



LOS ANGELES COUNTY
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

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**EXECUTIVE COMMITTEE
MEETING MINUTES**

August 23, 2018



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Grissel Granados, MSW, <i>Co-Chair</i>	Traci Bivens-Davis (<i>On Leave</i>)	Katja Nelson, MPP	Cheryl Barrit, MPIA
Ricky Rosales, <i>Co-Chair</i>	Joseph Cadden, MD		Carolyn Echols-Watson, MPA
Al Ballesteros, MBA	Aaron Fox, MPM	DHSP STAFF	Marc Hauptert
Jason Brown	Ace Robinson, MPH	None additional	Jane Nachazel
Raquel Cataldo			Julie Tolentino, MPH
Terry Goddard, MA			
Joseph Green			
Mario Pérez, MPH			
Kevin Stalter			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, *8/23/2018*
- 2) **Minutes:** Executive Committee Meeting Minutes, *7/26/2018*
- 3) **Table:** Executive Committee Special Meetings and Social/Racial Justice Workshops Schedule
- 4) **Duty Statement:** Commission Co-Chair, *3/28/2017*
- 5) **Event Summary:** Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, Call to Action Meeting: South Los Angeles, *8/9/2018*
- 6) **Event Summary:** Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, Call to Action Meeting: West Los Angeles, *Draft 8/16/2018*
- 7) **Table:** 2018 Commission on HIV (COH) & Los Angeles County HIV/AIDS Strategy (LACHAS) Meetings - Call To Action Schedule, *Updated 7/24/2018*
- 8) **Flyer (English/Spanish):** Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, Continuing the Community Dialogue in East Los Angeles, *9/19/2018*
- 9) **AAM:** 2018 Assessment of the Administrative Mechanism, Los Angeles County Eligible Metropolitan Area, Ryan White Care Act, Based on County Fiscal Years 2014, 2015 and 2016, (Ryan White Care Act Years 24, 25, 26), *Final Draft, updated 8/20/2018*
- 10) **Application:** Felipe Gonzalez, *August 2018*
- 11) **Project Description:** 2019 Los Angeles County Commission on HIV (COH) Community Service Awards, Version 4, *Draft, Updated 8/21/2018*
- 12) **Letter:** Welcome to the Los Angeles County Commission on HIV (COH), *August 2018*
- 13) **Motion Tables:** For Motions 3 through 8, *8/23/2018*

CALL TO ORDER: Mr. Rosales called the meeting to order at 1:04 pm.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA:

MOTION #1: Approve Agenda Order with Operations moved up to first of Standing Committee Reports (*Passed by Consensus*).

2. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the 7/26/2018 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: There were no comments.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT:

- Ms. Barrit, Ms. Nelson, and Ms. Tolentino attended a Department of Public Health (DPH) community meeting for feedback on policy priorities related to its strategic plan and its community health improvement plan.
- One policy priority pertains to STDs so recent Public Policy Committee and Commission feedback was provided. Ms. Barrit noted additional DPH community sessions to help vet the process are anticipated so staff will continue to report back.
- DPH understands it will receive a range of feedback and will prioritize based on the following criteria:
 - ⇒ Interest from community partners;
 - ⇒ Health equity;
 - ⇒ Need for Los Angeles County (LAC) leadership;
 - ⇒ Impact;
 - ⇒ Urgency;
 - ⇒ Feasibility;
 - ⇒ Political viability.
- Ms. Barrit valued participation which helps people see HIV/STDs in the larger LAC public health context to help inform alignment efforts. Mr. Ballesteros added such conversations were happening across venues, e.g., the 9/22/2018 Integration Advisory Board (IAB) meeting discussed babies born with syphilis and how a common document for physicians could help.
- ⊖ Ms. Barrit has requested more details on how criteria for prioritization will be measured and will report on DPH efforts to the Public Policy Committee once she receives a response.
- ⊖ Ms. Barrit will email to Executive Committee materials from the DPH meeting, pictures of the Post-Its which Ms. Nelson will forward and, once received from DPH, the meeting summary.
- ⊖ DPH has scheduled another general community meeting on 9/6/2018 and one on housing on 9/11/2018.

A. Social/Racial Justice Workshops:

- Ms. Barrit thanked members who have already signed up for a training session. Only five or six members chose the 10/17/2018 session and a conflict also developed for the trainers so that session was cancelled. Staff was phoning those who chose the session to see if they could switch to either the 9/20/2018 or 10/10/2018 session.
- Training sessions lead into the Annual Meeting so a way to bring anyone who cannot attend one of the two remaining sessions on par with other members by November is important. Training was initiated under Executive Committee's leadership so she was presenting the issue for consideration. Staff will also ask the trainer for suggestions.

B. HIV Resource Website Update:

- Ms. Barrit reported HIVConnect.org is now live. She will review it at the 9/13/2018 Commission meeting. Its goal is to respond to community member and agency staff requests for a tool to identify resources in the community.
- Commissioners are urged to share the site. Feedback is welcome and user metrics will be tracked over time.

6. CO-CHAIR REPORT:

- A. Meeting Management Reminders:** There was no additional discussion.
- B. COH Co-Chair Open Nominations - Election 9/13/2018:** Messrs. Ballesteros and Rosales were the nominations to date. Nominations remain open until the election at the 9/13/2018 Commission meeting. The Duty Statement was in the packet.
- 7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:**
- Mr. Pérez reported the Centers for Disease Control and Prevention (CDC) STD Prevention Conference would be the following week in Washington, DC. DHSP will send a small contingent.
 - The Ryan White application continues in development. The Commission will play a role in review as usual.
 - DHSP has submitted its five-year application to the STD Control Branch. It requests just under \$30 million and reflects DHSP's best thinking on what needs to be invested. Only \$3.2 million is expected.
 - Several one-time state HIV prevention resources total about \$1.6 million. DHSP will invest them in maintaining biomedical HIV prevention as the CDC HIV PrEP grant that allowed establishing or expanding PrEP Centers of Excellence is ending. All PrEP partners are expected to join the state PrEP Assistance Program (PAP) as it pays for all clinical services at a PrEP site.
 - One-time state STD resources will be used to help meet the demand for STD screening. Even so, without sustained, multi-year funding commensurate with the impact it is very hard to mount meaningful STD control work at the level need.
 - For each grant, DHSP needs to receive a Notice of Grant Award, prepare a Board Letter, explain to the Board of Supervisors (BOS) the intention for use of the funds, and the BOS must accept the funds as well as endorse the investment approach.
 - Mr. Stalter asked about donovanosis, a flesh-eating STD recently noted in England. Mr. Pérez was unfamiliar with it to date.
- 8. LOS ANGELES COUNTY HIV/AIDS STRATEGY (LACHAS):**
- A. August 9 and 16, 2018 Meeting Follow-Up/Evaluations:**
- Ms. Granados noted Event Summaries in the packet for these LACHAS meetings in South and West Los Angeles.
 - The South Los Angeles meeting on 8/9/2018 addressed the Southwest, South, Southeast, and Compton Health Districts (HDs). The meeting was well attended with 43 members of the public and 31 Commissioners.
 - Some feedback from this meeting encouraged Commissioners to step back from the space to foster more community discussion. Commissioners can often help spark discussion while remaining sensitive not to dominate the space.
 - The West Los Angeles HD meeting on 8/16/2018 was quite small with just 2 members of the public and 4 Commissioners. The intimate nature of the meeting, however, provided an opportunity for deeper discussion.
 - Mr. Stalter commented on a lack of services west of the 405 freeway despite fairly high prevalence. He was also concerned about prevention messaging. Much of it was provided by one agency with a message he found fear-based.
 - Mr. Pérez noted several agencies have merged and others, like the University of California-Los Angeles (UCLA), are adjusting. The one-time pot of \$585,000 due to underspending for prevention is insufficient for LAC.
- B. 2018 Meeting Schedule Update/Reminder:** The Commission and LACHAS calendar, updated 7/24/2018, was in the packet.
- 9. STANDING COMMITTEE REPORTS:**
- A. Planning, Priorities, and Allocations (PP&A) Committee:**
- 1. Health Resources and Services Administration (HRSA) Ryan White Program Year (RW PY) 27 Final Expenditures:**
 - (a) 2017 Revised Allocation Table:**
 - Mr. Brown noted the variance in Minority AIDS Initiative (MAI) funds of \$588,615. Key contributors were underspending in Mental Health, Substance Abuse and, in particular, Housing Services due to the longer than anticipated time to finalize the Memorandum of Understanding (MOU) with Housing For Health (HFH).
 - Mr. Ballesteros continued that adjustments were made to maximize Part A, e.g., moving Early Intervention Services (EIS) expenditures into Part A. EIS is focused on anchoring the newly diagnosed into primary care.

MOTION #3: Approve the revised RW PY 27 Allocation Table, as presented (*Passed by Consensus*).
 - 2. HRSA RW PY 28 Priority- and Allocation-Setting (P-and-A):**
 - (a) 2018 Revised Allocation Table:**
 - Mr. Brown noted PP&A approved revisions to PY 28 at their 8/14/2018 meeting, e.g., percentages of funding for Outpatient/Ambulatory Health Services (O/AHS) and Mental Health Services were reduced while funding was added to Oral Health, Home and Community Based Health Services, Legal Services, and Linguistic Services.

MOTION #4: Approve the revised RW PY 28 Allocation Table, as presented (*Passed by Consensus*).
 - 3. HRSA RW PY 29 Priority- and Allocation-Setting (P-and-A):** Attendees stated their conflicts of interest.
 - (a) 2019 Proposed Service Categories Ranking:**

- Direct Emergency Financial Assistance (DEFA) and EIS were moved up in the rankings compared to last year while other services were moved down. DHSP does not yet have a DEFA contract and provider capacity is unknown, but PP&A allocated a small amount for 2019 in hopes of initiating the service.
- Mr. Pérez appreciated that the body wants to work towards initiating DEFA, but felt it is not considering all the issues pertaining to procurement, getting a Request For Proposals (RFP) out, and dollars on the street.
- Mr. Ballesteros said the PP&A meeting was challenging. The previous meeting discussed moving MAI dollars into nutrition, transportation, outreach, services for women of color, and DEFA. Michael Green, PhD, MHSA was at the meeting and the body was aware of contracting issues. At the next meeting, Dr. Green offered DHSP recommendations and cautions. Mr. Ballesteros sought to use those as a reality base, but there was a sense of the body that DEFA was important and the Commission should do politically what was necessary.
- Mr. Pérez affirmed that priorities will be incorporated identically into the Ryan White application. He did, however, encourage the body to develop a contingency plan for allocation of resources in case there is no remedy from an administrative standpoint to update and adopt a Standard of Care; develop, release, and evaluate an RFP; and have a Board Letter approved in time to spend the resources.
- Existing providers may be able to provide additional services under existing contracts for some of the services DHSP has been recommending. DEFA, on the other hand, has not been offered for some time. Legitimate questions were raised on eligibility for different services that should be part of an assessment.
- Mr. Goddard apologized for misspeaking earlier in suggesting his agency was open to applying for a DEFA contract. Mr. Pérez said his concern was simply to protect the process from perceptions of conflict. Mr. Goddard clarified that his real intent was to counter the comment questioning provider capacity to contract DEFA. It is very different from the housing program created by DHSP and the Department of Health Services (DHS) which requires a high level of MSW and LCSW components. DEFA is much leaner.
- Mr. Ballesteros felt the challenge was understood, but allocating funds could energize initiating a service. Ms. Granados noted a conflict between DHSP messages on the one hand that resources cannot be maximized without new service categories and, on the other, that services cannot be added as 12 months is too short a time to launch them. Mr. Pérez will ensure Dr. Green and Pamela Ogata, MPH appreciate that tension.
- Mr. Stalter suggested review of, e.g., rental assistance and utilities, for possible eligibility increase. Mr. Pérez said DHSP staff were reviewing thresholds per service category and varying costs, e.g., an increase from 168% to 200% of Federal Poverty Level (FPL) may cost \$500,000 for one service category and \$40,000 for another.
- Mr. Ballesteros added PP&A talked about dental implants, but lacked cost information. Dr. Green also said \$500,000 could implement an identification card, but could not identify how he determined costs.
- Mr. Goddard asked if the Alliance for Housing and Healing DHS contract which uses Ryan White funds for more PLWH slots is a conflict. Mr. Pérez replied any subcontracting agency should report that as a conflict.
- ➡ Provide Priority- and Allocation-Setting 101 including models and processes from other jurisdictions to PP&A to inform contingency planning and multi-year planning.
- ➡ Ensure conflict of interest list is available for all pertinent meetings.
- ➡ Revise conflict of interest listing for Mr. Goddard from RCFCI to Housing Services.

MOTION #5: Approve the proposed RW PY 29 Service Categories Ranking, as presented (*Passed by Consensus*).

(b) 2019 Proposed Allocation Table:

- In Part A, 2.5% was taken from O/AHS and redistributed to Outreach, Psychosocial Support, and Child Care.
- In MAI, Housing Services was reduced while Medical Care Coordination (MCC), Food Bank, Medical Transportation, and DEFA were increased.
- Mr. Stalter suggested DHSP collaborate, e.g., with the Standards and Best Practices (SBP) Committee, to identify currently RFPd service categories whose eligibility could be expanded to expend the \$2.8 million in MAI rollover funds. It might also be feasible to address Casewatch improvements with the funds.
- Ms. Granados said PP&A also noted AAM recommendations could help press the BOS for procurement reform.
- ➡ Add column to table showing percentage changes from 2018 to 2019.

MOTION #6: Approve the proposed RW PY 29 Allocation Table, as revised to include percentage changes (*Passed by Consensus*).

B. Standards and Best Practices (SBP) Committee:

1. Medical Care Coordination (MCC) Standards Revision Process Update:

- Ms. Barrit reported SBP's major focus now is MCC revisions. The first round of expert review and public comments will end 8/30/2018. That feedback will go to the September 2018 meeting for review.

- There are challenges with hiring and developing a more efficient way for agencies to coordinate the medical provider and social worker. MCC and other standards have issues with moving the FPL and staffing requirements.
- Ms. Tolentino is working with MCC providers to elicit comments from their teams.
- Mr. Stalter added an MCC provider summit was also discussed to elicit and share best practices.

C. Operations Committee:

1. Membership Management:

(a) New Member Application - Felipe Gonzalez:

MOTION #7: Approve nomination of Felipe Gonzalez for the Unaffiliated Consumer At-Large #3 seat, as presented, and forward to the Commission for approval (*Passed by Consensus*).

2. Assessment of Administrative Mechanism (AAM) Final Draft Report:

- Ms. Barrit noted addition of a paragraph (page 50) which highlights the importance of prioritizing and implementing recommendations. The Operations Committee will lead that effort once the AAM is approved. Feedback countywide pertained to barriers to care and provider interest in more Technical Assistance (TA).
 - Mr. Hauptert noted the actual date of the last AAM will replace the more generic reference in the first line under Methodology on page 4. The target timeframe on page 5, Focus Area 2, bullet one, is also being corrected to 2022.
 - Overall, he considered this provided a good means of catching up information from the multiple year gap in AAMs.
 - Mr. Stalter said LAC bureaucracy is the key barrier to LACHAS goals. Mr. Brown added that will be raised at the IAB.
- ➡ Add IAB as standing item on Executive and Commission agendas.

MOTION #8: Approve recommendation to adopt the 2018 Assessment of Administrative Mechanism (AAM) Final Draft Report, as revised (*Passed by Consensus*).

3. Engagement, Recruitment, and Retention Efforts and Opportunities:

(a) Consumer Advisory Board (CAB) Activities:

- Mr. Green reported the Spanish-language Meet and Greet will follow the 10/11/2018 Commission meeting at St. Anne's Conference Center. Ms. Granados will offer a LACHAS overview and Mr. Rosales will also present.
- Consumer Caucus Co-Chairs Raphael Peña, Yolanda Sumpter, and himself will meet with Ms. Barrit to schedule additional meetings, e.g., in November, for 2018 since other activities pre-empt regular Caucus meeting dates.

(b) Awards Ad Hoc Work Group Update: The Community Service Awards Project Description, Version 4, was in the packet. It provides a timeline, award categories, and a process. It was going to the Commission for review.

4. Training and Leadership Development:

(a) 2018 Member Orientation - September 13, 2018: Orientation will follow the 9/13/2018 Commission meeting. All Commissioners are asked to attend. Members of the public who wish to learn about the Commission are welcome.

(b) Consumer Caucus Collaboration: The Caucus will lead a discussion on targeted leadership development for consumer Commissioners to improve their parity with provider members who often receive agency training.

D. Public Policy Committee:

1. STD Resolution to Board of Supervisors (BOS):

- Ms. Barrit thanked DHSP for providing additional information. Ms. Tolentino has drafted a memorandum that will be further refined and then sent to DHSP, Public Policy Co-Chairs, and Commission Co-Chairs for review.
- It addresses epidemiology, urgency, dissemination of STD funding nationally and statewide, and impact on high-risk populations. It stresses that long-term commitment and sustainability are critical to effectively address STDs.
- Ms. Barrit emailed the Executive Office with an alert on the issue as soon as initiation of the memorandum was passed at the 8/9/2018 Public Policy Committee meeting. Advising the Executive Office in advance allows it to be informed, so it can serve as an ally when it receives phone calls or questions from Health Deputies.
- Mr. Pérez noted for the record that DHSP will be happy to ensure information is factually accurate, but will abstain from participation in crafting the request from the Board and any votes tied to the resolution.

2. LACHAS Policy Work Group:

- Ms. Barrit reported there have been two meetings. The first discussed delineating the purview of the Work Group versus the Committee and other policy oriented groups throughout LAC.
- The second meeting had a more targeted discussion on prioritizing LACHAS recommendations; which ones might be combined; and outlining short, medium- and long-term priorities. Developing a calendar will be a next step.
- Expanded testing and working with health plans to incentivize testing and treatment were key topics. A Gilead representative offered input on its efforts. Ms. Barrit felt that reflected more outside interest in the meetings.
- Ms. Barrit anticipated that the next two meetings will develop action steps for Commission presentation.

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

A. Consumer Caucus: There was no additional discussion.

B. Housing Task Force:

- The Task Force is seeking to prioritize HIV under Proposition HHH, Measure H, and the Housing Continuum of Care.
- Previously, the strategy was to try to modify the tool used to approve people for permanent supportive housing, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). That faced resistance mainly due to insufficient data. The number of reported homeless PLWH is low though there may be under-reporting due to stigma.
- The new strategy is to advocate for a carve out process for PLWH similar to that for people suffering domestic violence. The Task Force has been considering engaging the Housing Deputies, but seeks to work with the Los Angeles Homeless Services Authority (LAHSA). Mr. Goddard, Rebecca Ronquillo, and Ms. Barrit will meet in September on next steps.
- Mr. Brown commented he attended a meeting of the ad hoc committee on black people experiencing homelessness on 8/20/2018. Not scoring high enough on the VI-SPDAT is one of the biggest problems for young black men as well. Mr. Goddard suggested working with other groups to change the VI-SPDAT might be another approach.
- Mr. Pérez asked if there were an analysis of priority areas and conditions that, if unaddressed, cost the overall health system. Mr. Goddard replied DHS used a study from several years ago to support Housing For Health (HFH). That study showed every \$2 in housing costs returns \$6 after several years which continues to garner medical provider interest.
- Homelessness is such a phenomenon now, however, that LAHSA and various housing programs dealing with it find unaddressed mental health care needs far outstrip HIV though many PLWH housing clients have such needs as well. Chronic homelessness is a key priority with co-morbidities such as mental illness, chemical dependency, renal failure, or diabetes significant co-factors. The VI-SPDAT was designed for areas like Chicago and New York where people would die on the streets when it was cold so it is not as useful in LAC. Veterans are also prioritized as a separate category.
- Mr. Ballesteros noted a recent *Los Angeles Times* article on \$900 million in Department of Mental Health (DMH) funds for supportive services, move-in, rental subsidies, and subsidized housing via HFH to spend in the next few years or return to the state. Mr. Brown added the 9/5/2018 DMH Assistant Leadership Team meeting will discuss utilization.
- ➡ Ms. Barrit will draft a letter to Jonathan Sherin, MD, PhD, Director, DMH, regarding a collaborative use of funding.

C. Transgender Task Force: There was no report.

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. Brown reported the IAB met 8/22/2018. Union representatives were asked to report on integration impacts. One representing some 100 DMH facilities said front line staff have no information on integration and services remain siloed. On the other hand, a representative of nurses in the Central Jail said the prior Sheriff's Medical Bureau was integrated into DHS under Correctional Health Services, but simple requests such as for paper towels are now diverted to DHS and delayed.
- The IAB's final report to the BOS will use a bottom up perspective emphasizing the voice of front line staff and consumers.
- Mr. Ballesteros said metrics presented by management present goals and objectives that seem to be moving forward, but they do not match what labor representatives are reporting. The IAB was requesting labor representatives to speak to their staffs and report back. The sense was that integration was not happening except in a few places for specific projects.
- That is an issue for the Commission because real integration is needed to spread the LACHAS message throughout LAC.
- The IAB will become a full Commission as of 1/1/2019. The current IAB made structural recommendations to the Chief Executive Office (CEO), but the CEO is recommending the BOS essentially maintain the same 40-member body. Mr. Ballesteros did note that Fred Leaf is the Health Agency Interim Director and would likely be open to structural suggestions.

VII. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 2:50 pm.