



LOS ANGELES COUNTY COMMISSION ON HIV

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Approved
12/21/2010

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

November 30, 2010

MEMBERS PRESENT	MEMBERS PRESENT, CONT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Abad Lopez	Pamela Chiang	Juhua Wu	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>	Tonya Washington-Hendricks	Aaron Fox	Dave Young	Glenda Pinney
Douglas Frye		Scott Singer		
Thelma James		Jason Wise		
Bradley Land	MEMBERS ABSENT			
Ted Liso	Michael Green			
Anna Long	Quentin O'Brien			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, *11/30/2010*
- 2) **Table:** County of Los Angeles Office of AIDS Programs and Policy, Maintenance of Effort Expenditures Report FY 2007 and FY 2008, *9/2010*
- 3) **Spreadsheet:** Ryan White Minority AIDS Initiative (MAI) Expenditures by Service Categories, Grant Year 3 Funding Expenditures and Year 2 Carry Over – as of July 31, 2010, *11/8/2010*
- 4) **Memorandum:** Minority AIDS Initiative (MAI) Plan for Fiscal Years 2010 – 2012: Recommendations for Commission Approval, *10/8/2009*
- 5) **Report:** County of Los Angeles, Office of AIDS Programs and Policy, FY 2008 Minority AIDS Initiative Annual Report Narrative, *1/5/2010*
- 6) **Table:** HRSA, 2008 Part A MAI Yearend, Los Angeles, CA, H3MHA08446, *1/5/2010*
- 7) **Spreadsheet:** Ryan White Part A & Single Allocation Model (SAM) Care Expenditures by Service Categories, Grant Year 20 Ryan White Funding Expenditures as of September 30, 2010, *11/28/2010*
- 8) **Summary Key:** Ryan White Part A and B Expenditures by Service Categories, *6/17/2010*
- 9) **Memorandum:** Request for Information for the 8/17/2010 and Subsequent P&P Committee and Subcommittee Meetings, *8/10/2010*
- 10) **Program/Planning News:** FY 2011 Priority- and Allocation-Setting, *3/24/2010*
- 11) **Table:** FY 2011 Service Category Priority Rankings and Allocations, *11/30/2010*
- 12) **Table:** Status of Priorities and Planning Committee Recommendations, *10/11/2005*

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:40 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order with Item 7 A, B and D postponed (**Passed by Consensus**).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the Priorities and Planning (P&P) Committee Meeting Minutes (**Postponed**).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:**

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- Dr. Frye said Wendy Garland, epidemiologist, is traveling abroad with her family. She discovered the Shanghai Hotel provides condoms in lieu of pillow mints and sent him a sample in honor of World AIDS Day, 12/1/2010.
- Mr. Land noted Mr. Ballesteros' holiday party would be 12/4/2010. As a Brown Act body, business cannot be discussed.

6. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.

7. CO-CHAIRS' REPORT:

- A. **Review Committee Work Plan:** This item was postponed.
- B. **Review Monthly Priority Task List:** This item was postponed.
- C. **Committee Non-Commission Members:**
 - Ms. Watt noted P&P needed to determine criteria for selection of Committee Non-Commission Members.
 - Mr. Goodman added such members are appointed by the Board of Supervisors to the Committee and have voting rights on it.
 - ➡ P&P members will consider criteria for discussion at the 12/21/2010 meeting.
 - ➡ Ms. Pinney will e-mail equivalent Joint Public Policy (JPP) and Standards of Care (SOC) Committee policies for review.
- D. **Policies and Procedures:** This item was postponed.
- ➡ The next meeting has been moved due to the holidays. It will be 12/21/2010, 1:30 to 4:30 pm.

8. FY 2010 EXPENDITURES:

- Mr. Young, Chief, Financial Services Division, reported there are five months left in the Part A grant term to capture provider invoice expenditures. The remainder of administrative costs will be captured in December 2010.
- Total projected underspending of combined Part A and SAM Part B is \$2.6 million at this point. All Part A funds need to be expended by 2/28/2010. SAM Part B funds need to be expended by June 2011.
- Spending can be increased through contract augmentation by up to 25% or by increasing utilization through staff hires. Some Part A funds can also be shifted to SAM Part B to ensure Part A is spent down by 2/28/2010.
- Part A-funded service categories are: Medical Outpatient/Medical Specialty (MO/MS); Benefits Specialty; Oral Health (also funded by MAI); Mental Health, both Psychiatry and Psychotherapy; Case Management (CM), Medical (also funded by MAI); Health Insurance Premiums/Cost-Sharing; Substance Abuse, Residential (also funded by SAM Part B and CSAT/CSAP); Medical Transportation; Nutrition Support.
- SAM Part B-funded service categories are: CM, Psychosocial; Early Intervention Services; Substance Abuse, Residential (also funded by Part A and CSAT/CSAP); CM, Transitional; Hospice/Skilled Nursing; and CM, Home-Based.
- The Residential Services category is funded by Net County Cost (NCC).
- A. **Maintenance of Effort (MOE):** Mr. Young will present on this item at a later date.
- B. **Medical Outpatient/Specialty:** There was no additional discussion.
- C. **Minority AIDS Initiative:**
 - Mr. Young reported receipt of an additional invoice since his October report. That reduces funds to be rolled over to the next year from about \$400,000 to \$269,000.
 - Mr. Goodman noted P&P had chosen to address the subject in full Committee. The FY 2012 Priority- and Allocations-Setting Process will be determined first in order to schedule sufficient time for a robust discussion.
- D. **Pol. #09.5208: Financial Allocation/Expenditure:** This item was postponed.

9. FY 2010 PRIORITY- AND ALLOCATION-SETTING PROCESS:

- A. **Benefits Specialty:** OAPP reported at the November Commission meeting that contracts of 13 agencies will be augmented in order to initiate services by 1/1/2011.
- B. **Health Insurance Premiums/Cost-Sharing:** There will be no expenditures this year, but a focus group is planned with OAPP.
- C. **Medical Transportation Utilization:** There was no additional information.
- D. **Oral Health Care:**
 - Mr. Vega-Matos will present in December or January on OAPP efforts to improve capacity and quality management.
 - ➡ Invite Oral Health providers to attend once presentation date is scheduled.
- E. **Part A and MAI Allocation Modifications:**

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- Mr. Young said current Part A underspending is slightly less than 10% or about \$3 million. He anticipates supplemental invoices toward the end of the contract year 2/28/2011, e.g., previously unidentified costs determined during yearend cost analysis reports. County facilities are also notoriously slow at billing and need to be reminded.
- OAPP remains open to requests for contract augmentations. Ms. Chiang noted budget modifications can take 30 to 90 days. Most line items can accommodate that timeline by capturing costs, but it is hard to adjust personnel ledgers. Mr. Young noted modifications should be based on actual expenditures. OAPP is working to speed both modifications and augmentations, e.g., a revised augmentation process is close to approval.
- Mr. Singer suggested extending the deadline for unrestricted modifications past the current eight month cut-off. Mr. Young agreed to review that policy. He noted OAPP used to allocate more funds than were available to retain flexibility. The BOS ended that practice. OAPP now emphasizes that providers constantly review expenditures and adjust promptly. Mr. Singer said providers still need some flexibility to maximize funds such as when a staff member leaves.
- Mr. Young estimated final underspent funds at 3% to 7% of the award with 5% (\$1.5 million) a good working number.
- Ms. Watt said the goal was to allocate funds in usable amounts and to service categories that can expend them by 2/28/2011.
- She noted Mr. Vega-Matos presented to JPP on CM, Transitional. New systems are in place and relations between OAPP and the Sheriff's Department and jails have improved. Jails have agreed to release prisoners during the day if case managers are available to help engage their treatment plans. Currently they are released at any time of the day, e.g., at 2:00 am.
- While CM, Transitional is now paid solely by SAM Part B funds, Mr. Young said he could charge an increase to Part A funds. Ms. Watt added most transitional case managers are part-time, so hours could be increased quickly.
- Mr. Singer said that a category may need increased services even if currently underspent. He felt Medical Transportation was very much needed and funds could be utilized quickly. Mr. Young noted OAPP has been closely reviewing utilization. Mr. Singer runs a home health care program. They are now allowed one emergency taxi ride per month, but their clientele are generally too ill to take the bus and it is a constant struggle to find alternatives.
- Dr. Frye said there is high need for Nutrition Support and it can be utilized quickly. Mr. Young noted that it is the only category where the current allocation is less than contracted services. Underspending is expected to bridge the gap.
- Mr. Young reported that the Therapeutic Monitoring Program (TMP) in Medical Outpatient is needed as PH Laboratory costs for tests are exceeding projections.
- Mr. Land asked if 1% would be sufficient to meet the TMP need. Mr. Young replied it requires about 1.5%.
- Mr. Singer asked why MO/MS showed \$664,330 in underspending if TMP needed funds. Mr. Young replied TMP is a separate line item with a \$2.1 million allocation. Allocating 1.5% to TMP allows funds to be shifted for TMP use.
- Mr. Goodman noted the Commission has previously opted for broader guidance rather than specific allocations.
- Mr. Liso inquired about Oral Health, and it was reported that MAI already provides additional funds.
- Regarding Residential Services, Mr. Singer asked if providers could expand to short-term emergency assistance even if that was not part of their original contract. Mr. Young replied services not already in contracts would take too long.
- Mr. Land said some MO providers have noted insufficient funds for neuropsychiatric examinations. Mr. Singer and Ms. Watt said the issue was personnel capacity, so even increasing funds would not address the issue.
- ➡ Mr. Young will discuss extending the unrestricted modification cutoff deadline with Mario Pérez.

MOTION #3 (Watt/Land): Allocate unspent funds as follows: 0.5%, Medical Transportation, directive for medically necessary taxi voucher use; 0.5%, CM, Transitional; 1.0%, Nutrition Support; and 1.0%, MO/TMP (**Withdrawn**).

MOTION #3-A AMENDMENT (Watt/Land): Allocate unspent funds as follows: 0.5%, Medical Transportation, directive for medically necessary taxi voucher use; 0.5%, CM, Transitional; 1.0%, Nutrition Support; and 1.5%, MO/TMP (**Withdrawn**).

MOTION #4 (Watt/Washington-Hendricks): Allocate FY 2010 underspent funds of 5% for the identified service categories prioritized as follows: 1) Medical Outpatient (for Therapeutic Monitoring Program); 2) Nutrition Support; 3) Case Management, Transitional; and 4) Medical Transportation (for taxi vouchers to be used by non-ambulatory patients who cannot use public transportation) (**Passed: Ayes:** Frye, Goodman, Land, Liso, Lopez, Washington-Hendricks, Watt; **Opposed:** none; **Abstentions:** none).

F. **Pol #09.5206: Reallocation of Understanding:** This item was postponed.

10. **FY 2011 PRIORITY- AND ALLOCATION-SETTING PROCESS:** This item was postponed.

11. **FY 2012 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS:**

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A. Define Goals and Objectives:

- Mr. Goodman noted P&P has begun considering an abbreviated process because the last process was completed just six months ago and no new LACHNA data will be available until the FY 2013 process.
- Ms. Watt felt there was insufficient time to change contracts until the County streamlines its contracting process. She recommended a full process each three years with alternate years focused more on special projects.
- Mr. Singer requested an evaluation component. Mr. Goodman replied that was in the process, but could be strengthened.
- Mr. Land noted legislation requires setting priorities and allocations each year, but not how. He suggested Project Officer confirmation that an abbreviated process was acceptable. Mr. Goodman replied legislation only requires the planning council to approve a priority ranking and an allocation plan each year. There are no other requirements.
- Mr. Land was concerned that an abbreviated process undermined community input. He advocated for pressure on the Board, the Chief Executive Office (CEO) and the Department of Public Health (DPH) to speed up the contracting process.
- Ms. Watt replied changes cannot be currently implemented within the time frame regardless. Craig Vincent-Jones, Executive Director; Carla Bailey and Anthony Braswell, Commission Co-Chairs; Mr. Goodman and she did meet with CEO staff. They were told the very best possible timeline was 15 months even with system improvements.
- Mr. Land felt a truncated process was acceptable for one year only and that legislation intended faster contracting.
- Ms. Watt suggested consumer focus groups with results feeding into the FY 2012 process along with LACHNA data. That kind of process could be used to alert OAPP in advance that a service category will likely be funded in the upcoming year. Time could also be devoted to educating consumers about how the Commission ranks its priorities.
- Dr. Frye added that an abbreviated process would allow time for P&P to hear in-depth reports on service categories. Ms. Pinney noted Nutrition Support and Hospice/Skilled Nursing studies were in progress.
- Mr. Goodman added that an abbreviated process would also allow time for P&P to do an in-depth discussion on MAI.
- Mr. Liso felt the Commission should continue to push for streamlined contracting, but near-term results remain unlikely due to the harsh budget environment. That can frustrate consumers anticipating faster turn-arounds.
- Dr. Long urged more attention to paradigms and operating values. They have changed little over time, but the landscape is changing in ways that may affect them. She felt consumers should be involved in that discussion.
- Ms. Watt asked what consumers needed to get involved. Mr. Land replied a Commissioner has to speak with case managers at least two weeks in advance of an event and explain the value of participation. Consumers should confirm their participation. Food should be provided. Paradigms and operating values alone are not likely to engage consumers. There needs to be useful education, e.g., information on impending changes from MCC and its implementation.
- Ms. Washington-Hendricks felt SPA 6 consumers were more willing to participate. Ms. Watt noted that, unlike those in SPA 1, they have not been anticipating new services for an extended period of time.
- Ms. James routinely extends invitations to consumers to attend. She visits several agencies a month and a faith-based group. The consumers she speaks with do want an estimate of when they can expect to see any changes. She has also found meeting language can be confusing. She recommended wider glossary availability. She felt that food was unnecessary to peak their interest. Mr. Lopez felt it would be helpful to offer incentives such as gift certificates.
- Dr. Frye noted Spanish-speaking groups are very effective at getting people into care, so they might help by encouraging participation. Mr. Land said there were a few in the Valley focused mainly on education and access support.
- Mr. Singer suggested presenting at CABs as they are composed of consumers accessing clients.
- Ms. Chiang said Bienestar has multiple support groups. Pharmaceutical companies sponsor the associated costs, such as for food. Consumers expressed significant anger when Treatment Education and Peer Support were cut despite support for the services, especially among monolingual Spanish speakers. Many clients stopped case management because they felt their voice was not heard. Bienestar has had difficulty obtaining consumer feedback overall, but is working on a client satisfaction survey.
- Dr. Frye suggested an HIV consumer fair. Ms. Nachazel noted the Commission participated in County health fairs in the past, but had not held its own. Mr. Land said attendance at such events varies. Most popular are back-to-school fairs that offer incentives such as backpacks, hair cuts and other supplies.
- Mr. Liso said food is very good at creating a warm, cooperative ambiance. He noted incentives can draw disinterested people just for the incentive who then provide poor feedback. If incentives are used, he recommended holding a raffle.
- Ms. Pinney suggested presenting paradigms and operating values at the Consumer Caucus first.

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- Ms. Watt felt it important to address other subjects parallel to the P-and-A process. Changes are coming such as Health Care Reform (HCR), as well as the new MO/MS and the related Benefits Specialty, Medical Transportation, Health Insurance Premiums/Cost-Sharing, and a centralized intake process. P&P could educate consumers on changes as they occur and then gather implementation input.
 - Mr. Land said Mr. Vega-Matos presented on the SPA 1 RFP roll-out at the 11/18/2010 Consumers Caucus. It prompted a good discussion. He suggested Mr. Vega-Matos present to P&P on roll-out of the other new services.
 - Ms. Chiang will bring the Bienestar client satisfaction survey results once the survey is complete and analysis done.
 - Mr. Goodman, Ms. Watt, Ms. Pinney and Mr. Vincent-Jones will develop a P-and-A process timeline for FYs 2012, 2013 and 2014 for the 12/21/2010 P&P meeting. It will include basic process components and reflect suggestions from this conversation, including the need to address services for monolingual Spanish-speakers, required by contract but not always available, and the need for simpler language in documents and shorter presentations.
- B. Program/Planning Brief:** This item was postponed.
- C. Provider Forums:** This item was postponed.
- D. Priority Rankings:** This item was postponed.
- E. Funding Allocations:** This item was postponed

12. LOS ANGELES COUNTYWIDE HIV NEEDS ASSESSMENT (LACHNA): This item was postponed.

13. COMPREHENSIVE CARE PLAN (CCP): The CCP Task Force is addressing this item.

14. NUTRITION SUPPORT STUDY: This item was postponed.

15. HOSPICE AND SKILLED NURSING STUDY: This item was postponed.

16. DATA SUMMIT: This item was postponed.

17. SERVICE CATEGORY PRESENTATIONS: This item was postponed.

18. RESOURCE ANALYSIS THRESHOLD(S): This item was postponed.

19. SPECIAL POPULATIONS: This item was postponed.

20. MONITORING GOALS/OBJECTIVES: This item was postponed.

21. OTHER STREAMS OF FUNDING: This item was postponed.

22. NEXT STEPS: This item was postponed.

23. ANNOUNCEMENTS: There were no announcements.

24. ADJOURNMENT: The meeting was adjourned at 4:15 pm.