



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**
September 27, 2018



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

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 9/27/2018
- 2) **Minutes:** Executive Committee Meeting Minutes, 8/23/2018
- 3) **Table:** Los Angeles County Commission on HIV 2019 Work Plan (WP) Template Draft/For Review, *September 2018*
- 4) **Flyer:** Los Angeles County Commission on HIV, Community Open House, 10/4/2018
- 5) **Evaluation:** Los Angeles County HIV/AIDS Strategy Community Meeting, Continuing the Dialogue in East Los Angeles, Evaluation Results, 9/19/2018
- 6) **Event Summary:** Los Angeles County HIV/AIDS Strategy for 2020 and Beyond, Call to Action Meeting: East Los Angeles, 9/19/2018
- 7) **Outline:** Proposed Letter to Los Angeles County Board of Supervisors, Commitment to Fulfill the Goals of the Los Angeles County HIV/AIDS Strategy (LACHAS), *Draft 9/26/2018*
- 8) **Table:** Los Angeles County Commission on HIV, Assessment of the Administrative Mechanism, RWCA Fiscal Years 24, 25, 26, Recommendations Matrix-Discussion Worksheet for Operations Committee, 7/26/2018
- 9) **Report:** 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), 9/13/2018
- 10) **Table:** Los Angeles County Commission on HIV, 2018 Membership Roster, *Updated 9/11/2018*

CALL TO ORDER: Mr. Rosales called the meeting to order at 1:05 pm.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order with Motion #3 pulled (*Passed by Consensus*).
2. **APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the 8/23/2018 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:

A. Commission on HIV Work Plans:

- Ms. Barrit noted the template in the packet for the various Committees and subgroups to use in identifying their 2019 work priorities beyond core charges. She included proposed Prioritization Criteria of: 1. Represent core functions of the Commission and Committee/subgroup; 2. Advance goals of the Comprehensive HIV Plan (CHP) and Los Angeles County HIV/AIDS Strategy (LACHAS); 3. Align with Commission staff and member capacities and time commitment.
- Mr. Fox felt he and Public Policy Co-Chair Mr. Goddard need to offer basic policy education. Many new members start mid-cycle and some Racial/Social Justice Workshop attendees felt a disparity in knowledge and structure of the work.
- Add core functions for each body to the top of its 2019 Work Plan form.
- Ms. Barrit will email a Word document to Executive members for input on the form and priorities by 10/5/2018.

B. Medical Monitoring Project (MMP) National Meeting:

- Ms. Barrit was asked by Ekow Sey, PhD, MPH, Epidemiologist, DHSP, to participate in the Center for Disease Control and Prevention (CDC) MMP meeting in Atlanta Georgia. The MMP data set uses an eHARS sample for medical abstraction to provide more information on, e.g., health behaviors, medical needs, barriers to care, sources of care.
- The CDC has not held a national in-person convening of project officers, principal investigators, and community members in several years. There are 23 MMP participants including the State of California, Los Angeles County, and San Francisco County. Representatives at the meeting included consumers from Consumer Advisory Boards (CABs) and services providers. Ms. Barrit would like to prepare a Commissioner to replace her. Presentations were technical, e.g., on sampling methodology, considerations for a telephone survey, and how to accommodate answers to questions.
- The meeting's purpose was to identify ways to improve the 2020 national survey. Dr. Sey, the project coordinator, and Ms. Barrit met prior to the meeting to review Commission feedback from the last presentation of MMP data in order to inform the national meeting, e.g., in a small group exercise on reducing the survey from 45+ to 30 minutes.
- The group discussed common issues such as technology challenges and opportunities, e.g., Australia's web-based census. One proposal would layer MMP face-to-face or telephone methodology with a web-based survey. The current MMP best practice national expectation is a 50% response rate. The Los Angeles County (LAC) rate is approximately 47%. Reaching 50% is difficult because MMP includes those who are out of care.
- The format interspersed CDC staff data presentations with "reflections" - TED style 15-minute, unstructured talks on surviving and thriving with HIV by PLWH on the panel. That input helped guide the data conversation.
- Ms. Barrit spoke with the Health Resources and Services Administration (HRSA) representatives and CDC Project Officer on coordinating provision of clean data to grantees during the June through September Priorities- and Allocations-Setting (P-and-A) process. Despite national data sets from varying sources, data needs to align with local planning.
- The CDC has not scheduled the next face-to-face meeting, but is preparing the 2019 monthly call calendar. The CDC accommodates consumers traveling to Atlanta to ensure everything is paid for and there is a cash advance.
- Ms. Barrit will follow-up with Dr. Sey on the next MMP presentation to the Commission.

C. Social/Racial Justice Workshops Update/Reminder:

- Ms. Barrit reported the first training was 9/20/2018 and evaluation questions will be distributed soon. The 10/10/2018 session is at capacity, but a third option was being arranged for those unable to attend on 9/20/2018.
- Mr. Stalter said the 9/20/2018 facilitator set up rules on "politically correct" language not mattering, but facilitation of occurrences was poor with reactions shutting people down. Much time was spent on psychology, but the meat of the topic was not addressed until after lunch with time short. He felt not enough work was done for the Annual Meeting.

- Mr. Robinson commented the facilitators were very receptive to feedback on what did or did not go well. He felt, while it could be improved, it was hard to accomplish in four or five hours what is ordinarily a year-long process.
- ➡ Ms. Barrit will email Workshop evaluation questions to attendees.

D. Commission on HIV Community Open House - October 4, 2018, 4:00 to 6:00 pm:

- Ms. Barrit said the Operations Committee suggested an Open House to promote the Commission and educate the community about Commission work. She urged everyone to advertise the event.
- ➡ Ms. Wright emailed volunteer opportunities to Co-Chairs. Those who had not yet replied were asked to do so.

6. CO-CHAIR REPORT:

A. Meeting Management Reminders: Ms. Granados reminded all that the November Commission meeting will be all day. The December meeting was cancelled due to conflict with the Ryan White Conference and to provide a break.

B. Holiday Meeting Schedule:

- Mr. Stalter reported the Operations Committee moved its November meeting up to 11/15/2018 to avoid conflict with the Thanksgiving Holiday and cancelled the December meeting which would fall two days after Christmas.
- ➡ Consistent with Operations, Executive moved its November meeting to 11/15/2018 and cancelled December.

7. INTEGRATION ADVISORY BOARD (IAB) REPORT:

- Mr. Brown said at its last meeting the IAB discussed its final report. The focus will be on front line staff especially on their lack of engagement in the integration effort. Mr. Ballesteros added there was also a presentation on the homeless.
- The Chief Executive Office has recommended continuing the IAB as a commission in 2019, most likely meeting quarterly.

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

- Mr. Pérez reported DHSP received its Notice of Grant Award from HRSA for the \$3.1 million Minority AIDS Initiative (MAI) carryover from last year to this year so it has the resources planned for investment.
- The CDC released its 2017 Annual STD Report on 9/25/2018. It reflects a record 2.3 million STDs. Congenital syphilis cases have doubled nationally since 2013 with one-third impacting Californians. The state's rate is the third highest nationwide.
- The Report also explicitly shows a 40% decrease in STD control purchasing power since 2000 so flat funding buys less.
- The Department of Public Health (DPH) is working to reduce infants exposed to syphilis, but it remains important to look upstream to address women who often struggle with addiction, mental illness, poverty, homelessness and, in about a third of cases, history of incarceration in the last 36 months. Those help fuel the 44 cases in 2017 and projected 45 cases in 2018.
- Continued attention is also needed on the pool of syphilis among men resulting in 6,000 annual cases. A proportion of men have sex with both men and women contributing to the 1,000 annual cases among women.
- Barbara Ferrer, PhD, MPH, MEd, Director, DPH, submitted a 9/7/2018 memorandum to the Board of Supervisors in response to a 5/29/2018 Board Motion requesting a report back on several elements of the STD plan, e.g., how to obtain help from hospitals to help finance STD control efforts; and how to expand STD screening, diagnosis, and treatment capacity in DPH, Department of Health Services (DHS), and community-based settings.
- Regarding demographics, Mr. Pérez compared 2016 to 2017 data while highlighting differences among STDs.
- Syphilis shows an overall slight increase. African American and Latino gay men have the highest proportion. Latinas and white women showed a sharp increase with a lesser African American increase although they have the highest syphilis rate.
- Gonorrhea continues to impact African American men and women at the highest rate. It appears there is only sufficient data in intermittent years to characterize the epidemic among Native Americans/Alaska Natives, but the rate is very high when it can be estimated. Likewise, Pacific Islander data is often insufficient to estimate, but it has been sufficient in recent years and the rate is high, much higher than that for Asians. DHSP has committed to separate the latter two rates.
- Chlamydia is mostly among young women <29 and young men usually a few years to five years older.
- Mr. Stalter spoke with Martha Odessa, RN, Men's Central Jail, at a conference last year and she said HIV and STD testing was not required on release. He asked about likely transmissions. Mr. Pérez said the HIV and STD rate is high among the 220 gay men, bisexual men, or transgender females housed in K6G, but far more men with syphilis never touch the Jail system.
- DHSP is trying to work with Ms. Odessa, who is under-resourced, to screen more people and promote PrEP at the Men's Central Jail especially in K6G. DHSP has also launched a rapid syphilis screening program at Century Regional Detention Facility (CRDF) in Lynwood which houses 240 women. Phase 1 is securing kits. Phase 2 will test about 2,700 women.
- Mr. Ballesteros requested an update on the Commission's request for \$30 million in STD funding. Ms. Barrit confirmed submission to the BOS. Health Deputies have acknowledged it and/or requested clarifications.

- Mr. Fox said the last Public Policy Committee meeting sketched out follow-up, e.g., including the representative for each Supervisorial District in the outreach team; Lee Kochems, MA and Ms. Barrit agreed to invite Consumer Caucus members to participate; and training will be provided for consistency. The plan was to start with the Health Deputies Cluster meeting.
- ➡ Agreed to add follow-up on the \$30 million STD request to topic wish list for the Annual Meeting.

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

A. September 19, 2018 Meeting Follow-Up/Evaluations:

- Ms. Barrit noted the 9/19/2018 Event Summary and Evaluation Results in the packet.
- Beyond the STD ask, there are multiple Committee conversations on other big asks, e.g., reducing the countywide contracting process from 18 months; and improved leveraging of funds across the Health Agency. She proposed a strong Commission letter to communicate the urgency of top priorities as part of the one year LACHAS anniversary.
- She felt it critical to articulate key policy asks in one solid letter, rather than individual memorandums, to best utilize the opportunity to address the BOS. She reminded the body that the Commission was in competition with others for BOS attention. She suggested all Commissioners sign the letter with their seats to reflect their power of representation.
- Mr. Stalter felt an appeal to the BOS should identify and support LAC as a leader. LAC does lead in some areas, but not others. Ms. Barrit agreed reports from early adopters like New York and San Francisco, despite their unique nuances, may be useful in comparison to elevate a sense of urgency for LAC which carries 40% of the epidemic in California.
- Mr. Pérez suggested considering jurisdiction context, e.g., San Francisco has had a sharp drop in incidence compared to LAC, but it is 49 square miles with 800,000 people. If LAC focused only on Service Planning Area (SPA) 4, and SPA 4 had some 500,000 fewer people, then LAC might also show a sharp decrease. New York City is more geographically spread out with 8.3 million people in the five boroughs, but Governor Andrew Cuomo has put the full support of the state behind planning efforts. LAC does really well in various areas compared to Atlanta, Chicago, and Houston.
- Mr. Ballesteros said his sense in interacting with the BOS was that they look to the Commission and DHSP to lead. Consequently, he felt the document should be a statement of affairs with key recommendations, e.g., the Request For Proposals (RFP) process cripples the Commission's annual planning. While the BOS is the main audience, he felt it could address other stakeholders, e.g., Chief Executive Officers of the two key health plans and the new state administration.
- Mr. Fox noted Public Policy has discussed the current committee-driven process to end the interlinked epidemics of HIV, STDs, and Hepatitis C. Participants in the effort hope to have a document finished in time to present it shortly after the swearing in of the new Governor. Lieutenant Governor Gavin Newsom has committed to a plan to end HIV and Hepatitis C in California that includes new resources. HIV advocates have spoken with his campaign manager and have offered to sit down with the other campaign as well. Contacts will continue after the election.
- The annual budget ask process continues as usual. He expected it would be more than it has been in the past 10 years.
- He felt the Commission letter should be tailored specifically to the BOS because making recommendations to the BOS is the Commission's charge. Further, the letter will address topics of no interest to Sacramento, e.g., issues with rollout of the new statewide Fi\$Cal procurement and vendor billing system translates into lack of interest in LAC RFP issues. On the other hand, the larger committee-driven process might incorporate some of the more universal issues.
- ➡ Ms. Barrit will draft two letters: one BOS-specific and a call to action statement targeting multiple stakeholders.
- ➡ Mr. Fox can link anyone interested with the committees working on HIV, STDs, and/or Hepatitis C planning.

B. 2018 Meeting Schedule Update/Reminder:

- The next LACHAS Call to Action meeting will be for Metro on 10/11/2018, 9:00 to 11:00 am, at St. Anne's Conference Center. Mr. Rosales noted many in the area have heard LACHAS presentations so this will be streamlined with more time for questions. Supervisorial District 3 field staff are expected to attend. A Commission meeting will follow.
- Mr. Fox spoke recently with Marisa Ramos, PhD, Interim Chief, Office of AIDS. She hoped to attend as well.

10. STANDING COMMITTEE REPORTS:

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

1. **Health Resources and Services Administration (HRSA) Ryan White Program Year (PY) 29 Priority and Allocation Process Review:** Mr. Brown reported PP&A reviewed the Commission's discussion around adopting allocations. Ms. Barrit will be launching training to better inform activities in January 2019.
2. **Contingency and Multi-Year Planning:**
 - PP&A also began discussing contingency planning. Mr. Pérez said DHSP has requested both a contingency plan for multi-year funding and one for the next Ryan White Program (RWP) year in case new allocations are underspent.
 - Mr. Fox said the uncertain health landscape is ongoing so, the longer LAC can continue its record of maximizing its grants, the better LAC will be both from the federal perspective of receiving funds and from the local perspective.

There have now been two transfers of Department of Health and Human Services (HHS) funds out of the RWP. It is important to ensure funds are used efficiently in order to effectively advocate against such transfers.

- Ms. Barrit said Michael Green, PhD, MHSA was responsive to data requests needed for planning. She felt feedback on other jurisdictions' P-and-A models was valuable, e.g., there was interest in a compressed three-day process.
- Mr. Ballesteros asked about feasibility for this year of expanding eligibility criteria, improving food quality, and providing dental implants. It is important to report on the effort. Mr. Pérez said DHSP was already expanding eligibility from 168% to 200% Federal Poverty Level (FPL) applied to as many service categories as possible.
- Mr. Stalter felt the fastest way to increase spending was to bring more undiagnosed or diagnosed and out of care people into care. He knew three PLWH who became frustrated and dropped out. Mr. Pérez agreed diagnosing and linking people to care was a key to LACHAS, but only some 20 of 100 uninsured PLWH will be eligible for RWP Ambulatory Outpatient Medical. Medi-Cal will cover those expenses for most people although the RWP may be able to cover other costs. He suggested identifying the likely RWP cost for every 100 people diagnosed.
- Mr. Stalter added he was unaware of many RWP services for which he was eligible until he joined the Commission. Mr. Pérez said the prior physical directory was stocked at all providers. Ms. Barrit continued HIVconnect.org has picked up that effort online. As far as a written document, feedback on both LAC's prior document and similar ones from other jurisdictions raised issues of initial cost and the challenge of keeping information current.
- HRSA Technical Assistance (TA) also expressed concerns and cautions regarding the Planning Council maintaining neutrality and addressing perceived conflicts of interest when the Commission contracts services which the staff promotes. There have also been suggestions for Commission staff to answer phones, but that presents challenges in hiring a position within the Executive Office that is not a service provider, to hire the right person, and carve out the time. Currently, 211 LA is part of the national 211 directory network for LAC and consistent with best practices.
- All DPH RFPs also require promoting collaboration so providers should advise clients of other available services. Mr. Stalter asked about reaching independent and Medi-Cal physicians to ensure they also refer potentially eligible clients for RWP services. Mr. Pérez said DHSP has a list of clinic providers and physicians reporting HIV surveillance data. As with other specialties, a small percentage of physicians treat most PLWH and many are familiar with RWP.
- He felt that raised a systems question for the Commission: How to encourage HIV-treating physicians, regardless of payer, to ensure patients are familiar with RWP services. DHSP appealed to over 30 clinics treating large numbers of PLWH to become Medical Care Coordination (MCC) providers to support patients, but just three applied: AIDS Project Los Angeles; University of California, Los Angeles (UCLA); and Southern California Men's Medical Group.
- Resource promotion is important both for the patient and to meet LACHAS goals, but the same providers reply to RFPs over and over. Even seemingly natural Memorandums of Understanding (MOUs) for collaboration between larger and smaller providers become problematic. Mr. Pérez called to explore reasons deterring more partners.
- Mr. Fox said a large health care structural problem developed over the past eight years as more funding resources became available to PLWH. Laws cannot be changed now, but Public Policy can help identify smaller local fixes.
- Mr. Rosales expressed concern about the motions discussion at the last Commission meeting. Many talking the most either were PP&A members or attend regularly, yet comments were unrelated to motions. Mr. Ballesteros understood the frustration, but that was how they felt as consumers. If they do not understand information, we may need to reconsider education including on options for input into other systems.
- Mr. Rosales noted speakers were offered information at the meeting, but ignored it and maintained assertions. Mr. Green also spent two hours the prior night explaining information without the person understanding it.
- Mr. Fox was concerned because they said completely inaccurate things about the Commission at a public meeting. It is valid to feel a certain way due to not understanding the process. He felt leaders need to take some responsibility for that. That does not, however, equal the logical leap to baseless assertions.
- ➡ Mr. Pérez will confirm whether dental implants are being added as an augmentation to this year's Oral Health contract's Scope of Work (SOW), are being added to the new RFP due for release soon, or both.

B. Standards and Best Practices (SBP) Committee:

- Mr. Robinson reported Franklin Pratt, MD, MPHTM, Medical Director, Vaccine Preventable Disease Control (VPDC), DPH, spoke on efforts to improve vaccine uptake. He discussed the need for tailored recommendations for PLWH and MSM/queer communities, and how to distribute information to providers. SBP also discussed how data will be used.
- Three weeks ago was HIV and Aging Awareness Day. Mr. Robinson shadowed Kaiser Permanente endoscopy staff assisting people from screening, through diagnosis, and to referral for treatment.
- ➡ The next meeting was rescheduled to 10/9/2018, 10:00 am to 12:00 noon, due to conflict with ID Week 2018.

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

- SBP devoted most of the meeting to MCC. Key topics were: assessment and acuity; improving coordination among team members; consistent organizational standards; improving staffing stability; Case Watch issues which can result in challenges for patient eligibility; and the questionnaire on STI acquisition, history, and treatment.
- There was also discussion on how to refer to the retention navigator and various perspectives on that person's role, e.g., in addition to phone calls, the kinds of patient outreach and possible community outreach.
- Data shows that staffing reflective of a community served improves health engagement so there was an emphasis on recruiting underrepresented demographics as staff, e.g., African Americans and transgender individuals.

C. Operations Committee: Ms. Bivens-Davis will return from her leave in October 2018.

1. **Membership Management:** Two new consumers have been seated and interviews are being scheduled for five more.
 - (a) **Application - Pamela Coffey:**

MOTION #3: Approve Member Application for Pamela Coffey, as presented, and forward to Commission on HIV for recommendation (*Motion Pulled*).
2. **Assessment of the Administrative Mechanism (AAM) Final Report:** Mr. Stalter noted the approved AAM in the packet. Operations will now begin to work on developing recommendations and a plan to implement them.
3. **Engagement, Recruitment, and Retention Efforts and Opportunities:**
 - Mr. Green reported the Consumer Caucus met 9/25/2018. The main discussion topic was the preamble.
 - The next Consumer Caucus will precede the PP&A Committee on 10/16/2018 at 10:00 am to 12:00 noon. Attendees will be encouraged to stay for the PP&A meeting to improve their understanding of that process.
 - The Consumer Caucus is also considering a November and/or December meeting.
 - He thanked the Commission for the five Unaffiliated Consumer scholarships available for the Biomedical Prevention Conference. To date, two people have submitted applications.
 - (a) **Consumer Advisory Board (CAB) Activities:** The third Meet and Greet will be in Spanish on 10/11/2018 following the LACHAS and Commission meetings. Gilead will present. Both Mr. Rosales and Ms. Granados will attend and Ms. Granados will serve as facilitator.
 - (b) **Awards Ad Hoc Work Group Update:** Mr. Stalter said the Awards program was discussed briefly at the last Commission Meeting and will be rolled out more formally at the Annual Meeting.
4. **Training and Leadership Development:** There was no report.
 - (a) **Member Orientation Reschedule:**
 - (b) **Consumer-Centered Leadership Development Collaboration:**

D. Public Policy Committee:

- Mr. Fox noted an updated Legislative Docket in the last Commission meeting packet, but Governor Brown was still signing bills. One of particular importance from Senator Scott Wiener caps out of pocket costs for prescription drugs and prohibits health plans from placing all drugs for one condition, specifically HIV prevention and care, in the top tier.
 - As expected, no large access bills were signed. Health Care for All California plans to resubmit them next session.
 - Safer Consumption Sites, specific to San Francisco, remained unsigned and has garnered a federal threat to sue.
 - Mr. Fox is preparing a presentation with an overview of the policy landscape to better inform Commissioners.
 - People with questions about the Department of Health and Human Services (HHS) funding transfers from the RWP can contact Mr. Fox or the Center Action Network at the LGBT Center.
- ➡ The next meeting will be 10/15/2018, 1:00 to 3:00 pm.

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

A. Consumer Caucus:

- Ms. Granados has heard misunderstandings about DHSP's Grievance Line in several spaces at different meetings. Often people have the misperception that the Commission addresses grievances despite the mandatory provider posters.
- Mr. Pérez was growing more concerned that the decorum expected at the Commission was failing, e.g., Rebecca Ronquillo, HOPWA Representative, has been under attack for unanswered calls with no opportunity to rebut. He does not know the facts, but people can now be highly critical of providers and systems without fully vetting situations.
- Some people also erroneously perceive the Commission as the distributor of resources. DHSP has a grievance process as the custodian of public resources to provide quality services aligned with the Commission's Standards of Care.
- Ms. Barrit noted Commission staff has been responsive in deploying a new Public Comment/Announcement form that requests more information so that the Co-Chairs can distinguish between the two. A prompt also asks about issues with service providers so that staff can offer Grievance Line cards. Those conversations are happening in the back.

- People may, however, fill out the form one way and say something else at the microphone. Staff are directed to refer any concerns to her because she is aware some Commissioners perceive that action as stifling the democratic process. Some people have, however, been diverted from making a public comment to accessing other resources.
- Mr. Stalter agreed with Mr. Ballesteros that consumers need their voice. He is a consumer, too. But some consumers come with the entire population the Commission is trying to serve in mind while others are coming with personal issues. That is starting to affect other Commissioners who used to be in the collaborative effort and are now more in an angry mode. He saw that starting to affect the work.
- Mr. Pérez understands that someone who comes to the Commission to publicly air a grievance and seek a remedy will want to speak. But 80% of issues will be tied to a DHSP or HOPWA supported service. DHSP could identify a staff person with facility in several service categories and Ms. Ronquillo could identify a HOPWA staff person for a Service Responsiveness Desk set aside to respect confidentiality. If reinforced, that can be inculcated as normal business.
- Of course, the Commission does need to hear about and address anything that is a system deficiency.
- Mr. Rosales felt the Commission needs to vet consumers better. If they have too many needs, as has been done often before, the Commission should help them connect to services rather than put them in the situation.
- Mr. Fox added it was difficult for a consumer to come to this body or one like it such as the Mental Health Commission. Yes, the person is there because the body wants personal experiences to inform the work, but it is about the work that is being done that is informed by those experiences - it is not those experiences that are the work of the Commission.
- Messrs. Stalter and Fox suggested being more strict about the length of comments and agenda time limits.
- ➡ Agreed to add training by the Consumer Caucus on the Grievance Line to the Commission agenda to educate both Commissioners and the public. Also add reminder at the start of meetings going forward.

MOTION #4: (*Granados*): Extend meeting by 10 minutes (*Passed by Consensus*).

- B. Housing Task Force:** Ms. Barrit said the Task Force was shifting from meeting to supporting efforts like the Board Letter.
- C. Transgender Task Force:** Ms. Barrit reported, as with all Task Forces and Caucuses, the Transgender Task Force is developing a 2019 Work Plan. The Task Force is refocusing on advancing the LACHAS and supporting Commissioners who are part of the transgender community.

V. NEXT STEPS

- 12. TASK/ASSIGNMENTS RECAP:** There were no additional items.
- 13. AGENDA DEVELOPMENT FOR NEXT MEETING:** There were no additional items.

VI. ANNOUNCEMENTS

14. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- Mr. Robinson reminded everyone that today was National Gay Men's HIV/AIDS Awareness Day. There is work to do.
- Mr. Fox announced there will be an LGBT+ Community Forum with the Center for Health Equity in collaboration with Children's Hospital Los Angeles, In The Meantime, and others. Dina Jauregui has already distributed the flyer.
- Mr. Rosales reported the City of Los Angeles budget cycle has re-opened so that will be his focus for the next few months.
- The City hosted an Opioids and HIV event on 9/24/2018. Total attendance was not yet available, but 175 registered in advance. DHSP, UCLA, and Substance Abuse Prevention and Control attended. Multiple presentations included a panel of providers and clients discussed their experiences. Dialogue was good and a follow-up is likely.
- The City's Department of Disabilities Film Festival opens the evening of 10/11/2018. Contact Mr. Rosales for tickets.

VII. ADJOURNMENT

- 15. ADJOURNMENT:** The meeting adjourned at 3:20 pm.