



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

**EXECUTIVE COMMITTEE  
MEETING MINUTES**

April 26, 2018

**Approved  
5/24/2018**

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Grissel Granados, MSW, <i>Co-Chair</i>	Ricky Rosales, <i>Co-Chair</i>	Michele Daniels	Cheryl Barrit, MPIA
Al Ballesteros, MBA	Joseph Cadden, MD	Lee Kochems, MA	Carolyn Echols-Watson, MPA
Traci Bivens-Davis	Kevin Donnelly	Bradley Land	Dawn McClendon
Jason Brown	Aaron Fox, MPM	Katja Nelson	Jane Nachazel
Raquel Cataldo			Lise Ransdell
Terry Goddard, MA			Doris Reed
Joseph Green		<b>DHSP STAFF</b>	Julie Tolentino, MPH
Mario Pérez, MPH		None	Sonja Wright, MS, Lac
Ace Robinson, MPH			
Kevin Stalter			

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- 5) **Table:** Los Angeles County Commission on HIV, 2018 Colloquia and Health District Community Call to Action Schedule, Updated 4/24/2018
- 6) **Policy/Procedure:** #09.4205: Commission Membership Evaluation and Nomination Process, *Revisions Approved by Operations Committee 3/22/2018*
- 7) **Table:** Los Angeles County, Commission on HIV Membership Slate, 4/13/2018
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**CALL TO ORDER:** Ms. Granados called the meeting to order at 1:05 pm.

**I. ADMINISTRATIVE MATTERS**

**1. APPROVAL OF AGENDA:**

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

**2. APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the 3/22/2018 Executive Committee Meeting Minutes, as presented (*Passed by Consensus*).

**II. PUBLIC COMMENT**

**3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no comments.

**III. COMMITTEE COMMENT**

**4. NON-AGENDIZED OR FOLLOW-UP:**

- Mr. Green read a statement into the record on racism and bias, perceptions of racism and bias, and their consequences. Men and women, Commissioners and public have expressed concerns to him including: "I do not feel safe nor valued by the Commission any longer;" and, "I'm putting serious thought into not renewing my membership with the Commission."
- He understood leadership and staff were developing an approach to address this concern. Meanwhile, he called for mindfulness, respect, and self-challenge to use this as a learning opportunity to support focus on the Commission's mission.
- The full statement is provided at the end of the minutes as Attachment 1.
- Mr. Ballesteros said the Integration Advisory Board (IAB) is planning to re-initiate meetings. Quorum is an issue so he encouraged other Commission IAB members Ms. Bivens-Davis, Mr. Brown, and Bridget Gordon to respond to the emails that include the proposed dates. They can call or email him if they did not get those emails.
- Mr. Robinson gave a community update on the 4/20/2018 grand opening in Leimert Park of A Clinic For Us, a collaboration between the Black AIDS Institute and St. John's Well Child and Family Center. The comprehensive community health clinic specializes in Black men's health, HIV, prostate cancer, diabetes, family medicine, dental, and mental health. It will help address the disparate HIV burden among Black individuals. No patient will be denied care due to ability or inability to pay.

**IV. REPORTS**

**5. EXECUTIVE DIRECTOR/STAFF REPORT:**

**A. May 10, 2018 Commission Meeting:**

- Ms. Barrit reminded the body that the May meeting will return to St. Anne's Conference Center for a standard business meeting starting at 9:00 am. It will be followed by a Consumer Caucus meeting.
- Dr. Laura Bogart, RAND, has been confirmed for a colloquia on "Project Rise: A Culturally Congruent Adherence Intervention for African Americans Living with HIV."

**B. United States Conference on AIDS (USCA) Conference:**

- Staff has emailed Unaffiliated Consumers (UCs) to assess interest on attending USCA. The Commission prioritizes sponsoring UC attendance at conferences to provide professional development and networking opportunities.
- One application has been received to date. Sponsorship includes registration as well as the costs of participation such as air fare and hotel. The deadline for submissions has been extended to 5/4/2018.
- The Commission prioritizes its limited travel funds. For example, the National Minority AIDS Council (NMAC) will host the 12/3-4/2018 Biomedical HIV Prevention Summit in Los Angeles. With no travel costs, multiple UCs can be funded.

**C. Outstanding Conflict of Interest Form 700s:** All but three Commissioners have submitted their Form 700s. The deadline has passed, but a warning letter will go out prior to imposition of fines. Ms. Barrit will follow up with the three.

**6. CO-CHAIR REPORT:**

**A. March 22, 2018 Meeting Clarification:**

- Ms. Granados addressed concerns that arose after the last Executive Committee meeting in response to her update on the Host Committee for the NMAC Biomedical HIV Prevention Summit. As part of her update, she shared how glad she was to be in a community planning space with all people of color except for one or two white people.
- Some people felt her comments were racist and raised concerns with Commission staff. Only one Committee member spoke to her directly, but she was aware that several felt aggrieved.
- Ms. Barrit and Mr. Rosales touched base with several people They and Ms. Granados are considering how to move forward in a way constructive for Commission work. A separate meeting will be scheduled for the Executive Committee to process this incident and identify strategies to improve. Ms. Ransdell, Consultant, will help navigate this process.

- Ms. Granados understands this is not an easy conversation. Participating requires vulnerability. She does feel, however, this process is needed for everyone to heal including Ms. Granados and Mr. Rosales who also feel aggrieved.
- Today's discussion is to generate buy-in from the Executive Committee in order to lead the Commission in its self-reflection on racism and how racism plays out in the Commission. Its planning relies on data and community truth.
- Mr. Kochems noted the incident went beyond the Executive Committee almost instantly. He was not present, but spoke with staff and other Commissioners, and listened to the audio. He suggested the next step go beyond Executive. He has often urged the Commission to have not just a continuum of care, but a caring continuum with every step as inclusive and caring as possible. He was especially concerned by how hurt people were and is glad it is being addressed.
- Ms. Granados hoped to start this conversation here first. It takes commitment to introspection and self-reflection. She hoped it would start a process with the larger Commission that will support taking a stance on combating racism and white supremacy. Data shows Los Angeles County HIV/AIDS Strategy (LACHAS) and Comprehensive HIV Plan (CHP) goals and objectives cannot be achieved without a commitment to racial justice for communities of color.
- Ms. Barrit said staff will address how to conduct these conversations without violating the Brown Act and government transparency laws while respecting the desire not to hold conversations in a public setting where they are recorded.
- She publicly declared that, while she has been advised she plays a specific role as Executive Director, she struggles as a woman of color with putting that identity away for purposes of this discussion. She felt the body needs to identify together what a safe space looks like. This is a very important conversation, big enough for the body to be brave in talking about the issues that are raising emotions. Staff may ask questions for input on how to do that process.
- Mr. Pérez was not at the last meeting, but felt it his duty to address some items. NMAC intentionally describes itself as leading with race and confronting this country's history of institutional racism in order to facilitate the desired progress in addressing the HIV epidemic. He has been a proud Board Member for over a decade.
- In partnership with NMAC and as a Board Member, he was responsible for negotiating to bring the National Biomedical HIV Prevention Summit to Los Angeles County (LAC). He felt it was important for the West Coast and LAC to highlight the opportunities, thinking, and challenges, particularly among groups being impacted by HIV at the highest rates.
- He and Leo Moore, MD, Assistant Medical Director, DHSP, and Co-Chair with him of the Host Committee developed a roster of Steering Committee members that they thought could advance the Summit and its goal which is not exclusively, but certainly significantly, focused on PrEP in communities of color.
- He has been very clear publicly as Director of DHSP, an NMAC Board Member, and as Co-Chair of the Host Committee, that all groups - gender, age, racial/ethnic, or other subpopulations - should get to the finish line at the same time. People should direct to him any concerns about the Host Committee, its work, or the focus of the Summit.
- The Commission does not have an official NMAC role though some Commissioners may have been asked to serve on the Host Committee for various reasons and PrEP is obviously one of the cornerstones of LACHAS.
- Regarding the conversation on racism, the Health Agency has fairly aggressive mandatory training for everyone in the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH) to understand how racism plays a role in health disparities and health equity. These conversations on racism and institutional racism have been difficult for some, but are needed to make progress. Some training examples given were not obvious and prompted thought.
- He felt this a timely conversation and endorsed creating safe spaces without recording if that supports honest sharing.
- Mr. Robinson was glad to hear this level of engagement. It is important voices are heard and everyone understands what each person brings to the Commission in lived experiences, professional experiences, and ability to address the HIV epidemic in LAC including why there is disparity in acquisition and progression, and how to change that.
- In 1985, one community started to receive better education and access than others. We need to address that by lifting up voices historically outside the conversation, e.g., while he cannot represent all Black gay men, people who look and love like him are disproportionately impacted by HIV. These conversations are critical because they ultimately impact where funding is directed and what programming should look like.
- Ms. Bivens-Davis acknowledged that it is emotionally laborious to carry the weight of double or triple stigmas. It is laborious to hold her own discomfort and experience, carry others' as well, be asked to be silent, and then rush to address it when it manifests for someone else. For four years, she has sat at this table and talked about how she has been treated by many of the people here. It is heartbreaking to have to continue this conversation.
- She attended the meeting, heard the comment, and cried when she got the call because it is triggering, sad, and she sees another woman having to carry the labor of being stigmatized, a person of color, and a particular gender.
- She hoped whatever environment and position this body develops will acknowledge and recognize everyone's experience because she believes the conversation is necessary to move forward. She expects, though, people to show humility and truth so that results are valid and genuine. She also expects not to be judged for her own experience, e.g.,

some at the table have called her a racist. She has to deal in the world with institutions that do not want to deal with her and then justify to those here who call her a racist why she is important. It is hard to carry this labor.

- She hoped that, by the end of this discussion, whatever it might be, we can have an understanding of how structure, and people, and process get us no further if we are not genuine in our process.
- Mr. Ballesteros thanked Ms. Granados and Mr. Green for starting the conversation to address this. While emotionally draining, Ms. Granados was glad of the opportunity to have these conversations openly. Often people are triggered and then perhaps talk about it with one other person, but how issues are perpetuated in these spaces is never addressed.
- Mr. Kochems appreciated having this conversation and thanked Ms. Barrit for addressing his feelings.
- He has fought since 1981 to sit in a room this diverse, expressing both anger and gratitude. When discussing racism's history, he would also like to address the history of the AIDS epidemic. Communities of color did not want to talk to PLWH who were reaching out and saying, "It's not just us. It will affect you." The first women's AIDS organization met in his office at the Gay Men's Health Crisis. He was the first person to go to a Black bath house and run an intervention.
- The history of HIV disease is often contrary to the history of institutionalized racism in this country. It has brought together many civil rights movements so it is necessary to dig a little deeper into the history to pay honor to that. He still sits on the Commission to honor the people, now gone, who told him to go to those places where he might not have been welcome. It scares him when people do not feel welcome or heard at this table. This history is multi-level.
- Mr. Pérez has a hectic schedule for the next five weeks so, if he misses a meeting, it will be due to prior commitments.
- ➔ Ms. Granados and Mr. Rosales are committed to this conversation and will follow-up with information on meetings and integration into the work of the larger Commission as it develops. Please advise them of any questions or concerns.

**7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:**

- Mr. Pérez said Commission staff was very open to his and Kyle Baker's request to accelerate the frequency of the LACHAS Health District (HD) community events. The goal is to engage all the communities within the year.
- The United States Congress has approved the spending bills including one that funds a large amount of DHSP's federal resources and resources allocated via the state. The bills have been signed by President Trump, but DHSP has not yet received its final grant award levels. Receipt is slower compared to previous years with a delayed budget approval process.
- There is no concern about Ryan White Program (RWP) or Centers for Disease Control and Prevention (CDC) funding, but there could be other programmatic impacts so the delay may not be purely administrative.
- For example, DHSP heard several months ago that the CDC would fund a transgender cycle of the National HIV Behavioral Surveillance (NHBS) study. The six-month studies focus on different populations each year: MSM, transgender persons, and high-risk heterosexuals. DHSP complements surveys with HIV and STD screenings and other services. A week ago, word was received that the transgender cycle was pulled back. DHSP is seeking more information about this key population's cycle.
- DHSP has not yet received the Health Resources and Services Administration (HRSA) site visit report. DHSP was given an opportunity to complete an evaluation of the site visit process and the Commission can provide feedback.
- ➔ Mr. Pérez will not attend the 5/10/2018 Commission, but will send a representative with any news, e.g., on the RWP award.
- ➔ Ms. Barrit will connect with Michael Green, PhD, MHSA and/or Pamela Ogata, MPH regarding contributing to the evaluation for HRSA on the Commission and UC portions of HRSA's site visit.

**8. LOS ANGELES COUNTY HIV/AIDS STRATEGY (LACHAS):**

**A. April 12, 2018 LACHAS Community Meeting Debrief:**

- Ms. Barrit reported 19 people took the time to return the survey, but approximately 70 signed in and Mr. Stalter counted 81 so it was a well attended event. Evaluation results and breakout summaries were in the packet.
- The Operations Committee had a productive discussion on more training, especially on HDs and implementing goals.
- A mini-training is being planned for the San Gabriel Valley Commission facilitators on note taking and facilitation.
- Report outs may also be revised, e.g., the LAC Health Agency's Center for Health Equity format is quite informative.
- Mr. Robinson appreciated the perspective of Terry Smith, MPA who previously worked in the area. He also especially enjoyed the Northeast Valley Health Corporation tour which reflected the agency's approach to integrating services and to addressing outreach with a less dense population. He encouraged arranging an agency tour after each event.

**B. 2018 LACHAS Community Meetings:** Ms. Barrit and Mr. Baker were working on scheduling second meetings for June, July, and August in order to complete all the HDs by the end of 2018. The most recent schedule was in the packet.

**9. STANDING COMMITTEE REPORTS:**

**A. Planning, Priorities and Allocations (PP&A) Committee:**

**1. Drug Medi-Cal Program:**

- Mr. Ballesteros reported Glenda Pinney, MPH, JD provided a PowerPoint on the topic, but it pertained more to the administrative rather than programmatic aspects and access issues for the populations the Commission serves.
- Mr. Pérez anticipated Drug Medi-Cal will probably finance all the drug treatment episodes historically supported by the RWP for PLWH. On the other hand, it will not support transitional housing so that could be expanded.
- ➔ Ms. Barrit will follow-up with Substance Abuse and Prevention Control (SAPC) for an additional Drug Medi-Cal presentation with more information on programmatic aspects and access issues.

**2. Master Plan Directives:**

- PP&A continues to review and revise Directives to focus priorities and resources. Directives may be finalized in May. The target to approve these and MAI Directives by PP&A, Executive, and the Commission is July 2018 so that DHSP has time to review and incorporate the information into the RWP application.
- Mr. Pérez noted several moving parts for RWP today. A static or slightly decreasing number of PLWH depend on RWP for HIV medical care due to the Affordable Care Act (ACA). What is changing is the number of visits per client per year. Today, an HIV- person at high risk for HIV and on PrEP may well have more visits per year than a PLWH.
- That is important since DHSP reimburses HIV medicine on a Fee For Service (FFS) basis so fewer visits results in less income. Viral suppression rates, however, are uneven so the question is how to invest in programs and services for improved viral suppression among those who are falling behind, e.g., young PLWH aged 29 and younger.
- Another issue is that the mental health system is using less and less RWP funds, yet need is very high.
- The Commission has been very clear about investing in oral health, but it also has mixed utilization. Dr. Green is currently working on a utilization report on the topic to inform Priority- and Allocation-Setting.
- Medical Care Coordination (MCC) is now the largest program and has increased retention and viral suppression.
- Outreach is an area that has not been supported as much recently as it was historically. The Linkage and Re-engagement Program (LRP) has been creative in identifying those lost to care and bringing them back into care, but it is also important to consider how to work with all the other partners who can help with outreach.
- Some important LACHAS goals cannot be funded through RWP, e.g., an extra \$8 million in an HIV testing program.
- There is also a separate conversation with DHSP, HOPWA, and the Commission to outline a housing framework based on multiple sources of revenue. It is expected that will be done by June 2018.

**3. Minority AIDS Initiative (MAI) Plan and Directives:** The MAI Plan and Directives are also being reviewed and revised in coordination with the Master Directives.

**4. 2018 Prevention Planning:** PP&A is discussing how funds can be leveraged with other systems.

**B. Standards and Best Practices (SBP) Committee:**

- Mr. Robinson encouraged SBP participation. It is important for medical professionals throughout LAC to provide the same information to clients whether on PrEP or Undetectable Equals Untransmissible (U=U). For example, this morning he discussed with a physician from UCLA who in his clinic supports or is unsure of Treatment as Prevention.

**1. HIV Prevention Services Standards:**

- Ms. Barrit reported SBP reviewed comments from the 3/8/2018 Commission meeting, in particular pertaining to the timeframe for Linkage to Care and coordination across agencies as needed to accomplish linkage.
- Mr. Robinson noted test and treat is a global best practice supported by the World Health Organization and the International AIDS Society so it is important to support development of that approach.
- ➔ Any final SBP comments are due to Ms. Barrit or Ms. Tolentino by 4/30/2018. These Standards will return to the Commission for adoption at the 5/10/2018 meeting.

**2. Legal Assistance Services Standards:**

- Mr. Robinson reported SBP reviewed feedback especially pertaining to access and types of services available. Often people are unaware that legal services are available. Particular concerns include immigration status and housing such as landlord-tenant issues. Two of the top ten fastest changing neighborhoods in the country are in Los Angeles, 90013 and 90014, exacerbating housing legal needs.
- ➔ SBP comments are due to Ms. Barrit or Ms. Tolentino by 4/30/2018 in preparation for final review at the May SBP meeting. Public comment will open at the 5/10/2018 Commission meeting.
- ➔ Mr. Pérez noted DHSP was in the process of completing a Legal Assistance Services Request For Proposals (RFP) and can present on services to the Commission later. DHSP is intentional in ensuring multiple access points.
- ➔ Ms. Barrit will provide an update on development of the online Resource Directory.

**3. Quality Improvement (QI) Overview and Roles:**

- Ms. Barrit noted one recommendation from the HRSA site visit was greater Planning Council (Commission) QI involvement. The Part A Guidance Manual offers HRSA recommendations on appropriate Planning Council roles.

- SBP will work closely with Lisa Klein to develop a meaningful complementary role to DHSP's QI work. Ms. Klein provided a training on QI 101 to help form a foundation for that discussion.

**C. Operations Committee:**

**1. Policies and Procedures:**

**a. Revised Policy #09.4205:**

- Ms. Bivens-Davis noted the revision eliminates Section 26, Performance Evaluations, because these self-evaluations are now integrated into the interview process so written evaluations are redundant.

**MOTION #3:** Approve revised Policy #09.4205: Commission Membership Evaluation and Nomination Process, as presented (*Passed by Consensus*).

**2. Membership Management:** Operations will need to conduct 20 interviews for Commissioners whose terms are ending in June and who wish to renew. Operations will be scheduling renewal interviews before or after other Committees for the convenience of Commissioners being interviewed and to support participation on interview panels.

**3. Recruitment and Retention Plan:**

- There are now thirteen vacancies with seven of those for Unaffiliated Consumers (UCs). This is the highest number of UC vacancies in some time. It may represent changes among UCs that could require looking at how to do recruitment and retention in a different way.
- Mr. Stalter noted in the past many more UC recommendations came from providers. He encouraged those in the field who know someone who might be of service to talk with the person and suggest filling out an application.

**4. Assessment of Administrative Mechanism (AAM) Update:**

- Ms. Barrit noted Marc Haupt, Consultant, was conducting the last group of four contracted provider interviews.
- The next phase will be production of a preliminary findings report to the Operations Committee for discussion and any clarification of information needed. After any revisions, it will be presented to the full Commission.
- The target for completion is July 2018.

➡ Ms. Barrit will provide an AAM update next month.

**D. Public Policy Committee:**

**1. Healthcare Access:** It was noted that Mr. Fox participated in AIDS Watch.

**2. State Legislation and Budget:**

- Mr. Goddard noted the Committee's Legislative Docket was on its third iteration and may be finalized in May.
- Ann Fryman, Legislative Aide, Housing Policy, Senator Scott Weiner, California Senate District 11, presented on SB 827 on housing density in transit corridors. The bill has since died.

**3. County Legislation and Policies:** There was no additional discussion.

**10. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS:**

**A. Consumer Caucus:**

- The next Consumer Advisory Board (CAB) Meet and Greet will be 4/27/2018 at Maggiano's at the Grove, 3rd and Fairfax. Presentations are planned from LaShonda Spencer, MD and on HIV decriminalization for some 40 attendees.
- The large CAB Fab has been scheduled for 3/27/2019. Two additional Meet and Greets, including one in Spanish, are being planned between now and the CAB Fab. Mr. Green thanked Ms. Bivens-Davis for joining the team.

**B. Women's Caucus:** A conference call with the Co-Chairs was scheduled for the next week.

**C. Transgender Task Force:**

- Ms. Barrit noted the last two or three meetings have been held at the APAIT office on Wilshire Boulevard and Virgil.
- Meetings have been very productive with a focus on membership recruitment and retention. The Task Force recognizes that sitting on this body is hard and has detailed the support transgender community members need to do so. Many transgender community members who are available to serve are spread very thin, e.g., with jobs or not earning enough. The group brainstormed on how to make leadership happen in that environment.
- Ms. Barrit presented on the Commission, its roles and responsibilities, and training offered.
- Some younger people have begun to attend so it is valuable to hear new voices and potential recruits.
- The Task Force is also getting more involved with the housing conversation and how to navigate that system.
- The Task Force may consider another Trans Health Summit once there are the human resources and brain trust at the table. Questions to consider would be why to do it and what the goal and outcomes would be.
- The next meeting will be at the Commission offices primarily due to parking issues at APAIT.

- Mr. Robinson noted NPR KCRW did a program on the Northern Transgender Wellness Center lead by the Los Angeles LGBT Center with DHSP support. There is interest, including by HRSA, in creating services for a population, not to it.

**D. Housing Task Force:**

- Mr. Goddard gave his heartfelt thanks to Mr. Pérez and Rebecca Ronquillo for working together to focus on housing. He joined the Commission in 2005 when housing was nowhere and people wondered why he was here.
- The Housing Task Force is recalibrating itself to fill gaps and eliminate redundancies. Meanwhile, it is in early stages of planning a Fall 2019 Housing Summit. Topics identified to date are research, services for PLWH seeking housing, and policy, but that ambitious agenda may be streamlined. It is hoped to secure the California Endowment for the site.

**E. Long Beach Task Force:**

- Ms. Barrit noted the Task Force has not met recently, but Commission members are attending the Long Beach Comprehensive HIV Planning Group (LBCHPG) which meets every other month, a conscious choice to avoid duplication.
- Commissioners from Service Planning Area (SPA) 8 have been leading in integrating LACHAS conversations into the LBCHPG, but there was a conversation at the last meeting on using collective impact as a model with the City of Long Beach Health Department facilitating, leading, and marshalling that conversation moving forward. She has been reaching out to the representatives from Long Beach to provide a formal presentation, preferably by the Health Department Director, on those efforts that reflect the resources and system changes they hope to impact.
- There was also a presentation on a new STD campaign covered by the *Los Angeles Times*. The Long Beach Health Department worked with students from a design art school in Pasadena on a 12-month process of stakeholder and street interviews on what people knew about STDs and where to go for services that then informed designs. While still in development, she felt it would also be a good presentation for the Commission. Mr. Robinson noted it was also presented at the Long Beach Public Health Conference and reflects Long Beach efforts to reach into service deserts.

**V. NEXT STEPS**

**11. TASK/ASSIGNMENTS RECAP:** There were no additional items.

**12. AGENDA DEVELOPMENT FOR NEXT MEETING:** There were no additional items.

**VI. ANNOUNCEMENTS**

**13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:**

- Mr. Robinson announced the Coping With Hope Conference sponsored by the AIDS Education and Training Centers (AETC) will be all day on 6/12/2018 at the California Endowment. The 2018 focus will be HIV and Stigma with topics of: Trauma-Informed Care, Transgender Health, Suicide Prevention, Whole Person Care, Immigration, Youth and Stigma, and U=U.
- Mr. Kochems noted the next LBCHPG will be 5/9/2018, 12:00 noon to 2:00 pm, at the Family Health Center on Atlantic.
- ➡ Mr Robinson will forward the Coping With Hope link to distribute for registration. Spaces are limited.

**VII. ADJOURNMENT**

**14. ADJOURNMENT:** The meeting adjourned at 2:45 pm.

# Executive Committee Minutes 4/26/2018 Attachment 1

Good afternoon to my fellow HIV Commissioners & Staff!

I ask that the following be included in the minutes verbatim and will provide a copy to staff.

Since last summer, I have been weighing the pros and cons of bringing the topic of racism and bias, be it unintentional or intentional to this table.

I am not naïve and I fully realize that racism and bias exists throughout the world and has existed for thousands of years. I am not here today to define racism nor bias. I am here to represent consumers of Ryan White services and others who believe injustices ~ be they intentional or unintentional, have occurred.

What I am here today to say is that statements have been made by people of all colors inside and outside this room, have been interpreted, by both commissioners and the public, whether right or wrong, and I quote, as "inappropriate," "biased," and even "racist" in nature.

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The perception of bias, the perception of racism, be it real or not has its consequences.

So today, I speak on behalf of myself and those people who have come to me with their thoughts regarding this issue. I have had both men and women, commissioners and non-commissioners alike come to me with their concerns and now I have decided is the time to bring these growing concerns to the table for it to be addressed.

As examples, I offer two of the many comments that were made to me and now I relay them to you: From commissioners, and I quote, "I do not feel safe nor valued by the Commission any longer." Another said: "I'm putting serious thought into not renewing my membership with the commission." These two examples are disconcerting and alarming to say the least.



Words can be harmful, even if they were never intended to be. One person's interpretations of a statement can be completely different from another and to that end, as I have stated, people believe inappropriate comments/statements were made.

It is my understanding that some of this has been discussed with and by the Commission Leadership and Staff. To that end, and until a mechanism is in place to address this concern, let us all be mindful and respectful of each other.

We are here for the same reason....let us challenge ourselves, let us use this as a learning opportunity so that ultimately we stay focused on the mission of the LA County Commission on HIV.

Thank you for your time.

Joseph Green

April 26, 2018