



# LOS ANGELES COUNTY COMMISSION ON HIV

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## PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES July 21, 2015



PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Brad Land, <i>Co-Chair</i>	Al Ballesteros, MBA, <i>Co-Chair</i>	Brian Beneat	Carolyn Echols-Watson, MPA
Michelle Enfield	Marc McMillin (Full for Soza)	Traci Bivens-Davis	Jane Nachazel
Abad Lopez	Raphael Péna	Miki Jackson	Yeghishe Nazinyan, MS, MD
Miguel Martinez, MPH, MSW		Craig Pulsipher	
Patricio Soza (Alt. for McMillin)		Sabel Samone-Loreca	
LaShonda Spencer, MD		Melinda Serrano	<b>DHSP STAFF</b>
Carlos Vega-Matos, MPA		Scott Singer	Wendy Garland, MPH
		Terry Smith, MPA	Rhodri Dierst-Davies, PhD

### CONTENTS OF COMMITTEE PACKET

- Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 7/21/2015
- Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 6/16/2015
- Memorandum:** HIV Pre-Exposure Prophylaxis (PrEP) Program Implementation Plan (Item 9, Board Agenda of June 9, 2015), 7/14/2015
- Guidance:** Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021, June 2015
- Policy/Procedure:** #09.5203: Priority- and Allocation-Setting Framework and Process, 5/12/2011
- PowerPoint:** 2015 Los Angeles County Comprehensive HIV Needs Assessment (LACHNA-2015): Sampling Methodology and Survey Outline, 7/21/2015
- Diagram:** Schematic of Needs Assessment Section, 7/21/2015

- CALL TO ORDER:** Mr. Land called the meeting to order at 1:15 pm.
- APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the 6/16/2015 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (*Passed by Consensus*).
- PUBLIC COMMENT (Non-Agendized or Follow-Up):** Ms. Jackson asked about meeting material pre-distribution. Ms. Nachazel said materials may be distributed to a body's member and public email lists if selected, in electronic form and available to staff in time. Packets are often finalized shortly before a meeting and materials may be added at the meeting. Co-Chairs may request distribution of particular documents, as Mr. Land did for this meeting. Staff responds according to circumstances.
- COMMITTEE COMMENT (Non-Agendized or Follow-Up):** There were no comments.
- CO-CHAIRS' REPORT:**  
**A. Work Plan Update:** Mr. Land noted no revisions to date, but the day's discussion may help inform STD inclusion in future.

- B. Comprehensive HIV Plan (CHP) Update:** The Task Force will address development of the CHP Scope of Work at its next meeting, 8/6/2015. Claire Husted, MHA, consultant, and DHSP representatives will assist in development.
- C. Home-Based Case Management Work Group:**
- Mr. Land said PP&A had discussed a work group to address issues. Mr. Vega-Matos said DHSP had also been planning to convene a meeting with representatives of the five providers. A combined group would be more efficient.
  - ➡ DHSP will coordinate with Ms. McClendon to launch a combined Commission/DHSP Home-Based Case Management Work Group. DHSP will notify attendees for the first meeting expected in August. Members are: Ms. Enfield, Mr. Land, Mr. Pulsipher, Mr. Vega-Matos, Mr. Singer and other provider representatives. The City of Pasadena will be invited.
- 7. PY 25 AND 26 PRIORITY AND ALLOCATION PROCESS EVALUATION:**
- A. Integrated HIV Prevention and Care Plan Guidance:** The HRSA/CDC Guidance and the Department of Public Health's PrEP Implementation Plan presented to the Board were offered to inform the Commission as it moves into integrated planning.
- B. Policy/Procedure #09.5203: Priority- and Allocation-Setting (P-and-A) Framework and Assessment:** The Policy/Procedure is normally provided for review at the beginning and conclusion of each P-and-A process.
- C. Directives:**
- Mr. Land said the one unaddressed area was vision services, particularly optometry. Mr. Vega-Matos replied expanding optometry visits would not be difficult, but support for corrective lenses was more complicated.
  - ➡ Directive to DHSP: Develop a plan to expand accessibility to vision services that includes optometry and corrective lenses. DHSP will report back on plan development in three months.
- 8. LOS ANGELES COUNTY COMPREHENSIVE HIV NEEDS ASSESSMENT (LACHNA):**
- A. Draft Survey Review:**
- Dr. Dierst-Davies presented a PowerPoint on the draft LACHNA. The overarching goal is to conduct a post-ACA implementation needs assessment of HIV medical and ancillary services in Los Angeles County.
  - Mr. Smith asked about prevention needs assessment. Dr. Dierst-Davies said there was discussion at one time about trying to do an integrated LACHNA, but PLWH and at-risk populations present significant differences and are best addressed through different methodologies. Consequently, it was decided to focus on a care LACHNA.
  - CDC's National HIV Behavioral Surveillance Survey addresses MSM, IDU and high-risk heterosexuals. The County has discussed adding the transgender population. The Survey focus is to identify risk groups and behavioral characteristics, not needs assessment, but the methodology could be adapted to perform a needs assessment for at-risk populations.
  - Mr. Land said it was important to have some prevention needs assessment relatively concurrent with LACHNA. First data cuts will likely be needed by November 2015. This is the first year that the Commission will address P-and-A for both prevention and care. It will take time to both develop P-and-A and present each stage for Commission review.
  - Dr. Dierst-Davies said the LACHNA sample frame includes any PLWH with a laboratory test reported in County HIV surveillance from 1/1/2014-12/31/2014. A random sample of 600 will be taken with an interview goal of 400. The methodology is based on CDC practices to ensure an eligible target sample and a CDC representative agreed with it.
  - DHSP has maintained IRBs with providers from the prior LACHNA for ongoing surveillance purposes. DHSP contacts potential survey participants through providers if an IRB is active. DHSP can contact people directly as a health department representative as LACHNA is technically a surveillance activity. People respond to both kinds of contacts, but generally prefer receiving calls through providers they know. Participants will receive \$70 in gift cards.
  - This sampling methodology uses available resources (iHARS) and is representative of PLWH in care. By including PLWH with multiple insurance types, the methodology can help capture migration patterns and provide information on challenges due to ACA implementation such as changing insurance coverage. Dr. Dierst-Davies is working with Kaiser Family Foundation to review their insurance survey questions for the utilization and insurance coverage section.
  - Questions will address current care, previous care and any transition to address as many variables as feasible.
  - This LACHNA also increases emphasis on Social Determinants of Health (SDH), especially those related to medical care and unmet need. Both Structural and Individual Determinants include predisposing, enabling and need-based factors. The latter includes evaluated need and perceived need which may or may not be the same.
  - Health Behaviors include service utilization and personal health behaviors. Services have been collapsed from 40+ to 16 categories with follow-up questions as needed. Categories from the prior LACHNA with less than 5% utilization across the system were dropped. Common language and interviewer assistance will help reduce participant confusion.

- Outcomes includes populations outcomes of unmet need, service gaps and suppressed viral load; and individual outcomes of perceived health and consumer satisfaction. Utilization and service gaps needs assessment and barriers assessment are incorporated into a progression of questions for each category. Evaluated or self-perceived need are identified. The prior LACHNA explored need separately which biased results with self-perceived need.
- Questions have not yet been finalized for PP&A review and beta testing. The Standards and Best Practices Committee SDH Framework was reviewed as well as literature on domains associated with service gaps or unmet need, e.g., HIV stigma and health care related discrimination. Domains can be added, but the survey needs to be a reasonable length.
- Some subset analysis may require oversampling. Need will be determined after the initial 400 interviews are reviewed.
- This LACHNA is not well suited to address unmet medical need though it is a requirement of the larger report. A separate report is being developed and will be distributed once finalized. Dr. Dierst-Davies reviewed unmet need analysis by other jurisdictions. Only New York has done something similar, but it was not an unmet need analysis.
- He spoke at length with Emily Gantz McKay on her unmet need report for PP&A. DHSP based their analysis on her report and was engaged in some suggested activities, e.g., demonstration projects focused on PLWH with unmet need.
- ➔ Dr. Dierst-Davies will email to Ms. Echols-Watson two Kaiser Family Foundation reports for PP&A distribution. One pertains to PLWH and the other to coverage expansion and those who remain uninsured.
- ➔ Ms. Echols-Watson will also distribute Ms. McKay's report on unmet need to PP&A for reference.
- ➔ The Commission and DHSP will explore the possibility of hosting a summit of health insurance plans, e.g., Kaiser, LA Care, Healthy Way LA, HealthNet and a state representative. The summit on coverage issues may help inform the CHP.
- ➔ Dr. Dierst-Davis will review for possible LACHNA inclusion how other surveys address SDH-related questions on: racism, intimate partner violence, transphobia, homophobia and trauma.
- ➔ Add follow-up IDU question on awareness of needle exchanges. IDU PLWH are at-risk, e.g., for Hepatitis C.

**B. Data Need Considerations:**

- Dr. Dierst-Davies presented the proposed timeline with data collection starting by September and the final report by June 2016. Dr. Michael Green, however, had expressed concern data would be needed sooner for integrated P-and-A.
- Mr. Land stated the proposed timeline needed to be accelerated for the CHP as well. The first section including LACHNA needs to be presented to the Commission for review in January or February 2016.
- Dr. Dierst-Davies suggested monthly data updates could be provided while LACHNA was ongoing. Mr. Land felt monthly reports could help address the need for transparency. It was still important, however, for the community to receive a presentation on each CHP section with a 30-day public comment period prior to presentation for approval..
- Mr. Vega-Matos said the CHP is a five-year plan that requires good data. Truncating data sets undermines viability.
- Resources to accelerate LACHNA was another issue especially because a prevention survey was also a priority.
- ➔ The next CHP Task Force meeting will be 8/6/2015, 1:00 to 3:00 pm, Commission offices. Mr. Land, Ms. McClendon and Ms. Echols-Watson will review meeting invitations in light of transparency and office space. Topics will include:
  - ▶ DHSP: Present draft at-risk population needs assessment plan. Mr. Vega-Matos will convey PP&A's request to DHSP's surveillance and research team for the assessment and a timeline as concurrent with LACHNA as possible.
  - ▶ DHSP: Present options for accelerating the LACHNA timeline.
  - ▶ DHSP: Present information on resource requirements to accomplish various option as indicated above.

**9. NEXT STEPS:**

**A. Task/Assignment Recap:** Ms. Nachazel reviewed action items.

**B. Upcoming Meeting Agenda:**

- ➔ Dr. Dierst-Davies will forward the draft LACHNA survey to Ms. Echols-Watson to distribute to PP&A Committee members and public as well as Commission Caucuses for review in preparation for beta testing.
- ➔ 8/18/2015 PP&A meeting topics:
  - ▶ Dr. Dierst-Davies will update LACHNA and at-risk population needs assessment activities.
  - ▶ DHSP will provide the first orientation on STD planning.
  - ▶ Update on Commission/DHSP discussions exploring the possibility of hosting a summit of health insurance plans.

**10. ANNOUNCEMENTS:** There were no announcements.

**11. ADJOURNMENT:** The meeting adjourned at 3:05 pm.