



LOS ANGELES COUNTY COMMISSION ON HIV

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PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

February 26, 2008



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeff Goodman, <i>Co-Chair</i>	Eric Daar	Jeff Bailey	Phillip Barragan	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>		Sharon Chamberlain	Maxine Franklin	Glenda Pinney
Mario Chavez		Jim Chud	Tonia Smith	Craig Vincent-Jones
Douglas Frye		Veronika Geronimo	Juhua Wu	
Joanne Granai		Paul Hebblethwaite	Dave Young	
Michael Green		Miki Jackson		
Bradley Land		Mike Johnson		
Anna Long		Seth Levy		
Quentin O'Brien		Robert Lopez		
		Ruel Nolleto		
		Trip Oldfield		
		Jill Rotenberg		
		Joey Terrill		

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Agenda, 2/26/2008
- 2) **Table:** YR 17 Ryan White Part A and B Funding Expenditures by Services Category, 1/31/2008
- 3) **Table:** CDC Expenditures by Service Categories, 7/2006 to 6/2007
- 4) **Table:** State Expenditures by Service Categories, *Final*, FY 2006 to 2007
- 5) **Table:** NCC Expenditures by Service Categories, *Final*, FY 2006 to 2007
- 6) **Table:** OAPP Operational Expenditures Summary, *Actuals*, FY 2006 to 2007
- 7) **Table:** OAPP County Budget, *Actuals*, FY 2006 to 2007
- 8) **PowerPoint:** Transportation Unit Services, 2/2008
- 9) **List:** Available HIV Services, 11/13/07
- 10) **List:** HIV Service Category Definitions, 11/27/07
- 11) **Letter:** Minority AIDS Initiative Interim Investment Plan, 2/15/2008

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 12:45 p.m.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:** There were no meeting minutes.
MOTION #2: Approve the Priorities and Planning (P&P) Committee Meeting minutes, as presented (*Postponed*).

4. **PUBLIC COMMENT, NON-AGENDIZED:** Mr. Chud reported he was circulating a petition from physicians, caregivers and discharge planners for PWH/A advocating for skilled nursing/hospice care. There had been a shortage of space since Carl Bean House closed in 2006. A recent survey of hospital case managers and discharge planners revealed 50% of skilled nursing facilities did not accept PWH/A. Patients have reported unsanitary conditions, and medicine dispensing and nutrition problems at some facilities. The petition was being circulated to health care providers and Commission funding consideration was requested.
 - It was agreed to agendize the issue at a subsequent P&P Committee meeting.
5. **COMMISSION COMMENT, NON-AGENDIZED:**
 - Ms. Granai reported that Tarzana Treatment Center and Inland AIDS Center were now attending the SPA #1 meetings.
 - Ms. Watt announced that the PPC had rolled out the new Prevention Plan that morning to good response. On the OAPP website, it profiled County prevention, helped in intervention choice, and could even assist in RFP response. Ms. Watt offered that the PPC had been helped by the fact that more community than PPC members worked on the Plan.
 - Mr. Vincent-Jones reported the Project Officer said a revised Comprehensive Care Plan would be due by January 2009.
 - It was agreed that the following would participate in the Comprehensive Care Plan Work Group: Goodman, Granai, Green, Hebblethwaite, Long, Rotenberg, Watt, Wu.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
 - A. **C-Chair Elections:** Co-chair nominations were opened. Elections would be in March. Mr. Goodman and Ms. Watt were nominated to continue in their positions.
8. **YR 17 OAPP FINANCIAL REPORTS:**
 - Mr. Young called attention to the YR 17 forecast schedule in the packet. The first page reflected Part A and B income and expenditures through January 2008, as well as a count of agencies per service category. It was agreed to cut a column reflecting delinquent agencies by service agency, but report their number, if any, by footnote. Mr. Young clarified that Column 10 reflected what had been spent to date of the grant allocation for a service category.
 - Column 12 projected the full year's spending for a service category. Negative figures reflected contracts that exceeded grant funding. The report's second page identified funding sources, in particular NCC, used to compensate for those expenditures. It was agreed to add a footnote explaining the negative figures.
 - Mr. Young noted, per Board instructions, OAPP was working to reduce over-contracting to the total of grant and NCC funds. NCC and the State were on a July to June calendar. Ms. Jackson said the Health Deputies understood there was a \$1.5 million cut. Mr. Young said the cut was for YR 18. It was agreed to add an MAI column to YR 18.
 - Program Support included capacity building, provider training, data management, and similar needs. It was agreed to differentiate between the traditional "Program Support" and service categories. It was agreed to rename Column 15 "Projected Over-/Under-Spending." It was agreed to rename "Housing Assistance" as "Residential/Transitional." It was agreed to define "Transfer In" funds in a footnote.
 - Mr. Vincent-Jones noted that YR 17 and YR 18 could not be perfectly comparable because of differing grant cycles. Ryan White Part A was on a March to February calendar. It was agreed to footnote sources of State funding. Mr. Vincent-Jones noted that NCC was fluid within categories as needed.
 - Mr. Young continued with a review of YR 2006 – 2007 expenditures. He noted that the CDC grant was on a calendar year. There were no variances for it, since it was taken from July 2006 through June 2007. HIV C/T, Client Advocacy and SPNs were highlighted since those categories were co-funded with Ryan White services. It was agreed to define the use of the highlight to identify co-funded services in a footnote.
 - Mr. Young noted CSAT/CSAP was funded by Federal SAMHSA dispersed through the State. There was underspending in the Master Grant Agreement for EIP/Positive Changes/Bridge because billing was based on personnel and the site, Hubert H. Humphrey Comprehensive Clinic, did not hire. OAPP has requested the ability to shift funds among programs when underspending occurred from the state, but it was not automatic. It was agreed to footnote the State schedule explaining how underspending occurred and what was done to mitigate it.
 - Mr. Young said ADAP funds supported personnel like the ADAP Coordinator, contracts, provider reimbursement for certifying clients, with some allocated for social marketing. The reimbursement rate was in the Medical Outpatient contract. It was agreed to footnote how the ADAP funds were used.
 - Mr. Young noted that several NCC costs were new for 2006-2007 since Part A dollars were no longer available after 3/01/07. NCC funds covered contract costs, administrative costs above various grant caps, and OAPP services. Provider reimbursements for cost report overages were re-invested. OAPP historically received \$15.9 million in NCC funds for the

MOE. In 2006-2007, OAPP received one-time increases from DPH of \$1 million and from the CEO for the MAI shortfall of \$836,000. A \$1.2 million permanent NCC increase has been received beginning with FY 2007-2008.

- Mr. Young noted that DPH separated from DHS in July 2006, so the OAPP County budget lacks the usual prior year's data. The County budget included: personnel; services and supplies, like contract costs; fixed assets; other, like insurance; revenue from grants; NCC; and intra-fund transfers from other departments, like ADPA. He continued that the OAPP actuals for "Services and Supplies" was mainly for provider contract reimbursements. Direct costs were attributed to a particular program whereas indirect were spread among multiple programs and services.
- Ms. Watt suggested more context. It was agreed to add a definition key.
- ➔ It was agreed to start adding the revised report to the Commission packet and provide a presentation on it in March.

9. **TRANSPORTATION:**

- Mr. Barragan, Supervisor, OAOO Transportation Unit, presented that transportation services were designed specifically to support care like facilitating access to medical appointments.
- MOUs were established with 78 agencies in the program. No new agencies were being added due to funding restrictions. Transit checks, much like money orders, were currently used for the Santa Monica Transit Agency, though a pass program was being reviewed. While clients may obtain their own Disabled ID Card, obtaining them through their providers from OAPP saved clients the cost of the fee. Bus passes were for three years, but required a monthly sticker. Access paratransit cards were for all transit authorities, but were not valid on DASH busses. The Disabled ID Card or Medicaid card could be used for a 50% discount without a sticker.
- The YR 17 budget was reduced by \$415,948 to \$963,045 resulting in cuts based on actual usage and GEN. The agencies were required to fax a monthly order to encourage review by actual need rather than an annual estimate. Some agencies continued spending at YR 16 or higher levels which caused a shortage later in YR 17. Bus passes have become more popular than tokens because of their convenience, but tokens were still used by some agencies. State C&P programs also offered \$40 per month for transportation that might be used to fill gaps.
- Mr. Land asked if the County received a special rate. Mr. Barragan said it did not. He suggested a closer look at taxi utilization by area and possible co-pays to most efficiently use reduced funds. He went on to say that District #5 had special needs. Bus routes were changed to address some access needs in 2002, but transit could be as much as 20 miles away in the Antelope Valley where weather was also an issue. Only taxis met such circumstances.
- Ms. Watt suggested that County departments might get a better rate if they jointly bought in bulk. County hospitals had taxi vouchers for people returning from emergency visits. Ms. Watt felt all hospitals should have them. Ms. Jackson noted many homeless programs had systems that might be copied to provide tokens for medical care transport. Mr. Johnson said agencies needed flexibility to address needs like a substance abuse counseling session for someone in crisis.
- Mr. Barragan said that HRSA's tighter restriction on transportation services began in YR 17. Mr. Vincent-Jones noted the rule was not strictly new, but HRSA had re-emphasized it. Language required "health services," not medical care per se. The November 2007 cut was due both to grant reductions and the 75%/25% mandated allocation of services. OAPP was planning a transportation meeting on policy and equal access in accord with the HRSA medical care mandate.

10. **LOS ANGELES COUNTY HIV NEEDS ASSESSMENT:**

- Mr. Vincent-Jones noted that the original plan was to alternate needs assessment with service utilization in LACHNA annually. The outcomes workshops were oriented toward developing service utilization assessment, but another year would be required to develop service effectiveness methodology.
- Needs assessment was only required every three years for HRSA. OAPP was amenable to not doing LACHNA this year in lieu of compiling and researching data, developing the service effectiveness methodology, and developing the survey. Needs assessment could then be done the following year.
- Mr. Land was concerned that momentum would lag and there would be a lack of data to advocate on behalf of services. Dr. Frye suggested that dissemination and education could keep people involved until more solid data could be collected.

MOTION #3 (Long/Land): Approved to postpone LACHNA until November 2009 and take the time to analyze the data and disseminate it to the community and providers (*Passed by Consensus*).

11. **YR 19 PRIORITY- AND ALLOCATION-SETTING:**

A. **Funding Thresholds:** The item was postponed.

B. **Services Categories:**

- Mr. Vincent-Jones noted there was a list of service categories and definitions in the packet. Last year, 36 categories were ranked in the priorities- and allocation-setting process on the premise that all categories in the Continuum of Care should

be included. However, about 42 categories were presented at the Service Provider Forums. Staff had been working on the list to ensure consistency across all planning activities.

- A memorandum of the MAI Interim Investment Plan was also in the packet.

12. **CURRENT WORK PLAN:** The item was postponed.
13. **ANNOUNCEMENTS:** There were no additional announcements.
14. **ADJOURNMENT:** The meeting was adjourned at 3:30 pm.