



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748  
www.hivcommission-la.info

*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

April 28, 2009

**Approved**  
**5/4/2009**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMMISSION STAFF/CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Robert Butler	Miki Jackson	Juhua Wu	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>	Jim Chud	Anita Le	Dave Young	Glenda Pinney
Douglas Frye	Ted Liso			Craig Vincent-Jones
Joanne Granai	Anna Long			
Michael Green				
Bradley Land				
Quentin O'Brien				

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Agenda, 4/28/2009
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 4/21/2009
- 3) **Table:** P&P Committee Meeting Locations, *Revised 4/10/2009*
- 4) **List:** Fiscal Year 2010 Priority- and Allocation-Setting Paradigms and Operating Values, 4/7/2009
- 5) **Table:** Service Category Priorities, 4/28/2009
- 6) **Matrix:** Fiscal Year 2010 Priority- and Allocation-Setting Change Matrix, 4/8/2009
- 7) **List:** HIV/AIDS Continuum of Care, 4/22/2009
- 8) **List:** Service Categories in the HIV/AIDS Continuum of Care, 4/28/2009
- 9) **List:** HIV Service Category Definitions, 4/28/2009
- 10) **Summary:** Fiscal Year 2010 Priority- and Allocation-Setting, Provider Forums: Service Planning Areas 3/7, 6 and 8, 3/11/2009
- 11) **Summary:** Year 19 Priority- and Allocation-Setting, Summary of Service Provider Forums, 2/29/2008
- 12) **Spreadsheet:** Grant Year 18 Ryan White Part A & B Expenditures by Service Category, 2/28/2009
- 13) **Summary Key:** Year 18 Ryan White Part A & B Expenditures by Service Category, *on-going*

1. **CALL TO ORDER:** Ms. Watt called the meeting to order at 1:50 pm. Conflicts of interest were noted during roll call.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 4/21/2009 P&P Committee Meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no public comments
5. **COMMISSION COMMENT, NON-AGENDIZED:** All complimented the breadth and depth of data provided for consideration, especially from OAPP staff. Mr. Vincent-Jones especially thanked Ms. Pinney for development of the Service Utilization and Needs Assessment Report.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

## Priorities and Planning (P&P) Committee Meeting Minutes

April 28, 2009

Page 2 of 4

---

7. **CO-CHAIRS' REPORT:** Co-Chairs reminded the group of the Special Commission meeting on 4/30/2009, 1:00 to 3:00 pm, St. Anne's Maternity Home, to address SPA 1 Allocations.
- A. **Meeting Dates and Locations:** The P&P Committee meeting schedule was in the packet. The 5/5/2009 meeting will review FY 2009 allocations triggered by the increase in grant award. The 5/19/2009 meeting will address FY 2010 allocations recommendations from OAPP.
8. **FY 2009 ALLOCATIONS:**
- A. **FY 2009 Notice of Grant Award:**
- Dr. Green reported that the Ryan White Program Part A Notice of Grant Award reflected a 7.4% increase or slightly less than \$2.5 million, for the largest percentage increase in at least seven years. The surveillance-based formula section increased by about 5%. The competitive supplemental section increased by about 13.4%. Dr. Green thanked Ms. Wu and all those involved in drafting the application.
  - The Objective Review Committee score sheet identified 22 strengths and one weakness though HRSA has not issued a directive on that nor is it in the application guidance. The final score was 97 out of a possible 100.
  - Mr. Goodman noted the contingency plan requires allocation review for an increase above 4.9% and initiated discussion preparatory to deliberations on 5/5/2009.
  - Ms. Jackson suggested the Commission make Net County Cost (NCC) allocation recommendations. Mr. Vincent-Jones said the Commission made such recommendations last year and could make them more formally this year. Dr. Green added that OAPP had provided its intentions for NCC to inform the discussion last year, as well.
  - Mr. Vincent-Jones noted it was important not to "supplant" NCC funds with Part A fund, which is prohibited.
  - The following were questions and answers directed to and provided by OAPP:
    1. What service categories can accommodate increased capacity?  
A: Fee-based services can be readily increased, but cost reimbursement-based services depend on broader infrastructure like additional staff, which might not be sustainable after or implementable this year.
    2. Is there a method to augment Mental Health, Psychotherapy services effectively in light of pending Medi-Cal cuts and under-spending?
    3. Do contract augmentation limits impact potential increases for any service categories?  
A: All service categories can be augmented. The amount varies by contract depending on whether and to what extent various contracts have already been augmented. If necessary, the Board can amend contracts.
    4. Can Oral Health Care expend more funds effectively given the recent increase in MAI funding?  
A: OAPP is meeting with the six providers to learn how they currently use Denti-Cal funds now being cut. OAPP can readily assist with laboratory costs, but support would be more complicated for other costs.
    5. How does the impending 6/1/2009 Board Letter impact Committee deliberations, e.g., agencies may not be willing to increase services until they have signed documentation to do so?
    6. Are NCC funds lost to the Ryan White system if service categories are supplemented with additional Part A funds?  
A: The approximately \$17 million in NCC funds constitutes the County's required Maintenance of Effort and can not be recaptured by the BOS.
    7. Can additional Part A funds free NCC funds to bolster the prevention system undercut by cuts?
    8. How can the Committee assure that additional funds support additional services?
    9. What are OAPP's suggestions for use of NCC funds in light of additional Part A funds?
    10. What service categories have recently been reduced and by what amounts, e.g., Medical Outpatient/Specialty; Mental Health, Psychiatry; and HIV Counseling and Testing?
    11. Could funds support a Benefits Specialist in each SPA through Case Management, Psychosocial? What is the plan for the \$750,000 recently allocated to Case Management, Psychosocial for Benefits Specialty?
    12. Is it possible to fund health insurance premium payments?  
A: There is no mechanism to make such payments.
    13. Is it possible to significantly impact community services through augmenting Early Intervention Services?
- ➡ OAPP will provide information on questions noted for the 5/5/2009 P&P Committee meeting.
9. **FY 2010 PRIORITY- AND ALLOCATION-SETTING:**
- A. **Service Priority Rankings:**
- Mr. Goodman reminded the group that priorities are by need. All categories are prioritized regardless of allocation.
  - Mr. Vincent-Jones noted that, per Commission instruction, any change requires justification.
  - The SPA 1 Model and Allocations identify a service category subset, but does not affect countywide prioritization.

## Priorities and Planning (P&P) Committee Meeting Minutes

April 28, 2009

Page 3 of 4

- Mr. Vincent-Jones noted some service categories are listed primarily because they are on the HRSA list, e.g., Psychosocial Support which funds a range of services like pastoral care. While captured for comparative purposes, these categories have consistently ranked low in priority, have not been funded and standards have not been created for them.
- ➡ Mr. Land recommended moving Case Management, Psychosocial above Early Intervention Services with other categories shifted down. That would place this second most utilized service closer to Medical Outpatient/Specialty, most utilized, and Case Management, Medical, improving consistency with Medical Care Coordination by increasing access as reported by consumers.
- ➡ Mr. Goodman and Ms. Watt recommended moving Outreach above Medical Transportation with other services shifted down. The economic contraction is forcing more people from private insurance onto a stressed safety net. Outreach promotes access to those lost or returning to treatment and would enable the system to catch these people sooner so that their economic and medical condition can be stabilized before it escalates. Anecdotally, Mr. Goodman noted his agency's intake has doubled each month since December 2008 with one-third of those returning to the system after years of independent care. Ms. Watt noted many of her agency's new clients had not been aware of the system. Mr. O'Brien noted 50% of his agency's clients who test HIV+ are lost to care because the agency lacks funds to follow-up.
- ➡ Due to the intimate relationship between AIDS Drug Assistance Program (ADAP) and ADAP Enrollment, the two services were combined in one category.
- ➡ While the economic climate is likely to push the need for certain services, it was agreed that the remaining relative priorities were appropriate. Services noted were: Local Pharmacy Program/ Drug Reimbursement; Substance Abuse, Treatment; Substance Abuse, Residential; and Nutrition Support.
- ➡ The Committee ranked the FY 2010 Service Category Priorities as follows based on the recommendations above:

Service Categories	FY 2010 Ranking	FY 2009 Ranking
<b>Medical Outpatient/Specialty</b>	1	1 and 3
<b>AIDS Drug Assistance Program (ADAP)/ADAP Enrollment</b>	2	2
<b>Local Pharmacy Program/ Drug Reimbursement</b>	3	4
Benefits Specialty	4	5
<b>Oral Health Care</b>	5	6
<b>Mental Health, Psychiatry</b>	6	7
<b>Mental Health, Psychotherapy</b>	7	8
<b>Case Management, Medical</b>	8	9
Case Management, Psychosocial	9	14
<b>Early Intervention Services</b>	10	10
<b>Health Insurance Premiums and Cost Sharing</b>	11	11
Substance Abuse, Residential	12	12
<b>Substance Abuse, Treatment</b>	13	13
Residential, Transitional	14	15
Residential, Permanent	15	16
Outreach	16	35
<b>Medical Transportation</b>	17	17
<b>Treatment Education</b>	18	18
<b>Medical Nutrition Therapy</b>	19	19
<b>Nutrition Support</b>	20	20
Legal	21	21
Case Management, Transitional	22	22
Direct Emergency Financial Assistance	23	23
Case Management, Housing	24	24
Language/Interpretation	25	25
<b>Skilled Nursing</b>	26	26
<b>Home Health Care</b>	27	27
Case Management, Home-based	28	28
<b>Hospice</b>	29	29
Child Care	30	30
Workforce Entry/Re-entry	31	31
Rehabilitation	32	32

**Priorities and Planning (P&P) Committee Meeting Minutes**

April 28, 2009

Page 4 of 4

---

Health Education/Risk Reduction	33	33
<b>Counseling and Testing in Care Settings</b>	34	34
Referrals	35	36
Peer Support	36	37
Respite Care	37	38
Psychosocial Support	38	40

**Bolded** services are core medical services.

**MOTION #3 (Goodman/Frye):** Approve FY 2010 priorities, as presented (**Passed: Ayes:** Frye, Goodman, Granai, Land, O'Brien, Watt; **Opposed:** None; **Abstention:** Green).

10. **MINORITY AIDS INITIATIVE (MAI):** The MAI Subcommittee is continuing work on schedule.

11. **FY 2008/2009 EXPENDITURES:**

- Mr. Young noted YR 18 service months were complete. February 2009 invoices and some cost reports were being processed, so estimated and actual expenditures are now converging.
- As estimated, about \$2 million was expended over Part A and B. NCC primarily funded the difference.
- Substance Abuse, Residential is likely to be underspent because CSAP funds were available.
- Mental Health, Psychotherapy is likely to be underspent because some providers were unable to hire staff.
- The committed contract total represents all funding streams, but not total expenditures per service category as grant years vary. The annual report offers more detail, but current monthly reports will reveal any Board prohibited over-contracting.
- ➡ Mr. Young will review and revise the differing figures for Column 6 on pages 1 and 2 and associated figures.
- ➡ Mr. Young will initiate a separate August through July MAI expenditures report formatted like the Part A and B report.

12. **HOSPICE SERVICES NEEDS ASSESSMENT:** Mr. Vincent-Jones and Jim Chud are working on a report.

13. **2009 COMPREHENSIVE CARE PLAN:** This item was postponed.

14. **COMMITTEE WORK PLAN:** This item was postponed.

15. **GEOGRAPHIC ESTIMATE OF NEED (GEN) REPORT:** This item was postponed.

16. **OTHER STREAMS OF FUNDING:** This item was postponed.

17. **STANDING SUBCOMMITTEES:** This item was postponed.

18. **NEXT STEPS:** This item was postponed.

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

20. **ADJOURNMENT:** The meeting was adjourned at 4:05 pm.