for all Commission members to be on the same page in understanding it and the Health District (HD) concept. Ms. Tolentino is creating materials to help.
- Ms. Tolentino presented on the Health District Overview PowerPoint in the packet. The 26 HDs provide greater granularity than the larger Service Planning Areas (SPAs) so that health services can be better targeted.
- She demonstrated a new interactive map she developed reflecting SPAs, HDs, Supervisorial Districts, City of Los Angeles Council Districts, and neighborhood councils. HDs are within SPA boundaries, but may straddle other boundaries. She provided a relational table for the structures and current available contact information.
- Key goals and metrics for each HD are available on DHSP's LACHAS website at LACounty.HIV.
- Ms. Barrit noted learning about 26 HDs can be overwhelming. Staff are looking at options, e.g., a focus on the top five.
- ➡ Ms. Tolentino will email the link to the interactive map.
- ➡ Ms. Barrit will work with Ms. Ronquillo to better identify funding and facility resources in each HD in order to improve understanding of gaps and the ability to nimbly adjust resources to meet them.

6. CO-CHAIRS' REPORT:

a. Co-Chair Nominations:

- Ms. Barrit said eligible candidates have served on a Committee for 12 months. There is no cap on the annual terms.
- Mr. Ballesteros said PP&A had significantly evolved. There are things to learn, e.g., Health Resources and Services Administration (HRSA) requirements, grant timelines, and a distinct Priority- and Allocation-Setting process. PP&A has, however, developed a streamlined, documented annual process over the past two years that provides a guide.
- Several felt Mr. Ballesteros' experience and institutional knowledge were invaluable due to the work's complexity.
- ➡ Messrs. Ballesteros and Brown were nominated and accepted the nominations.
- ➡ Mr. Martinez reminded the group that Ms. Sumpter expressed interest in serving as a Co-Chair last year. She was not present, but had previously expressed interest.
- ➡ Consider electing a third, In-Training Co-Chair to shadow the Co-Chairs in preparation for the following year.
- ➡ Nominations are open until elections at the next meeting. They may be submitted to Ms. Barrit prior to that meeting.

V. DISCUSSION I

7. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA):

a. Update on Consolidated Plan:

- Ms. Ronquillo reported work is proceeding on the first draft. It is on track for electronic submittal to the Department of Housing and Urban Development (HUD) by 2/12/2018. Concurrently, the Mayor prepares a letter per each five-year term that summarizes his budget in relation to the Plan's priorities. That letter is usually released before the Plan.
- ➡ Ms. Ronquillo will forward the Mayor's letter to PP&A as soon as it is released.

b. HOPWA Clients and Grants:

- ➡ Ms. Ronquillo continues to check data for this report. She will present at the next meeting and add HD data.

8. VACCINE PREVENTABLE DISEASE CONTROL (VPDC) PROGRAM, DEPARTMENT OF PUBLIC HEALTH (DPH), LOS ANGELES COUNTY:

a. Community Outreach and Education Strategies:

- Dr. Pratt sought feedback on how to improve outreach for Vaccine Portfolios for those in LGBTQ communities, e.g.,:
 - ▶ What are the most effective communication strategies to increase vaccine uptake in LGBTQ communities?
 - ▶ What should DPH do that will increase communication among LGBTQ communities, medical providers, and DPH?
 - ▶ What other questions should VPDC be asking?
- VPDC is aware of and respectful of diversity among LGBTQ communities, e.g., initial materials distributed on a limited basis six weeks ago received a cautious response and were pulled. VPDC realized they did not reflect the message well or the vision of Barbara Ferrer, PhD, MPH, MEd, Director, DPH. The idea was good, but presentation needed work.
- Dr. Pratt noted a conference call earlier in the day sponsored by the Centers of Disease Control and Prevention (CDC) on adult vaccinations. Topics included acquisition and funding, e.g., public/private, for profit/not for profit.
- He reported the new Adult Vaccination Schedule will be promulgated 2/6/2018 so the timing is good to roll out the Vaccine Portfolio for the LGBTQ community to improve immune health across the board.
- On the influenza outbreak, southern hemisphere data from Australia shows this year's vaccine has good effectiveness except for the H3N2 strain. Vaccination still provides some immunity, including residual immunity from prior years.
- Ms. Forrest suggested collaborating with, e.g., Housing For Health, to help people link into the health system during the 45 minutes it takes to complete the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).
- Mr. Martinez suggested tools targeted to subpopulations, especially those most likely to be impacted this season, and lesbians, who are often overlooked. He also urged front line staff tools and training, e.g., webinars and cheat sheets.
- Dr. Pratt said VPDC is working on a Board of Supervisors (BOS) motion that seeks to balance short- and long-term goals.
- Ms. Barrit asked what has, or has not, worked in the past. Dr. Pratt replied VPDC data is inadequate. Anecdotally, social media is effective, but others request flyers. He felt that speaks both to multiple needs and lack of data overall.
- Mr. Ballesteros questioned the ability to track vaccinations, and therefore hold providers accountable, especially those given at non-Ryan White agencies. Dr. Pratt replied ideally all providers would register vaccinations in the California Immunization Registry (CAIR2) but, even so, sexual orientation is not collected so the denominator is unavailable. To compensate, estimates are calculated using information from agencies known to treat a targeted population.
- Mr. Ballesteros noted data sets are available for many populations, e.g., seniors aged 65 or over. Data is unavailable for LGBTQ populations largely due to community concerns with being labeled in any system. On the other hand, that means providers cannot be held accountable. He suggested considering addressing that issue politically as part of long-term planning. Dr. Pratt noted there has been some informal discussion about a requirement for certain funding streams that contracts "....shall administer indicated vaccines and keep records of same."
- Dr. Mills supported Vaccine Portfolios, e.g., for MSM, to take the guesswork out of physician's recommendations. It is also critical to ensure funding. The system now expects people who do not have a disease to act as if they do, but patients who are not ill are often unwilling to pay, e.g., \$300 for a meningitis vaccine.
- Mr. Fernandez noted there are those who do not identify with the LGBTQ community, but engage in behaviors that others classify as LGBTQ so targeting behaviors is important. Stressing the routine nature of a standard vaccination schedule also supports uptake among those reluctant about vaccines in general. He felt it would be particularly helpful to target areas with high co-morbidities and work with partners like CVS to link to, e.g., flu shot clinics.
- Mr. Rosales recalled the previous Prevention Planning Committee (PPC) addressed vaccinations in its Prevention Standards which have informed Commission standards. PPC standards targeted both several populations and services.
- Regarding collaboration with the Department of Mental Health, Dr. Pratt said discussions were already underway.

Vi. UPDATE

9. DIVISION OF HIV AND STD PROGRAMS (DHSP) UPDATES:

a. Review PY 27 Expenditure Projections:

- Mr. Young, Chief, Finance Division, reported on the tables reflecting Ryan White Part A, MAI Year 27 and Part B YR 17 and Other Fiscal Year 17/18 Funding Expenditures by Service Categories through 11/30/2017 in the packet.
- This is the time of year Mr. Young reviews actual expenditures, projections for the remaining months, and factors in cost reports in order to best maximize grant dollars. Ryan White Parts A and B cannot be rolled over to the next grant year so must be fully expended. If needed, eligible expenditures may be shifted from MAI to maximize Parts A and B. Part A and MAI grants end 2/28/2018. The Part B grant is received from the state and ends 3/31/2018.
- Mr. Young was projecting Part A underspending of \$1.9 million at this point. Some agencies have not yet submitted their invoices, but most were current through November. DHSP was following up with those that were not current.
- Regarding allocations, notable underspending was projected for Outpatient/Ambulatory Medical Services, Oral Health, and Mental Health. Prior Mental Health contracts for Psychiatry and Psychotherapy sunsetted 8/31/2017 and were replaced 9/1/2017 with combined Fee For Service (FFS) Mental Health contracts that no longer pay for staff, just the service. Substance Abuse services are also underspent, mainly as agencies must bill Drug Medi-Cal before Ryan White.
- Part B are HRSA funds that go to the state and are then allocated by the state to Los Angeles County (LAC). Housing and Substance Abuse are the only two categories allocated funds with only the latter notably underspent, as noted above.
- MAI funds were allocated to Outreach, the Linkage and Retention Program; Housing; and some Transitional Case Management. Housing is underspent as a large amount of expenditures were shifted to Part B to maximize that grant.
- HRSA requires MAI funds rolled over from a prior year to be maximized. The Year 26 award was \$2.9 million with \$2.3 million rolled over to add to the Year 27 \$3.5 million award. MAI underspending is projected to be \$2.7 million, which maximizes Year 26 and some Year 27 funds. DHSP has sent a preliminary request to roll over Year 27 funds into Year 28.
- The Summary page provides a total of Ryan White dollars plus any other funding, in this case Net County Cost (NCC). NCC funds may be used for costs not chargeable to Ryan White, e.g., Medical Care Coordination administrative costs. Other costs currently charged to NCC, e.g., Medical Transportation, may be shifted to maximize Part A, if needed.
- Ms. Ogata noted challenges in charging some NCC-funded service categories to Part A, e.g., client level data normally required by HRSA is not collected for Medical Transportation; Referral Services only show website hits; and Linguistic Services may be translation, not direct client services. She is working with the HRSA Project Officer on such issues.
- Mr. Young added DHSP reminds providers that costs can only be reimbursed after Case Watch entry. Providers should bill DHSP even if the client may be eligible for Medicare or Medi-Cal. The system will make adjustments, if needed.
- Mr. Young is confident that he can maximize Parts A and B. He anticipates the need to roll over MAI, as noted.

b. Solicitations Update:

- Ms. Ogata reviewed current solicitations:
 - ▶ Comprehensive HIV and STD Testing and Treatment, Long Beach rebid, by Request For Proposals (RFP) still under development, contract start date 9/1/2018 or sooner;
 - ▶ Language Services, by Invitation For Bid (IFB), negotiations are being concluded, tentative contract start date 3/1/2018;
 - ▶ Legal Services, by IFB, contract start date 10/1/2018 or sooner;
 - ▶ Core HIV Medical Services for Ryan White Program Clients, by RFP still under development, tentative contract start date 3/1/2019;
 - ▶ Medical Sub-Specialty Services, , by RFP still under development, tentative contract start date 3/1/2019;
 - ▶ Oral Health, meetings with service providers on fee structure, underspending, and barriers to care are ongoing, tentative contract start date 3/1/2019;
 - ▶ STD Screening Services, tentative contract start date 7/1/2019;
 - ▶ Home-Based Case Management, needs assessment in progress;
 - ▶ Substance Abuse, tentative contract start date 3/1/2019;
 - ▶ Housing - Residential Care Facilities For the Chronically Ill and Transitional Residential Care Facilities - tentative contract start date 3/1/2019;
 - ▶ Benefits Specialty, tentative contract start date 4/1/2019;
 - ▶ HIV Testing, by RFP, tentative contract start date 1/1/2019;
 - ▶ Transitional Case Management (Jails), tentative contract start date 3/1/2019.

VII. DISCUSSION II

10. REVIEW MINORITY AIDS INITIATIVE (MAI) PLAN AND DIRECTIVES:

- Ms. Barrit noted last year's updated MAI Plan, approved by the Commission on 3/9/2017, in the packet. The Plan allocates 53% of funding to housing so finalization of the Memorandum of Understanding should facilitate those expenditures.
- The topic is being raised at this meeting to begin considerations for continued discussion at the next meeting. The expenditures report and Equity Manifesto also in the packet can help inform any adjustments. Other things to consider are LACHAS, especially disparities and goals by HD; data from the Comprehensive HIV Plan; Drug Medi-Cal; and FFS.
- Consider the pros and cons of multi-year MAI allocations, e.g., stability in funding for housing units.
- ➡ PP&A members will prepare to make recommendations for the MAI Plan at the next meeting.
- ➡ Staff will include Mr. Young's Expenditures Report in the next packet to help inform MAI Plan decision-making.

VIII. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP: There were no additional items.

12. AGENDA DEVELOPMENT FOR NEXT MEETING: There were no additional items.

IX. ANNOUNCEMENTS

13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS: There were no announcements.

X. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 2:50 pm.