
LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor • Los Angeles CA 90005-4001

MEETING SUMMARY
Thursday, November 2, 2000
2:00 p.m.-5:00 p.m.
St. Anne's Foundation Conference Room
155 North Occidental Boulevard-Los Angeles, CA

MEMBERS PRESENT

Charles L. Henry
Dean Goishi
Sergio Avina
Jeff Bailey
Juan Carlos Ledesma
James Miller
Cathy Reback
Kellii Trombocco
Elaine Waldman
Richard Zaldivar
Cathleen Bemis

Patricia Jones
Chi-Wai Au
Ricky Bluthenthal
Mark Etzel
Ric Loya
Nancy Pollard
Ruth Slaughter
Nancy Wongvipat
Tony Zimbardi
Rhena Carusillo

ABSENT

**Cleo Manago
**Vanessa Talamantes
John Copeland
Ramon Flores
Evelyn Gonzalez-Figueroa
Danielle Glenn-Rivera
Cecil Ingram
David Luis Herrera
Vincent Lopez
Latrice R. Dennis
Jean Armbruster

STAFF PRESENT

Maria Perez	Elizabeth Escovedo	Kevin Harvey
Edith Muegge	Gabriel Rodriguez	Oscar Garcia
Magdalena Esquivel	Delia Sandoval	

*Arrived after roll call

**Excused absence

ROLL CALL

APPROVAL OF AGENDA -The committee approved the agenda.

MEETING SUMMARY - The committee approved the September 2000, meeting summary.

A concern was expressed that the issue regarding sex indicators and the formula for funding, which was discussed at the last PPC meeting, was not mentioned in the meeting summary. Another PPC member clarified that there was a lot of discussion and it was captured in a summary form on page 2 number 11.

PUBLIC COMMENT

Dorothy Tolliver commented that it was her understanding that black women are the most at-risk for AIDS. She asked "Where is the money for South Central?" She stated that they do not have programs for AIDS Prevention and Counseling.

David Bunker commented that he represents the Special Population Action Team. They received a grant from the State of California to the Hemophilia Council of California. They provide HIV and AIDS training to four special populations (the blind, deaf, developmentally disabled, and the mentally ill). Flyers were made available explaining the services they provide.

Jacqueline Medina asked if they have to go through the RFP process again because they were recommended for funding but funds were not available.

Dr. Detels, professor of Epidemiology at UCLA School of Public Health, thanked the PPC and expressed his appreciation for the opportunity to discuss the Multi Center AIDS Cohort, a study of gay and bi-sexual men. The collaborative study began in 1983. The objective of the study has been to elucidate the natural history of AIDS. At the time the study was initiated, it was not realized that HIV was the causative agent. Later the study was expanded to include the natural history of HIV and AIDS. There are four different centers totaling fewer than 5,000 men. The center in Los Angeles consists of about 1,700 men. At the time that the Cohort was formed in 1983, the major risk groups nationwide and in Los Angeles was gay and bisexual men. Now in the year 2000, the major risk groups are men and women of color and younger individuals. The first objective was to look at the natural history of HIV infection in the area of HAART. The second group they will observe is men who are not on HAART yet but are expected to begin. The third group is the zero negative men for the purpose of comparing the occurrence of outcomes among uninfected and infected men. The outcomes that they are looking at such as cardiovascular diseases and malignancies occur at a relatively low incidence so they have to follow a very large population. They were the first group to look at the issue of effectiveness of HAART. The clinical trials will demonstrate whether a drug works in people who take the pills on schedule. The issue there is compliance. The studies they have completed look more at issues of effectiveness.

They would like to expand the study to younger men and the African American and Latino community. Dr. Detels informed the PPC that if funded, they will be recruiting in the community for individuals who fit into these categories and they would appreciate support from the PPC. He stated that it would be very helpful to receive a letter of support from the PPC. A paper, which was included in the Journal of the American Medical Association, demonstrated a dramatic effect with the issues of compliance. They are about to submit an article regarding HAART. Dr. Detels described opportunistic infections. One of the major issues in the gay community has been a suggestion from some studies that were done in San Francisco, that once men realize they can actually be treated for HIV, they tend to let down their guard and engage in more high risk behavior. That becomes a very important issue in terms of how it relates to compliance with taking the medication. He will provide the abstract for the grant that they are submitting which will summarize the objectives of the expansion.

7 ACTIVITIES FOR COLLABORATION BY THE PPC AND THE COMMISSION (a copy was attached to the agenda)

Charles Henry and Patricia Jones explained in detail the activities that follow. These activities have potential for collaboration and represent work activity that is required under program guidance, legislative mandate, or program guidance from Ryan White Care funding or from the CDC prevention funding. The Co-Chairs of the PPC and the CHHS compiled this list from a joint discussion. The co-chairs committed to meet periodically to review opportunities for collaboration to ensure that there is no unnecessary duplication of work effort. Full support was obtained at the August Executive Subcommittee meeting.

- 1. HOW DO WE REACH INDIVIDUALS WHO ARE NOT IN CARE AND THOSE WHO DO NOT KNOW THEIR HIV STATUS?** This is a requirement under the Ryan White Care Act and it is linked to prevention work. This provides an opportunity through the delivery of prevention services to ensure there is linkage to care services or a periodic conversation with those individuals about the necessity of receiving HIV treatment if they are HIV positive. The PPC is required to attempt to identify individuals who are positive and do not know their status. It is known that there are dramatic reductions in risk behavior among those individuals who are identified as being HIV positive. The more that can be done to assist individuals in getting tested, the more impact in the overall responsibility to reduce and eliminate new infections.

2. **CO-MORBIDITY** – What is the relationship and what work do we need to do with Hepatitis? How do we provide training to providers to do Hepatitis C prevention work? There is prevention network funding and there are care and treatment implications for individuals who are HIV positive and have co-morbidities such as; hepatitis, substance abuse, or substance use issues or mental health issues, and other STD issues. Addressing those co-morbidities effectively may be a prevention strategy.
3. **CDC/STD ELIMINATION PLAN** – This is a requirement under program guidance from both the CDC and HRSA.
4. **STRATEGIC PLAN** – The Board of Supervisors approved Dr. Melanie Sovine to work with the three partners: the Commission, PPC, and OAPP. The purpose is to help develop the framework for a Strategic Plan for Los Angeles County. Information will be brought to the PPC as additional work continues to develop. Currently there is no Strategic Plan in Los Angeles County.
5. **THE DEVELOPMENT OF NETWORKS** – Announcements about the Prevention Networks and the geographic Service Provider Networks awards will be made in the coming weeks. This provides an opportunity for both bodies to establish a standard in expectation of collaborative approaches in geographic areas. The purpose is to help define activities that can strengthen a response to the HIV/AIDS epidemic in Los Angeles County and to ensure that limited resources are used in the most effective way.
6. **HIV INTEGRATION OF CARE AND PREVENTION** – This provides an opportunity for the PPC to work in collaboration with the Commission in designing and offering prevention services for positive individuals.
7. **HIV SURVEILLANCE** – There may be opportunities to inform the decision-making process about what system of surveillance is ultimately recommended for implementation statewide.
8. **INFRASTRUCTURE BUILDING (recommendation by Juan Carlos Ledesma)** In Los Angeles County, there has been work to infuse community organizations with infrastructure resources that have not been available. To what extent have we been evaluating the impact of that infrastructure building? Does that fit into the development of networks?
9. **COMMUNITY CAPACITY (recommendation by Juan Carlos Ledesma)** should there be another activity that focuses on community capacity? Mr. Henry agreed and also mentioned the following ideas: mega structures of care, convening/surveying providers about the financial institution they work with; figuring out what the collective total of resources are through financial institutions; convening a meeting of those financial institutions explaining the County contracting process; and developing a greater ability for CBO's to get lines of credit to secure them over cash flow crunches.

There was discussion about the above mentioned topics. The following issues were raised.

- ◆ As the task develops, work will be routed to the respective subcommittees.
- ◆ How will data be integrated into the work that we do?
- ◆ How the planning efforts relate to where the epidemic is moving or emerging?
- ◆ Developing systems that are responsive to trends in the epidemic is where the linkage with the Commission is important to ensure that we have a system of care that is thoughtful.
- ◆ Identify areas of need in community development and opportunities to engage communities at an earlier stage of the impacts of the epidemic.
- ◆ Important work will need to be done in a short time period after a surveillance system is developed prior to implementation. In terms of potential impacts of the implementation of a surveillance on prevention work in counseling and testing.
- ◆ A recommendation was made to have ongoing discussions about including the role of the consumers. Mr. Henry indicated this as a very good recommendation in light of some of the changes around the Ryan White Care Act that requires a different percentage of consumers to be part of the planning groups. There are

guidelines about insuring the absence of conflicts of interest and unaffiliation. The legislation is specific in describing what affiliation means, which is to be a paid staff or consultant or a Board member.

Mr. Henry responded about change in guidelines for HRSA, that there are some specific components of the new CARE Act that connect some issues of the perinatal transmission and partner counseling and referral services. There may be targeted funding for perinatal transmission, partner counseling referral and notification. There is greater flexibility that HRSA has developed with regard to creating or allowing CARE funds to be used for counseling and testing. There was discussion about funding initiatives, interventions, and infrastructure resources.

Juan Ledesma asked if OAPP could recommend other Strategic Plans from other areas for the PPC to get a sense of elements of strategic plans. **Mr. Henry** commented that there would be at least 6 to 8 community meetings throughout Los Angeles County describing the processes to discuss the framework.

CO-CHAIRS REPORT

Executive Subcommittee. There was discussion about how to delegate various requests from public comments to the subcommittees for appropriate action. **Juan Ledesma** expressed concern that issues routed to subcommittees, may not be addressed in a timely manner. He stated that we should be as responsive as possible to public comments. Some issues relate to decision making and the outcome of those decisions, and some information may not be accessible to PPC members. He stated that there might be people in OAPP who could better respond than the PPC. **Mr. Henry** explained that there might be issues relating to agenda items that relate to work that is being accomplished at the subcommittee level. It was clarified that the co-chairs will channel the request to the appropriate individuals from OAPP or subcommittees. Another PPC member suggested that a tracking system be implemented for requests from the community for both OAPP and the subcommittees. It was also suggested to refer this issue to the Operations subcommittee for outreach efforts.

Social Marketing

Future Social Marketing sites in Los Angeles County were discussed. There was a request made of the contractor to identify locations in South Central for the hanging of a wallscape.

The PPC will be co-sponsoring the CHIPTS colloquial in 2001. The logistics will be worked out.

Gaps Analysis Committee members identified potential tools needed to conduct the Gaps Analysis report. The group reviewed a draft prepared by the Executive subcommittee in September. The draft included objective tasks and potential documents that will be needed to conduct the analysis. The projected timeline for completion is May or June of 2001.

The **PPC 2001 Retreat** was discussed and determined to be in March at the Sheraton Industry Hills. Persons are needed to co-chair the retreat.

UCHAPS met in September to discuss their mission on developing a national agenda for prevention. The Action Planning Committee identified 3 focus areas for 2001: Advocacy to encourage congressional members to increase prevention funds for urban areas; letter writing in early 2001 to communicate HIV prevention needs to the newly elected President; and to improve communications among representatives as well as among the collaborators.

Syringe Replacement Implementation Plan

The group convened to discuss and identify the framework. The tentative outline was included in the packet. Patricia Jones provided a brief discussion. A focus group of providers of needle exchange services in Los Angeles will meet this Friday to discuss barriers and issues that may be included.

BREAK

OAPP REPORT

Mr. Henry provided an in-depth presentation of the prevention RFP process. Copies of the presentation were provided. A slide presentation was also provided. **Maria Perez** provided a very similar presentation to the PPC several months earlier. Response to various questions from the September PPC meeting and various other community meetings were included in the overall format of the presentation. **Mr. Henry** reviewed the RFP timeline. OAPP released the RFP in January 2000, mailed over 2500 RFPs, conducted a Bidders' Conference on January 14, allowed additional time for written inquiries until January 31, and provided response to those written inquiries (To accept written inquiries about the RFP process was a new component to the RFP process).

There was a discussion about substance abuse. The services may not be geographically distributed equally but the data of the client is collected by zip code. That is how you know the burden of substance abuse indicators by a service planning area.

The frustration and concern about women at sexual risk not being funded, was due to the fact that there were not enough resources for the amount of funds requested. Eight million in funding requests were received and there was \$1.5 million to allocate in women's services. Currently \$3.2 million dollars in funding is allocated for services for women. It was clarified that at a previous PPC meeting a presentation was given to the PPC by Maria Perez about the percentages for the six indicators used in the fair share allocation formula.

- 1. STD's - 23%.** There is an established relationship between HIV risk and the increased likelihood of transmission in the presence of STD's. This is probably the best indicator of risk behavior that leads to HIV infection.
- 2. Living AIDS cases - 22%.** This represents the source of potential new infections (This does not include people with HIV). It got weighted more heavily than the recent AIDS cases because it represented the pool of individuals who can infect others more accurately in terms of new infections.
- 3. Recent AIDS cases – 11%.** This is not a good data source because there is a 10 to 15 year incubation period. It was included as the best marker in relation to the new cases.
- 4. Substance use - 11%** there are more questions about the quality of the data.
- 5. Counseling and testing - 11%.** It is a pool of individuals that choose to come for testing. It is not a random sample of individuals who are in need of counseling and testing.
- 6. Poverty** is weighted heavily because there is real disparity in communities with regard to their ability to access privately funded resources. Poverty is the factor that creates the greatest redistribution of resources across service planning areas.

A PPC member expressed an interest in seeing the actual breakdown of how these added up to 100%. **Mr. Henry** explained that will require a lot of work, and the PPC is welcome as a group to do that.

In Los Angeles County, more of the women diagnosed with AIDS are in the 30 to 39 year category and the bulk of nearly 70%, are 39 years or younger. The incubation period is 10 to 15 years. To change behaviors in a time frame to prevent new infections, prevention work needs to be initiated before the incubation period. The period of infection is anywhere from 12 to 25 years old, before progressing to AIDS.

Mr. Henry discussed in detail the 4 phases of the review of proposals. He clarified that there was no panelist from the Department of Children and Family Services. There were only two review panelist who were with institutions such as Children's Hospital that focus its efforts to younger clients. Between developing a set of recommended funding levels and initiating contract negotiations, OAPP is required to provide notification to the Board of Supervisors through their Health Deputies. That is a one to two week notification prior to sending out notification to the agencies. **Maria Perez** went over the funding recommendations for category D, funding for women at sexual risk, in detail. Most applications received were for youth and they scored the highest. OAPP identified gaps and ended overspending in the Women at Sexual Risk category. **Mr. Henry** clarified that if

agencies receive comparably scored proposals, and there is a contract performance issue, that would help to choose one over the other.

OAPP has the ability under county procedures within a 1-year timeframe to look at those proposals that were approved but not funded and will give priority to fund these should resources be identified. Historically, OAPP has had the ability to do augmentations if resources are available or there is a need identified through the program management process.

OAPP Recommendation

In an effort to alleviate the tension in terms of the transition and because there were more services funded in two categories than what will be allocated now as stated in the Prevention Plan 2000. Mr. Henry recommended the following:

Year 1: fund Women at Sexual Risk and IDU's services using any new prevention funds received.

Year 2: fund approved but not funded MSMW services with new prevention funds received.

Year 3: MSM services. The reason to include this in year three is because we already have unallocated funds in that category.

He explained that a disproportionate share of the new funding to women at risk would be allocated this first year. He made it very clear that this is being done as a transition and that needs to be adjusted to years 2 and 3 to stay with the overall plan. About a million dollars in additional base funding is expected in year 1. **Mr. Henry** stated that it is important that we stay on target to the overall percentages of the Plan 2000.

PENDING ISSUES AND RECOMMENDATIONS:

- ◆ There are \$1.2 million in the MSM category that was not allocated because fundable proposals were not received.
- ◆ There was a small amount of transgender funds that were allocated.
- ◆ The Native American category was not funded.
- ◆ Additional supplemental funds were received for individual men who have sex with men and transgenders in commercial sex environments and also for a school based initiative that focuses on training administrators, parents, and teachers to infuse a different level of commitment for effective HIV prevention education in school settings. (This RFP will be out within the next 6 weeks or so).
- ◆ Proposals will include comparisons such as the fair share by gender. That criteria will identify which additional proposals will be funded.
- ◆ An interesting question for the Gaps Analysis is if the allocation methodology says you should have \$50,000 dollars for a specific area; can you really build a program for that amount? Is there a base line where minimum funding is required?
- ◆ One area that should be addressed in the future at the Bidders' Conferences is to convey the message to focus more on the actual available resources. Agencies should spend more time discussing and strategizing about their potential competition and other ways to address that in terms of collaborative proposals or other funding categories that may work for certain agencies. A similar situation exists with regard to the Transgender category. Previous allocation is \$500,000 and the current allocation is \$268,000. This is another area to pay attention to in terms of future allocation of resources.

SUB COMMITTEE REPORTS:

The co-chairs of the subcommittees were asked to provide written reports. Those reports are included in the packet.

ANNOUNCEMENTS

ADJOURNMENT

(ppc.110200min) Revd.12-01-00