LOS ANGELES COUNTY COMMISSION ON HIV

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

Approve 3/17/2015

January 20, 2015

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Brad Land, *Co-Chair*	Al Ballesteros, MBA, *Co-Chair*	Traci Bivens-Davis	Jane Nachazel
Abad Lopez	Michelle Enfield	Raquel Cataldo	
Miguel Martinez, MPH, MSW	Lynnea Garbutt	Aaron Fox	
Mario Pérez, MPH	Sharon Holloway/Ismael Morales	Scott Singer	**DHSP STAFF**
Juan Rivera/Rev. Alejandro Escoto, MA	Marc McMillin	Jason Wise	Kyle Baker
Ricky Rosales	Sabel Samone-Loreca/Susan Forrest		Juhua Wu, MS
Monique Tula	LaShonda Spencer, MD		Dave Young

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14) **Table**: Ryan White Part A, Single Allocation Model (SAM) Care - Part B, and MAI Year 24 Expenditures by Service Category as of November 30, 2014, *1/20/2015*
15) **Table**: County of Los Angeles, Department of Public Health, Division of HIV and STD Programs, Summary Report, Centers for Disease Control and Prevention Flagship and Net County Cost, Calendar Year 2014 CDC (Jan 2014 - Dec 2014), (NCC) Fiscal Year 2014-15 (Jul 2014 - Jun 2015), *1/20/2015*
16) **Table**: Year 24 Parts A and B, Priorities and Allocations, *1/20/2015*

1. **CALL TO ORDER:** Mr. Land called the meeting to order at 1:12 pm.

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

3. **APPROVAL OF MEETING MINUTES:**
   MOTION #2: Approve minutes from the 1/21/2014, 1/28/2014, 2/25/2014, 3/4/2014, 3/18/2014, 4/15/2014, 5/20/2014, 5/27/2014, 6/17/2014, 6/24/2014 and 7/15/2014 Planning, Priorities and Allocations (PP&A) Committee meetings, as presented **(*Passed by Consensus*)**.

4. **PUBLIC COMMENT *(Non-Agendized or Follow-Up)*:** There were no comments.

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

6. **CO-CHAIRS' REPORT:**
   - Mr. Land reported a motion at the 1/8/2015 Commission meeting referred a review of City of Long Beach access to Los Angeles County Ryan White (RW) services to the PP&A to vet issues, hear data, assess service delivery and report back to the Commission. Generally such PP&A reviews include surveillance and utilization data. Casewatch data may also be useful.
   - Mr. Pérez said DHSP would like to focus on the City of Long Beach, not SPA 8 as a whole, and the current demand for services based on provider reported RW data. DHSP will also provide projected YR 25 utilization data which suggested a continuing decrease in RW-eligible Ambulatory Outpatient Medical (AOM) need among the four currently funded providers.
   - Mr. Land noted the previous review and restructuring of SPA 1 services was in response to a different issue - the lack of a full service continuum in the SPA as a whole. It included work to improve the estimate of RW-eligible SPA 1 patients.
   - Mr. Pérez added SPA 1 had suffered from a fragmented service delivery system in a rural County area where transportation issues impacted access. DHSP launched two medical homes though actual migration patterns based on consumer input differed from forecasts. SPA 1 issues differed markedly from the City of Long Beach question of a new service partner in an area with diminishing demand for HIV medicine and a very good existing provider mix congruent with patient distribution.
   - Ms. Tula noted a shift of resources to the City of Long Beach, as the potential new City partner proposed, would also mean reduced services elsewhere. There was consensus to consider that only if the body agreed a new partner was warranted.
   - Mr. Pérez stated for the record that, until the idea of a new site being established was proposed, DHSP had not heard from anyone in the City of Long Beach that there was a service gap or insufficient AOM providers. No grievance claims have been filed with DHSP or the Commission. Less than half a dozen RW-eligible people have come to support the new site since the meeting with the Supervisor's Office despite claims of dozens, or even hundreds, of people who support it.
   - Ms. Nachazel noted, on a related topic, the Standards and Best Practices Committee had initiated a Patient Choice Best Practices Work Group. The topic pertains to the City of Long Beach, but also to over-arching discussions on the broader health care system post-ACA which commonly includes a variety of health care and pharmacy network restrictions.
   - ➲ The 1/27/2015 PP&A agenda will include a City of Long Beach item to review City surveillance, Casewatch and YR 25 projected utilization data provided by DHSP.
   - ➲ All meetings are open to the public. Dawn McClendon will forward the 1/27/2015 PP&A agenda to Dr. Mitchell Kushner, Health Officer, City of Long Beach and Commission member.

7. **YR 24 FINANCIAL SPENDING**:
   - Mr. Young reviewed RW YR 24 allocation revisions approved at the Commission's 8/7/2014 meeting and their mainly consistent alignment with DHSP projections. Percentages are based on combined RW Parts A and B.
   - DHSP expected to maximize Part A (3/1/2014-2/28/2015) based on expenditures through 11/30/2014 and supplemental invoices from agencies with higher expenditures. DHSP also expected to maximize Part B (4/1/2014-3/31/2015).
   - The state Part B grant was originally $8.4 million, but the state later reduced administrative funding for a final $7.8 million award. Direct services funds were unaffected. Mr. Pérez noted DHSP did not lose positions from its County-approved item control in this instance, but has in the past. DHSP may, however, be precluded from filling items depending on funding.
   - The YR 24 Minority AIDS Initiative (MAI) was $3.2 million. DHSP has advised HRSA that it will not be able to maximize MAI funding by 2/28/2015. DHSP has requested rolling over $2.5 million to YR 25. Expenditures for contracts identified as MAI are shifted to Parts A and B to maximize those awards.
   - The Summary reflects other funding used to pay for RW categories. Net County Cost (NCC), for example, pays for: $85,335, Mental Health, Psychotherapy for HIV- clients; $834, 420, Medical Case Management in jails through the Sheriff's Department; and $4,601,840, 100% of Residential Services. State funds are used for: $530,788, Outpatient, ADAP Program; $200,192, Substance Abuse Services, reflects the state HIV set aside from Centers for Substance Abuse Prevention/Centers for Substance Abuse Treatment distributed to DHSP through County Substance Abuse Prevention and Control.
   - The 2014 Centers for Disease Control and Prevention (CDC) Flagship grant (January 2014 to December 2014) of $15,779,429 was overspent by nearly $3.2 million. Those expenditures will be shifted to NCC.
   - Most CDC funds are used for direct contract services. The CDC grant also funds temporary staff for various projects. Departmental Service Orders are costs billed from other County departments in particular the Department of Public Health which also pays for temporary staff and bills for laboratory costs, e.g., for HIV tests.

- Administrative cost types are: salary and benefits, services and supplies, and indirect. DHSP's overall indirect rate is approximately 14%, but the prevention rate varies as costs are applied last. Approximately 6%, it can be as low as 2%.
- Mr. Pérez noted years ago the then OAPP launched a series of structural and policy interventions to transform the local HIV prevention response. Aspects included Health Education/Risk Reduction, testing and a Community Development Initiative to ensure communities of color enlisted community leaders to address the topic more publicly.
- Concurrently, a Faith-Based Initiative targeted African-American and Latino communities due to the role faith-based institutions play in those communities and the topic's historical cultural and religious issues. The African-American initiative saw several iterations, but is no longer active. The Latino initiative has one contractor. It has educated hundreds of institutions countywide on how HIV impacts the community and the role faith-based leaders can play in addressing it.
- NCC (7/1/2014-6/30/2015) is set at $17,840,063. DHSP cannot over- or underspend it so expenditures are transferred in as needed. The schedule projects historical transfers. Some contracts, e.g., Language Services are also identified as NCC.
- Mr. Fox asked about client advocacy. Mr. Pérez replied DHSP previously funded the HIV LA resource directory. As services were changing, however, it became harder to keep listings current and clients received outdated contact information. DHSP explored bringing the service in-house. The priority shifted to ensuring client awareness of the newly launched Benefits Specialty, but resource information remains valuable. The Commission has also explored contracting for an online resource.
- Mr. Pérez reported DHSP's overall grant budget was approximately $105 million including a variety of smaller grants, e.g., a federal HIV surveillance grant and CDC grants for STD response, both with NCC contributions.
- The Commission originally received data solely on RW Part A. It requested and received other resource data from DHSP as each resource became sufficiently pertinent to deliberations to warrant additional DHSP work to integrate it into data..
- ➲ Consider agendizing discussion of a new online resources directory for both care/treatment and prevention services.
- ➲ Revisions to financial expenditures schedules: Summary of Parts A and B and MAI, correct "MAI YR 23" to "MAI YR 24"; CDC and NCC, identify NCC table on right as "Net County Cost."

8. RW FY 2014 ALLOCATION MODIFICATIONS:

A. Review Proposals for RW FY 2014 Allocation Modifications: There was no additional discussion.

B. Adjustments to Allocations to Fully Maximize RW FY 2014 Funding: There was no additional discussion.
MOTION #3: **(*Tula/Rivera*)**: Adopt YR 24 revised percentages for Ryan White Parts A and B, as presented **(*Passed: Ayes,*** Land, Lopez, Martinez, Pérez, Rivera, Rosales, Tula; ***Opposed,*** None; ***Abstention,*** None**)**.

9. RW FY 2015 ALLOCATION MODIFICATIONS:

A. Review RW FY 2015 Allocations:

- Mr. Young reported some YR 25 contracts will increase, e.g., Benefits Specialty and Medical Care Coordination, but AOM trends are being closely watched in light of patient migration to other resources.
- MAI roll-over funds must be used by 2/28/2016 so will be used prior to new funds. The goal is to maximize all funds.
- Regarding Oral Health, Mr. Pérez reported Carlos Vega-Matos' team is working with providers on several financial issues pertaining to the partial refunding of Denti-Cal. Spending projections are higher due to the Phase 2 expansion roll-out and increased services by one provider that had provided a very low level of services the prior year.
- Ongoing decreased utilization of RW-supported Mental Health services is a continuing concern due to the lack of available clinicians. The need is grave for both PLWH and HIV- people. The Department of Mental Health also has a problem hiring especially in South Los Angeles due to competition from higher paying private sector providers.
- Solutions are complex. For example, nonprofits could still not pay competitive salaries even with RW permission since it would disrupt their entire pay structures. Clinicians also must be able to address, e.g., stigma and childhood trauma.
- Mr. Baker noted migration to ACA is also reducing RW-eligible patients despite mental health needs. Mr. Rivera stressed that underlines the need for wrap-around services since other insurer mental health services are limited.
- Mr. Land noted ongoing discussions with DHSP on best anticipating needs. PP&A will likely discuss in March the option of two-year allocations to ensure time for the 18-month procurement process in initiating or adjusting services.
- ➲ Mr. Pérez will consult with Mr. Vega-Matos on a presentation to PP&A on Mental Health service category issues including the shortage of professional staff. If possible, PP&A will hear the presentation at its March meeting. The presentation will include a timeline for addressing issues, service category guidance and service utilization.

MOTION #4: **(*Land/Rivera*)**: Adopt FY 2014 allocations and priorities, as amended at the Planning, Priorities and Allocations (PP&A) Committee meeting of 1/20/2015, for the FY 2015 Ryan White Parts A and B baseline allocations **(*Passed: Ayes,*** Land, Lopez, Martinez, Pérez, Rivera, Rosales, Tula; ***Opposed,*** None; ***Abstention,*** None**)**.

10. NEXT STEPS:

A. Task/Assignment Recap:

- Ms. Tula suggested streamlining the work plan. Mr. Land reported he had prioritized unfinished work in collaboration with DHSP, but has not developed a work plan per se. He has developed agendas through March 2015.
- Mr. Rosales said Executive is using a work plan based on current priorities developed by the Co-Chairs, Mr. Baler and Dawn McClendon. Priorities are tiered by need and continues to be updated as work progresses.
- Executive decided Committee Co-Chairs would work with their Committees to determine how to prioritize their work.
- Dawn McClendon will forward PP&A agendas through March 2015 to the Committee.
- Mr. Land will work with Monique Tula to draft PP&A work priorities.
- Kyle Baker will coordinate with the Commission Co-Chairs and Ms. McClendon on updating the Executive Committee's priorities list. Ms. McClendon will email the updated list to the PP&A Committee.

B. Agenda Development for Next Meeting:

- The 1/27/2015 PP&A meeting will hear presentations on: AOM, MCC and the City of Long Beach question.

11. ANNOUNCEMENTS: There were no announcements.

12. ADJOURNMENT: The meeting adjourned at 3:05 pm.