



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
<http://hiv.lacounty.gov>



PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES February 21, 2017

PP&A MEMBERS PRESENT	PP&A MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, <i>Co-Chair</i>	LaShonda Spencer, MD	Kelin A.	Cheryl Barrit, MPIA
Jason Brown, <i>Co-Chair</i>	Yolanda Sumpter	Michelle Camano	Carolyn Echols-Watson, MPA
Michelle Enfield		Phil Curtis	Jane Nachazel
Bradley Land		Miguel Fernandez	Doris Reed
Miguel Martinez, MPH, MSW	PP&A MEMBERS ABSENT	Susan Forrest	
Anthony Mills, MD	Majel Arnold, MA-HSA	Megan Key	
Derek Murray	Michele Daniels	Tlana Monteilh	DHSP STAFF
Pamela Ogata, MPH	Raphael Péna	Katja Nelson	None
Deborah Owens Collins, PA, MSPAS, AAHIVS			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 2/21/2017
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 1/17/2017
- 3) **PowerPoint:** HIV Biomedical Prevention Efforts in Los Angeles County, 2/9/2017
- 4) **Graphic:** STD Dashboard (January - October 2016), Los Angeles County, Division of HIV and STD Programs, *Updated 12/2/2016*
- 5) **PowerPoint:** Stemming the Rising Tide of Syphilis in California, *Syphilis Summit 1/9-10/2017*
- 6) **Plan:** Minority AIDS Initiative Plan Update (2016-2021), Proposed, 1/17/2017
- 7) **Table:** Los Angeles County Commission on HIV (COH) Ryan White FY 2017-2018 Directives - PROPOSED, 1/16/2017
- 8) **Table:** Planning, Priorities and Allocations Committee, (Revised) 2017 Allocation Timeline Process, *Updated 2/21/2017*
- 9) **PowerPoint:** FY 2017 P-and-A FRAMEWORK and PROCESS: Review Paradigms; Review Operating Values, 2017
- 10) **Survey:** Los Angeles County Commission on HIV (COH), Planning, Priorities and Allocations (PP&A) Committee Meeting (2/21/2017), HIV and Racism and Review of Paradigms and Operating Values, 2/21/2017
- 11) **Graphic:** Los Angeles County Commission on HIV, Comprehensive HIV Continuum Framework (Approved 12/8/2016); and, Los Angeles County Commission on HIV, Comprehensive HIV Continuum Framework with Prevention Strategies, *for PP&A Meeting 2/21/2017*

1. **CALL TO ORDER:** Mr. Brown called the meeting to order at 1:00 pm.
2. **APPROVAL OF AGENDA:**
MOTION 1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION 2: Approve the 1/17/2017 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Passed by Consensus*).

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

- Ms. Monteilh, AIDS Project Los Angeles (APLA) Health, revisited concerns APLA raised at the 2/9/2017 Commission meeting on the 3/31/2017 sunset of the Information and Referral Services category. APLA provides a critical source of HIV referral information for providers, consumers and their families, especially since the HIVLA Directory was discontinued in 2009. APLA averages over 1,000 non-food pantry visits and 500 Client Line calls per month. Many walk-in clients are in crisis and many clients today are concerned about maintaining their services. This is a key component in the continuum.
- ➡ Agendize a discussion on the HIV service directory for the March meeting. Ms. Barrit will coordinate with DHSP on information for the topic and overall Information and Referral Services strategy and options.

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

6. EXECUTIVE DIRECTOR'S REPORT:

- Ms. Barrit encouraged Commission members to take advantage of the trainings offered by the Commission. Two, in particular, will be advantageous to PP&A members: Data and Epidemiology Overview, 7/20/2017; and Planning Council (PC) Refresher, 8/22/2017. The latter discusses Priority-and-Allocations (P-and-A) Setting, the core of PC responsibilities under the law, in detail. This second set of sessions reflects modifications based on feedback from the first sessions.
- She noted she joined the Commission one year ago on 2/16/2016 and her first meeting was with PP&A. She appreciates the intersection of Commission work overall with PP&A and is mindful of informing all Committees of those intersections.
- One example is the planned joint meeting with SBP. PP&A's discussions and recommendations on the homeless and those at risk of homelessness in the County are also being echoed by the newly formed Housing Task Force while allocations will impact the response. Meanwhile, Public Policy will address the annual Legislative Docket at its next meeting and will continue to track the evolving political landscape, e.g., pertaining to Social Determinants of Health (SDH) and LGBT rights.
- Ms. Barrit will continue to report back to PP&A on developments in other bodies and how they might impact allocations.

7. CO-CHAIRS' REPORT:

- Mr. Ballesteros noted PP&A was on schedule. It completed significant work over the year and incorporated input on needs assessment, e.g., concerning housing. Several people have also commented that the process was clearer.
- The Commission plans a year in advance so it is important that Commission members realize how their input influenced decisions once funds are received and programs are implemented. That realization strengthens confidence and participation in the planning process which makes PP&A's work easier.

8. COMPREHENSIVE HIV PLAN (CHP) UPDATE:

A. Listening Sessions:

- Ms. Barrit said the 2/24/2017 HIV Workforce session was full and the 2/28/2017 Long Beach session will also be well attended. The 1/25/2017 Asian/Pacific Islander session was full. Attendance for the other completed Tier 3 sessions was: Trans-Masculine, 1/30/2017, 2; Recently Incarcerated, 2/14/2017, 1; and 25-29 Year Olds, 2/16/2017, 4.
- The Community Engagement Work Group will convene to review preliminary data after completion of the Tier 3 sessions and will then report to the full Commission. Tier 2 and 3 data will help inform the annual CHP update.
- Data also helps fill gaps in the Los Angeles County HIV Needs Assessment (LACHNA), but Ms. Barrit recommended a pause after Tier 3 to reflect on what has been learned, challenges and barriers. The Community Engagement Work Group has considered a town hall to discuss the process and data with the community and receive feedback.
- From a planning perspective, Ms. Ogata suggested trying to identify who needs services and what they specifically need, especially in light of potential funding challenges. Mr. Land added developing funding scenarios could help.

9. JOINT MEETING WITH STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

TO DEVELOP HOUSING ELIGIBILITY AND SERVICE STANDARDS RECOMMENDATIONS:

- Ms. Barrit noted it became clear to SBP over the past year that the Housing Standards of Care (SOC) need to be updated. PP&A also identified housing in the priority-setting process as a key service category to elevate.
- DHSP has diligently secured a formal Memorandum of Understanding (MOU) with the Department of Health Services (DHS) for its Housing For Health (HFH) program and is now doing the administrative work of setting boundaries and creating the mechanism for the HFH partnership to function.
- The Commission now needs to develop specific housing service and eligibility standards for the funds that will be allocated. The purpose of this joint meeting is to develop additional details on who will be eligible as well as length of service and

cycling off Ryan White funds to other services so that new clients can be served. Standards for provider minimum expectations include, e.g., cultural competency, training, case management, documentation and individual service plans.

- Lois Starr, housing consultant, will preface the meeting with an overview of housing services in the County so determinations can be made in view of the system rather than only Ryan White-funded services. Ms. Barrit is developing a brief pre-meeting housing survey with Ms. Starr for SBP and PP&A members so Ms. Starr can customize her presentation.
- The joint meeting will be 3/31/2017, 1:00 to 4:00 pm. Staff is identifying one of the larger conference rooms in the building.

10. SYPHILIS/STD AND PrEP UPDATE:

- Ms. Ogata noted the HIV biomedical prevention presentation in the packet given by Dr. Sonali Kulkarni, Medical Director, and Dr. Leo Moore, Social Medical Director, DHSP, at the 2/9/2017 Commission meeting. The referenced Centers of Excellence are DHSP-funded providers and listed on the County map, slide 23 of the presentation.
- She noted the STD Dashboard, also in the packet, reflects estimates based on lab cases which still include unknowns.
- PrEP was discussed at a conference earlier this month and the Centers for Disease Control and Prevention (CDC) provided a press release on whether PrEP increases, has no effect or is protective against STDs. The CDC estimates that PrEP is most likely protective against syphilis because clients are screened for STDs every three months.
- The California Department of Public Health (CDPH), STD Branch and DHSP hosted a 1/9-10/2017 Syphilis Summit. The presentation on syphilis by Dr. Heidi Bauer, Chief, STD Branch was in the packet.
- Ms. Ogata included the presentation to highlight the rise in the number of syphilis cases in California since 1999 with a higher rise in 2014-2015. Most striking, the County STD Program's CDC Flagship STD grant application six years ago reported five cases of congenital syphilis compared to 31-33 cases now. Any congenital syphilis cases above zero is considered an outbreak because it is 100% preventable through prenatal screening and treatment.
- DHSP is working to track each congenital syphilis case and gather epidemiological data to increase understanding of the situation. Cases are not clustered in one geographic area which makes evaluation more difficult. Syphilis is now a key priority. DHSP disease investigation and partner services are focusing solely on HIV, syphilis and those with co-infections.
- Ms. Forrest noted several of Dr. Bauer's slides list "female" as a sexual orientation. It is not a sexual orientation.
- Dr. Spencer related two cases of congenital syphilis in the past year. One was an HIV+ homeless woman who had received no care. Her child was diagnosed with HIV as well as congenital syphilis. The other was a male patient with HIV who had been treated for syphilis, but was re-infected towards the end of his partner's pregnancy. She both refused PrEP and preferred care at her local community provider. She knows he is HIV+ and that he had syphilis before, but is overly trusting.
- Ms. Ogata encouraged such feedback and ideas on how to reach this population. Dr. Spencer recommended educating community providers on asking patients about their partner status and the importance of regular STD re-testing.
- Mr. Brown asked about discounted PrEP medications for the Jail. Ms. Ogata noted only federally funded programs are eligible for 340B pharmacy drug discounts. The Jail has its own medical system and is not eligible. Release of a new 340B guidance was expected in January. It is on hold, likely due to the administration change, but was unlikely to include the Jail.
- Dr. Mills said PrEP is continued for those entering the Jail already on it. Perhaps covered entities might subcontract with the Jail to provide PrEP. Dr. Spencer noted the LAC+USC MCA Clinic already provides PrEP to juvenile hall inmates.
- Mr. Curtis noted concern that there is language in the Governor's budget which would apply 340B regulations that now govern Fee-For-Service to Medical Managed Care. Apparently, the language is coming from federal guidance and the Health Resources Services Administration (HRSA). If enacted, it would represent a major change for clinics, pharmacies, health plans and hospitals which all depend on 340B revenue.
- Several people in the Community Clinic Association could present to the Commission to deepen understanding of the impact of the 340B program. A gentleman at the Medi-Cal Pharmacy Policy Office is also familiar with the intersection of 340B, Ryan White and HIV. Mr. Ballesteros felt Public Policy should also address advocacy on the issue.
- ➡ Ms. Ogata will request information on causes for the 2000 County syphilis outbreak and report back.
- ➡ Ms. Ogata will request context on Dr. Bauer's slide suggesting a connection between drought and syphilis rates.
- ➡ Ms. Barrit will report to Public Policy on the 340B issue.

11. MAI PLAN AND MASTER PROGRAM DIRECTIVES:

- Ms. Barrit reported the main changes for this update were clarifying the HFH housing targeted populations in the table on page 4 of the MAI Plan and correcting Objective 3.1 to read "HIV infections" rather than "HIV diagnoses" in both the MAI Plan and Master Program Directives. Very few comments were received on this latest iteration.
- The MAI Plan and Master Program Directives will provide a basis for discussions at the joint meeting on 3/31/2017.

MOTION 3: Approve the Planning, Priorities and Allocations (PP&A) Committee MAI Plan and Master Programs Directives, as presented (*Passed by Consensus*).

12. PREVENTION PLANNING 2017:

A. Revised Planning Timeline:

- Ms. Barrit noted the timeline will guide PP&A's agenda for the upcoming months for both the prevention and the next Ryan White funding cycles. It is important to be mindful of the speed of deliberations and recommendations for prevention portfolio discussions though some planning information is not yet known.
- In particular, the Centers for Disease Control and Prevention (CDC) Flagship award for prevention will sunset this year. The CDC has not yet released the Funding Opportunity Announcement (FOA) so the timeline listing in June is an estimate. It is known that the CDC will combine its Flagship prevention award FOA and its Surveillance Request For Proposals (RFP). The guidance is not available, but the CDC has focused on High Impact Interventions since 2012.
- Ms. Ogata noted the HRSA Part A/MAI Programs Annual Progress Report is due in May, not June. She felt that the HRSA application would likely be due in September 2017. That would mean CHP updates will need to be finalized in June/July rather than in August so the updated CHP can inform deliberations on the 2018 Ryan White allocations in August.
- Ms. Barrit recommended reviewing prevention services overall. Funding for prevention is never safe since it is harder to demonstrate the connection between dollars spent and lives saved for prevention than for care and treatment. Funding for some prevention services is safer than for others, e.g., testing, partner services, Prevention for Positives and potentially PrEP based on recent scientific data. Funding for syringe exchange and condom distribution is less safe.
- Mr. Martinez noted considerable confusion regarding the Health Education/Risk Reduction (HE/RR) service category so suggested moving the update up from November. New contracts for two vulnerable populations will likely launch this summer, but others apparently will sunset either in June or at the end of 2017 for other populations.
- Ms. Ogata was unsure when DHSP could provide that report as it is now engaged in internal HE/RR discussions. It is committed to ensure continued coverage. Discussions include CDC directly funded contracts for these populations.
- DHSP and the Commission will develop this year's CHP update. The work will need to focus closely on the most critical elements.
- ➡ Ms. Barrit and the Co-Chairs will develop best-, moderate- and worst-case funding scenarios for PP&A review in March.
- ➡ Ms. Ogata will request DHSP move its HE/RR update from November to September and include information on CDC directly funded HE/RR contracts. She will also request a copy of the letter released by Mario Pérez, MPH, Director, DHSP, on the topic for the March meeting to help inform PP&A on DHSP guidance and directions.
- ➡ Revisions to timeline:
 - ▶ Review, adjust as necessary, PY 27 allocations, May;
 - ▶ DHSP Programs Annual Progress Report, from June to May;
 - ▶ Proposed Timeline and Resource Allocation Strategy, from August to May;
 - ▶ Discussion on PY 28 Allocations, from August to June/July;
 - ▶ Finalize CHP updates, from August to June/July;
 - ▶ Vote on PY 28 Allocations, August;
 - ▶ Update on HE/RR services/contracts, from November to September.

B. HIV and Racism Impact on Paradigms and Operating Values:

- Ms. Barrit noted several Commission members attended the Racism and HIV Conference and there was a suggestion from PP&A to operationalize some of its elements in the prevention conversation. She felt a slide in Dr. Bauer's syphilis presentation will be useful in framing the conversation. "Re-Frame Role: Future Approaches to STD Control," starts with the question, "How can we move 'upstream' to identify policy/structural/institutional solutions?"
- She and Ms. Echols-Watson developed a four-question survey to initiate consideration based on the 2017 Paradigms, core decision-making lenses, and Operating Values, guiding values for the decision process itself.
- Questions address: if and how the 2017 Paradigms and Operating Values help the planning process address the "isms" that drive the HIV epidemic and/or what new ones are needed; how providers can reduce implicit bias; examples of training to reduce implicit bias; and organizational policies that promote a culture free of bias, stigma and isms.
- The training question also serves to inform SBP development of cultural competency for SOC minimum requirements. All the questions can help to inform work related to development of housing services.
- This is not a one-time conversation, but PP&A has demonstrated strong leadership in addressing these complex issues with recommendations that are as specific as possible.

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- ➡ Ms. Barrit will email the survey to PP&A and members will return it within two weeks. The survey in the packet inadvertently listed the 2016 Paradigms and Operating Values. Prior to distribution, the survey will be revised to reflect the 2017 set: Paradigms: Compassion, Equity; and Operating Values: Efficiency, Quality, Advocacy, Representation.

13. NEXT STEPS: There was no additional information.

14. ANNOUNCEMENTS:

- Mr. Ogata reported the Substance Abuse and Mental Health Services Administration (SAMHSA) was releasing a new MAI housing FOA: "Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities Ages 13 to 24." The goal is outreach to those who are unstably housed in order to bring them into systems of care.
- The award will be for approximately \$200,000 per year for five years. SAMHSA estimates 20 awardees. Nonprofit Community Based Organizations and public health departments are eligible. Applicants must be a substance abuse provider or a partner with a substance abuse provider. The application due date is 4/17/2017. Details are on the SAMHSA website.

15. ADJOURNMENT: The meeting adjourned at 2:35 pm.