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

Approved 6/19/2012

PRIORITIES & PLANNING (P&P) COMMITTEE MEETING MINUTES

April 24, 2012

P&P MEMBERS PRESENT	P&P MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Al Ballesteros, *Co-Chair*	Douglas Frye	Miguel Fernandez	Jane Nachazel
Bradley Land, *Co-Chair*		Aaron Fox	Glenda Pinney
David Kelly		Ted Liso	
Anna Long		Tzeli Triantafillou	
Abad Lopez			**DHSP STAFF**
Carlos Vega-Matos			Juhua Wu
Tonya Washington-Hendricks			

CONTENTS OF COMMITTEE PACKET:

1) **Agenda**: Priorities & Planning (P&P) Committee Meeting Agenda, *4/24/2012*
2) **Spreadsheet**: Grant Year 21 Ryan White Part A, Single Allocation Model (SAM) Care and MAI Expenditures by Service Categories as of February 29, 2012, *2/24/2012*
3) **Summary Key**: Ryan White Parts A and B and MAI Expenditures by Service Categories, *7/14/2011*
4) **Table**: FY 2013 Priority- and Allocation-Setting, Preliminary Service Category Priority Rankings, *3/27/2012*
5) **List**: Service Categories in the HIV Continuum of Care, *5/19/2012*
6) **Letter**: Priorities & Allocation Setting for FY 2013 – Home-Based Case Management, *4/24/2012*
7) **Policy/Procedure**: #05.4001: Service Category Definitions and Related Rules and Requirements, Draft Revision, *3/15/2012*
8) **PowerPoint**: HIV Care and Treatment Service Utilization, 2010 Year End Report, *4/24/2012*
9) **Report**: County of Los Angeles, HIV Care and Treatment Service Utilization, 2010 Year End Report, *March 2012*

1. **CALL TO ORDER**: Mr. Ballesteros called the meeting to order at 1:40 pm.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the Priorities & Planning (P&P) Committee Meeting Minutes **(*Postponed*)**.

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

5. **COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP**:
   - Ms. Washington-Hendricks noted smaller than usual public attendance. She regretted the lack of input.
   - Mr. Fox said the Joint Public Policy (JPP) Committee was rescheduled to 5/2/2012, 2:00-5:00 pm. The meeting includes review of public comments in response to the Ryan White (RW) Reauthorization Principles
   - ➲ Mr. Land will follow-up on prioritizing completion of P&P minutes.

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

7. **FY 2012 FINANCIAL EXPENDITURES**: Mr. Vega-Matos noted the updated reports in the packet. Changes since the review at the 3/27/2012 meeting were minimal and there was no further discussion.

8. **FY 2013 PRIORITY- AND ALLOCATION-SETTING (P-AND-A)**: Attendees identified their conflicts-of-interest.
   A. **Service Category Priority Ranking**:
      - The Preliminary Service Category Priority Rankings were developed and revised at the 3/27/2012 meeting for 14 of the 17 categories. Mr. Land noted discussion at the end of the meeting about revisiting the Vision Services category which was ranked at 12. He suggested moving it to 4, after Oral Health Care, and moving other categories down.
      - Mr. Ballesteros questioned data to support ranking Vision Services higher. Mr. Land cited anecdotal information that need was up, especially regarding retinal issues experienced by some consumers.
      - Mr. Vega-Matos noted Medical Specialty (MS) services are only available for conditions related to HIV. MS currently covers ophthalmology, but the Standards of Care (SOC) Committee plans to form a new service category to include ophthalmology and optometry, which is not currently covered. An ophthalmology examination may result in a prescription for glasses, but glasses themselves are not covered unless directly related to HIV, e.g., due to medications.
      - Ms. Pinney added Vision Services are not covered specifically in the Los Angeles Coordinated HIV Needs Assessment (LACHNA), and, as a result, there is no information about a specific vision services need from providers or consumers.
      - Mr. Vega-Matos said Vision Services only came up at one SPA Roundtable and pertained to a need for new glasses, which Ryan White does not cover. Ms. Washington-Hendricks added AIDS Project Los Angeles (APLA) serves more than 2,400 consumers and issues raised are about oral health, housing, dieticians and/or nutrition – not Vision Services.
      - Mr. Land said empirical data may lag behind developing need. Raising the ranking can foster attention for the category to evaluate how best to address, e.g., feedback from support groups and needs of an aging population.
      - Dr. Long felt it was not necessary to separate out ophthalmology as it is already ranked 1 under MS, in conjunction with Medical Outpatient. She felt it would be useful to develop a directive to help identify where consumers can obtain glasses if they are prescribed by an ophthalmologist, but RW does not cover the expense.
      - Mr. Vega-Matos said DHSP had funded Skilled Nursing and Hospice at $650,000 for the last three or four years, but funds were not being maximized. On review, it was found that, on average, five people per year used services at three existing skilled nursing facilities. Most who needed Hospice preferred remaining in a Residential Care Facility for the Chronically Ill (RCFCI) because they found that a more homelike setting. Others receive Hospice services through Medi-Cal.
      - The body reviewed Home-Based Case Management (CM) information from Scott Singer, APLA Program Manager, who could not attend. Mr. Vega-Matos noted APLA is one of six RW-funded providers. DHSP is reviewing the service to streamline it, e.g., providers may enroll unwilling consumers who then refuse to make good use of the service. In other cases, a consumer may be enrolled in Home-Based CM, Psychosocial CM and Early Intervention Services concurrently.
      - Home-based care is a legacy program that has experienced multiple changes over the years. There is a need, but the need may be declining in consideration of other pertinent programs and initiation of Medical Care Coordination, e.g., attendant and homemaker care utilization is declining, which raises a question about those service components.
      - Mr. Fernandez said Alliance for Housing and Healing provides both RCFCI and short-term rental assistance. They see many clients whose first need is finding and maintaining housing. HOPWA contracts now expect case managers to do home visits to connect clients with needed services, but there are insufficient housing case managers to do so in a timely manner. Satisfaction surveys indicate it takes too long to be seen and providers say there is too little staff.
      - Ms. Pinney added that HUD is pushing for PLWH to return to gainful employment. Consumers may not seek Workforce Entry/Re-entry services, but HUD feels medication advances can help many return to work and thus free funds for others. Mr. Vega-Matos noted the difference between occupational rehabilitation and rehabilitation to resume activities of daily living. RW funds the latter, but not the former.
      - Ms. Pinney noted three services not ranked at the 3/27/2012 meeting: Long Term and Palliative Care, Rehabilitation Services, Respite Care. Attendees ranked those services and chose to re-rank services ranked 12 through 14 from last month's preliminary ranking: 12, Vision Services; 13, Housing Supportive Services; 14, Home Based Care.
        Results were:

Recommended Ranking	Score	Number Voting	Service Category
1	1.0	16	Medical Outpatient/Specialty
2	2.9	16	Medication Assistance and Access
3	3.1	16	Oral Health Care
4	5.1	16	Medical Care Coordination
5	5.7	12	Linkage to Care Services
6	6.9	15	Mental Health Services
7	6.5	13	Benefits Support
8	6.1	8	Residential Care and Housing Services
9	6.7	9	Retention in Care Services
10	7.7	11	Substance Abuse Services
11	7.8	9	Medical Nutrition Therapy
12	1.1	9	Housing Supportive Services
13	2.6	9	Home Based Care
14	3.5	9	Long Term and Palliative Care
15	4.1	9	Rehabilitation Services
16	4.2	9	Vision Services
17	5.3	9	Respite Care

➲ Develop directive on how to approach Vision Services, including how to improve optometry access to glasses.

MOTION #3: **(*Long/Washington-Hendricks*)**: Remove Vision Services from the priority ranking with the understanding that Ophthalmology is already included in Medical Specialty **(*Withdrawn)***.

MOTION #4: **(*Vega-Matos/Washington-Hendricks*)**: Approve the slate of priorities as ranked **(*Passed: Ayes,*** Ballesteros, Kelly, Land, Long, Lopez, Vega-Matos, Washington-Hendricks; ***Opposed,*** None; ***Abstention,*** None**)**.

B. **2010 Service Utilization Report**:

- Ms. Wu noted this report has been done since 2007 following the same basic format. It includes all DHSP-funded services funded by RW or other sources though most services are RW-funded.
- Chapter 2 is a detailed Client Summary. Chapter 3, Core Medical Services, and Chapter 4, Support Services, review each service with: HRSA Definition; Commission Definition/Guidance; What DHSP Funds; Funding Sources; Allocations, Contract Investment and Expenditures; Service Utilization; and Demographic Characteristics of Clients where available.
- There were 62,000 estimated PLWHA in Los Angeles County in 2010 with 48,841 diagnosed and an estimated 13,000 undiagnosed/unaware. Of those diagnosed, 19,139, or 39%, accessed DHSP-funded services with 1,731 clients new to the system of care and 1,118 returned to the system of care. 15,834 had at least one medical visit.
- Gender distribution: male, 83.9%; female, 14.2%; transgender, 1.9%; other/unknown, 0.1%.
- Race/ethnicity: Latino, 48.1%; white, 24.4%; African-American, 23.4%; Asian Pacific Islander, 3.3%; Native American, 0.4%; other/unknown, 0.4%.
- The population is aging with: 40-49, 37.9%; 50/older, 29.6%; 30-39, 21.9%; 25-29, 7.0%; 19-24, 2.9%; 18/younger, 0.7%.
- HIV/AIDS status: CDC defined AIDS shows a slight decline at 54.2%; HIV+, not AIDS, 34.3%; HIV+, AIDS status unknown, 11.3%; unknown, 0.2%.
- Primary medical insurance: no insurance, 62.7%; public, 32.6%; private, 4.3%; other, 0.4%; unknown, 0.1%. Those with no insurance increased in 2009 and 2010, but homelessness decreased possibly due to various initiatives. Funding for those initiatives, however, is flat or declining so homelessness may begin to rise again.
- Distribution by Federal Poverty Level (FPL): equal to or below 100% FPL, 65.6%; 101-200% FPL, 24.8%; 201-300%, 6.0%; 301-400%, 2.4%; 400% or more of FPL, 1.2%; unknown, 0.1%.
- The top eight categories by number and percent of clients are: Medical Outpatient, 15,834, 82.7%; Psychosocial Case Management, 3,548, 18.5%; Oral Health Care, 3,468, 18.1%; Mental Health Psychotherapy, 2,832, 14.8%; Nutrition Support, 2,425, 12.7%; Medical Case Management, 2,237, 11.7%;Mental Health Psychiatry, 1,920, 10.0%; Medical

Specialty, 1,263, 6.6%. Mr. Vega-Matos noted clients receiving any RW services should be receiving Medical Outpatient, but they may receive that service through another source, e.g., Medi-Cal.

- Ms. Washington-Hendricks asked about Transitional Case Management, 623, 3.3%, the tenth most used service. Mr. Vega-Matos said it is hard to track as it serves clients transitioning from jail (about 500) who may be released or transferred with little notice and youth (about 200). Children's Hospital Los Angeles and AltaMed work to link youth to care.
- The standard of care for medical visits is two per year. The mean or average number of medical visits is 5.9 with a median of 5.0. Clients may need additional visits due to co-morbidities or poor outcomes.
- DHSP plans to analyze data on how medical visits impact retention, adherence and reduced viral load, especially for those with high numbers of visits. More medical visits alone do not predict good health nor do fewer visits predict poor health. A treatment cascade of engagement, retention and adherence to care is predictive of improved outcomes.
- Mr. Vega-Matos noted Medical Outpatient now functions as primary care, but that may change with implementation of Low Income Health Programs (LIHP). A "medical visit" is a visit with an MD, PA or NP.
- Total clients, FY 2008-2010, increased from 18,866 to 19,139 or 1.4% while the total in medical care increased from 14,723 to 15,834 or 7.5%. Increases may be due to improved retention or to a decrease in availability of other services.
- Oral Health Care, FY 2008-2010, clients increased from 2,278 to 3,468 or 52% and encounters (procedures) from 7,167 to 24,497 or 242%. Mr. Vega-Matos noted the Phase 1 expansion is before the Board and will add some 3,000 clients. Data will start to show in 2012 with the first providers: AltaMed, APLA, JWCH Institute, Watts Health Care, USC. Most data will affect the 2013 report. Current providers are AltaMed, APLA, East Valley Community Health Center, Northeast Valley Community Health Center, St. Mary's Hospital and USC.
- There are several data limitations. Utilization only reflects data at date of extraction so reporting delays may cause services to be missed. Clients served and provided services are impacted by DHSP investments and changes in other systems, e.g., elimination of Denti-Cal. Data accuracy/completeness relies on provider input. Service units vary across services. Key clinical data via data transfer is still missing. Means to identify clients who exit the system are inadequate.
- Mr. Vega-Matos reported DHSP is looking at ways to better identify those out of care by comparing the number of clients identified versus Viral Load (VL) numbers since adherence to care results in lower VL.
- ➲ Ms. Wu will add the "Frequency of Medical Visits" slide to the Service Utilization Report.
- ➲ Ms. Wu will change Oral Health Care "encounters" to "procedures."
- ➲ Ms. Pinney will email the allocations matrix and memorandum on contingencies funding scenarios to inform FY 23 allocations.
- ➲ DHSP will provide allocation recommendations for the May meeting. It is working to determine the start of LIHP migration which will begin no earlier than 7/1/2012.

9. **ONGOING ACTIVITIES REPORT**:
   - **A. Nutrition Support Study**: Ms. Pinney reported the interns will present their final report to their class in May. The report can then be presented to the Commission.
   - **B. Hospice and Skilled Nursing Study**: The study remains in progress.
   - **C. Comprehensive HIV Planning:** The Task Force will meet 4/27/2012, 10:00 am to 2:00 pm, to review public comment input**.**

10. **NEXT STEPS**: There was no additional discussion.

11. **ANNOUNCEMENTS**: Mr. Liso has been nominated as a delegate to the National Democratic Convention representing the 28th District. The Commission is proscribed from offering support for participation, but individuals can vote for his election.

12. **ADJOURNMENT**: The meeting adjourned at 4:05 pm.