



LOS ANGELES COUNTY COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES September 16, 2014



PP&A MEMBERS PRESENT	PP&A MEMBERS PRESENT (cont.)	PUBLIC	PUBLIC (cont.)
Al Ballesteros, MBA, <i>Co-Chair</i>	LaShonda Spencer, MD	Kevin Donnelly	Jason Wise
Brad Land, <i>Co-Chair</i>		Aaron Fox	
Michelle Enfield		Grissel Granados, MSW	
Sharon Holloway	PP&A MEMBERS ABSENT	Miki Jackson	COMM STAFF/CONSULTANTS
Michael Johnson, Esq.	Lynnea Garbutt	Ted Liso	Jane Nachazel
Abad Lopez	Monique Tula	Jose Paredos	Craig Vincent-Jones, MHA
Miguel Martinez, MPH, MSW		Michael Pitkin	
Marc McMillin		Craig Pulsipher	
Mario Pérez, MPH		Juan Quezade	DHSP STAFF
Juan Rivera		Scott Singer	Carlos Vega-Matos, MPA
Ricky Rosales		Terry Smith	Dave Young
Sabel Samone-Loreca/Susan Forrest		Yvette Wells	

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- 2) **Table:** Planning, Priorities & Allocations (PP&A) Committee Member "Conflicts of Interest", 9/16/2014
- 3) **Ballesteros Notes:** For PP&A 9/16/2014 Meeting, 9/16/2014
- 4) **Land Notes:** For PP&A 9/16/2014 Meeting, 9/16/2014
- 5) **Spreadsheet:** County of Los Angeles - Department of Public Health, Division of HIV and STD Programs, Year 24 - Summary Report, Ryan White Part A, MAI, SAM Care Expenditure Projections by Service Categories, 9/16/2014
- 6) **Spreadsheet:** FY 2014 Allocations with Modifications, 9/16/2014

1. **CALL TO ORDER:** Mr. Land called the meeting to order at 12:20 pm and attendees noted their conflicts of interest.

2. **APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order (*Passed by Consensus*).

3. **APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the Priorities and Planning (P&P) and Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Postponed*).

4. **PUBLIC COMMENT (Non-Agendized or Follow-Up):**

- Mr. Pitkin noted downtown area housing issues. Shelters seem at capacity and enactment of Laura's Law has negatively impacted many area homeless. Laura's Law allows court-ordered assisted outpatient treatment under certain criteria.
- 14th District Councilmember José Huizar will host a citywide meeting to address homeless/housing issues on 9/29/2014, 6:30 to 9:00 pm, at the Los Angeles Theatre Center, 514 South Spring Street, Los Angeles.

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- Mr. Fox noted he had to leave early so offered a perspective on needs at his Los Angeles LGBT Center clinic. Preliminary Medical Care Coordination (MCC) data reflect improved retention in care and Viral Load suppression. An additional MCC team to support more patients would be valuable. On a related matter, linkage to care staff is at capacity and could use one more person. Substance abuse treatment is the third area most in need of enhancement. Physical space was sufficient.

5. COMMITTEE COMMENT (Non-Agended or Follow-Up): There were no comments.

6. CO-CHAIRS' REPORT:

- Mr. Land said at this meeting PP&A would review year-to-date expenditures for Ryan White (RW) Parts A/B and Minority AIDS Initiative (MAI), identify anticipated over-/under-allocations and identify service categories that would benefit from an increased allocation based on information submitted to date, consumer need and implementation within grant timelines. The RW discussion goal is appropriate revisions to forward to the Commission for approval that fully maximize the grant.
- PP&A will also review FY 2015 CDC service categories and expenditures, work with DHSP to incorporate biomedical interventions into the CDC grant as feasible, and estimate additional needed non-CDC funds for the service.
- DHSP will report on Net County Cost (NCC) funds and their current use. PP&A will develop recommendations to DHSP on use of NCC funds for biomedical interventions based on the aggregate of information. The Commission can recommend, not allocate, NCC. With that noted, he read Motion 6 from the 8/14/2014 Commission meeting into the record as follows:

8/14/2014 COMMISSION MOTION 6: Use the FY 2014 CDC and Ryan White funding allocations as the baseline allocation strategy for FY 2015 (January 2015 - December 2015) CDC and FY 2015 (Part A: March 2015 - February 2016; Part B: April 2015 - March 2016) Ryan White funding, with the understanding that:

- the Commission will likely alter those baseline allocations at its 9/18/2014 meeting to include an allocation to fund some elements of "nPEP, PrEP and other biomedical prevention interventions and related services" (hereinafter referred to as "biomedical interventions") for the period of January 2015 - March 2016 (combined FYs 2015), *and*
- the Commission's Public Policy Committee will outline and implement a strategy to advocate for increased Net County Cost (NCC) funding to the Division of HIV and STD Programs (DHSP), Department of Public Health (DPH) in response to DHSP's increased NCC obligations and the public health emergency fueling the need for expanded availability of biomedical interventions countywide and expedited access to those interventions by highly impacted populations.

and only with the concurrence of DHSP leadership that the Director of DHSP or a delegated representative will provide the following to the Planning, Priorities and Allocations (PP&A) Committee by Friday, 9/12/2014 and present to the PP&A Committee at its 9/16/2014 meeting:

- A realistic and feasible estimate and timeline of what biomedical interventions can be implemented by and during the combined FYs 2015, and the projected FY 2015 costs of implementing that strategy, including what work can be done through December 2014 to prepare for implementation of those biomedical interventions in January 2015;
- An estimate of what FY 2015 CDC or Ryan White funding commitments can be altered, modified, shifted or eliminated - without harming the overall delivery of HIV services in LA County, reducing the County's and providers' ability to achieve stated goals, objectives and/or outcomes, and/or disrupting the County's commitment to continuity of care or reduced HIV incidence - for savings that could be used to fund an allocation for biomedical interventions in combined FYs 2015;
- In recognition that the Commission does not exercise authority over the use of NCC funds and can only recommend its uses - mechanisms and assurances the Commission can rely on to ensure that any grantee or administrative agency commitment to use NCC funds to procure biomedical interventions in combined FYs 2015 will be used for that purpose and remain unchanged regardless of internal needs, and/or unanticipated external costs and/or external control; *and*
- Strategies and alternatives (e.g., augmentations, new contracts, expanded scopes and/or schedules, use of master contracts, reallocation of underspent funds, etc.), timelines for and the projected costs of expanding the availability of biomedical interventions through December 2014, and a summary of possible risks that might impede or derail implementation of the selected strategies (**Passed: 25 Ayes; 0 Opposed; 2 Abstentions**).

7. FY 2014 FINANCIAL EXPENDITURES:

- Mr. Pérez said DHSP's philosophy remains to put every federal dollar to the best use possible. DHSP was primarily prepared for a FY 2014 RW Part A award cut, but received an increase instead. There was also under-spending especially in Ambulatory Outpatient Medical (AOM) and Mental Health primarily due to migration from RW to other ACA options. He added that it was too early to make projections concerning Oral Health due to the uncertain environment.
- Five California jurisdictions have requested a waiver from HRSA's requirement to spend a minimum 75% of funds on core medical services. Los Angeles County will not need such a waiver for FY 2014 which ends 2/28/2015

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- Overall, there was approximately \$4 million in savings or about 4% of the total budget. Most savings were in RW. The CDC grant was over-spent with the balance of funding from NCC.
- Mr. Young noted the RW Part A grant allows 10% for administration and 5% for quality assurance. The RW MAI grant allows 10% for administration. SAM Care, RW Part B, 4/1/2014-3/31/2015, is awarded to jurisdictions via the state. It allows 10% in administration. Total Year 24 RW funding is \$48,453,291 with \$41,773,348 in direct services.
- Among core services, AOM and Medical Specialty are listed on the same line. Total Year 24 allocations, (Part A), were approximately \$18 million, but total expenditure projections are \$14.5 million. The \$3.5 million in projected savings are primarily from migration to ACA options and a reduction in genotype expenditures of approximately \$1 million.
- Oral Health Care, (Part A, MAI, SAM Care), was allocated \$3.6 million, but projected expenditures are \$6.3 million. The \$2.7 million in additional expenditures is due to more providers from the expansion in services coming online.
- MCC - Medical Case Management, (Part A, MAI), was allocated \$5.6 million, but projected expenditures are \$6.9 million. The \$1.3 million in additional expenditures is due to build out of the service, e.g., with additional staff hires.
- Mental Health - Psychiatry, (Part A), was allocated \$1 million, but projected expenditures are \$903,208. The \$223,022 in projected savings is due to a shortage of psychiatrists and patient migration to Medi-Medi coverage. Mr. Pérez noted he recently spoke with the Department of Mental Health (DMH) person in charge of mental health services for South Los Angeles. DMH was experiencing the same difficulty in hiring psychiatrists and psychotherapists for their population.
- Mental Health - Psychotherapy, (Part A), was allocated \$2 million, but projected expenditures are \$1.9 million. The \$153,079 in projected savings is also due to a shortage of staff and patient migration.
- Transitional Case Management, (MAI, SAM Care), was allocated \$1.1 million, but projected expenditures are \$496,884 resulting in \$617,124 in projected savings.
- Among supportive services, Nutrition Support, (Part A), was the only one to exceed its allocation of \$388,355 with projected expenditures of \$728,145 for a differential of \$339,790.
- All other supportive services were under-spent, as noted: Non-Medical - Linkage to Care, (Part A), \$2.7 million allocated, \$764,511 projected expenditures, \$2 million under-spent; Case Management, Home-Based, (SAM Care), \$3.1 million allocated, \$2.8 million projected expenditures, \$272,743 under-spent; Benefits Specialty, (Part A), \$970,888 allocated, \$733,696 projected expenditures, \$237,192 under-spent; Medical Transportation, (Part A), \$660,204 allocated, \$576,578 projected expenditures, \$83,626 under-spent; Substance Abuse, Residential, (SAM Care), \$2.2 million allocated, \$1.9 million projected expenditures, \$310,475 under-spent.
- Regarding Non-Medical - Linkage to Care, Mr. Pérez noted the County previously supported Medical Case Management in medical settings and Non-Medical Case Management in non-clinical settings primarily by paraprofessionals. The jurisdiction focused several years ago on transitioning to services provided by MCC teams and patients began to migrate to them. DHSP saw an opportunity for remaining legacy Non-Medical Case Management programs to transition to Linkage to Care services for the 10,000-11,000 PLWH who have dropped out of care. Most providers opted to transition to that evolved service.
- Net Savings from RW Part A, MAI and SAM Care for both core and supportive services was \$3,120,810.
- Mr. Young reported the CDC Flagship grant, January to December, is the primary CDC grant. The total grant was \$15,779,510 with a full year estimate of \$16,054,880 for a total of \$275,370 in over-spending.
- Los Angeles County DSO costs reflect laboratory expenditures billed back to DHSP, e.g., for testing. Staffing agency expenditures reflect temporary help, e.g., for data entry. Administrative cost lines reflect program staff/managers and services/supplies. Program supplies are primarily test kits. Consultant/contractual and indirect costs are also reflected.
- Services include Perinatal; HTS testing services for Storefront, Multiple Morbidity and Mobile Testing Unit; Health Education/Risk Reduction (HE/RR), including some PrEP; CRCS; Faith-Based Initiative, Client Advocacy, and Social Marketing.
- HE/RR has a full year estimate \$1,583,544 above allocations based on contracts. The allocation was lower this year.
- Mr. Fox asked if HRSA and CDC costs are related. Mr. Pérez replied costs are not linked, but DHSP tries to think as a system.
- Mr. Young noted NCC is the jurisdiction's Maintenance Of Effort (MOE) and reflects continued service support as required by HRSA. The total \$17,830,063 cannot be over- or under-spent. Figures noted were full year estimates.
- Residential Care Facilities for the Chronically Ill contracts of \$4 million were moved to NCC earlier in the year. Transitional Care Residential Facility contracts account for another \$411,000 in Residential Services.
- HE/RR, which includes some PrEP, is another major category at \$3 million complemented by HIV PEP at \$251,742.
- Other funded services are: Medical Case Management MAI, \$200,000; HTS, \$39,346; Mental Health Psychotherapy, \$85,335; Medical Nutrition Therapy, \$31,961; Navigation Retention (Linkage to Care), \$201,241; Social Marketing, \$650,000; Legal Services, \$25,000; and Language Services, \$218,177.
- NCC is also used to pick up costs not covered by other grants. Generally, as reflected, that cost is \$1.2 million.

- Administrative costs/salaries and benefits, \$5.3 million, cover program managers/staff and residential care contracted staff. For the past two plus years, Administrative costs/services and supplies, \$2 million, has primarily covered litigation costs. There is also a small, \$25,000 cost for capital assets.
- Mr. Vincent-Jones noted the import of reviewing information to prepare for FY 2015 allocations. FY 2014 was very complex which led to multiple revisions. The Commission allocates jointly to Parts A/B and recommends NCC so initial Commission spreadsheet percentages for funding sources are estimated. DHSP distributes allocations more precisely among sources.
- Mr. Pérez added DHSP adjusts allocations during the year to reflect Commission determinations as well as possible. However, services must be contracted. It is not always possible, e.g., to increase/decrease contracts to reflect a Commission adjustment. It may also be a problem to increase staff quickly for a particular service.
- He suggested the most useful columns for this discussion were: RW, Column E, Total Full Year Expenditure Projections; CDC Flagship, Full Year Estimate; and NCC, Budget/Full Year Estimate.
- Mr. Pérez reviewed rules on rolling over funds to the next year. Up to 5% of RW Part A formula, but not supplemental funds, may be rolled over without penalty. Under-spent Part A supplemental funds signals to federal funders that funds are not needed and generally results in continuing penalties for years. RW MAI funds can be rolled over after application to and approval of HRSA. Any roll over request must be justified to HRSA. RW Part B cannot be rolled over.
- Technically, the CDC Flagship grant is a five-year cycle and funds can be rolled forward through, but not beyond, the cycle. The County was in year two of its current cycle. The CDC has to approve a roll over, but there is a risk that the CDC will sweep up the funds instead and then fund less the next year. NCC funds must be fully used each year.
- Mr. Vega-Matos reviewed significant differences this year compared to previous years.
- Regarding AOM, providers were doing very well in screening patients for other health insurance in the new Fee-For-Service environment. Consequently, people were migrating and expenditures will either plateau or continue to decline.
- The implementation of Denti-Cal has upset Oral Health projections because more people are now using Denti-Cal.
- The need for Mental Health continues, but so does the chronic shortage of psychiatrists and other professional staff.
- ➡ Correct Year 24 Summary Report by moving Case Management, Home-Based from Supportive to Core Services.

8. RW FY 2014 ALLOCATION MODIFICATIONS:

A. Review Proposals for RW FY 2014 Allocation Modifications:

- Mr. Pérez offered suggestions for the approximately \$3 million in under spent RW funds through 2/28/2015:
 1. Bill MAI associated costs of approximately \$3 million to RW Part A, modify Part A as needed and rollover MAI;
 2. Carry over 5%, approximately \$1.5 million, of the RW Part A award to the next year;
 3. Explore with state how to finance a statewide HIV system with RW Part B funds while freezing a portion of Part B funds for local services;
 4. Given AOM and Oral Health projections, request HRSA grant a Year 25 waiver from the RW Part A 75% requirement for core services, e.g., the County might spend 70% on core services and increase Linkage to Care;
 5. Develop a plan to invest an additional \$4 million in future, e.g., biomedical interventions could absorb \$1 million.
- Mr. Singer asked if there were risks in rolling over MAI funds. Mr. Vega-Matos said the jurisdiction has done it successfully in the past. Mr. Vincent-Jones added HRSA's representatives know this has been a difficult transition year.
- Ms. Samone-Loreca suggested increasing transitional housing especially in Hollywood. Mr. Vega-Matos noted DHSP has been in conversation with HOPWA and identified approximately \$1.7 million in investments that DHSP could support. That would allow HOPWA to fund more Section 8 vouchers and housing benefits staff.

B. Adjustments to Allocations to Fully Maximize RW FY 2014 Funding:

- Mr. Land expressed concern about shifting MAI expenditures to Part A because MAI has a particular purpose and the Commission has an obligation to plan for it. He urged any motion include a section on a future comprehensive plan.
- Mr. Vincent-Jones noted existing MAI services would still be funded, but with other resources. The Commission has developed a three-year process to develop an MAI allocations plan so, semantically, it would suspend that for a year.
- Mr. Johnson suggested an explanatory narrative. Mr. Smith noted it offered an opportunity to enhance the MAI plan.
- Mr. Pérez pointed out that if the Commission chose to roll over 5%, approximately \$1.5 million, in RW Part A funds then it would only be necessary to shift another approximately \$1.5 million in MAI expenditures to maximize Part A.
- Mr. Fox liked the idea of exploring statewide systems for, e.g., a Third Party Administrator (TPA) to address co-payments. He questioned, however, the state's ability to address a new concept when it still has difficulty managing current programs and should have sufficient funds for a TPA without RW Part B. Mr. Johnson added the state has been systematically challenged in developing a TPA. He was more confident in DHSP's ability to do so than the state's.

- Mr. Pérez noted nearly half of state resources benefit Los Angeles County which represents 40% of the state's PLWH. Mr. Vega-Matos added that, while a County TPA was possible, consistency statewide would be preferable.
 - Mr. Vincent-Jones felt it worth stating DHSP's intention to discuss statewide options with the state, but discussions are a normal part of DHSP's role. There are many issues besides TPA that might benefit from a statewide framework.
 - Regarding co-payments, Governor Brown has signed authorizations for OA-HIPP to pay wrap-around expenses. Implementation was in process. RW funds cannot be used to pay for co-payments.
 - The body discussed a waiver request for FY 2015 from HRSA's requirement to use a minimum 75% of RW Part A funds for core services. Several felt it should at least be explored or sought as a back-up, but Ms. Jackson felt it unnecessary.
 - Mr. Fox noted legislation was originally written some time ago and many aspects of it were now out of date. He felt many jurisdictions would be unable to meet the 75%/25% requirement in future due to ACA implementation.
 - Mr. Johnson felt the waiver offered an opportunity to inject new funds into the broader prevention/care continuum.
 - Mr. Vincent-Jones noted HRSA previously required submittal of the percentage of funds spent on core versus supportive services with the annual application. That was no longer the case but, as a pre-emptive FY 2015 waiver request was being considered, the waiver can be presented for a Commission vote. Mr. Pérez noted he was opposed to requesting a waiver for Year 24 as he felt it unnecessary, but felt it would be an advantageous option for Year 25.
 - The approved motions lift the pressure of finding a way to maximize the up to \$4 million under-spent funds within Year 24 time limits and provides time to engage in long-term planning for Years 25-26. With that in mind, attendees offered suggestions of service areas that would benefit from enhancement, as follows:
 - ▶ PEP/PrEP service expansion including community education, provider education and information on how to pay;
 - ▶ Transgender service expansion including more South Los Angeles shelter beds, a drop-in center with showers, and a wellness center; and improved data including centralized local and state data entry that ensures identification of transgender data, and separate identification of transgender from MSM data in PrEP studies;
 - ▶ Housing expansion;
 - ▶ MCC expansion including additional ways to provide MCC such as through Residential Services and ensuring clients in programs such as substance abuse groups are receiving coordination; and expanded MMC teams to be more comprehensive including, e.g., housing and mental health;
 - ▶ Linkage to Care enhancement including its structure; how it might be specialized for populations such as those receiving substance abuse, mental health or housing services; coordination across prevention and care countywide; extension of Linkage to Care concept to include coordinated phone line for consumers to access information on linkage and benefits;
 - ▶ Mental health services for both HIV+ and HIV- clients as part of Prevention for Positives;
 - ▶ Substance abuse services for both HIV+ and HIV- clients including discussion with HRSA to expand the range of services covered;
 - ▶ Pevnar 13 vaccination for all PLWH who are not virally suppressed;
 - ▶ Technical or material fixes to system including collaboration with HRSA to implement, as needed, e.g., centralized intake, coordination of paperwork among providers, capacity building such as to increase substance abuse services, strategies to improve uptake of best practices, strategies to address population-specific needs such as for transgender, homebound senior, poor and unmet need populations or those who are not virally suppressed;
 - ▶ Benefits Specialty service expansion and increased training for staff;
 - ▶ Prevention integration into primary care settings for at-risk populations with a 10-15 minute conversation possibly with initial demonstration project in community providers and Federally Qualified Health Centers;
 - ▶ Integration of outpatient medical care at residential transitional housing sites;
 - ▶ Co-morbidity screening expansion and increase of funding for those co-infected with HIV and Hepatitis C;
 - ▶ Ability to change provider within 30 days of testing positive for either HIV or an STI to ensure continuity of appropriate care with providers experienced in such services;
 - ▶ Optometry service initiation including purchase of glasses and a time-limited consumer information campaign;
 - ▶ Augment indirect cost and initiate a COLA-like funding increase for programs that have had no increase for years to halt the decline in service availability due to reduction of funds for direct services due to increased service costs;
 - ▶ Legal service expansion to assist the undocumented access care;
 - ▶ Education scholarships for psychiatrists and other mental health professionals at critically low levels that include a post-graduation service requirement such as have been used to increase physicians in underserved areas.
- ➡ Provide Commission with explanatory narrative for Motion 3.
- ➡ DHSP will explore with the state how RW Part B funds might be used for statewide systems, e.g., a TPA.

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- ➡ Create table of suggested service enhancements for review at next PP&A meeting.

MOTION #3: (Ballesteros/Land): Approve move of MAI expenditures to RW Part A and a potential rollover of 5% of RW Part A to FY 2015 and forward to Commission for approval (**Passed: Ayes**, Ballesteros, Enfield, Holloway, Johnson, Land, Lopez, Martinez, McMillin, Pérez, Rivera, Rosales, Samone-Loreca, Spencer; **Opposed**, None; **Abstention**, None).

MOTION #4: (Ballesteros/Land): Support DHSP's application for a Year 25 waiver from HRSA's requirement to use a minimum 75% of RW Part A funds for core services and forward to Commission for approval (**Passed: Ayes**, Ballesteros, Enfield, Holloway, Johnson, Land, Lopez, Martinez, McMillin, Pérez, Rivera, Rosales, Samone-Loreca, Spencer; **Opposed**, None; **Abstention**, None).

9. ALLOCATION MODIFICATIONS FOR BIOMEDICAL INTERVENTIONS:

- ➡ DHSP will present on strategies to increase biomedical interventions at the 9/18/2014 Commission meeting.

10. NEXT STEPS:

- ➡ The next PP&A meeting will be 10/28/2014, 1:00 to 4:00 pm.

11. ANNOUNCEMENTS:

- Mr. McMillin announced there will be a live stream of the United States Conference on AIDS opening session, 10/2/2014, at the California Endowment starting with breakfast at 8:00 am. Text USCA14 to 3131 to RSVP. The event is free.
- The UCLA Center for HIV Identification, Prevention and Treatment Services and the National AIDS Housing Coalition will co-host "The Housing Determinant: Integrating Housing into the Continuum of HIV Services" on 10/21/2014.
- The Metropolitan Community Church will host a mental health symposium on 9/26/2014.
- Mr. Vega-Matos asked agency representatives to ensure budget modifications and monthly reports are submitted on time.

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