LOS ANGELES COUNTY COMMISSION ON HIV

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Approved 5/10/2011

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

April 26, 2011

MEMBERS PRESENT	MEMBERS ABSENT	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Al Ballesteros, *Co-Chair*	Douglas Frye	Dave Young	Jane Nachazel
Bradley Land, *Co-Chair*	David Kelly		Glenda Pinney
Michael Johnson	Ted Liso/Jim Chud		Craig Vincent-Jones
Anna Long			
Abad Lopez		**PUBLIC**	
Quentin O'Brien		Robert Boller	
Carlos Vega-Matos		Scott Singer	
Tonya Washington-Hendricks		Jason Wise	

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3) **Minutes**: Priorities and Planning (P&P), Unmet Need Subcommittee Meeting Minutes, *9/21/2010*
4) **Spreadsheet**: Ryan White Part A, Single Allocation Model (SAM) Care and MAI Year 20 Expenditures by Service Categories, Grant Year 20 Ryan White Funding Expenditures as of February 28, 2011, *4/19/2011*
5) **Summary Key**: Ryan White Parts A and B and MAI Expenditures by Service Categories, *2/16/2011*
6) **Spreadsheet**: County of Los Angeles – Department of Public Health, Office of AIDS Programs and Policy, Fiscal Year 2009-2010, Actual Expenditure Report, *FY 2009-2010*
7) **Spreadsheet**: Departmental Net County Cost, July 1, 2010 – 13th Period 2010, *8/28/2010*
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9) **Spreadsheet**: County of Los Angeles – Department of Public Health, Office of AIDS Programs and Policy, Summary Report, CDC Expenditures by Service Categories, Period: July 2009 – June 2010, *4/26/2011*
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10/8/2009
21) **Report**: 2008 Part A MAI Yearend, Los Angeles, CA, H3MHA08446, *1/25/2010*
22) **Report Narrative**: County of Los Angeles, Office of AIDS Programs and Policy, FY 2008 Minority AIDS Initiative Annual Report Narrative, *1/25/2010*
23) **Policy/Procedure**: Priority- and Allocation-Setting Framework and Process, *3/22/2011 revised*
24) **PowerPoint**: Policy/Procedure 09.5203: Priority- and Allocation-Setting, *4/14/2011*
25) **Memorandum**: Request for Information for the 8/17/2010 and Subsequent P&P Committee and Subcommittee Meetings, *8/10/2010*
26) **PowerPoint**: Surveillance and Epidemiology of HIV and AIDS in Los Angeles County, *4/14/2011*

1. **CALL TO ORDER**: Mr. Land called the meeting to order at 1:35 pm.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order with Item 9 moved prior to Item 8 **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the 3/22/2011 Priorities and Planning (P&P) Committee Meeting Minutes and the 9/21/2010 P&P Unmet Need Subcommittee Meeting Minutes **(*Passed by Consensus)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED**: Mr. Johnson congratulated Mr. Ballesteros, CEO, and JWCH Institute, Inc. on the Social Security Administration award for The Best Program, which fast-tracks Social Security benefits.

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

7. **CO-CHAIRS' REPORT**: There was no report.

8. **OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT**:
   A. **Expenditure Report**:
      - Mr. Young, Chief, Financial Services, began with the monthly expenditure report on Part A, SAM Care and MAI through 2/28/2011.
      - Page 1 summarizes expenditures for Part A and SAM Care and provides a full-year forecast. The year ends 2/28/2011, but some changes are anticipated due to outstanding invoices, cost reports and historical spending.
      - OAPP will report to HRSA that the Year 20 Part A grant will be fully maximized. The SAM Care grant ends 6/30/2011, so four months of estimated expenditures remain, though full $9.1 million expenditure is anticipated.
      - Mr. Vincent-Jones noted Part A and SAM Care could be allocated separately per grant term. It could clarify data, but would be more difficult both for the Commission and OAPP. A revised report format could also clarify data.
      - Page 2 summarizes MAI expenditures with a full year estimate for the grant that ends 2/28/2011. Underspending of $599,733 resulted from a five-month overlap of grants when HRSA changed the grant cycle. OAPP will request rollover of the funds. Funds will be fully absorbed by the end of Year 21, 2/28/2012, so additional rollover will not be needed.
      - Mr. Vincent-Jones asked why estimated underspending declined from $1.3 million two months ago. Mr. Young said July 2010 costs from Early Intervention Services (EIS) were moved from SAM Care to MAI about three months ago.
      - Mr. Vincent-Jones expressed concern that OAPP requested the Commission re-allocate SAM Care funds to Residential Services because SAM Care was underspent, but part of the underspending appears to be from moving costs to MAI. In addition, the Commission allocated $1 million to Oral Health Services capacity building, yet half as much was allocated at least partly due to the moved funds. He added that he thought the EIS amount had already been shifted to MAI when OAPP requested the $1 million MAI reallocation. He also questioned moving all EIS to MAI, which is designated for minority populations.
      - Page 3 summarizes Part A, SAM Care, MAI, NCC and other State and CDC contracted funding for HRSA-funded categories. NCC primarily funds Residential Services and Language Services. Other State-contracted funds help support Medical Outpatient and Substance Abuse, Residential. CDC funds do not support HRSA-funded categories.

- Mr. Vincent-Jones noted NCC funds are about $1 million less as anticipated for Year 20. He asked if, per condition of the re-allocation plan, it would resume the higher amount for Year 21. Mr. Young said it would.
- Moving on to OAPP annual expenditure reports, Mr. Young said he would report on FY 2009-2010. He previously reported on FY 2007-2008 and those documents were also in the packet for reference. The FY 2008-2009 report has not been presented to the Commission but Mr. Young will present them in May.
- All FY 2009-2010 OAPP expenditures are listed as: program, 86.04%; program support, 7.82%; or administration, 6.14%.
- Mr. Vincent-Jones noted the report is in the Commission-requested format, but felt general care versus prevention costs would be helpful as there might be more prevention staff. Mr. Young said detail sheets provide general prevention costs. OAPP defines positions as "program support" versus "administration," which is not general County practice.
- Mr. O'Brien questioned the 1.63% decline in program funds and increase in program support and administration from the FY 2007-2008 to the FY 2009-2010 reports. Mr. Young noted contract funding reductions as well as other concurrent cuts. Mr. Vincent-Jones said there was a commitment for OAPP and the Commission to jointly cut 2.9% following State budget cuts. The Commission cut 25% or some $300,000 while OAPP's percentage cut appears less than the commitment.
- NCC expenditures must be maximized annually as part of the Maintenance of Effort (MOE) requirement, which is $17.428 million. NCC is used for contract-related services and grant-related costs that exceed an administrative cap or because the grant has no administrative funding. Any revenue, e.g., for an audit settlement, is re-invested in NCC.
- FY 2009-2010 allocated NCC was $19,019,428, which reflects contracts. OAPP cannot over-contract, but contractors sometimes underspend resulting in a difference between contracted and spent.
- Mr. Vincent-Jones noted the Commission continues to request total NCC in the MOE and how MOE is calculated. He noted HRSA changed MOE calculation two years ago. It is now restricted to funds for care and treatment, but includes other funding such as from the Department of Health Services (DHS). Previously, the NCC total was used as the MOE, but part of NCC goes to prevention or administration. This is important information to assess funding of last resort.
- Mr. Young noted the CDC is on a different grant cycle, so the expenditures sheet is information from one-half of two grant cycles.
- State expenditures must also be maximized. The FY 2009-2010 spreadsheet reflects the defunded Master Agreement.
- Mr. Young did not bring some County schedules as they did not reflect several later FY 2009-2010 budget adjustments.
- ➲ Messrs. Ballesteros and O'Brien, Commission and OAPP staff will participate in a conference call to develop recommendations to clarify the Part A, SAM Care and MAI summary expenditure report, given the change in the SAM Care grant fiscal year.
- ➲ Mr. Vincent-Jones will diagram shifts in MAI funding and cycles over the last few years for the May meeting.
- ➲ Mr. Young will report back in May on questions regarding the move of EIS costs from SAM Care to MAI.
- ➲ The FY 2008-2009 and FY 2009-2010 annual reports will be forwarded to the Commission for the June meeting.
- ➲ Questions will be emailed to Mr. Vincent-Jones to compile and forward them to Mr. Young for May meeting response. FY 2008-2009 and FY 2009-2010 data will be finalized in May for presentation at the June Commission meeting.
- ➲ Mr. Young will talk to Michael Green, Chief, Planning Division, about developing a MOE spreadsheet including NCC.

B. Transitional Case Management (TCM):

- Mr. Vega-Matos provided a presentation on TCM. The client-centered services facilitate access and adherence to primary health care and supportive services for those transitioning from incarceration to mainstream services or youth, especially those who are runaways, homeless and emancipating/emancipated.
- The Year 20 investment is $730,907 as follows: jails, $517,672 and seven staff; and youth, $213,235 and three staff.
- Los Angeles County has the largest jail system in the world with seven sites, an annual population of 185,000 and a daily population of about 19,000. Some 500 HIV+ inmates receive medication daily.
- HIV prevalence in US prisons is 1.7% with 16.9% of PWH/A nationally having been incarcerated at some point. One in five Black and Hispanic males released from correctional facilities in the US are HIV+. Prevalence in California prisons is 1.4% for males and 1.7% for females. Prevalence in County jails is 2.7% for males and 1.0% for females.
- In YR 20, 510 unduplicated clients were served, including 302 who were new to service. Not counted are those referred for service who declined or were released too quickly. Overall, most (401) are male, African-American (288) or Latino (118), English-speaking (480) and 25-44 (274) or 45-64 (209). Only 140 had permanent housing prior to incarceration.

- Of those served, 116 declined further services or were lost to care. 394 were referred to services with 241 linked to care, primarily medical care and case management. OAPP is working to improve linkages to substance abuse since in YR 20 only 70 of 176 referrals were linked and 40% of arrests are related to substance abuse or drugs. In FY 2010, 235 TCM service hours were delivered.
- Partner services seems low at 18 referred/13 linked, but additional services are expected once other care is initiated.
- Challenges to providing TCM in jails include: lockdowns impair access to inmates, access to medical records and medication is sub-optimal, releases are not coordinated with TCM staff for discharge planning, lack of space for TCM.
- Mr. Vega-Matos noted many medical record and medication issues. Jails do not receive prior records and it is hard to access jail records which impacts continuity of care. Physicians cannot prescribe medication, without test results such as viral load and CD4, but results may not be received before release. Medications given on release vary from none to a week's supply. Also, some inmates do not disclose and others falsely claim HIV+ status to work the system. Jennifer Sayles, OAPP's Medical Director, is working with the Sheriff's Department to address the multi-layer medication issues.
- Last year, OAPP held high-level discussions with the Sheriff's Department and the Department of Public Health (DPH) to better coordinate TCM services. This is especially important as OAPP contracts with five non-County providers for TCM services in the County jails.
- Case managers have traditionally returned to their agencies during lockdowns and TCM client records were also kept there. OAPP is working to streamline and expand testing in the inmate receiving center to begin jail notification and coordination with TCM services. A dedicated TCM space has been provided and three computers with Casewatch have been added, including one in the medical services unit to enhance continuity of care. There is also an agreement to narrow release times and expand case manager hours to maximize TCM as part of the check-out process.
- TCM will now be run as one program with a manager for all five contracts and a Jail Services Coordinator for prevention, TCM and a pilot release project. Case managers will meet monthly to standardize protocols and improve referral, service and linkage data. A MOU is nearly done for a nurse case manager in the medical unit, also for continuity of care.
- OAPP has moved a transitional case manager from Chino to the County jail to coordinate the 300 daily parole holds at the jail. OAPP also hosted a meeting between State and County case managers in the County jails to offer resources and improve coordination.
- Mr. Vega-Matos noted the Center for Health Justice (CHJ) now has a drop-in resource center across from Twin Towers. OAPP is providing increased funds from Medical Transportation to support client engagement in services.
- Mr. Vincent-Jones asked how OAPP proposed to use the $600,000+ that the Board had recently approved for TCM. Mr. Vega-Matos said that amount covered the TCM contracts which are $730,907 annually and that the funding has remained steady.
- Mr. Vincent-Jones asked how OAPP had expected to use the $1 million in MAI funding that OAPP had requested in February. Mr. Vega-Matos said that while there had been discussion about shifting TCM funding to MAI, he was not aware of a need for additional funds. He added that OAPP is trying to streamline and optimize current TCM funding with these proposed changes before it allocates additional funds for services.
- Mr. Vincent-Jones reiterated the concern about funding an entire service category from MAI—like EIS, while most of the clients might be people of color, it is not likely that all of them are and services to non-minority populations cannot be paid for with MAI funds. He added that the P&P Committee has previously stated that it would be ready to evaluate the MAI service plan once OAPP provided reports on the remaining service categories, EIS and Medical Case Management similar to what it has already provided for Oral Health Care and TCM.
- Youth TCM began as a SPNS project with HIV Epidemiology Program (HEP). Evaluation showed the project was very successful, so OAPP continued the service and shifted from being run centrally by OAPP and HEP to standard contracts with the three providers. YR 20 saw a decrease in unduplicated clients to 115 due to challenges at two of the providers during the transition. They were offered assistance and one has improved. The other contract was terminated in YR 20. A new provider is being identified to absorb the population served, which are mostly African-Americans and Latinos in SPA 6.
- There were 71 referrals with 60 of them linked. Partner services also was high with 69 (59 linked).
- As with jail TCM, OAPP is taking a proactive role by managing it as one program with one manager and regular OAPP and provider meetings. The SPNS project had centralized outreach with referral to case managers, but that ended with the project and tension developed in balancing outreach and TCM work. OAPP is strategizing how to address that issue and strengthening clinical supervision with an assessment tool and service plan.

- Overall, TCM improves continuity of care and health outcomes, reduces community viral load and drug resistant HIV.
- Mr. O'Brien felt it most important to identify those who disclose as HIV+, but are not referred to care. Mr. Vega-Matos said OAPP is working to develop information about individuals who identify as HIV+, but miss their first appointment. Dr. Sayles is working with community partners, including some not involved in TCM, to research the issue. OAPP is also part of a grant to assess Peer Navigators at the jails to pick up where TCM case managers leave off.
- Mr. Vincent-Jones would like to see P&P quantifying projected needs and their associated and anticipated costs. TCM would be a good category to begin with as it is a discrete population and there is significant data available.
- ➲ Mr. Vega-Matos will review the concept of a projected needs and associated costs pilot study using TCM.
- ➲ Mr. Vega-Matos will request an update on access to medication in jails from Dr. Sayles.

C. FY 2009 Service Utilization Report: This item was postponed.

D. Minority AIDS Initiative (MAI): This item was postponed.

9. PRIORITY- AND ALLOCATION-SETTING (P&A) PROCESS:

A. P&A-Setting Framework and Process:

- Mr. Vincent-Jones noted the Policy/Procedure with tracked changes. Changes reflect a new two-year process with one year comprehensive and the next abbreviated. Revisions were opened for public comment at the 4/14/2011 Commission. No comments had been received. It will return to the Commission for approval in May.
- Mr. Johnson said it was important for committee members to be able to explain the new process to other Commissioners as it is a notable change. Several noted the new process will save time from routine activities that have yielded little appreciable change in priorities or allocations, while freeing time for in-depth service category review.
- Ms. Washington-Hendricks asked about how the process addresses a high-ranked category that has no allocation. Mr. Vincent-Jones said priorities are based solely on need and change little over time. Allocations are more likely to change as they reflect need and factors, such as other funding and cost effectiveness. New or increased funding is determined at that time. Just because a service category is ranked high does not necessarily mean the Committee will allocate funds to it, especially if other funding is available. He indicated that ADAP is notable example.
- Mr. Singer asked about unmet need. Mr. Vincent-Jones replied that is addressed through the bi-annual Los Angeles Coordinated HIV Needs Assessment (LACHNA) and the annual HIV Care and Treatment Service Utilization Report.
- Mr. Vega-Matos suggested changing the Year Two designation from "abbreviated" to "mid-cycle" to avoid the misperception that the new process is less rather than more comprehensive. There was agreement with the recommendation.

MOTION #3: Approve the revised priority- and allocation-setting framework and process with replacement of the term "abbreviated" in reference to Year Two with "mid-cycle" ***(Passed by Consensus)***.

10. FY 2011 P&A-SETTING PROCESS: This item was postponed.

11. FY 2012 P&A-SETTING PROCESS: This item was postponed.

12. FY 2011 SERVICE CATEGORY PRESENTATIONS: This item was postponed.

13. RESOURCE ANALYSIS SUBCOMMITTEE: This item was postponed.

14. STUDIES/ASSESSMENTS: This item was postponed.

15. NEXT STEPS: This item was postponed.

16. ANNOUNCEMENTS: There were no announcements.

17. ADJOURNMENT: The meeting adjourned at 4:50 pm. The next meeting will be 5/10/2011, 1:30 – 4:30 pm, on service utilization.